

PRIOR AUTHORIZATION

Prior authorization of services allows the Program to plan and budget appropriately. Prior authorization provides a mechanism to monitor and evaluate both recurring and one-time expenses, as well as provide a projected amount of funding obligated for impending services.

The Program has limited resources. To ensure efficient utilization of these resources, Service Coordinators must take the necessary steps to document all known expenditures in the services screen in the SHS Information System. Examples of entries may include monthly recurring expenses for medications, equipment rentals, wound care supplies, and catheters; as well as one-time expense for equipment purchases, orthotics, and hearing aids.

Effective ongoing communication and planning with the participant/family is essential in coordinating services. Service Plans, or itemized expenditures, must be entered into the SHS Information System for all known expenses of any amount. Any changes in services should be reflected in the Service Plan to represent committed expenses.

All prior authorizations:

- Must be requested by the CYSHCN approved provider in writing and be directly related to the participant's CYSHCN eligible condition.
- Require written medical justification submitted by a CYSHCN approved provider and/or physician orders.
- Must be documented (including all events and information leading up to the request) in the Progress Notes section of the SHS Information System by the Service Coordinator.
- If the cost is known, the request must be documented on the Prior Authorization form and documented in the SHS Information System.
- If the cost is unknown or changes frequently (i.e. procedures, surgeries, medications) and is approved, the request must only be documented in the Service Plan section of the SHS Information System.
- Service Coordinators must authorize any services, supplies or equipment costing more than \$300 annually.
- Service Coordinator and Program Manager must both authorize any services, supplies or equipment costing more than \$2,500 annually.

For funding requests that require only Service Coordinator approval:

1. Obtain the necessary information to complete the Prior Authorization (PA) Request form.
 - a. Letter of medical necessity
 - b. Price quote (when applicable)
 - c. Treatment plan (when applicable)
 - d. Insurance/MO HealthNet coverage information (i.e. exclusions, deductibles, co-pays, etc...)
2. Complete the PA form and e-mail it to the designated Program staff.

3. The Service Coordinator will be notified via e-mail by designated Program staff if the PA is approved or if corrections are needed.
4. If corrections are necessary, the Service Coordinator will review/revise the PA and resubmit. (Steps 3 and 4 will be repeated until the PA is accepted and approved/denied.)
5. The Service Coordinator must inform the CYSHCN approved provider and the participant/family of the PA approval/denial; a copy of the PA is to be mailed/faxed to the CYSHCN approved provider and a copy kept in the participant file.
6. The PA must be documented in the Service Plan and Progress Notes section of the SHS Information System.

For funding requests that require Service Coordinator and Program Manager approval:

1. Complete steps 1 through 4 above.
2. The Program Manager will approve/deny the service and the PA will be e-mailed back to the Service Coordinator.
3. The Service Coordinator must inform the CYSHCN approved provider and the participant/family of the PA approval/denial; a copy of the PA is to be mailed/faxed to the CYSHCN approved provider and a copy kept in the participant file.
4. The PA must be documented in the Service Plan section of the SHS Information System by the Service Coordinator.
5. The PA will be documented in the Progress Notes section of the SHS Information System by the Program Manager.

For service requests that only require a Service Plan entry in the SHS Information System (PA Request form not required):

1. Forward a letter of medical necessity to the Program Manager along with an e-mail describing the service being requested.
2. Following Program Manager review of the requested service for medical necessity and direct relationship to the participant's Program eligible diagnosis, the Service Coordinator will be notified via e-mail of approval/denial.
3. The Service Coordinator must inform the CYSHCN approved provider and the participant/family of the service approval/denial.
4. Only approved service requests are documented in the Service Plan section of the SHS Information System.

The CYSHCN Program Reimbursement Rate Schedule provides an inclusive listing of services and prior authorization requirements.