



Provider FAQs

General Prior Authorization Information for all Providers with extra details regarding PASRR/LOC and Behavioral Health Requests

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In this issue:

» [Frequently Asked Questions \(FAQs\)](#)

Answers for providers regarding Prior Authorization requests

Introduction:

This document contains questions providers asked during the November HP Enterprise Services (HPES) provider training sessions regarding Prior Authorization (PA) requests with some questions regarding Preadmission Screening Resident Review/Level of Care (PASRR/LOC) and Behavioral Health PA requests.

- Prior Authorization (PA)
- Preadmission Screening Resident Review/Level of Care (PASRR/LOC)-specific questions
- Behavioral Health-specific questions

PRIOR AUTHORIZATION

Will PAs requested and rendered under Magellan Medicaid Administration still be in effect?

Yes. Existing PA requests will be in the HPES system.

What phone number should I use for PAs?

Please use this number for assistance: (800) 525-2395.

What is the PA fax number?

The PA fax number is (866) 480-9903.

What are the turnaround times for mailed/faxed reviews?

The turnaround times, which vary by provider type, are the same as with Magellan Medicaid Administration. After the fiscal agent receives the review, the turnaround time may take up to:

- Behavioral Health = 5 days
- Inpatient Hospital = 1 day

Does an actual person answer calls regarding PA requests or do the calls go to voice mail?

Clinical staff is available to answer calls regarding PA requests 8 a.m. to 5 p.m. Pacific Time Monday through Friday. Our Call Center is comprised of experienced staff in Reno, Nevada, and Topeka, Kansas.

Are PA forms available on the Provider Web Portal the same as before?

Yes. The same PA forms are available on the Provider Web Portal, and can now be saved to your desktop.

Is there a standardized form for attachments?

The standardized forms have not changed. As with Magellan Medicaid Administration, simply complete the standardized forms as usual and attach them to the PAs when working online.

What is the character limit for typing free text notes in the portal?

Currently, the character limit in the free text notes field is 100 characters until our development team makes a change to expand the field character length in the near future. Because attachments have no size limits, forms requiring an extensive amount of information can be submitted as attachments. You are able to cut and paste from your electronic clinical data base into an attachment and submit.

If the PA is created online, do we also attach the FA-11?

Creating PAs online precludes the need for FA-11 forms, unless you wish to provide more information. If you are faxing the PA, you may use the FA-11.

Can I save the FA-11A to use as an attachment on our PA requests?

Yes. You will be able to save the FA-11A from the Forms page and use it as an attachment.

Do I need to put the PA number on claims?

Yes. The PA number is still required on claims.

Once I enter a PA request in the Provider Web Portal or fax it, how long does it take for the information to appear in the Provider Web Portal?

If you submit your request via the Provider Web Portal, you will be given the PA number when you are done. If you submit via fax, the time frame depends on the service. If the PA is faxed as an initial stay or continued stay, you should see the PA within a day and the determination within a day or two in the Provider Web Portal.

To fax a PA request, should I download the form and then submit it or can I complete the form online and then print?

You can use either method and may use the same process you are using today.

If my fax does not go through due to technical issues, will it be denied for late filing?

No. Late faxes are not denied for technical issues.

Do I need to call to say that I faxed a PA?

No. We are equipped to handle the volume.

Do providers need to re-enroll in Nevada Medicaid once HPES takes over?

No. Re-enrollment as a Nevada Medicaid/Nevada Check Up provider is not required at this time. Registration is required, though, to use the HPES Provider Web Portal.

What do I need to know about service codes for services such as an acute hospital?

Rev codes and/or ICD-9 fields have an alpha-numeric predictive search, which means the drop-down list for rev codes is based on the input entered. For example, if "012" is entered, the drop-down list returns only those rev codes that start with "012." Please be sure to type the correct codes into the fields.

How do we request Peer-to-Peer Reviews?

Please call (800) 525-2395 to request Peer-to-Peer reviews.

Will there be a Peer-to-Peer or Reconciliation link on PA requests like there was in OPAS?

Not at this time; however, peer-to-peer review requests are available by appointment. Simply contact a Call Center agent and the request will be immediately scheduled for you. Response to automated requests is under development.

Please call this number for assistance: (800) 525-2395.

Reconciliations are faxed using the appropriate form according to the type of reconsideration requested. Reconciliations need to relate to the type of services for which the reconsideration is requested.

What facility type should outpatient physical, occupational and speech therapy use?

Request prior authorization under the "Outpatient Facility" type.

Where do I send the continued stay information after December 5, 2011?

If continued stay information is required, fax the information to (866) 480-9903.

For continued stay in an inpatient setting, I either fax additional information for the reviewing nurse to attach to the original authorization, or do another new inpatient authorization request. Is this correct?

Yes. That is correct until our development team makes a change to allow continued stays in the near future. If you submit a new inpatient authorization request, the PA number will be different from the initial PA.

Please note:

- If more than one PA number is given for the stay, submit separate claims. Only one PA number can be used on one claim.
- Do not overlap dates on the PA and on the claim.

Is there a time limit for submitting a PA request for admission and/or continued stay for an admit through the emergency room or direct admit, not a scheduled admission?

The fiscal agent transition does not affect the process or the time limits; they stay the same.

We are currently not set up to send secondary claims electronically if the primary paid, so who do I contact to set this up?

You must first be set up for electronic billing. For details, please call (877) 638-3472.

Is it true that PA requests cannot be saved, so once we begin creation of a PA request we must submit it during the same sitting?

That is correct. Look for improvements regarding this feature in the future.

If we create a new authorization now, can we go past December 31, 2011, for the expiration date?

Yes, unless there are policy limitations restricting the request. There are no system limitations.

Is there only one administrator per facility?

There is only one administrator per NPI/Tax ID/ZIP.

If you add an attachment, will the attachment be a hotlink so that the provider can view their attachment?

No, it is not a hotlink. Currently, providers cannot view an attachment uploaded on the portal with an authorization; however, the file name and extension (such as .pdf or .jpg) displays for the provider's reference. Providers also see their selected attachment type for additional reference.

If I submit a PA after 5:00 p.m. Pacific Time due to notification from the hospital, will this be considered a late notification?

The web portal is available 24/7. If the hospital referral is after hours, the requesting provider will not be penalized for late notification.

PASRR/LOC

Will providers still be able to fax the FA-18 PASRR Level I Identification Screening Form and the FA-19 Level of Care Assessment Form? And do we use the same fax and telephone numbers?

Yes. Providers may continue to fax these two forms. Fax them to the same number: (800) 846-7971. For assistance, call (800) 648-7593.

How do I access the web-based PASRR solution?

You can register in the Provider Web Portal and click on "PASRR Registration" or print and fax the registration form.

What street address do I use on the PASRR if the person is homeless?

Use either General Delivery with city and zip code, or the facility address.

Will retroactive eligibility appear on "Member Focused Viewing" by clicking "View eligibility information"?

By clicking **View eligibility information** you can view eligibility for the current month only. Search for past eligibility by entering a past date up to six years in the past.

BEHAVIORAL HEALTH

How do I submit a PA request through the Provider Web Portal if I am a behavioral health provider coordinating care for multiple BH providers and submitting a PA request at the same time?

The policy doesn't change. If submitting via fax, there are no changes. If submitting via Provider Web Portal, only one NPI is allowed unless you are the referring provider submitting for the rendering/servicing provider. Multiple PA requests can be submitted for several providers, assuming the NPIs are known and assuming this is a behavioral health provider coordinating care for the others.

Follow the instructions below for a Provider Web Portal submission:

- As a requestor, you will submit one PA request at a time via the Provider Web Portal for each unique servicing NPI to generate a unique PA number.
- To create the second PA request for each unique servicing NPI, you can copy and paste the information from the first line into the second request and change the NPI and any appropriate codes. This will save a significant amount of time. The same process can occur for each servicing provider on the coordinated request.
- You can attach documents to each unique request. The best attachment is the existing FA-11A PA form. You will now have the capability to save your information in each FA PA form.
- Key point: Place a note in the "Portal Notes" field indicating: "Coordinated BH PA request, see PA attached FA-11A form, Total X servicing providers"

What will the time frames be for behavioral health determinations?

As mentioned on page 1, the fiscal agent has up to 5 business days to return determinations, but the average turnaround time is historically 1-2 business days assuming all clinical information is received.

Will the portal allow DSM4 codes? Will the portal tool take a valid access code by: Access 1 thru 5?

Yes to both questions. Behavioral health providers will enter the DSM4 code. Axis levels are entered into the notes section.