Prior Authorizations 201

2022 Annual IHCP Works Seminar

Agenda

- InterQual Connect Overview
- Prior Authorization (PA) Job Functions
- Behavioral Health Prior Authorization
- NICU
- Turning Point
- National Imaging Association (NIA)
- Prior Authorization Appeals
- Authorization Tips
- Resources
- MHS Team
- Questions and Answers

InterQual Connect Overview

InterQual Connect Overview

- Replaced Milliman Care Guidelines (MCG)
- Access integrated InterQual Criteria through the provider portal
- Complete InterQual Criteria via Change Healthcare portal
- Access resources that support the InterQual review process
- View and/or Print the Review Summary
- Completed Medical Review automatically included with web authorization submission
- Possible same-day approval based on outcome of a completed InterQual medical necessity review

InterQual Connect Overview

- InterQual Connect™ (IQC) is an integrated medical review and connectivity solution for payers and providers that streamlines prior authorizations requiring a medical review within existing workflows.

InterQual Connect Process

Prior Authorization (PA) Job Functions

Prior Authorization Job Functions

Referral Specialist:

- Are responsible for completing Auto Approval authorizations for the member.
  - Newborn Deliveries
  - Dental
  - For procedures that an authorization request has been submitted, that do not require authorization such as, office visits and select outpatient services

Prior Authorization Job Functions

- The Program Coordinators (PC) are responsible for completing clinical authorizations.

- The PC will submit the request and task it to the Utilization Management (UM) Clinical Review Team. The Prior Authorization Supervisor will assign the authorization to a PA Nurse for review.

- Types of authorizations the Program Coordinators set up:
  - Drug testing
  - Genetic testing
  - Pain Management
  - Outpatient surgery
  - DME
  - Outpatient Services
  - Hospice
  - Home Health
  - Chiro

Prior Authorization Documentation Needed

Bariatric Surgery:

- Must include cardiac workup, pulmonary workup, diet and exercise logs, current lab reports, and psychologist report.

Pain Management:

- Must have documentation of at least six weeks of therapy on area receiving treatment.
- Include previous procedures/surgeries, medications, description of pain, any contra-indications or imaging studies.
- Include prior injection test results for injection series.

Home Health:

- Physician's orders and signed plan of care, including most recent MD notes about the issue at hand.
- Home care plan, including home exercise program.
- Progress notes for medical necessity determination.

Sub-Acute Care

MHS conducts clinical review for ongoing authorization and coordination of discharge needs for our members in sub-acute facilities at least every 3-5 days. It is important that you provide a complete current clinical update on our member's status at each review.

- The review should include current information (within one day) on:
  - Member's condition
  - Level of functioning (prior to admission)
  - Medications
  - Therapies provided
  - Participation in therapies
  - Progress toward goals
  - New or amended goals
  - Updates from care conferences
  - Updates to our member's plan of care
  - Discharge plans and needs identified (home health/DME, etc.)
  - Anticipated discharge date

Sub-Acute Care cont.

- Indiana Administrative Code requires that individuals requesting a nursing facility admission to a Medicaid-certified NF meet a nursing facility level of care (*405 IAC 1-3-1* and *405 IAC 1-3-2*.). A PASRR is required before admission and must be submitted with the admission request and when updated according to IAC requirements.
- Please submit this information as requested by MHS nurse reviewer every 3-5 days.

Continuity of Care PA Request

- MHS will honor pre-existing authorizations from any other Medicaid program during the first 30 days of enrollment or up to the expiration date of the previous authorization, whichever occurs first, and upon notification to MHS.

- Include the approval from the prior MCE with the request.

***Reference: MHS Provider Manual Chapter 7**

Prior Authorization (PA) Request

- MHS strives to return a decision on **all** PA requests within **two business days** of request.
- Providers can **update** previously approved PAs **within 30 days** of the original date of service prior to claim denial for changes to:
  - Dates of Service
  - CPT/HCPCS codes
  - MHS has up to **seven days** to render PA decisions.
- PA approval requires the need for medical necessity.
- As of September 1, 2022, MHS implemented InterQual for authorization medical necessity review criteria.
- Medical Management **does not** verify eligibility or benefit limitations; Provider is responsible for eligibility and benefit verification.

***Denied Authorizations must follow the authorization appeal process, not the claims appeal process; claims appeals can not change the status of a denied authorization.**

Behavioral Health Prior Authorization

Behavioral Health Prior Authorization

Facility Services Requiring Prior Auth:

- Intensive Outpatient Treatment (IOT)
- Partial Hospitalization SUD Residential Treatment
- Inpatient Admisson

Behavioral Health Prior Authorization

- Psychiatric Diagnostic Evaluation (Limited to 1 per member per year without authorization)
- Behavioral Health Outpatient Therapy “BHOP Therapy”
- Electroconvulsive Therapy
- Psychological Testing (unless for Autism-no auth required)
- Developmental Testing, with interpretation and report (non-EPSDT)
  Neurobehavioral status exam, with interpretation and report
- Neuropsych Testing per hour, face to face (unless for Autism-no auth required)
- ABA Services

Behavioral Health Prior Authorization

- Please call MHS Care Management for inpatient and partial hospitalization authorizations at 1-877-647-4848.
- MHS Authorization forms may be obtained on our website: Behavioral Health Provider Forms | MHS Indiana
- Outpatient Treatment Request (OTR) Form - Fax: 1-866-694-3649
- Intensive Outpatient/Day Treatment Form Mental Health/Chemical Dependency - Fax: 1-866-694-3649
- Applied Behavioral Analysis Treatment (OTR) - Fax: 1-866-694-3649
- Psychological & Neuropsych Testing Authorization Request Form - Fax: 1-866- 694-3649
- Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Form
  - Fax Inpatient: 1-844-288-2591; Fax Outpatient: 1-866-694-3649

Behavioral Health Prior Authorization

Limitations on Outpatient Mental Health Services

- MHS follows the Indiana Health Coverage Programs Mental Health and Addiction limitation policy for the following CPT codes that, in combination, are limited to 20 units per provider, per calendar year.
- Package C Hoosier Healthwise members are eligible for 30 units per provider, per calendar year.

Code	Description
90832 - 90834	Individual Psychotherapy
90837 - 90840	Psychotherapy, with patient and/or family member & Crisis Psychotherapy
90845, 90846, 90847, 90849, 90853	Psychoanalysis & Family/Group Psychotherapy with or without patient

NICU

NICU

- Inpatient NICU level or special care nursery admissions the hospital must notify MHS within two business days after the admission date.
- The facility must notify MHS of an admission of an infant who remains hospitalized after the mother is discharged, within two business days. It is the responsibility of the ordering physician to obtain authorization.
- The facility is responsible for determining the mother's coverage and chosen/assigned MCE.

NICU

- The facility should assume that the infant will be assigned to the mother's MCE.
- If the infant's mother is not covered by an MCE at the time of delivery, the facility must notify MHS of the admission within 60 days of becoming aware of the member's eligibility using the Universal IHCP Prior Authorization Request Form and the MHS Late Notification of Services Submission form with clinical information supporting the medical necessity for the admission.
- It is presumed that the facility would become aware of the member's eligibility within one week of visibility on the State Portal.

NICU

Scenario 1:

- Mother delivers healthy infant.
- Mom and infant are discharged and go home together.
- No prior-authorization is required.
- Claim is submitted and processed.

NICU

Scenario 2:

- Mother delivers infant.
- Newborn admits to special care nursery.
- Hospital notifies MHS within two business days after the admission date. No PA is required.
- Claim is submitted and processed.

NICU

Scenario 3:

- Mother delivers infant.
- Mother is discharged from hospital.
- Infant remains hospitalized after mother is discharged.
- Ordering physician contacts MHS within two business days to obtain authorization.
- Claim is submitted and processed.

Turning Point

Turning Point

- Turning Point Healthcare Solutions manages prior authorizations for medical necessity and appropriate length of stay (when applicable) for services listed on the next three slides through MHS' existing contractual relationships.

Orthopedic and Spinal Surgical Procedures

Orthopedic Surgical Procedures

Knee Arthroplasty
Unicompartmental/Bicompartmental Knee Replacement
Hip Arthroplasty
Shoulder Arthroplasty
Elbow Arthroplasty
Ankle Arthroplasty
Wrist Arthroplasty
Acromioplasty and Rotator Cuff Repair

Anterior Cruciate Ligament Repair
Hip Resurfacing
Meniscal Repair
Hip Arthroscopy
Femoroacetabular Arthroscopy
Ankle Fusion
Shoulder Fusion
Wrist Fusion
Osteochondral Defect Repair

Orthopedic and Spinal Surgical Procedures

Spinal Surgical Procedures

Spinal Fusion Surgeries
- Cervical
- Lumbar
- Thoracic
- Sacral
- Scoliosis

Disc Replacement
Laminectomy/Discectomy
Kyphoplasty/Vertebroplasty
Sacroiliac Joint Fusion
Implantable Pain Pumps
Spinal Cord Neurostimulator
Spinal Decompression

Cardiac Procedures

- Automated Implantable Cardioverter Defibrillator
- Leadless Pacemaker
- Pacemaker
- Revision or Replacement of Implanted Cardiac Device
- Coronary Artery Bypass Grafting (Non-Emergent)
- Coronary Angioplasty and Stenting
- Non-Coronary Angioplasty and Stenting

Turning Point

- Web Portal Intake: http://www.myturningpoint-healthcare.com
- Telephonic Intake: 1-574-784-1005 | 1-855-415-7482
- Facsimile Intake: 1-463-207-5864
- Informational webinars are available! Please register at: https://attendee.gotowebinar.com/rt/6895616165794853901

Turning Point

- It is the responsibility of the ordering physician to obtain authorization.
- Facilities should not render services without obtaining the PA number from the ordering physician.
- Failure to ensure the referring provider has obtained the PA may result in a claim denial.
- It is recommended the facility verify the CPT® code that was authorized as well as the date of service requested.

Turning Point

- If the anticipated CPT® billing code changes and a different procedure is done, the rendering provider has up to 30 calendar days, following service, to contact the MHS Turning Point team to update the code that was approved on the PA.
- If services change from out-patient to inpatient, contact MHS at 877-647-4848 for a new authorization. A new authorization must be initiated for the in-patient stay.
- Medical Director handles all Turning Point appeals.

Turning Point

Scenario 1:

- Ordering physician obtains authorization for total shoulder arthroplasty (TSA), CPT code 23472.
- Surgeon starts surgery.
- No change in surgery.
- Claim is billed with CPT code 23472.
- Claim is submitted and processed.

Turning Point

Scenario 2:

- Ordering physician obtains authorization for total shoulder arthroplasty (TSA), CPT code 23472.
- Surgeon starts surgery.
- Surgery changes from TSA to shoulder fusion, CPT code 23800.
- Rendering provider contacts MHS Turning Point team within 30 days of the service and before claim is submitted to update the code.
- Claim is submitted and processed.

Turning Point

Scenario 3:

- Ordering physician obtains authorization for out-patient total shoulder arthroplasty (TSA), CPT code 23472.
- Surgeon starts surgery.
- Place of service changes from out patient to inpatient. MHS is contacted to initiate an authorization for the inpatient stay.
- Claim is submitted and processed.

National Imaging Associates (NIA)

National Imaging Associates (NIA)

- Physical, Occupational and Speech Therapy
- Utilization management of these services is managed by NIA
- Prior Authorization for PT, OT and ST services is required to determine whether services are medically necessary and appropriate.
- All MHS approved training/education materials are posted on the NIA website. RADMD.com For new users to access these web-based documents, a RadMD account ID and password must be created.

NIA

- Outpatient Radiology PA Request
- MHS partners with NIA for outpatient radiology PA process.
- PA request must be submitted via:
  - NIA website at RadMD.com
  - 1-866-904-5096
    **Not applicable for ER and Observation requests.*

Durable & Home Medical Equipment

MHS utilizes a tiered provider network for Durable Medical Equipment.

All DME request should be faxed directly to MHS.

Fax Number: 866-912-4245

Prior Authorization Appeals

Prior Authorization Appeals

- **Denied Authorizations** must follow the authorization appeal process, not the claims appeal process.
- A prior authorization appeal is different than a claim appeal.
- Claim appeals can not change the status of a denied authorization.
- Written member or provider appeals can be delivered by email to appeals@mhsindiana.com, by fax to 1-866-714-7993, or by mail to

  MHS Appeals
  PO Box 441567
  Indianapolis, IN 46244.

- Medicaid prior authorization/medical necessity denial appeals can be submitted to MHS through the Secure Provider Portal.

Prior Authorization Appeals

- All member or provider appeals of an MHS decision as to medical necessity must include a statement from the provider supporting the appeal and the need for the service.
- The appeal must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal. Verbal appeals are accepted but must be followed with a written, signed appeal.
- If the appeal is received outside of the allotted time frame, MHS will send a letter stating the appeal was received past the 60 calendar day time frame and will not be considered.

Behavioral Health PA Denial and Appeal Process

- Medical Necessity appeals must be received by MHS within 60 calendar days of the date listed on the denial determination letter. The monitoring of the appeal timeline will begin the day MHS receives and receipt-stamps the appeal. Medical necessity behavioral health appeals should be mailed or faxed to:

  MHS Behavioral Health
  ATTN: Appeals Coordinator
  12515 Research Blvd, Suite 400
  Austin, TX 78701
  FAX: 1-866-714-7991

Prior Authorization Determination Guidelines

- Determinations are made within 20 business days of the date of receipt of the appeal request.
- MHS may request more time to review, in writing on or before the 20th business day or the appeal will be approved.

PA/Medical Necessity Appeals on the Provider Secure Portal

- Medicaid prior authorization/medical necessity denial appeals can be submitted to Managed Health Services (MHS) and will allow tracking of the appeal from submission through decision on the Secure Provider Portal.

Prior Authorization Determination Guidelines

- Once determination is made MHS will attempt to notify the member by phone.

- The appealing party will receive written notification within 25 business days, signed by the MHS physician reviewed or his or her designee, mailed within 5 business days of the appeal determination to:

    - The attending or managing physician/facility
    - The member's PMP
    - The member and/or member designated personal representative
    - In the case of an adverse determination, the letter will include information on the availability of any additional level of appeal

Prior Authorization Peer-to Peer Review

- Peer-to-Peer requests must be done within 10-calendar days of the denial.
- Provider must contact MHS Appeals and provide three available dates and times to schedule a personal discussion with the MHS Medical Director.
- Providers may contact MHS Appeals at 1-877-647-4848, extension 87058 to leave a voice mail with their availability.

Authorization Tips

Authorization Tips

- Always check the member's eligibility before submitting an authorization request
- A web authorization cannot be submitted on an ineligible member
- Up to five (5) separate documents can be attached to a web authorization request
  - Each file can be up to 5MB
  - File names cannot contain spaces, special characters, or exceed 25 characters
  - It is *highly* recommended to include clinical / medical documentation with all authorization requests
- Complete the Medical Review (i.e., InterQual Connect) to reduce processing time/delays
- Successfully submitted web authorizations, generally load in processing system within seconds of submission
- To track the status of web authorization requests, check the **Authorizations** main page (i.e. Authorization Summary) for updates

Resources

Resources

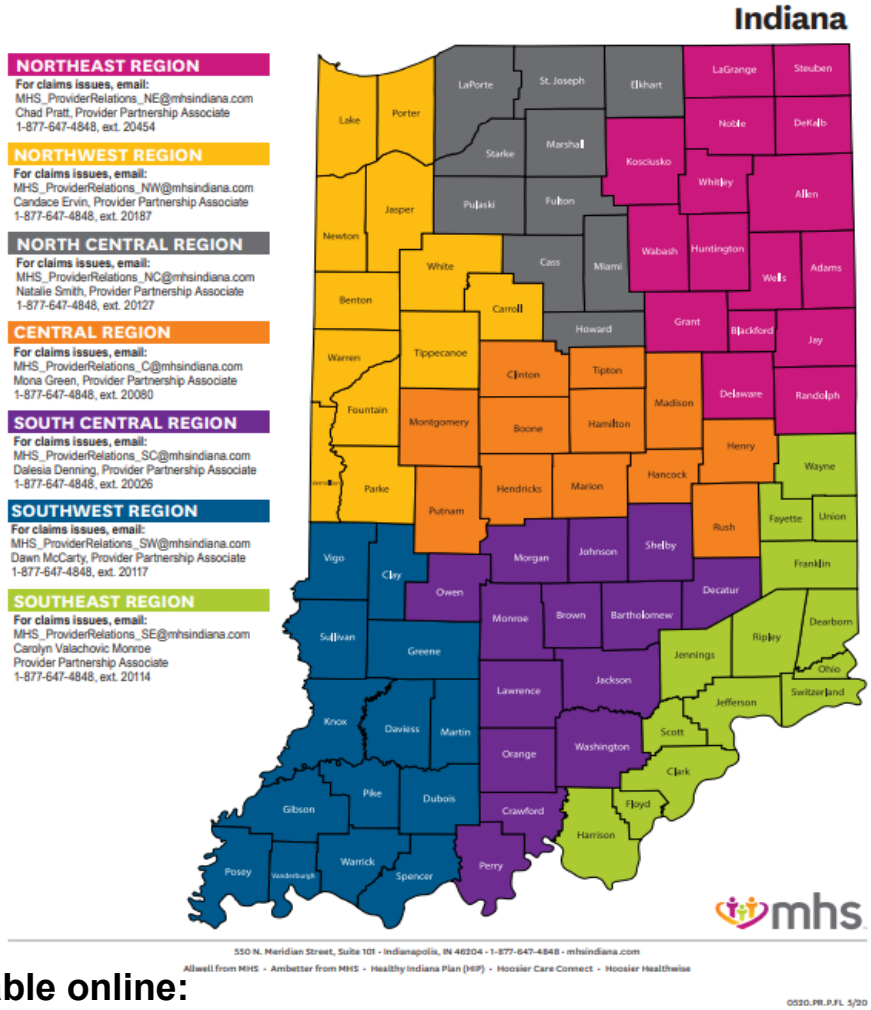
- Prior Authorization: https://www.mhsindiana.com/providers/prior-authorization.html
- Clinical & Payment Policies: Clinical & Payment Policies | MHS Indiana
- Provider Manuals and Quick Reference Guides: https://www.mhsindiana.com/providers/resources/guides-and-manuals.html
- Newsletters: https://www.mhsindiana.com/providers/resources/newsletters.html

Resources

- IHCP Prior Authorization Request Form: https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/IHCP-Universal-PA-Form-2021.pdf
- Late Notification of Services Submission Form: https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/Late_Notification_of_Services_Submission_Form.pdf
- Provider Education & Training: https://www.mhsindiana.com/providers/resources/provider-training.html

MHS Team

MHS Provider Network Territories



Available online:
https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/ProviderTerritory_map_2021.pdf

NORTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848, ext. 20454

NORTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848, ext. 20187

NORTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_NC@mhsindiana.com
Natalie Smith, Provider Partnership Associate
1-877-647-4848, ext. 20127

CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_C@mhsindiana.com
Mona Green, Provider Partnership Associate
1-877-647-4848, ext. 20080

SOUTH CENTRAL REGION

For claims issues, email:
MHS_ProviderRelations_SC@mhsindiana.com
Dalesia Denning, Provider Partnership Associate
1-877-647-4848, ext. 20026

SOUTHWEST REGION

For claims issues, email:
MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848, ext. 20117

SOUTHEAST REGION

For claims issues, email:
MHS_ProviderRelations_SE@mhsindiana.com
Carolyn Valachovic Monroe
Provider Partnership Associate
1-877-647-4848, ext. 20114

MHS Provider Network Territories

TAWANNA DANZIE
Provider Partnership Associate II
1-877-647-4848 ext. 20022
tdanzie@mhsindiana.com

PROVIDER GROUPS

- Beacon Medical Group
- Franciscan Alliance
- HealthLinc
- Heart City Health Center
- Indiana Health Centers
- Lutheran Medical Group
- Parkview Health System
- South Bend Clinic

JENNIFER GARNER
Program Manager,
Provider Engagement
1-877-647-4848 ext. 20149
jgarner@mhsindiana.com

PROVIDER GROUPS

- American Health Network of Indiana
- Columbus Regional Health
- Community Physicians of Indiana
- HealthNet
- Health & Hospital Corporation of Marion County
- Indiana University Health
- St. Vincent Medical Group

ENVOLVE DENTAL, INC.

THOMAS "TONY" SMITH
Thomas.Smith@EnvolveHealth.com
Dental Provider Services: 1-855-609-5157
Questions: ProviderRelations@EnvolveHealth.com

ENVOLVE VISION, INC.

CHANTEL MCKINNEY
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Vision Provider Services: 1-844-820-6523
Questions: Envolve_AdvancedCaseUnit@EnvolveHealth.com

Network Leadership

NETWORK LEADERSHIP

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NETWORK OPERATIONS

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kelvin.d.orr@mhsindiana.com

Questions?

Thank you for being our partner in care.