

Reconsideration Process

Objective: To provide any beneficiary/representative, facility or physician who receives a utilization review denial notice and disagrees with the determination, the opportunity to request and receive a reconsideration of the determination.

Performed By: Medical Director (MD, Associate Medical Director (AMD), and Peer Physician Advisors (PPA)

Support Staff Personnel: Inpatient Review Supervisor
Denial/Reconsideration Coordinator (DRC)

Policy: HSM advises appropriate parties (beneficiaries/representatives, facilities, and physicians) in writing of all initial denial determinations. All parties are notified in writing of the right to request reconsideration and the timeframes for submitting a request. Any party who receives a denial notice and disagrees with the determination may request a reconsideration of the determination.

The request may be submitted to HSM by mail, fax or by telephone within thirty (30) calendar days of the date of the denial notice or, in certain situations, three (3) business days for an expedited reconsideration. A request for an expedited reconsideration is defined as a request submitted by any party involved to HSM within three (3) business days of the denial letter date. Facilities and physicians may also complete a reconsideration request form.

HSM will conduct the reconsideration review for all timely requests and will make a decision to perform reconsideration review on a case-by-case basis for untimely requests. Upon receipt of a non-expedited reconsideration request, HSM notifies all parties in writing that a request has been received and allows ten (10) calendar days for submission of any additional information which may affect the reconsideration review determination. Reconsideration reviews will be performed whether or not additional information is supplied.

HSM will ensure that the Physician Advisor (PA) performing the reconsideration review is a Mississippi licensed, board certified, actively practicing peer physician (i.e., same specialty) to the requesting physician and a different PA than originally reviewed and denied the review request.

HSM completes review and notification within one (1) business day of receipt of requests and all necessary information for expedited reconsiderations and within twenty (20) business days of receipt of requests for non-expedited reconsiderations and all necessary information.

If the PA upholds the denial, the attending physician is offered an opportunity for peer-to-peer telephonic discussion.

Procedure:

1. Upon receipt of a request for reconsideration, the medical record file along with the review documentation and copies of correspondence are pulled by support staff and forwarded to the Denial/Reconsideration Coordinator (DRC). The DRC determines if the request is timely, and ascertains whether additional (clinical) information was included in the request. The Medical Director determines on a case-by-case basis whether an untimely request will be reviewed.
2. If the Medical Director determines a request is untimely and will not be reviewed, the DRC logs the untimely request and issues written notification (Notice of Untimely Request for Reconsideration) to the requester(s) indicating the reason(s) why a reconsideration review will not be performed.
3. Each timely request for a reconsideration, the request is processed as follows:
 - Log in the request
 - *Non-expedited Reconsideration:* send/mail notification (Acknowledgment of Receipt of a Request for Reconsideration) to the requester and other parties that a request has been received and that a comment period of ten (10) calendar days for submitting additional information is available. The notice indicates that additional information must be received by HSM within ten (10) calendar days of the notice date. The DRC places the case in a tickler file during the comment period.
 - *Expedited Reconsideration:* Contact the hospital/attending physician to obtain additional information and continue with step four (4). **Ten (10) day comment period does not apply.**
4. Upon expiration of the comment period, any additional information received with the reconsideration request and a copy of the medical record review is processed by the DRC as follows:
 - Generate a Reconsideration Worksheet, and
 - Forward the case to review by the Medical Director/Associate Medical Director or PA selected by the Medical Director/Associate Medical Director.
5. The reconsideration review is performed by the Medical Director/Associate Medical Director or PA selected by the Medical Director/Associate Medical Director who is:
 - Not associated with the original denial;
 - Not related to the beneficiary;
 - Not responsible for the care of the beneficiary;

- A physician licensed in Mississippi who is board certified or board eligible in the specialty that matches the type of care under review and has active admitting privileges at one or more hospitals in Mississippi, and
 - A different physician from the one making the initial denial determination.
6. The PA reviews the information that led to the denial determination, the complete medical record, and any additional information submitted. For expedited reconsiderations, the PA may contact the attending physician by phone to obtain additional information.

The PA may reverse, modify or uphold the services initially denied. The PA makes two (2) call attempts prior to issuance of the written adverse reconsideration determination. During the peer-to-peer discussion the attending physician may provide additional information to assist the PA in review of the request. The PA provides his or her determination to the attending physician during the telephone discussion. If the attending physician is unavailable the PA informs the attending physician's staff of the purpose of call, verbal instructions on how to arrange a peer-to-peer discussion, telephone number and contact information. If no peer-to-peer discussion occurs, the written reconsideration notification is issued.

HSM's medical director directs the peer review process. Request for peer-to-peer discussions are forwarded to the medical director. Every attempt to arrange a peer-to-peer conversation with the same PA that made the determination within one (1) business day of a request is made. If the same PA is not available within one (1) business day of the request, the medical director or the associate medical director ensures that a PA of the same or similar specialty will honor the request and discuss the case. A peer-to-peer conversation occurs following issuance of the adverse reconsideration determination does not change the PA's reconsideration determination. If the attending physician continues to disagree with the determination following a peer-to-peer discussion, he or she may submit a request for a non-expedited if the first one requested was expedited. If not, the physician is informed of the beneficiary's rights to request an Administrative Appeal in writing by DOM within thirty (30) days of HSM's reconsideration determination letter date.

7. Reconsideration determinations are made within the following timeframes:
- Within one (1) business day of receipt of a request for an expedited reconsideration and all necessary information
 - Within twenty (20) business days of receipt of a request for a non-expedited reconsideration and all necessary information.
8. Following reconsideration review, the review record is returned to the DRC for processing. The DRC updates data fields as appropriate. The DRC drafts

verbiage for appropriate notification letters and forwards to the Medical Director for review prior to issuance.

9. All involved parties are notified in writing of reconsideration review determination within one (1) business day of receipt of request and all necessary information for expedited and within twenty (20) business days for non-expedited determinations (i.e., denial upheld, reversed, or modified).

The DRC provides verbal notification within the same timeframe. The notice will contain the following information:

- The principal and clinical rationale for the “original” denial determination;
 - The principal and clinical rationale for the reconsideration determination; and
 - Information for the facility and physician that the **Medicaid beneficiary** has the right to request an Administrative Appeal to DOM within thirty (30) calendar days of the notification date and directions for how the beneficiary may request such an appeal (*if modified or upheld by HSM*)
10. The DRC ensures that all data fields and documentation of results are completed. The DRC files copies of notifications issued and the Review Worksheet and forwards the case to the medical records file room.
 11. The DRC also enters results of cases that go to DOM for Administrative Appeals in the appropriate data screens when the information is received from DOM.