Comagine Health

Alaska Medicaid Inpatient DRG Authorization Process

Teresa Kirn, RN, IQCI
Clinical Manager
December 27th and 28th, 2023 - Comagine Health Educational Sessions

Objectives

- DRG Reimbursement Information
- Impacted Facilities
  - Per Diem Reimbursement
  - DRG Reimbursement
- When, What and How to Submit
- DRG Assessment and Fillable Assessment Form
- Noncertification Process

DRG Reimbursement Information

Effective, January 1, 2024, Alaska Medicaid's fiscal agent, HMS Gainwell Technologies will begin paying Alaska Medicaid inpatient hospital claims for specific facilities through a DRG reimbursement system, rather than through a per diem payment system that currently is occurring.

- 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 a review

Impacted Facilities

Per Diem Facilities

- Critical Access Hospitals
- Indian Health Hospitals
- Specialty Hospitals

DRG Facilities

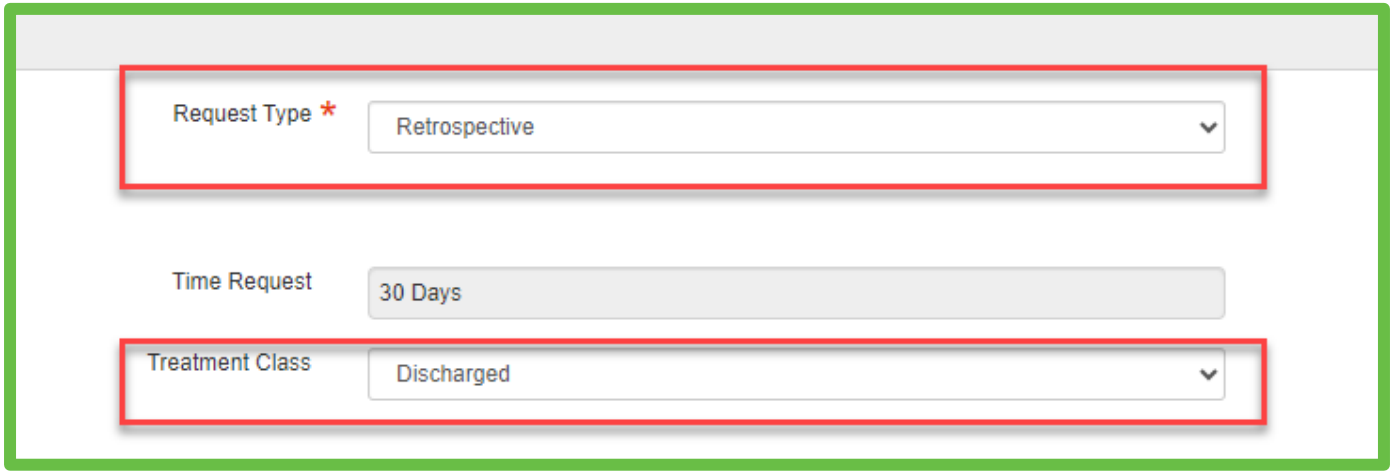
- Alaska Regional Hospital
- Bartlett Regional Hospital
- Central Peninsula Hospital
- Fairbanks Memorial Hospital
- Mat-Su Valley Medical Center
- Providence Health Alaska
- ALL out of state facilities

Submitting a DRG Review

- **<u>When</u> to submit:**
  - One submission after a patient has discharged
  - For all acute *Medical*, *Neonatal*, *OB*, *Rehab*, *Surgical*, and *Transplant* requests

- **<u>How</u> to submit in Jiva:**
  - Jiva case creation
    - Interim process
      - Review type *Retrospective*
    - Final process
      - Review type *DRG*

- **DRG requests reviewed within 5 days**



What to Submit in a DRG Request

What to submit:

1. Admission clinical/History and Physical (H&P)
2. Discharge summary
3. Any relevant clinical (imaging, labs, operative reports, consultations, therapy notes)
4. Admission date and discharge date
5. Final diagnoses and any ICD 10 codes
6. Targeted clinical only- entire chart not required
7. DRG Assessment

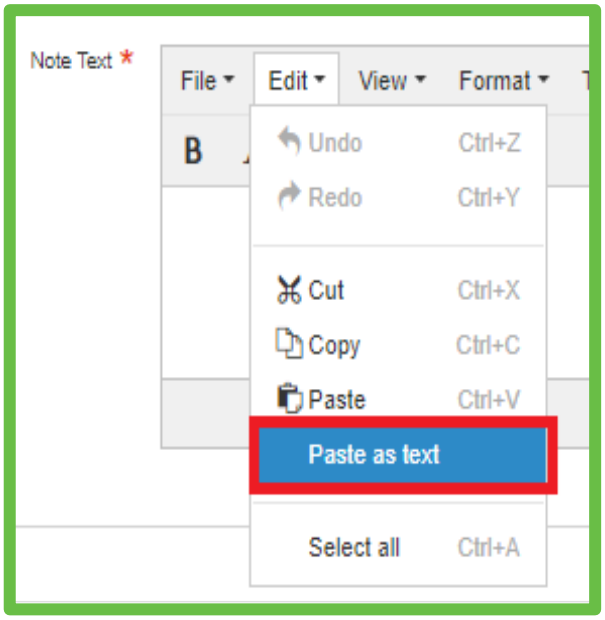
DRG Assessment – Interim Process

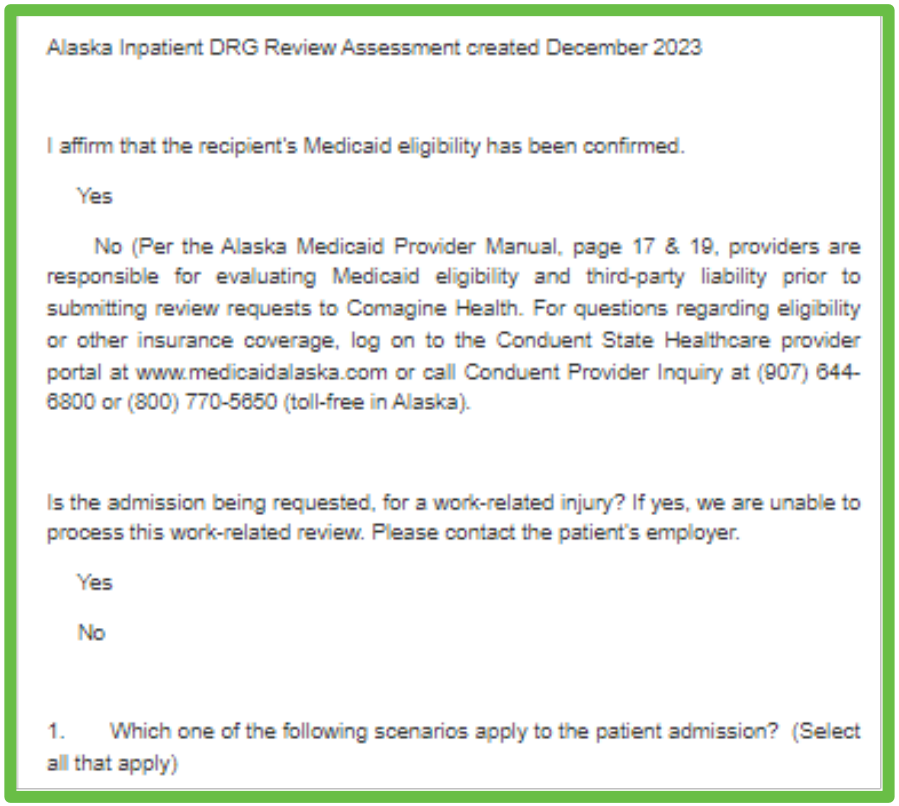
Interim Process - Fillable form or Note entry

- Complete Fillable DRG Assessment form and save as a Jiva Document

  Or

- Copy and paste the completed assessment into Notes section.
  - Copy and *Paste as text* - as noted below to maintain assessment format





Alaska Inpatient DRG Review Assessment created December 2023

I affirm that the recipient's Medicaid eligibility has been confirmed.

Yes

No (Per the Alaska Medicaid Provider Manual, page 17 & 19, providers are responsible for evaluating Medicaid eligibility and third-party liability prior to submitting review requests to Comagine Health. For questions regarding eligibility or other insurance coverage, log on to the Conduent State Healthcare provider portal at www.medicaidalaska.com or call Conduent Provider Inquiry at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

Is the admission being requested, for a work-related injury? If yes, we are unable to process this work-related review. Please contact the patient's employer.

Yes

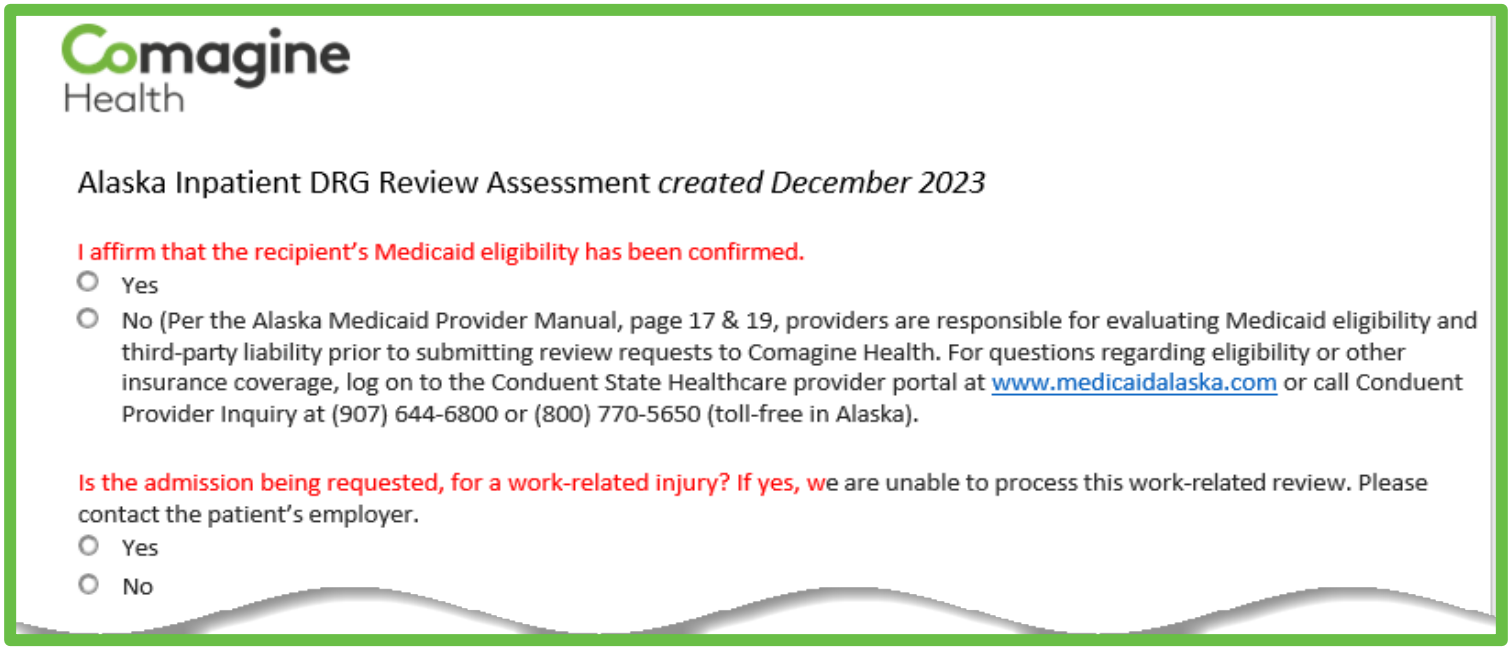
No

1. Which one of the following scenarios apply to the patient admission? (Select all that apply)

DRG Assessment – Final Process

Final process

- Complete the AKM DRG Assessment in Comagine Health Provider Portal (CHPP)
- Estimated to be accessible via the CHPP on 2/1/2024



Comagine Health

Alaska Inpatient DRG Review Assessment *created December 2023*

I affirm that the recipient's Medicaid eligibility has been confirmed.

- ○ Yes
- ○ No (Per the Alaska Medicaid Provider Manual, page 17 & 19, providers are responsible for evaluating Medicaid eligibility and third-party liability prior to submitting review requests to Comagine Health. For questions regarding eligibility or other insurance coverage, log on to the Conduent State Healthcare provider portal at www.medicaidalaska.com or call Conduent Provider Inquiry at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).

Is the admission being requested, for a work-related injury? If yes, we are unable to process this work-related review. Please contact the patient's employer.

- ○ Yes
- ○ No

Surgical Requests at DRG Facilities

Timeframe

- Valid for 4 months once decisioned and approved

DRG Submission Details

- Submitted as a DRG after discharge (DC)
- No continued stay reviews
- Targeted clinical documentation to support the request for surgery, inpatient stay, and the DRG submission list
- DRG assessment required

Prior Authorization Submission Details

- Can be requested as prior auth by surgeon/facility
- Detailed surgical plan required with all requests
- Staged surgeries on same admission vs separate admissions
- The Discharge date, DC summary and any final coding are required after discharge

Transplant Requests

Prior Authorization Submission Details

- Can be requested as prior auth in an OP request for wait list
- Valid for 6 months on OP auths once decisioned and approved
- You must resubmit a new request with updated clinical if the transplant has not occurred within 6 months

DRG Submission Details

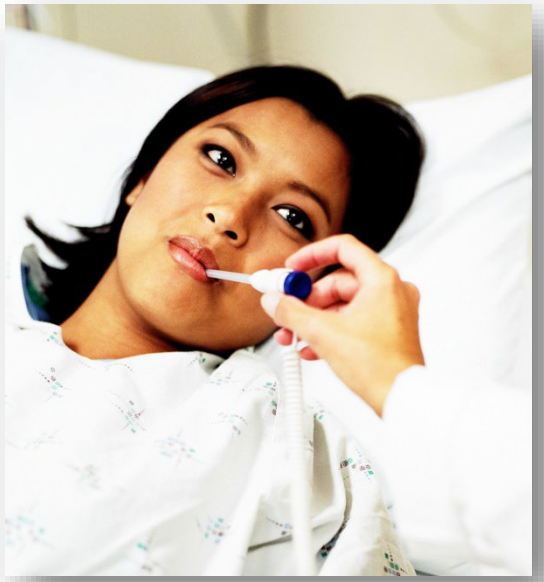
- Submitted as a DRG after discharge (DC)
- No continued stay reviews
- Submit ICD-10 code(s) for transplant
- DRG assessment required

Helpful Information

- Submit targeted clinical information with dates and patient identifiers
- Entire chart is not required for any request
- Word documents, PDFs and JPGs are acceptable attachment formats
  - Image format files (.tif) are not accepted

Utilization Management and 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



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

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 Health Care	• 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

Comagine Health Website Provider Resources

1. Go to http://www.comagine.org
2. Click on Programs
3. Under Alaska Medicaid-Division of Health Care Services click *Learn more* for specific information
4. Additional pages in the right navigational box
   - Providers
   - Patients and families
   - Contacts

State of Alaska, Department of Health Services, Division of Health Care Services | Comagine Health

Comagine Health Contact Information

Utilization Review

Toll-free phone
(800) 783-9207

Toll-free fax
(800) 826-3630



Utilization Review Hours

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

Utilization Management

Questions?

