



Managing Home-Based Long Term Care Claims

A Partnership Between Caregivers and Carrier

THE ELEVENTH ANNUAL INTERCOMPANY LONG TERM CARE INSURANCE CONFERENCE





Introductions

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Input from the Audience

- What preconceived notions do you have about home care providers?
- What are your “pain points?”
- Any specific stories you want to tell?
- Does your organization have unique protocols in place based on type of home care provider?



Objectives

- Understand challenges faced by carriers
 - Range of provider types
 - Medicare certified
 - Custodial care
 - Independent Providers
 - Referral Agencies
 - Need for reliable information
- Understand challenges faced by homecare agencies
 - Licensure requirements by state
 - Provider selection – Freedom of choice? Network? Referral assistance?
 - Information about client benefits
 - Payment efficiency
 - HIPAA



Do Our Missions Complement or Compete?

What do our objectives have in common?

- Verification of care needs – assessed objectively and clinically logical
- Care plans that meets needs – formally and informally
- Accurate records of care provided
- Respect for claimant/client privacy



Challenges Faced by Carriers

Provider Types

- **Medicare Certified Agencies**
 - Standardized billing
 - Nursing staff available to conduct assessment, record care, monitor changing needs
 - Agency infrastructure
 - Quality Assurance, both clinical and non-clinical
 - Licensed staff
 - Standardized recordkeeping
 - Accountability to regulatory entities
 - Many clients needs 24/7 custodial care – can that need be met by this agency type?



Challenges Faced by Carriers

Provider Types

- **Custodial Care Agencies**
 - May or may not be licensed
 - Nursing assessments not common, may be done by contracted nurse
 - Non-standardized billing, records
 - Agency infrastructure
 - Little regulatory oversight
 - Staff may be licensed or unlicensed
 - Can they meet a need that Medicare certified agencies cannot?



Challenges Faced by Carriers

Provider Types

- **Independent Providers**

- May or may not be licensed, but typically are not
- No assessment if not done by carrier
- Usually no record keeping unless required by carrier
- No regulatory oversight (except for licensed individuals)
- Prone to fraud
- How might carriers mitigate risk in order to provide this consumer choice?



Challenges Faced by Carriers

Provider Types

- **Referral Agencies/Employment Agencies**
 - May or may not be licensed
 - No assessment if not done by carrier
 - Agency may be “hands-off” – make client/caregiver match only
 - Charge “finder’s fee” – sometimes hundreds of dollars/week on top of care charges
 - In some states, not even permitted to provide employee supervision or training
 - No serious regulatory oversight (except for licensed individuals)
 - Prone to fraud
 - Vulnerable adults at risk of financial victimization
 - When might this option be preferable for consumers and/or carriers?



Challenges Faced by Carriers

Agency Responsibility Expected by Carriers

- Oversight of care to ensure client safety
- Assessments to ensure appropriate level of care and supervision
- QA Program to ensure accurate record-keeping – *daily visit notes that record services actually provided*
- Sufficient staff to meet needs
- Responsibility for actions of caregivers
 - Care of vulnerable adults
 - Supervision and training
 - Monitoring



Challenges Faced by Carriers

Advantages of Agency Care

- Responsibilities under terms of license
- Professional management, professional staff
- Oversight by regulatory entities
- Reputation in the marketplace



Challenges Faced by Carriers

Challenging Provider Activity

- Care plans that match available benefit – coincidence?
- Variable oversight of caregivers
- Lack of responsibility to ensure records of care are accurate
- Requests for coverage information
- Fraud/abuse
 - Exaggerating level of care actually provided
 - Not providing care on all days and/or for all hours reported
 - Securing access to client funds
 - Leaving clients unattended during portions of shifts
 - Exaggerating care needs to maximize hours of service
 - Serving couples, billing only the individual with insurance
 - Caregiver theft, abuse



Sample Case Study A-Licensed Agency

Diagnosis, meds, cognitive, and functional assessment for claimant A

8. Date of Birth: [REDACTED]		9. Sex <input checked="" type="radio"/> M <input type="radio"/> F		10. Medications: Dose/Frequency/Route (N)ew (C)hanged	
11. ICD-9-CM 585.6	Principal Diagnosis END STAGE RENAL DISEASE		Date [REDACTED]	PRAVASTATIN SODIUM, 20MG, DAILY, PO, FOR INCREASED CHOLESTEROL /TRIGYCERIDES	
12. ICD-9-CM	Surgical Procedure N/A		Date	ALLOPURINOL, 100MG, IN AM, PO, FOR GOUT	
13. ICD-9-CM 213.1 250 401.9	Other Pertinent Diagnoses BEN NEO LOWER JAW BONE DIABETES MELLITUS HYPERTENSION NOS		Date [REDACTED]	SERTRALINE HYDROCHLORIDE, 100 MG, EVERY DAY, PO SENNALAX, 8.6 MG, TWO EVERY DAY, PO, FOR CONSTIPATION MIRALAX, 3 TBLSP, DAILY, PO, FOR CONSTIPATION RENAGEL, 800mg, 3 with each meal, PO, phosphate binder/dialysis DENIES HERBAL OTC'S DENIES OTC'S	
14. DME and Supplies Walker, glucometer, Lifeline, Diabetic Supplies.				15. Safety Measures: Universal Precautions and Safety Precaution	
16. Nutritional Req. Diabetic and Renal c Boost prn				17. Allergies Vancomycin	
18.A. Functional Limitations			18.B. Activities Permitted		
1. <input type="checkbox"/> Amputation 2. <input type="checkbox"/> Bowel/Bladder (incontinence) 3. <input type="checkbox"/> Contracture 4. <input checked="" type="checkbox"/> Hearing 5. <input type="checkbox"/> Paralysis 6. <input checked="" type="checkbox"/> Endurance 7. <input checked="" type="checkbox"/> Ambulation 8. <input type="checkbox"/> Speech 9. <input type="checkbox"/> Legally Blind A. <input type="checkbox"/> Dyspnea With Minimal Exertion B. <input type="checkbox"/> Other Specify			1. <input type="checkbox"/> Complete Bedrest 2. <input type="checkbox"/> Bedrest BRP 3. <input checked="" type="checkbox"/> Up As Tolerated 4. <input type="checkbox"/> Transfer Bed/Chair 5. <input checked="" type="checkbox"/> Exercises Prescribed 6. <input type="checkbox"/> Partial Wt. Bearing 7. <input type="checkbox"/> Independent At Home 8. <input type="checkbox"/> Crutches 9. <input type="checkbox"/> Cane A. <input type="checkbox"/> Wheelchair B. <input checked="" type="checkbox"/> Walker C. <input type="checkbox"/> No Restrictions D. <input type="checkbox"/> Other (Specify)		
19. Mental Status		1. <input checked="" type="checkbox"/> Oriented 2. <input type="checkbox"/> Comatose 3. <input type="checkbox"/> Forgetful 4. <input type="checkbox"/> Depressed		5. <input type="checkbox"/> Disoriented 6. <input type="checkbox"/> Lethargic 7. <input type="checkbox"/> Agitated 8. <input type="checkbox"/> Other	
20. Prognosis		1. <input type="checkbox"/> Poor 2. <input checked="" type="checkbox"/> Guarded		3. <input type="checkbox"/> Fair 4. <input type="checkbox"/> Good 5. <input type="checkbox"/> Excellent	



Sample Case Study A-Licensed Agency

21. Orders of Discipline and Treatments (Specify Amount/Frequency/Duration)

RN TO SUPERVISE EVERY 60 DAYS. HHA 50-65 HOURS/WK X 60 DAYS.

HEALTH AIDE SERVICES TO INCLUDE, BUT NOT LIMITED TO ADL OF BATHING, DRESSING, LIGHT HOUSEKEEPING, MEAL PREP, ERRANDS, AND LAUNDRY. ASSIST CLIENT WITH AMBULATION AND TRANSFERS. HHA MAY ACCOMPANY CLIENT ON MD VISITS. ALL DME TO BE CLEANED AND MAINTAINED BY CLIENT, FAMILY AND/OR [REDACTED] STAFF.

CLIENT SELF MONITORS BLOOD SUGAR WITH GLUCOMETER PRN.

ADVANCED DIRECTIVES DO NOT EXIST. CLIENT IS FULL CODE.

INTRAVENOUS

Access: ☐ N/A ☐ Peripheral ☐ CVL ☐ PICC ☐ Port
☐ Other: AV fistula Location: Arm

Site Condition: ☒ Intact ☐ Without Redness or Swelling
☐ Dressing Changed using: ☐ Sterile ☐ Aseptic technique
☐ Transparent ☐ Other: _____

☐ Bag Changed ☐ Tubing Changed ☐ Cap Change

Dialysis on T, R, Sat.

Irrigated/Flushed with: _____

Labs: ☐ N/A Tests: _____

Site used: _____

Labs Taken to: _____ or Picked up by: _____

PSYCHOSOCIAL lives alone, family assists as needed

Family dynamics: ☐ Nuclear family ☐ Single parent ☐ Foster parent

Principal caregiver's level of competence: ☐ Good ☐ Fair ☐ Poor

Support System identified for caregiver: ☐ Yes ☐ No

Interaction with Patient: ☐ Caring ☐ Attentive ☐ Calming
☐ Indifferent ☐ Other

Patient interaction with caregiver: ☐ Sociable ☐ Calm ☐ Talking
☐ Cooperative ☐ Withdrawn ☐ Crying ☐ Anxious

Response to Previous Loss (family member, friend, pet etc): _____

Security item/Favorite activities/hobbies: Reading, TV

Depression and Suicide Risk: _____

Communication Strengths and barriers, literacy and language skills:
Patient/Family/caregivers: _____

CAREGIVERS/Emergency Contact: ☐ MOTHER AND FATHER

☐ MOTHER ☐ FATHER ☒ RELATIVES

Financial/economic resources available to patient
Daughter + son in law

Patients ability to reason ☒ Yes ☐ No

**MD Orders, client
lives
alone, caregiver
accompanies to to
dialysis
3X a week.**



VISIT DATE 7/10/18	TIME IN 9:08	CHECK ONE: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	TIME OUT 8:00	CHECK ONE: <input type="checkbox"/> Intermittent <input checked="" type="checkbox"/> Hourly
PATIENT NAME [REDACTED]	EMPLOYEE NAME [REDACTED]			
PATIENT SIGNATURE [REDACTED]	EMPLOYEE SIGNATURE [REDACTED]			
Please Specify: <input checked="" type="checkbox"/> HHA <input type="checkbox"/> CHHA <input type="checkbox"/> PCA <input type="checkbox"/> HMKR/COMP	Care Manager Signature: [REDACTED]		Date: [REDACTED]	
DIAGNOSIS: CRF		VITAL SIGNS: RESPIRATION: _____ TEMP: _____ PULSE: _____ WEIGHT: _____ B/P RIGHT ARM: _____ B/P LEFT ARM: _____		
MENTAL STATUS: <input checked="" type="checkbox"/> ALERT <input type="checkbox"/> CONFUSED <input type="checkbox"/> FORGETFUL <input checked="" type="checkbox"/> COOPERATIVE				
HHA INTERVENTIONS (HHA to follow directions outlined in HHA Plan of Care). Check each box to indicate care provided this visit/shift.				
BATHING <input type="checkbox"/> Total Bed Bath <input type="checkbox"/> Assist Bed Bath <input checked="" type="checkbox"/> Assist Shower <input type="checkbox"/> Assist Tub	COMMENTS 		NUTRITION Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Low Na + <input checked="" type="checkbox"/> Diabetic <input type="checkbox"/> Other: Renal	COMMENTS
PERSONAL <input type="checkbox"/> Shampoo/Hair Care <input type="checkbox"/> Mouth Care <input type="checkbox"/> Skin Care <input checked="" type="checkbox"/> Assist w/Dressing <input type="checkbox"/> Shave <input type="checkbox"/> Nail Care <input type="checkbox"/> Pericare	COMMENTS 		<input checked="" type="checkbox"/> Prepare Meal <input checked="" type="checkbox"/> Serve Meal <input type="checkbox"/> Assist w/Feeding <input checked="" type="checkbox"/> Encourage Fluids <input type="checkbox"/> Other: _____	COMMENTS
MOBILITY <input type="checkbox"/> Assist w/ambulation <input type="checkbox"/> Assist w/transfer <input checked="" type="checkbox"/> Assist to bed <input type="checkbox"/> Transfer from bed <input type="checkbox"/> Assist with turning <input type="checkbox"/> ROM exercises (passive) <input type="checkbox"/> ROM (active) <input type="checkbox"/> Other: _____	COMMENTS 		TOILETING/ELIMINATION <input type="checkbox"/> Urinal/bedpan/commode <input type="checkbox"/> Catheter care: <input type="checkbox"/> Empty catheter bag <input type="checkbox"/> Change condom cath <input type="checkbox"/> Incontinent care <input type="checkbox"/> Ostomy care <input type="checkbox"/> Last bowel movement Date: _____ <input type="checkbox"/> Other: _____	COMMENTS
	COMMENTS 		HOUSEKEEPING <input checked="" type="checkbox"/> Laundry <input type="checkbox"/> Clean bedroom <input type="checkbox"/> Clean bathroom <input checked="" type="checkbox"/> Change / Make bed <input type="checkbox"/> Clean kitchen <input checked="" type="checkbox"/> Wash dishes <input type="checkbox"/> Vacuum / Sweep <input checked="" type="checkbox"/> Grocery Shopping	COMMENTS



Sample Case Study B– Custodial Care Agency

CLIENT NAME: [REDACTED] STAFF NAME: [REDACTED]
(USE ONE TIME SHEET FOR EACH CLIENT)

☐ EPSDT ☐ HOMEMAKER ☐ MEDICAID WAIVER ☒ PRIVATE DUTY ☐ TBI

DATE: SUNDAY 3/7/16 CLIENT MILES: _____ MILES OVER BASE: _____

<input type="checkbox"/> Assist w/medications	<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Shopping-Errands	Time In: <u>8:00 AM</u>
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Transfer/Ambulate	<input type="checkbox"/> Respite	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Dressing	<input type="checkbox"/> Assist w/Toileting	<input type="checkbox"/> Housecleaning	<input type="checkbox"/> Other (please specify)	Time Out: <u>1:00 PM</u>
<input type="checkbox"/> Turn/Position	<input type="checkbox"/> Assist w/Eating	<input type="checkbox"/> Laundry/linen change		

DATE: MONDAY 3/8/16 CLIENT MILES: _____ MILES OVER BASE: _____

<input type="checkbox"/> Assist w/medications	<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Shopping-Errands	Time In: <u>8:00 AM</u>
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Transfer/Ambulate	<input type="checkbox"/> Respite	<input type="checkbox"/> Transportation	
<input type="checkbox"/> Dressing	<input type="checkbox"/> Assist w/Toileting	<input type="checkbox"/> Housecleaning	<input type="checkbox"/> Other (please specify)	Time Out: <u>2:00 PM</u>
<input type="checkbox"/> Turn/Position	<input type="checkbox"/> Assist w/Eating	<input type="checkbox"/> Laundry/linen change		

- No daily cares noted – every timesheet looks like this one.
- When queried by carrier, determined caregiver lived next door, had small children, so actually just “checked on” claimant, sometimes only by phone, didn’t actually provide ADL care or supervision.
- Agency is licensed by the state as a home care agency.



Sample Case Study C – Referral Agency

HOME HEALTH CARE DAILY PROGRESS NOTES (PAGE TWO)

CLIENT NAME _____ WEEK BEGINNING 9/28/09

Notes must be written each day. Things to include are:

- Special Skin Care
- Wound Care or Treatment
- Change in Client's condition
- Ability to take medications
- How you found client when you arrived
- Explain care provided in more detail

Monday 9/28/09 Total Hours (19)	Patient awake at 9 AM - mouth care shown help with dressing - serve breakfast help at table with water - walk with patient - prepare patient's lunch and prepared dinner. Left Caregiver Signature [Signature]
Tuesday 9/29/09 Total Hours (10)	Patient awake at 9 AM - mouth care shown and showered - patient met with therapist helped patient with walk - prepared patient's lunch and dinner - helped patient get ready for bed Caregiver Signature [Signature]
Wednesday 9/30/09 Total Hours (10)	Patient awake at 9 AM - helped with mouth care and shower - served breakfast helped with dressing - bath and hair brushing - assisted patient with walking showed and reviewed dress and skin Caregiver Signature [Signature]

• Daily Visit Notes are copied each day – only dates of service are changed.

• Caregiver charges are \$100/day, referral agency charges another \$60/day for its “services” – but provides no caregiver oversight, does not review daily notes, does not conduct assessments.



Challenges Faced by Homecare Providers

– Licensure of Agency

- State by state differences, may also be determined by services provided, but insurers may not recognize this, e.g. CA, MO.
- Written into the policy what type of provider can be utilized – any flexibility taken into consideration state regulations?

– Provider Selection

- Should insurers participate in the provider selection process?
 - Ensures compatibility with plan provisions
 - Minimizes potential for incurred expense which may not be covered
 - Facilitates care planning

– Client Benefits

- Providers unable to obtain because of PHI concerns
- AOB/Medical Releases not enough?
- Providing this info can help in the education of the provider and member



Challenges Faced by Homecare Providers

– Reimbursement Direction

- Pay member or provider – do carriers have a preference?
- Bill submitted by member or provider – will carriers accept either?

– Coordination of Benefits

- Medicare homecare benefit
- Other insurer/payer involved

– Assessments

- Carriers willing to allow providers to do assessments for care and then provide care?



Challenges Faced by Homecare Providers

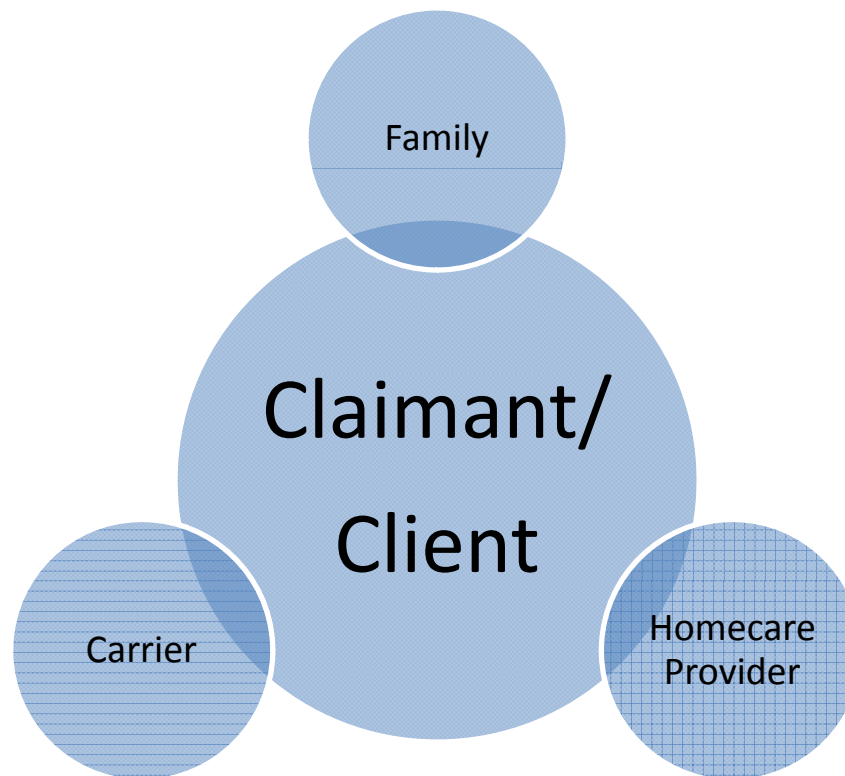
– Plans of Care

- Do LTC insurers have policies/procedures/expectations in place for plans of care?
 - Who can sign/certify a plan of care (MD, Resident, CNP, etc.)?
 - What needs to be on POC?
 - » Consistency between assessment and level of care



Working Together.....

with a common focus on the claimant/client





Working Together-Partnership

- Cooperation among all parties
 - Claimant/Family understanding terms of policy is paramount – how can carriers ensure this occurs?
 - Education
 - Communication
 - Carrier sets clear expectations from outset of claim
 - Provider is clear about services and rates
 - Claimant/Family must acknowledge understanding and actively participate throughout



Wrap-Up

- Have we changed your perception in any way?
- Did we give you any help to relieve any pain points?
- Will you now go back to your organization and consider any changes in process?



Questions/Comments?