

Post Acute Referral Guidelines (10.7.2020)

Situation

Advocate Aurora *Health at Home* (AAHH) is expanding its referral acceptance practice to support Advocate Aurora Health (AAH) hospitals during COVID-19. This SBAR covers home health, hospice, DME, home infusion and home-based palliative care for both IL and WI.

Background

Even before COVID-19, some post acute providers, who are contracted with payors, would not accept their post acute patients.

IL-AAH currently has in place a process with BCBS Community Medicaid HMO that allows AAHH to accept a Single Case Agreement (SCA) to service pediatric patients that Care Mangers could not find a post-acute agency willing to accept.

For Payers that AAHH are not contracted with and no contracted post-acute provider was willing to accept, the referral was accepted by AAHH; however, a cost center was required from Care Management to service the patient.

Assessment:

Currently, AAH hospitals are not accepting Out of Network (OON) patients, nor has there been payor communication stating they will pay for OON services except for certain Telehealth services.

AAHH's ability to accept a patient OON would depend on the patient's insurance plan.

Pharmacy-Medicare Part D plans do not have OON benefits, patients will have to be referred to an in-network provider.

Accepting OON patients, even with an authorization, is a financial risk to the organization. SCAs are required.

While in-network patients should be referred to AAHH to maintain care coordination, it is estimated that AAH hospitals will need approximately 50% more beds during the COVID-19 surge. At surge Levels 4 and 5, various AAHH product lines may be at capacity and hospitals may need to use other post acute providers to fill gaps in services.

Surge timing and volumes may vary by hospital. Recommendations should be by hospital.

Taking all patients, including those who are OON, will limit our ability to service full-risk patients and should be saved for times of crisis only.

OON care may not be in the best interest of the patient and should be used as a last resort, as patients may incur higher co-pays and deductibles due to OON status.

During COVID-19, AAHH will be needed to play an important role in assisting hospitals manage bed volumes.

Recommendation

The recommended approach is to address referral policy based on the individual needs of each hospital. This will take into account variations in surge levels by site and allow AAHH to move resources as needed.

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5 Levels of Escalation for Home Services and Home-Based Palliative Care

Individual Hospital Surge Level	Hospital Description	Advocate Aurora Health at Home (AAHH) Accepted Referral Response for HH, H, DME, IV and Home-Based Palliative Care
Level 5	Temporary/Pop Up Acute sites created in non-health care locations	See level 3
Level 4	Targeted ambulatory sites repurposed for non-COVID 19 care	See Level 3
Level 3	ICUs expanded into other units such as PACU	- Business as usual, meaning use AAHH for in-network patients. Individual product lines may be reaching capacity. - For difficult to place out-of-network (OON) Blue Cross Medicaid HMO pediatric patients, AAH should continue to follow established OON process for BCBS Community Medicaid HMO pediatric patients. Discharge planning will attempt to find a provider; if after multiple refusals by in-network providers, IL AAH hospital care managers will contact BCBS Medicaid HMO case management leadership to seek approval for AAHH to service pediatric patient with a Single Case Agreement (SCA). - All other out of network payers Care Management will contact patient's insurance plan to let them know their inability to place with an in-network agency and seek approval for AAHH to service the patient. Once permitted to service, AAHH will initiate an authorization request or negotiate pricing and follow-up on completion of SCA if needed. A cost center must be provided as a back-up if claim denied. If timeliness is an issue, a hospital cost center can be provided so AAHH can provide services. - Use AAHH for Medicare DME/02 patients when other DME/02 providers are at capacity.
Level 2	COVID-19 units established at all acute sites	- Business as usual, meaning use AAHH for in-network patients. - For difficult to place out-of-network (OON) Blue Cross Medicaid HMO patients, AAH should continue to follow established OON process for BCBS Community Medicaid HMO patients. Discharge planning will attempt to find a provider; if after multiple refusals by in-network providers, IL AAH hospital care managers will contact BCBS Medicaid HMO case management leadership to seek approval for AAHH to service patients with a <i>Single Case Agreement</i> (SCA). - All other out of network payers Care Management will contact patient's insurance plan to let them know their inability to place with an in-network agency and seek approval for AAHH to service the patient. Once permitted to service, AAHH will initiate an authorization request or negotiate pricing and follow-up on completion of SCA if needed. A cost center must be provided as a back-up if claim denied.

Level 1	COVID-19 protocols in place	• Business as usual, meaning use AAHH for in-network patients. • For difficult to place out-of-network (OON) Blue Cross Medicaid HMO patients, AAH should continue to follow established OON process for BCBS Community Medicaid HMO patients. Discharge planning will attempt to find a provider; if after multiple refusals by in-network providers, IL AAH hospital care managers will contact BCBS Medicaid HMO case management leadership to seek approval for AAHH to service patients with a <i>Single Case Agreement</i> (SCA). • All other out of network payers Care Management will contact patient's insurance plan to let them know their inability to place with an in-network agency and seek approval for AAHH to service the patient. Once permitted to service, AAHH will initiate an authorization request or negotiate pricing and follow-up on completion of SCA if needed. A cost center must be provided as a back-up if claim denied.
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Home Health Clinical Intake - Referral Priority Status (Surge Capacity 4/5)

Emergency Visit recommended within 24 hours of intake complete	• IV's and Enteral pumps (if no caregiver taught) • Trach's (Tracheostomy/New trach's only) • Drains with daily flushing • Wound Care: Dependent on frequency, location, drainage/exudate (if no caregiver taught) • High readmission risk (See specialty form, anything high risk $\geq$ 70% for IL use High) • Lovenox (if no caregiver taught) • LVAD (if no caregiver taught)
Urgent Visit recommended Within 48 hours to 3 days	• IV's and Enteral pumps (if caregiver taught) • Wound Care: (if no caregiver taught) • Exacerbation/acute onset of multiple disease type processes (CHF, Resp. etc.) • Insufficient caregiver support/social determinant (questionable support in the home/risk for falls, safety concerns) • New Medication Teaching • Rapid Recovery/LVAD • High readmission risk (See specialty form, anything high risk $\geq$ 40% for IL use medium)
Routine Visit recommended within 3-7 days	• Comp/assess/ Disease management (telehealth or virtual monitoring) • Lovenox (if caregiver taught) • Wound Vac: with caregiver teaching on alternative dressing type • Acute Ortho • Low readmission risk (See specialty form, anything high risk <40% for IL use low) • Labs

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