Overview of the Home Health Services Prior Authorization Process

June 13, 2017

Connecticut Department of Social Services

Making a Difference

HUSKY HEALTH CONNECTICUT

Objectives

- Understand the HUSKY Health program's person-centered Prior Authorization (PA) process for home health services
- Gain a working knowledge of the documentation requirements for both initial and re-authorization requests
- Reduce provider administrative burden and improve provider satisfaction with the PA process

PA Introduction

- All HUSKY Health members are eligible to receive healthcare services or goods from Connecticut Medical Assistance Program (CMAP) enrolled providers
- Only CMAP enrolled providers will be reimbursed for healthcare services or goods provided to HUSKY Health members
- All referrals for home health services must come from either an OPR (Ordering/Prescribing/Referring) or CMAP provider
- Determinations are made on a case-by-case, person-centered clinical assessment of the member and their clinical needs

Definition of Person-Centeredness

- All aspects of a person's medical needs are taken into consideration when determining medical necessity for a healthcare good or service
- While clinical reviewers use medical criteria, guidelines, and policies to determine medical necessity, these are guidelines and not an absolute

Person-Centeredness in PA

- The member may have a co-morbid medical condition or psychosocial situation that impacts their medical needs
- These situations are reviewed and taken into consideration when determining medical necessity
- Because every individual is unique, a person-centered approach is necessary to determine medical necessity for any requested good or service

PA Determinations

All determinations are made on the basis of medical necessity and must be in compliance with the definition of Medical Necessity, Regulation 17b-259b(a)

Definition of Medical Necessity

- Section 17b-259b(a)
- “Medical Necessity” (or “Medically Necessary”) means those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual’s medical condition; including mental illness, or its effects, in order to attain or maintain the individual’s achievable health and independent functioning provided such services are:

Definition of Medical Necessity (cont.)

1. Consistent with generally-accepted standards of medical practice which are defined as:
   a) Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community
   b) Recommendations of a physician-specialty society
   c) The views of physicians practicing in relevant clinical areas
   d) Any other relevant factors

Definition of Medical Necessity (cont.)

2. Clinically appropriate in terms of type, frequency, timing, site, extent and duration, and considered effective for the individual's illness, injury or disease
3. Not primarily for the convenience of the individual, the individual's healthcare provider or other healthcare providers
4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease
5. Based on an assessment of the individual and their medical condition

Face-to-Face Requirements

- As required by federal law, effective for home health services ordered on or after July 1, 2017, a face-to-face visit and physician certification will be required for home health services
- The Centers for Medicare and Medicaid Services (CMS) requires that individuals receiving home health services must have a face-to-face visit with the ordering physician either 90 days before or 30 days after the start of the services
- Documentation of the face-to-face encounter must be maintained in the member's records at the home health agency
- The face-to-face encounter is not a requirement for PA purposes
- Please refer to Policy Bulletin 2017-02 ***New Face-to-Face Requirements for Initial Orders of Home Health Services***

Learn What Requires PA

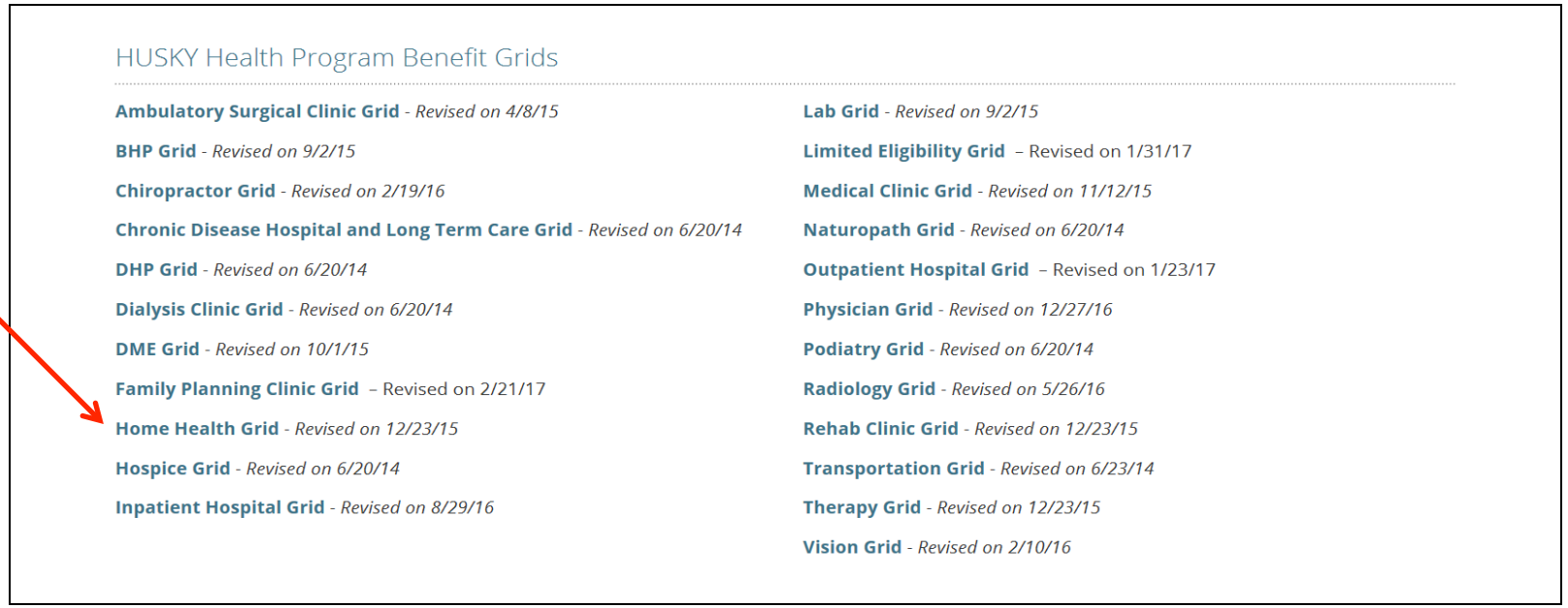
Access the Home Health Grid

- The home health benefit grid is available on the HUSKY Health website to help you determine what home care services require PA:

http://www.huskyhealthct.org/providers/provider_postings/benefits_grids/Home_Health_Grid.pdf

Home Health Benefit Grid

- Go to www.ct.gov/husky, click "***For Providers,***" "***Medical Management***," "***Benefit Grids***," then "***Home Health Grid***"



How to Submit a PA Request

Methods for Submission

- All home health services requests must be submitted through the Clear Coverage web portal
- There are some exceptions made for requests due to retro eligibility and requests for modifications to existing authorizations
- Retrospective and modification requests must be faxed in using the Outpatient PA Request Form

Basic Requirements for Requests

You must submit:

- A current CMS-485 signed by the physician
- If the current 485 is not signed then a verbal order is required for the specific services being requested, signed by the RN
- Clinical documentation supporting the medical necessity of the requested home health services

Required Clinical Information

Please reference the Clinical Policies located on the provider page of the HUSKY Health website if submitting PA for Home Health Aide Medication Administration (MA) or use of a Personal Automated Medication Dispenser:

http://www.huskyhealthct.org/providers/policies_procedures.html

Clinical Policies

Clinical Policies

Bathing and Toileting Equipment – Posted on 4/12/17

Botulinum Toxin – Chronic Migraine – Revised on 3/20/17

Botulinum Toxin – Hyperhidrosis – Revised on 3/20/17

DSS Pricing Policy for MEDS Items - *Revised on 3/24/17*

Enclosed Bed Systems - *Revised on 3/20/17*

External Insulin Pumps - *Revised on 3/20/17*

Foot Orthoses Clinical Guidelines - *Revised on 4/4/17*

Functional Electrical Stimulation - *Revised on 4/4/17*

Gender Reassignment Surgery - *Revised on 3/20/17*

Homemaker-Home Health Aide Medication Administration Services - *Revised on 4/4/17*

Hospital-Grade Breast Pumps - *Revised on 3/13/17*

Implantable Intrathecal and Epidural Infusion Pumps - *Revised on 4/4/17*

Incontinence Supplies - *Revised on 4/4/17*

Organ Transplant Waiting List - *Revised on 4/4/17*

Orthopedic Shoes Clinical Guidelines - *Revised on 3/13/17*

Palivizumab (SYNAGIS®) - *Revised on 3/13/17*

Patient Lifts - *Revised on 3/13/17*

Personal Automated Medication Dispensers - *Revised on 4/4/17*

Rehab Services - *Revised on 3/13/17*

Solesta - *Revised on 4/4/17*

Stab Phlebectomy and Sclerotherapy Policy - *Revised on 3/13/17*

Treatment of Central Precocious Puberty - Supprelin LA - *Revised on 3/13/17*

Clinical Guidelines

Recommended Immunizations for Adults - 2017 - *Linked to on 2/8/17*

Asthma Care Guidelines - *Linked to on 3/24/15*

When to Submit PA Requests

- All initial requests for services must be submitted no later than two (2) business days of the date of the Start of Care (SOC) assessment
- All re-authorization requests must be submitted PRIOR to the end date on the previous PA
- Failure to comply in either instance may result in non-coverage of some of the services

For All PA Requests

CHNCT reserves the right to request additional clinical information in order to make a person-centered medical necessity determination

Submitting Initial PA Requests

Skilled Nursing or Complex Nursing

- Start of care nursing assessment
- Completed and signed 485 form, if available. Otherwise a verbal order from the physician overseeing the plan of care and ordering the services
- Schedule of days/visits/hours the licensed nurse will be going to the home and the skilled interventions to be provided during that time (can be in the assessment)
- CHNCT reserves the right to request additional clinical information in order to make a person-centered medical necessity determination

Medication Administration

- Start of care nursing assessment
- Completed and signed 485 form, if available. Otherwise a verbal order from the physician overseeing the plan of care and ordering the services
- Schedule of planned visits i.e. *BID 7 days a week*

Home Health Aide

- Start of care nursing assessment
- Completed and signed 485 form, if available. Otherwise a verbal order from the physician overseeing the plan of care and ordering the services
- Schedule of days and hours the aide will be going to the home and the 15-minute breakdown of Activities of Daily Living (ADL) tasks expected to be provided

Submitting Reauthorization PA Requests

Skilled Nursing or Complex Nursing

- Current comprehensive nursing recertification assessment
- Current 485 signed by the ordering doctor. If current 485 is not yet signed, a verbal order for the services to be provided during the requested dates of service
- Previous 1-2 weeks of nursing notes. Must include recent wound measurements if services are for wound care

Medication Administration

- Current comprehensive nursing recertification assessment
- Current 485 signed by the ordering doctor. If current 485 is not yet signed, a verbal order for the services to be provided during the requested dates of service
- Previous 1-2 weeks of nursing notes. Must include recent test for success, education, and progress toward goals for self-administration

Home Health Aide

- Current comprehensive nursing recertification assessment
- Current 485 signed by the ordering doctor. If current 485 is not yet signed, a verbal order for the services to be provided during the requested dates of service
- Schedule of days and hours the aide will be in the home and the 15-minute breakdown of continued ADL tasks to be provided

Submitting Modification Requests

Modification Requests

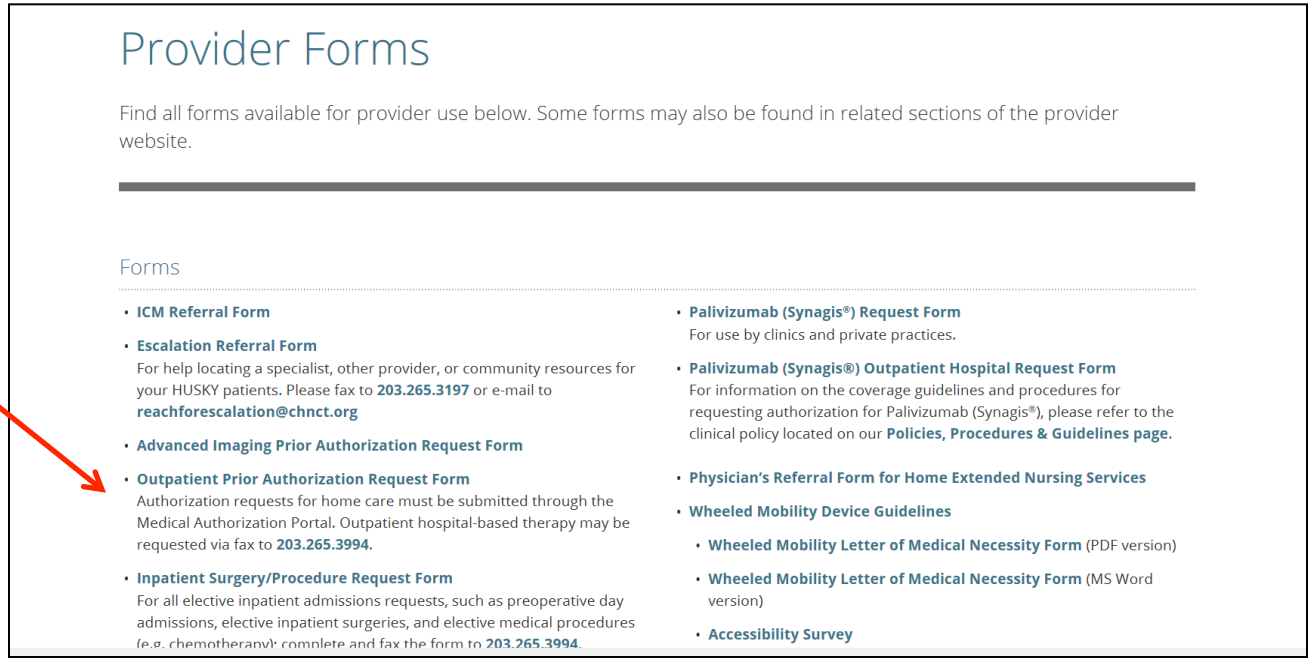
- A modification is a request to make a change to an existing authorization
- These requests MUST be submitted by fax (no web portal)
- All requests for increase in service, Resumption of Care (ROC) visits, or to add a third nursing visit in a week must be submitted via a completed Outpatient PA Request Form
- All third nursing visits and ROC visits must include an updated 485 or a verbal supplemental order
- All third nursing visits must include a clear explanation of the need for the visit

Modification Requests (cont.)

- All requests for an increase to Complex Nursing or Home Health Aide services must include documentation as to the change in the member's condition necessitating the change
- It is necessary to wait two (2) business days from the time the approval notification is received before submitting claims against a PA that has been modified

Outpatient PA Request Form

- Visit www.ct.gov/husky, click "***For Providers,***" "***Medical Management***," "***Forms***," then "***Outpatient Prior Authorization Request Form***"



Provider Forms

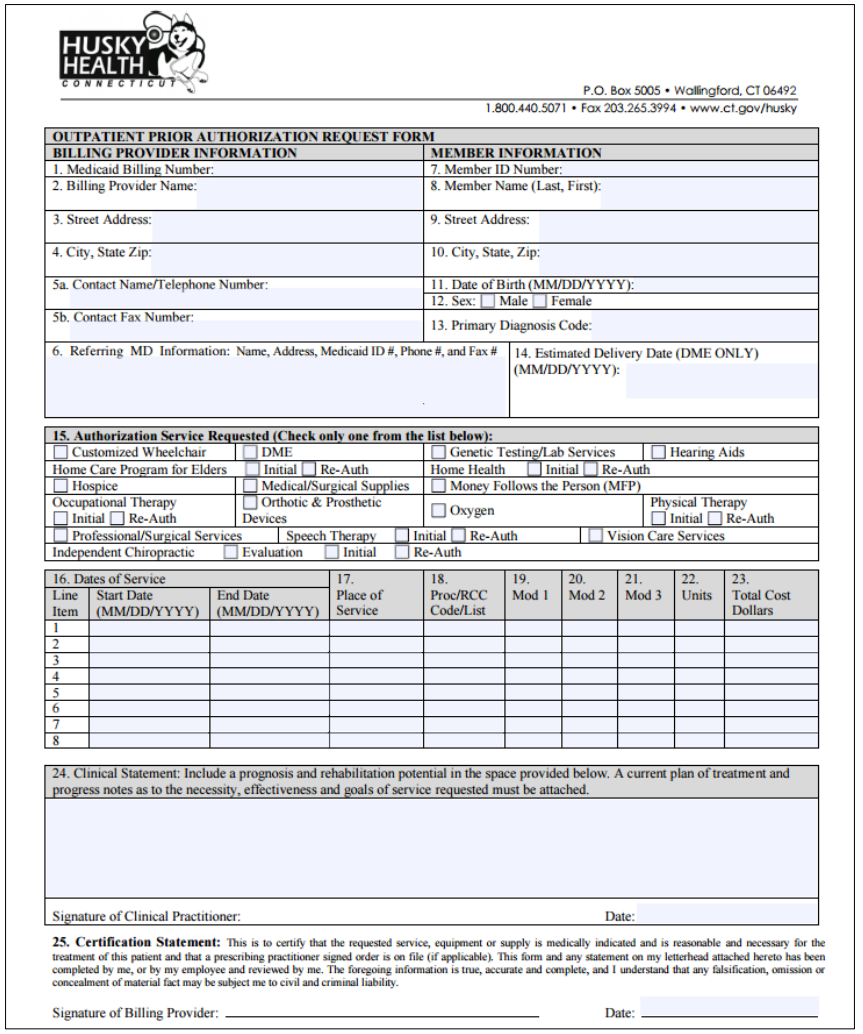
Find all forms available for provider use below. Some forms may also be found in related sections of the provider website.

Forms

- **ICM Referral Form**
- **Escalation Referral Form**
  For help locating a specialist, other provider, or community resources for your HUSKY patients. Please fax to **203.265.3197** or e-mail to **reachforescalation@chnct.org**
- **Advanced Imaging Prior Authorization Request Form**
- **Outpatient Prior Authorization Request Form**
  Authorization requests for home care must be submitted through the Medical Authorization Portal. Outpatient hospital-based therapy may be requested via fax to **203.265.3994.**
- **Inpatient Surgery/Procedure Request Form**
  For all elective inpatient admissions requests, such as preoperative day admissions, elective inpatient surgeries, and elective medical procedures (e.g. chemotherapy); complete and fax the form to **203.265.3994.**
- **Palivizumab (Synagis®) Request Form**
  For use by clinics and private practices.
- **Palivizumab (Synagis®) Outpatient Hospital Request Form**
  For information on the coverage guidelines and procedures for requesting authorization for Palivizumab (Synagis®), please refer to the clinical policy located on our **Policies, Procedures & Guidelines page.**
- **Physician's Referral Form for Home Extended Nursing Services**
- **Wheeled Mobility Device Guidelines**
  - **Wheeled Mobility Letter of Medical Necessity Form** (PDF version)
  - **Wheeled Mobility Letter of Medical Necessity Form** (MS Word version)
  - **Accessibility Survey**

Outpatient PA Request Form

- Full instructions on Page 2 of form
- All boxes must be completed in order for your request to be considered for coverage
- Include a face sheet to indicate retrospective eligibility or modification request



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P.O. Box 5005 • Wallingford, CT 06492
1.800.440.5071 • Fax 203.265.3994 • www.ct.gov/husky

OUTPATIENT PRIOR AUTHORIZATION REQUEST FORM

BILLING PROVIDER INFORMATION	MEMBER INFORMATION
1. Medicaid Billing Number:	7. Member ID Number:
2. Billing Provider Name:	8. Member Name (Last, First):
3. Street Address:	9. Street Address:
4. City, State Zip:	10. City, State, Zip:
5a. Contact Name/Telephone Number:	11. Date of Birth (MM/DD/YYYY): 12. Sex: ☐ Male ☐ Female
5b. Contact Fax Number:	13. Primary Diagnosis Code:
6. Referring MD Information: Name, Address, Medicaid ID #, Phone #, and Fax #	14. Estimated Delivery Date (DME ONLY) (MM/DD/YYYY):

15. Authorization Service Requested (Check only one from the list below):

☐ Customized Wheelchair	☐ DME	☐ Genetic Testing/Lab Services	☐ Hearing Aids
Home Care Program for Elders	☐ Initial ☐ Re-Auth	Home Health	☐ Initial ☐ Re-Auth
☐ Hospice	☐ Medical/Surgical Supplies	☐ Money Follows the Person (MFP)	
Occupational Therapy ☐ Initial ☐ Re-Auth	☐ Orthotic & Prosthetic Devices	☐ Oxygen	Physical Therapy ☐ Initial ☐ Re-Auth
☐ Professional/Surgical Services	Speech Therapy	☐ Initial ☐ Re-Auth	☐ Vision Care Services
Independent Chiropractic	☐ Evaluation	☐ Initial	☐ Re-Auth

16. Dates of Service			17.	18.	19.	20.	21.	22.	23.
Line Item	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Place of Service	Proc/RCC Code/List	Mod 1	Mod 2	Mod 3	Units	Total Cost Dollars
1									
2									
3									
4									
5									
6									
7									
8									

24. Clinical Statement: Include a prognosis and rehabilitation potential in the space provided below. A current plan of treatment and progress notes as to the necessity, effectiveness and goals of service requested must be attached.

Signature of Clinical Practitioner: Date:

25. Certification Statement: This is to certify that the requested service, equipment or supply is medically indicated and is reasonable and necessary for the treatment of this patient and that a prescribing practitioner signed order is on file (if applicable). This form and any statement on my letterhead attached hereto has been completed by me, or by my employee and reviewed by me. The foregoing information is true, accurate and complete, and I understand that any falsification, omission or concealment of material fact may be subject me to civil and criminal liability.

Signature of Billing Provider: _____ Date: _____

After PA Submission

PA Request Review

- Once the request is entered, a pending authorization number will be generated
- The authorization is assigned to a CHNCT clinical reviewer
- If more information is needed, the clinical reviewer will contact the provider to request the information required to review the request

Process Turnaround Time

- All initial requests for home health services are reviewed within two (2) business days from the date the request is received. Re-authorization requests are reviewed within fourteen (14) calendar days of the date received
- If additional information is required, additional time is given to the provider to submit the requested information
- A decision must be made no later than the 20th business day from the date the request is received

Denial Notification

- Verbal notifications are provided to the home health providers and referring physicians within one (1) business day after a decision has been made
- The verbal notification will include an outline of the reevaluation request process
- Letters are mailed to the member, and faxed to the home health provider and to the referring physician within three (3) business days from the date of the decision

Approval Notification

- Approval letters are generated after the request has been approved within two (2) business days after the decision has been made
- The home health provider will receive the approval notification via a note in the web portal and an approval letter by fax
- The referring physician will receive approval by fax and the member will receive the approval letter by mail

Questions/Comments