



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***

MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

**July 22, 2010**

**Medicaid Home Health Prior Authorization Work Group  
FSSA Response to IAHC's Process Focused Questions**

**I. Introductions**

Michelle asked that attendees go around the room and introduce themselves. Individuals present at the meeting were as follows:

- Lyn Estel, Advantage Home Health Care
- Jean Macdonald, Indiana Association for Home and Hospice Care (IAHC)
- Rebecca Kasper, IAHC
- Nannette Dicky, Loving Care Agency
- Michelle Garcia, Anchor Home Health
- Angelique Burks-VNS Indianapolis
- Karen Blackwood, VNS Indianapolis
- Susy Hall, Need A Nurse Inc./Family Home Medical Services
- Jeremy Brown, OMPP Benefits and Coverage
- Erin Wertz, OMPP Care Select
- Aliya Amin, OMPP Managed Care
- Michelle Stein-Ordonez, FSSA Division of Aging

**II. Purpose of Group**

Jean and Michelle noted that the meeting was to discuss the prior authorization (PA) process. The meeting does not address administrative reviews or appeals as this is handled by a different division within FSSA nor does it address other issues covered at the IAHC reimbursement meetings.



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***

MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

Michelle noted that if an issue addresses a clarification of existing policy that a PA number is not required, but if a concern is raised that is tied to a case specific PA that the PA number is helpful prior to the meeting to permit State staff to research the concern.

OMPP expects documents with PA numbers to be faxed to the attention of Michelle Stein-Ordonez at fax number (317)233-2182. The fax is shared by 30 individuals so a telephone call to Michelle to confirm a fax was sent is appreciated. Michelle may be reached at (317)233-1956 or by e-mail at [michelle.stein-ordonez@fssa.in.gov](mailto:michelle.stein-ordonez@fssa.in.gov). PHI should not be included in unsecure e-mail.

### **III. Pediatric Issues**

#### **1. Item 3 on the Agenda: Pediatric Issues**

- a. Care Select and Fee-for-Service authorizes six (6) months vs. MCOs authorize two (2) months

**FSSA Action Item:** Aliya will obtain each MCO's guidelines for IAHC members.

- b. How to handle changes that require minimal increased hours—such as emergencies and trips to the doctor

**FSSA Response:**

**This response is for Care Select and Fee For Service:**

Emergencies that occur on a Friday night or outside of standard business day are provided with a 24 hour grace period and the home health agency must submit a PA request first thing in the morning the following business day. Trips to the physician are also provided a 24 hour grace period if they occurred as a result of an emergency. Otherwise a PA update is required prior to the date of the scheduled appointment.

**FSSA Action Item:** Aliya will obtain clarification from each MCO on how



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***  
MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

an emergency on a Friday night or trips to the physicians are processed.

### **Process Issues for Advantage**

2. **Item 4a:** Contractor batch letters or denials do not have explanations or other supporting document

**FSSA Response:** FSSA Division of Aging and OMPP staff have recently reviewed PA notices for home health and OMPP will work with the Care Management Organizations on guidelines. If there is ever a concern about the clarity of the PA notice, the provider may contact the PA supervisor for resolution.

**IAHHC Action Item:** Erin Wertz requested that IAHHC provide copies of PA notices that reflect these concerns for the State's review and coordination with the PA vendor.

3. **Item 4b:** Process Issues for Advantage, Credentials needed to review the PA request-clerical vs. medical?

**FSSA Response:** Erin Wertz indicated that Advantage provided the job classifications for customer service representatives, RN reviewers and Physician staff. All prior authorization requests, including home health, that have a procedural or medical necessity modification or denial go to a physician for final approval.

4. **Item 4c and d:** Verify proper coding for skilled nursing services using modifiers for 99600 (aide) or 99600TD (skilled nursing). Clarify field representative advice to use TD for all services.

**FSSA Response:** The IHCP Provider Manual, Chapter 6, page 6-15 specifies the following:

#### ***Home Health Nursing Services***

PAs submitted to request nursing services must reflect the appropriate home visit nursing code. PAs for nursing requests do not need to indicate whether a registered nurse (RN) or a licensed practical nurse (LPN) is to perform the service, because that level of detail is reported on the *UB-04* paper claim the electronic 837 institutional transaction.



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***

MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

The IHCP issues PA for home health nursing based on procedure code *99600 TD – Unlisted home visit, service, or procedure – registered nurse.*

Home health providers can bill either *99600 TE – Unlisted home visit or service – LPN/LVN*, or *99600 TD – Unlisted home visit, service, or procedure – registered nurse*, and IndianaAIM uses the approved PA units for the RN service *99600 TD*.

Based on this information providers should not use TD for all services as the home health aide modifier is 99600 (aide). Michelle asked where this information was provided and participants indicated that it came up during one of the HP home health and hospice seminars this year.

**FSSA Action Item:** Michelle will coordinate with appropriate staff at OMPP to share this information with Tina King of HP to ensure that she is aware and can address with her staff.

5. **Item 4e:** Faxed paperwork lost in Advantage's PA process/support document goes astray  
**FSSA Response:** Erin Wertz indicated that Advantage has worked with providers on a case by case basis to resolve this concern. Lyn Estel indicated that there has been improvement in the past few months. Erin noted that OMPP had worked with Advantage to identify improvements so it is good to hear that those changes have had a positive impact.
6. **Item 4f:** Hard to reach Medicaid caseworkers  
**FSSA Response:** Participants indicated that this issue is referring to Division of Family Resources (DFR) workers. Michelle indicated that she has sought input from DFR on several issues that home health providers have addressed with her. Handouts are included as attachments to these minutes that provide the e-mail addresses for the FSSA DFR Region e-mail addresses, a handout that provides Registered Agency and Agency Portal Instructions, and a copy of the authorized representative form.
7. **Item 4g:** For patients who are "daily"—is the PA based on days in a week or number of visits?  
**FSSA Response:** The prior authorization decision should reflect the number of units approved based on your request, related documentation and are authorized for a 26 month period.



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***

MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

8. **Item 4h:** Providers are not allowed to speak to an analyst without providing all information to the call screener. Then they have to provide all the information to the analyst again.

**FSSA Response:** This process seems to be MDWise. Participants could not confirm if this was related to MDWise or Advantage.

**IAHHC Action Item:** Please provide an example regarding the above issue.

9. **Item 4i:** Suspended PA's citing "need more information" when that information had been provided with the original request.

**IAHHC Action Item:** Can a PA # and the copy of the PA notice be provided for our research?

10. PA staff relations

This statement encompasses issues addressed in preceding issues noted above.

11. **Item 5ai:** This item was moved from Managed Care Issues to Advantage issues. Allowing adequate time for responses to requests for additional information

Example: Requesting care giver status in one suspension, then asking for a work letter as a 'continuance' instead of a new suspension which would allow a full thirty days.

**FSSA Response:** The PA # was provided with an explanation that service dates were modified as untimely due to continuance of suspension rather than new suspension. OMPP Managed Care Unit researched this issue and notes that the member has been fee-for-service and has no relationship to the MCOs.

11. **Item 5f:** This item was moved from Managed Care Issues to Advantage issues. Need for Standardization of decision time-frames.

**FSSA Response:** Provider noted the following:

Based in the researched PA, it was determined that the individual changed in and out of traditional Medicaid and MCOs 4 times in 4 a month time frame. Because of the



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***  
MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

lack of standardization of PA process we were paid for 4 weeks of care in a 4 month time frame. We were checking eligibility monthly at that time.

OMPP Managed Care staff researched this PA and indicated that the member termed with MHS before the PA went in and came back to MHS about 60 days afterwards so this may be an issue with Advantage Health Solutions.

### **Managed Care Organizations**

12. **Item 5b:** How to handle clients switching MCO in the middle of a PA and having to send system update to old MCO when suspension letter lists new MCO. This causes delays in getting PAs approved because neither MCO claims responsibility for the PA/patient.

**FSSA Response:** Aliya will address this concern. Here is the policy in Chapter 6 of the IHCP Provider Manual regarding rejected PA requests.

#### ***Rejected PA Requests***

PA requests that are submitted via paper or by fax to the incorrect PA vendor for Traditional Medicaid or *Care Select* are rejected. Providers receive a PA decision letter documenting the rejected status of the PA, noting that the PA was submitted to the wrong PA vendor based on the assignment of the member to a specific IHCP program. When providers receive notification that the submitted PA request has been rejected, a new PA or a PA update request must be submitted to the member's correct CMO or FFS organization. It is important to note that providers must verify member eligibility to determine which IHCP program the member is associated with and, therefore, determine the correct PA address for submission of the PA request.

For PA requests that are submitted via Web InterChange, the system determines which CMO or FFS vendor needs to receive the information and forwards the request to the correct vendor.

**IAHHC Action Item:** Provide a PA # assigned by the MCO for Aliya to research.

13. **Item 5c:** Determine how long a work letter is considered current, i.e. MCO's requesting work letter and then rejecting them if they are over one (1) month old.

**FSSA Response and Action Item:** Aliya will obtain clarification from the MCOs.



"People  
helping people  
help  
themselves"

Mitchell E. Daniels, Jr., Governor  
State of Indiana

**Division of Aging**  
MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

14. **Item 5di:** All MCOS' should accept PA's from Advantage. Multiple reports of Anthem refusing to accept PA from Advantage, including 30 day post hospitalization.

**FSSA Response:** IHCP Provider Manual, Chapter 6, page 6-61 notes:

### **Home Health/Nursing/Therapy Prior Authorization Policy Requirements – Hoosier Healthwise Considerations**

If a member changes programs between Traditional Medicaid (FFS) or *Care Select*, PAs that are approved by either of the two *Care Select* vendors or the FFS vendor will be available in IndianaAIM for claims processing by HP and will not necessitate a new request.

If a member changes programs from Hoosier Healthwise to Traditional Medicaid (FFS) or *Care Select*, all existing PAs are honored for 30 days.

Anthem should honor those. If there is a concern, then it can be directed to the vendor.

**IAHHC Action Item:** IAHHC will provide examples for Aliya

15. **Item 5e:** Web eligibility: When patients switch MCO's, new MCO retroactively dates its record to Medicaid approval, then rejects previously approved PA (see item 5d above)

**FSSA Response:** Aliya would like an example to address this.

16. Michelle Garcia from Anchor noted that there is a point of entry issue that parents of children with disabilities are not aware to apply for Medicaid disability so their child are determined eligible for the MAD aid category. As a result, children are inappropriately placed in managed care.

**FSSA Action Item:** Erin Wertz noted that this is a DFR eligibility issue that OMPP will inform DFR.

**FSSA Action Item:** Michelle indicated that she would check with Stephanie Baume of OMPP if she can provide this presentation as an attachment with the meeting minutes as it specifies each managed care plans guidelines and addresses the Medicaid disability application process.



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***  
MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

## **Medicaid Prior Authorization and Billing Problem**

17. **Item 6:** Does a provider need a PA to bill Medicaid for anything not covered by a commercial primary payer?

**FSSA Response:** If the service, such as home health, requires prior authorization of medical necessity for the provider to bill then "yes" the providers must submit a PA request for that member.

**Item 6a.** Time-frame for appeal decisions?

**FSSA Response:** IHCP Provider Manual, Chapter 6, Section 7 specifies the time-frames for provider's requests of administrative review from the respective health plans and then subsequent appeal through FSSA Hearings and appeals. Recipients may appeal directly to Hearings and Appeals.

It is our understanding that FSSA Hearings and Appeals has hired 14 additional staff persons and that the appeals of eligibility decisions by Division of Family Resources have diminished so there should be quicker turnaround.

Specific inquiries or concerns must be directed to Hearings and Appeals at (317)234-3488. If you are appealing as a provider, they can answer the question directly. If you are calling on the member's behalf for a recipient appeal, you are required to have a release from the member indicating that you can speak on their behalf.

**Item 6b.** What a provider should do when the time-frames are not met.

**FSSA Response:** Concerns regarding FSSA Hearings and Appeals should be directed to (317)234-3488 to Hearings and Appeals staff.

**Item 6c:** When provider assumes care during an active PA, they are not able to check online eligibility to see comments of reviews in order to clear "suspended" status. Also cannot check the time-frame for providing information to the PA unit.



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***

MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083  
Toll Free: 1-888-673-0002  
FAX: 317-232-7867  
FAX: 317-233-2182

**FSSA Response:** The web permits the rendering provider to check the status of a PA. The home health agency can either obtain the PA# from the member or from the agency which has the originating PA and submit a PA update form noting that they are the new provider of services. Once this is updated in IndianaAIM, the provider may check the status. If this is a time-limited request, then the provider should request to speak to the Prior Authorization supervisor at each plan and provide 3 identifying pieces of information per HIPAA. The PA Supervisor can then provide the PA#.

**E-MAIL IN-BOXES FOR FSSA CARE SELECT AND MANAGED CARE**

Michelle indicated that she would provide the e-mail boxes for FSSA Care Select and Managed Care.

**CARE SELECT E-MAIL BOX AND CARE SELECT PA VENDORS**

The e-mail is [careselect@fssa.in.gov](mailto:careselect@fssa.in.gov)

You may submit policy questions regarding prior authorization to this e-mail. The following vendors are covered under Care Select:

- Advantage Health Solutions, Care Select
- Advantage Health Solutions, Fee for Service
- MDWise Care Select

Case specific PA questions must be directed to the vendor.



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr., Governor  
State of Indiana

***Division of Aging***

MS 21, 402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083

Toll Free: 1-888-673-0002

FAX: 317-232-7867

FAX: 317-233-2182

## **MANAGED CARE E-MAIL BOX AND MANAGED CARE PA VENDORS**

The managed care e-mail box is [managedcare@fssa.in.gov](mailto:managedcare@fssa.in.gov)

You may submit policy questions regarding prior authorization to this e-mail.

The PA vendors for Medicaid Managed Care are:

Anthem

MDWise MCO

Managed Health Services (MHS)

Case specific prior authorizations must be directed to the vendor.

Providers may find the contact information for each vendor in the IHCP Quick Reference List which is listed monthly in the IHCP newsletter. The IHCP newsletter may be viewed at [www.indianamedicaid.com](http://www.indianamedicaid.com).