Welcome to Training!

Prior Authorizations (Fee-for-Service)

Using Provider Network Management (PNM)

Please check your audio settings to ensure everything is working properly before the session begins

Ohio **Department of Medicaid**

maximus

Contact Information

Phone Number	
Ohio Dept of Medicaid Integrated Help Desk	**1-800-686-1516** PNM Assistance/Error Messages: *Option 2 followed by Option 3* Ohio Medicaid Enrollment/Credentialing Questions: *Option 2 followed by Option 2*

Emails	
ODM Integrated Help Desk	**ihd@medicaid.ohio.gov**
PNM Troubleshooting/ Error Messages	**pnmsupport@medicaid.ohio.gov**
Ohio Medicaid Enrollment (for updates to specialties)	**Medicaid_Provider_Update@medicaid.ohio.gov**
Ohio Medicaid Credentialing Questions	**credentialing@medicaid.ohio.gov**
Training Assistance and Resources	**ohiotrainingteam@maximus.com**

Ask questions during the session using the Q&A panel or the 'Raise Hand' feature through the Zoom toolbar

Fee-for Service (FFS) Prior Authorizations Session Agenda

- Accessing the Self-Service Panel
- Submitting a Prior Authorization Request
- Prior Authorization Panels
- Prior Authorization Summary and Process
- Searching for a Prior Authorization
- Questions, Training Materials, Upcoming Training Schedule

Fee-For-Service Prior Authorization requests in PNM

- A prior authorization request can be submitted through PNM. Once that occurs, Gainwell, the Fiscal Intermediary (FI), oversees, manages, and processes the prior authorization request.

  - Permedion is the group that will approve or deny the PA request or ask for more information.

- The prior authorization data appears in PNM after it is processed by the FI.

  - Providers will not have any direct interaction with the FI, but providers will view processed prior authorization request data from the FI in PNM.

  - Managed Care prior authorization submissions will be completed through the same channels in which they are today.

  - This training information does not apply to MyCare Ohio or Single Pharmacy Benefit Manager (SPBM).

Prior Authorization Request Submitted in PNM

➡
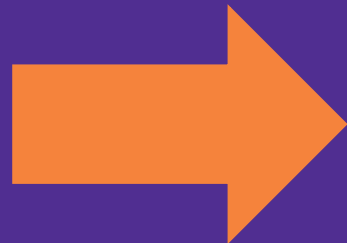
Data is Sent to the Fiscal Intermediary (FI) to Oversee, Manage & Process the Prior Authorization request

Permedion will approve or deny the PA request

➡
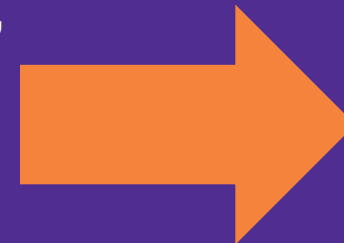
PNM Shows Processed Prior Authorization Data

Accessing the Self-Service Panel

Learn how to initiate the Prior Authorization process within the self-service panel in PNM.

Accessing the Self-Service Panel

- From your homepage/dashboard, click on the Reg ID or Provider Name hyperlink to access the Provider Management Home page.

- On the Provider Management Home page, locate the Manage Application section.

- Expand the Self Service section.

- From the Self Service Selections, click 'Prior Authorization'.

- For an Agent to have the blue 'Prior Authorization' hyperlink appear, they need the proper roles from the Administrator:

  - **Prior Authorization Submit** – to have the ability to submit PAs.

  - **Prior Authorization Search** – to search for PA information.

9
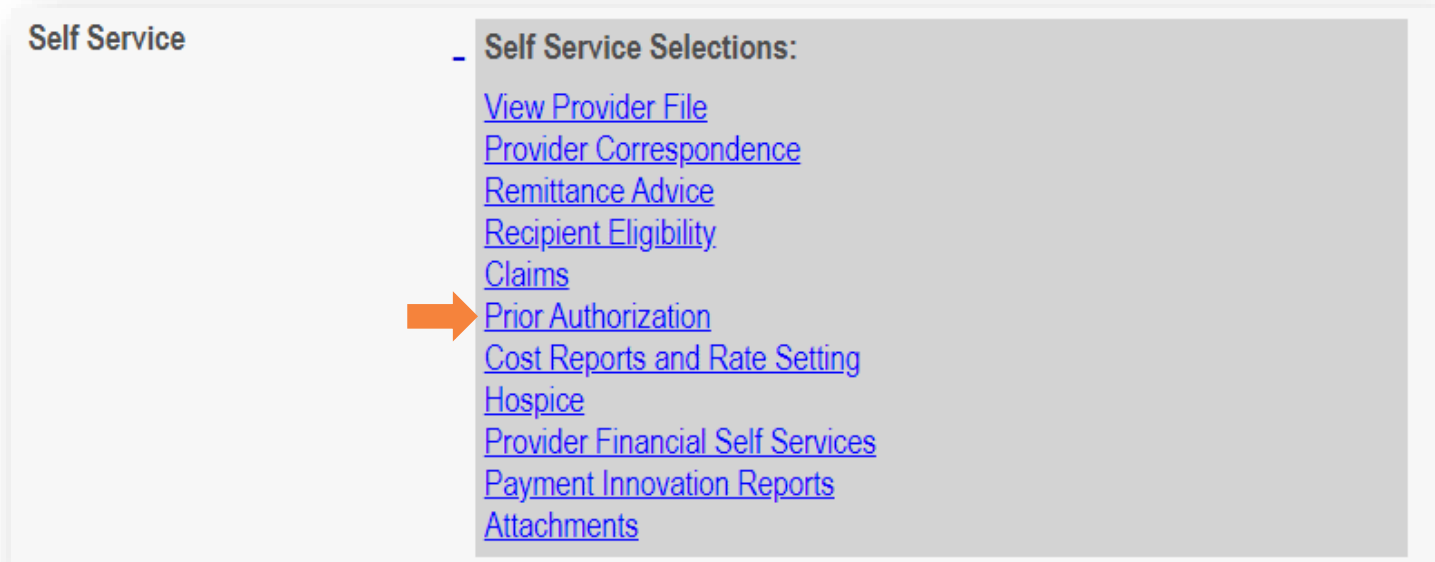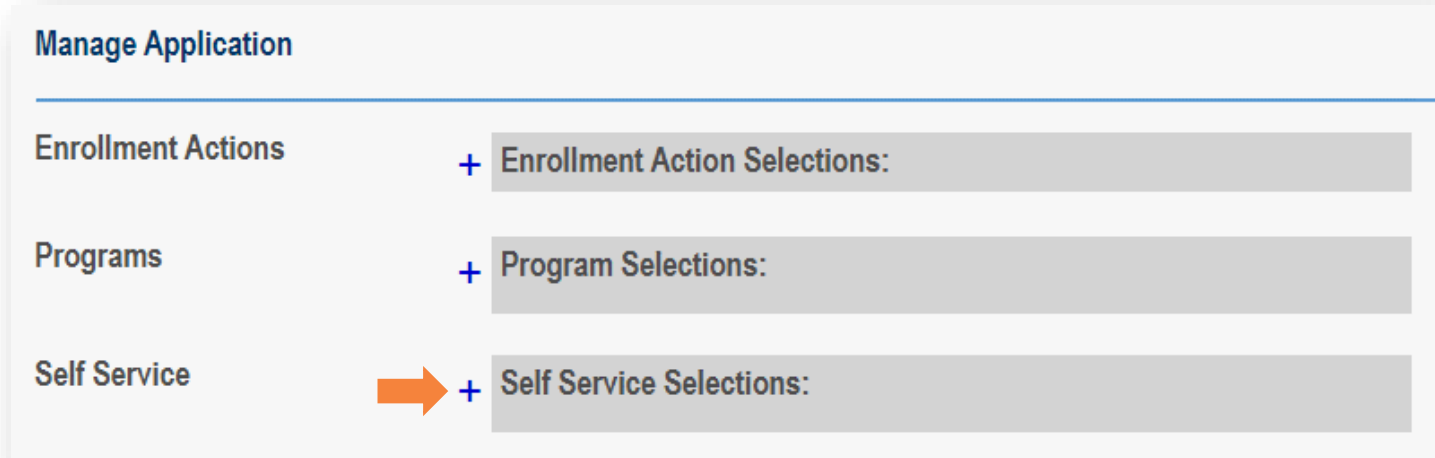
Submitting a Prior Authorization Request

Learn how to submit a prior authorization request for approval in the PNM System.

Submitting a New Prior Authorization

- To submit a Prior Authorization request, click the 'Submit PA' icon at the top of the page or select 'Submit PA' from the Jump To drop-down.

Submitting a New Prior Authorization

- The prior authorization submission page opens.

- Choose the Prior Authorization Type you wish to submit, by selecting the corresponding radio button:

  - Dental

  - Professional

  - Institutional

Required Sections/Fields

- A red asterisk appearing at the beginning of any section indicates there is required information to be completed within that section.

- A red asterisk appearing next to a specific field indicates that field must be completed.

13

Required Sections/Fields

- If required information is not completed on the prior authorization submission, PNM will display error messages to let you know what information was not entered or entered incorrectly.

- The **Add** button allows you to add multiple pieces of information in a section.

Prior Authorization Submission Buttons

- The buttons below appear at the bottom of the Prior Authorization page:

  - **Save**: Saves the Prior Authorization form and data entered.

  - **Submit**: Sends the Prior Authorization for review.

  - **Cancel**: Cancels the Prior Authorization and erases data entered.

- Anytime a 'Search' hyperlink appears, clicking on the hyperlink will open a search panel to locate additional information, such as codes or provider data.

- Enter search criteria and click the **Search** button.

- Search results will appear below the entered criteria.

- Click the hyperlink to add the information to the proper field on the prior authorizations page.

Prior Authorization Panels

Learn how to fill out the various required and situational panels while completing the prior authorization process.

- Select a Destination Payer Name from the drop-down menu.

- Select a Destination Payer ID.

  - Depending on the Payer Name different options will appear under this drop-down.

- Select an Assignment.

- Select a Service Type.

Recipient Information

- Enter the Medicaid Billing Number and Date of Birth (DOB) for the recipient.

  - DOB must be in MM/DD/YYYY format.

  - Details in the gray boxes will populate from the FI after this information is entered.

- You can create a unique Patient Tracking Number for the recipient to use when reconciling the Prior Authorization.

  - This is not a required field.

Requestor Contact Information

- Enter contact information for the requester.

    • This is the person the Destination Payer will contact if there are any questions regarding the Prior Authorization.

Service Information (Non-Institutional)

- Enter the Place of Service Code.

- If you don't know the place of service, click the 'Search' hyperlink to bring up a search panel to locate the Service Code.

  - Enter a Place of Service description and click **Search**.

Service Information (Institutional)

- Enter the Facility Type code.

- If you don't know the Facility Type, click the 'Search' hyperlink to bring up a search panel to locate the Facility Type code.

  - Enter a Facility Type description and click **Search**.

- Enter an Admission Date.

Service Provider Information

- Enter the National Provider Identifier (NPI) for the Service Provider.

    - If you don't know the NPI, you can click 'Search' to search for the provider by entering the Medicaid ID, Business Name, or First and Last Name.

- Once found, click the hyperlink to add the NPI.

Ordering Provider Information

- To add Ordering Provider Information, expand the panel by clicking the '+' sign.

- Enter the NPI for the Ordering Provider if it is <u>different</u> than the provider who is completing the Prior Authorization information.

  - If the provider completing the prior authorization information is the same as the ordering provider, this section does not need to be completed.

  - If you don't know the NPI for the ordering provider, you can click 'Search' to search for the Provider by Medicaid ID, Business Name, or First and Last Name.

Diagnosis Information

- To add diagnosis information, expand the panel by clicking the '+' sign.

- To enter diagnosis details, click the **Add** button.

- Enter a Diagnosis Code.

  - If you do not know the code, click 'Search' to open a code lookup window.

- Click **Add** underneath 'Diagnosis Code Description/Date' to add the diagnosis.

Diagnosis Information

- The added diagnosis appears on a list.

- Repeat the process to add additional diagnoses.

26

Service Details (Dental)

- Click **Add** to enter service details.

The 'Service Details' to be included are below: (the next slide shows a PNM visual of this information)

- Procedure Code *(If you do not know the code, click 'Search' to open a code lookup window)*

- Requested Units *(The number of which you are ordering)*

- Requested Dollars

- Requested From Date of Service *(FDOS)*

- Requested To Date of Service *(TDOS)*

- Enter a unique Service Tracking Number to reconcile each service requested for the Prior Authorization.

- Procedure Code Description, Tooth Number, Oral Cavity, Tooth Surface, Provider Service Note, and Prosthesis, Crown or Inlay are "as needed" fields to complete.

▪ Once the 'Service Details' are entered, click **Add** to add the service.

- The added service appears on a list and can be edited or deleted.

- Repeat the process to add other service details.

Service Details (Institutional)

- Click **Add** to enter service details.

The 'Service Details' to be included are below: (the next slide shows a PNM visual of this information)

- Revenue Code *(If you do not know the code, click 'Search' to open a code lookup window)*
- Procedure Type Code
- Procedure Code *(If you do not know the code, click 'Search' to open a code lookup window)*
- Requested Units *(The number of which you are ordering)*
- Requested Dollars
- Requested From Date of Service *(FDOS)*
- Requested To Date of Service *(TDOS)*
- Procedure Code Description, Provider Service Note, and Level of Care are "as needed" fields to complete.
- Enter a unique Service Tracking Number to reconcile each service requested for the Prior Authorization.

- Once the 'Service Details' are entered, click **Add** to add the service.

Service Details (Institutional) continued

- The added service appears on a list.

- Repeat the process to add other service details.

Service Details (Professional)

- Click **Add** to enter service details.
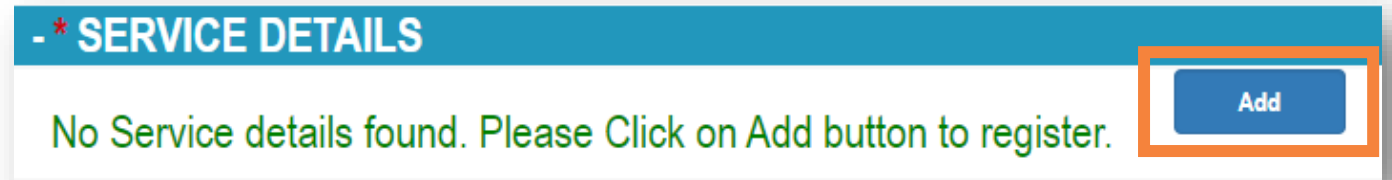
- SERVICE DETAILS

No Service details found. Please Click on Add button to register.

Add

The 'Service Details' to be included are below: (the next slide shows a PNM visual of this information)

- Procedure Code *(If you do not know the code, click 'Search' to open a code lookup window)*

- Requested Units *(The number of which you are ordering)*

- Requested Dollars

- Requested From Date of Service *(FDOS)*

- Requested To Date of Service *(TDOS)*

- Enter a unique Service Tracking Number to reconcile each service requested for the Prior Authorization.

- Procedure Code Description, Modifier, and Provider Service Note are "as needed" fields to complete.

- Once the 'Service Details' are entered, click **Add** to add the service.
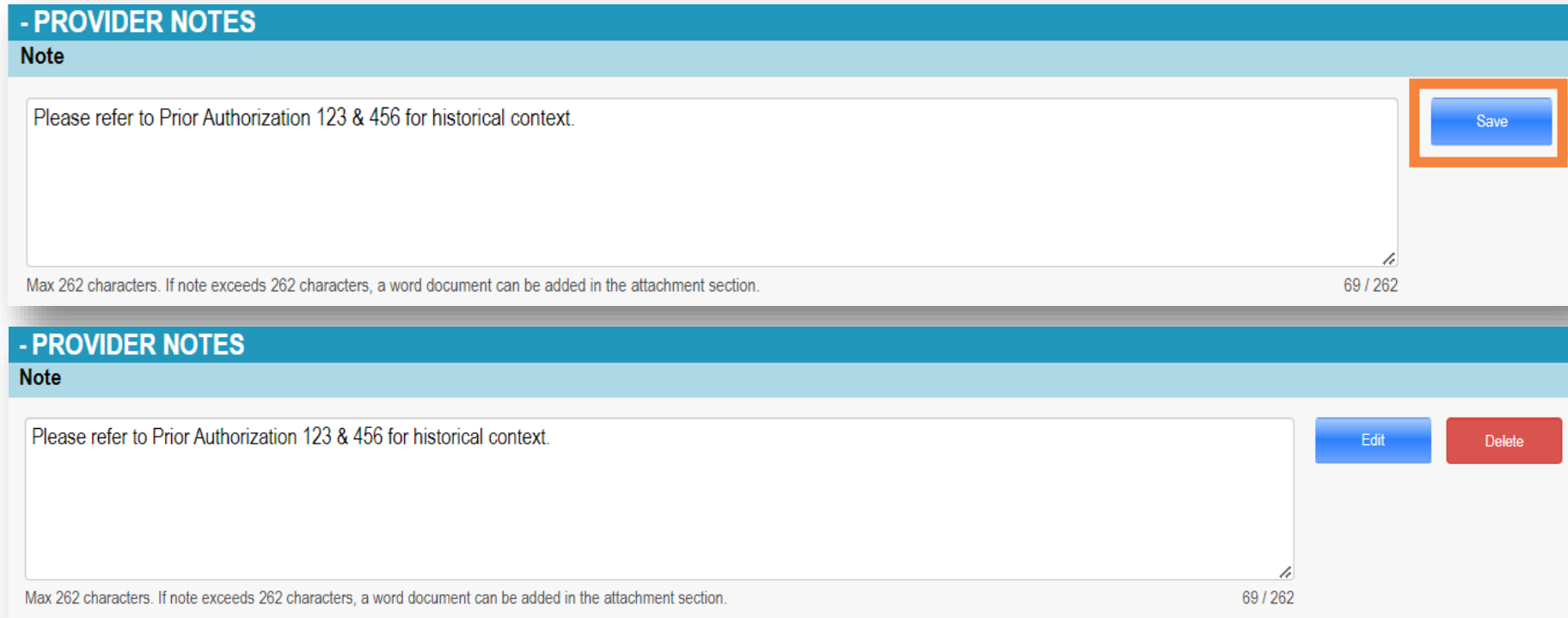
Service Details (Professional) continued

- The added service appears on a list

- Repeat the process to add other service details

Provider Notes

- To add a provider note, expand the panel by clicking the '+' sign.

- Enter any notes related to the Prior Authorization request and then click **Save**.

  - The Save button appears after text in entered in the box.

- Edit and Delete options appear after saving the note.

Reviewer Notes and Outcome of Review

- Expand the '+' sign next to the 'Reviewer Notes' section to review any notes entered *after* the Prior Authorization is reviewed.

- Expand the '+' sign next to the 'Outcome of Review' section to view the outcome of the Prior Authorization *after* it is reviewed.

- An outcome for each service requested will display in this section.

Attachment

- Prior to submitting the prior authorization, make sure to add any supporting medical documentation by expanding the Attachment section (click the '+' icon).

- Click **Choose File**, locate the file on your computer you wish to upload and select the Document Type from the drop-down menu.

- Click **Add**.

- The added attachment appears on a list.

  - Repeat the process to add documents as attachments.

- When all information for the prior authorization has been entered, click **Submit** located at the bottom of the page.

  - If there are any errors preventing submission, error messages will display at the top of the page in PNM or in a pop-up window.

- A confirmation message appears indicating that the transaction was successfully submitted.

  - Click 'Close.'

Save Submit Cancel

✓ Transaction Successfully Submitted!
Prior Authorization Status: Pend
Prior Authorization Number:
AUTHT0000001614

Close
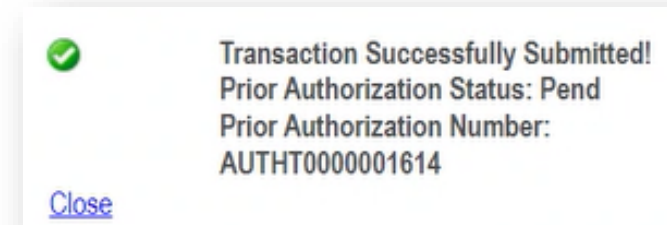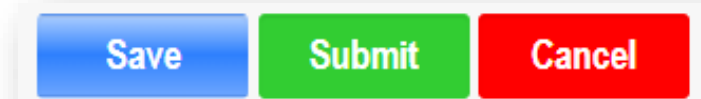
Submitting Prior Authorization

- If the **Submit** button is selected and the prior authorization cannot be submitted because of errors with entry in PNM, the system will mark the errors in red at the top of the page.

- These errors are clickable and will navigate you to the panel or highlighted field where the error needs to be addressed.

- If transaction errors (errors in processing the prior authorization by FI) occur, those messages appear in a pop-up window.

- Review the error message description, work to resolve, and **Submit** again.

FI Validation Error Summary – New Authorization

Validation Error Messages
The request is Invalid. Missing required data.
The Medicaid ID of the member are invalid.
An Invalid Service Category is specified.
The specified Service Code is invalid. The length should be between 1 and 2.
Invalid Auth Diag. Qualifier specified.
Duplicate Diagnosis Codes found.
The specified Diagnosis Code is invalid. The length should be between 1 and 6.
At least one diagnosis code must be entered.
The Service Code is required.
Valid authorization is present for the member by the provider for the specified date.

Prior Authorization Submission Recap

- Select the provider/Medicaid ID for which the claim will be submitted under, from your dashboard.

- Expand the Self Service Selections and click "Prior Authorization."

- Choose "Submit PA."

- Select the PA Type: Dental, Institutional, Professional.

- Enter the information related to the PA – a red asterisk within a header indicates information is required in that section and the red asterisk indicates the required field(s) in that section.

- Some sections/panels are situational and can be expanded by clicking the '+' icon.

- Attachments can be added to the PA; the maximum number of documents that can be added on the submission page is 10, with the maximum file size of 10 MB for each file.

Fee-for Service (FFS) Prior Authorizations Session Agenda

- Accessing the Self-Service Panel

- Submitting a Prior Authorization Request

- Prior Authorization Panels

- **Prior Authorization Summary and Process**

- **Searching for a Prior Authorization**

- **Questions, Training Materials, Upcoming Training Schedule**

Gainwell/FI Prior Authorization Fee-for-Service Summary and Process

Learn exactly what happens on the backend once the prior authorization request has been submitted through PNM.

Prior Authorization Fee-For-Service

- **An approved Prior Authorization request is not a guarantee of payment**

- Permedion has been contracted by the Ohio Department of Medicaid (ODM), to review the necessity and appropriateness of health care services.

- How the PA request is processed is determined by how the request was received, the information submitted within the request, and the PA type.

- PA records stored in the system allow claims to match to the appropriate PA record during claim adjudication.

- Once a PA record is attached to a claim, claim services that process against a PA record will result in a decrement (reduction) of units and/or dollars billed from the available amount until the units and/or dollars are exhausted.

- Once the approved units in the authorization are depleted, the claim will edit during adjudication indicating that the matching authorization units are expended. As claims are adjusted or voided, the units are re-applied to the available unit's field or total budget field to be used by future claims.

FFS Reconsideration Process

The Provider sends a request for a reconsideration to Permedion

→

Permedion staff receives the request

↓

Permedion staff reviews and makes a final determination

←

Prior Auth Results are made available on the PNM Portal: PA Status/PA Detail
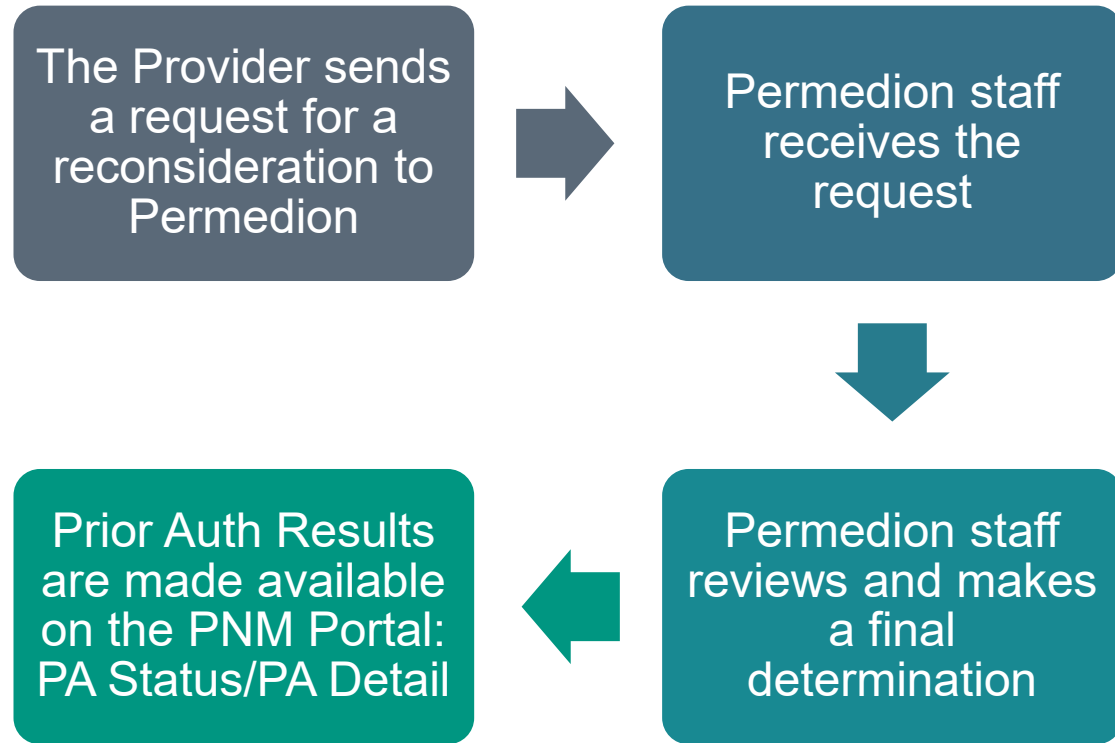
Reconsideration:

A denied prior authorization request may be reconsidered if the provider submits a request for reconsideration that is received by ODM or its designee within 60 days of the adverse determination.

A valid request for reconsideration should be emailed to **ODMPA@gainwelltechnologies.com,** or faxed to **(833) 309-2004**, and include the following:

- Medicaid recipient's name and Medicaid number
- Name of requested service or item and billing code
- Date of service or item request
- Clinical documentation supporting medical necessity for the service or item
- A reference to any relevant federal or state law or regulation, if applicable
- An explanation outlining the reason for reconsideration, including supportive information not previously submitted as necessary
- If applicable, an indication of whether the service or item qualifies as "urgent care services"

Prior Authorization Letters

Letter Name	Purpose
Prior Authorization Notice	Used to communicate to service providers the decision that was made on the prior authorization request. This letter is used for denied Prior Authorizations or modified approved Prior Authorizations.
Hospital PA Decision Notice	Used to communicate to service providers the decision that was made on the hospital inpatient or outpatient prior authorization request (special review).
Transplant Approval Notice	Used to communicate to service providers (the Facility) the approval decision that was made on the transplant request.
Prior Authorization Notice Approval PDN	Used as the Private Duty Nursing (PDN) approval letter.
Certification of Admission Notice	Used to communicate to the inpatient facility the approval decision that was made on the psychiatric inpatient admission pre-certification request.

Prior Authorization Letters

Letter Name	Purpose
Pre-Certification Denial Notice	Used to communicate to the inpatient facility the denial decision that was made on the psychiatric inpatient admission pre-certification request. This letter is specific to a "technical denial" which indicates the request has been denied because the provider did not submit the correct information in the 24-hr time frame.
Clinical Appeal Determination Notice	Used to communicate to the inpatient facility the outcome of a reconsideration review performed on a previous determination for psychiatric inpatient admission certification. The reconsideration review is performed by an Ohio-licensed/board-certified psychiatrist who practices in Ohio.
Retrospective Certification of Need for Inpatient Psychiatric Hospitalization	Used to communicate to the inpatient facility the approval decision that was made on the retrospective psychiatric inpatient admission pre-certification request.

Provider Correspondence

- From your homepage/dashboard, click on the Reg ID or Provider Name hyperlink to access the Provider Management Home page.

Provider Correspondence

- Click the hyperlink for 'Provider Correspondence.'

- Select a Correspondence Type from the drop-down .

  - Ex. For Correspondence related to the prior authorization select 'Prior Authorization Notifications.'

- Enter a date range for the search (optional).

- Click **Search**.

- The results will appear at the bottom of the page.

Provider Correspondence

- Click on the Correspondence you wish to view.

- A pop-up window opens containing the text of the correspondence.

- Click the 'x' in the top-right corner to close the message pop up or click 'Close.'

- CORRESPONDENCE SEARCH RESULT

Correspondence Subject	Correspondence Type	Date Sent	Date Viewed
Prior Authorization Notice - Provider Copy	Prior Authorization Notifications	04/19/2023	NA

Dear Provider,

The Ohio Department of Medicaid (ODM) has made a determination about the request for service(s) or item(s) listed below for the identified member.

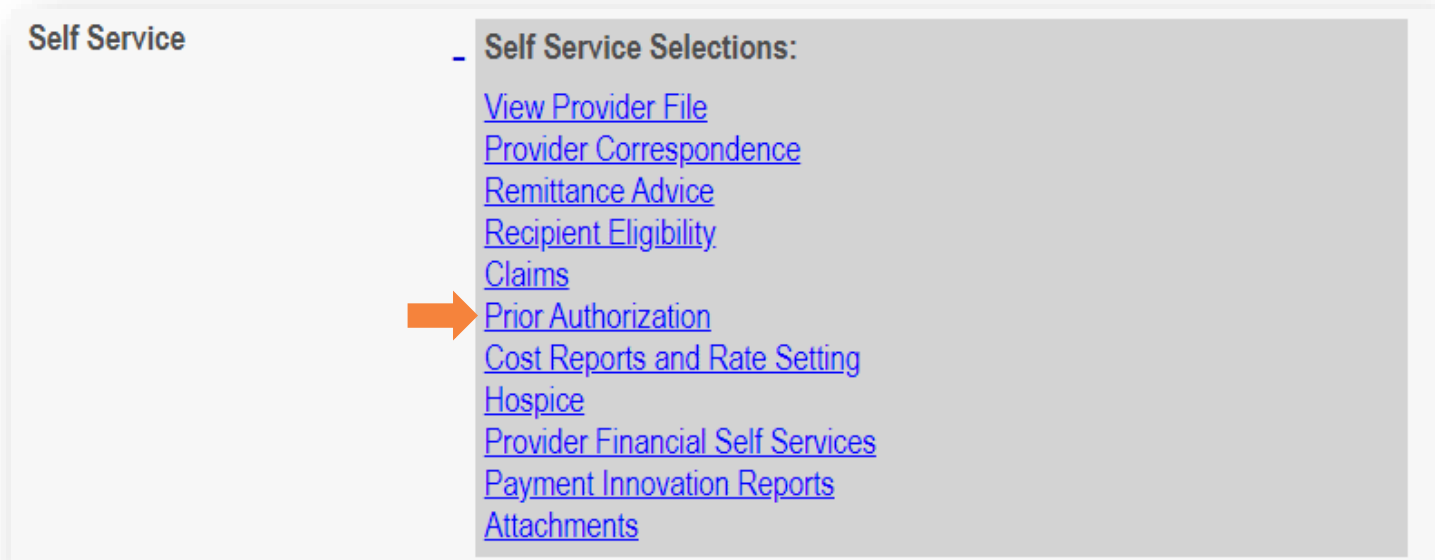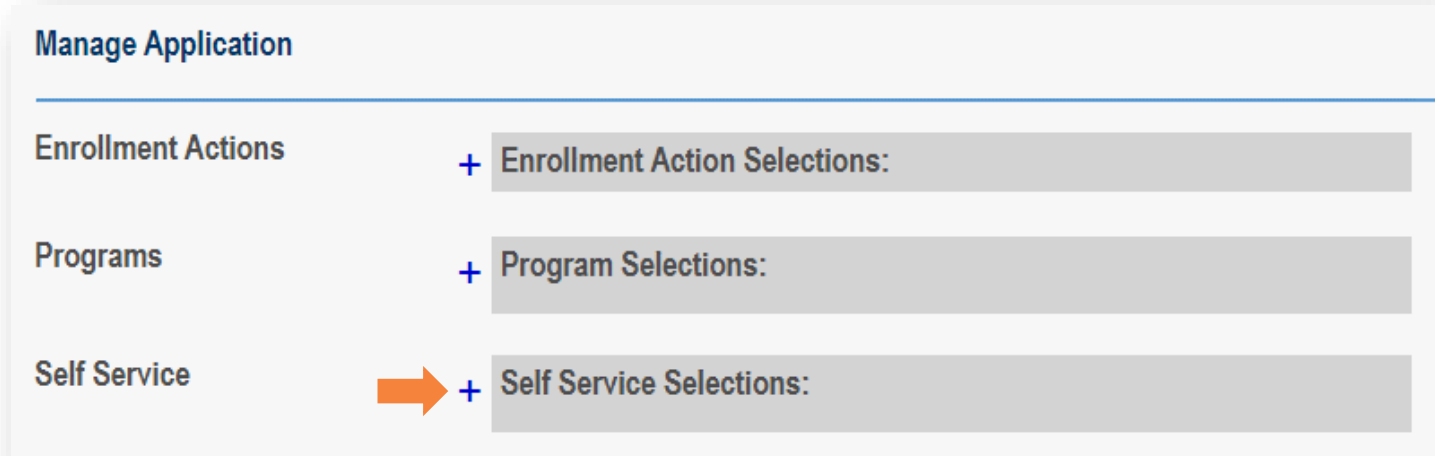| Line Item	1
Status	MODIFIED APPROVAL
Service Description	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT OPERATES AT LEAST 3 HOURS/DAY AND AT LEAST 3 DAYS/WEEK AND IS BASED ON AN INDIVIDUALIZED TREATMENT PLAN), INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION, AND ACTIVITY THERAPIES OR EDUCATION (NOT PAYABLE BY MEDICARE)
Modifiers	TG
Units Authorized	26
Dollars Authorized	$202.00
Service Begin Date	06/13/2022
Service End Date	07/08/2022

Searching for a Prior Authorization

Learn how to search for the status of a previously submitted prior authorization request in the PNM System.

Accessing Self-Service Panel

- On the Provider Management Home Page, locate the Manage Application section.

- Expand the Self Service section.

- From the Self Service Selections, click 'Prior Authorization.'

Manage Application

Enrollment Actions	+ Enrollment Action Selections:
Programs	+ Program Selections:
Self Service	+ Self Service Selections:

Self Service — Self Service Selections:

View Provider File
Provider Correspondence
Remittance Advice
Recipient Eligibility
Claims
Prior Authorization
Cost Reports and Rate Setting
Hospice
Provider Financial Self Services
Payment Innovation Reports
Attachments

- Enter search criteria in the boxes provided.

  - Payer Name is a required field along with one other field:

    o Prior Authorization Number, Medicaid Billing Number, Patient Tracking Number, Status, Submission Date

- After criteria is entered, click **Search**.

FI Validation Error Summary – PA Inquiries

Validation Error Messages
The specified Payor type is invalid. The length should be between 1 and 3. The specify value should be either FFS or Managed Care.
The Prior Auth number cannot be blank.
The specified Prior Auth Number is invalid. The length should be between 1 and 20.
Please enter valid NPI.

FI Validation Error Summary – PA Search

Validation Error Messages
The Payor code is required.
The specified Payor type is invalid. The length should be between 1 and 3. The specify value should be either FFS or Managed Care.
The specified Prior Auth Number is invalid. The length should be between 1 and 20.
The specified Patient Event Tracking Number is invalid. The length should be between 1 and 50.
Please enter valid NPI.
The specified Assignment Type Code is invalid. The length should be between 1 and 2.
The specified Service Code is invalid. The length should be between 1 and 2.
The specified ICD Procedure Code is invalid. The length should be between 1 and 7.
The specified CPT/HCPCS Service Code is invalid. The length should be between 1 and 6.
The specified Revenue Code is invalid. The length should be between 1 and 6.

Validation Error Messages
The specified Diagnosis Code is invalid. The length should be between 1 and 6.
The specified Ordering Provider Id is invalid. The length should be between 1 and 20.
The Requesting Provider Id is required.
The specified Requesting Provider Id is invalid. The length should be between 7 and 20.
Max Records must be between 1 and 100

Existing Prior Authorization Search Results

- Search results display at the bottom of the page.

- To view details of the specific Prior Authorization, click on the blue hyperlink listed under PA Number or Patient Tracking Number.

There may be multiple entries with the same PA number on the search results. Clicking any of the links with that number will allow you to review PA details.

- Details of the Prior Authorization are in the top-right corner of the page.

- Scan through each of the panels of the prior authorization to see specific details returned in that section.

Contact Information

Phone Number

Ohio Dept of Medicaid Integrated Help Desk	**1-800-686-1516** PNM Assistance/Error Messages: *Option 2 followed by Option 3* Ohio Medicaid Enrollment/Credentialing Questions: *Option 2 followed by Option 2*

Emails

| ODM Integrated Help Desk	**ihd@medicaid.ohio.gov**
PNM Troubleshooting/ Error Messages	**pnmsupport@medicaid.ohio.gov**
Ohio Medicaid Enrollment (for updates to specialties)	**Medicaid_Provider_Update@medicaid.ohio.gov**
Ohio Medicaid Credentialing Questions	**credentialing@medicaid.ohio.gov**
Training Assistance and Resources	**ohiotrainingteam@maximus.com**

Thank you for joining!
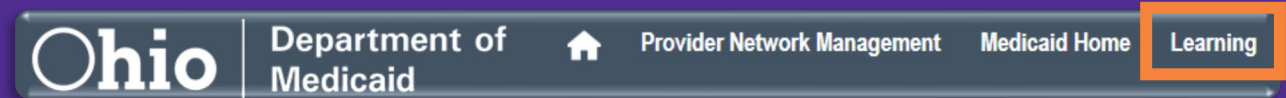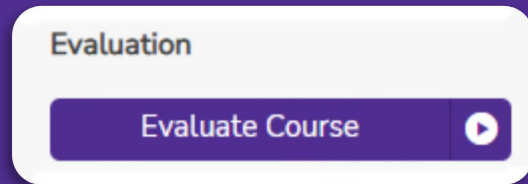
- **Please evaluate this course in Absorb, by locating the course title, and provide us with your feedback which allows for improvements to future training sessions.**

- **Training materials & guides can be found in the Absorb LMS and on the 'Learning' tab within PNM.**

- **For help with PNM or Absorb, email the Maximus Training Team at ohiotrainingteam@maximus.com.**

maximus