Fee for Service
Prior Authorization 201

Indiana Health Coverage Programs
Gainwell Technologies

IHCP Works Annual Roadshow –
October 2022

FSA
INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION

Agenda

- Gainwell Technologies Prior Authorization Contractor
- Suspended Prior Authorization
- Transferring Outstanding Prior Authorizations
- Retroactive Prior Authorization
- Prior Authorization with Third-Party Liability
- Prior Authorization Administrative Review and Appeal Process
- System Updates
- Common Denials
- Helpful Tools
- Questions

Prior Authorization Contractor

- Gainwell Technologies is the PA contractor for nonpharmacy services in the fee-for-service delivery system
- The Gainwell Prior Authorization and Utilization Management Unit reviews all PA requests on an individual, case-by-case basis
- Gainwell Technologies PA Unit decisions to authorize, modify or deny a given request are based on medical necessity, appropriateness and other criteria

FFS - Nonpharmacy	Gainwell Technologies Prior Authorization	800-457-4584, option 7 800-689-2759 (fax)

Please contact the member's MCE for PA information.

Prior Authorization Requested

Now What?

Suspended Prior Authorization

Suspended Prior Authorization

- This means more information is needed to determine medical necessity

- Will be returned to the provider via the IHCP Portal

- Providers must respond timely
  - Through the Portal by uploading the supporting documentation as a system update
  - By mail or fax, using the *IHCP Prior Authorization System Update Request Form*, available on the *Forms* page at in.gov/medicaid/providers.

Suspended Prior Authorization

If the additional information is not received within 30 days, the request is systematically denied

Suspended Prior Authorization

Suspended Prior Authorization

View Authorization Status

Search Options | Prospective Authorizations

Enter either the Authorization Number or at least one of the other fields to search for authorizations.

Authorization Information

Authorization Number: TXXXXXXXXX

Service Type: [ ]

Select a Day Range or specify a Service Date

Day Range: Next 14 days | OR | Service Date: [ ]

Member Information

If member information is entered and the Member ID is not entered, then Last Name (at least 1 character), First Name (at least 1 character) and Birth Date are all required.

Member ID: [ ] | Birth Date: [ ]
Last Name: [ ] | First Name: [ ]

Provider Information

To narrow the search by Rendering Provider, enter the ID and ID Type or click on the magnifying glass to search for a provider.

Provider ID: [ ] | ID Type: [ ]

Search | **Reset**

Search Results

Click on a Column Heading to change the sort order

Authorization Number	Service Date ▾	Member Name	Member ID	Service Type	Requesting Provider	Rendering Provider
TXXXXXXXXX	08/01/2021 - 08/06/2021			PSYCHIATRIC		

9

Suspended Prior Authorization

| View Authorization Response for | | | | | | Back to View Authorization Status | ? |

Authorization # TXXXXXXXXX

General Authorization Response Instructions   Expand All | Collapse All

Requesting Provider Information   [−]

| Provider ID | ID Type NPI | Taxonomy _ | Name |

Member Information   [−]

| Member ID | Member | Birth Date |

Rendering Provider Information   [+]

Message Information   [+]

Diagnosis Information   [+]

Service Detail Information   [−]

Service Details   [−]

	From Date	To Date	Code	Modifiers	Units	Status
[+]	08/01/2021	08/06/2021	Revenue 124-ROOM & BOARD - SEMI-PRIVATE (TWO BEDS) - PSYCHIATRIC		5	Pended

Attachment Information   [+]

Indiana Administrative Codes/Descriptions   [+]

Analyst Remarks   [−]

Date	Line Number	Remarks
08/02/2021	1	These dates of service are approved pending receipt and approval of the 1261A. Reimbursement only if adequately supported by the written certification of need. If the required written documentation is not submitted within the specified time frame, reimbursement will be denied. Telephone precertification of medical necessity will provide a basis for Medicaid. Guarantee Payment: Prior Authorization is not a guarantee of payment. Recipient Eligibility: Per 405 IAC 5-3-7: the provider assumes responsibility for verifying the recipient?s eligibility on the service date.

System Update   **Print Preview**

10

Suspended Prior Authorization

System Update Information —

Enter the Line Item number (use 0 if the update applies to the entire Authorization, not a specific Line Item) and a description of the update to be applied.
Click the **Remove** link to remove an entry.

Line Item	Message	Action

⊟ Click to collapse.

*Line Item [____]

*Message [_____]

➡ **Add**   **Cancel**

Service Details ＋

Attachments —

Click the **Remove** link to remove the entire row.

#	Transmission Method	File	Control #	Attachment Type	Action

⊟ Click to collapse.

*Transmission Method [FT-File Transfer ▾]

*Upload File [Choose File] No file chosen

*Attachment Type [_____▾]

Add   **Cancel**

Resubmit **Cancel**

11

Transferring Outstanding Prior Authorizations

Transferring Outstanding Prior Authorizations

When a member changes eligibility between payors, the member's new prior authorization (PA) contractor must honor all existing PAs for one of the following durations, **whichever comes first**:

First 30 calendar days from the member's effective date in the new plan

Remainder of the PA dates of service

Until approved units of service are exhausted

PA Department

Approved

PA is not a guarantee of payment.

Transferring Outstanding Prior Authorizations

- Providers should **always** check eligibility before requesting PA or rendering services.
- If there has been a change in the member's MCE assignment, providers should notify the new PA contractor of any current authorizations with supporting documentation to substantiate the PA.

- The original PA letter is required to provide the newly assigned PA entity with the following information:
  - Member's IHCP Member ID (also known as RID)
  - Provider's National Provider Identifier (NPI)
  - Procedure codes
  - Duration and frequency of authorization
  - Other information pertinent to the determination of services provided

Retroactive Prior Authorization

Retroactive Prior Authorization

Retro prior authorization is considered after services have begun, or supplies have been delivered only under the following circumstances:

- Pending or retroactive member eligibility

- Administrative delays or errors by the PA contractor, county or state

- Services rendered out of state by a provider that is not enrolled as an IHCP provider and becomes retroactively enrolled

- When requesting a retroactive PA – The provider is required to provide detailed information and documentation to explain the late request

Retroactive Prior Authorization

- If the provider isn't aware that a member was eligible for services rendered on the dates of service, Retroactive PA may be granted if the following conditions are met:

  - The provider's records document that the member failed to inform the provider of IHCP coverage
  - The provider can provide documentation that reimbursement was continually pursued from the member until IHCP eligibility was discovered
  - The provider submitted the request for PA within 60 calendar days of the date that IHCP eligibility was discovered

Prior Authorization
with
Third-Party Liability

Third Party Liability

If the member has:

Third Party Liability (TPL) primary insurance:	Medicare or Medicare Advantage plan primary insurance:
Provider must follow TPL authorization requirements AND Obtain prior authorization from the IHCP payor	Covered Medicare services do not require IHCP authorization

Services **NOT** covered by Medicare are subject to IHCP prior authorization requirements.

Prior Authorization Administrative Review and Appeal Process

PA Administrative Review

A provider requesting review of the modification or
denial of a PA must request an administrative review
within **seven business days** of the receipt of
notification of modification or denial

To initiate an administrative review, providers must include the following information with the request:

- Copy of the original IHCP PA request form (or printout of the electronic PA request).

- Summary letter, including pertinent reasons the services are medically necessary and the following:
    - PA number
    - Member's name
    - IHCP Member ID (also known as RID)

PA Administrative Review

- All documentation necessary to determine medical necessity
  - Documentation should be pertinent to the case and support the medical necessity of the requested service.
  - For authorization review requests for inpatient hospitalizations, the entire medical record must be included.

- Name, telephone number and address of the provider submitting the request
  - In the event it is necessary to contact the provider for additional information or clarification.

PA Administrative Review

Information should be faxed to Gainwell at 866-368-2644 or mailed to the following address:

Administrative Review

Gainwell – Prior Authorization

P.O. Box 7256

Indianapolis, IN 46207-7256

Secure Correspondence is **NOT** the avenue for the submission of PA appeals or administrative reviews.
This will delay the review and appeal process.

Once the Administrative Review has been processed, the provider and member will be notified of the outcome by letter

Appeal Process

If the Admin Review decision is favorable:

- The authorization will be effective on the originally requested date

If the decision is to uphold the authorization denial:

- The provider may file a second level appeal within 33 days of the adverse decision

Appeal Process

Provider requests for administrative hearings must be submitted to:

Office of Administrative Law Proceedings FSSA Hearings and Appeals

402 W. Washington St., Room E034 Indianapolis, IN 46204

See Section 4 of the Prior Authorization Module

for specific details on submitting appeals

System Updates

System Updates

- System updates can be done on a Prior Authorization that is current, not expired or exhausted

  - Need to request additional units

  - Need to change a code or modifier

  - Need to extend the end date

System Updates

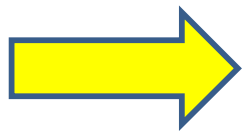Explain reason for update request

Click ADD to update

Attach any required documentation

Common Prior Authorization Denials

Common Denials

- Does not meet medical necessity
- Untimely request
- Duplicate PA request
- Missing signatures

Avoid denials by submitting complete requests in a timely manner

Helpful Tools
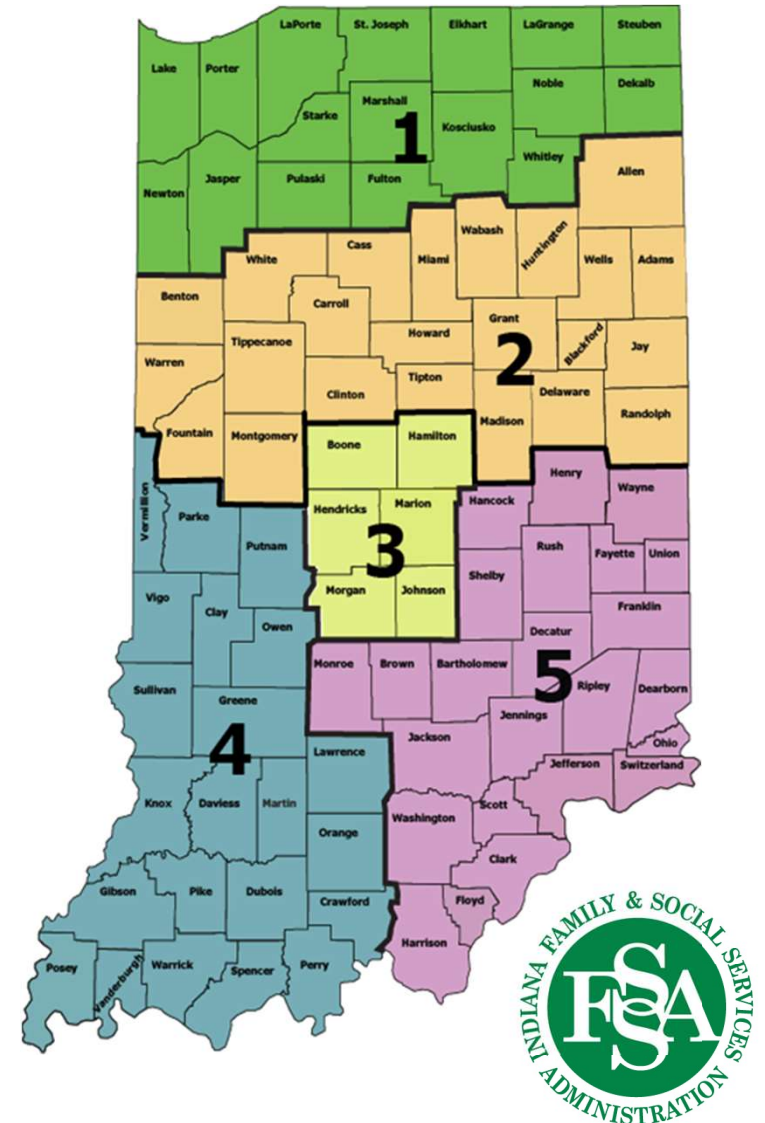
Provider Assistance

Your provider relations consultant can:

- Assist you with claim denial issues
- Provide free IHCP Portal Training
- Assist you with the enrollment or revalidation process
- Assist you in understanding member eligibility
- Conduct 1:1 virtual or in-person onsite training and provider workshops
- Help you in navigating the IHCP Provider Website/Modules

Provider Relations Team

Region	Consultant	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I) inxixregion1@gainwelltechnologies.com	317.488.5071	Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, LaPorte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley
2	Shari Galbreath (F) inxixregion2@gainwelltechnologies.com	317.488.5080	Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White
3	Crystal Woodson (F) Jeannette Curtis (I) inxixregion3@gainwelltechnologies.com	317.488.5321	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I) inxixregion4@gainwelltechnologies.com	317.488.5153	Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick
5	Tami Foster (F) Jen Collins (I) inxixregion5@gainwelltechnologies.com	317.488.5186	Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne

Helpful Tools

IHCP Provider website at in.gov/medicaid/providers:

- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

Customer Assistance available:

- 800-457-4584
- Live assistance available Monday–Friday, 8 a.m. – 6 p.m. Eastern Time

Secure Correspondence:

- Via the Provider Healthcare Portal

  *(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)*

Questions