



RETROSPECTIVE REVIEW PROCESS

Presentation Overview

- What is Retrospective Review?
 - Retrospective review types
 - Selection process
- HFS Retrospective Review Requirements
 - Scope of review
- Review Process
 - Prepayment vs. Post-payment
- Recap of Retrospective Review
- eQHealth Educational Resources
- Q & A Session

Retrospective Review Types

- **Prepayment Review** (after discharge; before payment)
 - Selected weekly by HFS from hospital claims
 - DRG codes on HFS Attachment D
 - Exceptions to mandatory concurrent review that HFS approves (hard copy claims)
 - Other claims indicated by HFS
- **Post-payment Review** (after discharge; after payment)
 - Selected monthly from paid claims
 - Sample of records for HFS-specified stays

Prepayment Review

Hospital bills HFS

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

eQHealth sends hospital *Notice of Selection of Medical Records for Offsite Review – Prepayment, with a case listing and tracking sheets*

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

Retrospective Review

- HFS Review Requirements
 - Broad-scope, medical record review
 - Complete and accurate information

Required Medical Record Components

- Physician Orders
- H & Ps
- Progress Notes
- Vitals and Labs/Diagnostics
- Treatment Plan and Meds
- Discharge plans and status

eQHealth Solutions Scope of Review

- Critical billing errors
- Medical necessity of each day of care and appropriateness of setting
- Quality of care review
- ICD-9-CM billing and DRG coding validation

Prepayment Review Process

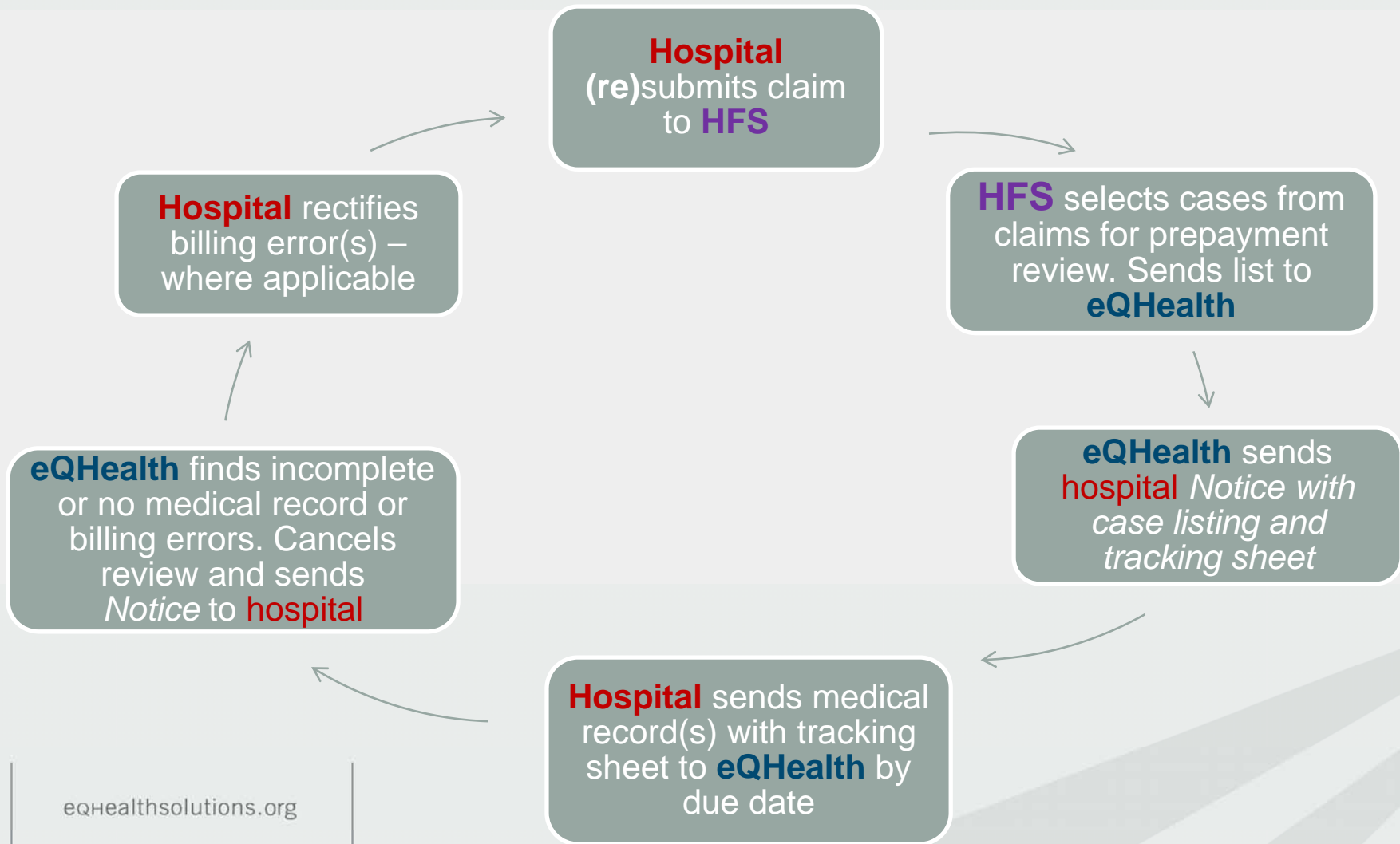
Prepayment review is “cancelled” and can not proceed if:

- 1. The medical record is not received by the due date*
- 2. Necessary parts of the medical record are missing*
- 3. Critical billing errors are found*
 - Billed claim vs. medical record documentation

Prepayment - Billing Errors

Billing Error	Common Example
1. OTHER - Missing order; a) no order to admit to inpatient or b) no order to convert from observation to inpatient status	Example Physician Order: a) 1/1/2011 Admit to 3 west; or b) Inpatient box is checked but no date or physician signature
2. ADMIT DATE - Incorrect inpatient admit date	Example: Observation date is billed as the inpatient admit date
3. DISCHARGE CODE - Incorrect discharge disposition code billed	Example: Claim shows 'Discharged Home', but record shows discharged to another facility
4. INCORRECT COS - Incorrect category of service billed	Billed category of service differs than what is in medical record (i.e. Med/Surge vs. Psych)

Cancelled Prepayment Review?



Prepayment Review Process

If the complete medical record is received timely and no critical billing errors are identified, the review process continues:

- eQHealth's Utilization Review Nurses:
 - Validate ICD-9-CM and DRG coding (DRG reimbursed)
 - Potential change in DRG
 - Apply Centers for Medicare & Medicaid (CMS) *Quality of Care Review Category screens*
 - Occurs separate and does not impede utilization review
 - Verify medical necessity of each day of care and appropriateness of setting
 - Apply criteria sets and length of stay norms

Prepayment Review Process

- Nurse Outcomes
 - Certify
 - Hospital information satisfies criteria
 - Quality of care screens are met
 - ICD9CM and DRG coding are validated
 - Pend
 - Refer to Physician
 - Hospital information does not satisfy criteria
 - Quality of care screen failure
 - Cannot validate DRG code

Prepayment Review Process

- Physician Review
 - Matched by physician specialty
 - Assigned to physician peer reviewer (PR)
 - Certify; or medical necessity denial
 - Change in DRG code
 - Potential quality of care concern
- Notification Sent to Appropriate Hospital Staff

Prepayment Review Appeal Process

- Physician Medical Necessity Denial/DRG Change
 - The hospital or physician may appeal within 60 calendar days of eQHealth notification of a:
 - Medical necessity denial, or
 - Change in DRG
 - Hospital completes the eQHealth form and provides supplemental information (to support the days denied or DRG)
 - <http://il.eqhs.org> - Provider Resources
 - Less than 10 pages may be faxed to 800# on form
 - More than 10 pages, send to eQHealth address on form
 - Hospital will receive a Notification of:
 - Receipt of Reconsideration Request ; or
 - Cancellation of Reconsideration Request (untimely)

Post-Payment Review

Sample cases are selected **monthly** from paid claims as specified by HFS categories.

eQHealth sends hospital *Notice of Selection of Medical Records for Offsite Review – Post-payment*

Hospital copies medical record and sends to eQHealth within 14 calendar days from date of Notice

Post-Payment Review Process

- **Review Categories Include**
 - Child, adolescent and adult behavioral health
 - One day stays
 - Detoxification stays
 - Certain hospitalizations identified through concurrent quality screening
 - Certain symptom-based admitting diagnoses
- **Scope of Review**
 - Same as prepayment review
- **Review Process Outcome**
 - No certification
 - Claim paid; no re-bill if review cancelled
 - No determination notification
 - All findings sent to HFS for analysis

Retrospective Review Recap

	Prepayment Review	Post-Payment Review
Requires review of medical record ?	Yes	Yes
 Cancels review for incomplete or no medical record?	Yes	Yes
 Cancels review for incorrect billing?	Yes	No
 Hospital must re-bill if review cancelled?	Yes	No
 ICD9CM and DRG coding validated?	Yes	Yes
 Quality of care review performed?	Yes	Yes
 Medical necessity reviewed?	Yes	Yes
 May refer for Physician Review?	Yes	Yes
 Peer to Peer contact?	Yes	No
 Notice of determination sent?	Yes	No

Provider Resources

eQHealth Provider Helpline

- Monday through Friday, 8 am to 5 pm
- Online Helpline

Website <http://il.eqhs.org>

- Provider Resources includes provider UR manual, flowcharts, presentation material and more

Web system – eQSuite™

- Reports with real-time and historic review data
- Reports 41 and 42 Copy of Notice of Selection for Offsite
Prepayment or Post-payment Review

Education and Training

- Rose Serno, Provider Education and Outreach Representative
rserno@eqhs.org

Q & A

The lines are now open for
the Question & Answer session