

# PROVIDER QUICK POINTS

## PROVIDER INFORMATION



September 2, 2014

### Home Care Authorization Clarification for MSHO and MSC+ Subscribers

Effective December 1, 2012, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) began allowing care coordinators to authorize some medical assistance billable home care services for all Minnesota Senior Health Options (MSHO) and Minnesota Senior Care Plus (MSC+) subscribers as outlined below.

Blue Plus does not require a prior authorization for Medicare covered home care services. The home care agency determines if the subscriber qualifies for Medicare home care services, per guidelines in the Medicare Benefit Policy Manual, Chapter 7-Home Health Services. While the care coordinator does **not authorize** Medicare covered home care services, they are responsible for coordinating all Medicare and Medicaid services and should be notified by the home care provider of any Medicare covered home care services provided. Blue Plus will continue to require a prior authorization request to be completed for Medical Assistance billable home care services that exceed established thresholds listed below.

The following is a summary of the Medical Assistance billable home care services the care coordinators authorize and services that continue to require a prior authorization for MSHO and MSC+ subscribers.

#### Care coordinators may authorize the following Medical Assistance billable home care services:

- Up to 52 medical assistance skilled nurse visits per year (not to exceed two visits per week)
- Up to 156 medical assistance home health aide visits per year (not to exceed three visits per week)
  - ≠ if the subscriber does not live in Adult Foster Care or Customized Living
  - ≠ if the subscriber is not receiving Personal Care Assistant (PCA) services
- Up to 20 visits per discipline per year of medical assistance non-maintenance home therapy: physical, occupational, speech, or respiratory therapy

Follow the guidelines outlined in the Home Care chapter of the DHS Community Based Services Manual, previously known as the Disability Services Program Manual (DSPM). Authorization should coincide with the subscriber's current waiver span or assessment year if not on a Home and Community-Based Services (HCBS) waiver.

#### Blue Plus prior authorization continues to be required for the following services:

- Skilled nurse visits exceeding 52 per year or two per week
- Home health aide visits exceeding 156 per year or three per week
- Home therapy (physical, occupational, speech, or respiratory therapy) exceeding 20 visits per discipline per year
- Home health aide visits for subscribers in Customized Living or Adult Foster Care
- Home health aide in conjunction with PCA Services
- Private-duty nursing
- Acute changes in condition requiring more visits than currently authorized if they are beyond the limits or scope of what the care coordinator can authorize. Blue Cross supports and encourages ongoing communication between care coordinators, home care providers, and Blue Plus as an essential part of this process.

*Please note that the current process in place for PCA and Elderly Waiver extended home care authorizations remains the same.*

#### Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

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