

Additions to rule language are in bold and underlined.

Deletions to rule language are struck-through.

8.540.7.D. **UTILIZATION REVIEW** The URC shall review PARs according to the following procedures:

1. **Providers must submit requests for prior authorization of private duty nursing (PDN) services directly to the Utilization Review Contractor (URC) within ten (10) business days of starting PDN services.** Review information provided and apply the medical criteria as described herein.
2. **The URC will review requests for prior authorization according to the terms outlined in their contract.** Return an incomplete PAR to the Home Health Agency for correction within ten working days of receipt.
3. **Providers should only request services allowed or covered under the PDN benefit with a prior authorization request.** Approve the PAR, or refer the PAR to the URC physician reviewer, within 10 working days of receipt of the complete PAR.
4. **Written notification of all PAR denials, including a member's appeal rights, will be issued within one business day to the member or member's designated representative and the submitting provider.** Process physician review referrals and approve, partially approve, or deny the PAR within 10 working days of receipt from the nurse reviewer. The URC physician reviewer shall attempt to contact the attending physician or the primary care physician for more information prior to a denial or reduction in services.
5. **Services provided during the period between the provider's submission of the PAR to the URC to the final approval or denial by HCPF may be approved for payment. Payment may be made retroactive to the start date on the PAR form, or up to 30 calendar days, whichever is shorter.** Provide written notification to the client or client's designated representative and submitting party of all PAR denials and the client's appeal rights, within one working day of the decision.
6. **When denied or reduced, services shall be approved for fifteen (15) additional calendar days after the date on the member's notice of denial letter. If the denial is appealed by the member in accordance with Section 8.057, services will be maintained for the duration of the appeal until the final agency action is rendered.** Approve subsequent continued stay PARs that have been to physician review without referral, if the client's condition and the requested hours have not changed.

~~7. Notify the Department of all extraordinary PDN services approved as a result of an EPSDT screen.~~

~~8. Notify the submitting party of all PAR approvals.~~

~~9. Expedite PAR reviews in situations where adhering to the time frames above would seriously jeopardize the client's life or health.~~

~~8.540.7.E.— No services shall be approved for dates of service prior to the date the URC receives a complete PAR. PAR revisions for medically necessary increased services may be approved back to the day prior to receipt by the URC if the revised PAR was received within five working days of the increase in services. Facsimiles may be accepted.~~

~~8.540.7.F.— The URC nurse reviewer may attend hospital discharge planning conferences, and may conduct on-site visits to each client at admission and every six months thereafter.~~

~~8.540.7.G.— For members currently receiving PDN services initiated prior to November 1, 2021, providers must submit a prior authorization request (PAR) in accordance with the schedule in Sections 8.540.7.G.1-10. When denied or reduced, services shall be approved for 60 additional days after the date on which the notice of denial is mailed to the client. If the denial is appealed by the member in accordance with Section 8.057, services will be maintained for the duration of the appeal until the final agency action is rendered. After August 31, 2022, services shall be approved for an additional 15 days after the date on which the notice of denial is mailed to the client.~~

~~1. Ten percent (10%) of PARs must be submitted by November 30, 2021;~~

~~2. An additional 10% of PARs must be submitted by December 31, 2021;~~

~~3. An additional 10% of PARs must be submitted by January 31, 2022;~~

~~4. An additional 10% of PARs must be submitted by February 28, 2022;~~

~~5. An additional 10% of PARs must be submitted by March 31, 2022;~~

~~6. An additional 10% of PARs must be submitted by April 30, 2022;~~

~~7. An additional 10% of PARs must be submitted by May 31, 2022;~~

~~8. An additional 10% of PARs must be submitted by June 30, 2022;~~

~~9. An additional 10% of PARs must be submitted by July 31, 2022;~~

~~10. The final 10% of PARs, with a total of 100% of PARs initiated prior to November 1, 2021, must be submitted by August 31, 2022.~~

8.540.8 REIMBURSEMENT

8.540.8.A. No services shall be authorized or reimbursed if hours of service, regardless of funding source, total more than 24 hours per day **for members age 20 or younger and no more than 23 hours per day for members age 21 or older.**

8.540.8.B. No services shall be reimbursed if the care is duplicative of care that is being reimbursed under another benefit or funding source, including but not limited to home health or other insurance.

8.540.8.C. Approval of the PAR by the URC shall authorize the Home Health Agency to submit claims to the Medicaid fiscal agent for authorized PDN services provided during the authorized period. Payment of claims is conditional upon the client's **member's financial benefit** eligibility on the dates of service and the provider's use of correct billing procedures.

8.540.8.D. No services shall be reimbursed for dates of service prior to the PAR start date as authorized by the URC.

8.540.8.E. Skilled Nursing services under the PDN shall be reimbursed in units of one hour, at the provider's usual and customary charge or the maximum Medicaid allowable rates established by **HCPF** the Department, whichever is less.

1. Units of one hour may be billed for RN or LPN individually dependent on the personnel providing care.,

2. RN group rate should be utilized when a registered nurse is providing PDN services to more than one client at the same time in the same setting. (~~registered nurse providing PDN to more than one client at the same time in the same setting~~),

3. LPN group rate should be utilized when a registered nurse is providing PDN services to more than one client at the same time in the same setting. (~~licensed practical nurse providing PDN to more than one client at the same time in the same setting~~) or

4. Blended RN/LPN rate is used as a group rate by request of the Home Health Agency only.

5. "Group" is defined as XXX.