

# Claim Review Guidance

August 11, 2021

Dear Colleague,

On behalf of Livanta's Claim Review team, we are pleased to announce the official start of this important work. As you may be aware, Livanta was designated by the Centers for Medicare & Medicaid Services (CMS) to serve as the national contractor for Medicare claim review services. Under this program, Livanta will review Short Stay (SSR) and Higher-Weighted Diagnosis Related Group (HWDRG) claims from hospitals. Please review the information below carefully as it will impact how Livanta communicates with your organization and provides critical guidance for this program. This bulletin includes information on these topics:

- **What Hospitals Can Expect**
- **Hospital Inpatient Claim Review Types**
- **Higher Weighted Diagnosis Related Group (HWDRG) Review Process**
- **Short Stay Review (SSR) Process**
- **Questions and Education**

## What Hospitals Can Expect

As part of this national contract, Livanta will be communicating directly with hospitals and requesting medical records. To facilitate this communication, each hospital must have a signed Memorandum of Agreement (MOA) with Livanta. Within the MOA document, hospitals can provide contact information, which is critical, because Livanta will communicate with the named individuals identified on the MOA. Communication will occur via fax or email when available or U.S. mail as a last resort. Not all hospitals will receive medical record requests every month. The points of contact below can be designated by an organization on its MOA with Livanta.

- Medical Record contact: for medical record requests
- QIO Liaison: for all review determination letters
- In the absence of an updated MOA, Livanta is using the information in the CMS Program Resource System (PRS); however, information in this system may be outdated.

## Memorandum of Agreement (MOA) Completion

Livanta's MOA process is now online only. Detailed instructions, frequently asked questions, and other resources are available on Livanta's website. Visit Livanta's BFCC-QIO website at the following link to complete your hospital's MOA or to access additional resources:

<https://LivantaQIO.com/en/Provider/MOA>

## Hospital Inpatient Claim Review Types

Each month, Livanta will sample hospital claims for review purposes. Hospitals in the sample set will receive medical record request(s) directly from Livanta.

## Higher-Weighted Diagnosis Related Group (HWDRG) Reviews

- Higher-Weighted Diagnosis Related Group (HWDRG) Reviews are post-payment reviews initiated by the hospital with a claim adjustment that results in a DRG change to a higher weight.
- HWDRG reviews encompass medical necessity for inpatient admission and DRG validation of the adjusted claim.
- The purpose of the DRG validation is to ensure that diagnostic and procedural information and the discharge status of the patient, as coded and reported by the hospital on the claim, match the information contained in the medical record.

## Short Stay Reviews (SSR)

- **Short Stay Reviews (SSR)** Reviews are post-payment reviews of Part A claims for appropriateness of inpatient admission under the CMS Two-Midnight Rule.
- Part A claims in which the patient was discharged in less than two midnights from the date of admission are eligible for review.

## HWDRG Review Process

- Livanta expects to send the first medical record requests to the Medical Record point of contact the week of August 16, 2021, via facsimile (fax) when possible or by U.S. mail if fax is not available.
- Records must be submitted electronically through esMD, DSM, or e-LIFT (instructions will be on the request and Livanta's website, with a phone number to call for technical assistance).
  - [https://LivantaQIO.com/en/ClaimReview/Medical\\_Records/submission.htm](https://LivantaQIO.com/en/ClaimReview/Medical_Records/submission.htm)
- Before making any correction affecting DRG assignment or medical necessity, the hospital will be provided an opportunity for discussion.
  - Letters will be sent via fax to the QIO Liaison or mailed if fax is not available.
- If the hospital does not respond to the opportunity for discussion, the initial findings will be made final, and the Medicare Administrative Contractor (MAC) will be notified of the change for claim adjustment.
  - If the change involves denial of inpatient admission, the beneficiary is also notified.
- If the hospital responds to the opportunity for discussion, that response is taken into consideration by Livanta when making the final determination on the claim.
- Hospital samples will consist of 30 claims reviewed within a rolling 3-month period and a summary report with all review findings will be issued for educational purposes.  
An educational one-to-one teleconference will be scheduled with the hospital when results from a provider sample indicate a need for education

## SSR Process

- Livanta anticipates sending the first individual medical record requests to the Medical Record point of contact on or about the week of September 20, 2021 via facsimile (fax) when possible or U.S. mail if fax is not available.
- Records must be submitted electronically through esMD, DSM, or e-LIFT (instructions will be on the request and Livanta's website, with a phone number to call for technical assistance).
  - [https://LivantaQIO.com/en/ClaimReview/Medical\\_Records/submission.htm](https://LivantaQIO.com/en/ClaimReview/Medical_Records/submission.htm)

- Before making any correction denying payment, the hospital will be provided an opportunity for discussion.
  - Letters will be sent via fax to the QIO Liaison or mailed if fax is not available.
- If the hospital does not respond to the opportunity for discussion, the initial findings will be made final, and the Medicare Administrative Contractor (MAC) will be notified of the denial for claim adjustment.
  - The beneficiary is also notified when the admission is denied.
- If the hospital responds to the opportunity for discussion, that response is taken into consideration by Livanta when making the final determination on the claim.
- Hospital samples will consist of 30 claims reviewed within a rolling 3-month period and a summary report with all review findings will be issued for educational purposes.
- An educational one-to-one teleconference will be scheduled with the hospital when results from a provider sample indicate a need for education

## Questions and Education

If your organization would like to schedule an orientation session or if there are questions about this process, please send an email to [ClaimReview@Livanta.com](mailto:ClaimReview@Livanta.com).

### Get critical BFCC-QIO information for providers.

**Case and Claim Review:** To stay current with Livanta's review requirements, sign up for Provider Bulletins at <https://LivantaQIO.com/en/Provider/Provider>.

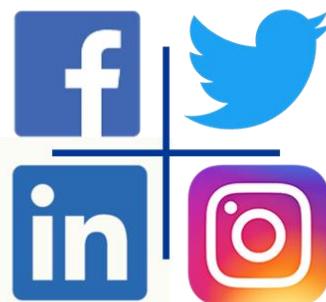
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### Other questions?

Email [ClaimReview@Livanta.com](mailto:ClaimReview@Livanta.com)

This material was prepared by Livanta LLC, the Medicare Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO) that provides claim review services nationwide and case review services for Medicare Regions 2, 3, 5, 7, and 9, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12-SOW-MD-2021-QIOBFCC-PROV33

