



**Prior Authorization for Elective Inpatient
Admissions and Concurrent Review –
Process and Frequently Asked Questions**
July 2016





Objective – To provide the following to providers

- Review State Requirements and Telligen's process
- Supporting Documentation
- Turnaround time
- Frequently Asked Questions and Tips



Prior Authorization of Elective Inpatient Admission – Facility

- DHMH requires that Providers submit a request for Prior Authorization to Telligen for Elective Inpatient Admissions for Fee-for-Service recipients.
- Elective inpatient admissions are a result of a surgical procedure that requires an inpatient stay after the procedure is done; for example, a total hip replacement.
- Telligen authorizes hospital services and admissions via a 3808 Retrospective review – Telligen does **NOT** provide authorization to the provider performing the procedure.
- Hospitals are responsible for sending the appropriate information to Telligen for review of the elective inpatient admission. Hospitals **MUST** work with the rendering physician to obtain supporting documentation.
- The date the recipient is admitted **MUST** match the admission date requested in the Prior Authorization request in order for the hospital stay to be eligible for payment.



Prior Authorization of Elective Inpatient Admission – Process

- Create a new authorization in Qualitrac with the expected admission date, the diagnosis and your facility information.
- **UPLOAD** the supporting clinical documents for Telligen’s review – these may include the physician’s order, with supportive clinical documentation. This information should be obtained from the rendering physician’s office.
- Telligen will review the documentation, and using MCG guidelines and clinical judgment to approve, deny or request additional information on your request.
- Turnaround time is 24 hours or 1 business day from the date/time of the request.



Prior Authorization of Elective Inpatient Admissions – FAQs

- What if I enter an admission date and the procedure is rescheduled? **NEW** – If the request has not yet been approved/denied, Please contact Telligen at MarylandUCSupport@telligen.com with your Qualitrac Review number and indicate that you need to change the admit date and please provide the corrected admit date – Please do NOT enter recipient PHI – all that is needed is the Qualitrac review ID and the new date of admission. **If a decision was already made on the prior authorization**, then a new request will need to be submitted in Qualitrac reporting the change in admission date.
- Is the doctor's office allowed to directly send the clinical or other information directly to Telligen? **NO** –Telligen only approves for the facility not the doctor – only Inpatient Facilities have a security administrator and logon for Qualitrac.
- If I enter a request late in the afternoon the day before the procedure, will I receive authorization for that next day the following morning? **NO** - please allow Telligen 24 hours to render the authorization.
- Do I bill with the authorization number for the Elective Admission? **NO** – this is for reference and compliance only– UB04 numbers for medical necessity are generated upon review of the 3808 Retrospective review.
- I entered my request in Qualitrac and it has been 5 hours – should I re-enter another request – maybe Telligen didn't get the first one? **NO** – as long as you upload supporting documents and receive a Qualitrac Case ID # upon submission, your case is in the system and will be reviewed within 24 hours or 1 business day.



Concurrent Review

- DHMH requires that Providers submit a request for a Concurrent Review to Telligen within 48 hours of admission, for Fee-for-Service recipients, via the Qualitrac provider portal. Concurrent reviews should be initiated as a result of the following reasons:
 - Emergency Admission;
 - Extended stay for a prior approved elective inpatient admission; or
 - Additional inpatient days are needed due to patient’s condition that extend beyond the initial approved days.



Concurrent Review - Process

- Create a new request for a Concurrent Review in Qualitrac with the admission date, the diagnosis and your facility information.
- FOR THE INITIAL CONCURRENT REVIEW – Upload supporting clinical documentation for review - this may include the Emergency Department record, ED discharge summary, or Physician's orders for transfer to the medical floor.
- Telligen will review the documentation and, using MCG guidelines and clinical judgment, authorize inpatient days based upon the information presented.
- Turnaround time is 24 hours or 1 business day from date/time of request.



Additional Concurrent Reviews – A New Review **MUST** be submitted for each additional span

- Create a new request for a Concurrent Review in Qualitrac with the original admission date, the diagnosis and your facility information.
- Upload the clinical information, notes, etc. for the **PREVIOUS** days approved in the initial concurrent review. All days requested must have supporting documentation attached.
- Telligen will review the documentation, and using MCG guidelines and clinical judgment, authorize additional inpatient days based upon the information presented.
- Turnaround time is 24 hours or 1 business day from date/time of request.

CONCURRENT REVIEWS – IMPORTANT TIP

Before we can move forward, we must look back

- Inpatient days authorized on the initial concurrent review are based upon the MCG guidelines, clinical judgment and the information presented to Telligen at the time of the review.
- In order to authorize additional days, Telligen reviewers must have documentation for each day of the span previously approved, to determine the basis for the request of additional days.
- Failure to submit requests for concurrent review will result in a technical denial at the time of the retrospective review.



Concurrent Review – FAQs

1. Why do I need to enter clinical information for the days authorized in a previous review request, when requesting additional concurrent reviews? **BEFORE WE CAN MOVE FORWARD, WE MUST LOOK BACK** – Telligen needs to review **ALL** of the previous days authorized to understand what occurred with the patient and what substantiates the medical necessity for additional days requested .
2. With the previous vendor, we submitted daily clinicals – Isn't this the same? **NO** – Telligen approves date spans, not each day (for example a 3 day span). Your facility's record system will record information for each inpatient day – when you request an additional span, you need to include those days – but this only uploaded once.
3. I submitted clinicals to the **ORIGINAL** concurrent review ID and haven't received a response for additional days – why? You must submit a **NEW** concurrent review each time you need additional days with the information from the previous days.
4. How many times should I submit the same request? Please submit only **ONE** request per span needed – this will eliminate confusion and duplication and enable Telligen to respond within the turnaround time .
5. What if I have questions regarding concurrent review? Please contact Telligen at MarylandUCSupport@telligen.com with your Qualitrac Review number and indicate that you have questions – Please do **NOT** enter recipient PHI – all that is needed is the Qualitrac review ID and the date of admission.

.



Concurrent Review – FAQs page 2

6. Do I ask for just the additional days required or the entire number of days the patient has been inpatient? Please only request the additional days needed. If you have already received approval for prior days, the system recognizes those. If you ask for the entire span you will likely receive a partial approval as these days were previously approved.
7. What is a partial approval and why does it happen? The partial approval can occur when the clinical information submitted, as measured against the MCG guidelines and clinical judgment, do not meet medical necessity OR you have asked for days already approved, as in the above example.
8. Why are concurrent reviews required? A Concurrent review is required by the Federal government for Medicaid FFS recipients receiving inpatient care, as part of the demonstration of compliance for medical necessity in support of the final submission of the 3808 retrospective review.



For additional information, updates, and DHMH transmittals please go to our website

- <http://telligenmd.qualitrac.com>