

QIO - Child Daycare Prior Authorization

Purpose:

Allows payment to a licensed childcare center that provides medical services in addition to childcare.

QIO staff will conduct a medical necessity review of services that are provided under a plan of care that is developed by licensed professionals within their scope of practice and authorized by the member's physician. The services include and implement a comprehensive protocol of care that is developed in conjunction with the parent or guardian and specifies the medical, nursing, personal care, psychosocial, and developmental therapies required by the medically dependent or technologically dependent child served.

Identification of Roles:

Review assistant (RA) – Assists in with logging and assigning information in OnBase.

Review coordinator (RC) – Reviews prior authorization (PA) requests for compliance with policy and medical necessity. The RC will forward PA requests to the Medicaid medical director for review when needed.

Medicaid medical director (MMD) – Reviews PA requests and makes a determination based on the medical record and any supporting documentation.

Performance Standards:

In accordance with URAC and contractual standards, prospective reviews are completed within 15 calendar days of receipt of the request.

Complete 95% of PA requests not requiring MMD review, enter into system, and send appropriate notice within 10 business days of initial receipt. Complete 100% within 15 business days of initial receipt.

Complete 95% of PA requests requiring MMD review, enter into system, and send appropriate notice within 15 business days of initial receipt. Complete 100% within 20 business days of initial receipt.

For PA requests for which additional information has been requested and not received, process 95% of them no earlier than 45 days from initial receipt (to allow time for receipt of the requested information) and no later than 60 days of initial receipt. Complete 100% within 60 business days of initial receipt.

Path of Business Procedure:

See Attachment 1

Step 1: PA requests will be received through OnBase. Staff will keyword and assign each PA to the appropriate staff. Medical necessity will be determined by the RC that the service is:

- Consistent with the diagnosis and treatment of the member's condition.
- Required to meet the medical needs of the member and is needed for reasons other than the convenience of the member or the member's caregiver.
- The proposed plan of care, nursing assessment, and supporting medical documentation are reviewed.
- QIO staff utilize the Early Periodic Screening Diagnosis and Treatment (EPSDT) forms which include the Medical Needs Acuity Scoring Tool (MNAAT) and the Functional Needs Acuity Scoring Tool (FNAAT) per IAC 441-78.57(6)c(12), along with the proposed therapy plan to determine the hours that are medically necessary.

Step 2: RC will determine if sufficient documentation received to complete review. If not, the RC will call/email/fax the provider for additional documentation. If not received within the appropriate timeframe a technical denial will be completed.

Step 3: If the RC cannot approve the services requested, the case will be sent to the MMD.

Step 4: When the outcome has been decided, the RC will enter the outcome in MMIS and complete in OnBase as an approval, modification, or denial. The member has the right to appeal any adverse determination (see Attachment 2).

RFP Reference:

1.3.1.3.B.1.b.iv EPSDT

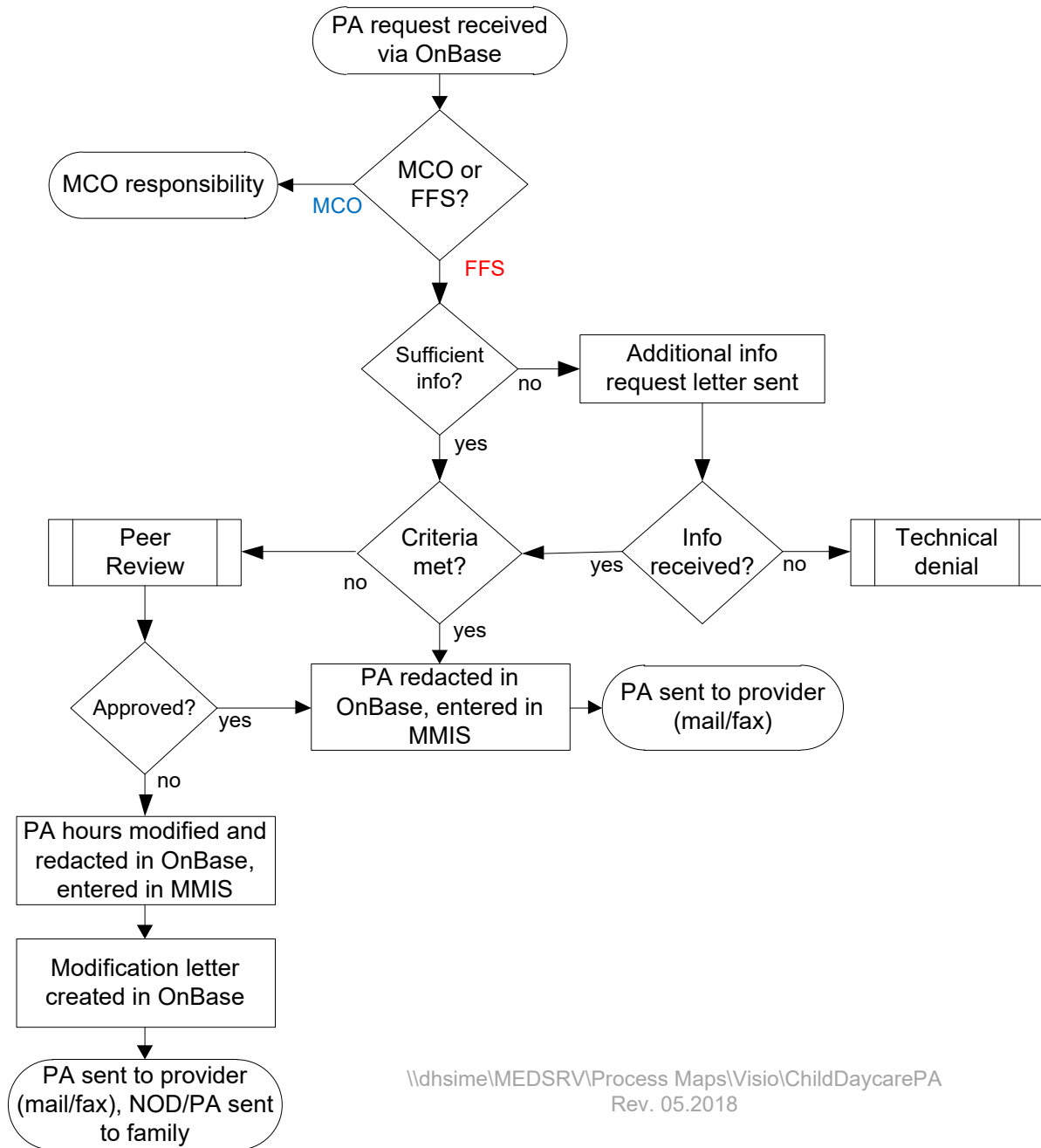
Interfaces:

MMIS, OnBase,

Attachments:

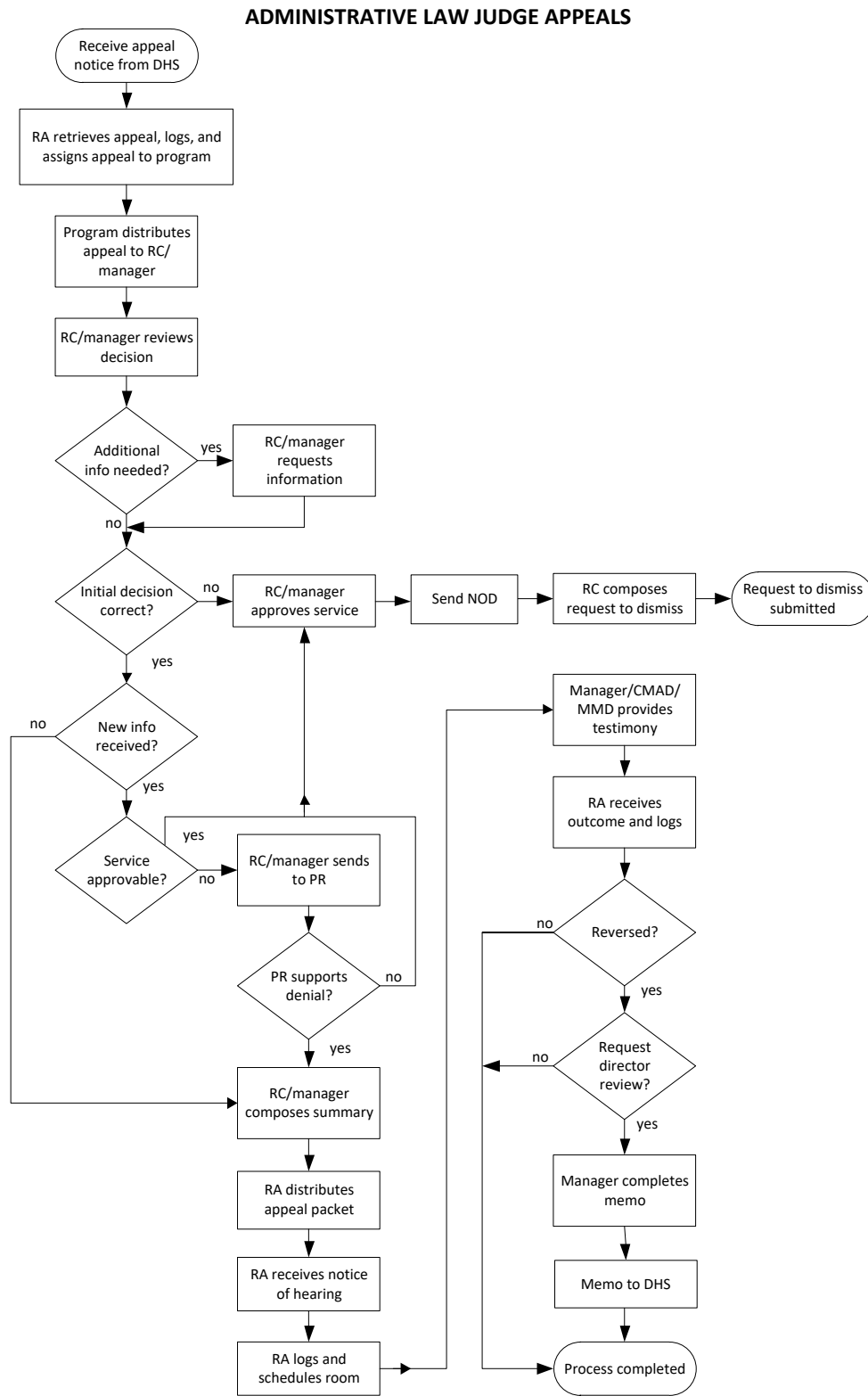
Attachment 1: Child Daycare Prior Authorization flowchart

Child Daycare Prior Authorization



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 Rev. 05.2018

Attachment 2: ALJ Review flowchart



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