

Home Health Care Providers

Screening and Admission

Home health care providers will:

- Accept referrals for Harvard Pilgrim Health Care members in any setting within the home health care provider's service area.
 - Admitting and discharge capabilities will be available 7 days a week, 365 days per year.
 - Upon acceptance of the referral, the home health care provider will have most requested home care services available within twenty-four (24) hours of request unless otherwise specified or negotiated.
 - Infusion services will be available in the home within eight (8) hours of valid providers' physician orders, unless otherwise negotiated.
 - Pain management services will be in the home within eight (8) hours of the referral, if requested.
 - Within one business day of the referral, notify the Harvard Pilgrim Health Care utilization review nurse or designee of acceptance, and verify with Harvard Pilgrim that authorization (when required) was obtained.
 - The home health care provider will submit the request for authorization of services through *HPHConnect* or NEHEN, then check *HPHConnect* or NEHEN to ensure that authorization (when required) is obtained, or
 - The home health care provider must utilize Harvard Pilgrim Health Care approved authorization forms for initial and reauthorization service requests unless authorization requests are made via *HPHConnect* or NEHEN.

Expectations of Care

Home health care providers will:

- Complete an initial plan of care within twenty-four (24) hours of initial visit. The initial plan of care must include a comprehensive assessment of the Harvard Pilgrim Health Care member's:
 - Physical status and current functional level
 - Home environment and safety
 - Equipment/DME and medication needs
 - Family/caregiver supports
 - Community supports including transportation needs
- Ensure the availability and competence of appropriate clinical staff and resources to provide needed services, including 24-hour on call availability.
 - If a member calls the provider office or answering service, provider will respond by telephone within one hour and will provide a home visit, if necessary.
- Ensure clinical staff are registered in the state in which the services are to be delivered.
 - Provider will work to ensure that, when possible, the same clinicians provide services to individual members during the course of their treatment.
- Determine, in collaboration with the Harvard Pilgrim Health Care utilization review nurse/designee, the appropriate method and frequency of case review after the initial evaluation has been completed.
 - The home health care provider is responsible for informing the Harvard Pilgrim Health Care utilization review nurse/designee of significant changes in the member's status or condition including revisions to treatment plan or goals, or member leaving the Harvard Pilgrim Health Care enrollment area.

- Clinical information required to make a determination of medical necessity must be provided within 48 hours of the Harvard Pilgrim Health Care utilization review nurse/designee's request.
- Obtain the required notifications and/or prior authorizations for Harvard Pilgrim Health Care members.
- Notify the Harvard Pilgrim Health Care utilization review nurse/designee when the member is discharged from home health care services.
- Promptly report to the Harvard Pilgrim Health Care utilization review nurse/designee (as appropriate) any unusual incident affecting the health or safety of a member. Reportable incidents include, but are not limited to:
 - any change in therapy or therapy administration not ordered by the referring physician
 - adverse reactions to therapies or method of therapy administration
 - situations in which the member did not receive ordered medication or therapy, or the correct medication or dose of medication, including any error in labeling

Additional Home Health Care Provider Requirements

Harvard Pilgrim requires that home health care providers allow Harvard Pilgrim to use practitioner performance data (such as quality, cost, resource use, or utilization information) as is required by the National Committee for Quality Assurance (NCQA).

PUBLICATION HISTORY

10/15/09	reviewed
06/15/13	added NCQA practitioner performance data requirement information
10/01/18	changed "case manager" to "utilization review nurse"
01/01/23	reviewed
04/12/24	added mention of required notification to Expectations of Care section; administrative edits.