POLICY AND PROCEDURE

DEPARTMENT: Payment Integrity	**DOCUMENT NAME:** Equian for Clean Claim Reviews
PAGE: 1 of 3	**REPLACES DOCUMENT:**
APPROVED DATE: 11/1/2012	**RETIRED:**
EFFECTIVE DATE: 11/1/2012	**REVIEWED/REVISED: 11/2013,12/2014, 3/2016, 3/2017**
PRODUCT TYPE: All	**REFERENCE NUMBER:** CC.PI.04

SCOPE:
This policy applies to employees of Centene Corporation and its subsidiaries (collectively, the "Corporation").

PURPOSE:
The purpose is to define the requirements regarding the proper usage of Equian (formerly The Assist Group) or "TAG" for inpatient clean claim reviews.

POLICY:
It is the policy of the Corporation to comply with provisions set forth in the contract with the state in which they operate, and meet or exceed all requirements and timeframes outlined in the contract. In order to comply with these provisions, Centene has the fiduciary obligation to question facility charges prior to payment on a "clean claim" basis. Centene is also obligated to ensure compliance with applicable billing standards.

PROCEDURE:
1. Centene will review all hospital claims against established referral criteria to determine eligibility for Equian review.

   <u>Claim referral criteria-BEST PRACTICE (Plan-Specific criteria may apply)</u>
   Pre payment
   Inpatient claims > $50,000 payable charges
   Inpatient claims that hit DRG outlier
   Any other concerning claims

2. Using the above criteria, Centene will identify claims that are eligible for review and will send to Equian after performing Centene's initial review. The Equian Forensic Review is performed using the itemized bill. Medical records are requested when Equian finds them necessary.

3. Equian performs their review using the following criteria as a basis:
   - Providers cannot bill the same supply or service twice (sometimes labeled unbundling)
   - Provider's billed charges must "reasonably and consistently" relate to their underlying costs (CMS Provider Reimbursement Manual Section 2203)
   - Charges must constitute reimbursable benefits under the applicable plan

- Charges otherwise comply with Billing Guidelines promulgated through the CMS Provider Reimbursement Manual and the Uniform Billing Editor.
    - The billed acuity level (rev code) complies with the underlying resource consumption threshold specified in the Uniform Billing Editor

KEY CATEGORIES OF ERRORS AND DISCREPANCIES

- Unbundling
- Billing errors (i.e. pharmaceutical and implant markups exceeding 8 times presumed cost, double billing, data keying errors, etc)
- Level of care billed not consistent with underlying resource consumption/acuity
- Plan Benefit
    - Experimental therapies that are not reimbursable
- Quality of care issues – never events and hospital acquired conditions

4. Equian completes a Forensic Review Report, which lists all of the exceptions found on the claim, and sends to the Provider. Centene pays the clean portion of the claim per the Forensic Review Report recommendation within all timely payment requirements.

5. Equian will complete any claim appeal responses as necessary, will work with Centene and defend their findings on all resolution efforts with the providers. If, during the resolution process, any of the billing exceptions can be cleared up with medical records, invoices, doctor orders, provider contracts or billing policies, or other clinical information provided by the facility, those unpaid charges will be paid to the provider at that time.

REFERENCES: CC.PI.06 : Cost to Charge Adjustments on Equian Reviews-Medicare
CC.PI.07 : Equian Cost to Charge Adjustments Medicaid

ATTACHMENTS: Equian Forensic Review vs. Audit, Equian Adjustment Categories

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Please Sign and date on the lines provided (if applicable):

Corporate Vice President: __Signature on file_____ Date: _____