Louisiana Medicaid Management Information System (LMMIS)

Prior Authorization Process for
Hard Copy Home Health Requests

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PROJECT INFORMATION

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PA Process for Hard Copy Home Health Extended Nursing and Multiple Nursing Visits on the same day

The turnaround time is 10-days from the date and time of receipt.

Please note that only a physician can review Home Health request.

1. We receive a request in the PA department via mail, fax, or hand delivered.

2. The request(s) is given to the PA staff responsible for screening and staging the information for the Physician Consultant to review. The PAs are stamped with the date of receipt.

3. If pertinent information is missing or the request is incomplete, the request is returned to the provider with a form letter indicating the information needed.

4. The request is keyed on to CICS where the automatic system editing will take place (eligibility, validity checks, etc.). Once the system editing is done, the completed transaction will then have a "review" status. **If the completed transaction flags the recipient as "Chisholm Class Member", CCM is written on the request to let the consultant know this is a Chisholm Class Member recipient.**

5. The PA staff researches the request for the physician. They will check the files to see if a Home Health request has ever been denied or approved for this recipient. If the recipient has been receiving these services they will print the PA screen of the last authorization that this recipient had and place this information with the request. The PA staff also checks the system to see if the requested services are overlapping with another request or if this is a duplicate request. All of this information is obtained for the consultant physician and placed with the request so that the consultant physician will have this information when he reviews the request.

6. The request is then given to the consultant physician to review and apply Medicaid's established criteria.

7. The consultant will either approve or deny the request. If the physician approves the request he then has to state how many hours per day, how many days, per week, and for how many weeks the services are being approved for. If the request is denied he then has to write the PA error message(s) that apply to the reasons he is denying the request.

8. The request is then given back to the PA staff to key the request "off of review". Once the request is keyed "off of review" and CICS is updated, a PA determination letter is generated that night to the recipient, provider, and case manager if one is indicated on the recipient file. The PA determination letters are mailed within three-business days.

9. **If the recipient is a "Chisholm Class Member" and the request is denied, or partially approved, the request is then sent to the Prior Authorization Liaison (PAL) and that process begins.** The request is then given back to the PA staff to key the request "off of review". Once the request is keyed "off of review" and CICS is updated, a PA determination letter is generated that night to the recipient, provider, and

case manager if one is indicated on the recipient file. The PA determination letters are mailed within three-business days.