

FAQs from DOM & HSM Webinar - November 14, 2011 for CMHC Providers

** The responses in this document apply ONLY to the prior authorization process beginning on January 1, 2012.*

#	Question	Response
1	Why is DOM changing policy and starting the PA process?	The Division of Medicaid is committed to ensuring that Medicaid funds are used for medically necessary and appropriate services. Implementation of a prior authorization (PA) process is a quality initiative that validates that the service being requested is medically necessary and meets Medicaid coverage requirements.
2	How long will TANs be good for?	Covered in upcoming training sessions. Trainings begin on December 1, 2011. Please see the HSM website at www.hsom.org and sign up for training.
3	Will PA be required as of January 1, 2012 or July 1, 2012?	PA will be required for dates of service on or after January 1, 2012 for the 10 service codes discussed in the webinar. Those codes are H0035, H0040, H2012, H2017, H2030, H2033, S5145, S9480, T1005, and T2048.
4	Will Day Treatment for children age 5 and under follow the same process?	The current PA process for day treatment services for children age 5 and younger will not change.

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5	If a new consumer starts care after January 1, 2012 but before July 1, 2012. How do they get a TAN?	All consumers receiving one of the 10 service codes will require prior authorization for services on and after January 1, 2012. DOM and HSM encourages providers to attend trainings to assist them in understanding process, clinical and business requirements in order to successfully submit requests during each phase.
6	If a provider renders service to an existing consumer in January 2012 but has not entered a TAN by the second week of January, will providers be penalized?	Issuance of a PA generates the Treatment Authorization Number (TAN), which is required in order for the claim to be processed. Therefore, we suggest you obtain your TAN as soon as possible.
7	Will HSM "carve" days out of TANs during Jan 2012?	No.
8	Can providers send HSM bulk electronic files with consumer information and the information could be uploaded?	No.
9	Can the HSM Web portal handle the amount of information that will be sent?	Yes.

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10	Can providers bill DOM for Crisis Intervention before January 1, 2012?	No.
11	Will DOM notify consumers that will no longer be able to attend treatment?	HSM will follow the standard notification process for notifying consumers in the event of a denial of service. Any consumer who is affected by an adverse review determination has reconsideration and appeal rights. Providers attending the trainings offered by HSM will assist in preventing consumers from having services denied when medically necessary. Trainings begin on December 1, 2011. Please see the HSM website at www.hsom.org and sign up for trainings.
12	What is the length of time for pend turnarounds?	This will be covered in the upcoming training sessions beginning December 1, 2011. Please see the HSM website at www.hsom.org and sign up for training.
13	How long will it take to get TANs from HSM?	During Phase 1 a TAN will be issued instantaneously upon successful completion of the "abbreviated" review. Review processing times during Phase 2 and Phase 3, will be discussed in upcoming training sessions. A list of trainings is available on the HSM website located at www.hsom.org .

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14	Will providers have the ability to print a list of TANs issued in January?	Yes. This will be covered in upcoming HSM educational sessions. To sign-up for trainings beginning December 1, 2011 go to the HSM web page located at www.hsom.org .
15	Should we be concerned that on January 1, 2012 you will be putting people out of services they need?	No.
16	Are there any diagnosis codes that will be excluded from the PA process?	No.
17	Has anyone contacted our billing contractor to make sure the TAN gets on the billing form?	It is the provider's responsibility to contact your billing contractor regarding this issue.
18	Will anything change for PASRR Level 2 billing?	No.
19	How many web users can a provider have?	Each provider will control the access and the number of web users through your own web administrator.

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20	If a provider gets a TAN for services in January 2012, and a denial in May 2012 during soft review, will DOM recover payments for services between January 2012 and June 2012?	The specific TAN issued for each of the phase of the entire process is considered valid during that time period.
21	What does the Foster care per diem include?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
22	What effect will this have on MR/DD and IDD programs?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
23	Can you explain why there was a service change in day support for the elderly?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
24	If a child is in Day treatment, can we also get reimbursed for WRAP or other services? What combination of services are allowed?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
25	There are no DMH standards for "New" services, how can we provide these services?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .

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26	Will DOM and DMH be meeting on this?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
27	Will Kristi Plotner coordinate this with DMH?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
28	Will comments and provider feedback from the public comment period on 01/22/12 be considered and change DOM decision to implement the prior authorization (PA) process?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
29	Is there something DOM is trying to accomplish?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .
30	Will the list of affected codes requiring prior authorization be expanded in the future?	Suggestions and recommendations for additional codes to be added to prior authorization can be sent to: Bonlitha.Windham@medicaid.ms.gov .
31	When can providers expect a fully revised rate schedule?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov .

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32	I requested a business model that would allow the provision of PACT/ACT at the rates proposed, can someone provide that?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov.
33	The rates are too low for the service and there is no specificity as to how the service is provided.	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov.
34	Another financial question, the financial impact study has 15 million in csu revenues but only 5 or 6 centers have csus. Where does this money come from?	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov.
35	The economic impact study estimates a 50% reduction in some services due to PAs. Without a doubt it is going to happen.	CMHC should email Bonlitha Windham at Bonlitha.Windham@medicaid.ms.gov.
Questions added December 2011		
36	During Phase 1 is there a “grace period” for providers to get all consumers into the portal?	The month of January 2012.

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37	Will new reviews be required for consumers currently in MYPAC that will be transitioned into the NEW code, or can concurrent reviews be built on the existing MYPAC TANs for the NEW code?	No. Consumers who require MYPAC must continue to meet the CMS definition for the clinical equivalent for requiring PRTF. MYPAC does not end for those children in MYPAC until 2014 if medical necessity is supported. For less intensive services or the need for a less intensive clinical setting than a PRTF/MYPAC level of care, such as Intensive Outpatient (IOP) S9480. Concurrent reviews for MYPAC continue as they always have and IOP requires a new TAN.