Comagine Health

Alaska Medicaid 2025 Fall Provider Outreach – Inpatient Session

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Objectives

Comagine Health Provider Portal (CHPP) and Home Page Overview

Overview of Review Types

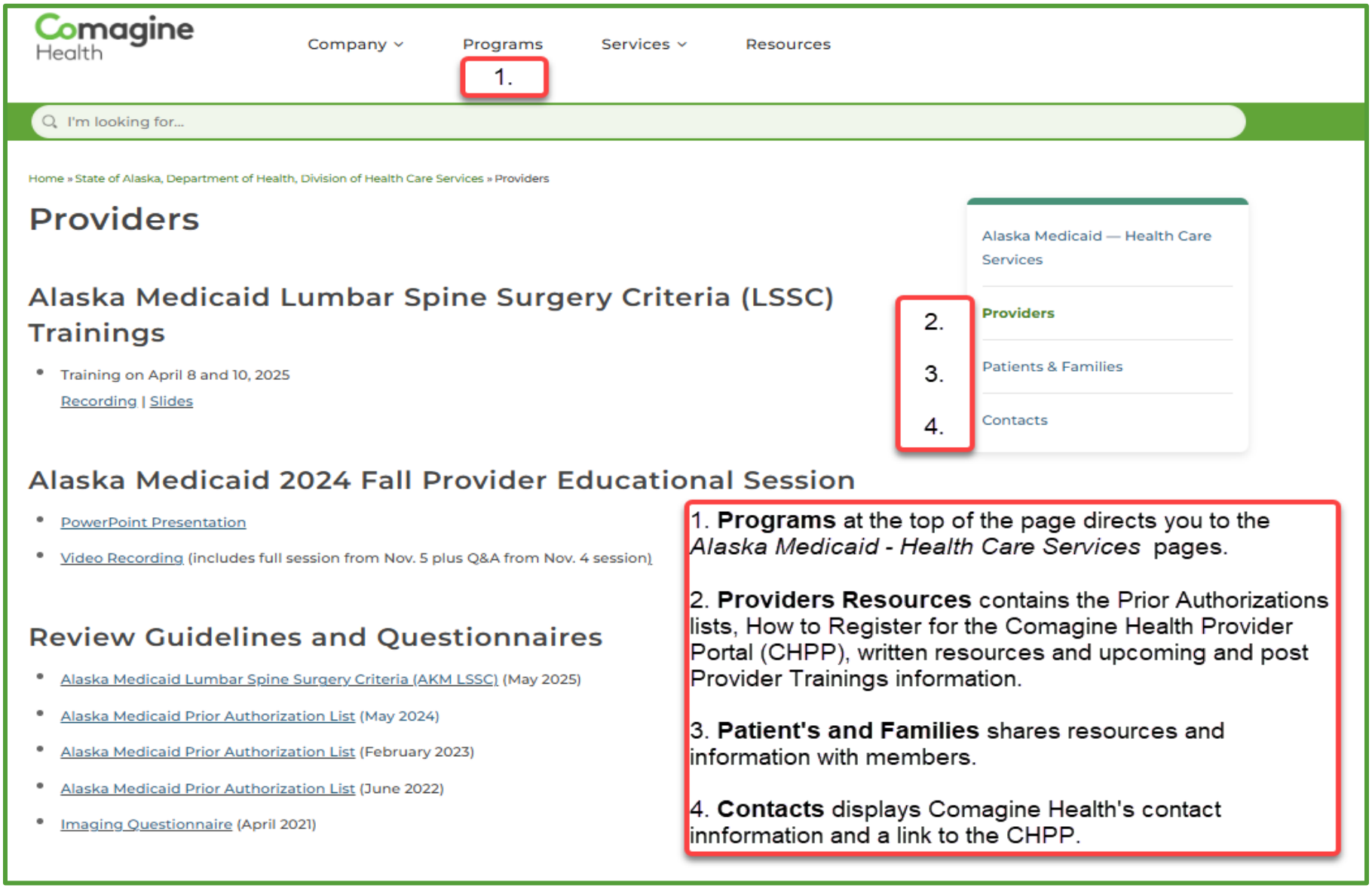
- Alaska Medicaid Lumbar Spine Surgery Criteria
- Diagnosis Related Group (DRG)
- Inpatient Stays
- Retrospective
- Surgical
- Transplants

Reminders and Tips

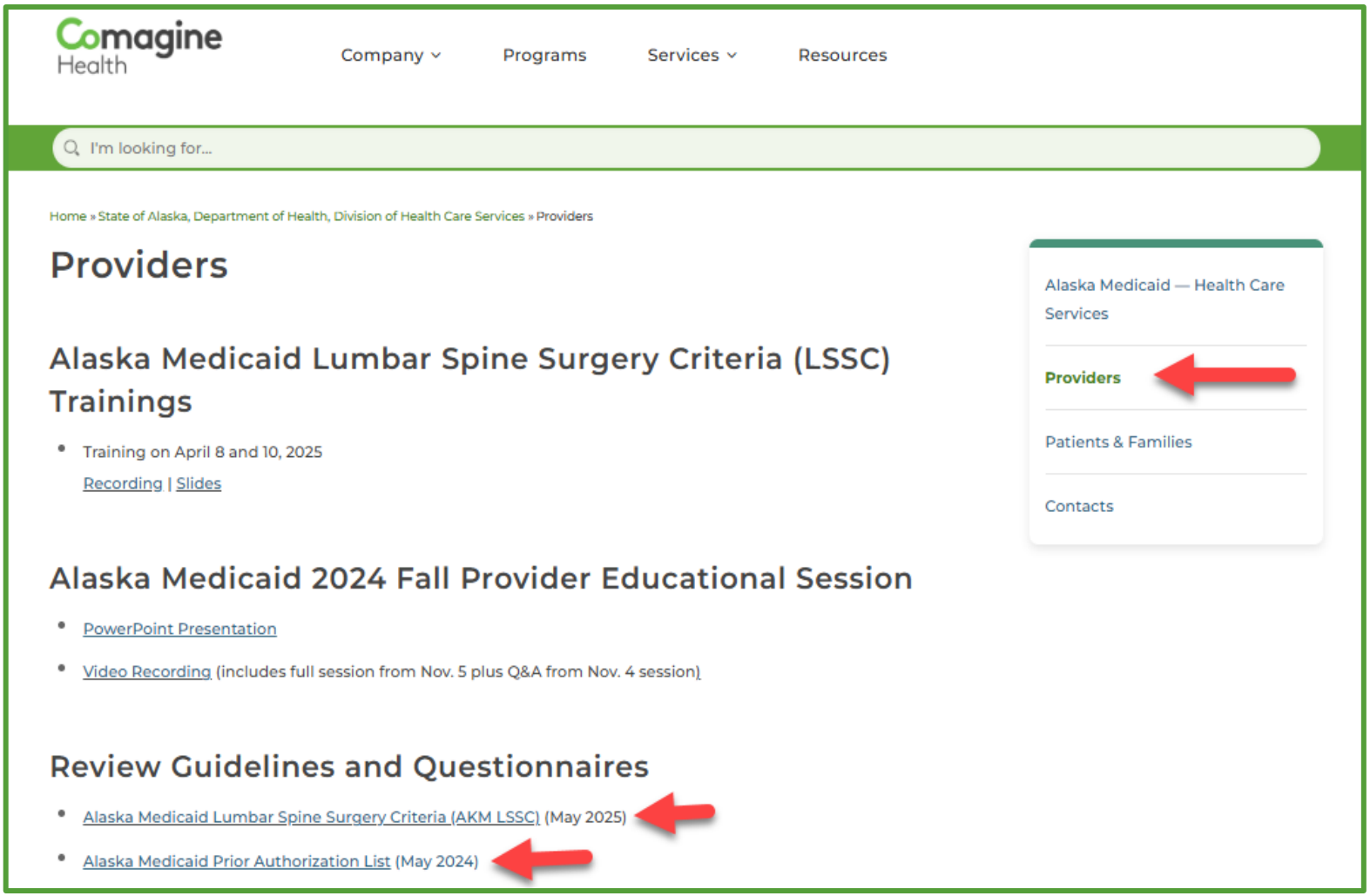
Next Steps Following Decertification



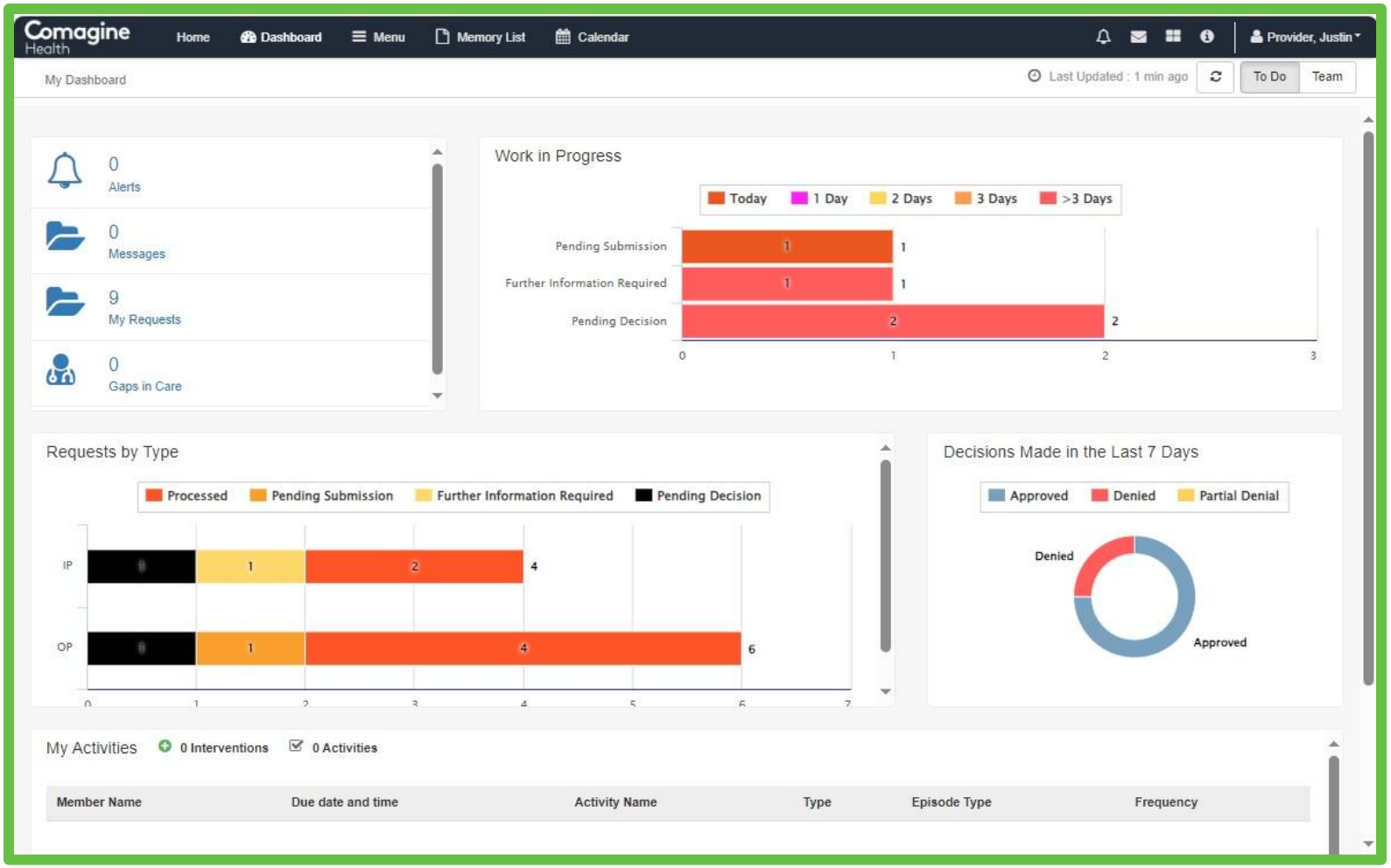
Provider Resources



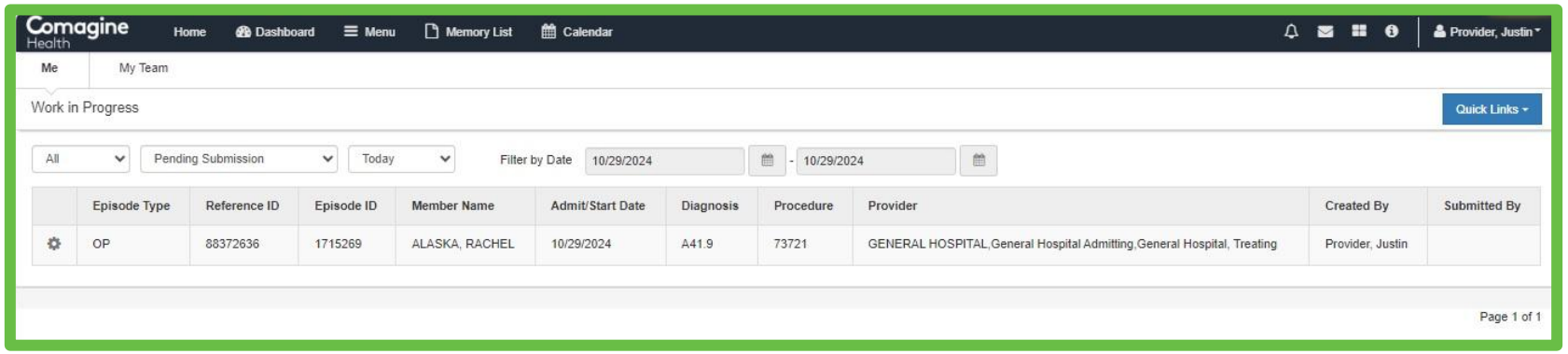
Locating Prior Authorization List

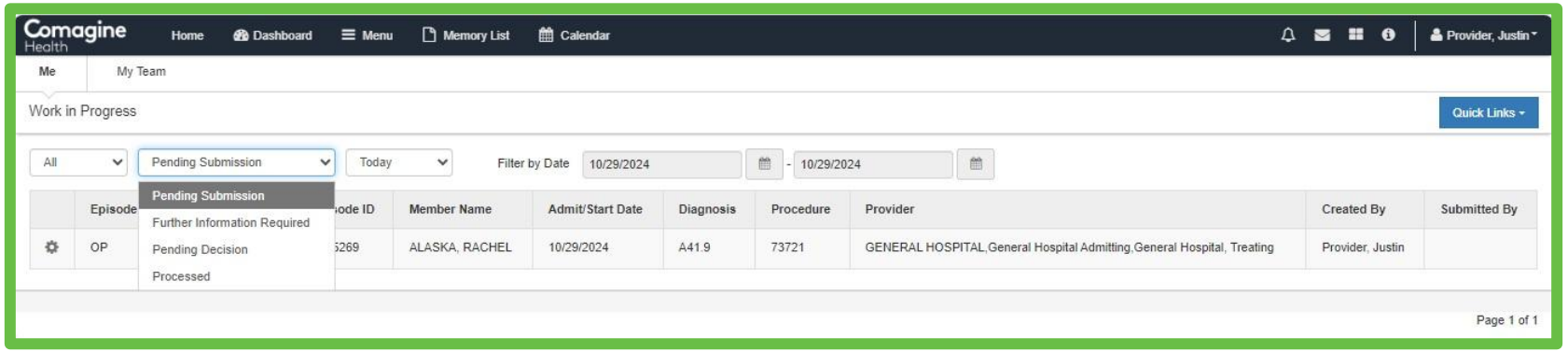


Provider Dashboard - To Do

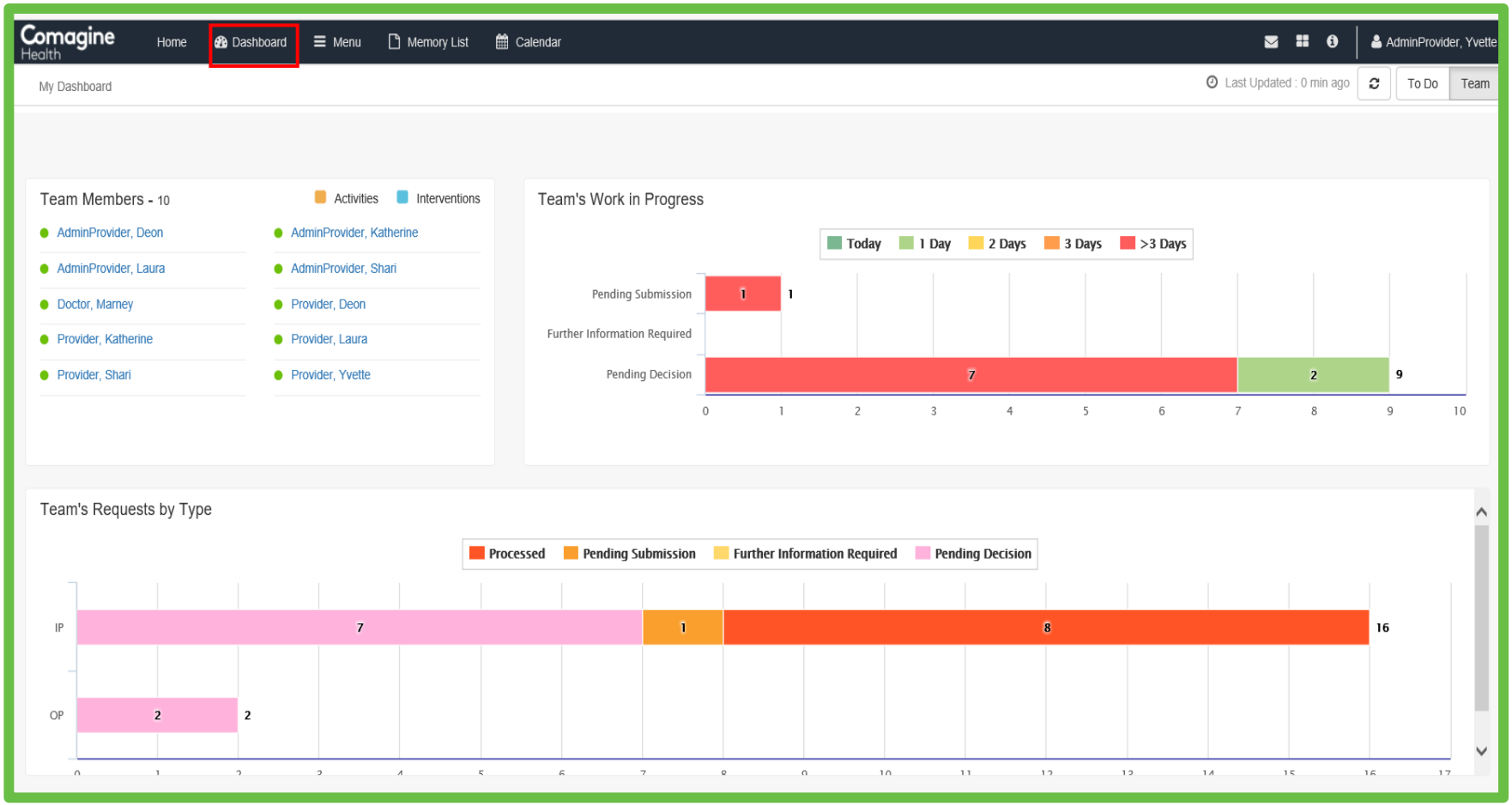


Provider Dashboard Links



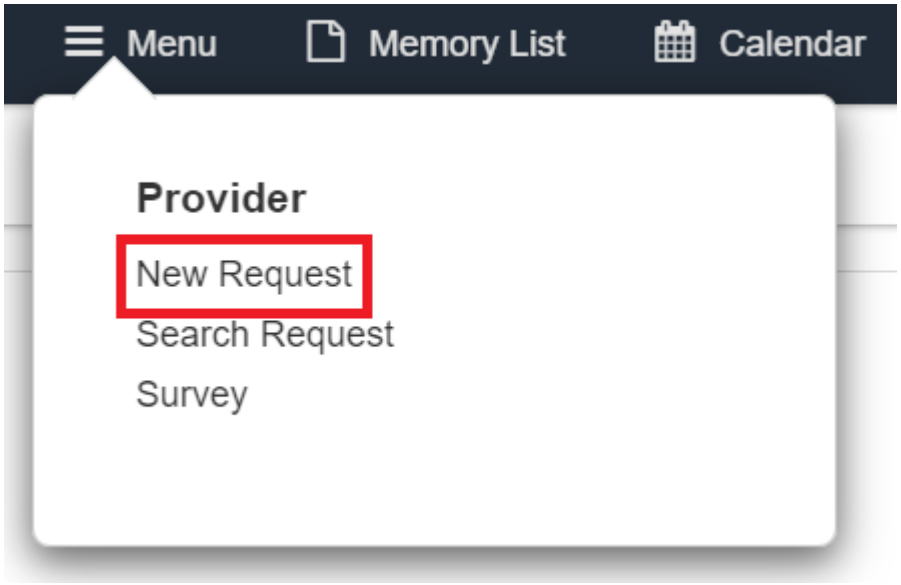


Provider Dashboard - Teams

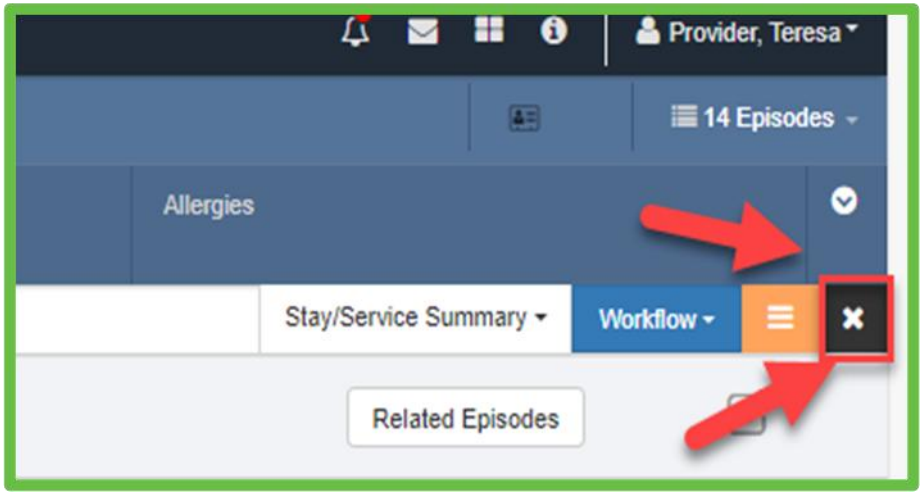


Provider Portal - Creating a New Request

- 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.

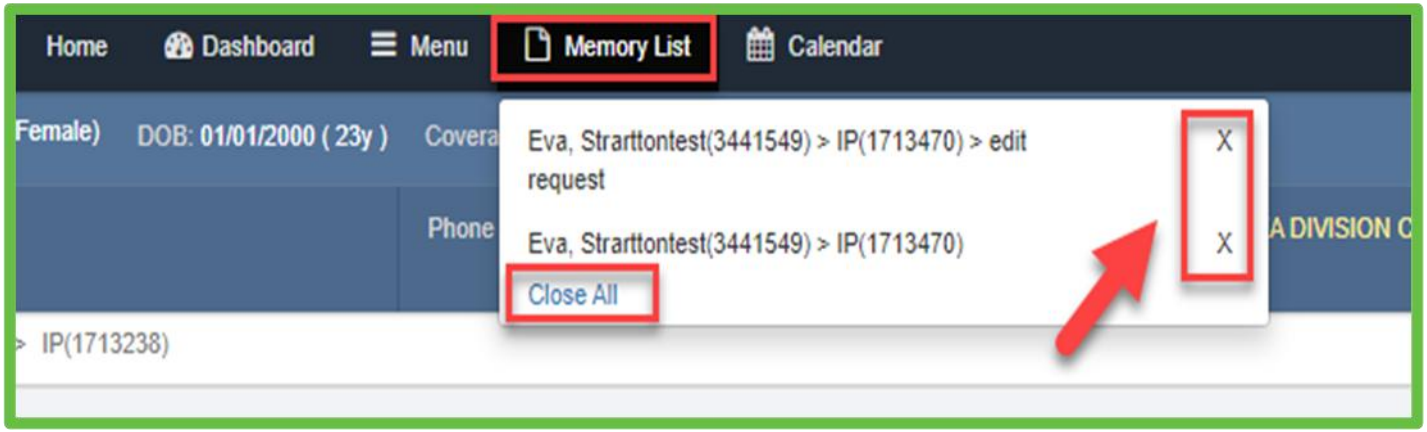


Provider Portal – Exiting a Case



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



Review Types

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Submission Resources

Alaska Medicaid Prior Authorization (PA) list

- Contains procedures and services requiring PA
- Available at www.comagine.org
- Revision date located on PA list

Alaska Medicaid Lumbar Spine Surgery Criteria (AKM LSSC)

- Contains required documentation submission list
- Available at www.comagine.org

Alaska Medicaid Lumbar Spine Surgery Criteria (AKM LSSC)

Authorizations

- Prior authorizations or retrospective requests
- Inpatient and outpatient requests

Criteria

- Located on Comagine.org
- Transparent and forward-facing
- Format provides a useful conceptual framework for review
- Review pathways or subsets:
  - 4 pathways for decompression
  - 5 pathways for fusion
- They provide clearer and more solid criteria for fusion

Streamlined required documentation:

- Clinical note from requesting surgeon within 6 months of surgery date
- Clear surgical plan
- Full radiologist's report within 12 months
  - MRI (preferred)
  - CT-myelogram
- Initial physical therapy (PT) evaluation note

Lumbar fusion requests, both are required:

- Flexion-extension x-rays within 12 months of surgery
- Urine cotinine test results within 3 months of surgery

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DRG Reviews

Submit after recipient is discharged

AK Medicaid Prior Authorization List

- Select diagnoses and/or procedures

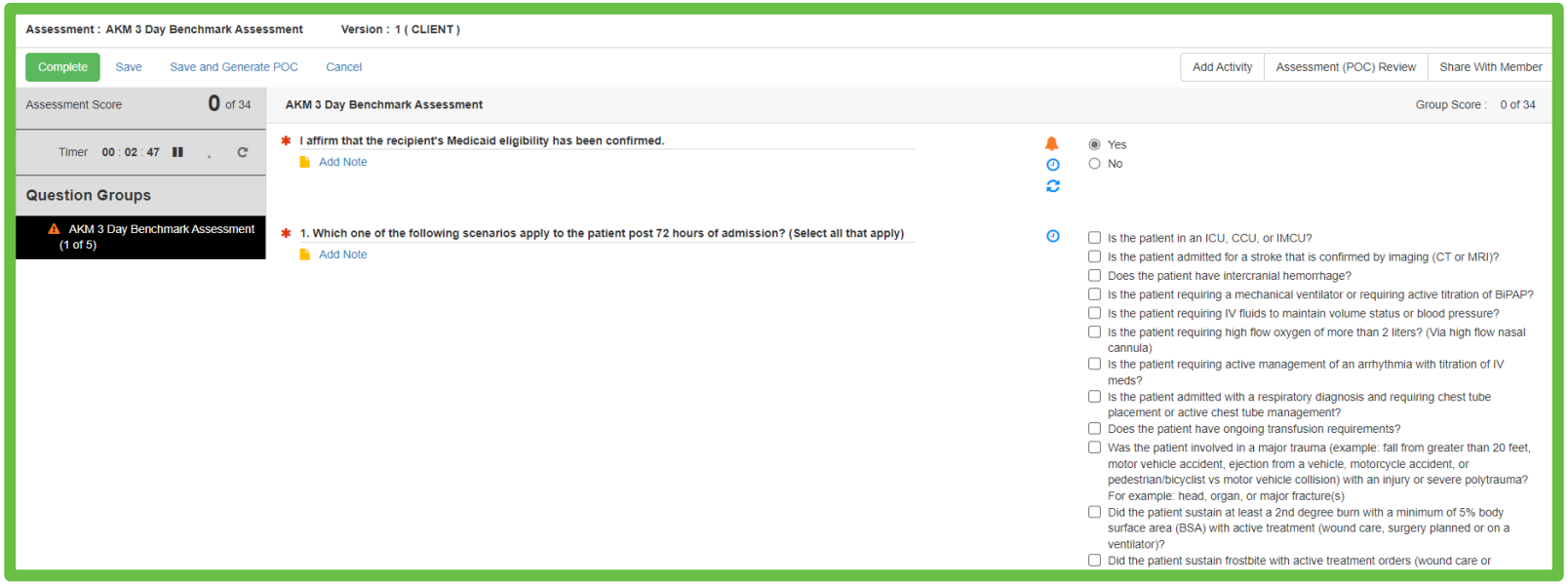
Within timely filing status

Required Clinical Documentation

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

Acute Inpatient Benchmark Notification

- Non DRG facilities
- Admissions exceeding the three-day benchmark
- All codes included on the Alaska Medicaid PA List
- Initial inpatient requests require an assessment to be completed with supportive clinical details



Concurrent Review

- Non DRG facilities
- Due on next review date (NRD) if recipient has not discharged
- Submit pertinent clinical for NRD
- Anticipated or Actual Discharge date

LTACH and Rehab Requests

- Pertinent clinical submitted within 1-2 days of initial request
- No assessment needed in Jiva
- Admissions are valid for 7 days from approval to allow for admission time
- Submit clinical for continued stay requests on the next review date (NRD) if recipient does not discharge

Retrospective Reviews

- Submit after discharge from inpatient admission
- Within timely filing status
- Impacts screening for Case Management referrals
- Pertinent clinical to support the request
- Entire chart is not to be submitted

Surgical Requests

- No surgical assessment required
- Detailed surgical plan required with all requests
- Staged surgeries on same admission vs separate admissions
- Observation vs inpatient status
- Code changes and adjustments post-surgery with operative report
- Surgeries at DRG facilities
- Adding providers to authorizations
  - Treating
  - Admitting
- Valid for 4 months once decisioned and approved

Transplant Requests

- No transplant assessment required
- Renewal requests require updated clinical
- Outpatient authorization
  - Valid for 12 months
  - CPT code used for waitlist
- Inpatient authorization
  - Valid for actual transplants
  - ICD-10 code

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 (.tiff) are not accepted
- Prevent decertification due to insufficient clinical information by responding to web requests for additional information



Utilization Management & Case Management Integration

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



Options After Non-Certification

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Options Following Non-Certification

All options	
Doctor-to-Doctor (DTD) Consultations • Within 60 days of notice letter • Does not affect appeal rights	**Additional Information after Decertification** • Ideal for a lack of information • Within 60 days of notice letter
Expedited Appeal • Only urgent inpatient care • Decision within 72 hours • Entire record is not to be submitted	**Standard Appeal** • Completed via internal and external peer matched reviewer • Decision within 30 calendar days • Entire record is not to be submitted

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 submit a request • Submission information mailed to member's non-certification letter

Comagine Health Website Provider Resources

1. Go to http://www.comagine.org
2. Click on Programs
3. Scroll to Alaska Medicaid-Division of Health Care Services and click *Learn more* for specific information
4. Additional resource available via the right navigation box

State of Alaska, Department of Health, 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 or email address below
- CHPP support contact

Comagine Health Contacts Phone: (888) 240-0437	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
  (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

