HOW TO AVOID "PENDED" AUTHORIZATION REQUESTS FOR HOME HEALTH SERVICES

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Agenda

- Review of Home Health Service Requirements
- Top reasons for “pended” requests for authorizations
- Available resources
- Questions and Answers
- Survey

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Home Health Services - Definition

- Home health services are **medically necessary** services, which can be effectively and efficiently provided in the place of residence of a recipient.
- Services include home health visits (nurse and home health aide), private duty nursing and personal care services for children, therapy services, medical supplies, and durable medical equipment.

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Home Health Services - Purpose

- To provide *medically necessary care* to an eligible Medicaid recipient whose medical condition, illness, or injury requires delivery of care in his or her home place of residence.

- To provide services in accordance with AHCA requirements and the Plan of Care to treat the medical condition.
Medical Necessity

- Necessary to protect life, to prevent significant illnesses or significant disability, or to alleviate severe pain
- Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs
- Consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational;
- Reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide, and
- Furnished in a manner not primarily intended for the convenience or the recipient, the recipient’s caretaker, or the provider.
Additional Requirements

- Services must be ordered by and remain under the direction of the attending physician.
- Consistent with the individualized, written and approved plan of care.
- Provided by qualified staff, and
- Consistent with accepted standards of medical and nursing practice.
Required with the authorization request

- Physician order for services
- Plan of Care
- Physician monitoring evidence

The review can not begin until all the required documentation is received.
MOST COMMON REASONS FOR “PENDED” REQUESTS
Pended authorization requests cause a delay in the authorization determination which may result in:

- delay the initiation of needed services
- provision of non-reimbursable services
Common Errors:

✓ Not submitted with the authorization request

✓ Incomplete or untimely

✓ Submitted with an incorrect bar-coded fax cover sheet
Common Errors:

✓ Not signed and dated **prior to** the development of the POC

✓ Does not include all the required components
Physician’s Orders
Required Components

• Required prior to the development of the POC

• Must be a separate document from the POC

• Must include:
  ✓ Recipient’s acute or chronic medical condition or diagnosis that causes a recipient to need home health care.
  ✓ Documentation regarding the medical necessity for the service(s) to be provided at home
  ✓ The home health services needed
  ✓ The frequency and duration of the needed services, and
  ✓ The minimum skill level (nurse, home health aide) of the staff who can provide the service.
  ✓ Ordering Physician NPI/Medicaid ID#/Medical License Number

Any missing component will cause a request to “pend”
Common Errors:

- Not submitted on a CMS 485

- Not signed and dated after the Physician’s order and before submission of the request for authorization.*

- Does not include all the required components

- Is not consistent with the physician’s order

*a documented oral approval is acceptable for submission.
Plan of Care
Required Components

- Approval by the attending physician - Signed and dated by the physician prior to submitting the authorization request
- Diagnosis, mental status, prognosis, rehabilitation potential, functional limitations, permitted activities, nutritional requirements, medications and treatments
- An explanation of the medical necessity of home health services
- Nursing services, home health aide services, or therapy to be provided
- Medical supplies, appliances, or durable medical equipment to be provided
- Start date, end date and frequency of in-home services, including the level of staff necessary to perform the services required.
- Safety measures to protect against injury
- Discharge plan
- Expected health outcomes

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Plan of Care
Additional Requirements

Must be:

✓ Consistent with the physician’s order
✓ Specific and individualized for the recipient
✓ Reviewed every 60 days

Subsequent POCs must:

✓ Include an assessment of all changes in the recipient’s medical conditions, including ADL, since the previous POC
✓ Must be signed by the ordering physician
Plan of Care

Required Components

Example:

Functional Limitation: Limited mobility
DME: None documented

Pended:

How does the patient ambulate? Does he/she use a cane? Walker? Please describe
Plan of Care
Required Components

Example:

Recipient is “homebound”
Explanation: None

Pended:
Clearly outline why the recipient is homebound.
Plan of Care
Inconsistent with Physician Order

Examples:

Physician Order: 1/day x 60 days
Request: 5/wk x 9 weeks

Physician Order: dx = Osteoarthritis, Hypertension
Request: dx = Urinary Incontinence, Alzheimer’s, Osteoarthritis
Covered Services

Common Errors:

- Requests for services not reimbursable by Medicaid
Generally, Medicaid does not reimburse for the following services under the fee-for-service Home Health program:

- Audiology services
- Housekeeping, homemaker, and chore services, including shopping
- Meals-on-wheels
- Mental Health and psychiatric services
- Normal newborn and postpartum services, except in the event of complications
- Respite care
- Baby sitting
- Services which can be effectively and efficiently obtained outside of the home without an medical contraindications
- Services to a recipient residing in a community residential facility when those services duplicate services the facility or institution is required to provide
- Services rendered to a recipient enrolled in hospice when the services are related to the treatment of the terminal illness or associated condition.
- Social Service
- Transportation services
- Escort Services
- Home health visits furnished by parents, grandparents, stepparents, spouses, siblings, sons, daughters relatives or any person with custodial or legal responsibility for the recipient unless otherwise indicated in the Home Health Services Coverage and Limitation Handbook.
- Respiratory therapy
- Nursing assessments related to the POC
- Attending physicians, support coordinators or case managers for certifying the POC
- Medication Management by a nurse
- Medication compliance monitoring
- Behavior management
Example:

- Request for “companion care” for an elderly recipient.

- Request for hours to “give the caretaker a break”
Functional Limitations

Common Error:

- The functional limitation is not consistent with the request
Example:

Functional Limitation: Bedbound
Living Situation: Lives alone
Request: One visit (4 hours), HH Aide/day

Pended:
If the patient lives alone and is bedbound, how does he/she function during the other 20 hours?
Responding to Requests for Additional Information

Common Error:

- Submitting an incorrect document (Example: sending a POC when a physician order is requested)
- Sending multiple documents with a single bar-coded fax cover sheet.
- Sending a document with the wrong bar-coded fax cover sheet.

*Always respond quickly and accurately to requests for additional information.*
Inability to Complete a Required Recipient Home Visit (Miami/Dade)

Common Error:

- Failure to verify recipient contact information when submitting the request
- Unwillingness to assist in contacting the recipient

*If the visit cannot be completed, the case cannot be reviewed.*
RESOURCES
The following handbooks, manuals and guides can be viewed/download on our website, [http://fl.eqhs.org](http://fl.eqhs.org), Provider Resources:

- eQSuite Users Guide – Home Health Services
- eQHealth Home Health Services Provider Manual
- Link to the AHCA Provider Handbooks
The following documents and forms can be found on our website, http://fl.eqhs.org, Home Health Provider Resources, Forms and Downloads:

– Home Health Service Supporting Documentation
– Physician Visit Documentation
The following documents and forms can be found on eQSuite:

- Medical Necessity Criteria for Home Health Aide Initial Authorization Request
- Medical Necessity Criteria for Home Health Aide Continued Stay Request.
QUESTIONS AND ANSWERS