Resources for HPSM Home Health Care Providers

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Presenters

Introduce yourself!

Reflecting on the last two years, what are some of the biggest challenges or opportunities that you didn't expect?

1ST CHOICE HOME HEALTH , ALLIANCE HOME HEALTH, AMEDISYS HOME HEALTH CARE, ANX HOME HEALTHCARE, BAYHEALTH INC, BLIZE HEALTHCARE, CARELINK HOME HEALTH AGENCY, ELITE CARE HOME HEALTH, HOME HEALTH BAY AREA, NEW HAVEN HOME HEALTH AND HOSPICE, SEQUOIA HOME HEALTH, STAFFING HOMECARE, SUTTER VISITING NURSE ASSOCIATION, TRUEMED, BEST HOME HEALTH.

Presenters

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Agenda

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This presentation will cover:

- How members qualify for home health care services
- Supporting clinical information required by the health plan
- How to submit request prior authorization for some services
- What correction requests are and when to use them
- How to care for HPSM homebound members

How Members Qualify

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Patients qualify for home health care services if they are:

- An active HPSM member
- Homebound
- Under the care and under an established plan of care reviewed by a physician or allowed practitioner
- In need of skilled nursing, physical therapy, occupational therapy and/or speech therapy

Required Supporting Clinical Information

To qualify a member for home health care services, Medicare requires that providers submit these documents:

- For an initial request, submit a Narrative Report/Summary of SOC Visit
- For a re-authorization request (recertification), submit a Narrative Report/Summary of Recertification Visit
  - Recertification visit is done during the last five days of the previous certification period

Requesting Prior Authorization

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Unique authorization rules apply for some home health care services. All services requiring prior authorization must be authorized before providing the service except for services that are necessary on an emergent or truly urgent basis. Please note that authorizations are created per certification period.

Keep in mind:

1. Check the Prior Authorization Required List to see if the service requires prior authorization
2. Complete and submit a Prior Authorization Request Form.

Correction Requests

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A correction request is appropriate when the following have been identified:

- A change in condition (including a new event requiring skilled care)
- The treating practitioner has ordered a change in treatment and frequency

Hospital Discharge Orders: Please coordinate and confirm with the referral source that orders have been received and the start of care visit will be scheduled within a reasonable time after hospital discharge. This should alleviate duplicative start of care visits.

Timely Submission: We encourage providers to submit initial requests within seven calendar days from the start of care visit. Utilization Management (UM) is unable to make corrections on denied authorizations.

Caring For Homebound Members

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You can request home care services for a member in three steps:

1. Visit the HPSM member to start care and conduct an assessment within 48 hours of receiving a physician's order.
2. After the start of care visit has been conducted, compose a care plan for the entire 60 day certification period. Find
3. Fax the request form to HPSM within seven days from start of care.

Online Resources

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HPSM Home Health Care Provider webpage

https://www.hpsm.org/provider/resources/home-health-care/

Medicare Benefit Policy Manual - Chapter 7: Home Health Services

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf

Q+A

Have questions? Now’s your chance!

Conclusion

Did we cover what you were hoping to get out of this presentation? If not, please let us know in the chat what you'd like for us to cover next time!

For additional questions, concerns, or suggestions, please contact **PSInquiries@HPSM.org.**

Thank you!

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