



OHIO DEPARTMENT OF MEDICAID UTILIZATION REVIEW NEWSLETTER

MAY 2019

We are excited to launch the first issue of our quarterly newsletter highlighting important updates relating to the Ohio Department of Medicaid (ODM) and Permedion's role in enhancing the efficiency and effectiveness of care across the Ohio provider community.

About HMS/Permedion

Permedion is the clinical hub of HMS, a leading provider of healthcare cost containment solutions. Based in Westerville, Ohio, Permedion performs utilization review services for state agencies and health plans.

- 1,000+ Contracted Medical Review Professionals
- 90+ Clinical Professionals on Staff
- 40+ State Medicaid Agencies Served
- 45+ Years of Experience
- 325 Health Plans, Including 23 of the 25 Largest U.S. Health Insurers

Our Services

Permedion provides the following services in support of the ODM's Hospital Utilization Management Program:

- Prior authorization for med-surg hospital, home health and behavioral health services
- Pre-certification of psychiatric inpatient admissions
- Retrospective hospital reviews, including inpatient psychiatric hospitalization
- Focused reviews as determined by ODM for specific provider's claims or medical records
- Healthcare studies

“Permedion is committed to enhancing the efficiency and effectiveness of care across the Ohio provider community.”



Prior Authorization & Pre-Certification Requests

Prior authorization or pre-certification involves evaluating a patient's medical situation to determine whether a recommended service will be eligible for coverage, helping to prevent inappropriate care, improve the efficiency of care and inform future decision-making.

Permedion is responsible for the following Prior Authorization and Pre-Certification Categories:

Med-Surg Hospital

- 34, Hospital Inpatient
- 35, Hospital Outpatient
- 57, ASC Ambulatory Surgery Center

Community Behavioral Health

- 47, ACT
- 48, IHBT
- 50, SUD Partial Hospitalization
- 53, SUD Residential
- 55, Hospital Outpatient Behavioral Health

Home Health

- 38, Increased State Plan Home Health

In-Patient Psych Hospital

- 37, Psych Inpatient

Other Behavioral Health

- 49, Medical Services
- 54, Mental Health Services
- 52, Services for ACT Enrollee
- 56, Services for IHBT Enrollee

Prior Authorization & Pre-Certification Frequently Asked Questions

At Permedion, we understand the pre-certification process isn't always black and white. Below are a few situational questions providers may have about the process.

Community Behavioral Health Pre-Certification FAQs

- Q** What happens when Permedion reviews an Assertive Community Treatment (ACT) Enrollment and Services prior authorization request, and the recipient will be converting to a Managed Care Organization (MCO) during the requested date span?
- A** If the prior authorization is approved, Permedion will input one (1) unit approved, adjust the date span to reflect when Medicaid coverage ends and MCO coverage begins, and provide a written explanation. The provider must then contact the MCO for the prior authorization required beyond the Medicaid coverage end date.
- Q** When a clinical assessment for Intensive Home-Based Treatment (IHBT) Enrollment is completed on the admission date, the prior authorization must be submitted to Permedion that same day in order for that date be covered. What if this does not happen on the same day?
- A** Coverage will be denied up to the day the prior authorization is received. No retroactive reviews are permitted unless the recipient was made retroactively Medicaid eligible in MITS.
- Q** What is the difference between the prior authorization submission timeline for Substance Use Disorders Partial Hospitalization and that of Residential?
- A** Partial hospitalization submissions must be received by Permedion within 24 hours of the start date. This takes into account the fact that many patients step down from detox services to partial hospitalization, and so the clinical assessment is completed that same day.

Residential prior authorization is not required until day 31 of a consecutive calendar day stay. The only time prior authorization is required day one (1) of admission is if the consumer has already had two stays of any length in another SUD facility during the same calendar year.

Inpatient Psychiatric Pre-Certification FAQs

- Q** What Revenue Code should the provider input into MITS when requesting an inpatient psychiatric precertification request?
- A** At the direction of ODM, providers are to use Revenue Code 160, which is described as “room and board,” rather than Revenue Code 124, which is described as “psychiatric inpatient room and board.” However, when filing a claim for payment, Revenue Code 124 should be used.

Retrospective Reviews

Permedion conducts post-payment reviews for inpatient and outpatient hospital services as well as inpatient psychiatric services. To ensure prompt and error-free processing, providers must submit the entire record and respond in a timely manner.

The post-payment process is as follows:

- Permedion mails the medical record request to the provider.
- The medical record must be submitted within 30 calendar days of the date listed on the request letter.
- Permedion receives the medical record and makes a determination within thirty (30) days of the original medical record submission due date.
- A report with the results of the medical record review is sent to the provider.

If the case is approved, Permedion will issue a Quarterly Approvals Report. Denial letters are posted to the DOTS Portal or, if you have not set up an account, sent via FedEx, 30 calendar days after the medical record request due date. For example, a medical record request letter dated March 19, 2019 would require all records be submitted by April 18, 2019. Denial letters would be issued 30 days later, on May 18, 2019.

Note: If you have not set up an account with Permedion, please contact ODMUR@HMS.com to access the DOTS Portal and access your records electronically.



Simplifying Your Medical Record Submission Process

Permedion offers a safe and secure electronic transmission service to providers submitting medical records for the ODM Hospital Utilization Review Program.

To begin electronically submitting medical records, providers must contact Permedion at ODMUR@HMS.com and provide an IT and medical records contact to establish a Secured File Transfer Protocol (SFTP).

If your hospital works with third-party health information management vendors Cobius Healthcare Solutions, CIOX Health or MRO, we have SFTP protocols in place so that these companies can automatically transfer requested medical records

to us electronically. If you utilize one of these companies, please simply advise Permedion.

Until you receive confirmation that electronic submission for your company has been enabled, you will need to continue to submit hard copies of medical records requested to:

HMS

ATTN: OH Medicaid Imaging
5615 High Point Drive
Irving, TX 75035

OR

Via Fax

866-206-6861 / 214-313-1577

Securely Store & Access Your Information

You can store and access all documentation regarding retrospective reviews using our secure document management system, DOTS. The DOTS Portal contains:

- Medical record request letters
- Denial letters
- Quarterly approval reports

We will set up secure, individual access for multiple users at your facility.

To register, please contact us at ODMUR@HMS.com.

Help Is at Your Fingertips

PERMEDION CONTACTS	CONTACT INFORMATION
Behavioral Health and Inpatient Psych PA Questions	P: 855-974-5393
Behavioral Health Appeal Requests	Permedion/Ohio Mental Health Reconsideration 350 Worthington Rd., Suite H Westerville, OH 43082
General Provider Questions	E: ODMUR@HMS.com
Permedion Med-Surg & Home Health PA Questions	P: 800-772-2179
Home Health PA Submissions Fax	F: 855-474-4306
OHIO DEPARTMENT OF MEDICAID CONTACTS	CONTACT INFORMATION
Med-Surg Retrospective Reviews	Lowell Webb, RN ODM SURS Clinical Review Supervisor E: Lowell.Webb@medicaid.ohio.gov P: 614-752-5700
ODM Provider Helpline (Medicaid Claims)	P: 800-686-1516
ODM SURS Hospital Appeals Provider Line	P: 866-841-0002
ODM SURS Hospital Appeals Fax Line	F: 614-644-2217
ODM SURS Hospital Appeals Fax by Email	E: Bacs_fax@medicaid.ohio.gov
ODM SURS Mailing Address	Ohio Department of Medicaid Surveillance and Utilization Review Section PO Box 182582 Columbus, OH 43218
ODM/MITS Enrollment Services	P: 614-466-6734



ODM Helpful Clickable Links

[MITS Training for Providers](#)

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