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FAQs - INPATIENT CERTIFICATION

1. Q: What telephone and fax number will I use to contact ACS? And what address will I use to send Retrospective reviews?

A: To make the transition easier for the provider community, ACS will retain the same toll free phone number, 800-766-0686 used by HCE. Faxes may be sent to 866-629-0737. The phones are staffed from 8 am to 5 pm, Monday – Friday, except for holidays. If providers call during off hours or when the queue is full, you may leave a message and ACS will return your call by the next business day. Retrospective reviews must be mailed to:

ACS
Attn: Tammy Brandes
P.O. Box 105110
Jefferson City, MO 65110-5110

If using Federal Express or UPS, retrospective reviews must be sent to:

ACS
205 Jefferson St., 10th floor
Jefferson City, MO 65101

2. Q: Where is the Inpatient UR Certification Request Form located?

A: The form is located at the following web link:
http://manuals.momed.com/forms/Inpatient_UR_Certification_Request_Form.pdf.

3. Q: When will the new web based Certification Inquiry Report in CyberAccess be ready for providers to use?

A: Access to the tracking report started during the last week of February for providers who have received training. This reporting feature will allow providers to see certification status and daily discharge hospital reports. This will include incomplete HCE retrospective requests that have been reviewed by ACS.

4. Q: How far back can pre-cert information be seen in the new Certification Inquiry Report?

A: Certification requests sent to ACS after 12/28/09 with completed reviews are viewable in the report.

5. Q: How will I check the status of a certification request sent to Healthcare Excel (HCE) prior to 12/28/09 since the HCE Case Inquiry System is no longer available?

A: Certifications created by HCE will not be available within the ACS tool. However, HCE retros that have been completed by ACS will be available in the Certification Inquiry Report.

6. Q: Who should we contact for training in CyberAccess?

A: ACS provider outreach representatives have been contacting providers to schedule and conduct training visits. If you have not already done so, please complete and return the UR Department Contact Form located on the web at:

<http://www.dss.mo.gov/mhd/cs/hospital/pages/forms.htm> so that we have your facility's most current information. Even if you already use CyberAccess, you will need clearance to use this new section. Please be sure to include information for all individuals at your facility who will require access.

7. 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 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.

8. Q: Is there a web address where we can locate additional information regarding CyberAccess?

A: http://mohealthnet.mo.gov/pages/provider_tools.htm

9. Q: Do we need to purchase the Milliman criteria to submit our certification requests?

A: No, the new process will apply the Milliman criteria through the review tool in our system.

10. Q: How are reconsiderations reviewed?

A: The physician reviewing the reconsideration is evaluating the medical necessity based on his/her professional experience, knowledge and judgment.

11. Q: How will reconsideration cases be tracked in the CyberAccess tool?

A: In the future, the review status on the certification report will be "pending", "approved", "partially approved", or "denied." At the present time, reconsideration requests cannot be seen until the review is completed.

12. 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.

13. 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 without requiring the medical record. Our goal is for retrospective reviews to be

necessary ONLY when Medicaid eligibility determination is delayed for a prolonged period after discharge.

14. 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

15. Q: How will days be added to a certification which HCE started?

A: Any portion of a certification that HCE completed will be honored and any additional days will be reviewed based on Milliman criteria by ACS. When additional days are required and added to the certification, ACS will issue a new certification number to encompass the whole stay.

16. Q: Will claims pay using the certification number HCE issued?

A: Any claim billed using the HCE certification number must have dates of service that match the days certified under HCE's certification number, otherwise it may deny.

17. Q: Who do I contact after 12/31/09 if reconsideration was requested on a retrospective review?

A: ACS will need to be contacted regarding reconsiderations on retrospective reviews not completed by HCE.

18. Q: Will ACS be tracking certifications scheduled to end based on discharge dates?

A: ACS has developed the online daily discharge hospital report within the Certification Inquiry Report (in CyberAccess) for providers to enter discharge dates. Entering the discharge date when known will facilitate concurrent reviews by ACS. If a continued stay is needed, you may call or fax the continued stay request by using the phone and fax numbers noted above.

19. Q: If I had a scheduled time to do certifications with HCE, will ACS be honoring this process?

A: ACS is willing to work with providers and either honor the time allotted or set up a new time that is mutually agreeable. You may contact ACS at the Inpatient Certification Request Help Desk at 1-800-766-0686.

20. Q: Can medical records be sent on a CD to ACS?

A: Yes, a copy of medical records may be sent via a CD to the ACS address starting 12/28/09.

21. Q: ACS has "closed" my certification request due to insufficient information. Do I resubmit the records as a "Request for Reconsideration" or as an "Admission" request?

A: ACS will not "deny" any certification request based on insufficient information. They will simply "close" the request and a letter will be issued to the provider to let them know this has been done. When the records are sent again with the missing information, it is not a "Reconsideration" because the previous request was not denied. The form must indicate the correct request type.

22. Q: There is still a significant amount of hold time for nurse calls. What is being done about it?

A: The on-line reporting feature should help with relieving the call time, as many calls are related to certification status requests. ACS has also hired 5 temporary nurses who have just completed training and should also alleviate some of the hold time.

In addition, it is very important that the caller have all the required information available before calling, including the NPI of attending physician, NPI of facility, coding of diagnosis, etc. as wait times are increased when this information is not readily provided by the caller. We would also emphasize that calls should be made as quickly as possible on admission; don't wait until several days after admission.

Finally, our goal is to implement CyberAccess on-line entries. Once the hospitals can enter the information themselves, even when a call is needed for additional assistance, it will save the ACS nurse from taking the time to enter the information.

23. Q: Is there an email address where questions concerning the inpatient utilization review process may be sent?

A: The email address is: clinical.services@dss.mo.gov