Home Health Services and Adult Day Health Program Overview

Comagine Health

Objectives

- An overview of the Comagine Health review process for Home Health and Private Duty Nursing Services
- Home Health Agency and Medicaid Reimbursement requirements
- Prior authorization process for DC Medicaid eligible beneficiaries in accordance with the DC Medicaid Home Health Billing Manual.

Comagine Health | DHCF Department of Health Care Finance

Home Health Agency & DC Medicaid Reimbursement Requirements

To qualify for Medicaid reimbursement, a Home Health Agency providing (e.g. Skilled Nursing Services) should:

"Be enrolled as a Medicaid provider of Home Health services and meet all requirements as set forth under Chapter 94 (Medicaid Provider and Supplier, Screening, Enrollment, and Termination) of Title 29 DCMR."

- Ordered by a physician
- Provided at the beneficiary's residence or in a setting in which normal life activities take place Chapter. 94 subsection 9900.4
- Delivered in accordance with a plan of care delivered by a registered nurse(RN)

Comagine Health | DHCF Department of Health Care Finance

Home Health Service Reimbursement Requirements Cont.

Beneficiary shall be eligible for Medicaid reimbursable Home Health Services Subsection 9900.1 and 9900.7, if:

- DHCF or contractor receives an order from the beneficiary's physician validating that the services are medically necessary
- The physician's order must state the amount, frequency, scope and duration of the service. The physician's signature on the order validates the health status and needs of the beneficiary, and that the beneficiary is eligible to receive the service.

Comagine Health | DHCF Department of Health Care Finance

Conduent–Home Health Billing Manual 3/18/2021 Version 5.07

Provider - A person, business, or facility currently licensed under the law of any state and enrolled in Medicaid to practice medicine, osteopathy, dentistry, podiatry, optometry, or to provide other Medicaid approved services and has entered into an agreement with the District of Columbia's Medicaid program to provide such services.

Comagine Health | DHCF Department of Health Care Finance

Review Timeline

- Home Health and Private Duty Services–within five (5) business days of the date of the request
- Adult Day Health Program(ADHP)–within five (5) business days of the date of the request

Home Health Service Review by Comagine Health

- Home Health Skilled Nursing Service
- Home Health Aide
- Physical Therapy
- Occupational Therapy
- Speech Therapy

Comagine Health | DHCF Department of Health Care Finance

Home Health Aide Role

- DC regulations allow for the performance of several basic medical/nursing tasks under supervision: for example, taking vital signs, changing basic dressings and even cleaning around g-tube sites.

Comagine Health | DHCF Department of Health Care Finance

Private Duty Nursing Services

- Nursing Services for technology dependent beneficiaries

  (Ventilator dependent and tracheostomy etc.)
- Beneficiary receives continuous and individualized care services under the skilled nursing home
- Services are provided by an RN or under the supervision of an LPN

Comagine Health | DHCF Department of Health Care Finance

Documents Required

- A Complete 719A form must include the following:
  - Number of hours and days per week
  - Total number of days or week requested
  - Total number of units requested
  - All pertinent diagnosis
  - The appropriate descriptions, procedure code, and cost on the 719A Form

Comagine Health | DHCF Department of Health Care Finance

Documents Required cont.

- A face-to-face encounter signed by a physician, Nurse Practitioner or Physician Assistant, which is related to the primary reason the patient requires Home Health services.
- This must be within ninety (90) days before or within thirty (30) days after the start of services .
- The physician must review the RN-developed initial and subsequent plan of care and affixes his/her signature on the plan every sixty (60) days.
- Document Medical Justification on the 719A justification section.
- The form should include the date span for the services requested.

Comagine Health | DHCF Department of Health Care Finance

Home Health Services Unit Calculation

DC Medicaid Fee Schedule

Home Health Skilled Services are billed 15 minutes increment (15minutes = 1 unit).

Example: provider is requesting Skilled Nursing Service; 2 hours per day/7 days per week for 60 days

Calculation: 120 mins/ 15 mins = 8 units

Total number of units requesting = 480 units (8 units x 60 days)

Please note units must coincide with the number of hours per day/per week along with the number of weeks you are requesting.

Comagine Health | DHCF Department of Health Care Finance

DC Medicaid Home Health Services Procedure Codes Listing

Procedure Code	Service	Proc Description
G0151	Physical Therapy (PT)- Hourly	PT Services, HH Setting
G0151 U4	Physical Therapy- Evaluation or Re-Evaluation	PT, Initial Assessment
G0152	Occupational Therapy (OT) Hourly	OT in HH Setting
G0152 U4	Occupational Therapy- Evaluation or Re-Evaluation	OT, Initial Assessment
G0153	Speech, Hearing, Language- Hourly (S/LP)	S/LP in HH Setting
G0153 U4	Speech, Hearing, Language - Hourly	S/LP in HH Setting

Comagine Health | DHCF Department of Health Care Finance

DC Medicaid Home Health Services Procedure Codes Listing

Procedure Code	Modifier	Service Description
T1004	-	Home Health Aide (HHA)
G0299	-	Skilled Nursing (RN) Visit
G0299	U3	Skilled Nursing Supervisory Visit PCA by RN
G0299	U1	Skilled Nursing Initial Assessment Visit
G0299	U2	Skilled Nursing Reassessment
G0300	-	Skilled Nursing (LPN) Visit
G0300	TE	PCA Supervisory Visit LPN

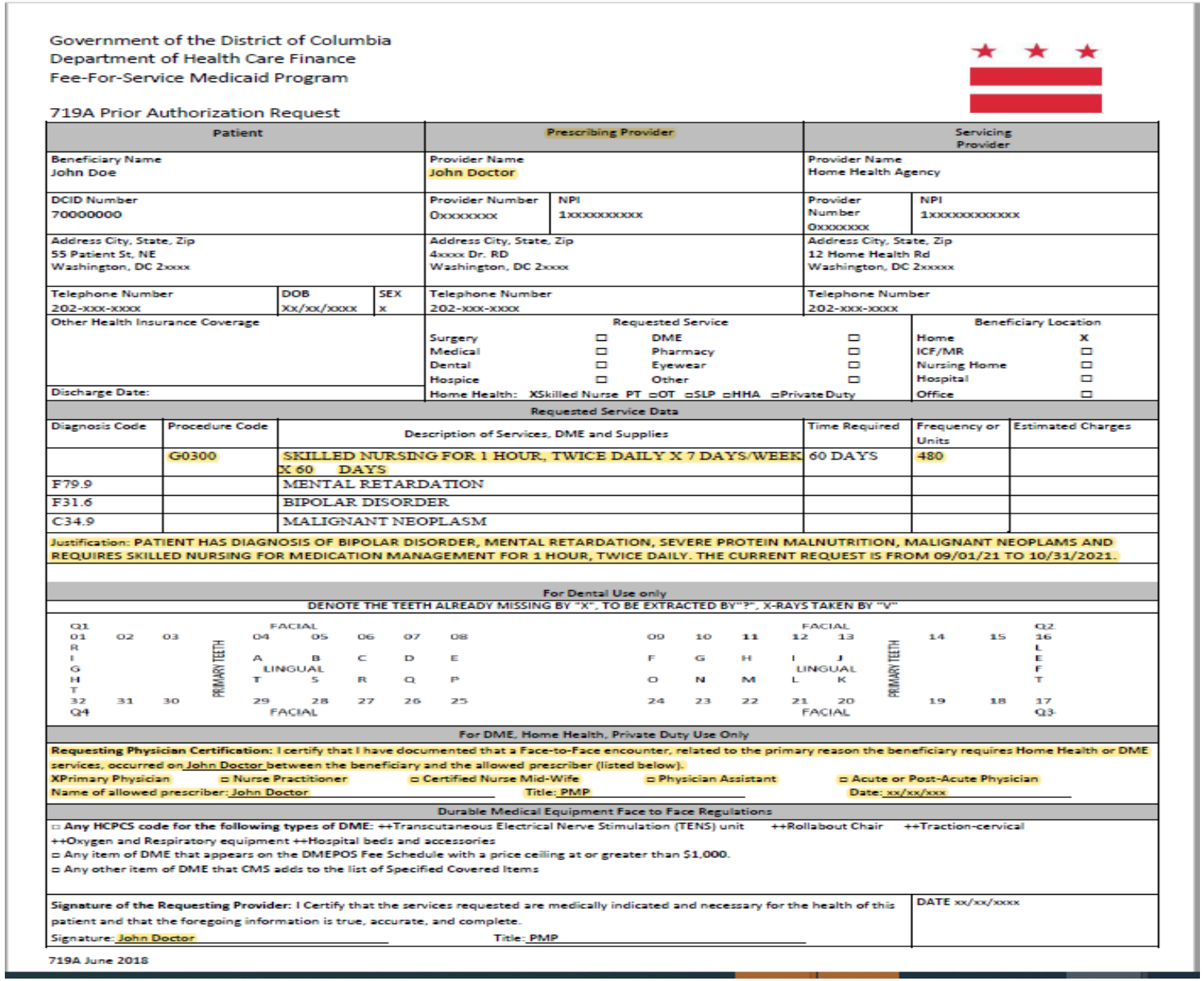
Comagine Health | DHCF Department of Health Care Finance

DC Medicaid Private Duty Nursing Services Procedure codes Listing

Procedure Code	Modifier	Service Description
T1000	TD	Private Duty Visit RN
T1000	TE	Private Duty LPN
T1001	U3	Private Duty Supervisory Visit by RN
T1001	U1	Private Duty Initial Assessment Visit
T1001	U2	Private Duty Re-assessment Visit

Comagine Health | DHCF Department of Health Care Finance

719A Form



Government of the District of Columbia
Department of Health Care Finance
Fee-For-Service Medicaid Program

719A Prior Authorization Request

Patient			Prescribing Provider		Servicing Provider	
Beneficiary Name John Doe			Provider Name John Doctor		Provider Name Home Health Agency	
DCID Number 70000000			Provider Number Oxxxxxxx	NPI 1xxxxxxxxxx	Provider Number Oxxxxxxx	NPI 1xxxxxxxxxxx
Address City, State, Zip 55 Patient St, NE Washington, DC 2xxxx			Address City, State, Zip 4xxxx Dr. RD Washington, DC 2xxxx		Address City, State, Zip 12 Home Health Rd Washington, DC 2xxxxx	
Telephone Number 202-xxx-xxxx	DOB Xx/xx/xxxx	SEX x	Telephone Number 202-xxx-xxxx		Telephone Number 202-xxx-xxxx	
Other Health Insurance Coverage			Requested Service		Beneficiary Location	
			Surgery ☐ DME ☐		Home X	
			Medical ☐ Pharmacy ☐		ICF/MR ☐	
			Dental ☐ Eyewear ☐		Nursing Home ☐	
			Hospice ☐ Other ☐		Hospital ☐	
Discharge Date:			Home Health: XSkilled Nurse PT ☐OT ☐SLP ☐HHA ☐Private Duty		Office ☐	

Requested Service Data

Diagnosis Code	Procedure Code	Description of Services, DME and Supplies	Time Required	Frequency or Units	Estimated Charges
	G0300	SKILLED NURSING FOR 1 HOUR, TWICE DAILY X 7 DAYS/WEEK X 60 DAYS	60 DAYS	480	
F79.9		MENTAL RETARDATION			
F31.6		BIPOLAR DISORDER			
C34.9		MALIGNANT NEOPLASM			

Justification: PATIENT HAS DIAGNOSIS OF BIPOLAR DISORDER, MENTAL RETARDATION, SEVERE PROTEIN MALNUTRITION, MALIGNANT NEOPLAMS AND REQUIRES SKILLED NURSING FOR MEDICATION MANAGEMENT FOR 1 HOUR, TWICE DAILY. THE CURRENT REQUEST IS FROM 09/01/21 TO 10/31/2021.

For Dental Use only

DENOTE THE TEETH ALREADY MISSING BY "X", TO BE EXTRACTED BY "?", X-RAYS TAKEN BY "V"

Q1																Q2
01	02	03		04	05	06	07	08	09	10	11	12	13	14	15	16
RIGHT			PRIMARY TEETH	A	B	C	D	E	F	G	H	I	J	PRIMARY TEETH		LEFT
				T	S	R	Q	P	O	N	M	L	K			
32	31	30		29	28	27	26	25	24	23	22	21	20	19	18	17
Q4				FACIAL								FACIAL				Q3

For DME, Home Health, Private Duty Use Only

Requesting Physician Certification: I certify that I have documented that a Face-to-Face encounter, related to the primary reason the beneficiary requires Home Health or DME services, occurred on John Doctor between the beneficiary and the allowed prescriber (listed below).

XPrimary Physician ☐ Nurse Practitioner ☐ Certified Nurse Mid-Wife ☐ Physician Assistant ☐ Acute or Post-Acute Physician

Name of allowed prescriber: John Doctor Title: PMP Date: xx/xx/xxx

Durable Medical Equipment Face to Face Regulations

☐ Any HCPCS code for the following types of DME: ++Transcutaneous Electrical Nerve Stimulation (TENS) unit ++Rollabout Chair ++Traction-cervical ++Oxygen and Respiratory equipment ++Hospital beds and accessories

☐ Any item of DME that appears on the DMEPOS Fee Schedule with a price ceiling at or greater than $1,000.

☐ Any other item of DME that CMS adds to the list of Specified Covered Items

Signature of the Requesting Provider: I Certify that the services requested are medically indicated and necessary for the health of this patient and that the foregoing information is true, accurate, and complete.

Signature: John Doctor Title: PMP DATE xx/xx/xxxx

719A June 2018

Comagine Health | DHCF Department of Health Care Finance

Request For Additional Information and Technical Denial Process

Request for Additional Information (RFI)

- If documents submitted are incomplete, missing information, or there is lack of clear justification, a Request for Clarification is requested.
- Provider has two (2) business days to return requested information to Comagine Health.

Technical Denial (TD)

- Comagine Health will issue a Technical Denial (TD) if requested information is not received within the due date.

Comagine Health | DHCF Department of Health Care Finance

Adult Day Health Program

Adult Day Health Program (ADHP) Overview

- Required Documents
- Person-Centered Service Plan quality checks
- Common PCSP clarification request
- Clarification Request (RFI)
- Technical Denial (TD)

Comagine Health | DHCF Department of Health Care Finance

Adult Day Health Program (ADHP) Program

- The District of Columbia's EPD Waiver/ADHP Program is a person-centered home and community-based waiver administered by DHCF, designed to provide eligible older adults and persons with physical disabilities with quality health care services and additional supports through adult day health programs.
- Beneficiary is eligible for ADHP service when they receive a score of four or higher on the DHCF InterRAI assessment tool in accordance with DHCF regulation.

Adult Day Health Program (ADHP) Process

- All ADHP service requests are submitted via Person-Centered Service Plan (PCSP) in DC Care Connect.
- Comagine Health receives PCSP cases via MY LIST on the DCCC site.
- Clinical Reviewers (CR) validation of the Person-Centered Service includes the following:
  - Current DC Medicaid eligibility code
  - Level of care (LOC) certification dates
  - Signed and dated Provider Choice form
  - Comprehensive PCSP quality check

Comagine Health | DHCF Department of Health Care Finance

What Are the PCSP Quality Checks?

- **Part I: Essential Information-**The Essential Information section of the PCSP contains the beneficiary's contact information and contact information of those important to the beneficiary such as his/her representative(s), emergency contact(s), healthcare contact(s), etc. *(Here we validate if all the assessment required under this tab are complete. A DC Medicaid health care provider must be identified for Comagine Health to process the prior authorization)*
- **Part II: Personal Profile-** This section requires assessment for things that are important to/for the beneficiary, his/her routines, relationships, what is indicative of the beneficiary having a good or bad day, etc. *(A minimum of 3 tools must be assessed. Here we validate if all assessments are complete)*

Comagine Health | DHCF Department of Health Care Finance

PCSP Quality Checks Cont.

- **Part III: Person Centeredness-** contains information about PCSP contributors who were not at the PCSP meeting, as well as PCSP participant signatures. *(Here we validate the presence of both CM and beneficiary signatures if obtained electronically. If not, we check if a copy is imported in attachment section within the PCSP)*

- **Part IV: Shared Planning-** contains information about the beneficiary's services and support requests details. It also contains beneficiary's goals and desired outcomes. These goals must be developed SMART/Specific, Measurable, Achievable, Results-focused and Time-bound with an emphasis on the beneficiary's preferences and strengths. *(Here we validate the frequency of services requested and the SMART development of goals from the risks triggered)*

Comagine Health | DHCF Department of Health Care Finance

PCSP Quality Checks for DDS Client

- The only exception for DDS clients enrolled in the ADHP is the requirement of an Annual ISP from ADHP provider instead of addressing the risks triggered from the assessment. For this group, CM or the PCSP coordinator who is submitting the PCSP for review does not need to address the Care Plan triggers.

Prior Authorizations (PA) & DCCC

- ADHP service code-S5100 U3
- The PA# letter is created and uploaded under the notifications>correspondence in DCCC
- PA# is also documented in the form notes within the PCSP

Common PCSP Clarification Requests

- Incomplete or lack of information on PCSP sections Part I (beneficiary essential information), Part II (PCT tools), Part III (CM and beneficiary agreement signatures), and Part IV (supports requested).
- Lack of documentation of ADHP hours and days
- Lack of SMART goals
- Mismatch of ADHP providers on PCSP vs Provider choice form providers identified.

Clarification Request and Technical Denial Process

- **Request for Additional Information/Clarification-** If PCSP doesn't meet quality check or if any of the documents are missing, CR will send the PCSP back to CM with a Request for Clarification.
- Case Managers have two (2) business days to submit the requested information to Comagine Health.
- **Technical Denial**- Comagine Health will issue a **Technical Denial (TD)** if requested information is not received within the due date.

Comagine Health | DHCF Department of Health Care Finance

Questions?