

Frequently Asked Questions

MHRC Prior Authorization Schedule: Medicaid Bulletin #15-031

1. **Why is SCDHHS staggering the prior authorizations (PA) for these services?**

Many providers waited until the end of May deadline to send in requests for authorization to Keystone Peer Review Organization (KEPRO), the SCDHHS Quality Improvement Organization, creating a bottleneck. The excess of requests causes delays for providers to receive timely responses from KEPRO.

2. **Why implement the stagger at this time?**

The buildup of PA requests returns as we near the end of the first PA period of 90 days. The one time stagger is to stop, in advance, the cycle of 90-day jams.

3. **How did SCDHHS determine who gets a 45 day prior authorization versus a 90-day one?**

The determination is based on the beneficiary's birth month. Those with an odd birth month number (January, March, May, July, September, November) receive a 45-day PA period; those with an even birth month (February, April, June, August, October, December) receive a 90-day PA period.

4. **Will beneficiaries who receive the 45-day PA period always be on a 45 day schedule?**

The 45-day PA period is one time only; subsequent PA periods will be for up to 90 days depending on medical necessity.

5. **If I have a client who is on a 45-day authorization period, what documentation must I submit for the next prior authorization?**

This would be considered a continuing review, so you would submit an updated Individualized Plan of Care and the most recent Service Plan Development note.