Comagine Health

2021 Spring Provider Training

Physical Rehabilitation Intra-Facility Transfer Review Process and Appeals

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Qualis Health & HealthInsight
have joined forces to do great things.



Together, we're reimagining health care.

Who We Are:
A national, nonprofit, health care consulting firm working collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system

Our Mission:
Together, with our partners, we work to improve health and to create a better health care system so that people and communities will flourish.

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About Us

- Our services:
  - Care Management
  - Systemwide Quality Improvement
  - Consulting and Research
  - Health IT and Analytics
- Providing care management to Medicaid and private contracts since 1984
- Office locations in Alabama, Alaska, California, District of Columbia, Idaho, Mississippi, Nevada, New Mexico, Oregon, Utah, and Washington state

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What We Do

- Contract with Alaska Medicaid to review for select services:
  - Imaging (IMG)
  - Pre-service surgical procedures
  - Initial and Concurrent inpatient reviews
  - Retrospective inpatient and outpatient reviews
- Utilize InterQual® (IQ), state guidelines, and organizational policies to conduct reviews
- Offer web-based and telephonic provider education

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What We Don’t Do

We do not receive financial incentives to deny or limit services

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Objectives

- Intra-Facility Transfers
- Review Documentation Requirements
- Authorization Approval Time Frames
- Appeals
- Review Provider Resources

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Coming Soon! Intra-Facility Single Authorizations

Physical Rehabilitation Transfer Reviews

- There are two types of transfers: intra-facility and inter-facility.
- Both require a new physical rehabilitation pre-service review.

Definitions

- **Intra-facility Transfer** is a transfer from a medical/surgical unit in a facility to a physical rehabilitation unit within the same facility. Effective August 30, 2021, a new review will still be required for the rehab admission, however, a new authorization will not be required.
  - Once approved, the internal transfer will remain on the original acute inpatient episode of care until discharge.
  - Both the acute care and the rehab admission will have the same authorization number.
  - A review is not required for transfers to other types of medical/surgical units (e.g., ICU, CCU) within the same facility.
- **Inter-facility Transfer** is a transfer from one inpatient facility to another inpatient facility. The receiving facility initiates a new review for each inter-facility transfer. Thus, each facility has a unique certification number to use on the claim form.

Utilization Management Process

- Comagine Health Provider Portal (CHPP)
  - Submit reviews
  - Communications
  - Additional information requests
  - Review episode status



Submitting Intra-Facility Requests

- This is specifically for facilities that complete internal transfers from acute medical to acute rehab stays.
- This applies to retrospective acute medical with an intra-facility rehab stay.
- Example effected providers:
  - Providence Alaska Medical Center
  - St Elias Specialty Hospital
  - Alaska Regional Hospital
  - Harborview Medical Center
- Additional detailed training session to be announced for mid/late July 2021.
- Invitations will be sent out three weeks prior to training.

Authorization Approval Time Frames

- Acute medical reviews should follow the 3-day benchmark or the hot list for submission details
- Long term acute care hospital (LTACH) and rehabilitation (rehab) transfer admissions are valid for 7 days
  - After 7 days from the decision, a new request is required if not admitted to post acute care

Documentation Requirements

- Submit targeted clinical information
  - Dated progress notes for scheduled review
  - Treatment Plan with any changes included
  - DC plan and expected length of stay
- Entire chart is not required
- Assessment completed for initial acute medical stay only
  - If requesting more than 5 days on the IP stay, do not complete the assessment
  - Submit number of days you are requesting in the web note
- Word documents, PDFs and JPGs are acceptable attachment formats.
- Image format files (.tif) are not accepted

Appeals and Options Following a 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 in lieu of a DTD	• Does not affect appeal rights or the right for a DTD • For denials based on lack of information • Request within 60 days of notice letter

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Appeals

Options	Details and Information
Expedited Appeal	• ONLY in a case involving urgent care • Person must be an inpatient (IP) • Providers to submit via the portal • Decision within 72 hours
Standard Appeal	• Are submitted via the CHPP is preferred. • Are completed internally and externally • Must decision within 30 days

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Appeals, continued

Options	Details and Information
Second-level appeal to the Division of Health Care Services (DHCS)	• Within 60 days to the State of Alaska
Fair Hearings	• Recipients' responsibility to request

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Appeal Documentation Details

- Submit clinical information specific to the denial decision and rationale
  - Clinical is not needed for dates or services already approved
- Upload clinical to the clinical documents tab (preferred)
  - Attach documents in categories and label records
  - For example, History and Physical (H&P), Clinical Note/Date, Plan of Care
- Suggested clinical:
  - MD orders/progress notes with exam, vital signs, ancillary results and plan of care
  - H&P if applicable and not submitted prior to appeal request
  - Discharge Summary (DC) if not submitted prior to appeal request

- The entire chart is not required and should not be submitted.

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Utilization Management (UM) & Case Management (CM) Integration

- Most CM referrals are initiated from UM reviews
  - Medically complex patients
  - Support the DC plan
  - Long acute inpatient stays
- Potential non-certifications are referred to CM



Comagine Health Website Provider Resources

1. Go to http://www.qualishealth.org
2. Hover mouse over **Healthcare Professionals** (top of page)
3. Select **Alaska Medicaid - Division of Health Care Services**

http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-health-care-services

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
    - Teresa Kirn, Comagine Health, Clinical Manager and Yvette Stratton, Senior Director
    - Email: Tkirn@comagine.org and ystratton@comagine.org
    - Phone number: (888) 240-0437

Comagine Health Contact Information

Utilization Review

Toll-free phone
(888) 240-0437

Toll-free fax
(800) 826-3630

Utilization Review Hours

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



Utilization Management Questions

