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JAMES W. HOLSINGER, JR., M.D.
SECRETARY

February 17, 2005

Home Health Provider Letter #A-99

Dear Home Health Provider:

Based on information recently received from the provider community and the Kentucky Home Health Association, effective immediately, home health (provider type 34) prior authorization (PA) requests that require submission after National Health Services (NHS) weekday business hours, on weekends, holidays or whenever NHS is closed for reasons such as inclement weather; **providers will be permitted to submit a PA request on the next business day.** Home Health Provider Letter # A-99 replaces and supercedes the first two paragraphs outlined in Home Health Provider Letter #A-98. The additional clarifications of Home Health Provider Letter # A-98 remain in effect.

When a provider contacts NHS they are to maintain a detailed report of the method of contact (phone, fax, voicemail), date, time and if speaking directly to a person, that person's name. The purpose of this is to provide Medicaid with documentation and substantiated proof that the PA request was appropriately submitted. Medicaid suggests, if a provider cannot speak directly with an NHS representative, to send the PA request via fax and the Home Health Prior Authorization Fax-Form that is located on the DMS web site at <http://chfs.ky.gov/dms/hhs.htm>.

It is imperative that providers check their Daily Activity Report (DAR) upon receipt. Any discrepancies to the PA request or a notification by NHS of an incomplete fax form, providers will have two (2) business days to resubmit the PA request with all missing information provided. NHS will honor the requested service plan start date if resubmitted within the two (2) days. For fax forms that are resubmitted after the two (2) business days, the service plan will start on the day the completed fax form is received. **It is the responsibility of the providers to keep up with PA requests.**

Furthermore, PA Letters are to be maintained and filed in the home health recipient's clinical record as a means of providing verification that a service provided received the appropriate prior authorization. DAR's are a means of confirming the status of the PA request with NHS. DAR's cannot be used to substitute for a PA Letter. Additionally, providers are not to bill Medicaid for services provided if no PA was given.

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The Department for Medicaid Services (DMS) expects that providers should receive their DAR no later than 24 hours after the next NHS business day of the submitted PA request. Should a provider not receive their DAR within this timeframe, they are to contact NHS immediately to check on the status of the request. After notifying NHS of the non-receipt, should NHS not contact the provider within two (2) business days then the provider should contact Craig Cooper with DMS by email Craig.Cooper@ky.gov or at (502) 564-5560.

DMS appreciates the continuing cooperation from all home health providers and will continue to work effectively to ensure that appropriate home health services are available to the Medicaid recipients of the Commonwealth.

Should you have questions regarding this provider letter, you may contact Angela G. Kirkland, M.A., Director of the Division of Long Term Care and Community Alternatives. Ms. Kirkland may be reached at (502) 564-7540.

Sincerely,



Shannon R. Turner, J.D.
Commissioner

SRT/AGK/CC/sm

CC: Angela Kirkland
Jim Coleman
Craig Cooper
Ellenore Callan
National Health Services (NHS)