RETROSPECTIVE PREPAYMENT REVIEW & BILLING ERRORS

Presentation Overview

- eQHealth's role as QIO
- Retrospective Review process
  - Prepayment Review Process
- Billing Errors
  - Description and examples
- eQHealth and HFS Educational Resources
- Q & A Session

eQHealth QIO Role

Serving as the Illinois QIO since 2002, eQHealth is dedicated to serving healthcare providers of Illinois Medicaid patients to ensure they receive high quality, medically necessary care delivered in the most appropriate setting.

eQHealth's Scope of Work	Services Do Not Include (Ø)
✓Medical necessity review for acute inpatient care STAC/LTAC	Ø Case Management
✓Quality of care review for acute inpatient care STAC/LTAC	Ø Discharge Planning
✓Focused quality studies and special projects for HFS	Ø Billing or Claims Services
	Ø Fiscal Agent - Payment

Retrospective Review

Prepayment Review (after discharge; before payment)

- Selected weekly by HFS from **hospital claims** (*these were not reviewed concurrently*)
  - » APR DRG codes on HFS Attachment D
  - » Admitting diagnoses on HFS Attachment E for 1 day stays
  - » Exceptions to mandatory concurrent review that HFS approves (hard copy claims)
    - » Admitting diagnoses on HFS Attachments A – C

Prepayment Review Selection

Hospital sends claim to HFS

HFS selects cases from claims for prepayment review. Sends list of cases to eQHealth each Friday.

eQHealth sends hospital *Notice of Selection of Medical Records for Offsite Review – Prepayment, with a case listing and tracking sheets. Notice also available online Report 41*

Hospital copies medical record, attaches tracking sheet and sends to eQHealth within 14 calendar days from date on *Notice of Offsite Review*

Retrospective Prepayment Review

HFS requires broad-scope, medical record review

- ✓ *Complete and accurate information*
- ✓ *Information for requested dates of service only*

Condensed Medical Record Review - Required Medical Record Components

- History and Physical Examination Records
- ER/ED Records
- All Physician Order Sheets
- Physician & Nurse Progress Notes (no flow sheets*)
- Discharge Summary

* Do not *submit documentation such as daily assessments, weights, teaching, dressing changes, I/O, consents, discharge instructions, shift changes, et al.*

Retrospective Prepayment Scope

eQHealth Prepayment Review Scope
○Critical billing errors ○Medical necessity of each day of care and appropriateness of setting ○Quality of care review ○ICD-10-CM billing and DRG/APR-DRG coding validation

Prepayment Review Process

If the medical record is received timely, there are no missing components and no critical billing errors are identified, the prepayment review process continues

eQHealth's Utilization Review Nurses

- Verify medical necessity of each day of care and appropriateness of setting
- Justify the performance of invasive procedures
- Apply Centers for Medicare & Medicaid (CMS) *Quality of Care Review Category screens*
- Validate ICD-10-CM and DRG/APR-DRG coding

Prepayment Review Process

Nurse Outcomes

1. Certify
   - Hospital information satisfies criteria
   - Quality of care screens are met
   - ICD-10-CM and DRG/APR-DRG coding are validated
2. Referred to Physician
   - Hospital information does not satisfy criteria
   - Quality of care screen failure
   - Cannot validate DRG/APR-DRG code

Physician Referral Notice

eQHealth Solutions
2050-10 Finley Road
Lombard, Illinois 60148

Date of Notice: 4/19/08

Review Request Date: 3/21/08
Hospital Name & Number: 999999
Test Provider
Category of Service: 20

TEST CONTACT
Test Provider
1234 Main St.
Test City, XX 12345

Physician's Name & Number: 999999
Test Physician
Patient Name: Test Bene
RIN: 99999 **ACCT#:** 222244
TAN: 999999
Admission Date: 1/10/08
Discharge Date: 1/25/08

PHYSICIAN PEER REVIEWER REFERRAL NOTICE – Prepayment Review

Dear Provider:

eQHealth Solutions (eQHealth) is the Quality Improvement Organization contracted with the Illinois Department of Healthcare and Family Services (HFS) to perform review of inpatient services provided to HFS Participants. We assure that the services meet guidelines for medical necessity, appropriateness, and length of stay certification.

The medical record for the patient and admission noted was selected for review. The purpose of this notice is to advise you that based upon the clinical information submitted our Utilization Review Coordinator could not approve the request using screening criteria. The case has been referred to an eQHealth Physician Peer Reviewer for the following reason(s).

We encourage you to discuss this case with the treating physician and to make him/her aware of the referral and to coordinate a response.

If our physician reviewer is unable to approve the admission, length of stay or DRG with the available information provided, this determination will be tracked and forwarded to the Illinois Department of Healthcare and Family Services. Our physician reviewer will contact the treating physician to afford an opportunity to discuss any serious quality of care concern prior to making a determination.

If you have questions or need additional information, please call eQHealth Solutions' Provider Helpline at 1-800-418-4045.

Sincerely,

Review Department
eQHealth Solutions

19 Prepay Referral
32614209

Prepayment Review Process

Physician Review

- Matched by physician specialty
- Assigned to physician peer reviewer (PR)
  - » Certify; or medical necessity denial
  - » Change in DRG code (RHIA involved)
  - » Potential quality of care concern

Notification Sent to Appropriate Hospital Staff

- Liaison
- Physician
- Quality contact

Reconsideration Process

- The hospital or physician may request a reconsideration within 60 calendar days of the date of eQHealth notification:
  - Medical necessity denial, or
  - Change in DRG/APR-DRG
- Hospital completes the eQHealth form and provides supplemental information (to support the days denied or original DRG/APR-DRG)
  - Website homepage or Provider Resources tab
  - Less than 10 pages may be faxed to 800# on form
  - More than 10 pages, send to eQHealth address on form
- Hospital receives notification
  - Receipt of Reconsideration Request ; or
  - Cancellation of Reconsideration Request (untimely)

Cancelled Prepayment Reviews

Prepayment review is "cancelled" and can not proceed if:

1. The medical record is not received by the due date
   a. Notice of Cancelled Review
2. Necessary parts of the medical record are missing or record is for wrong dates of service
   a. Notice of Cancelled Review
3. Critical billing errors are found
   a. Notice of Incorrect Billing – Prepayment Review

Critical Billing Errors

- Critical billing errors - when medical record documentation indicates inaccuracy in any of the following HFS designated areas:
  - ✓ Incorrect inpatient admission date
  - ✓ Other – missing or ambiguous admitting orders
  - ✓ Incorrect discharge status
  - ✓ Incorrect category of service
  - ✓ Incorrect discharge date
  - ✓ Procedure performed prior to admission
  - ✓ Multiple categories of service
  - ✓ No record of the admission

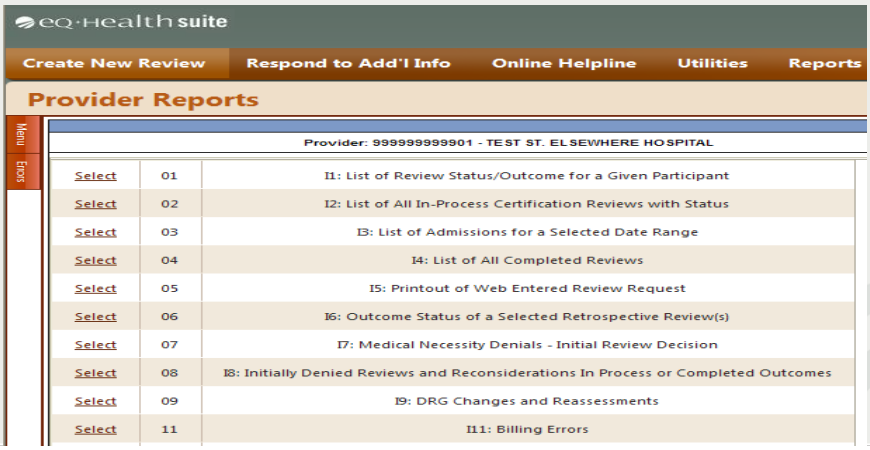
Top 5 Billing Errors

Billing Errors (cancelled review)	Definition	Hospital Action
Notice of Incorrect Billing: Incorrect admit date	The inpatient admit date billed must match Physician order for **inpatient admission. Inpatient admission date must be billed (not observation)**	Clarify inpatient admission date. Resubmit claim to HFS.
Notice if Incorrect Billing: BE Other	Missing or ambiguous physician order for inpatient admission. Physician order must be signed/dated/timed. Phone or verbal orders must be authenticated.	Ensure orders are present in medical record and are signed/dated/timed. If no inpatient order only observation ; rebill only for correct service. Resubmit claim to HFS.
Notice of Incorrect Billing: Incorrect Category of Service	Incorrect COS billed or multiple COS during hospitalization	Verify correct COS . Submit separate claims for each service type.
Notice of Incorrect Billing: Incorrect discharge status	The discharge status on claim must match medical record .	Correct discharge status error. Resubmit claim to HFS.
Notice of Incorrect Billing: Incorrect discharge date	The discharge date on claim must match medical record.	Correct discharge date error. Resubmit claim to HFS.

eQSuite™ Provider Reports

Access Provider Web Reports Online 24/7

– Self monitor atypical billing or utilization patterns



Track Your Billing Errors

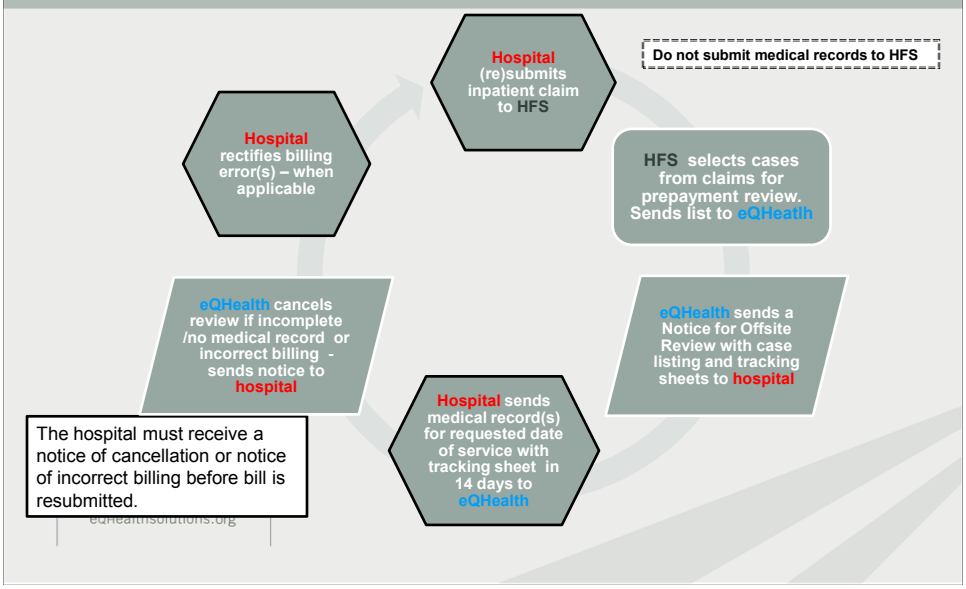
eQ·Health solutions

Billing Errors
(Retrospective Reviews Only)
Provider:
Review Date Range: 5/1/2015 - 7/28/2015

RPT: I11
Print Date:
Print Time:
Page 1 of 1

RIN	Last Name	Admit Date	Dsch Date	Medical Record Number	Phys Number	IDPA DCN	Review Date	Error Specifics
Bill Error Code: BE Admit Order Discrepancy								
		03/10/15	03/11/15				06/17/15	The review is cancelled. There is no physician order for acute inpatient admission from observation status.
Total Cases for Code BE Admit Order Discrepar			1					
Bill Error Code: BE Discharge Status								
		12/16/14	12/18/14				05/26/15	The medical record provided contains documentation that pt left AMA which is D/C Status 07. D/C Status billed 01: discharge to home or self care.
Total Cases for Code BE Discharge Status			1					
Bill Error Code: BE Other								
		12/14/14	12/17/14				05/26/15	Incomplete chart missing progress notes, medications, MD orders.
		12/21/14	01/09/15				05/22/15	The medical records are incomplete. The progress notes and the medication record are missing.
		07/27/14	08/12/14				05/20/15	The medical record that was provided is missing: some of the physican profiess notes, all physican orders including admit order, radiology reports, meications record, nursing notes. Pleas re-bill and when medical record is requst - please provide all medical record.
Total Cases for Code BE Other			3					
Total Cases: 5								

Cancelled Prepayment Review?



Provider Resources

Utilization and Quality Review Services

eQHealth Provider Helpline

- Monday through Friday, 8:30 am to 5:30 pm
- eQSuite® Online Helpline

Website http://il.eqhs.org

- Provider Resource tab includes UR manuals, guides and FAQs

Web system – eQSuite®

- Report 11 Prepayment Billing Errors
- Report 41 Copy of Notice of Selection for Offsite Prepayment Review posted each Tuesday
- Report 42 Copy of Notice of Selection for Offsite Post-payment Review posted the last week of each month

HFS Resources

Healthcare & Family Services
Hospital Billing Consultants 877-782-5565

Questions and Answers

The lines are now open for the Q & A Session

Please take your phone off mute only when asking a question. (If you used *2, hit *2 to unmute)

We will address review and billing questions pertaining to this presentation topic