

PacificSource Medicaid Home Health Process and Procedure

Initial Certification
<p>1) Following submission of a preapproval request for home health services, we will make a coverage determination <i>within Oregon Health Plan regulations</i>.</p> <p>To ensure members receive needed care while the request is under review, a home health agency may perform an initial assessment and up to two additional home visits regardless of discipline.</p> <ul style="list-style-type: none"> • If the authorization is <i>denied</i>, the home health agency will bill us for the initial assessment and up to two visits. • If a decision cannot be made within three business days, services rendered will be approved up to the date a decision is made.
<p>2) When the agency submits a preapproval request for services to PacificSource Community Solutions, the following pertinent information is required:</p> <ul style="list-style-type: none"> • Initial evaluation with homebound status and physical assessment, • Plan of care/treatment; and • Progress notes pertaining to home health agency services rendered (i.e., physical therapy, wound care).
<p>3) Once a PacificSource Community Solutions Health Services Representative receives the above information, they submit it to the PacificSource Community Solutions Nurse Case Manager for review.</p>
<p>4) The PacificSource Nurse Case Manager completes the following:</p> <ul style="list-style-type: none"> • Reviews the information submitted by the home health agency provider, • Reviews the member's electronic medical record (EMR), if available, for further information of last primary care provider visit, hospitalization, and so on, • Contacts the home health agency provider if more information is needed, and • Communicates the coverage decision to home health agency provider.

Continued on reverse

Please note:

The patient is **NOT** considered an *initial certification* if the following apply:

- The patient is a new PacificSource Community Solutions member
- They have been receiving home health services
- They need continuation of these services

Instead, this is considered a recertification period and requires preapproval. This includes services that are directed to a home health agency from another agency that is out-of-network. For continuity of care concerns, please contact us.

Recertification

1) The home health agency provider submits a preapproval request for continuation of services to PacificSource Community Solutions *at least five days in advance* of last approved covered date, along with the following information:

- Current progress notes (not previously submitted to PacificSource Community Solutions)
- Updated plan of care
- Discharge plan

2) Once a PacificSource Health Services Representative receives the above information, they submit it to the PacificSource Nurse Case Manager for review.

3) Our clinical staff conducts medical review for continuation of on-going services.

- *Approved services:* The number of days/visits approved will be viewable via InTouch to the HH provider.
- *Denied services:* The last covered day, per the Oregon Health Plan (OHP) timeframe regulations, will be viewable via InTouch to the home health agency provider.

Termination/Denial of Services

"Termination of Services" is the discharge or discontinuation of covered provider services, or the cessation of coverage at the end of a preapproved course of treatment.

PacificSource Contact Information:

Preapproval Phone: (541) 330-7301