

# Division of Energy Employees Occupational Illness Compensation



## Branch of Medical Benefits Adjudication and Bill Processing (BMBABP) Quarterly Provider Conference Call Meeting Minutes

<b>Program/Area:</b>	Branch of Medical Benefits Adjudication and Bill Processing (BMBABP)
<b>Meeting Purpose:</b>	Guidance, education and communication of policy regarding the rendering of medical benefits.
<b>Meeting Date(s)/Time(s):</b>	April 25, 2019 (1:00pm - 2:00pm ET) and April 26, 2019 (1:00pm - 2:00pm ET)
<b>Meeting Location:</b>	Tele-conference
<b>Meeting Facilitator:</b>	Toni Eason, Chief, BMBABP
<b>Meeting Presenters:</b>	Toni Eason, Chief, BMBABP Miriam Givens, Manager, Medical Benefits Adjudication Unit
<b>Agenda Topic(s):</b>	<ul style="list-style-type: none"><li>Assuring Claimants and their Treating Physicians' Involvement in the Home Health Care Authorization Process</li><li>Targeted Case Management for Home Health Care</li></ul>

### Presentation Discussion:

#### Assuring Claimant and their Treating Physician's involvement in the Home Health Care Authorization Process

##### Introduction of Regulatory Change

In an effort to bring additional transparency to the medical benefit adjudication process, a number of changes to the existing regulations governing the administration of the Energy Employees Occupational Illness Compensation Program Act were made in the Final Rule that we published on February 8, 2019. Many of these changes were made to better reflect and align our regulations with DEEOIC's existing procedures and claimant-centered mission. Those regulatory changes went into effect on April 9, 2019.

- The final rule updated our existing regulations to remove obsolete terms, update references and incorporate the many policy and procedural changes that have occurred since the regulations were last updated in 2006.
- It also added some necessary controls to allow for better management of the process for providing home health care to our beneficiaries.

As such, the minor regulatory changes that were made to the initial pre-authorization process for home health care further demonstrate our commitment to the recognized value of claimant-centered care that is supported by a therapeutic relationship with the treating physician.

##### Change to the initial pre-authorization request for Home Health Care

The regulatory update introduces new forms which will be utilized in the first request for pre-authorization specific to home health care benefits under the Energy Employees Occupational Illness Compensation Program Act.

- Form EE-17A, Claim for Home Health Care, Nursing Home, or Assisted Living Benefits, is to be completed by an employee with an accepted claim for benefits under EEOICPA who is making his or her first request for pre-authorization to bill for home health care services. This Form will only be used by employees that are seeking home health care benefits for the first time and is necessary to identify and improve communications with the claimant's treating physician.

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#### **Presentation Discussion:**

- Form, EE-17B, Physician's Certification of Medical Necessity, which should be used in connection with an initial request to bill for pre-authorization, is to be completed by the treating physician who was identified by the employee on Form EE-17A and is prescribing home health care services for the employee. The form requests the treating physician to either submit a Letter of Medical Necessity or request an In-Home Assessment prior to submitting the Letter of Medical Necessity. This should assist treating physicians in making home health care requests, by informing them of what is needed, and reduce the need for additional communications or claims development.

The completion and return of both forms to DEEOIC will be required in order to initiate the first pre-authorization process for billing.

The forms will take the place of the existing process for initial requests.

#### **Targeted Case Management for Home Health Care**

##### **EEOICPA Circular No. 19-03, Targeted Case Management for Home Health Care**

DEEOIC has more clearly defined and established a new billing policy regarding Targeted Case Management for home health care services.

Effective April 25, 2019, DEEOIC will authorize a maximum of 15 minutes (1 unit) of Targeted Case Management Services per week. Targeted Case Management services may not exceed 26 units for a 6-month period, without the claimant's physician providing sufficient written medical justification. DEEOIC will consider exceptions to this limit on a case-by-case basis.