Update: Operational Guidance For Prior Authorizations For Non-Emergency Transportation By Ambulance

HHSC held a conference call to discuss operational guidance related to non-emergency ambulance transports on September 24, 2015.

Q & As

HHSC received several questions from Medicaid MCOs regarding the operational guidance. The attached document, "20150925 MCO Q & A – Ambulance" includes a summary of questions and answers.

Timelines

As discussed in the phone call, HHSC will allow Medicaid MCOs time to come into full compliance with the guidance. All MCOs must be in full compliance with the guidance by April 1, 2016. However MCOs will be required to submit progress updates and documentation as requested below to your Health Plan Management (HPM) Team.

Date	Task
10/16/2015	MCOs must submit related claims system changes to HHSC. MCOs should also include a proposed schedule for changes to HPM team.
11/20/2015	MCOs must submit revised provider materials as well as policies and procedures for review and approval to HPM team.
1/2/2015	MCOs must notify providers of claims adjudication and processing guidelines.
3/2/2016	MCOs must notify providers of prior authorization changes.
4/1/2016	All MCOs should be in full compliance with operational guidance

Please contact Daniela De Luna via email at daniela.deluna@hhsc.state.tx.us if you have additional questions and copy your health plan management team.

	Question/Comment	HHSC Response
1	1. What is the effective date of this guidance? The memo below references a follow-up meeting with HHSC, the MCOs, and providers. Does this guidance go into effect after this meeting?	MCOs will have until April 1, 2016 to come into full compliance with the operational guidance. HHSC will develop a timeline by when policies and procedures should be revised, system changes, and provider education should take place.
2	Typically, we are required to provide 90 day notification when there are operational changes that impact prior-auth or claims payment. Based on the effective date, we may not receive 90 days' notice – will we receive an exemption on this requirement?	See response to Question 1.
3	Who is the applicable population? Previous guidance was that this applies to	This applies to all Medicaid managed care programs.

	Question/Comment	HHSC Response
	STAR+PLUS – we believe the below guidance is our entire Medicaid Population of STAR+PLUS and STAR, including the MMP individuals in Harris county. Could you please confirm?	
4	Did the state provide the list of codes impacted by this notice? Is it possible to receive a list of what ambulance codes will be considered non-emergent for consistency?	MCOs should refer to the TMPPM for applicable codes related to non-emergency ambulance transports. See Ambulance Services Handbook 2.4.7
5	The approval that is required to go to the Requesting Provider and Ambulance Provider – does this have to be in writing? Today, verbal approvals are provided. Denials are faxed.	Verbal approvals should be followed by written confirmations.
6	Has this operational guidance been distributed to providers already?	MCOs are responsible for providing operational guidance updates to network providers.
7	The MCO has asked for something in writing from HHSC regarding the requirement that the health plans must follow the provisions of Human Resources Code (HRC) §32.024 (t). Specifically, something that clarifies if the health plan could be in compliance if their policies and procedures are the same or less restrictive than set forth in the code.	HHSC has posted the operational guidance to its website. See http://www.hhsc.state.tx.us/medicaid/managed-care/mco-resource-docs/2015/132.pdf. HHSC will also post as TMHP provider bulletin.
8.	Can HHSC develop a process similar to the NF steps applicable to all non-emergency ambulance transport requests?	HHSC will not adapt the NF steps listed in the operational guidance for all non-emergency ambulance transport requests at this time. MCOs may take the steps for NF transport requests and develop processes in line with the operational guidance.
9.	The operational guidance will complicate the prior authorization process for providers. While hospitals may have ready access to ambulance provider information, doctor's offices may not. A doctor's office may struggle to figure who are the ambulance providers in their area and well as other information such as provider identification numbers.	MCOs should work with providers to educate them which ambulance providers are in network. The requesting provider may reach out to the ambulance provider for business information such as NPI.
10.	MCOs are concerned that this will impact turnaround times for review and will lead to access to care complaints. - Superior	MCOs should work with providers and members to ensure they are aware of new procedures. HHSC will track complaints related to non-emergency ambulance transports to determine if additional clarification is needed.
11.	There is potential for incorrect/incomplete information when the forms are submitted by a facility.	MCOs should work with providers and members to ensure they are aware of new procedures.

	Question/Comment	HHSC Response
12.	What part of HRC 32.0204(t) restricts ambulance providers from submitting the prior authorization from?	HHSC Legal Counsel has reviewed HRC 32.024(t) and determined the legislative intent of this language is to prohibit ambulance providers from obtaining authorization for non-emergency ambulance transports.
13.	The new operational guidance requires MCOs to send approvals/denials to both the requesting provider and rendering provider. This is a new process and will require additional work on the MCO's part.	HHSC will provide MCOs sufficient time to adapt notification processes and provide members and providers education.
14.	Members are used to calling an ambulance provider when they need to set up transports. This will be confusing to members.	See response above.
15.	What is the timeline for implementation?	HHSC expects all MCOs to be in compliance with the operational guidance by April 1, 2016. Prior to the HHSC will request that MCOs establish the following timeline: 10/16/2015 - MCOs must submit related claims system changes to HHSC. MCOs should also include a proposed schedule for changes to HPM team. 11/20/2015 - MCOs must submit revised provider materials as well as policies and procedures for review and approval to HPM team. 1/2/2015 - MCOs must notify providers of claims adjudication and processing guidelines. 3/2/2016 - MCOs must notify providers of prior authorization changes. 4/1/2016 - All MCOs should be in compliance with operational guidance