



Adverse Determinations and Reconsideration/Reassessment Process

General Education Session August 18-19, 2010

Presentation Overview

- What is an Adverse Determination?
 - Examples of adverse determinations
- Adverse Determination Notifications/Letters
- Reconsideration Process
 - Reconsideration
 - Reassessment
- When Not to Request a Reconsideration
- Summary with Q&A

Adverse Determination

- An adverse determination is a general term used for any unfavorable utilization or coding finding.
- Only a physician reviewer can render an adverse determination.

Adverse Determinations

- Examples of adverse determinations rendered by a physician reviewer include:
 - Medical necessity denial
 - The denial is issued based on the clinical information and can include the admission or length of stay.
 - Change in DRG
 - The billed principal or secondary diagnoses and/or procedural coding is inconsistent with the documentation in the medical record.

Adverse Determination Letters

- When an adverse determination is rendered, the hospital Medicaid liaison is notified.

Types of Notices


- Concurrent Review
 - Notice of Denial - Certification Request
 - Admission or length of stay
 - Notice of Denial of Preoperative Day(s)
- Retrospective Prepayment Review
 - Notice of Admission Denial
 - Notice of Length of Stay Denial
 - Notice of Denial of Preoperative Day(s)
 - Change in DRG

Reconsideration Process


- When an eQHealth Physician Reviewer renders an adverse determination, the hospital or treating physician is afforded the opportunity to request a reconsideration.

Reconsideration of medical necessity denial; or
Reassessment of a DRG change

Reconsideration Process

- Hospital Liaison Receives *Notice of Denial*
- Hospital or treating physician may request a reconsideration
 - The request must be in writing and:
 - Include request for peer-to-peer discussion; if needed
 - Include a copy of medical records for date(s) denied
 - Sent to eQHealth Solutions via fax or mail 
 - Within 60 days of Notice of Denial
 - Two types of reconsideration
 - Expedited – while patient is still hospitalized
 - Standard – within 60 calendar days from the date of denial


Reconsideration Process (cont.)

- Reconsideration Review
 - Physician Review Determination
 - Determinations include:
 - Upheld (denial is upheld)
 - Modified (certification of some of the days; others denied)
 - Reversed (denial is reversed, the days requested are certified) 
 - Determination is rendered within 30 calendar days from the receipt of all necessary information
 - Notice of Determination
 - Mailed to both Physician and Hospital



If a reconsideration is reversed, the hospital continues with the review process to certify additional days or submit a discharge review.

Reassessment of DRG

- Hospital Medicaid Liaison Receives a notice of *DRG Change*
- Hospital or treating physician may request a reassessment:
 - The request must be in writing and:
 - Include peer-to-peer request; if needed
 - Include a copy of medical records for date(s) denied 
 - Sent to eQHealth Solutions via fax or mail



Reassessment of DRG

- **Reassessment Review**
 - Physician Review Determination
 - Determinations Include:
 - Upheld (determination upheld)
 - Modified (secondary diagnoses may be modified)
 - Reversed (back to the original, hospital-billed DRG)
 - Determination rendered within 30 calendar days from the receipt of all necessary information
 - Notice of Reassessment of DRG
 - Mailed to both Physician and Hospital

When Not to Request Reconsideration

- A reconsideration should **not** be requested when:
 - The determination is an approval (certified)
 - eQHealth has not conducted a review
 - Claim rejection
 - A prepayment review is cancelled due to:
 - No medical record received; or
 - Incorrect billing
 - Incorrect admit or d/c date
 - Incorrect d/c status code
 - Incorrect category of service

Reminder Regarding Third Parties

- **Third Party Contractors**

- If your hospital contracts with an outside company for reconsiderations:

- Third-party contractors may submit a request for reconsideration or reassessment on behalf of the hospital and submit information; however, all notifications and conversations will be directed to the designated hospital personnel and/or treating physician.

- Hospitals were notified in a Provider Update dated May 10, 2010
 - il.eqhs.org

Summary

Request for Reconsideration or Reassessment

Download forms from our Website:

il.eqhs.org

Click on the *Provider Resources* tab

Fax or mail your request:

Fax: 800-418-4039

Mail: eQHealth Solutions

Attn: Reconsideration

2050-10 Finley Road

Lombard, IL 60148

eqhealthsolutions.org

Submission Requirements

The hospital or physician may submit a request, in writing, within 60 calendar days from the date of denial notice or the DRG change notice:

✓ ***For reconsideration:*** Provide a copy of the medical record for date(s) denied or additional clinical information to substantiate medical necessity.

✓ ***For reassessment:*** Provide supporting documentation to validate billed DRG.

✓ ***For peer-to-peer contact:*** Provide written request and contact information *if you require peer-to-peer discussion.*

eQHealth Solutions
Reconsideration Request Form for HFS Participants

PARTICIPANT INFORMATION

Recipient ID # (RIN): _____ Sex: ____ Age: ____ Date of Birth: ____/____/____
Participant Name: _____ Patient Account # (if applicable): _____
(First) (MI) (Last)

PROVIDER INFORMATION

Hospital IL Medicaid #: _____ Physician IL Medicaid #: _____
Hospital Name: _____ Physician Name: _____
(First) (MI) (Last)
Physician Telephone #: (____) ____-____

REQUEST INFORMATION

Request Date: ____/____/____ Requested By: Hospital Physician
Request Method: Fax Mail Requestor Name: _____
Requestor Telephone #: (____) ____-____ Ext. ____

RECONSIDERATION INFORMATION

Date of Denial Notification: ____/____/____ Date of Administrative Denial: ____/____/____
Date of Admission: ____/____/____ Date of Discharge: ____/____/____

Rationale/Medical Reason for Disagreement: _____

Is additional information being submitted? Yes No

NOTE: If the denial determination was made on an Admission Certification or Concurrent/Continued Stay Review Request, a copy of the medical record for date(s) of denial must be submitted with this Reconsideration Request Form.

An approved request for Certification of Admission and/or Continued Stay does not guarantee payment. When an approval is given, it is the provider's responsibility to verify the patient's eligibility on the date of service and to confirm the patient's continuing need for service.

Q & A Session

- Please keep your phone on mute or noise level down to hear the Q & As.
- Phone lines are now open. State your name and hospital and your question.
 - We will compile Q&As from these sessions and post them to our Website for future use.

Your Time Is Appreciated

- Your feedback is important to us.
 - An email will be sent with a link to a quick survey.
- Thank you for attending today's education session.
 - Visit our Website for valuable Provider Resources.