Statewide Utilization Control Program for Specified Behavioral Health Care Services for Medicaid Recipients – Community

Provider Orientation Session
Introductions

• MHA Staff
  – Douglas Day, Project Administrator
  – Beth Ferguson, Contract Administrator
  – Kathy Coate-Ortiz, Medical Director’s Office Liaison
  – Afet Kilinc, Clinical Lead

• Permedion, Inc.
  – Dennis Gramlich, MBA – Vice President, Utilization Management Director
  – Wayne Anable, DO, FAPA, FAACAP – Project Medical Director
  – Kathleen Moore, MS, LPC, CSAC – Project Manager
  – Theanne Murata, RN, BSN – Clinical Team Lead
Agenda

• Contract Award and Implementation
• Introduction to Permedion
• Community (CPST) Processes & Timeframes
• Contact Information
• Questions & Answers
Contract Award and Implementation

- Statewide Utilization Control Program for Specified Behavioral Health Care Services for Medicaid Recipients awarded to Permedion, Inc.
- Operations begin July 1, 2013
- Frequent meetings with ODMHAS to review implementation work plan
- Met with outgoing vendor to ensure continuity and handling of work-in-progress
- Expanded interaction with MITS
- Contacting professional and trade associations
- Provider education and coordination activities
Who is Permedion?
Permedion, Inc.

- Founded in 1974
- Wholly owned subsidiary of HMS
- URAC accredited
- QIO-like entity
- 100+ employees at Westerville, Ohio location
Permedion Experience

• 35+ years clinical review experience
  – Performing Utilization Review for Ohio Medicaid since 1997

• Experienced clinical staff
  – RNs, certified coding specialists, biostatisticians, behavioral health auditors, and 900+ physicians nationwide

• Experienced management team
  – Averages 18+ years utilization management experience
HMS

• Founded in 1974
• National experts in Medicaid cost containment and recovery, program policy, program analysis, and data analytics
• 2,500+ employees in 35 offices
Contracted Services

• Statewide Utilization Review Program for Inpatient Psychiatric Care (URIP)
  – Precertification of Psychiatric Admissions
  – Post-Payment Review of Psychiatric Admissions
  – On-Site Retrospective Payment Review
  – Provider Appeals
  – Recipient Hearings
  – Reporting
  – Provider Training
Contracted Services

- Statewide Utilization Management and Review Program for Specified Community Behavioral Health Medicaid Services
  - Prior authorization of CPST services
  - Post-payment claims review
  - Reporting and analysis
  - Provider education and technical assistance
Prior Authorization: Community (CPST)


2. Request submitted by fax (1-855-974-5394)

3. Licensed behavioral health professional reviews clinical documentation for medical necessity using Ohio Administrative Code (approves or refers to Second Reviewer)
Prior Authorization: Community (CPST)

4. Second Reviewer approves or denies referred request

5. Courtesy call made to requesting provider if request is denied

6. Determination letters issued through MITS
Prior Authorization: Community (CPST)

7. Prior authorization status available 24-7 via MITS

8. CPST prior authorizations finalized no later than 72 hours after receipt of properly submitted request
# Timeframe for Prior Authorization – CPST

<table>
<thead>
<tr>
<th>Calendar Day</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provider submits request for prior authorization of services through secure web-based application or fax</td>
</tr>
<tr>
<td>2</td>
<td>Within 1 working day of receipt of provider request the Nurse Reviewer will render a determination to approve, pending for additional clinical documentation or refer the request to the Physician Reviewer.</td>
</tr>
<tr>
<td>6</td>
<td>Prior authorization determinations and provider notification finalized no later than 72 hours after receipt of properly submitted request</td>
</tr>
<tr>
<td>90</td>
<td>Reconsideration requests: providers have 90 days from the date of adverse determination to request a reconsideration and submit additional information.</td>
</tr>
<tr>
<td>120</td>
<td>Reconsideration determination: Physician Advisor renders a determination 30 days from receipt of the request for reconsideration</td>
</tr>
<tr>
<td>150</td>
<td>Administrative review: attending physician or hospital provider has 30 days from issuance date of Physician Reviewer determination to request an administrative review with ODMHAS.</td>
</tr>
<tr>
<td>180</td>
<td>ODMHAS will issue a final and binding determination within 30 days of the request for administrative review.</td>
</tr>
</tbody>
</table>
Prior Authorization – CPST: Provider Appeals Process

- Request for appeal submitted to Permedion within 90 days of initial denial
- Reviewed by a Final Reviewer
- Provider include additional clinical documentation
- Provider notified of determination within 30 days of receipt
Prior Authorization – CPST: Provider Appeals Process

- Decision notifications sent to provider, recipient, and ODMHAS

- For upheld denials, provider advised of availability of an administrative review by ODMHAS

- Provider must request an administrative review by ODMHAS within 30 days of date of an adverse determination issuance
Recipient Hearings

1. Administered by the Office of Medical Assistance (OMA)

2. Recipient has the right to a state hearing at any time after the denial is issued

3. A “Notice of Medical Determination and a Right to State Hearing” process is part of the recipient denial letter
Recipient Hearings

4. Recipient must submit form to OMA within 90 calendar days to appeal decision

5. The Bureau of State Hearings will notify Permedion of the recipient request and submit a completed “Appeals Summary” form to the District Hearing Section

6. OMA determines when hearings will take place
Recipient Hearings

7. Date/time of hearing issued by the District Hearing Section at least 10 calendar days prior to the hearing date

8. District Hearing Officer notifies Permedion of the final determination

9. Permedion documents the hearing decision in the case record, completes and submits a “State Hearing Compliance” form to OMA and the District office
Community CPST Process

- Updated Prior Authorization form
  - Modified to be more user friendly
  - Website will accept suggestions for updates

- Web Portal under construction

- Retrospective prior authorizations accepted
Retrospective Review Process

• Minimum of 6,000 Medicaid claims reviewed per year
• Claims selected randomly and by identification of risk criteria
• Data analysis to identify trends/outliers in behavioral health services types, providers and regions
• Review completed within 6 months of payment data and claims data availability
# List of Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Role</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Permedion Contacts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dennis Gramlich</td>
<td>Vice President</td>
<td>Utilization Management</td>
<td>614.839.3373</td>
<td>614.895.6784</td>
<td><a href="mailto:dgramlich@hms.com">dgramlich@hms.com</a></td>
</tr>
<tr>
<td>Kathleen Moore</td>
<td>Clinical Audit Manager</td>
<td>Project Manager</td>
<td>804.377.4802</td>
<td></td>
<td><a href="mailto:kmoore@hms.com">kmoore@hms.com</a></td>
</tr>
<tr>
<td>Dr. Wayne Anable</td>
<td>Contract Medical Director</td>
<td>Contract Medical Director</td>
<td>937.478.3892</td>
<td></td>
<td><a href="mailto:wayne.anable@hms.com">wayne.anable@hms.com</a></td>
</tr>
<tr>
<td>Theanne Murata</td>
<td>Review Supervisor</td>
<td>Onsite Clinical Team Lead</td>
<td>614.839.3409</td>
<td>614.895.6784</td>
<td><a href="mailto:theanne.murata@hms.com">theanne.murata@hms.com</a></td>
</tr>
<tr>
<td>Susie Bradley</td>
<td>Project Specialist</td>
<td>Administrative Support</td>
<td>614.643.1833</td>
<td>614.895.6784</td>
<td><a href="mailto:sue.bradley@hms.com">sue.bradley@hms.com</a></td>
</tr>
<tr>
<td><strong>ODMHAS Contacts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Douglas Day</td>
<td>Project Administrator</td>
<td></td>
<td>614.644.9144</td>
<td></td>
<td><a href="mailto:Douglas.Day@mha.ohio.gov">Douglas.Day@mha.ohio.gov</a></td>
</tr>
<tr>
<td>Beth Ferguson</td>
<td>Administrator</td>
<td></td>
<td>614.466.9971</td>
<td></td>
<td><a href="mailto:Beth.Ferguson@mha.ohio.gov">Beth.Ferguson@mha.ohio.gov</a></td>
</tr>
</tbody>
</table>
Website

• The website URL that will contain information and documents is:

http://hmspermedion.com/oh-medicaid-mental-mental-health-addiction-services/
Permedion Contact Information

• Phone: (855) 974-5393
• Fax: (855) 974-5394
• Address:
  Permedion
  350 Worthington Rd. Suite H
  Westerville, OH 43082
• Permedion Provider Relations Manager – In Recruitment
• ODMHAS Primary Contact – Beth Ferguson, Contract Administrator, (614) 466-9971, Beth.Ferguson@mha.ohio.gov
Previously Submitted Questions

Are behavioral health and substance abuse services to children and adolescents being impacted by the changes?

There is no change in services or in the inpatient precertification process. The prior authorization requests for community based services will be through fax until our web portal is constructed. Once this is constructed, there will be the option for fax or web portal.
Previously Submitted Questions

*Does this program also include detox services?*

Currently, detox services are covered; however, they are not subject to community prior authorization.
Previously Submitted Questions

**Will additional time slots be available for providers for orientation to Permedion?**

The initial provider orientation sessions will be held on June 24 and 25. Additional group or one-on-one training sessions will be planned as needed with Kathleen Moore or our Provider Relations Manager. The orientation sessions will be made available on Permedion's website: [http://hmspermedion.com/oh-medicaid-mental-health-addiction-services/](http://hmspermedion.com/oh-medicaid-mental-health-addiction-services/).
Previously Submitted Questions

Do these changes include pediatric inpatient facilities?

There is no change in services or in the inpatient precertification process.
Previously Submitted Questions

Can we get the contact information for the IT/Reporting liaison for Permedion and the State?

Permedion – Kathleen Moore, Project Manager, (804) 377-4802, kmoore@hms.com

ODMHAS – Beth Ferguson, Contract Administrator, (614) 466-9971, Beth.Ferguson@mha.ohio.gov
Previously Submitted Questions

Do providers have to use the Permedion CPST fax form to submit requests?

Yes. Providers need to use the fax form created by Permedion to request prior authorization of CPST services. A web portal is being created as an option for request submission in the future.
Previously Submitted Questions

Will providers have to submit a prior authorization request for recipients already receiving CPST services?

Yes the process for this has not change. Providers need to request prior authorization of CPST services after 104 hours.
Previously Submitted Questions

Will there be the availability of retrospective approvals for prior authorization?

Yes, this process has not changed.
Previously Submitted Questions

*Will providers need to register as an agency as with the previous vendor?*

At this time, no additional registration is needed with Permedion. However, at the time Permedion’s web portal is active, providers will need to request access to submit requests electronically.
Previously Submitted Questions

*How can providers print a copy of this slide presentation?*

The slide presentation will be available on Permedion’s website. Additionally, a copy of the slide presentation will be emailed to all registrants.