

Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid www.mass.gov/masshealth

Home Health Agency Bulletin 93

DATE: December 2024

TO: Home Health Agencies Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

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RE: Implementation of Section 24 of Chapter 197 of the Acts of 2024 for Members Accessing Post-Acute Home Health Services

Introduction

In accordance with Section 24 of <u>Chapter 197 of the Acts of 2024 (the Long Term Care [LTC]</u> <u>Act</u>), payers are required to approve or deny, within one business day after receiving all necessary documentation, all requests for prior authorization (PA) for members who transfer from an inpatient acute-care hospital to a post-acute care facility or agency. If MassHealth receives a complete PA request on a non-business day, when PA cannot be reviewed, PA may be waived under certain circumstances as a matter of law under the LTC Act. Specific to home health services, the LTC Act requirements impact the PA request process for services for some MassHealth members who have had an inpatient acute-care hospitalization and are directly starting or resuming home health services.

PA home health services directly following an inpatient acute-care hospitalization

Expedited Process

Under the LTC Act, MassHealth has established an expedited PA process for certain MassHealth members who are being or who have been discharged from an inpatient acute-care hospital and seek to start or resume home health services that require PA. If the member is required under 130 CMR 403.000: *Home Health Agency* to have PA for the home health services they seek to resume directly after discharge, providers must request an expedited PA to obtain such services, subject to the exceptions set forth below.

MassHealth will review an expedited PA request for post-acute discharge home health agency services within one business day of MassHealth's receipt of the completed PA request. If the PA request includes all PA documentation as described in this bulletin, MassHealth will either approve or deny the request for home health services. MassHealth will not defer PAs subject to the LTC Act that are received through the expedited process.

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Home health agencies may not request an expedited PA for members following a discharge from a post-acute hospital when PA is not be required under 130 CMR 403.000. These exceptions include the following.

- The MassHealth member has not met the threshold for PA and therefore has home health visits available.
- The MassHealth member is resuming their care at the same frequency established under a current PA.

Expedited PAs

To comply with state law requirements for timely post-acute review of care, when home health PA is required directly after discharge, agencies must request an Expedited PA. (The only exception is when agencies choose to file seven days after services begin, as described under <u>Retroactive Process</u>.)

Setting: Expedited PA for post-acute discharge is required for discharge from acute care hospitals. Discharge from a skilled nursing facility, an intermediate care facility, or a sub-acute hospital are not considered eligible settings under the LTC Act. Nothing in this bulletin, however, is meant to prohibit requests for Expedited PA review of services that are *not* directly following post-acute discharge.

Waiver of certain PA submission requirements for Expedited PA for initial home health services directly following an inpatient acute-care hospitalization

In accordance with the LTC Act, MassHealth has waived certain PA submission requirements for the initial home health PA request for members being directly discharged from an inpatient acute-care hospital.

MassHealth specifically waived the requirement to submit home health visit notes. MassHealth will continue to require the following.

- A signed Plan of Care or an Unsigned Plan of Care with a documented verbal order.
- An initial visit note or, if applicable, a resumption of care visit note.

MassHealth reserves the right, however, to request further documentation upon receipt of a PA request. For example, a hospital discharge summary may be requested to determine the member's medical necessity for the requested home health service.

Waiver of PA

If a provider submits a completed PA on a non-business day, when MassHealth does not adjudicate PA, it is possible for PA to be waived. In accordance with section 24 of the LTC Act, if the home health agency is willing and able to provide services on any non-business day when PA cannot be reviewed, PA is waived as a matter of law. The member may be served by the home health agency until the request can be reviewed concurrently with services on the next subsequent business day. MassHealth will review complete Expedited PA requests on that

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business day and either approve or deny them. For denied PAs, the denial is effective on the first business day the PA could be reviewed. In accordance with the LTC Act, MassHealth will only deny coverage for non-business days of service that preceded the adjudication date in instances of fraud, waste, or abuse.

Retroactive Process

MassHealth has an established seven-day administrative retroactive authorization request process described in the *MassHealth Home Health Date Exceptions for Prior Authorization* document. Home Health agencies that provide post-acute services requiring PA but prefer to collect more complete documentation to better serve the member may choose to use this retroactive request process for PA requests that would otherwise be subject to the expedited request process described in this bulletin.

Session Law-Acts of 2024, Chapter 197

To view the legislative language, see <u>Session Law - Acts of 2024 Chapter 197: An Act to Improve</u> <u>Quality and Oversight of Long-term Care</u>.

MassHealth Website

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Questions?

If you have questions about the information in this bulletin, please contact the following.

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