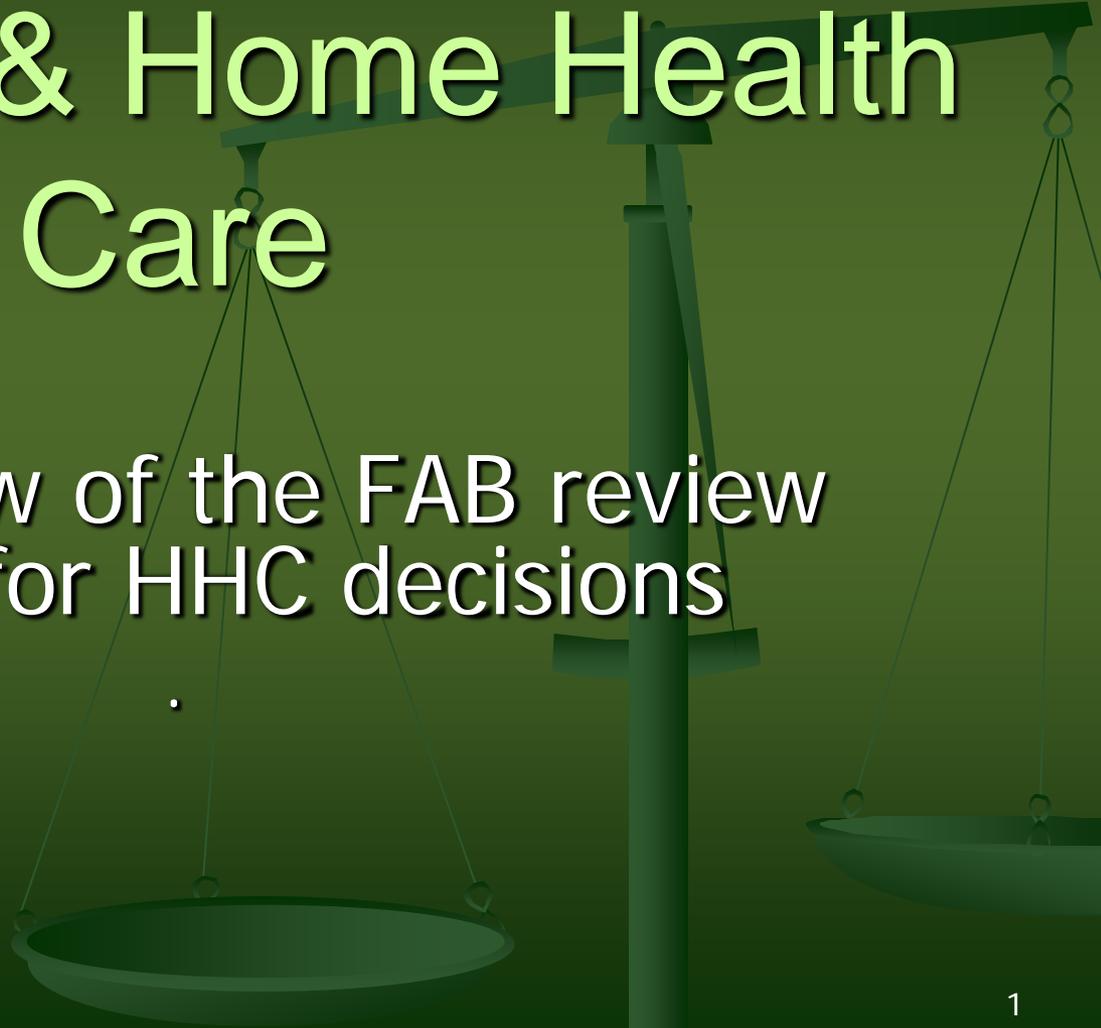


DEEOIC & Home Health Care



An overview of the FAB review
process for HHC decisions

Home Health Care

- Medically appropriate health care services given in the home due to work related illness
 - RN/LPN (a/k/a Skilled Nursing Care)
 - Home Health Aid (HHA), Personal Care Attendant (PCA), Certified Nursing Asst. (CNA)
 - Hospice (In-Home)

Skilled vs. Unskilled

Skilled

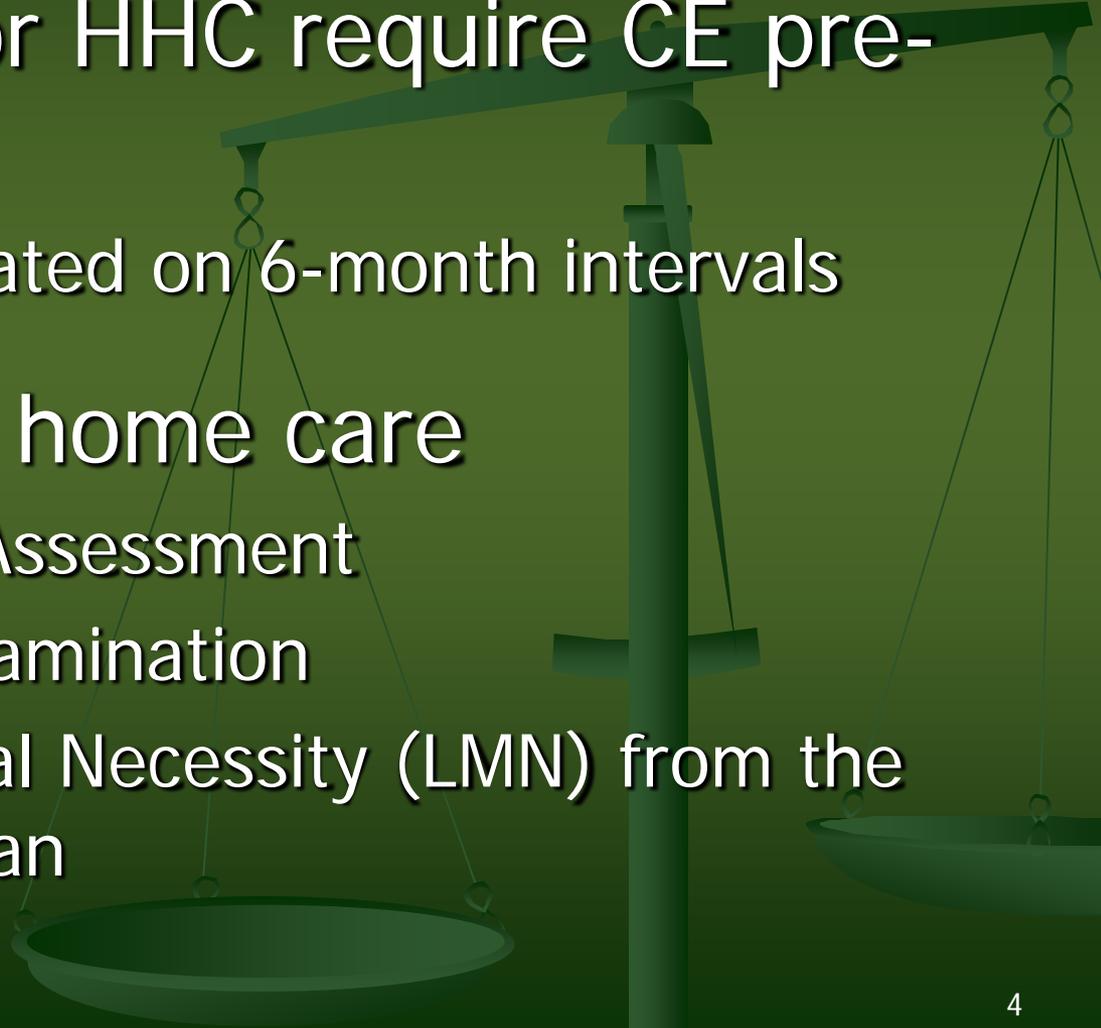
- Wound care
- Intravenous drugs/feeding
- Injections
- Serious illness
- Unstable condition
- Vitals

Unskilled

- Bathing/toiletry
- Preparing meals
- Housekeeping
- Monitoring
- Hazard avoidance
- Mobility

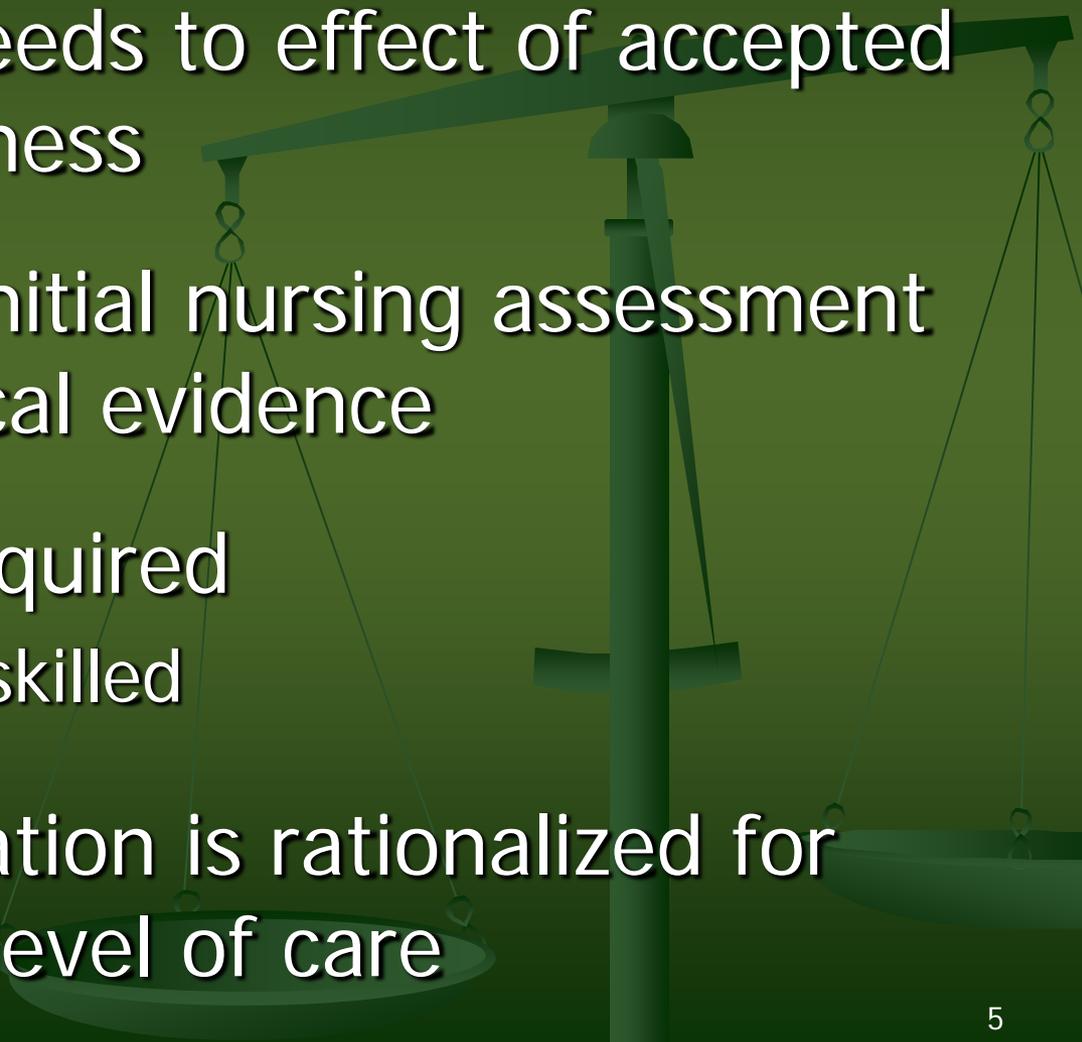


REQUESTS FOR CARE



- All requests for HHC require CE pre-authorization
 - Requests evaluated on 6-month intervals
- Evaluation for home care
 - Initial Nursing Assessment
 - Face to face examination
 - Letter of Medical Necessity (LMN) from the treating physician

Review of LMN



1. Links service needs to effect of accepted work related illness
2. Correlation to initial nursing assessment and prior medical evidence
3. Type of care required
 - Skilled vs non-skilled
4. Medical justification is rationalized for recommended level of care

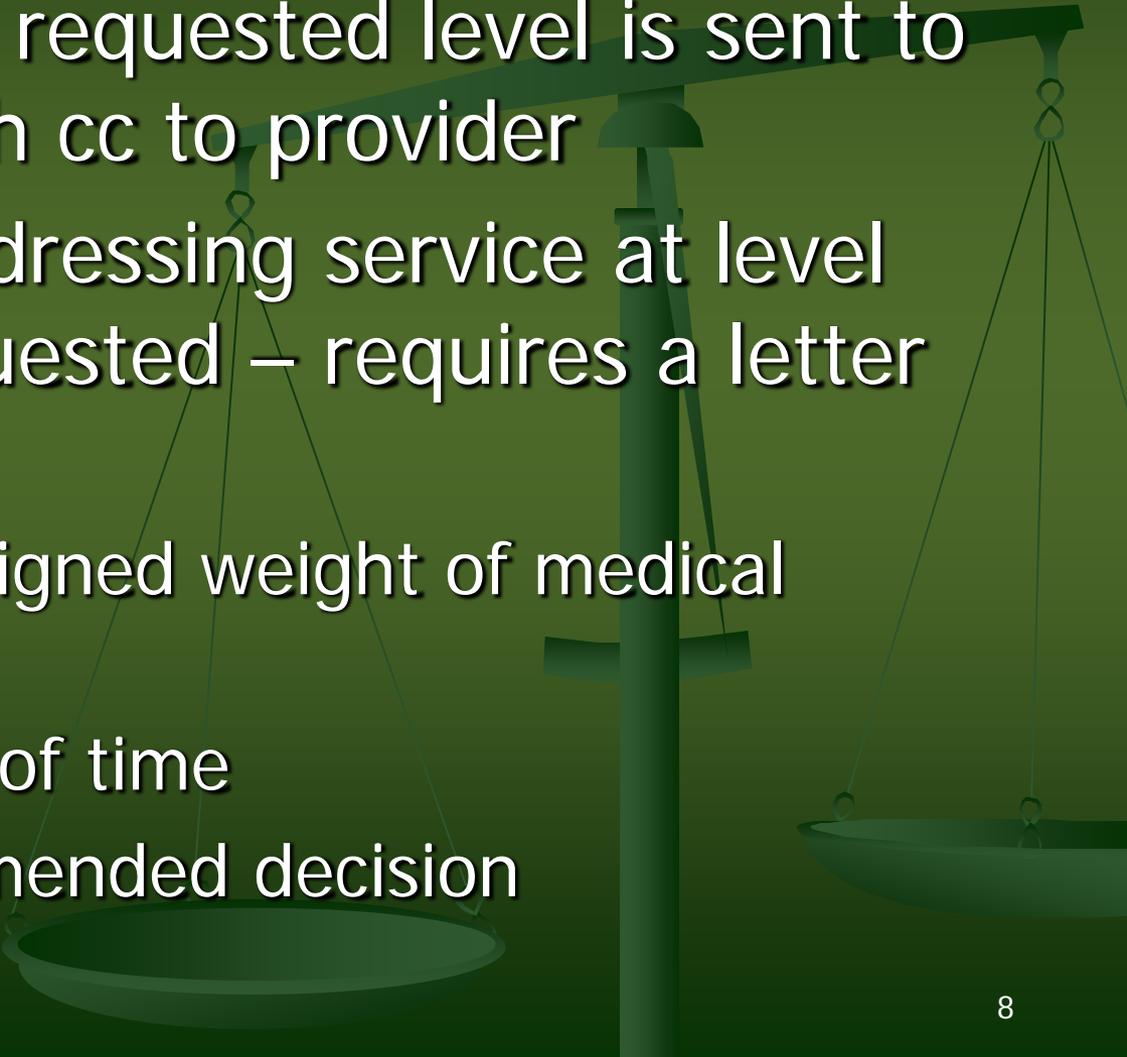
FREQUENCY & DURATION OF SERVICES

- Prescribing physician has to differentiate frequency and duration of care by appropriate service type for effect of accepted illness. For example:
 - RN/LPN 1 day per week for 8 hours.
 - HHA daily for 12 hours per day.
 - RN/LPN daily, 4 hours per day, and HHA, 12 hours per day.
 - Hospice services, daily.

Development Outcomes

- Development can occur at discretion of CE – if evidence supporting care is clearly deficient
 - Services for non-accepted condition
 - Unclear distinction between nursing and personal care assistant.
 - Vague, generalized, or overly broad service descriptions.
- CE seeks clarification from treating physician or Second Opinion Exam

Issuing a Decision



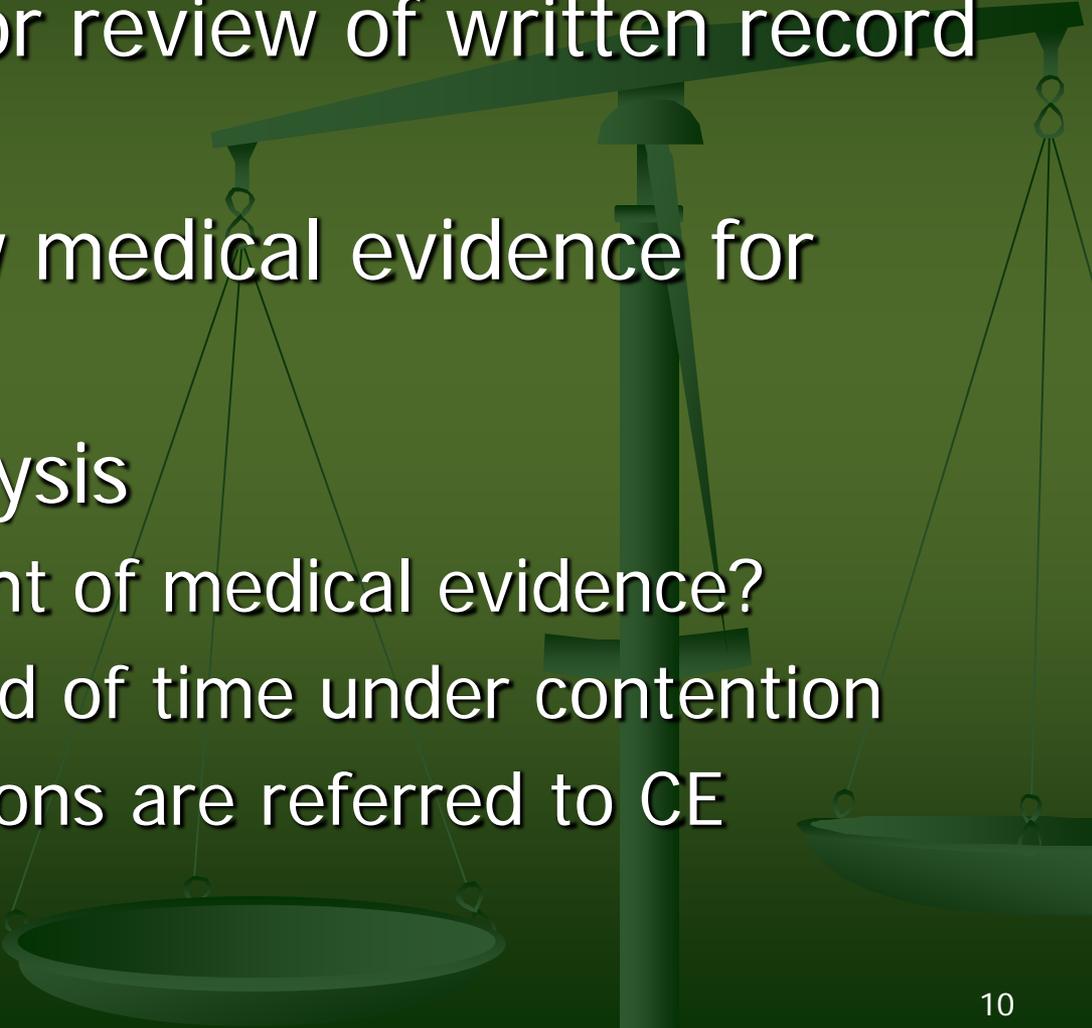
- Authorization at requested level is sent to claimant/AR with cc to provider
- Any decision addressing service at level LESS THAN requested – requires a letter decision
 - Plan of care assigned weight of medical evidence
 - Effected period of time
 - Right to recommended decision

Recommended Decision



- Communicates specific defect(s) that prevents authorization at the requested level
 - Initial care decisions vs. re-authorization
- Assigns weight of medical evidence to a physician's opinion on appropriate medical services
 - Conflict between treating physician and Second Opinion

Handling Objections



- Same process for review of written record or hearing
- May submit new medical evidence for consideration
- FAB HR/CE analysis
 - Change in weight of medical evidence?
 - Addresses period of time under contention
 - New authorizations are referred to CE

Issues for Discussion

- Template medical reports
- Nursing notes and Plan of Care
- Complex medical situations i.e. age-related problems + accepted illness
- SECOP/Referee process
- Proper role of provider
- Change of treating physician
- Death of employee
- Emergency care requests