



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080
tel 650.616.0050
fax 650.616.0060
tty 800.735.2929 or dial 7-1-1
www.hpsm.org

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Upcoming Changes to Home Health Care Processes

Dear provider,

The Health Plan of San Mateo (HPSM) is reaching out to home health care providers to update them on two important changes. These changes will better support providers and streamline HPSM processes. HPSM’s Utilization Management team is currently reaching out to provider offices to explain these changes.

Update #1: Change to HPSM’s authorization correction request process for home health services

Here is what is changing:

Current Process	Process After November 1, 2024
Currently, authorization correction requests are submitted via fax or provider portal on the regular Prior Authorization Request Form.	Starting November 1, authorization correction requests should be submitted via fax using the Authorization Correction Form for home health services form, available here: https://www.hpsm.org/docs/default-source/provider-forms/authorization_correction_form.pdf

Please note: Request additional visits if there is a change in the members’ condition. You can use the new form when additional visits are needed within the certification period.

Providers can continue to make initial authorization requests via fax or the provider portal. Correction requests can only be received via fax.

Update #2: Process Enhancements

Follow these four guidelines to ensure home health requests are authorized within a reasonable timeframe.

1. Timeliness: To authorize home health requests, home health agencies should provide their initial request within 48 hours upon receipt of the orders from the referral source (hospital, skilled nursing facilities (SNFs), MD's office, etc.).

2. Appropriate Documentation: Please include the following documentation in the initial request:

- Clinical documentation such as home health orders.
- History and physical (hospital/SNF discharges).
- MD's progress notes (MD/specialist referrals).

3. Suggested Number of Visits: Here is what HPSM suggests for **initial visits**. Providers may request additional visits based on the member's progress or status.

Cerebral Vascular Accident (CVA)	Occupational Therapy: 1 – 6 visits Physical Therapy: 1 – 10 visits
Non-wound care, non-ortho	Home Health Aide: 2 – 4 visits MSW: 1 visit Occupational Therapy: 1 – 3 visits Physical Therapy: 1 – 6 visits Skilled Nursing: 1 – 6 visits Speech Therapy: 1 – 3 visits
Ortho (joint replacement, fracture)	Occupational Therapy: 1 – 4 visits Physical Therapy: 1 – 8 visits
Wound care, wound vac	Skilled Nursing: 7 – 14 visits

4. Process Enhancements for Reauthorization: Home health agencies should include the following clinical notes or justification:

- Start of Care (SOC) Outcome and Assessment Information Set (OASIS).
- Plan of Care (POC) (485).
- Reason for extension, attached order.

- Reason why patient is not safe to be transitioned to outpatient PT.
- Physician's Order (PO) for any additional discipline.
- *For wound care only:*
 - Attached most recent wound measurement.
 - Document the availability of Primary Caregiver (PCG).
 - Name of wound care center/wound care specialist or podiatrist managing the wound (if any) and indicate the date member was last seen.

Check out resources for home health care providers here:

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

Please direct questions regarding this notification to HPSM Provider Services at PSInquiries@hpsm.org.

Thank you,

The Health Plan of San Mateo