

**KEPRO MINUTES**  
**July 18, 2016 RIC/RAC Meeting**

**KEPRO REPRESENTATIVE PRESENT:**  
**Ms. Shiva Mumtazi**

**FACILITATORS PRESENT:**  
**Mr. Wesley Ashmore**  
**Ms. Debbie Rubio**

MR. ASHMORE: We have Shiva Mumtazi with us today from KEPRO. I'll let her introduce herself before we get started.

MS. MUMTAZI: Okay. Good afternoon. My name is Shiva Mumtazi. I'm an outreach specialist with KEPRO. And so I am covering your state, Alabama. I live in Georgia, and so I cover Georgia as well, and also Tennessee.

1. Please provide an update on the KEPRO (QIO) transition to performing the Two Midnight/Short Stay Audits to include the following:

- a) Will KEPRO send a review results letter (RRL) like the RAC?

**Response: Yes.**

- b) For short stay reviews, will there be a denial code set up that is specific to the QIO? If so, what is it?

**Response: No.**

- c) If KEPRO denies a claim, during a short stay review, will the provider also receive a demand letter from the MAC?

**Response: Yes. If a claim requires adjustment, the system sends the letter automatically. Often when Cahaba receives a QIO decision, the provider hasn't actually filed a claim yet, so there is nothing for claims to do.**

- d) Who will be the Level 1 appeal reviewer for Two Midnight/Short Stay audits denied by KEPRO?

**Response: The MAC.**

**Discussion at meeting**

MS. MUMTAZI: I did want to take a step back before I go too much further into it. You might not all know that right now, there are a couple of things I want to let you know about. They were referring to them as the two midnight review/short-stay reviews. The name has been truncated. You'll see paperwork and information out there, and it's only going to be referred to as the short-stay review. So I just wanted to get that information out there. If you don't see "two midnight," it's just that for whatever reason, that's been eliminated.

With that, some of you may be aware we are right now in a temporary pause with the short-stay reviews. And so that began in May. The idea is that they're doing standardization between the two BFCC- QIOs, KEPRO and Livanta. Any denials are going to be re-reviewed, and those began at the beginning of June.

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So if you have specific questions about your facility, please feel free to come up to me afterwards. I can let you know a little bit more if you have any specific questions as to if you were in the process of something or needed more information with us. We'll definitely keep you up-to-date.

Here is our home page. We do have the changes to short- stay reviews on there. I want to take a second to show you. We're trying to keep this as updated as possible. There is information about the current status, why it occurred, things that are coming out. So any applicable information would be found there. But like I said, you can always contact me as well.

With the two middle questions, with the denial code and the demand letter, I am working with Cahaba. I have sent those questions out to them. So we're going to be working together to get that answer to you. **\*\*The questions have been updated with the follow-up response.\*\***

And then with the Level 1 appeals, that will be with Cahaba for Alabama.

AUDIENCE: Will this RRL that you are going to produce, will that be on-line, on-site, in the FISS on your site or an actual paper letter?

MS. MUMTAZI: Good question. As I understood it originally, it was being mailed out. I will definitely get that to you. Do you want questions like that sent out to the group, or should I get emails specifically?

MR. ASHMORE: To the group.

MS. MUMTAZI: All right. So I will get that out to all of you.

2. If a patient is admitted to an acute care hospital for a medical condition by the physician as an inpatient, but then the patient is transferred to an acute care psych facility prior to two midnights, would that qualify for the transfer exception under the two midnight rule?

**Response:**      **Will discuss during meeting.**

**Discussion at meeting**

MS. MUMTAZI: And that's a great question, and it brought up actually two points that I wanted to show you. As I was mentioning, there is the short-stay reviews that we have. And I don't know if you guys have seen the guidelines that we've put together. Again, I can get this out to you in PDF format, if that would help, but it is available on the website.

Transfers are a part of the exception; however, I do want to make the caveat with this question specifically, I think it's a good time to highlight, depending on the circumstance, there might be certain things that if I was to give an answer of yes, of course, definitely, always, that might not really be the case for your specific situation.

So I would prefer to give the generality, but I do want to give you a number, which it is available here, and I can also send it out that for these types of questions, if you have a specific question with a patient, we do have a number that will take you directly to the short-stay reviews. This is toll-free: 844-455-8708 extension 7480.

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MS. MUMTAZI: We also do have specific individuals that address various short- stay review questions. I'm hesitant to give them out today. If you did have a specific one, I can give you the name. I don't know if there's going to be any changes. But again, that's one of the great things of being connected to the association is I'll get that information out, again, as soon as I have that.

3. Are Important Medicare Messages required for patients transferring to an acute psychiatric facility? Acute Rehab? Hospice?

**Response:**      **Will discuss during meeting.**

**Discussion at meeting**

MS. MUMTAZI: A follow-up copy is not required for transfers from one inpatient hospital setting to another inpatient hospital setting as a generality. So that would be the answer for the first two. In terms of the hospice, if a patient does elect for hospice, you are not required to give them the Important Message.

4. Do patients have appeals rights when discharging from acute psychiatric facilities? Acute Rehab? Inpatient Hospice?

**Response:**      **Will discuss during meeting.**

**Discussion at meeting**

MS. MUMTAZI: And the overall answer to that is yes. There are very specific guidelines, if you guys would like to have that information. It's quite long, but as a general, yes.

AUDIENCE: Where is that?

MS. MUMTAZI: I think it's in the Chapter 5 rules, but I can definitely find that source for you and get the source out.

AUDIENCE: All right. Thank you.

MS. MUMTAZI: Of course. And I do have the written here if you want to read to see the other exact facilities, how it's written, if you'd like to.

5. Due to the numerous appeals that are overturned due to "records not received", has KEPRO considered assigning dedicated staff for hospitals to collaborate with?

**Response:**      **Will discuss during meeting.**

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**Discussion at meeting**

MS. MUMTAZI: We don't have a dedicated staff for specific hospitals or for specific states. What we do have is the help line per area. And Alabama is in area 3. That office is based out of Ohio, just so you know when you're calling in, where you're calling.

And as a little bit of a shortcut, it's star 2 once you're on there, for providers, but we would ask that you go through the main line. Again, if you do have issues that need to be elevated for some reason, then we do have some contact information if you wanted to have that elevated conversation. And that's it. Sorry.

6. What is the capacity for incoming faxes?

**Response:**      **No maximum capacity.**

7. If a patient was served an Important Message within 48 hrs. of discharge and the patient alludes to appealing, but does not call to appeal the discharge, how long does the hospital have to wait before issuing a HINN 12?

**Response:**      **Will discuss during meeting.**

**Discussion at meeting**

MS. MUMTAZI: There's typically no waiting period to issue the HINN 12. It really should be given whenever the discharge appeal notices are given. One of the things I did want to point out with that, because I kind of am thinking where the question is headed, there might be concern as to if they didn't file an appeal. But if they do, I'm not sure if you know, we do have a check K status on here that you can click on. And as long as you do have the case number, it will show not only where the progress is in the appeals, but also the liability date. And that could give you a heads-up as well with HINN 12 if you need to provide that to them.

If we have agreed with the facility the patient be discharged, then at that time it would definitely be appropriate to give. But there is a waiting period for that. It's just to make them aware that you feel a continued stay would not be covered, recognizing that if they do file the appeal, though, they will stay covered during the appeal process. Does that answer?

(No response)

8. Please discuss the appeals process, including checking the case status of an appeal.

**Discussion at meeting**

MS. MUMTAZI: The appeal status basically starts when the beneficiary calls in to KEPRO. So we always like to let the individuals know. It's the same help line. I will let you guys have it. And it should be on your hospital notices.

While I have a listening ear in the room, I always like to throw out there we had an example of a hospital that was still continuing to be calling the old QIO. Unfortunately, the numbers, as of about a

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year ago now, are not being transferred. It can cause a delay. And what they found out had happened is that there was a pile somewhere in some cabinet of old forms, and so they started getting passed around the hospital.

So I would ask if you could go back to your facilities, just take a look, if there's any anywhere, get rid of them. AQAF is, of course, still alive and active in Alabama as the QM; but we do need to have KEPRO's number on it so you can see Alabama, like I said, is in area 3 and so that would be the help line.

That's where the appeals process starts. It's available 24 hours a day. So please let beneficiaries know if they are wanting to do that, to leave a voice mail after-hours. We will return the call the next business day so that we can get the process started for you as quickly as we can.

Once that's done, we will request medical records from you. And once those are received, we then pass that on to our physician reviewer, who takes a look at all of the information. The decision is made, and then you and the beneficiary will both be notified of the decision.

MR. ASHMORE: So do we have any more questions?

(No response)

MR. ASHMORE: Well, if not, thank you Shiva for coming today.