

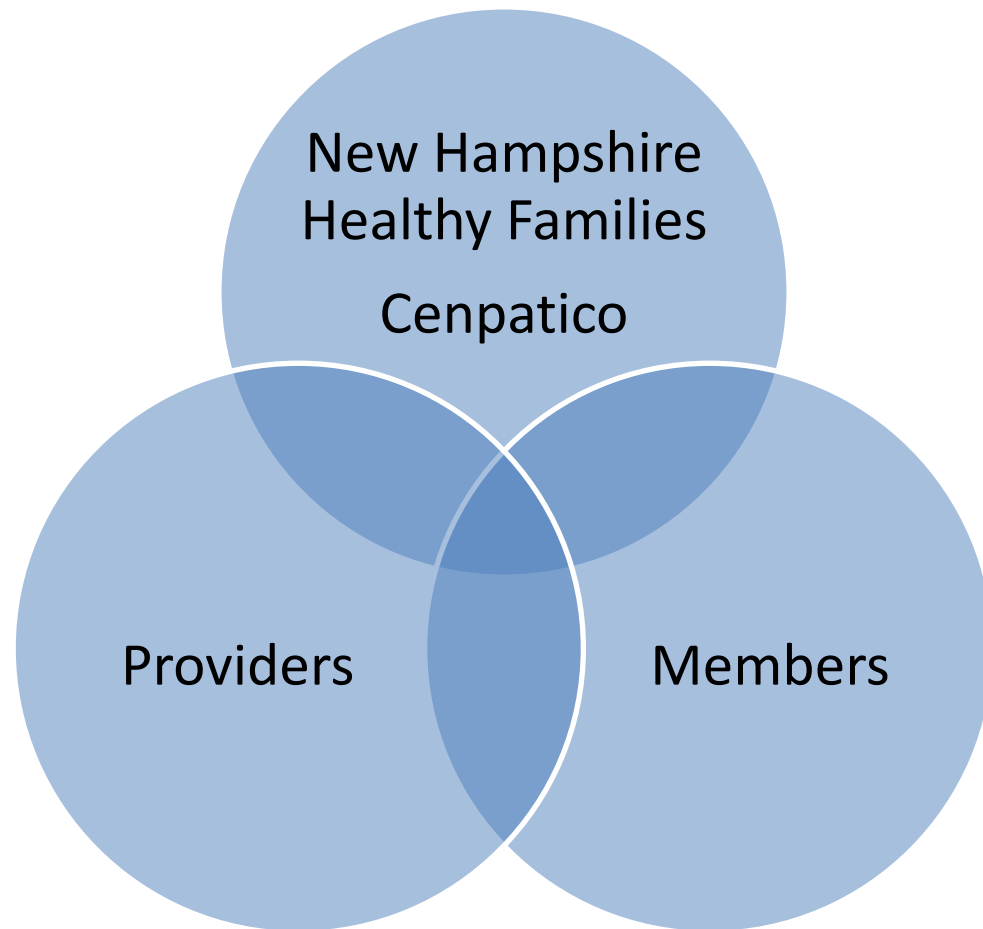


Specialty Therapy & Rehab Services (STRS)

Requesting an Authorization



# Partnership





# STRS Clinical Services

- Utilization Management
- Clinical Provider Training
- Care Coordination

# Getting Started

## Prior Authorization



**Prior Authorization** is **required** for all Physical (PT), Occupational (OT), and Speech Therapy (ST) services.

### **Exceptions:**

**Evaluations:** 1 initial evaluation per provider, per discipline, per rolling year without authorization for PAR providers.

**Re-evaluations:** 1 re-evaluation per provider, per discipline, per rolling year without authorization for PAR providers.

**Non-PAR providers:** Prior authorization required for all evaluations and re-evaluations.

**Post-Surgical Requests:** With a verbal/written doctor's order we can approve up to 5 post-surgical visits telephonically for urgent.



# Requesting Therapy Services

## Required Documentation

### Physician's Order/Prescription for Therapy

**Complete Therapy Evaluation:** Assessment of patients abilities and deficits, current/previous level of function, medical/therapy history.

### **Written Plan of Care(POC) or Rehab treatment plan:**

- Short/Long Term Goals
- Home Education Plan
- Frequency/Duration and Dates of Service
- Additional narrative explanation if needed for consideration

### **Submit Outpatient Treatment Request Form(OTR)**



# Therapy Orders

**Prescribing provider:** The physician or authorized healthcare practitioner that prescribed therapy services.

i.e.: MD, DO, DPM, DDS, PA, or an ARNP, APRN, DC

**CHAP(EPSDT):** Primary Care Provider

A signed (electronic or manuscript) current prescription must be submitted with authorization requests.

Rubber stamped signatures will not be accepted



# Therapy Orders

## Home Health:

- Verbal orders
  - Only valid for 30 days
  - Verbal order should be documented in medical record
- Manuscript or electronic prescription will be accepted for 60 days.

**Outpatient Therapy:** Prescription is good for 1 year from the initial evaluation unless otherwise documented in the order.

**Children's Health Assurance Program (CHAP):** Early Periodic Screening, Diagnosis and Treatment (EPSDT) therapy services should be ordered by PCP and will be accepted for a maximum of six (6) months.



# Evaluation/Assessment

## Key Elements

Ensure diagnosis with date of onset or exacerbation is included.

Assessment should include, but is not limited to:

- Standardized and functional evaluation scores
- Documentation of age equivalency
- Percent of functional delay
- Standard Deviation (SD) score when appropriate for the Members' diagnosis/disability
- Informal assessment & narrative
- Medical/Developmental history
- Previous level of function
- Summary of results achieved





# Plan of Care

## Key Elements

### **Current Plan Of Care(POC) is required for all authorizations**

The written plan of care must include all of the following, but is not limited to:

- Short and long term functional treatment goals that are realistic, specific and measurable.
- Treatment techniques and interventions to be used – to include frequency, and duration required to achieve measurable goals.
- Education and home program for the member and primary caregiver, if applicable.
- Summary of results achieved during previous periods of therapy, if applicable.

# Plan of Care

## Objective & Measurable Goals



Objective Goals are SMART, not Vague

(be SMART)

- SPECIFIC Goals/Interventions
- MEASURABLE
- ATTAINABLE
- REALISTIC
- TIMELY

Goals must address ADLs and daily skills in order to meet Medical Necessity Guidelines.



# Clinical Documentation

## Common Errors

- Standardized developmental scores are within 1.5 standard deviations from the norm or less than 20% delay
- Standardized evaluations utilized for inappropriate population
- No objective measurements of deficits
- No objective measurements of improvement
- All objective measurements have not been administered to rule out concomitant diagnoses



# Clinical Documentation

## Common Issues

- Clinical information or severity of deficits submitted does not support the frequency or duration of requested services.
- No updated clinical information or progress submitted to support reauthorization of services.
- Goals are written for deficits that are not documented.
- Plan of Care does not address the documented deficits.



# Common Errors

## POC: School Based Services

Requesting services that are not medically necessary. The services appear to be educationally focused and more appropriate to be addressed in the school environment.

Examples include goals for:

- Handwriting
- Reading
- Telling time
- Written language



# OTR Essential Elements

## Member Information

Ensure Member name written/typed on the form is the same as it is on the ID Card.

- Include hyphenated names
- Be certain the first name is not a nickname

Make sure you have written or typed the correct Medicaid Number.



# OTR Essential Elements

## Provider Information

**Treating Provider-** Enter Facility/Provider NPI, Tax ID, address, phone and fax number.

**Prescribing Provider-** Enter the correct name and contact information for the physician or healthcare practitioner who gave the prescription or order.

- NOTE: Be sure to include a correct phone number for the prescribing physician.



# OTR Essential Elements

## Diagnosis/Disorder

**Primary Diagnosis** - the condition that resulted in referral to therapy, this will be dictated by physician.

- Include co-occurring diagnosis
- Ensure diagnosis fits with plan of care

**Treating Diagnoses** - those for which the therapist is providing rehabilitation or care (e.g. OT – dyspraxia PT- back pain ST-dysphasia).

**Utilize ICD-10 codes for all dates of service starting 10/1/2015**





# Common Errors

## Provider Section/Diagnosis

### Provider Section-

- Incorrect NPI Number used for provider
- Prescription not updated
- Incorrect Prescribing Provider information
- Prescribing Provider phone number listed inaccurately

### Diagnosis-

- Improper diagnosis
- Diagnosis on the OTR doesn't match the referring diagnosis
- Diagnosis changes with new request for same condition



# OTR Essential Elements

## Treatment Requested

**Date Treatment Started**– enter the date the member first began therapy (this date should be after the initial evaluation unless an evaluation and treatment were completed on the day of the initial evaluation).

### **Frequency**–

- Capture frequency in times per month or week; cannot be a range of frequency, i.e. 2-3 times per week
- Duration and/or frequency on OTR must match with plan of care

**Total Visits Requested**– give a total number for the span of the authorization.



# OTR Essential Elements

## Treatment Requested

**Dates of Service extensions-** The Dates of Services can be extended for missed visits as long as:

- The current authorization has not expired
- The script on file will include the extended dates of service
- The plan of care covers the newly requested dates of service

### **To request an extension-**

- 1 week extension: Call Cenpatico at (866) 769-3085 to make the request
- Requesting more than a 1 week extension: Fax in a completed Outpatient Treatment Request Form (OTR) to (877) 658-0322 to our Utilization Management Department with the new end date of services and the reason for the extension. Include a Fax Cover sheet that indicates: "Date extension requested." (additional clinical documentation may be requested to approve extensions)



# OTR Essential Elements

## Additional Treatment Requested

**Plan of Care(POC)requirements for additional visits beyond the initial therapy request-**

- Home Health Services- The Plan of Care(POC) must be updated by the therapist every 60 days
- Outpatient Treatment & CHAP(EPST) Requests-The POC must be updated at the end of each authorization period in order to request additional services and cannot exceed 6 months.



# OTR Essential Elements

## Retro Requests

**Retro Requests:** Authorizations will not be retroactive, unless there is a valid reason for the delay in submitting the request.

- Retain a copy of fax confirmation sheet with the time/date stamp

**Two day look back:** When an evaluation and Treatment is completed on the same day, the treatment date may be retro-actively approved when both of the following criteria are met:

- When an Evaluation & Treatment are completed on the same day
- Required documentation is faxed within 2 business days and the request meets Medical Necessity
- This type of request may only be approved with an initial evaluation



# OTR Essential Elements

## Common Errors

- Initial evaluation date listed as the date treatment started and there was no treatment completed on the same day.
- Frequency documented as a range (e.g. 1-3/week).
- Frequency or duration on OTR is different than on the POC.
- Frequency or duration on OTR is significantly different than on the POC and there is no explanation.
- Frequency/Duration on POC and OTR are not followed once treatment has begun.
- Dates of service on OTR do not match the dates on the POC.



# Provider Communications

**Feedback Letter:** A letter outlining what is needed with the next request to help justify medical necessity.

**Problem Letter:** A letter communicating an outright rejection (request will not be processed) of the authorization request based on one of the following:

- Member eligibility could not be verified
- Provider could not be found
- Plan of Care missing or illegible
- Prescription/Order missing
- Retro dates were requested (the prospective dates will be processed)
- Medicaid is the secondary payer



# Provider Manual

Our Provider Manual offers information on our policies and procedures for serving our Members. This Manual is part of your Agreement with us and will help you ensure compliance with all regulatory authorities and program requirements. The Provider Manual covers:

- Claims Program
  - Authorization Process
  - Eligibility Verification
  - Credentialing Policies
  - Medically Necessary Criteria
  - Clinical Practice Guidelines
- Appeals/Denials Process
  - Utilization Management Guidelines
  - Quality Improvement Guidelines
  - Forms

3A copy of the provider manual can be found online at [www.Cenpatico.com](http://www.Cenpatico.com)





# Member ID Card



NAME: Jane Doe

MEDICAID ID#: XXXXXXXXXXXX      BIN: 008019

PCP Name:                                      PCP Phone:

PCP Address:                                      DOB:

---

If you have an emergency, call 911 or go to the nearest emergency room (ER).  
Emergency services by a provider not in the plan's network will be covered without  
prior authorization. [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

## IMPORTANT CONTACT INFORMATION

### Members:

Member Services: 1-866-769-3085  
TDD/TTY: 1-855-742-0123  
24/7 NurseWise: 1-866-769-3085  
Vision: 1-866-769-3085  
Pharmacy: 1-866-769-3085  
File a Grievance: 1-866-769-3085

### Medical Claims:

New Hampshire Healthy Families  
Attn: Claims  
PO Box 4060  
Farmington, MO 63640-3831

### Providers:

Provider Services: 1-866-769-3085  
IVR Eligibility Inquiry - Prior Auth:  
1-866-769-3085  
Vision: 1-877-865-1527  
Pharmacy: 1-866-862-8615

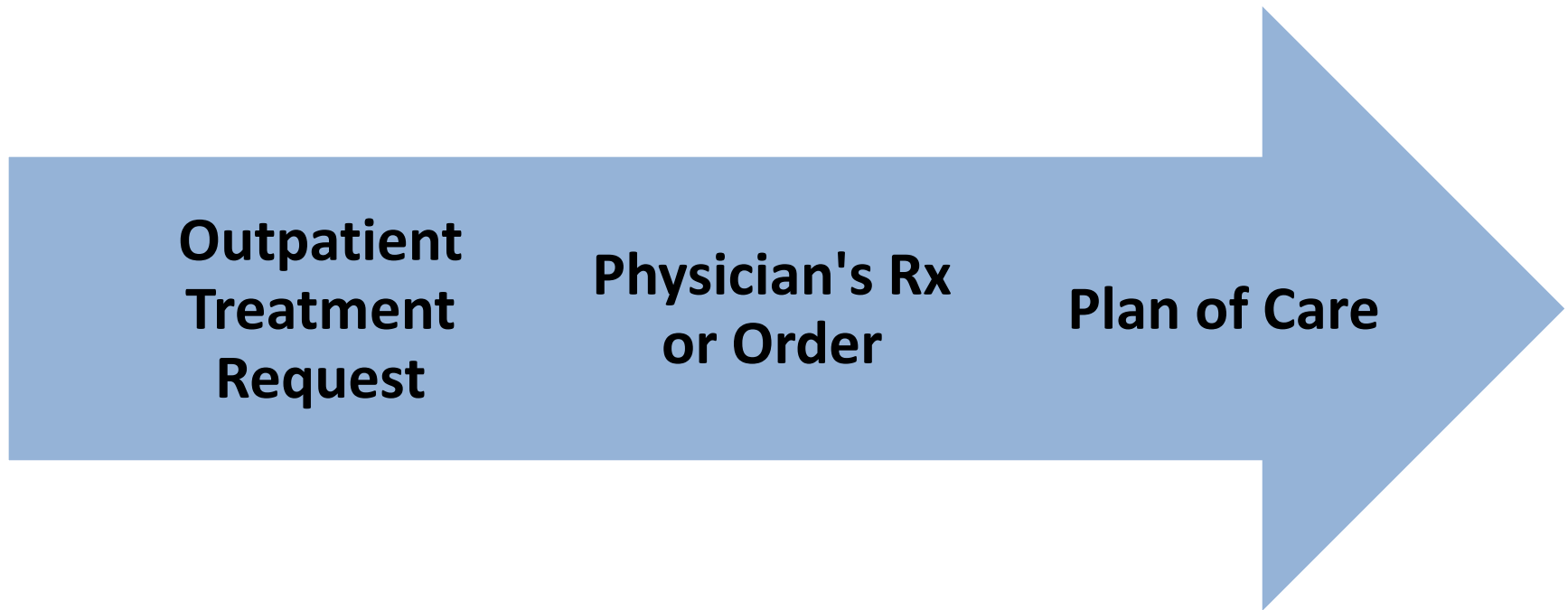
**New Hampshire Healthy Families**  
**Address:**  
**2 Executive Park Drive,**  
**Bedford, NH 03110**

**EDI/EFT/ERA please visit**  
**Provider Resources at**  
**[www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)**

## Improving Lives



# Authorization Request Process





# Requesting Authorization

## Frequently Asked Questions

### **Q: What?**

A: OTR form, Evaluation/Plan of Care( progress summary), Prescription.

### **Q: When?**

A: After completing an initial evaluation, or at end of an existing authorization period.

(before initial evaluation if a non-par provider)

### **Q: Where?**

A: Completed OTRs are faxed with supplemental clinical documentation to (877) 658-0322.

### **Q: How Long?**

A: All requests will receive a response within 5 calendar days.



# Additional Information

## STRS Contacts and Resources

**Health Plan Website:** [www.NHhealthyfamilies.com](http://www.NHhealthyfamilies.com)

**Medical Necessity Criteria:** [www.cenpatico.com](http://www.cenpatico.com)

**New Hampshire Healthy Families Phone Number:**  
(866) 769-3085

**Cenpatico Fax Number:** (877)658-0322

**Claims Phone Number:** (866) 769-3085

**Claims Address:** Claims, PO Box 7500, Farmington,  
MO 63640-3831



# Questions?

