# Managed Care Operations Memorandum General Operations MCOPS Memo # 07/2022-004

**Date:** July 25, 2022

**Subject:** Reinstatement of Prior Authorization Requirements for Private Duty/Shift

**Nursing Services** 

To: All Physical Health HealthChoices Managed Care Organizations (PH-MCOs) -

Statewide

From: Sally A. Kozak, Deputy Secretary, Office of Medical Assistance Programs, on

behalf of Gwendolyn Zander, Director, Bureau of Managed Care Operations

## Purpose:

To inform the HealthChoices Physical Health Managed Care Organizations (PH-MCOs) of the reinstatement of prior authorization requirements for shift care services provided to beneficiaries under the age of 21.

## **Background:**

On April 9, 2020, the Department issued Provider Quick Tip #241 to advise PH-MCOs that in response to the COVID-19 pandemic, prior authorization requirements were suspended for certain services, including shift care services provided to beneficiaries under 21 billed using procedure codes S9122, S9123, and S9124.

On April 30, 2021, the Department issued MA Bulletin 99-21-03, "Reinstatement of Prior Authorization Requirements for Certain Services", effective July 1, 2021, to advise PH-MCOs of the reinstatement of the prior authorization requirements that were in place on February 29, 2020, and suspended in Provider Quick Tip #241, for all services with the exception of shift care services provided to beneficiaries under the age of 21.

On April 12, 2022, the COVID-19 PHE was extended to July 15, 2022. In an effort to support providers during the unwinding of the PHE flexibilities, the Department is providing 60 days advance notice of the reinstatement of the prior authorization requirements for shift care services provided to beneficiaries under the age of 21. Prior authorization requirements are being reinstated regardless of whether the COVID-19 PHE is extended again.

### Discussion:

Effective 11/1/2022, PH-MCOs shall reinstate the prior authorization requirements for shift care services provided to beneficiaries under the age of 21 that are currently approved pursuant to the Department's Prior Authorization Review Process. PH-MCOs shall require prior authorization of shift care services that continued to be authorized without the need for a request for reauthorization during the suspension of prior authorization requirements. PH-MCOs must require providers to submit a request for reauthorization for medical review of services before the end of the current authorization period, which is indicated on the notice of decision. No pediatric shift care cases may be discontinued prior to the current authorization end date. For example, a member whose current prior authorization period ends on 12/15/2022 does not need to submit a reauthorization request and have it reviewed immediately on 11/1/2022; rather, their reauthorization should be reviewed prior to the 12/15/2022 end date. PH-MCOs may not review all pediatric shift care cases at once upon the effective date of this Memorandum, but instead must review cases on a rolling basis as authorization end dates approach.

PH-MCOs shall review each request for authorization of pediatric shift care for medical necessity as existing authorizations or extensions expire. PH-MCOs shall review each case according to the policy articulated in the following Operations Memoranda:

- Managed Care Operations Memorandum (MCOPS Memo) #07/2016-008: Guidance Regarding the Review of Requests for Skilled Nursing, Personal Care Services, Including that Provided by Home Health Aides; and
- MCOPS Memo #07/2010-014: Policies Concerning Medical Necessity Determinations for In-Home and Community Services.

PH-MCOs shall conduct a full clinical medical necessity review of all relevant information submitted by the ordering provider.

For an anticipated reduction in the level of approved shift care services based on the results of medical necessity review, the PH-MCO must contact the member's family and provide them with advance verbal notice of the anticipated decrease at least 10 days prior to issuing the written denial or reduction. If a member or provider cannot be reached via telephone, the PH-MCO may issue this advance notice in writing. After providing advance verbal or written notice and following medical necessity review of the reauthorization request, the PH-MCO shall then mail the appropriate advance notice informing the beneficiary that shift care services are ending and providing appeal rights.

For an anticipated reduction in the level of existing shift care services based on a provider's failure to submit a request for reauthorization, the PH-MCO must reach out to the member's family and provide them with advance verbal notice of the anticipated decrease prior to the

reduction of shift care services and must also contact the provider to remind them of the need to submit the necessary documentation. If a member or provider cannot be reached via telephone, the PH-MCO may issue this advance notice in writing. After providing advance verbal or written notice, the PH-MCO shall then mail advance notice informing the beneficiary that authorization for shift care services has ended based on lack of information received and providing appeal rights.

Prior to reinstating prior authorization for pediatric shift care services, the PH-MCO must send a letter to all families of members who receive these services advising them of the upcoming changes. This letter must be written in language that is understandable to the average layperson and must be approved in advance by the Department. The letter must include, at a minimum, an explanation of the timeline for reinstatement of prior authorization, recommendations to families to begin compiling information that will support their provider's request for authorization, a reminder to schedule a well child visit with the prescribing provider to discuss any changes in the child and family's needs, and an instruction to contact the PH-MCO's Case Management or Special Needs Unit staff with any questions.

## **Next Steps:**

Within 30 days of the date of this Memorandum, PH-MCOs must submit the number of cases that will be due for reauthorization in each calendar month for the next 90 days after the effective date of this Memorandum, and a planned approach to complete the outreach required and to provide full review of all requests for reauthorizations of services according to this Memorandum.

#### Obsolete:

This MC Operations Memorandum will be in effect until further notice. This MC Operations Memorandum obsoletes MC Operations Memorandum # MCS 06/2021-007 to the extent that it applies to shift care services for children under the age of 21. MC Operations Memorandum #MCS 07/2016-008 and #MCS 07/2010-014 remain in effect until further notice.

Attachment: N/A