

ALABAMA QUALITY ASSURANCE FOUNDATION

PRO GENERAL MEMORANDUM NO. 96/99-09

**FOR IMMEDIATE DISTRIBUTION TO YOUR MEDICAL STAFF,
UR/QA DEPARTMENTS, MEDICAL RECORDS DEPARTMENTS
AND OUTPATIENT SERVICE DEPARTMENTS**

TO: ADMINISTRATORS AND CHIEFS OF STAFF - All Alabama Hospitals

FROM: Robert G. Sherrill, Jr., M.D.
Medical Director

DATE: November 12, 1997

SUBJECT: HCFA Policy Change - Opportunity to Discuss Time Frame

I. PURPOSE:

This General Memorandum is to inform providers of changes in discussion time frames effective July 29, 1997, as directed by the Health Care Financing Administration (HCFA). Time frames which provide an opportunity to discuss an initial Medicare payment denial, a DRG assignment change, and/or potential quality of care concerns have been revised. Problems occurring between July 29, 1997 and 35 days from the date of this memo will be discussed on a case by case basis.

II. SUMMARY OF NEW RULE:

	New Rule	Old Rule
Initial Denial Determination, DRG Assignment Changes, and/or Potential Quality of Care Concerns (initial)	20 days	30 days
Final Quality of Care Concern Determination	30 days	60 days

*****New time frames as noted above are the only revisions to this procedure.**

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For initial determinations, if the provider responds within 20 days from the date of the notice, all additional information submitted by the provider via letter or telephone will be reviewed again by a physician reviewer. If the attending physician is out of town for an extended period of time, the provider must document the physician is unavailable and when he/she will return. The case will be held until the physician is available to discuss it. The physician has 20 days to respond once he/she has returned. This situation is not expected to occur frequently.

The re-review-reconsideration time frames (60) days for initial denial determinations and DRG assignment changes have not been changed.

For initial quality of care concerns, if no response is received within 20 days from the date of the notice, the medical record will be reviewed again by a second physician and the final determination will be made based on the medical record documentation alone. If the physician reviewer upholds the initial quality determination, the provider can request a re-review of the case within 30 calendar days.

Note: Prior to July 29, 1997, providers were given 30 calendar days in which to respond to a physician rendering a final determination for initial denial determinations, DRG assignment changes or potential quality of care issues. For initial denial determinations, if the provider responded within the 30-day time frame, all additional information submitted by the provider via letter or telephone would be reviewed again by a physician reviewer. If no response was received, the initial determination was upheld.

For quality of care concerns, if no response was received within the 30 calendar days from the date of the notice, the medical record would be reviewed again by a second physician reviewer and the final determination would be made on the basis of the medical record documentation alone. If the physician reviewer upheld the determination, the provider could request a re-review of the case within 60 calendar days.

III. If you have any questions please contact Pat Burgess, R.N. at Ext. 3222.

cc: Provider contact person; J. Barnett & F.Richards, MD, FMQAI; Patty L. Rawlings, Project Officer, HCFA-Dallas; J. Michael Horsley, ALAHA; Cary Kuhlmann, MASA; Frazer Rolen, ALAHA-Birmingham; Jane M. Cottos, OIG-DHHS; AQAF Board of Directors; Lynda Northcutt, BCBS.