

Prior Authorization in Medicaid Managed Care

Leverage Opportunities + Speak the Medicaid Language: A Workbook for Title V

Medicaid Managed Care Organization Name	Provider manual	Member Handbook

For the MMC organizations you listed above, how do they define medical necessity?

Medicaid Managed Care Program	Definition of Medical Necessity

Points of contact

Public Health Essential Services—Policy Development #4, Assurance #10	Who is/are the staff in the MMC organization(s) that focus on EPSDT (e.g., EPSDT Coordinator)? What is their contact information?						
	MCO Name	Staff Name	Job Title	Contact Information	Brief Role Description		
	Establish to be to b	•	la allanta alla ta statu	11. M	.1.		
	For each of the individuals above, assess the relationship with Title V using the scale below:						
	Staff Name:						
	Relationship:						
	I just looked up their		l can contact this person any	c	I have a defined ollaborative working		
	name today		time and they will		relationship with		
	Ctaff Name of		help me		this contact		
	Staff Name: Relationship:						
	←						
	I just looked up their		l can contact this person any	с	I have a defined ollaborative working		
	name today		time and they will help me		relationship with this contact		
	Staff Name:		·				
	Relationship:						
	I just looked		l can contact		I have a defined		
	up their name today		this person any time and they will	С	ollaborative working relationship with		
			help me		this contact		

Public Health	Using information that you have collected from t	he MMC provider manuals, MMC member handbook	s, and			
Essential Services—	your contacts at MMC organizations, answer the following questions.					
Assurance #7	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 MMC program use a third party vendor for prior authorization? If so, document it below:					
	MCO Name	Yes (include name and contact information)	No			
	Decisions about Prior Authorization in the MMC pro	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?					
	How does Medicaid communicate decisions about prior authorization?					
	Appealing Decisions in the MMC program					
	What is the timeline for submitting an appeal?					
	Who reviews the 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?					