



THE RIGHT CARE FOR EVERY PERSON EVERY TIME

Case Review Connection

The Medicare Quality Improvement Organization for Florida

Print this newsletter

Case Review Connection

This is the third issue of FMQAI's newsletter. If you have any feedback about the content or would like to make suggestions for improvement, please feel free to send an e-mail to mmunsch@flqio.sdps.org.

Please make sure to save the date for FMQAI's upcoming HINN workshops. There is more information below in the HINN Workshop section. Beginning July 1, 2007, the revised "Important Message from Medicare" as well as internal processes will need to be in place in order to be compliant with federal regulation.

FMQAI would appreciate if you would continue to forward this information to anyone in your hospital that might find it useful. You may also subscribe by sending an e-mail to casereview@flqio.sdps.org.

IN THIS ISSUE
Volume 1, Issue 3
March 2007

- *Introduction
- *HPMP Updates
- *HINN Updates
- *HINN Workshops
- *ADR
- *Contacts



HPMP Updates

PEPPER Webinar recordings are now available for viewing at www.HPMPResources.org.

The HPMP Resources website now has a tools consortium as well as National Payment Error Data for 2005.

Payment Criteria for hospitals - Reminder - Please remember that Medicare pays by the Federal Register Inpatient Only List—not Interqual Inpatient Only List. [Click here](#) for the appropriate list.

PEPPER CD Data - In the near future, FMQAI will begin using QualityNet Exchange (Qnet), a secured file transfer system, to provider your facility with its payment error rate data. A letter with detailed information will be sent to your Senior Leadership within the next few weeks.



HINN Updates

Although the process and procedure for issuing hospital denials will change as of July, it is important that the current process continue to be used. Here is a brief list of some of the items on the notice that would make it invalid and thus should be given special attention:

Your hospital letterhead/logo must appear on the notice. The hospital is issuing the notice, not Medicare.

The “HIC #” is Health Insurance Claim number, commonly referred to as the Medicare number. In approximately 25% of cases, that number is NOT the same as the SS#. Be sure the number is the Medicare number which always has the alpha suffix.

The notice is for the beneficiary and not the QIO. CMS requires that all documents relative to a denial be in 12 point or larger print and in a plain font.

The date the notice is issued, the date last reviewed and the first non-covered day are ALL the same date.

The LIABILITY date is three calendar days later.

All parenthetical and footnote references which appear on the model letters are for your direction and should not appear on the notice given to the beneficiary.

If a beneficiary or their representative declines to sign the acknowledgement of receipt of notice form, then note that on the form as “declines to sign” in the signature area, date and time as indicated, your signature and the signature of a witness.

A similar process is used for telephonic notifications; “telephonic notification to _____” and the same as above.

It is important to remember that it is not necessary for a beneficiary to sign. It is not necessary for you to find a responsible party if the beneficiary won't sign. As a matter of fact, if the beneficiary is competent, it may be a HIPAA violation to discuss the matter with anyone else.

No anecdotal comments need be made on the acknowledgement form. Any discussion, problems etc should be most correctly noted in your case management notes.

If there is a need for the QIO to know, then when/if an appeal is requested, the QIO will see your notes.

In a nutshell, all demographics must be 100% correct. Date of liability must be at least 3 calendar days after the date of issue. **ALL NOTICES SHOULD BE FAXED TO THE QIO THE DAY THEY ARE ISSUED.** FMQAI can review them promptly and advise you as soon as possible of any errors so that you can reissue a correct notice at once, rather than waiting. If the beneficiary appeals and FMQAI gets the record and notice several days later and find out then that it is invalid, you have to start over. If you have any questions or need any assistance, call Roberta Rauer at 800-564-7490 x3511 or Yvette Cook at x3516.

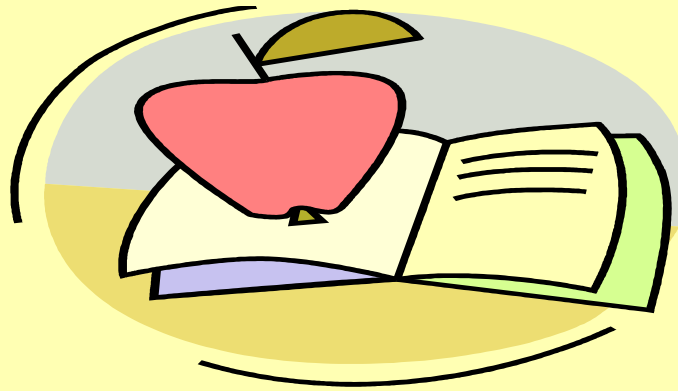


HINN Workshops

Receive the most up-to-date information regarding the new Notification of Hospital Discharge Appeal Rights. Beginning July 1, 2007, new notices and processes must be in place.

The workshop will be held from 8:00 am – 11:00 am EDT. There will be no charge for the workshop and CEUs are available. This educational opportunity is designed for all staff who will work with the Hospital Issued Notice of Non-Coverage process.

Register online at www.fmqai.com or call 1-800-564-7490 x3908.



Alternative Dispute Resolution (ADR)

FMQAI recently had a note card from a beneficiary who had a quality of care complaint/concern and activated the complaint process. During the course of the physician review, it was determined that no significant quality of care issues were identified and the case was referred for ADR/mediation. Here is what the beneficiary wrote:

“...Dear Ms. George (FMQAI’s Conflict Resolution Coordinator),

Thank you for the time you spent on my case getting it to the mediation process. I was pleased how well it was handled. I am especially grateful to Medicare for offering me this opportunity...”

This is an example of how ADR can provide positive customer relations for providers. Even if there are not quality issues, sometimes there are communication issues or customer service issues that can be resolved which leaves the beneficiary with a more positive outlook on their hospital experience. Patient relations are important for all providers and ADR is a tool which can help enhance those relationships.



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