HP Connect Provider Portal Home Health Authorizations Hospice Utilization and Home Infusion Webinar

April 20, 2021 12:30-1:30

Presented by HPP Utilization Management

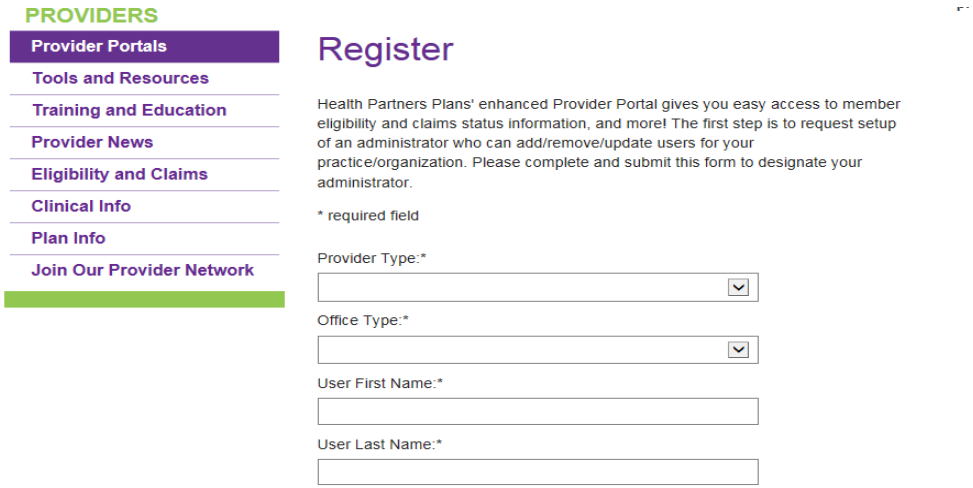
Health Partners Plans HPP

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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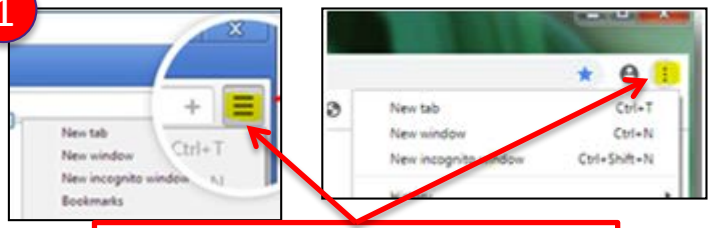
Google Chrome Autofill Settings

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

1

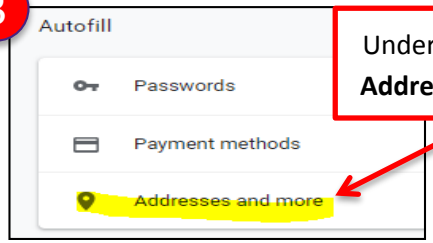


Click on the three horizontal lines located on the top right of your Chrome browser. (*It may also look like three vertical dots*).

2

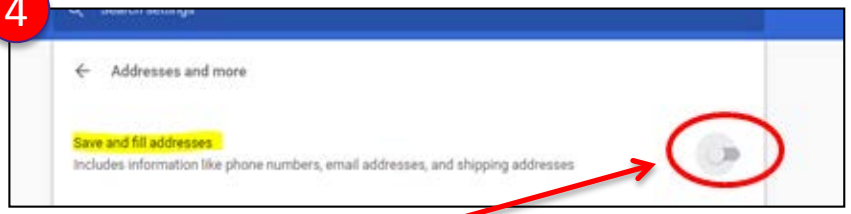
Then select **Settings>Addresses and more>Save and fill addresses**

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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Technical Direction

- Internet Explorer (IE) is an unsupported browser for the Aldera Provider Portal.
- Must use Google Chrome as the recommended browser for Aldera Provider Portal.
- If you do not have Google Chrome, Mozilla Firefox or Microsoft Edge may be used as well.

Prior Authorization Requests

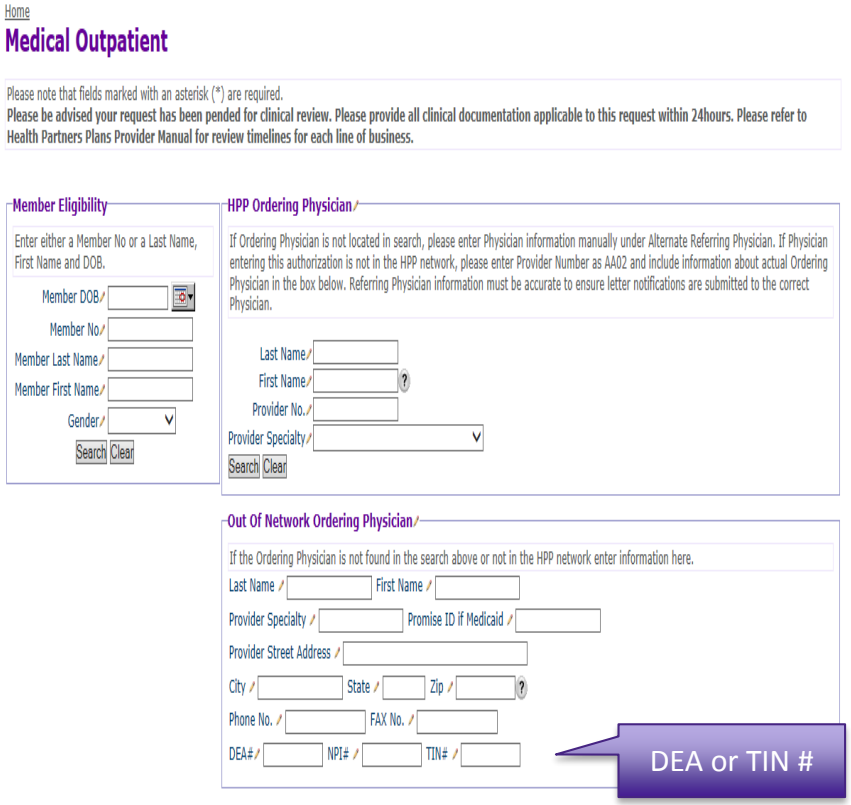
- Home health agencies, DME Providers and Non-emergent Transportation Providers re encouraged to use HP Connect to submit all prior authorization requests.
- Increased efficiency to provide faster determination to providers.
- Future Portal initiatives: Providers will be able to receive determinations quickly via HP Connect

  Home Care providers will be able to adjust the end date of their current Home Care authorization before submitting a new request for additional Home Care visits. Thus preventing overlap and potential claims issues.

Home Care and DME Requests

- Home care and DME Providers should continue to submit requests for disciplines / Items and volume as supported by physician orders and the clinical documentation provided for review of medical necessity.
- HPP requests Providers maintain oversight of their Intake / Authorization teams to ensure that the clinical documentation they submit to HPP is specific to the current request.
- Valid Physician orders must be provided that match the 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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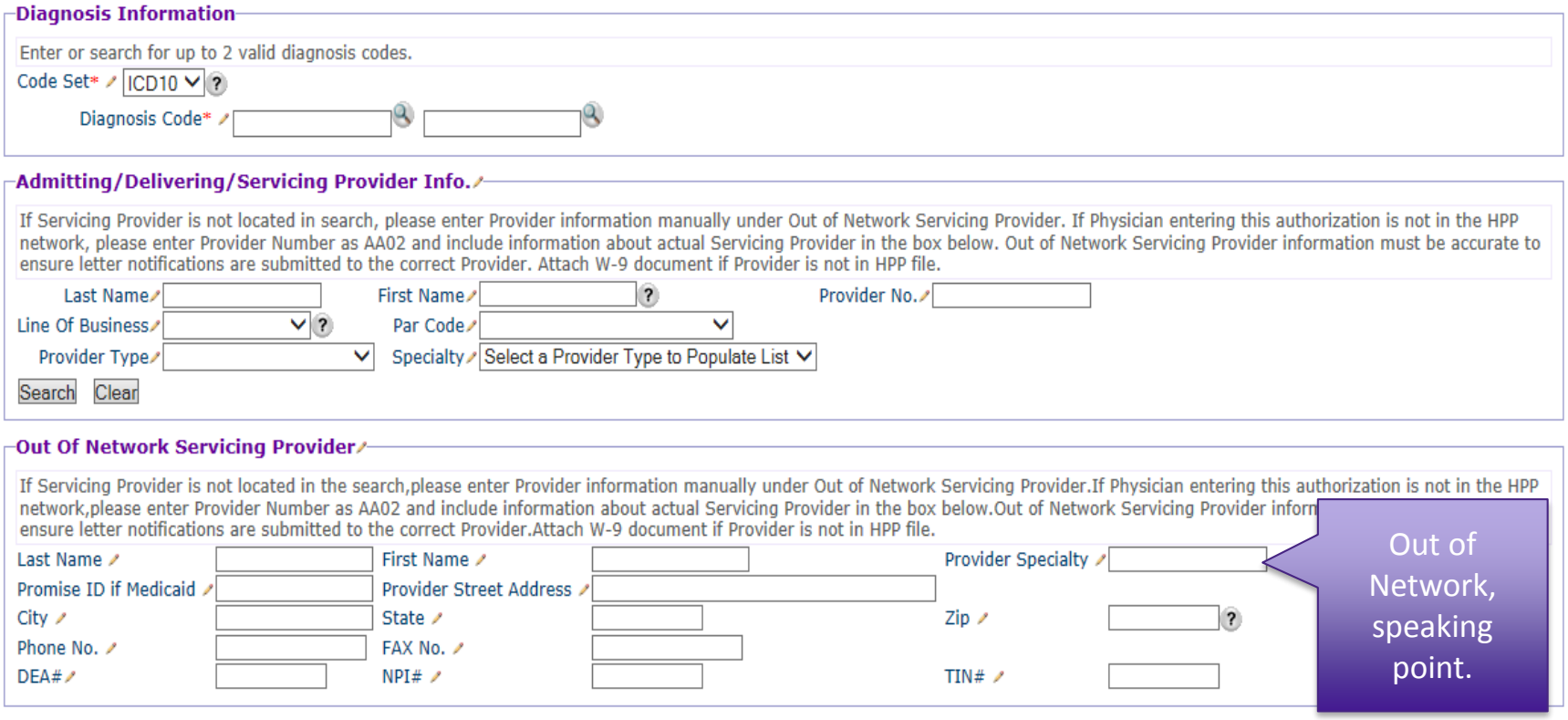
Medical Outpatient Authorizations



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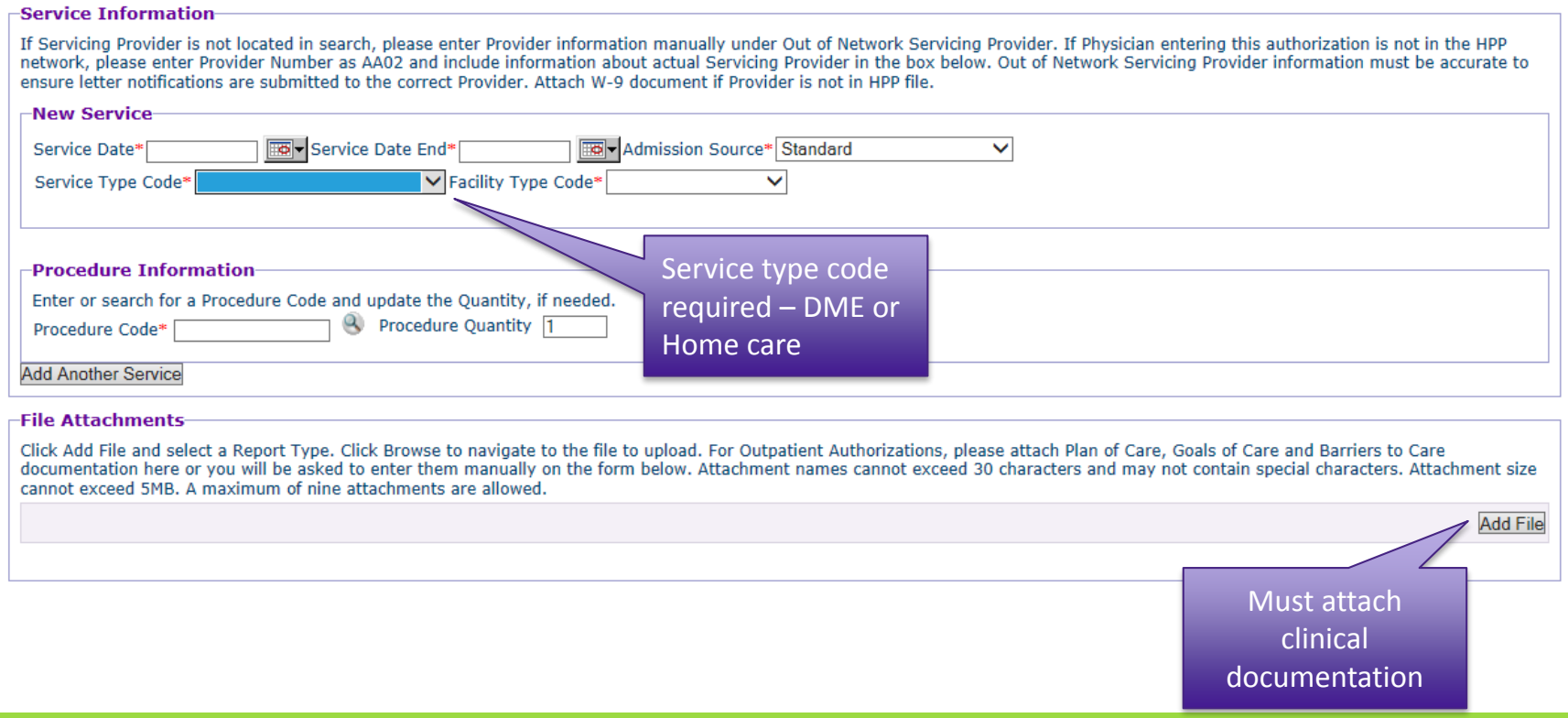
Medical Outpatient Authorizations



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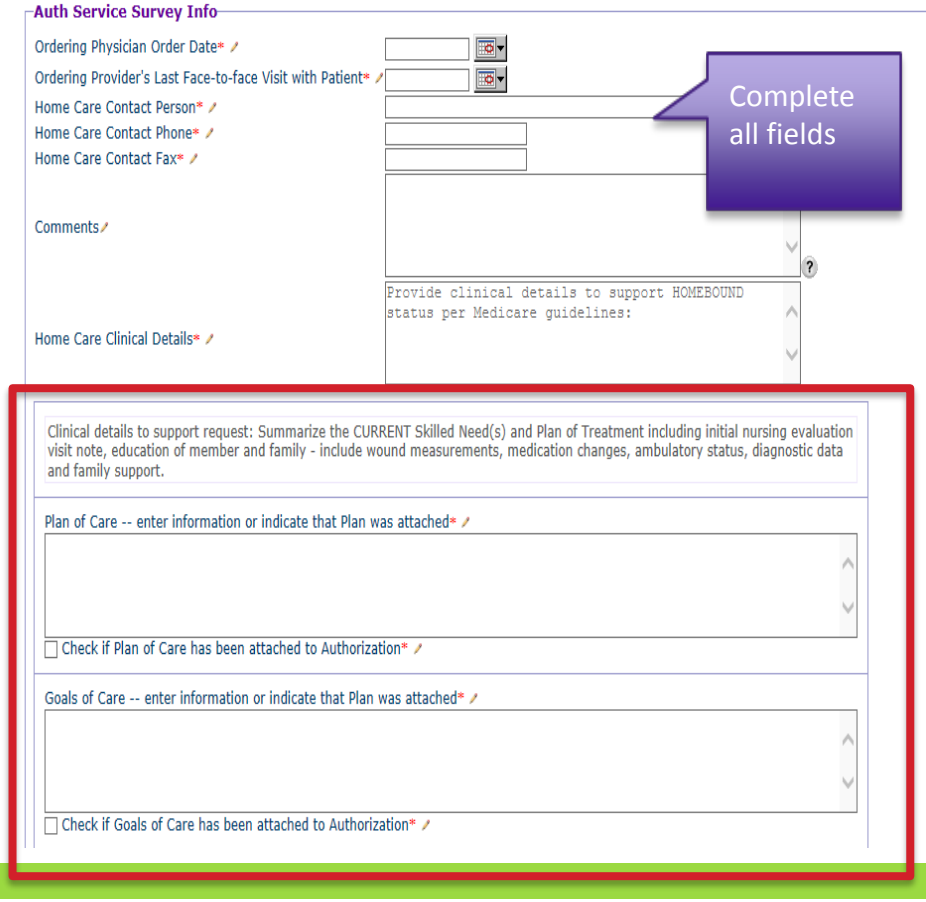
Medical Outpatient Authorizations



- 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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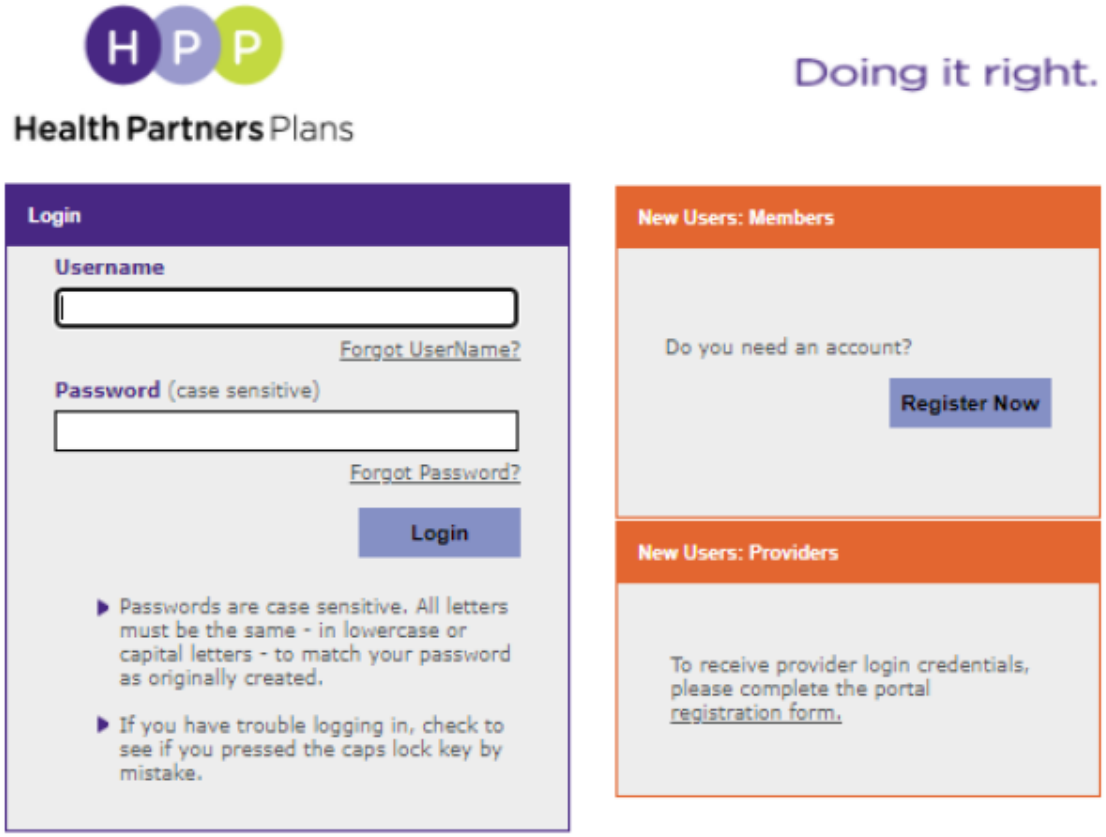
Portal Enhancement !!

- Providers now have the capability to attach additional clinical documentation to an authorization that has already been submitted. This new functionality eliminates the need for Providers to manually fax in the additional clinical documents after an authorization and initial documentation have been submitted in the Portal.

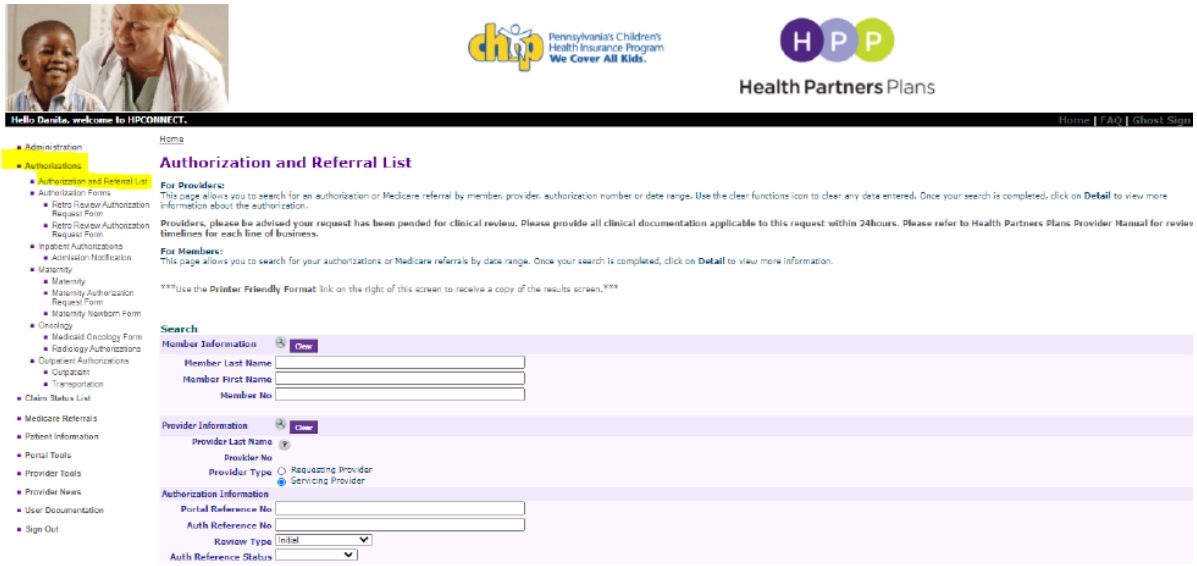
- Following slides contain details on how to submit additional attachments to an existing authorization.

1. Log into Aldera HP Connect Portal https://hpconnect.alderaplatform.com/



Authorization and Referral list

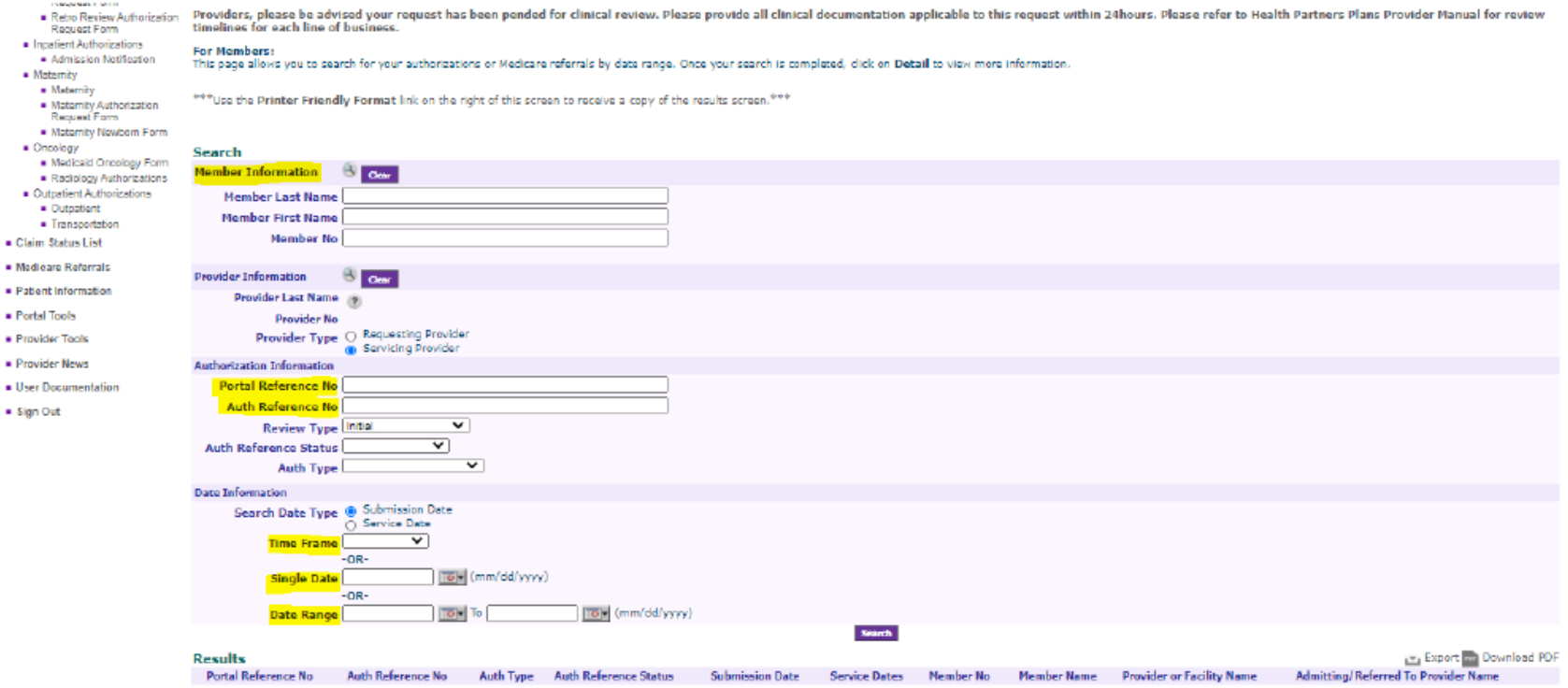
- In the menu located to the right of the screen, navigate to "*Authorizations>Authorization and Referral List*"



Finding an Existing Authorization

- To find an existing authorization that needs additional clinical documentation uploaded, enter applicable search criteria – this can be done by searching via the Portal Reference Number, PI/PO Authorization Number, or by Member ID, First and Last name, or any other combination of information. (You do not need to fill out all the fields on the screen to perform the search). Filtered results are displayed depending upon the fields that are filled out on this search screen.

Finding an Existing Authorization cont.



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Opening the Authorization

- Once you see the authorization you are looking for, click "*Detail*" to open the authorization

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Uploading Additional Documents

- Scroll down to the bottom of the screen. There is a new section below the existing File Attachments to upload additional documents called "*Upload File Attachments*". Click on "*Add File*" to browse for the file or files to be uploaded/submitted. **The original limit of 9 files still stands. (Ex. If there are already 3 documents that were uploaded initially, there is a limit of 6 additional files that can be uploaded)**.
- If you have more than 9 attachments, please fax and reference the portal request already submitted on your cover sheet. Should be rare that prior authorization request would require more than 9 attachments.
- Please also keep in mind naming convention, character limit of 30, and no special characters.

Uploading Additional Documents cont.

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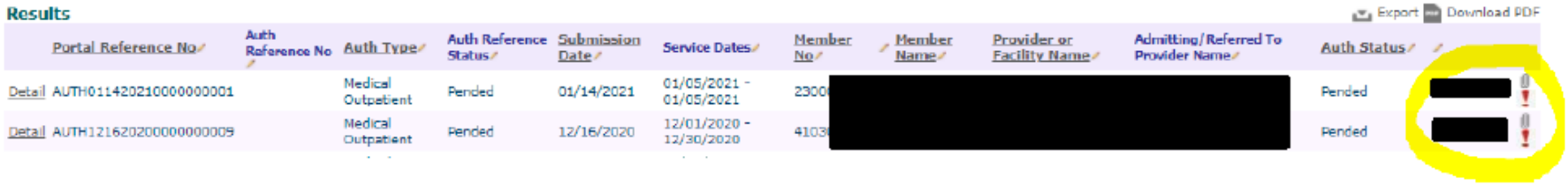
Confirmation of Authorization Update

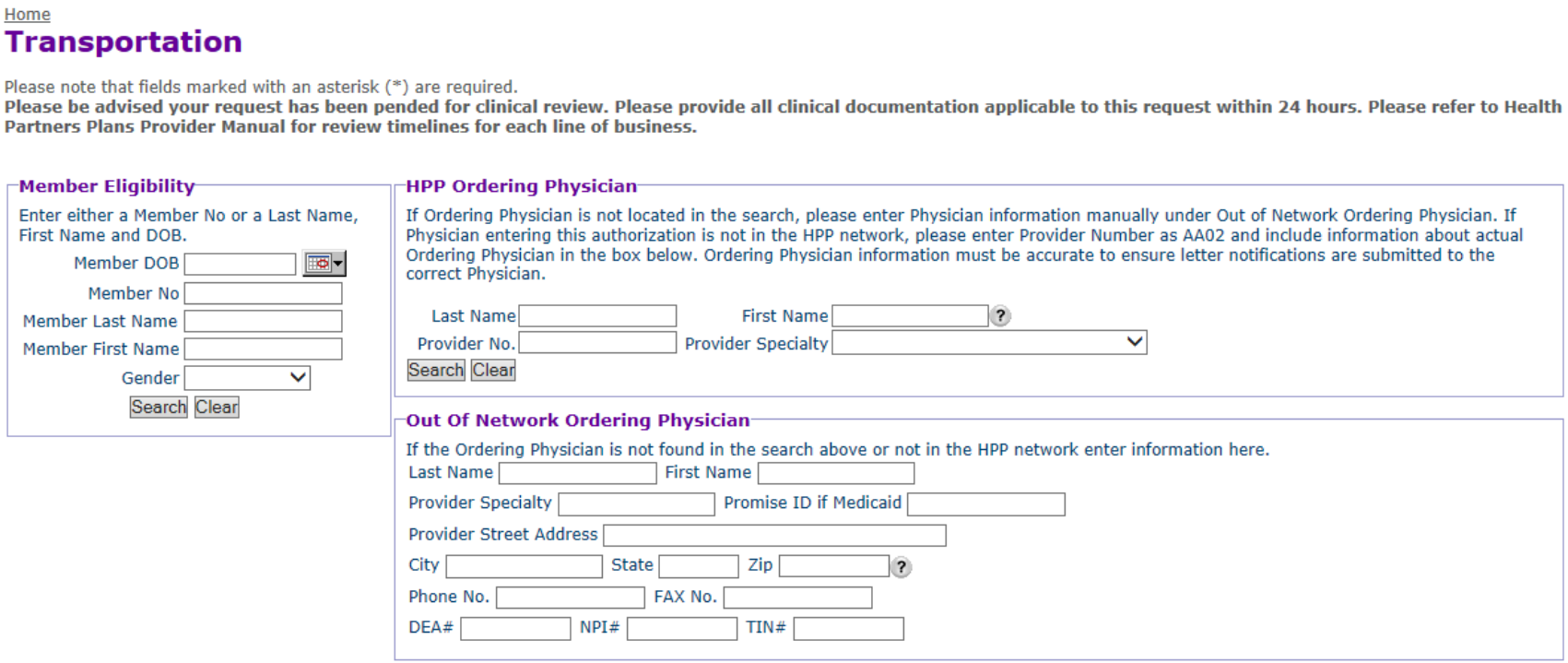
- Once submitted, refresh the page or navigate to the homepage and go back to the authorization screen. A red exclamation point icon will display on the authorization that was updated -- located on the far right of the screen.



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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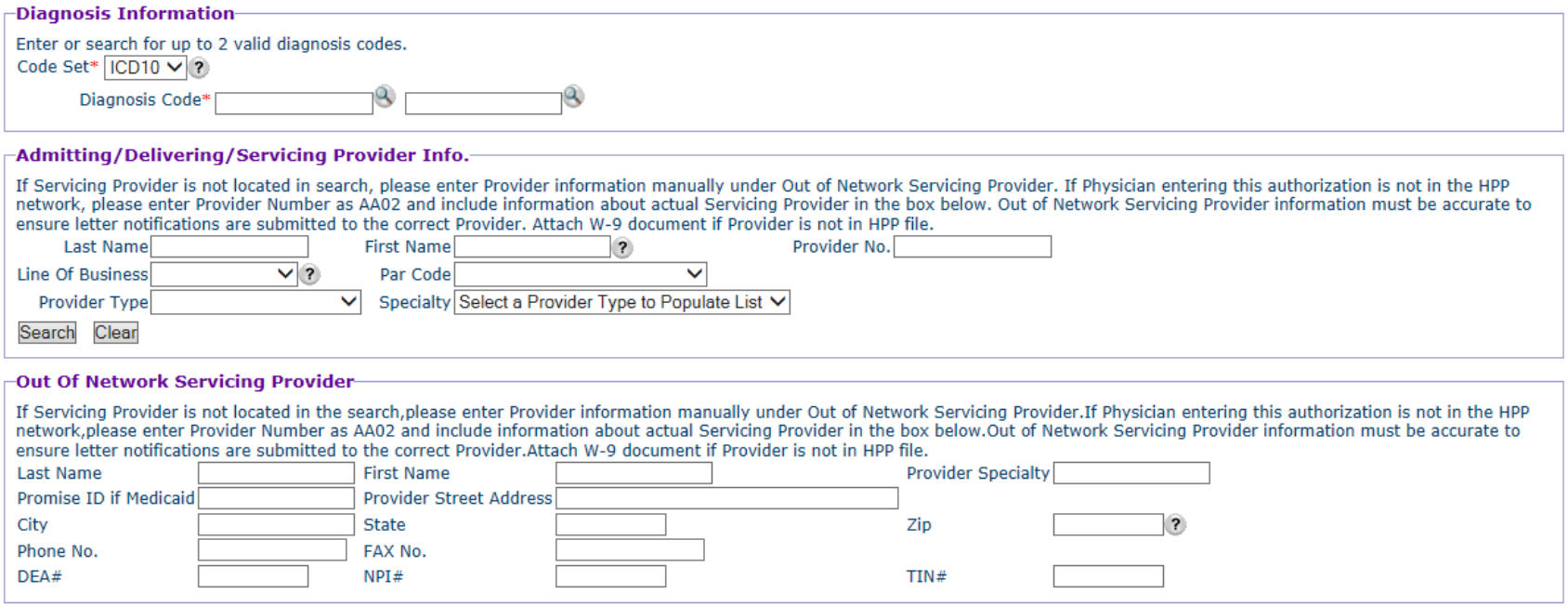
Non-Emergent Transportation



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

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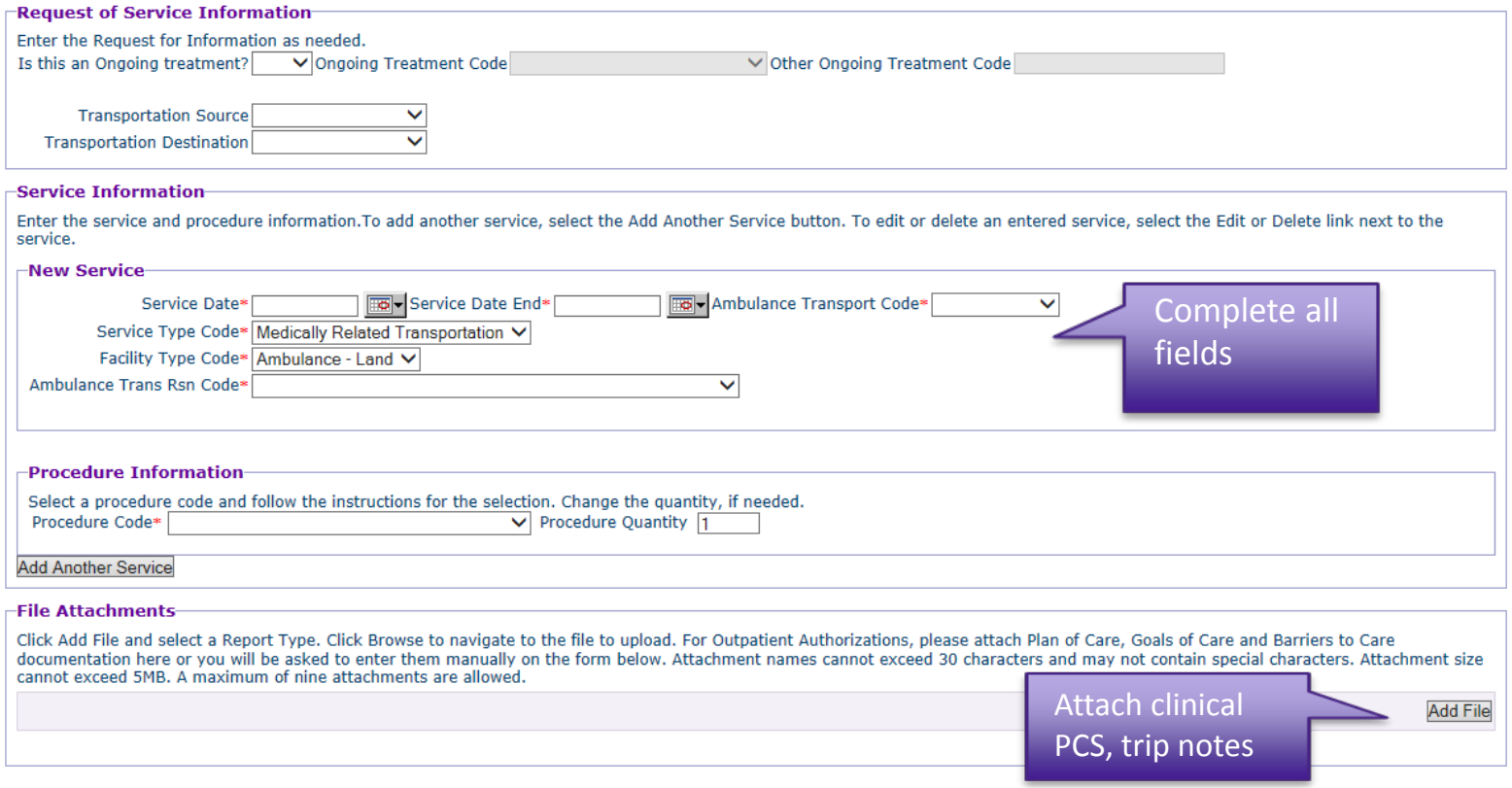
Non-Emergent Transportation



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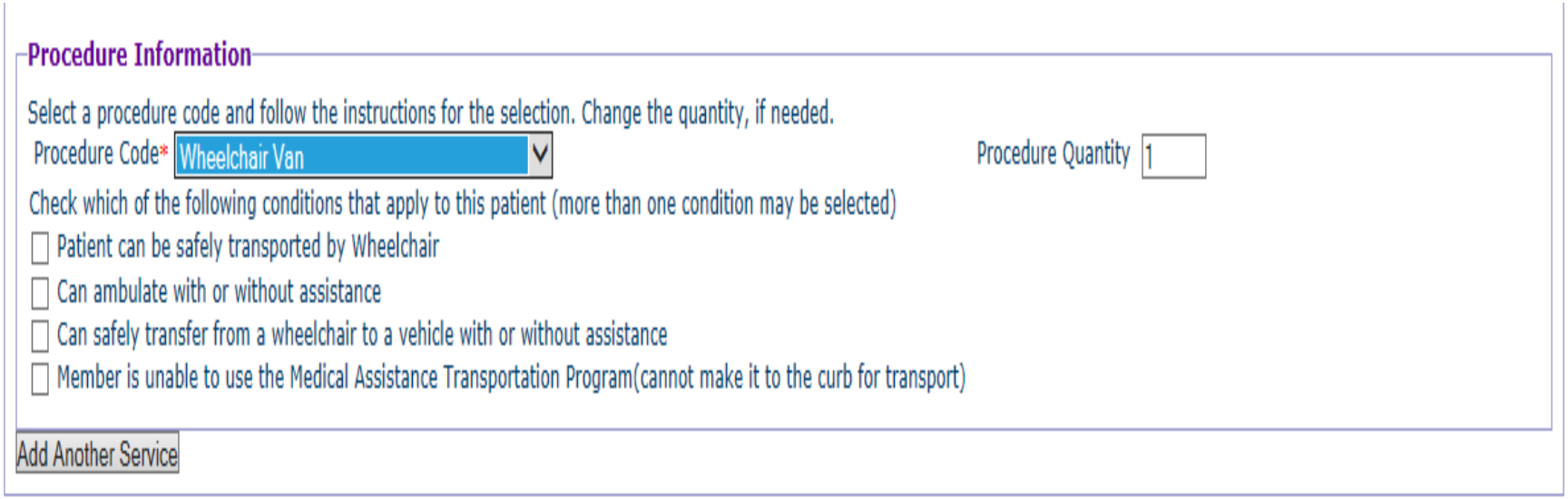
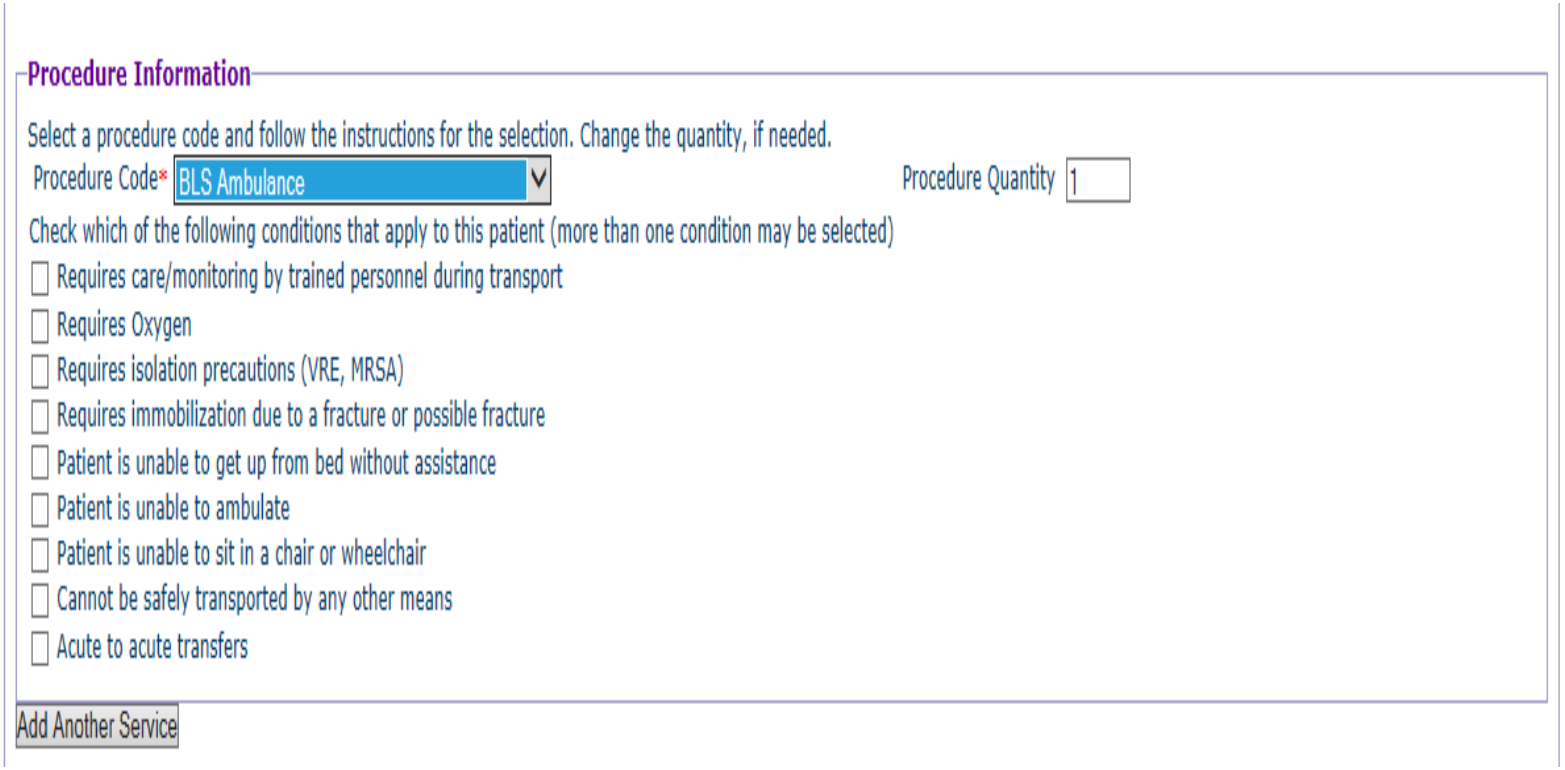
Non-Emergent Transportation



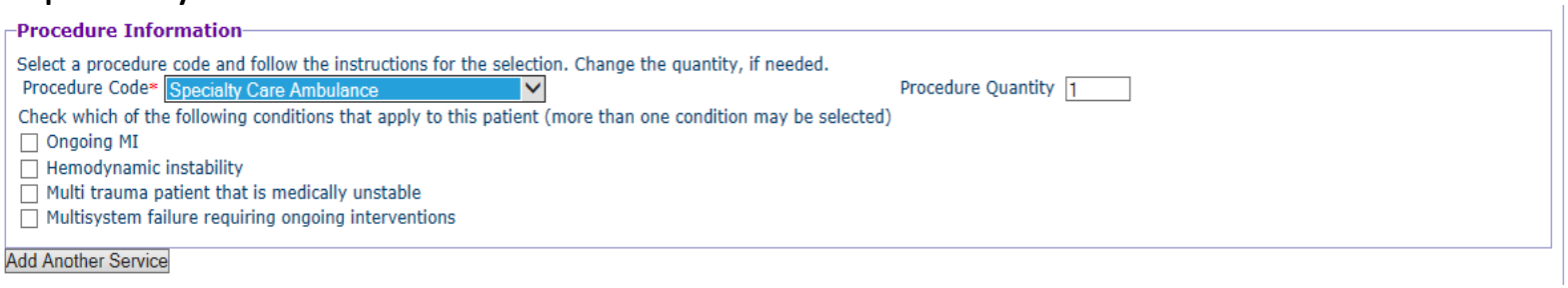
Note: Medicaid members only

Non-Emergent Transportation

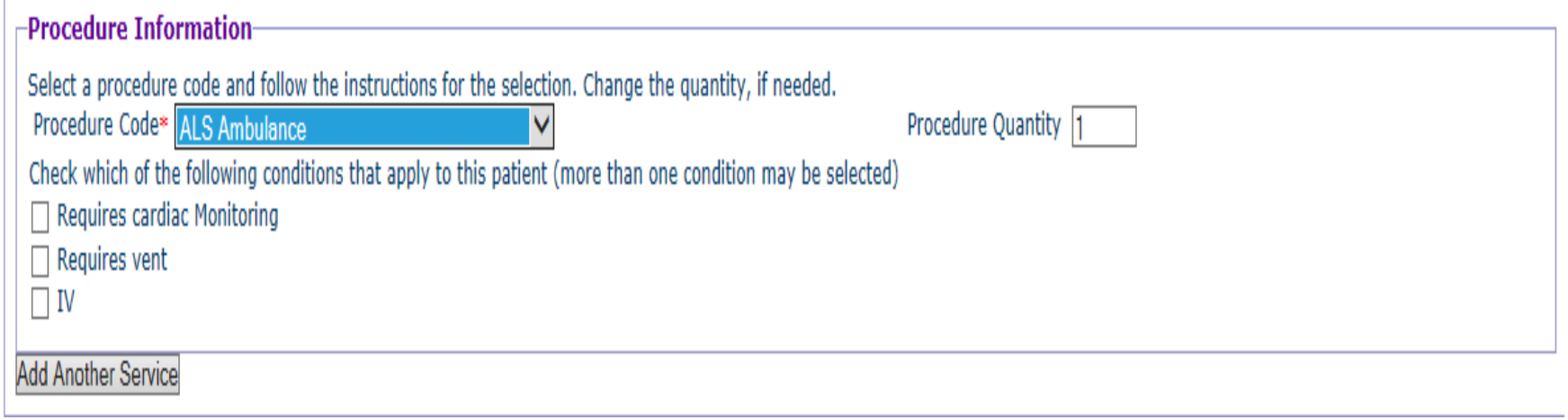


Non-Emergent Transportation

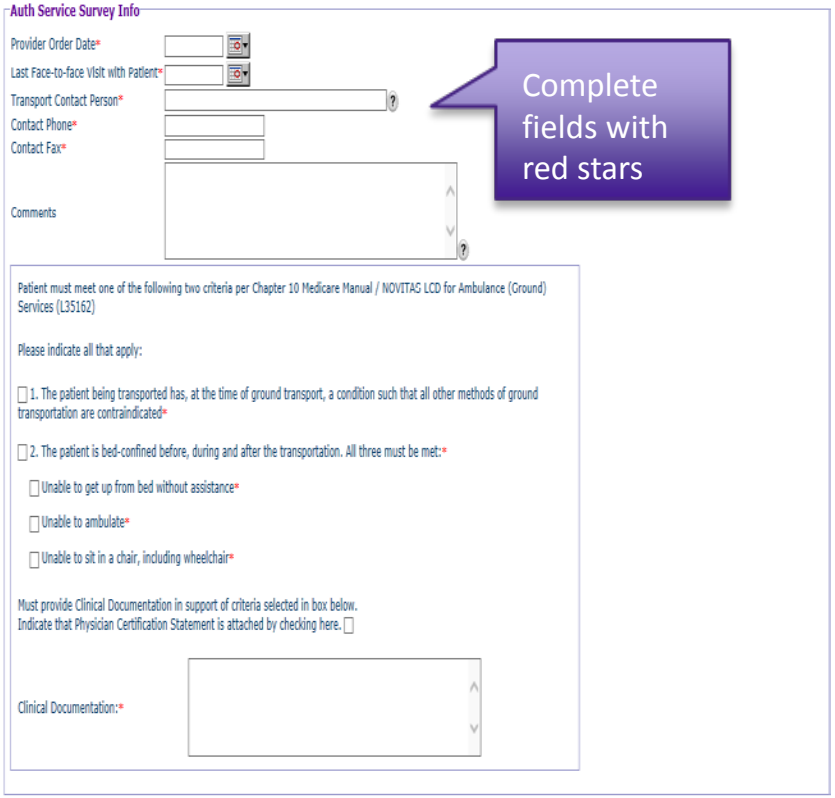
Specialty Care Ambulance



ALS Ambulance

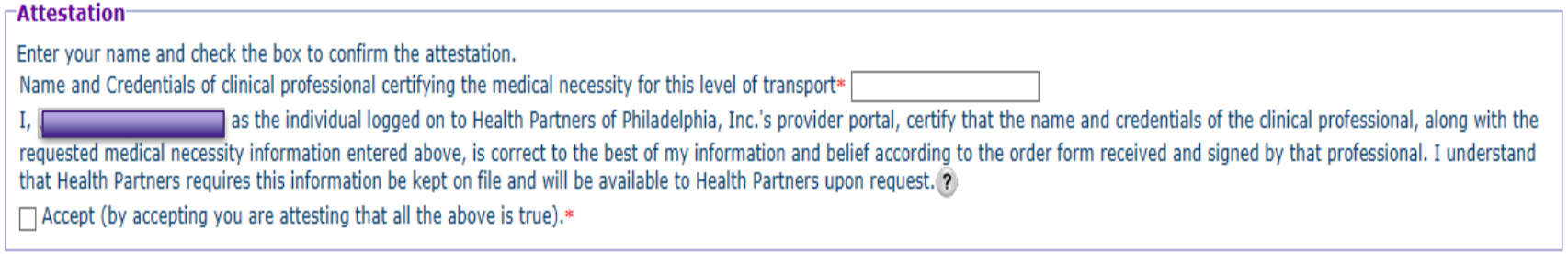


Non-Emergent Transportation



- 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



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.
- Refer to the new enhancement process discussed earlier to add documentation to an existing authorization.
- 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

- HPP covers Hospice for Medicaid/ CHIP Members
- Bureau of Program Integrity (BPI); is a Program under DHS
- BPI randomly audits hospice providers to ensure all Hospice regulations are being met.
- 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.

Home Hospice Referral Initiative

- Health Partners Plans Portal team is developing an initiative to submit Home Hospice notifications via the Portal.
- This will provide a check list to ensure Hospice regulations are met.
- Will also ensure appropriate Claims reimbursement and minimize BPI violations. Including inappropriate payment to other Providers for services that should be covered under the Hospice compensation (e.g. Pharmacy, DME, Transport related to Hospice diagnosis)
- Notification will provide documentation for HPP Case Management that member is receiving Home Hospice services.
- Portal development will also include option to report when a member revokes Home Hospice or when they expire.

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 obtained within the regulatory timeline, Hospice services rendered will not be considered authorized.
- Portal referral will allow Hospice Provider to attach the Certificate of Terminal Illness, Member Consent for Hospice and Plan of Care – all signed per CMS regulatory requirements and timelines.
- For Inpatient hospice, appropriate clinical documentation must be provided to HPP to support the level of inpatient hospice care being requested. Authorization is still required for Inpatient Hospice.
- Home Hospice through a participating provider does not currently require authorization. Hospice Providers are expected to understand and meet regulatory requirements.
- Hospice Providers will be able to attest to the validity of their documents.
- Hospice Referrals will be randomly audited that all DHS regulatory requirements have been met.
- 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?
- **** You risk delaying the authorization from being processed if all required forms are not rec'd, completed, and signed as stated above****.

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).

Home Infusion Requests

- New Home Infusion Request form
- Provider Network will provide form and form will be available on the Provider website.
- Ensure that Ordering Physician information and dosing on prescription matches the request submission.
- Ensure Claims submissions are correct and minimize claims recovery relating to payment errors.
- If billable code for a drug, it must be used. HPP will not default to a miscellaneous code.
- Claims and reimbursement issues must be directed to the Provider Helpline or to your Provider Network Account Manager

Milrinone Authorizations and Dosing

- The Home Infusion form offers a specified section to standardize Milrinone reporting as mg/kg/day.
- Preferably provide the per day administration of a drug when applicable.
- Authorization will allow for a 10% dosing range to account for possible weight gain
- Any member's weight above the authorized administration of Milrinone and 10% range, will require a new authorization.

Home Infusion Billing Requirements

- **Important Billing Reminders for all Drug Therapy:**
- Ensure the drug is always billed with a therapy code
- Ensure the drug is billed per the authorized measurement type
- Calculate the actual drug usage and waste to support the therapy
- Report drugs according to the Dose Administered or NDC Units
- Report the JW modifier on Part B drug claims for discarded drugs and biologicals
- Document the amount of discarded drugs or biologicals in Medicare beneficiaries' medical records

Home Infusion Request Form

Home Infusion Provider Name:	**Contact person:**
NPI:	**Phone #/extension:**
Tax ID:	**Fax #:**
Provider ID:	
Member name:	**Member DOB:**
Member ID#:	**Member weight:**
Diagnosis code(s):	
Ordering Physician Name:	**Office Contact:**
NPI:	**Phone#/extension:**
Provider ID:	**Fax #:**
Date of orders:	
Dates of service:	
Place of service - Please circle HOME MD office Infusion center	
If being given in a SNF, is this member's home (custodial care):	
MILRINONE **(If WEIGHT GAIN over 10% new request is required)**	
Dose ordered:	**Attach orders**
Concentration: _____mg/_____kg/_____day	**Waste: MUST be reported on claim with modifier JW**
J code	**99601/visits**
S code/per diem	**99602/hours**
OTHER MEDICATION OR Hydration	
Dose ordered:	**Attach orders**
Concentration:	**Waste: MUST be reported on claim with modifier JW**
J code	**99601/visits**
S code/per diem	**99602/hours**
OTHER MEDICATION OR Hydration	
Dose ordered:	**Attach orders**
Concentration:	**Waste: MUST be reported on claim with modifier JW**
J code	**99601/visits**
S code/per diem	**99602/hours**

Please check here _____ Attesting that all documentation is accurate

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Questions?

Thank you for attending today's session.

- 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