



Andy Beshear
GOVERNOR

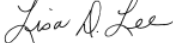
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Eric Friedlander
SECRETARY

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Lisa Lee
COMMISSIONER

- TO:** PT 01 – Hospital PL# A-264
PT 02 - Psychiatric Hospital PL# A-108
PT 04 - Psychiatric Residential Treatment Facility (PRTF) Level I PL# A-129
PT 05 - Psychiatric Residential Treatment Facility (PRTF) Level II PL# A - 2
PT 10 - Intermediate Care Facility - Individuals with Intellectual Disability (ICF/IID) Clinic
PL# A - 02
PT 11 - Intermediate Care Facility/ Developmentally Disabled Services (ICF/MR/DD)
PL# A - 359
PT 12 - Nursing Facility PL# A - 268
PT 17 - Acquired Brain Injury (ABI) PL# A - 37
PT 18 - Private Duty Nursing PL# A - 01
PT 30 - Community Mental Health Center (CMHC) PL# A - 124
PT 33 – Supports For Community Living (SCL) PL# A-58
PT 34 - Home Health Agency PL# A - 118
PT 41 - Model II Waiver PL# A - 25
PT 42 - Home & Community Based Waiver (HCBW) PL# A - 96
PT 43 - Adult Day Care (ADC) PL# A - 58
PT 44 – Hospice PL# A - 211
PT 45 - EPSDT Special Services PL# A - 11
PT 60 – Dentist Individual PL# A - 161
PT 61 – Dentist Group PL# A-10
PT 64 – Physician Individual PL# A - 391
PT 65 – Physician Group PL# A - 46
PT 76 - Multi-Therapy Agency PL# A - 03
PT 79 - Speech Language Pathologist (ST) PL# A - 105
PT 86 - Radiology and X-ray PL# A-20
PT 87 - Physical Therapist (PT) PL# A - 11
PT 88 - Occupational Therapist (OT) PL# A - 11
PT 90 - Durable Medical Equipment (DME) PL# A - 40
PT 92 - Psychiatric Distinct Part Unit (DPU) PL# A - 05
PT 93 - Rehabilitation Distinct Part Unit (DPU) PL# A - 05
PT 95 - Physician Assistant PL# A - 103

FROM: Lisa D. Lee 
Commissioner

DATE: June 8, 2023

RE: Fee for Service Utilization Management and Prior Authorization

Dear Kentucky Medicaid Provider,

The Cabinet for Health and Family Services (CHFS) Department for Medicaid Services (DMS) is upgrading the current Fee-For-Service (FFS) prior authorization system and processes by implementing a Utilization Management (UM) Provider Portal, which will provide an online application to request and manage prior authorizations. Both providers and participants will benefit from the new UM application and online Provider Portal, which offer increased efficiency in the prior authorization process, allowing providers to receive a determination to start services more quickly. In turn, members may begin treatment sooner, which overall improves patient compliance and outcomes. Administratively, for providers, the process will be more streamlined due to a reduction in the burden of utilizing paper, phone, or fax processes.

The new application will be managed and maintained by Gainwell Technologies and their sub-vendor, Carewise Health.

The projected Go-Live for the UM Program changes is Fall 2023.

Below, please find a brief outline of upcoming changes Providers may see, training information, and upcoming Provider communications.

Thank you for your partnership, participation, and commitment to the success of Medicaid's Utilization Management Project.

Potential Upcoming Changes	
Enhancement	Details
Essette Provider Portal -a high-performance, web-based care management software platform	<ul style="list-style-type: none">• Provider Portal for submission of PA requests, excluding 1915c Waiver Providers and Nursing Facility and Hospice Level of Care Providers (MWMA and KLOCS will continue to be utilized for those programs)• Create authorizations and monitor outpatient prior authorizations, inpatient stays, concurrent, outpatient, and retrospective reviews• Improved reporting capabilities• InterQual to assist in determining medical necessity of requested services• Fax management module, should providers choose or are required to continue with fax requests

	<ul style="list-style-type: none"> • Allows automation of prior authorized services for specified programs • Correspondence generation • Built-in determination rules that can help services to be accessed sooner
<p>CXone Call Center- comprised of the CXone platform, Gabby, and the Essette platform as support systems, along with experience Tier 1 and 2 call center specialist agents.</p>	<ul style="list-style-type: none"> • Call center for providers and members NOTE: Waiver providers will utilize this call center for questions regarding LOC and POC reviews only, and will continue to use the current 1915c helpdesk for questions regarding waitlist, policy, etc. • Receives and routes incoming calls and chat sessions for prior authorization request, questions, help with prior authorization, etc. • Gabby, a digital voice agent, performs self-serve tasks such as checking PA status for all services, excluding 1915c Waiver and NF LOC inquiries • Transfers the caller to a call center queue if further assistance is needed
<p>DRG-Enterprise Portal -platform utilized to request medical records, submit records, and perform Diagnosis Related Groups (DRG) Retro Reviews.</p>	<ul style="list-style-type: none"> • The portal where DRG providers, who have medical records selected for review, will upload the requested medical records, and can utilize the portal to monitor progress and decisions.

TRAINING INFORMATION

All providers who submit prior authorizations will be required to attend training covering UM processes and Provider Portal highlights and changes. For your convenience, trainings will be offered in both live virtual and on-demand formats. Future provider communications will include more detailed training information, including dates and registration links.

UPCOMING PROVIDER COMMUNICATIONS

Providers will receive communications in the coming days before the Go-Live in Fall 2023. Following today’s initial communication, further communications will be sent prior to go-live with further details as indicated below:

- Updates regarding the UM application project development and enhancements
- Reminders to ensure KOG access is set-up
- Important training information and registration details
- UM Program key contact information
- Blackout notifications and highlights of important dates
- Critical success factors for Go-Live readiness