



APR-DRG Changes: Prior Authorization, Admission,
Continued Stay, Maternity Reporting of Acute
Med/Surgical and
Inpatient Mental/Behavioral Health

Objectives

- Provide information you will need to evaluate your current certification processes.
- Explain how HSM certification processes will change under APR-DRG reimbursement.
- How to get additional training.

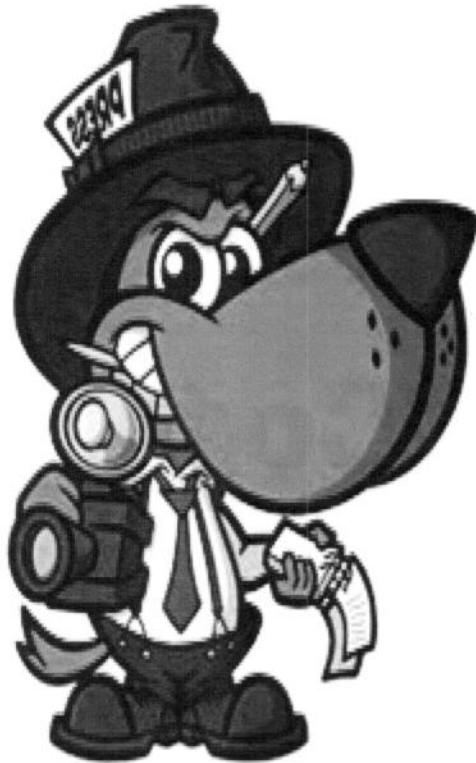
HSM Education Presentations

PART 1: Acute Med/Surgical, Inpatient Mental/Behavioral Health Review Process

Prior Authorization of Admissions and Continued Stays Prior to October 1, 2012

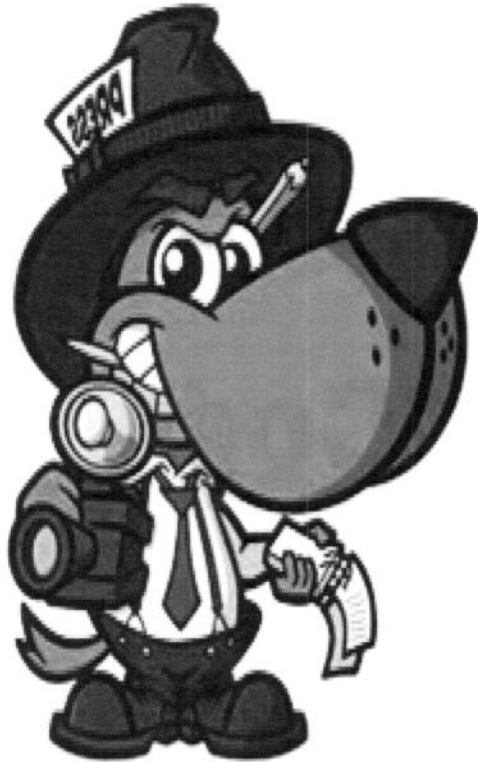
Patient admitted prior to 10/1/12 and remains in the hospital on 10/1/12?

- No change in process.
- Submit admission and concurrent review requests as you currently do.
- If patient meets medical necessity, a treatment authorization number (TAN) will be issued and certified days and next review date assigned.
- Payment/Reimbursement remains the same as it has been.



Admissions on or after October 1, 2012

- The inpatient benefit limit of 30 days per state fiscal year for adult beneficiaries has been removed by Medicaid.
- This change aligns inpatient benefits for adults with inpatient benefits for children.



Admissions on or after October 1, 2012

- If a patient (age 21 and older) exhausted their inpatient days prior to October 1, 2012 and they remain in the hospital, you can submit a continued stay review to access the new inpatient benefit rule for adults that becomes effective October 1, 2012.

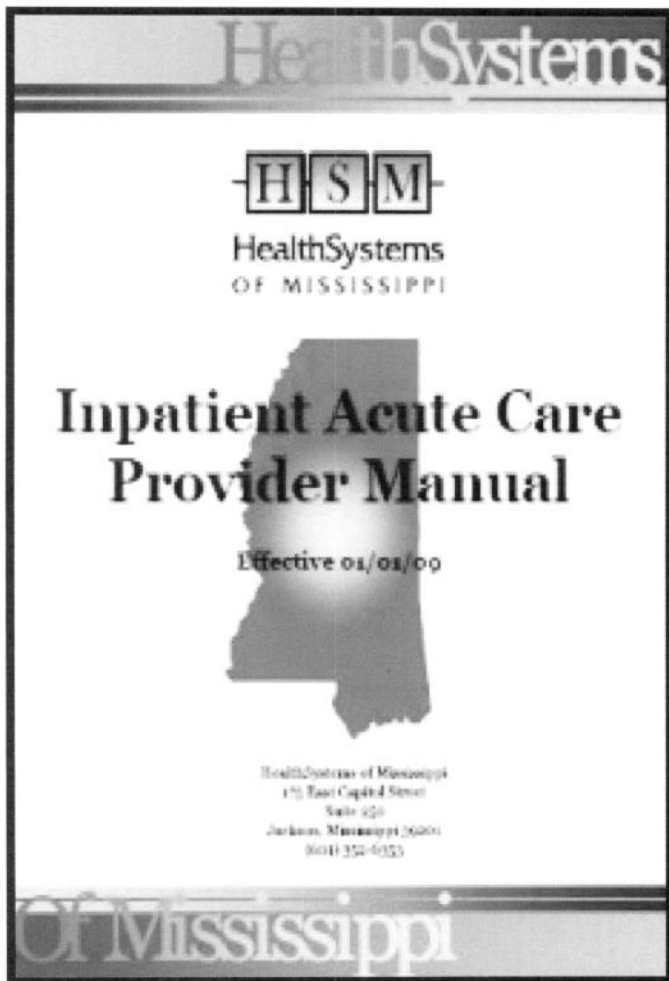
No Change - If admission
is:

- Planned, prescheduled or elective,
- Non-urgent or non-emergent:
- Continue to submit an admission review request to HSM prior to the proposed date of service.



some things don't change

Admission Prior Authorization Timeframes



NO CHANGE

Elective/Prescheduled:

- Prior to admission.

Urgent Admission:

- Prior to admission if possible. Otherwise, submit review request no later than HSM's next business day.

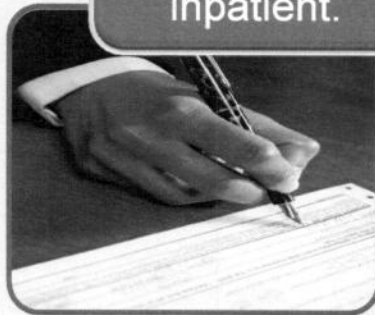
Emergent Admission:

- Submit review request no later than HSM's next business day.

Admissions On or After 10/1/12



Was the patient admitted on or after 10/1/12?



Remember, the date of admission will be the date the physician enters or writes the order for admission to inpatient.



Submit admission review certification request within one business day of admission, or HSM's next business day if admission is on a weekend or holiday.



If the patient meets medical necessity for admission, a TAN will be issued for 19 days.

ER services, outpatient, and observation

Mississippi Division of Medicaid will now follow CMS “3 Day Rule” regarding ER services, outpatient, and observation days prior to admission:

- Date of admission will be the date the patient is converted to inpatient status, as ordered by the physician.
- HSM will not change the date of admission to include the date the patient entered observation status. However, the APR-DRG reimbursement includes the three days of care (if any) prior to the inpatient admission.
- REMINDER – Continue to report ER, obs, and outpatient services to HSM; however, TAN start date will be the date of admit to inpatient.

Why 19 Days on Admission TANs?



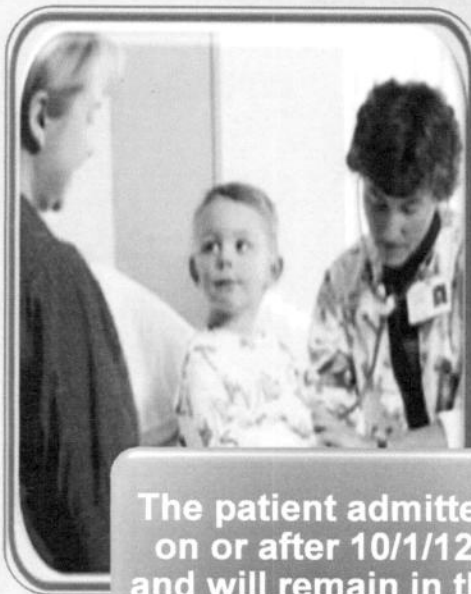
HSM will certify the medical necessity of the admission. The TAN must equal 19 days in order for providers to receive correct reimbursement under APR/DRG.



Need more info? Download FAQ's available on the DOM website at:
<http://www.medicaid.ms.gov/HospitalInpatientAPR-DRGPayment.aspx>

Continued Stay Reviews

Only occur on patients with hospital stays exceeding 19 days.



The patient admitted on or after 10/1/12, and will remain in the hospital beyond day 19.

Submit a continued stay review request on or before the last covered day (day 19), or HSM's next business day if this day falls on the weekend or a holiday.



If the patient meets medical necessity, HSM will approve additional days and assign next review date.

Readmissions



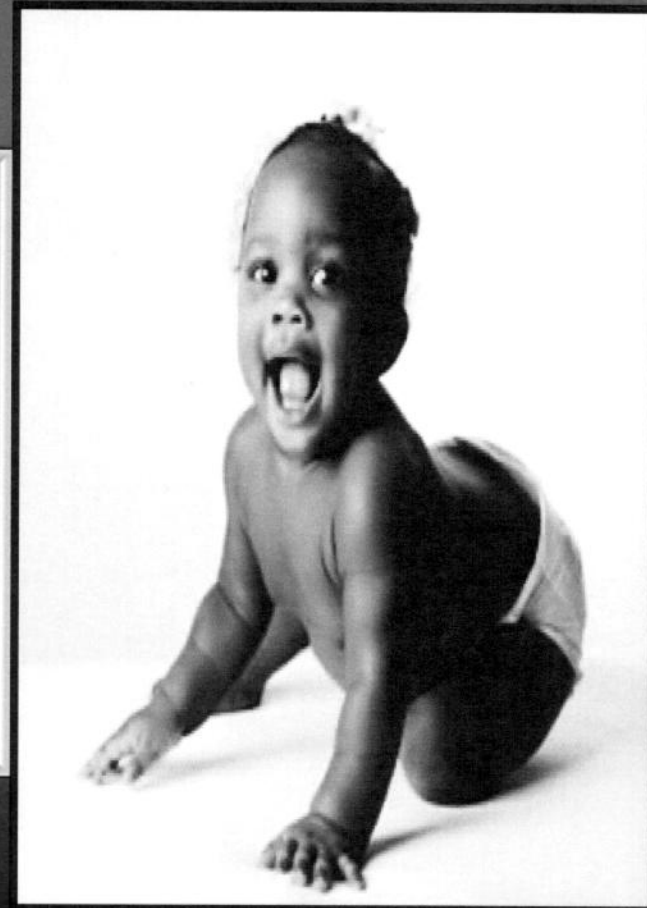
When a beneficiary is discharged, the TAN is ended.

Should the beneficiary readmit a new admission review and TAN is required.

Example:

- Beneficiary admits to ABC Hospital on 10/8/12 and a TAN is issued for 19 days.
- Beneficiary is discharged on 10/11/12, and the TAN is ended.
- Beneficiary readmits to ABC Hospital on 10/15/12, a new admission must be submitted to get a new TAN.

PART 2 – It's Happy
Baby Time.





Maternity
and Newborn
Certifications

Newborns born from July 1, 2012 through September 30, 2012

REMINDER - Providers will no longer bill Medicaid using the mothers Medicaid ID number and a "K" added to the number.

This information is especially important for physician claims.

- Reimbursement for the mother's delivery and newborn hospital charges continue to be billed under mother's Medicaid ID on one claim.



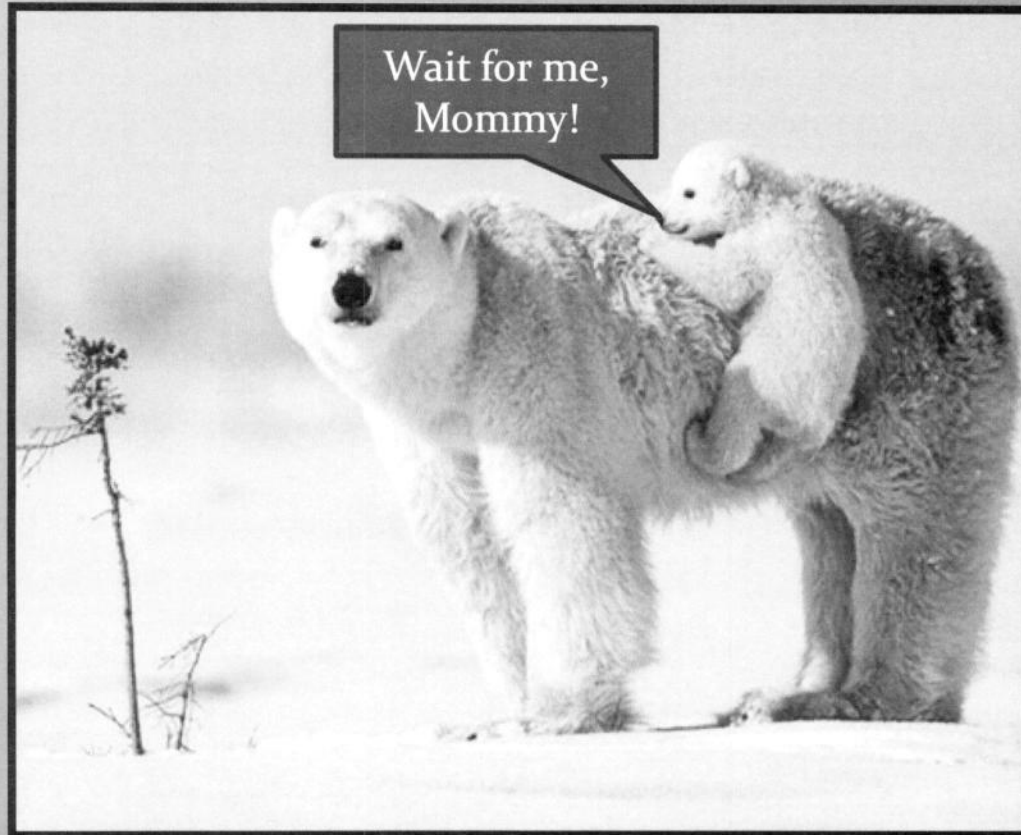
“Well Baby” Newborns born after September 30, 2012

APR-DRG Change:

- Births and deliveries on or after 10/1/12 will be billed separately.
- Well newborns will not require a TAN/prior authorization, but will need their own well-newborn claim, separate from the mother’s delivery claim.



Maternity Reporting



Maternity Reporting for births on or after 10/1/12

- Admission – **NO CHANGE.** Report mother's admission through HSM's maternity reporting system.
- Continued stay TAN request are **ONLY** required if LOS (excluding discharge day) is greater than 19 days.

Effective 10/1/12 The Well Baby - Sick Baby Difference

“Well Baby” = newborn LOS less than or equal to 5 days.

“Sick Baby” = Newborn LOS more than 5 days.

Notes



Currently no admission TAN is required.



Currently on admission a TAN is required. TAN start date is date of birth.

New born is identified by the presence of admit type 4 on claim.

Effective 10/1/12 no admission TAN is required.

Effective 10/1/12 an admission TAN is required. TAN start date will equal date of birth. The length of the TAN will be 19 days from date of birth.

LOS is used to differentiate well babies and sick babies only for purposes of TAN authorization.

“Well Baby” must be billed on own claim with own Medicaid ID number.

Well Baby Example

A newborn is born on 10/8/12 and discharges from the hospital on 10/13/12. The length of stay is 5 days; no TAN is needed from HSM.

OCTOBER 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8 ✓	9 ✓	10 ✓	11 ✓	12 ✓	13 DC
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

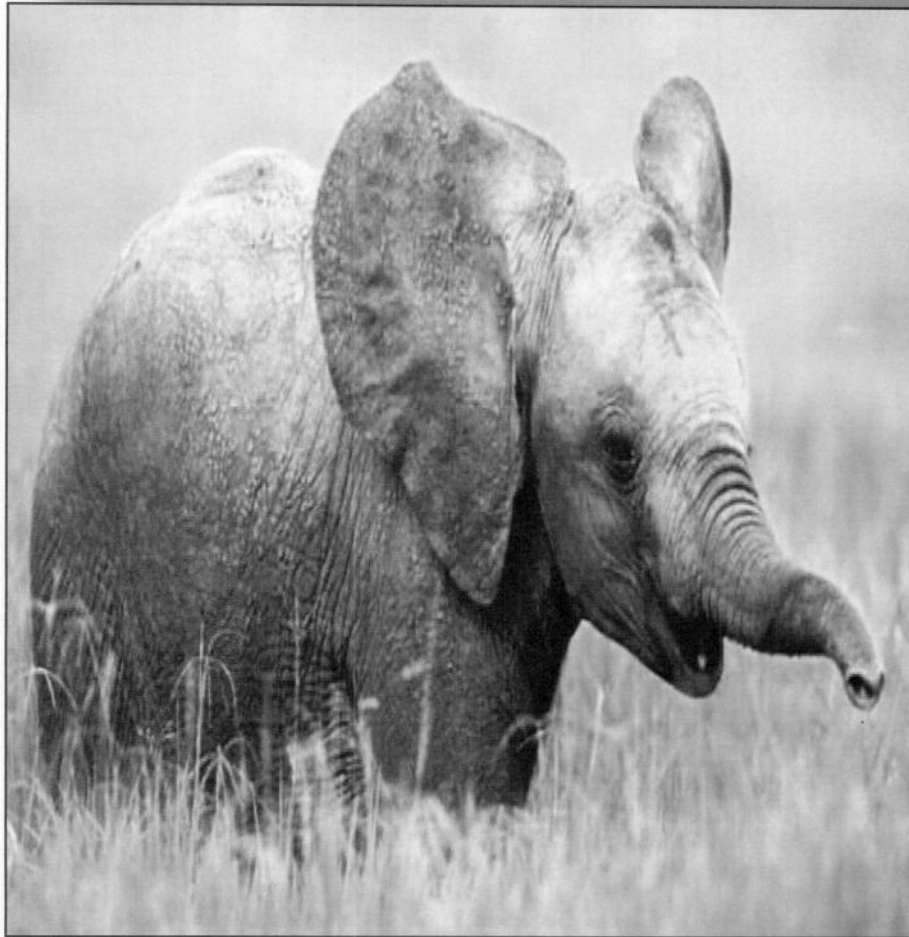
Sick Baby Example

A newborn is born on 10/8/12 and discharges from the hospital on 10/14/12. The hospital stay is 6 days and a TAN is needed from HSM.

OCTOBER 2012

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8 ✓	9 ✓	10 ✓	11 ✓	12 ✓	13 ✓
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21	22	23	24	25	26	27
28	29	30	31			

Newborns' Continued Stay Requests



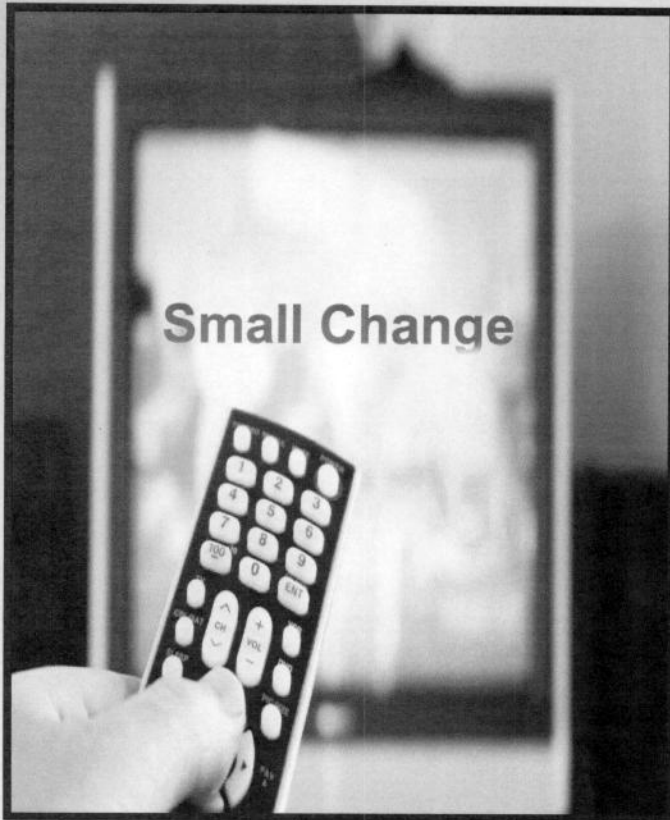
**If the “Sick Baby”
newborn is still
hospitalized on day 19:**

- Submit a continued stay review request on or before day 19 or the next business day, if day 19 falls on a weekend or holiday.
- TAN start dates will be same as date of birth.

HSM Education Presentations

PART 3 – Retrospective Reviews, Reconsiderations, Non-Compliance, and Education Tidbits

Retrospective Reviews:



May be submitted retrospectively for retrospective Medicaid eligibility.

Currently LOS of 8 days or less the review is submitted by Web portal.

Retro-Short stay moves from 8 days to 19 days, only for admissions on or after 10/1/12. Web review submission ONLY.

some things don't change

Reconsiderations

- No change in current process.
- Refer to HSM Reconsideration Manual available at www.hsom.org.

Non-Compliance

- No change in current process.
- Refer to HSM Inpatient Provider Manual available at www.hsom.org.



Did you know you can send a reconsideration request through the HSM Web portal, Call HSM Education and we can show you how.

Web Reconsideration Request


Or visit our web site
www.hsom.org to
view or download a
step by step guide.

HealthSystems of Mississippi

Promoting Quality and Value in Health Care for the Citizens of Mississippi

HSM's Mission

HealthSystems of Mississippi (HSM) is the Utilization Management and Quality Improvement Organization contracted with the Division of Medicaid for the state of Mississippi. HSM remains committed to its mission to provide leadership, fostering cooperation and building partnerships within the health care community to improve the quality of health and health care by using information and collaborative relationships to enable change.



How to request review reconsideration on the web

Provider Manuals

Provider Manuals are ready to be downloaded!
Please [click here](#) to access.

About HSM

- Mission (Home)
- History
- Employment Opportunities
- HSM Holiday Schedule

HSM Services

- Certification Reviews
- Other HSM Services
- Education & Communication Services
- Help Lines

HSM Contact Information

- Contact Information
- Directions to HSM

Providers/Physicians

- Frequently Asked Questions (FAQs)
- Presentations

Publications

- HSM Provider Manuals & Certification Forms
- HSM Bulletins

Electronic Review Services

- What is Electronic

APR-DRG
Validation
will be
added to the
HSM
Quality
Review
Process,
more details
coming
soon.



Coming Soon

48 Hour List



Create New Review Respond to Add'l Info Online Helpline

Provider Reports

Provider: 100 - Inpt Provider

Select	11	Inpatient Review Status for a Given Bene
Select	12	Inpatient Status of In Process Reviews
Select	13	Inpatient Assigned TANs
Select	16	Non-Compliant Case List
Select	17	Inpatient Web Review Request Printout

With APR-DRG implementation effective 10/1/12, the HSM 48 hour list will go away.

Remember check your provider specific web reports for your information needs.

Let's
Recap

Admission on or after 10/1/12

- Inpatient 30 day limit removed.
- Admission reviews are still required.
- Medicaid will follow CMS "3 Day Rule".
- Continued stay reviews are required for hospital stays beyond 19 days.
- Retro-Short stays extend from 8 days to 19 days.
- 48 hour list goes away.

Maternity and Births

- Effective 7/1/12, newborn must have their own Medicaid ID number.
- Admissions & Births on or after 10/1/12
 - "Well-Baby" LOS less than or equal to 5 days no TAN is needed.
 - "Sick Baby" LOS more than 5 days, will need an admission TAN from date of birth.
 - Should baby LOS exceed 19 days a continued stay TAN is needed.
 - No change in the HOW but in the WHEN.



HSM will continue to provide educational offerings, such as Webinars, and blast faxes as APR/DRG moves through implementation.

In the event you have staff or colleagues who could not join us today.. .

HealthSystems of Mississippi
Education Lunch and Learn
Webinars

HSM is offering additional opportunities to assist in meeting your training and scheduling needs. Sign-up today!

Log on to www.hsom.org. Look for the inpatient section and select the trainings option. If you have questions or can't find what your looking for call us at:

Toll free 1-866-740-2221

Local 601-360-4949

Help Line



Got Questions



Use the HSM Online Helpline:
<https://mswebapps.hsom.org/webportal/login.aspx>



Or call:

- Toll free 866-740-2221
- Local 601-360-4949

Thank You

