

<b>DEPARTMENT:</b> Reimbursement Department	<b>POLICY DESCRIPTION:</b> Fiscal Intermediary/Medicare Administrative Contractor Audits
<b>PAGE:</b> 1 of 1	<b>REPLACES POLICY DATED:</b> 4/22/98, 7/1/06, 1/24/09, 9/1/18
<b>EFFECTIVE DATE:</b> October 1, 2020	<b>REFERENCE NUMBER:</b> RB.010
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** Reimbursement Department, Group and Division CFOs, all Company Facilities that file cost reports, Parallon and all other Corporate Departments.

**PURPOSE:** To ensure that the coordination and finalization of the Fiscal Intermediary/Medicare Administrative Contractor (FI/MAC) audit is clearly defined and thorough and conducted in a professional manner.

**POLICY:** The appropriate Reimbursement Department personnel, in conjunction with the FI/MAC, will be responsible for coordinating, monitoring, and resolving FI/MAC audit issues. Responses to FI/MAC audit requests and resolutions to audit disagreements will be provided prior to the issuance of the Notice of Program Reimbursement (NPR).

**PROCEDURE:**

1. The Reporting Director is responsible for coordinating the FI/MAC field audits of the Medicare/Medicaid Cost Reports.
2. The Reporting Director will ensure that the appropriate personnel attend the entrance and/or exit conferences, assist the hospital in responding to the requests of the FI/MAC auditors, and perform a detailed review of all audit adjustments.
3. FI/MAC audit adjustments will be reviewed and responses related to the adjustments that the Company takes exception to will be provided to the FI/MAC within their provided time frame.
4. The Reporting Director is responsible for ensuring that a reconciliation of the NPR to the as-filed cost report is completed, recording the receipt of the NPR, and recording the impact of the NPR within ninety days of receipt, with a copy of the recording entry addressed to the Facility CFO (cc: Group Managing Director and Division CFO).
5. The Reporting Director is responsible for ensuring the appeals process has been initiated and the appeals package has been forwarded to the appeals staff.

**REFERENCES:**

Medicare Financial Management Manual, Pub 100-6, Chapter 8