



Winter 2017

Mental Health Minute

Know the Process for Retroactive Utilization Review of Inpatient Psychiatric Admissions

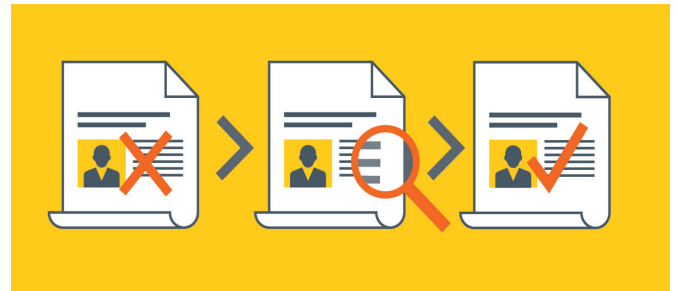
Extraordinary circumstances are the only cause to send inpatient psychiatric admissions to Permedion for retroactive utilization review.

These circumstances include:

- The recipient was not eligible for Medicaid coverage on the date of a psychiatric admission, but later became eligible. In this case, a retroactive review will cover the dates of the hospital admission.
- The recipient's primary insurance benefits have been exhausted.
- The recipient was approved originally under a managed care organization, but later enrollment is terminated and a take-back occurs. The recipient's Fee for Service (FFS) Medicaid coverage must be active for that time frame.

Reminder: Medicaid is a payer of last resort. Other payer sources should be exhausted before billing Medicaid.

For Permedion to process retroactive requests, appropriate documentation of the circumstances must be submitted by the provider and uploaded into the MITS case.



Acceptable documentation includes:

- Date-stamped screen captures from MITS indicating that the recipient wasn't eligible are preferred. Screen captures using other search engines, including Passport or Emdeon, are also accepted.
- Other documents that show a primary payer was verified at time of admission.

Documentation should be date-stamped within two business days of admission (or within one business day if prior to May 1, 2016) and include recipient identifiers.

Please keep in mind that resources for providers are available online from Permedion at hmspermedion.com.

How to request an inpatient precertification

First, you will need to download an Inpatient Psychiatric Precertification Form from hmspermedion.com:

1. At the top of the web page, click on the orange tab, "Contract Information."
2. From the drop-down menu, select "Ohio Medicaid: Mental Health."
3. Near the bottom of the page, click on "Inpatient Psychiatric Precertification form."

As provider, complete and upload the Precertification Form and to MITS with all supporting information. The Permedion Nurse Reviewer who receives the Precertification Form will contact you with any questions.

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In most cases determinations are made within one business day from receipt of a correctly submitted request. All determinations are made within three business days.

Time to Update Your Point of Contact Information

The first few months of 2017 are a good time for inpatient providers to reassess their point-of-contact person.

The contact person receives communications directly when Permedion needs further information about onsite visits and other instances of care. It's very important to keep contact information up to date to avoid time delays when information is requested.

Please take a moment to consider any staff turnover in your organization and if there is a need to fill out an Inpatient Provider Change of Contact Form. Request a copy of the form from Robert Johnson at robert.johnson@hms.com, then send him the completed form.

Call 1.800.686.1516 for help with MITS-related issues, including questions regarding user ID and provider access.

Reminder and Tips for Completing the Inpatient Precertification Form

It's always important that providers provide specific information about the recipient when completing an inpatient precertification form. Below are some tips to keep in mind:

- Generalized answers that describe the population don't support medical necessity for an individual.

Examples:

- If a patient reports hearing voices, include details about how often, what the voices are saying, and any other relevant information.
- If a patient is exhibiting suicidal ideation, include details about the intent or plan and if he or she has the means to carry it out.
- Provide information that gives a clear picture of the recipient's presentation and of specific barriers to the treatment of the individual.

Keep in mind that precise detail supports the rationale that a lower level of care cannot adequately support the recipient's treatment needs.

Remember: Generalized and non-specific information may lead to an adverse determination.

Are You Using the Latest Community Psychiatric Supportive Treatment (CPST) Form?

Providers, please ensure that your agency is using the latest CPST request form found on the Permedion website at hmspermedion.com.