

2023 Medicaid Statewide Provider Training

OHPA Prior Authorization

Agenda

- ❑ **Prior Authorization (PA) team**
 - ❑ **PRISM**
 - ❑ **How to submit a PA**
 - ❑ **PA requirements**
 - ❑ **Criteria resources**
 - ❑ **What's new in PA?**
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- ❑ **Mute**
- ❑ **Video**
- ❑ **Questions**

Training expectations

Prior Authorization (PA) team

Prior Authorization (PA) team

- The prior authorization (PA) team is part of the Office of Healthcare Policy and Authorizations (OHPA)
- We belong to the Division of Integrated Healthcare (DIH) in the Utah Department of Health and Human Services (DHHS)
- Comprised of staff including:
 - Registered nurses
 - Licensed clinical social worker
 - Prior authorization review staff
- There are currently 23 members on the PA team that review requests for 22 different programs

Prior Authorization (PA) team

- Functions:
 - Ensure safe, appropriate, and cost-efficient use of services for fee for service (FFS) members through the prior authorization process
 - Collaborate with the medical policy team in the formulation of policy related to prior authorized services
 - Addresses questions from clinical providers and Medicaid members
 - Refer cases for secondary medical review (medical consultants or Medical Review Committee) for prior authorization determinations
- Process an average of 3,330 prior authorizations per month
- Receive an average of 1,235 phone calls per month

PRISM

PRISM

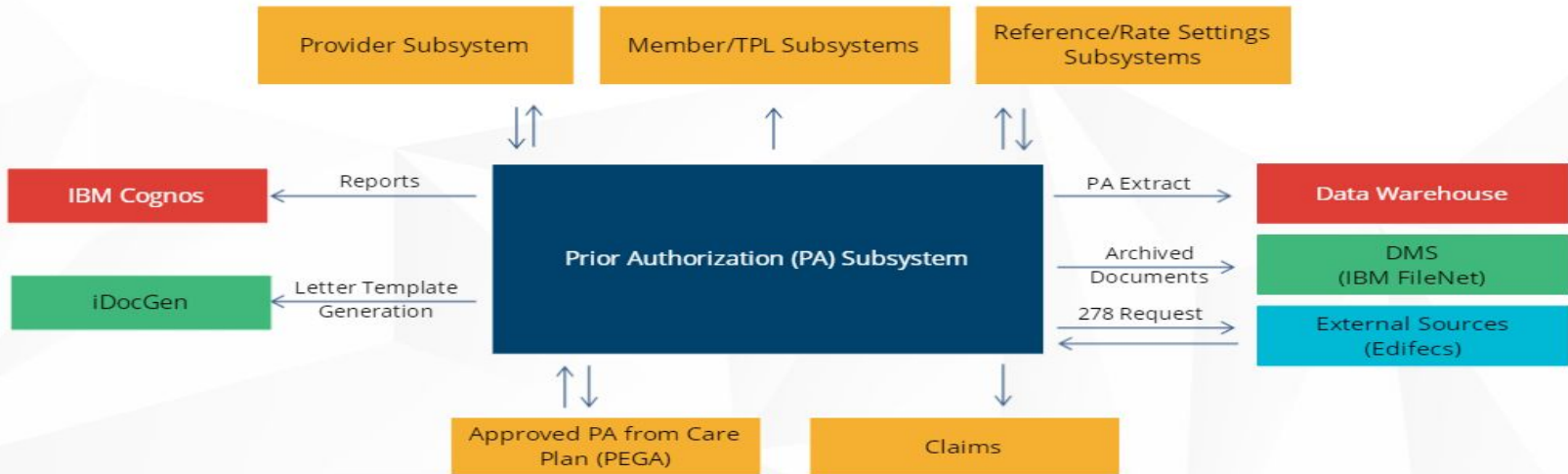
- Utah Medicaid replaced the Utah Medicaid Management Information System (MMIS) on April 3, 2023 with a new system
- The new system is called **PRISM**, which stands for Provider Reimbursement Information System for Medicaid
- PRISM is a cloud-based Medicaid management system
- Provides a single sign-on access to systems such as PRISM, the Eligibility Lookup Tool, and the Medicaid website
- Streamlines the prior authorization process

PA generation process



Subsystem Integration

The PA subsystem interacts with other subsystems and other interfaces when a PA request has successfully been submitted in PRISM. The PA generation process helps provide holistic support to payments for medically necessary treatments and services.



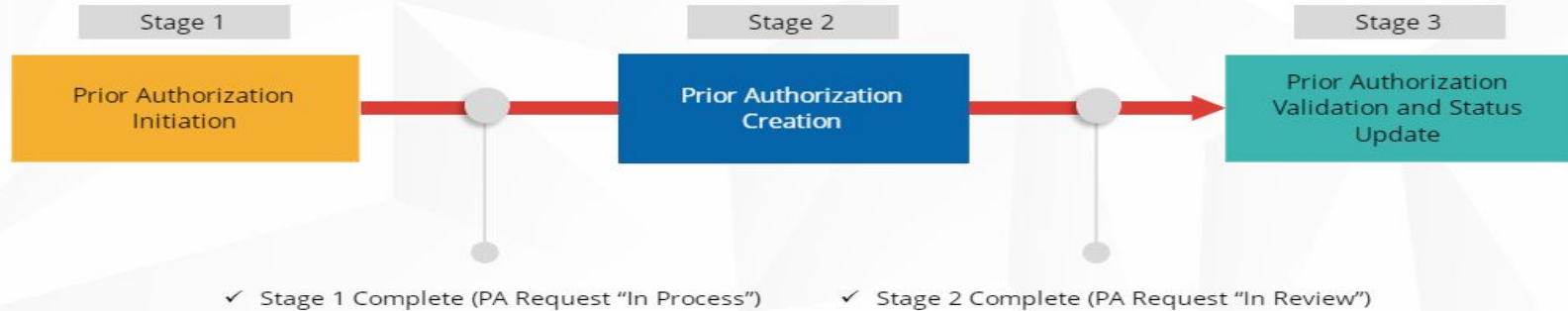
Prior authorization process



The Prior Authorization Process

The PA process starts when a new PA request is initiated in the PA subsystem. The PA request can be created by an authorized State user, directly created and submitted by a provider via the PA Provider portal, or submitted as a 278 batch transaction.

The requestor enters all required details in the PA request form. The system checks for all valid data and prompts error messages for any incorrect information. When completed, the PA request form is submitted to the PA State reviewers for their validation and approval or denial of the authorization requests.



PRISM services



Key Services

PRISM has the capability to process PAs from different services under one central system. The following are some of the key services that are processed in a PA request.

- Surgical services
- Medical supplies
- Durable Medical Equipment (DME)
- Medical assistance transportation
- Therapies for nursing home residents or outpatient rehabilitation area
- Dental services
- Private Duty Nursing (PDN)
- Hearing aids
- Vision
- Chiropractic
- Orthotics
- Prosthetics



PRISM

- Stay up to date on the implementation of PRISM through the Medicaid website and MIB articles
- PRISM provider trainings and eLearnings are available on the Medicaid website
 - <https://medicaid.utah.gov/prism-provider-training/>
- Facilitator guides are also available on the Medicaid website

PRISM

PRISM



PRISM Provider Training



PRISM FAQs & Guides



Contact PRISM



PRISM Portal Access



PRISM Provider Training
Calendar



PRISM Provider Account
Administrator Lookup

PRISM

▶ **Prior Authorizations** **new**

▶ **Claims and Encounters** **new**

▶ **Waiver and Assistant Service Programs** **new**

▶ **Eligibility Lookup Tool and Medicaid Member Card Training**

▶ **Introduction and Overviews to PRISM for Providers**

▶ **Enrolling as a New Provider**

▶ **Managing the Information of a Provider**

How to submit a PA

How to submit a PA

- Prior authorization requests must now be submitted through the PRISM portal.
- **NOTICE:** Starting on August 1, 2023, we no longer accept faxed, emailed, or mailed prior authorization requests. All initial and modification requests must be submitted directly through the PRISM portal. Any request not submitted via PRISM portal will not be accepted or reviewed. If you do not have access to the PRISM portal please contact providerenroll@utah.gov to get registered today.
- Informational blurbs for providers
- Submit only requests for fee for service members or carve-out services
- Provide contact information for a person who can speak on behalf of the PA request (not generic information)

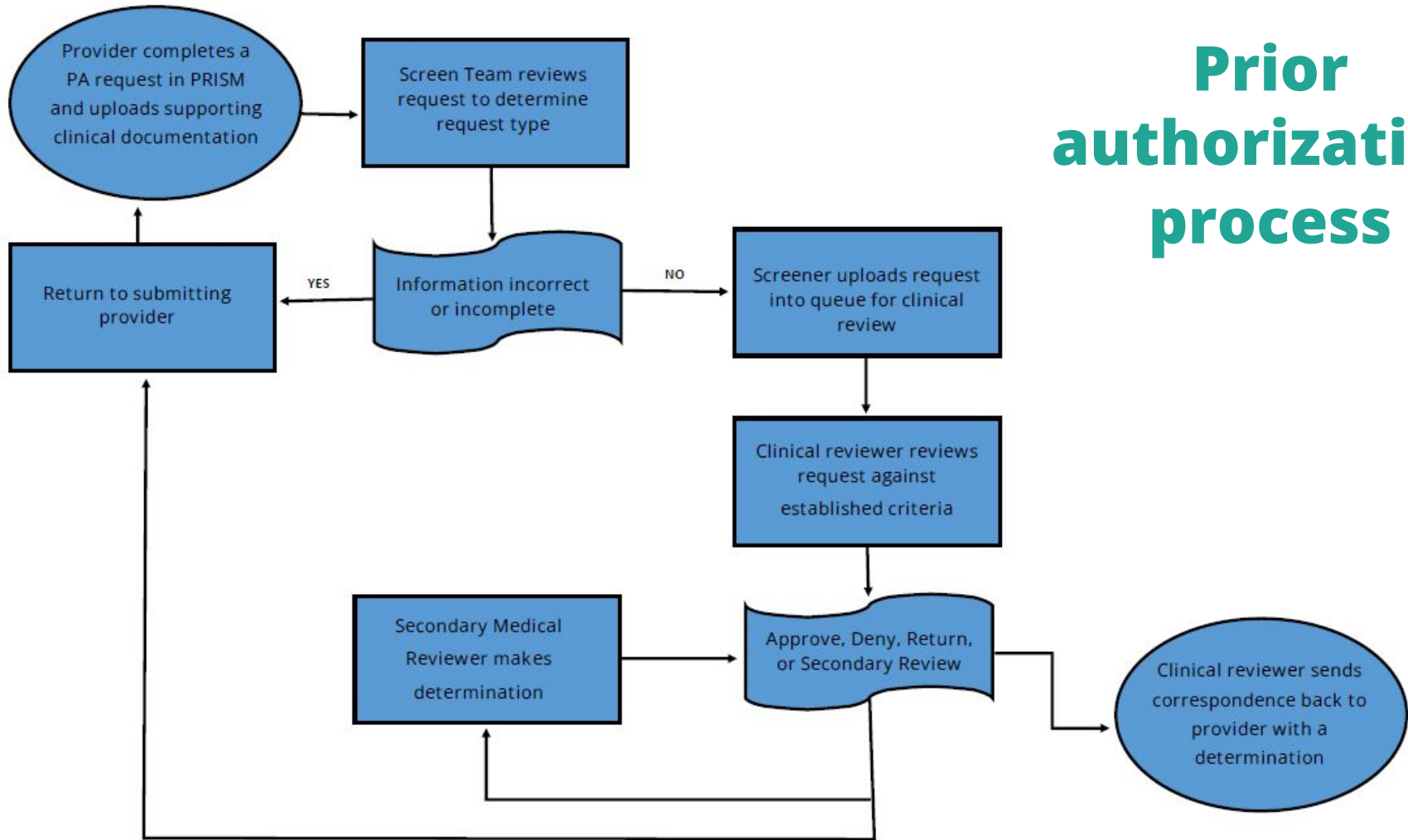
What happens to my request?

- Approved
 - You will receive an approval letter stating the request is approved
- Returned
 - Clinical - You will receive a return letter addressing what clinical documentation is missing
 - Address every issue that was mentioned in the return letter and upload the additional documentation through the PRISM portal
 - Upload new documentation to the tracking number that was provided on the return letter- access this under the “PA tab” and then go to “PA Request List”
 - Please do not create a duplicate or new entry for a return
- Denied
 - You will receive a denial letter explaining what was denied and why
 - A link to the Hearing Request form will be included in the letter and must be submitted within 30 days of the date of denial

What happens to my request?

- Pended (temporary internal status)
 - Secondary review - Requests that have undergone a primary clinical review and have been referred on for a higher level review (e.g. review by a medical consultant or the medical review committee)
- No action or cancelled
 - No action - Requests that do not require any action by the PA team (e.g. code does not require prior authorization or member is not eligible for Medicaid)
 - Cancelled - Requests that may be cancelled (e.g. provider would like the request to be withdrawn or if the request is a duplicate)

Prior authorization process



PA requirements

PA requirements

- Check member eligibility
 - Member eligibility can be verified using the “Eligibility Lookup Tool” on the Medicaid website: <https://medicaid.utah.gov/eligibility-lookup-tool/>
 - The tool can also be accessed through the “External Links” in PRISM
 - Member eligibility may also be looked up in PRISM under the “Member” tab
- Check codes being requested
 - Code coverage can be verified using the “Coverage and Reimbursement Lookup Tool” on the Medicaid website: <https://health.utah.gov/stplan/lookup/CoverageLookup.php>
 - The tool can also be accessed through the “External Links” in PRISM under “Fee Schedule”

PA requirements

- Upload only clinical documentation that is current and relevant
- Include all required documents, forms, and/or consents
- Include required modifiers (e.g. LL, RR, RT, LT, etc)
- Please do not add a price to services requested in PRISM - only put a \$0 in the field
- Include AAC (Actual Acquisition Cost) pricing for all manually priced items
- **The PA team strives for a 7-day turnaround time for routine PA requests**

Criteria resources

Criteria resources

- Medicaid website: [medicaid.utah.gov](https://www.medicaid.utah.gov)
 - Provider manuals
 - Medicaid Information Bulletins (MIBs)
 - Coverage and Reimbursement Lookup Tool notes
 - Frequently asked questions (FAQs)
- For specific criteria that can't be found on the web or questions regarding prior authorizations, you may email: medicaidcriteria@utah.gov
 - Please allow for a 24-hour response time
- For policy related questions, please email: dmhfmedicalpolicy@utah.gov

Criteria resources

- InterQual Transparency Tool
 - Allows providers to have access to a view-only version of InterQual criteria
 - Can be found on the Prior Authorization Medical Criteria page:
<https://medicaid.utah.gov/utah-medicaid-criteria/>
 - Or directly at: <https://elt.medicaid.utah.gov/transparencytool>

InterQual Transparency Tool



English | Español

**Login below to access the InterQual®
Transparency – Cloud.**

The InterQual® Transparency – Cloud tool provides a read-only access to the InterQual® criteria. This tool allows you to view the criteria Utah Medicaid uses to determine coverage for services that require prior authorization. Upon login, you will also have access to job aids to help you use the tool.

Email

Password

SIGN ON

[Forgot password?](#)

[Don't have a login? Register now.](#)

Make sure your bookmark is pointing here:
<https://elit.medicaid.utah.gov/transparencytool/>

Having login or registration issues? Please call 1-801-538-6155 or toll-free 1-800-662-9651 for assistance.

For questions about Transparency Tool:

LEARN MORE →

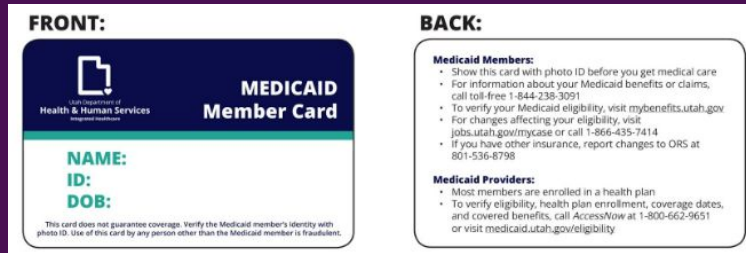
What's new in PA?

What's new in PA?

- Updated PA requirements
 - Check Coverage and Reimbursement Lookup Tool for PA requirements
- Updates to InterQual Criteria and Provider Manuals
- COVID unwinding activities
 - The federal PHE (Public Health Emergency) ended on May 11, 2023. Communication about prior authorization adjustments has been sent. This information can be found on the Medicaid website:
<https://medicaid.utah.gov/Documents/pdfs/unwinding/PHE%20Unwinding%20Policy%20Communication.pdf>
- New Medicaid card

DHHS new Medicaid card

On May 1, 2023, DHHS began issuing a new Medicaid card to newly enrolled members.



UDOH existing Medicaid card

The new DHHS card will eventually replace the existing UDOH Medicaid card that existing Medicaid members use.



Please accept both the DHHS and the UDOH Medicaid cards.

Contact us

You may reach prior authorization staff by calling (801) 538-6155 or toll free 1-800-662-9651 and select option 3, option 3, and then choose the appropriate number for the program you are calling about.

You may also email PA questions to:
medicaidcriteria@utah.gov

