Government Business Division
Policies and Procedures

Section (Primary Department) **Health Care Management**	**SUBJECT (Document Title)** **Prior Authorization Liaison (PAL) Policy- LA**

Effective Date	**Date of Last Review**	**Date of Last Revision**	**Dept. Approval Date**
February 1, 2015	~~October 28, 2019~~February 18, 2020	~~January 30, 2017~~February 18, 2020	~~November 4, 2019~~February 18, 2020

Department Approval/Signature:

~~Policy applies to health plans operating~~ **in the following State(s). Applicable products noted below.**

Products	☐ Arkansas	☐ Indiana	☐ Nevada	☐ Tennessee
☒ **Medicaid**	☐ California	☐ Iowa	☐ New Jersey	☐ Texas
☐ **Medicare/SNP**	☐ Colorado	☐ Kentucky	☐ New York – Empire	☐ Virginia
☐ **MMP/Duals**	☐ District of Columbia	☒ Louisiana	☐ New York (WNY)	☐ Washington
	☐ Florida	☐ Maryland	☐ North Carolina	☐ Wisconsin
	☐ Georgia	☐ Minnesota	☐ South Carolina	☐ West Virginia

PURPOSE:

To identify the responsibilities of the Prior Authorization Liaison (PAL) per the Chisholm Class Stipulation Order. The Plan's prior authorization unit shall eliminate unnecessary bureaucratic barriers to obtaining prior authorizations.

The Prior Authorization Liaison (PAL) will be responsible for the coordination of information between the prior authorization unit and the member (their representative), or provider for all physical, basic and specialized behavioral health service requests in conformity with 42 CFR §438.210, 42 CFR §441 Subpart D, and state laws and regulations, Medicaid State Plan and waivers. The PAL shall contact the member, provider, and (if applicable) EPSDT Support Coordinator in order to obtain additional information in the event that a prior authorization request is received by the health plan that does not contain sufficient information to make a medical necessity determination. The PAL shall assist with problems on each request unless; the information is received within 30 days after the plan requested additional information or the member did not keep the appointment needed to get that information.

The PAL shall also be responsible for issuing approval notices to all Chisholm members by reviewing a daily report of prior authorizations done the previous day. The approval notice shall contain the requisite information for the member and/or provider to request another prior authorization before the expiration of the current authorization period. The PAL shall also work with the letter team on issuing all denial and partial denial notices following the denial process.

DEFINITIONS:

Prior authorization decisions: should be reached as to whether item(s) are medically necessary unless item(s)/services is beyond the scope of Medicaid, or the member is told there is not enough information to determine medical necessity (after the PAL procedures are followed).

Prior Authorization Liaison: The health plan shall have someone to assist the member with the prior authorization process for all prior authorized services. The liaison shall communicate with EPSDT support coordinators, providers and members on prior authorization requests. For all

requests from a provider that do not include the requested information or if the request has a technical defect the liaison shall contact the member, provider, and EPSDT support coordinator to inform them of the information needed.

Prior Authorization Unit (PAU): The health plan shall have a team which consists of the PAL and additional staff as needed who are dedicated to managing authorization requests received on Chisholm members and processing notification letters.

PROCEDURE:

1. Authorizations:
    a. If a prior authorization request is received by the health plan on behalf of a Chisholm class member and the request is approved, the Plan shall provide written notification within 10 days of receipt of the request.
    b. A request is sent to the PAL i~~f~~f it is determined:
        - The request contains a technical defect, or
        - The request contains insufficient information to make a medical necessity determination.
    c. The Outpatient UM nurse shall notify the PAL that a request has been received which does not contain all of the necessary information. The UM nurse must notify the PAL of all missing information needed so that a decision can be made based on medical necessity.
    d. On day One the PAL will then begin the process of contacting the member, provider, and (if applicable) the EPSDT support coordinator to obtain the necessary information.
    e. The PAL shall contact by phone the EPSDT support coordinator, provider and member explaining the documentation needed and possible sources of that documentation. If the provider submits a request with a technical defect, the PAL shall contact the provider and request the provider send the correct information via fax or other electronic means. The PAL shall continue to make contacts daily until the information is received or the 10th day is reached.
    f. If 10 days passes ~~after the PAL phones~~from the date the request is sent to the PAL and the information is not obtained~~ for the information~~, the PAL shall provide written notice to the EPSDT support coordinator, provider, and member that:
        i. Describes missing information, how to obtain it, the suggested type of provider(s) it can be obtained from (identified with enough specificity to enable to the member to obtain a referral to a provider of that type), and an explanation of how it can be submitted, and how to contact the PAL with questions.
        ii. States that, "We will deny your prior authorization request unless: You notify the PAL in writing within 30 days of the date on this notice, about an appointment you made with a health care provider of the type we specified,

and you attend the appointment, OR we have received all needed documentation within 30 days. You should complete and return the enclosed form to notify the PAL about any appointment you make regarding this. If you need help scheduling an appointment with a health care professional or transportation to the appointment, you can contact your EPSDT support coordinator or contact the Plan at (Plan's 1-800 number)."

iii. Includes a form to return to the PAL with date of appointment and the name of the provider.

iv. The notice shall explain how any provider can contact the PAL at any time to find out what information is needed. The notices shall be clear and understandable.

g. If the PAL receives notice that the member has made an appointment with a provider within 30 days of the notice, yet the documentation has not been received, the PAL shall follow up within 5 days of the appointment, then as necessary to obtain the needed information, unless the member fails to keep the appointment.

h. If the information is not received nor notice that the member has made an appointment with a provider within 30 days of the issuance of the notice, the request may be denied.

2. The PAL shall assist on each authorization request unless:
   a. The particular service requested is a type of service Medicaid never covers under any circumstances; or
   b. The prior authorization unit failed to receive notice within 30 days after the PAL Request for Information letter was issued that the member scheduled an appointment; or
   c. The reported appointment was not kept.

~~2. The plan must provide a mechanism that allows a member to submit their own request.~~

~~f. IF If a provider refuses to submit a request for prior authorization~~

~~g. The plan shall send a notice to the member and his/her support coordinator to inform the member of a mechanism that can be used to access another provider if so desired and the notice shall state that if two prior authorization providers have refused to submit the full request, or if there is no provider from whom to request the service, the member can request a review by the Plan of their possible eligibility for the services not submitted.~~

~~h. If the member could not, without more information, meet the criteria to receive the service, the Plan shall issue a notice denying prior authorization with the right to request a fair hearing regarding the denial. In all other instances, the determination shall be that with further information prior authorization might be granted. If this is the determination, then the Plan shall find a provider to submit the request or take other steps to obtain a prior authorized decision as to whether the member qualifies for the service.~~

Commented [RH1]: This is more of a gnereal Chisholm UM guidline than a PAL guideline.

i. For all requests which are submitted for a service by a provider that does not provide the service, the Plan shall contact the EPSDT case manager, if applicable, or member and inform him or her how to obtain a provider of the services requested.

2. EHH Specific Provisions

Commented [RH2]: Not a PAL Guidline but A UM / Chisholm Notice Guidline

l. If services are prescribed by a member's treating physician, and requested hours of extended home nursing services are denied or reduced because personal care services (or another service) would be effective and less costly, the PAL will include in the notice of denial, partial denial, or partial approval:

. Identify the less costly services;

. Include the number of hours that service will be approved based on the information already submitted;

. Specify the task and functions in the current request that the alternative service cannot perform;

. State the need for an adult caretaker to be on the premises during times of service, if applicable; and

. Inform the member and the provider that the less costly item or service will be approved, provided the member has an available provider to submit the appropriate prior authorization form and prescription for the item.

2. PCS Specific Provisions

Commented [RH3]: Not a PAL Guidline but A UM / Chisholm Notice Guidline

s. EPSDT PCS notices must provide the member and the provider with specific information about each task to include whether or not the service was approved for the task, time approved to complete the task, and when the services is not approved as requested, the reason the service was not approved.

t. At least six (6) months prior to the member's 21st birthday, the Plan must send a report to Medicaid staff with the member name, Medicaid ID, member address and member date of birth. This report needs to be sent monthly in order for Medicaid to notify the member that they can access LT-PCS services once they age out of EPSDT-PCS.

2. Emergency Approvals

Commented [RH4]: Not a PAL Guidline but A UM / Chisholm Notice Guidline

w. The Plan shall apply the following to all prior authorized services:

A request is considered an emergency if a delay in obtaining the item or services would be life- threatening to the recipient. In an emergency, telephone or verbal requests shall be permitted.

The plan must provide and disseminate to providers contact information to use for emergency service requests. Providers of emergency items or services may contact the plan immediately by telephone and provide the following information:

. The recipient's name, age and 13-digit identification number or card control number (CCN).

. The treating physician's name.

. The diagnosis.

~~. The time period needed for the item.~~
~~. A complete description of the item(s) requested.~~
~~. The reason that the request is a medical emergency; and~~
~~. The cost of the item.~~

~~ee.d. A decision should generally be made within 24 hours, but in no case later than the working day following the date the completed request is received. The plan will contact the provider by telephone with a decision. If approved, the item shall be supplied upon the verbal approval. The PAU will follow up with written confirmation of the decision.~~
~~This procedure shall be explained in all provider manuals and training materials~~.

3. Working with LDH internal PAL
   a. The Plans PAL shall interact with the LDH internal PAL to resolve any issues that are forwarded to the LDH PAL. The LDH PAL contacts class member's bi-weekly who are approved to receive Extended Home Health and/or PCS. If a plan member is not receiving services as approved the LDH PAL will contact the Plans PAL to work towards coordinating the receipt of services as approved. The Plan's PAL shall work with the Plan's provider and the recipient to resolve the issues in services delivery. This may include assisting the member in locating a new provider. Once the services are back in place this should be communicated to the LDH internal PAL.

~~4. The Plans PAL shall interact with the LDH internal PAL to resolve any issues that are forwarded to the LDH PAL. The LDH PAL contacts class member's bi-weekly who are approved to receive Extended Home Health and/or PCS. If a plan member is not receiving services as approved the LDH PAL will contact the Plans PAL to work towards coordinating the receipt of services as approved. The Plan's PAL shall work with the Plan's provider and the recipient to resolve the issues in services delivery. This may include assisting the member in locating a new provider. Once the services are back in place this should be communicated to the LDH internal PAL~~

Commented [RH5]: Duplicative delete one

~~5. Working with EPSDT Support Coordinators~~
~~a. Chisholm class members may elect to utilize EPSDT Support Coordination. If a class member has a Support Coordinator the Plan must communicate and work with the Support Coordinator to ensure that services are approved and provided within 60 days from the date the member requested the services through the Support Coordinator. Statistical Resources and Guidance, Inc. (SRI) will give the plans care managers access to the electronic plans of care for Chisholm Members.~~

Commented [RH6]: Not a PAL Guidline but A UM / Chisholm Notice Guidline

~~6. Claims: If a claim on a Chisholm member is being denied, the claims analyst will send the claim to the Quality and Regulatory Oversight (QRO) team for HCM at the plan for review.~~
~~a. If the claim is being denied due to a technical defect or insufficient information on the claim~~

Formatted: Normal, Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"

~~submission, the QRO team will notify the PAU of the need for review and notify the analyst to hold the claim pending investigation.~~

~~b. The PAU will outreach the provider and work to make the required corrections to the claim for resubmission.~~

~~c. The PAU will notify the provider that the original claim will be denied.~~

~~d. Once the corrections have been made, the PAU will notify the QRO team that the claim has been resubmitted.~~

~~e. The QRO team will notify the claims analyst that the original claim can be denied and the new submission should be processed.~~

Commented [RH7]: NOT a PAL reqruiement but good Chisholm Policy.

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25", No widow/orphan control, Tab stops: Not at 3.69"

REFERENCES:

HCMS – Outpatient Utilization Management, Chisholm class members

Chisholm PAL Process FINAL.pdf

Chisholm PAL Process Feb2020.pdf

Commented [RH8]: This is still wrong. IF you can determine something is not medically necessary because you have all the information you can deny without sending it to the PAL. Please map out the Partial approval process and the the Process once it gets to the Pal.

Field Code Changed

RESPONSIBLE DEPARTMENTS:

Primary Department-
Health Care Management

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
10/12/2015	• New
01/11/2016	• Annual review • Update to procedures section to reflect contract language
06/21/2016	• Off cycle edits in response to LDH • Purpose section updated • Definitions placed in alphabetical order
01/30/2017	• For annual review • DHH language updated to LDH
12/18/2017	• For annual review

Section (Primary Department) **Health Care Management**	**SUBJECT (Document Title)** **Prior Authorization Liaison (PAL) Policy- LA**

11/29/2018	• For annual review • No changes
~~10/28/2019~~02/18/2020	• Annual Review ~~– no changes~~ • Edits made within the procedure sections • Updated the Chisholm PAL Process embedded document • Placed on updated template