



Provider Statement of Need Frequently Asked Questions

Consistent with Superior HealthPlan's mission to improve health outcomes for our members, on April 1, 2017, Superior modified the policies for Personal Assistance Services (PAS), Personal Care Services (PCS) and Habilitation (HAB) for STAR+PLUS, STAR+ PLUS MMP, STAR Kids and STAR Health programs to require a Provider Statement of Need (PSON) form. These are non-technical attendant services authorized for eligible Superior members who have a medical condition resulting in a functional limitation in performing personal care. Attendants help these members with activities of daily living, such as bathing, grooming and meal preparation. Attendants are trained and supervised by non-medical personnel.

Superior requires a Provider Statement of Need (PSON) form to be submitted before an assessment is conducted for PAS, PCS, and/or HAB. Following the assessment, the medical provider will receive information regarding the number of provider hours (if any) to be authorized for his/her patient, and the opportunity to discuss any concerns related to that determination. This process is designed to facilitate a holistic collaboration between the medical provider and Superior's Service Coordination team. This collaboration includes increased communication regarding the member's functional needs and the way those needs are being met, as well as the opportunity to ensure that any underlying medical condition(s) or complications are addressed appropriately.

What is the PSON?

The PSON is a form used to obtain confirmation from the member's medical provider regarding the need for PAS (Personal Assistant Services), Personal Care Services (PCS) and Habilitation (HAB). Services that fall within the PAS, PCS and HAB benefit include, but are not limited to the assistance with following Activities of Daily Living:

- Preparing Meals, Laundry, Bathing, Dressing and Grooming

How does the PSON Process work?

Once an initial request for PAS, PCS or HAB services is made, Superior will send a request to the provider to obtain a PSON form before an assessment for those services is conducted. The PSON must be completed and signed by the medical provider and returned to Superior. The form confirms the member has been seen by the medical provider in the last 12 months and that the member has functional limitations requiring PAS, PCS or HAB services. A new PSON will also be required annually or when a change in condition is reported.

When is a PSON required?

A PSON is required for initiating services (initial request) and annual reassessments. A PSON will also be requested if member calls and states that they have had a change in their medical condition which can require additional hours or reduction in hours (Change in Condition – CIC).

Why did Superior make this change?

Superior's approach is similar to the National Conference of State Legislature's (NCSL) [Health Care Home Model](#). NCSL research shows this type of model is an effective way to ensure the medical provider is engaged and contributes to meeting the health goals of our members, which includes increasing access to care, reducing health disparities and delivering high-quality patient-centered care.

Since Superior implemented the approach, it has been discovered that a significant number of our members have not seen their medical provider in over 12 months. The PSON form requirement now triggers the member to have a visit with their medical provider, which may not have happened previously without this process.

Which form/s can be used as a PSON?

Any document (not limited to the PSON, HHSC Form 3052, medical provider letter, prescription, etc. - regardless of the form version) will be accepted by Superior as a valid (approved) PSON as long as it meets all six (6) essential elements:

- Member information
- Services needed
- Functional limitations related to the member medical diagnosis
- Statement indicating that the member has been seen in the last 12 months
- Medical provider signature with credentials
- Date of the medical provider signature



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Can the medical provider locate a PSON form on the Superior HealthPlan website?

Yes, the form can be found under the **Medicaid Prior Authorization Forms** section of the Superior webpage below:

- <https://www.superiorhealthplan.com/providers/resources/forms.html>

Who can sign a PSON?

The PSON must be signed and obtained from a Physician, Nurse Practitioner (NP) or Physician Assistant (PA) who has examined the member and reviewed the medical record within the last 12 months.

What is required to be completed on the PSON form by the medical provider?

- Member's Name or Medicaid ID
- Medical Provider's signature, date and credentials
- Member's functional limitations marked on the form
- Certification boxes (if applicable), by checking Yes or No

Can the medical provider sign the PSON form electronically or fax?

Yes, the medical provider can return the PSON electronically or via fax:

- **Electronically:** Adobe Sign e-signature can now be used to sign and submit Superior's PSON and Medical Necessity/Level of Care forms. Superior will continue to add documents that are compatible with Adobe Sign for future use. Forms using an Adobe Sign e-signature can be returned to SHP.Intake@SuperiorHealthPlan.com.
- **Fax:** Medical providers can fax the completed PSON to 1-866-703-0502.

How can the medical provider register for Adobe Sign?

For more information on Adobe Sign e-signature, please review the **Adobe Sign Electronic Signature** document found under the **Process Improvement Resources** section of the Superior webpage below:

- <https://www.superiorhealthplan.com/providers/resources.html>

What if the medical provider marks the PSON that they have not seen the member within the last 12 months?

Superior's PSON team will assist in coordinating an appointment with the member and medical provider. The member will be provided the next available appointment times with their medical provider to schedule an appointment.

What happens if the medical provider sends Superior an incomplete PSON form?

Superior will contact the provider as soon as possible to obtain the missing elements and ensure the form is correctly and entirely completed.

What happens if the member's medical provider does not respond to the PSON request?

If there is no response from the medical provider after multiple attempts to obtain the PSON, a letter is sent to the member advising them that we have been unsuccessful and, that as soon as we receive the PSON, Superior will complete the process for making a determination for services (approved or denied). Once Superior has received an approved PSON and confirms the member assessment has been completed, Superior will enter the authorization from the date the approved PSON was received. Superior will not enter retro-authorizations.

What happens if the medical provider certifies as "No"?

The member will have the opportunity to appeal and/or request a fair hearing. The appeal request will be sent to a Superior Medical Director for review.

When does Superior begin the process to obtain a new PSON for the next authorization (member currently has an authorization)?

Superior begins outreach to both the member and their medical provider 60-90 days prior to the current authorization expiring.



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Will Superior extend authorizations?

In some circumstances, a current authorization can be extended for up to 30 days. Examples of circumstances include but are not limited to, the PSON process was initiated less than 30 days prior to the current authorization expiring or the member's medical provider must see the member before completing the PSON.

Will the medical provider be notified of the PSON outcome?

Superior's Service Coordination team will notify the medical provider of the outcome derived from the completed assessment. The medical provider will have the opportunity to discuss any concerns or questions related to the recommended hours, including indicating formal disagreement with those hours.

Will the member's LTSS provider agency be notified of the outcome as well?

Yes, Superior notifies the member's LTSS provider on the approved authorized services or denied services for the member.

Who can the member, medical provider and/or LTSS agency contact for the status of a PSON?

For any inquiries on the status of a PSON, members, medical providers and/or LTSS agencies can contact Superior Member Services at:

- **STAR+PLUS:** 1-877-277-9772
- **STAR+ PLUS MMP:** 1-866-896-1844
- **STAR Kids:** 1-844-433-2074
- **STAR Health:** 1-866-912-6283

Who can the medical provider or LTSS agency contact if they have additional questions?

Please reach out to your local Account Manager or call Provider Services at 1-877-391-5921.