Determining Prior Authorization of Services – Job Aid

MWMA

This Quick Reference Guide describes the process for indicating the prior authorization of services for an Individual's Plan of Care (POC) in the Medicaid Waiver Management Application (MWMA).

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1. Overview of Determining Prior Authorization of Services

Currently, when a user creates and submits a new Person Centered Service Plan, or submits modifications to an existing plan from MWMA (POC) Module, the details must be reviewed. This process allows Prior Authorization (PA) to be issued as is appropriate. The Plan Reviewer receives a task to examine the Plan. As a part of this research, the Plan Reviewer may enter or modify the prior authorization status for each new or modified service as "*Approved*," "*Not Approved*," "*Pended*," or "*Void*."

After November 22, 2019, following completion of Case Supervisor review and/or any review for conflict and/or exceptional supports, if applicable, if a service does not require any further review by the CHFS Internal Reviewer, the service can be systematically approved based on what is requested.

Only specific services will require additional review beyond any needed Case Supervisor or CMA Internal Review.
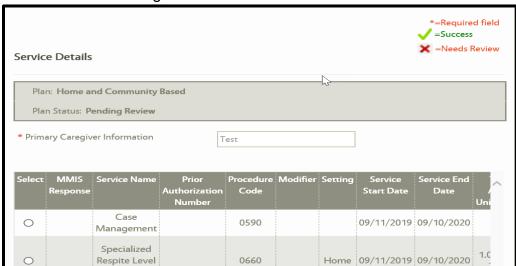
All services requiring CHFS review can be found in *Services Requiring CHFS Review QRG.*

2. Review a Service

After the user accesses the **Service Details** screen, they must view each service request. They select the appropriate status for each service pending review. The user may also make comments on this screen.

1. On the **Service Details** screen click the **radio button** next to the service and click **View/Edit**. Review the information on the **Service Details** screen for the selected service and scroll to the *Prior Authorization* section to select the **radio button** next to the appropriate *Prior Authorization* determination.
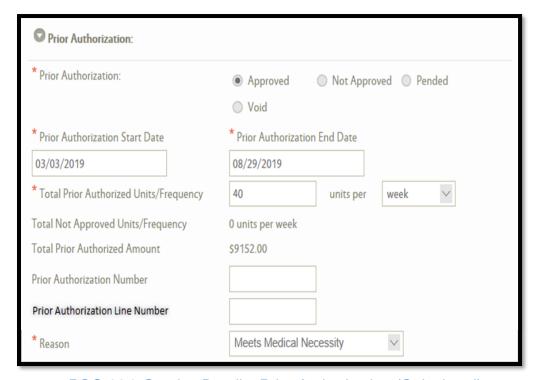
   The following steps will be utilized for marking a service as "Approved", "Not Approved", or "Pended". Refer to Section 3 of this job aid for more information on Voiding services.
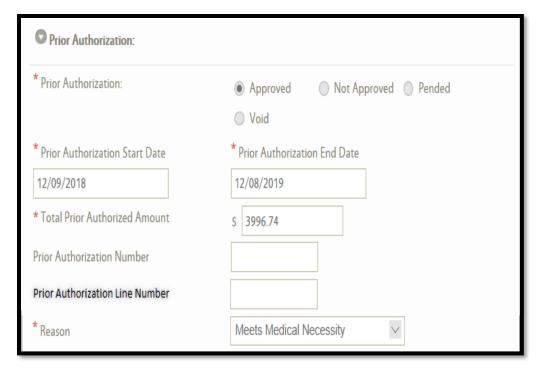

2. Enter the **Prior Authorized Start Date** to designate the service *Prior Authorized Start Date.*

3. Enter the **Prior Authorized End Date** to designate the service *Prior Authorized End Date.* ***Please Note****: The service requested dates may be found on the **Service Details** screen above the Prior Authorization section. Services do not have to be authorized for the same dates requested.*

4. Enter the approved **Total Prior Authorized Units/Frequency**.

   - The *Total Not Approved Units/Frequency* field populates based on the difference between the number of units that are prior authorized and the number of units requested. The user is unable to edit this field.

5. Select the **Reason** from the *Reason* drop-down for the prior authorization decision.

6. Enter detailed, applicable comments.

If there are multiple services to review, click **Save** to save the current Prior Authorization determination and select the next service from the top of the **Prior Authorization** screen to review.

After November 22nd, 2019, the prior authorization section of the service details screen is modified to remove the total authorized units if the service is calculated, and to add a separate field for Prior Authorization Line Number. The following two figures illustrate the difference between this section of the screen, based on whether the service is calculated or manually entered.

POC-004: Service Details: Prior Authorization (Calculated)

POC-OO4: Service Details – Prior Authorization (Manual)

7. After reviewing a service, the *Status* in the table on the **Service Details** screen updates depending on the indicated Prior Authorization determination. Once all services are reviewed, click **Next**.
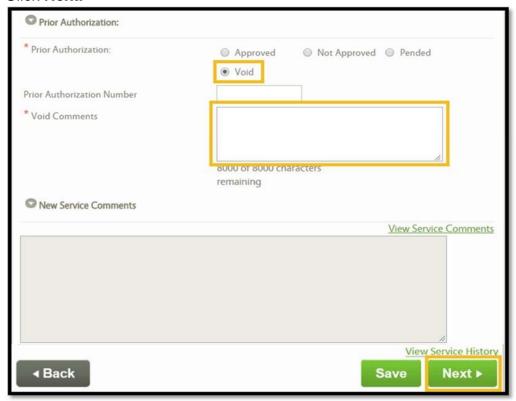
   The Plan Reviewer completes the review and submits the plan.

3.   Void a Service

A Plan Reviewer has the capability to void a service. If a situation arises where a service needs to be voided (e.g., in the scenario where the provider who was originally chosen to provide the service never actually provided the service), the Case Manager should modify the service by entering only detailed comments so the Plan Reviewer fully understands the request. The Case Manager must also send an email to DMS describing what service is to be voided. The email should be sent to 1915cwaiverhelpdesk@ky.gov and should have "Void Request" included in the subject line.

The following steps are utilized to void a service on the Plan in MWMA after a request to void is received:

1. The Plan Reviewer verifies the Plan and service meet all conditions that would allow for the service to be voided.
2. Plan Reviewer navigates to the **Service Details** screen and selects the '**Void**' radio button on the service. Comments are mandatory if service is voided.
3. Click **Next.**

4. Confirm you would like to proceed with the void via the **Confirmation** pop-up message by selecting **Continue**.

5. After voiding the service, the *Status* in the table on the **Service Details** screen updates to indicate the service is voided.
6. The Plan Reviewer continues navigation through POC, completing any other review activities. The Plan Reviewer must continue through remaining Plan screens and '**Submit'** the Plan for all updates to be completed. '*Void'* status only persists following successful submission of the Plan.

Please Note: The following details and conditions apply for voided services

Only Prior Authorized services that are not awaiting CHFS review can be requested to be voided. When voided, the service will still display on-screen to users, but all prior authorized details, such as Prior Authorization Start and End Dates, are cleared and the service is no longer considered when determining service limits, totals, conflict, etc. This allows the Plan Reviewer to remove services in scenarios where the provider never billed for the service and doesn't plan to bill for the service, such as in case of mistaken data entry that will be rectified with the addition of a new service on the Plan.

4. Prior Authorization Decision Outcomes

The following table describes the next steps for the Plan based on the Prior Authorization decision:

Prior Authorization Decision	Next Steps
Approved	The Case Manager receives a system-generated notification once all services have been prior authorized and the Plan status updates to "*Current*."
Not Approved or Pended	If a service is "*Pended*" with a reason of "*Lack of Information (LOI)*", the plan

	status updates to *Revisions Requested by Plan Reviewer*, and the plan is sent back to the Case Manager with a *Revisions Requested by Plan Reviewer* task. If all services are "*Not Approved*" or "*Pended*" with a reason other than "*LOI*", then the plan status is "*Current*".
Void	If no other action is required of the Case Manager following the Plan Review, service displays as "*Void*" on the Plan and Plan Status returns to "*Current*".

Prior Authorization	**Choices in the Reason Drop-Down**
Approved	• Admin Hearing Approved-the denial was overturned after an Administrative hearing was concluded. • Administrative Approval-used for non-clinical review, nothing going to CHFS for review will be an administrative approval. For example for SCL 2 this is used for residential. • Meets Medical Necessity-standard selection, used in clinical review authorizations • Reconsideration Overturned-a request for reconsideration task is received if either a service is not approved or authorized for less than requested. This should be reviewed by someone other than initial reviewer. The 2nd plan reviewer overturns the initial decision. • State Mandate

Not Approved	• Admin Hearing Denied – Agency decision was upheld by the Hearing Branch. • Lack of Information – Requested information was not received in within the appropriate timeframe. • Not Medically Necessary – Individual does not meet medical necessity for the requested service. • Reconsideration Upheld – A request for reconsideration was reviewed by DMS and decision was upheld by a 2nd Reviewer.
Pended	• PDS Budget – no longer applicable • Client Review- Previously used by CWH when DMS reviewed a service/s. No longer applicable • Lack of Information – Additional information is needed in order to make a determination. • MD Review • PA error - MMIS error returned.
Void	Reason Drop-Down is Not Applicable, however a comment is required.

5.   Updates to Correspondences

The following table summarizes the correspondence changes/additions included as a part of this design.

Correspondence Number	Correspondence Name	Summary of Changes
WCM-031	Waiver Request for Information (RFI)	Minor text updates
WCM-200	Prior Authorization Letter	The first letter generated after a new Plan is created is sent to the Individual, the Individual's Case Manager, and all other providers included on the Plan. For any new copies of the letter created following plan or service modification, the letter is sent to the Individual and to the impacted provider. Note: All letters sent to the Individual are also sent to the Individual's Authorized Representative and/or Legal Guardian, if known to the system.
WCM-201	Service Denial – LOI	Copy of the letter sent to the Case Manager and impacted provider (if different). Copy of the letter sent to the Individual is manually printed locally and sent to the Individual via certified mail.
WCM-202	Service Denial – Doesn't Meet Medical Necessity	Copy of the letter sent to the Case Manager and impacted provider (if different).

		Copy of the letter sent to the Individual is manually printed locally and sent to the Individual via certified mail.
WCM-203	Service Denial – Reconsideration Upheld	Copy of the letter sent to the Case Manager and impacted provider (if different). Copy of the letter sent to the Individual is manually printed locally and sent to the Individual via certified mail.
WCM-204	Reconsideration Overturned	The letter is sent to the Individual, the Individual's Case Manager, and the impacted provider, if different from the case manager. Note: All letters sent to the Individual are also sent to the Individual's Authorized Representative and/or Legal Guardian, if known to the system.