

Quality Review Tips!



Logically Contact Information:

- Business Hours (Monday through Friday 8:00am-5:00pm ET) 1-(866)-946-9638 option 1, Access Pin 221
- After Hours, Holidays & Weekends 1-(919) 856-2300 option 1

Vacation Requests: Please send to referralteam@bbabsence.com

Concerns/Comments/Requests: Please send to referralteam@bbabsence.com

July 12, 2023

Time Considerations

In order to meet our client needs, keeping with industry standards and as well as providing a gold standard quality report, the QR Team would like to share some “tips” on time considerations when reviewing a file.

FILE SIZE: Page count is one factor that impacts review time.

There are a number of considerations when assessing the impact of page count:

- Are all of the pages medical records? Often there is financial or contractual information contained in the record that can be quickly scrolled through.
- How dense is the medical information? Is the amount of medical detail on each page significant or do many pages include just a few notes or lab results?

FILE COMPLEXITY: The assessment of file complexity includes a number of considerations including:

- Co-morbidities
- Number of providers involved in care
- Subjectivity of diagnoses
- Obscurity of conditions requiring research

NUMBER OF ATTENDING PHYSICIANS TO CONTACT: Considerations include the need to contact by phone (with multiple attempts) and via letter, as well as the depth/length of the conversations.

NUMBER OF QUESTIONS TO BE ANSWERED: Considerations include the number and complexity of questions (standard vs. non-standard, multi-part, etc.).

CASE GUIDELINES:

- 1 hour is the equivalent of reviewing 90 pages of medical records.
- 1.0-1.5 hours is what we typically allow for *writing a report* – this can be increased based on the length of the report, the number of questions being asked, and the complexity of the conditions being assessed.

- 5 mins is allowed for each AP call attempt.
- 15 mins is allowed for each successful AP or co-reviewer call and conversation (this is sometimes increased as well, depending on the length of the call).
- 15 minutes is allowed for the preparation of each letter.
- **Example** 270 pages of medical records, with 1 AP call = 3 hours (review time) + 1.5 hours (report writing) + .25 (AP Call) = 4.75 total billable hours.
- You will always bill in quarter hour increments.

PLEASE NOTE:

- If your billing is above expected, we may contact you to discuss a reduction in billed time. We will bill the carrier as much as we reasonably can, given the file size and other variables, however, may ask you to share the additional time with us.
- New Consultants: While you are a new reviewer (or new to Brown & Brown Absence Services Group), we expect that it will take you a little more time than an experienced reviewer; however, please note we cannot pass the cost of your orientation / education on to the carriers.

Next Month we will share a tip on AP contact.

Please feel free to reach out to any of the Quality Review Nurses with questions on the QR Tips Qrteam@bbabsence.com

We hope this has been helpful and we welcome your feedback and questions.

Thank you,
The QR Team