

Fee-for-Service Prior Authorization 201

Indiana Health Coverage Programs
Gainwell Technologies
IHCP Works Seminar October 2021



Agenda

- Transferring Outstanding Prior Authorizations
- Suspended Prior Authorization
- Retroactive Prior Authorization
- Prior Authorization with Third-Party Liability
- Prior Authorization Administrative Review and Appeal Process
- Helpful Tools
- Questions



Transferring Outstanding Prior Authorizations



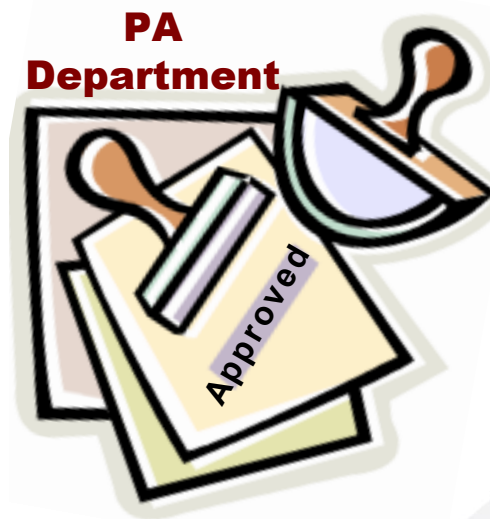
Transferring Outstanding Prior Authorizations

If a member changes from managed care (with a managed care entity [MCE] assignment) to fee-for-service (no MCE assignment) or from fee-for-service to managed care – or if a managed care member switches from one MCE to another – 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

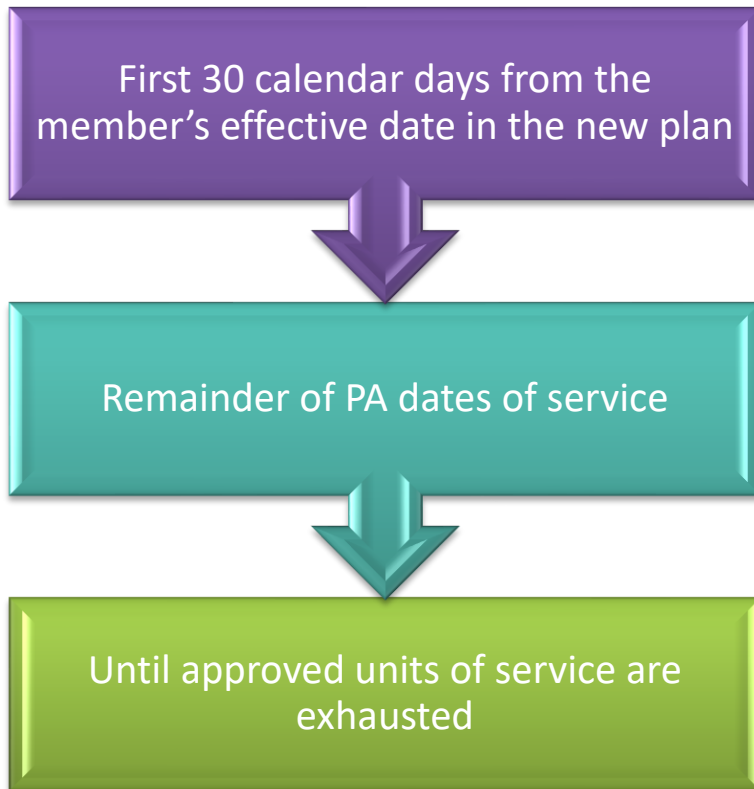
Until approved units of service are exhausted



PA is not a guarantee of payment.



Transferring Outstanding Prior Authorizations



For the first 30 calendar days of the member's effective date in the new plan, the existing PA will be upheld unless the PA dates of service are already expired, or units exhausted.

Refer to the member's Medicaid plan for additional policy and procedure requirements.

Whichever Come First

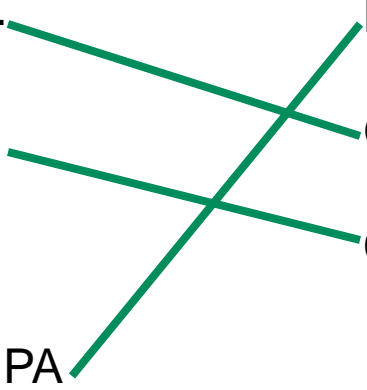
Transferring Outstanding Prior Authorizations

- 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 outstanding PAs and supporting documentation to substantiate the PA.
- The original PA 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



Knowledge Check

Matching.

1. PA is not a _____ of payment.
 2. Providers should always _____ before requesting PA or rendering services.
 3. Providers should _____ the new PA contractor of outstanding PAs and supporting _____ to substantiate the PA.
- Notify, Documentation
Guarantee
Check eligibility
- 

Knowledge Check

Please select all that apply.

What information is required to be provided for the newly assigned PA entity?

- A. Provider's License
- B. Procedure Codes
- C. Diagnosis Code
- D. Duration and frequency of authorization

Suspended Prior Authorization



Suspended Prior Authorization

For the PA reviewer to determine whether a service or procedure is medically reasonable and necessary, the PA contractor may request more information from the member and provider.

To allow time for the provider to supply this information, the PA contractor suspends the first request and has the provider submit the additional information as follows:

- Through the Portal (for FFS PA), by uploading the supporting documentation as a system update to the suspended authorization request.
- 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

The PA contractor must receive this additional information within 30 calendar days of the request. If the PA contractor determines medical necessity after receiving the additional information, the dates authorized are those on the originally suspended PA request. If the additional information is not received within 30 days, the request is systematically denied.



Suspended Prior Authorization

INDIANAMEDICAID *for Providers*

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | **Care Management** | Resources

My Home

Create Authorization

View Authorization Status

Maintain Favorite Providers

Submit RCP Referral to Lock-In List

Notification of Pregnancy Inquiry

User Details

Welcome

- My Profile
- Manage Accounts

Provider

Name

Provider ID

- Disenroll
- Provider Profile
- Provider Maintenance
- Enrollment / Revalidation Status

Provider Services

- Member Focused Viewing
- Search Payment History

HEALTH CARE PROFESSIONAL!

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We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

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

XXXXXXXXXX

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
XXXXXXXXXX	08/01/2021 - 08/06/2021			PSYCHIATRIC		


Suspended Prior Authorization

View Authorization Response for [REDACTED]					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						

Suspended Prior Authorization

System Update Information


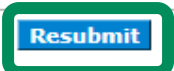
Enter the Line Item number (use 0 if the update applies to the entire Authorization, not a specific Line Item) and a description of the update to be applied. Click the **Remove** link to remove an entry.

Line Item	Message	Action
<input type="checkbox"/> 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
<input type="checkbox"/> Click to collapse.					
	*Transmission Method				
	*Upload File				
	*Attachment Type				
		 Add Cancel			
					 Resubmit Cancel

Check Your Knowledge

True or False

Suspended PA means PA request was denied.

True

False



Check Your Knowledge

True or False

Providers can use the Portal, mail or fax to send supporting documentation for suspended prior authorization.

☒ True
☐ False



Check Your Knowledge

True or False

Provider has 45 calendar days from the request day to submit supporting documentation.

True

False

Check Your Knowledge

True or False

PA contractor may request information from the member and provider.

True

False

Retroactive Prior Authorization



Retroactive Prior Authorization

Prior authorization is given after services have begun, or supplies have been delivered only under the following circumstances:

- Pending or retroactive member eligibility
- Administrative delays, errors by the contractor or county office of the FSSA Division of Family Resources (DFR)
- Services rendered out of state by a provider that is not enrolled as an IHCP provider
- When requesting a retroactive PA – The provider is required to provide detailed information and documentation for this request
- Each service must be requested separately and submitted with documentation for approval



Retroactive Prior Authorization

- If the provider isn't aware that a member was eligible for services rendered on the dates of service, PA may be granted if the following conditions are met:
 - The provider's records document that the member refused or was physically unable to provide their IHCP Member ID.
 - The provider can substantiate 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

Prior Authorization with Third-Party Liability

The Indiana Health Coverage Programs (IHCP) requires PA for a service. If the member has additional insurance coverage that is primary, the provider must follow the primary insurer's requirements for obtaining PA and must also obtain PA from the appropriate IHCP PA contractor (based on the program assignment of the member).

IHCP PA and Medicare PA are not required for members with Medicare Part A and Part B coverage if the services are covered (in whole or in part) by Medicare.

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



Check Your Knowledge

Which statements are correct?

Retroactive
PA

Provider does not need to explain the reason.

Service rendered outside Indiana by a provider that has not been enrolled.

Service must be requested separately and submitted with documentation.

Pending member eligibility is not acceptable.



Check Your Knowledge

Fill in the blank.

Members with Medicare Part A and Part B coverage are _____ required to obtain PA if the services are covered.

Not

Check Your Knowledge

Fill in the blank.

Any services not covered by Medicare are subject to _____ requirements.

IHCP PA

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.



PA Administrative Review

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, including medical records, equipment consultations, progress notes, case histories and therapy evaluation
 - 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
 - This information is required 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**

Requesting provider and member receive written notification of the decision containing the following information:

- The IHCP contractor determination and the rationale for the decision
- The Notice of Appeal Rights through the Indiana Family and Social Services Administration (FSSA)

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



Appeal Process

A provider that has submitted a request for prior authorization can appeal a denial or modification of the request after exhausting the administrative review process.

The appeal request must be in writing and must be signed by the requesting provider or designee. Provider appeals of PA decisions are conducted in accordance with the member appeals regulation.



Appeal Process

Provider requests for administrative hearings must be submitted within 33 calendar days of the administrative review decision to the following address:

**Office of Administrative Law
Proceedings FSSA Hearings and
Appeals**

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



Check Your Knowledge

Multiple Choice.

How many business days should the PA Administrative Review be received from the receipt of notification of modification or denial?

- A. 3 days
- B. 10 days
- C. 30 days
- D. 7 days



Check Your Knowledge

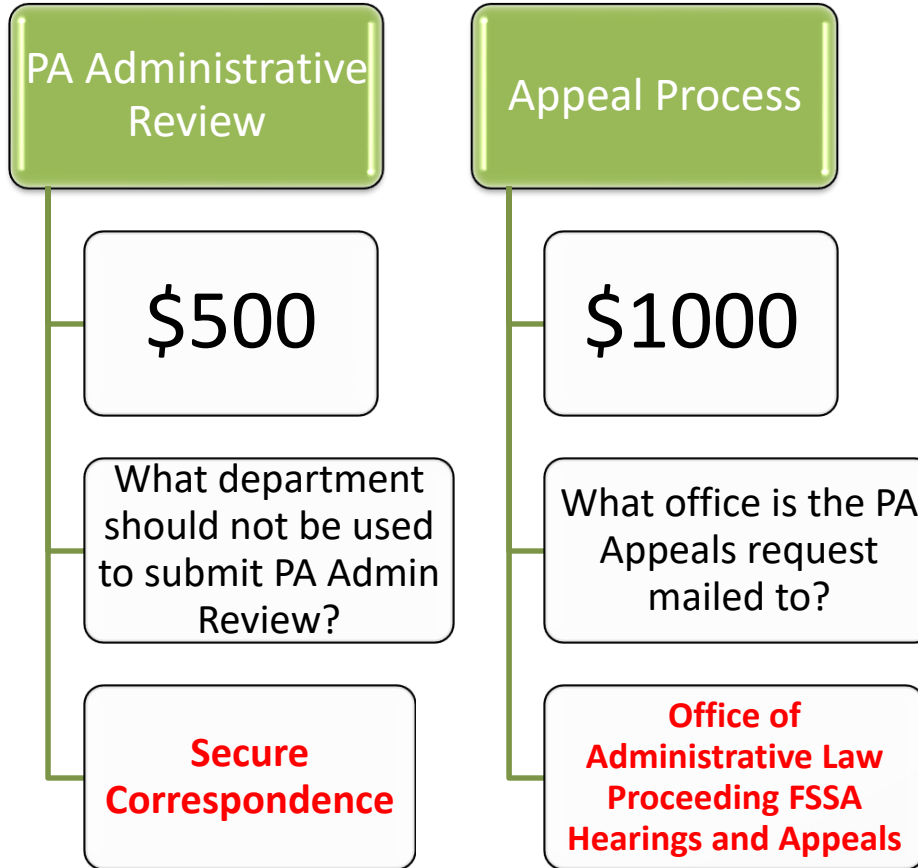
Multiple Choice.

How many calendar days should a request for an Appeal be submitted after the Administrative Review Decision?

- A. 15 days
- B. 25 days
- ☒ C. 33 days
- D. 45 days

Check Your Knowledge

JEOPARDY



Helpful Tools

COVID PA

[BT202178](#) – IHCP COVID-19 Response: IHCP temporarily revises time frames for certain PA approvals

[BT202180](#) – IHCP COVID-19 Response: PA changes temporarily reinstated for some DME/HME supplies and services

[BT202181](#) – IHCP COVID-19 Response: IHCP reinstates temporary PA changes for managed care SNF admissions

[BT202182](#) – IHCP COVID-19 Response: IHCP temporarily reinstates PA policy for LTAC and AIR facility admissions

Watch future IHCP publications

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**

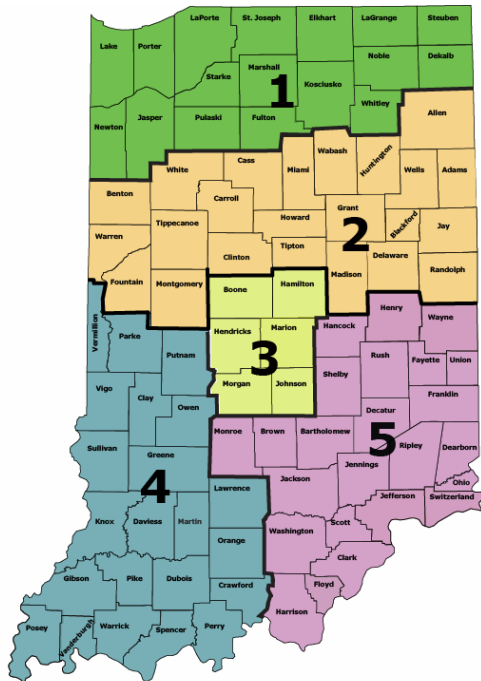
**800-457-4584, option 7
800-689-2759 (fax)**

Please contact the member's MCE for PA information.

Helpful Tools

Consultants for the Indiana Regions

(F= Field; I= Internal)



Region	Consultant	Email	Telephone	Counties Served
1	Jean Downs (F) Katie Grause (I)	INXIXRegion1@dxc.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) Gretchen Schaller-Golob (I)	INXIXRegion2@dxc.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@dxc.com	317-488-5324	Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Jenny Roberts (F) Emily Redman (I)	INXIXRegion4@dxc.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) Vikki Lowllun (I)	INXIXRegion5@dxc.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:

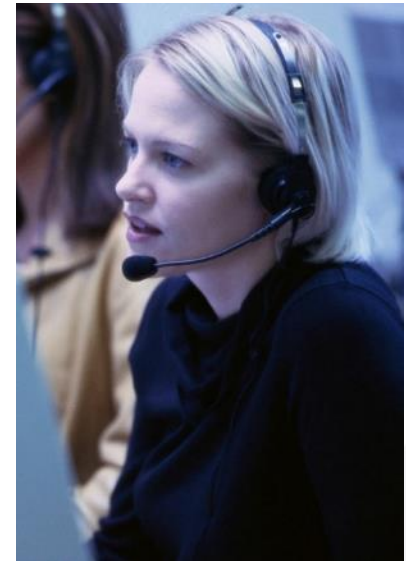
- Provider References > IHCP Provider Reference Modules
- Contact Information > Provider Relations Consultants

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