

# Medicare News

## CMS Begins Nationwide Medicare RAC Audits

In an effort to move-the-bar and collect on perceived overpayments to providers, Medicare is taking aggressive strides to accelerate the acceptance of evidence-based health care and lighten the load of a strained national budget. After spending the past 30 years collecting and analyzing outcomes data from internal programs (CERTs, HPMPs, QIOs, etc.), both Congress and CMS have committed unprecedented resources to enforce evidence-based coverage policies and stop Medicare fraud.



Section 302 of the Tax Relief and Health Care Act of 2006 makes the RAC Program permanent and requires the Secretary to expand the program to all 50 states by no later than 2010.

The RAC demonstration program has proven to be successful in returning dollars to the Medicare Trust Funds and identifying monies that need to be returned to providers. It has provided CMS with a new mechanism for detecting improper payments made in the past, and has also given CMS a valuable new tool for preventing future payments.

**"If it's not documented, it's not done"** - this has been the charge of every hospital HIM department head and compliance officer for the past 20 years. Now both Medicare & Medicaid are adopting evidence-based coverage policies, defining clinical payment criteria, replacing QIOs with RACs, forcing the issue of evidence-based outcomes, verifying supporting medical documentation and insuring claim payment levels.

Source: <http://www.racaudits.com/>