# HP Connect Provider Portal Home Health Authorizations Hospice Utilization Webinar

**January 28, 2020 12:30-1:30**

**Presented by HPP Utilization Management**

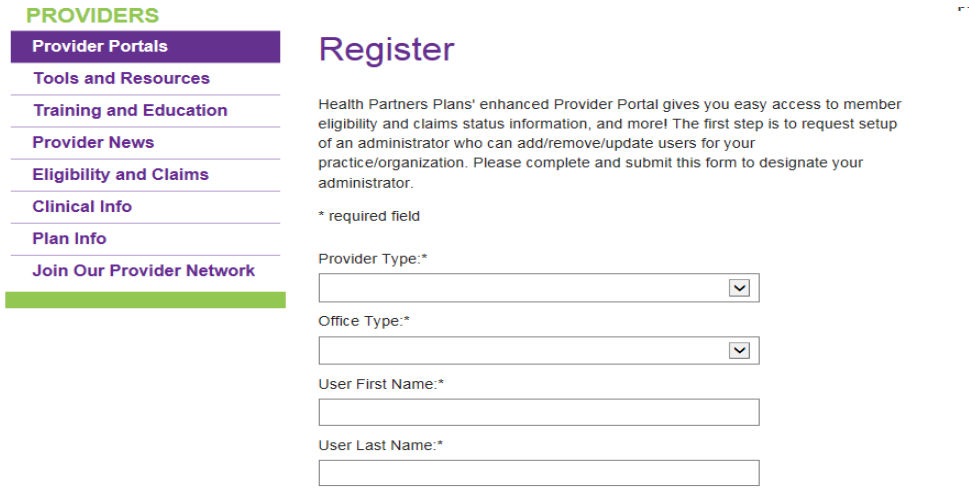
Health Partners Plans HPP

# HP Connect Utilization Webinar

- How to Register for HP Connect
- HP Connect overview
- Demonstration of Outpatient Request (DME/Home Care)
- Demonstration of Transportation Request
- Hospice utilization review
- Provider resources
- Conclusion/Questions

# HP Connect Registration/Support

- To obtain access to the Authorization functions, you must register HP Connect, our provider portal (if you don't have credentials):
- https://www.healthpartnersplans.com/providers/provider-portals/register
- You will be directed to fill out a form with your information:




If further assistance is required, please contact our Provider Services Helpline at 1-888-991-9023 (M-F, 9 a.m. – 5:30 p.m.).

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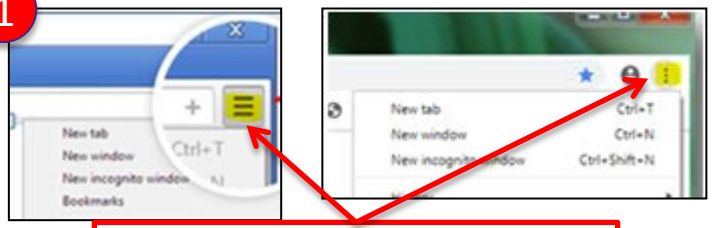
# Google Chrome Autofill Settings

- To utilize the **Authorization** functions in HP Connect, please ensure you have the Google Chrome Autofill browser settings turned **OFF**.

1

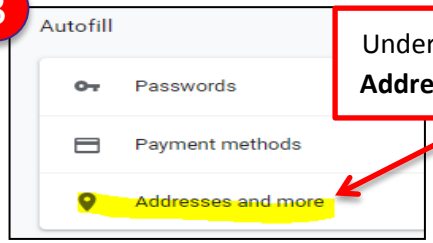



Click on the three horizontal lines located on the top right of your Chrome browser. (*It may also look like three vertical dots*).

2

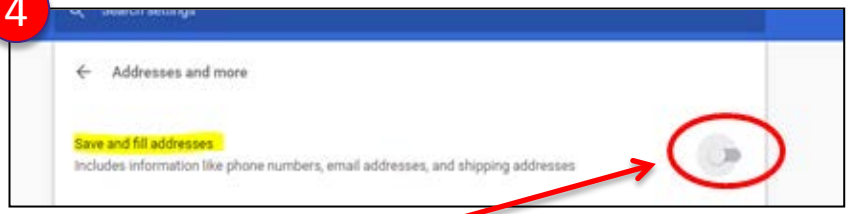

Then select **Settings>Addresses and more>Save and fill addresses**

3




Under Autofill, select **Addresses and more.**

4




Ensure that the toggle is **OFF** (greyed out). Click to toggle on/off.

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# Prior Authorization Requests

- Effective Jan. 6, 2020, home health agencies and non-emergent transportation providers must use HP Connect to submit all prior authorization requests.
- Increase efficiency to provide faster determination to providers.
- Future Portal initiatives:  Providers will be able to receive determinations quickly via HP Connect and will be able to attach additional supporting documentation to an existing request.

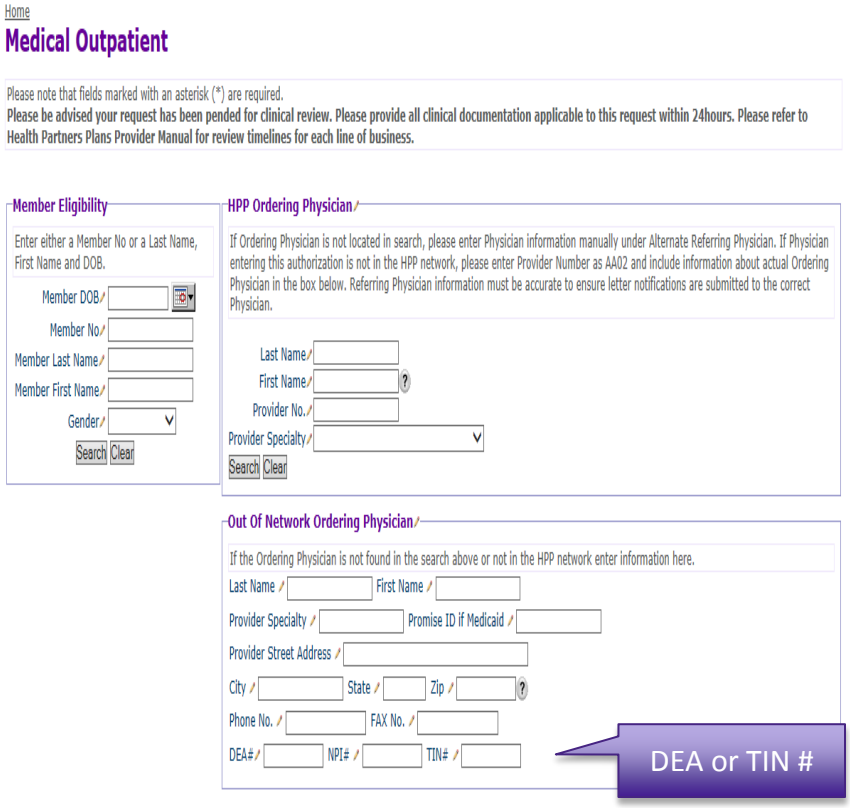
# Utilization Management Process Updates

- Effective Jan. 6, 2020, date of service extensions of home care authorizations will no longer be processed by HPP.
- UM will provide extended date range for all approved home care approvals disciplines. If visits not completed within the extended timeframe, the Agency may submit a new request with updated clinical documentation for the medical necessity review of more visits. If more visits are needed before the end date of authorization, the Agency may submit a new request with updated clinical documentation for the medical necessity review of more visits. At this time, an HPP Case Manager will adjust the end date of the previous Home Health authorization to prevent overlap of dates of services.
- HPP is working to allow Home Care providers to adjust the end date of their current Home Care authorization before submitting a new request for additional Home Care visits.

# Home Care Requests

- Home care agencies should continue to submit requests for disciplines and number of visits as supported by physician orders and the clinical documentation provided for review of medical necessity.
- HPP requests home care agencies provide oversight from their Intake / Authorization teams to ensure that the clinical documentation they submit is specific to their current request.
  - Files cannot exceed 5 MB
  - Attachment names cannot exceed 30 characters or contain special characters
  - Maximum of 9 attachments

# Medical Outpatient Authorizations




- Member eligibility points
- Ordering physician information required (no longer defaults to PCP)
- Out of network request (HPP file of providers)

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# Medical Outpatient Authorizations

**Diagnosis Information**

Enter or search for up to 2 valid diagnosis codes.

Code Set* ICD10

Diagnosis Code*

**Admitting/Delivering/Servicing Provider Info.**

If Servicing Provider is not located in search, please enter Provider information manually under Out of Network Servicing Provider. If Physician entering this authorization is not in the HPP network, please enter Provider Number as AA02 and include information about actual Servicing Provider in the box below. Out of Network Servicing Provider information must be accurate to ensure letter notifications are submitted to the correct Provider. Attach W-9 document if Provider is not in HPP file.

Last Name | First Name | Provider No.

Line Of Business | Par Code

Provider Type | Specialty: Select a Provider Type to Populate List

Search | Clear

**Out Of Network Servicing Provider**

If Servicing Provider is not located in the search,please enter Provider information manually under Out of Network Servicing Provider.If Physician entering this authorization is not in the HPP network,please enter Provider Number as AA02 and include information about actual Servicing Provider in the box below.Out of Network Servicing Provider inform ensure letter notifications are submitted to the correct Provider.Attach W-9 document if Provider is not in HPP file.

Last Name | First Name | Provider Specialty

Promise ID if Medicaid | Provider Street Address

City | State | Zip

Phone No. | FAX No.

DEA# | NPI# | TIN#

Out of Network, speaking point.

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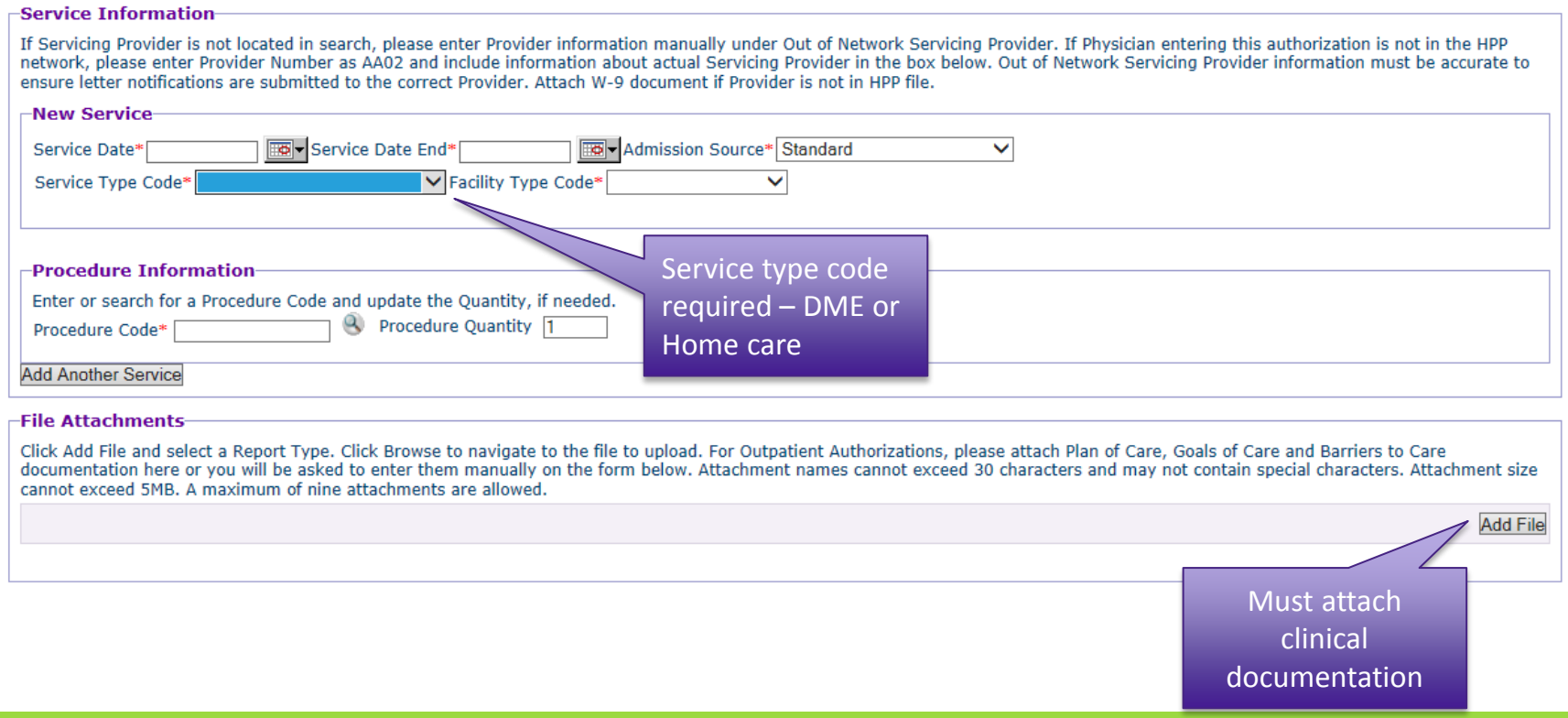
# Medical Outpatient Authorizations

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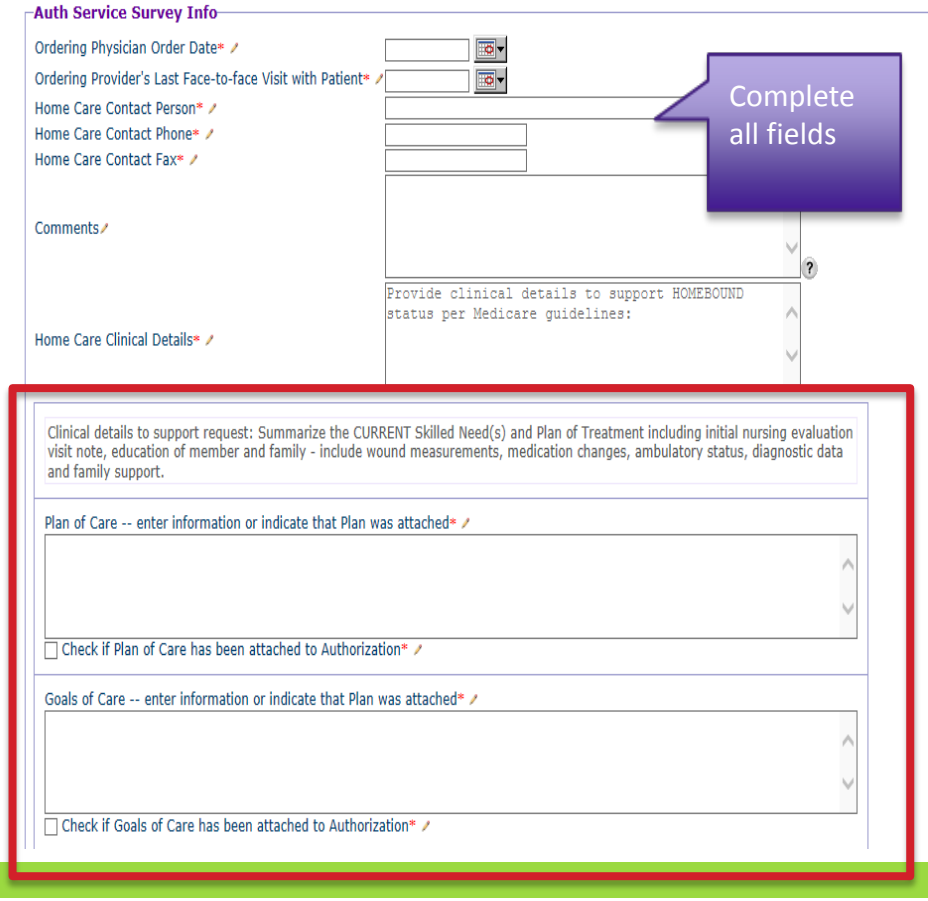
# Medical Outpatient Authorizations




- Contact Person
- Phone Number of agent entering
- Fax number for determination
- Home care clinical details: clinical, notes supporting medical necessity
- Items indicated with red star must be completed
- Sections outlined in red are mandatory for Home Care and optional for all other authorizations.

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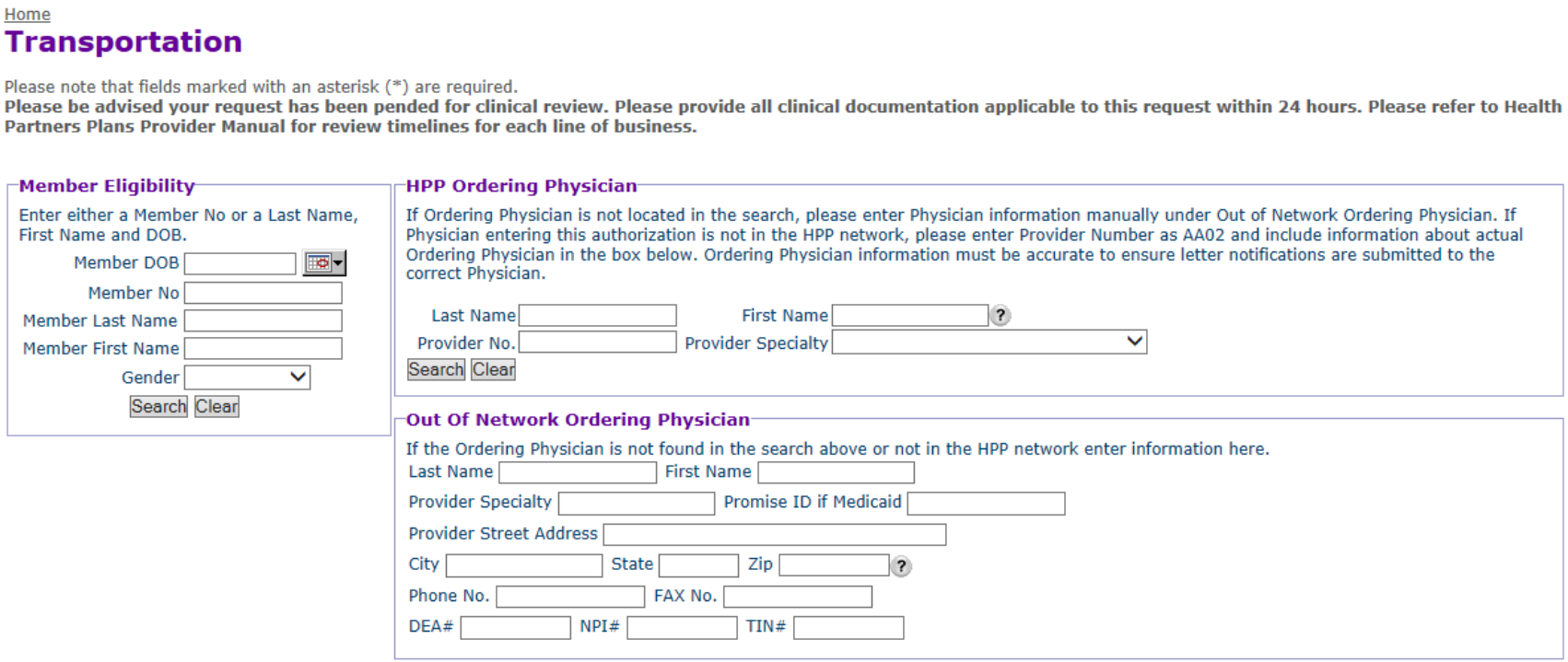
# Non-Emergent Transportation

- Ambulance Providers must use HP Connect to submit authorization requests for all non-emergent transportation.
- **For Medicaid members**, please attach the signed Physician Certificate Statement (PCS) for all levels of transport other than Van.
- **For Medicare members**, please complete the Medicare criteria listed on HP Connect.
- **For all lines of business**, Ambulance Provider Professional to sign the attestation certifying the medical necessity of the level of transportation requested.
- Same HP Connect rules apply:
  - Attachments cannot exceed 5 MB
  - Attachment names cannot exceed 30 characters or contain special characters
  - Maximum of 9 attachments

# Non-Emergent Transportation



Home

## Transportation

Please note that fields marked with an asterisk (*) are required.
**Please be advised your request has been pended for clinical review. Please provide all clinical documentation applicable to this request within 24 hours. Please refer to Health Partners Plans Provider Manual for review timelines for each line of business.**

**Member Eligibility**

Enter either a Member No or a Last Name, First Name and DOB.

Member DOB
Member No
Member Last Name
Member First Name
Gender
Search Clear

**HPP Ordering Physician**

If Ordering Physician is not located in the search, please enter Physician information manually under Out of Network Ordering Physician. If Physician entering this authorization is not in the HPP network, please enter Provider Number as AA02 and include information about actual Ordering Physician in the box below. Ordering Physician information must be accurate to ensure letter notifications are submitted to the correct Physician.

Last Name First Name
Provider No. Provider Specialty
Search Clear

**Out Of Network Ordering Physician**

If the Ordering Physician is not found in the search above or not in the HPP network enter information here.

Last Name First Name
Provider Specialty Promise ID if Medicaid
Provider Street Address
City State Zip
Phone No. FAX No.
DEA# NPI# TIN#

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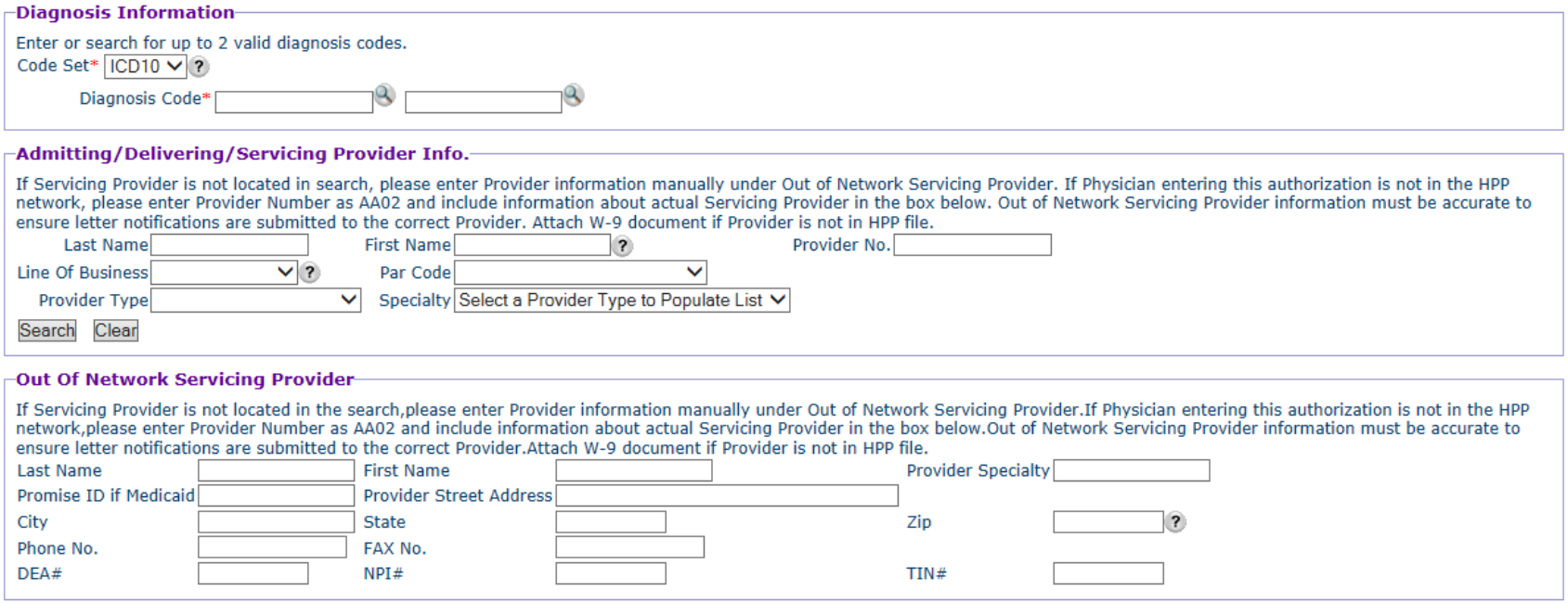
# Non-Emergent Transportation




*Note: Behavioral Health Non-Emergent Transportation does not require prior authorization.*

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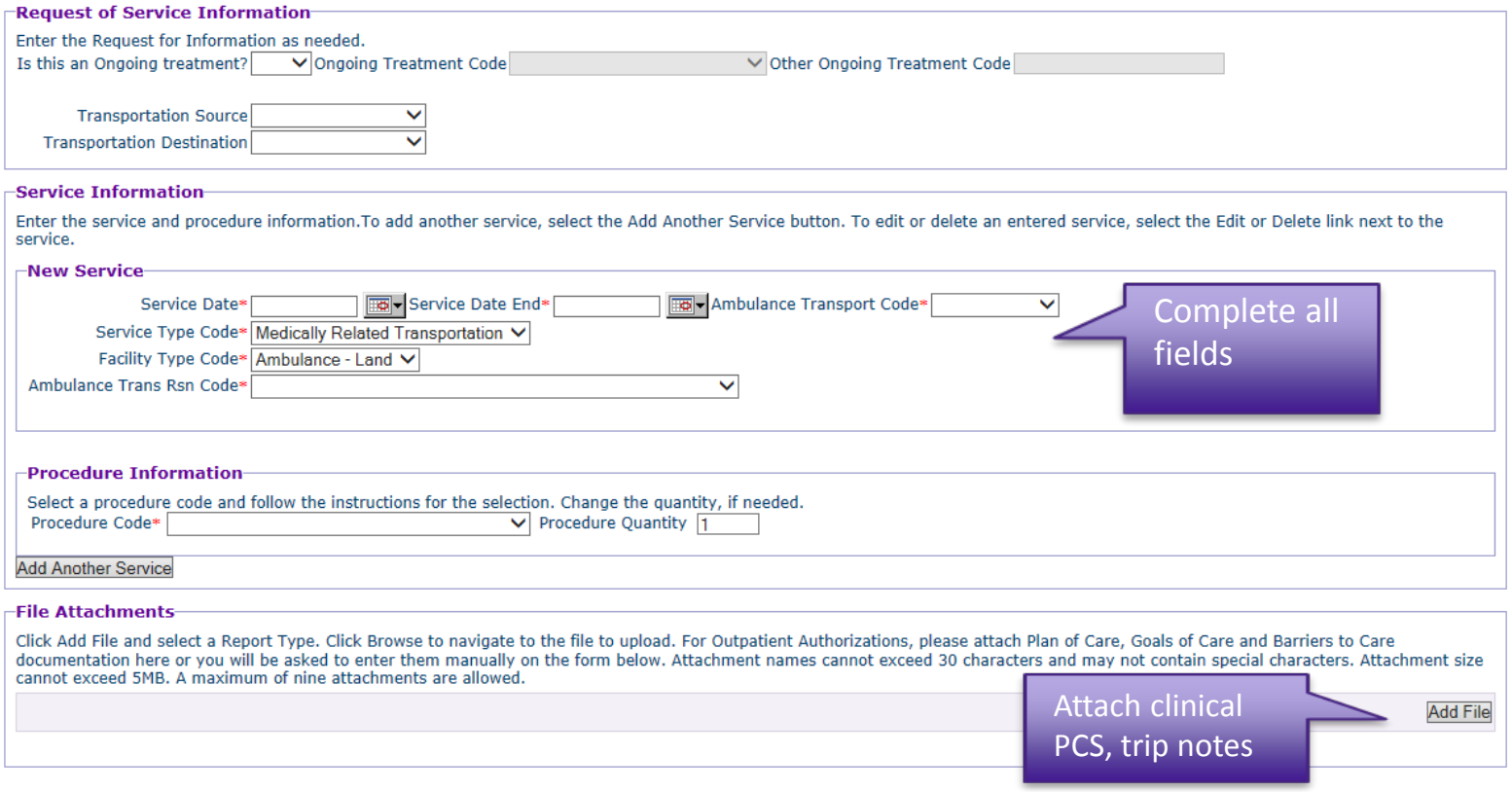
# Non-Emergent Transportation

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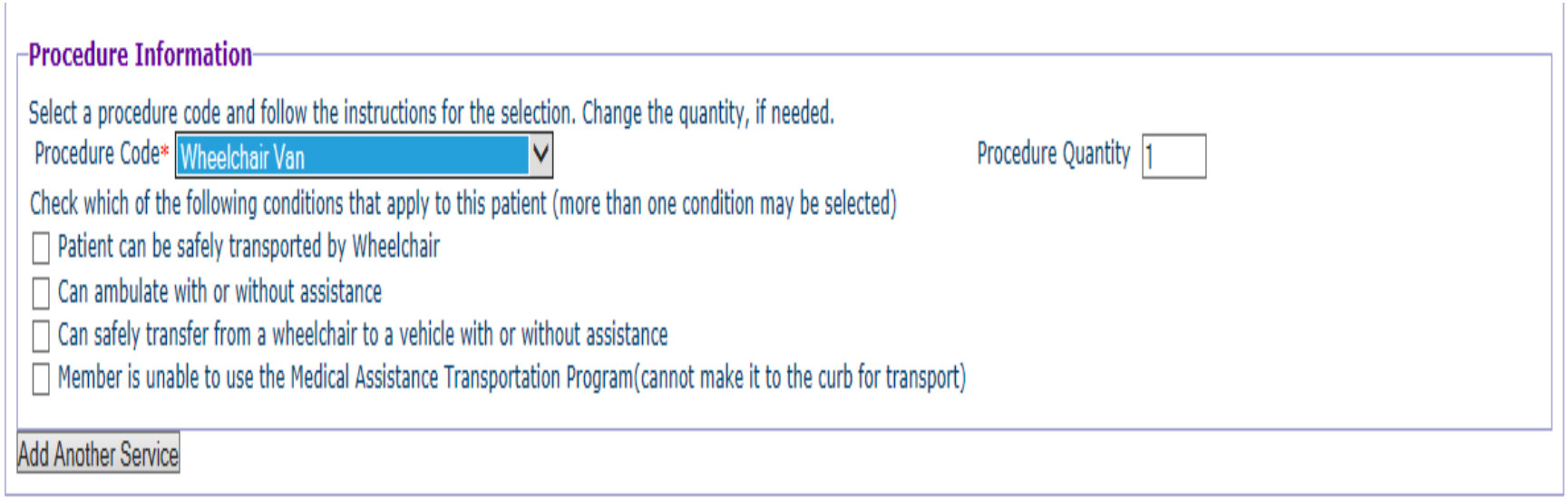
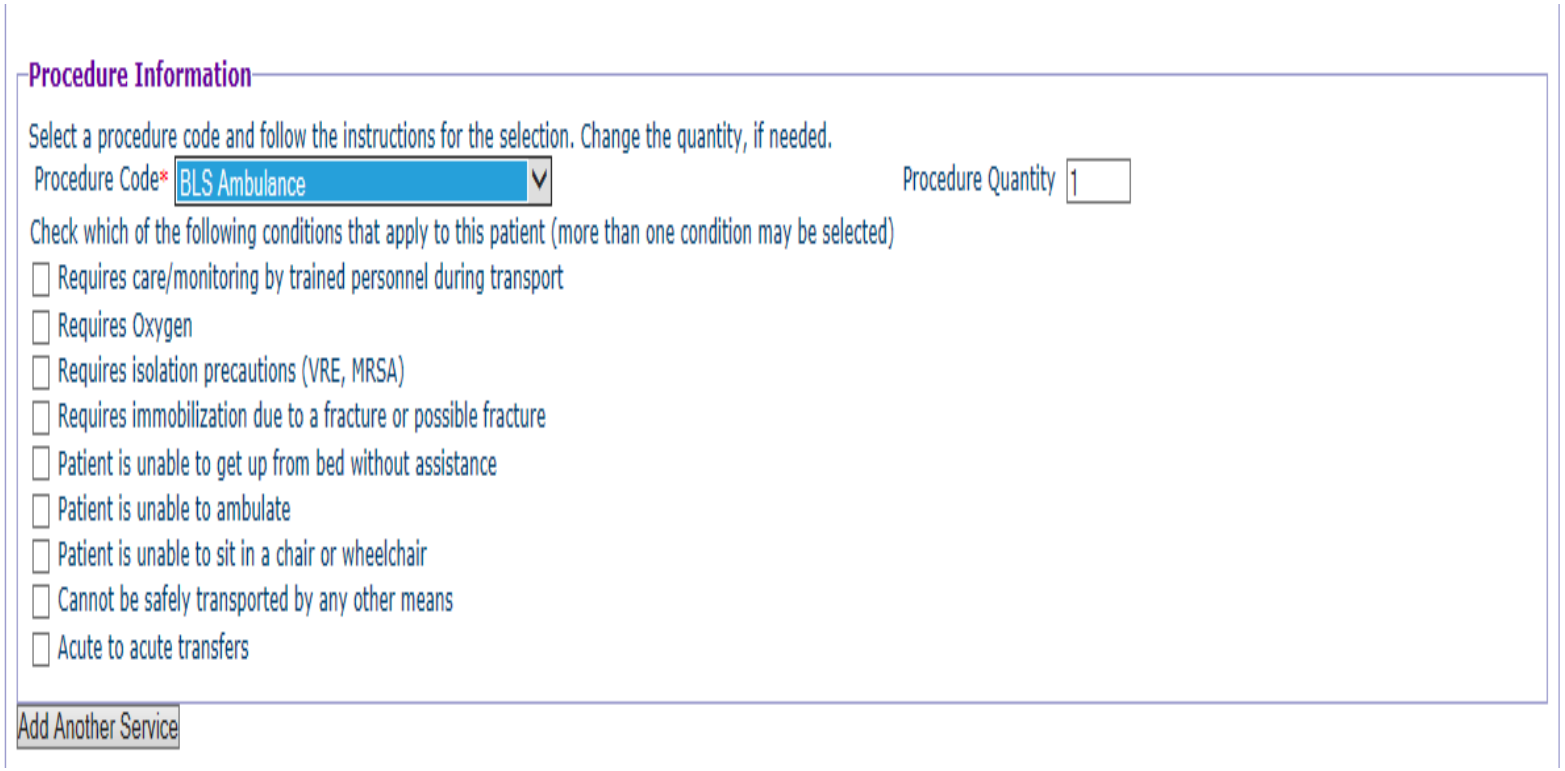
# Non-Emergent Transportation



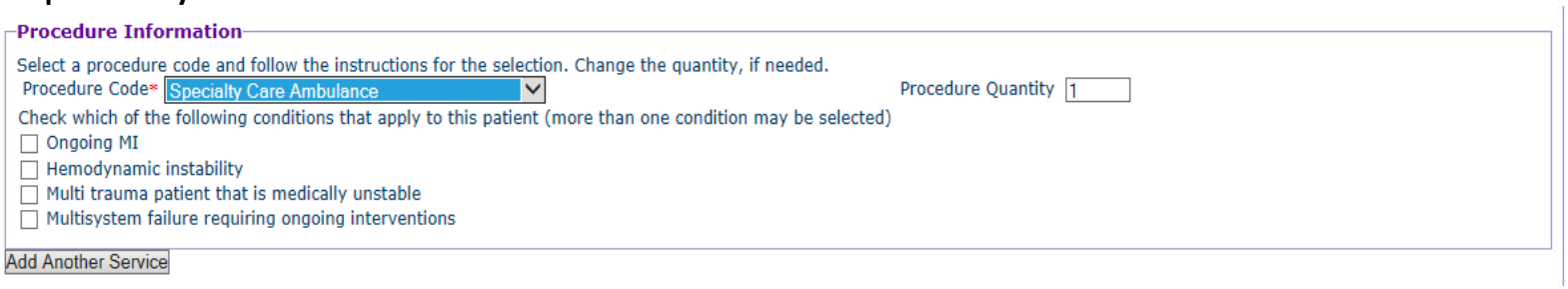

*Note: Medicaid members only*

# Non-Emergent Transportation

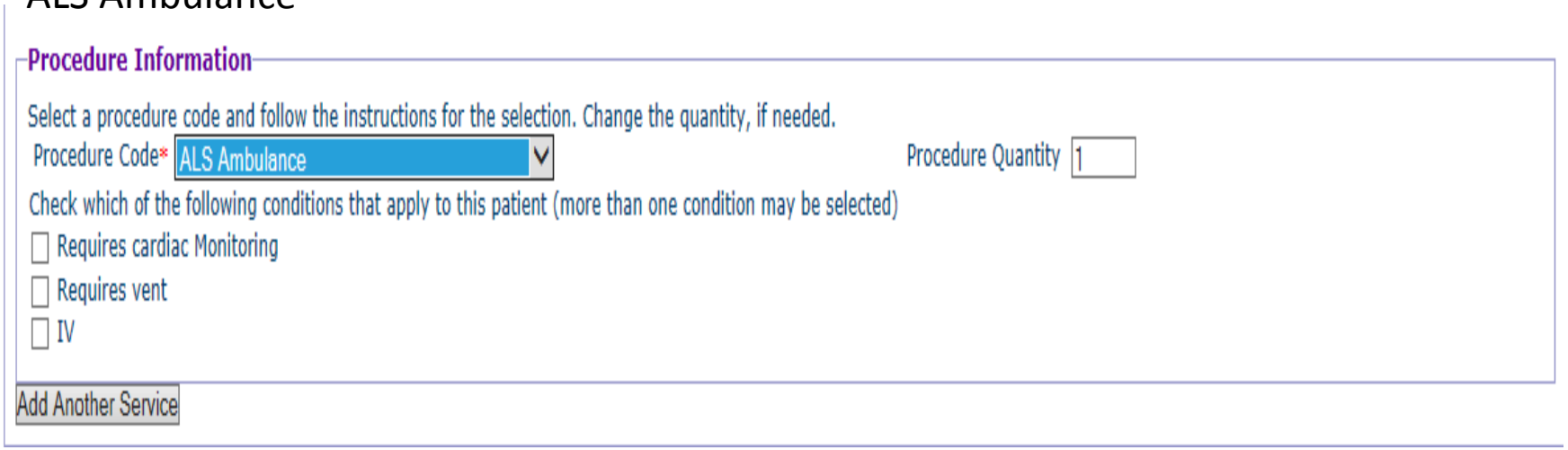


# Non-Emergent Transportation

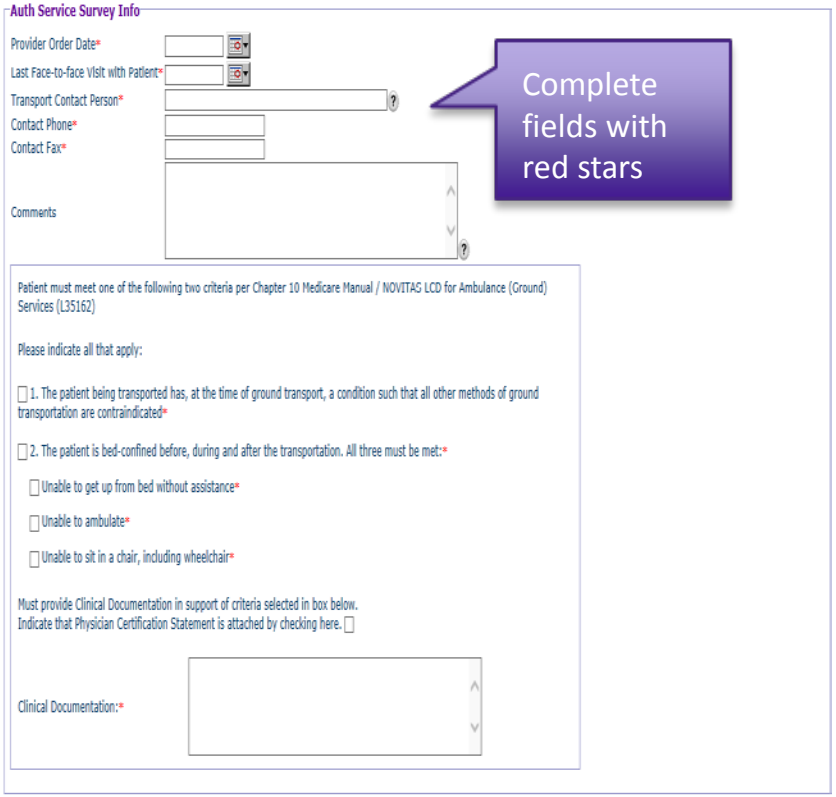
## Specialty Care Ambulance




## ALS Ambulance

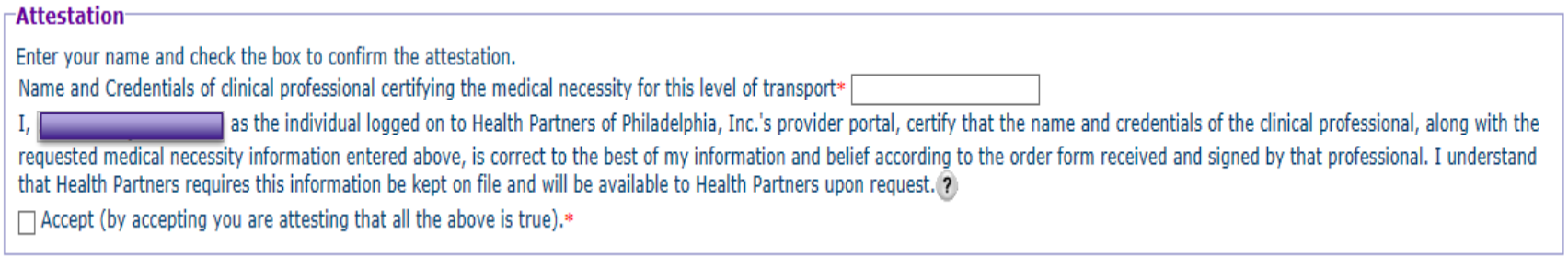


# Non-Emergent Transportation




- Medicare F2F/Provider Order not mandatory.
- Include transport contact information (name, phone and fax) to provide determination.
- Complete Medicare guideline (LCD/Medicare Manual, Chapter 10) and clinical documentation to support request.
- Attestation required.

# Non-Emergent Transportation

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# HP Connect Best Practices

- If you need to provide more information, do not submit a portal request twice. This will create a duplicate request and will cause a delay.
- Call HPP if you submitted a portal request incorrectly or incompletely and direction will be provided.
- Provider Services Helpline at 1-888-991-9023 (M-F, 9 a.m. – 5:30 p.m.).

# Hospice Auditing

- Bureau of Program Integrity (BPI) under DHS
- BPI randomly audits hospice providers to ensure all regulations are being met.
- BPI will notify hospice providers of membership files to be submitted for BPI review.
- BPI requests claims documentation from HPP and then compares with documentation submitted by the hospice provider.
- Violations are registered against the hospice provider and may result in recovery of Hospice payments.
- All providers, including, but not limited to ordering physicians, rendering providers, and hospice providers, must be in compliance with all state and federal regulations related to the provision of hospice care when servicing Medicaid and CHIP members.

# Hospice Covered Services

- Coverage of all supporting hospice services (e.g., durable medical equipment, pharmacy services, non-emergent transportation, etc.) related to member's terminal diagnosis is the responsibility of the hospice provider, not HPP.
- HPP is only responsible for reimbursement for the following procedure codes related to services provided for hospice care:
  - **T2042** - HOSPICE ROUTINE HOME CARE
  - **T2045** - HOSPICE GENERAL CARE
  - **T2044** - HOSPICE RESPITE CARE
  - **T2043** - HOSPICE CONTINUOUS HOME CARE

# Hospice Covered Services continued

- Without physician-signed orders, services being rendered will not be considered authorized.
- For inpatient hospice, appropriate clinical documentation must be provided to HPP to support the level of inpatient hospice care being requested.
- Home Hospice through a participating provider does not currently require authorization.  Providers are expected to meet regulatory requirements obtaining hospice certifications and documentation of required hospice services and visits.
- Claims for hospice services are subject to retrospective review.

# Inpatient Hospice

- Inpatient Hospice is a benefit for all Medicaid members.
  - A member qualifies for inpatient hospice if they are actively dying or require treatment that can't be managed in the home.
- Required documents for a pre-certification of a hospice admission:
  - Signed Hospice Election Form
  - Signed Certificate of Terminal Illness
  - Plan of care
  - Current assessment of the members condition/symptoms
    - What are the current exacerbating symptoms and interventions?
    - When did they start occurring?
    - Why is member unable to be managed at home?
    - Who is the members support network?

# Inpatient Hospice Review Process

- Every inpatient hospice case will be reviewed for medical necessity by HPP's medical directors.
- If approved for inpatient level of care (LOC), 5 days will be approved.
- If the initial request or continued stay request is deemed not medically necessary, the request will be downgraded and be paid at a home hospice level of care.
- Appeal and P2P options will be available.

# Respite Care

- Respite care is a covered Medicaid benefit while a member is in a hospice program.
- It is a short stay intended to give temporary relief-up to five days in a row to the person who regularly assists with home care.
- Members are entitled to 5 days covered every 60 certified days.
- Prior authorization is required.

# BPI Examples of Hospice Violations

- Claims paid to hospice provider for General Inpatient Services (GIP) when recipient's medical record lacked documentation supporting GIP level of care. Per BPI, payment should have been made at a Routine Home Hospice rate.
- Hospice related services were billed by other providers while recipient was enrolled under hospice coverage (DME, pharmacy, non-emergent Transportation, etc.)
- Claims paid for hospice services when recipient's medical record was missing valid physician signed Certification or Re-certification of Terminal Illness, Hospice Consent, Patient's Rights & Responsibilities and/or clinical documentation of care, visits (all Hospice disciplines).

# Questions?

Contact information:

- Provider Services Helpline 1-888-991-9023 (M-F, 9 a.m. to 5:30 p.m.)
- Member Relations
  - Medicaid: 1-800-553-0784
  - Medicare: 1-866-901-8000
  - CHIP: 1-888-888-1211
  - TTY: 1-877-454-8477