Family requests a service that requires a Prior Authorization from Medicaid.



SC adds a Service Need to the CPOC and checks Medicaid and Requires PA Tracking.



SC opens a PA Tracking Log and follows prompts.



Within 3 calendar days of Date of Choice of Provider, SC sends a Referral to Provider.



Family makes a Choice of Provider.



SC offers a Freedom of Choice and provides any needed medical forms.



Within 15 calendar days of Referral to Provider, SC completes a 15 day Provider Contact.



Within 35 calendar days of Referral to Provider, SC completes a 35 day Provider Contact.



Provider submits PA packet to FI/MCO.

Fiscal Intermediary (FI) Gainwell Technogies for FFS or the beneficiary's MCO for Managed Care.



Fee-for-Service Medicaid: 45-60 calendar days prior to PA End Date

Medicaid Managed Care: 20-60 calendar days prior to PA end date:



Renewals



PA notice received within 10 calendar days* from date packet submitted to FI/MCO (*within 25 calendar days if DME request to MCO).

If PA notice is not received timely, SC contacts provider and follows up until PA Is either approved or denied based on medical necessity.



SC sends Referral to Provider. SC opens Renewal PA tracking log.

PA Tracking Issues/Barriers that Require Referral to PAL

35 Day and 60 Day PAL Referrals	Other PAL Referrals
Untimely PA Packet Submission (35	Renewal PA not received:
Day PAL): If PA packet is not submitted to FI/MCO (Fiscal Intermediary Gainwell Technologies for FFS or the beneficiary's MCO for Managed Care) within 35 calendar days of Date of Referral to Provider.	If renewal PA not received and
	previous PA expired.
	Unable to locate provider:
	If beneficiary has been unable to
	locate a provider willing to submit a
	request for a PA.
	Waitlist placement:
	If beneficiary was placed on a waitlist
	for a Medicaid service that requires a
	PA.
Untimely PA Notice (60 Day PAL):	Schedule issues:
If a PA decision is not received within	If provider not providing services at
60 calendar days of Date of Choice of	the time the beneficiary requested.
Provider (COP).	Amount of service issues:
	Provider not providing the amount of
	services as PAed.
	Other:
	Provider not working on behalf of the
	beneficiary.



SC sends Referral to PAL.



Medicaid Managed Care: If issue is not resolved within 10 working days, MCO alerts Chisholm Compliance Team.

Appeals Flowchart

Fee-for-Service Medicaid Appeal

Within 4 calendar days of notice of denial:

Explain appeal rights & offer assistance to beneficiary.

Explain provider can request a reconsideration.

Explain services may continue pending appeal if appeal is filed within the 30 day appeal period.

20 calendar days from date appeal filed:

Check on status of appeal and offer additional assistance with appeal.

90 calendar days from date appeal filed:

Check on appeal status.

Medicaid Managed Care Appeal

Within 4 calendar days of notice of denial from MCO:

Explain appeal rights and offer assistance to beneficary.

Explain provider can request a peer-to-peer review.

20 calendar days from date appeal filed with MCO:

Check on appeal status.

After the appeal is exhausted with the MCO, the beneficiary may appeal to the Division of Administrative Law (DAL) State Fair Hearing (SFH):

Within 4 calendar days from notice of Appeal Denial from MCO:

Explain Department of Administrative Law State Fair Hearing rights and offer asssistance to beneficary.

20 days from date of SFH request:

Check on status and offer additional assistance with appeal.

90 days from date of SFH request:

Check on final outcome of appeal