



MEDICAID CONNCUR PROGRAM

TO: Hospital: Business Office, Patient Accounts, Admitting, Utilization Review/Management
FROM: Kathy Warren, Chief Corporate Services Officer
DATE: February 8
RE: Information on the CONNCUR Program

We want to bring you up-to-date on a change that will be taking place in the CONNCUR review process during the coming months as well as provide you with some reminders about the current process that we hope you will find helpful.

CHANGE

In March, Qualidigm plans to introduce the Provider Portal that was shared with hospitals at CHA in September. This is a web-based application that hospitals will use to submit requests for CONNCUR acute care hospital admissions reviews. This Portal will replace the need to fax requests. Hospitals and physician offices can, however, continue to request reviews via our toll-free telephone line. You can expect to hear more about the portal in the coming weeks.

REMINDERS

Timeframes for Review

The timeframe for review requests depends on the type of admission as explained below:

- Non-emergency admissions - require review prior to the patient's admission.
- Emergency admissions - require review within two business days after the admission.
- Weekend admissions - all non-emergency weekend admissions require review within **one business day after the admission**.

Qualidigm's telephone lines accept calls between 9:00 AM and 4:30 PM, Monday-Friday (excluding holidays¹). Providers may also fax their review requests 24 hours/day, 7 days/week. A review that is faxed to Qualidigm must be received on the second business day after the admission.

Information needed for all reviews

A review can be processed within minutes when the requesting party has all of the following information on the patient available before faxing a case or calling our toll-free telephone line:

- Medicaid ID number;
- First and last name;
- Sex;
- Date of birth;
- Date of the proposed or actual admission;
- Name and telephone number of the treating or admitting physician (the UPIN/NPI # is also helpful);
- Type of admission (emergency/urgent or elective);
- Hospital name;
- Admit diagnosis; and

¹ QUALIDIGM HOLIDAYS: New Year's Day, Martin Luther King's Birthday, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the following Friday, Christmas Day.

- Treatment plan, including clinical indications and relevant past medical history (the information provided should be brief and to the point, i.e., a paragraph or two that focuses on the clinical indications for an acute care hospital admission).

NOTE: A review cannot be conducted if the requesting party is unable to provide a valid Medicaid ID for the patient. Cases without a valid ID number will be returned to the hospital for re-submission with verification of eligibility.

Medicaid Eligibility

Medicaid eligibility may be accessed through the Automated Eligibility Verification System (AEVS) 1-800-842-8440 (toll free in-state) OR 860-269-2028 (in Farmington, CT area)

The Department of Social Services’ (DSS’) Medical Assistance Program secured website is also a resource for this information. The website address is:

<https://www.ctdssmap.com/CTPortal/Provider/Secure%20Site/tabId/53/Default.aspx>

Cases Requiring CONNCUR review

Please refer to the table below for a summary.

Types of Insurance	CONNCUR Review Required for Admissions?
Medicaid Fee-for-Service	YES
Medicaid Managed Care	NO
State Administered General Assistance (SAGA)	YES, for Medical Admissions only (see below)
Medicaid Medicare Part A (Fee-for-Service or Medicare Managed Care)	NO
Medicaid Fee-for-Service and Medicare Part B (only)	YES
Medicaid Fee-For Service and Commercial Insurance	YES

Patients Enrolled in State Administered General Assistance (SAGA)

CONNCUR reviews medical hospital admissions for SAGA patients. Admissions for mental health and substance abuse require authorization from ADVANCED BEHAVIORAL HEALTH (ABH) at 1-800-606-3677.

When a SAGA client is initially admitted to a general hospital for the treatment of an acute psychiatric or substance abuse condition and later requires transfer to a medical unit within the same facility, authorization from CONNCUR is not required. However, the medical claim must be sent to the Department’s Provider Relations Unit for special handling.

On the other hand, when a SAGA client is initially admitted to a general hospital for the treatment of a medical condition and later requires transfer to a psychiatric unit in the same facility, the initial CONNCUR number should follow the client throughout his/her hospital stay.

Please refer to the following site for more detailed information about these cases:

http://www.ctmedicalprogram.com/bulletin/pb06_102.pdf

Patients Granted Eligibility Retroactive to a Hospital Stay

CONNCUR can review hospital admissions where a patient is granted Medicaid or SAGA eligibility after admission provided that the review request is submitted within ten (10) calendar days of the hospital verifying eligibility and includes the following documents:

- a CONNCUR PREPAYMENT REVIEW form that can be found at: http://www.qualidigm.org/uploadedFiles/Professionals/Topic/Medicaid/Prepayment_Form.pdf;
- clinical information to support the need for an acute care hospital stay; and
- a copy of the eligibility form from Medicaid. NOTE: The eligibility dates must be within the same month as the admission date and the date eligibility began must be on or before the date of admission. Qualidigm cannot review a case where the patient became eligible after the admit date. These cases must also be sent to the DSS Provider Relations Unit for special handling.

Review of Emergency Admissions Where Authorization Was Not Obtained on a Timely Basis

Hospitals can request a limited number of retrospective reviews for emergency admissions where prior authorization was not obtained on a timely basis. DSS notifies hospitals annually of the number of retrospective reviews and “Good Cause” cases (see below) that can be requested by the hospital. The review request must be submitted within thirty (30) calendar days of the date the patient was admitted to the hospital, and must include:

- the SPECIAL RETROSPECTIVE REVIEW form that can be found at: http://www.qualidigm.org/uploadedFiles/Professionals/Topic/Medicaid/SpecReview_Form.pdf;
- a copy of the medical record; and
- a check for \$100.

Upon request, Qualidigm can waive the thirty (30) day time limit for a specified number of “Good Cause” exceptions that meet the following criteria:

1. the failure to make the request within the thirty (30) days time limit was caused by reasons beyond the control of the hospital; and
2. the hospital did not know nor had any reason to check the eligibility of the individual within the thirty (30) day time period or checked with the Department’s eligibility verification unit and was given erroneous information.

Hospital may request a reconsideration of cases failing to meet “Good Cause” exception criteria. For unresolved disputes about “Good Cause” criteria, Qualidigm will consult with the DSS who will make the final decision.

Observation Services

The Department of Social Services is in the process of preparing a Provider Bulletin that will update its policy on the use and billing of Observation Services.

Intra-Hospital Transfers

Transfers between units or services within the same hospital **DO NOT** require prior authorization. Unlike Medicare, Medicaid does not consider transfers within the same hospital as a discharge and readmission. The original CONNCUR authorization number applies to the entire hospital stay.

Transfers Between Acute Care General Hospitals: Emergent vs. Elective

A case is considered an **emergency** admission if the patient requires emergency care not available at the transferring hospital. An example is a cardiac patient who needs emergency open-heart surgery, which cannot be performed at the transferring hospital. The emergency admission review process applies in this case; i.e. the receiving hospital/physician must call Qualidigm for authorization within two business days after transfer.

A case is considered an **elective** (non-emergency) transfer when a patient needs services which are not provided at the transferring hospital (e.g., specialized surgery) but the patient is not in immediate danger and can be cared for in the transferring hospital until the appropriate authorization for transfer can be arranged. This transfer is not considered an emergency and the elective admission review procedure applies; i.e., the transferring or receiving hospital/physician must call for authorization before the transfer takes place.

Transfers to a Chronic Disease Hospital

Qualidigm now performs review for in-state and border Chronic Disease Hospitals (Gaylord, Hospital for Special Care, Hebrew Home and Hospital, Masonic Home and Hospital, Mt. Sinai Rehabilitation Hospital, Kindred Hospital Parkview, Blythdale Childrens' Hospital, Franciscan Hospital for Children). If an acute care hospital is transferring a patient to any of these facilities, the **Chronic Disease Hospital must obtain a prior authorization from CONNCUR** in order to ensure payment will be made.

Transfers from Tertiary Care Facilities

CONNCUR will only authorize transfers from tertiary care centers back to local hospitals if continued stay for the expected full duration of hospitalization at the tertiary care hospital: would be medically inappropriate; would compromise the patient's recovery or health status (e.g., issues of infant-mother bonding); or would create an administrative hardship for the transferring hospital. If any of these circumstances exist, CONNCUR must review the case prior to the transfer.

Maternity Patients

Full-term maternity patients (37 weeks age of gestation or greater) who are admitted to the hospital to deliver and do so within forty-eight hours of arrival do not require CONNCUR authorization.

Full-term maternity patients who are in active labor and who are admitted to the hospital specifically for delivery and who do not deliver within forty-eight hours of arrival require CONNCUR authorization. The authorization should be requested within two business days after the expiration of the 48-hour period.

Pre-Term maternity patients (less than 37 weeks age of gestation) who are suspected of being in, or are actually in pre-term labor, require CONNCUR review. These patients are considered emergency admissions and review must be requested within two business days of admission.

Maternity patients, who are admitted to the hospital for reason(s) other than delivery, e.g., uncontrolled diabetes, pre-eclampsia, require CONNCUR review. Depending on the specific circumstances of the case, the admission may be classified as either emergency or elective.

Maternity patients who deliver outside the hospital are considered emergency admissions and requests should be called in within two business days of admission.

Newborns

If a newborn infant requires a transfer to a tertiary hospital, the receiving (i.e., the tertiary) hospital should call Automated Eligibility Verification System (AEVS) to determine if the infant has his/her own Medicaid ID number. The provider cannot use the mother's ID number for the baby. If the infant does not have his/her own ID number, a review is not required if the transfer is made to an instate facility. If the transfer is to an out-of-state hospital, a review must be conducted as a prepayment review when eligibility is granted.

CONTACT INFORMATION and ADDITIONAL RESOURCES
CONNCUR

Telephone #: 1-800-628-7337

Fax #: 1-860-635-3628

Kathy Warren, Chief Corporate Services Officer, Qualidigm
860-632-6355

CONNCUR information and review forms:

<http://www.qualidigm.org/Professionals/Topic/Medicaid.aspx>

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