HOME CARE SERVICE DELIVERY

I. Scope of Services

A. Contractor shall supply covered interdisciplinary home care services to Managed Care Members twenty-four (24) hours a day, seven (7) days a week. Home Care Covered Services shall include:

- Skilled nursing services
- Physical, occupational and speech therapy services
- Medical social work services
- Home health aide services

B. Covered services must be ordered by a KFHPWA Provider and referred and authorized by KFHPWA. Managed Care Members must meet Medicare's definition of homebound to be eligible for Home Care Covered Services. KFHPWA may identify appropriate exceptions to homebound definitions when necessary to deliver cost-effective services in the most appropriate setting for a Managed Care Member.

C. Contractor shall accept referrals and assure nursing staff availability to provide necessary initial home visits seven (7) days per week.

D. Contractor and KFHPWA agree that all authorized Home Health Care Covered Services will be provided by Contractor and not by a combination of Contractor and KFHPWA, unless mutually agreed otherwise by the two parties.

II. KFHPWA Responsibilities

A. Admission: Notify Contractor in a timely manner of each new referral, including initial authorization for services.

B. Assessment: Review all assessments performed by Contractor. These assessments shall include, but shall not be limited to, the initial assessment, routine interim assessments required by federal or state regulatory bodies or other accrediting bodies, and assessments necessary to update or revise the initial Plan of Care due to changes in patient condition.

C. Plan of Care

1. Authorize Covered Services after reviewing and approving or modifying the initial Plan of Care for each service discipline with Contractor.

2. Review and approve any requests for revision or modifications to the Plan of Care prior to authorization or delivery of Covered Services under a revised or modified Plan.

D. Coordination, Supervision and Evaluation of Care

1. Authorize and order all covered durable medical equipment (DME), oxygen and non-routine supplies and other Covered Services associated with the Managed Care Member's care.

2. Coordinate with Contractor and/or other contracted vendors to assure delivery and training for DME, oxygen and non-routine supplies.

3. Assure Contractor and Contractor's staff supply necessary and appropriate services per Plan of Care through KFHPWA's care management and quality improvement programs.

E. Discharge Planning from Home Health Services

1. Coordinate discharge or transfer needs with Contractor.

2. Assure Contractor has notified KFHPWA Physician and appropriate KFHPWA Providers of discharge or transfer plans and follow-up needs and secure authorizations as needed.

III. Contractor Responsibilities

A. Admission

1. Accept all KFHPWA referrals for Covered Services to Managed Care Members or notify referring provider as soon as possible, and no later than two (2) hours after receiving the referral request that Contractor is unable to accept the referral. Upon receipt of referral, agencies will enter referral information into One Health Port to ensure authorization for services.

2. Contact Managed Care Member within twenty-four (24) hours of pre-authorization to perform triage assessment and schedule initial visit according to the Managed Care Member's need and condition.

B. Assessment

1. Perform complete physical assessment of Managed Care Member at initial visit. Perform ongoing assessment as appropriate to Managed Care Member's condition and progress as required by federal and state home health regulations and other applicable voluntary accrediting body standards and guidelines.

2. Communicate results of assessment Plan of Care to KFHPWA and KFHPWA Physician according to federal and state home health agency regulations and as needed based on patient condition.

3. Secure appropriate consents for care as required by applicable federal and state home health agency regulations and other applicable voluntary accrediting body standards or guidelines.

C. Plan of Care

1. Develop and submit Plan of Care to KFHPWA for approval and authorization within one business day following initial visit or when assessment warrants a request for modification to the original authorized Plan of Care.

2. Assure Plan of Care meets Medicare Conditions of Participation and all applicable federal and state home health regulations and any applicable voluntary accrediting body standards.

3. Submit all forms requiring Physician signature directly to the KFHPWA Physician.

D. Coordination, Supervision, and Evaluation of Care

1. Make every reasonable effort to furnish the same personnel to each Managed Care Member throughout his or her episode of care.

2. Assure that all ordered lab specimens are delivered to the closest KFHPWA or KFHPWA contracted laboratory facility. Utilize other facilities only when specifically authorized by KFHPWA.

3. Provide at no cost to KFHPWA or the Managed Care Member, supplies that are commonly used by Contractor's employees during the delivery of patient care.

4. Supervise and evaluate all care and services provided by Contractor's staff.

5. Assure coordination of care with all other KFHPWA Providers, including supervision or participation in patient care conferences.

E. Scheduling of Visits or Hours

1. Provide after hours and on-call availability for Managed Care Member visits as needed. On-call or as needed (PRN) visits shall occur within four (4) hours of request.

2. Provide visits seven (7) days per week, twenty-four (24) hours per day as required by Managed Care Member's condition and at times mutually agreed upon by Contractor's staff and Managed Care Members.

F. Discharge Planning from Home Health Services

1. Notify KFHPWA within one (1) business day when a Managed Care Member is discharged from Contractor's service and within one (1) business day following notification to Contractor of Managed Care Member's hospitalization.

2. Coordinate discharge or transfer planning with the appropriate KFHPWA Providers, including the Physician, family members and other resources as needed.

IV. Documentation Requirements

A. Provide KFHPWA with a discharge summary, any interim summaries, re-certifications and Plans of Care at time of discharge.

B. Submit copies of the Managed Care Member's Plan of Treatment (Form CMS-485), any modifications or revisions to the Plan of Treatment and re-certifications of care to KFHPWA.

V. Organizational Policies and Procedures

A. Contractor agrees to adhere to all applicable KFHPWA organizational policies and procedures, including those necessary to meet federal and state home health agency regulations, as well as the standards of the Joint Commission on the Accreditation of Health Care Organizations or other applicable regulatory and voluntary accrediting bodies. These policies shall include, but are not limited to:

- Employee competency and performance appraisal
- Employee education and training
- Health requirements, including TB and Hepatitis B vaccination
- Infection control

B. At KFHPWA's request, Contractor shall provide KFHPWA with a current copy of the following reports:

- Contractor's fee schedule, including per visit services, hourly services, and supply schedule
- Medicare Home Health Cost per Visit and per Beneficiary Cost Limits (i.e., Medicare Cost Caps)
- Medicare Cost Report(s)

C. Contractor shall supply KFHPWA any requested utilization information on Contractor's activity, including but not limited to:

- Annual average number of visits per patient
- Annual number of visits per patient by selected ICD-9 diagnostic and/or procedure codes as mutually defined by KFHPWA and Contractor
- Annual duration of service per patient
- Total annual average patient census and number of visits

D. KFHPWA will routinely conduct utilization review and quality assurance programs for Home Care Covered Services provided to Managed Care Members, including review of all the associated documentation. If KFHPWA's utilization or quality assurance review finds that the care provided, even if medically necessary, does not meet KFHPWA guidelines, including but not limited to, any Medicare regulations or guidelines, or does not meet authorized care as specified by KFHPWA, Contractor agrees to return all payments that have been made by KFHPWA for such identified services and shall not seek subsequent reimbursement from the Managed Care Member for such denied services. KFHPWA agrees to provide written notice of such determination to Contractor within six (6) months of the completion of service to the Managed Care Members. Any appeals shall be subject to the terms and conditions of Section XV. of the negotiated Contract Agreement.