Comagine Health

Alaska Medicaid 2022 Spring Provider Education for Outpatient Services

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Clinical Manager
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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
- 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



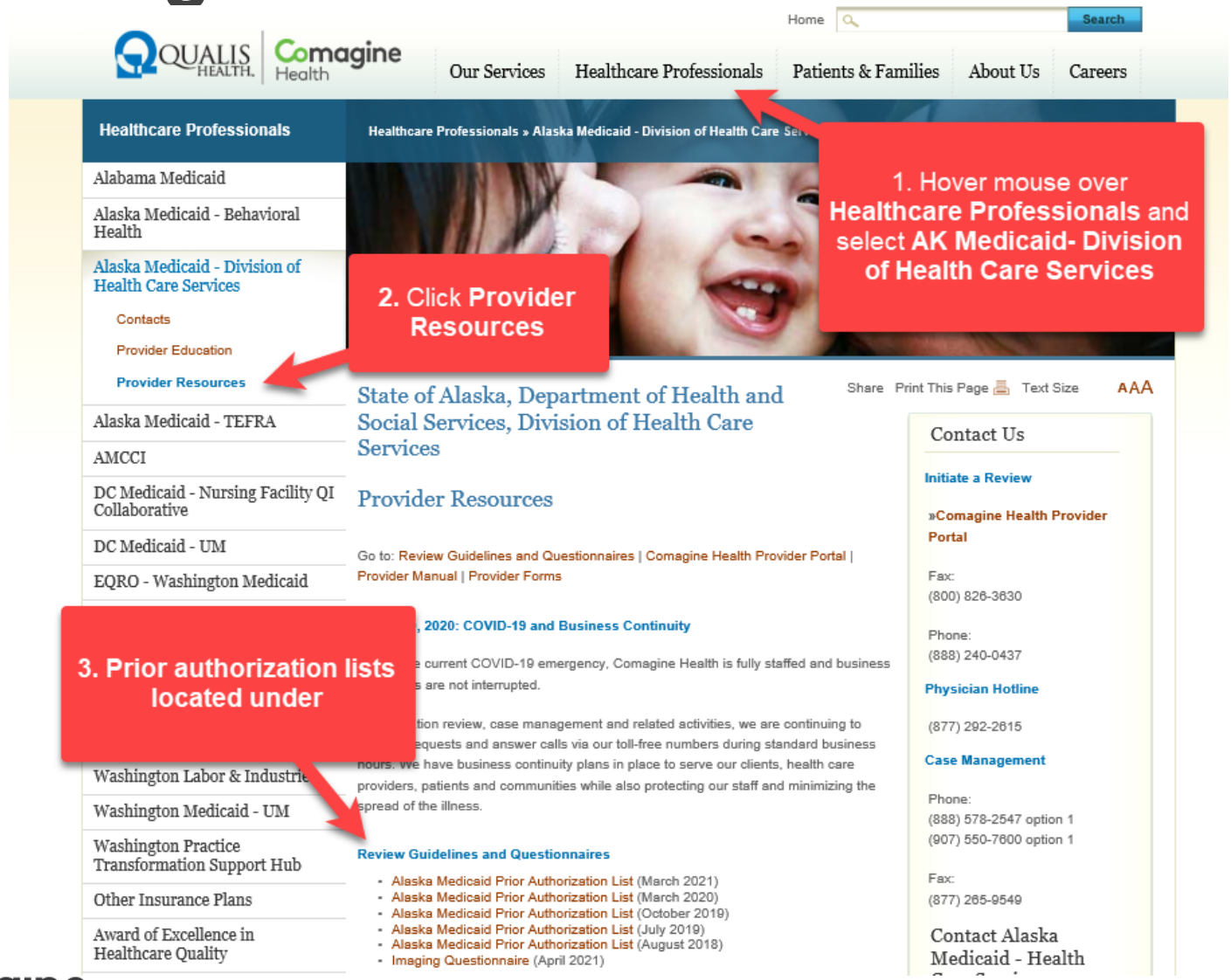
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Provider Portal Transition for Jiva

- 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

- Imaging (IMG) authorizations
  - Valid for four months from the requested date of service
  - Provider can set the timeframe when submitting the request
- Surgeries and procedures are valid for four months from the requested date of service
- Transplants are valid for six months from the requested date of service (outpatient (OP) authorizations)

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Imaging Pre-Service Reviews

- Multiple IMG procedures allowed on one PA request if scheduled for the same date of service (DOS)
- If additional imaging is completed on same DOS, a new retrospective review request is required
- One IMG request per assessment questionnaire
- Clinical information for all requested studies *must* be submitted in order to complete the review
- Additional clinical documentation may be submitted via the CHPP
- Entire chart is not required for any review
- Confirm 3rd party liability and insurance verification

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How to Avoid Additional Information or Clarification Requests

- Ensure the requested imaging code, patient's diagnosis and imaging assessment match
- Correctly completed IMG questionnaires do not require any additional information or documentation
- There is a fillable Imaging Assessment that can be shared with providers to complete for the imaging facilities
- Identifying when and why repeat imaging is requested
- Changing facilities will require a new request

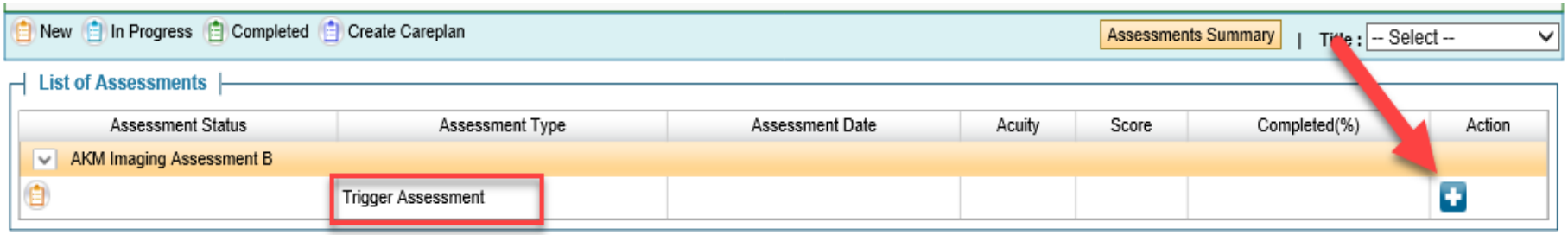
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Imaging Assessments

Assessment Summary Report	
1. Is the imaging procedure being requested, for a work-related injury? :	No
2. Is the imaging procedure for an injury? :	No
3. What imaging procedure is being requested? (select ONE) :	MRI
4. Imaging procedure being requested to assess: (select ONE) :	Lumbar Spine
5. Reason for the requested imaging procedure: (include follow-up, pre/postop, accident, rule out dx, differential dx, etc.) :	Back pain started about 6 weeks ago after helping to position a pumpkin on a flat bed trailer before the state fair. Possible herniated disk.
6. Previous Care completed: (select all that apply) :	HEP (Home Exercise Program) Imaging Medications Physical/Occupational Therapy
Date HEP was completed: :	09/16/2019
Was HEP effective in reducing your symptoms? :	No
Date imaging was completed: :	08/05/2019
What type of imaging test? :	X-ray
What body part and results: :	Lumbar ray- non diagnostic for etiology of pain, no fractures
Type of medication: :	NSAIDS (nonsteroidal anti-inflammatory drugs) or Acetaminophen
NSAIDS or Acetaminophen - date medication was completed: :	09/16/2019
NSAIDS or Acetaminophen - duration and results: :	Patient has been seeing his primary care provider since the injury. Immediately started on NSAIDs and PT. He has been working at a modified/light duty status since injury. He has been taking NSAID daily since injury (for the past 6 weeks). They take the edge off the pain only.
Date therapy was completed: :	09/16/2019
What body part and how many weeks duration? :	Pto for back for hte past 6 weeks lumbar spine for the past 6 weeks at ABC PT office
Was therapy effective in reducing your symptoms? :	No
7. Current treatment: (select all that apply) :	HEP (Home Exercise Program) NSAIDs or Acetaminophen Ordered
8. Brief description of the patients plan of care and any other information to be considered for this imaging review (Example: symptoms and duration, surgery/procedure planning, ruling out a diagnosis) :	Patient is still taking NSAIDS and completing this HEP daily. Patient reports that the PT and HEP take some of the soreness away only. Walking with a cane for stability. Exam: lumbar ROM decreased, c/o stiffness after sitting/sleeping, + SLR on the right, no incontinence of B/B, no saddle anesthesia, tingling and numbness down right leg and in right calf. Plan: MRI since no improvement after 6 weeks of conservative care. ESI planned next.
9. Are you requesting additional imaging services in this episode? :	No
Score:	

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Imaging Trigger Assessment



Assessment Summary Report	
1. Has the patient presented with new or changing symptoms or findings? :	Yes
2. Is the requested imaging for diagnosis? :	Yes
3. Is the requested imaging procedure required for treatment planning? :	Yes
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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Retrospective Reviews

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

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Specific Procedures

- Video electroencephalogram (VEEG) Requests
  - Are entered as Treatment Type: Surgical
  - For both OP and Inpatient (IP) requests
- Transplant Requests
  - Usually submitted as OP for wait lists
  - If transplant is expected during an admission, submit ICD10 codes for review in an IP request

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 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 make 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!