



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES**

275 East Main Street, 6W-A  
Frankfort, KY 40621  
[www.chfs.ky.gov](http://www.chfs.ky.gov)

**Andy Beshear**  
Governor

**Eric C. Friedlander**  
Secretary

**Lisa D. Lee**  
Commissioner

January 7, 2021

To: Nursing Facilities

Re: Nursing Facility Ancillary Authorization Process

Dear Medicaid Provider:

The Department for Medicaid Services will be implementing a new Prior Authorization Process for Ancillary Services effective March 1, 2021. The below outlines the changes as it relates to initial and ongoing request for approval.

Gainwell Technologies in collaboration with Carewise Health will be hosting a series of webinars to review the Prior Authorization Process and to support facilities in a smooth transition. You only need to attend one session.

Please register by sending an e-mail to [UM\\_Research@gainwelltechnologies.com](mailto:UM_Research@gainwelltechnologies.com) with the date in which you are registering along with contact name, phone number, email address, facility name and facility provider number.

Webinar Dates:

February 16, 2021 from 10am – 11:30am ET  
February 17, 2021 from 2pm – 3:30pm ET  
February 25, 2021 from 10am – 11:30am ET  
February 26, 2021 from 2pm – 3:30pm ET

We recognize the multiple changes nursing facilities have endured over the last year in the face of the COVID 19 Pandemic but believe this is a necessary step to ensure appropriateness of Medicaid services being provided to recipients.

Prior Authorization Process:

Facilities shall submit request by fax using toll free (800) 807-8843.  
There is a form enclosed for your convenience. You may obtain additional copies at [www.kymmis.com](http://www.kymmis.com) Provider Relations/Forms/Prior Authorization

Each resident shall be sent separately and should include the Nursing Facility Ancillary Request Form and the required documentation outlined.

Timeframe for submission –

Initial services are to be submitted within two (2) business days from the start date of the service.  
Ongoing services are to be submitted with two (2) days of the last covered day to prevent any gaps in the authorization.  
Facilities will have twelve (12) months from the resident's card issue date to request a Retrospective service request.

Upon initial approval the Prior Authorization will align with the therapy plan of care  
Oxygen therapy if deemed appropriate for ongoing chronic residents will be authorized for ninety (90) day increments.  
All other therapies will follow plan of care period and authorized for no more than 30 days.

**Service Denials –**

Facilities will receive a letter if the requested service is denied as not meeting criteria and/or medical necessity.  
Facilities will have an opportunity to appeal through a Reconsideration process for any adverse determination.

**Lack of Information process:**

Facilities shall receive a Lack of Information Letter if additional documentation is needed to complete the review and make a determination.

Facilities will have fourteen (14) days to submit the requested documentation or the request will be denied.

If documentation is submitted after the service has been denied for lack of information the review will be completed and if authorized the begin date of the request will be adjusted to the submission date of the required information.

Thank you for your ongoing support to ensure recipients health and well-being!

Regards,



Lee Guice