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# **Mississippi Medicaid – Reconsideration Review Process Provider Manual**

**Effective Date: December 2016**

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## ***I. Introduction***

eQHealth Solutions is the Utilization Management and Quality Improvement Organization contracted with the Division of Medicaid to perform utilization and quality of care review for services provided to Mississippi Medicaid beneficiaries.

The purpose of this manual is to assist providers to successfully navigate through eQHealth Solutions' review requirements and processes.

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## ***II. Getting Started - Helpful Tips***

Please refer to the eQHealth Solutions notification letter for specific timeframes and reconsideration rights.

Before submitting any request to eQHealth Solutions, providers must access the beneficiary's eligibility and service limit information through the eligibility verification channels that are provided.

The provider is responsible for verifying a Medicaid beneficiary's eligibility each time the beneficiary appears for service. The provider is also responsible for confirming the person presenting the card is the person to whom the card is issued. Providers can receive information such as verification of client eligibility, other health insurance, and benefits remaining using the Medicaid ID number or social security number.

Providers can verify eligibility by using any of the following services:

- Website verification at <https://msmedicaid.acs-inc.com/msenvision/index.do>
- Automated Voice Response System (AVRS) at 1-866-597-2675
- Provider/Beneficiary Services Call Center at 1-800-884-3222
- Medicaid Eligibility Verification Services (MEVS) transaction using personal computer (PC) software or point of service (POS) swipe card verification device.

Providers must read and be familiar with DOM's policies and procedures located at:

<https://medicaid.ms.gov/providers/administrative-code/>

### **III. How to Request a Reconsideration**

All Providers may request reconsideration via phone, fax, mail or Web portal. eQHealth Solutions also has dedicated phone and fax numbers to assist with reconsideration needs. ***Our Medical Director or, in his absence, his designee will be available to speak with service provider, physician and/or clinician regarding the services that have been denied or modified. The provider, treating physician/clinician may call our helpline at 1-866-740-2221 to request to speak with the medical director (or designee). When the medical director (or designee) is unavailable to take an incoming call, the Helpline Coordinator will gather the information regarding the caller, beneficiary and review request and schedule a return telephone discussion from the Medical Director or designee.***

When submitting a reconsideration request by fax or mail the required forms and instructions are included in this manual and may be downloaded from the eQHealth Solutions Web site at [ms.eqhs.org](http://ms.eqhs.org).

Although eQHealth Solutions prefers Web portal submission, the following table lists the dedicated phone and fax numbers and mailing address that can be used by beneficiaries. Providers can also use the options listed below for submitting reconsideration requests.

Purpose	Description	Hours of Operation and Number(s)
Reconsideration Review Request Submission	Used by the beneficiary/ representative/responsible party, providers and physicians to submit reconsideration review requests and additional information.	Hours: 24-hours, 7-days a week  <u>Reconsideration Fax Number:</u> 1-877-272-8706  <b>Note:</b> Faxes received after 5:00 p.m. or over the weekend or holidays are considered received the next business day.  <u>Reconsideration Telephone Number:</u> 601-360-4875
Helpline	Used by providers for questions regarding the certification and reconsideration process and to obtain assistance.	Providers using the eQHealth Solutions Web Portal have 24/7 capability to submit Helpline requests via the

Purpose	Description	Hours of Operation and Number(s)
		<div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #8B4513; color: white; margin-bottom: 5px;">Online Helpline</div> function found on the top ribbon menu. After hour submissions will receive a response the following business day.  <u>Toll Free:</u> 1-866-740-2221 Hours of availability: 8:00 a.m. – 5:00 p.m. (business days)
Hot Line	Number to report quality concerns and/or complaints.	<u>Toll Free:</u> 1-888-204-0221  Hours of availability: 8:00 a.m. – 5:00 p.m. (business days)

### eQHealth Solutions Provider Web Portal

Providers with access to the eQHealth Solutions Provider Web Portal for electronic review submissions may request a reconsideration of a review IF the review was submitted through the portal. Providers may use either the uploading of a file or special bar coded faxed cover sheet to submit a request for reconsideration and additional information via the Web portal. Providers wishing to access the Web portal can request access by contacting the eQHealth Solutions Education Department at 601.360.4961 or via e-mail at [Education@eqhs.org](mailto:Education@eqhs.org).

Please follow the steps below to request reconsideration through the Web portal:

1. Login to portal.
2. Click <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #8B4513; color: white; margin-right: 5px;">Attachments</div> on button on the top ribbon menu.
3. Two Tabs will populate on the screen <div style="display: inline-block; vertical-align: middle;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; background-color: #D3D3D3;">In Process</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px; background-color: #A9A9A9;">Completed</div> <div style="display: flex; gap: 5px; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; background-color: #8B4513; color: white;">ReviewID</div> <div style="border: 1px solid black; padding: 2px; background-color: #8B4513; color: white;">Bene ID</div> <div style="border: 1px solid black; padding: 2px; background-color: #8B4513; color: white;">First Name</div> </div> </div> .
4. Click on the Tab labeled <div style="border: 1px solid black; padding: 2px; display: inline-block; background-color: #A9A9A9; margin-right: 5px;">Completed</div>
5. Locate the review that resulted in the denial of medical services. To do this, enter a date range which corresponds to the date the review was completed. In the example, the search will be for reviews completed by eQHealth Solutions between 4/1/2012 and 6/1/2012. The date range is limited to 60 days per search.

Enter a Review complete date range, then click Search.

Review complete date Start:  End:

6. The results populate on the screen. The next step is to find the denied review to

request for reconsideration and click on the [Link Recon Request](#) icon at the far right of the screen.

ReviewID	Review Complete Date	Bene ID	First Name	Last Name	Admit Date	DC Date	TAN	KBaby Name	Account Number	Last Day Cert	Total Days Cert				
11111111	05/21/2012	012345678	John Q.	Public	05/15/2012								Open Review	Link Attachment	Link Recon Request

7. There are two options for submitting the reconsideration request:

- Print a bar coded fax cover sheet, OR
- Upload attachment image(s).

8. Select only **one option: either the Upload or Print attachment coversheet (this is the special barcoded fax cover sheet)** option. The following example demonstrates how to use the PRINT ATTACHMENT COVERSHEET option.

- Click on
- Select the attachment type by clicking on the data box Recon Request

Select attachment types

Recon Request Click Here.

- Click on  as shown below

Select attachment types

Recon Request Click Here

- You can now print a bar-coded fax cover sheet which looks like the sample below

**SAMPLE ONLY** eQHealth Solutions Fax Cover Page **SAMPLE ONLY**



R- 1111111 I-53

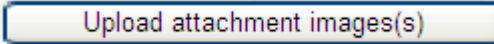
Provider ID: 0000000001  
Provider Name: MS Medicaid Provider  
TAN:  
Bene ID: 012345678  
Bene Name: John Q. Public  
Admit Date: 5/15/2012  
Review ID: 1111111  
# Pages (Including this one) \_\_\_\_\_

**Only use coversheet once.  
Please do not modify or duplicate bar code or cover sheet in any way.**

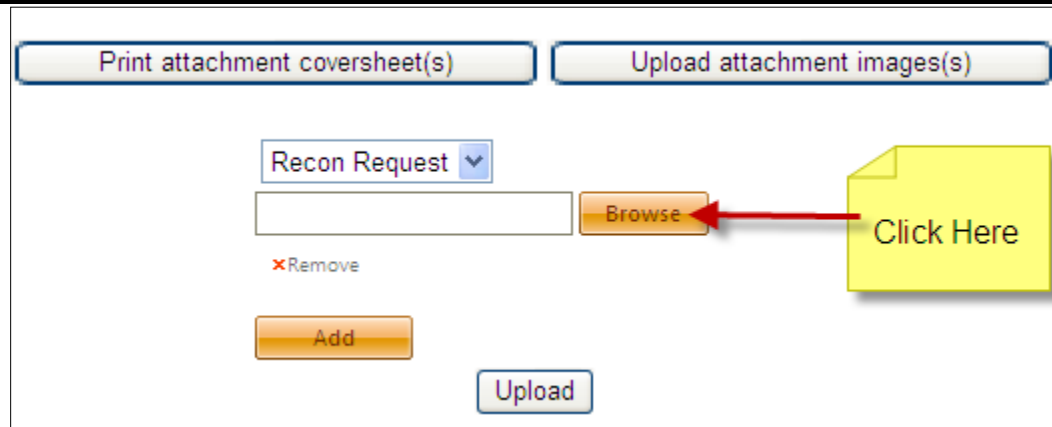
**SAMPLE ONLY** RECONSIDERATION REQUEST **SAMPLE ONLY**

- e. A few important things to remember about the fax cover sheet;
  - i. USE the Cover Sheet Once. (Do not use the cover sheet for another reconsideration request)
  - ii. Use one cover sheet per request.
  - iii. Do not alter the cover sheet in any way.
  - iv. Fax it to 1-877-272-8706.
- f. Documents that would be appropriate to send with a reconsideration include the following:
  - i. A completed eQHealth Solutions Reconsideration Request Form
  - ii. Written correspondence to eQHealth Solutions requesting reconsideration
  - iii. Additional clinical information to be considered by the reconsideration reviewer

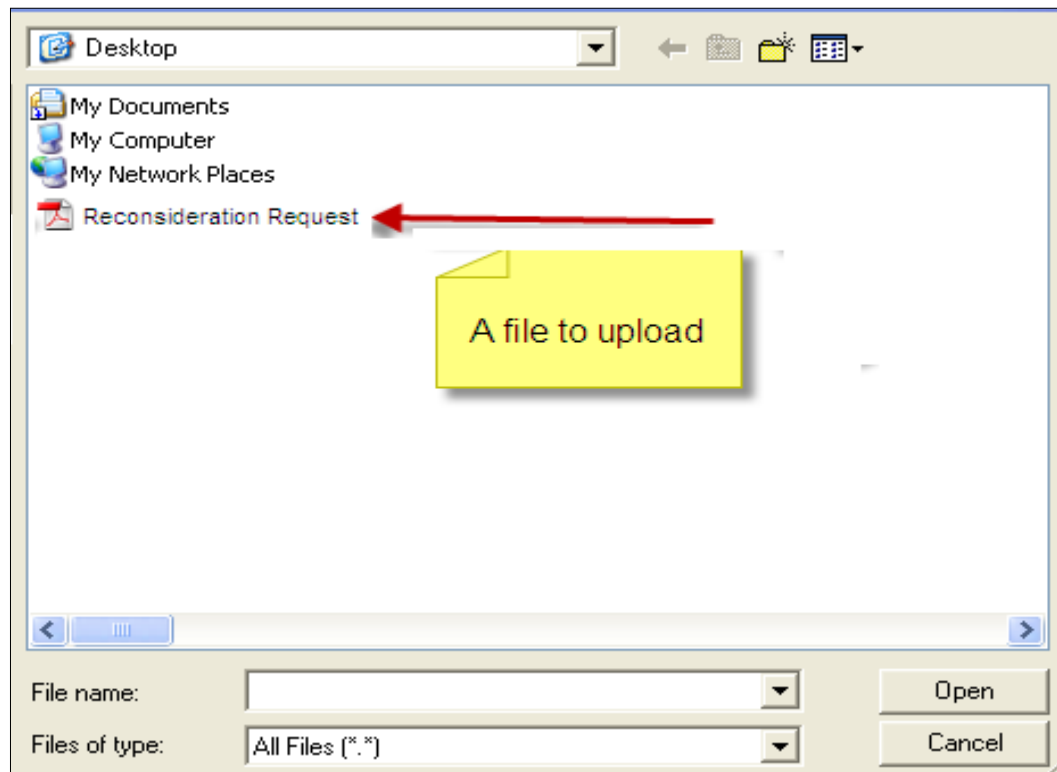
9. The following example demonstrates how to use the Upload attachment images tool.

- a. Click on 
- b. Click on Browse.

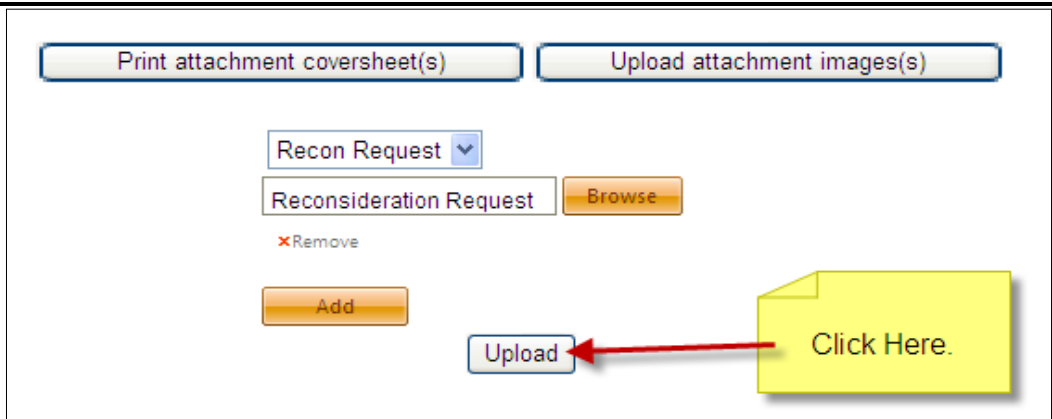




- c. Find the images on that will be uploaded. The image files can be in any of the following formats: ( PDF/JPEG/JPG format).



- d. After selecting the file to upload click 



- e. The selected image will be uploaded to eQHealth Solutions. Images that would be appropriate to send would include one of the following:
- i. A completed eQHealth Solutions Reconsideration Request Form
  - ii. Written correspondence to eQHealth Solutions requesting reconsideration
  - iii. Additional clinical information to be considered by the reconsideration reviewer

#### IV. Reconsideration Review Process

##### **Who can request reconsideration?**

A provider, attending physician or beneficiary/representative/responsible party who is dissatisfied with the eQHealth Solutions review determination is entitled to a reconsideration of the determination. The attending and/or treating physician/clinician may also request to speak to the peer physician who made the denial determination and/or the Medical Director to discuss the case.

##### **What are the types of reconsideration available for the service type?**

The following table provides information on service type and expedited or standard reconsideration rights.

<b>If the service type is</b>	<b>And the original eQHealth Solutions physician reviewer determination is</b>	<b>Then</b>
<ul style="list-style-type: none"> <li>Inpatient Acute Hospitals</li> <li>PRTF</li> <li>MYPAC</li> </ul>	<ul style="list-style-type: none"> <li>Full denial of request</li> <li>A denial of pre-operative day(s)</li> <li>Partial authorization of retrospectively review days/services</li> </ul>	An eQHealth Solutions expedited or standard reconsideration can be requested.
<ul style="list-style-type: none"> <li>Hospice</li> </ul>	<ul style="list-style-type: none"> <li>Denial of a hospice benefit period and patient has not been admitted</li> </ul>	An eQHealth Solutions expedited or standard reconsideration can be requested.
	<ul style="list-style-type: none"> <li>Denial of a hospice benefit period and patient has been:                             <ul style="list-style-type: none"> <li>Admitted, <b>OR</b></li> <li>Receiving care, <b>OR</b></li> <li>Received care and has been discharged</li> </ul> </li> </ul>	An eQHealth Solutions standard reconsideration can be requested.
<ul style="list-style-type: none"> <li>PT/OT/ST Therapy</li> <li>Home Health</li> <li>DME</li> <li>Private Duty Nursing</li> <li>Hospital Outpatient Mental Health</li> <li>Community Mental Health Services (Select Services)</li> </ul>	<ul style="list-style-type: none"> <li>Full denial of request</li> <li>Partial approval – reduction in services requested</li> <li>Partial authorization of retrospectively reviewed services</li> </ul>	An eQHealth Solutions standard reconsideration can be requested.

<ul style="list-style-type: none"> <li>• Hospice</li> <li>• Advanced Imaging</li> </ul>		
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**What is the timeframe for submitting a request for reconsideration to eQHealth Solutions?**

A request for reconsideration may be submitted to eQHealth Solutions by Web portal, fax, mail, or telephone at the number listed in the “**How to Request a Reconsideration**” section of this manual.

The following table provides the types of reconsideration available and submission and completion timeframes by service type.

Type of Reconsideration	Service Type	Timeframe for Receipt of Request	eQHealth Solutions' Timeframe for Completion
Expedited (Patient must still be receiving services.)	<ul style="list-style-type: none"> <li>• Inpatient Acute Hospital</li> <li>• PRTF</li> <li>• MYPAC</li> </ul>	Within three business days of denial notice	Within one business day of receipt of request
Standard	<ul style="list-style-type: none"> <li>• Inpatient Acute Hospital</li> <li>• PRTF</li> <li>• MYPAC</li> <li>• Home Health</li> <li>• DME</li> <li>• PT/OT/ST Therapy</li> <li>• PDN</li> <li>• Hospital Outpatient Mental Health</li> <li>• Community Mental Health (Select Services)</li> <li>• Hospice</li> <li>• Advanced Imaging</li> </ul>	Within 30 calendar days of denial notice	Within 20 business days of receipt of request

**Note:** A Notice of Untimely Reconsideration Request will be sent for any request received by eQHealth Solutions after the timeframes listed above. eQHealth Solutions will not process any untimely request.

eQHealth Solutions will notify you if additional information is needed to complete your request for expedited reconsideration. For a standard

reconsideration, an opportunity to provide additional information within ten working days from the day of your request is afforded. When requesting reconsideration through the Web portal, additional information can be submitted through this application.

**Reconsideration Review Determinations**

- A second physician who is board certified and not involved in the initial decision will review the reconsideration request, the original information and any additional information submitted with the reconsideration request and make a determination.
- The second physician or reconsideration physician reviewer will be of the same specialty as the attending physician.
- The physician reviewer may contact the attending physician by phone to obtain additional information. This offers the attending physician the opportunity to consult the review physician by phone.
- eQHealth Solutions will make every attempt to complete reconsideration requests as quickly as possible (prior to the required timeframe) but will complete the requests within the specified timeframe.

There are three types of reconsideration review determinations or decisions. The table below describes each decision and its impact on the original service request.

The original denial is	Description	Impact to Services
Modified	The reviewing physician makes a partial denial decision	Some originally requested services are approved, and some remain denied.
Reversed	The decision is changed from denial to approval (certification)	Services are approved as originally requested.
Upheld	The reconsideration physician agrees with the original denial determination	Services remain denied.

**Notification of Reconsideration Outcome**

*Expedited reconsideration:* Verbal notification is made to the requesting party on the same day as the decision for an expedited reconsideration. In addition, written notification is sent to the treating provider, attending physician and beneficiary/representative/responsible party within one business day of the verbal notice of the review determination.

*Standard reconsideration:* \*Written notification of review determination is sent to the provider, attending physician and beneficiary/representative/responsible party within 20 business days of receipt of the request for a standard reconsideration.

Written notices include:

- The date of notice
- A brief statement of eQHealth Solutions's authority and responsibility for review
- Description or identity of the services approved, denied or modified
- Dates of service that are being approved, denied or modified
- Rationale for the determination. (Sent only to treating provider)
- Treatment Authorization Number (TAN) if any days/services are approved or modified
- A statement informing the parties of their right to appeal to DOM within 30 days of the written notice and the process for requesting such when reconsideration is upheld or modified
- eQHealth Solutions contact information

\*The beneficiary/representative/responsible party's notice does not contain the medical basis for the denial.

***V. Administrative Appeal and Fair Hearings to the Division of Medicaid  
(DOM)***

If there remains a disagreement with eQHealth Solutions's reconsideration determination and the reconsideration determination was upheld or any portion was not approved as requested, **the beneficiary/representative/responsible party** has the right to request an administrative appeal (hearing) from DOM. The written request must be submitted within 30 calendar days of eQHealth Solutions's reconsideration review determination notice (date of the letter). The process for requesting an administrative appeal is included in the reconsideration notice. The written requests should be sent to:

Division of Medicaid  
Bureau of Appeals  
Walter Sillers Building  
550 High Street, Suite 1000  
Jackson, MS 39201

Reconsideration Review Process Flow Chart

