



Prior Authorizations

Process, website, communications



South Dakota
Department of
Social Services

Nurse Consultant Team

Prior Authorizations

- Medical Services has 7 full time Nurse Consultants that make determinations on prior authorizations (PAs).
- 2 Nurses are in our Pierre office and 3 are in a Sioux Falls office, one in Rapid City, and one in Madison.
- The nurses also monitor lengthy in-state hospital stays. Referred to as 6 day tracking, hospitals send notification of any acute admissions lasting 6 days or longer.

Prior Authorization

Process

- PA request forms and medical records are emailed to us from the requesting medical providers. DSSMedicaidPA@state.sd.us
- These requests are scanned to File Director and the information is added to a routing and tracking database and emailed to the nurse who handles that service type or out of state location.
- The nurses review and enter the approval or denial in the MMIS system and send notification to the providers and recipients.
- The request and determination notices are all scanned and kept in File Director

Prior Authorization

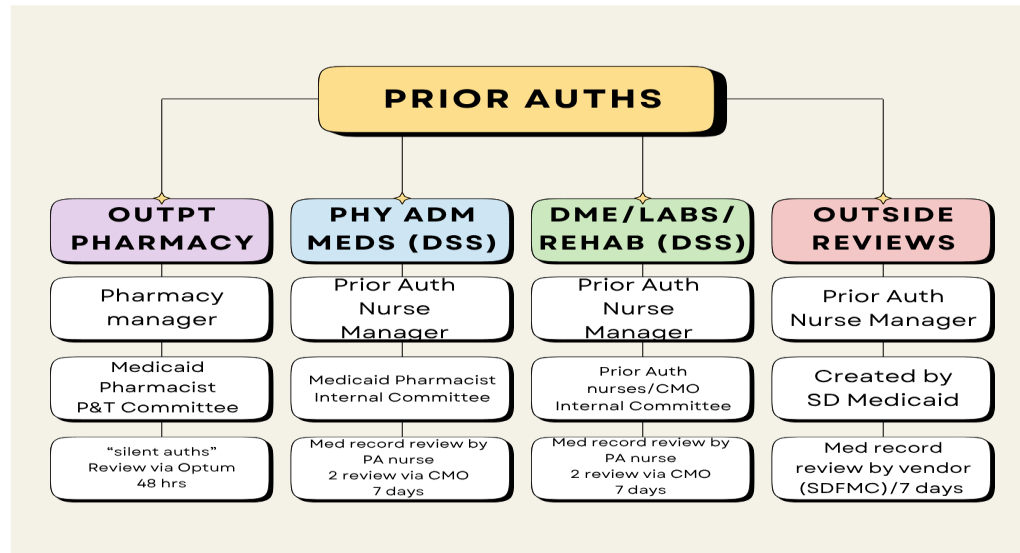
Timeline

- The division has 7 days to make a prior authorization determination. However, in most circumstances authorizations are completed in less time, usually in a few days.
- Sometimes the nurses will request additional information that is needed to make a determination. After additional information is requested, it is up to the provider to send that within the timeline included in that request and the 7-day timeline restarts when that information is received.
- Retro authorizations can be requested after the service is provided if care was suspected to be urgent/emergent at the time but will be billed as elective.

Prior Authorization

Services

- Only certain elective services require prior authorization. Emergent or urgent care does not require a PA.
- A list of services requiring prior authorization is available online: <http://dss.sd.gov/medicaid/providers/pa/>
- There is also a procedure code look-up tool available here: https://dss.sd.gov/medicaid/providers/procedure_code.aspx
- See PA groups and processes below:



Prior Authorization

Website tutorial

- PA website
- Forms
- Physician administered meds (separate presentation)
- Pharmacy (patient pick up at pharmacy – separate PA process)
- Policy and criteria manuals – Reconsiderations reviews
- Transportation providers
- Fee schedule
- Data
- Provider enrollment
- Recipient information

Prior Authorization

Appeal options

- We will always re-review when new information submitted.
- Providers and recipients can request a physician level review – Please provide extra documentation or clarification in writing. This can occur within 7 days
- Formal appeal with Office of Administrative Hearing (OAH)
 - Must be made by recipient/guardian or on behalf of recipient/guardian with their intent to show up.
 - Corporations must be represented by an attorney
 - Must be within 30 days of the date of determination
 - OAH to decide what qualifies for a hearing
 - Hearings are typically schedule about a month out, depending on volume and schedules.
 - During the hearing, the state and recipient/representatives testify in front of an administrative law judge. The prior authorization criteria and information received is provided by the state. Afterwards, the judge will issue a determination if the prior authorization determination was appropriately issued according to policy and administrative rule.
- Policy and criteria reconsideration requests have a different process located in the Reconsiderations Review manual on our website.

Prior Authorization

Communications

Calls: 605-773-3495 Because prior authorization cases can involve sensitive and a detailed medical information, the process below is utilized to ensure the Nurse Consultants have the necessary information to review a case and then assist the caller.

Calls are not forwarded as that does not allow us to respond to the caller with the right person or the most correct and up to date information.

Voicemails are most helpful when all the following information is left.

- **We collect the following identifying information:**
 - Recipient Name
 - Recipient ID#
 - Name, relationship(provider, parent, recip), and phone number of the caller
 - Prior Authorization type/Service being requested
 - Location of that service (SD or Another State or Mayo)
 - Date of anticipated service
- **The person taking your call will share this information with the nurse assigned to the case and they will call them back.**
- Emails – you can email DSSMedicaidPA@state.sd.us with any PA related questions.

Prior Authorization

FAQ

Recipients with Medicare? If the patient has Medicare in addition to South Dakota Medicaid, please follow the Medicare requirements, as South Dakota Medicaid's payments are contingent upon Medicare's determination. A PA from South Dakota Medicaid is required for the recipient to receive assistance with transportation, food, and lodging reimbursement out of state even if there is no need for South Dakota Medicaid to reimburse the medical service.

What if there appointment is already scheduled? Submit the [Prior Authorization Request Form](#) and supporting medical records as soon as possible to allow South Dakota Medicaid time to review the situation and issue a determination prior to the scheduled service. Recipients should not schedule travel until an authorization has been approved by SD Medicaid.

Who is responsible to obtain an out-of-state (OOS) PA? The referring provider is expected to initiate the out-of-state prior authorization request and provide supporting documentation. This responsibility should not be delegated to the recipient. When referring a Medicaid recipient to services out-of-state, the prior authorization request form should be submitted upon referral and must include an explanation of the need for care out-of-state when an in-state option is available.

If the recipient has PHI, a PA is still required from SD Medicaid.

How are physician services covered during an OOS hospital stay? Only one prior authorization is needed for the hospital stay. Physician services are included as part of the prior authorization for the inpatient stay. A prior authorization will be issued to the prior authorization contact for the inpatient facility for the dates of the approved hospital stay. In addition to the hospital facility, this authorization must be shared with all physicians to use for visits billed during that hospital stay.

Emergent inpatient admissions and urgent situations outside of office hours: If the inpatient hospitalization is the result of an emergency, the prior authorization may be granted retroactively. In the case of inpatient hospitalizations, hospitals must submit the Prior Authorization Request Form to South Dakota Medicaid within 48 hours and an expedited determination on these cases will be made within two business days. Providers should also expect to provide at least weekly updates on hospitalizations to South Dakota Medicaid after notification.

Recipient Handbook

Out of State Services

See page 20

Out-of-State Services

Prior approval is needed for out-of-state services

Most medical services (appointments, procedures, hospitalizations) that happen out of South Dakota require prior authorization. Your referring provider will have to submit a prior authorization request and medical records to Medicaid. If the services requested are available from a provider in South Dakota, Medicaid requires you to go to an in-state provider first.

Remember:

- Wait for an approval notice from Medicaid before making travel plans.
- You are responsible for paying for all services provided out-of-state that have not been approved.
- If you are in a PCP program or health home program, you need a referral from your PCP or HHP and prior authorization approval from Medicaid.
- Medicaid cannot pay for medical services outside the United States and its territories.

Exceptions:

- Services provided within 50 miles of the South Dakota border and Bismarck, North Dakota, do not need prior authorization.
- Certain lab, radiology or pathology services, durable medical equipment and pharmacy services do not need prior authorization.

Out-of-State Emergencies

Medicaid will cover out-of-state emergency services with the same limits as in-state services if the provider accepts South Dakota Medicaid.

- Make sure the provider is, or is willing to become, a South Dakota Medicaid Provider.
- If the provider is not enrolled or willing to become enrolled with South Dakota Medicaid, you are responsible for paying for all services provided to you and your family.

More information is available at <http://dss.sd.gov/medicaid/providers/pa/>.

Recipient Notification

- Out-of-State Prior Authorization expectations are provided to recipients through the Recipient Handbook.

<http://dss.sd.gov/formsandpubs/docs/MEDSRVCS/MedicalAssistanceRecipientHdbk.pdf>

Prior Authorization

What information is helpful and sometimes missed

- For out-of-state requests:
 - What was tried in South Dakota first, especially if like specialists and services are available
 - What SD specialists were considered/contacted and wait times if applicable
- Genetic testing
 - Medical records documenting the needed testing and how it will impact the treatment plan.
- Durable Medical Equipment
 - What more conservative options have been tried and how they've failed.

6 day Inpatient Tracking

Monitoring lengthy hospital stays that do not require a PA

- Inpatient stays in SD that do not require an authorization are still reported and monitored by the nurse consultants.
- Providers located within 50 miles of the SD border and Bismarck, ND are exempted from out of state PAs. They must also report any acute care hospital stays that are 6 days or longer instead.
- Providers log on to the portal and select the Clinical Reviews, 6 day reporting tab to access the submission form to report admissions and discharges.

Prior Authorization

Common misconceptions explained

- Medications are covered separately for individuals in skilled nursing facilities. Skilled nursing facilities are not responsible for the cost. A Medicaid enrolled pharmacy can bill SD Medicaid for the recipient's medications.
- Swing Bed coverage is not limited to a certain number of days and payment is available for ancillary service charges in addition to the daily rate.
- Rehab/therapy services are available in skilled nursing facilities.
- Transports do not require prior authorization. Finding an enrolled provider is key. They will also need the physician prescription and justification for that mode of transport.
- Prior authorization is needed in addition to a referral. There is additional criteria to be met when services require a prior authorization.



Thank You

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