



MAXIMUS Federal Services QIC Look at Two Midnight Appeals November 13, 2014

Overview

- **MAXIMUS Federal Services**
- **Inpatient Review**
 - Old Rule
 - New Rule
- **QIC Inpatient Review**
 - MAC Probe and Educate
 - Medicare Advantage Plans
- **Managed Care “RAC-like” reviews**
 - Diabetic Supplies
- **Reconsideration (FFS) request tips**

MAXIMUS Federal Services Q

QIC Part A

- Inpatient Hospital
- Home Health
- Hospice
- SNF
- Part B of A

QIC Part B

- Physician Services
- Drugs
- Transportation
- Laboratory Services

QIC Part C

- Part A
- Part B
- Additional coverage offered by MA plan

QIC Part D

- Drugs
- Late Enrollment Penalties

AdQIC

- Training
- Reporting
- Record Storage
- ALJ quality reviews
- MAC referrals

Inpatient Admissions Reviews

- Medicare Benefit Policy Manual Ch. 1 §10
 - Applies to services prior to Oct 1, 2013
 - Analysis focused on Level of Care
- Two Midnight Final Rule CMS-1599-F
 - Applies to services on or after Oct 1, 2013
 - Analysis focused on length of expected stay and documentation
 - FFS review MAC Probe and Educate until March 2015
 - Medicare Advantage review effective Oct 1, 2013

Two Midnight Rule Key Decision Points – Inpatient Only Procedures

- Inpatient only hospital care that is medically necessary
 - Procedure or service is on the Inpatient Only list
 - Procedure or service is medically necessary for the patient
 - Two midnight does not apply
 - Covered

Two Midnight Rule Key Decision Points – Inpt Admission

- Inpatient Admission
 - Hospital setting medically necessary
 - Expectation that > two midnights reasonable
 - Actual stay of > two midnights
 - Valid inpatient order certified prior to discharge
 - Covered
- Covered inpatient stays not passing two midnights
 - Can be covered if exceptions apply

Probe and Educate Appeals

- Common issues
 - Use of level of care arguments (no longer applicable)
 - Inpatient Admission Order and Certification
 - Not authenticated prior to discharge
 - Record does not support the expectation of a two midnight stay
 - Statement that expect more than 2 midnights on its own is not sufficient
 - Two midnight rule and level of care analysis
 - Identify greater than two midnight rule
 - Provide arguments for level of care analysis

Medicare Advantage Plans

- Two midnight rule coverage rule applied as of Oct 1, 2013
- Common Issues
 - Proper calculation of two midnights
 - Can include non-inpatient overnight stay prior to admission
 - Can be less than two midnights and covered by exception
 - Documentation
 - Expectation of length of stay not supported in record
 - Missing valid inpatient order

QIC Part C – RAC-like Appeals

- Diabetic monitors and supplies
 - Documentation issues
 - Glucose monitors with special features require special documentation
 - Diabetic monitor supplies-
 - Coverage criteria for a glucose monitor are met
 - Treating physician written order
 - Enrollee has nearly exhausted the supply of test strips and lancets
 - Documentation of reason for exceeding quantity guidelines
 - The treating physician has seen the patient and has evaluated their diabetes control within 6 months prior to ordering quantities that exceed the utilization guidelines.

Diabetic Supplies – Common issues

- Failure to include specific narrative statement that adequately documents the frequency at which the patient is actually testing or a copy of the beneficiary's log (excess refills)
- Patient hasn't been evaluated by physician within 6 months
- Patient has not specifically requested refills – supplier cannot automatically dispense

Key Information - FFS reconsideration request

- Address to which you want information sent
 - Include on CMS Form 20033:
 - Medicare Reconsideration Request Form- 2nd Level of Appeal
- Representation Documentation (e.g. AOR)
- Additional information that you want to be considered
 - Do not need to resubmit documents sent to MAC
 - Address MAC arguments
 - Supply additional information that supports your position
 - Did lower level indicate there was missing information?
 - Did lower level use a coverage rule that you think should not apply?
 - Do you think lower level misinterpreted the medical records?