Post Payment Review with On-Site Visit

At least once every three years all inpatient psychiatric hospitals providing Medicaid fee-for-service are required to submit medical records for the purpose of Post-payment Reviews with On-site Visit. During the last two years the Permedion survey team—which consists of a psychiatrist, psychiatric nurse, social worker and clinical lead—has conducted this process for more than 70 hospitals.

The team has several suggestions to help your hospital successfully respond and prepare when notified of upcoming Post-payment Reviews with On-site Visit.

• When Permedion requests medical records, respond quickly. Waiting until the last moment does not allow for unplanned delays in your Medical Records Department. Our office does make a courtesy call to the hospital contact close to the established deadline. However, records not received by the deadline will be rendered technical denials.

• Ensure the charts provided to Permedion are complete by working closely with your Medical Records Department. If your hospital has electronic medical records (EMR), this is critically important. Permedion has noted a pattern of important elements missing from EMRs with regard to the following:
  • Multi-disciplinary treatment plans with signature pages
  • Contraindications to seclusion and restraint
  • Documentation of seclusion and restraint incidents
  • Discharge Plans with signature pages
  • Psychosocial assessments
  • Certificates of need

• Prepare in advance for the On-site Visit. We recommend the following steps:
  • Expediently invite management representation from psychiatry, social work, nursing, administration and utilization review. Extend the invitation to any other key players.
  • Prior to the meeting, provide the identified attendees with a copy of the Permedion findings report. This will allow everyone opportunity to review the report in preparation for discussion with Permedion representatives.
  • Determine and prepare a conference room. Ensure there are enough chairs and space for everyone’s comfort. Ensure privacy and lack of distractions.
  • Let the attendees know that although a Permedion on-site visit typically lasts about one hour, it can potentially run longer and so they may want to plan their schedules accordingly.
  • Provide Permedion with detailed instructions regarding the location of your hospital and parking. Arrange for a representative to meet Permedion staff in the hospital lobby and accompany them to the meeting room.

• Convey to attendees the intention of the on-site visit. Permedion has the hospital’s best interest in mind. The purpose of the on-site visit is to:
  • Review the findings in the report.
  • Discuss chart documentation as related to OAC regulations and best practices.
  • Provide education and make recommendations.

It is important to Permedion that hospitals be at ease with responding to and preparing for Post-payment Reviews and On-site Visits. For any questions, please contact Clinical Lead Theanne Murata, RN, at 614.918.5109.
Entering an Inpatient Prior Authorization in MITS

For inpatient psychiatric hospitals, Permedion has added to its website a video entitled “How to Enter a PA in MITS.” It is on the Training page at [http://hmspermedion.com/oh-medicaid-mental-health-addiction-services/training/](http://hmspermedion.com/oh-medicaid-mental-health-addiction-services/training/). The video is conducted by Ed Ortopan of the Ohio Department of Medicaid. It is an excellent training and refresher tool for your staff.

Precertification for Psychiatric Admissions—Ohio Update

Ohio Administrative Code 5160-2-40 (D)(1):

All psychiatric admissions for individuals who are Medicaid eligible at the time of the admission must be certified by the reviewing agency prior to an admission to a hospital or within two business days of the admission.

Your reviewing agency is Permedion.

Reminders:

- A “psychiatric admission” is an admission of an individual to a hospital with a primary diagnosis of mental illness and not a medical or surgical admission. A discharge from a medical/surgical unit and an admission to a distinct part psychiatric unit within the same facility is considered to be a psychiatric admission and is subject to precertification.
- The provider must request precertification for a psychiatric admission by submitting an electronic request via MITS and making sure the Permedion precertification form is uploaded into the MITS case.
- Readmissions are defined in rule 5160-2-02 of the Administrative Code. A readmission within one calendar day of discharge, to the same institution, is considered to be one discharge for payment purposes so that one DRG payment is made. If two claims are submitted, the second claim processed will be rejected.
- Transfers as defined in rule 5160-2-02 of the Administrative Code. The Ohio Department of Medicaid considers a transfer appropriate if the transfer is required because the individual requires some treatment or care that is unavailable at the transferring hospital or if there are other exceptional circumstances that justify transfer. (The reason for a transfer should be documented as part of the admission process.)

Inpatient Psychiatric Precertification Denials and Appeals

Providers often have questions regarding denials and appeals. The following are details to both clarify the different types of denials and support any necessary efforts for your hospital to appeal them.

Medical Necessity

Denial: A determination by a physician that the patient’s admission was not medically necessary because proper treatment of the patient’s psychiatric condition does not require services on an inpatient basis under the direction of a physician.

Appeal: A written request for reconsideration submitted to Permedion/Ohio Mental Health within 60 days of the date of the determination (denial letter). The request must include:

1. A copy of the determination letter,
2. A copy of the patient’s entire medical record (if not previously submitted), and
3. Copies of any and all additional information that may support the provider’s position.
Technical (Administrative)

Denial: A determination due to late submission of a Precertification Request for patients that are Medicaid eligible at the time of admission—within one (1) business day of admission prior to May 1, 2015 or within two (2) business days of admission after April 30, 2015.

A denial will also be issued if the patient is not Medicaid eligible at the time of admission and there is no date-stamped proof (i.e., MITS screenshot) that eligibility was checked within the precertification timeframe.

Appeal: A written request for reconsideration submitted to Permedion/Ohio Mental Health within 30 days of the determination date (denial letter). The request must include:

1. A letter requesting reconsideration,
2. A statement indicating why the provider believes that the adverse decision was in error, and
3. Any further documentation supporting the provider’s position. (The entire medical record should not be submitted for administrative reconsideration.)

Provider Relations Corner

The CPST Prior Authorization Request Reviewer informed our agency that the CPST Prior Authorization Request sent to Permedion could not be reviewed because there are cut and pasted sections from last year’s submission. Why is this a problem? The information is still true and our Severely Mentally Disabled recipient doesn’t ever really change.

The CPST Prior Authorization Request Reviewer can only determine medical necessity based upon current assessment of recipient functioning and needs. A provider identifying that a recipient “doesn’t ever really change” is indication of clinical assessment and medical necessity concerns. It must be evident to Permedion that all information is both current and clinically sound.

How do I determine the number of CPST hours/units to ask for on a CPST Prior Authorization Request?

Several factors may influence the number of service hours a provider requests, however, a few basics definitely should be considered: The average weekly treatment hours currently being provided; the recipient’s historical treatment and compliance trends; if treatment needs are expected to increase or decrease (even temporarily) in the future; how many service hours are required to maintain the recipient to the end of the fiscal year; and how many service hours your agency has already provided where request retroactive approval is needed.

I am having problems uploading an Inpatient Psychiatric Precertification Request in MITS. Can Permedion help me with this?

Although Permedion accesses the precertification forms that are uploaded into MITS by inpatient psychiatric hospitals, we are not associated with the upload process itself. All questions or concerns related to uploading and other MITS functions should be directed to the MITS Helpline at 614.466.6734.

If a patient has a primary diagnosis of dementia, will their Inpatient Psychiatric Precertification Request be automatically denied?

A precertification will not be denied based upon a dementia diagnosis alone. Dementia can cause mood and behavior disturbance, thus causing patients to experience acute crisis and/or endanger themselves and others. The precertification request form needs to clearly reflect these concerns as related to the medical necessity of an inpatient admission.

Permedion Nurse Reviewers are available to help providers with any questions or needs that arise. Simply call 855.974.5393 for assistance. We are committed to providing prompt, quality service.