



TEXAS
Health and Human
Services

Hospital Utilization Review Stakeholder Meeting

**Office of Inspector General
Hospital Utilization Review
April 16, 2018**

Medicaid Provider Database Form



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- Provides contact information of the participating hospital
- Serves as a communication tool between the regional/state office and hospital

Medicaid Provider Database Form



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TEXAS HEALTH AND HUMAN SERVICES COMMISSION
OFFICE OF INSPECTOR GENERAL
UTILIZATION REVIEW UNIT
Medicaid Provider Database Correction Form

Please help HHSC keep its database current by reporting any changes to the information described below.

ALL HOSPITALS: Any hospital at any time may fax corrections indicated on this form to State Office at: 512-833-6543 ATTN: OIG-Utilization Review

This completed form may be sent via facsimile to the number provided above. All communication regarding requests for records and notification of review results will be provided to the contact person listed on this form.

The "HOSPITAL CONTACT PERSON" should be a person located at the hospital facility.

MEDICAID PROVIDER NUMBER:
(TPI-SFX)

HOSPITAL NAME:

PHYSICAL ADDRESS:

PRIMARY HOSPITAL CONTACT PERSON:
(Medical Records Director)

Name

Title

Department

HOSPITAL ADMINISTRATOR/CEO:

Statement of Findings



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- Documentation will provide a summary of the review
- Summary will be faxed to the contact person documented on the Medicaid Provider Database Form

Statement of Findings



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- Number of admissions sampled
- Number of admissions approved
- Number of potential admission denials
- Number of potential DRG changes
- Number of potential quality issues

Statement of Findings



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**TEXAS HEALTH AND HUMAN SERVICES COMMISSION
UTILIZATION REVIEW UNIT**

STATEMENT OF FINDINGS-SAMPLE QUARTER 3/2015

REVIEW DATE: 2/23/2016

TPI/NPI No:

Hospital:

City:

This document serves as notification of results for admissions with dates of service during Sample Quarter 3/2015. You will receive results of the admissions listed as potential at a later date via facsimile following review by the physician.

OF ADMISSIONS SAMPLED: 45

OF ADMISSIONS APPROVED: 30

OF POTENTIAL ADMISSION DENIALS: 10

OF POTENTIAL DRG Changes: 5

OF PRELIMINARY TECHNICAL DENIALS: 0

OF POTENTIAL QUALITY ISSUES: 1

Statement of Findings



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Summary of the review includes:

- Examples of the reasons for admission denials
- Examples of the potential DRG changes
- Instructions on contacting your claims administrator
- Instructions on use of observation orders
- Instructions on use of the ICD Coding Manual

Medical Records



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Medical records are reviewed

- Via SharePoint
- Via hospital's portal
- Via paper copies

Medical Records



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Outsource companies provide records

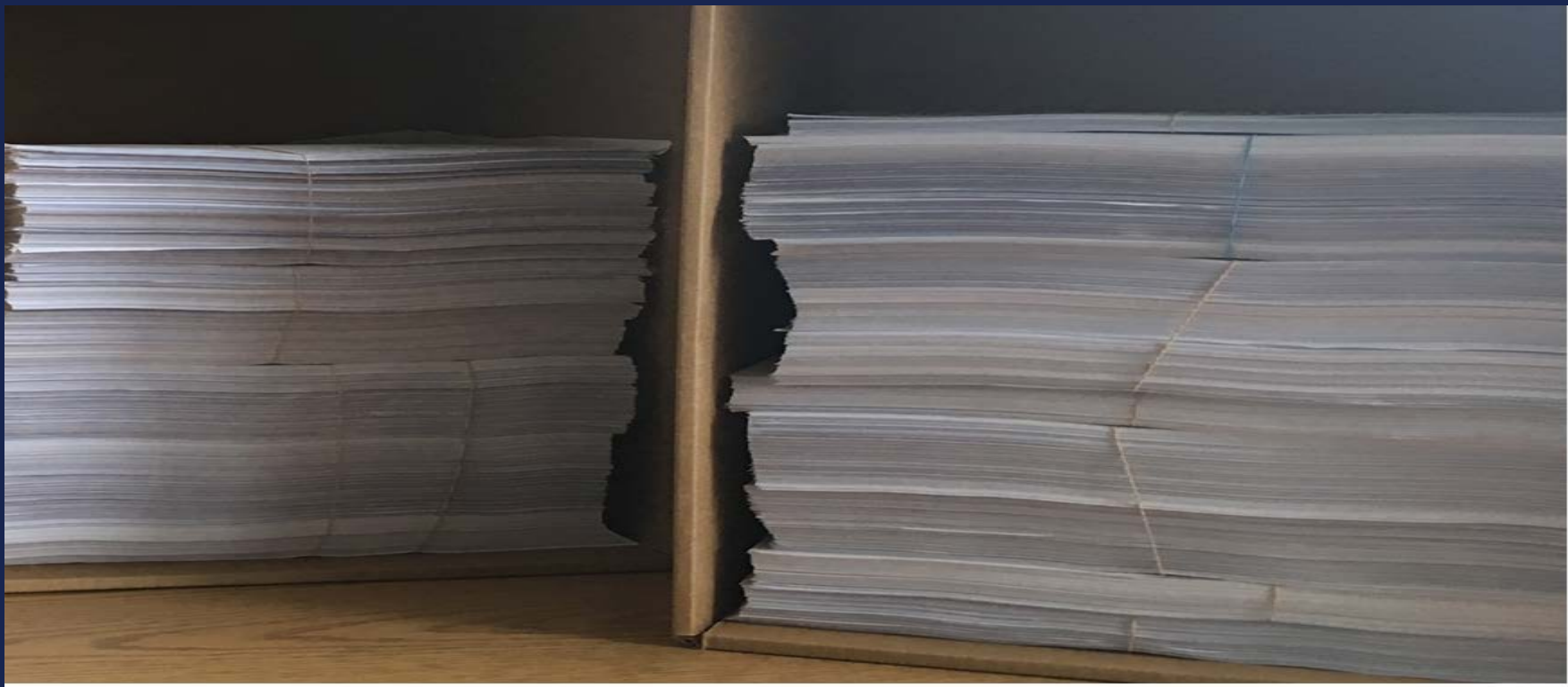
- Via fax (unacceptable for OIG UR)
- Via copies

Medical Records



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One record from outsource company



Medical Records



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One record continued from slide 10



Outsource Company



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FAX

To: HHSC UTILIZATION REVIEW
Company:
Fax: 918173218113
Phone:

Outsource Company



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This facsimile transmission may contain confidential and/or provider patient privileged information belonging to the sender. This information is intended only for the use of the individual or entity name on this transmission sheet. If you are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you should notify the sender immediately. You are hereby advised that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited.

Thank you for your correspondence, however, we cannot accept your request for records by fax.

Please mail your request to:
CIOX Health
Attn: ROI
10030 N. MacArthur Blvd.
Irving, TX 75063

Reminders



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- Please keep the database form updated
- OIG UR does not accept medical records via facsimile
- OIG UR does not communicate with the outsource companies
- Consider use of SharePoint or access via the hospital's portal for record review

Contact Information



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HHSC Utilization Review email address

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