**Ohio Living Holdings**

**Referral Processing Policy**

**Prior Agency Potential Conflicts**

**As of: October 11, 2021**

**Purpose:** Policy to address avoiding potential billing and collection conflicts due to referred patient having been in the care of a Prior Agency (PA), either for home health or hospice services, including:

1. Discharge date verification – Medicare Primary
2. Active authorization with Prior Agency

**Policy – Discharge Date Verification - Medicare Primary**

1. Patient referral is processed per the **Referral, Admissions and Initial Authorizations Process** eventually resulting in triggering the workflow stage of **Payor Information Verification** within Home Care Home Base (HCHB) performed by the Central Intake Coordinators (CICs).
   1. Referral information received may or may not indicate whether the patient has been or will soon be discharged from the care of another PA.
2. As a part of the Payor Information Verification process, the CIC will check the referred patient’s Medicare eligibility using a portal maintained by/connected to CMS known as the **Medicare Verification Portal (MVP)**.
3. If a patient is or was being serviced by PA, AND
   1. The PA has not submitted a final billing claim indicating the patient has been discharged from their care, OR
   2. The PA has sent a final billing claim with the discharge code identified but CMS has not updated in the Common Working File, THEN
   3. It will appear on the MVP to the CIC that the patient is still on service with the PA.
4. In such event, CICs will communicate this information by entering a **“HIC Notification”** Coordination Note in HCHB advising HICs/Referral Team to contact the PA currently showing on service to obtain details regarding the patient’s current status.
5. If PA expresses patient is no longer on service and has been discharged, then **written confirmation** should be requested first of the PA at this time indicating the patient’s discharge date.
   1. HIC must prepare a Coordination Note indicating date and time request was made of PA.
   2. Written documentation response from the PA should include the date and time of discharge as well as the name and contact information of the representative from the PA who is confirming the discharge.
      1. Frequently other agencies will simply send a portion of their “Discharge Summary”.
   3. The written confirmation should be sent by the PA to Ohio Living via email to the HIC working the case or the designated referral fax line.
   4. Should the PA indicate they cannot provide written, our response should be that “We are ready to open the patient, but our policy is to obtain written confirmation of discharge to avoid any overlap of days for billing.”
6. If **written confirmation** is not received timely or the PA continues to refuse to provide written confirmation, then the HIC must obtain a **verbal confirmation** of discharge, with an appropriate representative of the PA, and HIC must document that confirmation in a **“Narrative” Coordination Note** within HCHB. The Coordination Note specifics should include the following documentation:
   1. Discharge date from PA,
   2. Time and date of verbal confirmation; AND
   3. Name of person at the PA confirming discharge.
7. An email must be prepared by the HIC and sent to[**CentralIntake@ohioliving.org**](mailto:CentralIntake@ohioliving.org)to alert that group that this discharge verification process has been followed and documented within HCHB.
   1. CIC will validate that the discharge confirmation is attached in the patient’s chart.
   2. If so, the CIC will complete the Payor Information Verification workflow.
   3. A follow-up comment prepared by the HIC on any existing Coordination Note **does not** alert any responsible position or generate a new coordination note in workflow.

**Policy – Active Authorization**

1. Patient referral is processed per the **Referral, Admissions and Initial Authorizations Process** eventually resulting in triggering the workflow stage of **Obtain Initial Authorization** which is performed by the Central Authorization Coordinators (CACs).
   1. Referral information received may or may not indicate whether the patient has been or will soon be discharged from the care of PA or that there are **unused authorizations by that PA**.
2. CAC will identify the carrier for which Initial Authorization needs to be obtained, gather necessary supporting documentation and submit the request.
3. If the CAC determines that a patient has **active** authorization with PA as indicated by the carrier’s response to the authorization request, then this creates a **hard stop** to the ‘Obtain Initial Authorization’ process.
4. In such event, CAC will communicate this information by entering a **“HIC Notification”** Coordination Note in HCHB advising HICs/Referral Team to contact the PA to notify that an unused authorization is still present in the carrier portal under that PA.
5. The PA with the active authorization must call the payor and request a **Discharge of Authorization(s)**.
   1. The discharge reflects in the carrier’s system immediately once entered into their database)
6. HIC must receive communication that the PA that the carrier has confirmed the prior granted authorization discharge.
7. HIC must:
   1. Document that confirmation in a **“Narrative” Coordination Note** within HCHB.
   2. Prepare and send an email to [**HHHCentralAuth@ohioliving.org**](mailto:HHHCentralAuth@ohioliving.org)notifying CAC’s of that status.
8. CAC will then continue to complete the Obtain Initial Authorization workflow in HCHB.
   1. Once authorization is obtained, CAC will complete that workflow, which then releases the Review/Edit/Approve Referral after Payor Verification workflow performed by the HICs as described in the **Referral, Admissions and Initial Authorizations Process** ultimately resulting in the **Assign the Evaluation Visit workflow.**
9. Should Site elect to provide care anyway without having ensured the above conflict is cleared, retroactive authorization request to the carrier might be able to be submitted by the CACs, but is not always guaranteed, and thus not the preferred protocol. No authorization results in no collection of accounts receivable for services provided. Write-off reason will be documented as such.