JOHNS HOPKINS MEDICINE
JOHNS HOPKINS HEALTHCARE

PROVIDER NOTICE

Provider Relations Department 1-888-895-4998

Changes to Prior Authorization Process Concerning Dismissals and Withdrawals for Advantage MD

Effective Date: Feb. 26, 2023

Health Plans Affected: Johns Hopkins Advantage MD

Type of Change: Process

Explanation of Change:
JHHC's Utilization Management (UM) team has made an adjustment to the outpatient prior authorization process for Johns Hopkins Advantage MD, in order to comply with a recent CMS mandate relating to dismissals and withdrawals.

The Johns Hopkins Advantage MD Authorization Request Form* has been updated with designations and check boxes for Outpatient Pre-Service and Outpatient Post-Service reviews, which bring the form into compliance with CMS.

With this change, UM will begin issuing prior authorization dismissals and withdrawals notifications when a request does not meet Medicare Advantage plan requirements and is considered invalid. The new process goes into effect Feb. 26, 2023.

A **dismissal** is a decision by Advantage MD not to review an initial determination request, because it is considered invalid or does not otherwise meet Medicare Advantage requirements.

Utilization Management will issue a Pre-service Dismissal when:

1. A requested valid AOR (Appointment of Representation)** has not been received, if applicable.
2. When the service has already been received
    a. If the pre-service request has a date span that includes both the past and future dates relative to the request receipt date and time, the dates prior to the dates the request was received by JHHC will be dismissed and the dates from receipt forward will be reviewed.
    b. If the pre-service request is for dates already passed relative to the receipt date and time, the entire request is dismissed. (NOTE: if the provider requests a post-service review, it is not a pre-service review request and can be reviewed as post-service rather than dismissed.)

A **withdrawal** is a verbal or written request to cancel or rescind an initial determination request. The request to cancel can be made by the member, his/her valid representative or the provider and may occur any time BEFORE a coverage determination is made.

Utilization Management will issue a Notification of Withdrawal when:

1. The requesting provider withdraws the request
2. Any "party" (the member, AOR, ordering physician) to the case requests a withdrawal

Important

- Pre-service and post-service designations are determined based on the date the request was received by JHHC, which may differ from the actual start of care.
- Services that occurred prior to receipt date and time of request cannot be considered Pre-Service reviews. Those requests must be marked as Post-Service review by the requestor to avoid dismissal.
- Review requests that include dates prior to the request as well as services to continue beyond the date the request was received by JHHC, should be made as two (2) separate requests:
    1. One to be processed as post-service request for services with dates prior to receipt and
    2. One to be processed pre-service request for services with dates from receipt forward.

Who May Request Initial Determination Requests

1. Members or their valid representatives may make a request for all types of decisions about coverage.
2. Standard Pre-Service Requests may also be requested by contracted or non-contracted provider/physician that furnishes or intends to furnish services to the enrollee, or the staff of provider's/physician's office acting on said providers behalf.

**If the link to this PDF breaks, please visit* Advantage MD Forms.

***This link is from an external website that is not provided or maintained by or in any way affiliated with JHHC. Please note JHHC does not guarantee the accuracy, relevance, timeliness, or completeness of any information on this external website.*