3 Things Hospitals Should Do to Prepare for Medicare RAC Complex Reviews
Written by Bob Herman | July 08, 2013

If hospital finance and compliance professionals want a smoother process with Medicare Recovery Auditors, or RACs, and complex medical record reviews, there are three key steps that must be taken, according to a whitepaper by Craneware.

Complex reviews are when RACs send hospitals a request letter asking to see certain medical records to ensure there were no improper payments. Hospitals have 45 days to send RACs those medical records.

Craneware's whitepaper outlines three items hospitals must do to make complex reviews as seamless as possible.

1. Document where all records are stored. As hospitals shift toward electronic health record systems, staff must know where all records are — both paper and electronic. Having a master inventory of medical records can help hospital RAC teams meet RAC request deadlines.

2. Create a checklist of information to include for each type of record that RACs could request. Checklists will help staff members ensure all relevant information is included with the record submissions. For example, checklists should include information on discharge summary, physician orders, lab tests, vital signs and DRGs with single comorbidities and major comorbidities, among others.

3. Review records prior to submission. Specifically, hospitals should review records when they involve services rolled into an inpatient bill due to Medicare's 72-hour rule, according to Craneware's whitepaper. The 72-hour rule is when any outpatient or other medical services performed within 72 hours of the patient's admission are bundled into one bill.

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