

CHRONIC DISEASE HOSPITALS CONCUR AUTHORIZATION REVIEW PROCESS

I. Introduction

Qualidigm is responsible for reviewing Medicaid patients in Connecticut and border state chronic disease hospitals (CDHs). The process described below is in accordance with section 17b-262-787 of the Regulations of Connecticut State Agencies as implemented by the Department of Social Services (DSS).

Patients requiring review

This review process applies to:

Fee-for-service Medicaid patients who are admitted to a Chronic Disease Hospital on or after December 1, 2009.

A separate process will be used to review the continued stay for eligible patients who were admitted prior to December 1, 2009. A third process will be used to review patients who were not eligible at the time of admission, but who are granted eligibility during their stay or after discharge. The implementation date and description of those processes will be communicated by DSS and Qualidigm at a later date.

Qualidigm's review team

Qualidigm uses a team of registered nurses who are trained in utilization review and InterQual screening criteria. Cases not meeting criteria are reviewed by physicians licensed in the state of Connecticut. Whenever practicable, and in the case of an appeal, Qualidigm will use practitioners that are the same specialty as that of the treating practitioner.

Review criteria

The following InterQual criteria sets will be used by Qualidigm's nurses when reviewing CDH cases: Rehabilitation, Long Term Acute Care, Acute Care and Behavioral Health. Reviewers will also apply DSS' Medicaid policy requirements as specified in the regulations referenced above as well as others that apply to patients in CDHs.

Contact Information & Forms

- Review telephone: 1-800-629-7337
- Review fax: 860-257-8409
- Information telephone: 860-632-6355
- Admission/Readmission Review Form
www.qualidigm.org link info
- Continued Stay Review Form
www.qualidigm.org link info
- Continued Stay for Placement Review Form
www.qualidigm.org link info

II. Review process

A. Admission review

For elective admissions, the hospital must request authorization of admissions and readmissions *prior to the patient's admission to the CDH*. For emergency admissions¹, the review request must be made no later than the 2nd workday² after the admission. The **Admission/Readmission Review Form** must be used to request the review. The completed form can be faxed to Qualidigm or the hospital can telephone Qualidigm with the required information.

If the Qualidigm nurse can authorize the admission based on the information provided, the hospital will be given an *authorization number and next review date*. For telephone reviews, the authorization number and next review date will be given to the hospital at the time of the call. For faxed reviews, this information will be communicated to the hospital electronically through a secured website *one business day* after the receipt of all of the required information.

The next review date is based on the patient's clinical circumstances and the medical justification received. Qualidigm will authorize up to 30 days during the admission review process.

¹ Department of Social Services defines an emergency as a medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any body organ or part.

² Qualidigm Holidays: Ney Year's Day, Martin Luther King Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, Christmas Day.

B. Continued stay review

The hospital must request authorization for continued stays *prior to or on the next review date* given to the CDH by Qualidigm. The ***Continued Stay Review Form*** must be used to request the review. The completed form can be faxed or the hospital can telephone Qualidigm with the required information.

If the Qualidigm nurse can authorize the continued stay based on the information provided, the hospital will be given a *next review date*. For telephone reviews, the information will be given to the hospital at the time of the call. For faxed reviews, the information will be communicated to the hospital electronically through a secured website *one business day* after the receipt of all of the required information. This process will continue until discharge or until the patient no longer meets medical necessity for a CDH stay. (See Sections D.2.a and D.2.b below for information regarding cases where the patient's stay is no longer medically necessary.)

The next review date will be based on the patient's clinical circumstances and the medical justification received. Qualidigm will authorize up to 90 days or longer on a case-by-case basis during the continued review process.

C. Physician review

When the Qualidigm nurse reviewer determines that the InterQual criteria are not met, the case will be referred to a physician reviewer. The physician will determine if the patient requires care in a chronic disease hospital. If the physician cannot authorize the case based on the information provided by the nurse reviewer, s/he will request that additional information be obtained from the hospital or will contact the treating practitioner to discuss the case. If, after two business days, the requested information is not received or the reviewing physician is unable to reach the treating practitioner after at least three documented telephone calls, a review decision will be made based on the information available at that time.

1. Physician review of admissions:

As a result of reviewing the admission, the physician will either approve or deny the case as explained below.

Approved cases: If the physician reviewer can approve the admission based on the information provided, the review will be completed within two working days after receiving all of the requested information and the hospital will be given an *authorization number and next review date*.

Denied cases: If the physician reviewer is unable to approve Medicaid payment for an admission based on the information provided then the individual requesting the review

will be notified of the decision and a denial letter will be issued as explained in Section G. below.

2. Physician review of continued stays:

Approved for hospital level of care: If the physician reviewer can approve the continued stay for hospital level of care based on the information provided, the review will be completed within two working days after receiving all of the requested information.

Non-hospital level of care: If the physician reviewer is unable to approve the case for hospital level of care based on the information provided, then the individual requesting the review will be notified of the decision and advised to consider the next course of action that will be one of the following:

a. Safe discharge to a lower level of care:

If Qualidigm, the hospital and attending physician agree that the patient can be safely discharged to a lower level of care, such as nursing home or home with home health services, Qualidigm will authorize an initial seven (7) days to allow the hospital to implement a discharge plan. Prior to or on the seventh day, the hospital must request any additional days that the patient needs while awaiting placement. The number of additional days authorized will be determined on a case-by-case basis, depending on the patient's clinical circumstances and on the documentation provided by the hospital.

This process will continue until the patient can be appropriately discharged.

The ***Continued Stay for Placement Review Form*** must be used to request the review. The form requires the hospital to provide the names and telephone numbers of contacts for six (6) facilities/agencies where the patient is on an active waiting list for placement. The completed form can be faxed or the hospital can telephone Qualidigm with the information from the form. If the Qualidigm nurse can authorize the continued stay based on the information provided, the hospital will be given a *next review date*. For telephone reviews, the information will be given to the hospital at the time of the call. For faxed reviews, the information will be communicated to the hospital electronically through a secured website *one business day* after the receipt of all of the required information.

b. Unsafe discharge:

If the hospital and Qualidigm agree that safe discharge from the CDH is not possible, Qualidigm will authorize a continued stay for up to 90 days or longer, on a case-by-case basis, depending on the patient's clinical circumstances and on the documentation provided by the hospital.

The ***Continued Stay Review Form*** must be used to request the review. The completed form can be faxed or the hospital can telephone Qualidigm with the information from the form.

If the hospital and attending physician disagree with Qualidigm's determination that the patient can be safely discharged to a lower level of care or is not safe for discharge, then the case will be referred to the Department of Social Services for review.

D. Discharge review

When the patient is discharged, the hospital will be required to notify Qualidigm. The hospital can notify Qualidigm via telephone, fax or the secured website that will be used to communicate authorization numbers, next review dates and requests for additional information. Qualidigm will notify the hospital of the total number of days authorized and denied electronically through a secured website within *one business day* of receiving notification of the discharge.

E. Incomplete review requests

Nurse reviewers cannot approve cases that do not include all of the required information listed below:

Missing/Incomplete Information	Action to be Taken
Medicaid ID # not provided or is invalid	The hospital will be requested to verify the ID # in interChange and, if the patient is found to be eligible, resubmit the case with the verification of eligibility.
Medical information is missing or does not meet InterQual criteria for admission or continued stay	The hospital will be requested to submit the medical/additional information. If the information submitted is still not sufficient for the nurse to approve the case using the InterQual criteria, then it will be sent for physician review as described above.

Qualidigm will request the additional information referenced above via a secured website or by telephone if the review request was made telephone

F. Untimely review requests

If the request does not meet the following timing requirements, then payment for the admission/continued stay days will be denied for technical reasons. The denial decision will be communicated as explained below. (See: **G. Communication of review results.**)

Review Request Type	Timing Requirements for Submitting the Request
Admission review request for elective admissions	Prior to admission
Admission review request for emergency admissions	No later than the 2 nd workday after admission
Continued stay review request, all types: i.e., patients meeting hospital level of care, waiting for placement and those who cannot be safely discharged to another level	Prior to or on the next review date assigned by Qualidigm

G. Communication of review results

Authorized Admission/Continued Stay:

Qualidigm will assign a unique authorization number and a next review date to each case where it has authorized the admission or continued stay. This number will be communicated during the initial admission review and each subsequent continued stay review. When the patient is discharged the hospital will be notified of the total number of authorized days. This information will be communicated to the hospital electronically through a secured website. This information will also be communicated to DSS via its data processor.

Denial of Admission:

If Qualidigm denies Medicaid payment for an admission to the CDH, the individual requesting the review will be notified of the decision via telephone. In addition to the electronic communication referenced above, a written denial notice will be sent to a designated contact at each hospital, the attending physician, and the patient/patient's representative. The denial letter will contain instructions on the reconsideration process described below.

Technical Denial:

If the hospital does not meet the timeframes for submitting a request for authorization of an admission or continued stay days, Qualidigm will issue a technical denial specifying the denied days. The written notice will be sent to a designated contact at each hospital. In addition, the denied admission/days will be communicated electronically to

the hospital via a secured website. There is no reconsideration review process for technical denials.

H. Reconsideration review process

The hospital, physician and patient/patient's representative have the right to request a reconsideration of Qualidigm's denial of admission. The reconsideration may be requested via telephone or writing, and must be made within ten days of the date of the denial letter.

The requesting party has the right to provide input to Qualidigm via telephone or in writing. For cases where the requesting party provides input via telephone or does not wish to discuss the case with the reviewer, a review determination will be made within three work days after the receipt of the request. For cases that involve the submission of written material, the review will be completed within one week of Qualidigm's receipt of the documentation.

A written notice of the reconsideration decision will be sent to hospital, physician and patient/patient's representative explaining the reason for the decision. If the decision is to uphold the denial, the notice will also provide information on the patient's right for a Fair Hearing. If the admission is approved, the notice will include an authorization number.

I. Department Fair Hearing process

In accordance with Department regulation, a client is entitled to a Fair Hearing of a reconsideration denial determination. These regulations do not afford the hospital or physician the right to a hearing. The hearing will be conducted in accordance with the Department's process.