

Independent Billing Review Webinar

BLAKE TRAVIS: Hello, everyone, and welcome to the DWC Webinar on Independent Billing Review. My name is Blake Travis, and I'm with the Corporate Communications Department of MAXIMUS. And a couple of housekeeping questions to start off. We will do questions at the end. So if you haven't, go ahead and type them into the questions or chat box on your toolbar there, and we will pass those along and get those at the end. Additionally, the slides and recording will be available on the DWC website within 24 hours, and within a week, we will actually have a transcript of it also.

So let me introduce who's going to take part in the webinar today. From MAXIMUS Federal Services you've heard from me. We also have Tom Naughton, Lou Shields and Rob Nydam. And from the California Division of Worker's Compensation, we'll have Destie Overpeck, Rupali Das and Melissa Hicks.

And with that, I'm going to turn it over to Lou Shields.

LOU SHIELDS: Thanks, Blake. Just real quick, the purpose of the webinar today is to walk through and explain the current IBR process, discuss a little bit about the eligibility requirements, benefits of submitting the IBR applications electronically, some information on how you access the IBR help desk and some phone numbers. And, then, as Blake had mentioned a little earlier, we are going to have a Q and A session at the end. So as we walk through the process, if there's questions that are coming up, please, enter them in the toolbar.

So with that, I would actually like to turn it over to Rob Nydam, which is responsible for our process, and Rob will walk us through it.

ROB NYDAM: Good morning, folks. So, as Lou said, I'm just going to walk you folks through the IBR process as we at MAXIMUS currently frequent it today.

So, obviously, an IBR starts with an application request for independent billing review. And part of the trick with IBR is you need to submit everything upfront. And by that I mean you need to give us a complete application, we need to get payment for IBR upfront, and there's also a list of documents, a list of regulations that must be submitted at the time you request IBR.

So once we receive all of the required information, and that includes, again, a completed application at minimum, we create the case in our case management system, which is called entellitrak. If you submitted the case electronically, which is an option, the case is automatically created.

The next thing we do is we conduct a preliminary review of the application and the documents received. And the focus of the preliminary review is really to make sure that we have all of the information necessary to initiate the actual independent billing review process. As you can see here, there's really a number of questions that we have to ask and answer as part of the preliminary review process.

We have to look and see if the application is signed and dated. We have to ensure that the filing fee was paid in full. We have to assess whether or not that the billing service at issue was authorized or not. We have to look at the date of service and ensure that it was on or after January the 1st, 2013. We have to ensure that the request was received timely, which means it

was received within 30 days of the second bill review from the claims administrator. We have to ensure that we have a copy of that second review for final determination. And, lastly, and this is where we will get into this, we get to the most issues, is we have to ensure that what's being disputed is actually covered under our fee schedule.

If a case is deemed eligible for IBR, this is the happy path, we send out to the claims administrator a notice of the opportunity to dispute the eligibility. We also provide a copy -- anything that we send out, copies are always provided to both parties, so the provider will also receive a copy.

This begins the 15-day clock for claims administrators to send in documentation disputing eligibility for IBR. If we don't receive a response or if we receive a response that lacks merit, the case will be deemed assigned for IBR. At that point in time, we send out our Notice of Assignment letter, tells both parties that the case has been assigned to MAXIMUS as the IBRO, and it also requests any additional information that is necessary to complete IBR. And it is at that point in time that the 60-day clock for completing an independent bill review begins.

So the next thing we do, assuming that, again, we're walking down the happy path here, assuming that we have all of the documentation necessary, there are no eligibility issues, we actually do the substantive bill review. The case is going to be assigned to a bill reviewer, a chief coder who has no association with any of the parties or has no conflict of interest whatsoever, and is an expert in billing and coding. This coding reviewer reviews all aspects of the treatments in dispute and renders decisions on all the treatments in dispute, writes the final determination letter, and that letter is then mailed out to both parties.

So if we go back a minute, we talked about the happy path. Now, we're talking about the unhappy path. If we have eligibility issues that are identified at the preliminary review, what happens. We have to send the case to the DWC for further review.

What happens here at the DWC is really one of two possible outcomes: It's either the case is deemed eligible by the DWC, in which case the case is then sent back to MAXIMUS and deemed assigned for IBR; or the case is deemed ineligible, and then moved straight to closed status. And that's what this chart here reflects.

One key thing we want folks to know, if a case is deemed ineligible, the provider will be reimbursed \$270 out of the \$335 filing fee. And this just reiterates more of what I just discussed. Again, the key thing to understand here is one of the cases with the DWC, there's one of two possible outcomes: It's either the case is deemed eligible, in which case the case is immediately deemed assigned to MAXIMUS as the IBRO; or it is ineligible, in which case the case does not come back to MAXIMUS, and that's the end of the process.

So what is eligible per review?

As it says here, IBR will be conducted if the only dispute between a provider and the claims administrator is the amount of payment owed to the provider. So there's been some confusion so far. If the service was denied outright, it's not going to be eligible for IBR. So if the claims administrator denies payment altogether, we don't have jurisdiction. If there's a dispute over the payment per service that was authorized, we have jurisdiction at IBR.

Another thing to know is that the billing rules that were in effect on the date of service will be applied. There has been some confusion there as well. So if some fee schedules have been

updated since the point in time when the service was provided, those rules will not be applied for the service in dispute.

Some issues that are not eligible for IBR, and we kind of alluded to this earlier. If the date of service was prior to January the 1st, 2013, it's not going to be eligible for IBR, and this is per regulation. And another one here, and I'm just going to read through this and we'll talk about it, the determination of a reasonable fee for services where that category of services is not covered by a fee schedule. And, really, what that comes down to is whether or not the service in dispute is covered by a fee schedule in the Official Medical Fee Schedule which are in regulation. So if the service being requested -- and we have some examples here: dental services, home health, interpreter and copy services, those are not currently covered by our fee schedule in the OMFS, the Official Medical Fee Schedule. Until or if they are, we do not have jurisdiction to review it at IBR.

Consolidation of IBRs

So, as it states here, up to 20 individual requests may be consolidated on the IBR application. Some grounds for consolidation: multiple dates of services, one employee, one claims administrator, one billing code, one fee schedule, and a \$4,000 limit total amount in dispute; multiple billing codes, one employee, one claims administrator, one date of service; and, lastly, pattern and practice of underpayment where you have multiple employees, one claims administrator, one billing code, one or multiple dates of service. Again, the aggregate amount up to \$4,000 or individual amounts less than \$50 each.

Now, we certainly understand for some of you there have been a lot of questions about, is my case eligible for consolidation. And while we -- obviously, we can't answer that question in our help desk email, which we will be providing shortly, we can provide some guidance and can help you folks out if you have some questions in general about the consolidation. I know this is a topic where there's a lot of questions that come our way. So if you have questions in general about consolidation, please, don't hesitate to bring those to our attention.

Another thing we can do as the IBRO is if we receive a case where things are already consolidated when it comes to us, we have the ability to disaggregate at our discretion, and we do that with the DWC. The DWC has to review and approve any requests for disaggregation, and we actually have to send out a notice to the parties informing them of our intended disaggregation explaining why we believe disaggregation is necessary. And that's only in the very rarest of circumstances where that will actually happen.

So we also want to bring to your attention for those who are not already aware of some changes in IBR regulation that took effect in February of this year. One which I see questions on on a daily basis is the requirement to include and index this list of documents. Now, these were already documents that were required by statute to be submitted as part of an IBR request. What's different now is you have to actually index the documents and provide them in an orderly fashion.

Another thing to keep in mind is that IBR requests received on or after February the 13th, 2014, the DWC will no longer be sending out letters reminding providers if they failed to submit some of the documents that are required as part of the IBR request process. So if you don't submit all the documents upfront, the DWC instead will be going straight to issuing a notice of ineligibility, and your case will be deemed ineligible and effectively will be closed.

Some other things to keep in mind: versions of the forms used by (inaudible) to request a second bill review and IBR, so the format for the forms has changed. If you're not already aware, you'll want to use the new form and be aware of the changes there.

The request for consolidation. Previously you could consolidate any number of requests. Now, it's been restricted to 20. And another key one, which I think has been a source of confusion for a lot of folks, withdrawal of IBRs. So this one is really key, and I hope this will alleviate a lot of concerns we see coming our way. If the request is withdrawn before MAXIMUS as the IBRO assigns the case to the chief coder, the provider will be reimbursed the amount of \$270. If, however, we don't receive the request to withdraw until after the point in time when the case has been assigned, the provider will not be reimbursed any of the fee. So that's really key to keep in mind. If you think the case – if you want to withdraw the case from IBR, the sooner you do it in the process, the better you're going to be. Because once the case is assigned, you're only eligible to be reimbursed for part of the amount.

Obviously, another feature we want to highlight for folks is the online application, which is currently available for IBR. We've highlighted here some of the advantages to the online application. Obviously, if you submit online, we receive it in real time, which means we start processing your case right away. You can upload and attach documents at the time you submit. You can pay online. So in effect, you can submit all your documents and pay and you can complete the request process all at the time that you submit your application all online.

You can also provide updated documentation and records when requested by us. You can reduce – you can actually submit them online. You can log in and check the status of your IBR application. And it also reduces errors that relate to data entry and reduces paper and mailing costs. But we certainly think that for most folks the biggest advantages are going to be those first three. The ability to completely initiate the IBR process with just a click of a few buttons. You can pay, submit the application and submit documents all at the same time.

So that pretty much is the IBR process. If anyone has any questions, I know Lou is going to walk us through how you can get to us and submit questions for help. You can submit them to our IBRHelp@MAXIMUS.com email address. You can also call our toll free number. We found that for most folks the toll free number is not going to be as helpful to you as the email address. We'll be posting – if you haven't already seen it, we have our toll free number posted online. But I would recommend emailing. You're going to get a much more detailed response, and you're going to have folks who are going to be able to dedicate time getting you the answer you're really going to want. So I would very much recommend if you have questions, whether it's status or otherwise, if you have questions about IBR, I would recommend emailing.

Now I'm going to pass it back to Lou to wrap it up for us, and then we'll take some questions.

LOU SHIELDS: So, Rob, real quick. Sorry, Blake. I'm not sure if we have any questions that are coming in yet or not, so...

BLAKE TRAVIS: Yeah, we do. I sent some over to you guys a few minutes ago, and there's more coming.

LOU SHIELDS: Okay. All right. So in terms of tips for ensuring a smooth transition – actually, Blake, before I move into there, we're not seeing any questions that are coming across.

BLAKE TRAVIS: Should be in Rob's email and your email.

LOU SHIELDS: All right. So just a couple – again, some tips. So some accurate information is submitted on the application. As Rob mentioned at the very upfront part of the process, ensure all the required documentation is submitted with the application. Clearly identify the billing codes that are in dispute.

We don't see this problem as much with IBR as we do with IMR, but avoid sending in duplicates. And as Rob, again, alluded to, withdrawals must be issued or agreed to in writing by the providers. So notice to the claims administrator also. Again, it allows for a smoother transition.

Rob had talked about the toll free number. For status questions, again, they need to be status questions only. As Rob had mentioned, any questions that are not status related, please, direct those in email form to IBRHelp@MAXIMUS.com. It will allow us to actually take a detailed look at it and get you more of an exhaustive explanation. We do commit to getting answers back via email through the IBRHelp@MAXIMUS.com email address within 24 hours.

So, Blake, we are actually looking at some of the questions now, so –

BLAKE TRAVIS: Great.

LOU SHIELDS: I think we did get some questions in advance.

ROB NYDAM: Yeah, so folks, some of the questions we got in advance -- and, thank you, for submitting those -- it looks like most of those questions fall into one of two categories. They were either policy questions which relate to the substance of IBR, and those are not questions that we're going to be at liberty to answer here today. And some of the other questions were kind of case-specific questions. We weren't sure if those were going to be beneficial for us to answer to the whole group. So I think what we're going to do is we're going to focus on the questions we have coming in now, and we're going to take a few minutes and review those.

LOU SHIELDS: Yeah. So we're going to take just a two-minute break here real quick folks, allow us to kind of pull these questions up that you submitted. Again, if you have other questions, please, submit them to Blake, and we'll get those forwarded to us in a minute. So we're going to stop here for a – just a few seconds.

BLAKE TRAVIS: I'll remind you guys that if you see the questions box or it might be called a chat box, depending on which toolbar you have, you can go ahead and type your question right into that, and they will be sent over to the staff, and they will be more than happy to answer them.

(one minute pause)

LOU SHIELDS: The first question is around cost of the IBR itself.

TOM NAUGHTON: Yeah. And we actually have an update on that. Recently we have been able to -- through the implementation of efficiencies and really the utilization of the electronic application by more users, we're able to introduce a cost reduction in the IBR fee. So

that cost is going to go down for a full IBR from \$335 to \$250, and that reduction is actually effective for IBRs submitted April 1 forward. So anyone who submitted an IBR April 1 after it that has been charged \$335 is actually going to receive a refund of at least \$85 for that fee. And we'll be making those changes on the application and website to the \$250 fee in the next seven days.

LOU SHIELDS: Okay. So, Rob, you want to start walking us through some of the more process questions here?

ROB NYDAM: Sure. So we have a question here, and I think I understand what's being asked here. The question is, what should we do if we submit a request for IBR and then the interim the adjuster paid the bill but not the IBR filing fee? So a part of that question I don't entirely understand because it's the provider who pays the IBR filing fee on IBR. But I think the question is asking, if there's an agreement that the case can be submitted to IBR, the issues in dispute can be settled, and thus there's no need for IBR. You can send documentation in writing telling MAXIMUS that you wish to withdraw, and that request for withdraw will then trigger, depending on where you are in the process, there's a potential for a refund, a partial refund of the fee, which we discussed earlier here.

There's another question here. Can we print the information? Is this option available? I think that's asking if you submit an application online, can you print a copy of the application. The answer is, yes, you can. We're actually going to be scheduling an entirely separate webinar in the future that will be instructional on how to use entellitrack, how to submit cases electronically, how to upload documents, how to access your case status, etcetera.

Number three, I think, is kind of related to number two. How do you file a consolidation request electronically through entellitrack through the MAXIMUS website? Right now you cannot submit consolidation requests online. So if you want to — if you are requesting to consolidate multiple cases into a single case, unfortunately, at this point in time that has to be done in paper.

Another question here is, if you file electronically, how are you supposed to copy the claims adjuster? There is no means by which you can currently copy the claims adjuster. But to initiate an IBR request, you don't have to copy the claims adjuster. It's only after that point in time. In fact, the first notice that the claims administrators are going to be getting is going to be the notice of the opportunity to dispute eligibility and that's after we have received the complete request.

Let me just run through some of the questions here. A number of these questions, folks that I'm looking at here are things I'm going to have to refer to the DWC, and I know, hopefully, we'll be able to get some answers and provide some clarification at a later point in time.

I see another question here that we can't answer now. What are some of the eligibility issues that claims administrators can provide? There are a number of different potential reasons why a request for IBR might be deemed ineligible. We went through the list previously, and we'll be sure to post that list, and it will be available with a copy of the presentation we post online.

But just to give you a couple examples, if you contend that the IBR was untimely, meaning, it was filed more than 30 days after the second bill review was served on the parties, or if the services in dispute are not on a fee schedule. There's another very popular example,

and certainly a place where you have seen claims administrators have come and disputed eligibility.

I think we're going to take another minute here, folks, just to review some more of the questions we got coming in. Keep them coming, and we'll be right back with you.

(one minute pause)

ROB NYDAM: Okay, folks, we're back. Just a quick point of clarification. So when you submit an application on line, you still have to -- as a provider, you still have to submit a copy to the claims administrator along with a copy of all the documents you sent to MAXIMUS, but there's nothing that MAXIMUS will be doing at that point in the process currently. We do hope that the next version of the system will allow for an automatic notification to go to the claims administrator, but that feature is not currently in place. So there is still the responsibility to submit that in paper form to the claims administrator.

I see another question here. What does the status pending RI response mean on an IBR filed electronically? What that typically means is that we have requested additional information from the claims administrator. So if you see that, that typically means that there's some documentation that we need some clarification on or we need additional documentation in order to complete the IBR process. What that means is really that we're in the process of requesting information, we've made that request, we're just waiting for the information to come in.

There's a request here to repeat what was said about being reimbursed \$270, and the question is, is that new? There's been some clarifications. In February of 2014, there was clarification on how the partial reimbursement works that's actually always been in place, but now the clarification has been made that it all hinges on whether or not the IBR has been assigned to a coding expert to actually conduct the substantive IBR review. So if it has not been assigned to a coding expert, then there's still the potential to get that partial reimbursement. But if it has, then there's no opportunity to get reimbursed.

The question here, why is one party unable to view attachments online that are attached by the DWC or by other parties? At this point in time, for security reasons the way the online system works is you're only able to see documents that you have submitted, and that's actually for your protection as much as the other parties'.

Again, folks, I'm running through the questions here. A number of them I think touch on policy issues, and are really going to have to be more matters that we forward to the DWC for attention and consideration.

Lou, do you see anything there?

LOU SHIELDS: No. And I'm seeing a couple more.

(brief pause)

ROB NYDAM: A couple more? Okay. A question here, if you file your bill electronically, how do you provide your electronic EOR with your IBR request? So we are in the process right now of developing the means by which to receive electronic EORs. That is not currently in place. So any documentation that you want to submit in support of your request for IBR, it does

currently have to be either in paper form or an electronic, an imaged version of the paper document.

I see here some more questions on some individual cases.

LOU SHIELDS: Again, those that are specific to individual cases, please, email those, again, to the IBRHelp@MAXIMUS.com, and we'll get you an answer within 24 hours as it relates to specific case questions.

ROB NYDAM: So there's a question here I will -- I will address at least in part. The question is, if the dispute is based on a contract between a provider and a PPO or an NPN, what qualifications does the coding reviewer have to evaluate the applicability of the contract? We don't really get into contractual rates. Our coding experts are responsible for applying the fee schedule, the fee schedule, which is in regulations. So we're not really in the business of mediating contractual disputes.

Another question here. The fee schedule was updated and decreased or increased after the service was rendered, the fee schedule that was in place on the date of service must be applied and not the new fee schedule? The answer is, yes. So whatever fee schedule was in place on the date of service for the treatment in dispute, that's the amount that will be applied at IBR.

(brief pause)

We have a question here. If multiple dates of service but same codes are being billed, does this need to be consolidated? There's never a need for consolidation. It's always at the discretion of the provider submitting, whether they wish to submit request for consolidation. And, again, I would recommend, because consolidation is a complicated subject, if you have a question in general about consolidation, that's definitely something that should be taken on a case-by-case basis, and I would recommend you just reach out to us at IBRHelp@MAXIMUS if you have questions about consolidation.

So we're reading through the questions here, folks. Bear with us for just a moment.

(brief pause)

ROB NYDAM: There's a question here about how do you withdraw an application. So this is actually something we see frequently. We get phone calls where folks are asking to withdraw either their place administrators or providers they say their matter has been resolved. We really need to get something in writing. We can't withdraw a case unless we have something in writing stating why you wish to withdraw.

And I see a number of questions here still surrounding the filing fee. And, again, the only time where reimbursement of the filing fee from MAXIMUS occurs is if it's prior to the point where we assign to a coding expert. And then, of course, if the matter is resolved in favor of the provider, then it is incumbent on the claims administrator to reimburse that fee to the provider.

Question here. Does the DWC or MAXIMUS decide if there is an applicable fee schedule? So what happens is we identify the eligibility issue, a preliminary review at MAXIMUS. And any eligibility issues that we identify are then sent to the DWC for final eligibility

determinations. So that's really a good question so we can clarify. MAXIMUS doesn't decide if the case is ineligible. All MAXIMUS does is flag potential eligibility issues for consideration by the DWC.

(brief pause)

TOM NAUGHTON: One question here, is MAXIMUS and the prior company not related to the DWC? And the answer to that question is MAXIMUS is a publically traded organization that has no relationship with DWC or any provider or claims administrator in California or in the United States. We're strictly a government entity, such as DWC, and we do not have any private contracts.

LOU SHIELDS: All right. So, Blake, we're up to the last group that you sent in. So are there any others?

BLAKE TRAVIS: Yeah. Just a couple more.

LOU SHIELDS: All right. After 45?

BLAKE TRAVIS: Yep.

LOU SHIELDS: We'll take another look at these ones that just came in.

ROB NYDAM: And, again, folks, if you have questions about possible reasons why a case might be ineligible, we're not going to address those specific policy concerns here today. But certainly those are questions if you direct them our way, if we can't provide you with guidance specifically, then we'll forward it on to the DWC, and hopefully they'll be able to provide you with some guidance.

(Off the record.)

ROB NYDAM: So there's a question here, can you see an example of the actual process on the screen? We will make the materials here available that will show the complete process start to finish, both the eligible and ineligible paths. So that will be available online, and there also are going to be some materials that will be posted on a regular basis that should help to explain both the process overall and then specifically how to access the process through entellitrack.

LOU SHIELDS: Okay. All right, Blake. Well, we received through the 51. So you have no more coming in?

BLAKE TRAVIS: I got three more real quick coming your way right now.

LOU SHIELDS: And, again, I know we've reiterated this numerous times: There are a lot of questions that are policy and/or specific-case related. Please, send those in to the help desk the IBRHelp@MAXIMUS.com email address.

ROB NYDAM: So there's some questions here about resubmission of an IBR if, I think, it's deemed ineligible, can you resubmit your request for IBR if it's done so within the timeframe? And the answer is, no, because that treatment dispute has already been resolved completely.

And most of the other questions I see here, folks, are great questions, but I think they're questions that we're going to have to consider offline with the DWC, and we're going to have to provide you with written answers that -- in order to give you a complete answer, we're going to have to take some time to research it and give you a written answer.

LOU SHIELDS: So, please, if you asked a question that was not answered during this portion, please, send that same question to IBRHelp@MAXIMUS.com, and we'll get back to you.

So, Blake, I think that's about it. That will wrap up this portion. Again, thank you, for attending. Just in terms of numbers there was close to 900 folks that attended. So I know that there's a lot of questions surrounding the program and the process. Hopefully, we answered a lot of the process questions today, and we will work forward to continue that correspondence through the email address IBRHelp@MAXIMUS.com.

BLAKE TRAVIS: And I'll remind everybody that I know some people's questions may not have gotten to right away. But like Rob said, IBRHelp@MAXIMUS.com is a good place to start. The slides and recording will be available within 24 hours on the DWC website, and we'll have the transcript of the recording available within a week after that. So hopefully that was good for everybody.
End of audio.