Comagine Health

Alaska Medicaid 2024 Fall Provider Educational Session

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Comagine Health Educational Sessions

Objectives

- Review Updates to Comagine Health Provider Portal (CHPP) and Home Page
- Overview of Review Types
  - Imaging (IMG)
  - Inpatient (IP) & Outpatient (OP)
  - Surgical
  - Transplants
  - Diagnosis Related Group (DRG)
  - Retrospective
- Reminders and Tips
- Next steps following decertification

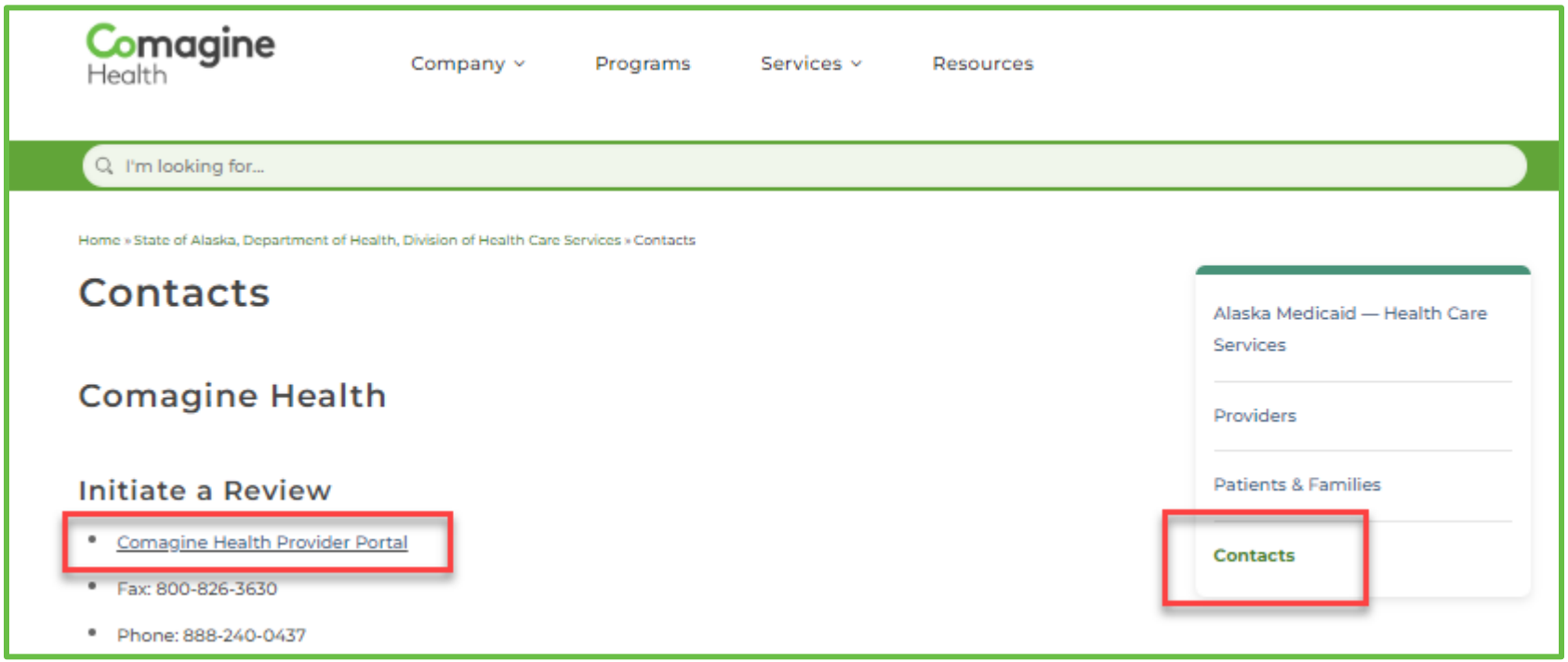
Utilization Management

- Review for medical necessity, appropriateness of treatment(s) and select procedures
- Utilize evidence-based criteria and organizational policies
  - 2024 InterQual®
  - Organizational policies
    - Developed by a multidisciplinary team (physicians and clinicians)
    - Support state, local and contractual expectations
- Screen for Case Management (CM) referral

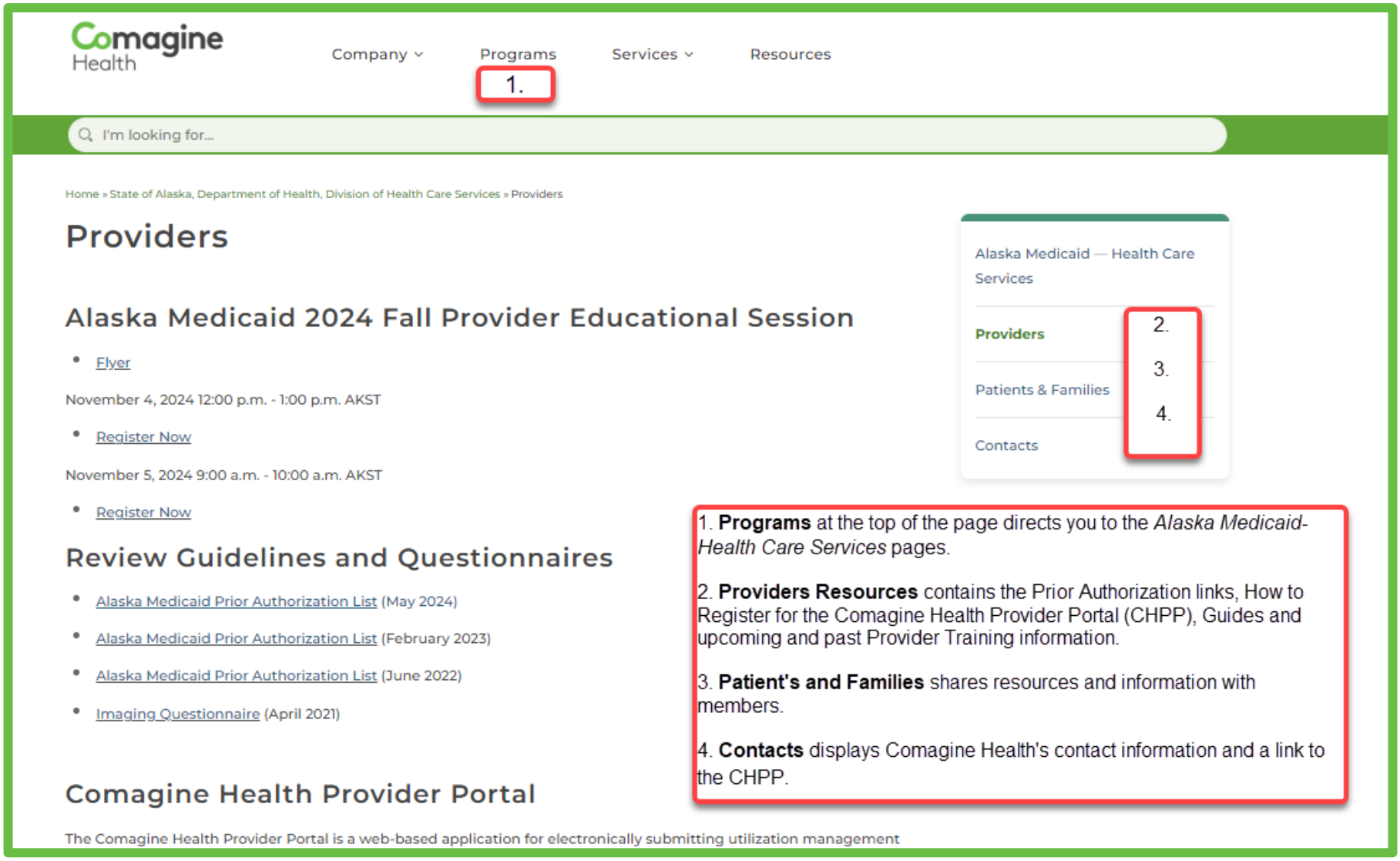
Utilization Management Process

Submit reviews within the CHPP

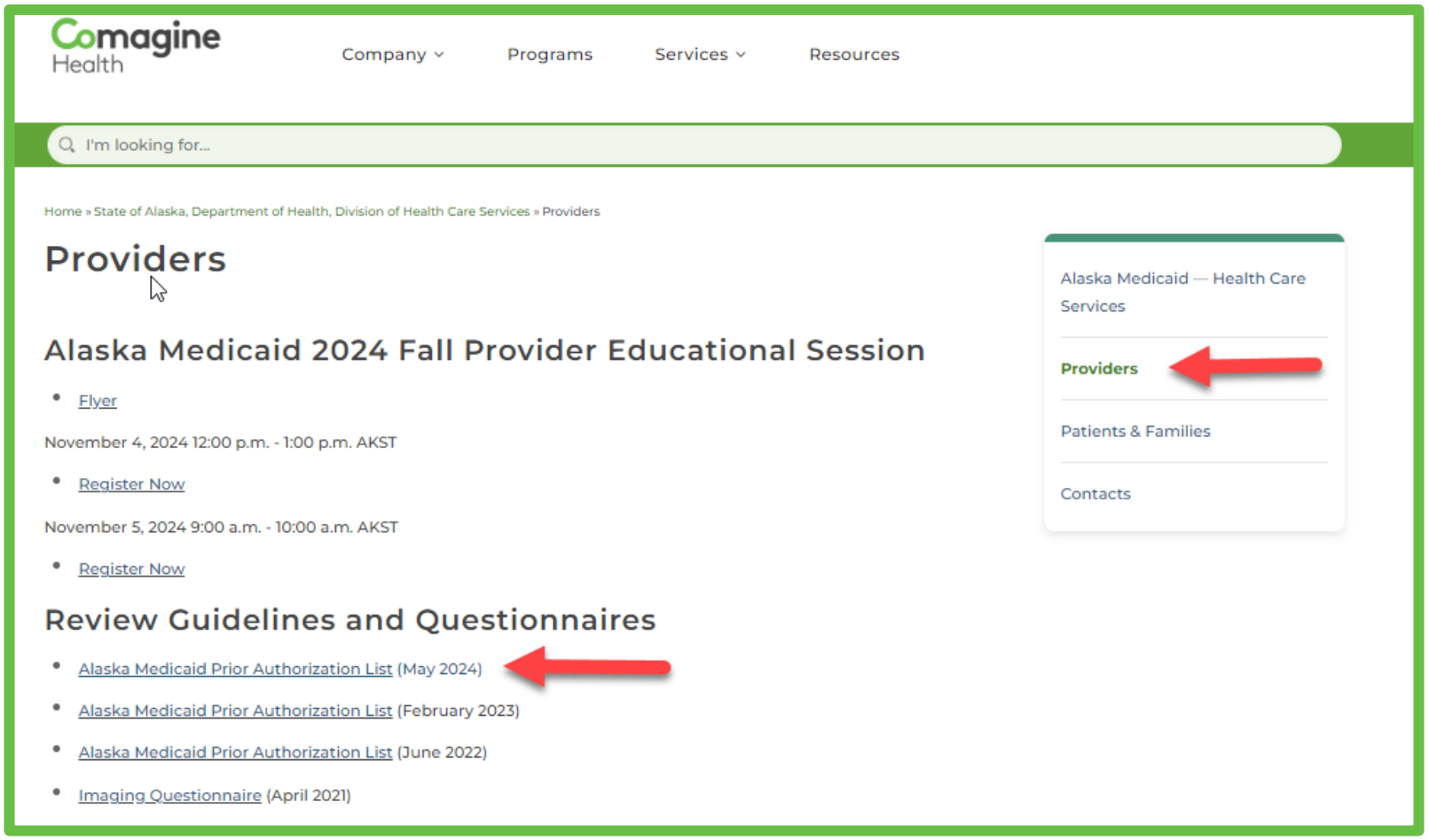
- Enhanced Communication
- Additional Information Requests
- Review Episode Status



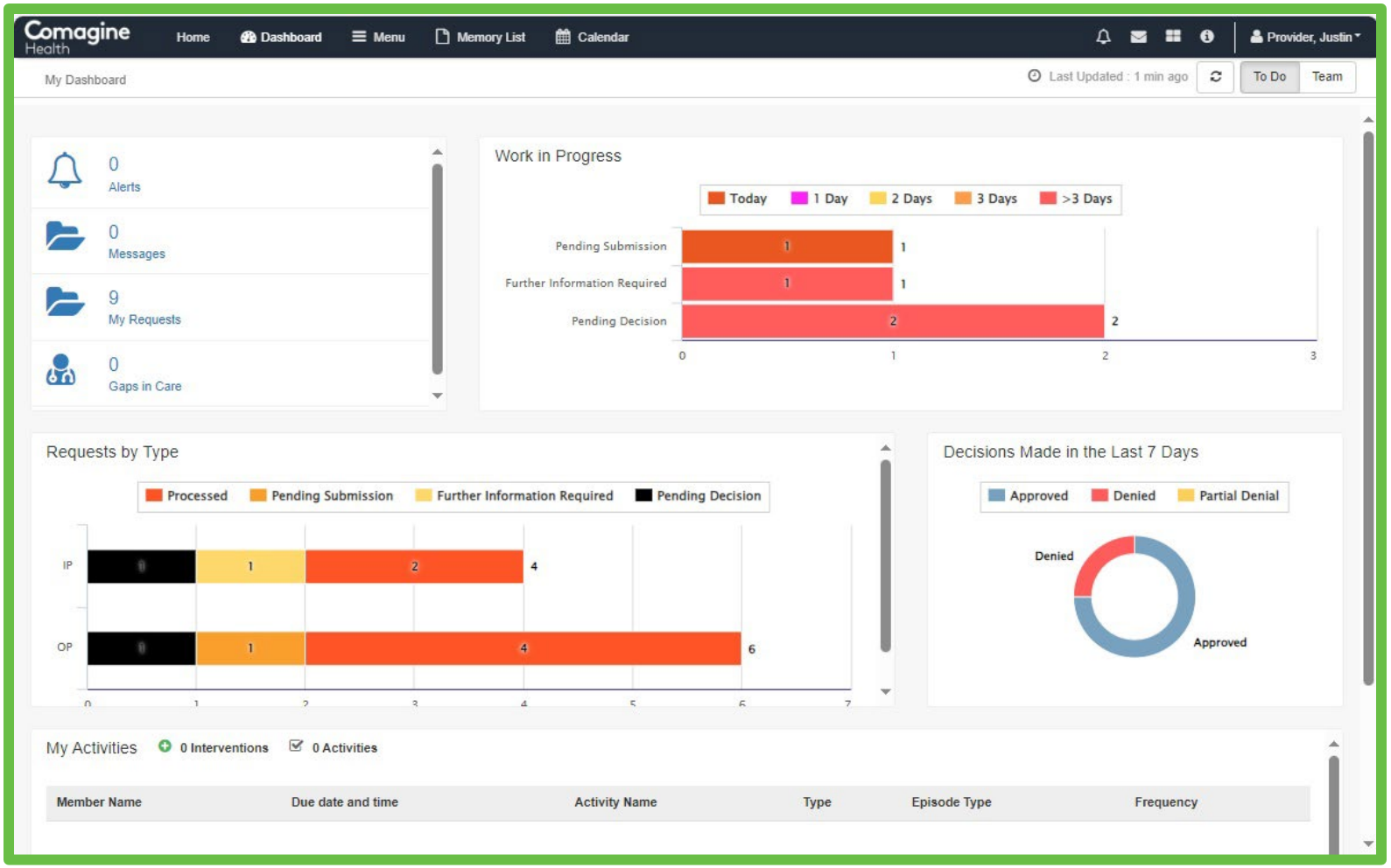
Provider Resources



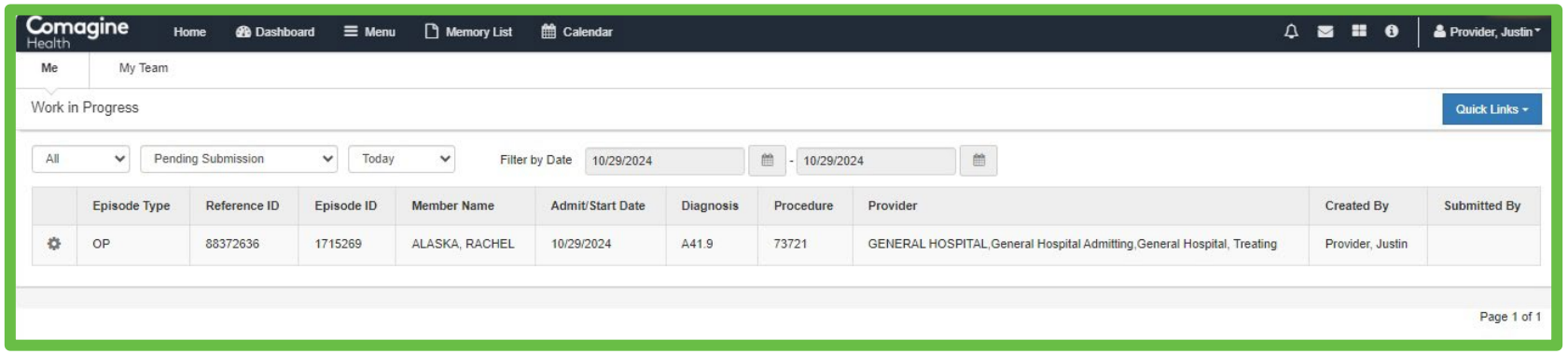
Locating Prior Authorization List

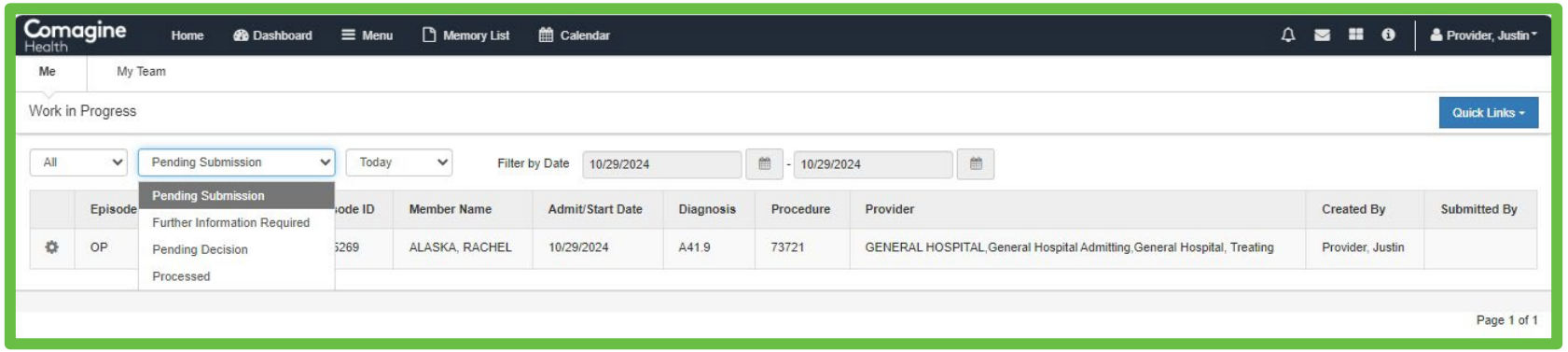


Provider Dashboard - To Do

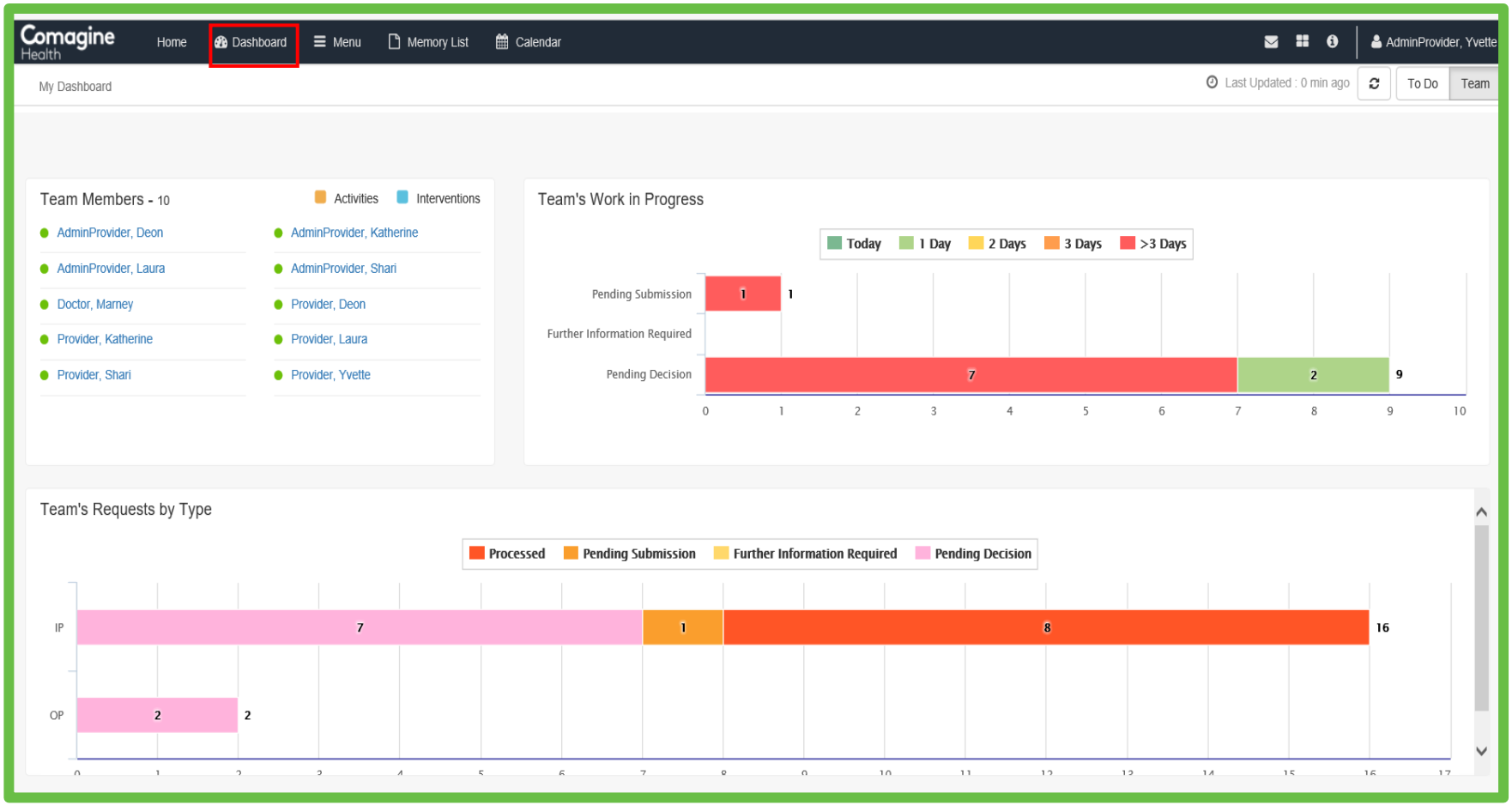


Provider Dashboard Links



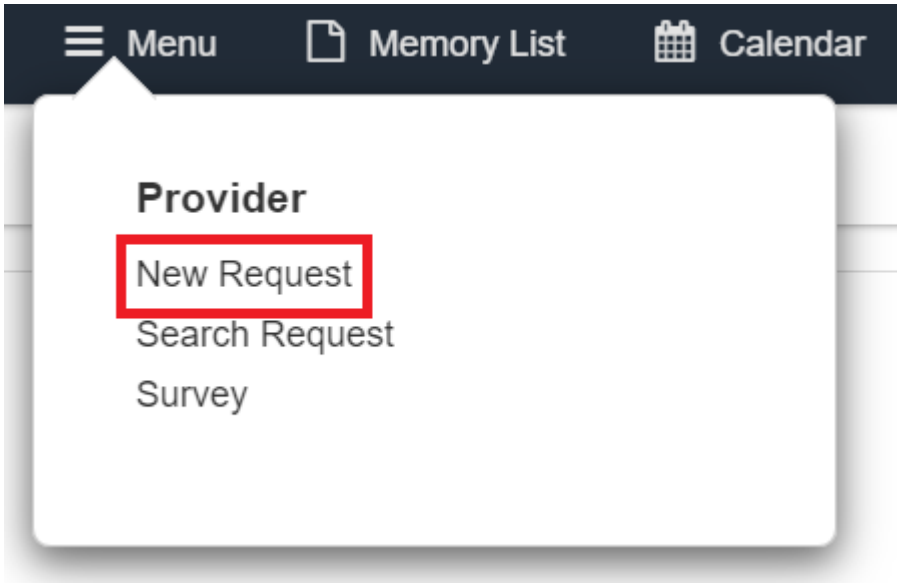


Provider Dashboard - Teams

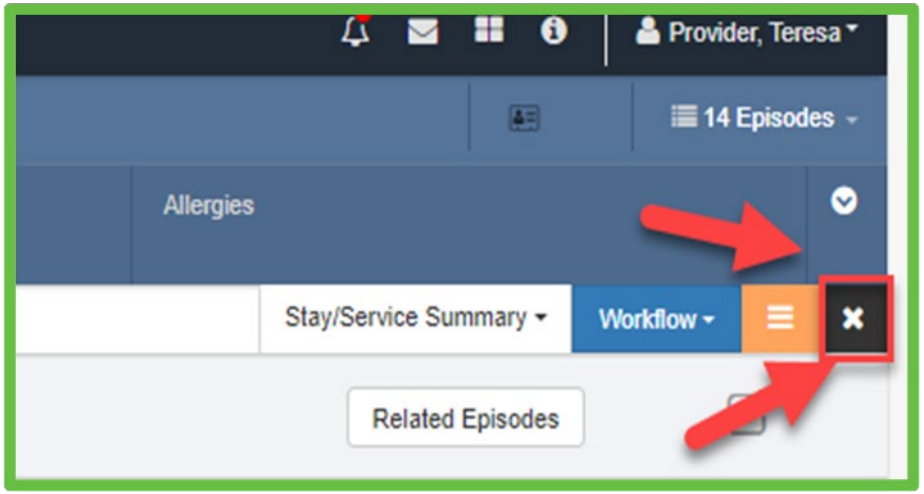


Provider Portal - Creating a New Request

- Note: The "Search Request" feature allows users to search for existing requests in Jiva, to determine duplicate status.
- If no results return during a Search Request, it may appear the patient is not in Jiva since there are no search results.
- If this happens, search for the patient using the "New Request" feature . Patients with no existing requests are only viewable by using the "New Request" feature.

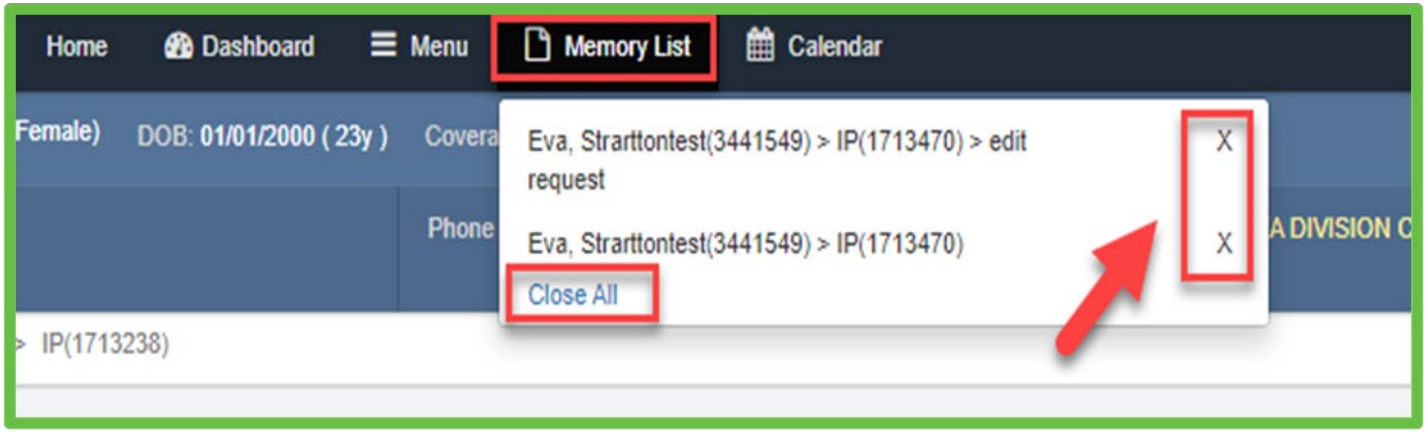


Provider Portal – Exiting a Case



Two steps to ensure you have exited a request

1. Click the BLACK ‘X’ in upper right corner of the case
2. Click your *Memory List* to see if the request is open in the background. Click the ‘X’ to completely exit the case



What to Submit with a Request

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When to Submit a Review?

- Alaska Medicaid prior authorization (PA) list
  - Contains procedures and services requiring PA
  - Available at www.comagine.org
  - Revision date located on PA list
- Three-day benchmark
- Imaging/Surgical
- DRG reviews
- Retrospective

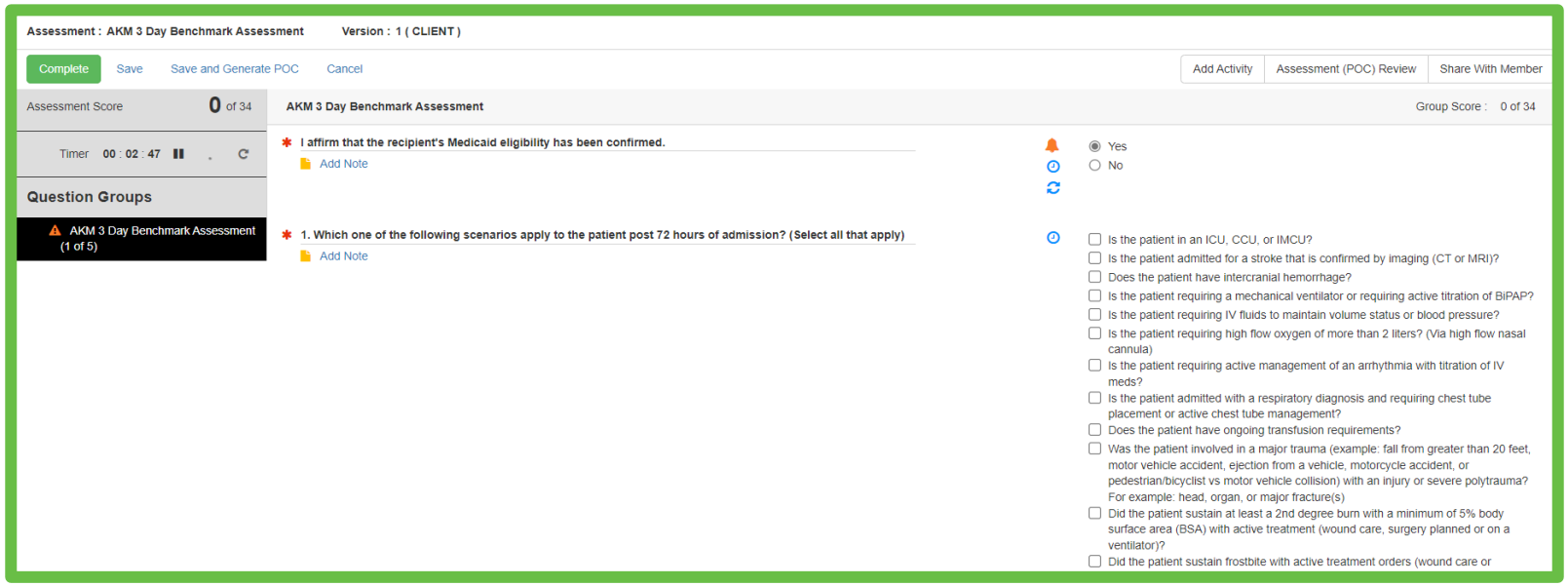
Acute Inpatient Benchmark Notification

Timeframes

- Admissions exceeding the three-day benchmark
- All codes included on the Alaska Medicaid PA List

Request details

- Initial IP requests require an assessment to be completed with supportive clinical details



Concurrent Review

Timeframe

- Follow next review date (NRD) information in request

Request details

- Targeted clinical for NRD and forward. Always include clinical for NRD.
- Facility confinement reaches the review date and discharge (DC) is unlikely or unknown
- Changes in clinical presentation
- DC date

DRG Reviews

Timeframe

- After inpatient services rendered and member is discharged
- Within timely filing status

Review details

- Submit required information
  - Admission clinical
  - Supportive clinical during stay
  - Discharge summary
  - Final diagnoses
  - Final procedural coding
  - Entire chart is not to be submitted

Retrospective Reviews

Timeframe

- After services rendered
- After discharge of IP services
- Within timely filing status

Review details

- Split bill authorizations
- Allows for timely Case Management (CM) referrals
- Entire chart is not to be submitted

Imaging Requests

Timeframe

- Valid for up to four months from the requested date once decisioned and approved
- Provider set the timeframe on each request up to four months

Assessments

- Assessment and trigger assessments completed with details
- Multiple IMG procedures allowed on one PA request if scheduled for the same date of service (DOS)
- One IMG request per assessment questionnaire
- Fillable assessment form on Comagine.org
- Repeat IMG details
- If additional IMG is completed on DOS, a new retrospective review request is required
- Correctly completed IMG questionnaires do not require any additional information or documentation

Surgical Requests

Timeframe

- Valid for 4 months once decisioned and approved

Request Details

- No assessment needed
- Detailed surgical plan required with all requests
- Staged surgeries on same admission vs separate admissions
- Observation vs IP status
- Code changes and adjustments post-surgery with operative report
- Surgeries at DRG facilities

Transplant Requests

Timeframe

- Valid for 6 months on OP authorization once decisioned and approved
- You must resubmit a new request with updated clinical if the transplant has not occurred

Request Details

- No assessment needed
- Outpatient (OP) auth for waitlist using a CPT code
- Inpatient (IP) auth for actual transplants using an ICD-10 code

LTACH and Rehab Requests

Timeframes

- Admissions are valid for 7 days from approval to admit
- Follow next review date (NRD) information for length of approval

Request details

- No assessment needed in Jiva
- Clinical within 1-2 days of request
- Targeted clinical for review

Helpful Information for Request Submissions

- Submit targeted clinical information with date, current interventions, changes in plan of care, expected length of stay (LOS) and discharge date
- Entire chart is not required for any request
- Word documents, PDFs and JPGs are acceptable attachment formats
  - Image format files (.tif) are not accepted
- Prevent decertification due to insufficient clinical information by responding to web requests for additional information

Utilization Management & Case Management Integration

- Most CM referrals are initiated internally
  - Medically complex patients
  - Support the discharge plan
  - Long acute inpatient stays
- Potential non-certifications are referred to CM
- CM referrals come from any source, i.e., discharge planners, LCSW, etc.



Options Following Non-Certification

All options	Details and information
Doctor-to-Doctor (DTD) consultations	• DTD is offered at the time of denial • Does not affect appeal rights • Also called a Peer-to-Peer consult • Request within 60 days of notice letter
Additional Information after decertification	• Does not affect appeal rights or the right for a DTD • Ideal for decertification based on lack of information • Request within 60 days of notice letter

Options Following Non-Certification, cont.

All options	Details and information
Expedited Appeal	• Only in inpatient cases involving urgent care • Provider to submit request via the provider portal • Decision within 72 hours • Entire record is not to be submitted
Standard Appeal	• Submit via the provider portal or fax • Are completed internally and externally (peer matched) • Entire record is not to be submitted

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Options Following Non-Certification, cont.

Options	Details and Information
Second-level appeal to the Division of Health Care Services (DHCS)	• Written and postmarked to the State of Alaska within 60 days of the date of the first level appeal decision by Comagine Health
Fair Hearings	• Recipients' responsibility to request

Comagine Health Website Provider Resources

1. Go to http://www.comagine.org
2. Click on Programs
3. Under Alaska Medicaid-Division of Health Care Services click *Learn more* for specific information
4. Additional pages in the right navigational box

State of Alaska, Department of Health Services, Division of Health Care Services | Comagine Health

Comagine Health Provider Portal Web-Based Utilization Management

Registration and CHPP support

- CHPP registration packet located on our website
  - Fax to (800) 826-3630
- CHPP support contact

Comagine Health Phone: (800) 783-8606	Email
Teresa Kirn RN IQCI Sr. Clinical Nurse Manager	TKirn@comagine.org
Justin Ordonez Intake Representative Supervisor, Care Management	Jordonez@comagine.org

Comagine Health Contact Information

Utilization Review

Toll-free phone
(800) 783-9207

Toll-free fax
(800) 826-3630



Utilization Review Hours

6:30 am to 5:00 pm Alaska Time
Monday through Friday

Utilization Management Questions



Thank you!

https://www.surveymonkey.com/r/SD6N9J3

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