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INPATIENT CERTIFICATION

CONTENTS

- **New Medical Review Agent**
- **Contact Information**
- **Closure of HCE's Case Inquiry System (CIS)**
- **New Inpatient Certification Review Criteria**
- **Terminology for the New Contractor**
- **Concurrent Reviews Completed after 12/28/09**
- **Insufficient Information**
- **Daily Discharge/Expired Certification Report**

NEW MEDICAL REVIEW AGENT

The MO HealthNet Division's (MHD) contract with Health Care Excel (HCE) will end on December 31, 2009. Health Care Excel performed inpatient certification reviews on MO HealthNet eligible participants to establish an appropriate length of stay for inpatient hospitalizations. A new contractor, Affiliated Computer Services (ACS) Care and Quality Solutions, will assume the inpatient certification process on December 28, 2009. ACS also provides the Web-based electronic health record tool called CyberAccesssm which enables electronic requests for drug and medical prior authorizations, electronic prescribing, case management, and displays claims data. The features in CyberAccesssm are continuously expanding.

Over the next several months, the inpatient certification process will transition into a Web-based process and become more transparent. Initially, the process will be a nurse-based call center which will accept telephone, faxed and mailed inpatient certification requests. Once the transition is complete, most all inpatient certification requests will be submitted through ACS' CyberAccesssm or by phone or fax. The process will be similar to the medical prior authorizations currently handled through CyberAccesssm.

CONTACT INFORMATION

To make the transition easier for the provider community, ACS will retain the same toll free phone number, (800) 766-0686, and fax number, (573) 634-4262, used by HCE. The phones are staffed from 8 am to 5 pm, Monday – Friday, except for holidays. If providers call during off hours or the line is busy, you may leave a message and ACS will return your call by the next business day.

Starting December 28, 2009, documentation may be mailed to:

ACS
Attn: Tammy Brandes
205 Jefferson St., 10th floor
Jefferson City, MO 65101

Or

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

CLOSURE OF HCE'S CASE INQUIRY SYSTEM (CIS)

As a result of the new medical review agent, HCE's information web site, **Case Inquiry System (CIS)**, will not be available after **December 31, 2009**. You must obtain any needed information from this web site by December 31, 2009 or you will not have access to it. After the CIS web site is down, you may contact the new medical review agent, Affiliated Computer Services (ACS), to obtain the status of a pending certification request made prior to December 31, 2009. You may do this by calling the certification hot line at (800) 766-0686.

NEW INPATIENT CERTIFICATION REVIEW CRITERIA

The inpatient utilization review criteria will be changing with the new contract. Currently, HCE uses McKesson's *InterQual® Level of Care Criteria* to determine the benchmark covered length of stay for each inpatient hospitalization reviewed. The new contractor, ACS, will be using *Milliman Care Guidelines®*. *Milliman Care Guidelines®* produces annually updated, evidence-based clinical guidelines that span the continuum of care, including chronic care management. The *Milliman Care Guidelines®* provide much more than just authorization criteria, driving high quality care through such tools as care pathway tables, flagged quality measures and integrated medical evidence. For more information on *Milliman Care Guidelines®*, licensing or training, please call (888) 464-4746 or visit their web site at www.careguidelines.com.

TERMINOLOGY FOR THE NEW CONTRACTOR

As a result of the new inpatient certification contract, some terminology has changed. To help ease your transition, the terminology changes are as follows:

- **Certification** – An authorization of a medically necessary physician ordered inpatient stay. Certification may be obtained prior to a planned inpatient admission, after an emergency/urgent admission or after the participant's discharge from the hospital. Types of certifications are:
 - **Prospective (Pre-Admission)** – A physician ordered inpatient stay requested at least 2 days prior to the participant's scheduled admission date.
 - **Admission (Initial)** – The initial request for a physician ordered inpatient stay after the patient has already been admitted but prior to discharge.
 - **Concurrent (Continued Stay)** – A request for additional days due to unforeseen complications in the participant's condition. Patient may still be inpatient or already discharged but the admission certification would have already been completed.
 - **Retrospective (Post-discharge)** – Request for certification of a physician ordered inpatient hospital stay received after the participant has been discharged from the hospital. For example, a retrospective review would be requested if the patient does not have MO HealthNet coverage at the time of the service but eligibility is later added

to include the dates of service for the inpatient stay. An Admission certification would not have been completed.

- Validation Review – A random post payment review which confirms the information provided during the initial or concurrent review certification. Information must be consistent with the actual care rendered.
- Request for Reconsideration – Request for reconsideration of a denied inpatient certification based on the additional information the hospital or physician provides. This can be done before or after discharge. However, the request must be made within three (3) working days of receipt of denial letter if the participant is still inpatient, or within sixty (60) calendar days of receipt of the denial letter if the participant has already been discharged.

CONCURRENT REVIEWS COMPLETED AFTER 12/28/09

Inpatient certifications completed prior to December 28, 2009 that require an extension of covered days will be reviewed by ACS. The nurses at ACS will have a record of the existing certification numbers and will create a new certification encompassing the entire stay and issue a new certification number to be used on the inpatient claim. Inpatient claims submitted with the old certification number issued by Health Care Excel could deny for the days billed if they do not match the original HCE certified days.

INSUFFICIENT INFORMATION

Certification requests submitted via fax or mail must have all information necessary for ACS to review and complete the certification of the inpatient stay. If ACS does not receive all necessary information, the certification request will be closed and the physician and hospital will receive a letter stating what information is missing to complete the certification. This is **not** a denial of the certification, but rather, the request will be considered “closed” so the reconsideration and appeal rights awarded to each certification remain intact. The provider must then resubmit all previously submitted information including the missing information. ACS will review the information again to determine a benchmark length of stay and issue a new certification number.

DAILY DISCHARGE/EXPIRED CERTIFICATION REPORT

ACS will generate a report by facility reflecting all approved certifications that will expire that day. ACS will contact each facility to see if the participant will be discharged as planned or if additional days are needed. Each facility will receive a faxed copy of their portion of the report reflecting all certifications scheduled to expire that day. The facility must then indicate the discharge date on the report or request additional days and fax it back to ACS with any necessary additional information. This will assist facilities in initiating a concurrent review in a more timely manner.

MO HealthNet is also asking that hospital providers identify any patient with both Medicare and MO HealthNet (dual) coverage and add them to the daily report from ACS. Make sure all dual eligible patients are on the report even if MO HealthNet is not covering the inpatient stay.

Discharge Tracking

To assist in improving patient care, MO HealthNet will be tracking patients after discharge from the hospital. MO HealthNet is requesting hospital providers to indicate on ACS's Daily Discharge/Expired Certification Report all patients who have both Medicare and MO

HealthNet (dual) coverage, even if one or both payers are not covering the inpatient stay. If a dual eligible patient is not reflected on the daily report, please add the patient's information to the report before faxing it back to ACS. If you have any questions regarding the Daily Discharge/Expired Certification Report, you may call the certification hot line at (800) 766-0686.

New Certification Request Form

Effective December 28, 2009, the current certification request forms will be combined into one Inpatient Certification Request Form. This one form will be used for all types of certification requests. The Inpatient Certification Request Form is attached so you can make copies for use on December 28th. The form will also be available on our Web site at www.dss.mo.gov/mhd/providers under the MO HealthNet Forms link.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**



Post Office Box 105110
 Jefferson City, Missouri 65110-5110
 Phone: (800)766-0686
 Facsimile: (573)634-4262



**MO HealthNet Utilization Review (UR) Program
 Inpatient Certification Request Form**

Date ____/____/____ (mm/dd/yyyy)

- o **Prospective (Pre-admission):** Date of scheduled admission ____/____/____
 Date of scheduled surgery ____/____/____
- o **Admission (Initial request prior to discharge):** Date of admission ____/____/____
- o **Retrospective (Post Discharge):** Date of admission ____/____/____ Date of discharge ____/____/____
- o **Participant with exhausted Part A Medicare:** Date of Part A exhaustion ____/____/____

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

- o **Change in dates on a previous Certification (provide correct dates):** ____/____/____ through ____/____/____
- o **Concurrent (Continued Stay)** – discharged or still inpatient and requires additional days added to certification
- o **Request for Reconsideration** – certification denied and still inpatient
- o **Request for Reconsideration** – certification denied and already discharged

Requestor's name: _____

Requestor's phone number/extension :(____)_____ Fax #: (____)_____

Participant name: _____

D.O.B ____/____/____

MO HealthNet ID # (DCN): |_|_|_|_|_|_|_|_|_|_| If DCN is unknown, provide SSN: |_|_|_|_| - |_|_|_| - |_|_|_|_|_|_|

Facility: _____ Facility NPI number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Attending Physician: _____ Physician NPI number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Requested number of days: _____ Requested date range: from ____/____/____ through ____/____/____

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 telefaxed information is intended only for the use of the individuals or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by law relating to confidentiality (42 CFR Part 2) prohibiting any further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, 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 via mail. If you experience difficulty with this transmission, please contact us at the above phone number.