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1) Prior Authorization Review

1a) Who is responsible for submitting a Prior Authorization request?
The hospital is responsible for submitting review requests to eQHealth. To assist hospitals, a template has been created to communicate with the physician office what pertinent clinical information is needed for review. The *Prior Authorization Template - CABG* and the *Prior Authorization Template-Back Surgery* are located under the PriorAuthResources/Provider Forms Tab on our Website.

1b) Why is the hospital responsible for submitting a Prior Authorization review request when they do not have the clinical information needed for the review?
The policy established by Healthcare and Family Services (HFS) requires the hospital to request a prior approval. The SMART Act mandated the use of prior approval process for elective CABG and back surgery procedures.

1c) Will Medicaid Participants be notified of this new service?
No.

1d) Does eQHealth Solutions accept Prior Authorization requests by fax?
No. eQHealth accepts prior authorization requests online through our Web-based review system, eQSuite™. Hospitals can access eQSuite™ 24/7 at their convenience.

1e) Do out of state hospitals in contiguous counties have to request Prior Authorization?
Yes, hospitals in both Illinois and contiguous counties are required to submit a prior authorization request when applicable.

1f) Will these reviews be subject to RAC audits?
Yes.

1g) Since the hospital is the responsible party and this new service requires additional resources and planning, will HFS allow a grace or transitional period?
HFS' Provider Informational Notice was issued on February 5, 2014 effective for elective general inpatient admission beginning April 1, 2014, providing hospitals with a two month transitional period in order to plan accordingly.

1h) Does HFS want Prior Authorizations on back surgeries for all primary, secondary, or third party Medicaid payers?
Yes, it would be good measure to request prior authorization when Medicaid is secondary; if patient accounts/finance believes the primary coverage may exhaust or not cover the procedure.

1i) What if Medicaid eligibility is not established prior to admission for a procedure on HFS Attachment F?
As with other types of utilization review, certain HFS exceptions to this approval process may apply, if:

- A participant's eligibility was backdated to cover the hospitalization.
- Medicare Part A coverage exhausted while the patient was in the hospital, but the hospital was not aware that Part A exhausted.
- Discrepancies associated with the patient's Managed Care Organization (MCO) enrollment occurred at the time of admission.
- Other – the hospital must provide narrative description.

Please contact a UB-04 Billing Consultant at HFS at 1-877-782-5565 if the hospital believes one of the above exceptions applies.

1j) Will concurrent review be performed for Prior Authorization requests?
No, concurrent review will not be performed. See question 1o).

1k) If the patient is in inpatient status at a hospital (i.e. admitted with angina or severe back pain); then condition persists to where CABG or Back Surgery is scheduled a few days later, does this require Prior Authorization?
No, prior authorization is not required in these cases. Prior Authorization is required when the procedure is the reason for inpatient admission (planned/elective admission).

1l) If a patient is admitted with chest pain and discharged, then a CABG is scheduled in two weeks does this require Prior Authorization?
Yes. This is considered a planned/elective procedure.

1m) If a patient comes into the emergency room and suddenly needs one of the elective surgeries, how can it be pre-authorized by a physician if they didn't know the patient needed it?
In this case, the surgery would not be elective (planned). If the patient is already in the hospital (admitted) and needs this type of surgery it is not elective - it may be considered emergent by the physician. HFS does not require Prior Authorization for an emergent procedure. Prior Auth is required when the procedure is planned and the procedure is the reason for being admitted to the hospital.

1n) If the primary dx code submitted for Prior Authorization review changes, do we need to contact eQHealth to change it on the review?
No. The requirement for Prior Authorization is based on the procedure code (HFS Attachment F). The procedure code will be transmitted to HFS when approved. Although diagnoses codes are submitted to eQHealth, Providers do not need to update the diagnosis code with eQHealth if there is a change.

1o) If an admission has an admitting dx code that is on Attachment C (reviewable) and there is a prior authorization on file for an ICD9 procedure on Attachment F, will the case require both prior authorization and concurrent review?
No. HFS provider notice issued February 5, states: Concurrent review will not be performed. The QIO will only approve the procedure, not the length of stay. See question 1l). Hospitals enrolled as Long Term Acute Care (LTAC) hospitals are exempt from these review requirements, as all of their inpatient admissions require certification of admission and concurrent/continued stay review.

1p) Some CABG patients may be admitted a day before surgery for an IV heparin drip. The actual procedure will be performed the following day. There are two date fields for review, the admission date and the procedure date. In the procedure table, do we put the inpatient admission date or the date of the actual procedure?
Enter the actual procedure date in the procedure table on the DX/PROCS tab. The admission date and procedure date will be different in this instance.

1q) If a Prior Authorization is denied, can a new review be initiated?
If our Physician Reviewer renders a denial of Prior Authorization - either the hospital or the surgeon may request a reconsideration of that denial. You should fill out a Reconsideration Request Form for Prior Authorization available on our Website under the Prior Auth Resources tab. This must be submitted within 10 business days from the date of the denial notice and before the procedure date.

2) Criteria

2a) What criteria are used to determine the medical necessity of the procedure?
eQHealth Solutions' review nurses will apply InterQual® 2013 procedural criteria to screen for medical necessity of the procedure.

3) Billing and Reimbursement

3a) Who can hospitals contact for questions regarding billing or payment?
Each hospital has an assigned HFS Billing Consultant and should direct all billing questions to them at (877) 782-5565. eQHealth is not involved with billing or claims for Medicaid services.

4) Physicians (surgeons) and Physician Peer Reviewers

4a) Have all Medicaid physicians been notified of this new service?
Yes. HFS' Provider Informational Notice was issued to all hospitals and Medicaid physicians. In addition, the notice is posted on the HFS Website. Providers wishing to receive e-mail notification, when new provider information is posted by the department, may register at the following: http://hfs.illinois.gov/provrel.

4b) Will the physician/surgeon be penalized if the case gets denied?
Currently, the physician/surgeon will not be penalized if the approval is denied.

4c) If a review is referred to an eQHealth Physician Reviewer, does peer-to-peer contact occur?
Prior to rendering an adverse determination, the eQHealth Physician Reviewer will make one attempt to contact the physician/surgeon. NOTE: If consent has been granted by the surgeon, the surgeon may assign either a registered nurse (RN) or a physician assistant (PA) to be the primary contact when a peer-to-peer interaction occurs. Hospitals must update the physician's contact information in eQSuite™ (on Start tab) if the telephone number differs from that of the physician.

4d) If a review is referred to a 2nd level Physician Reviewer (reconsideration), and a determination is rendered, will the hospital and surgeon be notified?
Yes. eQHealth will auto-fax the eQHealth Liaison and physician/surgeon one of the following notifications based on the outcome:

- Notice of Reconsideration Determination-Reversed
- Notice of Reconsideration Determination-Upheld

Notifications can be viewed and printed by the hospital from eQSuite™.

4e) What do hospitals do if the physician does not have a physician ID number from HFS?
If they do not have a physician ID number, the hospital may call eQHealth Solutions' Provider Helpline (800) 418-4045 to receive a temporary ID for the physician. Once this TP# is assigned, the hospital will submit their review through eQSuite™.

4f) If the Prior Authorization is referred for physician review, can the eQHealth Physician speak with a registered nurse or a physician assistant instead of the surgeon?
Yes. If consent has been granted by the surgeon, the surgeon may assign either a registered nurse (RN) or a physician assistant (PA) to be the primary contact when a peer-to-peer interaction occurs. Hospitals must update the physician's contact information in eQSuite™ (on Start tab) if the telephone number differs from that of the physician.

4g) Why can't the surgeon's office initiate the review request? Can the hospital grant a user name and password to the physician office and have them submit the request?
The policy established by Healthcare and Family Services (HFS) requires a member of hospital personnel to request a prior approval.

5) Hospital's eQHealth Liaison and Web Administrator

5a) Who is my eQHealth liaison?
The hospital's eQHealth liaison is the individual designated by the hospital administrator to receive all review-related correspondence from eQHealth Solutions. This individual is responsible for forwarding this correspondence to other individuals or departments within the facility as appropriate.

5b) Is it the responsibility of the liaison to submit a review request?
No. The hospital determines the staff to perform this function. The certification process does involve discussion of clinical information. Therefore, careful consideration should be given regarding assignment of this responsibility. The review requires submission of clinical as well as demographic information. eQHealth Solutions will accept the review request and necessary information from reliable hospital personnel considered appropriate by hospital administration.

5c) Can a hospital have an additional eQSuite Web Administrator for assignment of users for Prior Authorization?
Yes, a hospital may assign a second eQSuite Web Administrator. Please fill out a Hospital Contact Form located on our homepage under the Quick Resource section or under forms on the PriorAuth Resources tab.

5d) Will the eQHealth Liaison still receive all review notifications from eQHealth?
Yes. All notifications will be auto-faxed to the eQHealth Liaison and Physician (surgeon). The letters will state “Prior Auth” on the bottom right side. Hospital personnel should be set up with access to eQSuite. Users may view and print all letters by clicking on the *Letters* tab in eQSuite™.