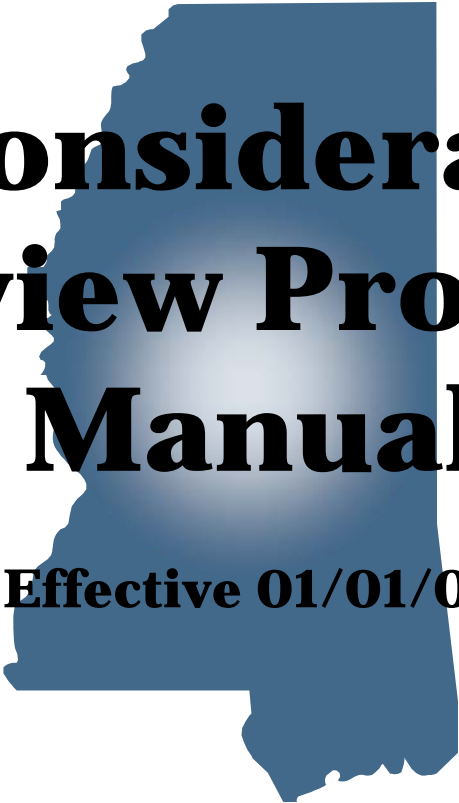




HealthSystems  
OF MISSISSIPPI

A blue silhouette of the state of Mississippi is positioned behind the main title text.

# Reconsideration Review Process Manual

**Effective 01/01/09**

HealthSystems of Mississippi  
175 East Capitol Street  
Suite 250  
Jackson, Mississippi 39201  
(601) 352-6353

***Table of Contents***

- I. Introduction**
- II. Getting Started – Helpful Tips**
- III. How to Request a Reconsideration**
- IV. Reconsideration Review Process**
- V. Administrative Appeal to the Division of Medicaid (DOM)**
- VI. Forms and Instructions**

## ***I. Introduction***

HealthSystems of Mississippi (HSM) is the Utilization Management and Quality Improvement Organization contracted with the Division of Medicaid to perform utilization and quality of care review for services provided to Mississippi Medicaid beneficiaries.

Our review is performed for the following types of services:

- Inpatient Acute Hospitals.
- Free Standing Psychiatric Inpatient Hospitals.
- Psychiatric Residential Treatment Facilities.
- MYPAC – Mississippi Youth Programs Around the Clock.
- Hospital Outpatient Mental Health Services.
- Community Mental Health Post Payment Review.
- Day Treatment Services (5 Years of Age and Younger).
- Outpatient Physical, Occupational and Speech Therapy.
- School Health Related Outpatient Physical, Occupational and Speech Therapy.
- Home Health.
- Durable Medical Equipment, Orthotics, Prosthetics and Supplies.
- Private Duty Nursing.
- Large Organ Transplant.
- Hospice.

The purpose of this manual is to assist providers in successfully navigating through HSM's review requirements and process.

## ***II. Getting Started - Helpful Tips***

Please refer to the HSM notification letter for specific timeframes and reconsideration rights.

Before submitting any request to HSM, providers must verify beneficiary eligibility and available benefits through DOM's fiscal agent at <https://msmedicaid.acs-inc.com/msenvision/index.do> or 1-800-884-3222 or 601-206-3000. The above contact information is also used for billing questions.

Providers must read and be familiar with DOM's policies and procedures located at: <http://www.medicaid.ms.gov/manual.aspx>.

### III. How to Request a Reconsideration

A reconsideration may be requested by phone, fax or mail. HSM has dedicated phone and fax numbers to assist with reconsideration needs. When submitting reconsideration request by fax or mail the required forms and instructions are included in this manual and can be downloaded from the HSM Web site at [www.hsom.org](http://www.hsom.org).

The following table lists the dedicated phone, fax numbers, and mailing address.

Purpose	Description	Hours of Operation and Number(s)
Reconsideration Review Request Submission	Used by the beneficiary/ representative/responsible party, providers and physicians to submit reconsideration review requests and additional information.	Hours: 24 hours, 7-days a week.  <u>Reconsideration Fax Number:</u> 1-877-272-8706  <b>Note:</b> Faxes received after 5:00 p.m. or over the weekend or holidays are considered received the next business day.  <u>Reconsideration Number:</u> 601-360-4875  <u>Mail:</u> 175 East Capitol Street Suite 250, Lockbox 13 Jackson, MS, 39201  <b>Note:</b> Do not use for expedited reconsideration requests.
Helpline	Used by providers for questions regarding the certification and reconsideration process and to obtain assistance.	Hours of availability: 8:00 a.m. – 5:00 p.m. (business days)  Local: 601-360-4949  Toll Free: 1-866-740-2221
Hot Line	Number to use to report quality concerns and/or complaints.	Hours of availability: 8:00 a.m. – 5:00 p.m. (business days) Toll Free: 1-888-204-0221

#### **IV. Reconsideration Review Process**

##### **Who can request a reconsideration?**

A provider, attending physician or beneficiary/representative/responsible party who is dissatisfied with the HSM review determination is entitled to a reconsideration of the determination.

##### **What are the types of reconsideration available for the service type?**

The following table provides information on service type and expedited or standard reconsideration rights.

<b>If the service type is</b>	<b>And the original HSM physician reviewer determination is</b>	<b>Then</b>
<ul style="list-style-type: none"> <li>• Inpatient Hospital</li> <li>• PRTF</li> <li>• MYPAC</li> </ul>	<ul style="list-style-type: none"> <li>• Full denial of request.</li> <li>• A denial of pre-operative day(s).</li> <li>• Partial authorization of retrospectively review days/services.</li> </ul>	A HSM expedited or standard reconsideration can be requested.
<ul style="list-style-type: none"> <li>• Hospice</li> </ul>	<ul style="list-style-type: none"> <li>• Denial of a hospice benefit period and patient has not been admitted.</li> </ul>	A HSM expedited or standard reconsideration can be requested.
	<ul style="list-style-type: none"> <li>• Denial of a hospice benefit period and patient has been:               <ul style="list-style-type: none"> <li>• Admitted, <b>OR</b></li> <li>• Receiving care, <b>OR</b></li> <li>• Received care and has been discharged.</li> </ul> </li> </ul>	A HSM standard reconsideration can be requested.
<ul style="list-style-type: none"> <li>• PT/OT/ST Therapy</li> <li>• Home Health</li> <li>• DME</li> <li>• Private Duty Nursing</li> <li>• Hospital Outpatient Mental Health</li> <li>• Day Treatment (5 Years of Age and Younger)</li> <li>• Hospice</li> </ul>	<ul style="list-style-type: none"> <li>• Full denial of request.</li> <li>• Partial approval – reduction in services requested.</li> <li>• Partial authorization of retrospectively reviewed services.</li> </ul>	A HSM standard reconsideration can be requested.

**What is the timeframe that HSM needs to receive my request for reconsideration?**

A request for reconsideration may be submitted to HSM by fax, mail or telephone at the number listed in the **“How to Request a Reconsideration”** section of this manual. The following table provides the types of reconsideration available, submission and completion timeframes by service type.

Type of Reconsideration	Service Type	Timeframe for Receipt of Request	HSM's Timeframe for Completion
Expedited (Patient must still be receiving services.)	<ul style="list-style-type: none"> <li>• Inpatient Hospital</li> <li>• PRTF</li> <li>• MYPAC</li> </ul>	Within three business days of denial notice.	Within one business day of receipt of request.
Standard	<ul style="list-style-type: none"> <li>• Inpatient Hospital</li> <li>• PRTF</li> <li>• MYPAC</li> <li>• Home Health</li> <li>• DME</li> <li>• PT/OT/ST Therapy</li> <li>• PDN</li> <li>• OPHMH</li> <li>• Day Treatment (5 Years of Age and Younger)</li> <li>• Hospice</li> </ul>	Within 30 calendar days of denial notice.	Within 20 business days of receipt of request.

**Note:**

A Notice of Untimely Reconsideration Request will be sent for any request received by HSM after the timeframes listed above. HSM will not process any untimely request.

If additional information is needed to complete your request for expedited reconsideration, HSM will notify you. For a standard reconsideration, an opportunity to provide additional information within ten working days is afforded.

**Reconsideration Review Determinations**

- A second physician, one not involved in the initial decision, will review the reconsideration request; the original information and any additional information submitted with the reconsideration request and make a determination.
- The second physician or reconsideration physician reviewer will be of the same specialty as the attending physician.
- The physician reviewer may contact the attending physician by phone to obtain additional information and the attending physician is offered the opportunity to consult the review physician by phone.

There are three types of reconsideration review determinations or decisions. The table below describes each decision and its impact on the original service request.

<b>The original denial is</b>	<b>Description</b>	<b>Impact to Services</b>
Modified	The reviewing physician makes a partial denial decision.	Some originally requested services are approved, and some remain denied.
Reversed	The decision is changed from denial to approval (certification).	Services are approved as originally requested.
Upheld	The reconsideration physician agrees with the original denial determination.	Services remain denied.

**Notification of Reconsideration Outcome**

Verbal notification is made to the requesting party on the same day as the decision for an expedited reconsideration. In addition, written notification is sent within one business day of the verbal notice of the review determination to the treating provider, attending physician and beneficiary/representative/responsible party. Written notification is provided within 20 business days for receipt of the request for a standard reconsideration. The beneficiary/representative/responsible party's notice does not contain the medical basis for the denial. Written notices include:

- The date of notice.
- A brief statement of HSM's authority and responsibility for review.
- Description or identity of the services approved, denied or modified.
- Dates of service that are being approved, denied or modified.
- Rationale for the determination. (Sent only to treating provider)
- Treatment Authorization Number (TAN) if any days/services are approved or modified.
- A statement informing the parties of their right to appeal to DOM within 30 days of the written notice and the process for requesting such when a reconsideration is upheld or modified.
- HSM contact information.

### ***V. Administrative Appeal to the Division of Medicaid (DOM)***

If there remains a disagreement with HSM's reconsideration determination and the reconsideration determination was upheld or any portion was not approved as requested, **ONLY the beneficiary/representative/responsible party** has the right to request an administrative appeal (hearing) from DOM. The written request must be submitted within 30 calendar days of HSM's reconsideration review determination notice. The process for requesting an administrative appeal is included in the reconsideration notice. The written request should be sent to:

Division of Medicaid  
ATTN: Deputy Administrator for Health Services  
550 High Street, Suite 1000  
Jackson, MS 39201

***VI. Forms and Instructions***

- Reconsideration Review Request Form
- Reconsideration Review Request Form - Instructions