Goals for this Presentation

• Overview of Qualis Health
• Describe utilization review resources on Qualis Health’s website
• Provide review and updates for utilization review processes for the Alaska Medicaid Inpatient Psychiatric Program
• Demonstrate collaboration with the State and providers in the utilization review process
Qualis Health

• A private nonprofit organization established in 1974
• Headquartered in Seattle, WA
• Regional offices in five states (Alabama, Alaska, California, Idaho and Nebraska)
• Our products and services directly influence care delivered to approximately 13 million people
Our Mission
To generate, apply and disseminate knowledge to improve the quality of healthcare delivery and health outcomes

Our Vision
To be recognized for leadership, innovation and excellence in improving the health of individuals and populations.

Our Values
Integrity & Professionalism
Collaboration
Stewardship
Organizational Goals

In our efforts to add value to the healthcare system, we will emphasize:

- Promoting efficiency and reliability in care delivery
- Supporting care coordination and improving care transitions
- Leveraging health information technology to improve care
Our Services

Care Management
- Utilization Management
- Case Management

Healthcare Quality and Safety Consulting

Health Information Technology Consulting
Our Staff and Consultants

Experienced professionals

• Case managers
• Medical directors
• Clinical reviewers
• Quality improvement consultants
• Information technology/management professionals

Physician/practitioner consultants

• Physicians representing all medical specialties
• Dentists
• Mid-level practitioners
• Complementary/alternative medicine practitioners
Qualis Health Accreditations

• Certified by Medicare as a Quality Improvement Organization (QIO)
• Accredited by URAC for compliance with nationally recognized standards in:
  – Case Management
  – Health Utilization Management
  – Independent/External Review
Care Management Services for Alaska Medicaid

• Inpatient Acute Residential Psychiatric Utilization Review Services
  – Admission Review
  – Continued Stay Review
  – Master Plan of Care Review
  – Retrospective Review
  – Peer Review
  – Appeals

• Care Coordination Services
Web Based Reviews

www.qualishealth.org

Click on:

Healthcare professionals
Click on: Alaska Medicaid Behavioral Health
Tools to Support Your Review

• Provider Manual
• Provider Training
• Late Submission/Retro Review Request Forms
• Questionnaires for Review Processes
• Contact Information for Qualis Health
  – http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-behavioral-health/provider-resources:
List of Tools and Forms

Provider Manual and Appendices
Inpatient Psychiatric Review Provider Manual
Inpatient Psychiatric Retrospective Review Request Form

Facility Bed Availability
AK Residential Psychiatric Treatment Facilities (RPTC) Contact Information (Excel)
Out-of-Alaska RPTC Contact Information (Excel)
In-State Bed Availability

Report Forms
Incident Report Instructions
Incident Report Form (Excel)
Incident Report Form (Word)

Geographic Region Information
Alaska Regions
Outpatient Providers by Regions in Alaska (Excel)
Provider Responsibilities

• Contact Alaska Department of Behavioral Health for approval for out of Alaska placements
• Review Submission and Timelines
• Discharge Planning
• Report Discharges
• Travel Authorization
• Sentinel Events
Review Submission

• Providers to submit timely reviews via iEXCHANGE®, fax, mail or phone
• Providers to submit reviews for recipients who are also covered by other Third Party Liability (TPL) resources.
Review Submission (continued)

- Required list of demographics and other information
- Comprehensive answers to the appropriate review questionnaire
Prior Authorization Submission Timelines

- Acute care admissions
- In-State RPTC admissions
- Approved Out of State RPTC admissions
- Continued stay reviews
Continued Stay Submission Timeline

• Next review date
• Continued stay reviews submitted beyond 30 days after the next review due date
Timeframes for Pended Reviews

- Qualis Health will notify the provider via iEXCHANGE and/or phone.
- Seven calendar days to submit the requested information
- Possible technical denial after seven calendar days
Travel Authorization

- Provider expecting to admit client is responsible for submitting the prior authorization review
- When certification (approval) is given, use the PA number assigned to the case
- Qualis Health PA numbers for travel for admissions
- Affiliated Computer Services, Inc. (ACS, A Xerox Company) is the authorized agency for travel
  - Toll-free in Alaska (800) 770-5650
  - Outside of Alaska (907) 644-6800
Utilization Review Processes
Updates, Reminders, and Tips
Admission Review

• All five digits of the diagnostic codes
• All demographics answered in the admissions questionnaire in full
Admission Review (continued)

• Up to 7 days if travel is involved prior to anticipated admission for RPTC
• Up to 2 days if travel is involved prior to anticipated admission for Acute
• Issues from the Mental Health Exam
  – that are pertinent to the diagnostic considerations within the treatment planning
  – are to be submitted in the Admission Review Questionnaire
Plan of Care (POC) Review

- RPTC level of care
- Acute level of care
- Required Elements to be Addressed in the POC
Plan of Care

• A.2.04 The POC is required to include a discharge plan prepared at the time of admission.

• A.2.05 The POC is required to specify the approximate date for discharge.

• A.2.06 The POC is required to be formulated in consultation with the recipient and the recipient's family, guardian, or other individual to whose care or custody the recipient will be released following discharge.
Plan of Care

• A.2.07 The POC reviews are required to include updated discharge planning information that provides increasingly more detailed information regarding the recipient's anticipated post-discharge service needs, the recipient's prospective service providers, and other provisions necessary for the transition to a less restrictive environment.
Plan of Care

- Master Plan of Care (MPOC) should cover what the plan is expected to be completed throughout the entire length of stay expected.
- Must include goals and objectives related to Family therapy, Group therapy, and Individual therapy.
- If in OCS or JJ custody, must include goals related to contact with case worker.
Plan of Care Continued

• Clearly document the measurable goals and objectives
  – Problem statement related to each diagnosis
  – Goals and objectives related to problem statement
  – Modalities in which goals and objectives will be addressed in
  – Update progress on goals and objectives in every review for each problem statement and for every type of therapeutic setting (Individual, Family and Group psychotherapy)
TREATMENT PLAN GOALS & OBJECTIVES (EXAMPLES)

Global goal/objective

Eliminate assaultive behavior

Reduce verbal aggression

Measurable goal/objective

EXAMPLE:
Eliminate episodes of hitting and slapping peers at school

EXAMPLE:
Reduce occurrences of saying “I’ll kill you” and “I’ll beat you up” to siblings and class mates by 80%
MEDICAL NECESSITY PRACTICE AND DOCUMENTATION
(All services must be rendered in compliance with Medicaid Program rules, regulations, and statutes)

<table>
<thead>
<tr>
<th>Plan of Care (POC)</th>
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<tbody>
<tr>
<td>• Be formulated in consultation with recipient and the recipient’s family, guardian, or other individual to whose care or custody the recipient will be released</td>
</tr>
<tr>
<td>• Goals/objectives directly related to specific behavioral health problems identified in assessment materials</td>
</tr>
<tr>
<td>• Goals/objectives, individualized, measurable &amp; achievable to the extent that treatment can be completed in the community</td>
</tr>
<tr>
<td>• Interventions &amp; service modalities designed to assist recipient to achieve treatment objectives</td>
</tr>
<tr>
<td>• Discharge plan based upon recipient achieving treatment objectives to the extent that treatment can be completed in the community</td>
</tr>
<tr>
<td>• Conducted, signed &amp; credentialed by qualified staff</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Progress Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Document goal/objective being addressed from POC</td>
</tr>
<tr>
<td>• Document interventions &amp; service modality from POC</td>
</tr>
<tr>
<td>• Document progress toward treatment goal</td>
</tr>
<tr>
<td>• Contain clinically relevant information about course of treatment</td>
</tr>
<tr>
<td>• Conducted, signed &amp; credentialed by qualified staff</td>
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</table>

<table>
<thead>
<tr>
<th>TREATMENT/POC REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evaluate &amp; document progress toward each goal/discharge criteria</td>
</tr>
<tr>
<td>• Identify any new problems (new assessment information)</td>
</tr>
<tr>
<td>• Clear summary of any changes to POC/discharge criteria</td>
</tr>
<tr>
<td>• Conducted, signed &amp; credentialed by qualified staff</td>
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</tbody>
</table>

**Diagnostic Evaluation**
- Well supported mental health diagnoses
- Specific behavioral health problems identified
- Conducted, signed & credentialed by qualified staff
Continued Stay Review

• Provide Updates on
  – diagnostic evaluation
  – medication changes and effectiveness
  – current behavioral impairments
  – measurable treatment goals and progress made on the goals/objectives
57. Describe acute disturbances related to the behavioral disorder:

Pt is admitted due to suicidal threats, homicidal threats, aggression, and oppositional/defiant/impulsive behaviors.
Required Documentation for Admission

• Please include all clinical documentation that supports the need for this level of care. Must include the following:
  – Dates
  – Seriousness
  – Frequency of symptoms
  – Current acuity (why now if this is chronic)
Continued Stay Review Acuity

7. Describe acute disturbances, self care deficits or imminent risk to self or others or impaired safety or severely impaired role functioning:

Despite depression and SI, patient appears to participate in program and is participating well.
Required Documentation for Continued Stay

• Please include all clinical documentation that supports the continued need for this level of care. It must include the following:
  – Clear description
  – Seriousness
  – Frequency of symptoms
  – Current acuity (this review period)
### Words to Use in Reviews

<table>
<thead>
<tr>
<th>USE THESE</th>
<th>NOT THESE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crying at least 3 times daily, Tantrums that include screaming, crying,</td>
<td>Cries Frequently, Angry Outbursts</td>
</tr>
<tr>
<td>yelling, and biting arms, Excessive Clinging</td>
<td></td>
</tr>
<tr>
<td>Hyper-vigilance, Excessive Fear (describe)</td>
<td>Nervous, Afraid</td>
</tr>
<tr>
<td>Jumped into open part of frozen lake…, Fire Setting In Last Week</td>
<td>Risky Behaviors, Hx Setting Fires</td>
</tr>
<tr>
<td>Runaway Less Than 24 hours (48 hrs, X # days)</td>
<td>Runs</td>
</tr>
<tr>
<td>Self-injurious Behavior by cutting arms leaving scars, Hallucinations In</td>
<td>Hurts Themselves, Sees Things</td>
</tr>
<tr>
<td>Last Week (specifically describe)</td>
<td></td>
</tr>
<tr>
<td>Drop in School Grades (A to D in 6 Weeks)</td>
<td>Not doing Well In School</td>
</tr>
</tbody>
</table>
### Words to Use in Reviews Continued

<table>
<thead>
<tr>
<th>Use These</th>
<th>Not These</th>
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</thead>
<tbody>
<tr>
<td>Suicidal/Homicidal Ideation With/Without Plan – self harm that includes 3rd degree burns</td>
<td>Wants to Hurt Self</td>
</tr>
<tr>
<td>Detention @ Least 2x in Last 5 Days, Suspended</td>
<td>Made to Stay After School</td>
</tr>
<tr>
<td>Impulsive, Property Destruction (Describe)</td>
<td>Acts Without Thinking</td>
</tr>
<tr>
<td>Absent 5 Days from Work in Last Month</td>
<td>Misses Work</td>
</tr>
<tr>
<td>Arrest/Illegal Activity in Last Month</td>
<td>Legal Troubles</td>
</tr>
<tr>
<td>Socially Withdrawn in Last Month</td>
<td>Stays to Themselves, Loner</td>
</tr>
<tr>
<td>USE THESE</td>
<td>NOT THESE</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>In the Last Month</td>
<td>Has a history of</td>
</tr>
<tr>
<td>3x Week for Last 6 Months</td>
<td>Recently</td>
</tr>
<tr>
<td>In the Last 48 Hrs.</td>
<td>Frequently, Often</td>
</tr>
<tr>
<td>In the Last Week</td>
<td>Seldom</td>
</tr>
</tbody>
</table>
57. Describe acute disturbances related to the behavioral disorder:

Pt is admitted today after threatening to kill teachers and classmates and then self with his father’s 22 pistol. Pt. has access to guns and bullets. He became angry and was swearing at teachers and punched a hole in the wall, threw over desk, and scattered papers all over the room.
Continued Stay Review Acuity

7. Describe acute disturbances, self care deficits or imminent risk to self or others or impaired safety or severely impaired role functioning:

Patient struggles with depression on a daily basis as evidenced by her frequent statements of wishing she would die, telling peers when she leaves this facility she will hang herself, and her disclosures to her therapist that she thinks about death most of the day every day. She needs several prompts every day before she will take a shower or brush her teeth....
Discharge Planning

- Begins upon admission
- Updated with each review
- Includes specificity
- Family/Guardian is actively involved
- Available lower level of care services being recommended and appropriate activity toward application
Reporting Discharges

• iEXCHANGE, fax or call after the recipient has discharged

• Discharge information to be submitted:
  – The identified services recommended for follow-up care. Include considerations regarding:
    • Placement
    • Educational services
    • Individual, family and group psychotherapies, as well as other identified therapeutic interventions that may be needed at time of discharge
  – The identified provider for services upon discharge
  – The actual discharge date
Late Submission
Continued Stay Review Request

• Definition
• When to request it
• Require form
• Possible technical denial
Delayed Eligibility Reasons for Late Submission Reviews

• Definition
• Submit all at once
  – Use the admission questionnaire
  – Include the plan of care
  – Divide the review into weekly increments
Payment is Contingent Upon

• Eligibility as determined by the Alaska Medicaid Program
  – Providers are to call the Eligibility Verification System
    • (800) 884-3223 (24 hour access)
    • In Alaska, toll free number (800) 770-5650
      – 8 am to 5 pm
• Compliance with the rules and regulations that govern Medical Assistance in Alaska
• Completion of the Medical Necessity Prior Authorization Review
Providers’ Reporting Requirements for Sentinel Events

What is a sentinel event?
Providers’ Reporting Requirements for Sentinel Events

• Medical
  – Incidents that require outside medical attention
  – Burns
  – Lacerations requiring medical attention
  – Bone fractures or breaks
  – Substantial hematoma
  – Injuries to internal organ whether self inflicted or by someone else
Providers’ Reporting Requirements for Sentinel Events

• **AWOL** (Absent without Leave)
  – If gone overnight
  – If anything significant occurred during the AWOL
    • Police intervention
    • Use of substances
    • Suspected abuse
Providers’ Reporting Requirements for Sentinel Events

• **Sexual Acting Out/Physical Aggression**
  – Any activity or occurrence which must be reported to state Child Protective Service agencies
  – Any time an Alaskan youth is the victim or the offender
  – Suicidal attempt or serious suicidal gesture
Providers’ Reporting Requirements for Sentinel Events

- Sentinel event form
- Providers also notify Qualis Health of these serious events.
- Further review may be taken based on seriousness of incident
We Want To Hear From You

• How the review process works for you
• How well Care Coordination works for you
• Any issues or concerns that may arise
• Additional ways Qualis Health can assist you
• Process improvement opportunities
Contact Information

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Alaska State Department of Health & Social Services
– Contact information is available at www.qualishealth.org