

HealthDataInsights (HDI) Frequently Asked Questions

Who is HealthDataInsights (HDI)?

HealthDataInsights (HDI) is the industry leader in health care claims integrity, fraud, waste, abuse, errors and overpayment identification and recoupment for a number of large health plans and Government (Medicare and Medicaid). HDI is the CMS Medicare Recovery Audit Contractor for Region D (17 western states), which includes Idaho, Oregon, Utah and Washington.

HealthDataInsights is led by an experienced management team and has a long track record in the claims integrity space, initially offering Hospital Bill Audits (HBA) in 1985 and DRG Validation services in 1988. HDI is the one stop vendor of choice for both public and private health care payers. HDI is a founding member of the American Coalition for Healthcare Claims Integrity (ACHCI). The ACHCI's mission is intended to foster the auditing of 100% of all health care claims in order to identify and correct all improper payments to health care facilities, providers and suppliers.

What audit processes will HDI perform?

HDI will perform complex reviews, a thorough review of a medical record for coding validation and hospital bill audit, where an onsite review is required. All complex reviews are performed by physicians, RN's and certified coders, with Corporate Medical Director oversight.

The identification of improper payments will occur for claims within 12 months of original payment date to Regence in a UB-04 format.

When will this begin?

The first letters will be sent on July 29, 2011 with subsequent letters following towards the mid to end of each month.

Who are the HDI contacts?

HDI Provider Services can be reached at:

- Phone: (866) 875-1749
- Fax: (702) 240-5581

What lines of business does this apply to?

This policy applies to group and Individual products, including Uniform Medical Plan (UMP), Federal Employee Program (FEP), BlueCard® Program and Regence MedAdvantage. It does not apply to our Medicare supplement plans, Regence Bridge.

What types of claims are part of these audits?

All claims that are submitted on a UB-04 from a hospital.

How will hospitals be contacted by HDI for audit requests?

Hospitals will be contacted via mail on a monthly basis. HDI's logo will appear at the top of their letters and the letter will indicate they are contacting the hospital on Regence's behalf. Hospitals will have 30 days to respond to the request.

Will the letters from HDI provide a specific contact name and phone number for the person the hospital will work directly with?

The HDI letters will include the phone number for the HDI Provider Service team. HDI Provider Services can be reached at (866) 875-1749.



Regence BlueShield is an Independent Licensee
of the Blue Cross and Blue Shield Association

How will hospitals communicate back to HDI?

Hospitals can submit medical records in any of the following ways:

1. ELECTRONIC TRANSFER (preferred method): Please submit in a PDF format via DVD or CD. Contact HDI to arrange to submit electronic medical records (EMR).
2. SECURE FAX: Fax to (702) 240-5581
3. MAIL HARD COPY:
 - Send the medical record documentation requested on the Pull List.
 - Make sure all pages are complete, legible, and include both sides and page edge, where applicable.
 - Attach a copy of the Pull List to the medical records and highlight the claim

Will hospitals receive a notification of the audit findings?

Yes, hospitals will receive a letter explaining the review and findings from HDI.

What audit process guidelines are used by HDI?

HDI uses guidelines that are consistent with the Centers for Medicare & Medicaid (CMS) Medicare Advantage guidelines.

What is the process if the provider does not agree with the findings?

After the audit is complete, hospitals will be notified of the audit findings. Hospitals will have 30 calendar days from the receipt of the letter in which to submit additional information to HDI and request a review of the findings. If additional information has not been submitted or the improper payment refunded to HDI within this timeframe, Regence will recover the overpayment(s) through deductions from future claim payment(s), if allowable under contract, applicable law or regulation.

If a hospital has a question about the audit who do they contact?

- Contact HDI at (866) 875-1749
 - Medical records should be faxed to HDI at (702) 240-5581 or mailed to:
HealthDataInsights
7501 Trinity Peak
Mail Stop #24M
Las Vegas, NV 89128
- All correspondence related to HDI letters should be faxed to HDI at (702) 24-0-5518

Can a hospital request payment for providing the medical records?

Medical records payment is dependent upon the terms of your hospital agreement.

If a hospital doesn't agree with HDI what is their appeal process?

First level appeals are available through HDI. Information on how to appeal will be included in HDI's findings letter to the hospital.

Second level appeals will follow our existing [Regence appeal process](#), based upon your hospital agreement. The appeal process can be found in the Claims & Billing section under Appeals at www.wa.regence.com/provider.

What are the timeframes for hospitals to appeal?

HDI will use existing [Regence appeal timeframes](#). The appeal process timeframes can be found in the [Administrative Manual](#) under Appeals at www.wa.regence.com/provider.