



Intensive Outpatient and Partial Hospitalization Authorization Implementation

Provider Education 2024

Partners in Healthcare – Who are we?

- Acentra Health (formerly Kepro and CNSI) is the Utilization Management/Quality Improvement Organization (UMQIO) for the South Carolina Department of Health and Human Services (SCDHHS) Healthy Connections Fee For Service Medicaid program. We have been providing services for SCDHHS since 2012.
- We are a team of experienced leaders, caring clinicians, pioneering technologists, and industry professionals who come together to redefine expectations for the industry.
- We provide:
 - Medical necessity reviews for multiple services
 - Level of Care reviews
 - Post-Payment reviews



**CMS-Certified
Solutions**



**CMMI Level
4 Appraisal**



**URAC
Accredited**



**HITRUST
Certified**



Intensive Outpatient (IOP) and Partial Hospitalization (PHP)

- Per SCDHHS policy, IOP and PHP will become available to Medicaid beneficiaries with full benefits on 10/1/2024.
- Services may be provided by outpatient hospital providers enrolled with SCDHHS.
- Children/Youth ages 6-17
- Adults 18 years and above



Intensive Outpatient (IOP) and Partial Hospitalization (PHP)

- IOP and PHP provide clinical diagnostic and treatment services to those with psychiatric issues at a level of intensity similar to an inpatient or residential program but on a less than 24-hour basis.
- Services in the therapeutic milieu include:
 - Nursing
 - Occupational therapy
 - Medication management
 - Group, individual and family therapy
 - Psychiatric evaluations
- May be used as a “step up” from community services or “step down” from inpatient setting.
- All admissions to IOP or PHP require a physician order.

Prior Authorization Requirements

****effective 10/1/2024****

IOP (S9480) and PHP (H0035) will require prior authorization. Authorization for Fee For Service Medicaid Members will be obtained from Acentra Health.

The image shows a "HEALTH INSURANCE CLAIM FORM" with a large, bold, red "PRIOR AUTHORIZATION" stamp across the center. A silver pen is resting on the form. The form includes the following fields:

- 1a. INSURED'S I.D. NUMBER
- 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
- 7. INSURED'S ADDRESS (Include Area Code)
- 11. INSURED'S POLICY GROUP OR FECA PLAN CODE
- 1. PATIENT'S BIRTH DATE (MM/DD/YY)
- 2. PATIENT'S SEX (M/F)
- 3. PATIENT'S RELATIONSHIP TO INSURED (Self, Spouse, Child, Other)
- 5. PATIENT'S STATUS (Single, Married, Divorced, Widowed, Full-time Student, Part-time Student)
- 10. IS PATIENT'S CONDITION RELATED TO:
 - a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES/NO
 - b. AUTO ACCIDENT? YES/NO
 - c. OTHER ACCIDENT? YES/NO
- 6. INSURED'S DATE OF BIRTH (MM/DD/YY)
- 8. EMPLOYER'S NAME OR SCHOOL NAME
- 9. INSURANCE PLAN NAME OR PROGRAM NAME
- 12. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES/NO
- 13. If yes, return to and complete
- 14. SIGNATURE OF AUTHORIZED PERSON'S SIGNATURE
- 15. SIGNATURE OF PHYSICIAN

Authorization Types



☐ **Prior Authorization**

Should be submitted prior to the service being rendered.

☐ **Retrospective Authorization “Retro”**

Needed when services were performed **before** the member was eligible for Medicaid and the member has since been granted retrospective eligibility covering the date of service.

- A Retro case is NOT one that is submitted late for any reason other than eligibility.
- Untimely requests will be administratively denied.
- Providers must identify a request as RETRO on the fax request form or by request type in Atrezzo.

Prior Authorization Requests



Authorization requests should be submitted on or before services are rendered, except for members who are granted retrospective eligibility.

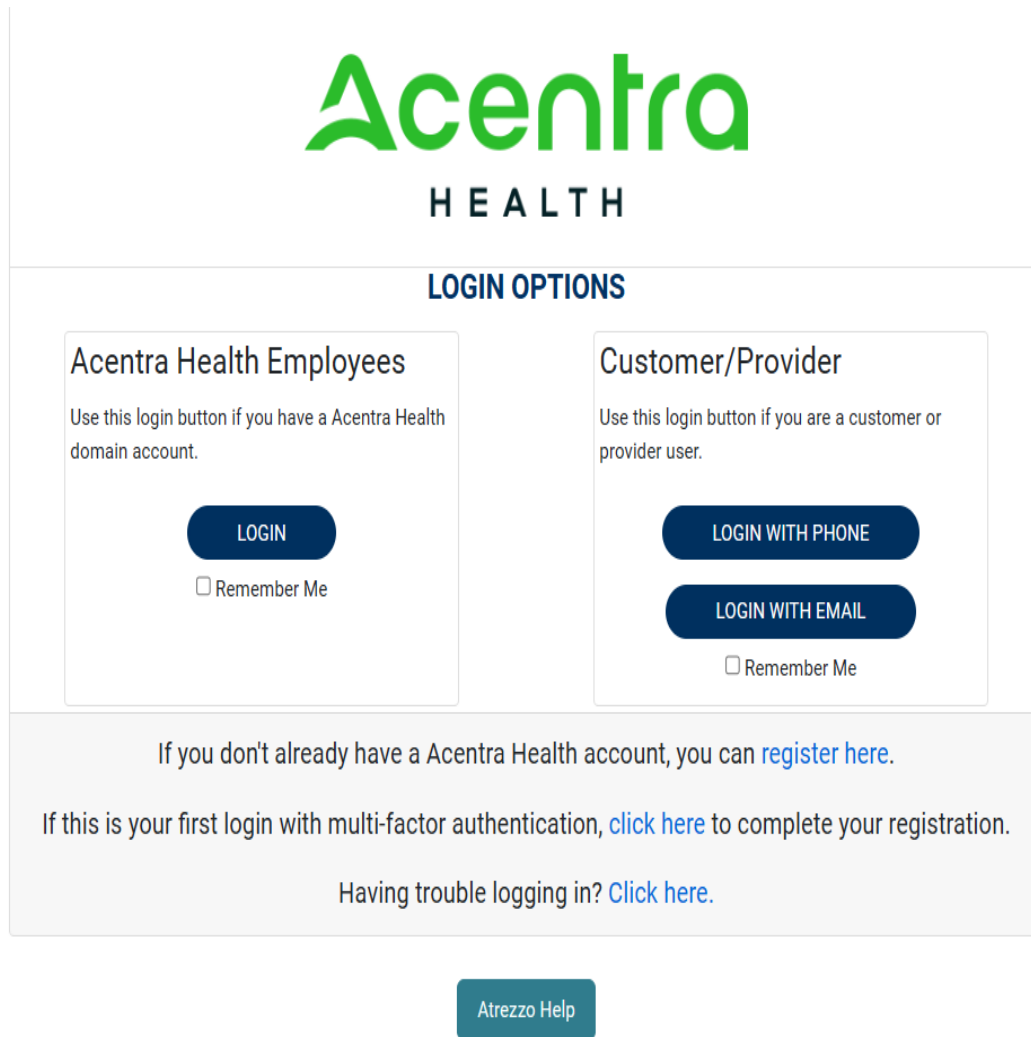
Authorization requests may be submitted online at <https://portal.kepro.com> or by fax using the SC IOP PHP Prior Authorization Request form.

For assistance with the Atrezzo portal please call 1-855-326-5219

Beneficiaries with other health insurance do not require a PA from Acentra Health UNLESS requested service is a non-covered service or benefits have been exhausted by primary insurance.

An explanation of benefits or statement of non-covered benefit is required before a PA can be issued.

Prior Authorization Requests



The screenshot shows the Acentra Health login interface. At the top is the Acentra Health logo. Below it is a section titled 'LOGIN OPTIONS' with two columns. The left column is for 'Acentra Health Employees' and includes a 'LOGIN' button and a 'Remember Me' checkbox. The right column is for 'Customer/Provider' and includes 'LOGIN WITH PHONE' and 'LOGIN WITH EMAIL' buttons, along with a 'Remember Me' checkbox. At the bottom, there are links for registration and help, and an 'Atrezzo Help' button.

Acentra
H E A L T H

LOGIN OPTIONS

Acentra Health Employees
Use this login button if you have a Acentra Health domain account.

LOGIN

☐ Remember Me

Customer/Provider
Use this login button if you are a customer or provider user.

LOGIN WITH PHONE

LOGIN WITH EMAIL

☐ Remember Me

If you don't already have a Acentra Health account, you can [register here](#).

If this is your first login with multi-factor authentication, [click here](#) to complete your registration.

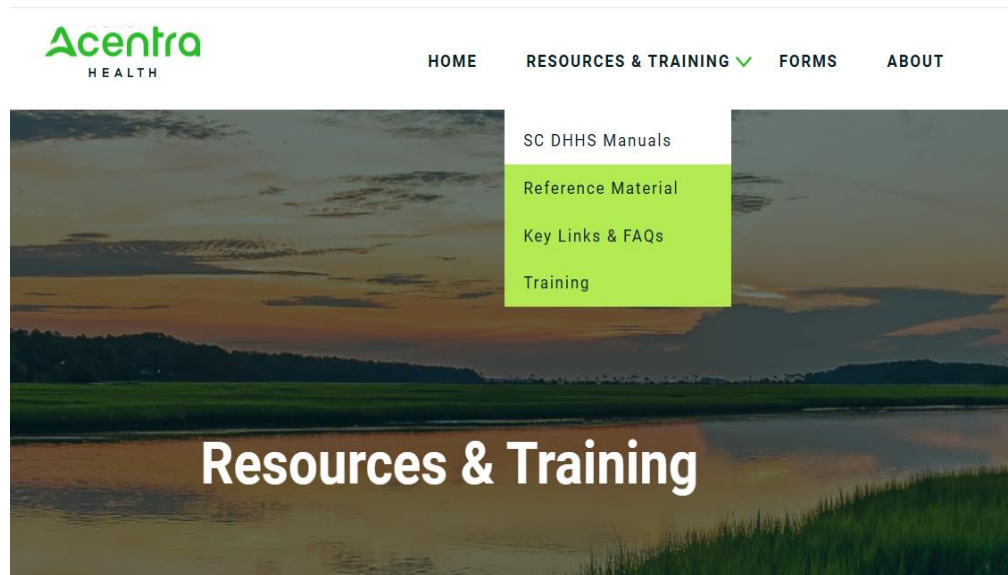
Having trouble logging in? [Click here](#).

Atrezzo Help

- ❑ **Providers are highly encouraged to use Atrezzo, the provider web portal to submit requests. Available 24/7 365 days a year.**
- ❑ Efficient, easy access to enter and verify authorizations
- ❑ View and print letters with ease
- ❑ Reduces the “did you receive my fax” burden
- ❑ Portal.Kepto.com to register for access
- ❑ Guides on using Atrezzo found online at scdhhs.acentra.com
- ❑ Web portal training can be scheduled at provider’s request



Web Portal tools



PowerPoint Presentations and Training Materials

ATREZZO Provider Portal

[All Atrezzo Provider Portal UM Create Case Wizard](#)

[Atrezzo Provider Portal Highlight Reel](#)

[Provider Portal Registration Overview](#)

[Provider Portal Utilization Management](#)

[Provider Portal Admin - How to Add & Manage Users](#)

PowerPoint Presentations and Training Materials

ATREZZO Provider Portal

Atrezzo Quick Reference Guides

[How to Add a User](#)

[Multi-Factor Registration and Login Process for Current Provider Users](#)

[Multi-Factor Registration and Login Process for New Portal Users](#)

[How to Add Additional Clinical Documentation](#)

[How to Add Additional Providers - Provider Admin](#)

[How to Add Chrome Browser](#)

[How to Change Context for Multiple Provider Locations](#)





SC Medicaid IOP and PHP Prior Authorization Request Form

Acentra Health

Submit fax request for Prior Authorization to 1-855-300-0082

Complete all sections of the form

1. <input type="checkbox"/> Initial	<input type="checkbox"/> Continuation PA #	<input type="checkbox"/> Change PA #	<input type="checkbox"/> Cancel	*REQUIRED* CONTACT NAME: *CONTACT FAX: CONTACT PHONE:	
2. Date of Request (mm/dd/yyyy) <input type="text"/>		3. Review Type (check one if applicable) <input type="checkbox"/> Prior Authorization <input type="checkbox"/> Retrospective Review (Date notified of retrospective eligibility <input type="text"/>)			
4. Member Medicaid ID Number (10-digit Number): <input type="text"/>		5. Member Last Name: <input type="text"/>	6. Member First Name: <input type="text"/>	7. Date of Birth (mm/dd/yyyy): <input type="text"/>	8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
9. a. NPI/Requesting Provider Name & ID Number: <input type="text"/> b. 9-digit Zip Code (Mandatory) <input type="text"/>		10. Diagnosis Codes: (enter up to 5) list primary first 1. <input type="text"/> 2. <input type="text"/> 3. <input type="text"/> 4. <input type="text"/> 5. <input type="text"/>			
11. a. NPI/Rendering Provider Name and ID Number: <input type="text"/> b. 9-digit Zip Code <input type="text"/> (Mandatory)		12. Prior Auth Service Type: *REQUIRED* OUTPATIENT only <input type="checkbox"/> IOP S9480 Number of Days _____ (up to 30) <input type="checkbox"/> PHP H0035 Number of Days _____ (up to 30)			
13. Required Documentation attached: ____ Physician's order for IOP or PHP ____ documentation supporting members condition that outlines escalation of need for more intensive service					

The information contained in this facsimile is legally privileged and confidential information intended only for use of the entity named above. If the reader of this message is not the intended member, employee, or agent responsible for delivering this message, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION OR COPYING OF CONFIDENTIAL INFORMATION IS STRICTLY PROHIBITED AND COULD SUBJECT YOU TO LEGAL ACTION. If you received this in error, please notify Acentra Health by phone or fax at the appropriate number listed above and destroy the misdirected document. Thank you.



Requesting authorization – Admission

- If using the web portal, the Place of Service should always be Outpatient Hospital
- The Service Type will be either MH – Intensive outpatient for IOP or MH- Partial Hospitalization for PHP

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses

Service Details/ Enter Service Details

Place Of Service Service Type *

Outpatient Hospital x v MH - Intensive Outpatient v

Place Of Service Service Type *

Outpatient Hospital x v MH - Partial Hospitalization v



Documenting Medical Necessity

ADMISSIONS:

When submitting a request for authorization, please submit the following:

- Copy of the Physician's order
- History of behavioral health services and/or other levels of care that have been attempted
- Documentation that describes the beneficiaries recent/current behavioral health history that supports the need for IOP or PHP. Symptoms in the last week interfering with daily functioning?
- Is the patient able to access the treatment – transportation issues?
- Functional impairment: severity, change in baseline within the last month?
- Planned interventions: hours per week and days per week, treatment plan, medication reconciliation, etc.



Documenting Medical Necessity

CONTINUED STAY (Services beyond first 30 days)

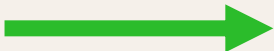
When submitting a request for a continued stay please place the request on the original Case #. Do not create a new case.

- Documentation that supports the need for continued IOP/PHP – why is the patient not stable for discharge?
- Response to therapeutic interventions over the last several weeks
- Psychiatric symptoms within the last week
- Treatment goals and coordination of services to facilitate discharge
- Skills development training



Requesting a Continued Stay

- When using the web portal, providers will select the EXTEND feature from the original case.
- Update the clinical tab with the duration (30 days) and number of units (30)
- Click Submit



CONSUMER NAME		GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
		F			
CASE ID		CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
ACTIVE REVIEW		Outpatient	SC Q10	09/26/2024	
UM-OUTPATIENT		CASE SUMMARY		ACTIONS ▾	COPY
		EXTEND		EXPAND ALL ▾	
Consumer Details		Location:			▾
Provider/Facility		Requesting Servicing:			▾
Clinical		Service Type : MH - Partial Hospitalization Request Type : Prior Auth			Notification Date : 09/26/2024 Notification Time : 06:05 PM ▾
Questionnaires					▾



Processing Timelines

Acentra Health completes requests for services expeditiously and within contractual timeframes. The review completion timeframe is measured from the date Acentra Health receives a request.

- New Request/Admission review – 5 business days
- Retrospective Reviews – 5 business days



Review Process



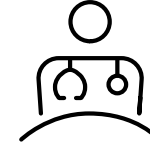
Administrative Requirements

- Member eligibility verified.
- Provider eligibility verified.
- Medicaid Guidelines applied.



Nurse Review

- **InterQual®** or State defined criteria applied.
- May pend for additional clinical information.
- Approve if criteria met.
- Refer to physician reviewer if documentation does not support medical necessity.



Physician Review

- The medical director, or another qualified physician reviewer will review the case against **InterQual®** or State defined criteria and national standards to provide a decision.
- The physician or qualified practitioner may approve or deny the review.



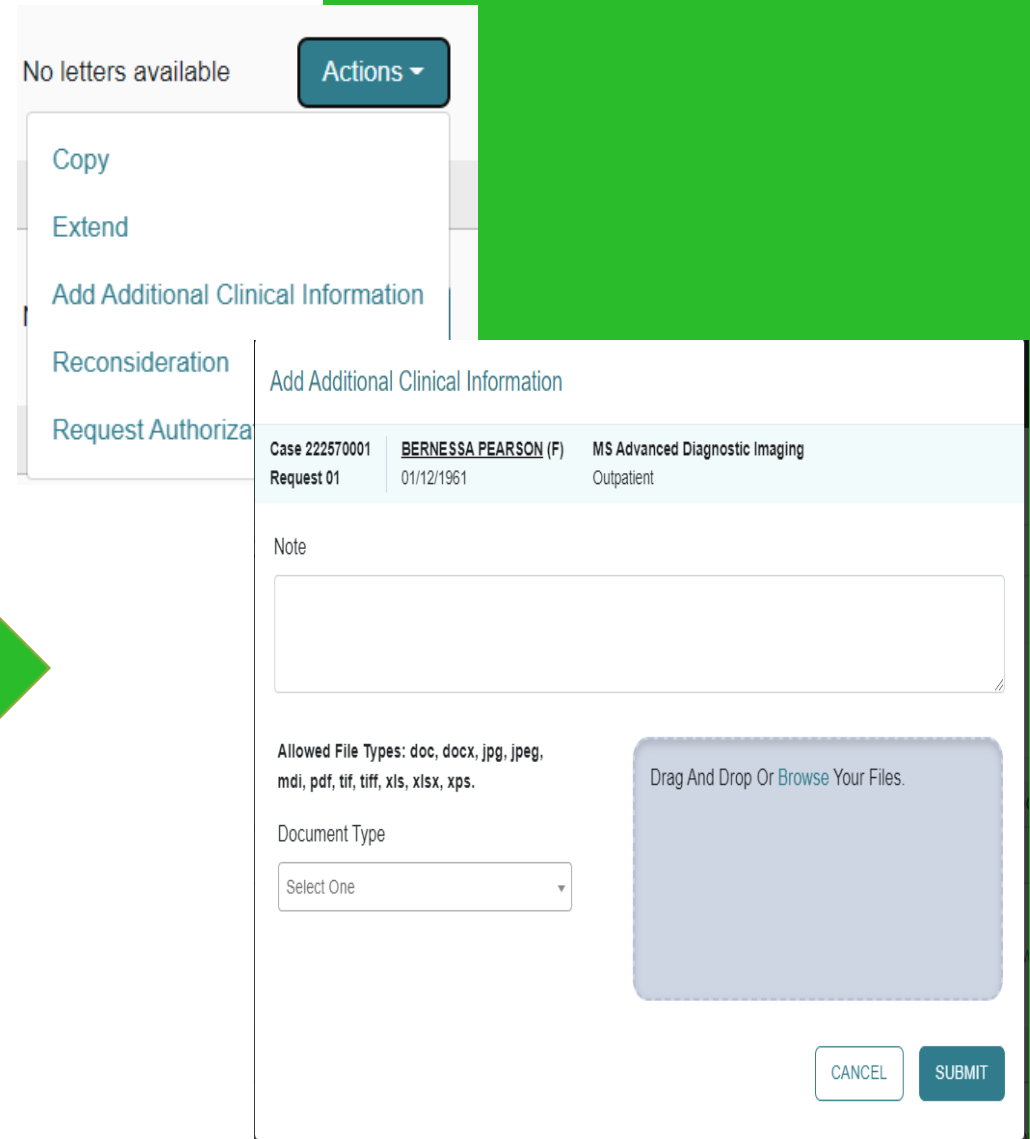
Pended Reviews

- A review may be pended for one of the following reasons:
 - Missing required information such as physician order or CPT code
 - Additional information or clarification is needed before a decision can be made
- Notifications are sent via fax and web portal.
- A provider has 2 business days to respond to the additional information request.
 - If the requested information is not returned and there is not enough clinical information to make an appropriate determination, the case will be administratively denied
- If a review is administratively denied, the provider may submit a new request once they have all the necessary information.



Responding to Pended Reviews

- If you submitted the request online thru the Portal:
 - Log into the Portal and open the pended case
 - ACTION TAB – additional Clinical Information
 - Upload the requested documents or type the information in the note section



No letters available [Actions](#)

- [Copy](#)
- [Extend](#)
- [Add Additional Clinical Information](#)
- [Reconsideration](#)
- [Request Authorization](#)

[Add Additional Clinical Information](#)

Case 222570001 Request 01	<u>BERNESSA PEARSON (F)</u> 01/12/1961	MS Advanced Diagnostic Imaging Outpatient
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Note

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps.

Document Type

Select One

Drag And Drop Or [Browse](#) Your Files.

[CANCEL](#) [SUBMIT](#)



Denials and Reconsiderations

Administrative Denial

- When any portion of the review is denied because it does not comply with Medicaid regulations
- Example: untimely, required documentation not received
- Provider may submit a new case for the service if an administrative denial is received.

Clinical Denial

- Occurs when any portion of the requested service is denied by a physician reviewer due to not meeting medical necessity
- Does not meet state Medicaid criteria with information submitted or does not meet other national evidence-based criteria

Reconsideration

- May only be requested for clinically denied cases
- **Not used for Administrative Denials**



Reconsiderations

- May be submitted within 30 days of the **clinical** denial date
 - This is your opportunity to provide more detailed clinicals
- May be submitted via
 - Web portal *preferred
 - Fax
 - phone *least preferred (will still require additional information to be faxed)
- A clinical reviewer will review any additional information submitted. If unable to meet InterQual® criteria, it will be referred to the physician reviewer
- A physician reviewer – a different physician from the one who originally reviewed the case - will look at the case and any new information submitted to support the reconsideration
- The physician reviewer may
 - Uphold original decision (no change made)
 - Overturn the original decision (approve the case)
- If original decision is upheld, provider may appeal the decision to SCDHHS



Appeals

- If a reconsideration is upheld, an appeal may be requested. Specific instructions will be included in the reconsideration determination letter.
- SCDHHS will review the provider's request and conduct an internal review or Fair hearing.
- Members may request an appeal within 30 calendar days from the reconsideration determination notice:
 - online at www.scdhhs.gov/appeals,
 - Fax 803 255 8206
 - Email appeals@scdhhs.gov
 - Mail Office of Appeals and Hearings
PO BOX 8206
Columbia, SC 29202



Resources and Education

- [SCDHHS Hospital Services Manual](#)
- [Provider Training Resources | SCDHHS](#)
- [SC Acentra Health website](#)
- Acentra Health Customer Service
 - 1-855-326-5219
 - scproviderissues@kepro.com generic questions please, do not include PHI



Acentra

HEALTH

Accelerating
Better Outcomes