



Medicaid Prior Authorization



Learning Objectives

At the end of this training, learners will be able to:

- ✓ Make a referral for Medicaid PA services
- ✓ Describe what types of services are covered through Medicaid PA
- ✓ Locate providers for Medicaid PA services



CM Role in the PA Process

- During monitoring process, CM & IDT should assess need for specialized equipment, supplies, or services
- Role of CM: determine how to assist to acquire those
 - Medicaid PA is one option for funding services
 - If PA option chosen, CM will assist family as needed to obtain
 - Many families and Providers handle this w/o CM
 - For others, CM could be more involved; refer families to providers
 - Family can choose a provider for services or supplies needed
 - Provider will submit paperwork to Medicaid

Funding for Services

Priority of funding for services:

1. Third party/private insurance (family medical insurance)
2. Advocacy Groups / Community Resources
3. Medicare
4. Medicaid Prior Authorization (PA)
5. Medicaid Waiver (considered “funding of last resort”)



Examples of Items covered by Medicaid

PA

- Medicaid PA is a type of funding source for many different supplies and services.
Examples:

- Incontinence Supplies
- Diabetic Supplies
- Wheelchairs (Mobility aids)
- Hospital beds
- Bath lifts
- Shower Chairs
- Hearing Aids
- Communication Devices
- Occupational, speech, and physical therapy
- Home Health aide and Skilled Nursing Services
- Quarterly Respite Nursing Home Stay



Bath Lift

Locating Medicaid Providers

- To locate Medicaid providers (options):

1. www.indianamedicaid.com

- Click on Members, then Find a Provider, then Provider Search. Follow prompts to locate providers in specific area of state

2. Use waiver pick list in INsite

- Reports
- Who provides what
- Select the appropriate service
- Select waiver for funding (**Note: this is not a complete Medicaid list. Only waiver providers are listed, but many also work with Medicaid PA**)



How to Request PA for Adaptive Equipment

- Contact a provider to make a referral
- Provider will need to obtain consumer's demographic information including:
 - Date of Birth
 - Medicaid number
 - Physician's information
 - Often, height & weight

Wheelchairs

- Needs assessment for the following:
 - What wheelchair will meet consumer's needs
 - Appropriate fitting for wheelchair
 - What accessories required
- Who can do assessment for wheelchair:
 - Some Durable Medical Equipment (DME) companies have staff who can do
 - OT or PT can do (funded through Medicaid PA)
- Qualifications
 - Every 5 years or more often if outgrow chair or physical needs change
 - Only one wheelchair per consumer through PA at any given time
 - If consumer has power chair & needs manual for back-up – refer for waiver funding to RFA Specialist



How to request a PA for a Communication Device

- Who can do assessment for Communication Device:
 - Augmentative Therapist (preferred method)
 - Speech Therapist
 - School speech therapist
- Once assessment completed, contact a provider to request the item
- Please note that Medicaid PA often pays set amount for communication devices; if device is new, it might cost more and not fit within covered cost allotment
- Items denied by PA can be submitted through waiver



PA for Dental Work or Hearing Aids

- Locate a provider for these services
 - Provider should request approval through Medicaid



- These items are not covered through waiver
Refer to www.indianamedicaid.com to locate a provider.





Providers of Incontinence Products (Contact them directly for referrals)

- **Healthcare Products Delivery, Inc. (HPD, Inc)**
1300-H East US Hwy 136 Pittsboro, IN 46167
Toll free: 1-800-291-8011
Fax: 1-800-894-2887
TTY/TDD: 1-800-291-8011
Web site: www.hpding.net
- **Binson's Home Health Care Centers**
26834 Lawrence Center Line, MI 48015
Toll-free: 1-888-217-9610
Fax: 1-866-253-2976
TTY/TDD: 1-800-566-8289
Web site: www.binsons.com
- **J&B Medical**
50496 West Pontiac Trail Wixom, MI 48393
Toll free: 1-866-674-5850
Fax: 1-800-737-0012
TTY/TDD: 1-866-520-9624
Web site: www.jandbmedical.com

Equipment not requiring a PA

Not all equipment requires a PA. Some can be obtained with just a prescription:

- Raised toilet seat
- Bedside Commode
- Standard shower chair
- Hoyer/patient lift
- Cane
- Walkers
- Grab Bars (not including installation)
- Positioning pillows
- Wheelchair trays
- Seat Belts
- Safety Frame



Raised Toilet Seat



Supplemental Drinks

- **May be covered if any of following criteria is met:**
 - Consumer is significantly underweight
 - Consumer has a swallowing deficiency
- **Items to gather to expedite this request:**
 - History & physical from physician or any medical records documenting reason for need
 - Script from physician that lists quantity per day and supporting diagnosis
 - Height & weight – documented from physician
 - If available, include any speech therapy notes that support potential swallowing deficiencies
- **Make referral to provider for request** (locate a provider via www.indianamedicaid.com)



Items not covered by Medicaid

PA



- Elevators
- Ceiling Track Lifts
- Stair lifts (Can be covered under some waivers)
- Vehicle modifications (Can be covered under waiver)
- Exercise equipment
- Self-help devices (Can be covered under waiver)
- Room air conditioners (Can be covered under some waivers)

Maintenance and Repairs or Replacement

- Provider Responsibility
- Advocacy groups
- Contact IPMG RFA Specialist if questions or issues



Resources

- Medicaid and waiver are funding of last resort
- Work with families to get donations for items thru such places as: Rotary Club, Lions Club, churches, national organizations like Cerebral Palsy, MD Foundation, Autism Society, etc.
- Can also sometimes get assistive devices thru school and Vocational Rehab Services...depends on situation
- Flaghouse: *Special Populations* magazine has assistive devices in it. 800-793-7900
- Helping Challenged Children (18 and under) – Grant funds for items not covered through PA or waiver (for families with financial limitations)
http://www.geocities.com/hcci_indy/



Resources

- Incontinence products listed per FSSA bulletin:
 - <http://www.indianamedicaid.com/ihcp/Bulletins/BT200822.pdf>



Performance Supports

- **Medicaid PA – covered and non-covered services:**
 - Description of services covered, in IPMG document library: Document toolbox - Public Documents - All Public Documents – Other:
 - **“RFA Policy - Medicaid Supplies and Equipment”**
 - Refer to “RFA” webinar
 - Contact RFA Specialist (Ruth Roberts)



Working With Home Health

FOR CASE MANAGERS WHOSE CLIENTS NEED MEDICAID "PA"

NOVEMBER 21, 2014

ETELKA FROYMOVICH, RN

TODD STALLINGS



Home Services Unlimited

Primary service area: Marion and adjacent counties.

Provide skilled home health for Medicare, Medicaid, private insurance, HIP, ACA Exchange plans.
RN / LPN / HHA / PT / OT / SLP

Home Care Elite – designation past 5 years; 6 of past 7.

317-471-0760

Referral Line: OPTION 1

What activities can the PA services provide?

Prior-Authorized (PA) Home health services may consist of the following:

- Skilled nursing services provided by an RN or LPN
- Home health aide services
- Physical Therapy
- Occupational Therapy
- Speech Therapy

There are other services provided by different provider types: Respiratory, Renal dialysis, and Home tocolytic infusion therapy.

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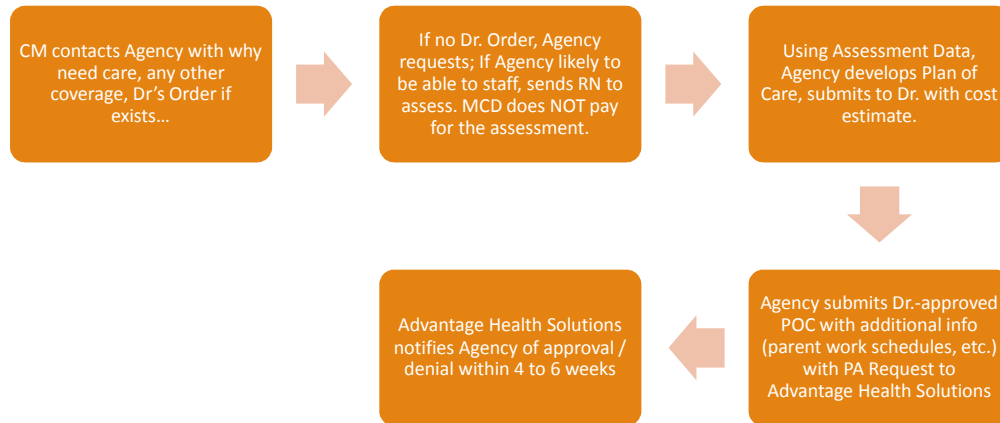
What activities are not allowed?

The following services are non-covered home health services, except as specified under the applicable IHCP Waiver Service programs:

- Transportation to and from grocery stores, drug stores, banks, etc.
- Homemaker services, including shopping, laundry, cleaning, meal preparation, etc.
- Companion or sitter services, including escort services, activity planning, etc.
- Chores, including picking up prescriptions, household supplies and/or groceries, etc.
- Respite care

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What is the process of obtaining PA services from the referral to the implementation of services?



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Obtaining a PA...

AFTER HOSPITALIZATION: New patient as a result of valid inpatient hospitalization (Code 50): HHA Submits PA within the 30 day grace period based on the discharge order and subsequent nursing assessment to determine the services, frequency and scope, etc. Providers should immediately submit the PA request since hours usually are exhausted quickly.

FROM NURSING FACILITY: Home Health will work with nursing home to establish discharge date. Home health submits PA request and specify "services will start upon prior authorization".

CHANGING HOME HEALTH AGENCIES: Once the recipient selects a new provider, that provider needs to work out with the other agency the discharge date and new date of admission. Submit a PA update form to Advantage Health Solutions to reflect vendor change to existing PA. Attach physician order. **CASE MANAGERS: PLEASE OBTAIN THE EXISTING PA NUMBER. The AGENCY CANNOT SEARCH BY NAME.**

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Where can an accurate list of Medicaid PA providers be found?

The Indiana State Department of Health provides a Statewide Directory of Home Health Agencies. The list specifies if the agencies are Medicaid licensed. It is as accurate as the information that providers report. Here is a link:

<http://www.in.gov/isdh/reports/QAMIS/hhadir/wdirhha.htm>

The Indiana Medicaid website has a find-a-provider section but it is not updated regularly.

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What are the eligibility requirements?

“Home health services are available to IHCP members **who are medically confined to home** when **services are ordered by the member’s physician** and performed in accordance with a **written POC**. IHCP members who, because of illness or injury, are **unable to leave home without the assistance of another person or of an assistive device, such as a wheelchair or walker, or for whom leaving the home is contrary to medical advice**, are considered to be medically confined to home. Home health services may be utilized for **care and treatment of acute or chronic conditions, rehabilitation, education regarding care, coordination of community services, or to avoid prolonged or repeated hospitalizations and/or higher and more costly levels of care.**”

- Home Health Section of the OMPP Medical Policy Manual

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Indicators for Home Health Services :

One of the following indicators from each category must be present for a member to be eligible for home health services: Category I: Member

The member is at risk of respiratory failure, severe deterioration, or hospitalization without constant monitoring.

The member requires total care – monitoring 24 hours per day.

The member desires to stay in the home, rather than in a LTC facility.

The medical condition of the member has deteriorated, creating the need for more intense short-term care (physician's statement required).

The member does not have a primary caregiver or access to other care.

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Indicators for Home Health Services :

Category II: Caregiver

Primary caregiver is employed and absent from the home, or is unable to provide the necessary care.

Primary caregiver has additional child care responsibilities, disallowing the time needed to care for the member (three or more children under six years of age, or four or more children under the age of 10).

Primary caregiver also has additional children with special needs to care for (one or more children with special healthcare needs requiring extensive medical and physical care).

Major illness or injury of caregivers, with expectation of recovery (physician's statement required)

Temporary but significant change in the availability of caregiver – for example, military service (commanding officer, other military representative, or employer's statement required).

Significant permanent change in caregiver's status – for example, death or divorce with loss of one caregiver (physician's statement required).

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Can the PA providers give denial letters to the waiver teams?

Since the Waiver Case Manager is coordinating the care, there should be no problem in sharing the denial letter itself. It is stated in the DA waiver provider manual that waiver services may be accessed after a denial notice for medical necessity. A procedural denial does not count.*

* See Slide # 5: Medicaid does NOT reimburse providers for the assessment.

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How are PA hours determined for an individual since they can vary greatly from person to person?

It depends on "Medical necessity." It is really a different approach than many services you may be used to. It is a "medical model" as opposed to a "social model." The documentation presented must support that it is medically necessary for the patient to receive these services.

Per Medicaid:

Medical necessity-The evaluation of health care services to determine if they are medically appropriate and necessary to meet basic health needs; consistent with the diagnosis or condition and rendered in a cost-effective manner; and consistent with national medical practice guidelines regarding type, frequency, and duration of treatment.

The handout provides some scenarios based on number of hours being requested...

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Can PA aides able to pass medications or transport individuals?

No.

Home Health Agencies are licensed by State Department of Health which does not allow Aides to pass meds. These providers are more constrained than other provider types that are regulated by the FSSA. Transportation is expressly listed as a non-allowable service.

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Average length of time between PA referral and implementation of services, if the PA is approved?

Referral to Approval: 6 to 8 weeks

PA Request to Approval: (4 to 6 weeks – included in above)

Approval to Start-of-Care: depends on staff availability.

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Insider Tips:

- Whose PA is it anyway? Although the home health agency applies for the PA, it is issued on behalf of the patient/client, not the provider. So it is the client's PA, not the provider's, and they are free to switch agencies and take it with them at some point in the future.
- Therapy services are harder to secure than nursing services. This is a function of supply/demand for therapists and relatively low reimbursement from Medicaid, given the restraints placed on providers. Many agencies do not accept PA cases requiring PT, OT, ST.

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Contact

HOME SERVICES UNLIMITED

317-471-0760
317-471-0744 (fax)

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