# 2022 Medicaid Statewide Provider Training

## OHPA Prior Authorization

Utah Department of Health & Human Services

# Agenda

- State Agency Consolidation
- Managed Care
- OHPA Prior Authorization (PA) Team
- How to Submit a PA
- PA Requirements
- Criteria Resources
- What's New?
- PRISM

# State Agency Consolidation

Utah DHHS Plan:
https://sites.google.com/utah.gov/hhsplan/home

The Executive Office of the Governor and legislature supported the passage of H.B. 365 State Agency Realignment during the 2021 general legislative session.

The statute directs the consolidation of the state's two primary social service agencies: the Utah Department of Health (UDOH) and Department of Human Services (DHS), creating the Utah Department of Health and Human Services by July 1, 2022.

A small piece of Medicaid eligibility components will move from the Department of Health to the Department of Workforce Services (DWS). These functions include Medicaid Eligibility Quality Control (MEQC) and eligibility adjudications.

Utah Department of
Health & Human Services
Integrated Healthcare

# Division of Integrated Care

The Utah Department of Health and Human Services (DHHS) is designated by the Centers for Medicare and Medicaid Services (CMS) as the “Single State Agency” to administer and supervise the administration of the State’s Medicaid program.

The Division of Integrated Healthcare (DIH), within the DHHS, is responsible for implementing, organizing, and maintaining the Medicaid program and the Children’s Health Insurance Program (CHIP).

# Managed Care

# Managed Care

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid and CHIP managed care provides for the delivery of health benefits and additional services through contracted arrangements between the Department and Managed Care Entities (MCE).

**Medicaid Managed Care Programs:**

- ACO - Accountable Care Organizations (physical health)
- UMIC - Utah Medicaid Integrated Care (physical health and behavioral health)
    - Only in five counties: Weber, Davis, Salt Lake, Utah, and Washington counties
- HOME - Healthy Outcomes, Medical Excellence (physical health and behavioral health)
- Dental
- PMHP - Prepaid Mental Health Plans (behavioral health)

**CHIP Managed Care Programs:**

- MCO - Managed Care Organizations (physical health and behavioral health)
- Dental

For more information and latest managed care information, please visit
https://medicaid.utah.gov/managed-care/

# Managed Care Entity Contact Information

| Managed Care Plan Name | Plan Type | Phone | Website |
|---|---|---|---|
| Health Choice | ACO/UMIC | 1-877-358-8797 | www.healthchoiceutah.com |
| Healthy U | ACO/UMIC | 1-833-981-0212 | www.uhealthplan.utah.edu/medicaid |
| Molina Healthcare of Utah | ACO/UMIC/CHIP | 1-888-483-0760 | www.molinahealthcare.com |
| SelectHealth Community Care | ACO/UMIC/CHIP | 1-800-442-3234 | www.selecthealth.org/plans/medicaid |
| HOME Program | HOME | 1-800-824-2073 | healthcare.utah.edu/uni/programs/home/ |
| MCNA Dental | Dental | 1-844-904-6262 | www.MCNAUT.net |
| Premier Access Dental | Dental/CHIP Dental | 1-877-541-5415 | www.premierlife.com/utmedicaid |

# PMHP Contact Information and Area

| County | Inpatient & Outpatient Mental Health Services | Outpatient Substance Use Disorder Services |
|---|---|---|
| **Box Elder, Cache, Rich** | Bear River Mental Health<br>1-800-620-9949; 435-752-0750 | Fee-for-Service Network (any Medicaid provider), including<br>Bear River Health Department: 435-792-6500 |
| **Beaver, Garfield, Kane, Iron, Washington** | Southwest Behavioral Health Center<br>1-800-574-6763; 435-634-5600<br>(hospital prior authorization: 435-705-1388) | Southwest Behavioral Health Center<br>1-800-574-6763; 435-634-5600 |
| **Carbon, Emery, Grand** | Four Corners Community Behavioral Health<br>1-866-216-0017; 435-637-7200<br>(hospital prior authorization: 435-637-2358 & after hours: 435-637-0893) | Four Corners Community Behavioral Health<br>1-866-216-0017; 435-637-7200 |
| **Daggett, Duchesne, Uintah, San Juan** | Northeastern Counseling Center<br>1-844-824-6776<br>435-789-6300 – Vernal<br>435-725-6300 – Roosevelt<br><br>San Juan Counseling – San Juan County<br>1-888-833-2992; 435-678-2992 | Northeastern Counseling Center<br>1-844-824-6776<br>435-789-6300 – Vernal<br>435-725-6300 – Roosevelt<br><br>San Juan Counseling – San Juan County<br>1-888-833-2992; 435-678-2992 |
| **Davis** | Davis Behavioral Health<br>1-844-305-4782; 801-773-7060 | Davis Behavioral Health<br>1-844-305-4782; 801-773-7060 |
| **Piute, Juab, Wayne, Millard, Sanpete, Sevier** | Central Utah Counseling Center<br>1-800-523-7412; 435-283-8400; 1-877-469-2822 | Central Utah Counseling Center<br>1-800-523-7412; 435-283-8400; 1-877-469-2822 |
| **Salt Lake** | Salt Lake County Division of Behavioral Health Services/Optum<br>Salt Lake County: 385-468-4707;<br>Optum: 1-877- 370-8953 | Salt Lake County Division of Behavioral Health Services/Optum<br>Salt Lake County: 385-468-4707;<br>Optum: 1-877- 370-8953 |
| **Summit** | Healthy U Behavioral<br>1-833-981-0212; 801-213-4104 | Healthy U Behavioral<br>1-833-981-0212; 801-213-4104 |
| **Tooele** | Optum Tooele County<br>1-800-640-5349 | Optum Tooele County<br>1-800-640-5349 |
| **Utah** | Wasatch Behavioral Health<br>1-866-366-7987; 801-373-4760<br>(prior approvals: 801-494-0880) | Wasatch Behavioral Health<br>1-844-773-7128; 385-268-5000 |
| **Wasatch** | Fee-for-Service Network (any Medicaid provider), including<br>Wasatch County Family Clinic/Wasatch Behavioral Health - 435-654-3003 | Fee-for-Service Network (any Medicaid provider), including<br>Wasatch County Family Clinic/Wasatch Behavioral Health, 435-654-3003 |
| **Weber, Morgan** | Weber Human Services<br>1-844-625-3700; 801-625-3700; (after-hours hospital prior authorization: 801-513-9641) | Weber Human Services<br>1-844-625-3700; 801-625-3700 |

# OHPA Prior Authorization (PA) Team

# OHPA Prior Authorization (PA) Team

- We have a new name!
- The Prior Authorization (PA) Team is part of the Office of Healthcare Policy & Authorizations (OPHA).
- We belong to the Division of Integrated Healthcare in the Utah Department of Health & Human Services.
- You will see our new name and branding throughout our correspondence.

# OHPA Prior Authorization (PA) Team

- Compromised of staff, including:
  - Registered Nurses
  - Licensed Clinical Social Worker
  - Prior Authorization Review Staff
  - Medical Specialty Consultants
- Functions:
  - Ensure safe, appropriate, and cost-efficient use of services for fee for service (FFS) members through the prior authorization process
  - Collaborates with the Medical Policy Team in the formulation of policy related to prior authorized services
  - Addresses questions from clinical providers and Medicaid members
  - Performs expert secondary medical review for prior authorization determinations
- Process an average of 3,300 prior authorizations per month
- Receive an average of 1,000 phone calls per month

# How to Submit a PA

- Use the correct form for the service(s) requested
- Use the most current request form
    - We will only have one general PA request form starting 12/01/2022 (it is available online now)
- Fill in all required fields
- Fax or email to the appropriate inbox
- 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)
- Enter content electronically into forms when possible

*Examples of completed PA request forms are available upon request*

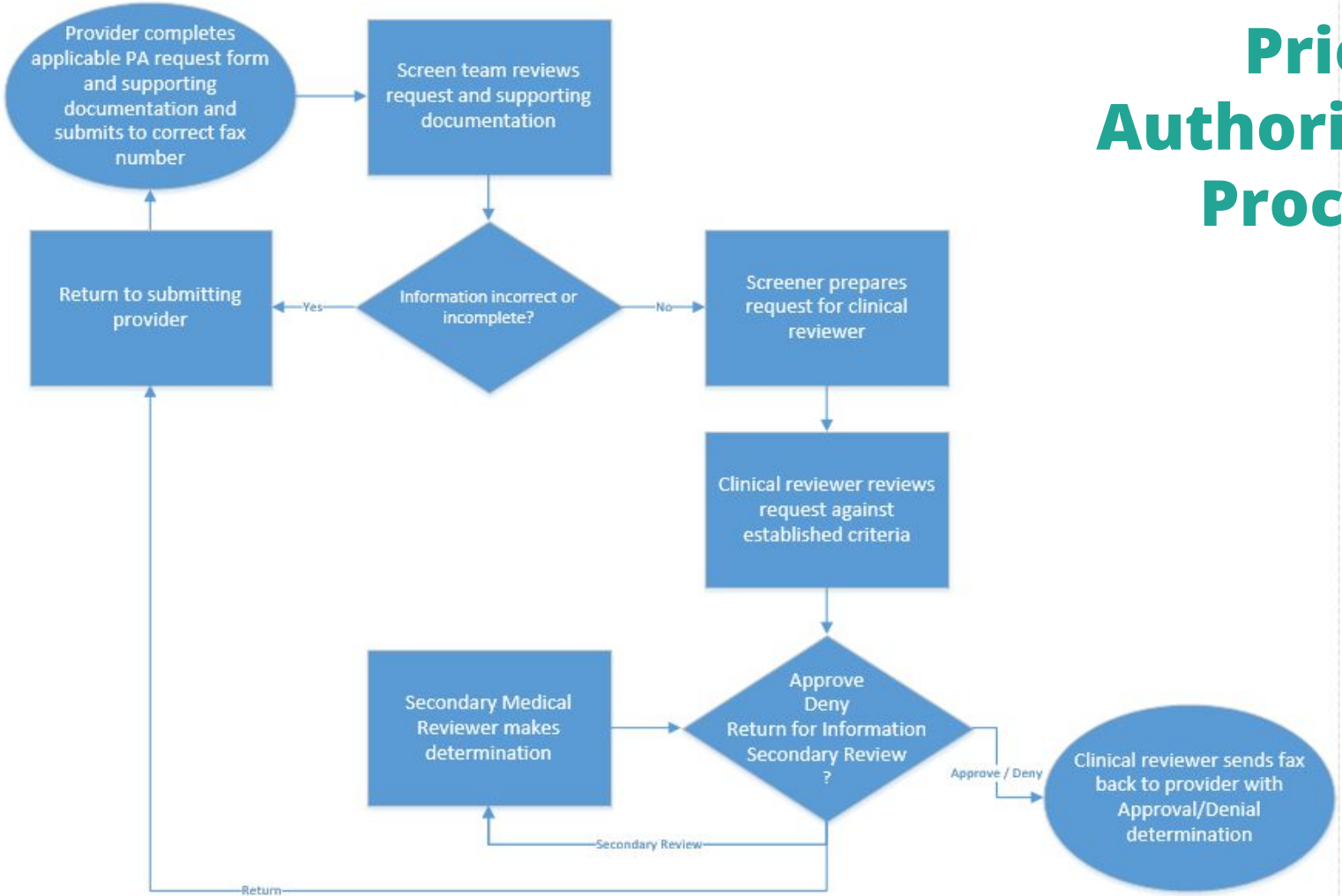
# What happens to my request?

- Approved
  - You will receive a fax stating the request is approved with the prior authorization attached
- Returned
  - Data Entry – You will receive a return letter addressing the data entry items that are incomplete or incorrect (e.g. outdated form, incorrect Medicaid ID#, missing a required field)
  - Clinical - You will receive a return letter addressing what clinical documentation is missing, upon resubmission, you must include the following:
    - Address every issue that was mentioned in the return letter and include all original documentation
    - Update your PA request form (e.g. date of request)
- Denied
  - You will receive a denial letter explaining what was denied and why
  - A Request for Hearing form will be attached and must be submitted within 30 days of the date of denial

# What happens to my request?

- Pended (temporary internal status)
  - Data Entry Review – Requests that have been verified to have all data entry items completed on the correct form and are pending a primary clinical review for medical necessity
  - Secondary Review - Requests that have undergone a primary clinical review and have been referred on for a higher level review (e.g. review by physician or utilization review committee)

# Prior Authorization Process



# PA Requirements

- Check member eligibility: https://medicaid.utah.gov/eligibility-lookup-tool/
- Check Coverage and Reimbursement Lookup Tool: https://health.utah.gov/stplan/lookup/CoverageLookup.php
- Submit 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)

- **The PA team strives for a 7-day turnaround time for routine PA requests**

## PA Requirements

# Criteria Resources

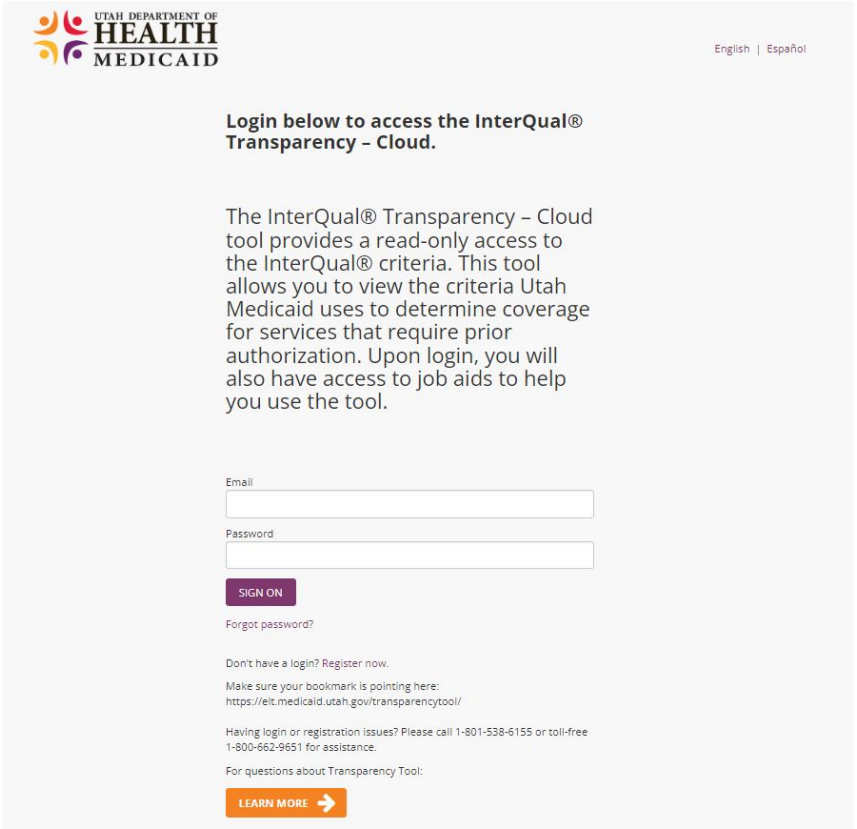
# Criteria Resources

- Medicaid website: **medicaid.utah.gov**
  - Provider Manuals
  - Medicaid Information Bulletins (MIB)
  - Coverage and Reimbursement Look Up Tool notes
  - Frequently Asked Questions
- For specific criteria that can't be found on the web or questions regarding prior authorizations, you may email: **medicaidcriteria@utah.gov**
  - Please give us 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- Cloud demo

# InterQual Transparency Tool



# What’s New in PA?

# What's New in PA?

- Updated PA requirements
  - Check Coverage and Reimbursement Look-Up Tool for PA requirements
- Updates to InterQual criteria & provider manuals
- New time for retro authorizations (180 days)
  - Requests for retroactive authorization must be made within 180 days of one of the below circumstances being met or services will be denied:
    - Retroactive Medicaid Member Eligibility
    - Medical Emergency
    - Medical Supplies Provided in a Medical Emergency
    - Surgical Exceptions
    - Exceptions for Anesthesia Providers
    - Exceptions to Prior Authorization Requirements and Non-Covered Services
    - *Inaccurate Information
    - *Exceptions for Inmates of Public Institutions
    - *Members with Medicaid and Medicare (Dual Eligibility)
    - *Exceeding Quantity Limits

Section I: General Information Provider Manual. Chapter 10-3 *Retroactive Authorization* has been updated and revised to provide clarity, including renaming of section headings for consistency.

### 10-3.1 Inaccurate Information

If a provider demonstrates that a Medicaid representative or Medicaid's website gave inaccurate information about the need for prior authorization, a retroactive authorization may be requested.

Providers must submit supporting documentation of inaccurate information in writing via email, fax, or letter. The documentation must include corroborating information such as the customer service representative's name with the date and time of the phone call or screenshots from the website with a timestamp, etc.

The Office of the Inspector General (OIG) completed an audit and found that claims containing procedures that require a prior authorization (PA) for inmates of public institutions, i.e. jail, were being forced to pay without a PA in place, per an existing Medicaid policy. This internal process resulted in an OIG recoupment of funds due to no PA obtained for procedures that require a PA. This prompted an investigation and resulted in the need for this addition of policy surrounding retroactive PA for inmate claims.

As a result of the investigation the following policy changes were made:

- Circumstance 7. Exceptions for Inmates of Public Institutions was added to Chapter 10-3 *Circumstances Eligible for Retroactive Authorization* to allow for retroactive PA for inmates of public institutions for procedures that require PA
- Updated time limits from 90 to 180 days for all of the circumstances in Chapter 10-3 *Retroactive Authorization* for consistency

## Inmates of Public Institutions

## 10-3.7 Inmates of Public Institutions

Inmates are not eligible for Medicaid while incarcerated. However, the **Eligibility Lookup Tool** will indicate that the individual is eligible for Medicaid if they were eligible before incarceration. The prior authorization (PA) reviewer will verify admission to an inpatient hospital setting and that they are an inmate before issuing a PA.

Before rendering services that require a PA, acquisition of a PA is not necessary for inmates. Medicaid authorizes requests retroactively when services are deemed medically necessary and documentation meets Medicaid policy requirements.

## 10-3.8 Members with Medicaid and Medicare (Dual Eligibility)

Due to considerable variances in Medicare and Medicaid coverage policies, retroactive authorization for durable medical equipment, medical supplies, prosthetics, or orthotics may qualify for retroactive authorization of services.

Medicaid does not make exceptions for retroactive authorization for Medicare Supplement Plans. For additional information regarding dual eligibility, refer to *Chapter 11-5.1 Medicare Crossover Claims* of this manual.

Note: Medicare Crossover claims only apply to Medicare Part A and Part B. No exceptions will be made for Medicare Supplement Plan Coverage

## 10-3.9 Exceeding Quantity Limits

Providers may request retroactive authorization when quantity limits are inadvertently exceeded. For example, a provider unknowingly exceeds quantity limits for a previously performed service by a different provider. The new provider should make every reasonable effort, for example, by contacting customer service to determine if quantity limits have been met.

Each provider is responsible for checking quantity limits and requesting prior authorization once quantity limits are met. Quantity limits count to the member and are not unique to the provider. Additionally, if more than one request is received for the same item or service, the authorization for the first complete request will be the one approved.

Note: This exception does not apply to pharmacy claims. For information regarding pharmacy claims, refer to the Pharmacy Services provider manual.

# What's New in PA?

- Utah Medicaid will experience a freeze time during December 2022 (December 13-January 2).
    - During this time, Medicaid staff will be unable to input information into the current Legacy system to allow the conversion of data into PRISM. As such, prior authorization numbers will not be able to be generated during this time. Prior Authorization adjustments will be made during the freeze period to allow for continued service delivery. Adjustments may include:
        - Extended authorization date ranges or issuing two subsequent Prior Authorizations
        - Encouraging providers to provide services before December
        - Allowing retroactive requests for services provided during the freeze time
- COVID unwind activities
    - Prior authorization adjustments related to the Public Health Emergency (PHE) will expire at the end of the PHE. Additional information will be communicated at that time.

# PRISM

# PRISM

- Utah Medicaid is replacing the Utah Medicaid Management Information System (MMIS)
- The new system is called **PRISM**, which is the Provider Reimbursement Information System for Medicaid
- The Prior Authorization component is scheduled to be implemented in January 2023
- Stay up to date on the implementation of PRISM
- MIB articles will also be published throughout the year on how PRISM will impact providers
- Provider Enrollment eLearnings are available on the Medicaid website
    - **https://medicaid.utah.gov/c3-provider-training/**

# Contact Us

You may reach prior authorization staff by calling (801) 538-6155 or toll free (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 questions to:
**medicaidcriteria@utah.gov**