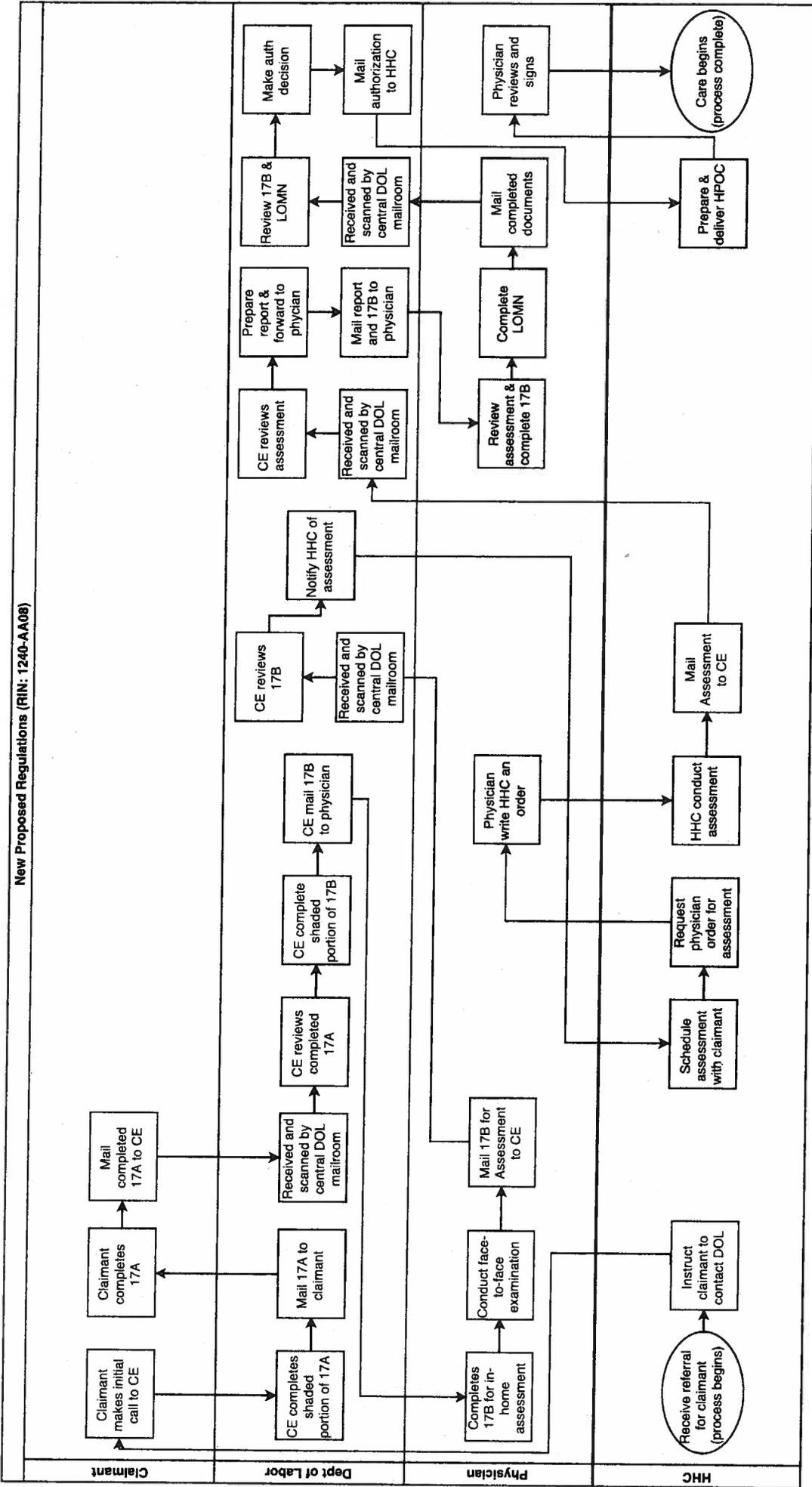


**Proposed process for claimant to receive home healthcare services if section 403(c) is implemented**

New Proposed Regulations (RIN: 1240-AA08)



Highlighted yellow boxes represent the current steps that must be completed before a claimant can begin receiving care.

**Step-By-Step Process of Implementation Of Pre-Authorization Process  
Resulting From Implementation and Use of Forms EE-17A and EE-17B**

Step	Description	Concerns/Notes	Minimum Estimated Days	PCM Estimated Days	Max. Estimated Days
1	Home Health Company receives referral for sick EEOICPA claimant needing care	<ul style="list-style-type: none"> <li>Referrals come from many sources for claimants with varying care needs</li> </ul>	NA	NA	NA
2	Home Health Care Company instructs claimant to contact DOL to request EE-17A form	<ul style="list-style-type: none"> <li>Depending on the condition of the claimant, they may be unable to contact the DOL themselves. In these cases an effort would need to be made to locate the Authorized Representative, if one exists, to contact the DOL and request the form.</li> <li>See Home Health Care Time Estimate</li> </ul>	1	2	5
3	Claimant contacts Claim Examiner to request EE-17A Form because of medical need	<ul style="list-style-type: none"> <li>Claimants will be unfamiliar with this new requirement which may lead to delays in getting the process started</li> <li>Claimants may not know the appropriate person or office to contact to request the form</li> <li>Claim Examiner are often not available and a claimant must leave a message, which could result in further delays in simple requesting the form</li> <li>See Claimant Time Estimate</li> </ul>	1	5	15
4	Claim Examiner completes shaded portion of EE-17A form	<ul style="list-style-type: none"> <li>See Thread Action Time Estimate</li> </ul>	2	4	6
5	Partially completed EE-17A form is mailed to claimant	<ul style="list-style-type: none"> <li>See Mail Time Estimate</li> </ul>	1	2	3
6	Claimant completes unshaded portions of EE-17A	<ul style="list-style-type: none"> <li>Seriously ill claimants will have the most significant hardship in completing the form</li> <li>Claimants with multiple treating physicians may be confused about which physician to list, leading to additional questions and delays</li> <li>Claimant will be required to supply envelope and stamp and complete</li> <li>Claimant is providing information that is more than likely already known to the DOL</li> <li>See Claimant Time Estimate</li> </ul>	1	5	15
7	Completed EE-17A form is mailed to DOL Central Mail	<ul style="list-style-type: none"> <li>See Mail Time Estimate</li> </ul>	1	2	3

**Step-By-Step Process of Implementation Of Pre-Authorization Process  
Resulting From Implementation and Use of Forms EE-17A and EE-17B**

	Room				
8	Completed EE-17A form is received and scanned by DOL Central Mail Room	<ul style="list-style-type: none"> <li>Additional delays are possible because of the inherit risks associated with this manual process (lost, misclassified, keying errors, etc.)</li> <li>See Thread Time Estimate</li> </ul>	2	4	6
9	Claim Examiner reviews completed EE-17A form	<ul style="list-style-type: none"> <li>Claimants are likely to experience even longer delays if the completed form contains any errors or missing information</li> <li>See Thread Time Estimate</li> </ul>	2	4	6
10	Claim Examiner completes the shaded portions EE-17B	<ul style="list-style-type: none"> <li>See Thread Time Estimate</li> </ul>	2	4	6
11	Partially completed EE-17B form is mailed to claimant's treating physician	<ul style="list-style-type: none"> <li>See Mail Time Estimate</li> </ul>	1	2	3
12	Physician completes unshaded portions of EE-17B form, requesting an in-home assessment	<ul style="list-style-type: none"> <li>Because this form or associated process does not align with industry practices, the form will need to be completed multiple times. The three required fields; date of face-to-face examination, in-home assessment requested, and letter of medical necessity attached occur at different times and are a sequential activities</li> <li>The instructions on the form indicate the in-home assessment is optional but industry standards and state laws require a home health care company to complete a comprehensive assessment in order to admit a patient.</li> <li>See Physician Involvement Time Estimate</li> </ul>	1	2	5
13	Physician conducts face-to-face examination	<ul style="list-style-type: none"> <li>This step is not allotted any estimate time because it is difficult to determine where this examination would fall in these sequential steps.</li> <li>It must be noted that there is a possibility that the requirement that the examination be held within 60 days of the authorization will be incongruous with this laborious process.</li> </ul>	0	0	0
14	Partially completed EE-17 B form is mailed to DOL	<ul style="list-style-type: none"> <li>See Mail Time Estimate</li> </ul>	1	2	3

**Step-By-Step Process of Implementation Of Pre-Authorization Process  
Resulting From Implementation and Use of Forms EE-17A and EE-17B**

	Centralized Mail Room				
15	Completed EE-17B form is received and scanned by DOL Central Mail Room	<ul style="list-style-type: none"> <li>• Additional delays are possible because of the inherent risks associated with this manual process (lost, misclassified, keying errors, etc.)</li> <li>• See Thread Time Estimate</li> </ul>	2	4	6
16	Claim Examiner reviews the partially completed EE-17B form	<ul style="list-style-type: none"> <li>• See Thread Time Estimate</li> </ul>	2	4	6
17	Claim Examiner notifies the home health provider they are authorized for payment to conduct an initial in-home assessment	<ul style="list-style-type: none"> <li>• The form EE-17A or EE-17B do not contain the name of the home health care provider selected by the claimant, so this will likely delay the process</li> <li>• It is not clear who at the home health care company the DOL claims staff will contact, which may lead to miscommunication and delays</li> <li>• See Thread Time Estimate</li> </ul>	2	4	6
18	Home Health Company contacts claimant to schedule in-home assessment	<ul style="list-style-type: none"> <li>• At this point the home health company has not had contact with the claimant in many days or weeks, so they will need to contact the claimant to determine if they are still alive, not in a facility and still in need of care under the program to schedule an assessment</li> <li>• See Home Health Care Time Estimate</li> </ul>	1	2	5
19	Home Health Company contacts treating physician to request an order to conduct the initial in-home assessment	<ul style="list-style-type: none"> <li>• Industry practices, professional nursing standards, and home health state laws require an in-home assessment and a corresponding physician's order</li> <li>• See Home Health Care Time Estimate</li> </ul>	1	2	5
20	Physician writes order for in-home assessment as required by state laws, industry practice, and nursing licensure	<ul style="list-style-type: none"> <li>• Physician offices typically serve many patients, so there can be challenges in contacting the office and requesting a written assessment order.</li> <li>• This must be completed after the home health care company has contacted the claimant and determined they are still alive, not in a facility and still in need of care under the program</li> </ul>	1	2	5

**Step-By-Step Process of Implementation Of Pre-Authorization Process  
Resulting From Implementation and Use of Forms EE-17A and EE-17B**

		<ul style="list-style-type: none"> <li>• See Physician Time Estimate</li> </ul>			
21	Home Health Company conducts initial in-home assessment	<ul style="list-style-type: none"> <li>• At this point the home health care company would be aware of a patients needs but would not being doing anything to address them, which would violate industry practices, professional nursing standards, and home health state laws</li> <li>• See Home Health Care Time Estimate</li> </ul>	1	2	5
22	Home Health Company mails completed initial in-home assessment to DOL Central Mail Room	<ul style="list-style-type: none"> <li>• See Mail Time Estimate</li> </ul>	1	2	3
23	Initial in-home assessment is received and scanned by DOL Central Mail Room	<ul style="list-style-type: none"> <li>• Additional delays are possible because of the inherit risks associated with this manual process (lost, misclassified, keying errors, etc.)</li> <li>• See Thread Time Estimate</li> </ul>	2	4	6
24	Claim Examiner reviews the initial in-home assessment	<ul style="list-style-type: none"> <li>• See Thread Time Estimate</li> </ul>	2	4	6
25	Claim Examiner prepares report for physician as described in Form EE-17B "Additional Instructions to Physician"	<ul style="list-style-type: none"> <li>• This is a new step in the process and raises many questions about the qualifications of the person creating the "report". Is the person a medical professional, are they licensed in the state the claimant is located, will they be making recommendations in the report, how will they account for not personally examining the claimant?</li> <li>• See Developmental Action Time Estimate</li> </ul>	10	30	40
26	Claim Examiner mails the completed initial in-home assessment and/or report to the treating physician, along with another partially completed EE-17B form	<ul style="list-style-type: none"> <li>• See Mail Time Estimate</li> </ul>	1	2	3
27	Physician reviews initial in-home assessment and completes 17B form for second time	<ul style="list-style-type: none"> <li>• Because this form or associated process does not align with industry practices, the form will need to be completed multiple times. The three required fields; date of face-to-face examination,</li> </ul>	1	2	5

**Step-By-Step Process of Implementation Of Pre-Authorization Process  
Resulting From Implementation and Use of Forms EE-17A and EE-17B**

		<p>in-home assessment requested, and letter of medical necessity attached occur at different times and are a sequential activities</p> <ul style="list-style-type: none"> <li>• See Physician Involvement Time Estimate</li> </ul>			
28	Physician prepares letter of medical necessity	<ul style="list-style-type: none"> <li>• A physician typically relies, in part, on a home plan of care developed by the home care nurse when writing the letter of medical necessity, but the DOL process is attempting to exclude the home care provider from the process</li> <li>• See Physician Time Estimate</li> </ul>	1	2	5
29	Physician mails completed EE-17B form, attached letter of medical necessity, and any additional medical evidence to DOL Central Mail Room	<ul style="list-style-type: none"> <li>• See Mail Time Estimate</li> </ul>	1	2	3
30	Completed EE-17B form and letter of medical is received and scanned by DOL Central Mail Room	<ul style="list-style-type: none"> <li>• Additional delays are possible because of the inherit risks associated with this manual process (lost, misclassified, keying errors, etc.)</li> <li>• See Thread Time Estimate</li> </ul>	2	4	6
31	Claim Examiner reviews the EE-17B form and letter of medical necessity	<ul style="list-style-type: none"> <li>• See Thread Time Estimate</li> </ul>	2	4	6
32	Claims Examiner conducts the adjudication process	<ul style="list-style-type: none"> <li>• See Decision Time Estimate</li> </ul>	5	30	75
33	Claim Examiner notifies claimant, physician, and home health care provider of approved home care services via US Mail	<ul style="list-style-type: none"> <li>• See Mail Time Estimate</li> </ul>	1	2	3
34	Home Health Company completes a Home Plan of Care and hand delivers to physician	<ul style="list-style-type: none"> <li>• Industry practices, professional nursing standards, and home health state laws require home plan of care</li> <li>• See Home Health Care Time Estimate</li> </ul>	1	2	5
35	Physician reviews, edits, and signs Home Plan of Care which are the orders for care	<ul style="list-style-type: none"> <li>• Industry practices, professional nursing standards, and home health state laws require home plan of care</li> <li>• Care must begin at this point</li> <li>• See Physician Involvement Time Estimate</li> </ul>	1	5	10

**Step-By-Step Process of Implementation Of Pre-Authorization Process  
Resulting From Implementation and Use of Forms EE-17A and EE-17B**

36	Care begins	<ul style="list-style-type: none"> <li>Because the home care provider has been intentionally excluded from the process, there is risk of delays in recruiting, training, and staffing caregivers</li> </ul>	NA	NA	NA
TOTAL DAYS			57 Days	153 Days	290 Days

**Step-By-Step Process of Implementation Of Pre-Authorization Process  
Resulting From Implementation and Use of Forms EE-17A and EE-17B**

**Minimum, PCM, Maximum Time Estimate Assumptions**

**Mail:** For any step in this process where a document is mailed via U.S. Mail, the assumption is that the minimum number of days for mailing is 1, PCM estimates 2 and the maximum number of days assumed is 3. **(Mail Time Estimate)** However, it is likely that delays will be experienced as a result of the normal time to deliver mail, not to mention the occasional lost or delayed mail delivery. Also, serious concerns are raised for Claimants that are in the hospital or some other medical facility and therefore not at home which means they will not be able to receive the mail in a timely manner.

**Threads by Department of Labor = Assumption 3:** For any action to be taken on a thread by the Claims Examiner, the assumption is that the minimum number of days will be 2 based on the Performance Standard that in 80 -85 % of assigned cases, actions taken on active threads are within 5 calendar days. PCM estimate 4 days for processing of a thread. The maximum number of days is 6, based on the Performance Standard that in 80-85% of assigned cases, the CE completes all actions taken on thread in 5 days. **(Thread Action Time Estimate)**

**Developmental Action by Department of Labor:** For any developmental action to be taken by the Claims Examiner, the assumption is that the minimum number of days will be 10, PCM estimates 30 and the maximum number of days is 40 based on the Performance Standard that in 80 -85 % of assigned cases, actions taken on active threads are within 35 calendar days. **(Developmental Action Time Estimate)**

**Physician Involvement:** For any step in this process which involves a physician taking action, the minimum number of days is 1, PCM estimates 2 and the maximum is 5. This is based on PCM's experience and information as a leading home health care provider under the EEOCIPA Program. However, this estimate may be conservative; currently there are claimants who have been awaiting physician action for more than 60 days. **(Physician Involvement Time Estimate)**

**Home Health Care Company Involvement:** For any step in this process which is to be taken by a Home Health Care Company, the minimum number of days to complete the task is 1, PCM estimate 2 and the maximum number of days is 5. This is based on the experiences of PCM as a leading home health care provider under the EEOCIPA Program. **(Home Health Care Company Time Estimate)**

**Decision by Department of Labor:** For any decision on Home Health Care, , the assumption is that the minimum number of days is 5, PCM anticipated 30 and the maximum number of days is 75 based on the Performance Standard that in 80 -85 % of assigned cases, the CE completes the decision within 75 days from receipt of the thread request. **(Decision Time Estimate)**

**Claimant Action:** For any action taken by an EEOICPA claimant, the minimum number of days assumed for response is 1, PCM estimates 5 and the maximum number of days assumed for claimant action is 15. This is based on PCM's experience and information as a leading home health care provider under the EEOCIPA Program. **(Claimant Time Estimate)**

---

The estimated times do not account for any missed communication exchange. However, for return phone calls by Department of Labor, the assumption is that the minimum number of days will be 1, PCM estimates 2 and the maximum number of days is 3 based on the Performance Standard that in 93 -95 % of assigned cases, phone calls are returned within one work day, defined as the next business day.