

ICRS FAQ

Frequently Asked Questions (“FAQ”) for Provider Inquiries Inpatient Claims Review Services (“ICRS”)

Provider Inquiries	Answers
1. General Information	
1.1 What is Inpatient Claims Review Services (“ICRS”)?	ICRS is a nationwide healthcare cost management company specializing in the review of inpatient claims. Sunflower Health Plan has contracted with ICRS to provide inpatient DRG validation.
1.2 Where is the ICRS office located?	The ICRS corporate office is located in Atlanta, GA. All correspondence and questions related to audits should be sent to the ICRS mail center at: Inpatient Claims Review Services PO Box 260559 Plano, TX 75026-0559
1.3 If I have questions about the DRG audits, who do I call?	Please contact ICRS Provider Services at 770-379-2322 Monday – Friday from 7:00 AM to 4:00 PM CST/CDT (6:00 AM to 3:00 PM MST/MDT).
1.4 I did not receive a copy of the audit correspondence, or it has been misplaced. How can I obtain a copy?	Please contact ICRS Provider Services at 770-379-2322 and they will send you a copy of the correspondence.
2. Medical Record Requests	
2.1 Can I mail medical records to ICRS?	Records may be mailed via United States Postal Service standard mail. ICRS and Sunflower Health Plan will not reimburse the cost of expedited mailing services.
2.2 Can I send medical records on a CD?	Yes, ICRS accepts Medical Records on a CD or on paper. Records on CD should be encrypted and password protected. Please contact ICRS Provider Services at 770-379-2322 to provide the password.
2.3 Can I fax medical records?	Yes, you may fax medical records to 855-848-2899. This fax is located in a HIPAA-secure location.
2.4 Will ICRS accept medical records via a document management clearinghouse?	Yes, if a Provider contracts with a clearinghouse that sends records to approved Business Associates, ICRS is authorized by Sunflower Health Plan to accept records from that entity.

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2.5 Where do I send the medical records?	<p>Mail medical records via standard U.S. Mail to: Inpatient Claims Review Services PO Box 260559 Plano, TX 75026-0559</p> <p>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</p>
2.6 Do I need to send the entire medical record for a case?	<p>ICRS requests the minimal records needed for review:</p> <ol style="list-style-type: none"> 1. DRG Coding Summary 2. Discharge Summary 3. History and Physical 4. Progress Notes and Doctor’s Orders 5. Consult Notes 6. Lab Records 7. Radiology Records 8. Emergency Department Physician Record (if applicable) 9. Physician Queries (if applicable) 10. Operative Report (if applicable) 11. Ventilator Record (if applicable) <p>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.</p>
2.7 What if I need more time to send the requested medical records?	<p>If there are extenuating circumstances, please contact ICRS Provider Services at 770-379-2322, Monday to Friday from 7:00 AM to 4:00 PM CST/CDT (6:00 AM to 3:00 PM MST/MDT). We will review requests for additional time on a case by case basis.</p>
2.8 What if I miss the deadline for submitting the medical records?	<p>You should send the medical records to ICRS even if the deadline has passed, and the audit will be conducted. Failure to submit the requested medical records may result in an administrative denial and recoupment of claim payments.</p>
2.9 What happens to the medical records at ICRS?	<p>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.</p>

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2.10 We would like medical record requests sent to a different name or address at our organization. How do we request this?	All address changes must be submitted in writing via email, fax or regular mail. ICRS will verify the information with Sunflower Health Plan and will make the correction in the ICRS system.
3. Audit Determinations	
3.1 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, after the requested medical records are received.
3.2 What coding references are used for ICRS Audit Determinations?	ICRS audits follow national correct coding standards, based on the ICD-9-CM and ICD-10-CM Official Guidelines for Coding and Reporting. These guidelines have been approved by the organizations that make up the Cooperating Parties for ICD-9-CM and ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). These guidelines are adhered to in “Coding Clinic for ICD-9-CM” published by the AHA, and future ICD-10-CM Coding Clinic publications.
3.3 What if 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.
3.4 When does ICRS inform Sunflower Health Plan of the audit results?	Sunflower Health Plan is notified of new audit results on a weekly basis.
3.5 What if I disagree with the Audit Determination?	If you disagree with the determination, you may submit a reconsideration request to ICRS, following the instructions in the letter. Requests for reconsideration must be submitted to ICRS in writing, with additional documentation to support the request.
3.6 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. Sunflower Health Plan will be notified of your agreement, and will apply a payment adjustment in accordance with the audit results. If the audit found your claim was incorrectly coded as inpatient, you will need to re-bill the claim as observation.
3.7 What if I do not respond to an Audit Determination?	If no response is received, Sunflower Health Plan assumes you agree with the Audit Determination and applies a payment adjustment.

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3.8 We would like Audit Determinations sent to a different name or address at our organization. How do we request this?	All address changes must be submitted in writing via email, fax or regular mail. ICRS will verify the information with Sunflower Health Plan and make the correction in the ICRS system.
3.9 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 770-379-2322.
4. Requests for Reconsideration	
4.1 Does ICRS handle requests for reconsiderations?	Yes, ICRS handles requests for reconsideration for audits conducted on behalf of Sunflower Health Plan.
4.2 Can I fax a request for reconsideration to ICRS?	Yes, you may fax your request for reconsideration, with supporting documentation to 855-848-2899. This fax is located in a HIPAA-secure location.
4.3 What is the time frame for requests for reconsiderations?	Sunflower Health Plan’s policy requires a written request for reconsideration with supporting documentation within 90 calendar days from the date of the Audit Determination letter. ICRS will send a Reconsideration Response within 30 business days.
4.4 What happens if I do not submit a request for reconsideration within the specified time frame?	If you do not submit a request for reconsideration within the specified timeframe, Sunflower Health Plan assumes you agree with the Audit Determination and will adjust the claim payment. If a request for reconsideration is received after the specified time limit, the original Audit Determination is upheld.