Amerigroup
An Anthem Company

Home Health and private duty nursing updates

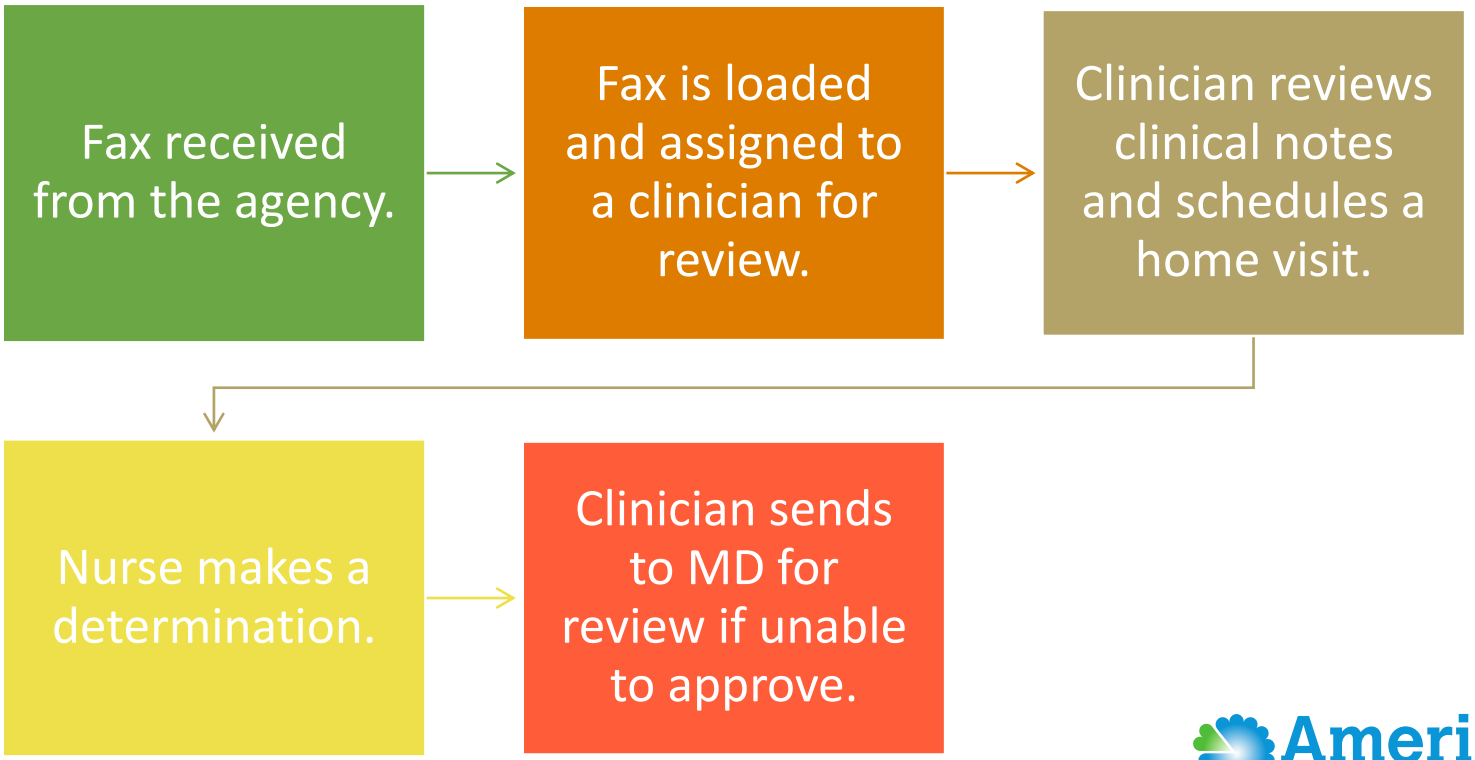
2020 Provider information expo

Agenda

- Authorization process
- Appeal process
- Transition to 21
- Missed visits
- Home Health forms

Amerigroup Community Care - process for obtaining an authorization

When obtaining an authorization for hourly services – codes: T1000, S9122, S9123, S9124
Approximate time for a decision – up to 14 days or longer if unable to contact the member for a home visit



Amerigroup
An Anthem Company

Appeals and administrative law judge hearing process

Time frames for filing an appeal	Additional reviews	Decision not overturned
• 10 days from date of denial letter • Total of 60 days from date of denial letter to appeal	• MD from Amerigroup reviews the appeal. • If not overturned, then TennCare reviews the appeal.	• LSU (Legal Solutions Unit) schedules a hearing date. • Hearings are held by phone, but can be done in person.

Amerigroup
An Anthem Company

Transition to 21 — (T21) highlights effective January 1, 2018

- Purpose of the program: Work with members (age 18 to 21) over the adult benefit limit to transition them to an appropriate plan of care, including ~~including~~ Employment and Community First CHOICES (ECF CHOICES) and TennCare CHOICES (CHOICES).

- **Adult benefit limits**:
  - 16 hours a day of skilled nursing for members on ventilator at least 12 hours a day
  - 10 hours a day of skilled nursing for members with trach with suctioning, oxygen, nebulizer treatments, tube feeds/TPN, or medications via g-tube or PICC line/port
  - 24 hours a day of skilled nursing
  - 35 hours of home health aide

- In-home meetings will be held to include Amerigroup, the family, member and agency, and education is provided to members at each age group (18, 19, 20, 21) with specific milestones that Amerigroup is responsible to meet.

- The goal is to educate members and families to be prepared for the change in benefits when the member turns 21, and ensure members have the opportunity to understand what other programs are available (ECF CHOICES, CHOICES).

- Changes: Department of Intellectual and Developmental Disabilities (DIDD) population is included in the T21 process but is not eligible for the waiver programs.

Amerigroup
An Anthem Company

Transition to 21 — Working together during the transition process

- Understand the transition program and help educate members, families and home health staff.
- Attend in-home meetings to understand timelines and expectations during the process.
- Support the member during the transition process to make an informed decision.
- Reach out to the MCO if there are any questions about the transition process.
- When the denial notice is issued, and there is an agreed upon plan of care, the agency should take this as a cue that the member will either have services reduced (if no appeal is filed) or eligibility will be changing to the waiver program ECF CHOICES/LTSS

Amerigroup
An Anthem Company

Missed visits effective January 1, 2019

- Home health agencies and members must have a back-up plan for missed visits.
- The back-up plan should trigger as soon as an agency learns a missed visit is in progress or will take place.
- Agencies must report missed visits within **three** calendar days by submitting a completed *Home Health Missed Visit Form*.
- If there is no back-up plan in the home or if a member refuses two or more qualified home health staff members, please call Amerigroup immediately. Phone numbers are on the *Home Health Missed Visit Form*.

Amerigroup
An Anthem Company

Home Health Forms – Plan of Care Agreement

Plan of Care Agreement Form

- Done on initiation of service
- Submit via fax to MCO
  - With prior authorization request
  - As additional clinical post-intake visit
  - Upon resumption of care when necessary
  - Annually

Amerigroup
An Anthem Company

Home Health Forms – Training Checklist

Initial Member/Caregiver Training Checklist

- Submitted within 60 days of an initial private duty nursing approval
- Only submitted for new services
- Reviewed and submitted annually
- Submitted upon training and caregiver changes

Recertification Member/Caregiver Training Checklist

- Submitted with all recertification

Amerigroup
An Anthem Company

Home Health Forms – Agency Plan of Care

Initial Member/Agency Plan of Care Form

- Submitted within 30 days after the initial assessment, new orders and annually

- **24-hour Schedule** – This schedule will be completed to determine who is responsible for the completion of task for the member's care for 24 hours. If the schedule changes, this form would need to be filled out and faxed in with the next requests for authorization. If the form isn't completed on the initiation of services, fax the MCO with the information obtained. The expectation is the form will be completed within 30 days of initiation of services.

Amerigroup
An Anthem Company


Amerigroup
An Anthem Company