Alabama Medicaid Agency
and
Comagine Health

Inpatient Hospital Quality Assurance Provider Manual

September 2019

Comagine Health

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Section 1–Care Management Program Overview

Comagine Health's Background and Experience

Comagine Health (formerly Qualis Health) is a private, nonprofit healthcare Quality Improvement Organization (QIO) with 40 years of experience in providing utilization review, case management, and quality improvement services. In 2018 Qualis Health merged with HealthInsight to form Comagine Health. We serve clients in Alabama, Alaska, Idaho, Mississippi, Nevada, New Mexico, Oregon, Utah and Washington D.C. and Washington state.

Established in 1974, Comagine Health started out as a professional standard review organization (PSRO) for Medicare in the State of Washington. As a PSRO for the first legislated Medicare quality review program, Comagine Health conducted retrospective reviews of hospitalizations to determine whether they were medically necessary.

Comagine Health began offering utilization review services to the Medicaid population in Washington State in 1975. In 1985, Comagine Health was awarded the utilization review contract with Alaska Medicaid. Comagine Health currently serves as a Medicaid contractor in the states of Alabama, Alaska, Mississippi, New Mexico and Washington DC.

Comagine Health started offering utilization review services to private industry in 1979. Comagine Health has been a presence in the private-sector market in Alaska since 1984, when the first care management client was added.

Today, Comagine Health continues to serve all three sectors—Medicare, Medicaid, and private industry. Because Comagine Health is a third-party that is not affiliated with any provider organizations or with the insurance industry, the organization is able to objectively evaluate the medical necessity and quality of healthcare provided to the clients served.

For Medicaid and private-sector customers, Comagine Health offers a range of programs designed to control healthcare costs while improving the quality of healthcare delivered to consumers. These programs include traditional utilization management services, including psychiatric review services, such as pre-service admissions, concurrent, retrospective chart, and retrospective telephonic reviews; coding validation; and medical consultation.

In the late 1980s, Comagine Health launched nurse case management services for Medicaid and the private sector. Comagine Health's Medicaid case managers work with patients who have catastrophic illnesses and injuries. They also work with these patients' families, providers, physicians, and Alaska Medicaid to promote the right care at the right time and in the right setting. Comagine Health's case management program is nationally recognized for excellence and superior results.

Comagine Health has accreditation from URAC for their Health Utilization Management and Case Management programs, demonstrating compliance with the highest industry standards

for pre-service, concurrent, retrospective reviews, and case management services. The URAC accreditation for Health Utilization Management assures providers, physicians, patients that the review processes Comagine Health follows are fair and impartial, and that URAC standards for review timeframes, reviewer qualifications, appeal procedures, and confidentiality of information are met, thus resulting in high quality services and objective review decisions.

Comagine Health's Professional Expertise

Four hundred and ninety Comagine Health professionals, including department leaders, medical directors, clinical reviewers, case managers, quality improvement specialists, biostatisticians, communications specialists, information technology specialists, and administrative support staff, work hard to serve the needs of various clients. In addition, Comagine Health has an extensive network of more than 300 physicians who serve as consultants to the organization and provide collaborative clinical peer review services. The network includes physicians representing all 24 of the specialty boards recognized by the American Board of Medical Specialties as well as dentists, chiropractors, naturopaths, and other complementary and alternative medicine practitioners.

Comagine Health's employees have well-established relationships with facilities and health plans, allowing for effective collaboration in healthcare evaluation and improvement. As part of a continuing effort to work in cooperation with the community, Comagine Health is actively pursuing new provider and physician partnerships.

Section 2–Communications with Comagine Health Alabama Office

Introduction

Comagine Health maintains toll-free, dedicated phone and fax numbers for Medicaid providers.

Comagine Health's regular business hours are 8:00 am to 5:00 pm Central Standard Time. Comagine Health staff members are available to assist providers with specific questions regarding the review from 8:00 am to 5:00 pm on regular business days.

Contacting Comagine Health by Mail

Retrospective review documentation may be submitted by confidential fax transmittal, secure web portal, or regular mail including a CD. If you are submitting documentation via CD, it must be password protected.

Medical documentation submitted by mail to Comagine Health's Alabama office should be sent to:

Comagine Health
Attn: Alabama Medicaid Utilization Review Unit
PO Box 530787
Birmingham Alabama, 35253

Or

Comagine Health (Physical Address for FedEx or UPS)
Attn: Alabama Medicaid Utilization Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama

Contacting Comagine Health by Phone

To reach Comagine Health by telephone, call (877) 621-3827. In the event your call is after business hours, or an attendant is not available, your call will be directed to Comagine Health's 24-hour voice mail system.

During regular business hours, Comagine Health monitors the phone system by checking messages and ensuring callbacks are handled in a timely manner. Messages left after 5:00 pm, on weekends or holidays are retrieved on the next business day and calls are returned by 12:00 pm CST.

Contacting Comagine Health by Secure Email

To reach Comagine Health by secure email for submission of medical documentation, you may email us via our secure email address at hospitalqa@comagine.org. If you want to send a secure email to a Comagine Health staff member using a Mimecast secure email account, you can access the Mimecast secure email portal by accessing the link: https://comagine.login-.mimecast.com/m/secure/app/#/inbox

All first time users of the secure email system are required to complete the online registration process. You will need to set up a secure password for access to the secure email function. If for any reason you encounter difficulty accessing the system, try resetting your password. You may have created an account some time ago and simply forgot.

Contacting Comagine Health by Secure Fax Transmittal

Providers may fax information to Comagine Health at 888-294-9749. Faxed information must be legible and include all required information that is required by the Alabama Medicaid Agency. A fax cover sheet with a confidentiality disclaimer is highly recommended.

The following are suggestions in submitting your fax

- No bold font
- No italics
- No underlining
- No all caps
- If possible, no special characters, i.e., * or = (quotes are OK)
- Normal spacing (i.e., looks like a normal document not written in a column that takes up a horizontal third of the page)
- Typed is preferred over handwritten

Section 3–HIPAA

Business Associate Standing

Comagine Health provides care management services on behalf of its clients and is considered a "Business Associate" of these clients under the Health Insurance Portability and Accountability Act (HIPAA) "Administrative Simplification" regulations governing patient health information. These regulations include the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") and the Security Standard ("Security Rule").

National Provider Identification

Comagine Health is currently accommodating Alabama Medicaid client and provider identification numbers in compliance with HIPAA. Covered entities under HIPAA are required to use National Provider Identifiers (NPIs) in standard transactions. A provider who contracts with Medicaid as a hospital provider is added to the Medicaid system with the National Provider Identifier at the time application is made. For complete details regarding appropriate provider NPI information, you may reference the Alabama Medicaid Provider Manual Chapter 19.

Section 4–Submission of Medical Documentation for Retrospective Reviews

Submission Methods

Comagine Health will accept medical documentation for review from providers by secure email, secure web portal confidential fax transmittal, or mail including CD's.

Submission Mode	Description
Secure Email	Providers may submit medical record documentation for retrospective reviews via secure email to Comagine Health at hospitalQA@comagine.org. A secure password will need to be established to access the system.
Confidential Fax Transmittal	Providers may submit medical record documentation for retrospective reviews by confidential fax transmittal to Comagine Health's toll-free fax number: 1-866-794-0464. Include a cover sheet regarding confidentiality, and your medical documentation record.
Mail	Providers may mail medical record documentation to Comagine Health Alabama office: Comagine Health Attn: Alabama Medicaid Review Unit PO Box 530787 Birmingham, Alabama 35253 Or (Physical Address for FedEx/UPS Deliveries) Comagine Health Attn: Alabama Medicaid Review Unit 200 Office Park Drive Suite 325 Birmingham, Alabama 35223

Submission Mode	Description
Mailing Compact Disc (CD)	Providers may mail medical record documentation via CD to Comagine Health's Alabama office: Comagine Health Attn: Alabama Medicaid Review Unit PO Box 530787 Birmingham, Alabama 35253 (Physical Address for FedEx/UPS Deliveries) Comagine Health Attn: Alabama Medicaid Review Unit 200 Office Park Drive Suite 325 Birmingham, Alabama 35223 If submitting documentation by CD, it must be password protected. Additionally, the password must be sent in a separate notification.

Section 5–Inpatient Admission and Continued Stay Retrospective Reviews

Purpose

Comagine Health is responsible for meeting the requirements of 42 CFR 456 et seq, Utilization Control requirements for inpatient hospital services. The requirements include retrospective inpatient hospital reviews for admissions and continued stay; review of each hospital's Internal Utilization Review (UR) Plan and Medical Care Evaluation studies (MCEs). The goal of the review process is to ensure compliance with state and federal requirements governing the hospital program and to ensure services meet Medicaid's Adult and Pediatric Inpatient Care Criteria. Providers are required to submit the requested medical documentation for a retrospective review within **30 days** of the request. The requested medical record is based on paid claims by the Agency.

Provider Responsibility

- Providers are responsible for submitting all documentation as requested to complete the review as required by Alabama Medicaid Agency Inpatient Adult and Pediatric criteria.
- Providers are responsible to submit all requested information to Comagine Health in a timely manner as required by Alabama Medicaid Agency.
- Providers are also required to submit additional information timely if requested.
- Providers are responsible to assure that the information submitted in the review is accurate for the time frame of the review and documented in the medical record.

Process for Receiving a Request for Medical Documentation Record:

In an effort to meet the needs of all providers, Comagine Heath has developed several options in which a provider may receive a request for medical record documentation. These options include secure email notification, confidential fax transmittal or regular mail. Each provider may receive a series of consecutive secure emails or confidential fax notifications from Comagine Health requesting medical documentation based of selected recipient(s). Comagine Health is required to retrospectively review a 5% sample of each provider inpatient admission and continued stay review. Additionally, the review is to ensure compliance with the Agency Adult and Pediatric Inpatient Criteria. To avoid a denial or recoupment of payment, the provider is strongly encouraged to follow the steps below once the request for a recipient (s) medical documentation is received.

Steps of the Secure Email request process:

Submission Mode	Description
First secure Email Requesting Medical Record Documentation	This is the first secure email notification to the provider requesting medical documentation to support the selected inpatient admission and continued stay review. The provider is required to acknowledge receipt of the request by replying to Comagine Health via the email request. The medical documentation requested is due to Comagine Health within 30 days of the request.
Second secure Email Requesting Medical Record Documentation	The **second** secure email request is a courtesy reminder to the provider and **no action** is required if the reply acknowledgment has been returned back to Comagine Health. Again, the second request is the same information to the provider requesting medical documentation to support the selected inpatient admission and continued stay review. The provider is required to reply via secure email acknowledging receipt of the request. The medical documentation requested is due to Comagine Health within 30 days of the request.
Final Email Requesting Medical Record Documentation	The **Final** email request is final courtesy reminder to the provider and **no action** is required if the reply acknowledgment has been returned back to Comagine Health. Again, the final request is the same information in the previous request to the provider is requesting medical documentation to support the selected inpatient admission and continued stay review. The provider designee is required to reply to the email acknowledging receipt of the request. The medical documentation requested is due to Comagine Health within 30 days of the request.

Steps of the Confidential Fax Request process:

Submission Mode	Description
First confidential Fax Requesting Medical Record Documentation	This is the first request to the provider requesting medical documentation to support the selected inpatient admission and continued stay review (s). The provider designee is required to sign the Fax Acknowledgement and then return by faxing back to Comagine Health's toll-free fax number: 866- 794-0454. Include a cover sheet regarding confidentiality. The medical documentation requested is due to Comagine Health within 30 days of the request.
Second confidential Fax transmittal Requesting Medical Record Documentation	The **second** fax request is a courtesy reminder to the facility and **no action** is required if the fax acknowledgment has been signed and returned back to Comagine Health. Again, the second request to the facility is requesting medical documentation to support the selected inpatient admission and continued stay review. The facility designee is required to sign the Fax Acknowledgement and then return by faxing back to Comagine Health's toll-free fax number: 866-794-0464. Include a cover sheet regarding confidentiality. The medical documentation requested is due to Comagine Health within 30 days of the request.
Final confidential Fax Requesting Medical Record Documentation	The **Final** fax request is another courtesy reminder to the facility and **no action** is required if the fax acknowledgment has been signed and returned back to Comagine Health. Again, the final request to the facility is requesting medical documentation to support the selected inpatient admission and continued stay review. The facility designee is required to sign the confidential Fax Acknowledgement and then return by faxing back to Comagine Health's toll-free fax number: 866-794-0464. Include a cover sheet regarding confidentiality. The medical documentation requested is due to Comagine Health within 30 days of the request.

Process for Submitting Medical Documentation to Comagine Health Based on an Inpatient Retrospective Review Request:

Quarterly each provider will receive a request from Comagine Health to respond and submit medical documentation based on recipient(s) selected for retrospective review. The provider will submit the requested medical documentation to Comagine Health via secure email, electronic web portal, confidential fax transmittal, or mail. This may include mailing a CD. If submitting documentation via CD, it must be password word protected. Additionally, due to HIPPA compliance, the CD password must be submitted in a separate notification. Comagine Health will not accept the information if the password requirements are not compliant. All records should be received within 30 days from the date of the first secure email or confidential fax request received from Comagine Health. The receipt date of the medical documentation will be the confirmation date received by Comagine Health. For example, if the information is received by email reply, the confirmation date will be based on the email reply confirmation date. If the information is received by mail, then the confirmation date will be the postmark stamp date.

Provider Response to Secure Email or Confidential Fax Acknowledgment Request:

The purpose of the secure email/confidential fax acknowledgement request is to ensure that the provider has successfully received the request to submit documentation for the selected recipient(s). Comagine Health professional staff is required to review medical documentation for the purpose of Inpatient and Continued Stay review to ensure compliance with Alabama Medicaid Agency and Federal requirements governing the Hospital Program and to ensure that services meet Medicaid's Adult and Pediatric Inpatient Care Criteria. The medical documentation being requested is due to Comagine Health within 30 days of the request.

Acknowledgement of Medical Documentation Received by Comagine Health:

Comagine Health will notify the provider via secure email or confidential fax transmittal acknowledging receipt of the medical documentation that was requested. The notification will identify the recipient in which the medical record was received. Therefore, if records were requested for more than one recipient, the notification will identify all recipients in which a medical documentation was received. If records are being mailed to Comagine Health, allow 4-5 business days for delivery.

Untimely Submission of Inpatient Retrospective Review Request:

Comagine Health is under contract will the Alabama Medicaid Agency to conduct Inpatient retrospective reviews to ensure compliance with federal and state requirements in addition to compliance with the agency Adult and Pediatric Inpatient Criteria. If the requested information is not received timely then Comagine Health will proceed by notifying the Agency of an

untimely submission. Untimely submissions may result in a denial or recoupment of payment pursuant to Alabama Medicaid Administrative -Chapter 33.

First Level Medical Necessity Review Screening:

A Comagine Health clinical Nurse reviewer will review the medical documentation within 15-30 days of the documentation receipt date for the retrospective review. The reviewer will utilize the Alabama Medicaid Adult and Pediatric Inpatient criteria to complete the review. Comagine Health will then issue a retrospective review determination. The review determination may be an approval, denial or request for additional information. The provider will be notified of the review determination. In addition, the Alabama Medicaid Agency will be notified of the determination.

Approved Determination:

On a quarterly base, Comagine Health will send a summary of all approved reviews to the provider by secure email or confidential fax transmittal. The approval determination is based on Alabama Medicaid Adult and Pediatric Inpatient criteria and protocols.

Determination Requiring Additional information:

A Comagine Health clinical nurse reviewer will issue an additional information request notification by secure email or confidential fax transmittal to the provider designee if the information submitted is not sufficient to complete the review based on Alabama Medicaid Adult and Pediatric Inpatient criteria and protocols. For example, the medical documentation does not coincide with the dates of the admission time frame of the review. The provider will have **15 days** to submit the additional information requested. If the additional information is not received timely, Comagine Health will notify the Alabama Medicaid Agency. Please note, failure to comply may result in further actions by Alabama Medicaid.

Denied Determination:

A Comagine Health clinical nurse reviewer will issue a denial notification by secure email or confidential fax to the provider designee regarding a denial. All denials are required to be reviewed by a Comagine Health physician advisor based on Alabama Medicaid Adult and Pediatric Inpatient criteria. If a provider is dissatisfied with the denial determination a request for an Informal Review and/or a Fair Hearing may be submitted. Please note that arrangements can be made for a provider to discuss the case with a Comagine Health physician advisor; however, all determinations are based on medical documentation that is available to the physician advisor for the admission and/or continued stay during the review timeframe. The Informal Review is an opportunity for the provider to present additional information that has **not** been submitted to support the agency medical criteria. If a provider chooses to request an **Informal Review**, the written request must be received **within 15 calendar days** of the date of

the denial notification and should only include additional information, which has not been previously submitted.

Section 6–Inpatient Admission and Continued Stay Retrospective Review Informal Review and Fair Hearing Process

Process for Submitting an Informal Review Request:

In the event that a provider chooses to request an **Informal Review**, a written request must be received **within 15 calendar days** of the date of the denial letter and should only include additional information that was not previously submitted. A Comagine Health physician advisor licensed and/or accredited in the appropriate specialty will review the documentation and render a decision based on Alabama Medicaid Agency Inpatient Adult and Pediatric approved criteria within 10 working days of receipt. The physician advisor conducting the Informal Review will not be the same individual(s) who initially denied the review. A Comagine Health clinical nurse reviewer will then mail the informal review determination to the provider designee within five days of receipt of the physician advisor's final decision. **Please note, an informal Review must be requested before advancing to a Fair Hearing**.

Comagine Health Approval of an Informal Review Request:

If a Comagine Health physician advisor reverses the Informal Review denial determination based on any additional documentation that meets Alabama Medicaid Inpatient Adult and Pediatric approved criteria, then a Comagine Health clinical nurse reviewer will issue an approval notification by secure email, confidential fax transmittal or mail to the provider designee within five business days of receipt of the physician advisors final decision. Alabama Medicaid will also receive the determination status according to Comagine Health required reporting.

Process if Comagine Health Informal Review Determination is Upheld:

If it is determined after further review by a Comagine Health physician advisor to uphold the denial determination due to medical documentation not meeting Alabama Medicaid Inpatient Adult and Pediatric approved criteria, then the provider may request a Fair Hearing. A provider may request a Fair Hearing by filing a written request to the Medicaid Administrative Hearing Office **within 60 days** from the date of the original denial letter.

To request an Informal Review, submit a written request to Comagine Health:	**Attention:** **Alabama Medicaid Review Unit** **P. O. Box 530787** **Birmingham, Alabama 35253** **Or** **Physical Mailing Address** **Alabama Medicaid Review Unit** **200 Office Park Drive Suite 325** **Birmingham, Alabama 35223**

To request a Fair Hearing, submit a written request to:	**Attention:** **Alabama Medicaid Agency** **P. O. Box 5624** **Montgomery, Alabama 36103-5624** **Attention: Hearings Officer**

Section 7–Alabama Medicaid Adult and Pediatric Inpatient Criteria

Purpose

Comagine Health is required to review a percentage of admissions and continued stay medical record documentation to ensure compliance with the agency criteria and protocol. The policy provisions for hospitals can be found in the Alabama Medicaid Agency Administrative Code, Chapter 7 and the Alabama Medicaid Agency Provider Manual Chapter 19. The Provider Manuals are updated quarterly, so providers are strongly encouraged to reference the information at least quarterly to keep abreast of any updates or modifications. To review the criteria you may reference the Alabama Medicaid Agency website @ www.medicaid.alabama.gov/ . As a reminder, Newborn Inpatient Benefits are also subject to the Adult and Pediatric Inpatient criteria guidelines.

Steps to Access the Adult and Pediatric Inpatient Criteria via Alabama Medicaid Website:

Access Criteria via Alabama Medicaid Website:	1. **Go to www.medicaid.alabama.gov** 2. **Under Programs select Medical Facilities Services** 3. **Under Medical Facilities select Hospital Services** 4. **Finally, select Inpatient Care Criteria**

Section 8–Newborn Inpatient Benefits

Newborn Inpatient Benefits

Newborn well-baby nursery charges will be covered by an eligible mother's claim for up to ten days nursery care for each baby if the mother is in the hospital and is otherwise entitled to such coverage. For well-baby charges, revenue codes 170 and 171 are reflected on the mother's claim in conjunction with her inpatient stay for the delivery. The hospital per diem rate includes charges for the mother and newborn. Newborn well-baby care is not separately billable. Nursery charges for "boarder babies", infants with no identified problems or condition whose mothers have been discharged, were never admitted to the hospital, or are not otherwise eligible for Medicaid are not separately billable.

Criteria for Revenue Codes 170/171

The infant is considered to have received "well baby" care if any of these criteria are met in the absence of more severe conditions:

1. Premature infants greater than 5.5 lbs. (2500) grams and/or greater than 35 weeks who are not sick;
2. Stable infants receiving phototherapy for less than 48 hours duration or while the mother is an inpatient receiving routine postpartum care, such as physiologic jaundice, breast milk jaundice, etc.
3. Infants on intake and output measurements;
4. Stable infants on intermittent alternative feeding methods, such as gavage, or frequent feedings;
5. Stabilized infants with malformation syndromes that do not require acute intervention;
6. Infants with suspected infection on prophylactic IV antibiotics while the mother is an inpatient;
7. Infants receiving close cardiorespiratory monitoring due to family history of SIDS;
8. Infants in stable condition in isolation;
9. Observation and evaluation of newborns for infectious conditions, neurological conditions, respiratory conditions, etc., and identifying those who require special attention;
10. Oliguria;
11. Stable infants with abnormal skin conditions;
12. Routine screenings, such as blood type, Coombs test, serologic test for syphilis, elevated serum phenylalanine, thyroid function tests, galactosemia, sickle cell, etc.;
13. Complete physical exam of the newborn, including vital signs, observation of skin, head, face, eyes, nose, ears, mouth, neck, vocalization, thorax, lungs, heart and vascular system, abdomen, genitalia, extremities, and back.

Newborns admitted to accommodations other than the well-baby nursery must be eligible for Medicaid benefits in their own right (claim must be billed under the baby's own name and

Medicaid number). Example: If an infant is admitted to an intensive care or other specialty care nursery, the claim must be billed under the infant's number even if the mother is still an inpatient.

NOTE:
When billing for multiple births, list each baby's accommodation separately, noting "Baby A," "Baby B," and so on. Also, use the diagnosis codes that indicate multiple live births. For multiple births, nursery days equals the sum of the number of infants' times the number of the mother's days.

Unless the newborn infant needs medically necessary, specialized care as defined below, no additional billings for inpatient services are allowed while the mother is an inpatient.

To bill Medicaid utilizing revenue codes 172 (Nursery/Continuing Care), 173 (Nursery/Intermediate Care), 174 (Nursery Intensive Care), and 179 (Nursery/Other), the infant must meet the following criteria established by Medicaid.

Criteria for Revenue Codes 172/173

The infant must be 36 weeks gestation or less, or 5.5 lbs. (2500 grams) or less, AND have at least one of the following conditions which would cause the infant to be unstable as confirmed by abnormal vital signs or lab values:

1. Respiratory distress requiring significant intervention, including asphyxia and anoxia, or those requiring oxygen for three or more continuous hours, apnea beds, chest tubes, etc.;
2. Any nutritional disturbances, intestinal problems or known necrotizing entercolitis;
3. Cardiac disease requiring acute intervention;
4. Neonatal seizures;
5. Conditions which require IV intervention for reasons other than prophylaxis;
6. Apgar scores of less than six at five minutes of age;
7. Subdural and cerebral hemorrhage or other hemorrhage caused by prematurity or low birthweight;
8. Hyperbilirubinemia requiring exchange transfusion, phototherapy or other treatment for acute conditions present with hyperbilirubinemia, such as acidosis, low albumin levels, kernicterus, erythroblastosis, isoimmunization, etc.;
9. Pulmonary immaturity and/or without a pliable thorax, causing hypoventilation and hypoxia with respiratory and metabolic acidosis.

Criteria for Revenue Codes 174

Services must be provided in a neonatal intensive care unit due to the infant's unstable condition as confirmed by abnormal vital signs or lab values and at least one of the following conditions:

1. Confirmed sepsis, pneumonia, meningitis;
2. Respiratory problems requiring significant intervention, such as asphyxia and anoxia, or those requiring oxygen for three or more continuous hours, apnea beds, chest tubes, etc.;
3. Seizures;
4. Cardiac disease requiring acute intervention;
5. Infants of diabetic mothers that require IV glucose therapy;
6. Congenital abnormalities that require acute intervention;
7. Total parental nutrition (TPN) requirements;
8. Specified maternal conditions affecting fetus or newborn, such as noxious substances, alcohol, narcotics, etc., causing life threatening or unstable conditions which require treatment;
9. IV infusions which are not prophylactic, such as dopamine, isoproterenol, epinephrine, nitroglycerine, lidocaine, etc.
10. Dialysis;
11. Umbilical or other arterial line or central venous line insertion;
12. Continuous monitoring due to an identified condition;
13. Cytomegalalovirus, hepatitis, herpes simplex, rubella, toxoplasmosis, syphilis, tuberculosis, or other congenital infections causing life threatening infections of the perinatal period;
14. Fetal or neonatal hemorrhage;
15. Hyperbilirubinemia requiring exchange transfusion or other treatment for acute conditions present, such as acidosis, low albumin levels, kernicterus, erythroblastosis, isoimmunization, etc.;
16. Necrotizing enterocolitis, diaphragmatic hernia, omphalocele.

Criteria for Revenue Codes 179

The infant must be unstable as confirmed by abnormal vital signs or lab values AND have one of the following conditions:

1. Close observation after operative procedures;
2. Total parenteral nutrition (TPN);
3. Umbilical or other arterial line or central venous line insertion;
4. Cardiac disease requiring acute intervention;
5. Neonatal seizures;

6. Neonatal sepsis, erythroblastosis, RH sensitization or other causes, or jaundice, requiring an exchange transfusion;
7. Respiratory distress, oxygen requirements for three or more continuous hours, apnea beds, chest tubes, etc.;
8. IV therapy for unstable conditions or known infection;
9. Any critically ill infant requiring 1:1 monitoring or greater may be maintained on a short-term basis pending transfer to a Level III nursery;
10. Apgar scores of less than six at five minutes of age;
11. Congenital anomalies requiring special equipment, testing, or evaluation;
12. Bleeding disorders;
13. Hyperbilirubinemia of a level of 12 or greater requiring treatment.
14. Hyperbilirubinemia requiring exchange transfusion or other treatment for acute conditions present, such as acidosis, low albumin levels, kernicterus, erythroblastosis, isoimmunization, etc.

These charges are to be billed on a separate UB-04 claim form. ICD-10-CM diagnosis codes identifying the conditions that required the higher level of care must be on the claim. Medicaid will routinely monitor the coding of neonatal intensive care claims through post-payment review.

Section 9–Provider Preventable Conditions (PPCs) Reviews

Purpose

In compliance with Section 2702 of the Patient Protection and Affordable Care Act, Alabama Medicaid is required to monitor Provider Preventable Conditions to ensure compliance with federal regulations. The Provider Preventable Conditions are defined into two separate categories: Healthcare Acquired Conditions (HAC'S) and Other Provider Preventable Conditions (OPPC'S). According to the agency review requirement, Comagine Health is required to review 100 % of all recipients' data that appear on the PPC data reports. The review requirement is only applicable to reported HAC's and not OPPC's data. Since access to the HAC's data will be available electronically via the Agency Decision Support System (DSS) and other systems, the providers will not receive a request from Comagine to submit any HAC's data. However, Comagine Health is required to complete reviews of a 10% sample of medical record documentation to support compliance with state and federal guidelines. In addition, if questionable present on admission (POA) indicators are selected, a record review may be warranted.

Provider Responsibility

- Providers are responsible for submitting all documentation as requested to complete the review as required by Alabama Medicaid Agency. Additionally, Chapter 19 of the Alabama Medicaid Agency Provider Manual references detail information of all Provider Preventable Conditions (HAC's).
- Providers are responsible for submitting all requested information to Comagine Health in a timely manner as required by Alabama Medicaid Agency.
- Providers are also required to submit any additional information timely if requested.
- Providers are responsible to assure that the information submitted in the review is accurate for the period of the request.

Steps of the PPC process:

Step 1 HAC Data Access	Comagine Health data team to access HAC'S query via Alabama Medicaid DSS data.
Step 2 Review all HAC data	All HAC indicators appearing on the DSS queries reports are to be reviewed by Comagine Health. Utilize the CMS final HAC list for HAC/POA indicator codes.
Step 3 Coordinating HAC/POA information	For each HAC identified on a claim, the POA indicator should be identified.
Step 4 10 % Sample Selection for medical record documentation	For those providers randomly selected for the 10% audit, a request for medical record documentation will be sent to the provider via secure email or confidential fax transmittal.
Step 5 Provider acknowledge receipt of request	The provider acknowledges receipt of the request by replying to Comagine Health via the secure email or confidential fax transmittal request. The medical documentation being requested is due to Comagine Health within **30 days** of the request.
Step 6 Review Process by Comagine Health	Review process by Comagine Health clinical nurse review specialist.
Step 7 Reporting requirement	Comagine Health generates Alabama Medicaid Agency and CMS quarterly and annual required reports.

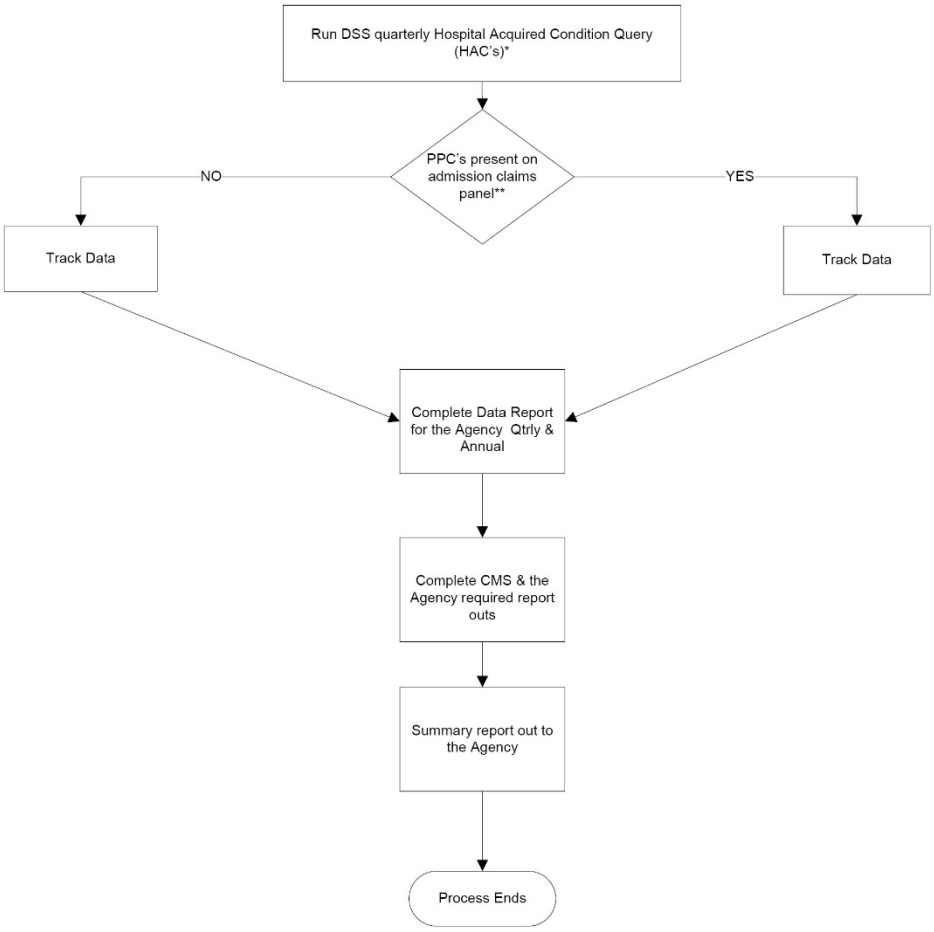
Sample CMS Quarterly and Annual Report

Selected HAC	Frequency as a Secondary Diagnosis	Not Present on Admission				Present on Admission			
		POA=N		POA=U		POA=Y		POA=W	
		No.	%	No.	%	No.	%	No.	%
1. Foreign Object Retained After Surgery									
2. Air Embolism									
3.Blood Incompatibility									
4.Pressure Ulcer Stages III & IV									
5.Falls and Trauma									
6.Catheter-Associated UTI									
7. Vascular Catheter-Associated Infection									
8.Poor Glycemic Control									
9.Surgical Site Infection Mediastinitis CABG									
10.Surgical Site Infection Following Certain Orthopedic Procedures									
11.Surgical Site Infection Following Bariatric Surgery for Obesity									
12.Deep Vein Thrombosis and Pulmonary Embolism Following Certain Orthopedic Procedures									
13.Surgical Site Infection Following Cardiac Implantable Electronic Device (CIED)									
14.Latrogenic Pneumothorax with Venous Catheterization									

Comagine Health

Alabama Medicaid Agency (the Agency) & Comagine Health (CH) Provider Preventable Conditions (PPC's) Review Workflow

May 2018



*Provider Preventable Conditions (PPC's_ are defined into two separate categories: Health Acquired Conditions & Other Provider Preventable conditions. Complete List of PPC Provider Manual Chapter 19.

**Reference 2017 CMS Final HAC list.

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Section 10–Internal Utilization Review (UR) Plan

Purpose

In accordance to section 42 CFR 456.100-4456.145 of the federal guidelines, the Alabama Medicaid Agency requires hospitals to have an Internal Utilization Review Plan that provides for reviews of each recipient's need for services that the hospital provide. Annually, Comagine Health is required to obtain and maintain each hospital UR plan and review 50% of these to ensure that every hospital UR Plan is reviewed at least every two years to ensure compliance with the federal requirements. Comagine Health will request a copy of these by secure email or confidential fax transmittal.

Provider Responsibility

- Providers are responsible for submitting a copy of their UR plan to Comagine Health as requested to complete the review as required by Alabama Medicaid Agency. Additionally, Chapter 19 of the Alabama Medicaid Agency Provider Manual reference information of the required reporting of the UR Plan.
- Providers are responsible to submit all requested information to Comagine Health in a timely manner as required by Alabama Medicaid Agency.
- Providers are also required to submit any additional information timely if requested.
- Providers are responsible to assure that the UR information submitted is accurate for the period of the request.

Comagine Health Process for requesting Internal Utilization Review Plan:

Comagine Health will request a copy of each Alabama participating hospital UR plan. The request for review will occur on an annual basis. All hospital providers are required to submit information via secure email, confidential fax transmittal or mail a copy of their current UR plan within 30 days from the date of the request. The receipt date of the UR plan will be the confirmation date the plan is received by Comagine Health via email, fax or mail. If submitting information by CD, the CD must be password protected. Additionally, the password must be received by a separate notification. Comagine Health will notify Alabama Medicaid for further actions regarding failure to submit a copy of the required UR plan timely. Once the plan is received, a Comagine Health clinical nurse reviewer will have 45 days to complete the review process. Once the review is completed, a determination will be sent to the hospital provider designee within 10 days of review completion.

Secure Email UR Plan: The UR plan can be securely emailed by responding to the reply request email.

Confidential Fax UR Plan to:

Attention Comagine Health Medicaid Review Unit
877-803-6485

Mail UR Plan by CD:

Attention Comagine Health Medicaid Review Unit
P O Box 530787
Birmingham, Alabama 35253

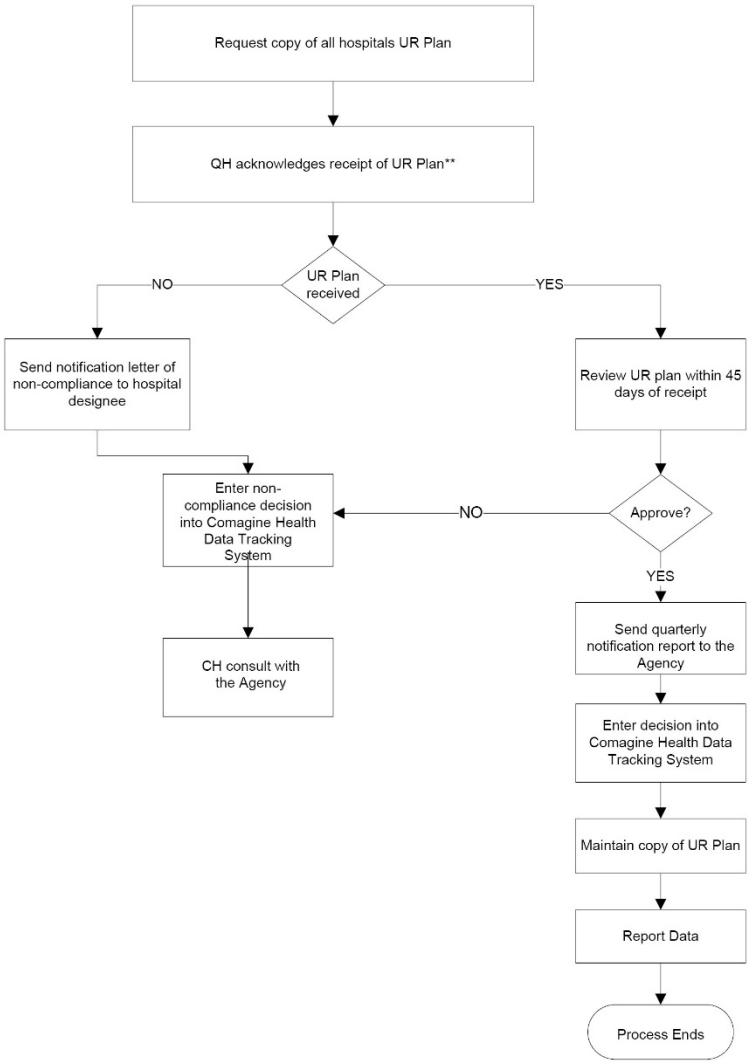
Or

(Physical Address for FedEx/UPS)
Attention Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

Comagine Health

Alabama Medicaid Agency (the Agency) and Comagine Health (CH) Internal Utilization Review (UR) Plan Workflow

May 2018



*Obtain and maintain 100% of UR Plans from all hospitals on an annual basis

**Utilization Review Plan Sections 456.101 through 456.145. Centers for Medicare & Medicaid Services, HHS.

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Section 11–Medical Care Evaluation (MCE) Study Review

Purpose

In accordance to section **42 CFR 456.141-145** of the federal guidelines, Alabama Medicaid Agency requires hospitals to have at least one MCE study in progress at any time and to complete one study each calendar year. The purpose of the MCE studies include: promotion of the most effective and efficient use of available facilities and services, emphasize identification and analysis of patterns of care and suggest appropriate changes needed to maintain high quality patient care and efficient use of services. Annually, Comagine Health is required to obtain and maintain each hospital MCE study and review 50% of these to ensure that every hospital MCE study is reviewed at least every two years to ensure compliance with the federal requirements. Comagine Health will request a copy of these by secure email or confidential fax transmittal.

Provider Responsibility

- Providers are responsible for submitting a copy of their MCE study to Comagine Health as requested to complete the review as required by Alabama Medicaid Agency. Additionally, Chapter 19 of the Alabama Medicaid Agency Provider Manual reference information of the required reporting of the MCE studies.
- Providers are responsible to submit all requested information to Comagine Health in a timely manner as required by Alabama Medicaid Agency.
- Providers are also required to submit any additional information timely if requested.
- Providers are responsible to assure that the MCE study information submitted is accurate for the time frame of the request.

Comagine Health Process for requesting MCE Studies:

Comagine Health will request a copy of all hospital provider MCE studies. The request for review will occur on an annual basis.

All hospital providers are required to submit information via secure email, confidential fax transmittal or mail a copy of their current MCE study plan within **30 Days** from the date of the request. The receipt date of the MCE study will be the confirmation date the study is received by Comagine Health via secure email, confidential fax transmittal or mail. If submitting information by CD, the CD must be password protected. Additionally, the password must be received by a separate notification. Comagine Health will notify Alabama Medicaid for further actions regarding failure to submit a copy of the required MCE study timely. Once the MCE study is received, a Comagine Health clinical nurse reviewer will have 45 days to complete the review process. Once the review is completed, a notification will be sent via secure mailed or confidential faxed to the hospital provider designee within then days of review completion.

Submission Methods of MCE Study:

Secure Email: The MCE Study can be submitted by responding to the secure request email.

Confidential Fax MCE Study: Attention Comagine Health Medicaid Review Unit

866-794-0464

Mail MCE via CD: If submitting information via CD, it must be password protected. Additionally, the password must be sent in a separate secure email or confidential fax transmittal notification.

Attention Comagine Health Medicaid Review Unit
P O Box 530787EC
Birmingham, Alabama 35253

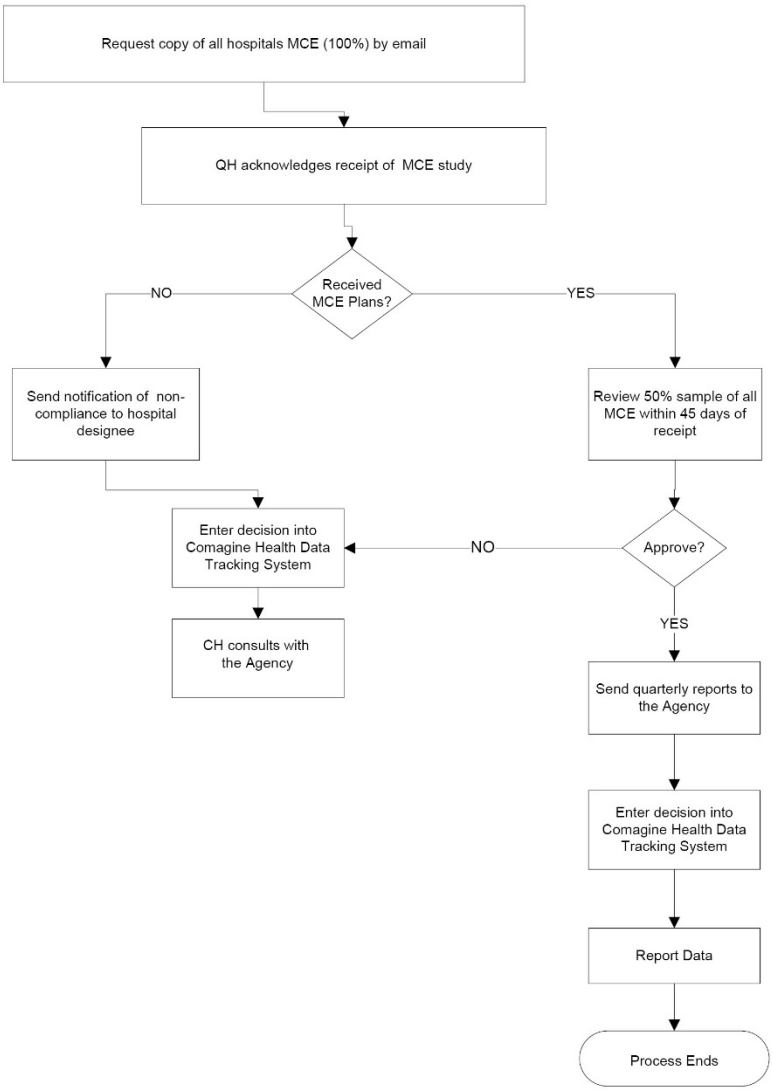
Or

(Physical Address)
Attention Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

Comagine Health

Alabama Medicaid Agency (the Agency) & Comagine Health (CH) Medical Care Evaluation (MCE) Study Review Workflow

May 2018



* Each hospital must have at least one MCE study in progress at anytime and must complete one study each calendar year

CONFIDENTIAL AND BUSINESS SENSITIVE; NOT APPROVED FOR REDISCLOSURE

Section 12–Reconsiderations

Purpose

Alabama Medicaid Agency requires Comagine Health to have a process in place to handle reconsideration by the provider. Any provider who is dissatisfied with an adverse decision by Comagine Health can submit a written request including any relevant evidence in the medical record regarding services requested and any new documentation by the provider. Comagine Health is required to examine any new information by the provider. A physician of similar specialty will complete the reconsideration review within **14 days** of the receipt date. Comagine Health will then issue a determination notification to the provider within 5-business days of receipt of the physician final determination.

Steps of Reconsideration Process:

Step 1	Provider submits written request for reconsideration to Comagine Health. The request should include relevant or additional information.
Step 2	Comagine Health acknowledges receipt of the reconsideration.
Step 3	Comagine Health completes the review and makes a determination within 14 days of reconsideration receipt.
Step 4	Comagine Health notifies provider of the reconsideration determination within 5 days business days of the receipt of the physician final decision.

Section 13–Appendices

A. Sample Provider Letters

B. Alabama Medicaid Severity of Illness (SI)/Intensity of Service (is) Criteria

C. Instructions for Secure Email

D. Center for Medicare and Medicaid Services

- Utilization Review (UR) Plan
- Medical Evaluation Study

E. Alabama Medicaid Agency Provider Notification

Appendix A

Sample Provider Letters

These letters are intended to be sample letters only and may not be the actual letter that a provider may receive.

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Address

Re: Notice of Action; Billing Error Notification

Patient Name:
Medicaid ID#:
Date of Admission:
Date of Discharge:

Dear:

Comagine Health is under contract with the Alabama Medicaid Agency to conduct Inpatient Hospital and Quality Assurance reviews of services delivered to Medicaid recipients. Such a review was completed on the above identified admission.

Upon review of the records, it was determined that the following billing error occurred.

The Alabama Medicaid Agency has been notified of this billing error via a copy of this letter. Action is to be taken by the provider within 15 days of the date of the letter as indicated below. Failure to correct the billing error will result in the Agency taking action to correct the billing error.

Any questions regarding this matter should be directed to Callie Johnson, RN at 334-242-5693 or via email at callie.johnson@medicaid.alabama.gov

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Re: Failure to Submit Requested Medical Record

Dear:

Comagine Health is under contract with the Alabama Medicaid Agency to conduct Inpatient Hospital and Quality Assurance reviews of services delivered to Medicaid recipients. Such a review was requested on the above identified admission

.
Medical records were to have been received by Comagine Health within thirty (30) days of the date of the initial request. A second request for medical records was issued on (enter date), with medical records to have been received by Comagine Health within 15 calendar days of the date of the letter. However, the requested medical records were not received within the specified timeframe.

As the medical records were not made available for Comagine Health to review, there is no documentation to support the medical necessity of the admission. Therefore, recoupment in the amount of $____ will be pursued under Statutory Authority for this Action: Chapter 33, Alabama Administrative Code.

If you disagree with these findings, you may request an Informal Review by Comagine Health and/or a Fair Hearing. For an Informal Review, submit medical records and a copy of this denial letter to Comagine Health for review within 15 calendar days of the date of this letter. Please note an informal Review must be requested before advancing to a Fair Hearing. To request a Fair Hearing, a written request identifying the issue must be received with 60 days from the date of this notification.

To request a fair hearing, identify the issues in dispute and mail your request to:

Alabama Medicaid Agency
Attention: Hearing Officer
P.O. Box 5624
Montgomery, Alabama 36103-5624

Sincerely,

Comagine Health Medical Review

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

.

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Re: Failure to Submit Additional Requested Medical Record

Patient name:
Medicaid ID#:
Date of Admission:
Date of Discharge:

Dear:

Comagine Health is under contract with the Alabama Medicaid Agency to conduct Inpatient Hospital and Quality Assurance reviews of services delivered to Medicaid recipients. Such a review was requested on the above identified admission with partial medical records provided.

Complete medical records were to have been received by Comagine Health within thirty (30) days of the date of the initial request. A second request for additional medical records was issued on (enter date), with the medical records to have been received by Comagine Health within 15 calendar days of the date of the letter. However, the additional requested medical records were not received within the specified timeframe.

As all of the medical records were not made available for Comagine Health to review, there is no documentation to support the medical necessity for the following dates of service: (dates entered). Therefore, recoupment in the amount of $___ will be pursued under Statutory Authority for this Action: Chapter 33, Alabama Administrative Code.

If you disagree with these findings, you may request an Informal Review by Comagine Health and/or a Fair Hearing. For an Informal Review, submit medical records and a copy of this denial letter to Comagine Health for review within 15 calendar days of the date of this letter. Please note an informal Review must be requested before advancing to a Fair Hearing. To request a Fair Hearing, a written request identifying the issue must be received with 60 days from the date of this notification.

To request a fair hearing, identify the issues in dispute and mail your request to:

Alabama Medicaid Agency
Attention: Hearing Officer
P.O. Box 5624
Montgomery, Alabama 36103-5624

Sincerely,

Comagine Health Medical Review

Reimagining health care, together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Hospital
Address

Re: Acknowledgement Receipt of Medical Care Evaluation (MCE) Study

Dear Hospital Designee:

This notification is to inform you that Comagine Health has received your hospital Medical Care Evaluation Study. Should additional information be required, Comagine Health will contact you.

If you have questions regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Hospital
Address

Re: Medical Care Evaluation (MCE) Studies Review Request

Dear Hospital Designee:

According to **42 CRF 456.141-145** each hospital must have at least one MCE study in progress at any time or must complete one study each calendar year. In accordance with Alabama Medicaid requirement to review each hospital's MCE study to ensure that it meets federal regulations, **this is a request for a copy of your facility's MCE study for calendar year 2013.**

Please provide a copy of your facility's MCE study **within 30 days** from the date of this request. The receipt date of the MCE study will be the confirmation date the study is received by Comagine Health. Comagine Health will notify Alabama Medicaid for further actions regarding failure to submit a copy of the required MCE study timely. Once the review is completed, you will receive notification from Comagine Health of the review determination and/or any further actions requires to complete the review process.

A copy of the MCE study may be submitted to Comagine Health by secure email, confidential fax or mail including CD. If submitting documentation via CD, it must be password protected. Additionally, the password must be received in a separate secure notification.

Email records: Records via email may be attached to Secure Email Reply

Fax records: Comagine Health Medicaid Review Unit
1-877-621-3827

Please mail CD or Medical Record to Comagine Health: If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Attention: Comagine Health Medicaid Review Unit
P.O. Box 530787
Birmingham, Alabama 35253

Or

(Physical Mailing address for FedEx or UPS)
Attention: Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Page 2

If you have questions regarding the MCE study review, you may contact me directly at 205-414-3747 or 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Hospital
Address

Re: Acknowledgement Receipt of Inpatient Admission and Continued Stay Medical Documentation

Dear Hospital Designee:

This notification is to inform you that Comagine Health has received the medical documentation for the Inpatient Admission and Continued Stay retrospective review for:

Recipients name:
Medicaid number:
Admission Date:

Should additional information be required, Comagine Health will contact you.

If you have questions regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

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Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Hospital
Address

Re: Acknowledgement Receipt of Provider Preventable Conditions (PPCs)

Dear Hospital Designee

This notification is to inform you that Comagine Health has received medical requested as requested for PPC reviews. Should additional information be required, Comagine Health ill contact you.

If you have questions regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

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Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Hospital
Address

Re: Provider Preventable Conditions (PPCs) Medical Record Review Request

Dear Hospital Designee:

In accordance with Alabama Medicaid (the Agency) requirement to review medical records related *to* each hospital's Provider Preventable Condition to ensure that it meets federal and state regulations, **this Is a request for a copy of the selected recipient(s) medical record.**

For each recipient (s), please provide complete medical documentation records. These records must be received **within 30 days from the date of this request**. The receipt date of the medical documentation will be the confirmation date the medical record is received by Comagine Health. Comagine Health will notify Alabama Medicaid for further actions regarding failure to submit medical record documentation timely. Once the review is completed, your provider designee will receive notification from Comagine Health of the review determination and/or any further actions required to complete the review process.

These records may be submitted to Comagine Health by secure email, confidential fax or mail including CD. If information is being submitted via CD, it must be password protected. Additionally, the password must be received in *a* separate secure email or confidential transmittal notification.

Email records: Records via email may be attached to a Secure Email Reply
Fax records: Comagine Health Medicaid Review Unit
1-877-621-3827

Please mail CD or Medical Record to Comagine Health: If submitting documentation via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Attention: Comagine Health Medicaid Review Unit
P.O. Box 530787
Birmingham, Alabama 35253

Or

(Physical Mailing address for FedEx or UPS)
Attention: Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

If you have questions regarding the medical documentation review, you may contact me directly 205-414-3747 or 1- 877-621-3827.

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Page 2

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital

Re: Inpatient Admission and Continued Stay Review Request for Additional Information

Dear Designee:

Comagine Health, on behalf of the Alabama Medicaid Agency (the Agency) has completed a review of documentation submitted for the admission date of __ for recipient _ _ , Medicaid number.

Comagine Health review staff has identified issues with the documentation received for the audit. Please submit the following information to Comagine Health:

The policy of the Alabama Medicaid Agency is to afford ample opportunity to resolve issues identified during the review process. You must provide any additional information that you feel will support the medical documentation review process within 15 **business days of the date of this letter**.

Please mail or fax the requested additional documentation to Comagine Health if the information is not received or does not correct the issue(s) identified, Comagine Health will proceed with the process of a denial. If denied, Comagine Health will recommend to the Agency to proceed with **recoupment** pursuant to Alabama Medicaid Administrative Code Chapter 33. The **recipient assumes no financial obligations** for problems which are due to provider errors. If you have any questions regarding this review, please contact Comagine Health at 1- 877 621-3827 or 205-414-3730.

The additional information may be submitted to Comagine Health by secure email, confidential fax transmittal or mail including CD. If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Email records: **Records via email may be attached to Secure Email Reply.**
Fax records: **Comagine Health Medicaid Review Unit**
1-877-621-3827

Please mail CD or Medical Record to Comagine Health: If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Attention: Comagine Health Medicaid Review Unit
P.O. Box 530787
Birmingham, Alabama 35253

Or

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

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Page 2

(Physical Mailing address for FedEx or UPS)
Attention: Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

If you have questions regarding the medical documentation review, you may contact Comagine Health at 1-877-621-3827 or 205-414-3730.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Facility
Address

Re: Internal Utilization (UR) Plan Approval Determination (Corrections/Additional Information Received)

Dear Facility Designee:

Comagine Health, on behalf of the Alabama Medicaid Agency, has completed a review of the correction (s)/additional documentation submitted regarding your facility Internal Utilization plan. Based on documentation submitted the UR plan has been approved.

If you require additional information regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Facility
Address

Re: Internal Utilization Plan Review Approved Determination

Dear Provider:

Comagine Health, on behalf of the Alabama Medicaid Agency, has completed the Internal Utilization Review Plan review. Based on information received by Comagine Health your facility plan has been **approved** as meeting the federal guidelines according to the agency review requirements. For reference, section **42 CRF 456.100-456.145** require hospitals to have an Internal Utilization Review plan that provides for review of each recipient's need for the services that the hospital furnishes.

If you require additional information regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Hospital
Address

Re: Acknowledgement Receipt of Utilization Review Plan

Dear Hospital Designee:

This notification is to inform you that Comagine Health has received your hospital Utilization Review Plan. Should additional information be required, Comagine Health will contact you.

If you have questions regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

.

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Facility
Address

Re: Medical Care Evaluation (MCE) Study (Corrections/Additional Information Received)

Dear Facility Designee:

Comagine is Health, on behalf of the Alabama Medicaid Agency, has completed review of the correction (s)/additional documentation submitted regarding your facility MCE study. Based on the documentation submitted the MCE study has been approved.

If you require additional information regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

.

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Facility

Re: Inpatient Admission and Continued Stay Informal Review Denial Determination

Dear Facility Designee:

Comagine Health, on behalf of the Alabama Medicaid Agency, has completed the Informal Review of the additional documentation submitted for Inpatient and Continued Stay Review for:

Recipient Name:
Medicaid Number:

The documentation received did not support criteria for Inpatient and or Continued Stay for the admission date of **__/__/2014**, as per Alabama Medicaid established Adult and Pediatric Inpatient Criteria; therefore, the denial is upheld by the Medical Director.

If you are dissatisfied with this decision you may request a Fair Hearing. A written request for a Fair Hearing must be received within **60 days** from the date of this notification. This letter is a **FINAL** determination regarding your request.

To request a Fair Hearing, please submit a written request to the following:

Alabama Medicaid Agency
501 Dexter Avenue
P. O. Box 5624
Montgomery, Alabama 36103-5624
Attention: Hearings Officer

If you require additional information regarding the review, please contact Comagine Health at 1-877-621-3827 or 205-414-3730.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
together.

Toll-free (888) 213-7576 | Fax (888) 213-8548
PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Facility
Address

Re: Inpatient Admission and Continued Stay Informal Review Approval

Dear Designee:

Comagine Health, on behalf of the Alabama Medicaid Agency, has completed the Informal Review of documentation submitted for Inpatient Admission and Continued Stay Review.

The Inpatient Admission and Continued Stay have been approved for:

Recipient Name:
Medicaid Number:
Date of Services:

If you require additional information regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

Reimagining health care,
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PO Box 530787 | Birmingham, AL 35253
comagine.org

.

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Facility

Re: Medical Care Evaluation (MCE) Study Denial Determination

Dear Facility Designee:

Comagine Health, on behalf of the Alabama Medicaid Agency (the Agency), has completed review of the Medical Care Evaluation study documentation submitted by your facility.

The documentation received did not support the federal guidelines according to section **42 CRF 456.141-145** that requires each hospital to have one MCE study in progress at any time or to complete one study each calendar year. In accordance with Alabama Medicaid Agency requirement to review each hospital's MCE study to ensure that a study is in progress or has been completed the documentation does not support the requirement. Therefore, a denial notification is being issued due to non-compliance.

If you are dissatisfied with this decision you may submit written corrections or additional information regarding federal guideline compliance to Comagine Health within 15 days from the date of this denial notification.

The corrected or additional information of the Medical Care Evaluation study may be submitted to Comagine Health via secure email, confidential fax transmittal or mail including CD. If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Email records: **Records via email may be attached to Secure Email Reply.**
Fax records: **Comagine Health Medicaid Review Unit**
1-877-621-3827

Please mail CD or Medical Record to Comagine Health: If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Attention: Comagine Health Medicaid Review Unit
P.O. Box 530787
Birmingham, Alabama 35253

Or

(Physical Mailing address for FedEx or UPS)
Attention: Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

If you require additional information regarding the review, please contact Comagine Health at

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together.

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PO Box 530787 | Birmingham, AL 35253
comagine.org

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1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

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together.

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PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Hospital Designee
Hospital
Address

Re: Inpatient Admission and Continued Stay Medical Documentation Review Request

Dear Hospital Designee:

In accordance with the Alabama Medicaid Agency (the Agency) Inpatient Admission and Continued Stay retrospective review process, medical record documentation is required for each of the individual(s) that have been selected for this quarters' review.

For each inpatient admission and continued stay, please provide complete medical documentation to support medical necessity based an Alabama Medicaid Adult and Pediatric Inpatient Criteria. The Alabama Medicaid Provider Manual Chapter 19 references the criteria for Inpatient Admission and Continued Stay review criteria. These records must be received within **30 days from the date of this request.** The receipt date of the medical documentation will be the confirmation date the medical record is received by Comagine Health. Failure to submit these records timely may result in a denial and recoupment of payment pursuant to Alabama Medicaid Administrative Code -Chapter 33.

These records may be submitted to Comagine Health by secure email, confidential fax or mail including CD. If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential transmittal notification.

Email records: Records via email may be attached to a Secure Email Reply
Fax records: Comagine Health Medicaid Review Unit
1-877-621-3827

Please mail CD or Medical Record to Comagine Health: If submitting documentation via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Attention: Comagine Health Medicaid Review Unit
P.O. Box 530787
Birmingham, Alabama 35253

Or

(Physical Mailing address for FedEx or UPS)
Attention: Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

If you have questions regarding the medical documentation review, you may contact us at 1-877-621-3827.

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PO Box 530787 | Birmingham, AL 35253
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Sincerely,

Comagine Health Medicaid Review Unit

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PO Box 530787 | Birmingham, AL 35253
comagine.org

Alabama Medicaid Agency

Inpatient QI Program
Institutional Services Unit

Contracted Services with Comagine Health

Date

Facility

Re: Internal Utilization Review Plan [UR] Denial Determination

Dear Facility Designee:

Comagine Health, on behalf of the Alabama Medicaid Agency (the Agency), has completed review of the **Internal Utilization Review Plan** documentation submitted.

The documentation received, did not support the federal guidelines. Section **42 CFR 456.100-456.145** requires hospitals to have an Internal Utilization Review Plan that provides for review of each recipient's need for the services that the hospital furnishes. In accordance with Alabama Medicaid Agency requirement to review each hospital's UR plan to ensure that it meets federal regulations, section(s) 42 of your UR plan did not comply with federal regulation[s]. Therefore, a denial notification is being issued.

If you are dissatisfied with this decision you may submit written corrections or additional information regarding federal guideline compliance to Comagine Health within **15 days from the date of this denial notification.**

The corrected or additional information of the UR Review plan may be submitted to Comagine Health by secure email or confidential fax transmittal or Mail including a CD. If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Email records: Records via may be attached to Secure Email Reply
Fax records: Comagine Health Medicaid Review Unit
1-877-621-3827

Please mail CD or Medical Record to Comagine Health: If information is being submitted via CD, it must be password protected. Additionally, the password must be received in a separate secure email or confidential fax transmittal notification.

Attention: Comagine Health Medicaid Review Unit
P.O. Box 530787
Birmingham, Alabama 35253

Or

(Physical Mailing address for FedEx or UPS)
Attention: Comagine Health Medicaid Review Unit
200 Office Park Drive Suite 325
Birmingham, Alabama 35223

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If you require additional information regarding the review, please contact Comagine Health at 1-877-621-3827.

Sincerely,

Comagine Health Medicaid Review Unit

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Appendix B

Alabama Medicaid Severity of Illness (SI) /Intensity of Service (IS) Criteria

Alabama Medicaid SI/IS Criteria

ADULT CRITERIA (GENERIC) – SI

Clinical Conditions

Lab Values

1. Hemoglobin less than 7 grams or above20 grams
2. Hematocrit below 27% or above 55%
3. Serum sodium less than 125mEq/L or above 155mEq/L
4. WBC below 3,000/cu mm or above 15,000cu mm
5. BUN below 4mg/dl or above 28mg/dl
6. Serum potassium below 2.5 mEq/L or above 6.0mEq/L
7. Glucose below 50mg/dl or above 250/dl
8. Fasting blood glucose below 70mg/dl or above 250mg/dl
9. Platelet count below 60,000/cu mm or above 1,000,000/cu mm
10. Blood pH below 7.20 or above 7.50
11. PTT greater than 40 seconds or three times control level. Activated PT greater than 90 seconds
12. Serum magnesium below 0.8mEq/L or above 12mEq/L
13. Serum calcium below 7mg/dl or above 12 mg/dl
14. Blood PO2 below 65 mm Hg or above 100mm Hg
15. Blood PCO2 below 30mm Hg or above 48mm Hg
16. Blood culture positive for bacteria or fungi
17. Presence of toxic serum level of drugs or other chemical substances
18. Serum chloride below 90mEq/l or above 110mEq/l
19. Creatinine above 1.5mg/dl
20. Liver function studies elevated at twice the normal value
21. Blood ammonia > 110mg/100cc
22. Urine specific gravity>1.026
23. CPK 2 times above normal range
24. LDH 2 times above normal range

Other categories/ subcategories of conditions to consider as follows:

I. Cardiovascular

1. Chest pain
2. Acute MI
3. CHF
4. Cardiac arrhythmia's

II. Endocrine

1. Diabetes ketoacidosis
2. Diabetes insipidus
3. Coma
4. Hyperthyroidism
5. Addison 's disease
6. Crushing disease
7. Diabetes mellitus, newly diagnosed or uncontrolled
8. Hypoglycemia
9. Thyroid mass resulting in airway obstruction

III. Gastrointestinal

1. G I bleeding
2. Acute gastroenteritis
3. Peptic ulcer
4. Hemorrhage
5. Neoplasm's of stomach
6. Abd. Pain
7. Bowel obstr.

8. Penetrating wound of abd wall

Gastrointestinal (continue)

9. Appendicitis
10. Peritonitis
11. Pancreatitis
12. Diarrhea
13. Botulism
14. Ulcerative colitis
15. Anorectal disorders
16. Anal fissure
17. Distended bowel with air fluid levels
18. Excessive vomiting

IV. Genitourinary

1. Acute renal failure
2. Chronic renal failure
3. Acute nephritic syndrome
4. Pyelonephritis
5. Neurogenic bladder
6. Urinary Calculi

V. Gynecology and Obstetrics

1. Amenorrhea
2. Abn. genital bleeding
3. Dysfunctional uterine bleeding (DUB)
4. Endometriosis
5. Pelvic pain
6. Salpingitis
7. Dysmenorrhea
8. Spontaneous vaginal delivery
9. Cesarean section
10. Ectopic pregnancy
11. Hyperemesis gravidarum
12. Preeclampsia and eclampsia
13. Abruptio placenta
14. Placenta previa
15. Pregnancy complicated by disease
16. Cardiac disease
17. Thrombophlebitis
18. Hypertension
19. Renal disease
20. UTI
21. Diabetes mellitus
22. Gestational diabetes
23. Premature labor
24. Premature rupture of membranes (PROM)
25. Puerperal infection
26. Postpartum hemorrhage
27. Inverted uterus
28. Leaking amniotic fluid
29. Bleeding in first, second, or third trimester
30. Suspected fetal distress or fetal demise

IV. Male Reproductive

1. Inability to void (acute)
2. Testicular pain (acute)

3. Genital trauma
4. Painful sustained erection (acute)
5. Loss of portion of genitalia (acute)

VII. Hematology

1. Iron deficiency anemia
2. Aplastic anemia
3. Megaloblastic anemia
4. Sickle cell anemia
5. Vitamin K deficiency
6. Disseminated intravascular coagulation (DIC)
7. Leukopenia

VIII. Hepatic and Biliary

1. Jaundice
2. Hepatomegaly
3. Ascites
4. Cirrhosis
5. Hepatitis
6. Portal Hypertension
7. Cholecystitis

IX. Musculoskeletal and Connective

1. Rheumatoid arthritis
2. Loss of limb (acute
3. Severe crushing injury
4. Lyme disease
5. Infectious arthritis
6. Gout
7. Osteomyelitis
8. Fracture of femur, pelvis, tibia, ankle, elbow, shoulder, spine
9. Neoplasm's of bones and joints
10. Dislocation of spine, hip, ankle, elbow, shoulder

X. Neurologic

1. Focal brain disorders
2. Uncontrollable pain
3. Headache
4. Vertigo
5. Seizure disorder
6. Sleep apnea
7. Unconsciousness
8. Disorientation (acute)
9. Weakness without paralysis
10. Tachypnea due to cardiac problems
11. Cerebrovascular accident (Stroke)
12. Acute digitalis toxicity
13. Cerebrovascular disease (CVD)
14. Transient ischemic attack (TIA)
15. Intracranial Hemorrhage
16. Subarachnoid hemorrhage
17. Loss of sensation or movement of any extremity
18. Head injury
19. Spinal cord injury
20. Meningitis
21. Absence of pulse (axilla, groin, knee, etc.)

Neurologic (continue)

22. Parenthesis
23. Paralysis
24. Sight, hearing, or speech loss (acute)

XI. Nutritional and Metabolic

1. Vitamin deficiency
2. Electrolyte imbalance
3. Respiratory acidosis/alkalosis

XII Oncology

1. Acute leukemia
2. Lymphomas
3. Hodgkin's disease
4. Multiple myeloma
5. Wilms tumor
6. Retinoblastoma
7. Metastatic cancer

XIII Psychiatric

1. Neurosis
2. Schizophrenia
3. Suicidal behavior
4. Failure of outpatient treatment
5. Bipolar disorders
6. Psychosis

XIV Pulmonary

1. Dyspnea
2. Chest pain
3. Hemoptysis
4. Acute respiratory failure
5. Respiratory distress syndrome
6. Bronchial asthma
7. Acute bronchitis
8. Chronic obstructive pulmonary disease (COPD)
9. Bronchiectasis
10. Atelectasis
11. Pulmonary embolism
12. Pneumonia
13. Pleurisy
14. Pneumothorax
15. Tumor of the lung
16. Tuberculosis
17. Lung abscess

XV Substance abuse

1. Seizures
2. Tachycardia
3. Marked elevated blood pressure
4. Vivid hallucinations
5. Agitation requiring restraints
6. Disorientation
7. Reduced level of consciousness

XVI Miscellaneous

1. Oral temperature below 95-degree F and above 103 degrees F
2. Blood pressure systolic below 80mm/Hg or above 200mm/Hg
3. Blood pressure diastolic above 110mm Hg
4. Generalized edema 1+ or greater

5. Poisoning including botulism
6. Mass identified or suspected
7. Cellulitis
8. Viral infection
9. Ingestion of life-threatening substance
10. HIV related complexes
11. Wound disruption and/or signs and symptoms of infection

ADULT CRITERIA-IS

Prescribed Treatment

1. Blood transfusion
2. IV infusion for dehydration supplement (excluding KVO)
3. Intra- arterial infusions
4. IV nutritional supplements requiring monitoring (TPN)
5. IV infusion for antibiotic therapy or other indicated parenteral medication (steroids, anticonvulsant bronchodilators, etc.)
6. Diabetic teaching
7. Blood cultures
8. Blood cultures pending not to exceed 48 hrs.
9. Extensive diagnostic procedures requiring observation, preps, etc.
10. Respiratory assistance
11. Respiratory treatment and medications at least every 4 hrs.
12. Exchange transfusion
13. Hydration and monitoring of chemotherapy treatment
14. Emergency radiation therapy
15. Invasive diagnostic procedures which cannot be safely performed outpatient
16. Surgical procedures which cannot be done outpatient
17. Medication adjustment with lab follow-up at least daily
18. Admission to special care unit
19. Vital signs, BP monitoring, and neurochecks at least every 4 hrs
20. Surgery requiring general or regional anesthesia
21. Protective isolation
22. Serial enzymes q 8 hrs x 3
23. Skeletal traction
24. Tube feeding
25. IV medication to control premature labor
26. Induction of labor
27. Vaginal delivery
28. Cesarean section
29. Physical therapy for acute condition at least 2 x daily
30. Alcohol and drug detoxification
31. Burn therapy
32. Wound treatment including sterile dressing changes at least 2 x daily
33. Wound debridement
34. Skin grafts
35. Special precautions
36. Restraints
37. Adjustment of psychotropic medication
38. Therapies including group, activity, or individual at least 3 x daily

Adult Criteria

I. Discharge Indicators

1. Temperature below 100.2F orally for the last 24hrs without antipyrectic medication.
2. Urine output at least 800 ml for 24 hrs
3. Tolerating prescribed medication

4. Tolerating diet for 24 hrs without nausea and vomiting
5. Serum drug levels in therapeutic range
6. No pain medication required for last 24 hrs
7. Patient, responsible caregiver, home health agency can provide care
8. Refuses therapy or treatment
9. Documentation by physician that maximum hospital benefit has been reached
10. Patient or caregiver education can be provided in outpatient setting
11. No evident of cardiac damage after 3 days of hospitalization.
12. No EKG changes for 72 hrs without MI
13. Normal telemetry with ambulating
14. No chest pain
15. No seizures for 24 hrs
16. Repeat chest xray within normal limits.
17. Bowel movement after major surgery particularly abdominal surgery
18. Normal bowel sounds
19. Incision/ wound healing without signs and symptoms of infections
20. GI tests for patient with negative cardiac tests
21. Blood glucose in stable range for 24 hrs
22. No evidence of bleeding for 24 hrs
23. In preeclampsia/eclampsia patients, a negative urine protein, negative edema, a BP of 20mm/Hg systolic or 10mm/Hg diastolic of baseline blood pressure.

PEDIATIC CRITERIA (GENERIC)- SI

Clinical Conditions

Lab Values

1. Hemoglobin less than 8 mg and above 20 grams
2. Hematocrit below 25% and above 60%
3. Serum sodium less than 130mg or greater than 150mg
4. WBC below 3,000amd above 15,000
5. BUN greater than 20 and creatinine greater than 1.0
6. Serum potassium below 2.5 mEq/L and above 6.0 mEq/L
7. Blood pH below 7.3 or above 7.5
8. PaO2 below 60 torr
9. PaCO2 above 50 torr
10. Hypoglycemia < 40mg/dl in full term or <30 in premature infant
11. PTT greater than or equal to 15 seconds. Activated PT greater than or equal to 40 seconds
12. Jaundice appearing on the first day in newborns and a bilirubin concentration > 10mg/dl in premature infants or full-term infants
13. Protein of spinal fluid greater than 40mg
14. Urine specific gravity greater than or equal to 10.25

Other categories/ subcategories of conditions to consider as follows:

I. **Cardiovascular**

1. Congenital heart deformity
2. Heart disease
3. Congestive heart failure

II. Endocrine and Metabolic

1. Congenital goiters
2. Hypothyroidism
3. Hyperthyroidism
4. Newly diagnosed diabetes mellitus
5. Unstable diabetes mellitus
6. Diabetes insipidus
7. Drug withdrawal syndrome
8. Hypoglycemia

9. Hyperbilirubinemia
10. Hypothermia

III. Gastrointestinal

1. Recurrent abdominal pain
2. Peptic ulcer
3. Meckel's diverticulum
4. Acute gastroenteritis
5. Excessive vomiting
6. Persistent constipation
7. Bowel obstruction
8. Appendicitis
9. Necrotizing enterocolitis
10. Pyloric stenosis
11. Diarrhea
12. Chronic diarrhea unresponsive to outpatient treatment

IV. Hematology

1. Acute blood loss/anemia
2. RH incompatibility
3. Sickle cell anemia

V. Infectious disease

1. Chicken pox
2. Impetigo
3. Gonorrhea
4. Congenital syphilis
5. Chlamydia
6. Trichomonas
7. Viral infection

VI. Musculoskeletal and Connective

1. Rheumatoid arthritis
2. Fractures soft tissue injuries

VII. Neurologic

1. Cerebral palsy
2. Hydrocephalus
3. Suspected increase of intracranial pressure
4. Rapid growth of head circumference
5. Progressive neuomuscular weakness
6. Head trauma
7. Seizure disorder
8. Injuries to central and peripheral nervous system
9. Spinal cord injury
10. Meningitis
11. Encephalitis

VIII. Nutritional

1. Anorexia nervosa
2. Bulimia
3. Failure to thrive

IX. Oncology

1. Wilms' tumor
2. Neuroblastoma
3. Retinoblastoma
4. Acute leukemia's
5. Mass identified or suspected

X. Psychiatric – Adolescent/Child

1. Suicidal ideation in children and adolescents
2. Adjustment disorder
3. Attention deficit disorder
4. Psychosis
5. Schizophrenia
6. Affective disorders (depression and mania)
7. Failed outpatient treatment

XI. Pulmonary

1. Pneumonia
2. Anoxia
3. Bronchiolitis
4. Croup
5. Apnea
6. Meconium aspiration syndrome
7. Cystic fibrosis
8. Acute asthma
9. Respiratory distress syndromes (RDS)

XII. Miscellaneous

1. Ingestion of life-threatening substance
2. Poisoning
3. Lead poisoning
4. Colt and/ or infection of a shunt
5. Neonatal sepsis
6. Birth weight not exceeding 5 lbs.
7. Fever of unknown origin
8. Generalized edema 1 + or greater
9. Otitis media
10. Cellulitis
11. Urinary tract infection (UTI)
12. Acute epiglottitis
13. Fetal alcohol syndrome
14. Suspected child abuse or neglect
15. HIV related complex
16. Rectal temperature above 102F for 48 hrs
17. Less than 3-month-old with rectal temperature above 101F
18. Pulse rate below 55/minute or above 180/minute
19. Blood pressure

Systolic- Greater than 120mm/Hg- 0-6 year
Greater than 130m/Hg- 7-10 year
Greater than 140mm/Hg- 10 and above
Diastolic Greater than 90mm/Hg
Less than 40mm/Hg

20. Dehydration 5% or greater

PEDIATRIC CRITERIA IS

Prescribed Treatment

1. Blood transfusion
2. IV infusion for dehydration or supplement
3. IV nutritional supplement requiring monitoring TPN
4. IV infusions for antibiotic therapy or other indicated parenteral medications (steroids, anticonvulsant, etc)
5. Intra- arterial infusion
6. Insulin therapy and patient education
7. Dietary management and education

8. Blood cultures
9. Extensive diagnostic procedures requiring observation, prep, etc.
10. Respiratory assistance
11. Respiratory treatment and medication at least every 4 hrs
12. Exchange transfusion
13. Hydration and monitoring of chemotherapy
14. Emergency radiation therapy
15. Phototherapy
16. Invasive diagnostic procedures
17. Medication adjustment with lab follow-up at least daily
18. I & O and weight monitoring daily for FTT patient
19. Admission to special care unit
20. Vital signs, BP monitoring and neurological checks
21. Surgery requiring general or regional anesthesia
22. Protective isolation
23. Patient requires monitoring to facilitate recovery
24. Telemetry
25. Blood gases
26. Oxygen therapy
27. General state of consciousness
28. Suicidal and homicidal precautions
29. Adjustment of psychotropic med.
30. Patient unwilling or unable to comply
31. Physical restraint/seclusion/isolation
32. Therapies including group, activity, or individual at least 3 times daily
33. Monitoring at least hourly
34. IV or IM medications
35. Stabilization using PO medication
36. Traction
37. Control of hemorrhage
38. Initial tracheostomy care
39. Nasogastric tube feeding
40. Chest tube drainage
41. Gastrostomy feeding
42. Complications of surgery (fever, bleeding, swelling, etc.)
43. Surface burn therapy
44. Wound debridement requiring analgesia or anesthesia daily
45. Skin care requiring skill nursing care at least 6 hours per day
46. Skin grafting

PEDIATRIC CRITERIA

I. Discharge Indicators

1. Temperature below 100.2 F orally for at least 24 hr without antipyretic medication
2. Urine output adequate for age
3. Tolerating prescribed medications
4. Passing flatus/fecal material
5. Tolerating diet of 24 hr without nausea or vomiting
6. Serum drug level in therapeutic range
7. No pain medication required for last 24 hrs
8. Wound healing without signs or symptoms of infection
9. Patient, responsible caregiver, home health agency can provide care
10. Refuses therapy or treatment
11. Documentation by physician that maximum hospital benefit has been reached
12. No evidence of cardiac damage after 3 days hospitalization

13. No EKG changes for 72hrs without MI
14. Normal telemetry with ambulating
15. No chest pain
16. No seizure for 24 hrs
17. Weight greater than or equal to 51/4 lbs. and taking feeding well
18. Infant maintains a stable body temperature
19. No evidence of respiratory distress
20. Repeat CXR within normal limits
21. Stable weight for 72 hrs

Appendix C

Instructions for Secure Email

Instructions for Secure Email

Mimecast Secure Email for External Users

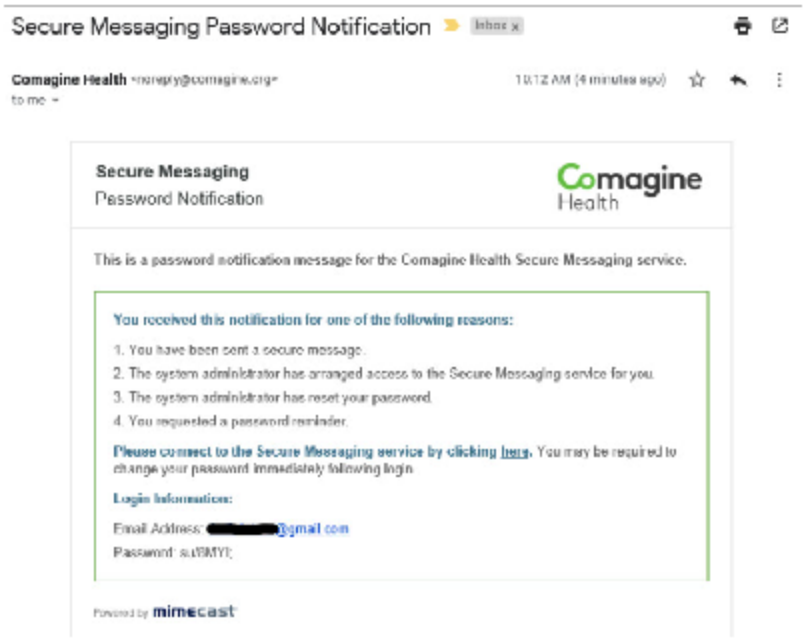
Comagine Health utilizes the Mimecast Email Security service for Secure Messaging to encrypt emails containing confidential information such as PHI/PII to our external clients and partners.

The following are instructions to register with Mimecast in order to view and manage secure emails from Comagine Health.

Receiving a Secure Message for the First Time

When an external recipient receives a secured message with the Mimecast service for the first time, you will be required to register and setup your account. An email notification will be sent from Comagine Health <noreply@comagine.org> with your login information.

Figure 1: Secure Messaging Password Email Notification



Click the link here to connect to the Secure Messaging Service.

Appendix D

Center for Medicare and Medicaid Services

- **Utilization Review (UR) Plan**
- **Medical Evaluation Study**

Center for Medicare and Medicaid Services, HHS

456.80 Individual written plan of care.

(a) Before admission to a hospital or before authorization for payment, a physician and other personnel involved in the care of the individual must establish a written plan of care for each applicant or beneficiary.
(b) The plan of care must include—
(1) Diagnoses, symptoms, complaints, and complications indicating the need for admission;
(2) A description of the functional level of the individual;
(3) Any orders for—
(i) Medications;
(ii) Treatments;
(iii) Restorative and rehabilitative services;
(iv) Activities;
(v) Social services;
(vi) Diet;
(4) Plans for continuing care, as appropriate; and
(5) Plans for discharge, as appropriate.
(c) Orders and activities must be developed in accordance with physician's instructions.
(d) Orders and activities must be reviewed and revised as appropriate by all personnel involved in the care of an individual.
(e) A physician and other personnel involved in the beneficiary's case must review each plan of care at least every 60 days.

UTILIZATION REVIEW (UR) PLAN:

GENERAL REQUIREMENT

456.100 Scope.

Sections 456.101 through 456.145 of this subpart prescribe requirements for a written utilization review (UR) plan for each hospital providing Medicaid services. Sections 456.105 and 456.106 prescribe administrative requirements: 456.111 through 456.113 prescribe informational requirements; 456.121 through 456.129 prescribe requirements for admission review; 456.131 through 456.137 prescribe requirements for continued stay review; and 456.141 through 456.145 prescribe requirements for medical care evaluation studies.

456.101 UR plan required for inpatient hospital services.

(a) A State plan must provide that each hospital furnishing inpatient services under the plan has in effect a written UR plan that provides for review of each beneficiary's need for the services that the hospital furnishes him.
(b) Each written hospital UR plan must meet the requirements under 456.101 through 456.145.
UR PLAN: ADMINISTRATIVEREQUIREMENTS

456.105 UR committee required.

The UR plan must—
(a) Provide for a committee to perform UR required under this subpart;
(b) Describe the organization, composition, and functions of this committee; and
(c) Specify the frequency of meetings of the committee.

456.106 Organization and composition of UR committee; disqualification from UR committee membership.

(a) For the purpose of this subpart, ''UR committee'' includes any group organized under paragraphs (b) and (c) of this section.
(b) The UR committee must be composed of two or more physicians and assisted by other professional personnel.
(c) The UR committee must be constituted as—
(1) A committee of the hospital staff;
(2) A group outside the hospital staff, established by the local medical or osteopathic society and at least some of the hospitals and SNFs in the locality;
(3) A group capable of performing utilization review established and organized in a manner approved by the Secretary.
(d) The UR committee may not include any individual who—
(1) Is directly responsible for the care of the patient whose care is being reviewed; or
(2) Has a financial interest in any hospital.

UR PLAN: INFORMATIONAL REQUIREMENTS

456.111 Beneficiary information required for UR.

The UR plan must provide that each beneficiary's record includes information needed for the UR committee to perform UR required under this subpart. This information must include, at least, the following:
(a) Identification of the beneficiary.
(b) The name of the beneficiary's physician.
(c) Date of admission, and dates of application for and authorization of Medicaid benefits if application is made after admission.
(d) The plan of care required under 456.70.
(e) Initial and subsequent continued stay review dates described under 456.128 and 456.133.
(f) Date of operating room reservation, if applicable.
(g) Justification of emergency admission, if applicable.
(h) Reasons and plan for continued stay, if the attending physician believes continued stay is necessary.
(i) Other supporting material that the committee believes appropriate to be included in the record.

456.112 Records and reports.

The UR plan must describe—
(a) The types of records that are kept by the committee; and
(b) The type and frequency of committee reports and arrangements for their distribution to appropriate individuals.

456.113 Confidentiality.

The UR plan must provide that the identities of individual beneficiaries in all UR records and reports are kept confidential.

UR PLAN: REVIEW OF NEED FOR ADMISSION 1

456.121 Admission review required.

The UR plan must provide for a review of each beneficiary's admission to the hospital to decide whether it is needed, in accordance with the requirements of 456.122 through 456.129.

456.122 Evaluation criteria for admission review.

The UR plan must provide that—
(a) The committee develops written medical care criteria to assess the need for admission; and
(b) The committee develops more extensive written criteria for cases that its experience shows are—
(1) Associated with high costs;
(2) Associated with the frequent furnishing of excessive services; or
(3) Attended by physicians whose patterns of care are frequently found to be questionable.

456.123 Admission review process.

The UR plan must provide that—
(a) Admission review is conducted by—
(1) The UR committee;
(2) A subgroup of the UR committee; or
(3) A designee of the UR committee;
(b) The committee, subgroup, or designee evaluates the admission against the criteria developed under § 456.122 and applies close professional scrutiny to cases selected under 456.129(b);
(c) If the committee, subgroup, or designee finds that the admission is needed, the committee assigns an initial continued stay review date in accordance with 456.128;
(d) If the committee, subgroup, or designee finds that the admission does not meet the criteria, the committee or a subgroup that includes at least one physician reviews the case to decide the need for admission;
(e) If the committee or subgroup making the review under paragraph (d) of this section finds that the admission is not needed, it notifies the beneficiary's attending physician and gives him an opportunity to present his views before it makes a final decision on the need for the continued stay;
(f) If the attending physician does not present additional information or clarification of the need for the admission, the decision of the committee or subgroup is final; and
(g) If the attending physician presents additional information or clarification, at least two physician members of the committee review the need for the admission. If they find that the admission is not needed, their decision is final.

456.124 Notification of adverse decision.

The UR plan must provide that written notice of any adverse final decision on the need for admission under
456.123 (e) through (g) is sent to—
(a) The hospital administrator;
(b) The attending physician;
(c) The Medicaid agency;
(d) The beneficiary; and
(e) If possible, the next of kin or sponsor.

456.125 Time limits for admission review.

Except as required under 456.127, the UR plan must provide that review of each beneficiary's admission to the hospital is conducted—
(a) Within one working day after admission, for an individual who is receiving Medicaid at that time; or
(b) Within one working day after the hospital is notified of the application for Medicaid, for an individual who applies while in the hospital.

456.126 Time limits for final decision and notification of adverse decision.

Except as required under 456.127, the UR plan must provide that the committee makes a final decision on a beneficiary's need for admission and gives notice of an adverse final decision—
(a) Within two working days after admission, for an individual who is receiving Medicaid at that time; or

(b) Within two working days after the hospital is notified of the application for Medicaid, for an individual who applies while in the hospital.

456.127 Pre-admission review.

The UR plan must provide for review and final decision prior to admission for certain providers or categories of admissions that the UR committee designates under 456.142(b) (4)(iii) to receive pre-admission review.

456.128 Initial continued stay review date.

The UR plan must provide that—
(a) When a beneficiary is admitted to the hospital under the admission review requirements of this subpart, the committee assigns a specified date by which the need for his continued stay will be reviewed;
(b) The committee bases its assignment of the initial continued stay review date on—
(1) The methods and criteria required to be described under 456.129;
(2) The individual's condition; and
(3) The individual's projected discharge date;
(c)(1) The committee uses any available appropriate regional medical care appraisal norms, such as those developed by abstracting services or third-party payors, to assign the initial continued stay review date;
(2) These regional norms are based on current and statistically valid data on duration of stay in hospitals for patients whose characteristics, such as age and diagnosis, are similar to those of the individual whose case is being reviewed;
(3) If the committee uses norms to assign the initial continued stay review date, the number of days between the individual's admission and the initial continued stay review date is no greater than the number of days reflected in the 50th percentile of the norms. However, the committee may assign a later review date if it documents that the later date is more appropriate; and
(d) The committee ensures that the initial continued stay review date is recorded in the individual's record.

456.129 Description of methods and criteria: Initial continued stay review date; close professional scrutiny; length of stay modification.

The UR plan must describe—
(a) The methods and criteria, including norms if used, that the committee uses to assign the initial continued stay review date under 456.128.
(b) The methods that the committee uses to select categories of admission to receive close professional scrutiny under 456.123(b); and
(c) The methods that the committee uses to modify an approved length of stay when the beneficiary's condition or treatment schedule changes.

UR PLAN: REVIEW OF NEED FOR CONTINUED STAY

456.131 Continued stay review required.

The UR plan must provide for a review of each beneficiary's continued stay in the hospital to decide whether it is needed, in accordance with the requirements of 456.132 through 456.137.

456.132 Evaluation criteria for continued stay.

The UR plan must provide that—
(a) The committee develops written medical care criteria to assess the need for continued stay.
(b) The committee develops more extensive written criteria for cases that its experience shows are—
(1) Associated with high costs;
(2) Associated with the frequent furnishing of excessive services; or

(3) Attended by physicians whose patterns of care are frequently found to be questionable.

456.133 Subsequent continued stay review dates.

The UR plan must provide that—
(a) The committee assigns subsequent continued stay review dates in accordance with 456.128 and 456.134(a);
(b) The committee assigns a subsequent review date each time it decides under 456.135 that the continued stay is needed; and
(c) The committee ensures that each continued stay review date it assigns is recorded in the beneficiary's record.

456.134 Description of methods and criteria: Subsequent continued stay review dates; length of stay modification.

The UR plan must describe—
(a) The methods and criteria, including norms if used, that the committee uses to assign subsequent continued stay review dates under 456.133; and
(b) The methods that the committee uses to modify an approved length of stay when the beneficiary's condition or treatment schedule changes.

456.135 Continued stay review process.

The UR plan must provide that—
(a) Review of continued stay cases is conducted by—
(1) The UR committee;
(2) A subgroup of the UR committee; or
(3) A designee of the UR committee;
(b) The committee, subgroup or designee reviews a beneficiary's continued stay on or before the expiration of each assigned continued stay review date;
(c) For each continued stay of a beneficiary in the hospital, the committee, subgroup or designee reviews and evaluates the documentation described under 456.111 against the criteria developed under 456.132 and applies close professional scrutiny to cases selected under 456.129(b);
(d) If the committee, subgroup, or designee finds that a beneficiary's continued stay in the hospital is needed, the committee assigns a new continued stay review date in accordance with 456.133;
(e) If the committee, subgroup, or designee finds that a continued stay case does not meet the criteria, the committee or a subgroup that includes at least one physician reviews the case to decide the need for continued stay;
(f) If the committee or subgroup making the review under paragraph (e) of this section finds that a continued stay is not needed, it notifies the beneficiary's attending physician and gives him an opportunity to present his reviews before it makes a final decision on the need for the continued stay;
(g) If the attending physician does not present additional information or clarification of the need for the continued stay, the decision of the committee or subgroup is final; and
(h) If the attending physician presents additional information or clarification, at least two physician members of the committee review the need for the continued stay. If they find that the beneficiary no longer needs inpatient hospital services, their decision is final.

456.136 Notification of adverse decision.

The UR plan must provide that written notice of any adverse final decision on the need for continued stay under 456.135 (f) through (h) is sent to—
(a) The hospital administrator;
(b) The attending physician;
(c) The Medicaid agency;
(d) The beneficiary; and
(e) If possible, the next of kin or sponsor.

456.137 Time limits for final decision and notification of adverse decision.

The UR plan must provide that—
(a) The committee makes a final decision on a beneficiary's need for continued stay and gives notice under 456.136 of an adverse final decision within 2 working days after the assigned continued stay review dates, except as required under paragraph (b) of this section.
(b) If the committee makes an adverse final decision on a beneficiary's need for continued stay before the assigned review date, the committee gives notice under 456.136 within 2 working days after the date of the final decision.

UR PLAN: MEDICAL CARE EVALUATION STUDIES UTILIZATION REVIEW (UR) PLAN:

GENERAL REQUIREMENT

456.141 Purpose and general description.

(a) The purpose of medical care evaluation studies is to promote the most effective and efficient use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.
(b) Medical care evaluation studies—
(1) Emphasize identification and analysis of patterns of patient care; and
(2) Suggest appropriate changes needed to maintain consistently high-quality patient care and effective and efficient use of services.

456.142 UR plan requirements for medical care evaluation studies.

(a) The UR plan must describe the methods that the committee uses to select and conduct medical care evaluation studies under paragraph (b)(1) of this section.
(b) The UR plan must provide that the UR committee—
(1) Determines the methods to be used in selecting and conducting medical care evaluation studies in the hospital;
(2) Documents for each study—
(i) Its results; and
(ii) How the results have been used to make changes to improve the quality of care and promote more effective and efficient use of facilities and services;
(3) Analyzes its findings for each study; and
(4) Takes action as needed to—
(i) Correct or investigate further any deficiencies or problems in the review process for admissions or continued stay cases;
(ii) Recommend more effective and efficient hospital care procedures; or
(iii) Designate certain providers or categories of admissions for review prior to admission.

456.143 Content of medical care evaluation studies.

Each medical care evaluation study must—
(a) Identify and analyze medical or administrative factors related to the hospital's patient care;
(b) Include analysis of at least the following:
(1) Admissions;
(2) Durations of stay;
(3) Ancillary services furnished, including drugs and biologicals;
(4) Professional services performed in the hospital; and

(c) If indicated, contain recommendations for changes beneficial to patients, staff, the hospital, and the community.

456.144 Data sources for studies.

Data that the committee uses to perform studies must be obtained from one or more of the following sources:
(a) Medical records or other appropriate hospital data;
(b) External organizations that compile statistics, design profiles, and produce other comparative data;
(c) Cooperative endeavors with—
(1) QIOs;
(2) Fiscal agents;
(3) Other service providers; or
(4) Other appropriate agencies.

456.145 Number of studies required to be performed.

The hospital must, at least, have one study in progress at any time and complete one study each calendar year.

Subpart D—Utilization Control: Mental Hospitals

456.150 Scope.

This subpart prescribes requirements for control of utilization of inpatient services in mental hospitals, including requirements concerning—
(a) Certification of need for care;
(b) Medical evaluation and admission review;
(c) Plan of care; and
(d) Utilization review plans.

456.151 Definitions.

As used in this subpart: *Medical care appraisal norms* or *norms* mean numerical or statistical measures of usually observed performance. *Medical care criteria* or *criteria* means predetermined elements against which aspects of the quality of a medical service may be compared. These criteria are developed by health professionals relying on their expertise and the professional health care literature.

CERTIFICATION OF NEED FOR CARE

456.160 Certification and recertification of need for inpatient care.

(a) *Certification.* (1) A physician must certify for each applicant or beneficiary that inpatient services in a mental hospital are or were needed.
(2) The certification must be made at the time of admission or, if an individual applies for assistance while in a mental hospital, before the Medicaid agency authorizes payment.
(b) *Recertification.* (1) A physician, or physician assistant or nurse practitioner (as defined in 491.2 of this chapter) acting within the scope of practice as defined by State law and under the supervision of a physician, must recertify for each applicant or beneficiary that inpatient services in a mental hospital are needed.
(2) Recertification must be made at least every 60 days after certification.

MEDICAL, PSYCHIATRIC, AND SOCIAL EVALUATIONS AND ADMISSION REVIEW

456.170 Medical, psychiatric, and social evaluations.

(a) Before admission to a mental hospital or before authorization for payment, the attending physician or staff physician must make a medical evaluation of each applicant's or beneficiary's need for care in the hospital; and appropriate professional personnel must make a psychiatric and social evaluation.
(b) Each medical evaluation must include—
(1) Diagnoses;
(2) Summary of present medical findings;
(3) Medical history;
(4) Mental and physical functional capacity;
(5) Prognoses; and
(6) A recommendation by a physician concerning—
(i) Admission to the mental hospital; or
(ii) Continued care in the mental hospital for individuals who apply for Medicaid while in the mental hospital.

456.171 Medicaid agency review of need for admission.

Medical and other professional personnel of the Medicaid agency or its designees must evaluate each applicant's or beneficiary's need for admission by reviewing and assessing the evaluations required by 456.170.