

QIO - Inpatient Psychiatric Hospital Prior Authorization

Purpose:

To determine if the admission or continued stay is medically necessary and appropriate to meet the mental health needs of the member. Inpatient psychiatric (IPP) prior authorization (PA) review includes activities to evaluate the medical necessity of members whose doctor has recommended treatment at the IPP level of care due to symptoms resulting from a mental health disorder placing themselves or others at risk, of harm or exacerbation of mental health symptoms that cannot be managed safely via coordination of outpatient services.

Identification of Roles:

Review coordinator (RC) - conducts IPP admission and continued stay review (CSR) PA for determination of medical necessity. Opens the review in MQUIDS and prepares the case for peer review when appropriate. Approval notifications are sent to facilities via email. The documentation and/or court orders are uploaded into OnBase for approval entry into MMIS; original filed in corresponding facility folder.

Facility liaison - requests the IPP admission or CSR be reviewed via e-mail or fax.

Peer review (PR) - completes review, as needed, for reviews that are not able to be approved by RC utilizing established criteria.

Policy program manager - provides consultation when needed.

QIO manager - provides oversight and consultation to staff.

Performance Standards:

- Complete 95% of determinations for admissions not requiring PR within 10 business days of receipt of complete information; complete 100% within 15 business days.
- Complete 95% of determinations for continued stays not requiring peer review within 15 business days of receipt of complete information; complete 100% within 20 business days.
- For PA requests for which additional information has been requested and not received, process 95% no earlier than 45 days from initial receipt (to allow time for receipt of the requested information) and no later than 60 days of initial receipt; complete 100% within 60 business days of initial receipt

Path of Business Procedure:

See Attachment 1.

Step 1: Form 470-5473 Inpatient Psychiatric Prior Authorization is electronically submitted from a State-licensed hospital liaison.

- a. MMIS will be utilized to identify managed care organization (MCO)/fee-for-service (FFS) status. RC will complete admission and CSR for the FFS population only.
- b. RC reviews criteria approved by DHS to determine medical necessity and appropriateness of duration for the requested service in accordance with all state and federal requirements for applicants requesting Medicaid funding for IPP.
- c. If the RC is unable to approve the member's IPP admission or CSR with the submitted documentation, the provider (original submitter) is contacted by telephone or email to determine if all available documentation has been submitted for review. Additional time will be given for the submitter to provide additional information if needed.
- d. If the RC is unable to approve the admission or CSR following review of additional information, the review is sent for peer review (see Attachment 2).
- e. Once the admission or CSR is approved or denied the RC will enter findings into MQUIDS. Denials are sent to the provider and member and will include appeal rights. A peer-to-peer conversation will be granted upon request. The manager will arrange for a peer-to-peer conversation within 1 business day of the request unless there are extenuating circumstances outside of QIO Services' control. The member (or their representative) can request an appeal for adverse determinations (see Attachment 3).

Step 2: A readmission is any admission to the same IPP unit that occurs to a previous discharge to an acute setting (such as a medical floor in the same facility) and is expected to return to the IPP unit following medical treatment. The requirement for an admission review on readmission is waived. A CSR review will be completed.

Step 3: Hospital observation beds: When an IPP hospital places a member in a 23-hour observation bed and then releases the member within 23 hours, no pre-authorization is required. However, if the member is admitted to the hospital from observation, PA must be completed as usual within 2 business days of the date of admission.

Step 4: Retroactive authorization requests: If a request is received for a retroactive authorization the RC conducts the admission or CSR review for medical necessity in accordance with all state and federal requirements for applicants requesting Medicaid funding for IPP services. In addition, the RC will review progress notes and/or other information to support the IPP stay for the period requested.

Forms/Reports:

[Form 470-5473: Inpatient Psychiatric Prior Authorization](#)

RFP References:

1.3.1.3.B.1.ii.a

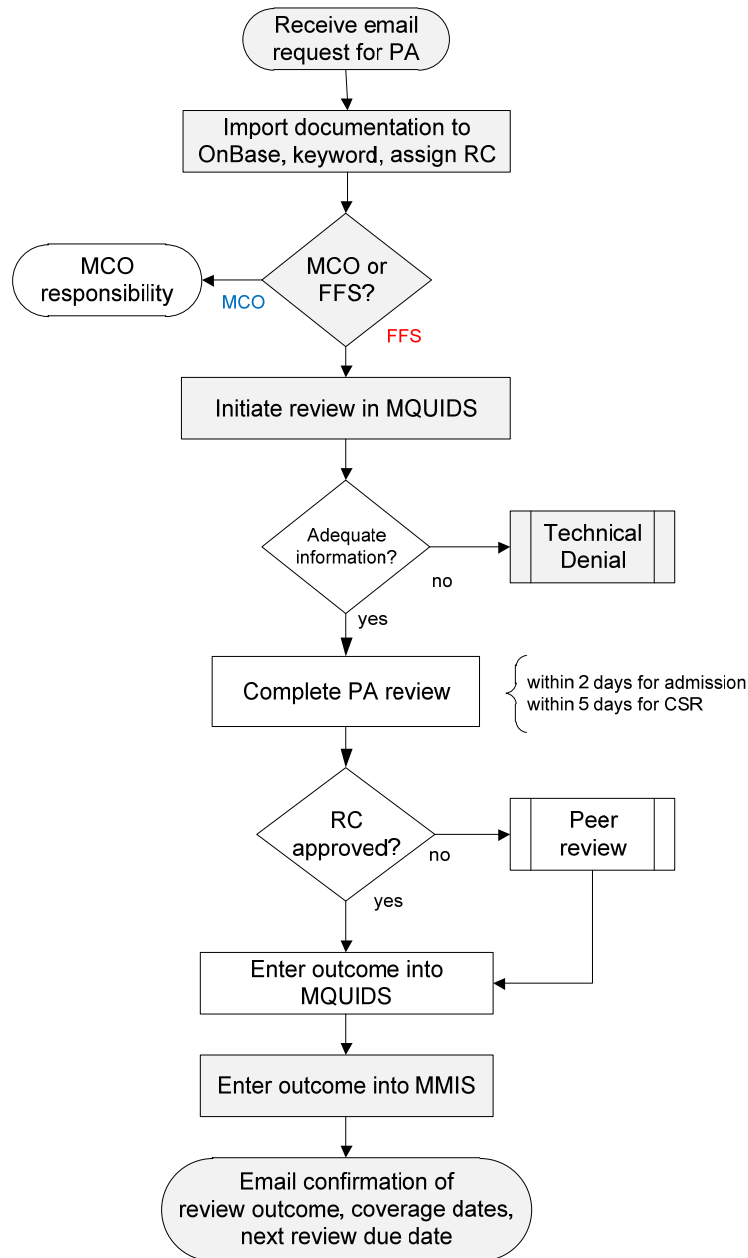
Interfaces:

OnBase, MMIS, IoWANS, MQUIDS

Attachments:

Attachment 1: Inpatient Psychiatric Prior Authorization flowchart

Inpatient Psychiatric Hospital Prior Authorization

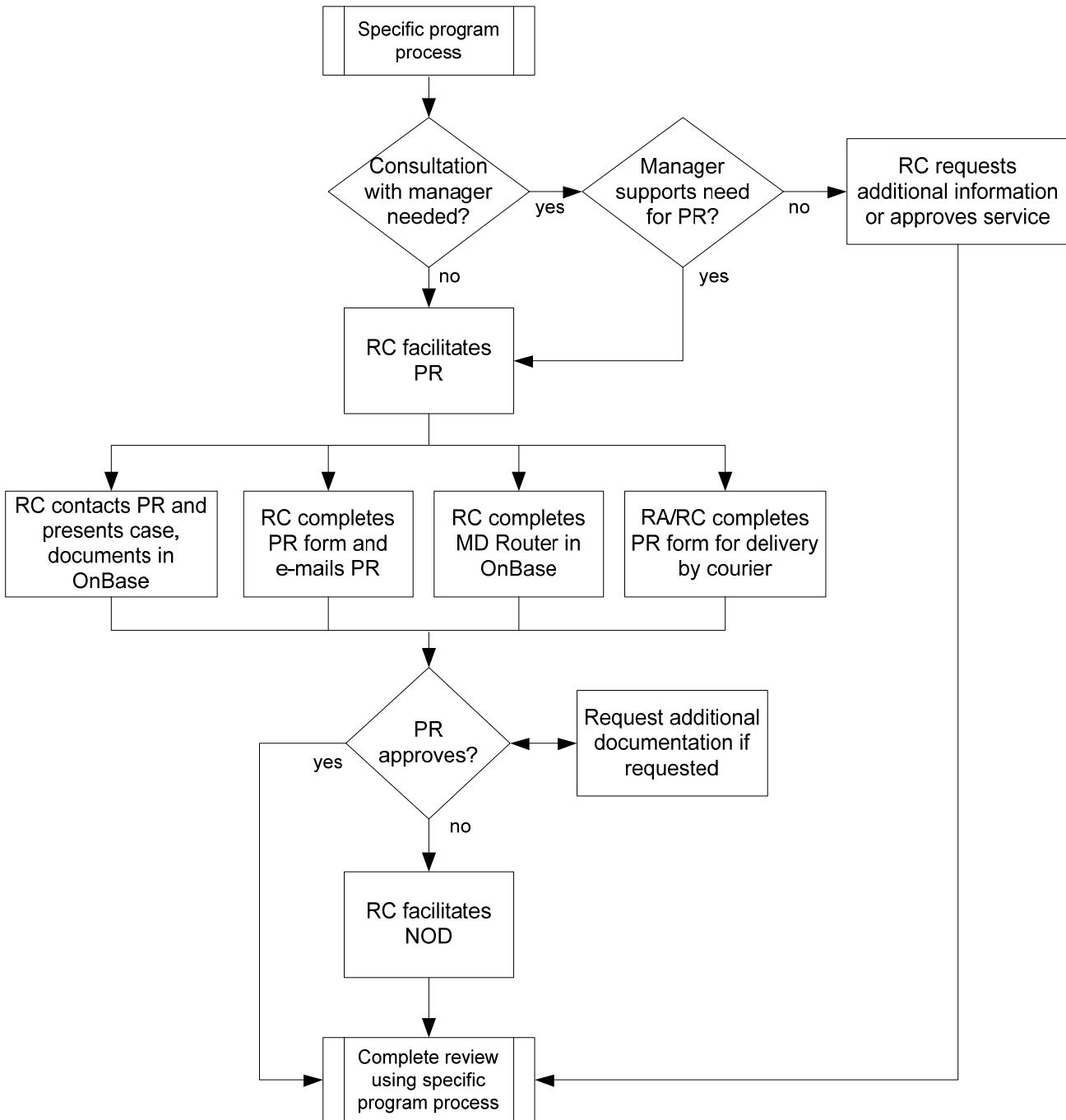


Support staff task

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 Rev. 4/2018

Attachment 2: Peer Review flowchart

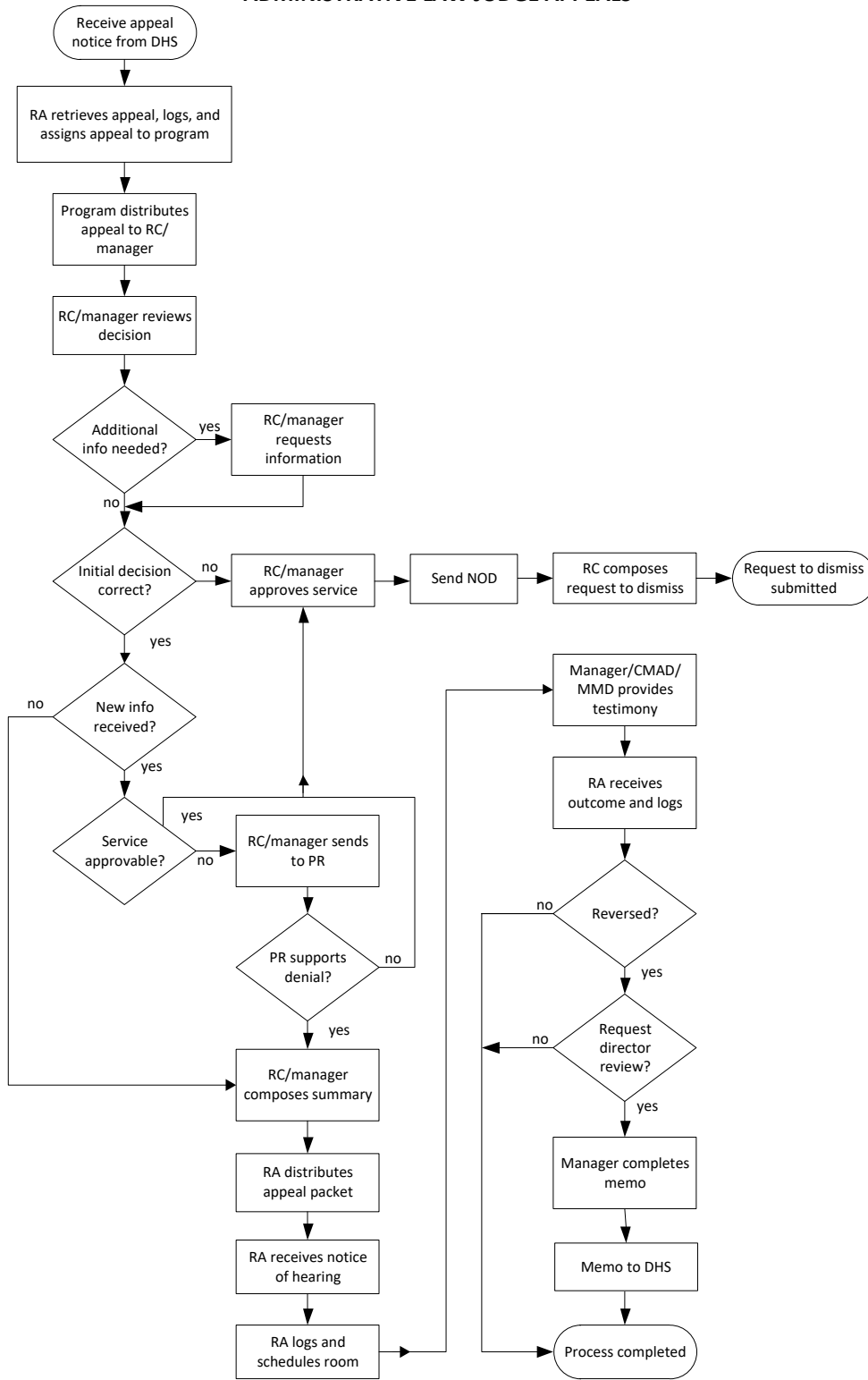
Peer Review



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Attachment 3: Administrative Law Judge Appeal flowchart

ADMINISTRATIVE LAW JUDGE APPEALS



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