

Governing Body: MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)	Function: INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK	
Subject: Secondary Authorization Process	Prepared By: CAPS	Original Date: 10/01/2007 Revised Date: 01/01/2010

PURPOSE AND SIGNIFICANCE:

IDS Providers may provide reimbursable services to Members enrolled at other IDS Providers if the Member’s primary IDS Provider requests a specified service. The service is provided under a Secondary Authorization and the treating agency becomes the secondary IDS Provider for the member. Examples of services commonly provided by Secondary Providers under a Secondary Authorization process include, but are not limited to: medication management, DBT groups, and services to meet specific therapy needs.

Only services provided by IDS Providers other than the member’s primary IDS Provider require secondary authorizations.

PROCESS AND/OR PROCEDURE:

As with all planned outpatient services, secondary services must be included in the Member’s treatment plan maintained at the Member’s Primary Care Provider (PCP). It is the responsibility of the Member’s Primary Clinician to assure that secondary services are identified in the Member’s treatment plan. The Primary Clinician is also responsible for managing service coordination throughout the course of care by utilizing strategies that are appropriate for the individual case (e.g. phone consultation, copies of chart notes, periodic written reports from the secondary service provider). It is the Secondary Clinician’s responsibility to provide the information/response regarding the Member’s participation in secondary services that has been requested by the Primary Clinician and identified on the Secondary Authorization Form.

Collaboration and cooperation in cases shared by multiple providers will be a component of the IDS Case Review process.

Completion of the Secondary Authorization Form – It is the Primary Clinician’s responsibility to make initial contact with the IDS Secondary Agency offering the specific service medically appropriate for the Member. After discussing the Member’s needs with the Secondary Clinician, the Primary Clinician must complete a Secondary Authorization Form. The Primary Clinician will select a cluster from the *Secondary Authorization Clusters* which will allow a range of services to be provided to the client. More than one cluster may be selected, if appropriate, to ensure comprehensive care is provided to client. In addition, it is important for the Primary Clinician to specify on the form the maximum dollar amount that will be authorized by the PCP for the specified services.

The Primary Clinician is responsible to attach any additional documentation to the Secondary Authorization Form that will be helpful to the Secondary Clinician; for example, copies of the Member's initial assessment, treatment plan, necessary Releases of Information, etc.

When the Secondary Authorization Form and attached documentation are complete, an authorized person at the PCP must sign the form. The Secondary Authorization Form, along with the attachments, is sent to the Secondary Clinician, when at all possible, prior to the Member beginning service at the secondary IDS Provider. Copies of the completed secondary authorization form should be placed in the member's clinical file at both the primary and secondary IDS Providers.

Entering Secondary Authorizations into the MVIPA Website – *The PCP is responsible for entering and approving secondary authorizations in the MVIPA website.* Secondary authorizations must be entered in the MVIPA website prior to service. Things to remember about secondary authorizations:

- The primary IDS Provider must be identified as the Member's PCP in the MVIPA website;
- The PCP must have a current initial authorization for the member in the MVIPA website;
- One or more clusters may be selected if needed.
- The dollar amount of the secondary authorization must match the dollar amount agreed upon on the Secondary Authorization Form;
- The begin date of a Secondary Authorization must be on or after the begin date of the Member's current initial authorization;
- The end date of a Secondary Authorization must be prior to or the same as the end date of the Member's current initial authorization.

Changing or Closing Secondary Authorizations – *The PCP is responsible for making any changes to secondary authorizations and closing secondary authorizations in the MVIPA website.* If changes or closures are outside of the information agreed upon on the Secondary Authorization Form, the Primary Provider/Clinician is responsible for notifying the secondary IDS Provider prior to the change or closure occurring.

If a member requires or requests services from a third IDS Provider, the Primary Clinician is responsible for completing a separate Secondary Authorization Form for the new tertiary IDS Provider. Changes in secondary clinicians do not require a new Secondary Authorization Form but should be documented in Member's clinical file at the primary IDS Provider.

Secondary Authorization Payments – Agencies providing secondary services will be reimbursed on fee-for-service basis according to the rates on the current IDS Reimbursement Schedule. The withhold rate applicable to the secondary IDS Provider will be deducted from each claim paid under the secondary authorization. The fee-for-service reimbursement amount will not be included as an 'expenditure' against the referring or secondary agency's budget during the 2007-2008 service year. The withhold will be added to the secondary agency's withhold pool and reconciled at the end of the fee-for-service year.

MVIPA will manage the reimbursement of claims for services submitted by secondary IDS Providers. Service dates outside of the Secondary Authorization date range or charges that exceed the maximum approved dollar amount identified on the Secondary Authorization will be

denied. Any claim denials will be listed on the Secondary IDS Provider's vouchers. Secondary IDS Providers may resubmit claims for denied secondary services. Resubmitted claims will be approved if the primary IDS Provider has revised the secondary authorization to cover either the date of service or maximum dollar amount or the claim has been corrected by the secondary IDS Provider.