

POLICY AND PROCEDURE

DEPARTMENT: Louisiana Healthcare Connections Medical Management, Prior Authorization Department, MRU and Claims Departments	DOCUMENT NAME: Authorization Check Run and Pend Report PACR
PAGE: 1 of 3	REPLACES DOCUMENT: LA.MRU.13
APPROVED DATE: 08/2020	RETIRED:
EFFECTIVE DATE: 08/2020	REVIEWED/REVISED: 08/2020
PRODUCT TYPE: Medicare, Medicaid, and Ambetter; excludes Centurion	REFERENCE NUMBER: See: LA.CLSY.13

SCOPE:

Louisiana Healthcare Connections Medical Management, Prior Authorization Systems Department, and Claims Department.

PURPOSE:

To define consistent policy for handling authorization related Pends and Check Run as a result of claims pending or denying for lack of authorization prior to the Plan check run release.

POLICY:

Claims that are in a denial or pended state for lack of authorization are identified on a Micro Strategy Pend and Check Run (PACR) report which is reviewed by either Prior Authorization Systems (PAS) or a Louisiana Healthcare Connection designee.

The report compares the member and dates of service from the claim to the member authorization records in TruCare to determine if a potential authorization exists for the claim. The records on the report are reviewed and a directive for each item is noted on the report; the report is then forwarded for handling to the Claims Department.

- Check Run reports are reviewed daily
- Pend reports are reviewed twice a week

PROCEDURE:

PACR reports are a Micro Strategy generated report which are found in the Scheduled Reports section, by State, Utilization Management, PACR folder, by line of business, and date.

The fields and explanation codes (EX codes) included on the report are determined by the PA Systems department and based on Amisys authorization to claims matching criteria.

The reports are retrieved by Louisiana Healthcare Connections and worked daily for check run denials and bi-weekly for pended claims.

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If there is a potential authorization in TruCare for the claim billed, the Health Plan designee reviews the report to determine if the potential authorization is a valid match.

- If no potential match exists, the item on the report is notated to maintain the denial; if a pend, the item is noted to deny for lack of authorization.
- If a valid authorization match is located, the Health Plan designee reviews the authorization in TruCare and in AMISYS to identify the reason the claim did not systematically map to the authorization.
 - If the potential authorization is valid for the claim in question, the Health Plan designee may modify the authorization (to meet the TruCare Authorization Guidelines) and update the report with a directive to the Claims Department to re-adjudicate the claim with the appropriate authorization.
 - If the potential authorization is found to be invalid, the Health Plan designee will update the report with a directive to maintain the denial for lack of authorization.
- The completed PACR reports are emailed to the designated Health Plan mailbox in the Claims Department for re-adjudication based on the directives provided.

The daily report outcomes are recorded in a PAS SharePoint folder by Health Plan designee. PACR experience reporting may be reviewed on the PAS SharePoint site as well.

Training and Support:

The Corporate PA Systems Team conducts a PACR training class at the corporate location in Clayton Missouri monthly except December. The team also provides support for Louisiana Healthcare Connections with inquiries and root cause analysis.

REFERENCES:

ATTACHMENTS:

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DEFINITIONS:

REVISION LOG

REVISION	DATE
Converted corporate to local policy.	08/15/2020

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software,
is considered equivalent to an actual signature on paper.

Senior Director of Network Accounts: _____ Electronic Signature on File_

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