

Administrative Denials Eliminated

The Department of Healthcare and Family Services and HSI are pleased to announce that the procedure of rendering administrative denials will cease beginning with admissions on or after January 1, 2006.

The elimination of administrative denials is designed to:

- Ease hospitals' administrative burdens and costs associated with requesting reconsiderations and copying medical records.
- Afford hospitals up through 12 months of the dates of service to request review if there are unreviewed continued stay days. The 12-month timeframe is consistent with HFS' claim submission timeframe.

Current policy requires that an administrative denial be issued if a request for concurrent review is submitted 30 or more days after a patient's discharge. To obtain certification for any unreviewed days, the hospital must request a reconsideration of the administrative denial and submit a copy of the complete medical record for review by a physician reviewer.

The new policy significantly expands the timeframe for obtaining certification for unreviewed continued stay days. It also eliminates the need to request administrative denial reconsideration by a physician reviewer and to copy and submit the medical record.

To take advantage of the opportunity to request A/C review for unreviewed continued stay days, the admission must have been certified while the patient was hospitalized, the request must be submitted to and approved by HSI and any claim for payment must be received by HFS within their claim submission timeframe; i.e., no later than 12 months from the "Through" date of service on the claim.

If you have questions about the elimination of administrative denials, please call our Helpline at (800) 418-4045 or contact our Communications Specialist, Rose Serno, at (630) 317-5113 or rserno@hsofi.org.

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