



HealthDataInsights

Total Healthcare Claims Integrity, Quality and Cost Containment

CMS RAC REGION D

MAY 2009

Agenda

- Overview of HDI
 - Company History
 - Healthcare Experience
 - Management Team and Key Personnel
 - Location
- Query Development
- Review Processes
- Provider Service

HDI Mission

*HDI is the leading company
in health care claims integrity*

- Waste, fraud, abuse and improper payment identification and recoupment solutions –
for the government sector (Medicare/Medicaid),
health plans, and major employers

RAC Mission: Ensure integrity of Medicare claims through the identification and correction of improper payments

HDI Management Team

Andrea Benko, President & CEO

- HealthDataInsights co-founder and President, 2000-present
- Davita, 1998-1999 (NYSE:DVA)
- Total Physician Services, Inc., 1996-1998
- Vesicare, Inc., 1994-1996
- Total Pharmaceutical Care, Inc., 1990-1994 (NYSE: AHG)
- Laboratory industry and clinical nursing, 1977 – 1986, 1988-1990
- BSN, Wayne State University, 1977
- MBA, Harvard Business School, Harvard University, 1988

RAC Key Personnel

Lane Edenburn, EVP, General Counsel

- HealthDataInsights, 2005-present
- CMS, Branch Manager, Program Integrity, 2003 - 2005
- Private practice, healthcare / technology, 1991-1997, 2001-2003
- Physicians Resource Group, Inc., 1998 - 2001
- The EyePA, Inc., 1997-1998
- BS, Business Administration, Southwest State University, 1986
- Creighton University School of Law, 1991

Judy Zwick, VP of Implementation Services

- HealthDataInsights, 1998 - present
- Anthem Blue Cross Blue Shield, 1989 -1998
 - Audit and Recovery Operations – Ohio
 - Medicare Risk, Traditional
- University of Cincinnati, 1994 -1995
- Xavier University, 1996 -1997

RAC Key Personnel

Ellen Evans, M.D., Corporate Medical Director

- HealthDataInsights, 2007 - present
- Mutual of Omaha, Medicare Division, VP and Medical Director, 2005 - 2007
- VNA Outreach to Homeless Youth, Physician, volunteer, 2007 - present
- Blue Cross Blue Shield of Nebraska, Physician Reviewer, 2001 – 2005
- Geriatric Consultation Services, Nebraska, Director, 1993 – 2006
- MCMC Medical Care Ombudsman Program, Ind. Reviewer, 2000 - 2005
- Creighton University Medical Center, St. Joseph Hospital, Senior Staff, 1988 to present
- Board-certified Diplomate, ABFM
- Certificate of Added Qualification, Geriatric Medicine, ABFM/ABIM
- Diplomate, American Board of Quality Assurance and Utilization Review Physicians
- Fellow, American Academy of Family Physicians
- B. S. Biology, University of Houston, 1975
- M.D., University of Texas Medical School at Houston, 1983



HealthDataInsights

RAC Key Personnel

Robin Luten, RN, BSN, CCM, CHCQM, VP of Quality Management / UR

- HealthDataInsights, 2006 - present
- Heart of Florida Regional Medical Center, Director of Case Management, 2005-2006
- Florida Hospital, Associate Director of Case Management, 1995-2005
- Oncology and Staff Nurse, 1980-1995
- Diplomate, American Board of Quality Assurance and Utilization Review Physicians
- BSN, University of Phoenix, 2001
- MBA, University of Phoenix, 2003

Physician Advisory Boards

CMS Physician Advisory Board –

Chairman: Sam Green, MD, Cliff Molin, MD, MBA

- Oversee Total Quality Management Program
- Specialty focused Board to identify, review and validate queries and result sets

Quality Advisory Board –

Chairman: William Keane, MD

- Merck & Co., Vice President, Clinical Development (rtd)
- Chairman, Dept of Medicine, Hennepin County Medical Center (rtd)
- MD, Yale University, School of Medicine

Physician Advisory Boards

Technology Advisory Board –

Chairman: Amar Chahal, MD, MBA

- Co-founder of several high-tech companies
- Merck, informatics and outcomes division
- MBA from Columbia University; MBBS (MD) from the Armed Forces Medical College, Pune, India; Fellow of the Royal College of Surgeons (FRCS), Edinburgh, Scotland

Payors / Members Advisory Board –

Chairman: Donald Miller

- Board of Directors (rtd): Schering-Plough, The Bank of New York
- Executive Management, Dow-Jones & Company; Deputy Assistant Secretary of Defense
- PMD, Harvard Business School



HealthData Insights

Quality Management Program

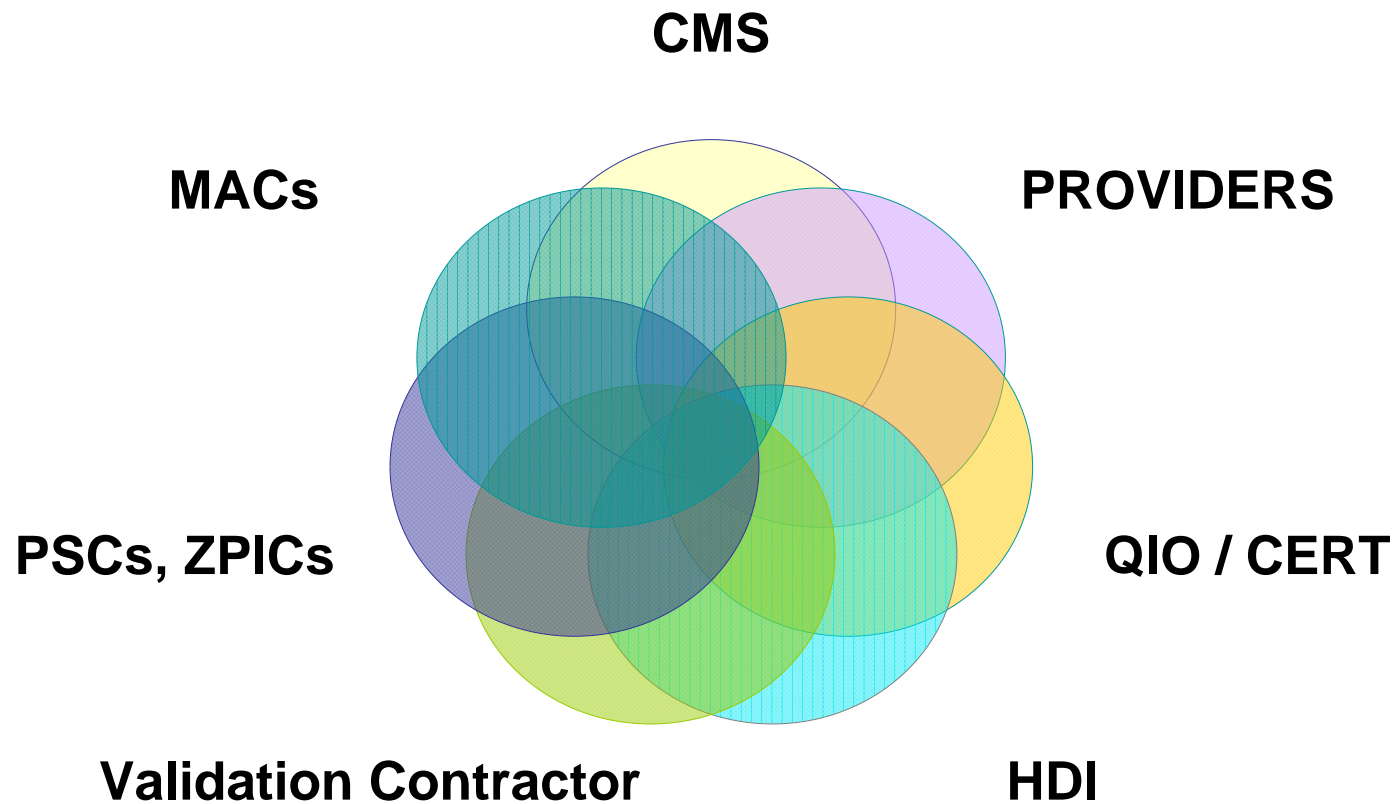
- CMS RAC Validation Contractor performs Quality Reviews and accuracy scores
- Review guidelines: Federal statutes/regulations, CMS Regulations, NCDs, LCDs, and review guidelines, such as McKesson InterQual & Milliman (guidelines only support clinical review judgment)
- Maintain and enhance regulatory relationships

Quality Management Program

- Existing Medical Advisory Board
 - Ellen Evans, M.D., Corporate Medical Director
 - Six physicians representing various specialties
- Expert, certified Coding Validation and licensed, RN utilization reviewers
- Review process similar to provider, QIO and Claim Processing Contractor review processes
- IRR (Inter-rater reliability) program



CMS RAC Program



New Issue Ideas

- Where does HDI get its query ideas?
 - Data Analysis: SAS analysis, data mining, trending
 - LCDs & NCDs
 - OIG Reports
 - QIOs
 - GAO Reports
 - CMS Publications
 - RAC Vulnerability Calls & other known vulnerabilities
 - Physician Advisory Board
 - Provider Associations (underpayments)
 - Industry experience

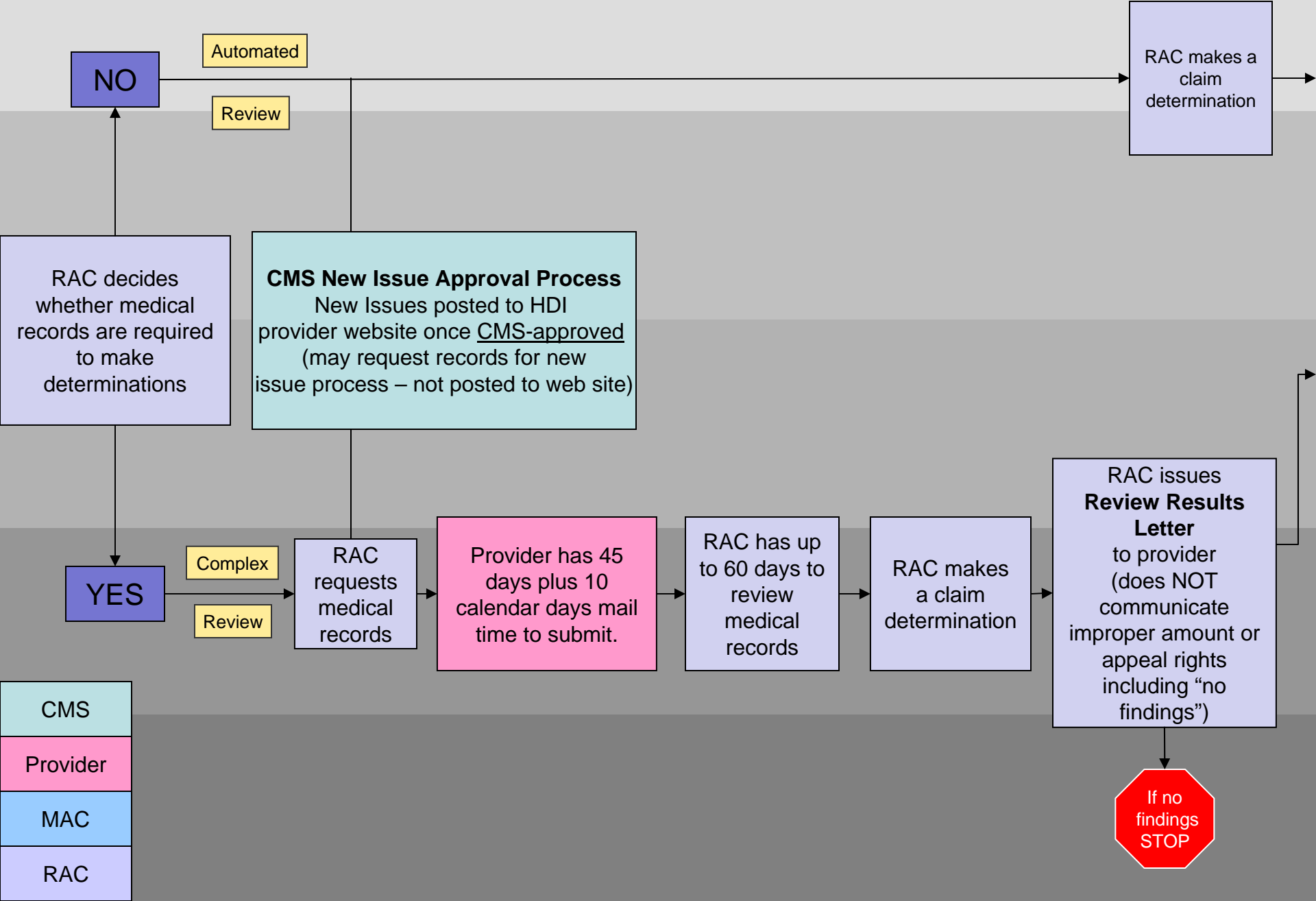
HDI Audits

- Automated – Claims data analysis
- Complex – Medical record review

HDI Review Personnel

- Same types of reviewers used by providers, QIOs, Claim Processing Contractors
- Certified coders
- Licensed RNs with specialties
- Inter-rater Reliability Reviews
- MD over-site and support

RAC Process



NO

Automated

Review

RAC makes a claim determination

RAC decides whether medical records are required to make determinations

CMS New Issue Approval Process
New Issues posted to HDI provider website once CMS-approved
(may request records for new issue process – not posted to web site)

YES

Complex

Review

RAC requests medical records

Provider has 45 days plus 10 calendar days mail time to submit.

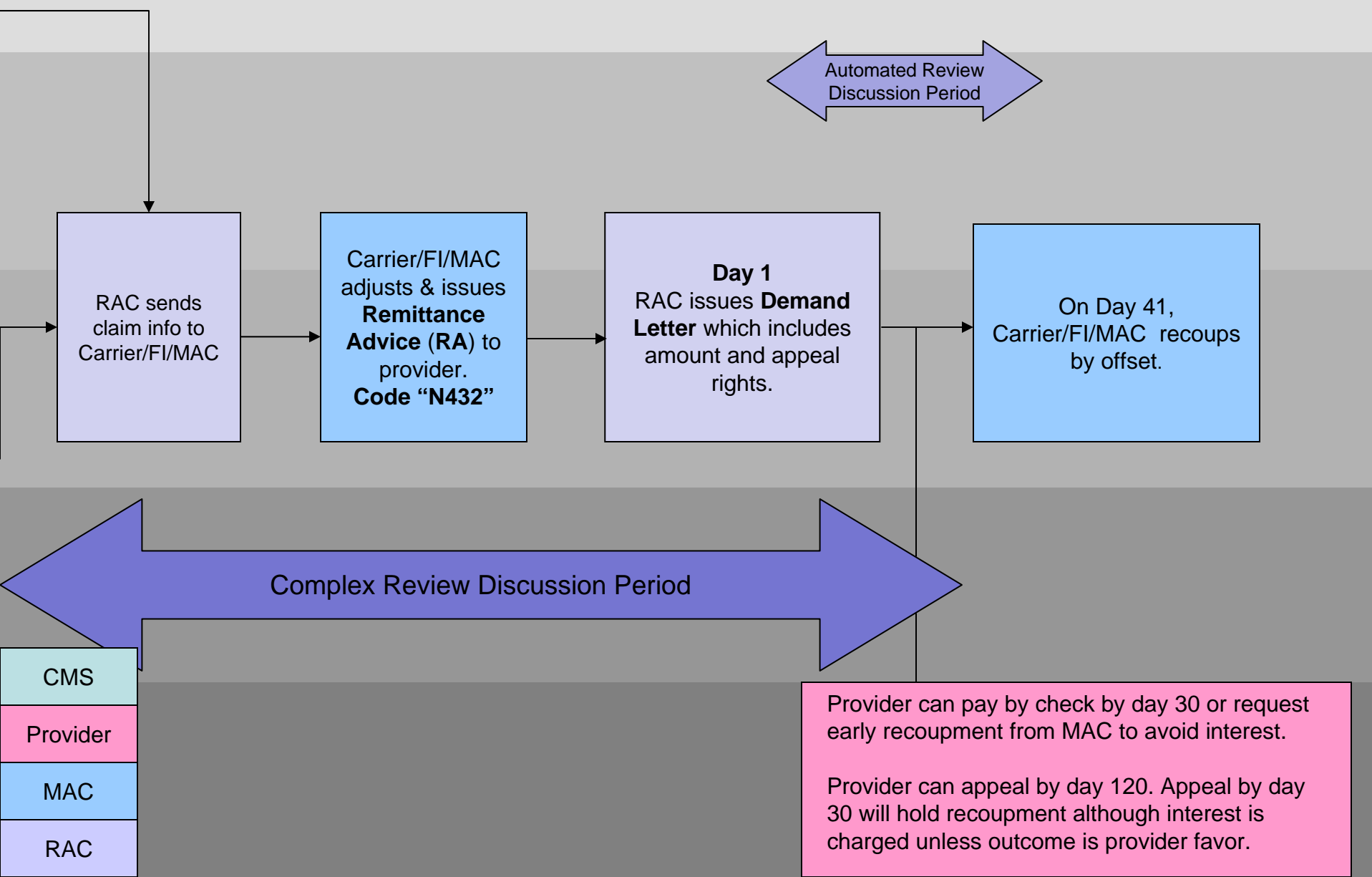
RAC has up to 60 days to review medical records

RAC makes a claim determination

RAC issues **Review Results Letter** to provider (does NOT communicate improper amount or appeal rights including “no findings”)

If no findings STOP

- CMS
- Provider
- MAC
- RAC



Discussion Period

- After provider receives Results Review letter (complex) or Demand letter (automated)
- Incoming discussion period materials are received via fax or mail
- Additional materials submitted during discussion period are carefully reconsidered by independent reviewer who was not involved in original improper payment determination
- HDI decision is sent to provider in writing
- HDI coordinates activity with Claims Processing Contractor



Appeals

- Provider appeal rights remain as per CMS policy
- The AHA has estimated that it costs a provider an average of \$2,000 to \$7,000 to file a RAC appeal [sources: American Hospital Association and the Wellington Group]
- Interest rates approximate 12% annual rate
- Interest continues to accrue during the appeals process until all monies are recouped

Appeals (continued)

- Many provider questions and concerns related to improper payment identifications can be resolved in discussion period
 - Provider submission of complete supporting medical records
 - Provider service inquiries
 - Discussion period process
- Unnecessary and non-meritorious appeals are expensive and time consuming for all parties

HDI Provider Service

- Experienced staff, each with average of 15+ years of claims and CMS policy experience
- Internal training and policy education for each finding
- Weekly team meetings – CMS instruction, contractor and provider communication, education
- Regular team notifications
- Clinically-supported issue response(s)
- HDI RECOUP™ system - dynamic audit trail of all activity

HDI Contact Information

Provider Service

- Part A/Hospice: (866) 590-5598
- Part B/DME: (866) 376-2319
- Fax:
Hospital & Hospice: (702) 240-5595
Physician/DME: (702) 240-5510
- Email: racinfo@emailhdi.com
- RAC website: www.racinfo.com or www.healthdatainsights.com

Provider Contact Information

- HDI RAC web-site to be launched ~ May 20
www.racinfo.com
or
www.healthdatainsights.com
- Hospital provider letter will include user name and password
- Provider logs on, changes password, and provides contact information for RAC letters
- Contact Informational Letter will be mailed to hospital “Compliance Officer” by May 30, 2009

HDI Provider Website

The screenshot displays the HDI Provider Website interface. At the top left is the HDI logo. Below it, a green banner contains the text "HealthDataInsights welcomes you to RAC-Info!". The main content area is divided into two columns. The left column contains a welcome message, a list of user capabilities, and a "Links" section with several external service links. The right column features a "Member Sign In" form with fields for "User Name:" and "Password:", a "Sign In" button, and a "Forgot your password?" link. A taskbar at the bottom shows system icons and a notification for a clipboard item.

hdi

HealthDataInsights welcomes you to RAC-Info!

RAC-Info is designed to assist providers in working more efficiently with the Regional Audit Contractor (RAC) program and will be expanded as the national program is implemented.

Today, you can:

- Provide your contact information to facilitate RAC communication
- Review the medical record request
- Check the status of a medical record review
- View improper payment types
- Get answers to your questions on the RAC Program

Links

- Centers for Medicare & Medicaid Services
- Highmark Medicare Services
- Noridian Administrative Services LLC
- Palmetto GBA
- Wisconsin Physician Services
- HealthDataInsights

Member Sign In (not a member yet?)
User Name:

Password:

Sign In
Forgot your password?

Done
Local intranet
4 of 24 - Clipboard
Item collected.

← Sign In



HealthData Insights

HDI Provider Website

Contact information for mailings currently for hospitals

Manage Contact Information

Primary Contact

The primary contact will receive all HealthDataInsights correspondence. Please verify and enter highlighted information. You will need to enter a password initially to establish your RAC Info account. Your username will be your email address.

Provider Billing #	Z6481Z
Provider Name	ROSALIND E GAINES LCSW
Provider Type	
Provider Status	
Affiliation/Ownership	
Contact Name	JOHN DOE
Title	ADMINISTRATOR
Address 1	1212 MAIN STREET
Address 2	SUITE 100
City	LAS VEGAS
State	NV
Zip	89128
Primary Phone	800-123-4567
Primary Phone Extension	
Secondary Phone	
Secondary Phone Extension	
Email	john.doe@johndoe.com

Medicar ID: Z6481Z
Medicar Name: ROSALIN LCSW
Logout

Provider # and Name Default

Update Current Information

Questions?