Review Choice Demonstration is on track to start. Prepare your agency now before it begins.
HISTORY OF THE REVIEW CHOICE DEMONSTRATION

Review Choice Demonstration (RCD) is an initiative that first came in the form of Pre-Claim Review Demonstration (PCRD). Originally began in 2016, the demonstration required agencies to provide justification on all reimbursement claims paid for by Medicare. The campaign was designed to reduce and prevent rampant fraud, waste and abuse of Medicare compensations.

Illinois was the first state to be subjected under PCRD on August 3, 2016. CMS originally planned to expand the demonstration on a later date for Florida, Texas, Michigan and Massachusetts. However, it did not proceed as planned after the demonstration was put on indefinite pause across all states on March 30, 2016.
In May 2018, CMS launched a public comment period in the Federal Register for the improved version of Review - the Review Choice Demonstration. The new version of the demonstration would feature choices for providers and last for five-years:

**Pre-Claim Review** - Home health providers are required to submit pre-claim documentation on all claims before reimbursement. Submissions would be permitted to correct any errors during the pre-claim process. Moreover, providers using this method could submit requests for multiple episodes of care all at once.

**Post-Payment Review** - A new option for home health providers which will operate closely according to normal claim processes. Under this approach, CMS will conduct complex medical reviews of all claims submitted during a six-month interval to verify compliance.

**Minimal Claim/Opt Out** - Home health providers can completely opt out in the claim review process. They can submit a final claim right away without submitting any claim requests, however, this will include a 25% reduction in all payments and a potential to be reviewed by Recovery Audit Contractors at random.

Providers who have opted for either pre or post claim review and have at least a 90% target affirmation rate will be granted additional options in the future. Approval rates are based on a minimum of 10 claims submitted and will be recalculated every six months.
For Selective Post Payment Review, the MAC will review a statistically valid random sample of at least 30 claims every six months instead of a 100% post payment review.

While for Spot-Check Reviews, the MAC will select 5% of all the providers claims with in the last 6 months for review. The MAC may send Additional Documentation Requests during the process and will follow CMS pre-payment review procedures.

In addition, providers may stay with this option each 6-month period unless they fail the Spot-Check Review, in which case providers must again choose one of the initial three review options.

ADDITIONAL OPTIONS FOR HIGH-COMPLIANCE PROVIDERS

Providers that are able to maintain 90% affirmation rate may choose one of the following options:

1. Retaining/Switching to Pre-Claim Review
2. Selective Post Payment Review
3. Spot-Check Review

Home health providers will be able to switch or stay with Pre-Claim Review, once achieving the target affirmation rate.
* If HHA doesn't make an initial choice selection, choice 2 will be automatically selected. If HHA doesn't make subsequent choice selection, choice 4 will be automatically selected.

** Minimum submission of 10 requests/claims required. Affirmation rate is based on full affirmations only.
CREATE A GAME PLAN

Formulating a working plan is critical to tackling the challenges of RCD. Target specific potential roadblocks for your agency's progress. It is critical to have a understand and prepare all the key areas of your agency that could be affected.

These could include:

- Analysis of your revenue cycle
- Identifying OASIS codes
- Review internal process
- Denial and rejection reasons
- Any other metrics important to your facility

With insight into your claim data, you can make targeted changes to your billing procedures and improve cash flow.

PREPARING YOUR AGENCY FOR THE DEMONSTRATION

RCD is starting in Illinois, and is expected to expand to Ohio, North Carolina, Florida, and Texas. Prepare your agency for the demonstration before it starts in your state:
RESEARCH AND PREPARE

Websites like CMS.gov, Noteefied.com and other notable sources are great references for your research. They provide up-to-date information regarding the RCD and keeps you up with supplementary material to help you get ready.

Get your hands on blogs, whitepapers, eBooks and other materials that could help you learn more about the coming demonstration.

Brainstorm and pool-in all your researched data so you could educate everyone in your agency.
PROACTIVE RCD APPROACH

No need to wait for the official start date to begin applying the best practices in dealing with the demonstration. It's best that you prepare your staff now to determine if there is any room for improvement before the demonstration kicks off.

Begin by pro-actively choosing the best review option for your agency. Build the process that follows this review option and start implementing it. Gathering necessary documents, properly coding your OASIS and optimizing your workflow to meet ADR standards.
OPTIMIZE YOUR SOFTWARE

Review Choice Demonstration is a gigantic task to tackle alone. Gathering the required amount of information alone, will require your staff to spend hours upon hours to generate reports manually.

You will need the help of a software solution that can help you gather information accurately and quickly. Consider looking for a software that can automate tedious or time consuming tasks.

Take note of key features like:

One-click Reporting - Keep track of your claims, orders and other information relevant to RCD all in one place. Generate valuable reporting needs with half the time and at a click of a button.

RCD Tracking - This helps you keep track of your documents and submission dates. This makes sure that you don't over look anything in processing your claims.

Electronic Billing Management - Make sure the submission process of your claims are in line with RCD. Compile your UTN and other valuable data easily and electronically before submitting your final claim.
NOTE-E-FIED: REVIEW CHOICE DEMONSTRATION

Note-e-fieds Home Health Solution, Perfect, is equipped with the tools to help your agency survive and thrive after RCD rolls out. Our RCD Portal will help you track and generate the following information in an easy-to-use portal:

**Review Choice Demonstration Tool** - Helps you track your RCD progress and helps you generate and compile your submission needs all in one page.

**Care Coordination Tool** - Generates all necessary reports for the patient's episode -from Orders to Plan of Care at a click of a button.

**Reports Generation** - Secure and HIPAA-compliant retrieval of your agency's updated reports, ready for submission to your MAC.
Need help with your Review Choice Demonstration process?

Give us a call at 1-855-825-7234 to have one of our capable home health experts take you through a demo of our tools and services.