Comagine Health

Alaska Medicaid 2022 Spring Provider Education for Inpatient Services

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

Comagine Health

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, 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

- Review Comagine Health Provider Portal (CHPP) and Splash Page
- Provider Portal Access
- Prior Authorization (PA) list
- Specific procedures
- Rehabilitation and Acute Intra-facility Transfer
- Additional Information, Doctor to Doctor and Appeal Requests

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Utilization Management

- Review for medical necessity, appropriateness of treatment and select procedures
- Utilize evidence-based criteria and organizational policies
  - 2020 InterQual® criteria
  - Organizational policies
    - Developed by a multidisciplinary team
    - Support local and contractual expectations
- Screen for Case Management (CM) referral

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Utilization Management Process

- Submit reviews within the CHPP
  - Communication
  - Additional Information Requests
  - Review Episode Status



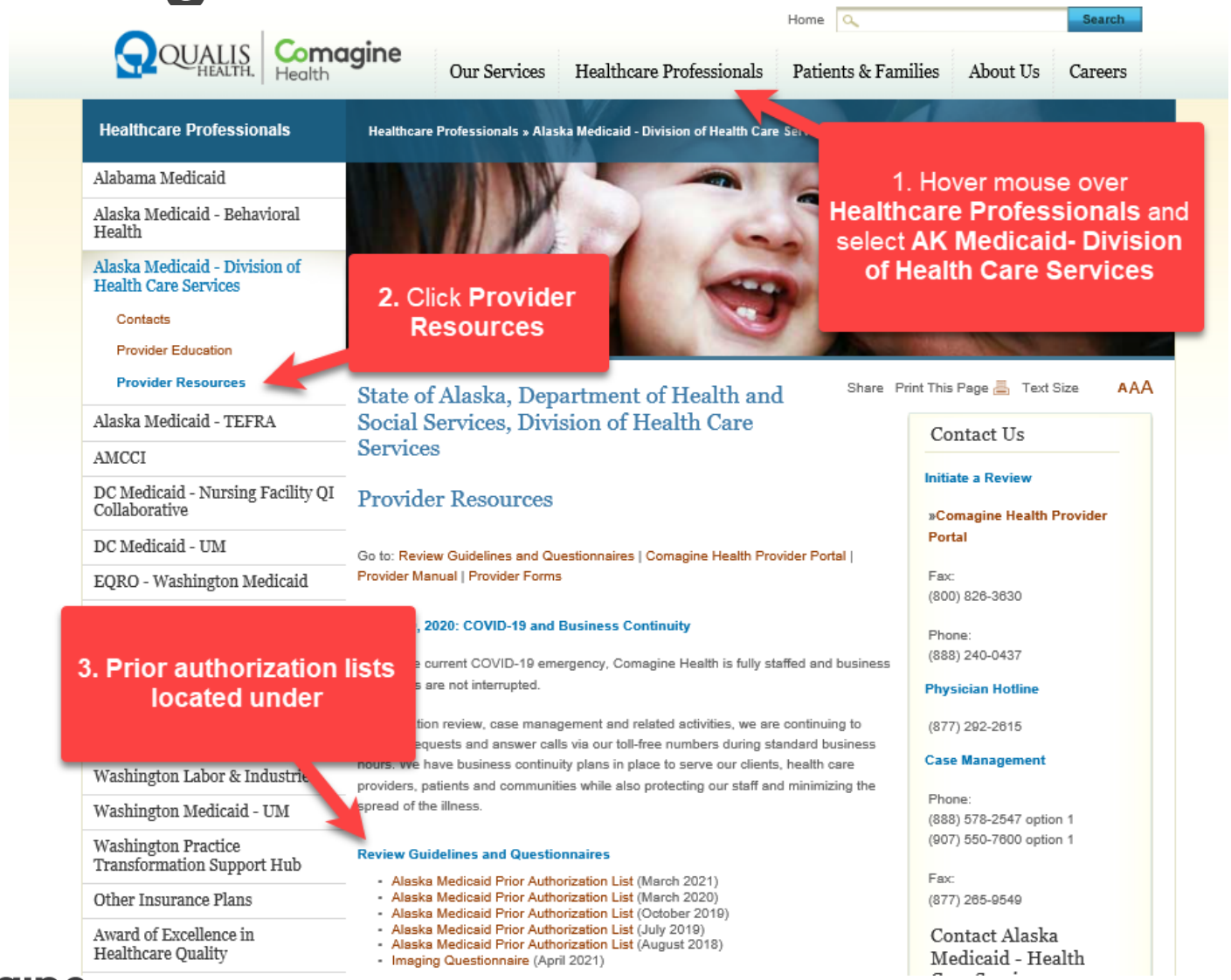
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Provider Portal Transition for Jiva

- Effective 6/15/22 Internet Explorer 11 (IE11) will no longer be available from Microsoft.
- Google Chrome is not a supported browser and should not be used. While it may seem to be functioning normally, errors occur after submission, causing delays in processing and sometimes necessitating a case to be voided and reloaded.
- Comagine Health recommends using the Microsoft Edge browser to access our Provider Portal. If you have questions or encounter any issues, please call 888-240-0437.

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Locating Prior Authorization List



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Pre-Service Approval Time Frame

- Surgeries and procedures are valid for four months from the requested date of service
- Outpatient (OP) Transplants are valid for six months from the requested date of service
- Long term acute care (LTAC) and rehabilitation (rehab) admissions are valid for 7 days

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Prior Authorization (PA) Tips

- Reviews are required for:
  - Admissions exceeding the three-day benchmark
  - All codes included on the Alaska Medicaid Prior Authorization List
- Initial IP requests require an assessment to be completed

Assessment Summary Report	
I affirm that the recipient's Medicaid eligibility has been confirmed. :	Yes
1. Which one of the following scenarios apply to the patient post 72 hours of admission? (Select all that apply) :	Is the patient admitted with a respiratory diagnosis and requiring chest tube placement or active chest tube management? Is the patient in an ICU, CCU, or IMCU? Is the patient requiring IV fluids to maintain volume status or blood pressure?
Affirm that the submitted clinical documentation supports the requested stay/service(s) and are medically necessary and consistent with the recipients current level of impairment. :	I affirm
Acknowledge the services are subject to post payment review of medical necessity and completeness of documentation according to Medicaid program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules. :	I acknowledge
Acknowledge that approval of this authorization request does not guarantee payment. :	I acknowledge

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Prior Authorization Tips, cont.

- To prevent delays, submit targeted clinical progress notes, with dates included, for scheduled reviews
- Do not submit the whole chart
- Prevent decertification due to insufficient clinical information by responding to web requests for additional information
- Confirm 3rd partly liability and insurance verification

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Concurrent Review

- Three-day benchmark
- Facility confinement reaches the review date and discharge (DC) is unlikely or unknown
  - Coordination with CM
  - Administrative wait days
- Changes in clinical presentation

Concurrent Review Tips

- Submit targeted clinical information:
  - Dated progress notes for scheduled review
  - Include changes in the treatment plan
  - DC plan and expected length of stay
  - Entire chart is not required
  - Word documents, PDFs and JPGs are acceptable attachment formats
  - Image format files (.tif) are not accepted

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Inter-facility Transfers

- Single confinement authorizations for intra-facility transfers for the following:
  - Acute to rehab or rehab to acute
  - LTACH to rehab or rehab to LTACH
- Testing is still in progress
- Individual training to be arranged for the new process

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Retrospective Reviews

- Reviews after services have been rendered
  - Retrospective eligibility
  - Retrospective late review
  - Avoid split bill authorizations
- Timely submission
  - Avoid delays and data entry errors
  - Enhance collaboration
  - Improve timely processing
  - Identify referrals for CM

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Retrospective Reviews, cont.

- Submit specific targeted clinical information
  - Physical exam findings, clinical presentation, treatments and acute interventions
  - History and physical, medication list and current progress notes for all disciplines (LTACs and rehab)
  - DC summary
- Additional information may be requested for retrospective reviews
- Entire chart is not required for retrospective or any other type of review
- Non-reviewed days from an appeal

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Appeals and 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 (previously called 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 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

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Appeals, continued

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

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Utilization Management & Case Management 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



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Case Management Programs

- Alaska Medicaid
  - Most referrals come from Comagine Health's utilization review program
  - Providers can call (888) 578-2547 to get information on the program or make referrals to case management

- Alaska Medicaid Coordinated Care Initiative (AMCCI)
  - Case management referrals are approved by the Division of Health Care Services
  - Providers can call to make case management referrals and get information about the program by contacting Grace Ingrim at (907) 550-7610.

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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

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Comagine Health Provider Portal Web-Based Utilization Management

- Registration and CHPP support
  - CHPP registration packet located on our website
    - Email to addresses below for fastest access
  - CHPP support contact

Comagine Health Phone: (800) 783-8606	Email
Teresa Kirn RN IQCI Clinical Nurse Manager	TKirn@comagine.org
Yvette Stratton Senior Director, Care Management	Ystratton@comagine.org

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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

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Utilization Management Questions



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Thank you!