

June 20th Provider/Member townhall

RFI 3055: 24AllMCOs2364

Iowa Total Care

Long Term Services and Support (LTSS)

- Documents Needed for All LTSS Service Requests
 - Current Level of Care Assessment
 - Person Centered Service Plan
- Documents Needed Depending on Service Request
 - Consumer Directed Attendant Care Agreement
 - Current Medical Records – SOAP Notes, PT/OT, etc.
 - Cost worksheet for services/waivers with a monthly/annual cap
 - Consumer Choice Options Worksheet

Medical Management

Documents necessary for Utilization Management requests may include but not limited to:

- Member name and member ID number
- Provider's name and telephone number
- Facility name if the request is for an inpatient admission or outpatient facility services
- Provider location if the request is for an ambulatory or office procedure
- Reason for the authorization request (e.g. primary and secondary diagnosis, planned surgical procedures and surgery date)
- Relevant clinical information (includes past/proposed treatment plan, surgical and diagnostic procedures to support the appropriateness and level of service proposed)
- Testing information, treatment and discharge plans
- For obstetrical admissions, the date and method of delivery, estimated date of admission and information related to the newborn or neonate including the date of birth and gender of infant must be provided to Iowa Total Care within two (2) business days
- Plan of Care
- Provider Orders, any additional information to support the need for the requested service or supply

Medical Management (continued)

Detailed Service Type Requirements

- **Endovascular:** ABI's and imaging (Occlusion or \geq 50% stenosis by imaging)
- **Speech Generating Devices:** include the form 470-2145
- **CGM:** participating in physician directed comprehensive diabetic management program, the member will be trained and has comprehension of CGM use and has ability to use and understands daily usage importance upon delivery of CGM. Substance use and behavioral health disorder ruled out/treated. Medications reviewed with member and potential interfering substances ruled out, current documentation, (past 3-6 months) and must include logs from the device or documentation from ordering provider that verifies compliance, documentation of any changes in dosing.
- **Facility Oxygen:** documentation shows that the member requires oxygen for 12 hours or more per day for at least 30 days. Oxygen logs must be maintained by the provider. The time between any reading shall not exceed more than 45 days. The documentation maintained in the provider record must contain the initial, periodic and ending reading on the time meter clock on each oxygen system, and the dates of each initial, periodic and ending reading, and Evidence of ongoing need for oxygen services. The maximum Medicaid payment shall be based on the least costly method of oxygen delivery. Oxygen prescribed "PRN" or "as necessary" is not payable. Medicaid payment shall be made for the rental of equipment only. All accessories and disposable supplies related to the oxygen delivery system and costs for servicing and repair of equipment are included in the Medicaid payment and shall not be separately payable.
- **Manual wheelchair-Initial Request:** needs to show-diminished strength, low endurance, poor balance, non-weight bearing status, pain/weakness of joints, inability to use a can or walker, ADL limitations can be met with wheelchair, home has adequate access and maneuvering space, member is willing to use wheelchair in home and can safely and efficiently propel wheelchair.
- **Repairs, Replacements-Repair and Maintenance:** includes replacement of whole components, parts, or systems, such as seating systems that are worn out or broken and cannot otherwise be repaired, the cost does not exceed two-thirds the cost of a new item, age of the item and history of repairs are considered.
- **CPAP:** sleep study, face to face for new and continued device and compliance reporting
- **Home Health:** 485/Plan of Care, Therapy evaluation and visit notes, most recent clinical documentation (can be EITHER 60- day review notes/OASIS note, narrative note, or provider office notes)
- **Pain management:** trials and failures of conservative treatment such as NSAIDs, PT/chiro, activity modification, palpation of trigger points, any imaging
- **Sleep Studies:** Home Sleep Apnea Testing (HSAT) results if applicable
- **Hospice:** Certificate of Terminal Illness
- **PDN (Private Duty Nursing):** med daycare and personal care services for children

Behavioral Health

- Complete Universal UM Prior Auth Form
- Located in [Provider Manual Site](#)
 - Visit the [Iowa HHS Prior Authorization](#) for universal prior authorization forms/guides listed below:
 - [Iowa Medicaid Inpatient Prior Authorization Form](#)
 - [Iowa Medicaid Outpatient Prior Authorization Form](#)
 - Clinical information needed for prior auth would include reason for admission/referral and current presenting symptoms. Additional associated clinical documentation will be required based on level of care.

Pharmacy

Medical side requests, 2 options:

- Complete Universal UM PA form (Outpatient Medicaid Prior Authorization Form)
 - Documents Needed for MedPharm (Biopharmacy) Prior Authorizations
 - Current Medical records
 - Current labs that may be needed to meet criteria
 - Fax completed form with additional documents: 833-711-0485
- Enter request through provider portal
 - Attach Current Medical record and labs needed to meet criteria

Pharmacy side requests, 2 options:

- CoverMyMeds Portal
- Fax request to 1-833-404-2392
- Criteria is found on Iowa Medicaid Pharmacy website