



Nursing Facility Ancillary Review Process – March 1, 2021 Frequently Asked Questions

Q 1. Will Pediatric Technical Criteria also be included? As a pediatric facility, we are much different than a typical LTC facility.

Yes.

Q 2. Will there be dedicated reviewers per facility as we had with the Field Reviewers or will they be reviewed by numerous reviewers?

There will not be dedicated staff as all Carewise Health clinicians are trained to complete these reviews.

Q 3. Will they all be trained in Pediatric Technical criteria also?

Yes.

Q 4. How many days before we should expect an approval/denial once information is faxed in?

Carewise Health follows Department of Labor Standards for processing reviews which allows up to 15 calendar days.

Q 5. Do we need to send the evaluation order and the clarification order for a new authorization or just one?

The evaluation and the clarification order are both required.

Q 6. Can the therapy DOR get access to the KY Health Net so they can keep track of authorizations as well?

Yes. Each facility has an KY Health Net account administrator. The account administrator will need to give you access. You can contact the EDI Helpdesk 1-800-205-4696 to find out the account administrator.

Q 7. Is there a place we can go to print off everything you went over today? Also if person is admitted from hospital do we sent their information of Sats on oxygen auth's?

The presentation as well as the FAQ document will be posted on the website March 1, 2021. Yes, if requesting oxygen then sat's are required for the review.

Q 8. My facility does quarterly screens done by therapists. Will screen forms be an accepted reason for referral?

Yes, as long as the documentation is clear to the need for the request and aligns with the evaluation and plan of treatment being submitted. If there is clinical documentation from

the record, reviewed by the therapist, that demonstrates a decline, that documentation should be submitted as well.

- Q 9. Just clarification, if a patient is Medicaid pending we just continue with therapy on them as normal and then once they are approved we just submit all the paperwork and there is a chance they won't be approved?

Medicaid pending members will not be reviewed as of March 1, 2021. Please follow the Retrospective Review Process for any members receiving eligibility after service is provided and for which dates of service are covered.

- Q 10. Is this only required if we are billing Medicaid for therapy services? Most all of our therapies are billed to Medicare.

This process is specific to Nursing Facility ancillary authorizations for KY Medicaid.

- Q 11. Would it be possible to create a chart (like showed initially) that would show first column to be "current PA process" and the 2nd column to be "new PA process" for all items discussed on webinar? I think that would be beneficial for providers.

Thank you for your recommendation. Chart is under consideration.

- Q 12. Are we expected to not be providing therapy services during the 5-6 (up to 15 day) waiting period while waiting for an authorization?

Facilities should utilize best practices when determining services to residents.

- Q 13. I asked about being required to not give services while waiting for authorization because I have been denied previously by my Carewise Field Reviewer for following my company's best practice of waiting for auth. Is that still going to be the case?

As previously noted, facilities should utilize best practices when determining services to residents.

- Q 14. If you have a retro authorization that is submitted can the initial request and recertification be submitted on the same form or does it need to be separated?

A retro authorization can be submitted as one request.

- Q 15. Will Carewise accept Nurse Practitioner (ARNP) signature in lieu of the physician?

Yes, during the public health emergency (PHE) an ARNP signature will be accepted.

- Q 16. Will the facility receive the approval or denial letter thru KYMMIS website?

Both the Prior Authorization and Denial letters are available thru KYMMIS website. However, Denial letters will be mailed to the facility and/or the member/legal guardian depending on the service request.

Q 17. In the event that fax attempts fail on the 2nd business day, will Carewise still retro auth with proof of the failed attempts?

Carewise Health will honor Fax Transmittals as proof of delivery. If a facility encounters fax issues they are encouraged to contact Carewise Health for assistance.

Q 18. Why would we not go ahead and send in someone who admits to facility that we know is Medicaid pending and has no other insurance to get an okay instead of waiting and hoping we do not get a denial?

Medicaid pending residents will not be reviewed as of March 1, 2021 per DMS policy decision.

Q 19. If a single resident is receiving more than one therapy, does each discipline need to provide a separate prior auth request?

No, but please be cognizant to the start dates being requested – as timeliness is determined by submission.

Q 20. Does the physician order for oxygen need to be signed?

A verbal order or signed plan of treatment is acceptable, with the expectation that ongoing oxygen therapy/order is periodically reviewed and signed by the Physician.

Q 21. Can you assure providers that the fax # is currently used by other providers and shouldn't result in a busy signal?

Carewise Health maintains 2 operational 800 fax numbers for providers to utilize. If a facility encounters fax issues they are encouraged to contact Carewise Health for assistance.

Q 22. What if therapy evals are done on different days and dates will be different. Can still submit on same auth form?

Initial request should be submitted within 2 business days of the start date of services otherwise the start date will be adjusted to the submission date.

Q 23. Is Re-evaluation interchangeable with Recertification? Re-eval term was used in presentation and want to make sure our recertification documentation is appropriate.

Yes.

Q 24. I am on the KYMMIS website and don't see the form to send in with the fax.

The Prior Authorization Form is available www.kymm.com Provider Relations/Forms/Prior Authorization.

Q 25. Any talk of increasing the certification period to 60 or 90 days to mirror other LTC rehab payers such as Medicare part B?

Carewise Health is not in discussion with the Department for Medicaid Services regarding extension of certification timeframes at this time.

Q 26. Just to clarify, will telephone/verbal order for resident be accepted on initial prior auth for therapy services even if the resident is not a new admission? We have a physician in the facility once a week and having a signature will become problematic.

Yes, a verbal order is acceptable.

Q 27. Can we get a copy of the slides?

Yes, the presentation will be available on March 1, 2021 at www.kymm.com

Q 28. What are the options for SNFs that don't have a Physician in house all the time? Our Physician is only here 2 days per week.

Verbal orders are appropriate.

Q 29. What if we are unable to get the physician to sign eval and/or order within 48 hours?

Verbal orders are acceptable.

Q 30. Will the PA form be on the website? The one we have doesn't have a spot for oxygen delivery type.

The Prior Authorization Form is available at www.kymm.com Provider Relations/Forms/Prior Authorization.

Q 31. Is NP acceptable or does it need to be a MD?

Yes, during the Public Health Emergency (PHE) an ARNP signature will be accepted.

Q 32. How will we know if therapy services have been authorized?

If the service request is approved, a Prior Authorization will be available on KY Health Net.

Q 33. Is there a specific reconsideration form?

No, there is not a specific form but the Prior Authorization Form does have a section specific to Reconsideration.

Q 34. Will this training presentation be available after today for review?

The presentation will be available on March 1, 2021 at www.kymm.com

Q 35. On March 1 do we start for new residents or do we need to send all current residents in for PA?

Effective March 1, 2021 Nursing Facilities are required to submit request to initiate service(s) for a new resident rather than calling in the review. Facilities should submit for ongoing services based on the end date of the current prior authorization.

Q 36. The existing therapy procedure codes from 2/3/2020 do not have the current list of procedure codes to align with the Medicare procedure code changes. Are there plans to update these codes as we are being denied for services such as splinting?

Thank you for your question. Billing questions should be addresses to Provider Inquiry at 1-800-807-1232.

Q 37. Referring to the KY Health Net, will we need a facility account or is access individualized?

KY Health Net is based on facility, but there can be multiple user in the facility. Each facility has a KY Health Administrator. The admin will have to give users access to KY Health Net.

Q 38. What is the turnaround time after a preauth has been submitted by the nursing facility?

Carewise Health follows Department of Labor Standards for processing reviews which allows up to 15 calendar days.

Q 39. KY Medicaid currently requires 5 times a week of therapy and weekly notes, will this be the requirement going forward?

The frequency and intensity of the service should be supported by the documentation and will be reviewed clinically. Progress notes should be frequent enough to clearly document progress toward goals and adherence to the plan within the plan period (generally 30 days). Weekly notes have generally been effective in demonstrating progress but are not mandated.

Q 40. If a patient has Medicare and PA as a secondary do I send that patient's order in as well or wait until they have exhausted their days?

Prior Authorization does not guarantee payment, so if a resident is Medicaid eligible and the facility plans to bill a claim with Medicaid then an authorization will be needed.

Q 41. Residents who are already on caseload and have been given an end date of services, do we send in the request within 2 business days of that date or March 1?

Recertification's are to be submitted within 2 business days of the last covered day to prevent any gaps in authorization.

Q 42. Can we get a copy of our end dates for current auths for oxygen?

All Prior Authorizations are available via KY Health Net.

Q 43. So do we send in for Medicaid pending residents?

As of March 1, 2021 only Medicaid eligible residents will be reviewed.

Q 44. When we are planning to d/c a resident from therapy prior to our end of POC, is there anything therapy needs to do?

No, at this point discharges are not required to be submitted.

Q 45. Can we send in recent hospital documents for reason for referral for therapy services at current SNF?

Yes, along with any other pertinent supportive documentation.

Q 46. We are a critical access swing bed facility. We are not aware of a specific auth for therapy services, how do we know if and when a patient is due to be authorized.

All nursing facilities are required to obtain a Prior Authorization for a Medicaid eligible resident if billing Medicaid.

Q 47. So do we have to get Prior Authorizations for these services since historically critical access facilities have not:

Swing Bed facilities are required to obtain a Prior Authorization for ancillary services if billing Medicaid.

Q 48. If a resident is admitted as MCD pending, then they would be unable to have a pre-auth for services?

Correct. As of March 1, 2021 only Medicaid eligible residents will be reviewed.

Q 49. Our facility is served by several physicians instead of one medical director. We use clinisign for signatures on our therapy evals. Will this be sufficient to meet the 2 day deadline?

Electronic signatures are acceptable.

Q 50. If discharged from facility more than 30 days will a new PA need to be done?

Yes, if a resident has discharged and readmitted a new request for services will be required.

Q 51. After submitting the oxygen therapy or physical/occupational/speech therapy request – when should the facility expect authorization or denial of services?

Carewise Health follows Department of Labor Standards for processing reviews which allows up to 15 calendar days.

Q 52. What is the time frame for submitting any missing documents (LOI)?

Facilities have 14 days from the notification letter date to submit required documentation without penalty.

Q 53. Are we going to be able to get a copy of this in-service?

The presentation will be available on March 1, 2021 at www.kymmis.com

Q 54. Any resident that we currently have authorizations, will we be required to submit a new or re-certification for services?

Effective March 1, 2021 to initiate a new service a request will need to be submitted for review. Re-certification timeframes for submission are based on the current end date of the resident's Prior Authorization.

Q 55. What if we do not know when the recert date is for O2 patients?

All Prior Authorizations are available on KY Health Net.

Q 56. Can a facility submit a recertification early?

Yes, but please remember that all documentation for a recertification is required to complete the review which includes an updated plan of treatment for the new plan period as well as appropriate signatures.

Q 57. For O2 how does Carewise know the start date b/c it is not on the form for date requested?

Date of service is required information and should be submitted.

Q 58. Can you give that number again for support?

Carewise Health Contact Center – (800) 292-2392 or (800) 807-8842. The EDI Help Desk – (800) 205-4696. Billing Questions (Provider Inquiry) – (800) 807-1232

Q 59. What do we do about people who are already receiving an auth? Do we need to send forms on March 1st for everyone currently receiving ancillary services?

Recertification's are to be submitted within 2 business days of the last covered day to prevent any gaps in authorization.

Q 60. What is your definition of Medicaid Pending? Because some residents have a Medicaid 3, but the eligibility has lapsed at the time of admission be we used to get the Ancillary Auth letter as the resident had a valid #. Other residents have community Medicaid at admission.

Medicaid pending means that a resident does not have a current eligibility segment/Benefit assigned for the dates in question.

Q 61. If we submit a Physician telephone order with our supporting documentation for OT/PT/ST services, does the order require a physician/nurse practitioner signature?

No, verbal orders are appropriate.

Q 62. Can a physician assistant sign as well as a nurse practitioner?

No, at this point orders will need to be signed by a Physician or ARNP.

Q 63. We only have one physician for the building and no nurse practitioner if a MD is on vacation and unable to sign the order within (2) days are any other methods available as in can the DON sign the orders? Would that be acceptable?

A verbal order is appropriate.

Q 64. How will the facilities receive their Auths? Will it be emailed?

No, Prior Authorizations will not be emailed. They are available via KY Health Net.

Q 65. How do we get access to KY Health Net?

Each facility has a KY Health Net account administrator. The account administrator will need to give you access. You can contact the EDI Helpdesk 1-800-205-4696 to find out the account administrator.

Q 66. For therapy request, can we begin treatment before authorization is returned for you? Or will we need to wait the up to 14 days for approval after evaluation to begin treatment.

- Carewise Health does not dictate service provision to facilities. Facilities should utilize best practices in rendering services to residents.*
- Q 67. Is the date of admission the first business day?
- Request are to be submitted within 2 business days from the start date of the service.*
- Q 68. We were told that the new Prior Auth process was postponed until 4/1/2021, does that only apply to new Inpatient room/board process?
- The Go Live date for this process is March 1, 2021.*
- Q 69. If a resident is Medicaid pending are they just not to receive the services? Is this delaying treatment?
- Facilities should utilize best practices when determining services to residents.*
- Q 70. Are authorizations/approvals posted on the website as well as requests for more information/denials?
- Authorizations and letters are available on KY Health Net.*
- Q 71. Can you use the same Prior Authorization Request Form to request multiple therapies for the same patient or does a separate form need to be completed for each separate service?
- Yes, but please be cognizant to the start dates being requested – as timeliness is determined by submission.*
- Q 72. We have 1 doctor and no nurse practitioner. Our MD physically signs therapy POCS 1x/wk and prefers not to use electronic signature for those. Can I submit request prior to our MD physically signing the therapy POC?
- A MD order is required but this can be a verbal order.*
- Q 73. So when someone is approved we submit a retrospective auth for all services provided?
- Yes, a retrospective review should be submitted 1 year from the issuance of eligibility.*
- Q 74. We receive our LOI's for the LOC's for Medicaid patients via KLOCS and also via mail. Will we hopefully be moving into uploading these ancillary auths and receiving our ancillary auth LOI's in KLOCS in the future.
- The Nursing Facility Ancillary process is outside of KLOCS.*
- Q 75. Can we complete recertification's early?
- Yes, but please remember that all documentation for a recertification is required to complete the review which includes an updated plan of treatment for the new plan period as well as appropriate signatures.*
- Q 76. So we submit then via fax?
- Yes.*

Q 77. What would be the SPO2 on room air criteria to get approval?

The Technical Criteria is posted on the DMS website - <https://chfs.ky.gov/agencies/dms/Pages/default.aspx>

Q 78. If for some reason the fax isn't received but was sent, will verify of the fax transmission log be proof enough to have the auth backdated?

Carewise Health maintains 2 operational 800 fax numbers for providers to utilize. If a facility encounters fax issues they are encouraged to contact Carewise Health for assistance.

Q 79. So all current residents on O2 and therapy need to be faxed in Monday?

No, effective March 1, 2021 Nursing Facilities are required to submit request to initiate service(s) for a new resident rather than calling in the review. Facilities should submit for ongoing services based on the end date of the current prior authorization.

Q 80. Currently, when I call in for Prior Authorization, I am given a reference number. Will I receive any sort of similar number for reference when I begin doing this process via fax?

A reference number will not be provided in the fax process, however, if calling in to check the status of a case Carewise Health can provide the reference #.

Q 81. So we will be able to access the reference number on the website?

No the historical reference number was used as an identified within the Carewise Health Medical Management system and not needed for the Prior Authorization.

Q 82. To be considered Medicaid eligible can it be any type of Medicaid?

The specific Benefit Plan does not matter as long as the resident has an active eligibility segment.

Q 83. In a prior presentation a colleague took notes that Nurse Practitioner signature would NOT be accepted. Are you saying the Nurse Practitioner signature will be accepted now? In reference to plans of care, orders?

In previous presentation it was noted that the Carewise Health team was allowing ARNP signatures and the Department for Medicaid Services was reviewing that item. Prior to the February 25th presentation, DMS determined that an ARNP would be allowed during the Public Health Emergency.

Q 84. So from top to bottom process.....I'm going to submit the Nursing Facility PA request form along with all clinical info requested via fax within 2 business days of the initial start date or recert end date. Once I do this, I can expect an auth or LOI in the mail or viewable online what time frame? If an LOI is received I have what timeframe to submit the info?

Yes, new services are to be submitted within 2 business days of the start date of services. Ongoing services are to be submitted within 2 business days of the last covered date of the authorization. Facilities have 14 days to submit response to a LOI without penalty.

Q 85. Did I understand correctly that a verbal order is acceptable and can be submitted in place of an actual physical signature by the MD or ARNP?

Yes.

Q 86. For therapy and oxygen as well?

Yes, but for oxygen if the verbal order is submitted it needs to be current and/or updated for the request.

Q 87. Will there be evidence of an LOI being mailed/issues if we are tracking on the website?

If a LOI is generated it will be available on KY Health Net.

Q 88. Will a nursing screen referral form work for reason for request for therapy?

Yes, as long as the nursing screen referral clearly documents the clinical picture of the resident and supports the decline/change in functioning and/or supports the clinical contained within the evaluation.

Q 89. I have a MD that does not sign off timely on the evaluations. Can you state again what the requirements are for MD signature for approval?

A verbal order is appropriate if unable to obtain MD or ARNP signature for submission.

Q 90. What is considered a Chronic Diagnosis for Oxygen? Example – CHF

Yes, CHF could be an appropriate diagnosis for a resident to fall into the chronic category for ongoing Oxygen services.

Q 91. How will I know oxygen will be approved? And how quickly?

Once reviewed, an authorization, denial, or Lack of Information will be generated.

Q 92. If we get an elder admission on Friday night and no one call in Oxygen until Monday will the start date be that Monday?

Request are to be submitted within 2 business days from the start date of service.

Q 93. On the 2 day time frame, is there a physical time deadline, such as 11:59pm on day 2?

Carewise Health determines submission date based on operational hours 8a – 6p ET. So for example, if a request is submitted at 7:30p ET on 2/24/2021 then the logical (submission) date of 2/25/2021 will be applied.

Q 94. Do we continue to treat patients whose authorization has been submitted while we are waiting for approval (up to 15 days)?

Carewise Health does not dictate service provision to facilities. Facilities should utilize best practices in rendering services to residents.

Q 95. If we use Oxygen with our neb treatments do we need to call that in?

To bill a Medicaid claim for oxygen a Prior Authorization is required.

Q 96. And just verifying, we do not need to send in current Medicaid patients on caseload on 3/1, but submit authorization once they are due a recert?

Effective March 1, 2021 to initiate a new service a request will need to be submitted for review. Re-certification timeframes for submission are based on the current end date of the resident's Prior Authorization.

Q 97. Is there a verification process for faxed received or just the confirmation page for fax completion?

Carewise Health does not automatically send a faxed received verification.

Q 98. What if I do not have a KY Health Net username in order to get in to view the PAs for oxygen?

Each facility has a KY Health Net account administrator. The account administrator will need to give you access. You can contact the EDI Helpdesk 1-800-205-4696 to find out the account administrator.

Q 99. How does it work for current Oxygen residents, do we need to send in new information on these starting 3/1/2021?

Re-certification timeframes for submission are based on the current end date of the resident's Prior Authorization.

Q 100. Are we to see patients for treatment while the initial review is happening at Carewise?

Carewise Health does not dictate service provision to facilities. Facilities should utilize best practices in rendering services to residents.

Q 101. Since we no longer are getting the reference numbers, will we have to wait for the paper copy of the authorization before we know what the authorization number will be?

A reference number will not be provided in the fax process, however, if calling in to check the status of a case Carewise Health can provide the reference #. Prior Authorizations are available via KY Health Net.

Q 102. To avoid incurring billable services through physical therapy (for example) would it be possible to perform the POC but hold the treatment services for approval?

Carewise Health does not dictate service provision to facilities. Facilities should utilize best practices in rendering services to residents.

Q 103. If we admit a resident on 2/26 and PT evals on 2/27 and OT on 3/1 for example we would then submit for approval 2 different ways, correct?

Request are to be submitted within 2 business days from the start date of service, but please be cognizant to the start dates being requested – as timeliness is determined by submission.

Q 104. How would we know what the end date was for existing oxygen customers since we were told they would just be continued? For example the ones that were called in months ago?

Some of the ones that were called in during the beginning of the pandemic had an end date on 11/1/2020.

Correct, Prior Authorizations were being administratively approved and extended without any nursing facility action through the pandemic. Effective March 1, 2021 all nursing facility ancillary request will be clinically reviewed. Existing Prior Authorizations are available on KY Health Net.

Q 105. I often receive referrals from nursing to see a patient due to a fall from a wc. There may not be documentation to demonstrate decline in ADLS, etc. Will this be a problem for approval if only wc positioning related to fall?

The clinical documentation included in the submission should align with the need for the referral and provide a full clinical picture of the resident's level of functioning.

Q 106. So it is entirely possible that we could get an auth denial after we have decided to go ahead and treat the resident (for best practices so we don't withhold treatment) and we would not be getting reimbursed?

Yes, that is possible. Carewise Health does not dictate service provision to facilities. Facilities should utilize best practices in rendering services to residents.