

REQUEST FOR RECONSIDERATION OF RESOURCE UTILIZATION GROUP (RUG) AUDIT DETERMINATION

A nursing facility that fails the required Pass Threshold and disagrees with the Healthcare Review Corporation's determination that a record is unsupported may request a reconsideration. All facility requests for a change in determination will be made in writing using this form. NO request will be considered unless it is postmarked within ten (10) business days of the expanded exit date and contains ALL the documentation requested on this form.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Facility Name: _____
Medicaid Provider Number: # _____ Facility Phone Number: (____) _____
Facility Address: _____

Date of Expanded Exit: ____/____/____ Total # Records Reviewed (from Expanded Exit Form): _____
Total # Records Supported (from Expanded Exit Form): _____
Pass Threshold % from 100% review (from the Expanded Exit Form): _____ %
Total # records for which reconsideration is being requested: _____

*In order for a reconsideration to be performed, the number of records being requested for reconsideration must have the potential to change the Pass Threshold Percentage to at least the required Pass Threshold or above.

I am requesting reconsideration of the following records: (Use additional page, if more than 5 requests)

	Resident Name	SS#	Transmitted RUG Class	A3a Date
1.	_____	_____	_____	____/____/____
2.	_____	_____	_____	____/____/____
3.	_____	_____	_____	____/____/____
4.	_____	_____	_____	____/____/____
5.	_____	_____	_____	____/____/____

In order to establish a basis for reconsideration :

1. Enclose a copy of each Individual Audit Worksheet for which you are requesting reconsideration.
2. Circle the audited values for the specific element(s) that you disagree with in black ink.
3. Attach a brief description of the basis for your disagreement to the Individual Audit Worksheet.
4. Attach documentation in the appropriate observation period for the specific elements that you disagree with to the Individual Audit Worksheet.

It should be noted that MDS supporting documentation that is provided after the Expanded Exit Conference date shall not be considered in the reconsideration process. The information requested on this form is considered confidential and shall not be disclosed except in accordance with applicable Kentucky Revised Statutes.

I signify by my signature that these statements are correct and factual to the best of my knowledge.

Signature: _____ Date: ____/____/____
Title: _____

Mail original to:
Healthcare Review Corporation
9200 Shelbyville Road
Suite 800
Louisville, KY 40222-8560
Attn: Field Review Supervisor

Mail second copy to:
Department for Medicaid Services
Division of Long Term Care & Disability Services
275 East Main Street, 6W-B
Frankfort, Kentucky 40621
Attn: Facilities Services Branch

RUG Reconsideration Process

1. If the projected success percentage on the Expanded Exit Conference form is **at or above** the required pass threshold, no reconsideration request will be considered to increase the facility success percentage.
2. If the projected success percentage on the Expanded Exit Conference form is **below** the required pass threshold, the facility shall be informed at the expanded exit conference that they may request a reconsideration.
3. The Field Review Nurse (FRN) shall give the facility a blank reconsideration request form (MAP-575 Rev. 3/02) and inform them that a reconsideration request must be postmarked within ten (10) business days of the date of the expanded exit conference.
4. A facility may request a reconsideration if they disagree with a HRC audited value on an "Unsupported" record and that item has the potential to change the record to a "Supported" record. The total number of such records must be sufficient to have the potential to increase the facility's success percentage **to or above** the required threshold. **A reconsideration shall not be performed unless the number of records that could potentially change to "Supported" is sufficient to potentially increase the facility's success percentage to or above the required threshold.**
5. When the Healthcare Review Corporation (HRC) office receives the request, HRC will date-stamp the forms and log-in the receipt information. The documentation provided with the reconsideration request form will be reviewed to determine if all the required documentation has been included and has been submitted timely. The desk review will determine if the number of records and RUG items being requested for review has the potential to change the success percentage **to or above** the required pass threshold.
6. If the desk review reveals the reconsideration request would **not** have the potential to change the success percentage **to or above** the required pass threshold, the HRC office shall contact the facility by letter and the reconsideration process will end.
7. If the desk review reveals the reconsideration request would have the potential to increase the success percentage **to or above** the required pass threshold, the HRC office shall contact a FRN or team of FRNs by telephone. The FRN(s) shall not have participated in the original audit and shall conduct a second audit review within fifteen (15) business days of receipt of the reconsideration request.
8. The FRN(s) shall be contacted by telephone and told the facility name, provider number, telephone number, name of a contact person(s) and the last date the reconsideration can be performed.

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9. The HRC office shall mail the FRN(s) the resident names, Social Security numbers, A3a dates, record types, transmitted RUG Classifications, and the transmitted/audited values for all elements that are **not in dispute** for a reconsideration. The FRN shall be given the transmitted values for the specific elements in dispute. **The audited values in dispute from the original audit shall not be provided to the FRN(s) performing the reconsideration review.**
 10. The FRN(s) shall be informed of the total number of records reviewed for the facility along with the number of supported records. The FRN(s) shall note this information, as it will be utilized when she/he completes the Reconsideration Exit Conference form.
 11. The FRN(s) shall notify the facility contact person to inform them of their arrival 24 hours prior to conducting the reconsideration review.
 12. Upon arrival, the FRN(s) shall explain the process to the contact person(s) and shall request the clinical record(s) and the documentation to support the element(s) **in dispute**.
 13. The FRN shall review the documentation during the look-back period for the element(s) **in dispute** and document his/her "audited" value in the correct space on the reconsideration review worksheet. The FRN(s) shall inform the facility if the documentation provided is not sufficient and provide the facility the opportunity to locate information they feel would support the element(s) **in dispute**.
 14. The FRN(s) shall determine whether the transmitted value(s) are "supported" or "unsupported" for the elements **in dispute**. The FRN(s) shall reference the audited values and utilize the grid/condition sheets to determine whether the transmitted RUG classification was "supported" or "unsupported".
 15. The FRN(s) shall complete the same process for each requested record that has the potential to increase the facility's success percentage **to or above** the required threshold and then complete the Reconsideration Exit Conference form. The residents listed on the exit form shall only be those residents for which a reconsideration review was performed.
 16. The box on the right side of the Reconsideration Exit Conference form shall only contain a breakdown of the reconsideration reviews. This should allow the facility to see how many of the reconsideration reviews changed to a "supported" category.
 17. The FRN(s) shall add the number of "supported" records from the Expanded Exit Conference form and the number of "supported" records from the box on the Reconsideration Review Exit Conference form. The total of those two numbers shall be documented in the space for "supported" records. The FRN(s) shall then calculate the "new" projected success percentage.

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18. The FRN(s) shall contact the HRC office and provide the number of clinical records that were found to be "supported" and the "new" success percentage.
 19. The FRN(s) shall contact the Medicaid Contractor and provide the name(s) of each resident reviewed, the element(s) for which a reconsideration was requested, the transmitted value(s) and the audited value(s).
 20. The FRN(s) shall conduct an exit conference with the appropriate facility representative(s) and discuss areas of concern following the reconsideration audit review. The FRN(s) shall request a facility representative to sign and date the Reconsideration Exit Conference form. If the facility representative declines to sign or date the form, the FRN(s) shall document the fact on the form.
 21. The facility shall get a copy of each audit worksheet and a copy of the Reconsideration Exit Conference Form. The original reconsideration forms shall be mailed to the HRC office, a copy of the entire reconsideration review packet shall be mailed directly to the Medicaid Contractor and a copy shall be retained by the FRN(s).
 22. The facility shall be informed that these procedures shall be utilized for a reconsideration process only, not an appeal process.
 23. Once the rate is released for the next quarter, an appeal of these rates may be requested in accordance with 907 KAR 1:065, Section 12(1), "A price-based nursing facility may appeal department decisions as to the application of this administrative regulation as it impacts the NF's price-based reimbursement rate in accordance with 907 KAR 1:671, Sections 8 and 9."