

Record Review for EPSDT Quarterly Report

SCA/Region:

Quarter/Year:

Beneficiary:

SC Assigned to Case:

Service Need:

SC Supervisor:

Type of Record Review: Gap in PA Authorization Periods**Medicaid (choose one):** Aetna Better Health AmeriHealth Caritas Healthy Blue Humana Healthy Horizons Louisiana Healthcare Connections Fee-for-Service Medicaid**Gap in PA Authorization Periods:**

1. PA End Date (on previous PA Tracking Log)	
2. PA Start Date (on Renewal PA Tracking Log)	
3. Gap consisted of how many days?	<input type="checkbox"/> # of Days: _____ <input type="checkbox"/> Ongoing (Renewal PA not issued and previous PA expired) <input type="checkbox"/> No Gap*
4. Was the service provided during the gap?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Was the gap due to the family choice?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<i>If gap was due to family choice, explain why?</i>	
<input type="checkbox"/> Gap was due to days beneficiary receives services (i.e. receives services on Tuesday and Thursday so prior PA ended on a Thursday and next PA begins on a Tuesday)	
<input type="checkbox"/> Other – explain why:	

****If no gap is found (#3) or the gap was due to the family's choice (#5), remove it from the Quarterly Report and submit page 1 of this Record Review as supporting documentation. Do not complete questions 1-19 below.***

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? (Should be Renewal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the “Date of Service Request” match the date of service request on the prior log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of Service Request:
3. Timely Renewal: Was the Renewal tracking started timely? FFS = 45-60 days before expiration MCO = 20-60 days before expiration					PA End Date (on prior log): Enter Date:
4. Timely Referral to Provider: Was the Renewal reminder sent to the Provider timely? FFS = 45-60 days before expiration MCO = 20-60 days before expiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PA End Date (on prior log): Date of Referral to Provider:
5. 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"/>		
6. 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"/>		
7. 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:
8. 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"/>		

Record Review Questions	Yes	No	N/A	Supporting Document and Date	Comments
9. 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:
10. 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:
11. If yes to question 10, 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"/>		
12. Timely Renewal PAL: Was the Referral to PAL sent if the previous PA expired and the Renewal PA was not received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Date of Decision: <input type="checkbox"/> <i>PA Decision received after previous PA expiration</i> <input type="checkbox"/> <i>No PA Decision</i> Date of Referral to PAL (Renewal – Expired PA):
13. 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"/>		
14. 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"/>		
15. 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"/>		

16. Was the PA notice received?	<input type="checkbox"/>	<input type="checkbox"/>	Date PA Notice Received:
17. If no to question 16, 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:		
18. If no to question 16, 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:		
19. 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