



PROVIDER PRESENTATION UPDATE

# Enhanced Utilization Management Model

Physical Therapy, Speech Therapy and Occupational Therapy

# Enhanced Utilization Management Model at Therapy Network of Georgia

## ■ Why are we improving our model now?

- \* We want providers to submit all visit encounters as required by state and federal agencies, so we are linking subsequent level payments to the submission of all visit encounters. This is already required/complied with by providers under a FFS model.
- \* We want to ensure that we remain compliant with DCH requirements
- \* We want to introduce new evidence-based criteria in our UM process

# What is Changing?

While the management of therapy services at TNGA is via a case rate model (except for traditional fee for service for Babies Can't Wait) and levels are assigned and payment is based on those levels, the following processes are new.

- \* **NEW** As we continue to improve our UM model, We have recently adopted the use of standardized test scores in conjunction with Milliman Care Guidelines to authorize levels of service.
- \* **NEW** Using the submitted diagnosis, the results of standardized test scores, Milliman Care Guidelines, and the clinical record TNGA will authorize levels of service
- \* **NEW** After the evaluation an authorization must be obtained from TNGA before treatment begins and you will not be paid for services prior to this date. You do not need to request authorization to complete the evaluation. However, remember that all services rendered, including an evaluation only, must have a certification number in order for the claims to process.

# Milliman Care Guidelines (MCG)

- \* Nationally recognized and widely used clinical guidelines.
- \* Eight of the 10 largest U.S. health plans use Milliman Care Guidelines.
- \* Improves healthcare effectiveness with **evidence-based care guidelines.**
- \* MCG's clinical editors analyze and classify peer-reviewed research in support of the guidelines.
- \* Annually more than 140,000 references are reviewed.

# Issuance of a Level

Upon receipt of the authorization request, a TNGA clinician will review the request and issue a Level based upon the diagnosis, Standardized Test Scores, MCG and the clinical record.

- **Level 1** – Evaluation Only/within normal limits
- **Level 2** – Mild impairment level
- **Level 3** – Moderate impairment level
- **Level 4** – Severe impairment level
- **Level 5** – Profound impairment level
- *Tertiary, Medically Complex patients are covered by the health plan. Our UM team will help providers in referring any patients identified as such to the health plan for authorization and services.*

# Using test scores to assign levels

## Speech Therapy (example)

TNGA reviews the diagnosis, results of standardized test scores, MCG and clinical record, and assigns a level.

Test Name	Abbrev.	Test Score Type	Level 5	Level 4	Level 3	Level 2	Level 1
Level of Impairment			Profound	Severe	Moderate	Mild	WNL
Goldman Fristoe Test of Articulation	GFTA-2	Std Score	≤ 64	65-70	71-77	78-84	85-100
	GFTA-3	Std Score	≤ 64	65-70	71-77	78-84	85-100
Preschool Language Scale English/Spanish	PLS4-E/S	Std Score	≤ 64	65-70	71-77	78-84	85-115
	PLS5-E/S	Std Score	≤ 64	65-70	71-77	78-84	85-115
Clinical Assessment of Articulation and Phonology	CAAP	Std Score	≤ 64	65-70	71-77	78-84	85-115
	CAAP2	Std Score	≤ 64	65-70	71-77	78-84	85-115
Test of Auditory Processing Skills-3rd Ed.	TAPS-3	Std Score	≤ 60	60-69	70-79	80-89	90-110
		Percentile	≤ 0.4	0.4-1.9	2-8	9-24	25-75


# Requesting an Authorization: 5 Critical Elements

All treating providers **MUST** submit the following 5 Critical Elements with the authorization request.

CIS Providers must submit via the DCH Provider Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

Non-CIS Providers **ONLY** must submit via fax to TNGA at 1-855-597-2697.

1. Prescription or Referral Form
2. TNGA Intake Form (N/A to CIS Providers using DCH PA Portal)
3. Letter of Medical Necessity (LMN) and/or POC with diagnosis signed/dated by the referring physician
  - i. The Plan of Care must include the Evaluation and the start and stop dates
  - ii. The Plan of Care must include the Signature of the referring physician recorded on or after the recorded date of the treating therapist
  - iii. The therapist that develops the POC must sign and date the document on the date it is completed. The therapist must sign and date the POC prior to the PCP's signature and date. The PCP may sign and date the POC on the same date the therapist signs and dates the POC.
4. Standardized Assessment Scores clearly denoted
5. IEP/IFSP or attestation

 **CRITICALLY IMPORTANT:** If any of the above elements are missing, TNGA will not approve the authorization request and will refer the request to the health plan for a recommendation of denial. Failure to provide all required documentation could result in the delay of treatment of your patient. Retrospective requests will not be authorized. Per the CIS manual retrospective requests may only be submitted if an “emergent need arises”.

# Plan of Care Documentation

**TNGA will not accept ranges when indicating the following in the Plan of Care: the number of visits, the duration of the visit or the duration of the treatment.**

- Acceptable examples
  - \* 2 visits per week
  - \* 30 mins per visit
  - \* 6 weeks of treatment
- Unacceptable examples
  - \* 1 – 2 visits per week
  - \* 30 mins – 60 mins per visit
  - \* 4 – 6 weeks of treatment



# Case Scenarios

The provider will be contacted when a TNGA clinician identifies a significant deviation in the Plan of Care from the range in number of visits according to the diagnosis, standardized test scores, Milliman Clinical Guidelines and clinical record reviewed.

## **OUTCOMES of Peer-to-Peer:**

- A. Provider agrees to withdraw current request for authorization and resubmits the authorization request with a new POC signed by the referring physician, in line with TNGA's recommendation. Authorization will be provided for the new POC.
- B. Provider chooses NOT to withdraw the current request. Provider refuses to accept the level issued. Case will be referred to the health plan by TNGA with recommendation for denial.

# Request to Upgrade an Existing Authorization

- TNGA will only issue authorizations for upgrades when a **change in diagnosis or a change in test scores** is submitted. (In rare clinical circumstances, upgrades may be authorized without a change in either diagnosis or test scores.)
- Upgrades will not be authorized retrospectively (after the treatment period).
- The provider must submit the Upgrade request via the DCH PA Portal.
  - \* The provider must respond “Yes” to the question on the DCH PA portal “*Is this a Continuation from a previous Preauthorization? If yes, enter the previous preauthorization number*”. Please select the Previous PreAuthorization number from the drop-down box. If it does not appear there, then include the PreAuthorization number in the “Comments” section of the DCH PA Portal.
- The Upgrade Request must include the following:
  - \* The completed TNGA Upgrade Request Form
  - \* New POC, **signed/dated by the referring physician**, in addition to the original Plan of Care.
  - \* **Change in Standardized Test Scores, or**
  - \* **Change in Medical Diagnosis**
  - \* Documented patient progress in metrics/quantitative data

# Review Process for an Upgrade Request

TNGA will submit the upgrade request to a Clinician (a licensed therapist in the same discipline) for review.

**A.** *If Approved:*

- \* TNGA will modify the existing authorization to a higher level.
- \* The provider will receive the authorization via fax with the Certification Number referencing the higher level.

**B.** *If Not Approved:*

- \* If medical necessity is not established based on the information received, a peer-to-peer consultation is offered to the treating provider.
- \* If after the peer-to-peer, a decision cannot be agreed upon, the request for an upgrade will be submitted to the Medical Director for review.

**C.** If the Medical Director agrees with the Clinician, TNGA will refer the case to the health plan with a recommendation for denial to the health plan.

# How will we notify the treating provider of an authorization

- Via the DCH PA Portal under the Provider Workspace using the GMCF Tracking ID that you received during the submission process.
- In addition, TNGA will fax the treating provider an authorization indicating the Level and the authorization period.
- Expedited/Urgent Requests are done completed within 24 hours for Medicaid members.
- Authorization Requests received **without** the **5 Critical Elements** (Slide 7) will not be approved and will be referred to the health plan with recommendation for denial.

An expedited/urgent request is only warranted when applying the standard time (**3 days**) for making a decision could seriously jeopardize the enrollee's health, life or ability to regain maximum function.

# Requesting a New Authorization After the Authorization Period Has Ended

If a member requires further therapy after the authorization period has expired, the provider may request another authorization, following the steps below:

- A. Perform a re-evaluation of Re-evaluate the patient to create a new POC with diagnosis signed/dated by the referring physician.
- B. Request an authorization via the DCH PA Portal.
- C. Submit the **5 Critical Elements** as stated on Slide 7 including the re-evaluation and **the following 6<sup>th</sup> item.**

Documented patient progress in metrics/quantitative data in the form of a progress **Report**, which demonstrates the patient's progress to date. The Report must include comprehensive quantitative data regarding ALL goals targeted for the previous authorization period as established in the POC.

Upon receipt of the information listed above, TNGA will review the documentation. TNGA will issue a new authorization as indicated and a new authorization period begins.

# Requesting Authorizations for Multiple Therapy Disciplines

- A. If a patient needs treatment for more than one type of therapy during the same treatment period, such as both Occupational *and* Speech Therapy, follow these steps:
- B. Request two separate authorizations via the DCH PA Portal.
  - 1. All required documentations including the **5 Critical Elements** as outlined in Slide 7, must be included for both disciplines with each request.
  - 2. All requests of this kind, for more than one therapy discipline, will be submitted to Clinicians for the review of medical necessity.
- C. TNGA does not issue a separate episode level for symptoms or conditions associated with the main diagnosis. For example, for a therapy request for Status Post Total Knee Replacement, TNGA assigns a level according to date of surgery. Concurrent requests for pain, including back pain, gait, instability, and muscle weakness, would be considered related to the main diagnosis, and TNGA will not issue a separate level.

# Important TNGA Contact Numbers

Department	Name	Title	Toll-Free Telephone and Fax	Email
Provider Relations	Daryn Golder	Network Manager	T 1-678-985-5402 F 1-305-614-0369	golderd@mytnga.com
Provider Relations	Catrina Whitfield	Provider Relations Representative	T 1-855-825-7818 Option 1, option2 F 1-305-614-0369	whitfieldc@mytnga.com
Provider Relations	Wynneen Perry	Provider Relations Representative	T 1-855-825-7818 Option 1, option2 F 1-305-614-0369	perryw@mytnga.com
Provider Relations	Sharon Chambliss	Provider Relations Representative	T 1-855-825-7818 Option 1, option2 F 1-305-614-0369	chambliss@mytnga.com
Referrals/ Authorizations	Tina Alvarez	UM Supervisor	T 1-855-825-7818 Option 1, option 1 F 1-855-597-2697	N/A

# Provider Relations Territory Distribution by County

<p><b>Catrina Whitfield</b> <a href="mailto:WhitfieldC@mytnga.com">WhitfieldC@mytnga.com</a> <b>T: 1-706-834-6924</b> <b>F: 1-855-825-6630</b></p>	<p>Banks, Brantley, Bryan, Bulloch, Burke, Butts, Camden, Candler, Charlton, Chatham, Clarke, Columbia, Effingham, Elbert, Emanuel, Evans, Fannin, Franklin, Glascock, Glynn, Greene, Habersham, Hall, Hancock, Hart, Jackson, Jefferson, Jenkins, Johnson, Liberty, Lincoln, Long, Lumpkin, Madison, McDuffie, McIntosh, Montgomery, Morgan, Oconee, Oglethorpe, Pierce, Putnam, Rabun, Richmond, Screven, Stephens, Taliaferro, Tattnall, Towns, Treutlen, Union, Warren, Washington, Wheeler, White, Wilkes, Wilkinson</p>
<p><b>Sharon Chambliss</b> <a href="mailto:ChamblissS@mytnga.com">ChamblissS@mytnga.com</a> <b>T: 1-229-573-0194</b> <b>F: 1-855-825-6630</b></p>	<p>Appling, Atkinson, Bacon, Baker, Baldwin, Ben Hill, Berrien, Bibb, Bleckley, Brooks, Butts, Calhoun, Carol, Chattahoochee, Clay, Clinch, Coffee, Colquitt, Cook, Coweta, Crawford, Crisp, Decatur, Dodge, Dooly, Dougherty, Early, Echols, Grady, Haralson, Harris, Heard, Henry, Houston, Irwin, Jasper, Jeff Davis, Jones, Lamar, Lanier, Laurens, Lee, Lowndes, Macon, Marion, Meriwether, Miller, Mitchell, Monroe, Muscogee, Peach, Pike, Pulaski, Quitman, Randolph, Schley, Seminole, Spalding, Stewart, Sumter, Talbot, Taylor, Telfair, Terrell, Thomas, Tift, Toombs, Troup, Turner, Twiggs, Upson, Ware, Webster, Wilcox, Worth, Wakula (FL) , Leon (FL), Lee (AL)</p>
<p><b>Wynneen Perry</b> <a href="mailto:PerryW@mytnga.com">PerryW@mytnga.com</a> <b>T: 1-404-692-8707</b> <b>F: 1-855-825-6630</b></p>	<p>Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clayton, Cobb, Dade, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Fulton, Gilmer, Gordon, Gwinnett, Murray, Newton, Paulding, Pickens, Rockdale, Walker, Walton, Whitfield, Hamilton (TN)</p>





**THERAPY NETWORK  
OF GEORGIA**

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