Alaska Medicaid Acute Psychiatric Inpatient Diagnosis Related Group (DRG) Authorization Process

Comagine Health Educational Session

April 16, 2024

Objectives

- DRG Reimbursement Information
- Impacted Facilities
  - Per Diem Reimbursement
  - DRG Reimbursement
- When, What and How to Submit
- DRG Submissions via Comagine Health Provider Portal (CHPP)
- Noncertification Process

DRG Reimbursement

Effective, January 1, 2024, Alaska Medicaid's fiscal agent, HMS Gainwell Technologies, began paying Alaska Medicaid inpatient hospital claims for specific facilities through a DRG reimbursement system, rather than the previous per diem payment system.

- Alaska Medicaid will pay the facility for a procedure or a diagnosis rather than the length of stay in the hospital.
- DRG facilities will submit once for an authorization review.
- Intra-facility transfers from an acute medical to acute psychiatric unit will be processed at time of discharge as medical.
    - Including all pertinent information for the IP acute stay.

Impacted Acute Care Facilities

Per Diem Facilities

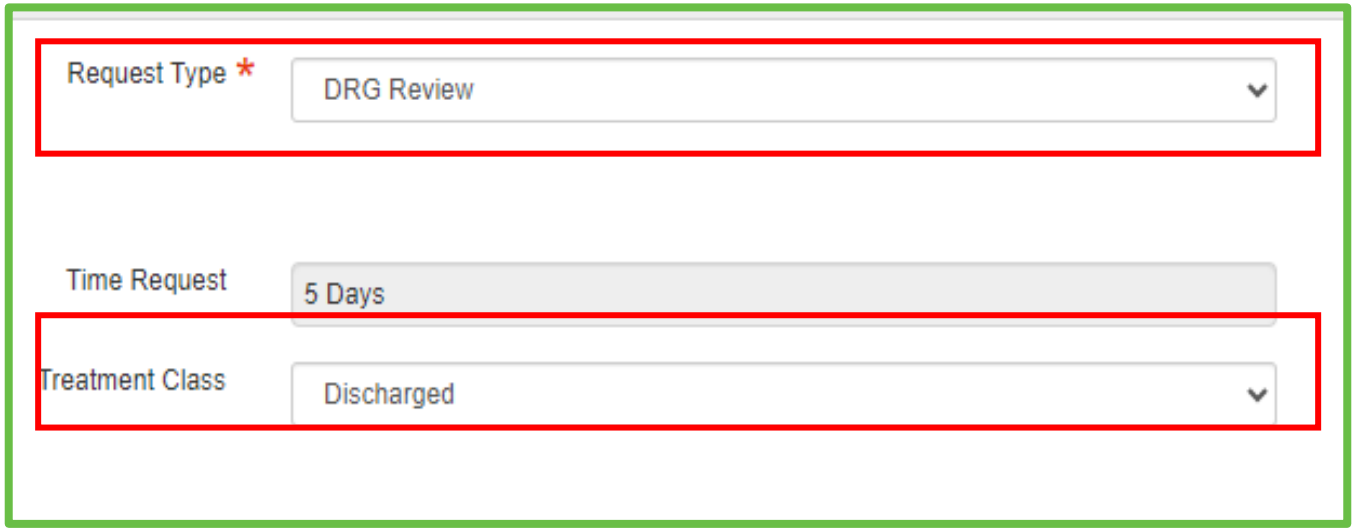
- Critical Access Hospitals
- Indian Health Hospitals
- Specialty Hospitals (i.e., Alaska Psychiatric Institute)

DRG Facilities

- Alaska Regional Hospital
- Bartlett Regional Hospital
- Central Peninsula Hospital
- Fairbanks Memorial Hospital
- Mat-Su Valley Medical Center
- Providence Health Alaska
- ALL acute out of state facilities

Submitting a DRG Review

- **<u>When</u> to submit:**
  - One submission after the patient has discharged (DC) is required
  - For all acute *Psychiatric and Medical* requests
  - Intra-facility transfer for acute medical to acute psychiatric only require one submission at time of DC
- **<u>How</u> to submit in Jiva:**
  - Jiva case creation
    - Select **Request Type***- *DRG Review* from dropdown
    - **Treatment Class-** select *Discharged* from dropdown
- **DRG requests reviewed within 5 days**



What to Submit in a DRG Request

What to submit:

- Completed AK Provider Initial Assessment
- Completed AKBH Admission Assessment
- Admission date and discharge date
- Discharge diagnosis
- Discharge summary
  - To include an overview of what took place while inpatient and progress made
- Any relevant clinical (MSE, therapy notes,etc.)

Helpful Information

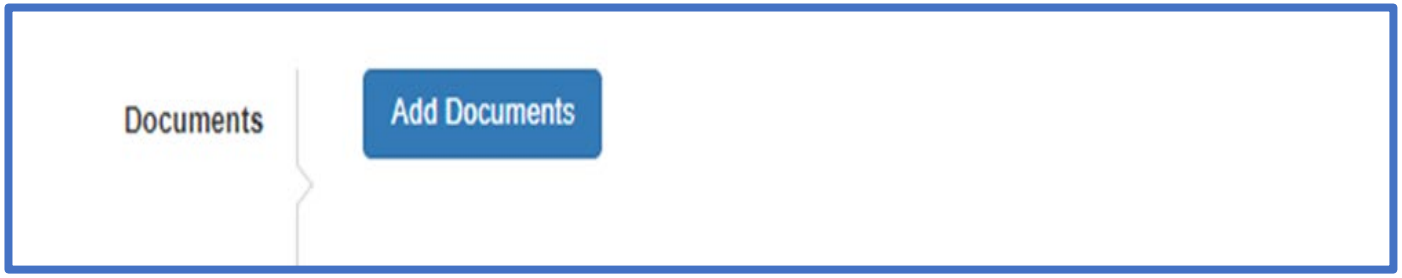
- Submit targeted clinical information with admit and discharge dates and patient identifiers
- The discharge summary should include clinical information that supports medical necessity for the length of stay such as treatment, client presentation, etc.
- Entire chart is not required for any PA request
  - If additional information is required you will be notified via the CHPP
- Word documents, PDFs and JPGs are acceptable attachment formats
  - Image format files (.tif) are not accepted

Documents

Documentation requirements include:

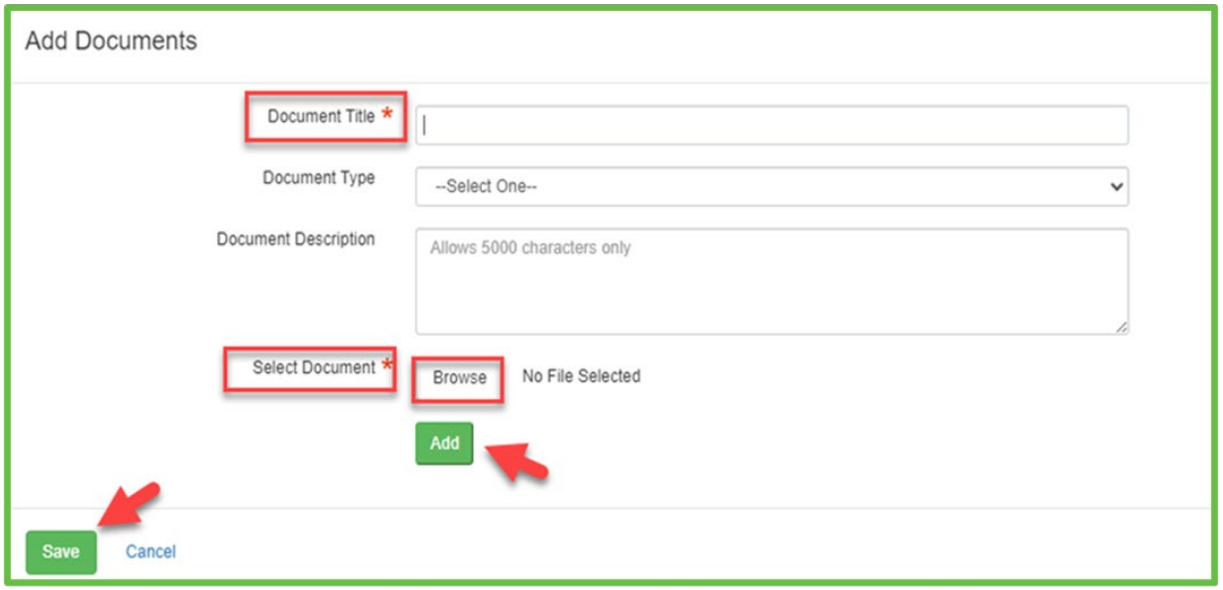
- Discharge summary
- Admit and discharge date
- Discharge Diagnosis
- Any relevant clinical (MSE, therapy notes, etc.)

- Click on blue Add **Documents** button



Documents, continued

- Document Title*: Enter name of the document
- Document Type: optional to select
- Document Description: Leave Blank
- Select Document* by clicking browse button
- New window opens to select document
- Select green **Save** button



Appeals and Options Following Non-Certification

All options	Details and information
Doctor-to-Doctor (DTD) consultations	• DTD is offered at the time of denial • Also called a Peer-to-Peer consult • Request for DTD must be received within 24 hours of notice
Additional Information	• For Technical Denials based on lack of information • Re-reviewed upon receipt of information submitted in new episode of care • Does not affect appeal rights or the right for a DTD

Appeals

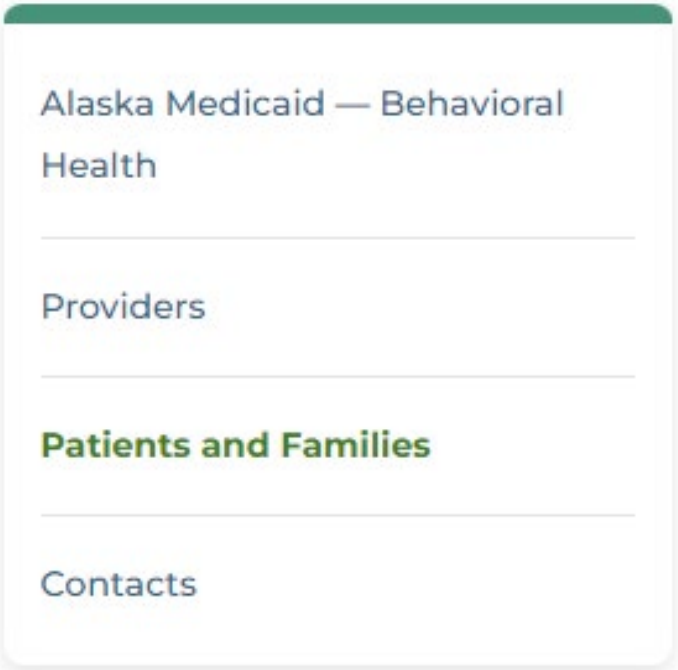
Options	Details and Information
Expedited Appeal	• ONLY in a case involving urgent care • Person must be inpatient (IP) status • Provider to submit request via the provider portal • Decision within 72 hours • Entire record is not to be submitted
Standard Appeal	• Submit via the CHPP (preferred) • Are completed internally and externally (peer matched) • Must decision within 30 days • Entire record is not to be submitted

Appeals, continued

Options	Details and Information
Second-level appeal to the Division of Behavioral Health	• Written and postmarked to the State of Alaska within 60 days of the date of the first level appeal decision issued by Comagine Health
Fair Hearings	• Recipient or guardian's responsibility to request

Comagine Health Website Provider Resources

1. Go to http://www.comagine.org
2. Click on Programs
3. Under Alaska Medicaid-Behavioral Health click *Learn more* for specific information
4. Additional resources located via the right navigation panel
   - Providers
   - Patients and families
   - Contacts



Comagine Health Contact Information

Utilization Review

Phone
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(877) 200-9046

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Visit the Alaska Medicaid — Behavioral Health website

Questions?

