

	The Johns Hopkins Health System Policy & Procedure	<i>Policy Number</i>	BIL032
	<i>Subject</i> Procedure of KePRO Review Process for Maryland Medicaid Admissions	<i>Effective Date</i>	11/1/04
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		<i>Revised</i>	9/1/09

POLICY

This procedure applies to Howard County General Hospital [HCGH] Patient Financial Services [PFS] Department.

PROCEDURE

Completion of Pre-admission and 3808 information in iEXCHANGE for patients admitted with active Medical Assistance [MA] eligibility or whose MA eligibility is established after admission [retrospective review].

PURPOSE

Department of Health and Mental Hygiene [DHMH] requires that an inpatient hospital course be submitted via iEXCHANGE (previously the 3808 form) for all acute medical hospital admissions of MA recipients for the purpose of obtaining a preauthorization and review of medial necessity for the length of stay. Exceptions are admission of delivered pregnancies less than a three day LOS and admission to the Inpatient Psychiatric Unit. Department of Health and Mental Hygiene contracts with KePRO to be its Utilization Control Agent.

PROCESS

Completion of pre-authorization and 3808 information in iEXCHANGE is a collaborative process between Admissions, Patient Financial Services [PFS], Case Management [CM] and the DAG team.

For elective admissions, the DAG team will key the required data elements into iEXCHANGE requesting a “pre-authorization” treatment setting for qualified MA eligible patient cases. Elective admissions will be referred to physician’s office for clinical information. iEXCHANGE will assign a case number to each pre-authorization request. For emergent/urgent admissions, the Admitting office staff will key the required data elements into iEXCHANGE requesting a “pre-authorization” treatment setting for qualified MA eligible patient cases. The DAG team will verify that this was done.

The Revenue Control Coordinator will be notified daily of all qualified MA eligible patients requiring a 3808 via the “3808 hold” report. Notification and a copy of the EOB for Medicare exhaust cases will be faxed by the MA PFS PSC at Bayview to the Revenue Control Coordinator. The Sr. Financial Counselors will notify of patients obtaining MA after admission.

HOSPITAL 3808 PROCESSING STEPS:

1.	From the 3808 hold report, the Revenue Control Coordinator will enter request the “Hospital 3808 Processing” treatment setting in iEXCHANGE. iEXCHANGE will assign a different case number than the one assigned for the pre-authorization case number for this patient. 3808 requests should be submitted daily for all new patients on the 3808 hold report. Any accounts on the 3808 hold report not requiring a 3808 (i.e. mom/baby) should be released from the report.
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2.	The Revenue Control Coordinator will review iEXCHANGE daily for any additional information required. They will provide/fax to KePRO a copy of the Medicare exhaust EOB, proof of other insurance, etc. when required for 3808 processing review. Make only necessary updates in iEXCHANGE as all updates force the case to be placed at the bottom of KePROs review list. Do not key "request for updates" into iEXCHANGE.
3.	The Revenue Control Coordinator will notify CM of all 3808 cases in iEXCHANGE. CM will enter the clinical information into iEXCHANGE under the "hospital 3808 treatment setting" case number. Do not key clinicals into the pre-authorization treatment setting. CM is responsible for reviewing iEXCHANGE daily for submission of any additional information requested by KePRO. If KePRO enters a denial into iEXCHANGE it is expected that while concurrent review is being performed that the CM department will perform an expedited appeal to get the denial overturned. If the denial is received post-discharge, PFS will forward the denial to the HCGH Appeals unit for appeal.
4.	Once the case has been approved for a completed 3808, the Revenue Control Coordinator should notify PFS and satisfy the DRG screens in Meditech which include fields: "DRG", "3808 Received?"= "Y", and "3808 #". This releases the claims from bill hold. A copy of the iEXCHANGE approval information should be printed and sent for document scanning.
5.	PFS will document the outcome of the 3808 review [days approved, denied or days beyond the DRG limit] in the DRG screen in Meditech and submit the claim.
6.	Sterilization/Hysterectomy/Abortion forms are required for submission of a claim and if not available, the Revenue Control Coordinator will request HIM to review the medical records for the requested form. If the requested form is not available the Revenue Control Coordinator is responsible to request sterilization and/or hysterectomy forms from the Health Department and/or the attending physicians when not found on the medical record. If a form is received from the attending the Revenue Control Coordinator will forward a copy to HIM for placement in the medical record and also to PFS for billing.
7.	The Revenue Control Coordinator will maintain a 3808 status log on a daily basis and e-mail as updates are made to PFS, CM, Appeals Department, Sr. Financial Counselor and the Revenue Cycle Director. This log will identify what is the current status in KePRO/iEXCHANGE.



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SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE

Three (3) years

APPROVAL



Senior Director, JHHS

11/16/09

Date



Director, PFS Financial Support, JHHS

12/12/03

Date