

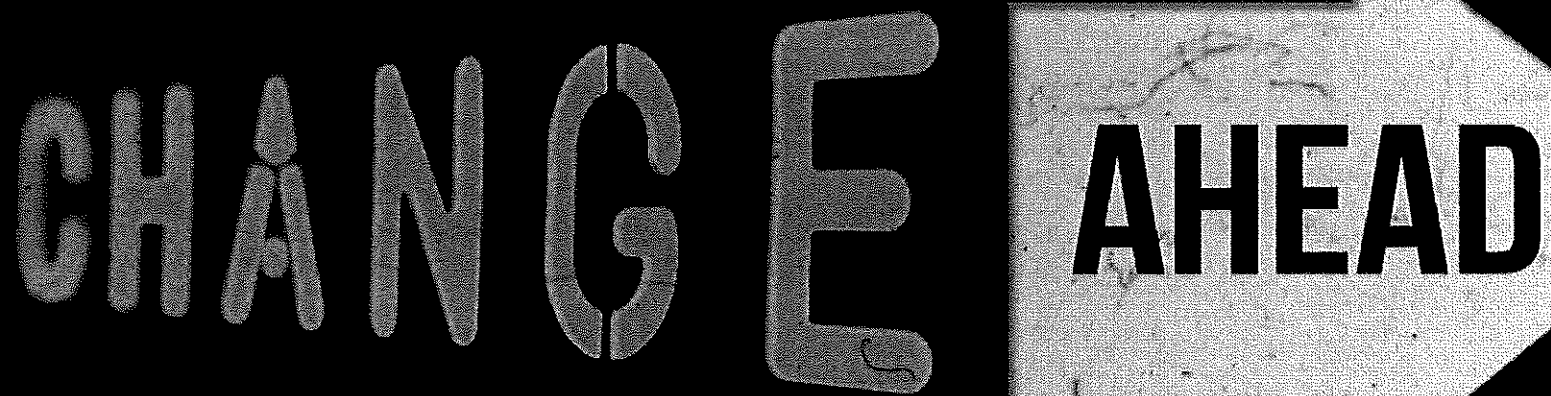
# Agenda

- Community Care Network (CCN)
- Overview of changes to home care
- Health Share Referral Manager (HSRM)
- Resources

# Home care agencies partner with the VAMC



Providing High Quality, Timely Care to Veterans



**CHANGE AHEAD**

**Community Care Network: TPA=Optum  
VISN23 System Redesign  
HSRM**

# Community Care Network (CCN): Optum



## **Veterans choose**

- Providers in CCN - Optum is TPA
- Veterans Care Agreements (limited)

## **To Join CCN**

- [UHCprovider.com](http://UHCprovider.com) > Join
- Optum Call (844) 839-6108 (8am to 8pm ET, Monday through Friday, excluding holidays)
- Optum provider portal
  - View claims
  - Training

# Referral and Authorization

## Key Concepts in the Referral and Authorization Process

### Consult

- ✓ An **electronic request for services**
- ✓ Initiated by a clinician, to **enable a patient to see a community provider** for specific care

### Order

- ✓ The **consult is the order that drives the request** for services out into the community

### SEOC

- ✓ **Standard set of services and procedures bundled together** that relate to a specific category of care or sub-specialty
- ✓ SEOC is attached to the consult

### Referral

- ✓ The **official approval** for care in the community shared with the community provider or contractor

***SEOCs will be used nationally by VA medical facilities when referring care to the community. Furthermore, each consult should be accompanied by an associated order, referral, and SEOC.***

# Skilled Home Health Care SEOCs

SEOC Title	When Is It used?	Reimbursement Model	OASIS Required?	Example
<b>Skilled Home Health Care Bundled</b>	Short term and intermittent care	Medicare Prospective Payment System	Yes	After inpatient discharge - SN for education on meds; PT and OT for home safety eval and strength and bath aide -goal to return to baseline
<b>Skilled Home Health Care Non-Bundled</b>	Continuing care to Veterans with ongoing intermittent needs	VA Fee Schedule	No	Chronic -SN for med management or chronic wound care; Home safety assessment
<b>Skilled Home Health Care Bath Aide Non-Bundled</b>	Continuing care to Veterans with ongoing intermittent needs	VA Fee Schedule	No	A bath aide is IN ADDITION to Skilled HHC- non bundled
<b>Skilled Home Health Care Expanded</b>	Continuing care to Veterans with ongoing daily needs	VA Fee Schedule	No	ALS, Vent dependent - 2 person transfer, tube feeds

For all four Skilled Home Health Care SEOCs:

- Duration is 180 days
- Veterans on VA pay do not need to meet Medicare homebound and face-to-face criteria
- Community providers must be Medicare certified, Medicaid certified, or licensed by the state
- Community providers must share the 485 care plans (per Medicare regulations) and VA staff must review to verify continued need

# Home Infusion SEOC

## Skilled RN + Infusion Therapy

Duration: 180 days

### This SEOC should be used when:

- Veteran requires any type of infusion therapy provided in the home setting.

### Things to note

- ✓ SEOC includes skilled nursing services provided by home infusion agency. If additional skilled care is needed, a concurrent Skilled Home Health Care consult/SEOC/referral is required.
- ✓ SEOC includes drug, medication delivery, supplies, and DME.
- ✓ Lab specimen processing is included in the SEOC, but the lab must be in network.
- ✓ Reimbursement is based on the VA Fee Schedule.

Provides 2 visits; if more nursing visits are needed; use RFS to request a new order

# Case Mix – Personal Care Services

The VHA Purchased Home and Community-Based Services case mix (CM) tool

- Standardized tool
- Determine amount of care needed for Non-skilled needs
  - Implementing use in all VA Medical Centers in Midwest Healthcare network



# Personal Care Services SEOCs

SEOC Title	Duration	Hierarchy for Common Purchasing Authorities	Reimbursement Model
Homemaker/Home Health Aide	180 days	CCN, VCA	VA Fee Schedule
In Home Respite	180 days	CCN, VCA	VA Fee Schedule

SEOC's now include RN oversight visits

For all four Personal Care Services programs:

- Target population is Veterans in need of nursing home care with 3+ activities of daily living deficits or cognitive impairment
- Personal Care Services Case Mix Tool required for all PCS programs, except for CADHC

SEOC Title	H/HHA or Respite Hours/Week	CADHC Days/Week
Case Mix A, B, or C	Up to 9 hours	Up to 2 days
Case Mix D, E, or F	Up to 11 hours	Up to 3 days
Case Mix G, H, or I	Up to 13 hours	Up to 3 days
Case Mix J or K	Up to 16 hours	Up to 4 days
Case Mix L	No less than 3 hours	1 day
Exception	Up to 168 hours	Up to 7 days

# Reauthorizations

## Agency initiates request

- 30 days prior to expiration
- Include with RFS:
  - Signed Physician Plan of Care (VA Physician) if not previously sent
  - 2 weeks of HMKR/HHA/HHA Respite assignment sheets
  - Last 2 skilled nurse visit notes

VA reviews

THIS FORM MUST BE RECEIVED 30 DAYS PRIOR TO THE END OF THE CURRENT AUTHORIZATION PERIOD.

**VISN 23 REAUTHORIZATION REQUEST FOR HOME BASED COMMUNITY CARE**  
 Authorization for services (initial, revised, or extension) must be pre-approved to be considered for reimbursement.

Date: \_\_\_\_\_  
 Veteran Name: \_\_\_\_\_ Veteran last four: \_\_\_\_\_  
 Veteran Date of Birth: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Agency Representative Signature/Title: \_\_\_\_\_

Services Requested and frequency: SN \_\_\_\_\_ HHA \_\_\_\_\_ HM \_\_\_\_\_  
 Respite \_\_\_\_\_ In-home therapy (specify discipline): \_\_\_\_\_

Complete this form and fax it to FARGO (612-725-1319) with the necessary attachments:

- A) Signed Physician Plan of Care (VA Physician) if not previously sent
- B) 2 weeks of HMKR/HHA/HHA Respite assignment sheets
- C) Last 2 skilled nurse visit notes

Veteran resides alone? YES \_\_\_\_\_ NO \_\_\_\_\_

Significant Cognitive Impairment: YES \_\_\_\_\_ NO \_\_\_\_\_

Utilizes Assistive Equipment (AE): YES \_\_\_\_\_ NO \_\_\_\_\_

List AE: \_\_\_\_\_

Identify All ADL Dependencies (assistance required) to safely complete ADL:

_____ Dressing	_____ Bed Mobility
_____ Grooming	_____ Transferring
_____ Bathing	_____ Walking
_____ Eating	_____ Toileting/Incontinent: Bowel/Bladder

Identify All IADL Dependencies (assistance required) to safely complete IADL:

_____ Medication Management	_____ Shopping
_____ Meal Preparation	_____ Money Management
_____ Housework (dust/dishes/laundry)	_____ Transportation
_____ Telephone Use	

Special Treatments/Monitoring

_____ IV Therapy	_____ Symptom control for terminal illness
_____ Drainage Tubes	_____ Ostomies
_____ Wound Care	_____ PICC/Central Line
_____ Oxygen Therapy	_____ Nebulizer Treatments
_____ Catheter Care	

**VA USE ONLY**

Approved \_\_\_\_\_ (authorization will be extended)

Not Approved \_\_\_\_\_

- Missing information: \_\_\_\_\_
- Lacks Clinical Requirements \_\_\_\_\_
- Other \_\_\_\_\_

# HealthShare Referral Manager (HSRM)

HSRM is VA's new secure online portal for managing referrals and authorizations

- Standardized referrals
- Facilitates health information exchange
- Tracks healthcare delivery
- Allows community provider to submit Requests for Services (RFS)

# CPT Codes and Billing information

## The VA Provider Storefront

VA Webpage -Public domain

- accessible by community providers
- Look up CPT Codes for Active SEOCs
- VA Fee Schedule

### VA Provider Storefront User Interface

VA Health Care | Community Care | Prescription Requirements

#### Community Care

[Home Care Home](#)  
[Community Care](#)  
[Family Member Care](#)  
[For Long Term](#)  
[For Providers](#)

[Community Provider Options](#)  
[Latest News](#)  
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[Community Provider](#)  
[Healthcare Referral Manager](#)  
[Acute Care Management Services](#)  
[Veterans Health Information Exchange](#)  
[Contact and Payments](#)  
[For Patients](#)  
[For Providers](#)  
[About VAHCS](#)

#### Prescription Requirements

The VA is required by law to bill Third Party Payers (TPP) for care that is not included in a Veterans' service-connected disability or Special Authority. This includes VA tele care TPPs for prescriptions for patients who are VHA beneficiaries with other insurable health insurance (OHI). Please note that claims for auxiliary services will be processed in accordance with Medicare National Coverage Determination (NCD), Medicare Local Determination (LLD), and related rules.

Third Party Payer (TPP) Release Form
 VA Billing Code Information

The provider is required for a billing request to use the HealthCare Referral Management (HCRM) provider portal using the TAP, CSH PRESCRIPTION NOTIFICATION, Agency Bill in the preferred method of billing. Medicare Operations of prescription, the request can also be submitted via fax.

Due to the complexity and provider not having VA Resource Experience that the prescription/admission requiring TPP notification is scheduled, there is no requirement to wait for the TPP approval in response prior to performing the prescription/admission included as part of the SEOC referral.

If you are interested in more information about HealthCare Referral Manager, please visit our Care Coordination page. To sign up for My HCRM Provider Portal, please visit the Community Care Referral and Authorization (CCRA) page from the AccessVA website.

Care Coordination- HCRM Information
 HCRM Provider Portal AccessVA website

Fax services by Consolidated Patient Access Center (CPAC) Request are listed below:

CPAC / Fax location	MSM included
Northwest CPAC (712) 279-2602	USA 1: Toga, ME; Manchester, NH; Central Western Massachusetts Duxbury, MA; Berlin, MA; Pawtucket, RI; Wind River, VT; Connecticut
	USA 2: Western New York; East Orange, NJ; Newark, NJ; Newark, DE; Harrisburg, PA; Western Valley, NY
	USA 4: Pittsburgh, PA; Allentown, PA; Gettysburg, PA; Erie, PA; Lebanon, PA; Wilkes Barre, PA; Harrisburg, PA; York, PA; York, PA; York, PA; York, PA
Mid Atlantic CPAC (800) 247-3788	USA 3: Martinsburg, WV; Huntington, WV; Beckley, WV; Martinsburg, WV; Washington, DC; Easton, MD

# Fargo Community Care

For questions, please contact:

## **Fargo Department of Community Care**

Phone: (701) 239-3700 ext. 3411

RFS Fax: (612) 725-1319

If needed:

Melanie Kalvoda, RN

Clinical Manager

(701)-239-3700 ext 3411

[Melanie.Kalvoda@va.gov](mailto:Melanie.Kalvoda@va.gov)

# Resources

- Links to Optum
- VA website for community providers
  - Care Coordination Overview
  - HSRM
  - VA Fee Schedule
- HSRM Community Provider Information Sheet
- VA third party payor precertification form
- Veteran facing: VA Home & Community Based Services
- Fargo Reauthorization Form