

## HOSPITAL FOCUS GROUP Q's & A's - FEBRUARY 5, 2010 WEB-EX

**Q:** How will reconsideration cases be tracked in the Cyber tool?

**A:** The review status on the certification report will be "pending", "approved", "partially approved", or "denied."

**Q:** How will retrospective reviews be tracked in the Cyber tool?

**A:** At this time, the retrospective reviews received by ACS are being worked but are not viewable by providers. ACS is working to make this a viable option.

**Q:** What is the usual response time for a retrospective review?

**A:** The normal turnaround is 15 business days. The state is attempting to reduce the number of retrospective review cases by allowing requests for continued stay reviews up to 14 days post discharge. Our goal is for retrospective reviews to be necessary **ONLY** when Medicaid eligibility determination is delayed for a prolonged period after discharge.

**Q:** Where can we obtain information regarding patient Medicaid eligibility, and what the various codes mean?

**A:** This information is as follows:

- ❖ Certifications are to be performed on all participants with...
  - a coverage end date after the date of admission.
  - The 3 ME codes below must have a provider lock-in that starts with an 81. The start date on the provider type 81 is the actual date eligibility starts:
    - **73** - Covers uninsured children under the age of 19 in families with gross income above 185% of the FPL. (Also known as MO HealthNet for Kids.) Families must pay a monthly premium.
    - **74** - Covers uninsured children under the age of 19 in families with gross income above 225% of the FPL. (Also known as MO HealthNet for Kids.) Families must pay a monthly premium.
    - **75** - Covers uninsured children under the age of 19 in families with gross income above 225% of the FPL up to 300% of the FPL. (Also known as MO HealthNet for Kids.) Families must pay a monthly premium.
- ❖ Do **not** certify the following participants with...
  - a coverage end date prior to the date of admission.
  - a Medical Eligibility (ME) code of
    - **55** - Individuals who do not qualify for a public assistance program but who meet the Qualified Medicare Beneficiary (QMB) eligibility criteria.
    - **58** - Pregnant women who qualify under the Presumptive Eligibility (TEMP) Program receive limited coverage for ambulatory prenatal care while they await the formal determination of MO HealthNet eligibility.
    - **59** - Pregnant women who received benefits under the Presumptive Eligibility (TEMP) Program but did not qualify for regular MO HealthNet benefits after the formal determination. The eligibility period is from the date of the formal

determination until the last day of the month of the TEMP card or shown on the TEMP letter.

- **80** - Uninsured women who do *not* qualify for other benefits, and lose their MO HealthNet for Pregnant Women eligibility 60 days after the birth of their child, will continue to be eligible for family planning and limited testing and treatment of Sexually Transmitted Diseases, regardless of income, for one year after the MO HealthNet for Pregnant Women coverage ends.
- **82** - Participants only have pharmacy Medicare Part D wrap-around benefits through the MoRx.
- **89** – Uninsured Women’s Health Services

**Q:** When will the new Certification tracking tool be ready for providers to use?

**A:** Access to the first phase of the tool is slated for the last week of February. This will allow providers to see certifications’ status and daily discharge hospital reports.

**Q:** When will providers be able to enter a certification request on line?

**A:** The ability to enter all required patient and provider data on-line to request a certification is scheduled to be available late May 2010. This will be an enormous step toward reducing the need for telephoned and faxed requests. In many cases, an immediate certification for initial inpatient stay will be provided based on the Milliman criteria for the diagnosis assigned and procedure performed for days requested. A phone call would only be necessary if additional information is required. In such cases, the system will open a ticket and request call-back information so that ACS can obtain the additional information. Overall, this system should be a huge time-saver for all parties.

**Q:** Who should we contact for training in CyberAccess?

**A:** ACS provider outreach representatives have just started contacting providers to schedule training visits. If you have not already done so, please take the time to complete the attached Provider Contact Form so that we have your facility’s most current information.