

2020 Alaska Provider Training: Appeals

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



Together, we're reimagining health care.



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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.

Comagine
Health

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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, Mississippi, 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

- Appeals –What You Need to Know
 - Options following a Non-Certification
 - Available Appeal Options
 - Recipient Appeal
 - How to Submit an Appeal Request
- Appeal Documentation Details
- Claims Resources
- Provider Resources



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Options Following a Non-Certification

All options	Details and information	Timeframes
Doctor-to-Doctor (DTD) consultations	<ul style="list-style-type: none"> • DTD is offered at the time of denial • Does not affect appeal rights • Also called a Peer to Peer consult 	<ul style="list-style-type: none"> • Request within 60 days of the notice letter date
Information in lieu of a DTD	<ul style="list-style-type: none"> • Does not affect appeal rights or the right for a DTD • For denials based on lack of information 	<ul style="list-style-type: none"> • Request within 60 days of the notice letter date



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Appeals

Options	Details and Information	Timeframes
Expedited Appeal	<ul style="list-style-type: none"> Is an appeal of a non-certification in a case involving urgent care If an expedited appeal request is filed after two (2) business days, Comagine Health responds to that request through the standard appeal process. Submit via the Provider Portal is preferred. Call 888-240-0437 to ensure receipt 	<ul style="list-style-type: none"> Within 2 business days of the receipt of the non-certification notification if the recipient has not yet been discharged. Decision within 72 hours
Standard Appeal	<ul style="list-style-type: none"> Process for denials and partial certifications If an expedited appeal request is filed after two (2) business days, the request is processed through the standard appeal process. Submit via the Provider Portal preferred 	<ul style="list-style-type: none"> Within 180 days of date shown on the non-certification notice Decision within 30 days



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Appeals *(continued)*

Options	Details and Information	Timeframes
Second-level appeal to the Division of Health Care Services (DHCS)	<ul style="list-style-type: none"> Additional appeal process for providers 	<ul style="list-style-type: none"> Providers may request second-level appeals when they are not satisfied with the results of first-level appeal decisions by Comagine Health. Second-level appeals must be requested in writing and postmarked within 60 days of the date of the first-level appeal decision by Comagine Health. Second-level appeal requests cannot be made by telephone.



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Recipient Appeals

Options	Details and Information	Timeframes
Fair hearings	<ul style="list-style-type: none"> • Appeal process for recipients 	<ul style="list-style-type: none"> • Recipients may request fair hearings by phone or letter to the Fair Hearing representative at DHCS, within 30 days of the date on Comagine Health's standard appeal determination letter non-certifying the service.



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Provider Notice Letters

Request Type	Letter Types
Outpatient requests	<ul style="list-style-type: none"> • OP Denial Notice • OP Modified Appeal Notice • OP Upheld Appeal Notice • OP Reversed Appeal Notice
Inpatient request	<ul style="list-style-type: none"> • IP Initial Non-Certification • IP Modified Appeal Notice • IP Upheld Appeal Notice • IP Reversed Appeal Notice



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Submitting Appeal Requests

- Provider portal submissions
 - Preferred method for an Appeal request
 - Enter the patient's Medicaid number in the Insurance ID field
 - Select Alaska Division of Health Care Services in the ***Client** field
 - Then click the search button
- Fax, mail, and phone appeal requests are also accepted

(Note: This is a Test Site. Data entered here will not be migrated to Production. -)

Comagine Health
Provider | Provider Admin
Home | New Request | Search Request | My Alerts

Search Request

Member Last Name:

Member DOB:

Request Added From:

Episode Type:

Episode #:

* Client: **ALASKA DIVISION OF HEALTH CARE SERVICES**

External Reference ID:

Member First Name:

Insurance ID:

Request Added To:

Request Status:

Reference ID:

Show: 10

Search Reset

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Appeal Documentation Details

- Submit clinical information based on the denial decision and rationale
- Clinical is not needed for dates or services already approved
- Uploading to the clinical documents tab is preferred
- Copying and pasting clinical in the notes tab can come across jumbled due to secure coding within your system
- Attach documents in categories and label records (i.e. H&P, clinical note/date)
- Suggested clinical:
 - MD orders/progress notes with exam, vital signs, ancillary results and plan of care/orders
 - History and Physical (H&P) if applicable and not already submitted prior to appeal request
 - Discharge Summary (DC) if not already submitted prior to appeal request
- The entire chart is not required

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Appeal Documentation Details *(continued)*

- No maximum file size for documents
- If unable to add documents, contact an Intake Representative at 888-240-0437 for assistance
- Only use the reference ID number if emailing for assistance
 - Do not submit PHI in emails
- When a split bill is involved, please submit clinical documents in the reference ID number that the appeal effects



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Submitting Appeal Documents, **Step 1**

Click on 'Step 8' in the left navigational panel



(Note : This i

Comagine Health

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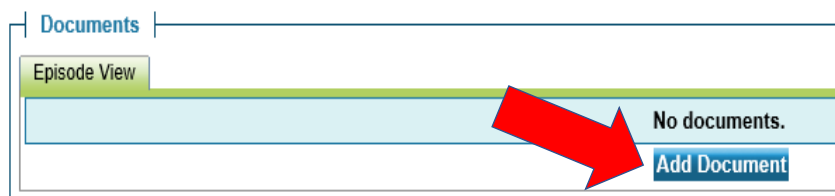
- Step 1:Edit Request
- Step 2:Add Providers !
- Step 3:Add Diagnosis
- Step 4:UM Services !
- Step 5:Add Assessment
- Step 6:Add Contact Info
- Step 7:Add Notes
- Step 8:Add Documents**
- Step 9:Submit Request



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Submitting Appeal Documents, Step 2

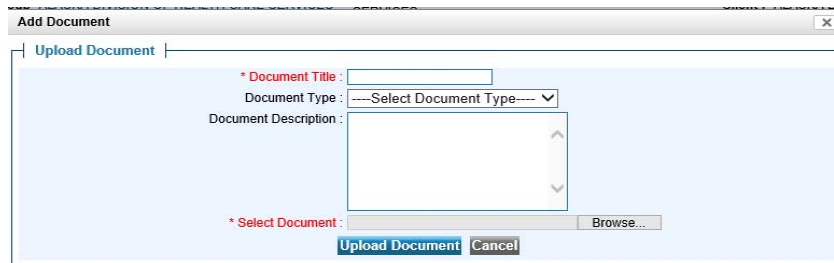
Click on the 'Add Document' button



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Submitting Appeal Documents, Step 3

- Click on 'Document Title' to search for document to be added
- Title the document (example: Admission H&P)
- Click 'Upload Document' button



Press [Esc] To close this window

Help

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Claims Resources

- If you encounter claims issues, confirm the following content areas are correct:
 - Provider name
 - Diagnosis code(s)
 - Date(s) of service
 - Procedure code(s)
- If corrections are needed, submit the request for corrections in the Notes section of the episode of care, or call 888-240-0437 for assistance
- For additional assistance and claims resolution, contact:

Conduent State Healthcare at 907-644-6800 (option 1)
or toll-free: 800-770-5650 (option 1, 1)



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Provider Portal Dashboard and Alerts

Episode ID	Member Name	Request Added Date	Diagnosis	Episode Type	Created By	Status
72361	Wicks, Alex	10/03/2018	F45.42 (Pain disorder with related psychological factors)	IP	Test User	InProcess
72932	Patient, Jill	03/07/2018	F45.41 (Pain disorder exclusively related to psychological factors)	OP	Test User	InProcess
72931	MCGEE, WYOMING	03/07/2018	M26.52 (Limited mandibular range of motion)	OP	Test User	InProcess
72723	HOMING, YVETTE	12/18/2017	G47.30 (Sleep apnea, unspecified)	OP	Test User	InProcess
72467	MCGEE, WYOMING	11/02/2017	F45.42 (Pain disorder with related psychological factors)	OP	Test User	InProcess

- Your dashboard will allow you to view your client/patient(s)
- To open a request, click on the 'IP or OP' icon next to the person's name
- The episode number will give you an abstract view only
- You can monitor your alerts for updates to the PA request



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Comagine Health Website Provider Resources

- Go to <http://www.qualishealth.org>
- Hover mouse over **Healthcare Professionals** (top of page)
- Select **Alaska Medicaid - Health Care Services**
 - Provider manual has additional details regarding appeals



<http://www.qualishealth.org/healthcare-professionals/alaska-medicaid-health-care-services>



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Provider Resources

1. Hover mouse over Health Professionals and select AK Medicaid - Health Care Services

2. Click on Provider Resources

3. Prior authorization list located under Review Guidelines and Questionnaires

The screenshot shows the website header with 'QUALIS Health' and 'Comagine Health' logos. The navigation bar includes 'Our Services', 'Healthcare Professionals', 'Patients & Families', and 'Providers'. The left sidebar lists various Medicaid programs, with 'Alaska Medicaid - Division of Health Care Services' expanded to show 'Provider Resources'. The main content area features the title 'State of Alaska, Department of Health and Social Services, Division of Health Care Services' and a 'Provider Resources' section with links to 'Review Guidelines and Questionnaires' and 'Alaska Medicaid Prior Authorization List' for March 2020, October 2019, and July 2019. A right sidebar contains contact information and a 'Contact Us' section.

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Provider Portal URL

- **Effective September 1, 2020**, the old URL will no longer redirect you to the JIVA login screen. You will need to use the following URL to access Jiva: <https://comaginepp.zeomega.com>.
 - Starting August 1, 2020, the above message was sent to all providers using the old provider portal URL (<https://qualishealthpp.com>)
- Our staff are prepared to provide support and answer questions related to this change that goes into effect September 1, 2020.
- Staff will be able to help redirect you to the correct page.



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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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