

Ohio Living Holdings

Authorization Process

As of September 21, 2021

1. Regular HCHB Workflow for **Initial Authorizations**:

- a. **'Obtain Initial Authorization'** is the standard New Referral HCHB workflow (aka **'Initials'**).
- b. The payor and eligibility verifications **"Obtain Payor Source Verification"** HCHB workflow, which is triggered only when a "Complete Referral" is obtained, must be completed (pushed through) first.
- c. Then HCHB will generate the **Obtain Initial Authorization** workflow to Central Authorizations.
- d. The CAC's work this HCHB workflow, on a **First-in First-out (FIFO)** method.
 - i. Sites do not need to email HHHCentralAuth@ohioliving.org that these are available.
 - ii. CA will process all 'Obtain Initial Authorization' cases received via the HCHB workflow as of 5:30 pm each weekday and 5:00 pm on Saturday on that day.
 1. CA is scheduled to begin working weekdays at 8:30 am and Saturdays at 9:00 am.
 - a. In terms of expectations, they will work the workflow in FIFO order.
 2. 'On-Call' should be called on Sunday and After Hours and is **ONLY** for:
 - a. Urgent hospice
 - b. Wound care
 - c. Continuous intravenous (IV) or tube feeding needs
 - d. Immediate post-surgery wound care and related therapy on same day as discharge or the day after discharge from hospital if discharge is occurring after Friday at 530 pm and site was not previously aware of the discharge timing, Saturday and Sunday.
 - e. Other Clinical Judgement: In the event that the corresponding authorization workflow remains outstanding past CA normal scheduled hours and the visit needs to be completed before normal CA business hours resume, the site Clinical Supervisor may contact On-Call and request processing.
 - i. Valid clinical judgement **does not include**:
 1. General preference to accelerate the scheduling for convenience.
 2. Non-verified/uncertain timing of discharge from hospital.
 3. Desire to be first in line instead of waiting for the FIFO process to unfold during next day processing.
 4. Failing to identify whether the HCHB workflow has released to enable payor verification (i.e. meaning that a 'Complete Referral' has yet to be obtained).
 5. Having the request be part of a wave of late day requests pushed into HCHB payor validation when the clinical approval could have been done much sooner.
- e. **Important Note:** Initial Authorization **cannot** be obtained **IF** the patient has an active authorization with another agency.
 - i. CA will document in a HCHB "Coordination Note" clearly identifying the conflict so that the sites can contact the patient.

- ii. CA will still fax an authorization request to go on record with the request.
- f. If the Initial Authorization is not obtained, HCHB will not allow the Scheduling function to occur.
 - i. Starts of Care cannot, under any circumstances, be done ‘on paper’. Getting the SOC scheduled to the device in time for the SOC visit to occur is mandatory, HCHB provides no workaround.

2. Regular HCHB Workflow for **New Orders**:

- a. If there is a ‘New Order’ for a patient that is already under care, the order must be **entered** (the Case Manager or the Therapist) **AND** then **approved** by an authorized site RN in HCHB which generates the “Determine if New Authorization is Needed for New Order” HCHB workflow (aka “Determine”).
 - i. Then HCHB will generate workflow to Central Authorizations.
 - ii. The CAC’s will continue to work this HCHB workflow, on a first-in first-out method.
 - iii. No emails from the sites need to be sent to HHHCentralAuth@ohioliving.org telling CA that they just sent in a New Order to HCHB. CA will see this in their workflow.
- b. Sites are able to schedule within HCHB without having the carrier approved authorization.
 - i. However, CA must enter a “pending authorization” (“adding a line”) in the authorization field for the new order; or, enter an existing previous authorization reference if it already exists that will allow for the additional new order visits.
 - ii. In these situations, Schedulers are likely only contacting CA because they are unable to schedule.
 - 1. Schedulers may email HHHCentralAuth@ohioliving.org to check on status when there is a delay (normally greater than 24 hours during normal weekday work hours).
 - 2. Schedulers (and Clinical Supervisors) should not email CA when the New Order was recently released by Clinicians into HCHB.
 - iii. There are relatively common situations where additional orders are obtained after SOC but before the 485 can be fully approved. Sites are prevented by HCHB to prepare “New Orders” through this HCHB WF, and they are prevented by HCHB to add new orders within the “Additional” HCHB.
 - 1. In these cases, sites should email HHHCentralAuth@ohioliving.org and make the request to obtain an authorization outside of the workflow process.
 - 2. Sites should be conscientious about making that email request based on when the visit is anticipated to occur (e.g. refer to the 24-hour guidance).

3. Regular HCHB Workflow for **Obtain Additional Authorization**:

- a. This workflow occurs after the site completes the Plan of Care 485 and the Start of Care OASIS information after they have performed the evaluation visit for which there had been an “Initial Authorization”.
- b. Some sites refer to this as “Start of Care Auth”.
- c. The CAC’s will continue to work this HCHB workflow, on a first-in first-out method.
 - i. This workflow is the most intense and most time consuming of all the workflows with many items that must be verified by the CAC’s.
 - ii. No emails from the sites need to be sent to HHHCentralAuths@ohioliving.org for this workflow when having just released into HCHB workflow.

1. Certain sites have a propensity to release double digit patient workflows within a very close timeframe (within minutes) and send immediate emails requesting that all get done ASAP. This is not realistic and is not going to happen.
2. Clinical Judgment: For cases needing completed within 4 hours, sites can email requests to HHHCentralAuth@ohioliving.org for priority attention.
 - a. Refer to #1 for when Clinical Judgment is not applicable.
- d. If the Additional Authorization is not obtained, HCHB will not allow the Scheduling function to occur.

4. Re-Authorization Process

- a. This process is when more authorizations are desired beyond the “Initial” and beyond the “Additional” and are not due to a “New Order”.
- b. Currently Ohio Living does not have HCHB set-up to process Re-Authorizations based on completed visits. This is a project targeted to get completed in FY22. There is no HCHB workflow.
- c. Because there is no HCHB workflow, currently all Re-Authorizations requests by the site are sent by email to HHHCentralAuth@ohioliving.org.
- d. Prior to requesting Re-Authorizations, site personnel need to verify whether there are unused authorizations still available and/or the visit notes for all authorized visits have not been attached in HCHB. Authorizations can not be obtained by the Central Authorization team if there are unused authorizations or there are missing visit notes.

5. Processing Carrier Responses:

- a. Full Denials, Partial Denials or Intents to Deny:
 - i. CAC’s will also prepare a HCHB Coordination Note documenting similar information.
 - ii. CAC’s will attach all response documents received from the carrier to patient chart in HCHB.
 - iii. Should the site decide that it has obtained additional information to strengthen the request, an email may be sent to HHHCentralAuths@ohioliving.org requesting Central Authorizations to resubmit the re-authorization request.
 - iv. Should the site decide to engage in a peer-to-peer discussion with the carrier, a master list of carrier peer-to-peer telephone numbers is included in the Appendix to this policy. The list is not all-inclusive for all carriers/contracts. The carrier response document typically include peer-to-peer contact information.
- b. Full Approvals: There is no email sent to the site if the carrier approves the Re-Authorizations
 - i. CAC’s will enter the approved authorizations by discipline in HCHB and enter the carrier’s authorization reference number.
 - ii. Site is essentially notified when the Schedulers attempt to Schedule because HCHB will enable visits to be scheduled. If HCHB does not enable the scheduling function, then Scheduler can view patient Coordination Notes for authorizations status that may be available at that time if a denial was received.