



## Provider FAQs

### Prior Authorization and Preadmission Screening and Resident Review

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Effective December 5, 2011, HP Enterprise Services (HPES) will be responsible for processing prior authorization (PA) requests for Nevada Medicaid and Nevada Check Up. This document answers provider questions regarding PA and Preadmission Screening and Resident Review/Level of Care (PASRR/LOC) requests during the fiscal agent transition period.

#### Answers to provider FAQs

#### How do I submit a Prior Authorization request?

##### Phone

HP Enterprise Services (HPES) depends upon our telecommunications systems to make our Prior Authorization (PA) program work effectively. HPES will use the same telephone number for PA inquiries that is currently in use. HPES will use one telephone number for all non-pharmacy PA and Preadmission Screening and Resident Review/Level of Care (PASRR/LOC) requests and questions (see below). HPES has installed an advanced, state-of-the-art telecommunications system that includes a confidential voice mail system and an Interactive Voice Response (IVR) system. This system routes incoming calls to our intake representatives and clinical reviewers.

- PA (except Pharmacy) and PASRR/LOC telephonic inquiries: (800) 525-2395

After business hours providers will reach the voice mail system. Messages left after hours will be retrieved and returned the next business day.

##### Fax

Providers may fax PA requests to HPES. The fax received must be legible and include all the necessary demographic and clinical information that is required to complete the review. HPES will use the same fax number for PA inquiries that is currently in use. HPES will use one fax number for all non-pharmacy PA and PASRR/LOC requests and questions (see below).

- PA (except Pharmacy) and PASRR faxed requests: (866) 480-9903

##### Mail

PA and PASRR/LOC requests may also be mailed to the HPES Reno office, which is the same mailing address currently in use. Requests can be mailed to:

HPES  
P.O. Box 30042  
Reno, NV 89520-3042

##### Internet (Provider Web Portal)

Providers who have registered to use the new HPES Provider Web Portal ([medicaid.NV.gov](http://medicaid.NV.gov)) and have obtained an ID and password can log in and directly enter information for the PA

request. PA requests can be submitted via the Provider Web Portal. The current Magellan Medicaid Administration Online Prior Authorization System (OPAS) will not be available for use after 5:00 p.m. PT on December 2, 2011.

### **How do I submit additional information with a PA request?**

An exciting new feature will allow providers to attach documents directly to PA requests submitted via the Provider Web Portal. Attachments can include the PA forms and any other documentation that a provider has stored electronically. Providers may also fax additional information to HPES.

### **What will a PA number look like?**

PA numbers will look slightly different from the current PA numbers; however, they will continue to have eleven digits. The new PA numbers will begin with the number "2."

### **Who do I mail PA requests to during the transition to HPES?**

HPES asks providers to consider the timing when **mailing** PA requests (this includes initials, retrospectives, reconsiderations and appeals). We do not recommend mailing any request to the Magellan Medicaid Administration Richmond address after November 29, 2011. If a PA request is going to be mailed to HPES, use the Reno address noted above. Otherwise, PA requests should be submitted via the Provider Web Portal or faxed to HPES starting December 5, 2011.

### **What are the Magellan Medicaid Administration stop dates and HPES start dates?**

PA requests submitted on or after December 3, 2011, should be submitted to HPES via the appropriate methods noted above. PA requests will be accepted by Magellan Medicaid Administration up to 5:00 p.m. PT on December 2, 2011.

### **When and where will Prior Authorization training occur?**

Training for submitting PA and PASRR/LOC requests will occur throughout the state of Nevada during the months of November and December 2011 and during the year in 2012. Information about the training opportunities can be found at:

<https://nevada.fhsc.com/transition/default.asp>.

Starting December 5, 2011, the training catalog and registration materials can be obtained from the new Provider Web Portal.

### **Who does PASRR apply to?**

PASRR applies to all nursing facility applicants who, without exception, must have a Level I screening.

- Individuals who are private pay
- Individuals whose stay will be paid by insurance
- Individuals whose stay will be paid by Medicare
- Individuals whose stay will be paid by Medicaid

Federal regulation prohibits Medicaid reimbursement to nursing facilities under certain circumstances, such as but not limited to, (1) Individual admitted without a completed PASRR screening indicating appropriateness for nursing facility placement, (2) Nursing facility fails to obtain a Level II determination when there are indicators of Mental Illness (MI), Mental Retardation (MR), or a Related Condition (RC).

Refer to Medicaid Services Manual, Chapter 500 for more information. The chapter can be found at <https://dhcfp.nv.gov/MSM/CH0500/Ch%20500%20FINAL%2010-12-10.pdf>.

### **When is PASRR required?**

A PASRR is required:

- Prior to a person being admitted to a nursing facility
- Prior to expiration of a time-limited screening
- For admissions from out-of-state, the PASRR from the previous state will be accepted upon admission (cannot be a Level IA PASRR determination – has indicators of MI, MR, or RC or a Level IIA PASRR determination – nursing facility level of care is not appropriate); a Nevada Level I Identification Screening must be requested within one business day of admission
- When a resident of a nursing facility has a *Significant Change in Status* (42 CFR 483.20)

A PASRR request for a *Significant Change in Status* is referred to as a Resident Review (RR).

### **What is a *Significant Change in Status*?**

A *Significant Change in Status* is a change (decline or improvement) in a resident's status that:

- Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions and is not "self-limiting"
- Impacts more than one area of the resident's health status
- Requires interdisciplinary review and/or revision of the care plan

### **Who performs PASRR evaluations?**

HPES is the contractor responsible for managing the Level I and Level II processes in Nevada. Screening information may be communicated to HPES by the following:

- Online: via the online PASRR application
- Telephone: (800) 525-2395
- Fax: (866) 480-9903

Reviewers are available from 8:00 a.m. through 5:00 p.m. PT Monday through Friday, excluding Nevada state holidays. Level II evaluations are performed by qualified mental health professionals.

### **How do I submit a PASRR request through the new online PASRR application?**

The new online PASRR application, which offers new and exciting functions for Nevada providers, is accessed through the Provider Web Portal. The application is able to auto-adjudicate the PASRR Level I screening decision within minutes of submission to allow the requestor a rapid turnaround time for better patient management. The requesting provider will log into the Provider Web Portal and then access the online PASRR application within the portal. The first time logging into the online PASRR application will require Provider Web Portal registration.

### **Will the documentation or forms that I need be different?**

For most of the documentation and forms, providers will notice only minor changes. For example, the documents will display the HP logo, and the website address will be a new URL directing you to the online PASRR application via the new Provider Web Portal website.

Attend the November provider training sessions for all the information you need to transition to the new fiscal agent successfully as well as to the new functionality. Information about the training opportunities can be found at:

<https://nevada.fhsc.com/transition/default.asp>.

### **How do I get a blank paper copy of the PASRR screening form?**

A paper copy of the PASRR screening form can be downloaded from the Provider Web Portal or the online PASRR application website starting December 5, 2011.

### **How and when can I contact HPES regarding PA and PASRR?**

HPES established a temporary telephone number for providers regarding transition or training questions related to the transition to HPES as fiscal agent. The temporary phone number for questions regarding training or transition is (800) 626-6535 and is available from October 3, 2011, to December 2, 2011. Providers should continue to contact Magellan Medicaid Administration with questions on claims, prior authorizations, appeals, pharmacy, and all Medicaid related issues.

On December 5, 2011, the existing telephone number that providers use to contact Magellan Medicaid Administration will become the number for HPES. The mailing address will also remain the same for submitting claims, special batches, appeals, and other communications to HPES.

Starting December 5, 2011, PA (except Pharmacy) and PASRR/LOC telephonic inquiries should be directed to (800) 525-2395.