



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

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11:00 am – 12:30 pm*





Introductions

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




FMQAI Staff

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




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



FMQAI


- Medicare Quality Improvement Organization for Florida (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; violations of the Emergency Medical Treatment and Labor Act (EMTALA)



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



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

Case Review Process Overview - HWDRG

Be careful what you ask for!


- 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 QIO Liaison)
- D. Hospital submits complete medical record in 30 days
- E. QIO conducts a full case review

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. Refer for physician review when medical judgement required and related change affects DRG
4. Refer for physician review when medical judgement required and related change affects DRG



**Case Review Process -
HWDRG**

Utilization Management - Medical Necessity


1. Admission Review
 - Admit Order - Inpatient/Observation
 - Billing Error
 - Deemed Date of Admission
 - InterQual®
 - Physician Referral
2. Invasive Procedure
 - Federal Register Inpatient Only Website
www.cms.gov/apps/ama/license.asp?file=/HospitalOutpatientPPS/Downloads/CMS_1404_FC_addenda.zip
 - Surgical Criteria for Elective Procedures
 - H&Ps



**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



**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 calendar 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



**Case Review Process -
HWDRG**

Complete medical record includes:


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



**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




**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



**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 calendar days to send
- Failure to provide could result in technical denial of claim
- Payment recouped by FI/MAC




**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



**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



**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





**Case Review Process –
FI Referrals**

- First Coast Service Options - Florida FI/MAC
- QIO performs reviews



**Case Review Process –
Assistant at Cataract**

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



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 FMQAI by calling 813-354-9111
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://fmqai.com/Healthcare-Initiatives-RT-AC.aspx>



Case Review Process – Assistant at Cataract



Contacts

- Cheryl Cook, RN
ccook@flqio.sdps.org
813-865-3545
- Patty Collier, RN
pcollier@flqio.sdps.org
813-865-3539
- Candi Davis, RHIA, CPHQ
cdavis1@flqio.sdps.org
813-865-3629



Questions



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