

## Prior Authorization in Fee-for-Service Medicaid

Public Health Essential Services— Assurance #7	Locate the provider manual for the state Medicaid program.	Link to document:
	Locate the member handbook for the state Medicaid program.	Link to document:
	Initiating a Prior Authorization Request	
	What is the role of the health care provider in the prior authorization process?	
	Does the provider or member handbook describe specific services that require prior authorization?	
	What are the criteria for authorization?	
	Does the Medicaid Fee-For-Service program use a third-party vendor for prior authorization?	
	a. If yes, document the name and contact information for the vendor (if available):	
	Decisions about Prior Authorization in the Medicaid Fee-For-Service pr	ogram
	What is the timeframe for decisions about prior authorization?	
	Who can the provider or family contact to ask about the status of a decision?	
	<i>Tip: In some states, the state Medicaid agency operates a provider portal where they can check on the status of prior authorization requests. Check your state Medicaid agency's website for information about their provider portal, if applicable.</i>	
	How does Medicaid communicate decisions about prior authorization?	
	Appealing Decisions in the Medicaid Fee-For-Service program	
	If a state Medicaid agency or Medicaid Managed Care (MMC) entity denies a prior authorization request, they must provide notice to a child (or child's family) informing them of this decision, explaining the rationale for the decision, and describing options for appealing the decision. <sup>86</sup>	
	What is the timeline for submitting an appeal?	
	What is the timeframe for decisions about appeals?	
	Who can the provider or family contact to ask about the status of an appeal?	
	How does Medicaid communicate decisions about appeals in your state?	

<sup>86</sup> Centers for Medicaid Services. (2014). EPSDT - A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents. <u>https://www.hhs.gov/guidance/sites/default/</u> files/hhs-guidance-documents/epsdt\_coverage\_guide\_68.pdf