
Florida Comprehensive Medicaid Utilization Management Program

Psychiatric Services Presentation

June 2014

Partnership: AHCA and eQHealth

- Contract award - The Florida Agency for Health Care Administration awarded eQHealth Solutions the contract to provide comprehensive Medicaid utilization management services (CMUMP)
- Local office / operations in Tampa Bay area
5802 Benjamin Center Drive, Suite 105
Tampa, FL 33634

PSYCHIATRIC INPATIENT SERVICES REVIEW PROGRAM

Recipients Category of Aid

Reminder:

Always verify the recipient's eligibility prior to submitting a review request to eQHealth.

Recipients Category of Aid

- Fee for Service
- Medically Needy

Recipients Category of Aid

Exempt from review:

- Recipients enrolled in an Managed Medicaid Plan
- Dual Eligible Medicare/Medicaid or TPL/Medicaid eligible recipients
- Individuals who are inmates of public institutions

Review Types

DRG:

- Inpatient psychiatric services

Per Diem:

- SIPP admissions
- Inpatient admissions prior to 7/1/13

Acute Inpatient Psychiatric Review Types

Admission Review: Submitted when a recipient is scheduled for admission or is admitted as emergent.

- Non-emergency - 24 hours prior to admission
- Emergency - within 4 hours of admission

Transfers: Submitted when a recipient is transferred from a med/surg unit to a psych unit.

Retrospective Review:

- Within 12 months of the eligibility determination

Reconsideration Review:

- Expedited - While the recipient is still inpatient
- Standard - Within 30 calendar days of the adverse determination

SIPP Review Types

Admission Review: Submitted when a recipient is scheduled for admission. Must be submitted prior to admission.

Continued Stay Review: Submitted when a recipient requires continued stay beyond the current authorized period.

Retrospective Review:

- Within 12 months of the eligibility determination

Reconsideration Review:

- Expedited - While the recipient is still inpatient
- Standard - Within 30 calendar days of the adverse determination

REVIEW PROCESS

Review Submission by Provider

All requests for initial authorization (including transfer), continued stay, and retrospective review must be submitted via eQSuite.

Reconsiderations may be submitted via eQSuite.

First Level Review

Our 1st level reviewers are Florida licensed registered nurses who have psychiatric experience.

First Level Review

First level determinations:

- **Pend** the request for additional or clarifying information from the provider.

- **Approval** of the medical necessity of the services as requested. The SIPP approval includes a particular number of days of the service.

- **Referral** to a physician peer reviewer. This determination is rendered when:
 - The clinical reviewer's criteria and/or guidelines are not satisfied.
 - Prior authorization request may be experimental or investigational and reviewer cannot determine if the request meets this excluded category.

First Level Review

First Level Reviewers (Nurse Reviewers):

When the first level reviewer is not able to approve the services on the basis of the complete information, (s)he **must** refer the request to a second level, physician peer reviewer

Our first level reviewers do **not** render an adverse determination.

Request for Additional Information “Pend Process”

Types of pends:

- Administrative
- First Level Clinical Pend
- Second Level Clinical Pend

Notification method:

- Email notice that additional information is required
- Access review in eQSuite to view the requested information

Request for Additional Information “Pend Process”

Timeframe for submission of information:

- One business day
- Review suspended if the information is not received as requested

Submission Method:

- Direct upload into the review in eQSuite, or
- Fax with eQHealth bar-coded fax cover sheet

Second Level Review

Only a physician peer reviewer may render an adverse determination.

Second Level Physician Peer Reviewers:

- Florida-licensed psychiatrists who are located in Florida and in active practice.
- Board certified in psychiatry.
- On staff at or have active admitting privileges in at least one Florida hospital.

Second Level Review

Physician reviewers conduct reviews and render medical necessity determination with consideration for:

- Generally accepted professional standards of medical care;
- clinical experience and judgment;
- Peer to Peer consultation with the attending physician.

Second Level Review

Our physician peer reviewers do *not* review cases for the following real or potential conflict of interest circumstances:

- For recipients for whom they have provided medical care or consultation services;
- For recipients who are relatives;
- For facilities or agencies in which they have admitting privileges or a financial interest;
- For any attending, admitting, treating, ordering; consultant, specialist physician involved in the care where the physician reviewer has a conflict of interest.

Second Level Review

Physician Reviewers may render an approval or an adverse determination.

- **Approval:** Approval of the acute admission, or some or all of the requested SIPP days.
- **Denial:** The admission is determined not to be medically necessary.

Review Determination Notification

Providers with eQSuite logons:

- Electronically, via an email notice, to check eQSuite.
 - The notice is posted to eQSuite, and
 - May be downloaded and printed.

Adverse Determinations:

- Physicians and recipients/legal representatives receive written, mailed notifications.

Review Determination Notification

Notifications include:

- The dates of service and the services approved or denied
- The approved number of days authorized
- The reason for an adverse decision
- The rights to reconsideration and how to request one
- The recipient's right to a fair hearing and how the recipient may request one.

Timelines

Review Type	Response
<ul style="list-style-type: none">• Admission Request• Continued Stay	<p>1st level reviewer determination within 4 hours of receipt of a complete request.</p> <p>When referred to a physician reviewer: Within 1 business day of receipt of complete request.</p>
<ul style="list-style-type: none">• Retrospective Review	Within 15 business days of receipt.
<ul style="list-style-type: none">• Reconsideration Review - expedited	1 business day
<ul style="list-style-type: none">• Reconsideration Review - standard	20 calendar days

Reconsiderations

Reconsideration requests may be submitted by:

- The facility
- The ordering physician
- The recipient or parent/legal guardian

Reconsideration request submissions:

- Providers with eQSuite logons may submit reconsiderations via eQSuite.
- Facilities, ordering physicians and recipients/legal guardians may submit reconsideration requests via fax, phone or letter.

Reconsideration requests must be submitted within the allowed timeframes or the right to reconsideration is waived.

Reconsiderations

Reconsideration Outcomes:

A board certified psychiatrist, who was not involved in the original adverse determination, will render one of the following determinations:

- Uphold the original adverse determination.
- Modify the original determination, approving a portion of the previously denied days (SIPP)
- Reverse the original determination, approving the admission and/or all the days requested.

Please Note: When requesting a reconsideration, new and/or additional clinical information should be submitted.

Fair Hearings

Recipients, or their legal representatives, whose services are denied or reduced may appeal the adverse decision by requesting a Fair Hearing.

A Fair Hearing request:

- Must be submitted to AHCA Medicaid Area Office or DCF Office of Appeals and Hearings by phone or mail, and
- must be made within 90 calendar days of the date of the adverse determination notification mailing.

eQSUIE

eQSuite

Proprietary eQHealth web-based software:

- Secure HIPAA-compliant technology allowing providers to record and transmit the information necessary to obtain authorizations
- System access for adding, deleting or changing access for authorized users
- 24/7 access
- Rules driven functionality
- A reporting module that provides the real-time status of all review requests
- A helpline module through which providers may submit questions

eQSuite

Minimal System Requirements:

- Computer with Intel Pentium 4 or higher CPU and monitor
- Windows XP SP2 or higher
- 1 GB free hard drive space
- 512 MB memory
- Internet Explorer 8 or higher, Mozilla Firefox 3 or higher, or Safari 4 or higher
- Broadband internet connection

eQSuite Capabilities

Functionality:

- Create new reviews
- Respond to requests for additional information
- View and print review determination notifications
- Reports
- Respond to adverse determination
- Search your requests
- Online helpline
- Utilities

eQSuite Capabilities

- Update My Profile
- User Administrator
 - only the designated System Administrator can view this option.

eQSuite

Live Demonstration

Getting Started

Obtain logons for eQSuite, the eQHealth proprietary web based utilization management application

- Complete the Provider Contact Form
- Assign an “Assigned eQHealth Liaison” and “System Administrator” for your facility
(You may have more than one “System Administrator” for your facility.)
- Assign logons to facility staff

Provider Communications

- Blast Fax Provider Alerts
ncalvert@eqhs.org
- Dedicated Florida website: <http://fl.eqhs.org>
- Customer Service:
 - 855-444-3747
 - 8 a.m. - 5 p.m.
 - Monday - Friday (except Florida state holidays)
- Secure, HIPAA compliant, online inquiries via the eQSuite helpline module

Please do not submit PHI via email to eQHealth.

Provider Communications

Dedicated Florida Provider Website

<http://fl.eqhs.org>

- Access to eQSuite
- Training and webinar schedules and registration
- Service Specific Provider Handbooks
- eQSuite Users Manual
- Frequently Asked Questions
- Important Announcements and Updates
- Downloadable forms
- Links to other pertinent websites
- Job postings

TRANSITION

AUTHORIZATION REQUESTS

Authorization requests:

- For DOS beginning 7/1/14 (Acute and SIPP)
 - Enter “Initial” authorization request in eQSuite
- SIPP continued stays that span 7/1/14:
 - Enter as a initial admission in eQSuite
 - Date of admission = the day after the last day of current authorization period
 - Document “continued stay” in Summary box in eQSuite
- Retrospective reviews not previously processed by Magellan (post-service):
 - Enter as a “retrospective review request” in eQSuite.
 - Do not submit review requests for services previously denied by Magellan.

eQHealth begins reviews 7/1/14

RECONSIDERATIONS

- Magellan is responsible for reconsideration reviews and peer to peer consultations for adverse determinations made by Magellan reviewers.
- eQHealth Solutions is responsible for reconsideration reviews and peer to peer consultations of adverse determinations made by eQHealth reviewers.

FAIR HEARING

eQHealth will support Fair Hearings scheduled for adverse determinations made by eQHealth.

QUESTIONS AND ANSWERS

Thank you for your participation!

Please complete the evaluation that will appear at the end of the webinar.