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:
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:

Home Health Benefit Grid

Go to [www.ct.gov/husky](http://www.ct.gov/husky), click “For Providers,” “Medical Management,” “Benefit Grids,” then “Home Health Grid”

### HUSKY Health Program Benefit Grids

<table>
<thead>
<tr>
<th>Grid Name</th>
<th>Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgical Clinic Grid</td>
<td>Revised on 4/8/15</td>
</tr>
<tr>
<td>BHP Grid</td>
<td>Revised on 9/2/15</td>
</tr>
<tr>
<td>Chiropractor Grid</td>
<td>Revised on 2/19/16</td>
</tr>
<tr>
<td>Chronic Disease Hospital and Long Term Care Grid</td>
<td>Revised on 6/20/14</td>
</tr>
<tr>
<td>DHP Grid</td>
<td>Revised on 6/20/14</td>
</tr>
<tr>
<td>Dialysis Clinic Grid</td>
<td>Revised on 6/20/14</td>
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<tr>
<td>DME Grid</td>
<td>Revised on 10/1/15</td>
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<tr>
<td>Family Planning Clinic Grid</td>
<td>Revised on 2/21/17</td>
</tr>
<tr>
<td><strong>Home Health Grid</strong></td>
<td>Revised on 12/23/15</td>
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<tr>
<td>Hospice Grid</td>
<td>Revised on 6/20/14</td>
</tr>
<tr>
<td>Inpatient Hospital Grid</td>
<td>Revised on 8/29/16</td>
</tr>
<tr>
<td>Lab Grid</td>
<td>Revised on 9/2/15</td>
</tr>
<tr>
<td>Limited Eligibility Grid</td>
<td>Revised on 1/31/17</td>
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<tr>
<td>Medical Clinic Grid</td>
<td>Revised on 11/12/15</td>
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<tr>
<td>Naturopath Grid</td>
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<tr>
<td>Outpatient Hospital Grid</td>
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<td>Physician Grid</td>
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<td>Podiatry Grid</td>
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<td>Radiology Grid</td>
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<tr>
<td>Rehab Clinic Grid</td>
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<tr>
<td>Transportation Grid</td>
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<tr>
<td>Therapy Grid</td>
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<tr>
<td>Vision Grid</td>
<td>Revised on 2/10/16</td>
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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

<table>
<thead>
<tr>
<th>OUTPATIENT PRIOR AUTHORIZATION REQUEST FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>BILLING PROVIDER INFORMATION</td>
</tr>
<tr>
<td>1. Medicaid Billing Number:</td>
</tr>
<tr>
<td>2. Billing Provider Name:</td>
</tr>
<tr>
<td>3. Street Address:</td>
</tr>
<tr>
<td>4. City, State, Zip:</td>
</tr>
<tr>
<td>Contact Name/Telephone Number:</td>
</tr>
<tr>
<td>Contact Fax Number:</td>
</tr>
<tr>
<td>Referring MD Information:</td>
</tr>
</tbody>
</table>

| MEMBER INFORMATION                          |
| 7. Member ID Number:                       |
| 8. Member Name (Last, First):              |
| 9. Street Address:                         |
| 10. City, State, Zip:                      |
| 11. Date of Birth (MM/DD/YYYY):            |
| 12. Sex: Male / Female                     |
| 13. Primary Diagnosis Code:                |
| 14. Estimated Delivery Date (DME ONLY)     |

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<thead>
<tr>
<th>OUTPATIENT PRIOR AUTHORIZATION REQUEST FORM</th>
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<tbody>
<tr>
<td>15. Authorization Service Requested (Check only one from the list below):</td>
</tr>
<tr>
<td>Customized Wheelchair</td>
</tr>
<tr>
<td>Hospice</td>
</tr>
<tr>
<td>Physical Therapy</td>
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<tr>
<td>Speech Therapy</td>
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<tr>
<td>Independent Chiropractic</td>
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<tr>
<th>16. Dates of Service</th>
<th>Line Item</th>
<th>Start Date (MM/DD/YYYY)</th>
<th>End Date (MM/DD/YYYY)</th>
<th>Place of Service</th>
<th>Procedure Code/Provider Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

| 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. |

<table>
<thead>
<tr>
<th>Signature of Clinical Practitioner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Billing Provider:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>
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.
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