NHA - DHCFP - HPES Meeting

January 17, 2012

Nevada Medicaid

Agenda

- Introductions: Dwight Hansen, Nevada Hospital Association (NHA)
  - Pamela Pascal-Swiz, Account Executive, HP Enterprise Services (HPES)
  - Coleen Lawrence, Chief, Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)
  - Sally Kozak, Executive Director, Medical Management (HPES)
  - Jeff Shaw, Manager, Medical Management (HPES)
- Purpose: Sally Kozak
- Prior Authorization Challenges: Sally Kozak/Jeff Shaw
- Prior Authorization Mitigation Plans: Sally Kozak/Jeff Shaw

Prior Authorization Challenges

- Processing Timeframes
- Electronic Submission
- Fax and Phone Access
- Authorization Status
- Provider Communications

Prior Authorization Processing Timeframes

- Volume assumptions & staffing plan assumed majority of requests received electronically
- Majority of requests received by fax resulted in high demand on staffing due to increased time for handling
- Faxes driving high call volume, manual work flow, and increased handle time
- HPES's PA solution not same as Online Prior Authorization System (OPAS) and causing a change in provider submission pattern
- Incoming call volume exceeded expected volume

Mitigation
- Increased customer service staff
  - increased staff dedicated to processing faxes
  - additional service staff to answer phones
- Increased clinical staff and continue to actively recruit
- Leveraging temporary assistance from HP existing programs
- Dual prong approach working incoming and existing authorization requests
  - prioritizing existing cases
- Proactively reaching out to facilities
- Ongoing one-to-one facility training with UM staff

Prior Authorization Electronic Submission

- Continued stay capability – unable to request continued stay in Provider Web Portal
- Character length in "notes" field – limited to 100 characters
- Release of information checkbox
- Timing out when submitting PA
- Reverse proxy error
- Size limitation of file attachments – limited to 4mgb

Mitigation

- Continued stay capability – technical design in process
- Character length in "notes" field – technical design in process
- Release of information checkbox – under evaluation
- Timing out when submitting PA – additional CPU added
- Reverse proxy error – technical changes implemented
- Size limitation of file attachments – under evaluation

Fax and Phone Access

- Fax submissions blocked or rings busy
- Call center hold time
- Receipt of fax submissions
- Multiple submissions of same request
- Multiple page submissions

Mitigation

- Added additional fax machines and storage capacity
  - significantly decreased busy and abandoned faxes
- Monitoring fax access more frequently
- Instructed facilities to limit page count and repeat submissions
- Abandoned calls and hold time reduced through additional staff and real-time monitoring

Authorization Status

- Magellan Medicaid Administration historical authorizations
- Multiple PA numbers for same dates of service or recipient
- Definition of determinations (pended line indicates "certified in total" vs. "not certified")
- Viewing authorizations in Provider Web Portal
- Units available
- Portal does not show date of decision or rationale

Mitigation

- Last 6 months of Magellan Medicaid Administration data loaded and available
  - identified mismatched determination status
  - loaded with no determination
  - able to perform individual research with providers
- Eliminating duplicate cases with multiple PA numbers for same dates of service or recipient
- Ongoing education and web messages to assist with:
  - definition of determinations
  - viewing authorizations in Provider Web Portal
  - units available do show when claim is adjudicated
  - Provider Web Portal shows date of decision or rationale

Provider Communication

- Conflicting messaging from HPES staff
- Low frequency of provider communications
- Unclear messaging for provider escalation process

Mitigation

- Ongoing staff training
- Proactive identification and communication of issues
- Higher frequency of provider communications
  - web messages
  - remittance advice messages
  - Newsletter articles
  - Nevada Association distribution
  - individual provider training sessions
- Clarified messaging for provider escalation process for staff

Provider Communication – Mitigation cont'd

Prior Authorization Escalation Level Points of Contact

1. Call center staff: (800) 525-2395
2. Deb Quintanilla: deb.quintanilla@hp.com (785) 274-4265
3. Jeff Shaw: jshaw@hp.com cell (775) 722-1945