



# Prior Authorization Presentation To Hospice Billing Staff

Thursday, April 26, 2012

Friday, April 27, 2012

# Hospice Prior Authorization

- Effective May 1, 2012 Hospice Prior Authorizations previously done through DHH and AHS will be the responsibility of Molina Medicaid Solutions

# Hospice Prior Authorization Process

- PA is required upon initial request
- PA requests must be submitted within 10 days of election date
- If subsequent requests needed, PA must be submitted at least **10 days prior** to end of current election period

# Hospice Prior Authorization Process

- If this requirement is not met, approval will not be considered for the days prior to receipt
- The completed PA, including the updated and signed BHSF form and all related documents must be received before the period ends

# Electronic Prior Authorization

## e-PA

- Request must be submitted through e-PA.
- e-PA is a secure web application to submit PA requests and view status of previously submitted requests

More info about e-PA at  
[www.lamedicaid.com](http://www.lamedicaid.com) or Molina  
Hospice PA Dept at 1-800-877-0666,  
Option #2

# Hospice Prior Authorization Required Documentation

- Documentation **should paint a picture** of the recipient's condition.
- Should include: daily/weekly notes, why condition is terminal and not **CHRONIC**
- When a face to face encounter is required a telephone call is not acceptable and will not be considered when reviewing the case for prior authorization.

## **First Benefit Period (90 days)**

- e-PA request submitted with PA type 88 will create an encrypted bar coded page
- Fax this page and the following documentation to e-PA fax number at 225-927-6536

# First Benefit Period (90 days)

- Hospice Election Form (ICD9/10) principal diagnosis code; other diagnosis codes
- Certificate of Terminal Illness Form (BHSF Form Hospice – TI)
- Clinical/medical information



# First Benefit Period (90 days)

- **Hospice provider Plan of Care (POC) should include:**
  - Progress notes (Hospital, home health, physician, etc.)
  - Physician orders for plan of care
  - weight chart
  - laboratory tests
  - physician & nursing progress notes
  - Minimum Data Set (MDS) form (original and current) if recipient is in a facility

# First Benefit Period (90 days)

- **Documentation to support hospice appropriateness:**
  - Paint picture of patient's condition
  - Illustrate why patient is considered terminal, not chronic
  - Explain why diagnosis has created terminal condition
  - Show how the body systems are in a terminal condition

# Second and Subsequent Benefit Periods

- Must submit via e-PA type 88 and fax bar coded page with following documentation:
  - **Updated CTI and face to face encounter signed and dated by hospice medical director or physician member of IDG for 3<sup>rd</sup> and subsequent requests**

# Second and Subsequent Benefit Periods

- **Updated POC (Plan of Care)**
- **Updated physician orders**
- **List of current medications (within last 60 days)**
- **Current labs/test results (within last 60 days if available)**

# Second and Subsequent Benefit Periods

- Description of hospice diagnosis
- Description of any change in hospice diagnosis
- Progress notes: daily/weekly, nursing, social worker, aide, volunteer and chaplain

# Second and Subsequent Benefit Periods

- Social evaluation
- Updated scale (Karnofsky Performance Status Scale, Palliative Performance Scale, or Functional Assessment Tool (FAST))

# Second and Subsequent Benefit Periods

- Recipient current weight, vitals, labs, any other documentation supporting continuation of hospice. Must demonstrate decline in detail. Ex: Last month versus current month status.
- Current MDS if recipient resides in facility

# Second and Subsequent Benefit Periods

- Must have a terminal prognosis in addition to CTI and proof of face to face encounter
- Require certification of the **prognosis**, rather than diagnosis



# Second and Subsequent Benefit Periods

- **Note:** This information must be submitted for all subsequent benefit periods and must show a decline in the recipient's condition for the authorization to be approved
- A cover letter attached to the required information **will not suffice** for supporting documentation. The supporting information **must be documented within the clinical record with appropriate dates and signatures.**

# Second and Subsequent Benefit Periods

- Authorization will be made on the basis that the recipient is terminally ill as defined in federal regulations
- Authorization will be based on objective clinical evidence in the **clinical record** and not simply diagnosis

# Written Notice of PA

- Requests reviewed, and approved or denied **within 5 working (business) days from date and time of receipt of request in Molina work queues via e-PA transaction**
- Provider and nursing facility (if applicable) will receive written notification

# Written Notice of PA

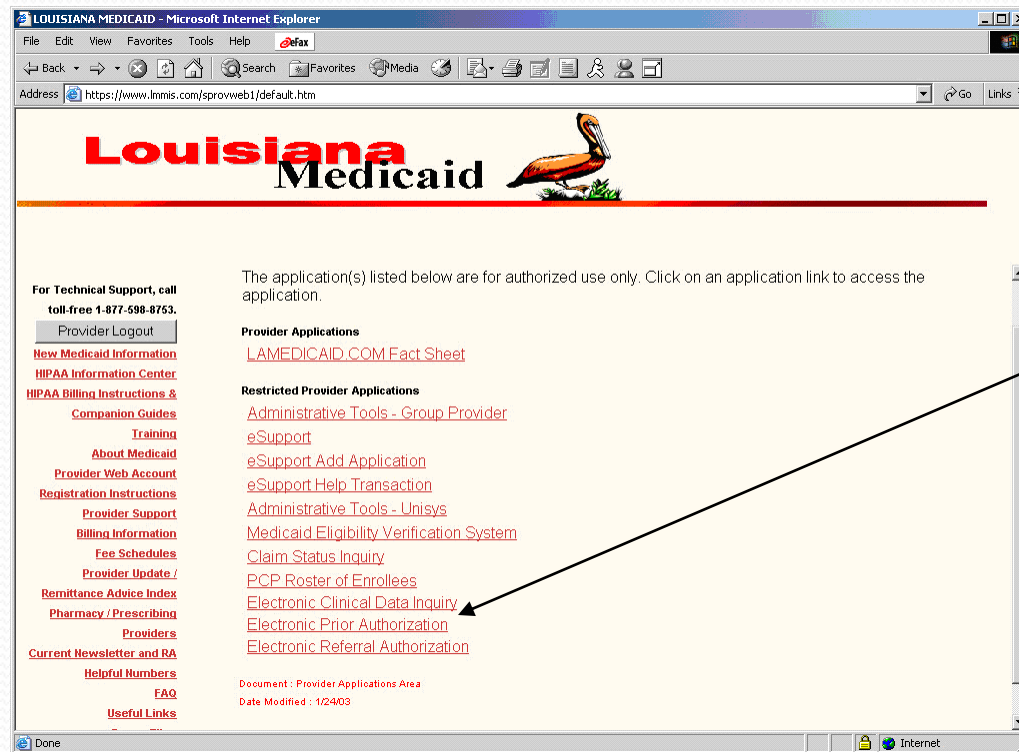
- Ability to check e-PA in order to view results on daily basis
- Denial does not represent that further hospice is not appropriate, but documentation shows recipient does not appear to be in a terminal stage of illness
- Providers encouraged to submit PA packets for next subsequent period within the set time frame when there is evidence of a recipient's decline in health if prior period has been denied

# Reconsideration of Denied PA Request

- Must be entered as RECON in e-PA with original PA number
- Include new information or documentation to support medical necessity
- e-PA instructions:  
<http://www.lamedicaid.com/ProvWeb1/Forms/UserGuides/ePAHelp.pdf>

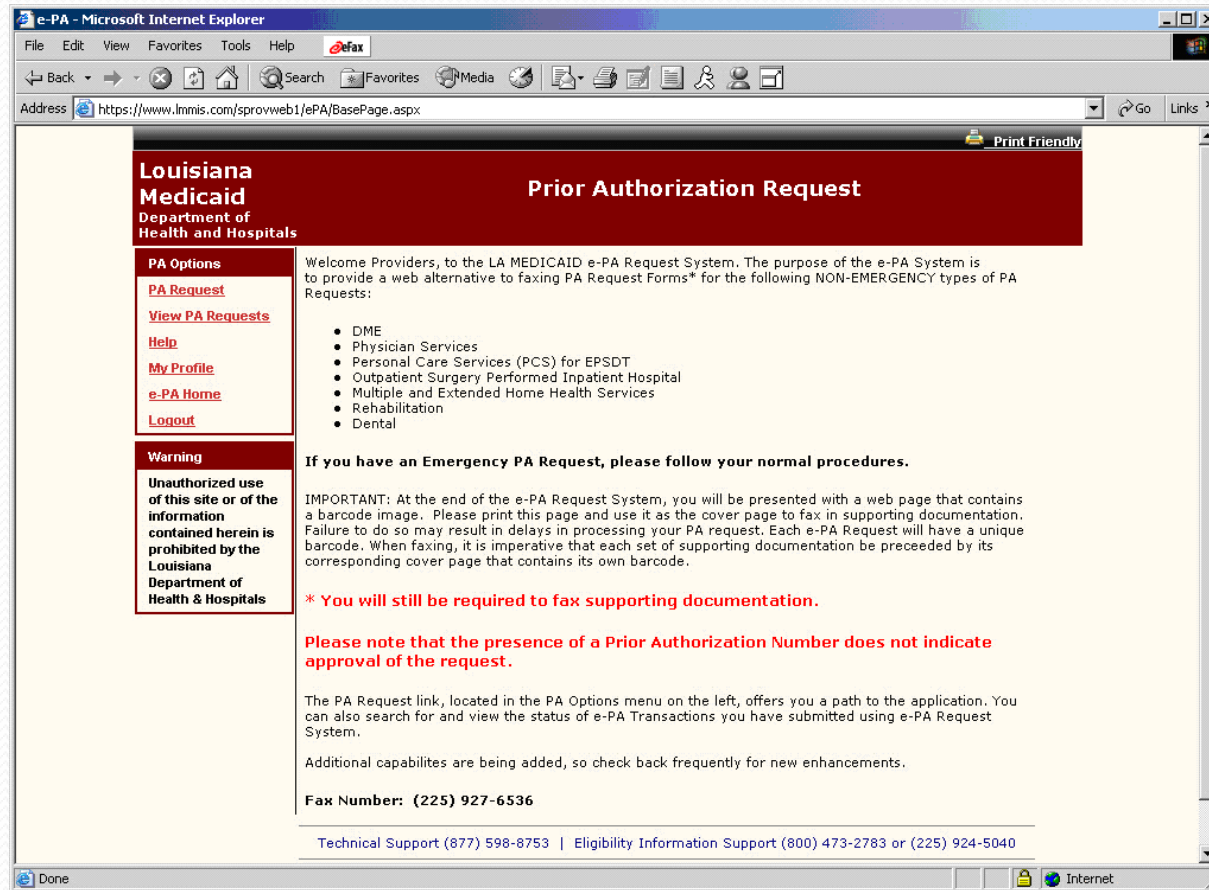
# How to Access e-PA

Open your web browser and enter the URL for the Louisiana Medicaid main menu [www.lamedicaid.com](http://www.lamedicaid.com). Click on the **Provider Login** button and then log-on to the Provider Applications Area.




e-PA

# e-PA Home Screen



# PA Request



**Louisiana Medicaid**  
Department of Health and Hospitals

## Prior Authorization Request

**PA Options**

- [PA Request](#)
- [View PA Requests](#)
- [Help](#)
- [My Profile](#)
- [e-PA Home](#)
- [Logout](#)

**Warning**

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

Welcome Providers, to the LA MEDICAID e-PA Request System. The purpose of the e-PA System is to provide a web alternative to faxing PA Request Forms\* for the following NON-EMERGENCY types of PA Requests:

- DME
- Physician Services
- Personal Care Services (PCS) for EPSDT
- Outpatient Surgery Performed Inpatient Hospital
- Multiple and Extended Home Health Services
- Rehabilitation
- Dental

**If you have an Emergency PA Request, please follow your normal procedures.**

IMPORTANT: At the end of the e-PA Request System, you will be presented with a web page that contains a barcode image. Please print this page and use it as the cover page to fax in supporting documentation. Failure to do so may result in delays in processing your PA request. Each e-PA Request will have a unique barcode. When faxing, it is imperative that each set of supporting documentation be preceded by its corresponding cover page that contains its own barcode.

**\* You will still be required to fax supporting documentation.**

**Please note that the presence of a Prior Authorization Number does not indicate approval of the request.**

The PA Request link, located in the PA Options menu on the left, offers you a path to the application. You can also search for and view the status of e-PA Transactions you have submitted using e-PA Request System.

Additional capabilities are being added, so check back frequently for new enhancements.

**Fax Number: (225) 927-6536**

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040



# PA Request

The screenshot shows a web application window with a dark red header bar. In the top right corner of the header, there is a printer icon and the text "Print Friendly". The main title of the form is "Prior Authorization Recipient & PA Type Entry" in white text on the red background. Below the header, the form has a light beige background. It contains three input fields: "Recipient's Medicaid ID Number or CCN" with a text box, "Recipient's Date of Birth" with a text box and a "(MM/DD/YYYY)" label, and "PA Type" with a dropdown menu showing "(88) Hospice". At the bottom of the form are two buttons: "Submit" and "Cancel".

Print Friendly

**Prior Authorization  
Recipient & PA Type Entry**

Recipient's Medicaid ID Number or CCN

Recipient's Date of Birth  (MM/DD/YYYY)

PA Type

# PA Request, cont.

Print Friendly

## Prior Authorization PA Request Entry

PA Number (Unassigned) PA Type (88) Hospice Request Date 4/17/2012 5:25:05 PM

☐ Continuation of Services

### REQUESTER DATA

Medicaid Provider ID  Phone No.   
Contact Person  Fax No.

### SUBSCRIBER DATA

Medicaid ID  Medicare ID   
Last Name  First Name, MI.  D  
Sex  DOB

### DIAGNOSIS

	Code	Description
Primary	<input type="text" value="001"/>	<input type="text"/>
Secondary	<input type="text"/>	<input type="text"/>

### SERVICE DATES

From  Thru  (MM/DD/YYYY)

### PRESCRIBING PROVIDER DATA

Physician Name  Physician NPI or Medicaid ID   
Prescription Date  (MM/DD/YYYY)

Place of Treatment

### PROVIDER CONTACT INFORMATION

Name   
Address   
City  State  Zip   
Telephone  Fax

### Additional Comments

ePA Trans. ID Submitted 4/17/2012 5:25:05 PM Enc. No.

# Request Verification Screen

Print Friendly

## Prior Authorization PA Request Entry

**PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS**  
The following PA Request has been entered. Please choose one of the options to continue.

[Submit the request. All of the information is correct.](#)  
[Go Back and modify the request.](#)  
[Cancel this request and return to the home page.](#)

**PA Number** (Unassigned) **PA Type** (88) Hospice **Request Date** 4/17/2012 4:26:25 PM  
**ePA Trans ID** 407278 **PA Status** 208 - Submission Process Not Complete. Expires 05/17/2012

☐ Continuation of Services

**REQUESTER DATA**  
Medicaid Provider ID  Phone No.   
Contact Person  Fax No.

**SUBSCRIBER DATA**  
Medicaid ID  Medicare ID   
Last Name  First Name, MI    
Sex  DOB

**DIAGNOSIS**  

	Code	Description
Primary	<input type="text" value="001"/>	<input type="text" value="CHOLERA"/>
Secondary	<input type="text"/>	<input type="text"/>


**SERVICE DATES** From  Thru

**PRESCRIBING PROVIDER DATA**  
Physician Name  Physician NPI or Medicaid ID   
Prescription Date  (MM/DD/YYYY)


**Place of Treatment**


**PROVIDER CONTACT INFORMATION**  
Name   
Address   
City  State  Zip

# e-PA Request Review

 Print Friendly

**Prior Authorization  
PA Request Review**



**IMPORTANT INFORMATION**  
Please print this page with the bar code using the Print this Page button or Print Friendly button. Then use it as the cover page when faxing supporting documentation for this Prior Authorization request. Failure to do so may result in delays in processing your request.  
Please fax all supporting documentation to one of the following numbers listed below.  
**THIS FAX COMMUNICATION MAY CONTAIN CONFIDENTIAL MATERIAL and is thus for use only by the intended recipient. If you received this fax in error, please contact the sender and securely discard all pages of this fax.**  
Molina Prior Authorization Fax Numbers  
**(225) 927-6536**  
 Print this Page

PA Number (Unassigned) PA Type (88) Hospice Request Date 4/17/2012 5:27:06 PM  
ePA Trans ID 407278 PA Status 210 - Submitted, Attachments Not Received. Expires 04/20/2012.

☐ Continuation of Services

**REQUESTER DATA**  
Medicaid Provider ID  Phone No.   
Contact Person  Fax No.

**SUBSCRIBER DATA**  
Medicaid ID  Medicare ID   
Last Name  First Name, MI.  D  
Sex  DOB

**DIAGNOSIS**  
Code Description  
Primary    
Secondary

**SERVICE DATES** From  Thru

**PRESCRIBING PROVIDER DATA**  
Physician Name  Physician NPI or Medicaid ID   
Prescription Date  (MM/DD/YYYY)  
Place of Treatment

# View PA Requests

The screenshot shows a web browser window titled "e-PA - Microsoft Internet Explorer". The address bar displays "https://www.lnmis.com/sprovweb1/ePA/BasePage.aspx". The page header includes the "Louisiana Medicaid Department of Health and Hospitals" logo and the title "Prior Authorization Request PA Request Transactions". A "Print Friendly" link is visible in the top right. The main content area is divided into a left sidebar and a main form area. The sidebar contains links for "PA Options", "PA Request", "View PA Requests", "Help", "My Profile", "e-PA Home", and "Logout". Below these is a "Warning" section stating: "Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals". The main form area has a heading "Please enter at least one of the following:" followed by three input fields: "PA #", "Recipient ID", and "ePA Transaction #". Below these fields is a "Search" button and a "Clear" button. A "Quick Search" button is located below the "Search" button. To the right of the "Quick Search" button are three radio buttons: "Current Week", "Previous Week", and "Current Month". At the bottom of the page, there is a footer with technical support information: "Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040", a copyright notice "© 2004 Unisys Corp | Unisys Lammis (610551) | All Rights Reserved", and a status bar at the very bottom showing "Done" and "Internet".


Search by:

- PA Number
- Recipient ID
- e-PA Transaction Number
- CCN

Quick Search by:

- Current Week
- Previous Week
- Current Month

# e-PA Request Transactions


 Print Friendly


**Prior Authorization  
PA Request Transactions**

Please enter at least one of the following:  
PA #  Recipient ID  ePA Transaction #   
Or CCN

☒ Within Past 7 days ☐ Past 7 - 14 days ☐ Past 30 days

Below are all of the Transactions that were submitted by you through the e-PA System. To view the complete Transaction, click on the PA Number of the request you wish to see. This will give you the complete information regarding the request, as well as a print-friendly version that you can print for your records.

The column with the  indicates the number of attachments received for this PA Request.

PA #	Recip ID# / CCN	Request Date	PA Type / Program	Status	Reject Code	e-PA Transaction #	
<a href="#">210355003</a>	<a href="#">[REDACTED]</a>	4/12/2012 2:29:24 PM	(88) Hospice	212 - Attachments Received.		<a href="#">407273</a>	2
<a href="#">210355001</a>	<a href="#">[REDACTED]</a>	4/12/2012 2:28:57 PM	(88) Hospice	212 - Attachments Received.		<a href="#">407274</a>	2
<a href="#">210355002</a>	<a href="#">[REDACTED]</a>	4/12/2012 2:28:36 PM	(88) Hospice	212 - Attachments Received.		<a href="#">407275</a>	2
<a href="#">210355000</a>	<a href="#">[REDACTED]</a>	4/12/2012 2:08:01 PM	(88) Hospice	002 - Approved		<a href="#">407276</a>	2
<a href="#">(Not Assigned)</a>	<a href="#">[REDACTED]</a>	4/16/2012 1:26:29 PM	(09) DME	210 - Submitted. Attachments Not Received. Expires 04/19/2012.		<a href="#">407277</a>	0
<a href="#">(Not Assigned)</a>	<a href="#">[REDACTED]</a>	4/17/2012 5:27:06 PM	(88) Hospice	210 - Submitted. Attachments Not Received. Expires 04/20/2012.		<a href="#">407278</a>	0

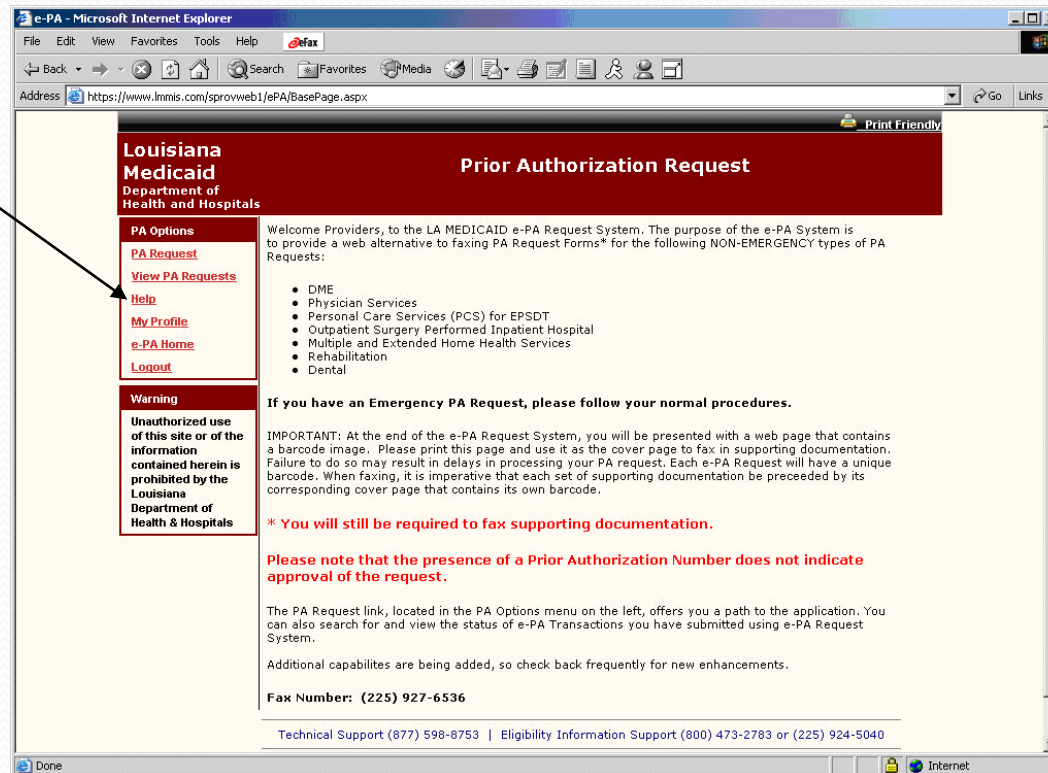
Records 1 - 6 of 6

Page 1 of 1

Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

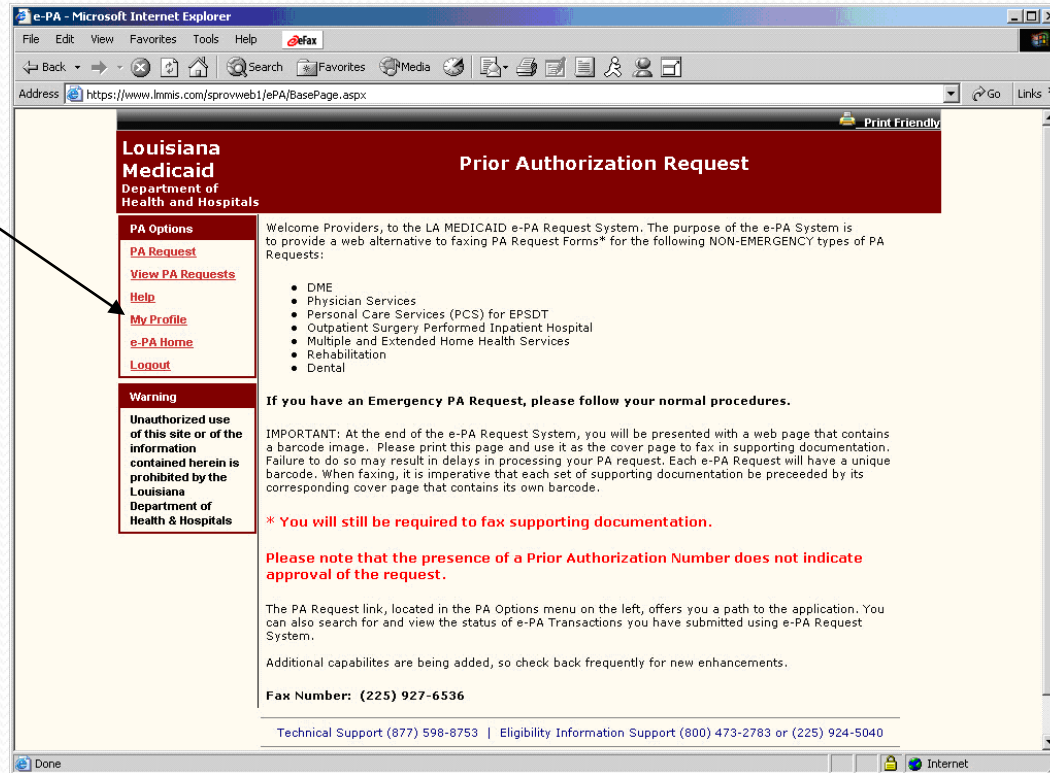
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# e-PA Help





# e-PA “My Profile”





# e-PA Profile Page

e-PA - Microsoft Internet Explorer

File Edit View Favorites Tools Help defax

Back Forward Stop Search Favorites Media Print Print Preview

Address <https://www.lnmis.com/sprovweb1/ePA/BasePage.aspx> Go Links

Print Friendly

**Louisiana Medicaid**  
Department of Health and Hospitals

**PA Options**

[PA Request](#)

[View PA Requests](#)

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**Warning**

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## Prior Authorization Request Profile

The e-PA Profile allows you to customize the PA Types that will appear in the PA Type selection list when entering a PA Request. The default is that all PA Types for the e-PA system will be in the PA Type list.

**You can modify your choices at any time by returning to this page.**  
**Be sure to click the 'Save Changes' button to save your changes.**

**Available e-PA System PA Types**

Dental Adult  
Dental EPSDT  
(09) DME  
(14) EPSDT Personal Care Services

Add to Your PA TypesRemove from Your PA Types

**Your PA Types**

(09) DME  
(14) EPSDT Personal Care Services

Save ChangesReset

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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# e-PA Profile Reset

The screenshot shows a web browser window titled "e-PA - Microsoft Internet Explorer". The address bar displays "https://www.lnmis.com/sprovweb1/ePA/BasePage.aspx". The page content is for the "Louisiana Medicaid Department of Health and Hospitals" and is titled "Prior Authorization Request Profile".

**Left Sidebar:**

- PA Options:**
  - [PA Request](#)
  - [View PA Requests](#)
  - [Help](#)
  - [My Profile](#)
  - [e-PA Home](#)
  - [Logout](#)
- Warning:**

Unauthorized use of this site or of the information contained herein is prohibited by the Louisiana Department of Health & Hospitals

**Main Content Area:**

**Prior Authorization Request Profile**

The e-PA Profile allows you to customize the PA Types that will appear in the PA Type selection list when entering a PA Request. The default is that all PA Types for the e-PA system will be in the PA Type list.

You can modify your choices at any time by returning to this page.  
Be sure to click the 'Save Changes' button to save your changes.

**Available e-PA System PA Types**

Dental Adult
Dental EPSDT
(09) DME
(14) EPSDT Personal Care Services

[Add to Your PA Types](#) [Remove from Your PA Types](#)

**Your PA Types**

(09) DME
(14) EPSDT Personal Care Services

[Save Changes](#) [Reset](#)

Technical Support (877) 598-8753 | Eligibility Information Support (800) 473-2783 or (225) 924-5040

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After you have made changes, but before you have selected the **Save Changes** button, you may cancel the changes you made to the “Your PA Types” list by selecting the **Reset** button.

# Important Note

**If the supporting documentation is not faxed to Molina Hospice Prior Authorization Department or the PA Request Entry (response) page is not used as a cover sheet or is un-readable, then the request will remain in a Pending Review status and will not be processed by the PA Department. To identify whether or not the supporting documentation was received and processed without error, the provider can view the PA Entry Request (response) page and review the Encounter # field at the bottom of the page. If this number is Zero (0), then the attachments have not been received or were not appropriately matched to the original request. Reprint the PA Entry Request (response) page and re-fax it and the supporting documentation again. If the faxed documentation is received and processed correctly, the encounter number field will reflect this change one business day after the documents were faxed.**

# Questions and Answers

**Q. Who can submit a request for Prior Authorization to Molina Hospice Prior Authorization Unit?**

**A. The Hospice Medicaid Provider must submit all requests (Initial, Subsequent Election Periods and Reconsiderations) for Prior Authorization no matter where the recipient resides or if being discharged from a hospital.**

# Questions and Answers

**Q. What is the expected time for a determination to be made?**

**A.** Molina will review and resolve all Hospice prior authorizations within five (5) working (business) days from the date and time of receipt in the Molina ePA working queues.

If a recipient elects hospice on the weekend or on a holiday; the five (5) working (business) days will begin on a Monday or the next working day after the holiday.

**REMINDER:** The Hospice PA request will not move to the working queues until the Hospice provider faxes the information/document **behind the encrypted bar-coded page with the demographic information and the two are merged in the ePA system.**

# Questions and Answers

**Q. If Prior Authorization is approved, will it ensure payment?**

**A.** Prior Authorization approval **is not** a guarantee of payment. There are hundreds of edits a claim must clear in order for a provider to receive payment (ex. Recipient must be eligible, etc).

**Q. Will there be additional information required when submitting claims/bills?**

**A.** The **submission of claims has not changed**. Providers will submit the same information as required in the past. **DO NOT PUT THE PA NUMBER ON THE UB-o4 CLAIM FORM.**

**Q. How will the prior authorization impact current hospice care for Medicaid patients with any waiver programs?**

**A.** There should be no additional impact on persons in waivers and hospice except for the new PA process.

**Note: Long Term Personal Care Services (LTC-PCS) is a State Plan Program and these services are not covered when the recipient is in Hospice.**

# Questions and Answers

**Q. What does the Hospice Provider submit to Molina Hospice PA Unit for Dual Eligible Recipients (Medicare Primary)?**

**A. Prior Authorization is not required** for dual recipients (Medicare Primary) during the two 90-day election periods and the subsequent 60-day election periods. However the following is a requirement:

- Submit an ePA electronic transaction via web based system (PA Type 88). This will create an encrypted bar-coded page and the following documentation must be faxed behind the encrypted page to the ePA fax number (225-927-6536):
- A copy of the Medicare Common Working File screen showing the hospice segment

# Questions and Answers

**Q. How will the new Prior Authorization Process effect currently enrolled hospice patients?**

**A.** The Hospice segment currently approved will remain untouched for the remainder of the election period that is currently on file and in effect; however, **if subsequent election periods are required they must go through the Prior Authorization process** described above. The request for subsequent periods must be submitted through the ePA automated process with all required documentation **at least 10 days prior** to the end of the current election period.



# Questions and Answers

## **Q. What documents must the Hospice Provider submit for a Revocation or Discharge of Services?**

**A.** “Revocations or Discharge” of service must be submitted to Molina Prior Authorization within 72-hours of revocation.

Revocations submitted after this limit will become effective on the date of receipt by Molina PA.

All transactions must be entered via ePA transaction using the prior authorization number of the Initial or Subsequent Election periods.

Providers should use the “RECON” ePa process to submit the request and send the following information:

- Hospice Recipient Election/Cancellation/Discharge Notice
- Statement of Revocation signed and dated by the recipient or legal representative. The revocation statement must include the date the revocation is to be effective and state why the revocation is chosen.
- Discharges must be submitted once the provider receives a revocation statement from the recipient or upon discovery the recipient is not terminally ill.

# Questions and Answers

**Q. Can you clarify who is meant by the 'referring' physician and the 'attending' physician?**

**A.** A referring physician would be one that refers the patient for hospice care. The attending must be actively in charge of the patient's treatment and billing claims for the treatment of the patient.

**Q. Is there going to be an appeal process for general inpatients who may need more than five days General Inpatient Care?**

**A.** The Hospice provider will be able to appeal the denial of claims and submit documentation to show the additional days were medically necessary.

# Questions and Answers

**Q. Will Molina on line be accessible 24/7?**

**A. Yes, the ePA automated system is available 24/7 for providers to submit information**

# PA Reminders

- Approval of election period will be effective the date the PA unit receives the proper documentation
- Providers should check eligibility on a monthly basis
- PA only approves the existence of medical necessity, not eligibility
- All requests must be submitted to Molina through e-PA. No other form or substitute will be accepted.

# Billing Reminders

- The submission of claims has not changed.
- Providers will submit the same information as required in the past.
- **DO NOT PUT THE PA NUMBER ON THE UB-04 CLAIM FORM.**

# New Denial Edit

- **Edit 328-Not covered for Recipient in NH/ICFDD** will be added to apply to Rev Codes:  
HR655 (Inpatient Respite Care )  
HR 656 (General Inpatient Care)

# Helpful Numbers

For questions or issues related to Hospice contact  
Molina Hospice Prior Authorization

1-800-877-0666

Option #2

For questions or issues related to Billing contact  
Molina Provider Relations

1-800-473-2783