

### **FAQ's: ARQ Changes Effective 4/1/17**

1. **Q:** What happens if my patient is already receiving services which now require a prior authorization?  
**A:** A prior authorization needs to be submitted with a start date of 4/1/17 for services that will require an authorization for date of service (DOS) on or after 4/1/17.
2. **Q:** Does ongoing care need to stop before obtaining an authorization in April?  
**A:** Providers should plan in advance for upcoming services with a DOS on or after 4/1/17 that will require an authorization.
3. **Q:** Do outpatient (OP) therapy evaluations require a prior authorization?  
**A:** Effective 4/1/17, outpatient therapy initial evaluations will not require an authorization; however, re-evaluations will require an authorization.
4. **Q:** What happens if my patient is admitted to the hospital on a weekend?  
**A:** The PCP is not required to submit an authorization.
5. **Q:** What do I do if a patient needs Skilled Nursing, Rehab, or Long Term Acute Care?  
**A:** There is no change in process; these services require an authorization.
6. **Q:** How do prior authorizations help my patient?  
**A1:** Prior authorizations will help Trillium capture members that will benefit from case management.  
**A2:** Trillium will look for ways to coordinate care for our members with behavioral health, pharmacy, authorization, transportation, and discharge planning services.
7. **Q:** How do I refer a patient for case management services?  
**A:** You can refer a patient for case management services by using the CM Referral Request function within the provider portal. You may also call and request for your patient to be referred to case management by calling Provider Services. Please include information regarding the patient's specific needs with the request, and how you feel the member can benefit from case management.
8. **Q:** What types of case management services are available for my patient?  
**A1:** Services available for members through Case Management include Community Health Worker home visit, referral to Senior Disabled Services, assistance with medication adherence and using medical equipment, accessing care and helping to arrange medical transportation to appointments.  
**A2:** Trillium also has specialty programs being built that may also be used to assist your patients.

9. **Q:** What codes were included in the updated email to providers on 3/1/17?

**A:**

- For Medicare, additional codes were **removed** regarding dialysis, DME and hospice services.
- For Medicaid, additional codes were added regarding behavioral health, biopharm, mammoplasty, and pain management. Also, Medicaid codes were added for occupational therapy (OT), physical therapy (PT), and speech therapy (ST) that will not require an authorization for the initial evaluation.
- A comprehensive list of all code changes effective 4/1/17 will be available on our Trillium website 'For Providers' page: <http://www.trilliumchp.com/providers.php>

10. **Q:** Where are Biopharm prior authorization codes listed on the "Changes to the Prior Authorization List" distributed on 2/1/17?

**A:** Biopharm codes for Medicare are titled as "Part B Drugs" on the "Changes to the Prior Authorization Medicare" list distributed to providers on 2/1/17.

11. **Q:** Do OT/PT/ST therapies have a max cap?

**A:** Excluding the initial evaluation, all therapies will require an authorization. Please submit documentation to support the requested number of visits with the request.

12. **Q:** What information is needed to review an OP therapy request?

**A:** The information Trillium needs to review OP therapies is:

1. Portal entry (or prior authorization form) and the MD signed treatment plan **OR**
2. Portal entry (or prior authorization form) and the Treatment Plan with RX (if not signed by MD)

**NOTE:** Trillium only needs the most recent treatment plan - as long as it includes progress, ongoing needs, and ongoing compliance. If a patient is not making progress or experiencing positive results over several months, an updated MD evaluation may be required.

13. **Q:** Are there any changes to chiropractic, osteopathic or acupuncture services with the changes on 4/1/17?

**A:** No, the 4/1/17 changes do not effect authorization requirements for chiropractic, osteopathic or acupuncture services.

14. **Q:** How do I submit OP therapy prior authorization requests for surgical patients?

**A:** For surgical patients, the OP therapy prior authorization request can be submitted in advance or along with the surgical authorization request with a prescription and proposed treatment plan that includes the number of requested units and/or days.