

# Medicaid Managed Care

## Prior Authorization and Level of Care for Nursing Facility Stays

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OHIO DEPARTMENT OF MEDICAID

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This guide is intended to be used by nursing facilities when an individual enrolled in a traditional Medicaid managed care plan (MCP) is admitted to a nursing facility (NF) and Medicaid (e.g. the MCP) is paying for the NF stay. Outlined below are the prior authorization (PA) processes for each MCP. The PA processes described below include a level of care (LOC) determination.

### **Is a prior authorization (PA) required for a NF stay?**

Yes, a PA is required by every MCP.

### **What should the NF submit when requesting a prior authorization for a NF stay?**

Clinical information (diagnoses, medications, current therapy notes, wound descriptions, IV medication, validation of protective LOC, discharge planning, etc.), any other pertinent information, and any noted barriers to reach goals.

### **How does the NF request a LOC determination from the MCP?**

There is not a separate LOC determination process. For members enrolled in an MCP, LOC criteria is reviewed as part of the prior authorization process using criteria for nursing facility-based level of care pursuant to OAC rule 5160-3-08.

### **What is the prior authorization determination process?**

The MCP will complete a medical necessity desk review to determine the appropriate level of care for the member in accordance with OAC rule 5160-3-08. In accordance with OAC rule 5160-26-03.1, MCPs must ensure prior authorization decisions are based on medical necessity and are consistent with clinical practice guidelines specified in OAC rule 5160-26-05.1. The MCP must provide written notice to the individual and the requesting provider for any decision to reduce, suspend, terminate or deny a service authorization request, or to authorize a service in an amount, duration or scope that is less than requested, as well as appeal rights. A provider may only file an appeal on the member's behalf if they have the member's written consent to file an appeal. *It should be noted that additional notification will not be sent from the MCP to the NF when a PA is expiring.*

### **How long does it take to get a prior authorization decision from the MCP?**

As outlined in ORC section 5160.34, expedited PA requests shall be decided within 48 hours, and standard PA requests shall be decided within 10 calendar days.

### **When are continued stay reviews (e.g. expiring authorizations) completed?**

If a NF requests additional authorization for services, MCPs will perform continued stay reviews when prior authorizations are expiring in order to confirm continued medical necessity for NF services. Level of care may also be reevaluated during a continued stay review. All MCPs include an end date for the previous authorization on their determination letter. This is the date by which the NF should have their continued stay review completed. The authorization spans differ by plan but are explicitly indicated on each plan's PA determination letter. *NFs should submit requests for continued stays in sufficient time prior to the end of the previous authorization.*

### **What is the NF required to submit for a continued stay review (e.g. expiring authorization)?**

Prior to the end date listed on the authorization letter, the following updated information should be submitted at a specific time as noted on the PA determination and/or as the individual's condition changes: Clinical information (diagnoses, medications, current therapy notes, wound descriptions, IV medication, protective LOC, discharge planning, etc.), any other pertinent information, and any noted barriers to reach goals.

*See next page for plan specific responses related to PA requests and LOC determinations for Medicaid covered NF stays for individuals enrolled in traditional Medicaid Managed Care.*

Medicaid Managed Care – Medicaid Covered NF Stay – Plan Specific Information for Requesting PA

MCP Name	Buckeye	CareSource	Molina	United	Paramount
<b>How does the NF request a PA from your plan?</b>	<p>PA request form is online:  <a href="http://www.buckeyehealthplan.com/content/dam/center/Buckeye/medicaid/pdfs/OH-PAF-0637_May2016_IP.pdf">www.buckeyehealthplan.com/content/dam/center/Buckeye/medicaid/pdfs/OH-PAF-0637_May2016_IP.pdf</a>.                      Indicate what type of authorization requesting. A completed PA request with supporting documentation should be faxed to (866) 529-0291.</p>	<p>PA request form is online at <a href="http://www.caresource.com">www.caresource.com</a> under the Provider Authorization section. Submit the PA form or equivalent documentation by email to <a href="mailto:snf@caresource.com">snf@caresource.com</a>, via eFax to (855) 262-9791, by voicemail to (937) 531-2014 or via the Provider Portal at <a href="https://providerportal.caresource.com/OH/">https://providerportal.caresource.com/OH/</a>.</p>	<p>PA request form is online:  <a href="http://www.molinahealthcare.com/providers/oh/medicaid/forms/Pages/fuf.aspx">www.molinahealthcare.com/providers/oh/medicaid/forms/Pages/fuf.aspx</a>. The PA request form should be submitted to (866) 449-6843.</p> <p>Additional guidance on information needed can be found using the <a href="#">PAC Provider Intake Form</a>.</p>	<p>PA request form is online at <a href="https://www.uhcprovider.com/en/prior-auth-advance-notification.html">https://www.uhcprovider.com/en/prior-auth-advance-notification.html</a>                      or the NF can contact our Prior Authorization Department at (800) 366-7304 (phone) or (866) 839-6454 (fax). <b>PA request should be made within 24 hours* of NF admission.</b></p> <p><i>*To prevent a delayed hospital discharge, either the hospital or the NF can notify United of the NF admission. The NF should submit the PA request with updated clinical information (continued stay review) within 3 days of actual admission.</i></p>	<p>PA request form is online:  <a href="http://www.paramounthealthcare.com/documents/provider/SNF-PRECERT.pdf">www.paramounthealthcare.com/documents/provider/SNF-PRECERT.pdf</a>.                      Completed requests can be faxed to (567) 661-0848 or (844) 282-4908 or through the online portal <a href="http://www.myparamount.org">www.myparamount.org</a>.</p>
<b>What documentation will be sent to the NF following a PA request?</b>	<p>A PA notification letter is faxed to the facility.</p>	<p>PA Notification letter is sent to the facility with the case determination decision and other important authorization information.</p>	<p>Final determination is faxed to the NF for each PA request using an internal template document.</p>	<p>Verbal notification of decision to the NF, and communication log faxed to NF that includes important authorization information.</p>	<p>A correspondence letter either approving or denying the PA request will be sent to the NF, which includes a level of care determination.</p>
<b>What does the plan require from the NF when a member is going to be disenrolled &amp; switch to FFS?</b>	<p>A face sheet<sup>1</sup> (showing the admission date of the member) and a "Letter of Intent"<sup>2</sup> from the facility should be faxed to (866) 529-0291 to demonstrate that there is no foreseeable discharge.</p>	<p>A face sheet and supporting documentation be submitted by eFax to (937) 396-3384 or by email to <a href="mailto:Disenrollment@caresource.com">Disenrollment@caresource.com</a>.</p>	<p>A face sheet (showing the admission date of the member) and a "Letter of Intent" from the facility should be faxed to (866-449-6843) to demonstrate that there is no foreseeable discharge.</p>	<p>A face sheet and documentation showing continued need for NF LOC should be submitted to UHCCP's Utilization Management (UM) Manager who will coordinate needed documents.</p>	<p>A face sheet and a clinical review that supports continued need for NF level of care should be submitted via fax to (567) 661-0848 or (844) 282-4908.</p>

<sup>1</sup> A face sheet is a document that provides demographic information about the individual and includes information on admission and/or readmission to a facility. This document demonstrates that the individual has been in the facility for a specific timeframe since a specific date.

<sup>2</sup> The "Letter of Intent" or supporting documentation required from each plan shall include information to support the individual's current level of care and need for continued NF placement.