



What's New in the Therapy Prior Authorization Review Process? December 2011 Therapy Clinical Webinars

<http://fl.eqhs.org>



Topics

- Modifications to eQSuite
- Requirements when submitting authorization requests
- Key reminders for avoiding administrative suspensions
- Preventing clinical suspensions



Modifications to eQSuite

Introduction

- In response to the input received from Medicaid therapy providers, eQHealth is making some modifications to the review process.
- These modifications include:
 - ❑ Effective immediately, limited data entry will be required on several screens in eQSuite.
 - ❑ In the near future, some of the eQSuite review request screens will be either eliminated or significantly modified.



Changes to Start Tab

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters

Review Entry

Review Header Information
Provider #: 892939400 Provider Name: ABC THERAPY

Start

Create Temp Baby ID

Baby Name: Baby's Birth Date:

Physicians and Healthcare Practitioners

	Type	Medicaid #	NPI #	License #	Name	Phone #	
Edit	Therapist						
Edit	Ordering						

Case Supervisor:
CS Phone: () - -

Admit Date:
Proposed D/C Date:
Actual D/C Date:
Place of Service: Not Selected

The patient is retroactively eligible for Medicaid for part of the requested services: Yes No

The patient is retroactively eligible for Medicaid for all of the requested services: Yes No

Are the requested services experimental or investigational: Yes No

The goal of the treatment is to maintain the patient's status? Yes or No

Deleting

The following question has been added to this tab:



DX CODES/ITEMS

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial Update My Profile User A

Review Entry

Recipient ID: 9466105868 Recipient Name: SHALEYA N RILEY Admit Age: 3 Current Age: 3 Admit DT: 10/21/2011 Review ID: 11449149

Start DX CODES/ITEMS SUPPORT DOCS Equip/Supplies HISTORY DC PLAN FUNCTIONING GOALS MEDS SUMMARY

Therapy

Add	Search	Refresh		
P	ICD9 Code	Description	Edit	Delete
Y	31532	MRELD	Edit	Delete
	85220	TRAUMATIC SDH-NOS	Edit	Delete

Medical

Add	Search	Refresh
No records to display.		

Plan of Care start date:

Plan of Care end date:

Add

Code	MOD	Type	Description	From Date	Thru Date	Total Units	Units/Visit	Visits/Period	Period Type	# Periods	Delete	Refresh
No records to display.												

CANCEL SAVE/CLOSE SAVE/CONTINUE

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Deleting



Code Add/Edit Page

Code:

Type:

From Date:

Thru Date:

Units/Visit:

Visits/Period:

Period Type:

Periods:

Service Performed by:

Total Units:

Deleting the "Services Performed By" field

<https://flwebapps.eqhs.org:443/fldemoportal/PopupPages/ItemCodeEditPage.aspx>



Supporting Documents

- The “Support Docs” tab will be eliminated.
- This does not eliminate the requirement to fax or upload the supporting documents.

Timeout in: 19:53 mins

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial Update My Profile User A

Review Entry

Review Header Information

111449149

Start DX CODES/ITEMS **SUPPORT DOC** Equip/Supplies HISTORY DC PLAN FUNCTIONING GOALS MEDS SUMMARY

Pertinent dates: Please enter the following information

If supporting documentation is required, then submit the document by direct upload, or fax using the appropriate eQHHealth's fax coversheet.

	Documentation Type	Date	Supporting documentation required when:
Edit	Prescription for services		Required with each admission review request. Must be signed and dated by the primary care provider, an advanced registered nurse practitioner (ARNP)*, a designated physician assistant (PA) or a designated
Edit	Evaluation results		Required with each admission review request. Must be signed and dated by a licensed physical or occupational therapist, licensed or provisionally licensed speech-language pathologists.
Edit	Plan of care (POC)		Required with each admission review request. Must be based on the results of the evaluation. Must be developed and signed and dated by the therapist or speech-language

Show All

CANCEL SAVE/CLOSE SAVE/CONTINUE



Equipment/Supplies

The screenshot shows a web application interface for 'Review Entry'. At the top right, it displays 'Therapy Trainer' and 'Log Off' with a 'Timeout in: 19:54 mins'. Below this is a navigation bar with buttons for 'Create New Review', 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', 'Search', 'Attachments', 'Letters', and 'Respond to Denial'. The main content area is titled 'Review Entry' and contains a 'Review Header Information' section with fields for 'Provider ID: 001148900', 'Provider Name: "SAY WHAT?" SPEECH THERAPY SERVICES', 'Recipient ID:', 'Recipient Name:', 'Admit Age: 65', 'Current Age: 65', 'Admit DT: 11/6/2011', and 'Review ID: 11465447'. Below the header is a tabbed interface with tabs for 'Start', 'DX CODES/ITEMS', 'SUPPORT DOCS', 'Equip/Supplies', 'HISTORY', 'DC PLAN', 'FUNCTIONING', and 'GOALS'. The 'Equip/Supplies' tab is selected, and a list of medical equipment is displayed with checkboxes next to each item. A large red 'X' is drawn over the entire 'Equip/Supplies' section, indicating that this feature is to be eliminated.

Medical equipment used by patient: (Select all that apply)

- None
- Ambu-bag
- Apnea monitor
- Bedside commode chair
- Billblanket/light
- Cane/crutches
- Compressor
- Concentrator
- Dialysis
- Feeding pump
- Glasses
- Glucometer
- Hearing aides
- Hospital bed
- Hoyer lift
- Humidifier
- IV pump/supplies
- Nasal cannula
- Nebulizer machine
- Oxygen

The equipment and supplies tab and associated data entry requirements will be eliminated.



History Tab

Review Entry

Review Header Information

P
R
11449149

Start | DX CODES/ITEMS | SUPPORT DOCS | Equip/Supplies | **HISTORY** | DC PLAN | FUNCTIONING | GOALS | MEDS | SUMMARY

Date of the most recent evaluation? 9/12/2011 Was this an initial evaluation? Yes No

Date of the most recent hospitalization?

Are services being requested as a result of the hospitalization? Yes No

If Yes, explain:

Is the patient receiving similar services from any other source, in addition to what you have requested?
 Yes No

+ Add new record Refresh

Provided by Name	Place of Service	Describe services received, frequency, days of the week and times
No records to display.		

CANCEL SAVE/CLOSE SAVE/CONTINUE

Internet | Protected Mode: Off 100%

Describe services received, frequency, days of the week, and times. Also describe the coordination activities between providers.



Discharge Plan

The screenshot shows a web application interface for 'Review Entry'. At the top, there is a navigation bar with links: 'Create New Review', 'Respond to Add'l Info', 'Online Helpline', 'Utilities', 'Reports', 'Search', 'Attachments', 'Letters', and 'Respond to Denial'. The user is logged in as 'Therapy Trainer' with a timeout of 18:08 mins. Below the navigation bar is the 'Review Entry' section. A 'Review Header Information' box contains: 'Provider #: 001148900 Provider Name: "SAY WHAT?" SPEECH THERAPY SERVICES', 'Recipient ID: ... Recipient Name:', 'Admit Age: 65 Current Age: 65 Admit DT: 11/6/2011 Review ID: 11465447'. Below this is a tabbed interface with tabs: 'Start', 'DX CODES/ITEMS', 'SUPPORT DOCS', 'Equip/Supplies', 'HISTORY', 'DC PLAN', 'FUNCTIONING', 'GOALS', 'MEDS', and 'SUMMARY'. The 'DC PLAN' tab is selected and highlighted. The content of the 'DC PLAN' tab is crossed out with a large red 'X'. The content includes a 'DISCHARGE PLAN:' section with a dropdown menu for 'Anticipated or Actual Discharge to: (Select one)' set to 'None'. There are also text boxes for 'If Acute care is selected, please enter facility:' and 'If Other is selected, please describe:'. Below this is a large text area for 'Current DC Plan and progress toward discharge:'. At the bottom of the form are three buttons: 'CANCEL', 'SAVE/CLOSE', and 'SAVE/CONTINUE'.

The discharge plan tab and associated data entry requirements will be eliminated.



Functioning Tab

Timeout in: 19:32 mins

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial Update My Profile User A

Review Entry

Recipient ID: 9466105868 Recipient Name: SHALEYA N RILEY Admit Age: 3 Current Age: 3 Admit DT: 10/21/2011 Review ID: 11449149

Start DX CODES/ITEMS SUPPORT DOCS Equip/Supplies HISTORY DC PLAN **FUNCTIONING** GOALS MEDS SUMMARY

Indicate the patient's functional limitations	Check all that apply	In date sequence and for the entire requested timeframe, Enter the start date and briefly describe the treatment and how it addresses the specific limitation.
Aphasia	<input type="checkbox"/>	
Apraxia	<input checked="" type="checkbox"/>	See Plan of Care
Cognitive deficits/executive function deficits	<input type="checkbox"/>	
Cranio-facial anomalies (cleft lip/palate, other)	<input type="checkbox"/>	
Dysarthria	<input type="checkbox"/>	
Dysphagia (swallowing problems)	<input type="checkbox"/>	
Dysphonia	<input type="checkbox"/>	

Check functional limitations tab and type "See Plan of Care"

Internet | Protected Mode: Off 100%



Goals Tab

Timeout in: 19:43 mins

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial Update My Profile User A

Review Entry

111449149

Start DX CODES/ITEMS SUPPORT DOCS Equip/Supplies HISTORY DC PLAN FUNCTIONING GOALS MEDS SUMMARY

Functional limitation

Apraxia

Goals

+ Add Goal Refresh

Short or long term goal	Describe in measurable terms the short and long term treatment goals for this functional limitation:	Goal Start Date
▼ Insert Cancel Short Term	See Plan of Care	

No records to display

> No speaking or very limited speech for age

> Transitioning from g/peg tube

CANCEL SAVE/CLOSE SAVE/CONTINUE

Internet | Protected Mode: Off 100%

Type "See Plan of Care"



Meds Tab

The screenshot shows a web browser window titled "Code Add/Edit Page". The window contains a form with the following fields:

- Med Name:
- Route:
- Frequency:
- Dosage:
- Start Date:
- Stop Date:

A red box highlights the "Route", "Frequency", "Dosage", "Start Date", and "Stop Date" fields. To the left of this box, the text "Not required" is written in red. Below the form, there is a note: "Only enter a Stop date if the medication has already been discontinued. Leave blank if the patient is currently still receiving or will be receiving during the course of care." At the bottom of the form, there are two buttons: "Add" and "Close". The browser's address bar shows the URL: <http://testfl.eqhs.org/PopupPages/MedEditPage.aspx>

- Providers only need to enter medications that will have an impact on the recipient's progress toward treatment goals.



Summary Tab

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial Update My Profile User A

Review Entry

11449149

Start	DX CODES/ITEMS	SUPPORT DOCS	Equip/Supplies	HISTORY	DC PLAN	FUNCTIONING	GOALS	MEDS	SUMMARY
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Select all that apply for this patient

- Medically Complex
- Medically Fragile
- Technology dependent
- None of the above

Explain your selection(s) here:

Describe the patient's attitude and behavior toward treatment. Also describe the patient's rehab potential. In date sequence, provide a summary of the patient's condition that supports medical necessity of service, including evaluation and testing results.
Note: it is NOT necessary to repeat any information that was already indicated on previous tabs.

OPTIONAL

Florida Agency for Health Care Administration Disclaimer Statement

eQHealth Solutions certification determination does not guarantee Medicaid payment for services. Eligibility for and payment of Medicaid services are subject to all terms and conditions and limitations of the Medicaid Program.

PROVIDER ATTESTATION STATEMENT

I hereby attest that, as a physical, occupational or speech-language therapy service provider or provider representative, an order for therapy services has been received for the recipient. I attest that if services are needed in the home, the prescribing provider has certified that leaving the home to receive these services is contraindicated based on the recipient's condition. In addition, I attest that the plan of care has been reviewed and approved by the prescribing provider. A therapy service provider who knowingly or willfully makes, or causes to be made any false statement or representation of a material fact in any application for Medicaid benefits or Medicaid payments, may be subject to the application of sanctions, which include, but are not limited to, fines, suspension and termination. In addition, the provider may be prosecuted under federal and/or state criminal laws and may be subject to civil monetary penalties and/or fines.

By clicking [Submit for Review] you are attesting to the above.



Requirements When Submitting Authorization Requests

Required Supporting Documentation

- All supporting documentation must be submitted with the request for authorization for services in eQSuite.
- Required documents:
 - ❑ Ordering Provider's Order for Services
 - ❑ Current Evaluation
 - ❑ Current Plan of Care
- eQHealth will review the submitted documents to ensure they comply with requirements outlined in the *2008 Medicaid Therapy Coverage and Limitations Handbook*.



Supporting Documentation cont'd

Ordering Provider's Order

- The ordering provider's order may be a separate document or it can be incorporated within the plan of care.
- ARNPs may not order **physical therapy** services; A physician must countersign orders for physical therapy written by an ARNP.

Plan of Care (POC)

- eQHealth will accept the **active/current** POC.
- The POC (with the ordering provider's signature) must be received **prior** to providing services.



Example of the Ordering Provider's Order Incorporated into the Plan of Care

	Date of Prescription 11-11-2011
Medical Diagnosis	Autism Spectrum Disorder
Therapy Diagnosis	apraxia
Specific Type of Therapy provided	OT for motor planning, I ADL's, sensory motor training
Duration and Frequency	3 times per week, for 3 units, for 6 months.
Signature of Therapist, with date	Nancy Ayers, OTR, 11- 10-2011
Signature of Prescribing Provider	<i>K. Bobath</i> , MD, 11-11-2011



Evaluation

- There is no specific evaluation format required to obtain prior authorization.
- However, the Florida Medicaid Therapy Services Web page provides samples of templates that can be used. You can access the templates at: <http://ahca/myflorida.com/therapy>.
- eQHealth will accept an evaluation that is incorporated in the plan of care as long as it meets all of the requirements in the Medicaid *Therapy Services Coverage and Limitations Handbook*.



Key Reminders for Avoiding Administrative Suspensions

Use of eQSuites Bar Coded Fax Cover Sheets

- **Error: Providers are not using the bar coded fax cover sheets correctly.**
 - ❑ Fax cover sheets **should not** be reused.
 - ❑ You must submit three (3) separate bar coded fax cover sheets with the respective supporting documentation (i.e., ordering provider's order, plan of care, and evaluation).
 - ❑ Providers who are using the plan of care to meet the requirements of the ordering provider's order and the evaluation should write "see Plan of Care" on the other two (2) fax cover sheets.



Responding to Administrative Suspensions

- **Error: When responding to requests for additional information, providers are reusing the original fax cover sheets used to submit the ordering provider's order, plan of care, or evaluation.**
 - ❑ When responding to a request for additional information, please use the "Respond to Additional Information" fax cover sheet.
 - ❑ Do **not** reuse a fax cover sheet for the originally submitted ordering provider's order, plan of care, or evaluation.



Ensuring Legibility

- **Error: Providers are submitting supporting documentation that is not legible.**
 - ❑ Typed documentation is preferred, but not required.
 - If supporting documentation is illegible, it may delay your request or result in a suspended review status.
 - When faxing documents, please be sure that the settings on your fax machine generate clear copies.



Eligibility Period

- **Error: Providers are submitting authorization requests for dates of service when the recipient is not eligible.**
 - ❑ An authorization period cannot be requested beyond the recipient's eligibility period.
 - ❑ The FMMIS will not generate a authorization number.
 - ❖ Example – The recipient's eligibility end date: **2/8/12**
 - ❖ Dates requested in eQHealth: 11/1/11 – 4/30/12
 - ❖ eQHealth will authorize: **11/1/11 – 2/8/12**



Authorization Period

- **Error: Providers are submitting authorization requests for 6 months.**
 - ❑ The FMMIS will **not** allow an authorization period to be greater than **180 days**.
 - ❑ Therefore, the authorization period requested in eQSuite cannot be greater than **180 days**.
 - ❑ eQHealth has added a calculator on the utilities tab in eQSuite to help providers calculate the 180 days.
- **Error: Providers are submitting overlapping dates in their continued stay authorization requests.**
 - ❑ Authorization dates cannot overlap.
 - ❖ If the current authorization period is: 12/1/11 - **5/29/12**
 - ❖ The next authorization period would be: **5/30/12**- 11/26/12.



Common Plan of Care (POC) Errors

- The ranges of frequency, intensity, and duration for services requested are not specific.
 - ❑ This must be specific (see example):

Service	Frequency	Intensity	Duration
Speech Therapy	2 times/week	30 minutes/session	90 days
Physical Therapy	3 times/week	45 minutes/session	180 days

- ❑ Do not include ranges (e.g., 2 - 3 times per week).
- The POC is missing the ordering provider's signature and/or date.
- The POC is missing the therapist's signature and/or date.



Preventing Clinical Suspensions

Clinical Goals

- Common errors:
 - ❑ Functional limitations are not up-to-date.
 - ❑ Progress towards previous short and long term goals is not documented.
 - ❑ Goals are not achievable and measurable.



Modification Requests and Service Limits

- Updated documentation is required if a provider is requesting a modification to increase services.
 - ❑ A new plan of care
 - ❑ A new ordering provider's order
- A clear justification needs to be submitted in order to document the need for services in excess of the service limits in the *Medicaid Therapy Services Coverage and Limitations Handbook*.



Clinical Diagnosis

- The recipient's therapeutic diagnosis should correspond to the functional limitations documented in the evaluation and the plan of care.
- The short and long term goals should be consistent with the therapeutic diagnosis.



Questions

- Please contact Customer Service 1-855-444-3747
- Or on-line helpline in eQSuite

