



Provider Alert

Urgent Provider News



Date: September 29, 2023

Dear Provider,

This week, we are sharing the following provider updates — see below to learn more.

- [Authorization Requirement Update](#)
- [Personal Care Hour Requests and Retroactive Authorization Process](#)
- [New Audit and Payment Integrity Vendor](#)

Authorization Requirement Update

Positive and/or lateral prior authorization updates, effective October 2, 2023, will be listed on optimahealth.com on Thursday, October 5, 2023.

Personal Care Hour Requests and Retroactive Authorization Process

Optima Health values your care in providing long term support services to our members. Member care is a top priority, and your partnership is critical. To align with the Commonwealth Coordinated Care Plus Waiver Manual, Optima Health wants to make you aware of upcoming changes to initial personal care hour requests and the retroactive authorization process. The following will be effective for all requests received on or after **November 27, 2023**.

New authorizations for waiver services without an initial in-person Health Risk Assessment completed (HRA):

- Optima Health will enter an authorization up to 30 days for personal care services. This will allow time for the care coordination team to perform an assessment of the member's needs and allow time to collaborate with the agency or service facilitator.

Retroactive authorization requests:

- To initiate personal care services, providers may start services up to the maximum allowed for the individual's level of care determined on the DMAS 97 A/B. Hours over the maximum allowed are not authorized or reimbursed retroactively. To ensure full reimbursement for all services rendered, the provider should notify Optima Health prior to the start date of the service.

New members requiring personal care services:

- The provider has 10 business days from the start of care to submit a request for service. If the request is received within 10 business days, the service will be reviewed for medical necessity and reimbursed for all hours approved from the start of care date.

Authorization received more than 10 business days after the requested start of care date:

- Hours over the maximum allowed for the individual's level of care (LOC) determined on the DMAS 97 A/B will not be authorized or reimbursed retroactively. Reimbursement for the hours approved by Optima Health will begin on the day the request is received.

Supervision time will be evaluated for medical necessity beginning on the day the authorization request is received and will not be retroactively authorized.

Please see example below for further explanation:

- provider request received on June 7, 20XX, for a date of service starting May 15, 20XX; requesting 45 hours weekly
- DMAS 97A/B LOC score is 7; the maximum hours allowed is 30 hours weekly
- medical necessity reviewed and met
- May 15, 20XX–June 6, 20XX: approve 30 hours weekly per LOC (administratively deny coverage of 15 hours per week)

- June 7, 2021–December 7, 20XX: approve 45 hours weekly per medical necessity

New Audit and Payment Integrity Vendor

Beginning on December 1, 2023, Performant will begin audit work on Optima Medicare nursing facility claims. Performant offers audit and payment integrity services to payers of healthcare claims, which includes identification and resolution of underpayments and overpayments resulting from erroneous claims submissions or payments. The company serves government and private organizations that outsource their services to agencies whose core competencies are in the examination and resolution of healthcare related assets. Performant is an experienced vendor performing SNF audits for RAC1 and RAC2, as well as many commercial plans that reimburse under PDPM.

Performant has experienced RN SNF auditors, many holding RNAC certifications, and several with advanced certifications for RAC-CTA. The audit team has deep knowledge of PDPM reimbursement. The team validates every element of the IP SNF stay to ensure that the HIPPS code billed is accurate. Medical directors are also on staff for review if needed.

Performant and Optima Health will be working together in outlining business objectives which help target and select claims for audit using Performant's algorithms based on several key factors identifying claims with potential for error. While these audits are a required regulatory obligation for the health plan, we understand the potential challenges for the provider community and have established audit processes that will ease administration for providers, as well as a clearly defined feedback loop to support inquiries during audits.

For additional questions regarding partnership or associated expectations of providers, please contact your Network Educator.

Sincerely,

Your Optima Health Team