

What I Need to Know About Appeals

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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.

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

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

What We Don't Do

We do not receive financial incentives
to deny or limit services

Objectives

- Appeal process for inpatient (IP) and outpatient (OP) denials
- Standard and expedited appeals
- Fair hearing (FH)
- Second-level appeal to the Division of Health Care Services (DHCS)
- Notice letters
- Submitting appeals
- Dashboard
- Questions

Appeals

All are possible 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
Pre-screen appeal/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

Appeals, continued

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

Appeals, continued

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.
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.

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

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 - Health Care Services**
 - Provider manual has additional details regarding appeals

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

Provider Resources



Our Services Healthcare Professionals

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

Healthcare Professionals

Healthcare Professionals » Alaska Medicaid - Division of Health Care Services

Alabama Medicaid

Alaska Medicaid - Behavioral Health

Alaska Medicaid - Division of Health Care Services

Contacts

Provider Education

Provider Resources

Alaska Medicaid - TEFRA

AMCCI

DC Medicaid

EQRO - Washington Medicaid

Healthy Hearts Northwest

2. Click Provider Resources

State of Alaska, Department of Health and Social Services, Division of Health Care Services

Provider Resources

Go to: [Review Guidelines and Questionnaires](#) | [Qualis Health Provider Portal](#) | [Provider Manual](#) | [Provider Forms](#)

Review Guidelines and Questionnaires

- Alaska Medicaid Prior Authorization List (July 2019)
- Alaska Medicaid Prior Authorization List (August 2018)
- Alaska Medicaid Prior Authorization List (February 2018)

3. Prior authorization lists located under Review Guidelines and Questionnaires.

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Contact Us

Initiate a Review

» [Qualis Health Provider Portal](#)

Fax:
(800) 826-3630

Phone:
(888) 240-0437

Physician Hotline

(877) 292-2615

Submitting Appeal Requests

- Provider portal submissions
 - Enter the patient's Medicaid number in the Insurance ID field
 - Select Alaska Division of Health Care Services in the ***Client** field
 - Other search options currently do not work
 - Then click the search button
- Portal Appeal requests are preferred
 - Faxed, mailed and phone appeal requests are accepted

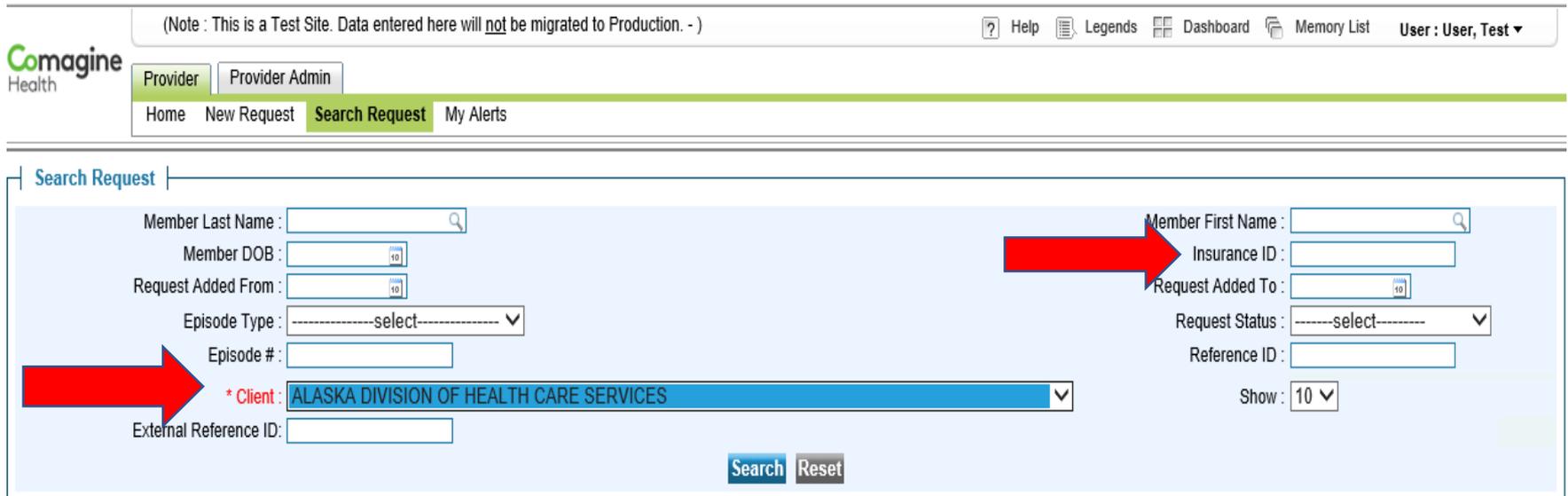
(Note : This is a Test Site. Data entered here will not be migrated to Production. -) Help Legends Dashboard Memory List User : User, Test ▼

Comagine Health Provider Provider Admin

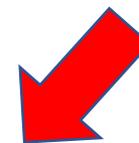
[Home](#) [New Request](#) [Search Request](#) [My Alerts](#)

Search Request

Member Last Name : <input type="text"/>	Member First Name : <input type="text"/>
Member DOB : <input type="text"/>	Insurance ID : <input type="text"/>
Request Added From : <input type="text"/>	Request Added To : <input type="text"/>
Episode Type : <input type="text"/>	Request Status : <input type="text"/>
Episode # : <input type="text"/>	Reference ID : <input type="text"/>
* Client : <input type="text" value="ALASKA DIVISION OF HEALTH CARE SERVICES"/>	Show : <input type="text" value="10"/>
External Reference ID : <input type="text"/>	



Dashboards and Alerts



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

Help Legends Dashboard Memory List User : User, Test

Comagine Health

Provider Provider Admin

Home New Request Search Request My Alerts

Dashboard

My Tasks	Episode #	Member Name	Request Added Date	Diagnosis	Episode type	Created By	Status
Alerts (12)	73361	Alaska, Alex	10/03/2018	F45.42 (Pain disorder with related psychological factors)	IP	Test User	InProcess
Not Submitted (3)	72932	Patient, Jill	03/07/2018	F45.41 (Pain disorder exclusively related to psychological factors)	OP	Test User	InProcess
Processed Requests (5)	72931	MCGEE, WYOMING	03/07/2018	M26.52 (Limited mandibular range of motion)	OP	Test User	InProcess
Outstanding Requests (2)	72733	WYOMING, 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/patients
- 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

Submitting for an Appeal

- Submit clinical information based on the denial decision and rationale
- No known file size for documents maximum
- Uploading to the clinical documents tab is preferred. Copying and pasting clinical in the notes tab can come across jumbled up due to secure coding within your system.
- Clinical is not needed for dates or services already approved
- If unable to add documents, contact Intake Representative at (800) 783-9207 for assistance
- Submit clinical documents in the reference number that the appeal effects when a split bill is involved
- Use the reference number only if emailing for assistance – Do not submit PHI in emails

(Note : This is a Test Site. Data entered here will not be saved)

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Provider Provider Admin

Home New Request **Search Request** My Alerts

View Member Details

Providers

Diagnosis Details

Procedure

Clinical Documents

Assessments

Correspondence

Notes

Authorization Details

Member Name :
● ●
Alaska, Alex

Gender : Male

Preferred Phone # :

Product Type: MCD(Medicaid)

Group ALASKA DIVISION OF HEALTH

Episode : IP

[View Member Details](#)

Mem

Submitting for an Appeal, continued

- Only submit clinical for the days or services denied:
 - 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
 - Attach documents in categories and label records (i.e. H&P, clinical note/date)
 - The entire chart is not required

How to Submit Documents

Step 1

- Click on 'Step 8' in the left navigational panel

(Note : This i

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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



How to Submit Documents

Step 2

- Click on the 'Add Document' button

Documents

Episode View

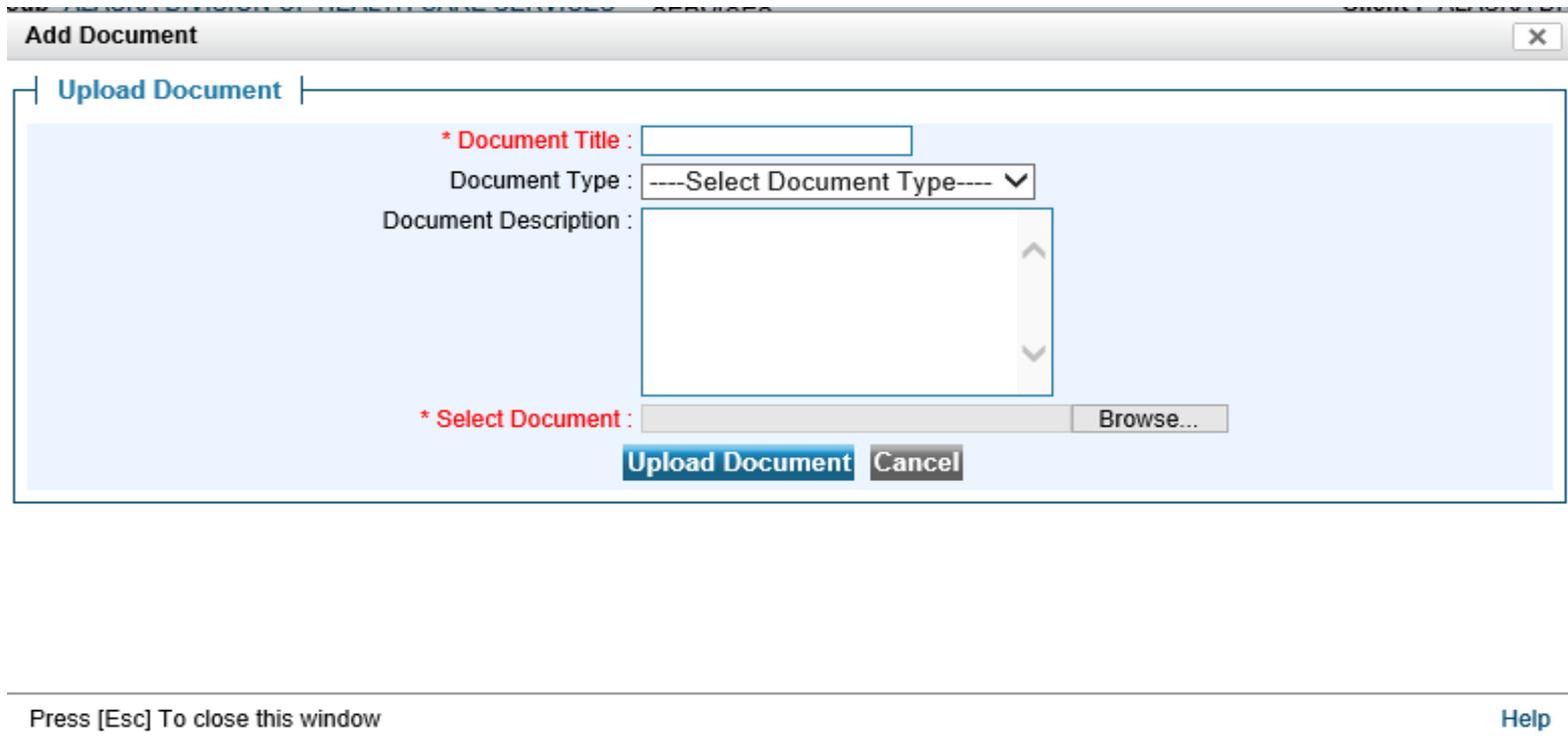
No documents.

[Add Document](#)

How to Submit Documents

Step 3

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



The screenshot shows a window titled "Add Document" with a close button (X) in the top right corner. The window contains a tab labeled "Upload Document". Inside the tab, there are several input fields and buttons:

- A red asterisk followed by "Document Title" and an empty text input field.
- "Document Type" followed by a dropdown menu showing "----Select Document Type----" and a downward arrow.
- "Document Description" followed by a large empty text area with vertical scroll arrows on the right side.
- A red asterisk followed by "Select Document" and a text input field, with a "Browse..." button to its right.
- At the bottom of the tab, there are two buttons: "Upload Document" (highlighted in blue) and "Cancel".

At the bottom of the window, there is a footer area with the text "Press [Esc] To close this window" on the left and a "Help" link on the right.

Claims Issues

- When requests are approved in the Jiva system and you encounter claims issues, confirm the following content areas are correct
- Does the authorization have the correct:
 - Provider listed
 - Diagnosis code(s)
 - Date(s) of service
 - Procedure code(s)
- Enter the corrections needed in the Notes section of the episode of care or call (800) 783-9207 for assistance

Comagine Health Contact Information

Utilization Review

Toll-free phone
(800) 783-9207

Toll-free fax
(800) 826-3630

Utilization Review Hours

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



- **Lisa Layne** Non-Clinical Manager, #208-288-2385 LLayne@comagine.org
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Questions

