2025 Medicaid Statewide Provider Training

OHPA Prior Authorization

Utah Department of
Health & Human
Services

- ❏ **Mute**
- ❏ **Video**
- ❏ **Questions**

Training expectations

Agenda

- ❖ **Prior Authorization (PA) team**
- ❖ **PRISM**
- ❖ **PA requirements**
- ❖ **Criteria resources**
- ❖ **PA Submission**
- ❖ **Open question forum**

Prior Authorization (PA) team

Prior Authorization (PA) team

- The prior authorization (PA) team is part of the Office of Healthcare Policy and Authorizations (OHPA) which is in the Utah Department of Health and Human Services (DHHS).

- Comprised of staff including:
  - Registered nurses
  - Prior authorization review staff

- There are currently 25 members on the PA team that review requests for 24 different programs.
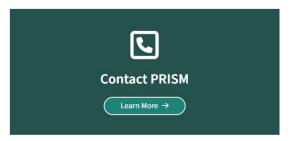
Prior Authorization (PA) team

- Functions:

  - Ensure safe, appropriate, and cost-efficient use of services for Fee for Service (FFS) members through the prior authorization process.

  - Collaborate with the medical policy team in the formulation of policy related to prior authorized services.

  - Addresses questions from clinical providers.

  - Refer cases for secondary medical review or exceptions through medical consultants or Medical Review Committee.

PRISM

PRISM

- Utah Medicaid replaced the Utah Medicaid Management Information System (MMIS) on April 3, 2023 with a new system, **PRISM** (Provider Reimbursement Information System for Medicaid).

- PRISM streamlines the prior authorization process with real-time access to decision summaries, documentation, and comments.

- **All requests requiring authorization are required to be submitted through the PRISM portal.**

PRISM

PRISM

PRISM Training
Learn More →

PRISM FAQs & Guides
Learn More →

Contact PRISM
Learn More →

PRISM Portal Access
Learn More →

Provider Training Calendar
Learn More →

PRISM Provider Account Administrator Lookup
Learn More →

PRISM

PRISM Provider Training

PRISM Quick Links

> PRISM Home

> PRISM Provider Training

> PRISM Provider Training Calendar

> PRISM FAQs

> Facilitator and User Guides for Training

> Contact PRISM

> PRISM Provider Account Administrator Lookup

To help providers with the system changes, new eLearning courses are available below

Provider eLearnings by Process and Steps
This section of eLearnings is organized in a sequential step by step arrangement

Dental Provider Training (Past Recording) ⌄

Prior Authorizations ⌄

Claims and Encounters ⌄

Waiver and Assistant Service Programs ⌄

Eligibility Lookup Tool and Medicaid Member Card Training ⌄

Introduction and Overviews to PRISM for Providers ⌄

PRISM

- PRISM provider trainings and eLearnings are available on the Medicaid website:

    - **https://medicaid.utah.gov/prism-provider-training/**

- Facilitator guides are also available on the Medicaid website:

    - **https://medicaid.utah.gov/prism-faq/**

- Stay up to date on the implementation of PRISM through the Medicaid website and MIB articles:

    - **https://medicaid.utah.gov/utah-medicaid-official-publications/**

PA requirements

PA requirements

- **Check member eligibility**

  - Member eligibility can be verified using the **Eligibility Lookup Tool** on the Medicaid website: **https://elt.medicaid.utah.gov/EligibilityLookupTool/**

  - The tool can be accessed through the "External Links" in PRISM.

  - Member eligibility may also be looked up in PRISM under the "Member" tab.

- **Check codes being requested**

  - Code coverage can be verified using the **Coverage and Reimbursement Lookup Tool** on the Medicaid website: **https://health.utah.gov/stplan/lookup/CoverageLookup.php**

  - The tool can be accessed through the "**External Links**" in PRISM under "**Fee Schedule**".

PA requirements

- Medically Justified Urgent Request should not be used for "upcoming appointments".

- Upload only clinical documentation that is current, relevant, and complete.

- Include required modifiers (e.g. LL, RR, RT, LT, oral cavity).

- Please do not add a price to services requested in PRISM.

- Manually priced items must include AAC (Actual Acquisition Cost) on manufacturer's quote and price is entered by state.

- DME repair/replacement forms are no longer required.

- Any changes needed to a request require a modification form.

  - Modification forms and all return documentation should be uploaded to the **original tracking number** (PA request).

Criteria resources

Criteria resources

- Medicaid website: **medicaid.utah.gov**

  - Provider manuals

  - Medicaid Information Bulletins (MIBs)

  - Coverage and Reimbursement Lookup Tool notes

  - Frequently Asked Questions (FAQs)

- For specific criteria that can't be found on the website or questions regarding prior authorizations, you may email: **medicaidcriteria@utah.gov**

  - Please allow for a 24-hour response time

- For policy related questions, please email: **dmhfmedicalpolicy@utah.gov**

Criteria resources

- **InterQual Transparency Tool**
    - Allows providers to have access to a view-only version of InterQual criteria.
    - Can be found on the Prior Authorization Medical Criteria page: **https://medicaid.utah.gov/utah-medicaid-criteria/**
        - Or directly at: **https://elt.medicaid.utah.gov/transparencytool**
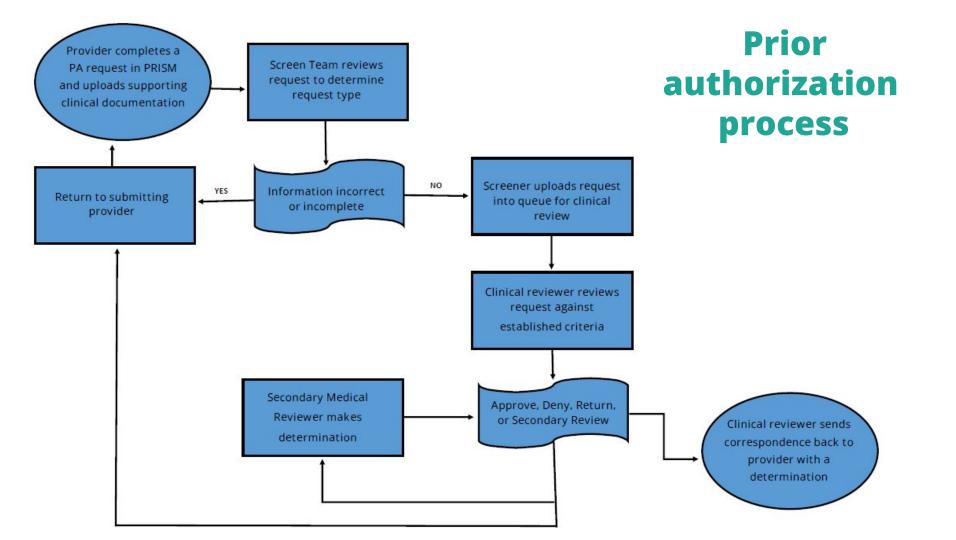
InterQual Transparency tool

PA submission

How to submit a PA

- All prior authorization requests are required through the PRISM portal.

- If you do not have access to the PRISM portal, please contact providerenroll@utah.gov to get registered today.

- Select the "PA" Tab, "PA request list", "Add New Request".

- Informational blurbs for providers attached to all correspondence or placed in comments section.

- Submit only requests for Fee for Service members or carve-out services.

- All information on the PA must match the claim submitted information (ie: DOS, NPI, HCPCS).

Tips and tricks

- **Notifications**: You will receive notifications for all status changes and determinations on submitted requests.

    - View notifications from your "My Inbox" tab.

- **Correspondence letters / documentation**: Found in each tracking number under the "paperclip" icon in upper right corner. These can be printed anytime.

- **Comments**: Communication directly with reviewer/state staff within the "bubble" icon in upper right corner of each tracking number.

- **Hospice**: All admission records require new CTI uploaded within 10 days of recertification period to extend the benefit. Enhance rates must align with hospice initial admission to agency.

Prior authorization process

Provider completes a PA request in PRISM and uploads supporting clinical documentation

Screen Team reviews request to determine request type

Return to submitting provider

Information incorrect or incomplete

YES

NO

Screener uploads request into queue for clinical review

Clinical reviewer reviews request against established criteria

Secondary Medical Reviewer makes determination

Approve, Deny, Return, or Secondary Review

Clinical reviewer sends correspondence back to provider with a determination

What happens to my request?

- **Approved or denied**
  - Denials will have hearing rights attached.

- **Returned**
  - Clinical - You will receive notification of return letter addressing what clinical documentation is missing.
    - Upload new documentation to the tracking number that was provided on the return letter. Access this under the "PA" tab and then go to "PA Request List".
    - Please **do not** create a duplicate or new entry for a return.
    - Address every issue that was mentioned in the return letter.

- **No action or cancelled**
  - No action - Requests that do not require any action by the PA team (e.g. code does not require prior authorization or member is not eligible for Medicaid)
  - Cancelled - Requests that provider would like to be withdrawn or if the request is a duplicate

The False Claims Act

Federal: §§ 3729-3733] prohibits individuals or entities from submitting inaccurate claims to a government payer (i.e., Medicare, Medicaid). Entities can violate this law by knowingly presenting a false or fraudulent claim to one of these programs or causing a false claim to be presented.

Utah State: A person may not enter into an agreement, combination, or conspiracy to defraud the state by obtaining or aiding another to obtain the payment or allowance of a false, fictitious, or fraudulent claim for a medical benefit. 26B-3-1106 False claims for medical benefits prohibited.

Examples of potential false claims include, but are not limited to: (a) billing of items or services that were never rendered by the health care provider; (b) billing for services that are medically unnecessary; (c) upcoding (practice of billing for Medicare/Medicaid using a billing code providing a higher payment rate than the billing code intended to be used for the service or item furnished to the patient); (d) billing separately for services that should be bundled; (e) billing separately for outpatient services that were provided within 72 hours (before or after) an inpatient stay; (f) billing for a discharge in lieu of a transfer.

Questions

Questions?

Presubmitted:

- Cap amounts: do they apply to medical or/and dental?
- How to preauth U of U dental plans- are we still doing PRISM preauths?

Open:

Contact us

You may reach prior authorization staff by calling (801) 538-6155 or toll-free 1-800-662-9651 and select option 3, option 3, and then choose the appropriate number for the program you are calling about.

You may also email PA questions to: **medicaidcriteria@utah.gov**