PHPprime Home Health Precertification Guide

PHPprime follows various steps for the authorization of home health care based on request type, including:

## Start of Care (SOC) Visit:

## The initial eval visit prior to the initial start of care or resumption of care post inpatient stay. These visits do not require a submission for prior authorization.

Initial Review Period

Immediately following the SOC, wherein an agency must reach out to PHPprime with any follow-up care requests originating from the SOC visit. Requests can be backdated up to 14 days from prior authorization submission date.

## Continuation of Care (COC)

## The need for additional visits or services during current authorization period

## Resumption of Care (ROC)

## The resumption of current home health needs after discharge from an acute inpatient facility. The evaluation visit, or first/primary visit, after an inpatient discharge does not require prior approval but is expected to occur within 48 hours of discharge. However, any follow up care qualifies as an ROC and will need a submission for prior authorization.

## Recertification

## The need for continuation of home care for an additional 60-day period

Crucial to these precertification requests is the Outcome and Assessment Information Set (OASIS) and the Plan of Care (POC). These data allow CMS and the patient’s physician to measure care outcomes over time for any patient in home health care. The current certification period OASIS data must be evident for every authorization request. More information about OASIS can be found at [https://www.cms.gov/](https://www.cms.gov/files/document/oasis-e-manual-final.pdf).

In requiring this documentation, CMS seeks to improve patient care by effectively comparing outcomes and improvement throughout the home health process. Please be sure to include all documentation when submitting your request to facilitate a speedy response.

The preferred way to submit these requests is through the [**MCS Authorization Portal**](http://www.phpmcs.com/mcsportal), an online tool hosted by PHPprime. Please request an account, or access an existing account, using the link. If this portal is down, you can fax the [home health precertification request form.](https://www.phpproviders.com/Dal/A8B)

If you have any additional questions, please call Prior Authorization at (720) 612-6600 to speak with our staff.

Home Health Care Authorization Request & Supporting Documentation Requirements

## Start of Care (SOC) Visit – NO PRIOR AUTHORIZATION REQUIRED

## Initial Review Period AFTER Start of Care (SOC) Visit

1. Attestation of homebound status
2. Start of Care Outcome and Assessment Information Set (OASIS)
3. Signed Plan of Care by following Physician **or** CMS-485 form demonstrating plan for review by following physician, this can be an electronic or MD signature, a verbal order(s) is also accepted from MD or staff of requesting HH services. (VO given by clinical staff (name of staff member) at Dr.’s office time and date).
4. Therapy – An initial therapy evaluation for each discipline requested is required at time of request

## Continuation of Care (COC)

1. Signed home health orders from the physician overseeing the POC are required for any added services
2. Current authorization period OASIS
3. Clinical Notes - last 2 visit notes per discipline involved or evaluation notes for any added services

## Resumption of Care (ROC)

1. Resumption of Care OASIS
2. Discharge Summary - must include inpatient admission and discharge dates
3. Signed home health orders for resumption of home health services from the physician overseeing the POC - inpatient attending orders are not acceptable

## Recertification

1. Updated attestation of homebound status
2. Recertification OASIS – Recert
3. Updated Plan of Care signed by following Physician **or** CMS-485 form demonstrating plan for review by following physician, this can be an electronic or MD signature, a verbal order(s) is also accepted from MD or staff of requesting HH services. (VO given by clinical staff (name of staff member at Dr.’s office time and date).
4. Updated Clinical Notes - last 2 visit notes per discipline requested is required at time of request

**\*A valid home health order must include: service(s) requested, frequency & number of visits, ordering physician’s full name, date/time, physical or electronic signature, and name & title of person taking order (if verbal)**