Skilled Nursing Facility Authorizations for SSI Managed Care, Partnership, and Dual Advantage

Agenda

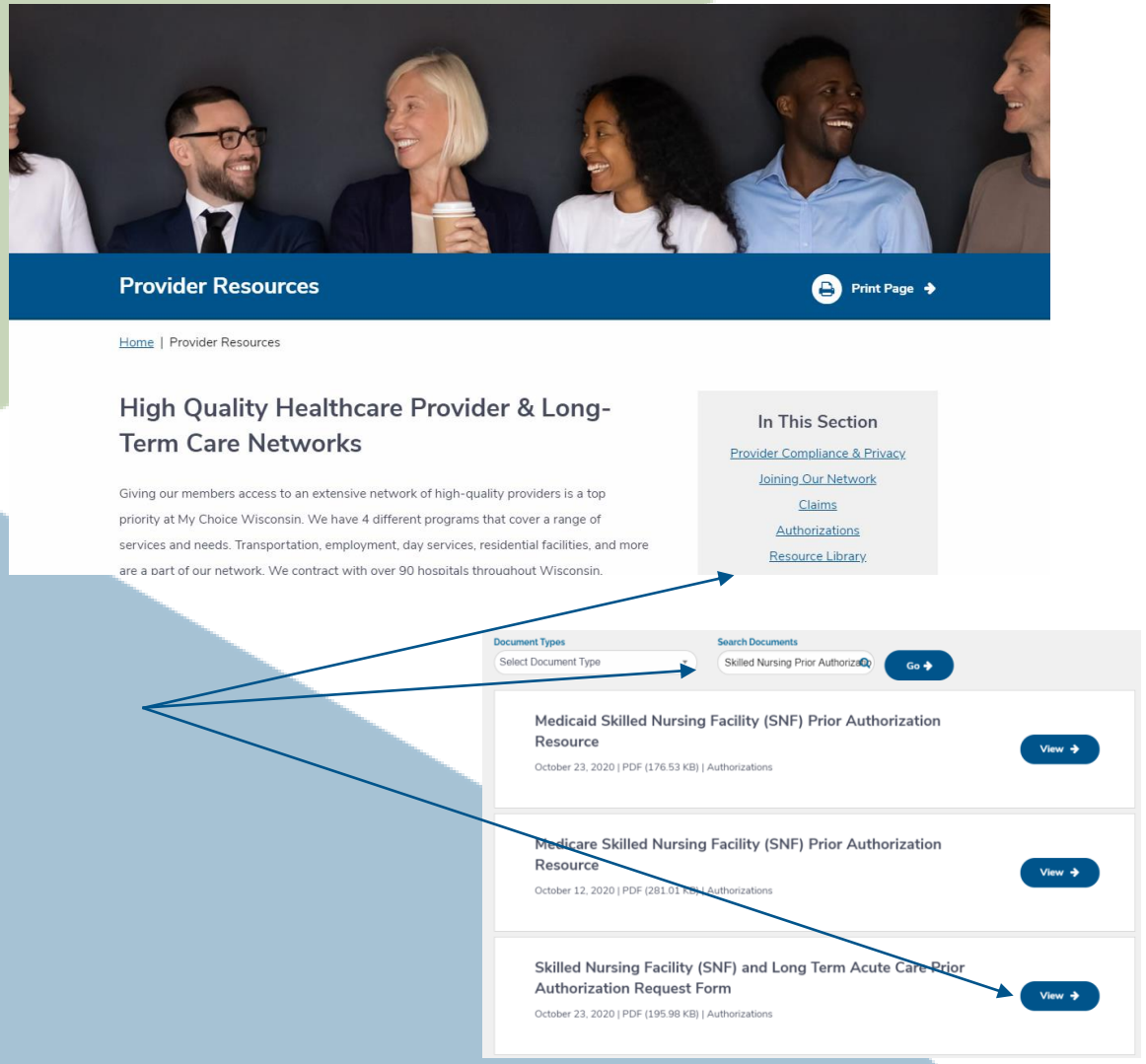
- ❑ **Submitting a New Prior Authorization Request**
- ❑ **Authorization Notification Process**
- ❑ **What to expect from My Choice Wisconsin**
- ❑ **We are here to help**

Submitting a New Prior Authorization Request

IMPORTANT NOTICE:
Effective February 1, 2020 all Family Care services require authorization through the Member's Care Team.

If you require assistance in connecting with the Member's Care Team, contact the Customer Service Center at 1-800-963-0035

Where can I find the Authorization Request form?



- Go to: https://www.mychoicewi.org
- Select *Provider Resources*
- Select *Resource Library*
- Under Search Documents, type *"skilled nursing prior authorization"* and select *GO*
- The form will be listed below. Click

  VIEW to open the document

Completing the Prior Authorization Request Form

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Skilled Nursing Facility and Long Term Acute Care Prior Authorization Request

Family Care services require authorization through the member's care team. Do not use this form for authorization. If you require assistance connecting with the member's care team, contact the My Choice Wisconsin Customer Service Center at 1-800-963-0035.

For other programs, please provide the following clinical information to support medical necessity of all requests and fill form completely.

- H&P
- Discharge Summary
- Therapy Notes
- MD Progress Notes
- Labs/Radiology Studies
- Supporting Nursing Notes

Member Name: D.O.B.: Medicaid ID #:

Member Phone: Member address:

Requesting Provider Name/Clinic: Tax ID:

Address:

Clinical Contact/Title: Phone: Fax:

Facility Name: Tax ID:

Address:

Facility Utilization Review Dept./ Clinical Contact/Title: Phone Number: Fax:

Facility Medical Records Dept. Phone Number: Fax:

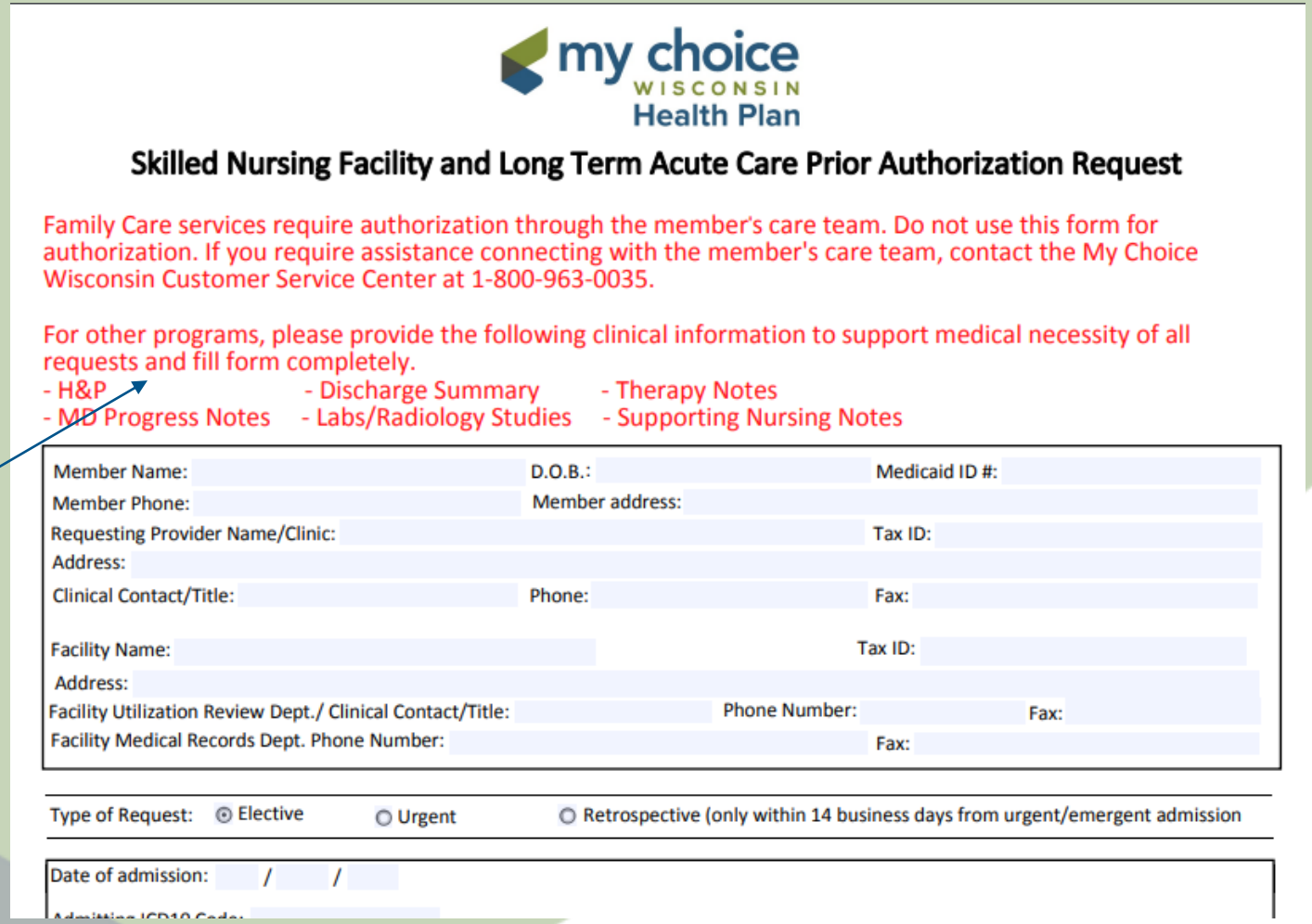
Type of Request: ◉ Elective ○ Urgent ○ Retrospective (only within 14 business days from urgent/emergent admission

Date of admission: / /

Admitting ICD10 Code:

Clinical Documentation to support the request

Submit relevant Clinical Documentation with the request to assure prompt determination and notification.



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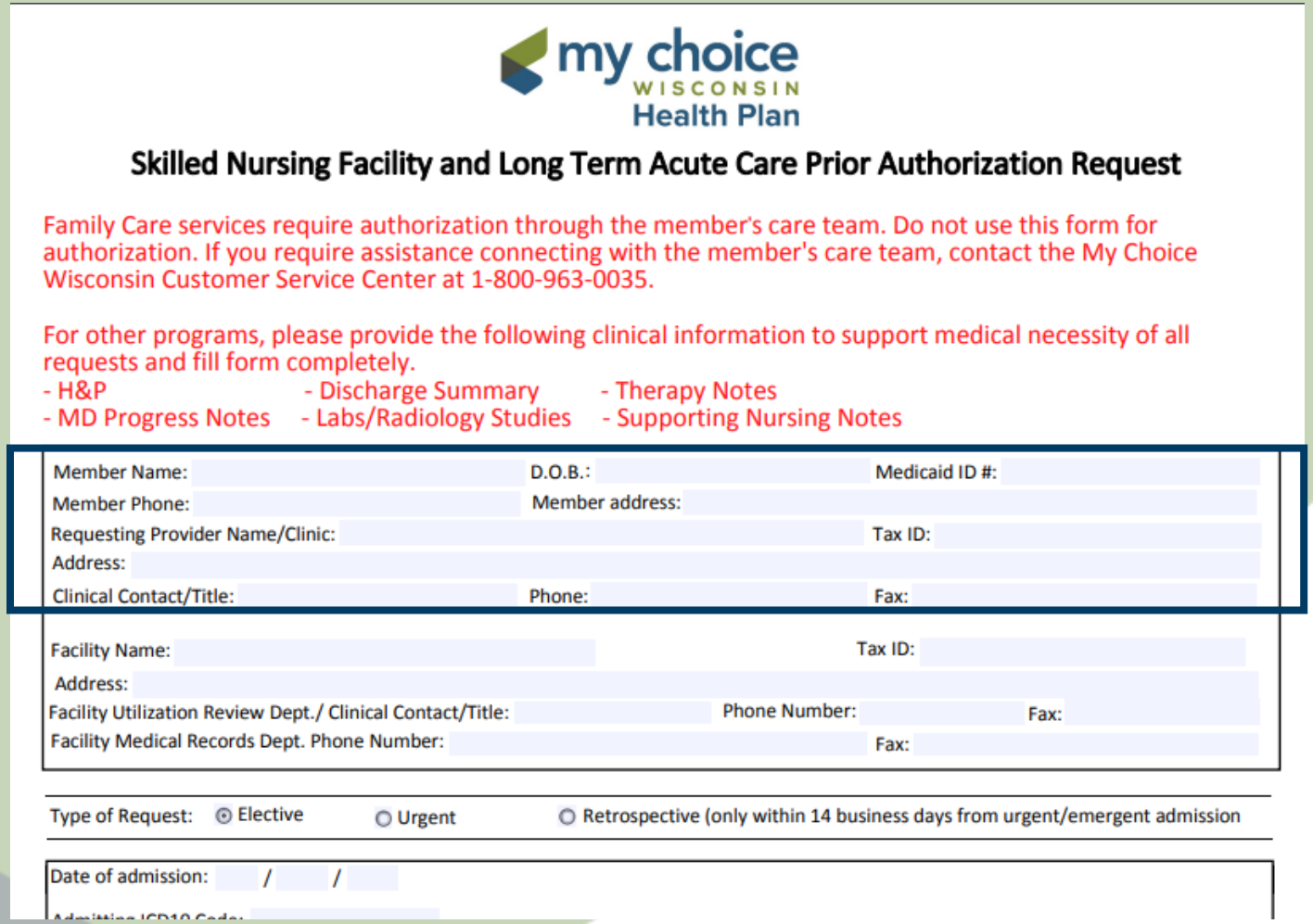
Completing the Prior Authorization Request Form

Please fill out the fillable form completely. Information can be typed on the form or printed out and hand-written.

Member demographic information is important to assure we can match the Member in our system

Requesting Provider Information helps us identify who we can follow up with should we have questions



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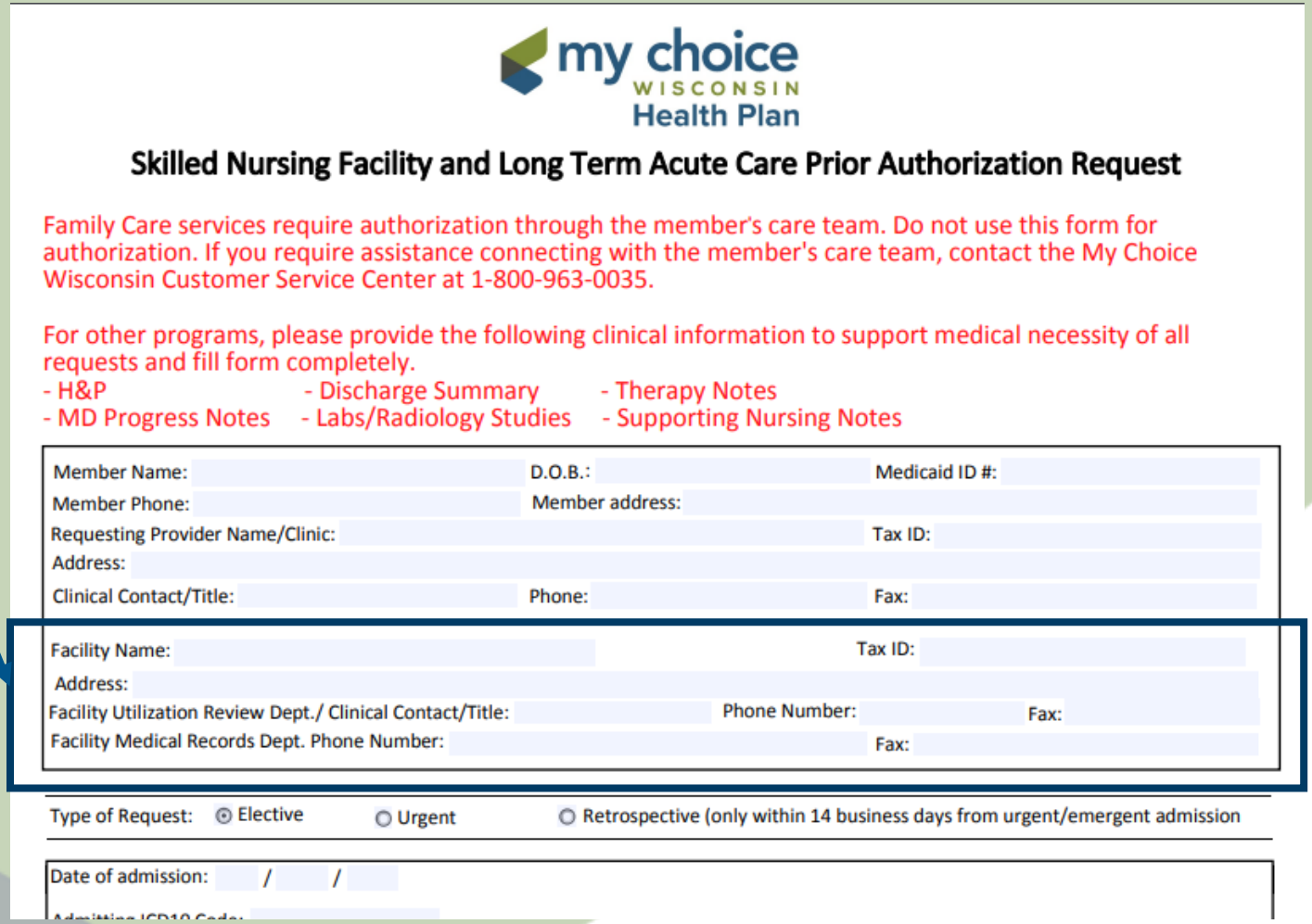
Facility billing information

Facility Utilization Review Department/ Clinical Contact/ Title, phone, and fax should be the name of person or department that My Choice Wisconsin's UR Department should contact for clinical information.

Facility Medical Records Department Phone and Fax Number is helpful if your organization has a dedicated department for medical records requests



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Type of Request: ◉ Elective ○ Urgent ○ Retrospective (only within 14 business days from urgent/emergent admission

Date of admission: / /

Type of Request

Elective

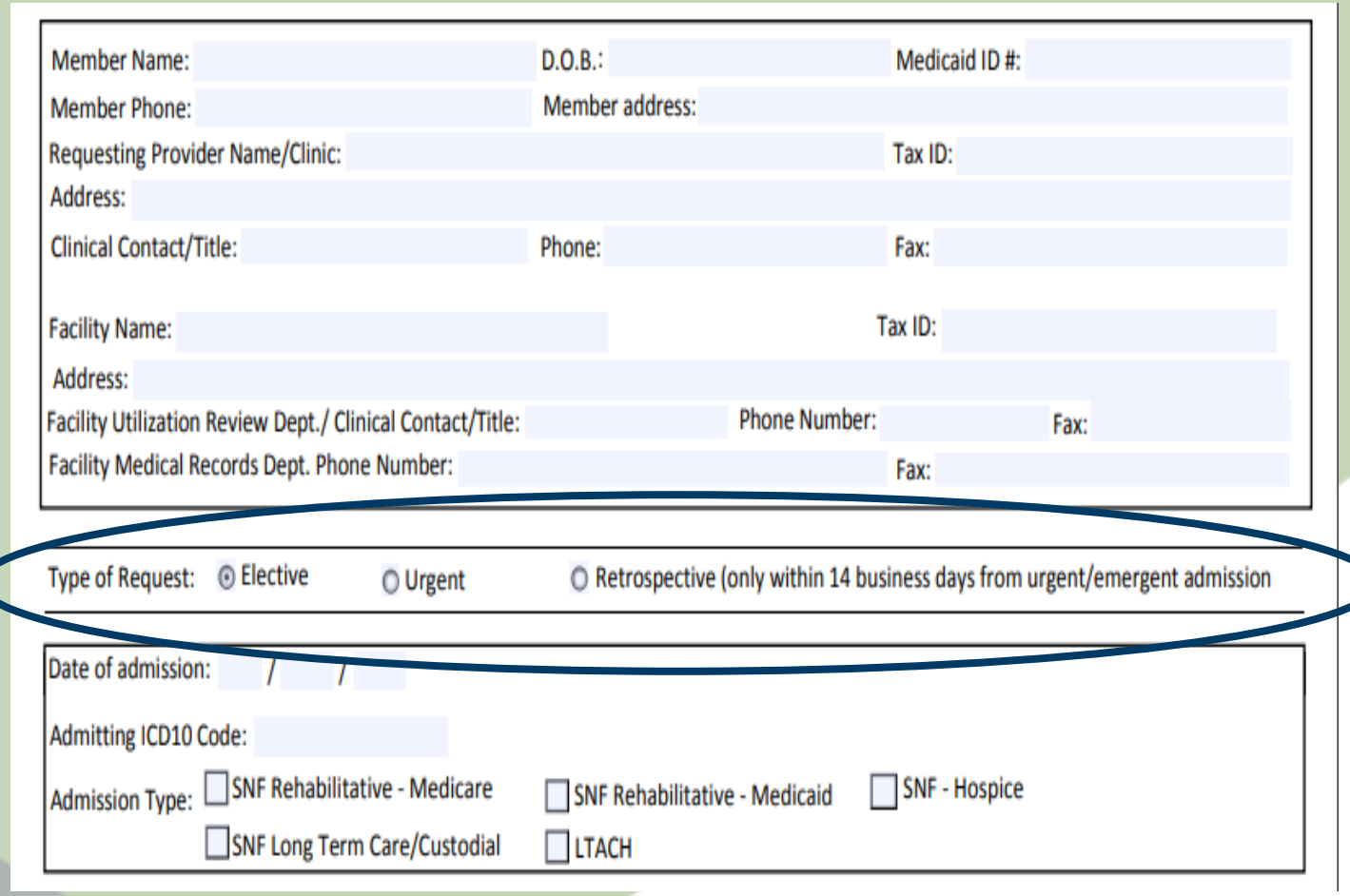
- A planned admission

Urgent

- A non-emergency admission that is neither life threatening nor elective but requires immediate attention for optimal outcome.

Retrospective

- The request is received by My Choice Wisconsin after service was initiated, but within 14 calendar days of the start of services



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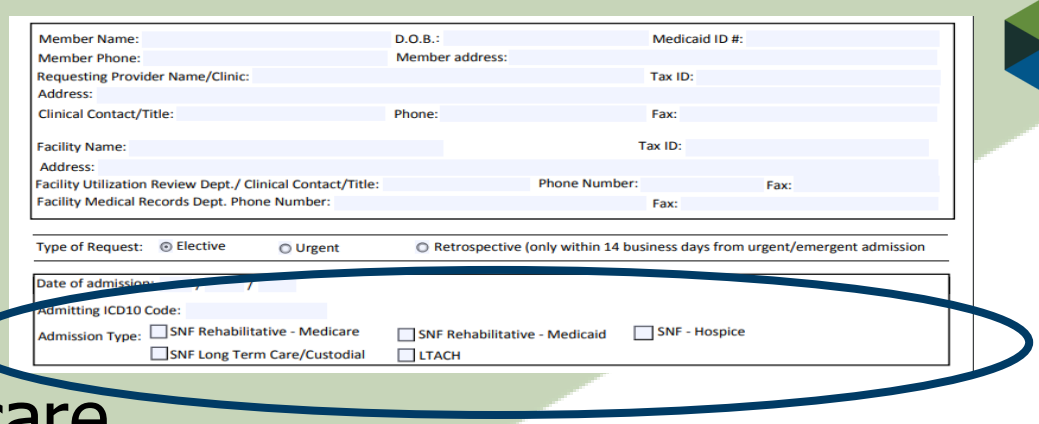
Type of Request: ◉ Elective ○ Urgent ○ Retrospective (only within 14 business days from urgent/emergent admission

Date of admission: / /

Admitting ICD10 Code:

Admission Type: ☐ SNF Rehabilitative - Medicare ☐ SNF Rehabilitative - Medicaid ☐ SNF - Hospice
☐ SNF Long Term Care/Custodial ☐ LTACH

Admission Type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SNF Long Term Care/Custodial LTACH

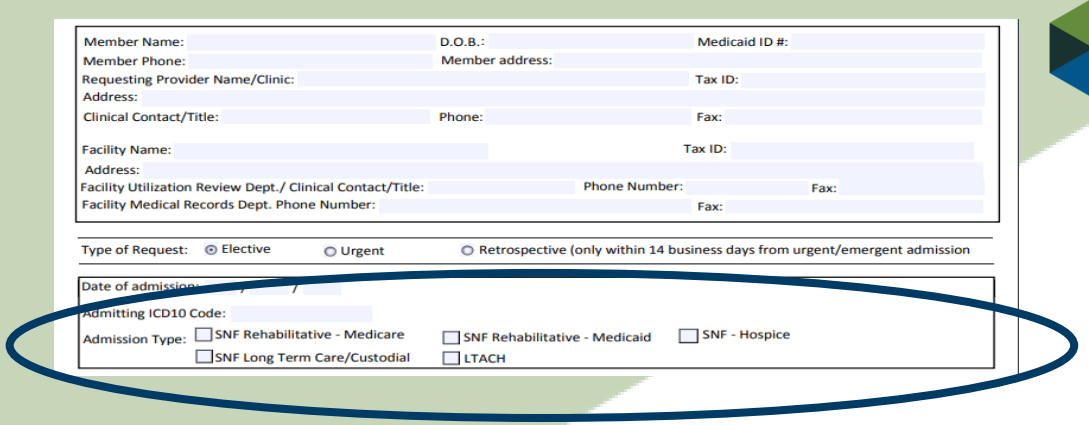
SNF Rehabilitative – Medicare

- Rehabilitative or skilled stay requiring therapy 1-2 hours per day at least 5 days per week or requiring skilled nursing services at least daily.
- The Member has days remaining in the Medicare benefit period.
- My Choice Wisconsin DOES NOT require a 3-day qualifying stay.

SNF Rehabilitative – Medicaid

- Rehabilitative or skilled stay requiring therapy 1-2 hours per day at least 5 days per week or requiring skilled nursing services at least daily.

Admission Type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Admission Type: SNF Rehabilitative - Medicare SNF Rehabilitative - Medicaid SNF - Hospice
SNF Long Term Care/Custodial LTACH

SNF – Hospice

- Skilled Nursing Home stay for Member's enrolled in Hospice.

SNF Long Term Care/ Custodial

- Skilled Nursing Home stay that primarily consists of non-medical care that can be reasonably and safely provided by non-licensed caregivers. Custodial stays may be needed when the members needs cannot be met at a lower level of care.

Authorization Notification Process

Authorization numbers will begin with "IP". You will no longer receive authorizations that start with "SR"

Example: **IP000xxxxxxx**

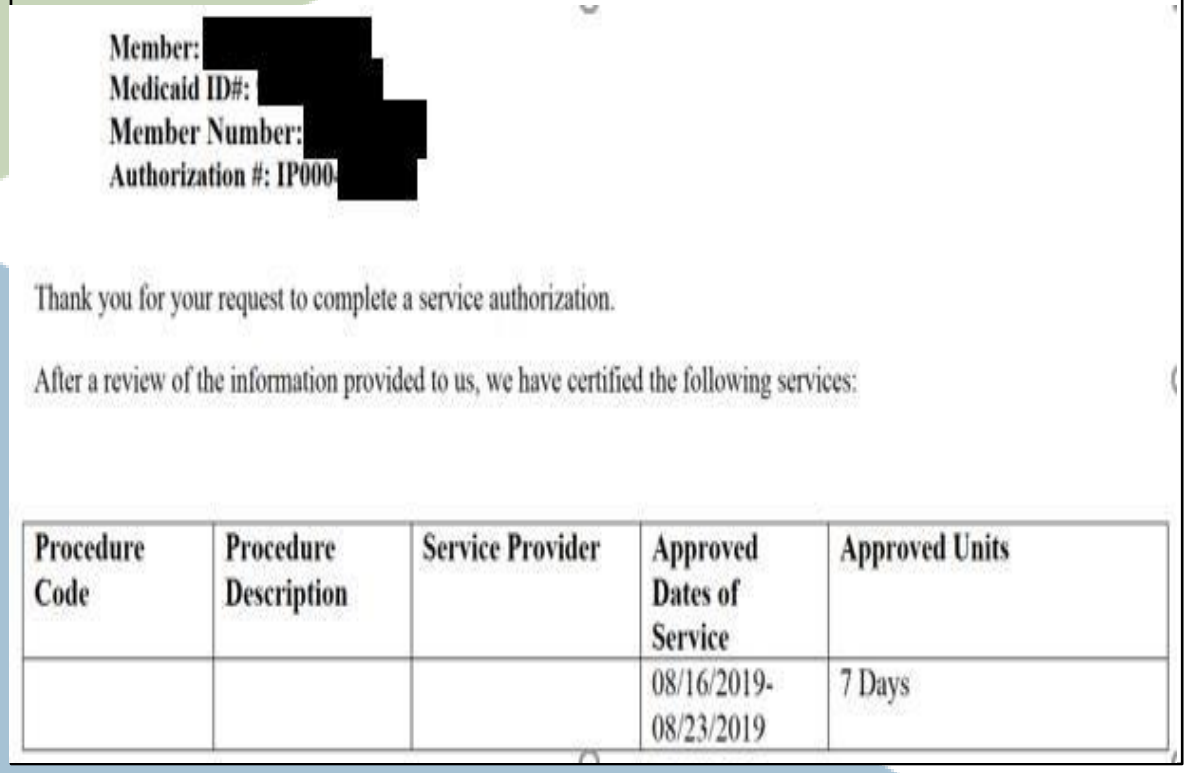
Authorization Notification Letters created after 10/1/19

- An *Authorization Notification* letter will be issued promptly following receipt of pertinent clinical information.
- The notification will be faxed to the Provider contact listed on the *Prior Authorization Request Form*.
- *Authorization Notification* letters will be mailed if no fax number is listed.
- At this time "IP" authorizations are not viewable on the My Choice Wisconsin Authorization Portal.

Types of Notifications

*Notification letter design and layout vary by Program

Approval Notification



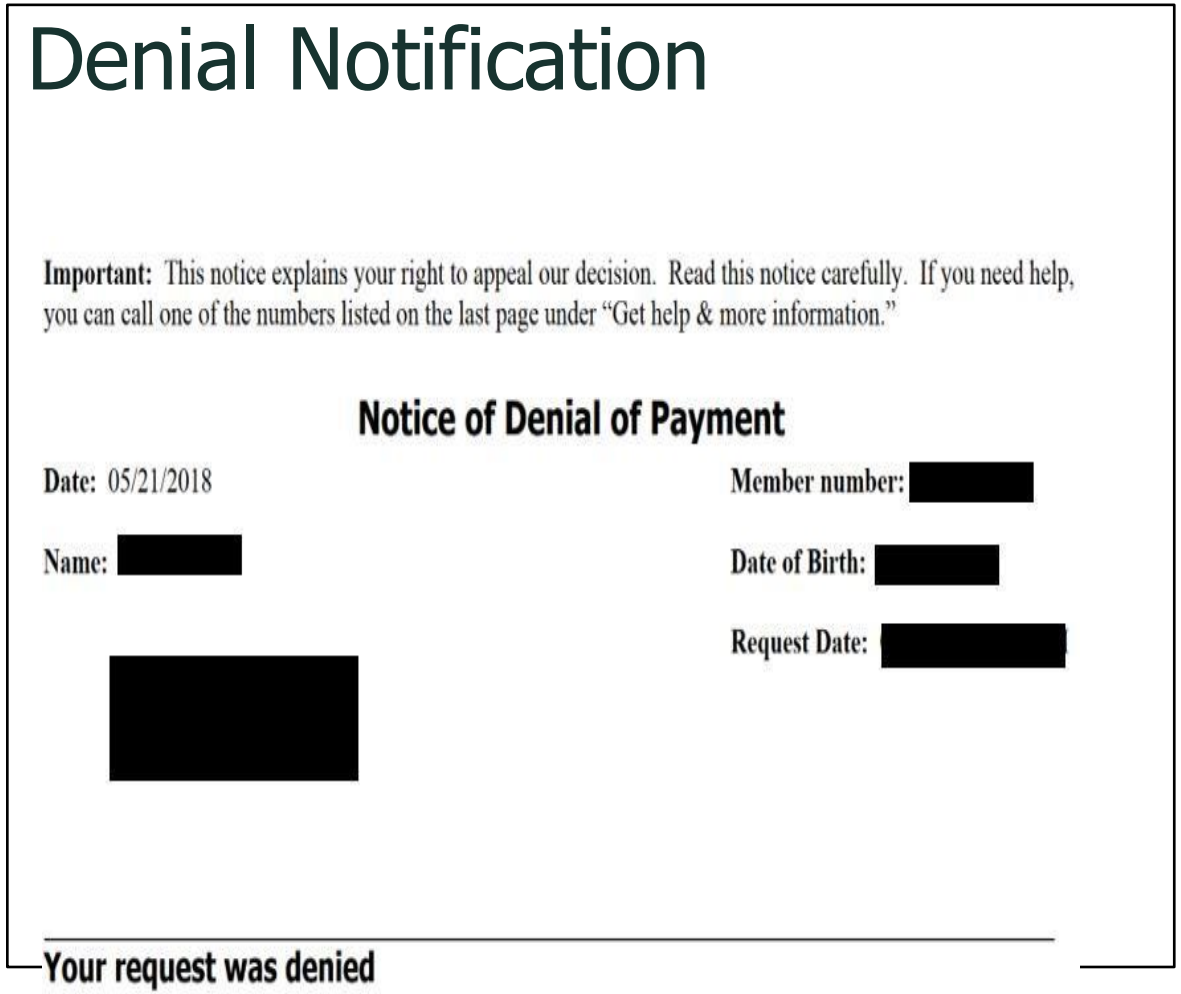
Member: [redacted]
Medicaid ID#: [redacted]
Member Number: [redacted]
Authorization #: IP000[redacted]

Thank you for your request to complete a service authorization.

After a review of the information provided to us, we have certified the following services:

Procedure Code	Procedure Description	Service Provider	Approved Dates of Service	Approved Units
			08/16/2019-08/23/2019	7 Days

Denial Notification



Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

Notice of Denial of Payment

Date: 05/21/2018

Member number: [redacted]

Name: [redacted]

Date of Birth: [redacted]

Request Date: [redacted]

[redacted]

Your request was denied

What to expect from My Choice Wisconsin

Quality Care Management

- My Choice Wisconsin RN and Care Manager collaboration to support safe and effective discharges to the next level of care

Prompt Determinations

- Pre-certification for Hospital to Skilled Nursing Facility transfers.
- Determination and Notification will occur within 1 business day following receipt of pertinent clinical documentation

What to expect from My Choice Wisconsin cont

Ongoing Concurrent Review

- Rehabilitative Medicare and Medicare stays are authorized for 1-2 weeks at a time.
- Custodial Stays are reviewed every 6 months or more frequently if the Member's condition changes.

Single point of entry for Authorization related questions

- The Customer Service Team is available at 1-800-963-0035
- This team will answer your questions or connect you with someone who can!

We are here to help!

Visit www.mychoicewi.org to get prior authorization request forms as well as other authorizations resources.

If you have any questions, please call us promptly at 1-800-963-0035

	Important Contacts	
Customer Service Center		**Prior Authorization Fax**
800-963-0035		**608-210-4050**