

## Change in Retrospective Review Referral Notices

When conducting *retrospective* utilization review for Medicaid inpatient stays, the case may be referred for physician review and a notice is sent to your hospital Medicaid Liaison. The current process allows providers 7 days from the date of referral to submit additional information before the physician review begins. Since this is a full medical record review, we have analyzed and concluded that the majority of providers do not submit additional information.

In a continual effort to deliver efficient review services for the Department of Healthcare and Family Services and the hospital community, the following operational process for our retrospective review referrals will change, effective January 24, 2011:

### **For Retrospective Prepayment Review Referrals:**

The provider has 2 business days from the date of the referral notice to submit additional information to be considered in this case review.

### **For Retrospective Post-payment Review Referrals:**

Given that post-payment review occurs after payment of the hospitalization, additional information is not needed for physician review.

Beginning January 24, 2011, this updated information regarding additional information will be reflected in the *Physician Peer Reviewer Referral Notices for Retrospective Review*.

**IMPORTANT NOTE:** *This operational change only affects the time frame for submitting additional information if a retrospective review is referred for physician review. **The physician review process remains the same.***

If you require additional information, please contact our provider helpline at (800) 418-4045, Monday through Friday from 8 am to 5 pm, CST.