



## State of Louisiana

Department of Health and Hospitals  
Bureau of Health Services Financing

July 21, 2010

FIMS # 1715/rmh

Mr. Norm Nichols  
Executive Account Manager  
Molina Medicaid Solutions  
P. O. Box 3396  
Baton Rouge, LA 70821

RECEIVED  
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MMIS/FIMS

Re: Overlapping Dates of Service

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As part of DHH and Molina's effort to enhance the Prior Authorization process, the following procedures should be implemented effective immediately when processing prior authorization request with service dates that are overlapping for all Medicaid populations.

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### Same Provider and same units of service per day:

For all prior authorization requests, if the same provider is submitting request for the same units of service per day with overlapping dates of service, the Prior Authorization Unit shall approve what is medically necessary for the portion of the request that does not overlap. The PAU is only to issue the PA for the amount of hours or number of items that would be needed for the dates of service that do not overlap. The PAU can adjust the begin date on the request for up to one week. These PAs should be labeled PARTIALLY DENIED. The remaining portion does not go to the PAL, but place a Y in the PARTS system so that the PARTIALLY DENIED letter will be generated.

The PARTIAL DENIED letter should state in the Free Form Text:

You requested services from mm/dd/yy to mm/dd/yy, but PA number xyz has already been issued for # hours per day # days a week from mm/dd/yy to mm/dd/yy. You have been approved to receive services from mm/dd/yy to mm/dd/yy at #hours per day # of days per week.

Your provider may contact the Prior Authorization Unit to update this request through a reconsideration in order to extend the dates of service if necessary.

### Different Providers

For Chisholm Class Members only, the PAL shall contact the original provider, to inform them that a request has been received from another provider, and ask the original provider to discharge the client by sending a notice to the recipient and faxing a copy of that notice to the PAL. If the provider refuses, the PAL will instruct the client to notify the original provider stating that they wish to terminate their services and to indicate the date they wish for the service to be terminated.

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The client must be instructed to send a letter indicating that they no longer wish to receive the services from the original provider to the new provider so that it can be forwarded to the PAL. The PAL must also make the required support coordinator contacts informing them of what needs to happen to resolve the overlapping dates of service, so that the support coordinator can aid in the process.

For DME, the PAL shall determine if the DME provider is mailing items to the client. If the client is being mailed supplies, the PAL must contact the client and provider to determine the specific facts of the situation and if there will be a gap in the delivery of the supplies. If it is determined that there will be a gap in services, the DHH Program Operations Section, as indicated below, must be contacted for further instruction.

If the supplies are not being mailed, then the PAU should handle the overlap in the same manner as they would any other overlap.

~~For non-Chisholm class members the notice shall be revised to state the following:~~

~~The service/ item requested has been denied because the requested service/item has already been approved with the authorization issued to another provider. If you wish to cancel the authorization issued to the original provider please send a letter to your new provider. The letter you send to your new provider should indicate that you no longer wish to receive the services from the original provider and the date you last received the service from the original provider. Your new provider should forward your letter to the PAU so the request can be reconsidered.~~

The ultimate goal is to not have a gap in medically necessary services for all prior authorization requests.

If you have any questions regarding this correspondence, please feel free to contact Rene' Huff at 225-342-3953. Thank you for your attention in this matter.

Sincerely,



Kyle Viator  
Medicaid Deputy Director

KV/rmh

c: Darla Ratcliff  
Gail Williams  
Rene' Huff  
Peggy Misner  
FIMS File  
MMIS