



# INTRODUCTION TO CARE COORDINATION

Revised 2016

# eQHealth Solutions

- eQHealth is the Agency for Health Care Administration's contracted quality improvement organization (QIO), responsible for the Comprehensive Medicaid Utilization Management Program for the state of Florida
- Local office / operations in Tampa Bay area  
5802 Benjamin Center Drive  
Suite 105  
Tampa, FL 33634
- Branch office in Miami/Dade area

# eQHealth Solutions

Currently, eQHealth authorizes certain Medicaid services:

- Acute and rehabilitation inpatient
- Home Health visits, Private Duty Nursing (PDN), and Personal Care Services (PCS)
- Therapies including Physical Therapy (PT) Occupational Therapy (OT) and Speech Language Pathology (SLP)
- Durable Medical Equipment (DME)
- Multispecialty services, including hearing, vision, chiropractic and physician services
- Dental services (partial dentures and orthodontics)
- Diagnostic Imaging

# eQHealth Solutions

Beginning April 1, 2013, eQHealth Solutions will implement a care coordination program for children receiving private duty nursing and/or personal care services.

# Introduction to Care Coordination

# Care Coordination

- Care Coordination is a model of care that makes the Medicaid recipient the central focus of each component of the health care network.
- Care Coordination identifies all of the providers involved in the care of a recipient, reaches out to each one, and then includes them in all aspects of care for that recipient.

*At the center of the Care Coordination model is the recipient and a Care Coordinator.*

# GOAL

To develop an enhanced, personalized program to evaluate and plan the needs of disabled, medically fragile and medically complex children receiving private duty nursing services and/or personal care services.

# APPROACH

The Care Coordination for the pediatric population that will include a combination of:

- Home visits
- Telephone calls to recipients' families
- Recipient Assessment
- Multidisciplinary team meetings.



# Benefits of Care Coordination

- This program is guided by a Care Coordinator in conjunction with the recipient's parent or guardian.
- The services to be provided are based on collaborative interaction between a Care Coordinator, the recipient's parent or guardian, providers, the ordering physician, pediatricians, specialists and other medical professionals.
- Because all services for the recipient are coordinated, the recipient's entire "medical picture" is available for consideration in determining the appropriate services.
- Through Care Coordination, the recipient and their parent or guardian receive additional education, referral to other resources and interaction they would not receive through the utilization review process.
- Home visits allow visual confirmation of the recipient's condition, the home environment and additional information with which to identify appropriate services.

# Multidisciplinary Team Meetings

Meetings will include:

- eQHealth Care Coordinator
- Recipient
- Recipient parent or guardian
- Ordering physician or designee
- Other medical professionals (e.g. therapists)
- Home Health provider, when approved by the parent or legal guardian

*Team meetings help to ensure alignment of the recipient's needs and goals with the services provided.*

# Recipients

Children, under age 21 who require PDN and/or PCS services who are enrolled in the following Florida Medicaid programs:

- Fee for Service
- Commercial insurance/Medicaid)
- Medically Needy
- Children's Medical Services (CMS) -  
exception: PSN in Reform Counties
- Consumer Directed Care Plus (CDC+)  
Recipients

# Exclusions

Recipients who are:

- Members of a Medicaid HMO
- Members of a Medicaid Provider Service Network (PSN)
- Members of Children's Medical Services (CMS) in Reform Counties
  - Reform plans in Reform Counties

# Care Coordination Process

## PDN, PDN/PCS:

- All recipients currently receiving PDN or PDN/PCS services will receive Care Coordination enrollment letters

## PCS only:

- All recipients currently receiving PCS services will receive Care coordination introductory letters the first week of April. .

# Care Coordination Process

## Initial Request

Initial Requests can be submitted by the:

- Physician
- Parent or guardian
- Hospital Discharge Planner
- Provider

Requests can be submitted by:

- Phone (parent/guardian and physicians)
- Fax (Home Health providers, discharge planners)
- eQSuite (Unlicensed PCS providers only)

# PDN, PDN & PCS

# Care Coordination Process

## Initial Request – PDN or PDN/PCS

Once the request is received, the Care Coordinator will:

- Contact the family
- Complete an assessment
- Schedule a home or hospital visit
- Work with the multidisciplinary team to:
  - Determine the services needed
  - Develop a plan of care
  - Gather the required documentation
- Authorize the medically necessary services
- Identify additional needed resources



# Care Coordination Process

## Initial Request – PDN or PDN/PCS

- If a consensus cannot be reached among all parties during the Care Coordination multidisciplinary meeting, the request will be sent to an eQHealth physician reviewer for a decision.
- A peer-to-peer consultation will be held with the recipient's physician, if needed.

# Care Coordination Process

## Continued Stay Request

Initiated by the Care Coordinator 30-45 days prior to the end of the current authorization period.

The Care Coordinator:

- contacts the family
- visit the home, if indicated
- schedules the multidisciplinary team meeting

# Care Coordination Process Modification Request

If the recipient's needs change during an authorization period:

- The request is submitted to the Care Coordinator;
- The Care Coordinator contacts the family, physician and other multidisciplinary team members as needed;
- The care coordination process is followed to completion.

# Care Coordination Process

## Requesting PDN or PDN & PCS

- Home Health providers do not enter PDN/PCS service requests in eQSuite.\*
- All requests for PDN or PDN & PCS services follow the Care Coordination process.

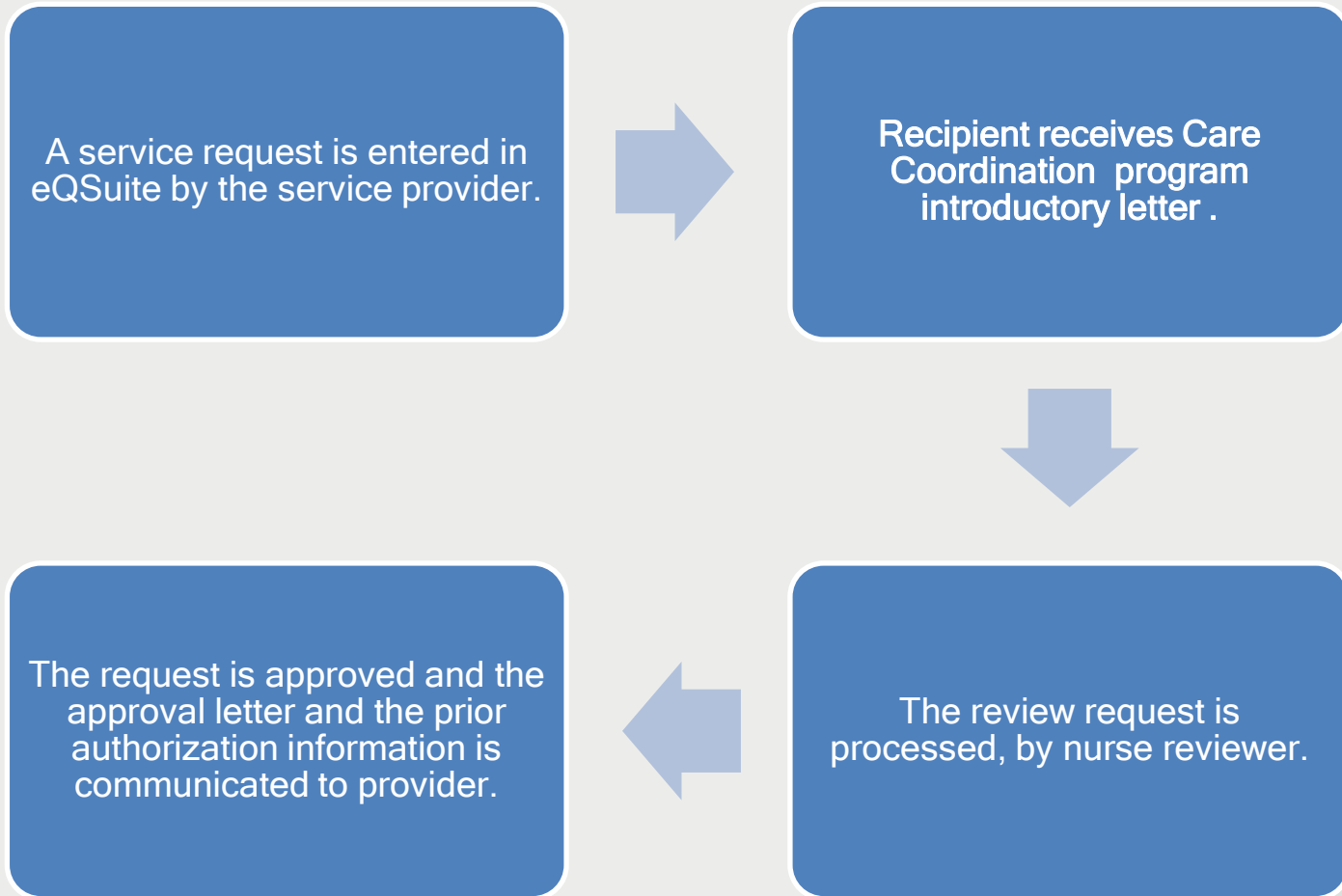
*\*Home Health providers are able to view letters and reports in eQSuite.*

# PDN, PDN/PCS Process

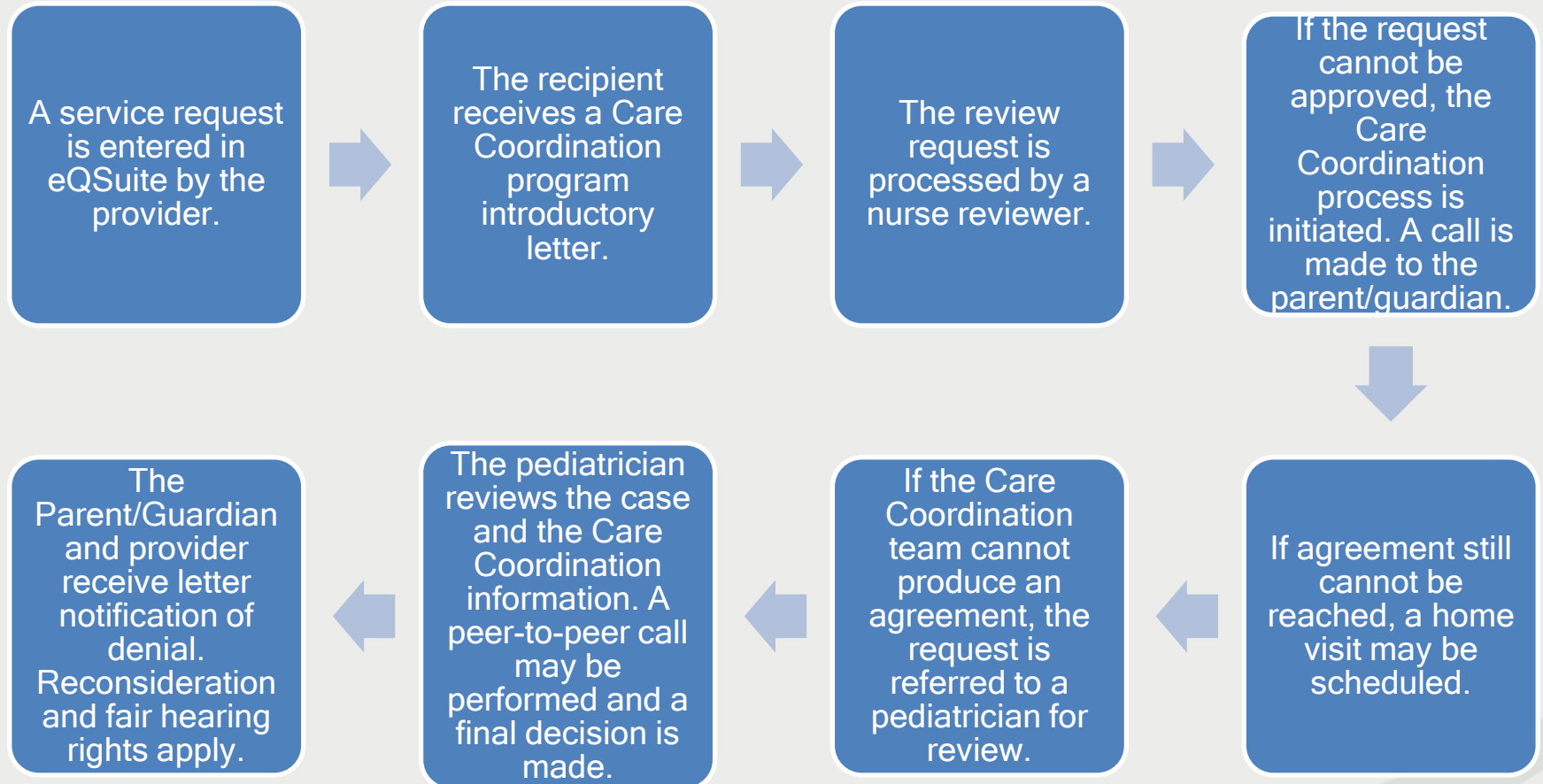
Request	Submission Timeline	Response
Initial request for services	Prior to the initiation of services	Care Coordinator will make initial phone call attempt to the family and send a welcome letter within <u>5 days</u> of the initial request for PDN services.
Initial request for services for a recipient being discharged from inpatient care	Upon initiation of discharge planning (prior to discharge)	The Care Coordinator will work with the hospital discharge planner <u>prior to</u> recipient leaving the hospital.
Request for Continued Services	Initiated by the Care Coordinator up to 30 days prior to the end of the current approval	Care Coordinator will schedule a multidisciplinary team meeting 30 to 45 days prior to expiration of the current authorization period.
Modifications	As soon as the need is identified	Care Coordinator will contact the parent to identify the need and follow up within <u>5 days</u> of receipt of the request.

# Personal Care Services

# PCS Care Coordination for an Initial Authorization Request

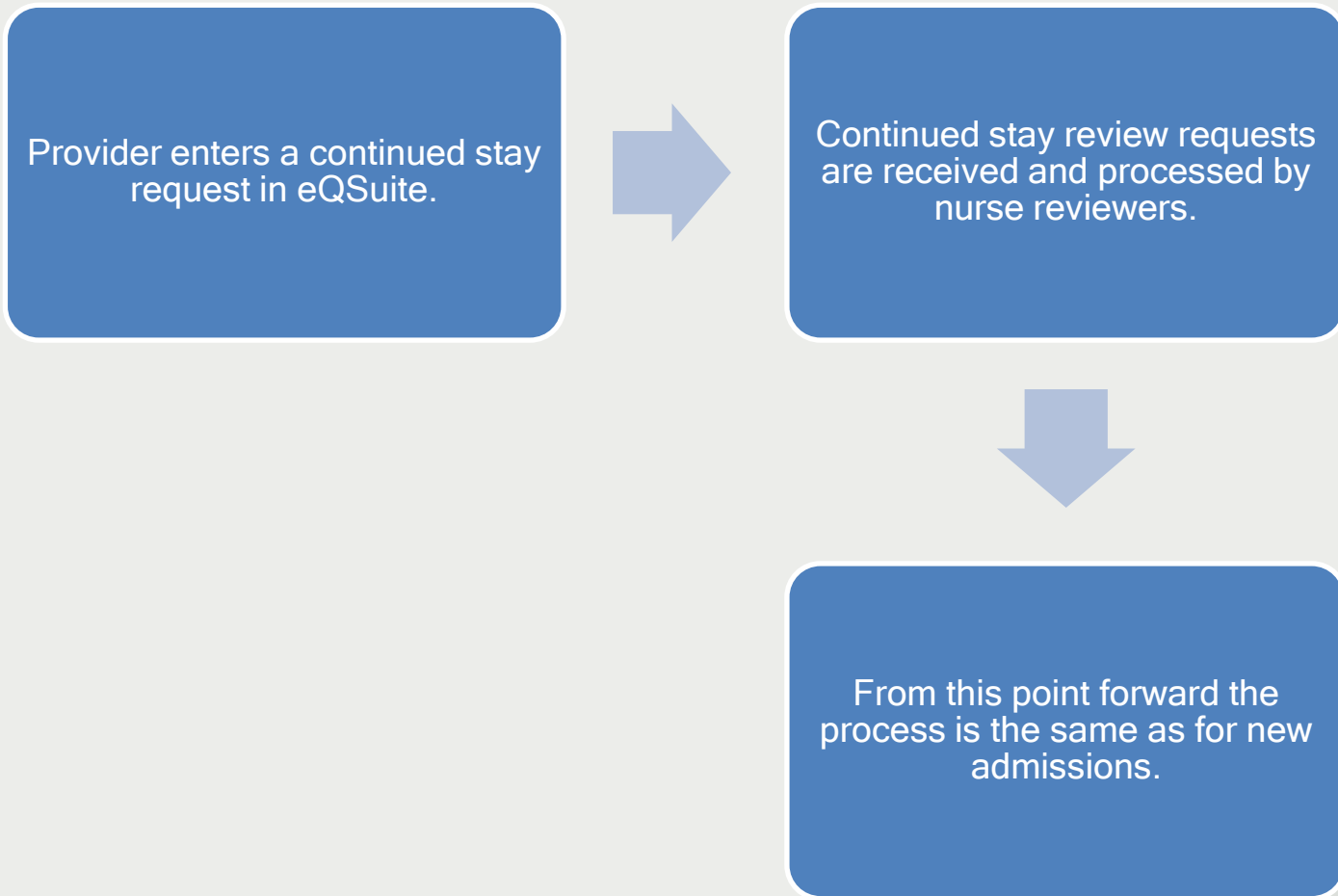


# PCS Care Coordination for an Initial Authorization Request that Cannot be Approved

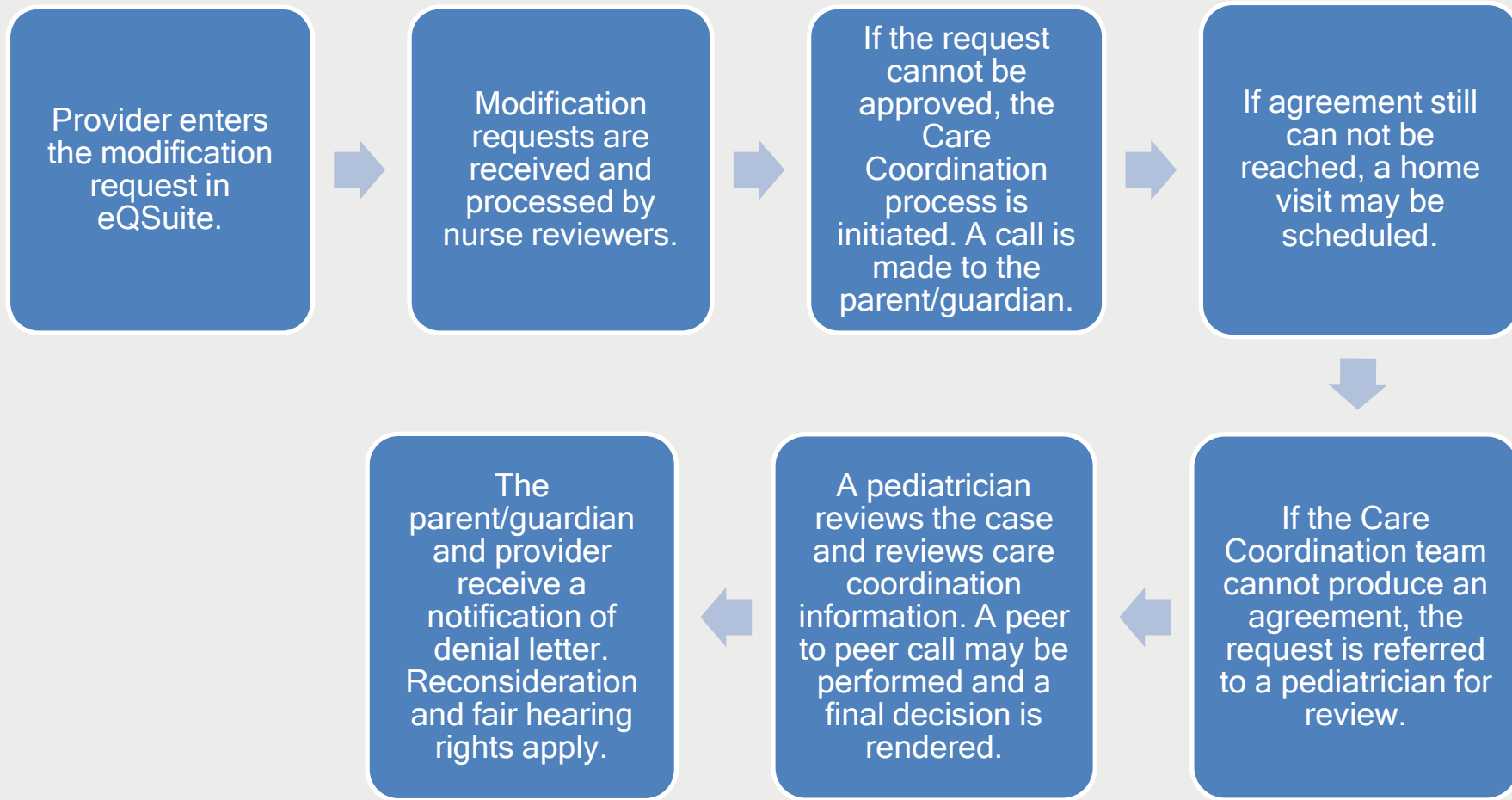




# PCS Care Coordination Continued Stay Request for Authorization



# PCS Modification Requests



# Referral Requests - PCS

Initial Request	Submission	Response
Initial Authorization	Up to 3 days prior to beginning services	If the service can be authorized, within <u>one day</u> of the request. If the service cannot be authorized, the Care Coordinator will contact the family within <u>5 days</u> of the request.
Initial Authorization for recipient being discharged from inpatient care	Prior to discharge	If the service can be authorized, it will be authorized within one day of the request. If the service cannot be authorized, the Care Coordinator will work with the hospital discharge planner prior to recipient leaving the hospital.
Reauthorization (continued stay)	Up to 10-15 calendar days prior to the end of the current approval	If the service can be authorized, within <u>one day</u> of the request. If the service cannot be authorized, the Care Coordinator will contact the family within <u>5 days</u> of the request.
Modifications	As soon as the need is identified	

# RETROSPECTIVE REVIEWS

- Retrospective reviews are only allowed for recipients who receive retroactive Medicaid eligibility.
- Retrospective reviews should be requested for services provided during the time period in which the recipient has been determined to be eligible.
- If services are currently being provided, submit an initial request for services instead of a retrospective review.

# Reconsiderations

Requests for reconsideration of an adverse determination (a denial in full or part of the services requested):

For recipients with PCS only:

- May be made by the recipient, parent/legal guardian, provider, or ordering physician.
- Providers may submit reconsideration requests in eQSuite.

For recipients with PDN or PDN/PCS:

- If consensus cannot be reached, a reconsideration may be requested by the recipient, parent/legal guardian or ordering physician.
- Reconsideration requests may submit reconsideration requests via phone, fax or mail.

Reconsideration requests must be submitted within 5 days of the adverse determination.

# Fair Hearings

Recipients or their legal representatives may appeal an adverse determination by requesting a fair hearing.

The request must be submitted within 90 days from the date of the adverse notification letter by calling or writing:

- The local Medicaid area office; or
- Department of Children Families Office of Appeals and Hearings

To continue services at the current level, until the Fair Hearing decision, the request must be made within 10 days of the denial.

# Required Supporting Documentation

- Supporting documentation is determined by AHCA policy and is required to substantiate the necessity of items or services.
- Supporting documentation requirements are posted on <http://fl.eqhs.org>.

# Provider Communications and Resources

➤ Customer Service:

885-444-3747

Monday-Friday, from 8 a.m.-5 p.m. Eastern Time

➤ Dedicated Florida Provider Website <http://fl.eqhs.org>

➤ Email communications to providers (Blast emails)

➤ Further assistance: Email: [pr@eqhs.org](mailto:pr@eqhs.org)



# Questions and Answers

*Thank-you for attending.*

*Your opinion is important to us.  
Please complete the survey that will  
appear on your screens at the end of  
the webinar.*