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Public Workshop to Review Authorization Request Submission Timeframes in Hospital Settings and Additional Chapter 200 Changes

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Chapters Impacted

Medicaid Services Manuals:

Chapter 200- Hospital Services

Chapter 400-Mental Health and Alcohol and
Substance Abuse Services

Chapter 100- Medicaid Services



Current Authorization Submission Timeframes Challenges

- Ability to provide adequate documentation to support the medical necessity of services requested that can result in denials or reductions in days/units authorized
- Compliance with timeframes resulting in technical denials
- Administrative burdens



Chapter 200- Hospital: Current Initial Authorization Requirements

Section 203.1A 2 g 1 - Within one business day of admission for the following inpatient admissions:

- emergent (medical, psychiatric, alcohol/substance use disorder)
- direct inpatient admissions from ER or observation



Other States: Emergency Admission Authorization Timeframes

- Most states use DRGs
- 14 states – By the first working day of the date of admission
- 2 states – Within 2 business days or 1st working day of date of admission
- 1 state – Within 72 hours of the date of admission
- 2 states – Within 30 days of the date of admission
- 2 states – Prior to claim submission
- 2 states – Request verbally, then follow up with written documentation within 14 days



Stakeholders Input

Comments/suggestions regarding the “within one business day of admission” authorization request submission timeframe requirement



Chapters 200 & 400 Hospital: Concurrent Authorization Requirements

Concurrent authorization requests must be submitted by the last day of the current/existing authorization period



Other States: Concurrent Review Timeframes

- Most states use DRGs and do not require concurrent reviews
- 2 states – on or prior to current auth expiring
- 1 state – by the following business day
- 1 state – 3 business days prior to current auth expiring
- 1 state – 1 to 4 days prior to current auth expiring
- 1 state – only if greater than 13 days, on the 13th day
- 1 state – within 30 days prior to current auth expiring



Stakeholders Input

Comments/suggestions regarding the concurrent
(by the last day of the current authorization period)
authorization request submission timeframe
requirement



Chapter 200-Hospital: Current Obstetric Authorization Requirements

- Prior authorization for an elective section
- Within one business day of admission for:
 - an obstetric admission which, from date of delivery, exceeds three calendar days for a vaginal delivery or four calendar days for a medically necessary/emergency cesarean delivery
 - a delivery that occurs immediately prior to arrival at a hospital



Chapter 200-Hospital: Current Newborn Authorization Requirements

- Within one business day of admission for:
 - a newborn admission which, from date of delivery, exceeds three calendar days for vaginal delivery or four calendar days for a medically necessary or elective cesarean delivery
 - a delivery that occurs immediately prior to arrival at a hospital
 - a newborn admissions to NICU
- Within one business day of a transfer to NICU



Stakeholders Input

Comments/ suggestions regarding modifications to the current obstetric and newborn authorization request submission timeframe requirements



Chapters 200 & 400 Hospital: Other Authorization Topics for Discussion

- Addition of authorization submission timeframes regarding in-house retro eligible recipients
- Extension of concurrent authorization request submission timeframes when there is a change in a recipient's eligibility between Fee for Service and/or Managed Care Organizations during an inpatient stay
- Additional extensions of initial authorization request submission timeframes when a provider is not enrolled with Medicaid at the time of a recipient admission



Chapter 200- Proposed Modifications for Discussion

- 203.1A 2- Reformat the authorization section and specify admissions that do not require authorization
- 201- Add authorities behind current policy not previously cited
- Attachment A Policy #02-04- Reformat and relocate the Hospital with Swing Beds Policy



Feedback From Stakeholders

Additional comments, suggestions, or questions?



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