



Information for Healthcare Improvement



# Case Review Connection

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## *Educational Workshops - Hospital Discharge Appeals*

FMQAI will be offering educational workshops on the hospital discharge appeals process in April and May in the following cities:

April 29 - Tampa - FMQAI

May 18 - West Palm Beach - Courtyard West Palm Beach

May 19 - Miami Beach - Courtyard Oceanfront Miami Beach

May 28 - Orlando - Orlando Marriott Lake Mary

May 29 - Jacksonville - Courtyard by Marriott Jacksonville

Detailed information about these training sessions is available at our web site [www.fmqai.com](http://www.fmqai.com). (Click on Upcoming Events.) The workshops are generally three hours long and offer practical information regarding completion of the notices along with different scenarios that providers may encounter when delivering notices. CEUs are available for nurses and social workers. FMQAI encourages your facility to send a representative to the workshop and learn the most up-to-date information pertaining to this process.



## *Utilization Review/Coding Corner*

### **HPMP and PEPPER Reports**

In 2008, CMS officially ended the Hospital Payment Monitoring Program (HPMP) requirement for all QIOs. The PEPPER reports, previously distributed by QIOs on a quarterly basis are no longer available nor can QIO provide education related to payment error reduction to hospitals. Provider tools and resources related to previous HPMP activities may still be available at [www.hmpresources.org](http://www.hmpresources.org).

### **CMS FY 2009 Inpatient Only List**

Hospitals can obtain the current version of CMS “Inpatient Only List” at: [http://www.cms.gov/apps/ama/license.asp?file=?hospitaloutpatientpps/downloads/cms\\_1404\\_fc\\_addenda.zip](http://www.cms.gov/apps/ama/license.asp?file=?hospitaloutpatientpps/downloads/cms_1404_fc_addenda.zip). Select “Accept at the bottom of the “License for Use” then select the file “CMS\_1404\_FC\_AddE.xls”.

### **Interqual 2009**

The 2009 version of *Interqual Criteria* has been published and is available for providers. Providers should begin applying the 2009 criteria once your organization has received its copies. Your organization should track the date when the 2009 criteria has been applied within your CM/UR department files.

### **QIO Liaison**

A key individual in your organization, who facilitates the distribution of most correspondence between FMQAI and your organization is the QIO Liaison. He/she is a hospital associate that has been identified by your CEO, through the MOA process, to receive correspondence from FMQAI. Our correspondence may include, but is not limited to: potential quality of care concerns, potential financial adjustments or “take backs” such as those associated with DRG changes/denials/modifications, utilization denials and technical denials issued due to nonreceipt of requested medical records.

## *Utilization Review/Coding Corner*

### **Physician Query Forms**

Medical record copies provided to the QIO for Case Review must be complete. Medical record department policy should define the legal medical record. Physician Query forms must be part of the legal medical record and copied when they are used for coding and DRG assignment. DRG changes will not be approved if supporting documentation is missing from the medical record.

### **Definition of Principal Diagnosis**

The principal diagnosis is defined as the condition established after study to be chiefly responsible for admission of the patient to the hospital. A condition that is present on admission is not always the reason for admission. The key words to remember are “after study”, which is the diagnosis found after workup or even after surgery that proves to be the reason for admission.



## *Alternative Dispute Resolution*

FMQAI has worked diligently over the past several years to refine its ADR program in ways that best serve our beneficiaries, while collaborating with providers to enhance our healthcare system. Traditionally, FMQAI focused its attention on mediation following the completion of a medical record review as the main option under the ADR program. We now consider ADR to have two separate intake points in the overall QIO process; the first being pre-medical record review and the second being post-medical record review. FMQAI utilizes the option for resolution prior to the completion of a medical record review in cases determined to be occurring in “real time”. In these cases, it has been found that intervention on the part of the QIO on behalf of the beneficiary potentially provides immediate resolution as well as immediate positive impact on the health, quality of care and well-being of the beneficiary. This option generally provides a result that is satisfying to the beneficiary and thereby, prevents a formal complaint from being filed against a provider.

Although the opportunity for pre-medical record review interventions has always existed, FMQAI is now focusing its efforts on developing this option further. In the last three months, we have taken a bold step toward extending the pre-medical record review external resolution option by expanding the team of specially trained conflict resolution coordinators (CRCs) from two to five. These five conflict resolution coordinators are now available to offer comprehensive customer service to beneficiaries, including meeting relevant case management needs as well as offering facilitation of conflict resolution. While the CRC’s role is to act on behalf of our beneficiaries, we understand that in order to be true advocates for beneficiaries, the QIO must develop a positive rapport with providers. This is a crucial aspect in the success of the ADR program, as without participation by providers, no resolution can be reached. FMQAI utilizes a combination of social work and mediation skills in order to provide an external resolution process that is collaborative with both the provider and beneficiary while also being mutually beneficial in its results. By meeting FMQAI’s goal of bettering healthcare for the beneficiary, we are simultaneously serving providers by repairing the provider-patient relationship, developing trust, and promoting a positive public perception of the accessibility and quality of care provided.

Please join us in welcoming Mindy Bailey-Schreiner, Michelle Deaton, and Karen Rinehart as our new Conflict Resolution Coordinators/Case Managers. For any questions regarding the ADR program, please feel free to contact Melanie Marsh at [mmarsh@fmqai.com](mailto:mmarsh@fmqai.com) or 1-800-844-0795 x 3532.





## *Hospital Requested Review*

Hospital requested review is the process that a hospital follows when the attending physician refuses to write a discharge order and utilization management thinks the patient is ready for discharge. The hospital can send the record to FMQAI to make the decision. If the hospital wants to begin this process, the beneficiary must be issued the Notice of Hospital Requested Review. Then the hospital copies the appropriate portions of the chart (the first 48 hours and the last 72 hours). The record is then shipped to FMQAI for the decision. The hospital may include a statement as to why they feel the patient is ready for discharge. Please send contact information with the chart so the appeals department will know the appropriate person to contact when the review is complete.

## *FMQAI Contact Information*

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