



QUALIDIGM'S MEDICAID FEE FOR SERVICE CASE PROCESSING TIPS

Qualidigm is contracted by Connecticut Department of Social Services (DSS) to process preadmissions and acute care inpatient stays, via telephone or facsimile for Medicaid fee for service recipients. Per DSS, “*a provider must comply with all prior authorization requirement. It is the responsibility of the provider to verify client eligibility on the dates(s) of service.*”^{*} We have created this quick tipsheet in order to assist facilities to process cases most efficiently. Qualidigm uses InterQual criteria. The medical data needs to be given that will support the acute inpatient stay.

- 1. Send or call for authorizations of inpatient stays only with verified Medicaid members.** Qualidigm cannot process patients that are on spend-down. When Medicaid eligibility has been received, follow the mandatory instructions for submitting these cases.
- 2. Provide the date and time the patient came to the hospital.** The verbal and faxed reviews received need to have the date the patient arrived at the hospital. This is especially important for Emergency Department billing. We need the date of arrival at the hospital, not the date of admission on the floor.
- 3. Telephonic reviews – the facility representative needs to be prepared to give a clear and concise medical review.** If caller is not prepared, Qualidigm will ask the person to call back with a complete review or provision of additional clinical information. We will let you know at the time of the call what information will be needed in order to complete the review. If no additional information is received within 14 days, we will forward for M.D. review with the information submitted.
- 4. Fax reviews need to be “readable.”** We must be able to read the Medicaid recipient name, ID #, verification #, the date of birth, and medical information. *Please keep documentation to two pages.* After processing the fax case, a Qualidigm fax will be sent with the authorization number or a note. The note will indicate the exact additional information that is needed to complete the review. Qualidigm’s fax sheet indicates to return the information in 14 days. *After the 14 days, the case will be processed, based on the information received.* If there is no further information, let us know immediately and the case will be processed sooner than 14 days.
- 5. Only send duplicate faxes, when requested to do so.** *Thank you, as this will save “trees”.*
- 6. Please share authorization information with your billing office.** Qualidigm’s fax sheets will have the authorization number or a note. Qualidigm returns the fax to one number, which has been provided by the facility.
- 7. Billing mismatch of information with DSS system.** Call Qualidigm at 1-800-628-7337 to verify case.

*** DSS: Call the Automated Eligibility Verification System (AEVS) at 1-800-824-8440 or 860-409-4500; state website at www.ctmedicalprogram.com.**