



CountyCare Providers:

Over the past few months, several updates to the Prior Authorization policies have been released. We have collected all of these into one notice; please review all updates below and review with the appropriate staff.

**Reminder - there are multiple ways to request Prior Authorization:**

- In-network providers may submit requests via the [CountyCare Provider Portal](#) for a **quicker response**. Visit CountyCare Provider Portal for details on how to sign up.
- Submit via phone by calling 312-864-8200, option 5, or 1-855-444-1661, option 5
- Submit via fax by visiting [www.countycare.com](http://www.countycare.com) for fax numbers and details

**General Prior Authorization Updates Medical and Behavioral Health:**

<p><b>Notification Letters for Approved Prior Authorization requests</b></p>	<p><b>Previous process:</b></p> <p>CountyCare was not faxing letters for approved PA requests</p>	<p><b>New process effective 10/1/2016:</b></p> <p>CountyCare faxes approval letters which outline approved services and clarify next review dates for continued inpatient reviews as well as ongoing outpatient services</p>
<p><b>Updates to Administrative Decision Process</b></p>	<p><b>Previous process:</b></p> <p>CountyCare Administrative Decision <b>faxback notifications</b> were interpreted as final denial</p>	<p><b>New Process effective 11/1/2016:</b></p> <p>CountyCare added "Next Steps" language to provide clear instructions on our administrative decision fax back form to help facilitate prior authorization reconsiderations</p>



## Inpatient Prior Authorization Updates Medical and Behavioral Health:

<p><b>Timeframes for providing clinical on hospital admissions</b></p>	<p><b>Previous requirement:</b></p> <p>Notification of admission and clinical were required within 1 business day following admission</p>	<p><b>New requirement effective 11/1/2016:</b></p> <ul style="list-style-type: none"> <li>• Notification of admission is still required within <b>1 business day</b> following admission, however, <b>clinical is required within the 1 business day of notification</b></li> <li>• Please include discharge plan with submitted clinical (no change)</li> </ul>
<p><b>Clarification for submission of clinical documentation for Concurrent Inpatient services</b></p>	<p>For inpatient continued stay reviews, clinical must be received on or before the last approved day</p>	
<p><b>Process for Requesting clinical information on hospital admissions</b></p>	<p><b>Previous process:</b></p> <p>CountyCare did not initiate outreach for supporting clinical documentation from the hospital utilization management (UM) department</p>	<p><b>New Process effective 11/1/2016:</b></p> <p>When CountyCare receives notification of an unscheduled hospital admission without supporting clinical information, CountyCare will contact the hospital UM department <b>via fax</b> to request clinical documentation</p>

## DME Prior Authorization Clarification:

- DME rentals are reviewed for medical necessity and provided an initial three (3) months if criteria met
- **Clinical is required for continued rental after the first three (3) months** and the request is evaluated for possible purchase



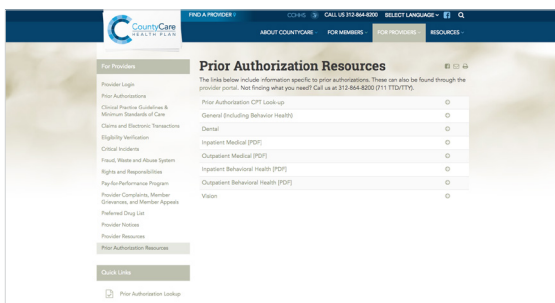
### Custodial Care Prior Authorization Updates:

	Previous process:	Effective 3/1/17:
<p>Updates regarding Determination of Need (DON) form submission</p>	<p>Most recent DON form was not required with the PA request</p>	<ul style="list-style-type: none"> <li>DON form is required to be submitted with custodial care PA requests; <b>the request cannot be processed without this form</b></li> </ul>

### Home Health Prior Authorization Updates:

	Previous process:	New process effective 11/1/2016:
<p>Updates to visits requiring PA</p>	<p>PA was required after the initial home care visit</p>	<ul style="list-style-type: none"> <li>PA is not required for the first 16 units, or four (4) 1-hour visits, of any discipline (nursing/PT/ST/OT)</li> <li>PA is required for any additional visits (submission of clinical documentation with PA request)</li> </ul>

Additional information and resources regarding Prior Authorization, including forms, policies, a downloadable Procedure Code Look Up excel, and more can be found at: <http://www.countycare.com/providers/prior-authorization-resources>



**Thank you for your continued service to CountyCare members.**

*Click here for a copy of this Provider Notice and all previous Provider Notices. Please visit the site frequently to get the most up-to-date information.*



## Affirmative Statements About Incentives

UM decisions are based on appropriateness of care and service and existence of coverage. CountyCare Health Plan does not reward practitioners, providers, or individuals for issuing denials of coverage or care. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization. Providers and practitioners are not prohibited from acting on behalf of CountyCare's member. Practitioners cannot be penalized in any manner for requesting or authorizing appropriate medical care. Practitioners are ensured independence and fairness in making referral decisions that will not influence hiring decisions, compensation, termination, promotion or any other similar matters.

## Access to UM Department Staff

CountyCare Health Plan provides the following communication services for members and practitioners:

1. Staff is available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues.
2. Staff can receive inbound communication regarding UM issues after normal business hours.
3. Staff is identified by name, title and organization name when initiating or returning calls regarding UM issues.
4. TDD/TTY service 855-444-1661 (toll-free) / 711 (TDD/TTY) is available to members who have hearing or speech impairment.
5. Language assistance is available to members to discuss UM issues.