



COLORADO

Department of Health Care
Policy & Financing

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PDN LRFI Part II

Update to June 15, 2023, Private Duty Nursing (PDN) Prior Authorization Request (PAR) Report

Introduction

As described in the Department’s report, “Private Duty Nursing (PDN) Prior Authorization Request (PAR) Report Pursuant to Budget Amendment (BA) - 20 Clinical Navigation Services” dated June 15, 2023, many improvements to the fee for service (FFS) Utilization Management (UM) program have been implemented in the past nine months. The Department has worked in partnership with Kepro, our contracted UM services vendor. Kepro merged with CNSI in December 2022; the new company is named Acentra. More information about this merger is available on [Acentra’s website](#).

Together, we have focused our attention on the challenges related to PDN services. Based on stakeholder feedback, we developed a phased implementation to address provider burden, then paused that implementation and offered targeted individualized training to agencies in addition to extra nursing review, feedback, and provider support. We can now allow the newly authorized PDN-focused RNs to be effective in their liaison work with providers and the RAEs as soon as they are hired.

This document responds specifically to JBC’s request: *The Department is requested to submit reports by June 15, 2023, and November 1, 2023, providing updates on prior authorization reviews (PARs) for private duty nursing, including data over time on approvals, partial denials, and full denials and on technical denials due to inadequate documentation. For clients and families requesting private duty nursing, the report should address utilization of appropriate available wrap-around services, the Department’s communication with Regional Accountable Entities regarding unmet needs, and outreach and education to providers focused on the PAR process and requirements related to missing/supporting documentation.*

Updates on the requested items are described below.

Data over time on approvals, partial denials, full denials, technical denials due to inadequate documentation.

Updated [PDN PAR Approval and Denial Rates](#) are posted on the Department’s website and attached to this report illustrating data for November 2021 through June 2023. The PAR data includes an additional quarter’s worth of results and has remained consistent with the approval and denial rates from previous quarters. When compared with the initial data reported for November 2021 through April 2023 in the Department’s June report, the data showed the following:

- The percent of fully approved PDN PARs fell slightly, from 86.5% reported through April 2023 to 85.9% reported through June 2023.



- The percent of partially denied PDN rose slightly from 8.8% reported through April 2023 to 9.6% reported through June 2023.
- The percent of fully denied PDN cases fell slightly from 4.7% to 4.6%.

Utilization of appropriate available wraparound services/Department communication with Regional Accountable Entities (RAEs) regarding unmet needs.

The Department’s Clinical and UM Teams provide weekly reports to RAEs with information on denied PDN PARs. RAEs are required to report back to the Department on their efforts to work one-on-one with families to identify alternative or additional benefits and/or home and community-based waivers that may better serve each member. As we await the new PDN-focused RN staff, the Department’s existing nursing staff continues to meet with RAEs on identified cases where specific findings from medical records may elicit additional insight for the RAE in meeting the members’ needs. The Department encourages continued attempts to outreach to families and agencies to ensure that services are in place. This engagement continues to improve collaboration between RAEs and case management agencies.

Outreach and education to providers focused on the PAR process and requirements.

The Department’s nursing staff also works with providers as time and limited staff resources allow. They remain responsive to questions from providers regarding medical necessity determinations to help them understand Department rules and criteria. They meet with agencies that do not respond promptly to PAR Pends (requests for additional information) and reach out to new agencies as they begin submitting cases to monitor their success with the PAR process.

Additionally, PDN providers continue to engage in the Department’s acuity tool update with [for Health Consulting at UMass Chan Medical School](#). Agencies have expressed excitement and appreciation about the projected improvements to the current PDN acuity tool.

Conclusion

The Department requested funding through Budget Amendment (BA) – 20 Clinical Navigation Services to implement clinical navigation and liaison services for a subset of medically complex pediatric members utilizing Private Duty Nursing (PDN). With the additional funding, the Department can ensure members are accessing the most appropriate level of care, while reducing inappropriate utilization. Hiring for the approved nurse FTEs is underway with appropriate candidates currently in the interview process (as of August 21, 2023). Additional improvements to the Department’s PDN PAR process are expected as the nurses are onboarded and work closely with Acentra on additional PAR submission process improvements, begin identifying other fee-for-service benefits, and collaborate with the Office of Community Living to identify home and community-based services (HCBS) waivers for which the members may qualify. Additionally, they will work directly with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) policy and legal experts to ensure all reviews meet federal requirements. The Department remains committed to looking holistically at members to identify individual needs and consider all appropriate benefits or services to best meet their needs.

