Frequently Asked Questions
Post-Pay Audits

GENERAL INFORMATION

1. What is ICRS?
Wellmark Blue Cross and Blue Shield (Wellmark) has contracted with Inpatient Claims Review Services (ICRS) to provide post-payment Diagnosis Related Group (DRG) validation for inpatient services. ICRS is a nationwide healthcare cost management company specializing in the review of inpatient claims.

2. What changes are being made to the post-pay review process?
ICRS will review all Wellmark inpatient claims submissions and conduct a post-payment DRG review. ICRS may request medical records from the hospital to validate the coding selection and potentially recalculate the DRG selection based on the medical information provided.

3. What lines of business will be reviewed?
The post-payment reviews will apply to Indemnity, Traditional, PPO, POS, and HMO products which will include the Federal Employee Health Benefits Program (FEP) and BlueCard Host DRG inpatient claims.

4. Does this review process apply to both inpatient and outpatient claims?
No, this review process only applies to inpatient claims.

5. When will the post-payment claim reviews begin?
This new post-payment DRG review will begin in September 2014, starting with claims processed in March 2014 and continuing with claims processed after this.

6. Will this new review process affect how claims are reimbursed?
It is possible that if ICRS recalculates the DRG utilizing the ICD-9-CM codes supported in the medical record, it could result in an overpayment recovery.

7. How will this impact our facility?
ICRS will be reviewing DRG selections based on the ICD-9-CM codes submitted. If you are using correct coding measures you should not see any impact. As with any reimbursement policy, provider impact cannot be determined until claims are adjudicated consistent with the ICD-9-CM guidelines for coding and reporting.
8. If I have questions about the DRG audits, who do I call?

Please contact ICRS Provider Services at 770-379-2323, Monday through Friday from 8:00am to 5:00pm EST/EDT. You may also contact your Wellmark Network Engagement Business Partner. If you are unsure who your Business Partner is go to Wellmark.com > Contact Us > For Providers > select state (Iowa or South Dakota).

9. Was a communication already sent out with information about this important change?

Yes, an article was published in the April 2014 Bluelnk.

10. How does the ICRS review process (diagramed below) fit into Wellmark’s claim process?

MEDICAL RECORDS REQUEST

11. How will I know if I need to send medical records to ICRS for a DRG review?

You will receive a communication from ICRS titled “Request for Medical Records” which will give you details about which claims require medical records to be sent in, what information is needed to make a final determination, when the medical records need to be received by, and where to send the medical records.

12. Where will ICRS be sending the medical records request?

Wellmark has provided ICRS with a contact and address for all correspondence they will be sending. If you wish to change the information we have, please contact your Wellmark Network Engagement Business Partner, and Wellmark will submit the address change to ICRS. If you are unsure who your Business Partner is go to Wellmark.com > Contact Us > For Providers > select state (Iowa or South Dakota).
13. How long do I have to submit medical records to ICRS?
You have 30 days from the letter request date to submit the medical records to ICRS.

14. Where do I send the medical records?
Mail medical records via standard U.S. Mail to:

Inpatient Claims Review Services
PO Box 260559
Plano, TX 75026-0559

For delivery services that require a street address (UPS, FedEx):

Inpatient Claims Review Services
Attention: AdminisTEP Mailroom
4965 Preston Park Blvd, Suite 600
Plano, TX 75093-5150

15. Do I need to send the entire medical record for a case?
ICRS requests the minimal records needed for review:

- DRG Coding Summary
- Discharge Summary
- History and Physical
- Progress Notes and Doctor's Orders
- Consult Notes
- Lab Records
- Radiology Records
- Emergency Department Physician Record (if applicable)
- Physician Queries (if applicable)
- Operative Report (if applicable)
- Ventilator Record (if applicable)

However, if the requested information does not support reimbursement for the claim, please send any additional information necessary to support the claim as originally submitted.

16. What if I miss the deadline for submitting the medical records?
You should send the medical records to ICRS even if the deadline has passed and the audit will be conducted.

17. What happens to the medical records at ICRS?
All ICRS medical record handling is HIPAA-compliant and secure. Records are scanned and archived for each audit. The original paper copies and CDs are securely destroyed after review.
AUDIT DETERMINATIONS

18. What happens after ICRS receives our medical records?

ICRS reviews the claim and medical records to assess the coding and DRG assignment. An Audit Determination Letter is mailed to the provider, typically within 10 days after the requested medical records are received.

19. What coding references are used for ICRS audit determinations?

ICRS audits follow the guidelines for coding defined by the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), the Official ICD-9-CM Guidelines for Coding (which incorporates the UHDDS Rule Sets), and the “Coding Clinic for ICD-9-CM” published by the American Hospital Association.

20. When does ICRS inform Wellmark of the audit results?

Wellmark is notified of new audit results on a weekly basis.

21. What if ICRS determines that the claim was correctly coded?

ICRS sends an “Audit Determination – No Change” letter stating that the auditor agreed with the claim as coded. No response is required from the provider.

22. What if ICRS determined that the claim was incorrectly coded, and I disagree with this determination?

ICRS sends an “Audit Determination – Change” letter, stating that the auditor determined that a DRG coding change was necessary. If you disagree with the determination, you may submit an appeal to ICRS and follow the instructions in the letter. These requests must be submitted to ICRS in writing, with additional documentation to support the request.

23. If a claim was not correctly coded and I agree with the Audit Determination, should I send a refund or corrected claim to ICRS?

If you agree with the Audit Determination, sign and return the Audit Determination letter to ICRS. It is not necessary to send a corrected claim. Wellmark will be notified of your agreement, and will apply a payment adjustment in accordance with the audit results.

24. What if I do not respond to a DRG change determination?

If no response is received, Wellmark assumes you agree with the Audit Determination and will apply a payment adjustment.
25. We would like Audit Determinations sent to a different name or address at our organization. How do we request this?

Wellmark has provided ICRS with a contact and address for all correspondence they will be sending. If you wish to change the information we have, please contact your Wellmark Network Engagement Business Partner, and Wellmark will submit the address change to ICRS. If you are unsure who your Business Partner is go to Wellmark.com > Contact Us > For Providers > select state (Iowa or South Dakota).

26. Can I speak to the auditor who performed the audit?

If you would like to discuss the audit results, please contact ICRS Provider Services at 770-379-2323.

APPEALS

27. Does ICRS handle appeals?

Yes, ICRS handles DRG review appeals for Wellmark.

28. Can I fax an appeal to ICRS?

Yes, you may fax your appeal with supporting documentation to 855-848-2899. This fax is located in a HIPAA-secure location.

29. What is the time frame for these requests?

Wellmark’s policy requires a written appeal with supporting documentation within 60 days of the Audit Determination Letter. ICRS will respond with a determination within 30 days.

30. What happens if I do not submit an appeal within the specified time frame?

If you do not submit an appeal within the specified timeframe, Wellmark assumes you agree with the audit determination and will adjust the claim payment. If an appeal is received after the specified 60-day time limit, the original Audit Determination is upheld.

31. What if I disagree with the appeal determination?

Wellmark only allows one cycle of appeal; therefore, this would be a final determination.