The presentation will start shortly.

Dial: 888-822-3280
Participant code: 0832293#
Please mute your phone by pressing *6.

Please do not put your phone on “Hold.”
While on “Hold” other participants will hear your background music/message
Hospital Inpatient Certification and Concurrent Review

Missouri Hospital Association

October 20, 2009
George L. Oestreich, PharmD, MPA
Deputy Division Director, Clinical Services
MoHealthNet Utilization Review (UR) Program
Inpatient Certification Request Form

Date ____________________ (mm/dd/yyyy)

- Prospective (In Admission): Date of scheduled admission ____________ Date of scheduled discharge ____________
- Admission (Initial request prior to discharge): Date of admission ____________ Date of discharge ____________
- Retrospective (Post Discharge): Date of admission ____________ Date of discharge ____________
- Participant with unsubscribed Part A Medicare: Date of Part A admission ____________ Date of Part A discharge ____________

For the following options (choose all applicable options), please provide the certification:

- Change in dates and or previous certifications (provide current dates): ____________ through ____________
- Concurrent (Continued Stay): discharged as still inpatient and requires additional days added to certification
- Request for Recertification – certification denied and still inpatient
- Request for Recertification – certification denied and already discharged

Requestor’s name:
Requestor’s phone number/extension ______ Fax # ______

PARTICIPANT INFORMATION

MO HealthNet ID # (DCN) ____________________________ If DCN is unknown, provide SSN _______ _______ _______ _______
Facility ____________ Facility NPI number _______ _______ _______ _______
Attending Physician ____________ Physician NPI number _______ _______ _______ _______

Requested number of days: ____________ Reason for discharge: ____________

Anticipated discharge date ____________ Anticipated discharge plan ____________

Primary Diagnosis _______ Diagnosis code _______
Admitting Diagnosis _______ Diagnosis code _______

Please attach a face sheet for additional demographic info, and supporting notes and/or medical record documentation. Fax to ACS at (573) 634-4262.

This information is intended only for the use of the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by law, including confidentiality (HIPAA) and Federal regulations prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any review, dissemination, duplication, or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us at the above-mentioned. If you experience difficulty with the transmission, please contact us at the above-mentioned number.

December 29

http://dss.mo.gov/mhd/cs/index.htm

ACS
P.O. Box 105110
Jefferson City, MO 65110-5110

Phone: (800) 766-0686
Fax: (573) 634-4262
Current Tools for Clinical Use

- Smart PA
- Decision Support Tools
  - CyberFormance
  - Paid Claim Tool
- CyberAccess
- Care Connection
CyberAccess™

Current Features
- Patient demographics
- Electronic Health Record
  - Record of all participant prescriptions
  - All procedures codes
  - All diagnosis codes
- E prescribing
- Preferred Drug List support
  - Access to preferred medication list
  - Precertification of medications via clinical algorithms
  - Implementation of step therapy
  - Prior authorization of medications
- Medication possession ratio
- DirectCare Pro
CyberAccess™ (current, con’t)

● General Medical Uses
  ● Integrated call center support
  ● Availability of laboratory values (and references)
  ● Precertification of imaging
  ● Precertification of durable medical equipment (DME)
Near Term Additions (SF 2009)

- Determination of level of care and precertification of home and community based services
- Electronic capture and storage of EPSDT forms
- Precertification of optical (as covered)
- Patient level editing
- Electronic medical record lite (EMR)
- Patient case management tools:
  - Risk assessment
  - Stratification
  - Gaps in therapy
  - Episodes of care
  - Concurrent case management
- Eligibility determination reporting
- Incorporation of diabetic patient care management information
Later term additions

- Interoperability with other services (EMRs, hospital records)
- “Plug-ins” for EMR
  - Scheduling
  - Billing
- Integrated billing for service
- Integration of discharge summary and medication reconciliation
- Integration of home monitoring data/information
- Integration of immunization registry
Today’s HIT, How it Fits Together
ACS Care and Quality Solutions

– Overview of Differentiators

- Clinical Accreditations and QIO Designation
- CyberAccess Gateway as a Provider Portal
- Technology combined with Clinical Expertise
- Coordinated Care
- Transparency through Online Reporting Application
ACS Health Management Snapshot

Service Base

- Provide care management services to over 5,000,000 people
- Evidence Based Medicine Benchmark Data 55,000,000 people

National Accreditation – *Nationally, we are 1 of 2 Companies who are:*

- Official Quality, Peer & Independent Review Organization (Medicare certified Quality Improvement Organization “Like Status”)
- **Four (4) URAC Accreditations**: Case, disease, group health and workers’ compensation utilization management.

High Professional Standards

- Physicians – 30 physician advisors representing 20 board certifications; 6 FT Physicians. Medical and Psych; 157 specialties as consultants
- Nurses – Certified Case Managers and/or Certified Chronic Health Professionals; over 200
- Analysts, Actuaries and Engineers
- Pharmacists: over 100
<table>
<thead>
<tr>
<th>Milestone</th>
<th>Go Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td></td>
</tr>
<tr>
<td>Development and deployment of ICMS Lite</td>
<td>12/1/2009</td>
</tr>
<tr>
<td>Manual prior approval determination functions</td>
<td>12/28/2009</td>
</tr>
<tr>
<td>Phase II</td>
<td></td>
</tr>
<tr>
<td>MO ICMS stand-alone deployment</td>
<td>2/10/2010</td>
</tr>
<tr>
<td>Phase III</td>
<td></td>
</tr>
<tr>
<td>ICMS/SmartPA/SmartMedPA integrated</td>
<td>3/20/2010</td>
</tr>
<tr>
<td>Phase IV</td>
<td></td>
</tr>
<tr>
<td>Discharge Summary/Medication Reconciliation Deployment</td>
<td>3/31/2010</td>
</tr>
<tr>
<td>Phase V</td>
<td></td>
</tr>
<tr>
<td>Concurrent Utilization Review</td>
<td>5/31/2010</td>
</tr>
</tbody>
</table>
Inpatient Certification

Nurses review for medical necessity of services according to nationally-accepted Milliman Care Guidelines:

- Precertification - Preadmission certifications
- Concurrent review - Continued stay certification
- Retrospective review – Post-discharge certification
Inpatient Certification Goal—Oriented Interventions

- Inpatient days – admission, continued stay, discharge
- Negotiate level of care – ICU, med/surg, rehab, LTAC
- Discuss alternative levels of care – SNF, home care, behavioral health alternatives
- Coordinate and refer for post-discharge services
- Screen and refer into other interventional programs - Case Management and/or Condition Management
## CyberAccess – Medical Pre-Certifications Requested

### Pre-Certifications

<table>
<thead>
<tr>
<th>Pre Cert #</th>
<th>PA Type</th>
<th>Requesting Provider</th>
<th>Service Provider</th>
<th>Modifier</th>
<th>Procedure</th>
<th>Status</th>
<th>Start Date</th>
<th>End Date</th>
<th>Approved</th>
<th>Used</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20000100000534</td>
<td>Imaging CT-Head or Brain</td>
<td>79456</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000099000053</td>
<td>DME Hospital Bed - Semi-Electric</td>
<td>79456</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000000000023</td>
<td>DME Small Volume Nebulizer</td>
<td>79456</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000016000012</td>
<td>DME Hospital Bed - Semi-Electric</td>
<td>79456</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000015000012</td>
<td>Imaging MRI-Chest</td>
<td>71551</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000000000023</td>
<td>DME Hospital Bed - Manual</td>
<td>71551</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000016000020</td>
<td>Imaging MRI-Chest</td>
<td>71551</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000016000012</td>
<td>Imaging MRI-Chest</td>
<td>71551</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000016000054</td>
<td>Imaging CT-Chest</td>
<td>71551</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000016000012</td>
<td>Imaging MRI-Chest</td>
<td>71551</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20000016000054</td>
<td>Imaging CT-Chest</td>
<td>71551</td>
<td>Approved</td>
<td>05/09/2000</td>
<td>05/22/2000</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://www.cyberaccessonline.net/CyberAccessNet/PreCertifications.aspx
Discussion

- Questions

Thank you

George.L.Oestreich@dss.mo.gov

573.751.6961
Single Certification Form

ACS
P.O. Box 105110
Jefferson City, MO 65110-5110

Phone: (800) 766-0686
Fax: (573) 634-4262

http://dss.mo.gov/mhd/cs/index.htm