INTRODUCTION
TO
CARE COORDINATION

Revised March 2016

eQHealth Solutions

eQHealth Solutions

- eQHealth Solutions 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

- The Florida operations office is located at 5802 Benjamin Center Drive, Suite 105, Tampa, FL 33634.

eQHealth Solutions

eQHealth Solutions currently authorizes the following Medicaid services:

- Acute and rehabilitation inpatient
- Home Health visits, Private Duty Nursing (PDN), Personal Care Services (PCS) and Prescribed Pediatric Extended Care (PPEC)
- 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

Since April 1, 2013, eQHealth Solutions has provided a care coordination program for children receiving private duty nursing and/or personal care services.

Since April 1, 2014, eQHealth Solutions has provided a care coordination program for children attending Prescribed Pediatric Extended Care (PPEC).

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, prescribed pediatric extended care and/or personal care services.

Approach

Care Coordination for the pediatric population includes a combination of:

- Home visits/PPEC visits
- Telephone calls to recipients' families
- Recipient needs assessment
- Multidisciplinary team meetings

Benefits of Care Coordination

- The program is guided by a Care Coordinator in conjunction with the recipient's parent/guardian.

- The services provided are based on collaborative interaction between the Care Coordinator, recipient's parent/guardian, providers, ordering physician, pediatrician, specialists and other medical professionals.

- Since all services are coordinated, the recipient's entire "medical picture" is available for consideration in determining the appropriate services.

Benefits of Care Coordination

- Through Care Coordination, the recipient and their parent/guardian receive additional education, referral to other resources and interaction they would not receive through the utilization review process.

- Home visits/PPEC visits allow visual confirmation of the recipient's condition, the environment and additional information with which to identify appropriate services.

Multidisciplinary Team Meetings

Meetings will include:

- eQHealth Care Coordinator
- Recipient
- Parent/guardian
- Ordering physician or designee
- Other medical professionals (e.g. therapists, case managers)
- Home Health provider/PPEC 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/PPEC 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)
- Consumer Directed Care Plus (CDC+) Recipients
- Medicaid HMO- PPEC recipients only

Exclusions

Recipients who are:

- Members of a Medicaid HMO other than CMSN (except for PPEC recipients)
- Members of a Medicaid Provider Service Network (PSN)

Care Coordination Process

PDN, PDN/PCS,PPEC and PPEC/PCS:

- All recipients currently receiving PDN, PPEC PDN/PCS or PPEC/PCS services will receive Care Coordination

PCS only:

- All recipients currently receiving PCS only services do not receive Care Coordination

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,PPEC, PDN & PCS and PPEC & PCS

Care Coordination Process
Initial Request – PDN or PDN/PCS

Once the request is received, the Care Coordinator will:

- Contact the family
- Complete a needs 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 (if applicable)
- Identify additional needed resources

Care Coordination Process
Initial Request – PDN or PDN/PCS

- If the Care Coordinator cannot approve the services recommended based on medical necessity the review will be sent to an eQHealth Solutions physician reviewer for a decision.

- A peer-to-peer consultation will be held with the recipient's physician, if needed.

Care Coordination Process
Initial Request – PPEC or PPEC/PCS

Once the request is received, the Care Coordinator will:

- Contact the family
- Complete an assessment
- Schedule a PPEC 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 – PPEC or PPEC/PCS

- If the Care Coordinator cannot approve the services recommended based on medical necessity the review will be sent to an eQHealth Solutions 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 or PPEC, 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.

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.

Care Coordination Process Requesting PDN or PDN & PCS

- Home Health providers do not enter PDN service requests in eQSuite®.*
- Home Health providers do not enter the PCS requests for services if the recipient is also attending PDN.
- 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®.*

Care Coordination Process
Requesting PPEC or PPEC & PCS

- PPEC providers do not enter PPEC requests for service in eQSuite®.

- Home Health providers do not enter the PCS requests for services if the recipient is also attending PPEC.

- All requests for PPEC or PPEC & PCS services follow the Care Coordination process.

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

PDN, PPEC, PDN/PCS and PPEC/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 within 5 days 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 prior to 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 5 days of receipt of the request.

Personal Care Services

PCS Care Coordination for an Initial Authorization Request

- Initial PCS service requests for recipients also receiving PDN and/or PPEC services are faxed to eQHealth Solutions Customer Service at 855-245-7418
- The Care Coordinator managing the recipient will call the family and the PCS provider
- Clinical information will be reviewed by the Nurse Care Coordinator
- The review will be processed by the Nurse Care Coordinator
- Providers are notified of approval and authorization information by a letter as well as a phone call from Nurse Care Coordinator

PCS Care Coordination Continued Stay Request for Authorization

- Continuation of PCS services for recipients also receiving PDN and/or PPEC services are faxed to eQHealth Solutions Customer Service at 855-245-7418
- The Care Coordinator managing the recipient will call the family and the PCS provider
- Clinical information will be reviewed by the Nurse Care Coordinator
- The review will be processed by the Nurse Care Coordinator
- Providers are notified of approval and authorization information by a letter as well as a phone call from Nurse Care Coordinator

PCS Modification Requests

- Modification of PCS services for recipients also receiving PDN and/or PPEC services are faxed to eQHealth Solutions Customer Service at 855-245-7418
- The Care Coordinator managing the recipient will call the family and the PCS provider
- Clinical information will be reviewed by the Nurse Care Coordinator
- The review will be processed by the Nurse Care Coordinator
- Providers are notified of approval and authorization information by a letter as well as a phone call from Nurse Care Coordinator

Request that Cannot be Approved

- The Care Coordinator managing the recipient will call the family and the PCS provider
- Clinical information will be reviewed by the Nurse Care Coordinator
- A Home Visit may be scheduled
- If the Nurse Care Coordinator is not able to approve the request, the review will be sent to a pediatrician
- Physicians may conduct a peer to peer phone call
- For full or partial denial outcomes, the parent and provider are notified via a letter of reconsideration and/or fair hearing instructions

Recipients only receiving PCS

- Requests for PCS services for recipients not receiving PDN and/or PPEC services are entered by the provider through eQSuite® Portal
- Required documents are uploaded by the provider
- Nurse Reviewers will evaluate the clinical information
- If the request is approved by the nurse, the provider and parent/guardian is notified by approval letter
- If the nurse is not able to approve the request, the review is evaluated by a pediatrician
- Providers and parent/guardian are notified of partial and full denials by letter with reconsideration and/or fair hearing instructions

Referral Requests – PCS

Initial Request	Submission	Response
Initial Authorization	Prior to beginning services	If the service can be authorized, the request will be completed within one business day. If the service cannot be authorized, the Care Coordinator will contact the family within 5 days 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, the request will be completed within one business day. If the service cannot be authorized, the Care Coordinator will contact the family within 5 days of the request.
Modifications	As soon as the need is identified	

Due Process

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.

Reconsiderations (Cont.)

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

For recipients with PPEC or PPEC/PCS:

- If consensus cannot be reached, a reconsideration may be requested by the recipient, parent/legal guardian, provider 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

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.