

HOME HEALTH AUTHORIZATION PROCESS CHANGES

Provider Network Support

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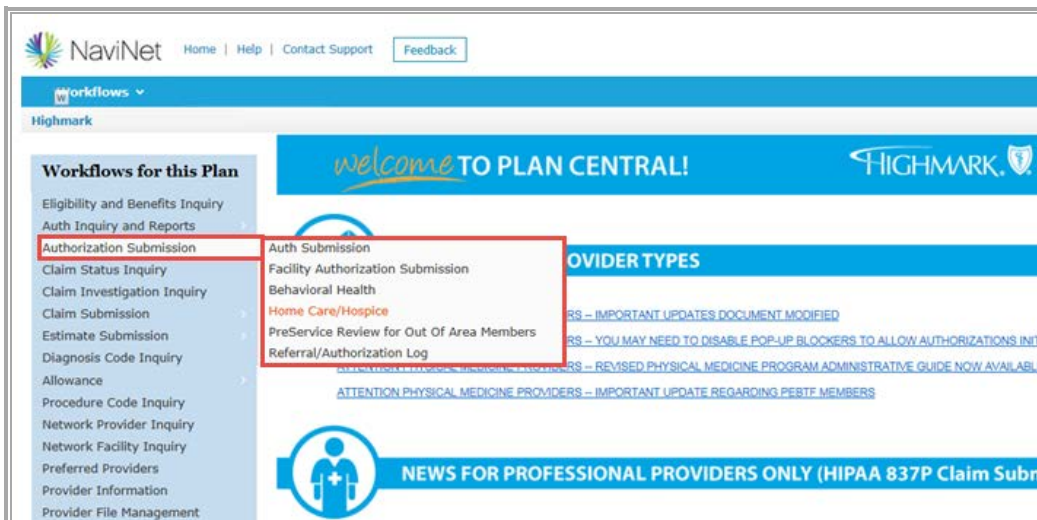
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AUTHORIZATION SUBMISSION PROCESS

Highmark requires an authorization for all home health care services for its Commercial and Medicare Advantage members. The process is changing and will maximize efficiencies and ensure that our member's needs are met in the timeliest manner possible.

Plan Menu

From the Plan Menu, click **Authorization Submission → Home Care/Hospice**



Selection Form

Complete **Step 1** by choosing the Referred From Facility and entering an Eligibility Date (the date of admission to the home health care or the beginning date for recertification).

NOTE: This is a request for a full sixty (60) day episode.

Complete **Step 2** by entering the Member ID information.

Select a **History Case** that is showing to add visits or services OR select **New Auth** to start a new authorization.

Step 1. Please select a Referred from Facility and enter the Eligibility Date (both are required):

Referred From Facility:
 Eligibility Date:

Step 2. For faster results, enter Member ID with Date of Birth and/or Member First Name:

Member ID:
 Member Date of Birth:
 Member First Name:
 Member Last Name:

| Type/Place of Service | Status | Authorization Number | Date of Service | Patient Name | Patient Date Of Birth | Referred from Billing Provider/Facility | Referred to Billing Provider/Facility | |
|--------------------------------------|----------|----------------------|-----------------|-----------------------|-----------------------|---|---|--------|
| AUTHORIZATION / PHYSICAL MEDICINE | APPROVED | R0 353-004 | 06/28/2016 | Last Name, First Name | xx/xx/xxxx | Referred From Facility Name | Referred to Billing Provider/ Facility Name | Select |
| AUTHORIZATION / OCCUPATIONAL THERAPY | APPROVED | R0 353-003 | 06/27/2016 | Last Name, First Name | xx/xx/xxxx | Referred From Facility Name | Referred to Billing Provider/ Facility Name | Select |
| AUTHORIZATION / SKILLED NURSING CARE | APPROVED | R0 353-001 | 06/22/2016 | Last Name, First Name | xx/xx/xxxx | Referred From Facility Name | Referred to Billing Provider/ Facility Name | Select |

Create New Authorization

Category/Service Selection Form

Choose the category of **Home Care** and then select your service from the drop down menu.

Please select a Category and then a Service from the selections below:

Category:
 Home Care
 Hospice
 Advanced Illness Services
 Service:

Category and Services Added:

| Category | Service |
|----------|---------|
| | |

To add multiple services, click **Add Category/Service** and make another selection.

NaviNet Home | Help | Contact Support Feedback Welcome, ▾

Workflows ▾ Administration ▾ Action Items

Highmark | Home Care/Hospice | Selection Form | Category/Service Selection

Category/Service Selection Form

Please select a Category and then a Service from the selections below:

Category: Home Care Service: Skilled Nursing

Add Category/Service

Category and Services Added:

| Category | Service |
|----------|---------|
|----------|---------|

Submit Save View Referral/Auth Review Notes

Request Form

Enter the **four (4)** required pieces of information. Contact Information, at least one diagnosis code, initial home care request or continuation request indicator and the discipline start date.

1 Contact Information:
Please enter a contact name and phone number and, optionally, a physician name and phone number.

Contact Name: Contact Phone: Contact Ext:
Physician Name: Physician Phone: Physician Ext:

2 Diagnosis Codes:
You may enter or search for up to 3 diagnosis codes. To add an additional diagnosis code, click the "Add Diagnosis Code" button.

Search Type: ICD-10 ▾
Diagnosis Code: Optional Search Description:
Add Diagnosis Code

3 Additional Information:
Please enter additional information about the service/request in the fields below.

Initial / Extension? Initial Continuation

4 Additional Information:
Please enter additional information about the service/request in the fields below.

Discipline Start Date:

View Details

Referred From Facility Information:
Facility Name:
Address: Pre-populated Facility Name ▾

Submit Save View Referral/Auth Review Notes

OASIS File Upload

This step is required for each patient's authorization request, in the same XML format that is required by the Centers for Medicare & Medicaid Services (CMS). Click the box to browse local files to select the OASIS file for the patient. **Upload File.**

Upload OASIS File

OASIS File

Selected OASIS File

Drop the OASIS file you want to upload here or click to browse for one.

Next

Provide Additional Required Information

As part of the validation process (based on CMS' rules for the current OASIS version), this screen may follow once the OASIS File is uploaded. Complete displayed **Key Fields** that are missing.

Provide Additional Required Information Start of Care

Please provide the following additional required OASIS information

| | | |
|----------------------|--|----------------------|
| M0020_PAT_ID | Patient ID number | <input type="text"/> |
| M0066_PAT_BIRTH_DT | Date of birth | <input type="text"/> |
| M0040_PAT_FNAME | Patient's first name | <input type="text"/> |
| M0040_PAT_LNAME | Patient's last name | <input type="text"/> |
| M0110_EPISODE_TIMING | Episode timing | 01 - Early |
| M2200_THER_NEED_NBR | Therapy need: number of visits indicated (0-999) | <input type="text"/> |

Next

Plan of Care Upload

This step is required on all authorization requests. By completing this step, Highmark is eliminating the need to complete the current Home Health Survey. Complete this step by uploading the CMS-485, Home Health Certification and Plan of Care. **Upload Files.**

Upload Plan of Care Start of Care

Plan of Care Form (CMS-485) PDF

Selected Plan of Care Form (CMS-485) PDF

Drop the Plan of Care Form (CMS-485) PDF you want to upload here or click to browse for one.

Next

Physician Ordered Visits

Enter the Physician ordered visit patterns for each discipline requested as part of the authorization request. Select **Next** to receive the confirmation screen.

Select **Confirm** to move to the next step or **Cancel** to make changes.

The image shows two screenshots from a web application. The left screenshot is titled "Provide Physician Ordered Visits" and contains six sections, each with a radio button for "Evaluation and treatment" (selected) and "The physician has ordered" (unselected). Each section has input fields for "visits per week" and "for" "weeks". The sections are: Skilled Nursing, Physical Therapy, Speech Therapy, Home Health Aide, Medical Social Worker, and Occupational Therapy. A "Next" button is at the bottom. The right screenshot is titled "Confirm Physician Ordered Visits" and shows a table with two columns: the visit type and the selected option. The table lists: Skilled Nursing Visits, Physical Therapy Visits, Speech Therapy Visits, Home Health Aide Visits, Medical Social Worker Visits, and Occupational Therapy Visits, all with "Evaluation and treatment" selected. "Cancel" and "Confirm" buttons are at the bottom.

| Visit Type | Selected Option |
|------------------------------|--------------------------|
| Skilled Nursing Visits | Evaluation and treatment |
| Physical Therapy Visits | Evaluation and treatment |
| Speech Therapy Visits | Evaluation and treatment |
| Home Health Aide Visits | Evaluation and treatment |
| Medical Social Worker Visits | Evaluation and treatment |
| Occupational Therapy Visits | Evaluation and treatment |

Homebound Status

Verify the patient's homebound status. The list can be filtered based on the domains at the top of the screen. **Choose all that apply.** Multiple options can be selected on this screen. If the appropriate reason is not listed, choose "Reason Not Listed" and enter text to support this status.

Supporting documents to substantiate the selected status may be added by clicking **Optionally upload supporting documents.**

The image shows a screenshot of the "Homebound Status" form. It has a title "Homebound Status" and a subtitle "Please choose the applicable reasons to justify homebound status". Below the subtitle are filter buttons for "Case History", "Cognitive", "Environmental", and "Physical". A list of reasons is shown with checkboxes: "The patient has increased drainage from their wound with activity and requires assistance to leave home", "The patient has a wound V.A.C. applied to their wound which limits their mobility", "The patient requires an ambulance for transport", "The patient has dyspnea when ambulating 20 feet (1 room)", "The patient has extreme weakness and prostration requiring human assistance for all activity", "The patient has history of falls requiring device and human assistance to leave home", "The patient has a high risk for falls", "The patient has intractable pain which prevents safe mobility", "The pain has increased pain with movement and requires assistance", "The patient has pain which severely limits activity and safety", and "The patient has contractures of upper extremities requiring human assistance with ADLs/IADLs". At the bottom, there is a link "Optionally upload supporting documents".

Skilled Need and Additional Services Justifications

The next two screens request service justification for Skilled Nursing, Physical Therapy, Speech Therapy, Home Health Aide, Medical Social Worker as well as Occupational Therapy. **Use Dropdowns** to select the most appropriate reason and select **Next** to move on.

Skilled Need Justification

Please choose the applicable reasons to justify the skilled need for each requested discipline

Skilled Nursing

- The patient requires skilled nursing services for ongoing assessment of to prevent additional complications or exacerbation
- The patient requires skilled nursing services for education on Infection control to

Physical Therapy

- The patient requires physical therapy services for therapeutic exercises to restore function
- The patient requires physical therapy for

 treatments
- Reason not listed

Speech Therapy

- The patient requires a speech-language pathology to in the patient's ability to carry out
- The patient requires the services of a speech-language pathologist to assist in the rehabilitation of speech and language skills
- Reason not listed

Home Health Aide

- Aide services are directly related to treatment of current condition

Medical Social Worker

- The medical social services consult for inadequate resources and/or supports interferes with medical progress
- Reason not listed

Occupational Therapy

- The patient requires the services of an occupational therapist to select and teach task oriented therapeutic activities designed to restore physical function
- The patient requires the services of an occupational therapist for the designing, fabricating, and fitting of orthotic and self-help devices
- Reason not listed

Visit Allocation

In case of multiple therapy disciplines, allocate visits between minimum/maximum thresholds. Select **Next** to receive the confirmation screen.

Select **Confirm** to move to the next step or **Cancel** to make changes

Visit Allocation

Therapy Visits
✖ 12 visits remaining to be allocated
✖ Allocate at least one visit per option

PHYSICAL THERAPY: 0 Visits
SPEECH THERAPY: 0 Visits
OCCUPATIONAL THERAPY: 0 Visits

Non Therapy Visits
SKILLED NURSING: 8 Visits

Home Health Aide Visits
HOME HEALTH AIDE: 5 Visits

Medical Social Worker Visits
MEDICAL SOCIAL WORKER: 1 Visit

Next

Confirm Allocation of Visits

| | |
|------------------------------|---|
| Physical Therapy Visits | 3 |
| Speech Therapy Visits | 6 |
| Occupational Therapy Visits | 3 |
| Skilled Nursing Visits | 8 |
| Home Health Aide Visits | 5 |
| Medical Social Worker Visits | 1 |

Cancel Confirm

Responses

Two status responses are available. **Approved or Pended.** An instant authorization appears as an approved status. Otherwise, you will receive a pended authorization request and additional nurse review will be required.

APPROVED STATUS

Request Authorized

Your authorization request has been approved. You will be automatically returned to NaviNet in 15 seconds or click Next to return immediately.

This Notice of Coverage Approval is not a guarantee of payment. This approval is based on the information available to us at the time it is issued (including information regarding the member's eligibility for coverage and/or the availability of benefits). If the information later proves to have been incorrect, incomplete or otherwise different than what was represented or if it changes, we may still ultimately deny payment of the claim.

Next

PENDED STATUS

Request Not Authorized

⚠ Your authorization request has been pended for additional review. You will be returned to NaviNet in 15 seconds or click Next to return immediately.

Next




An approved status is NOT a guarantee of payment. Member coverages may vary. Always check member benefits via NaviNet or by using the applicable HIPAA electronic transactions before delivering services.

Response Form

The Response Form is the final step of the workflow. This screen will display the status of the request as well as the tracking number for pending authorizations or the authorization number for approved requests. You have now completed the Initial Authorization Request Submission Process.

Highmark Blue Shield | Home Care/Hospice | Selection Form | Response Form

 **Response Form**

Tracking Number: SHOWN FOR **PENDED STATUS** Authorization Number: SHOWN FOR **APPROVED STATUS**
Status: "PENDED" OR "APPROVED"

Patient Information:

| | | | |
|---------------------------|---------------|----------------------------|---------------|
| Patient Last Name: | Pre-Populated | Patient First Name: | Pre-Populated |
| Gender: | Patient | Date of Birth: | Patient |
| Group #: | Information | | Information |
| Member ID #: | | | |

Service Details:

Requested Service: Home Care - Skilled Nursing
Proposed Date of Service: 07/01/2016

Referred To Provider:

Billing Provider:
Service Provider:

Contact Information:

| | |
|-----------------------|-------------------------|
| Contact: | Physician: |
| Contact Phone: | Physician Phone: |

Diagnosis Codes:

Diagnosis Code: I200 - UNSTABLE ANGINA

Referred From Facility Information:

Facility Name:
Address:

Comments:

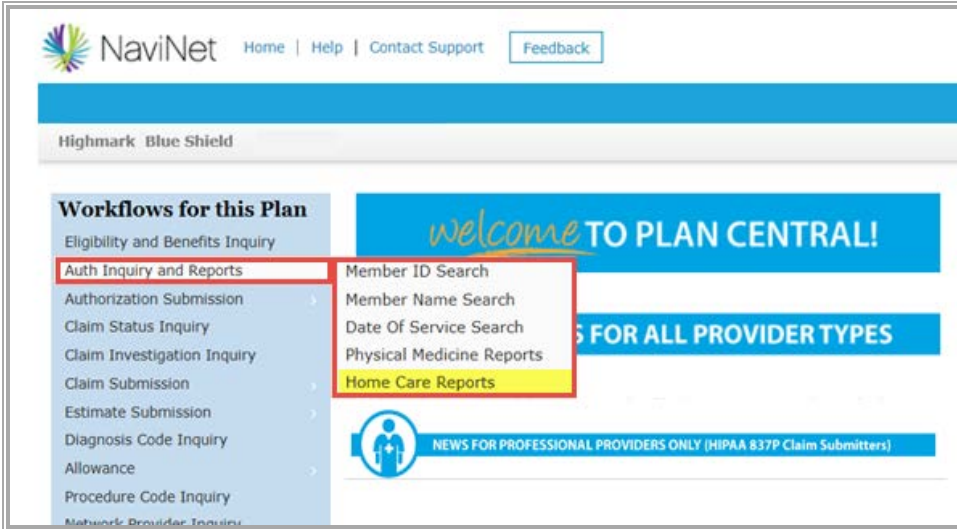
Clinical Information:

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

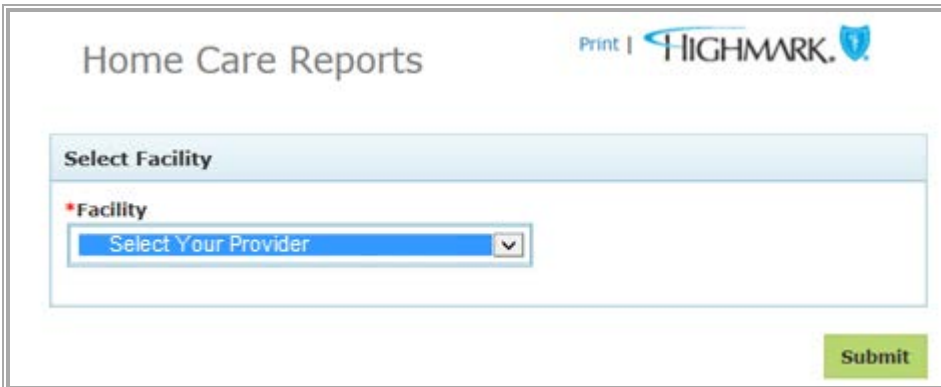
Discharge Assessment Upload Process

Provider Portal Landing Page

The Provider Portal Landing Page may be accessed via NaviNet by selecting **Auth Inquiry and Reports** → **Home Care Reports**.



Then use the dropdown to select **Facility**.



Provider Dashboard

On the Provider Dashboard the assessments are broken down between the date ranges that you are interested in. The display shows the amounts of Start Of Care Assessments, Transfers without Discharge, Transfers with Discharge, Deaths and Discharges from the Agency. Select **Upload OASIS File** to move forward or **OASIS Upload Results** for a history search.



OASIS Historical Upload Search

The OASIS Upload Results allows a history search of uploads. From the Provider Dashboard click on **OASIS Upload Results** and then enter a **Date Range** or enter a **Keyword** to search. The results will be listed below.

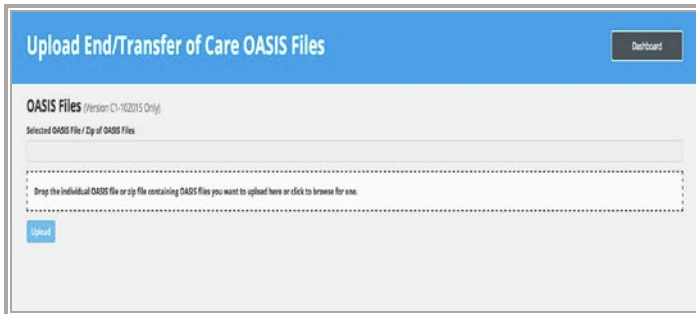
The screenshot shows the 'OASIS Upload Results' interface. At the top right, there is a 'Dashboard' button. Below the header, there are search filters:

- Uploaded Between:** Two date input fields with calendar icons, separated by 'and'. This section is circled in red.
- Q Search:** A blue button for searching.
- Show 10 entries:** A dropdown menu for the number of entries to display.
- Search:** A text input field for keywords, circled in red.

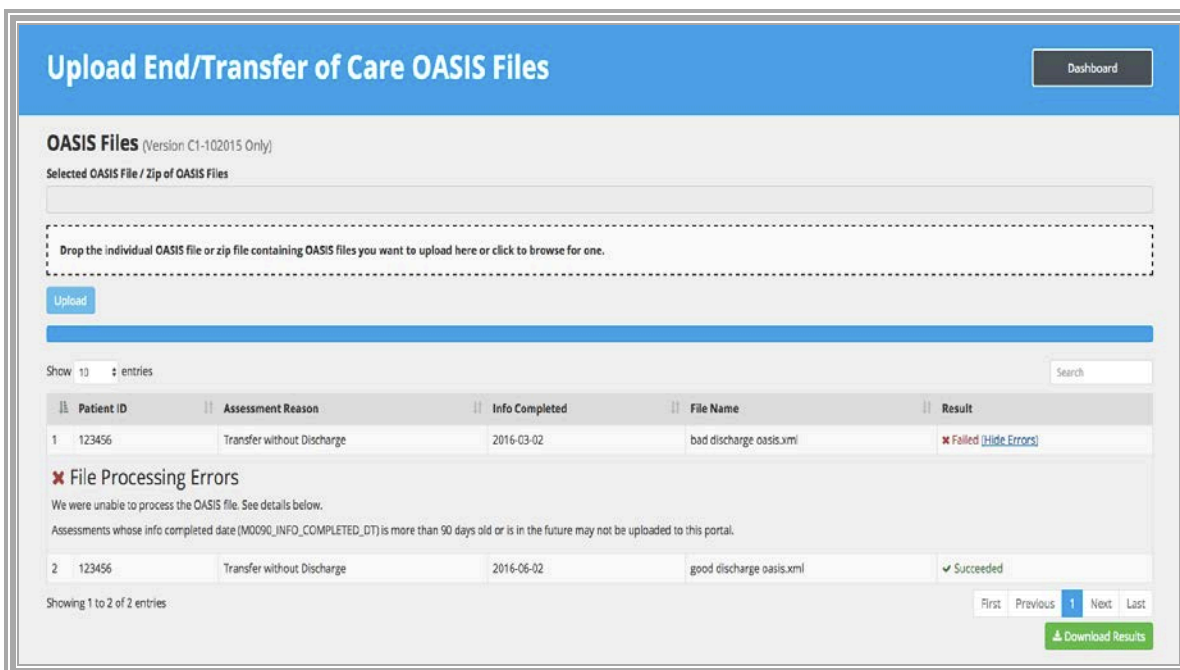
Below the search filters is a table with the following columns: File Name, Uploaded, Overall Status, # Succeeded, and # Failed. The table is currently empty, displaying 'No data available in table'. At the bottom, there is a status bar showing 'Showing 0 to 0 of 0 entries' and navigation buttons: First, Previous, Next, Last.

End/Transfer of Care OASIS Files Upload

From the Provider Dashboard selecting **Upload OASIS Files** will direct you to select files from the local drive. Files may be uploaded for individual patients or in batch files. Either way, the format is identical to the CMS required XML format. If submitting a batch of XML files, they must be included in a single ZIP file. **Upload Files.**



Once uploading is completed, the status of each file is shown. The result field will show Succeeded or Failed. Show/Hide Errors next to the failed status toggles to expand for additional details.



Contact Information

Phone Number

The NaviNet help desk is available at 1-888-482-8057 for assistance with Technical issues or questions.