



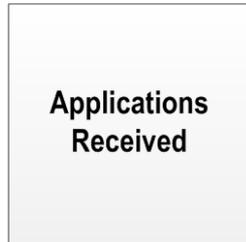
DWC IBR Update  
May 13, 2014

- **MAXIMUS Federal Services (MFS)**
  - Blake Travis – MAXIMUS Corporate Communications
  - Lou Shields – VP Operations, IMR and IBR
  - Rob Nydam – Director, Business Process Architecture
- **CA Division of Workers' Compensation (DWC)**
  - Destie Overpeck – Acting Administrative Director
  - Rupali Das, MD, MPH – Executive Medical Director
  - Melissa Hicks – Medical Unit Manager

# Purpose of Webinar

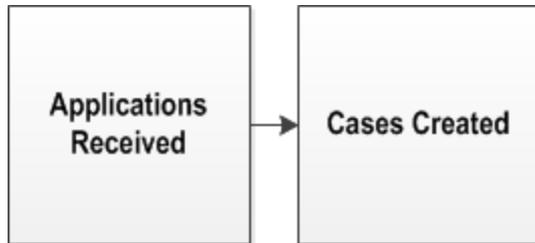
- Explain the current IBR process
- Eligibility requirements
- Benefits of submitting IBR applications electronically
- Accessing IBR Help Desk
- Q&A

# IBR Workflow



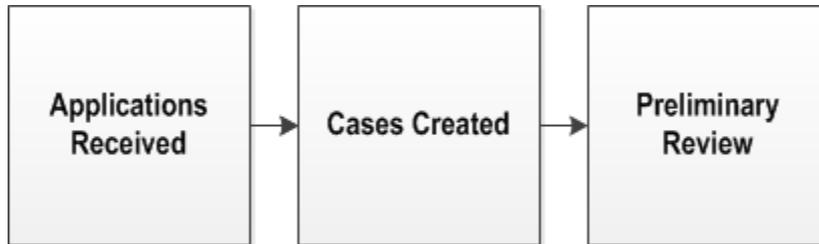
- Applications are received via fax, mail or electronically
- Provider must submit with IBR request:
  - DWC Form IBR-1 and filing fee.
  - Original billing itemization, supporting documents, and EOR;
  - Second review request, supporting documents, and EOR;
  - Relevant provisions of Labor Code section 5307.11 contract, if applicable;
  - Documents must be indexed and arranged

# IBR Workflow



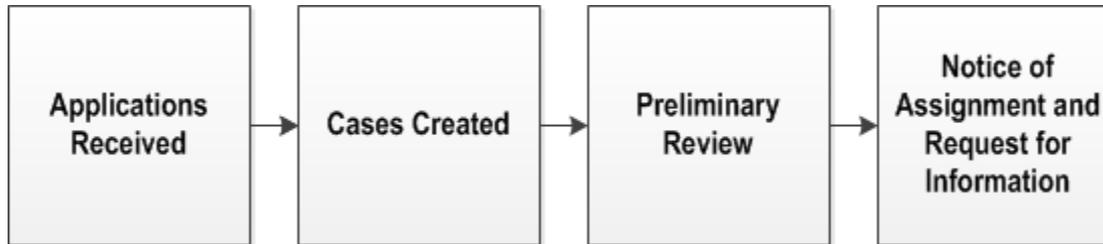
- All the data on the Application is entered into the system
- The case is created in entellitrak

# IBR Workflow



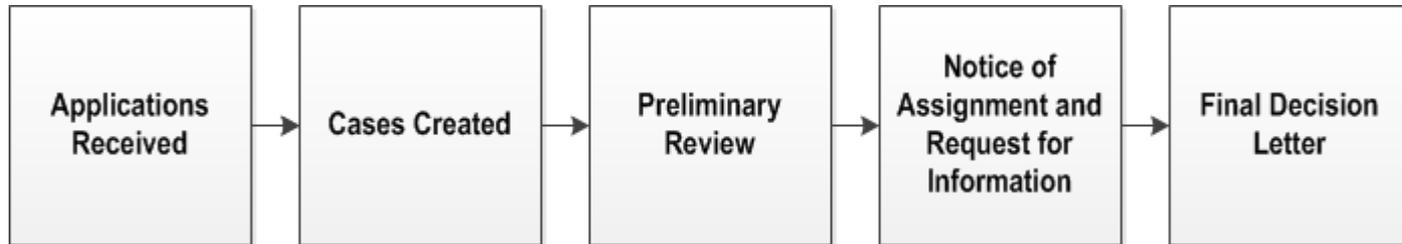
- Preliminary review is conducted to determine if the request is eligible for review
  - Is the application signed and dated by the Provider?
  - Has the filing fee been paid?
  - Was the billed service authorized?
  - Was the Date of Service prior to January 1, 2013?
  - Was the application received within 30 days of the Claims Administrator's final determination?
  - Did provider submit the Second Bill Review final determination?
  - Is the dispute covered under a fee schedule?

# IBR Workflow



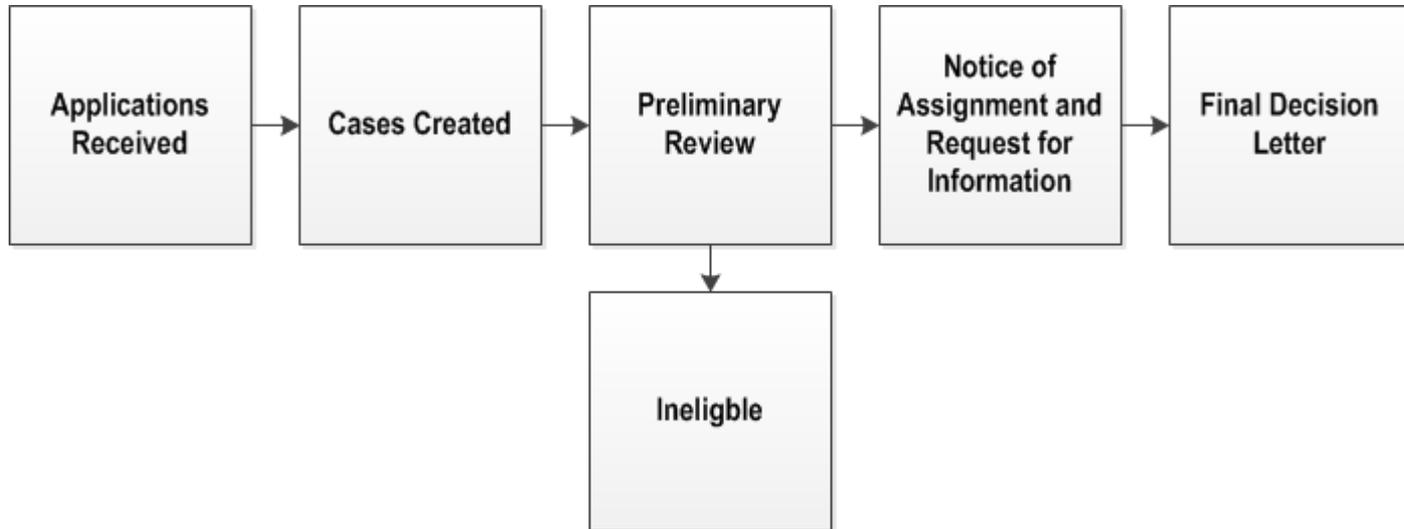
- If case is deemed eligible for IBR:
  - Notice of Opportunity to Dispute Eligibility sent to Claims Administrator
  - Notice of Eligibility copied to the Provider
  - 15 day clock begins for Claims Administrator dispute response
  - If no response or response has no merit, case assigned
  - Case reviewed for possible request for additional information
  - Letter of Assignment sent and if needed, request for additional information
  - 60 day clock begins, from date of Assignment, to complete the Final Determination

# IBR Workflow



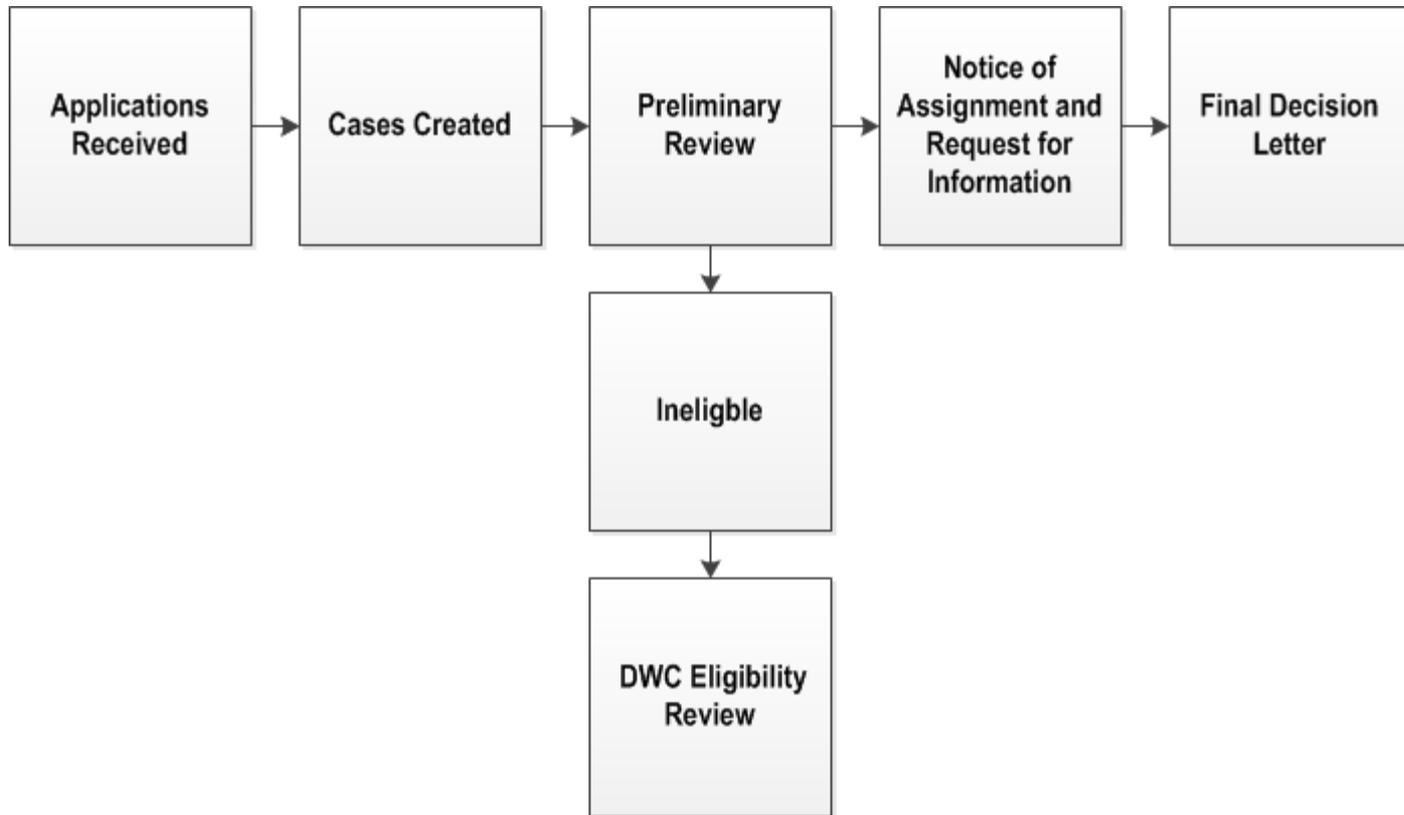
- Coding review completed
- Final case audit by Chief Coder
- Final Determination Letter written
- Final Determination Letter sent to Provider and Claims Administrator

# IBR Workflow



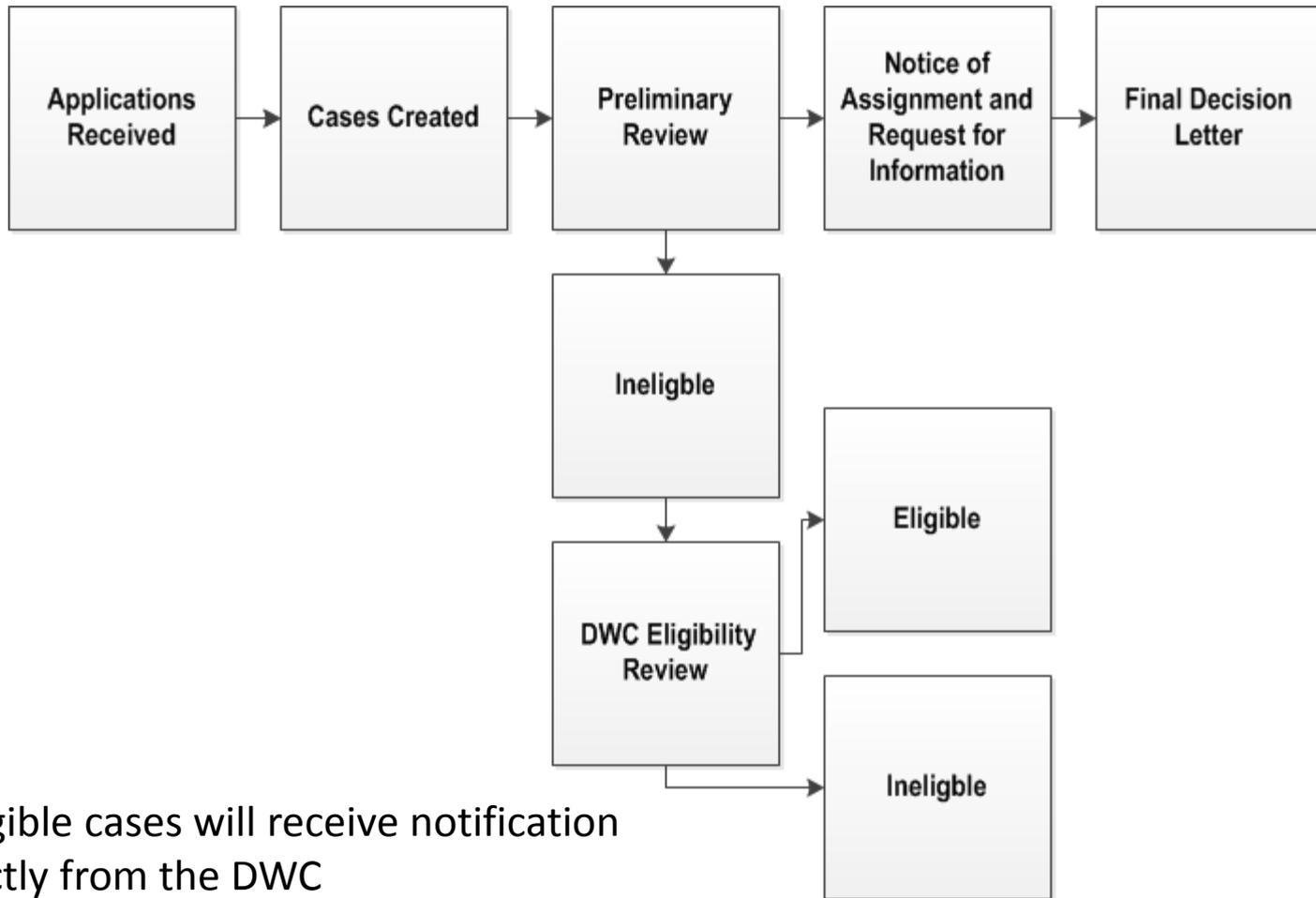
- If case appears ineligible, it will then be referred to the DWC for further review

# IBR Workflow



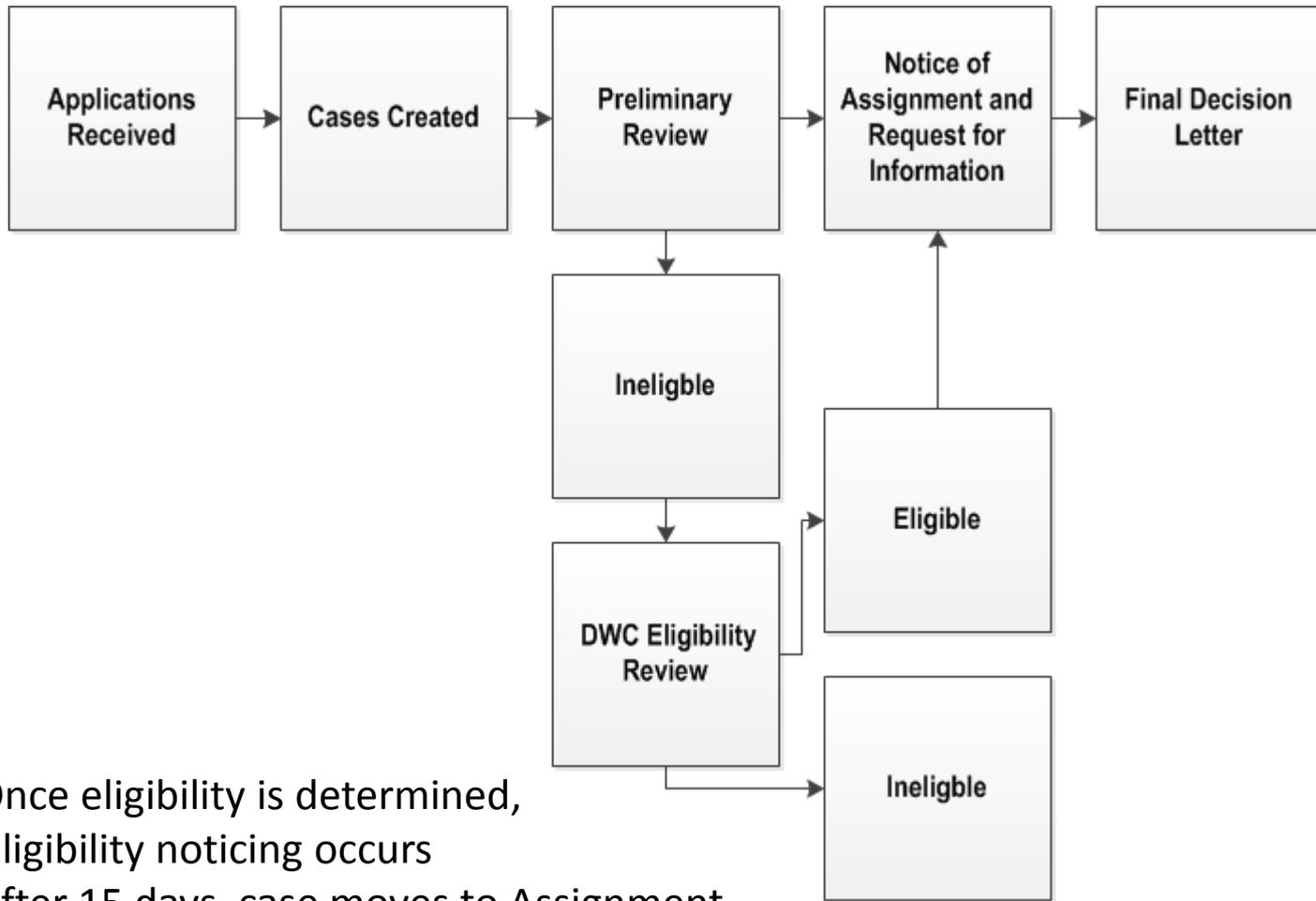
- Case does not move to Eligible status until DWC completes review

# IBR Workflow



- Ineligible cases will receive notification directly from the DWC
- If request ineligible, provider reimbursed \$270
- MAXIMUS is notified of eligibility status through entellitrak

# IBR Workflow



- Once eligibility is determined, Eligibility noticing occurs
- After 15 days, case moves to Assignment
- Assignment notices are sent
- 60 day clock begins for Final Determination

## What is eligible for review?

- IBR will be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider
- Billing rules effective on date of service will be applied
- Issues that are not eligible for IBR include:
  - Service dates prior to January 1, 2013
  - The determination of a reasonable fee for services where that category of services is not covered by a fee schedule e.g. dental services, home health care services, interpreter fees, and copy services

# Consolidation

- Up to 20 individual requests may be consolidated on the IBR application
- Grounds for consolidation:
  - Multiple dates of service, one employee, one claims administrator, one billing code, one fee schedule, \$4000 limit;
  - Multiple billing codes, one employee, one claims administrator, one date of service;
  - Pattern and practice of underpayment: multiple employees, one claims administrator, one billing code, one or multiple dates of service (aggregate amounts up to \$4,000, or individual amounts less than \$50 each).

## Consolidation cont.

- IBRO, upon review by DWC, may disaggregate a request for consolidation.
  - Provider given notice and option to continue IBR on individual case basis (separate fee for each).

# Changes as of February 13, 2014

- Required to include and index the following documents:
  - The original billing itemization and original supporting documentation
  - The explanation of review provided in response to the original billing
  - The request for second bill review and original documentation supporting second review
  - The explanation of review provided in response to the second bill request
  - If applicable, the relevant contract provisions for reimbursement rates e.g. PPO contract
- For IBR requests that are received on or after Feb.13, 2014, DWC will cease issuing reminder letters if the required documentation is not included with the submittal of an IBR application and will instead advise the provider that the IBR request is ineligible

## Changes as of February 13, 2014 – cont.

- Revision to the forms used by providers to request a second bill review and IBR
- Limitations on the consolidation of separate IBR requests to 20 requests
- Withdrawal of IBR's
  - If request is withdrawn prior to its assignment to an IBRO for IBR, the provider will be reimbursed the amount of \$270.00 from the fee provided with the request
  - If the request is withdrawn subsequent to its assignment to an IBRO for IBR, the provider will not be reimbursed the fee provided with the request

# Online Application Benefits

## Benefits for Providers:

- Real Time Submission of IBR Application
- Ability to Attach Documents
- Ability to Pay Online
- Ability to provide updated documentation and record updates when requested by MAXIMUS IBR processors – reducing manual processes
- Ability to check status of IBR Application
- Error Reduction
- Reduced Paper and Mailing Costs

[IBRHelp@MAXIMUS.com](mailto:IBRHelp@MAXIMUS.com)

The toll-free Call Center phone line is for Status questions only.

Many times providers will have more detailed questions regarding their Application for IBR, In these cases, please send a message through our automated email system. Issues can then be researched and an answer provided, in writing.

- Tips for ensuring a smooth IBR Process
  - Accurate information is submitted on the Application
  - Ensure all required documentation is submitted with the Application
  - Clearly identify billing codes in dispute
  - Avoid sending in duplicates
  - Withdrawals must be initiated or agreed to, in writing, by the Provider
  - Notice the Claims Administrator
- Status questions? **(855) 865-8873**
- Any questions that are not status related should be directed to [IBRhelp@maximus.com](mailto:IBRhelp@maximus.com)

