

Navigating the QIO Mandatory Case  
Review

## ***Navigating the QIO Mandatory Case Review***

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11:30 a.m. - 1:00 p.m. PDT



The Medicare Quality Improvement Organization for California

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## ***Introductions***

- Patty Collier, RN  
Utilization Review Expert
- Candi Davis, RHIA, CPHQ  
Coding Expert

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Health Services Advisory Group

## Navigating the QIO Mandatory Case Review

### **HSAG Staff**

- Experienced RN Case Managers
- Credentialed Coders
- CA Licensed and Practicing Physicians



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### **Objectives**

- Verbalize understanding of QIO Program goals
- Verbalize responsibility of the QIO Liaison
- Explain the review process for:
  - Higher Weighted DRGs.
  - EMTALA.
  - FI Referrals.
  - Assistant at Cataract.

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## Navigating the QIO Mandatory Case Review

### ***Health Services Advisory Group (HSAG)***

- Medicare Quality Improvement Organization for California (QIO)
- CMS identifies the core functions of the QIO Program as:
  - Improving quality of care for beneficiaries.
  - Protecting the integrity of the Medicare Trust Fund.
  - Protecting beneficiaries by addressing individual complaints—such as beneficiary complaints, provider-based notice appeals, and violations of the Emergency Medical Treatment and Labor Act (EMTALA).

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### ***Role of the QIO Liaison***

#### General Responsibilities

- Expedite requests for medical records
- Distribute written communications to the appropriate department
- Provide information to the QIO relating to specific issues
- CEO/MOA
  - Appointed by the CEO as designated on the Memorandum of Agreement

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## Navigating the QIO Mandatory Case Review

### **Types of Mandatory Case Reviews**

- Higher Weighted Diagnosis-Related Group (HWDRG)
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- FI/MAC Referrals
- Assistant at Cataract



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### **Case Review Process Overview – HWDRG**

- A. Hospital requests HWDRG assignments
- B. CMS generates the monthly selection of 100% of claims submitted for re-billing at HWDRG
- C. QIO receives selection each month from CMS and requests the complete medical record (Letter sent to Medical Records Department)
- D. Hospital submits complete medical record in 30 days
- E. QIO conducts a full case review



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## **Case Review Process – HWDRG**

### DRG Validation

1. Match both attending physician description information in the record with billed codes
2. Utilize accepted principles of coding practice (coding clinic)
3. Verify accuracy of all codes that affect the DRG
4. Refer for physician review when medical judgment required and related change affects DRG

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## **Case Review Process – HWDRG**

### Utilization Management – Medical Necessity

1. Admission Review
  - Admit Order – Inpatient/Observation
  - Billing Error
  - Deemed Date of Admission
  - InterQual® Criteria
  - Physician Referral
2. Invasive Procedure
  - Federal Register Inpatient Only Web site  
[www.cms.hhs.gov/apps/ama/license.asp?file=/Hospital/OutpatientPPS/Downloads/CMS\\_1404\\_FC\\_addenda.zip](http://www.cms.hhs.gov/apps/ama/license.asp?file=/Hospital/OutpatientPPS/Downloads/CMS_1404_FC_addenda.zip)
  - Surgical Criteria for Elective Procedures
  - H&Ps

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## **Case Review Process – HWDRG**

### Quality of Care

#### 1. Objectives

- Determine if care provided is adequate
- Identify sources
- Determine extent of quality concerns

#### 2. Strategies

- Generic Quality Screens
- JCAHO standards of care
- Physician referral



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## **Case Review Process – HWDRG**

### Correspondence



1. Initial review outcome – approved – no letter
2. Initial review outcome – concern (UM/ Quality and/or DRG) – opportunity for discussion letter sent to QIO Liaison
3. Responses due 20 days – no extensions
4. The case is re-reviewed when response is received
5. Final determination letter sent FI/MAC notified
6. Re-reviews – reconsiderations - 60 days

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### **Case Review Process – HWDRG**

#### **Complete medical record includes:**

- Face Sheet
- Discharge and Transfer Orders
- History and Physical
- Query Form
- ER Notes and ER Orders
- Consultants Notes
- Physicians Orders
- Progress Notes
- Labs
- Radiology
- Discharge Summary
- Procedure Notes
- Consent Forms
- Operating Room Notes
- Admission Assessment
- Case Management Notes
- MARs
- I&O Flow Sheets
- Graphic Flow Sheets
- Nursing Notes
- Respiratory Therapy Notes
- OT, ST, and PT Notes

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### **Case Review Process – HWDRG**

#### Concerns/Issues

1. Query forms – Not on medical record
2. Health Information Management Department/Copy Service sends
  - Wrong dates of service
  - Missing key components
3. Electronic records
  - Hybrid
  - Legibility
4. CDs

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## **Case Review Process – HWDRG**

Technical denials: QIO not provided complete medical record to support a billed Medicare claim

- Letter to QIO Liaison
- Medicare claim denied and payment recouped by FI/MAC

To reopen a case, send complete medical record to QIO

- QIO performs full case review
- Hospital notified
- Business office
- FI/MAC notified

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## **Case Review Process – HWDRG**

Lack of documentation

- When key components of medical record missing from copy provided
- Call/letter sent to QIO Liaison requesting missing components
- Up to 15 days to send
- Failure to provide could result in technical denial of claim
- Payment recouped by FI/MAC

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## ***Case Review Process – EMTALA***

OBRA 1990 (the Omnibus Reconciliation Act) requires QIOs to assess whether an individual had an emergency medical condition that had not been treated or which had not been stabilized prior to transfer. Violations are known as Emergency Medical Treatment and Active Labor Act (EMTALA) violations

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## ***Case Review Process – EMTALA***

- 5 day review –  
CMS/Corrective Action Plan
- 60 day review –  
OIG/Monetary Penalty
  - Opportunity for discussion
  - Additional Information
  - Teleconference
  - Face to face

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### **Case Review Process – EMTALA**

- CMS has the authority to determine if the law has been violated
- The OIG decides the penalties
- QIO review in these cases serves as medical expert advice only and does not state an opinion as to whether a violation has occurred

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### **Case Review Process – FI Referrals**

- Palmetto GBA – California FI/MAC
- QIO performs reviews
  - Readmissions
    - Hospital sends PGBA medical records
    - QIO reviews initial admissions and readmissions
    - Premature discharge review – if confirmed, QIO denies second admission
  - Coverage Exclusions



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### Case Review Process – FI Referrals

To request review of a rejected Medicare claim:

- Complete the QIO Review Request form (located under Forms on the J1 A/B MAC Part A Web site)
- Attach copy of the entire (including doctor's orders, H&P, and operative reports) medical record and a copy of the UB04
- Attach a copy of the remittance advice containing the rejected code or a copy of the screen from Direct Data Entry (DDE) that shows the rejection
- Send all of the information to the J1 A/B MAC – Palmetto GBA via the mailing address or fax number listed on the request form
- DO NOT send the information directly to the QIO

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### Case Review Process – FI Referrals

THIS SECTION FOR QIO USE ONLY

No Review Required: \_\_\_\_\_

Review Results: \_\_\_\_\_

Sent to Provider \_\_\_\_\_ Sent to J1 MAC \_\_\_\_\_ Adjustment Approved \_\_\_\_\_

Diagnoses DX1 \_\_\_\_\_ DX2 \_\_\_\_\_ DX3 \_\_\_\_\_ DX4 \_\_\_\_\_ DX5 \_\_\_\_\_  
DX6 \_\_\_\_\_ DX7 \_\_\_\_\_ DX8 \_\_\_\_\_ DX9 \_\_\_\_\_

Procedure PX1 \_\_\_\_\_ PX2 \_\_\_\_\_ PX3 \_\_\_\_\_ PX4 \_\_\_\_\_ PX5 \_\_\_\_\_ PX6 \_\_\_\_\_

Dates Denied (if applicable): \_\_\_\_\_

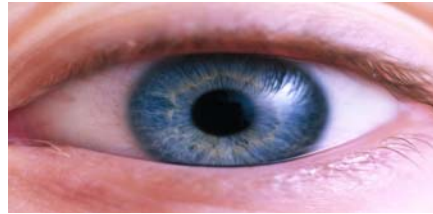
Other: \_\_\_\_\_

DCN \_\_\_\_\_ Authorization # or QIO Signature \_\_\_\_\_

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## **Case Review Process – Assistant at Cataract**

Utilization review of the medical necessity  
of a physician assistant at cataract surgery



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## **Case Review Process – Assistant at Cataract**

### **How to request an Authorization:**

Medicare requires a medical necessity review prior to using assistant at cataract-related procedures. If you anticipate needing an assistant at a cataract-related procedure to be performed on a Medicare beneficiary, please:

1. First notify HSAG by calling 1-866-800-8750
2. Complete the authorization request form and gather the necessary documentation
3. Submit the paperwork to our Tampa office by fax or mail
4. For more information, visit our Web site at [http://www.hsag.com/ca\\_providers/cataract.asp](http://www.hsag.com/ca_providers/cataract.asp)

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http://www.hsag.com/ca\_providers/forms/HSAG\_CA\_AssistantAtCataract.pdf - Windows Internet Explorer

http://www.hsag.com/ca\_providers/forms/HSAG\_CA\_AssistantAtCataract.pdf

File Edit Go To Favorites Help

http://www.hsag.com/ca\_providers/forms/HSAG\_CA...

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Find

**HSAG** HEALTH SERVICES ADVISORY GROUP

**Submit via fax or mail to:**  
Health Services Advisory Group, Inc.  
Attn: Medicare Beneficiary Practices, Asst. at Cataract Review  
5201 W. Kinnear Blvd. #900  
Tampa, FL 33609  
E: 813.865.0750  
Phone: 866-800-8750

**Assistant at Cataract Review  
Medicare Authorization Request**

Medicare will not pay for an assistant at cataract related procedures unless its local Quality Improvement Organization (QIO) has approved the use of an assistant due to complicating medical factors. Health Services Advisory Group, Inc. (HSAG) is the Medicare QIO for the state of California. Please see our Web site at www.hsag.com for details.

To request an authorization, please first notify HSAG by calling 866-800-8750, then submit this completed form and the accompanying documentation via fax or mail.

Beneficiary's Name: \_\_\_\_\_ HIC# \_\_\_\_\_  
Surgeon's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Assistant's Name: \_\_\_\_\_  
*If another assistant is substituted, HSAG must be notified by phone within 24 hours. Call us at 866-800-8750.*

**For scheduled procedures:** Please submit this authorization request at least 1 week prior to the scheduled procedure.  
Date of Scheduled Procedure: \_\_\_\_\_

**For emergency procedures:** Please submit this authorization request within 48 hours of the procedure.  
Date of Emergency Procedure: \_\_\_\_\_

Include the following with this completed form:  
History and physical  
Documentation of complicating medical condition requiring an assistant during the cataract procedure.

Include the following with this completed form:  
History and physical  
Documentation of complicating medical condition requiring an assistant during the cataract procedure.  
Documentation of emergency situation that required immediate surgery.

Done

Unknown Zone

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### Questions



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*Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.*

**To find out how to prevent medication errors, go to**  
[http://www.hsag.com/ca\\_drugsafety](http://www.hsag.com/ca_drugsafety)



[www.hsag.com](http://www.hsag.com)

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