1. **What is the look back period for the RAC?**

   The lookback period will include claims with a date of service up to 3 years past the date that the claim was identified for review for overpayment or underpayment.

2. **What provider types should be prepared for a RAC review?**

   The scope of the RAC includes all provider types.

3. **What types of reviews will be performed by the RAC?**

   HMS may perform a number of different types of reviews to identify potential overpayments, including:

   - **Automated/Semi-Automated Reviews**—Used when improper payments can be identified from claim data elements and well established policies and rules, without examining medical records or other documents. These reviews are normally performed as a desk audit.

   - **Complex Reviews**—Used when the review requires the examination of medical records or other documents. These reviews are normally performed as a desk audit.

4. **Can I submit records electronically?**

   Yes. HMS will accept provider submissions of electronic records on CD/DVD, secure transmission or fax. Please contact the HMS RAC Provider Relations Team at (855) 474-5113 for additional details.

5. **How do I sign up to use the Provider Portal?**

   Please visit [https://ecenter.hmsy.com](https://ecenter.hmsy.com) and follow the User Registration instructions. Providers will receive instructions for registration with their initial notification letter and can register at that time.

6. **How long do I have to respond to a review?**

   Providers have 30 days from the date of the letter to respond to a request for records, request reconsideration, or request an appeal through MDHHS depending on the stage of review.

7. **How long does the RAC have to audit after the initial letter?**

   The RAC has 60 days to review medical records or documentation submitted for reconsideration.

8. **Will extensions be allowed if delays occur in obtaining documentation needed?**

   If a provider requires an extension, submit the request in writing to the RAC. All extension requests will be granted at the sole discretion of the Michigan Department of Health and Human Services – Office of the Inspector General (MDHHS – OIG).

9. **After I have received the RAC’s overpayment determination, may I ask for an additional review?**

   Yes. Providers can request reconsideration from the RAC. Providers will be encouraged to provide additional documentation relevant to the finding to support their assertion of correct payment.
10. Will I have an opportunity to respond to the final audit report?

Yes, a provider will have 30 calendar days to respond to a final report of an automated review or complex review.

11. What happens if I disagree with the final audit report?

The provider has the right to appeal RAC findings through standard MDHHS Appeals processes. Appeal right notification and instruction may be found on the final audit report letter.

12. If I file an appeal or ask for an Internal Conference will I still have to pay back the amount of the overpayment in the final report?

If the provider files an appeal or asks for an Internal Conference, no recovery of the identified claim will occur until the appeal is resolved.

13. What happens if I fail to respond to a review?

Failure to respond to a review may result in the recovery (void) of all claims for which a response was not received. Providers will be notified prior to any recovery actions occurring.

14. Can the RAC review a claim that was previously reviewed by a different auditing entity?

If the claim that was or is currently being audited by a state or federal agency or a contractor working for a state or federal agency involves the same issue or service then the RAC cannot audit the claim.

15. How does the RAC calculate overpayments?

HMS calculates overpayments using Michigan Medicaid policy, legislation and data.

16. Will the RAC identify underpayments?

Yes, HMS will identify claims where a potential underpayment occurred. The necessary back-up documentation for these claims will be requested and reviewed by HMS to validate the underpayment determination.

The RAC will not acknowledge underpayments self-disclosed by providers.

17. Will extrapolation be applied to determine the amount of overpayments?

Statistical sampling and extrapolation may be used on a case by case basis. In the event, statistical sampling and extrapolation is used, providers will be notified.

18. How will overpayments be recouped?

The preferred method of recovery is the electronic adjustment of claims. When in agreement with the RAC findings, providers may initiate an adjustment of the claims in question on CHAMPS. Provider must include ‘DHHS-OIG RAC’ in the comments field of the adjusted claim. Claim adjustments submitted with this comment are monitored.
19. **Will the RAC provide education if I want to understand more fully the billing errors that resulted in an overpayment?**

Yes, each overpayment notice will include detailed description of the error with reference of the state policy, regulation and/or guideline utilized to determine the overpayment. Additionally, education may be offered by written correspondence, telephone conference, webinar, or in person.

20. **If a claim is older than 2 years and is not available for adjustment, how does a provider manage their claim for correction?**

Claims that are beyond the time limit for correction will need to be voided by MDHHS before the provider can submit their corrected claim. Providers should contact HMS Provider Services, as quickly as possible in the 30 day time frame of response, to indicate their agreement of the need for correction and submit a request for MDHHS to void the original claim in order to allow the provider to submit a corrected claim. The corrected claim can be submitted upon void of the original and must include 'DHHS-OIG-RAC' in the comments field.

21. **Is there a limit to the number of records the RAC can request?**

The records requested by the RAC shall not exceed 150 records per request or 500 in a 3-month period by billing NPI.

22. **Will providers be reimbursed for sending medical records?**

No. There will be no reimbursement to providers for the copying/sending of medical records.

23. **Will the RAC review claims for Appropriateness of Setting that have an approved PACER?**

No. Claims with an approved PACER will be excluded from this review.