

Nursing Facility Ancillary Prior Authorization Process - 2021

Nursing Facility Ancillary Prior Authorization Process Training Agenda

- ❖ Introduction – Go Live March 1, 2021
- ❖ Overview of Changes
- ❖ Prior Authorization Process
 - ❖ Initial Service Review
 - ❖ Ongoing Service Review
- ❖ Prior Authorization Timeframes
- ❖ Lack of Information Process
- ❖ Denial Determination Process
- ❖ Retrospective Authorization Process
- ❖ Review Nursing Facility Ancillary Prior Authorization Request Form
- ❖ Q&A

Overview of Changes



Current PA Process:

New PA Process:

All Nursing Facility residents are eligible for Ancillary Prior Authorization reviews	Only Medicaid eligible residents will be reviewed. No pending eligible members are to be submitted for review.
Nursing Facilities are required to call in new ancillary services within 2 business days	Nursing Facilities shall submit ALL request by fax
Carewise Field Review Team tracks existing Prior Authorizations and reviews for ongoing services within the facility	Nursing Facility will be required to submit ALL request by fax including ongoing services
No Lack of Information Process	Lack of Information Process
No Retrospective Authorization Process	Retrospective Authorization Process

Initial Ancillary Service Review



Initial Service Review Requirements for Speech, Physical and Occupational Therapy

- Facilities shall submit request by fax using toll free (800) 807- 8843
 - Each resident should be sent separately to ensure efficient processing
- Request are to be submitted within two (2) business days from the start date of the service
 - If request is received > 2 business days the start date will be adjusted to the submission date
- The following documentation should be included:
 - Nursing Facility Ancillary Prior Authorization Request Form
 - Primary diagnosis and co-morbidities (must include ICD 10 codes)
 - Date of service, procedure codes, number of visits, frequency and duration of service
 - Reason for therapy referral – documentation that supports decline in functioning, change in functioning, etc. (other than therapy evaluation)
 - Therapy Evaluation and therapy plan of care, including long and short term goals
 - Physician order for evaluation and treatment or therapy plan of care signed by physician
 - Previous therapy dates and functional stats at discharge



Initial Service Review Requirements for Oxygen Services

- Facilities shall submit request by fax using toll free (800) 807- 8843
 - Each resident should be sent separately to ensure efficient processing
- Request are to be submitted within two (2) business days from the start date of the service
 - If request is received > 2 business days the start date will be adjusted to the submission date
- The following documentation should be included:
 - Nursing Facility Ancillary Prior Authorization Request Form
 - Primary diagnosis and co-morbidities (must include ICD 10 codes)
 - Date of service, frequency, and duration of service
 - Physician order for oxygen and any respiratory related medications/treatments
 - Respiratory assessments, including oxygen saturations on and off of oxygen, any additional/pertinent documentation related to the use/need for oxygen
 - Type of oxygen delivery – concentrator, liquid portable oxygen, etc.

Recertification of Services (ongoing)



Recertification Service Review Requirements for Speech, Physical and Occupational Therapy

- Facilities shall submit request by fax using toll free (800) 807- 8843
 - Each resident should be sent separately to ensure efficient processing

- Request are to be submitted within two (2) business days of the last covered day to prevent any gaps in authorization
 - If an extension is not requested within the (2) two business days – the begin date of the authorization will be adjusted to the submission date through the POC end date

- The following documentation should be included:
 - Nursing Facility Ancillary Prior Authorization Request Form
 - Dates of service, Procedure Codes, number of visits, frequency and duration of service
 - Physician order for continued therapy treatment including frequency and duration
 - If the therapy re-evaluation is signed by the physician a separate order is NOT needed
 - Therapy plan of care covering the new plan period
 - Progress notes specifically focused on functioning during the prior plan period
 - Clear documentation of the benefit and adherence to the plan



Recertification Service Review Requirements for Oxygen Services

- Facilities shall submit request by fax using toll free (800) 807- 8843
 - Each resident should be sent separately to ensure efficient processing
- Request are to be submitted within two (2) business days of the last covered day to prevent any gaps in authorization
 - If an extension is not requested within the (2) two business days – the begin date of the authorization will be adjusted to the submission date
- The following documentation should be included:
 - Nursing Facility Ancillary Prior Authorization Request Form
 - Dates of service, frequency, and duration of service
 - Physician order for oxygen, and any respiratory related medications/treatments
 - Respiratory assessments, including oxygen saturations on and off oxygen, any additional/pertinent documentation related to the use/need for oxygen
 - Type of oxygen delivery – concentrator, liquid portable oxygen, etc.

Prior Authorization Timeframes



Prior Authorization Timeframe

- **Speech, Physical, and Occupational Therapy**
 - Will align with plan of care dates and/or physician order
 - Authorized for no more than thirty (30) days

- **Oxygen Therapy**
 - Ongoing chronic residents will be authorized if deemed appropriate for ninety (90) days
 - All other residents will be authorized for no more than thirty (30) days

Lack of Information Process

Lack of Information Process

- If additional information is needed to make a determination a Lack of Information Letter will be generated advising of needed documentation/information and sent via US Mail to the correspondence address on file with Medicaid
 - Providers may also access their provider letter via KY Health Net. If you should have questions using KY Health Net, please contact EDI at (800) 205-4696

- The provider will have fourteen (14) calendar days from the date of the letter to submit the information required to complete the review

- If the requested information is not submitted within the fourteen (14) days, a Lack of Information Denial Letter will be issued
 - The facility may submit complete information at any time following the issuance of a Lack of Information Denial Letter. Upon receipt of this request, a review will be conducted but the effective date will be adjusted to the submission date

Denial Determinations



Denial and Reconsideration Determination Process

- **Speech, Physical, and Occupational Therapy Denials –**
 - If the request does not meet regulation and/or Technical criteria for authorization of these services an Ancillary Services Determination Denial Letter will be generated and sent to the facility via US Mail to the correspondence address on file with Medicaid
 - Providers may also access their provider letter via KY Health Net. If you should have questions using KY Health Net, please contact EDI at (800) 205-4696
 - Facility can submit a Reconsideration within thirty (30) days of the adverse action if they wish to dispute the denial
 - Reconsiderations should be submitted by fax using the toll free number
- **Oxygen Service Denials –**
 - If the request does not meet regulation and/or Technical criteria for authorization a Medical Necessity Denial Letter will be generated and sent to the member, legal guardian, and facility via US Mail. A certified copy will be sent to the member and/or legal guardian
 - Providers may also access their provider letter via KY Health Net. If you should have questions using KY Health Net, please contact EDI at (800) 205-4696
 - Member, guardian, or facility acting on behalf of the member can submit a Reconsideration within thirty (30) days of the adverse action if they wish to dispute the denial
 - Reconsiderations should be submitted by fax using the toll free number
- Any denied service has a right to an Administrative Appeal

Retro Authorization Process



Retrospective Authorization Process

- Due to only Medicaid eligible residents being reviewed a Retrospective Authorization Process has been established
- Nursing Facilities will have twelve (12) months from eligibility date to request a Retrospective service request
- All information required for an Initial and/or Recertification review will be required



Nursing Facility Ancillary Prior Authorization Request Form



Form is available www.kymmis.com Provider Relations/Forms/Prior Authorization



Nursing Facility Ancillary Prior Authorization Request Form

Fax # (800) 807-8843

Service: <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Oxygen			
Type of Service: <input type="checkbox"/> New Service <input type="checkbox"/> Recertification <input type="checkbox"/> Response to LOI			
<input type="checkbox"/> Reconsideration <input type="checkbox"/> Retrospective			
Individual Name		Medicaid #	
Social Security #		Date of Birth	
Provider Name		Provider #	

Please include all of the following documentation with submission of request.

New Service

Therapy Service (PT, OT, ST)

- Face sheet with identifying information and provider number
- Primary diagnosis and co-morbidities (must have the ICD-10 code)
- Dates of service, Procedure Codes, number of visits, frequency and duration of service
- Reason for referral to therapy – documentation that supports decline in functioning, change in functioning, etc. (other than the therapy evaluation)
- Therapy evaluation and therapy plan of care, including long and short term goals
- Physician order or therapy plan of care signed by physician
- Previous therapy dates and functional status at discharge

Oxygen Service (O2)

- Face sheet with identifying information and provider number
- Primary diagnosis and co-morbidities (must have the ICD-10 code)
- Dates of service, frequency, and duration of service
- Physician order for oxygen and any respiratory related medications/treatments
- Respiratory assessments, including oxygen saturations on and off of oxygen, any additional/pertinent documentation related to the use/need for oxygen
- Type of oxygen delivery (concentrator, liquid portable oxygen, ~~etc~~)

Recertification

Therapy Service (PT, OT, ST)

- Dates of service, Procedure Codes, number of visits, frequency and duration of service
- Physician order or therapy plan of care signed by physician *for the new plan period*
- Progress notes specifically focused on functioning during the prior plan period
- Clear documentation of the benefit and adherence to the plan

Oxygen Service (O2)

- Dates of service, frequency, and duration of service
 - Physician order for oxygen and any respiratory related medications/treatments
 - Respiratory assessments, including oxygen saturations on ~~and~~off of oxygen, any additional/pertinent documentation related to the use/need for oxygen
 - Type of oxygen delivery (concentrator, liquid portable oxygen, ~~etc~~)
-

Response to Lack of Information (LOI)

- Requested documentation and/or clarification from Lack of Information Letter
- Lack of Information Letter, optional

Retrospective

- All information listed under New Service and/or Recertification

Reconsideration

- Request must clearly state the reason for the dispute and provide additional clinical to support overturning the adverse outcome determination.
- Denial Letter, optional



Q&A

Important Phone Numbers:

*Carewise Health Contact Center

(800) 292-2392

(800) 807-8842

*Carewise Health Fax Number

(800) 807 - 8843

*Billing Questions – Provider Inquiry

(800) 807-1232

*EDI Help Desk

(800) 205-4696