

Record Review for EPSDT Quarterly Report

SCA/Region:

Quarter/Year:

Beneficiary:

SC Assigned to Case:

Service Need:

SC Supervisor:

Type of Record Review: PA not issued within 60 days

Medicaid (choose one):

Aetna Better Health

AmeriHealth Caritas

Healthy Blue

Humana Healthy Horizons

Louisiana Healthcare Connections

Fee-for-Service Medicaid

PA not issued within 60 days (Date of COP to Date of Decision):

1. Was the PA Issued?	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
2. If Issued:		
Date of Decision:		
Approval/Denial Status:		
<input type="checkbox"/> Full Approval <input type="checkbox"/> Partial Approval <input type="checkbox"/> Partial Denial <input type="checkbox"/> Denial		
3. Provide a summary of WHY the PA was not issued within 60 days:		

The agency must review all documentation (CPOC, Quarterly Review, Tracking Log(s), Service Logs, etc.) to answer all of the Record Review Questions below. If it is not documented, it did not happen and you must check "no".

Supporting Document and Date: TL = Tracking Log, SL = Service Log, QR = Quarterly Review (i.e. SL #145 2/1/24, TL COP 2/15/24, QR 1/16/24, etc.)

Record Review Questions	Yes	No	N/A	Supporting Document and Date	Comments
1. Is the "Type of Request" correctly identified on the PA Tracking log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Initial <input type="checkbox"/> Change in Service
2. Timely PA Tracking: Does the "Date of Service Request" entered on the Tracking Log match the documentation found in the record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of Service Request:
3. Is there documentation to support that the individual was informed that a prescription was required and given any needed medical forms to be completed by the practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Is there documentation to support that assistance was offered in scheduling an appointment if one was required to obtain prescription/medical forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. FOC: Is there documentation to support timely assistance with the FOC and follow up to obtain a Choice of Provider from the individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. If a willing provider could not be found, is there documentation of attempts to locate a provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. For FFS: Did SC call the LDH Program Staff Line and send Referral to PAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of call to LDH Program Staff Line: Date of Referral to PAL:
b. For MCO: Did SC call Member Services and send Referral to PAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of call to Member Services: Date of Referral to PAL:
7. Timely Referral to Provider: Was the Referral to Provider made within 3 days of the Date of Choice of Provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of COP: Date of Referral to Provider:

Record Review Questions	Yes	No	N/A	Supporting Document and Date	Comments
8. Timely 15 Day Provider Contact: Is there documentation of a Provider contact within 15 calendar days of the Referral to Provider to check on the status and offer assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of 15 Day Provider Contact:
9. Is there documentation to support the SC followed up with the family to see if the provider contacted them and if they contacted the practitioner to obtain the prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Timely 35 Day Provider Contact: Is there documentation of a provider contact within 35 days of the referral to the provider to check on the PA status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of 35 Day Provider Contact:
11. Timely PA Packet Submission: Was the PA packet submitted to the FI(Fiscal Intermediary)/MCO within 35 calendar days of the Referral to Provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date Packet Submitted to FI/MCO:
12. If NO to question 11, answer these follow-up questions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Was there a barrier to submitting the PA packet timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Is there documentation to support the SC assisted in identifying and removing the barrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Timely 35 Day PAL: Was the Referral to PAL completed within 35 calendar days of the Referral to Provider if the PA packet was not submitted timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of Referral to PAL (Untimely PA Packet Submission):
d. FOC: Is there documentation to support the SC offered the family a change in providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. PA Packet: Has the PA packet been submitted to the FI/MCO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date Packet Submitted to FI/MCO:

Record Review Questions	Yes	No	N/A	Supporting Document and Date	Comments
14. If YES to question 13, answer these follow-up questions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. Was the "Date Packet Submitted to FI/MCO" entered on the tracking log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Is there documentation to support the date packet submitted to FI/MCO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Was the "Date Provider PA Request Packet Received" entered or is the "Not Received" box checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Is there documentation of a contact with the Provider 10 days after the PA packet was submitted (25 days for DME) to obtain the PA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15. Timely 60 Day PAL: Was the Referral to PAL completed within 60 calendar days of the date of choice of provider if the PA decision was not received timely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of Referral to PAL (Untimely PA Packet Submission):
16. Is there documentation of ongoing contact with the individual and provider until the PA notice is received or the service request is resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Did the SC follow up and do planned actions as documented in the Service Logs, Quarterly Reviews or CPOC? Is there documentation of the planned actions, contacts and follow up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Was there adequate SC supervision to ensure the required contacts, PA tracking and follow ups were completed timely and to assist the SC with problem solving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

19. Was the PA notice received?	<input type="checkbox"/>	<input type="checkbox"/>	Date PA Notice Received:
20. If NO to question 19, submit notification to ksalling@statres.com when the PA notice is received or the requested service need is resolved.	Date additional information submitted to SRI:		
21. If NO to question 19, what action will the SC take to obtain the PA? What is the barrier and how will it be resolved? Frequent follow-up is required.	Plan of Action:		
22. CAP: Were deficiencies found in the required contacts, timelines, follow-up, documentation, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Submit a Corrective Action Plan (CAP) within 7 days and documentation that the CAP was carried out within 14 days. CAP due date: Documentation due date:		

SC Assigned to the Case:

EPSDT Specialist Signature as applicable (Note: If the EPSDT Specialist is the SC assigned to the case, they cannot complete the record review.)

EPSDT Specialist’s Supervisor Signature

On-Site Program Manager Signature