



# Molina/BMS 2015 Spring Provider Workshops

IRG d/b/a APS Healthcare, Inc.

## Updates

April 2015



## PA Submission Timelines

DME Prior Authorizations must be approved **PRIOR TO PLACEMENT OF THE EQUIPMENT**, per BMS Policy Manual, Chapter 506 requirements.

- All Medical providers except DME have 10 business days AFTER the date of service to submit a request as Prior Authorization.
- Any request submitted more than 10 business days afterward must be submitted Retrospective and will require documentation as to the reason for delay.
  - Accepted Reasons for retrospective submission are:
    - ✦ Retroactive Medicaid Coverage for the member
    - ✦ TPL denials of services/non-coverage of services covered by Medicaid
    - ✦ The PA system is unavailable to the provider for technical reasons
      - Does NOT include failure to REGISTER to use the system
      - Includes reasons such as weather preventing staff from getting to the office, crash of the system on either APS or provider side, etc.
    - ✦ If you choose “other” as your retrospective reason, please be SPECIFIC as to the reason for the delay. In most cases, the request will be closed because it is out of timelines.

Tips and Tricks for...



**SUBMITTING PRIOR  
AUTHORIZATION  
REQUESTS**

# Searching Member



When searching for your member, enter patient's Medicaid ID and one other piece of information.

**\*TIP:** Whenever possible, enter the Medicaid ID and the **FIRST LETTER** of the patient's last name **ONLY**. This eliminates problems that may be related to spelling.

If the patient has more than one Subscriber Code under Coverage Details:

**\*TIP:** Use the code with the **LATEST** Term Date. If the patient has two codes with the same Term Date, use the one with the **MOST RECENT** Effective Date.

Example:

000000000000	Effective Date 1/1/15	Term Date 12/31/15
000000000000	Effective Date 3/1/15	Term Date 12/31/15

# Searching Referring Provider (in Molina terms, this is the Refer From: Ordering/Referring/Prescribing ORP)



- Ignore drop-down box and click on the “search provider” link to the right of the drop-down box.
- **TIP: Less is more!** If you have the NPI, change the drop down box that says “Medicaid” to “NPI,” enter the number and click “search.” If you do not, **ONLY** enter the physician’s last name and **ONE** word of the group name and click search. It’s better to have too many choices than to accidentally narrow it down TOO far.

The screenshot shows the APS Healthcare web application interface. The main content area displays the "Referring Provider" search form. The "Referring Provider" dropdown is set to "Medicaid". The "Search Provider" link is visible. Below the form is a "Provider Search" section with a search button. The results table shows two entries:

Attach	Name	Type	Speciality	IDs	Location	State	Zipcode
	A RAMAN	Physician	Internal Medicine		1704 PITT SBURGH ST CHESWICK, PA 150241526	PA	150241526
Attach	IBHA RAMAN	Physician	Cardiology		3900 STONERIDGE LN DUBLIN, OH 430172189	OH	430172189

If you marked your facility as referring provider at the beginning of your submission, this will NOT apply to you, as the screen will pre-populate with your information obtained by APS from the Molina system.

# Service Selection: Servicing Provider (In Molina terms, Refer to: Service Provider)



- Search the same way you would on the referring provider screen.
- If you selected your facility as servicing provider, this will pre-populate on the Service Selection Screen and you will not need to search for yourself again.
- **\*TIP #1: If you are not performing the service and/or it is not taking place in your office, you are NOT the servicing provider.**
- **\*TIP #2: If this is an OUTPATIENT Surgery, BOTH the surgeon and the facility need to be listed and have authorization numbers for each procedure/service code.**
- **\*TIP #3: For an INPATIENT procedure, ONLY the facility needs a PA, as everything is billed and paid under one DRG.**

# Service Selection: Adding Service

- **\*TIP:** In order to ensure you're selecting the correct "service code" as listed on the screen, click "search" to the right of the drop-down box. Enter the CPT code in the "Service Code/Group Name" box and click the search key inside the gray box. A service code will appear for you to attach.
  - **NOTE:** On some occasions, the "Service Code/Group" that appears will be the CPT code, while on others it will be a 3 digit "Service Group" that can contain MULTIPLE CPT/HCPCS codes. (see screenshot to the right)
    - ✦ **Example: Service Group 322 contains:** 74150, 74160, 74170, 74174, 74176, 74177, and 74178. While the "description" currently states CT Abdomen, ALL the codes listed are included in that Service group.
- **NOTE #1:** If you request the wrong CPT code, we CANNOT modify the request. You MUST copy for correction and re-submit, as the request will need to be re-reviewed for medical necessity.
- **NOTE #2:** If a different or additional surgical procedure is performed AND the service(s) added require PA, you have 10 business days to modify your request. The request may require additional clinical review before the authorization can be modified.
- **\*INPATIENT TIP:** Surgical date and service start date (date of admission) must match for claim to pay.

The screenshot displays the 'Add Service' form in the APS Healthcare web portal. The form is titled 'Add Service' and includes the following fields and sections:

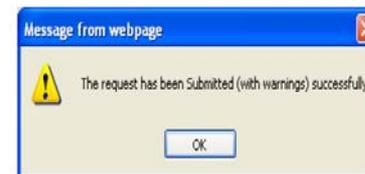
- Servicing Provider:** Charleston Memorial (with a search button and 'Show Address' link).
- Service Code:** A dropdown menu currently showing 'Ecost' with a search button.
- Service Code Search:** A gray box containing search criteria: Search Type: 44, Service Code/Group Name: 78007, Service Code/Service Group Description: (with 'Any Words' dropdowns), and Results per page: 25. A search button is located to the right.
- Search Results:** A table with columns 'Attach', 'Service Code / Group', and 'Description'. The first row shows '374' in the Attach column, '78007 - NUCLEAR LOCALIZATION/ABSCISS' in the Service Code / Group column, and 'SPECT RADIOPHARMACEUTICAL LOCALIZATION' in the Description column. A 'Details...' link is present under the description.
- Units:** A dropdown menu currently showing '78007 - TUMOR IMAGING (CD)' and '78007 - NUCLEAR LOCALIZATION/ABSCISS'.
- Service Start Date:** 02/15/2013, with a 'service end date' field.
- Buttons:** 'Add Service' and 'Reset' buttons are located below the date fields.
- Requested Services:** A section with a dropdown menu.
- Physician's Orders:** A section with a dropdown menu.
- Footer:** 'Are Physician's Order(s), Evaluation and Treatment Plan' with a dropdown menu.

# Submission



- Once you get to Summary and Submit, review all information and make any corrections necessary.
  - Be sure all supporting documents/clinical information is either attached **or** a note is made that the information is being faxed.
- **TIP:** When submitting, click the submit button at the TOP of the page. If there is a warning, click continue to submit. If there is an issue requiring your attention prior to submission, any error messages that explain the problem will appear at the top in red.
- If you do NOT get the message that the request was “submitted successfully” (see screenshot to the left), the request has NOT gone to APS/WVMI for review.

And then Click OK, once the message that your request was successfully submitted has displayed.



# Miscellaneous Submission Tips



- Write down the Auth Request ID. This will help you in searching the determination, submitting additional information, or requesting reconsideration.
- If you do not finish a request and it is in “saved” status, in order to resume, click “queue” in the blue menu bar. This will bring up a list of all unfinished requests. You can click on the one you need and resume working on the request.
- Any request in “saved” status has NOT been submitted and is NOT in the APS/WVMI work queue to review.

Tips and Tricks for...



**SEARCHING FOR PA  
AUTHORIZATIONS/DENIALS**

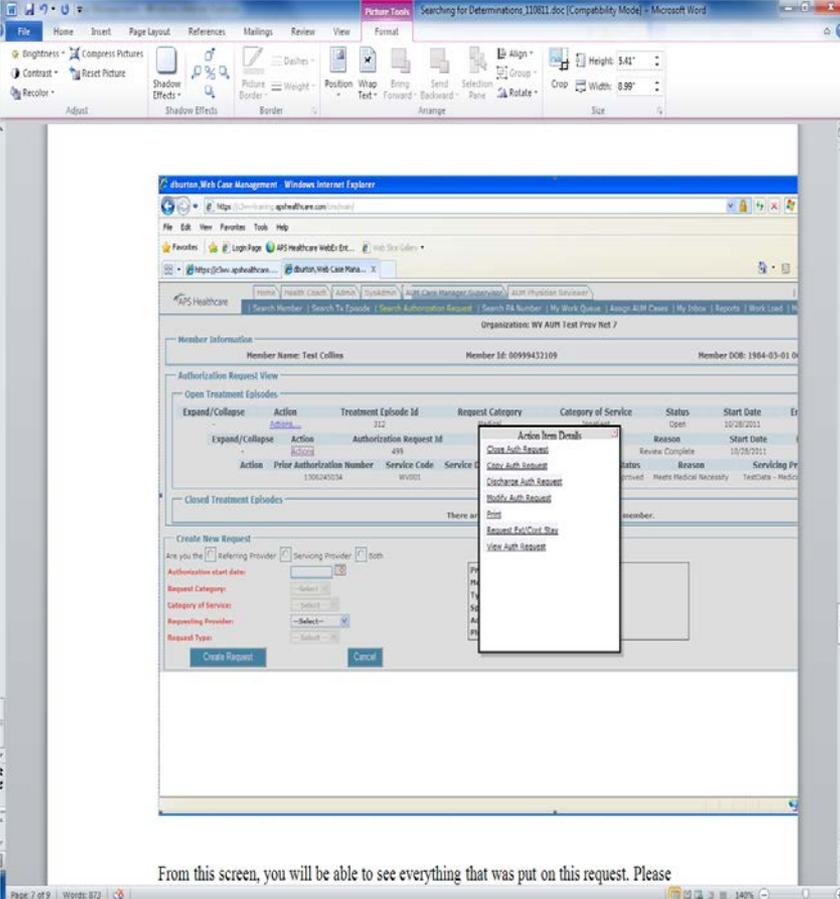
# Searching for Approvals/Denials



- **TIP: Less is more...**
  - If you have the Auth Request ID, enter that under Search Authorization Request. Do not add anything else, just click “search.”
  - If you do NOT have the Auth request ID, you have two options:
    - ✦ On “Search Authorization Request” screen, leave all categories blank EXCEPT limit your date range to include the date you submitted the request to the present.
    - ✦ Utilize the “reports” function
      - Under the AUM Manager tab in the blue menu at the top, click “Reports.”
      - Your facility should be listed there. If this is correct, enter the date span you’d like to search (date you submitted the request to the present).
      - The system will generate a report of all requests submitted for your facility during the date span given.
- **TIP: Pay close attention to the “status” and “reason.”**
  - If status is “saved,” the request has NOT been submitted and is still in your queue.
  - Reason:
    - ✦ Complete: Review has either been approved or denied.
    - ✦ Care Manager Review: Pending nurse review.
    - ✦ Physician Review: Has been reviewed by the nurse and is awaiting physician.
    - ✦ Requires Info. from Provider: The nurse needs information from you prior to completing the request.
      - If this status appears, you have 3 business days to submit the information before it will be Administratively Closed and you will need to submit a NEW request (with an adjusted Service Start Date, if applicable).

# Searching Approvals/Denials continued

- Utilize Authorization Request View “Expand/Collapse” and “Actions” options.
- Expand/Collapse: Clicking on the “arrow” under the phrase “expand/collapse” shows you PA number (if approved), status, and servicing provider
- Action:
  - ✦ “View Auth Request” option pulls up the entire request for your review, which will give you more information about the approval/denial.



The screenshot displays a web application interface for "aburton Web Case Management". The main content area shows an "Authorization Request View" for a member named Test Collins. The view includes a table with columns for "Expand/Collapse", "Action", "Treatment Episode Id", "Request Category", "Category of Service", "Status", and "Start Date". A dropdown menu is open over the "Action" column, showing options such as "View Auth Request", "Copy Auth Request", "Discharge Auth Request", "Modify Auth Request", "Request Full/Cont. Stay", and "View Auth Request".

From this screen, you will be able to see everything that was put on this request. Please

# View Auth Request



## Service Selection Screen

TIP: Click on the PA number to reveal the number of units approved and the date span. (Useful for those who may be granted less units than they requested.)

## Summary and Submit Screen:

TIP #1: If the request is still pending and requires information from the provider, you will find a note at the very bottom of this screen telling you what information the nurse needs AND a fax number to send it to. **If you do not submit the requested information within three business days, your request will be closed.**

TIP#2: If the request has been denied, you will find the denial letter attached at the bottom of the screen. Letters can also be messaged to the user who requested the authorization via the “Inbox” at the top of your screen.

The nurse should put note at the bottom of this screen giving the denial reason. This information will be the same as the information in the denial letter.

If you do NOT see a denial letter attachment OR a note giving the denial reason, contact APS and to have the note entered onto the screen for your review.

# Tips and Tricks for...



## **REQUESTING RECONSIDERATIONS AND/OR PEER TO PEER REQUESTS**

# Submitting Reconsideration/Peer to Peer Requests



- **You have two options when an authorization is denied:**
  - **Peer to Peer Request:**
    - ✦ Click on “Actions” option when searching by Auth Request ID
    - ✦ Select “Request Reconsideration”
    - ✦ Select “Level 1: Peer to Peer”
    - ✦ Be sure to note dates and times your provider is available for discussion with reviewing physician. If you have not been contacted within three business days to schedule, please contact WVMJ at 800-642-8686.
  - **Reconsideration:**
    - ✦ Click on “Actions” option when searching by Auth request ID
    - ✦ Select “Request Reconsideration”
    - ✦ Select “Level 2: Reconsideration”
    - ✦ Submit request with any additional documentation that may have been needed for review.
    - ✦ Note: A reconsideration request involves more extensive review and therefore, timelines permit APS 14 business days to complete a Reconsideration Request.
    - ✦ Once you have requested reconsideration, you CANNOT request peer-to-peer.

Notes and Tips for...



**PROVIDERS WHO FAX**

# Fax Information



- Please use APS fax form when submitting PA requests, submitting additional information, or reconsideration requests via fax. One will be attached to this packet and copies are available at the APS table.
- **TIP #1: If submitting additional information or reconsideration, PLEASE put auth request ID on the fax form. This ensures your information is connected to the correct request.**
- **TIP #2: Please make sure you're submitting your request to the correct fax number. A list of fax numbers is listed in this packet and copies are available at the APS table.**
- It is the provider's responsibility to either check the APS system or call APS to determine whether or not your request has been processed. Utilize instructions from previous slide on searching determinations WITHOUT an authorization request id if you do not know how to search the system.
  - **If you search the date span from the date you faxed the request to the present and no request appears, the request has NOT been entered.**
  - **If it has been more than 7 days since you faxed your request and you have not had a fax back from WVMi explaining an error OR the case has not been entered, contact WVMi to check the status of your request entry.**
- **NOTE: Faxed requests take days longer to process because they have to be manually entered in the APS system and APS timelines do not begin until the request actually enters the system. These requests are processed "first in, first out."**

# Fax Numbers for Submitting Requests and Additional Information



- **1-877-762-4338**
  - Audiology
  - Speech
  - OP Cardiac Rehab
  - Chiropractic
  - Dental
  - DME
  - PT/OT
  - Orthotic/Prosthetics
  - Podiatry
  - Pulmonary
- **1-888-298-5144**
  - Hospice
- **1-800-957-0344**
  - Lab-Imaging-Radiology
- **1-866-209-9632**
  - Out-of-Network
- **1-800-891-0016**
  - Outpatient Surgery
- **1-800-957-0329**
  - Rehab under 21

# Please feel free to come by the APS table for additional info...



- **DOCUMENTS/MATERIALS YOU MAY NEED**
  - **TO SIGN UP FOR OUR EMAIL NOTIFICATIONS**
- **TO REQUEST TRAINING ASSISTANCE**

# APS Contact Information



1-800-346-8272

Medical Services General Voicemail: ext. 7506954

Medical Services email: [wvmedicalservices@apshealthcare.com](mailto:wvmedicalservices@apshealthcare.com)

Helen Snyder	Associate Director	<a href="mailto:hcsnyder@apshealthcare.com">hcsnyder@apshealthcare.com</a>	ext. 7506911
Valerie Chapman	UM Nurse Coordinator	<a href="mailto:valerie.chapman@apshealthcare.com">valerie.chapman@apshealthcare.com</a>	ext. 7506916
Teresa Hardesty-McSweeney	Office Manager	<a href="mailto:teresa.hardesty@apshealthcare.com">teresa.hardesty@apshealthcare.com</a>	ext. 7506902
Tonya Tacy	UM Coordinator	<a href="mailto:tonya.tacy@apshealthcare.com">tonya.tacy@apshealthcare.com</a>	ext. 7506952
Alicia Perry	Eligibility Specialist	<a href="mailto:aperry@apshealthcare.com">aperry@apshealthcare.com</a>	ext. 7506937
Cindy Bunch	Eligibility Specialist	<a href="mailto:cindy.bunch@apshealthcare.com">cindy.bunch@apshealthcare.com</a>	ext. 7506949
Harmon Harris	Eligibility Specialist	<a href="mailto:harmon.harris@apshealthcare.com">harmon.harris@apshealthcare.com</a>	ext. 7506906

GENERAL APS INFORMATION: [www.apshealthcare.com/wv](http://www.apshealthcare.com/wv)

Fax #: 866-209-9632 (Registration and Technical Support only)

Website for Submitting Authorizations:

<https://providerportal.apshealthcare.com>

Website for Org Managers to Add/Modify Users

<https://c3wv.apshealthcare.com>

FOR CLINICAL SUPPORT, TO REQUEST SMART SHEETS, OR FOR FAX FORMS, CONTACT WVMI: 800-642-8686 [www.wvmi.org](http://www.wvmi.org)