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CENTERS FOR MEDICARE & MEDICAID SERVICES

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Provider Bulletin XIX

Recommencement of Claim Review Services

April 27, 2021

Dear Colleague,

Although Beneficiary and Family Centered Care - Quality Improvement Organizations (BFCC-QIOs) like Livanta routinely provide **case review** services for Medicare beneficiaries, ***claim review*** services are additional activities provided by BFCC-QIOs and funded by the Centers for Medicare & Medicaid Services (CMS). Claim review services represent an important activity of advancing Medicare's triple aim of better health, better care, and lower costs. CMS put claim review services on hold in early 2019 as the agency began to modify the program for coordination by a single, national contractor.

Livanta is pleased to announce that it will soon begin conducting these claim reviews for CMS, which include Short Stay Reviews, Higher-Weighted Diagnosis Related Group (HWDRG) Reviews, and other reviews, as directed by CMS. Livanta is authorized to conduct this work on a national scale, including in all 50 states, five U.S. territories, and Washington, D.C. Please note that claim review services are different from the case review activities that Livanta and other BFCC-QIOs already conduct. In addition, BFCC-QIO claim review is separate and distinct from audits and reviews by Medicare Administrative Contractors (MACs) and Recovery Audit Contractors (RACs).

This Provider Bulletin, which includes the sections outlined below, is intended to provide information and guidance to the following types of provider organizations: (1) hospitals located in the 27 states and territories in Livanta's current case review regions that will **now be subject to claim reviews**; (2) hospitals in the remaining 29 states that will **now be included in Livanta's claim review jurisdiction**; and (3) skilled nursing facilities (SNFs), home health agencies (HHAs), hospices, and comprehensive outpatient rehabilitation facilities (CORFs) that are within the 27 states and territories in Livanta's current case review regions.

Livanta is deeply committed to providing excellent customer service. Should you need to reach us, please refer to Section 5 or 6 of this Provider Bulletin for contact options.

Best regards,
Leasa Novak, MS, LNHA, LPN, BCC
Director, Communications

Section 1: Beneficiary Case Review versus Claim Review - What's the Difference?

Case Review

In conducting case review, the BFCC-QIO requests medical records from providers to review clinical documentation when Medicare beneficiaries or representatives request a review of their discharge or service termination. The BFCC-QIO also requests and reviews medical records for quality of care concerns at the direct request of Medicare beneficiaries or their representatives or by referral from other parties. Other types of case reviews, such as focused reviews, may be added as directed by CMS.

- **What provider settings are subject to Medicare case review?** Case reviews for discharge or service termination reviews stem from the care provided in hospitals, skilled nursing facilities (SNFs), home health agencies (HHAs), hospices, or comprehensive outpatient rehabilitation facilities (CORFs). Case reviews for quality of care complaints stem from the care provided in any care setting except dialysis centers providing care for end-stage renal disease patients.
- **Are medical records always reviewed?** BFCC-QIOs also provide Immediate Advocacy Services to Medicare beneficiaries and their families. This alternative dispute resolution service helps remove barriers in care or services and does not involve a BFCC-QIO review of the medical record.
- **In which states or territories does Livanta provide case review for CMS?** At this time, Livanta conducts case review services for CMS in Regions 2, 3, 5, 7, and 9.
- See Section 2 for a list of the states and territories in each region.
- Kepro currently conducts case review for CMS Regions 1, 4, 6, 8, and 10. Please visit their website at www.keproqio.com.
- Livanta's case review website is www.LivantaQIO.com.

Claim Review

In conducting claim review, the BFCC-QIO requests medical records from hospitals to review medical coding for the purpose of validating Medicare claims and payments. Reviews include Short Stay Reviews (SSRs) and Higher-Weighted Diagnosis Related Group (HWDRG) reviews. Other types of claim reviews, such as focused reviews, may be added as directed by CMS.

- **What provider settings are subject to claim review?** Claim reviews stem from the care provided in acute care facilities, including hospitals, psychiatric hospitals, and long-term acute care (LTAC) hospitals.
- **In which states or territories does Livanta provide claim review for CMS?** Livanta is authorized to conduct claim review services for CMS on a nationwide basis. All fifty states, five U.S. territories, and Washington, D.C. are within the scope of this contract.
- See Section 2 for a list of states and territories in each region.
- Livanta's claim review website is https://LivantaQIO.com/en/ClaimReview/index.html.

Section 2: States and Territories by CMS Region

	CMS Region / States and Territories*
1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
2	New Jersey, New York, Puerto Rico, U.S. Virgin Islands
3	Delaware, Maryland, Pennsylvania, Virginia, West Virginia, Washington, D.C.
4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
5	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
7	Iowa, Kansas, Missouri, Nebraska
8	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
9	Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands
10	Alaska, Idaho, Oregon, Washington

*Livanta currently conducts CMS case review in regions 2, 3, 5, 7, and 9. Livanta will now begin conducting claim reviews in all ten regions.

Section 3: Memorandum of Agreement (MOA) - Instructions for all Providers

The MOA is a legal document that facilitates the exchange of information between the provider and Livanta. An MOA outlines the BFCC-QIO's and the provider's responsibilities in accomplishing Medicare-required reviews. The requirement for Medicare providers is described in the Social Security Act Section 1866 paragraph (a)(1)(E). Additional information can be found online at: https://www.ssa.gov/OP_Home/ssact/title18/1866.htm.

Livanta is contractually obligated to provide CMS with a list of providers that do not submit a signed MOA if CMS requests it. To maintain compliance with Medicare rules, it is critical that Livanta receives your organization's MOA. Please review the following guidance to ensure compliance with the MOA requirement. Refer to Section 2, States and Territories by CMS Region, to identify your organization's region.

Acute Care Facilities, including acute care inpatient hospitals, inpatient psychiatric hospitals, and long-term acute care (LTAC) hospitals:

- Located in CMS Regions 1, 4, 6, 8, or 10:
  - An MOA is **now required** with Livanta.
  - Livanta's MOA for claim review in CMS Regions 1, 4, 6, 8, and 10 can be found at https://LivantaQIO.com/en/ClaimReview/MOA/moa.html.
  - After an MOA has been submitted, should you need to update your contact information for Livanta, please do so using the Contact Update Form, which is available at https://LivantaQIO.com/en/ClaimReview/MOA/moa.html.
- Located in CMS Regions 2, 3, 5, 7, or 9:
  - If your organization has **NOT** already submitted an MOA with Livanta, you **must** do so now.
  - Livanta's MOA for acute care facilities in CMS Regions 2, 3, 5, 7, and 9, which covers case review and claim review activities, can be found at https://LivantaQIO.com/en/Provider/MOA.
  - If your organization has already submitted an MOA with Livanta, no further action is required at this time. Optionally, you may wish to update your contact information for Livanta using the Contact Update Form, which is also available at https://LivantaQIO.com/en/Provider/MOA.

Skilled nursing facilities (SNFs), home health agencies (HHAs), hospices, and comprehensive outpatient rehabilitation facilities (CORFs):

- Located in CMS Regions 1, 4, 6, 8, or 10:
  - An MOA is not needed with Livanta. Check with Kepro, the BFCC-QIO conducting *case review activity* for your state or territory. Kepro's website is www.keproqio.com.
- Located in CMS Regions 2, 3, 5, 7, or 9:
  - If your organization has **NOT** already submitted an MOA with Livanta for case review activities, you **must** do so now.
  - Livanta's MOA for all providers in CMS Regions 2, 3, 5, 7, and 9, which covers case review activities, can be found at https://LivantaQIO.com/en/Provider/MOA.
  - If your organization has already submitted an MOA with Livanta, no further action is required at this time. Optionally, you may wish to update your contact information for Livanta using the Contact Update Form, which is also available at https://LivantaQIO.com/en/Provider/MOA.

Please Note: Claim review services for Short Stay Reviews (SSRs) and Higher-Weighted Diagnosis Related Group (HWDRG) Reviews do not pertain to SNFs, HHAs, hospices, and CORFs. For those facilities, details about Livanta's claim review activities outlined in this Provider Bulletin are informational only. MOA requirements apply as detailed above.

Section 4: Electronic Submission of Medical Records to Livanta

Attention all providers: On October 1, 2020, FY 2021 Final Rule: CMS-1735-F took effect, which required healthcare providers to send records electronically to the BFCC-QIO. Livanta offers several options for electronic submissions, including Direct Secure Messaging (DSM), direct upload through the online e-LiFT portal, and esMD. New methods will be announced to the provider community as they become available.

If you are unable to use one of these methods to submit medical records to Livanta, you may still use fax or mailed photocopy as a backup submission process. Livanta's fax servers remain online, and faxed submissions will not be rejected. For more information on options for electronically transmitting medical records to Livanta, including DSM, please visit our website:

- Case review: https://LivantaQIO.com/en/Provider/Medical_Records.
- Claim review: https://LivantaQIO.com/en/ClaimReview/Medical_Records/submission.html.

Section 5: Livanta's Provider Helpline Numbers

Livanta's Case Review Provider Helplines

As noted in Section 1 of this Provider Bulletin, case review includes a clinical review of the patient's medical record related to a discharge or service termination appeal or a quality of care complaint. Additional case reviews may be conducted as directed by CMS. Providers may contact Livanta using the numbers below for questions about case reviews.

CMS Region	Phone Number
Region 2	866-409-7648
Region 3	866-795-5523
Region 5	888-959-6575
Region 7	888-959-6577
Region 9	855-772-8566

Need to check the status of an active beneficiary case?

- Visit our website at: https://LivantaQIO.com/en/case_lookup

Livanta's Claim Review Provider Helplines

Claim review includes a clinical review of the patient's medical record related to coding, reimbursement, and medical necessity. Additional claim reviews may be conducted as directed by CMS. Phone numbers will be announced at a later time.

If you need assistance, please email ClaimReview@Livanta.com.

Region	Short Stay Reviews	Higher Weighted Diagnosis Related Group (HWDRG) Reviews
All	TBD	TBD

Section 6: Stay in Touch with Livanta

Get critical BFCC-QIO information for providers.
Case and Claim Review: To stay current with Livanta's case review requirements, sign up for Provider Bulletins at https://LivantaQIO.com/en/Provider/Provider.

Subscribe to *The Livanta Compass*.
Sign up for Livanta's award-winning weekly e-journal at: https://LivantaQIO.com/en/About/The_Livanta_Compass.

Follow us - we're social!
Follow us @LivantaCares on Facebook, Twitter, LinkedIn, and Instagram.

Need additional help for Claim Review?
Email ClaimReview@Livanta.com

Other questions?
Email Communications@Livanta.com

This material was prepared by Livanta LLC, the Medicare Beneficiary and Family Centered Care - Quality Improvement Organization (BFCC-QIO) that provides claims 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-PROV27