Home Health Care Provider Training

Presented by
New Mexico Medicaid Utilization Review
Blue Cross Blue Shield of New Mexico
2009
Medicaid Utilization Review

- Blue Cross Blue Shield of New Mexico (BCBSNM) is contracted by HSD/MAD to review prior authorization requests for recipients who are not enrolled in managed care.
- The department responsible is known as New Mexico Medicaid Utilization Review (MUR).
Medicaid Utilization Review

- Services reviewed include (but are not limited to):
  - Nursing Facility/Long-Term Care
  - Durable Medical Equipment
  - Emergency Medical Services for Aliens
  - Inpatient Rehabilitation
  - DD and D&E Waivers
Medicaid Utilization Review

- MUR works closely with other state agencies, including the Department of Health and the Aging and Long-Term Services Department.
- MUR also works closely with ACS, the Medicaid fiscal agent.
Sending Prior Authorization Requests

US Mail
- P.O. Box 27950
  Albuquerque NM  87125-7950

Delivery services (e.g., FedEx)
- 4373 Alexander Boulevard NE
  Albuquerque NM  87107

Hand Carried & Drop Box Submissions
- 4373 Alexander Boulevard NE
  Albuquerque NM  87107

Fax Server  1-800-746-7292
- Fax-driven database that can accept requests for a number of reviews, including DME
Eligibility

- Medicaid Utilization Review does not provide eligibility information.
- It is the provider’s responsibility to verify eligibility.
  - Refer to Medical Assistance Division Program Policy manual – Section 8.302.1.11.A.
Home Health Care

- The focus of these services is to assist the recipient in returning to an optimum level of functionality.
- There must be a need to receive care at home, as certified by the attending physician.
- Services must be skilled, intermittent, and medically necessary to be considered for authorization.
Documentation Requirements
Home Health Care

- Requests must be submitted on an MAD-301.
- Include the plan of care for the certification period
- Provide any pertinent medical information to support your request
Documentation Requirements
Home Health Care - Initial

- Initial requests must be received by Medicaid UR within ten calendar days of the start of care.

  - Required documentation
    - MAD 301
    - Plan of Care
    - Pertinent Medical Records
MAD 301

Fields Required for Processing

- Agency name, address and provider number
- Patient name, DOB, Sex
- Patient Social Security number and/or Medicaid number
- Patient Status
  (there are no readmissions)
MAD 301 continued

- Attending Physician’s Name
- Diagnoses
  (preferably NOT codes-as this slows down the review process)

- Services Requested
  - certification periods must be in 2 month periods
MAD 301 continued

- Services Requested (continued)
  - Must match or be within the certification period on the Plan of Care.
  - Visits requested must match or be equal to or less than the requested visits on the Plan of Care.

- Signature of Home Health Agency Representative
Plan of Care

Required fields
- Certification period
- Patient & Provider’s Identifying Information
- Diagnoses
- Orders (specific amt/frequency/duration) for each discipline
- Medications
Example of Orders

- SN 1w2, 2w2, 3w5 (for two month certification period = 9 weeks)
  1 visit weekly for 2 weeks
  2 visits weekly for 2 weeks then
  3 visits weekly for 5 weeks
Total of 21 visits for certification period. MAD 301 should reflect this # if requesting for all of the certification period.
Example of Orders

- SN 1-2w9
  
  When a range is given (1-2 visits weekly), then request for the highest amount of visits that may be used.

  2 visits weekly for 9 weeks equals 18 visits for the certification period.

  (you will bill for visits actually given)
Plan of Care - continued

- Specific Description of Treatment Plan
- Goals/Rehab Potential/Discharge Plan
- Nurse signature & date of Verbal Order or MD signature & date.
Additional Documentation

- If requesting services for Therapies, each discipline must be addressed on the Plan of Care. Also must include an Initial therapy evaluation with a functional assessment and measurable goals.

- If requesting services for Skilled Nursing care, the documentation should support the criteria.
Other Documentation - continued

Submit documentation to assist the Nurse Reviewer/Peer Consultant to make a determination.

For example: if requesting SN services for wound care, the ideal documentation would contain:

- Stage (if pressure ulcer)
- Measurements (including depth)
- Treatment plan/orders
-Condition of wound (infected, macerated, indurated, description of drainage)

These issues are all taken into account when determining if the visits requested are reasonable.
Other Documentation - continued

- Other helpful documentation:
  - dates of procedures, treatments or surgeries
  - documentation of falls, fractures or new diagnoses
Re-certification

- All documentation for the initial holds true for the recertification, but if therapies are being requested for the recertification, then the following is required:
Re-certification - continued

- A patient re-evaluation should include for each discipline a functional assessment & documentation to support progress towards current goals, goals met or any new goals set.
Re-certification-continued

- Requests for continued certification must be received by Medicaid UR within 10 calendar days of the recertification period.
Peer Consultant Referrals

- If the Nurse Reviewer determines that the abstract does not meet the criteria or the visits requested exceed the recommended guidelines, then the review is submitted to the Peer Consultant (Physician) for review.

- The PC can approve, reduce visits or deny the request.
Peer Consultant Referrals—continued

- In the case of a denial, MUR will issue a Due Process Letter to the Provider and the Recipient.
- The Peer Consultant can reduce visits for medical reasons such as requested visits exceed recommended guidelines or the documentation does not support the number of visits requested.
Late Submissions

- If a review is received later than 10 days from the start of service, it is considered late.
- Nurses can reduce visits and adjust certification timeframe for late submissions. The amount of visits approved and dates certified will depend on how many days the review is late.
Late Submissions - continued

- If the late would cause visits to be greatly reduced or no visits given, the Nurse Reviewer will send a Communication Form to the provider instructing them to contact MAD to request a retro review.

- If MAD approves a retro review, then MUR processes the review without penalty of reduced visits.
Pending Submissions

- A Pending submission is requested for recipients that do not currently have Medicaid.
- If the review is approvable, MUR will send a “Pending Recipient Medicaid Number” form to be completed by the provider. Upon receipt of eligibility, MUR will issue an authorization number.
Pending submissions - continued

- If more information is requested, the submission will be returned for additional information along with a “Pending Recipient Medicaid Number” form. The provider should respond with verification of eligibility and the information requested.
Pending Submissions - continued

- Visits are not assigned until recipient becomes Medicaid eligible.
- Timeliness rules still apply for pending submissions.
Additional Information

- An evaluation visit does not require a prior authorization.
- PRN visits are not a covered benefit.
Additional Information - continued

- Effects of Hospitalization during certification period:
- If recipient has a significant change in their condition or course of treatment the home health agency must treat the recipient as a new patient and submit a new prior authorization request and a new plan of care.
Additional information - continued

- Effects of Hospitalization during certification period:
  
  - If there is no significant change in the recipient’s condition or course of treatment, an agency may resume care under the existing plan of care. (Which would not require an additional submission to MUR)
Requests for additional visits must be received within 5 calendar days from the first additional visit. Required documentation for additional visits must contain an MD order and documentation to show medical necessity.
If the recipient is a participant in the COLTS program, the PA request will be returned to the provider. The provider must submit through the MCO.

Put all diagnoses on the 301 and the Plan of Care. Putting one diagnosis limits the amount of visits the recipient may be eligible for.
Re-Review Process

- Based on MAD regulations, this request must be received within 10 calendar days from the date of the denial letter.

- This request must have additional medical/clinical information (that is in addition to the initial information submitted) in order to meet the requirements for the re-review process.
Reconsideration Process

- This request must be received within 30 calendar days from the date of the re-review denial.
- This request must have additional medical/clinical information (that is in addition to the initial and re-review information submitted) in order to meet the requirements for the reconsideration process.
Reconsideration Process - continued

- If you are unable to request a re-review within the mandated ten-day time frame, you may request a reconsideration (without benefit of a re-review).
- Your request must be received within 30 days of the date of the original denial letter; please indicate that your request is for a reconsideration.
The Fair Hearing Process

- This request is administered through the Administrative Hearings Bureau.
- This is the appeal process that a recipient may utilize.
Data Entry

- All reviews are entered into the Medicaid Utilization Review system and transmitted daily to ACS.
Customer Service

- 800-392-9019 (number is valid both in- and out-of-state)
- Customer Service hours are 8:00 a.m. to 5:00 p.m., Monday-Friday.
- ACD (Automatic Call Distribution) allows calls to be handled in the order received.
- MUR may be contacted via the Internet at
  - NMMedicaid_UR@bcbsnm.com
Following up on Submissions

- If you are calling to see if your review has been completed, please be sure to allow time for mail to reach us. Based on our contract with HSD/MAD, we have 8 calendar days to complete your request.

- Our imaging system allows Customer Service to see if your review has been received and is in process.
Forms Requests

- Forms are no longer available through customer service.

- You can download blank forms (including justification forms) from the Web site.
Program Policy Manual Online

- http://www.hsd.state.nm.us/mad/policymanual.html
Medicaid UR Website

The Medicaid UR website is located at:

http://bcbsnm.com
Trust... in your power to weather the storm

Are you facing employment changes?

When your life is changing, you need someone you can depend on by your side. We offer individual and family health plans to help you through this time of transition.

Get the Health Care Coverage You Need

Individual Coverage
- Coverage options for individuals and families. Learn more
  - Individual health care options
  - Temporary health coverage
  - Get a rate quote now

Are you a returning shopper?
If you've already received a rate quote or started an application, log in here.

Medicare Products
- Coverage options for individuals eligible for Medicare. Learn more
  - Medicare Supplement
  - BlueMedicare PPO SM
  - BlueMedicareRx SM

Medicaid Plans
- BlueSalud SM
- Premium Assistance for Kids (PAK)

Provider Finder®
Search for doctors, dentists, hospitals, and other health care providers with Provider Finder.

Search by Name

Provider, Clinic, or Group

Search by Location

Address, City, State, or ZIP Code

Find

Large Groups
If you are a member of one of our largest groups, select your group name:
- Choose One -

Quick Help
- Prescription Drugs
- Health and Wellness

News and Updates
- Join the Making Strides Against Breast Cancer Walk on Sunday, April 28
- Five Steps to Safer Health Care: Learn how to "Take Five"
- Find wellness tips and expert advice @bcsmultibevol.com
Welcome, Providers

News and Updates
- Availity Webinar Training Schedule - March 03/03/09
- NPI Edit Update Notification Effective March 3, 2009 02/27/09
- Electronic Remittance Advice (835) Update 02/27/09
- Medicaid BlueSalud - Urgent Care Services 02/18/09
- March Provider Webinar Training Schedule 02/13/09

Electronic Commerce
- Availity LLC
- Clear Claim Connection
- EDI Format Specifications
- EDI/ESA FAQs
- EDI/ESA Forms
- Electronic Commerce Alerts
- Electronic Transactions
- HealthXNet
- Online Transaction Tip Sheets

Provider Library
- Provider Reference Manual (PRM)
- PRM Changes/Updates
- Medical Policies
- Draft Medical Policies
- Newsletter (Blue Review)
- Forms
- NPI
- Interactive Voice Response (IVR) System
- FAQs
- Become a BCBSNM Provider

UM/QI/Medical Management
- Preventive Health Guidelines: Adult, Children, and Prenatal
- Clinical Practice Guidelines: Asthma, Diabetes, Hypertension, Depression
- Blue Care Connection® Disease Management Programs
- Diabetes Guidelines
About Medicaid Utilization Review

Our Mission Statement

To provide state-of-the-art professional Medicaid utilization review services in a timely, accurate, efficient and cost effective manner to our customers.

To detect and report quality of care concerns within the limits of our contracted authority and resources.

To detect and report fraud and abuse concerns within the limits of our contracted authority and resources.

To be or become an expert resource in these areas:

- Medicaid utilization review operations
- Utilization review data/information interpretation
- Clinical standards of practice
- Quality review operations
- Use of information technology in medical review

What We Do

- We perform reviews for a wide variety of services, including nursing home care, waiver services, durable medical equipment.
- We participate in provider training sessions.
Medicaid UR Review Types

Blue Cross and Blue Shield of New Mexico (BCBSNM), serving as the Medicaid Utilization Review contractor, works within time frames required by the Medical Assistance Division (MAD). These time frames are based on the BCBSNM contract with MAD and/or the regulations as stated in the MAD Program Policy Manual.

For more information about a review type, select from the list below:

- Contact Lens
- Dental Services
- Durable Medical Equipment
- Emergency Alien Services
- Hearing Aids
- High-volume, High-dollar Procedures, Surgical
- Home and Community-Based Waivers (medically fragile, disabled and elderly, AIDS and AIDS-related complex, developmental disabilities)
- Home Health Care
- Inpatient Rehabilitation Hospital
- In-state Transplant
- Intermediate Care Facilities for the Mentally Retarded
- Nursing Facility
- Nursing Facility – PACE
- Nursing Facility – PASRR
- Out-of-state Medical
# Medicaid UR Forms

Our most frequently requested forms are available in Adobe Acrobat PDF and Microsoft Word. Download the appropriate form, print the form, fill it out, and mail it to:

Medicaid UR Dept.
Blue Cross and Blue Shield of New Mexico
P.O. Box 27950
Albuquerque, NM 87125-7630

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<th>Form Name</th>
<th>File Format</th>
<th>Description</th>
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<tr>
<td>MAD 046</td>
<td>Individual Service Plan Waivers</td>
<td>PDF 293KB</td>
<td>Includes AIDS and AIDS-Related, Developmental Disabilities, Disabled and Elderly, Medically Fragile.</td>
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<td>MAD 056</td>
<td>EPSDT Personal Care Service Plan</td>
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<td>MAD 098</td>
<td>Disabled &amp; Elderly Individual Service Plan Waiver</td>
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<td>MS Word 294KB</td>
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<td>MAD 301</td>
<td>Home Health Care</td>
<td>PDF 223KB</td>
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<td>MAD 302</td>
<td>Contact Lenses</td>
<td>PDF 25KB</td>
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<tr>
<td>MAD 303</td>
<td>Durable Medical Equipment (with medical justification forms, see list below):</td>
<td>PDF 82KB</td>
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# Prior Approval Request

**Medical Assistance Division**
PO Box 2348 Santa Fe, NM 87504-2348

Send PA Requests to:
NM Medicaid U/R
PO Box 27950
Albuquerque, NM 87125-7950
1-800-392-9019

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<tr>
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<th>Recipient's Address - Street/PO Box/R. Rt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>If in Care Facility, give name</th>
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Provider, Pharmacy, etc., Name, Address, Zip Code

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<th>Ordering Physician's Name, Address, Zip Code</th>
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<th>Ordering Physician Phone No</th>
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**Request for Treatment, Equipment or Service**

[ ] RENTAL

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Other:
**Contact Medicaid UR**

**Mailing Address:**
Medicaid Utilization Review
P.O. Box 27950
Albuquerque, New Mexico 87125-7950

**Customer Service Toll-free Phone:**
1-800-392-9019

**E-mail:**
E-mail us at NMMedicaid_U@bcbsnm.com

**Courier Delivery (FedEx, UPS):**
4373 Alexander Boulevard NE
Albuquerque, New Mexico 87107

**Hand-Carried Reviews:**
Deliveries to the Alexander Blvd. address can be signed for by security personnel between 6:30 a.m. and 5:00 p.m. If you require copies of the signed receipt, please bring extra forms for security to sign, as they cannot make copies. No signatures will be available for abstracts left in the drop box.

**Drop Box:**
Effective March 1, 2006, abstracts can be dropped off at the Alexander Blvd. location. The drop box will be available 24 hours a day. All packages must be in a sealed envelope to comply with HIPAA regulations protecting PHI (Protected Health Information), SPI (Sensitive Personal Information), and to keep documents appropriately separated.

All mail received at this location by 3:00 p.m. each day will be processed as received that same day. Mail received after 3:00 p.m. will be processed as received the next business day. The drop box will be checked at 3:00 p.m. each business day and any contents present at that time will be date-stamped as received for that business day.
Time for Your Questions

- Thank you for your time and attention!
- Please take the time to complete our Provider Training Evaluation Form and fax to (505) 816-3650.
Medicaid UR Provider Training Evaluation

Session Name: Home Health Care Webcast  Date: ___________________

Where applicable, please circle the number that most closely matches your experience in this training:

<table>
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<th>Strongly</th>
<th>Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly</th>
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I will be able to directly apply the material in this training to my day-to-day job performance.

This training will positively impact my ability to do my job successfully.

I learned things in this training that were either new to me or clarified my understanding of the process and requirements.

The training content answered all of, or the most critical of, my questions regarding this subject.

The instructor was knowledgeable and well prepared for the training session.

This Webcast format is a good alternative to in-person training.

The training provided via Webcast produced a positive learning environment.

Would you like to see additional provider education using the Webcast format?

Yes  No

I would enhance this training by: __________________________________________

Additional Comments:

THANK YOU for your participation and feedback!

Please fax completed form to (505) 816-3650