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OHIO DEPARTMENT OF MEDICAID UTILIZATION REVIEW NEWSLETTER

APRIL 2020

Behavioral Health Special Edition

Utilization Review Of Psychiatric Inpatient Admissions

"HMS Permedion is the contracted entity for retrospective utilization review audits for the Ohio Department of Medicaid."

Please reference Ohio Administrative Code **5160-1-27 Review of provider records** for rules outlining this process.

HMS Permedion is the contracted entity for retrospective utilization review audits for the Ohio Department of Medicaid.

Historically, providers licensed for psychiatric inpatient beds with Ohio Medicaid could expect:

- Onsite Reviews performed every three years.
- Annual retrospective reviews performed during an assigned month.

These reviews were completed based, almost solely, on admission necessity review criteria.

What Has Changed?

- The onsite reviews will no longer be performed.
- The frequency and volume of reviews will vary.
  - Providers with higher utilization of services will have corresponding increased volume of reviews, and possibly increased frequency of reviews.
- The scope of reviews has been expanded.
  - Retrospective review is a post-payment examination of paid claims to determine program compliance, validity of payments, quality of care, and compliance with accepted standards of care.

What Does This Mean for You, the Provider?

Complete documentation must be provided for all claims requested by Permedion. Both inpatient and outpatient claims are included in the Medicaid Fee-For Service Utilization Review process. Failure to produce all requested documentation may result in a audit denial of the paid claim. Denials may be made based on lack of essential medical record documentation to complete the Utilization Review, Billing, DRG, and Quality reviews. Failure to produce the medical record **within 30 days of request** will result in a Technical Denial. In accordance with Ohio Administrative Code 5160-1-27, a hospital may be required to supply a copy of a medical record to ODM or its contractual entity to perform utilization review. There is no reimbursement for the copy of medical records. Failure to produce records within this timeframe will result in withholding or recoupment of Medicaid payments.

Providers may see multiple denials per claim, which could include:

- Admission necessity denials
- Coding correction/ billing denials
- Quality denials

Please Pay Close Attention to Appeal Instructions for Each Type of Denial

Submitting Appeals

When appealing a denial, read the initial denial letter(s) closely and submit the required appeal documentation to the correct address.

For example, first level inpatient medical/surgical and psychiatric admission necessity appeals are submitted to Permedion:

- Additional medical record documentation in writing is sent to Permedion Service Line Manager
- Appeal must be postmarked within 60 days of the original denial letter date
- The attending physician for the admission should be identified
- Address appeal correspondence to:

  Permedion, Inc.

  Attn: Ohio Medicaid Appeals

  350 Worthington Road, Suite H, Westerville, Ohio 43082

Billing denial appeals, however, such as the lack of a valid inpatient admission order and readmission billing issues, are submitted directly to the Ohio Department of Medicaid:

- Provide additional information in writing
- Appeal must be postmarked within 60 days of the original denial letter date
- Reconsiderations are sent to:

  Ohio Department of Medicaid

  Surveillance and Utilization Review Section

  PO Box 182582, Columbus, Ohio 43218-2582

- See Ohio Administrative Codes **5160-02-65** and **5160-2-07.13** for additional guidance.

Contacts for Providers

Contacts	Contact Information
BH and Inpatient Psych PA Questions	P) 855-974-5393
BH fax line	F) 855-974-5394
BH Appeal Requests	Permedion/Ohio Mental Health Reconsideration, 350 Worthington Rd., Suite H, Westerville, OH 43082
MITS Enrollment	P) 800-686-1516
HMS/Permedion Medical Hotline	P) 800-772-2179
Home Health PA Submissions Fax	F) 855-474-4306
Med-Surg and Home Health PA Questions	P) 800-772-2179
Med-Surg Retrospective Reviews	Lowell Webb, RN, ODM SURS Clinical Review Supervisor; E) Lowell.Webb@medicaid.ohio.gov; P) 614-752-5700 Fax: 614-644-2217
ODM Provider Helpline (Medicaid Claims)	P) 800-686-1516
ODM SURS Hospital Appeals Provider Line	P) 866-841-0002
ODM SURS Hospital Appeals Fax Line	F) 614-644-2217
ODM SURS Hospital Appeals Fax by Email	F) Bacs_fax@medicaid.ohio.gov