

# Prior Authorization Guidance – Effective Nov. 17, 2020

Effective Nov. 17, 2020, the Kentucky Department for Medicaid Services (DMS) removed prior authorization requirements for all Medicaid services from all Kentucky Medicaid-enrolled providers, except pharmacy. For managed care organizations (MCOs), this includes both participating and nonparticipating providers. Please note the following:

- Notification requirements will remain in place for inpatient services in order to facilitate care management, COVID reporting/tracking and discharge planning.
- The concurrent review process will remain in place for non-COVID diagnoses to support discharge planning, placement of enrollees, care management and facility capacity.
- To facilitate provider payment, requirements for prior authorization of non-Kentucky Medicaid-enrolled providers remain in place.

## Frequently Asked Questions

### 1. Does auto-approval include requests from participating and nonparticipating providers?

The directive includes prior authorization requests from both participating and nonparticipating network providers enrolled in Kentucky Medicaid. MCO payment terms remain applicable.

### 2. Does the directive include preauthorization, retro and concurrent inpatient requests?

The directive includes preauthorization requests for inpatient admissions with service dates of Nov. 17, 2020, until the mandate is lifted. Retroactive reviews with dates prior to Nov. 17, 2020, will remain within scope for review. Concurrent (i.e., continued stay) review processes will remain in place. Notification of inpatient admissions are required.

### 3. Does the directive include post-acute care? Does it also include long-term acute care (LTAC), inpatient rehab and skilled nursing facilities (SNFs)?

Authorization requests for inpatient rehab, SNF and LTAC are removed.

### 4. What is the formal effective date of the policy?

The effective date of the policy will be retroactive to include dates of service on or after Nov. 17, 2020.

### 5. Is there an anticipated review date or criteria for the removal of the directive?

The Kentucky Department for Medicaid Services (DMS) will continuously monitor aggregated pandemic data, public health data and facility capacity and will provide adequate notice before lifting the directive.

6. Are hospitals required to notify MCOs of admissions?

Notification requirements will remain in place for inpatient services to facilitate care management, COVID reporting/tracking and discharge planning.

7. Does this update include prior authorization for transplants?

Prior authorizations will not be required for transplants.

8. Will MCOs be able to review retrospectively for medical necessity after the directive is lifted?

MCOs may retrospectively review filed claims that are suspected of potential fraud, waste or abuse violations. Providers must continue to operate within their scope of practice and follow appropriate licensure and applicable guidelines related to the care and treatment of patients.