



UNISYS

Louisiana Medicaid Management Information System (LMMIS)

Prior Authorization Process for Telephone Requests

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PROJECT INFORMATION

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PA Process for Emergency Telephone Requests

Requests are taken by the PA telephone staff and must be resolved within forty-eight hours from the date and time the call was received in PA.

A telephone request can be a call for emergency DME supplies and equipment, recipient is pending discharge from the hospital or it is one of the procedures that DHH has identified as a "telephone request"(See DME Manual, page 7-11). The staff averages approximately 100 requests per day.

While the provider is on the telephone, the PA staff obtains information from the provider, completes a PA01 FORM with the given information, checks the recipient file for eligibility, does a validity check on the procedure(s), and checks to see if any other requests have been approved for the recipient.

There are specific criteria for each of the procedures. The PA staff must obtain specific medical information from the provider, prior to the review by a nurse, and/or a physician consultant. Once the information is given, a nurse and/or a physician consultant make a determination. If additional information is needed in order to approve the request, the telephone staff will inform the provider and will hold the request, while the provider obtains the information and faxes it to the PA staff. We will only hold the request up to the 48-forty-eight hour time frame.

If we do not receive the information within the 48 hours, we will call the provider prior to issuing a denial.

If the request is approved (99% of phone requests are approved), the PA telephone staff will enter the request onto CICS. The PA system automatically assigns the PA number (5th digit will be a "1"). If the provider is still on the phone, the PA staff will give them the PA number, the approved units and/or the dollar amount; otherwise the PA staff will call the provider and give them the information.

Once the request is keyed and the transaction completed, a PA determination letter will be generated that night, to the provider, recipient and case manager if one is indicated on the recipient file. The PA determination letters are mailed within three-business days.