



JOHNS HOPKINS HEALTH PLANS

Pre-Authorization Criteria for Outpatient Specialty Services at Kennedy Krieger Institute

Johns Hopkins Health Plans will cover for outpatient specialty services at Kennedy Krieger Institute (KKI) for its EHP, Priority Partners, and USFHP members when **ALL** of the following pre-authorization criteria are met:

1. Patient was seen by PCP and non-KKI specialist who have recommended referral to KKI after completion of relevant evaluation, work-up, and treatment:

YES NO **IF NO, STOP HERE**

2. All supporting documentation related to the evaluation, work-up, and attempted therapies (e.g. H&P/progress notes, pertinent labs, imaging, therapy to date, consultation notes, school forms, screening assessment, PT/OT/ST notes) is included with the service request and referral form to Johns Hopkins Health Plans:

YES NO **IF NO, STOP HERE**

3. Services are not solely for the convenience of the patient, caregiver, or provider:

YES NO **IF NO, STOP HERE**

If you answered YES to all the above questions, please follow the Referral Procedures detailed on the reverse side.

Questions: Call Johns Hopkins Health Plans at 800-261-2421

Referral Process for Outpatient Specialty Services at Kennedy Krieger Institute Services

The following steps must be followed for all EHP, Priority Partners, and USFHP members:

Process for Requesting Pre-Authorization for New Patients

PCP

- Determine appropriateness of referral to KKI
- Generate and fax referral to Johns Hopkins Health Plans Medical Review (410-762-5205) with all supporting documentation
 - office notes, work-up, attempted therapies, relevant screenings, etc.
- Receive authorization from Johns Hopkins Health Plans
- Once authorization received from Johns Hopkins Health Plans, call KKI to generate intake; send referral and authorization to KKI
- Inform family that KKI will be in touch to complete intake and schedule appointment

Johns Hopkins Health Plans

- Receives fax (or phone) referral and supporting documentation from PCP
- Completes medical review within 72 hours
- Informs PCP of decision
- If approved, fax authorization to PCP office

KKI

- Call received from non-PCP
- Identify insurance carrier and reason for call, for medical and Johns Hopkins Health Plans products
- Redirect caller to contact PCP
- Once call received from PCP, begin intake: obtain patient information, referral and authorization
- Contact family to complete intake and schedule appointment

Process for Follow-Up Appointments or Additional KKI Services

PCP

- Determine appropriateness of referral to KKI
- Generate and fax referral to Johns Hopkins Health Plans Medical Review (410-762-5205) with all supporting documentation
 - office notes, work-up, relevant therapies, etc.
- Receive authorization from Johns Hopkins Health Plans
- Once authorization received from Johns Hopkins Health Plans, call KKI to generate intake; send referral and authorization to KKI
- Inform family that KKI will be in touch to complete intake and schedule appointment

Johns Hopkins Health Plans

- Receive fax (or phone) request from PCP
- Completes medical review within 72 hours
- Informs PCP of decision
- If approved, fax authorization to PCP office

KKI

- Patient goes to checkout with Outpatient Nurse/Care Center
- STOP
- Identify insurance carrier and type of follow-up visit, for medical and Johns Hopkins Health Plans prod
- Inform that PCP must provide referral and authorization; a report will be forwarded to the PCP
- Once call received from PCP begin intake: obtain patient info, referral and authorization
- Contact family to complete intake and schedule appointment

Questions: Call Johns Hopkins Health Plans at 800-261-2421