

Medicaid Managed Care

Prior Authorization and Level of Care for Nursing Facility Stays

OHIO DEPARTMENT OF MEDICAID

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This guide is intended to be used by nursing facilities when an individual enrolled in a traditional Medicaid managed care organization (MCO) is admitted to a nursing facility (NF) and **Medicaid** (e.g. the MCO) is paying for the NF stay. Outlined below are the prior authorization (PA) processes for each MCO. *The PA processes described below include a level of care (LOC) determination.*

Is a prior authorization (PA) required for a NF stay?

Yes, a PA is required by every MCO.

What should the NF submit when requesting a prior authorization for a NF stay?

Clinical information (diagnoses, medications, current therapy notes, wound descriptions, IV medication, validation of protective LOC, discharge planning, etc.), any other pertinent information, and any noted barriers to reach goals. NFs may submit the [Ohio Medicaid Managed Care/MyCare Ohio Nursing Facility Request form](#) as an attachment when submitting a prior authorization request for a NF stay.

How does the NF request a LOC determination from the MCO?

There is not a separate LOC determination process. For members enrolled in an MCO, LOC criteria is reviewed as part of the prior authorization process using criteria for nursing facility-based level of care pursuant to OAC rule 5160-3-08.

What is the prior authorization determination process?

The MCO will complete a medical necessity desk review to determine the appropriate level of care for the member in accordance with OAC rule 5160-3-08. In accordance with OAC rule 5160-26-03.1, MCOs must ensure prior authorization decisions are based on medical necessity and are consistent with clinical practice guidelines specified in OAC rule 5160-26-05.1. The MCO must provide written notice to the individual and the requesting provider for any decision to reduce, suspend, terminate or deny a service authorization request, or to authorize a service in an amount, duration or scope that is less than requested, as well as appeal rights. A provider may only file an appeal on the member's behalf if they have the member's written consent to file an appeal. *It should be noted that additional notification will not be sent from the MCO to the NF when a PA is expiring.*

How long does it take to get a prior authorization decision from the MCO?

As outlined in ORC section 5160.34, expedited PA requests shall be decided within 48 hours, and standard PA requests shall be decided within 10 calendar days.

When are continued stay reviews (e.g. expiring authorizations) completed?

If a NF requests additional authorization for services, MCOs will perform continued stay reviews when prior authorizations are expiring in order to confirm continued medical necessity for NF services. Level of care may also be reevaluated during a continued stay review. All MCOs include an end date for the previous authorization on their determination letter. This is the date by which the NF should have their continued stay review completed. The authorization spans differ by MCO but are explicitly indicated on each MCO's PA determination letter. *NFs should submit requests for continued stays in sufficient time prior to the end of the previous authorization.*

What is the NF required to submit for a continued stay review (e.g. expiring authorization)?

Prior to the end date listed on the authorization letter, the following updated information should be submitted at a specific time as noted on the PA determination and/or as the individual's condition changes: Clinical information (diagnoses, medications, current therapy notes, wound descriptions, IV medication, protective LOC, discharge planning, etc.), any other pertinent information, and any noted barriers to reach goals.

Medicaid Managed Care – Medicaid Covered NF Stay – MCO Specific Information for Requesting PA

MCO Name	Anthem Blue Cross & Blue Shield	AmeriHealth Caritas	Buckeye	CareSource	Molina	Humana	United
How does the NF submit a PA to your MCO?	<p>PA request form is online: https://medicaid.ohio.gov/stat/c/Providers/ManagedCare/PolicyGuidance/2021_12+NF+Request+Form_Revised.pdf</p> <p>A completed PA request with supporting documentation should be faxed to (877) 643-0671 or via Availity Provider Portal at (address link under development).</p>	<p>PA requests are to be submitted through Navinet. Requests should include all supporting documentation.</p> <p>The ODM approved Prior Authorization request form is to be submitted and can be found online ODM Prior Authorization Request Form</p> <p>If the facility is unable to access the Navinet portal, the form and supporting clinical information can be faxed to 1-833-643-2901.</p>	<p>PA request form is online: https://www.buckeyehealthplan.com/content/dam/centene/Buckeye/medicaid/pdfs/OH-PAF-0637-Inpatient-6-1%20508.pdf Indicate what type of authorization requesting. A completed PA request with supporting documentation should be faxed to (866) 529-0291.</p>	<p>PA request form is online at https://www.caresource.com/documents/ohio-provider-medical-prior-authorization-request-form/. Clinical documentation and the PA request form or ODM NF Request form should be submitted via fax to (888) 752-0012 or via the Provider Portal at https://providerportal.caresource.com/OH/.</p>	<p>PA request form is online: www.molinahealthcare.com/providers/oh/medicaid/forms/Pages/fuf.aspx. The PA request form should be submitted to (866) 449-6843.</p> <p>Additional guidance on information needed can be found using the PAC Provider Intake Form.</p>	<p>PA request form is located online: https://apps.humana.com/marketing/documents.asp?file=5063552</p> <p>Submit the PA form and any supporting documentation to the Ohio Medicaid UM FAX: (216) 609-3725.</p>	<p>PA request form is online at https://www.uhcprovider.com/en/prior-auth-advance-notification.html or the NF can contact our Prior Authorization Department at (800) 366-7304 (phone) PA request should be made within 24 hours* of NF admission.</p> <p><i>*To prevent a delayed hospital discharge, either the hospital or the NF can notify United of the NF admission. The NF should submit the PA request with updated clinical information (continued stay review) within 7 days of actual admission.</i></p>
What documentation will be sent to the NF following a PA request?	A PA notification will be faxed to the facility with case determination and LOC.	A notification of the decision will be sent via fax to the facility.	A PA notification letter is faxed to the facility.	A PA notification letter is faxed to the facility with the determination and other important authorization information.	Final determination is faxed to the NF.	A determination notice will be faxed to the facility.	Verbal notification of decision to the NF, and communication log faxed to NF that includes important authorization information.
What does the MCO require from the NF when a member is going to be disenrolled* & switch to FFS? *Group 8/MAGI members are not disenrolled from managed care regardless of length of NF stay	A face sheet with admit date and letter of intent to remain long term care from facility should be sent to the Anthem UM department Via ICR or faxed to (877-643-0671).	Face sheet showing the admission date, "Letter of intent" demonstrating that there is no foreseeable discharge to be submitted via Navinet portal. If the facility is unable to access the Navinet portal, the information can be faxed to 1-833-643-2901.	A face sheet ¹ (showing the admission date of the member) and a "Letter of Intent" ² from the facility should be faxed to (866) 529-0291 to demonstrate that there is no foreseeable discharge.	A face sheet and documentation showing continued need for NF LOC should be submitted by fax to (888)752-0012.	A face sheet (showing the admission date of the member) and a "Letter of Intent" from the facility should be faxed to (866-449-6843) to demonstrate that there is no foreseeable discharge.	A face sheet (showing the admission date of the member) and a "Letter of Intent" from the facility should be submitted by FAX (216) 609-3725 to demonstrate that there is no foreseeable discharge.	A face sheet and documentation showing continued need for NF LOC should be submitted via fax at 844-232-7206 and via email to NFDisenrollment@uhc.com .

¹ A face sheet is a document that provides demographic information about the individual and includes information on admission and/or readmission to a facility. This document demonstrates that the individual has been in the facility for a specific timeframe since a specific date.

² The "Letter of Intent" or supporting documentation required from each MCO shall include information to support the individual's current level of care and need for continued NF placement.