

Utilization of Medication Administration Services

March 31, 2016



Objectives

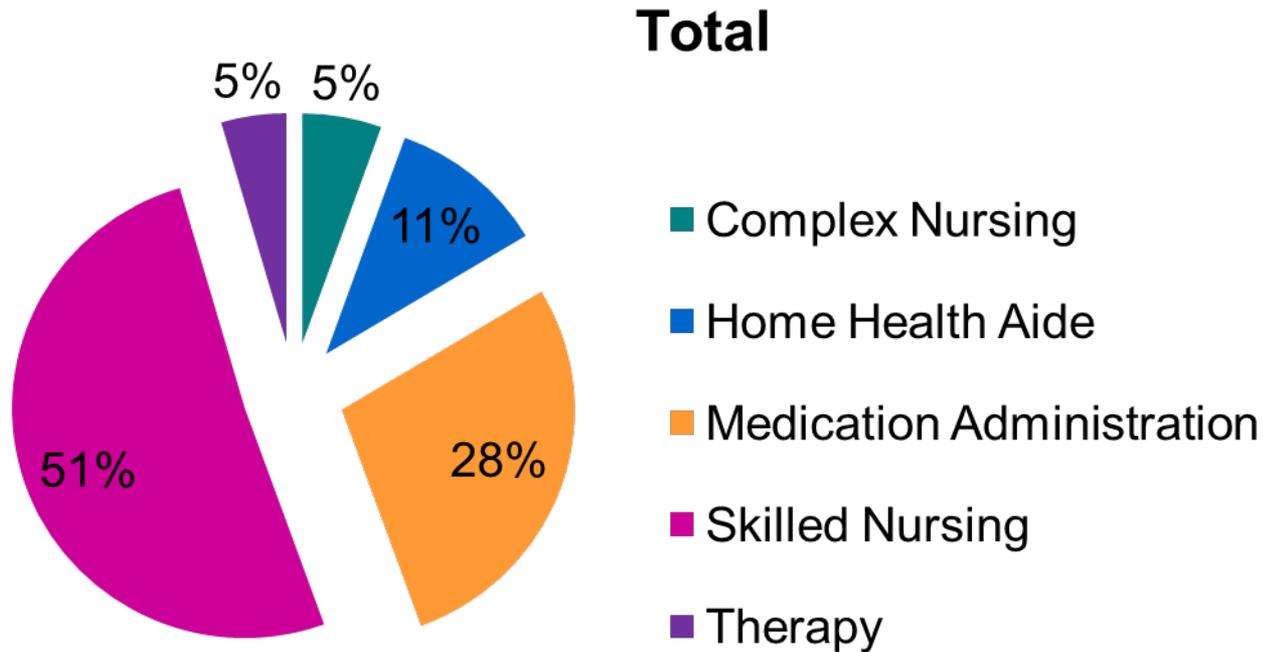
- Improve utilization of home-based care options and various home health services
- Ensure that our members are receiving the appropriate level of medically necessary services
- Increase independence through person-centered care

Reference: DSS Provider Bulletin PB
2015-94 "Medication Administration Savings
Expectations for Fiscal Year 2016"

2015 Home Health Prior Authorization Requests

Service	Total	Approved	Denied	Partially Denied
Complex Nursing	939	908	16	15
Skilled Nursing	8,722	8,664	42	16
Med Admin	4,801	4,772	25	4
Med Box	44	44	0	0
Med Tech	14	14	0	0
Home Health Aide (HHA)	1,865	1,741	17	107
HHA Prompting	2	2	0	0
Therapy	772	759	12	1
Total	17,159	16,904	112	143

Requests by Service Type



Home Health Aide Prompting, Med Box and Med Tech account for less than 1% combined

Medication Administration Overview

- **Adherence** - extent to which an individual's behavior coincides with medical or health advice
 - A synonym is **compliance**
- **Nonadherence** (intentional or unintentional) - leads to overuse or underuse of prescription medications
 - Can be caused by delays in filling prescriptions, not filling/picking up prescriptions, skipping doses, splitting pills, stopping medication early, and not refilling a prescription
 - A synonym is **non-compliance**
- According to the American College of Preventive Medicine (ACPM), “It is estimated that between 20% and 50% of patients are nonadherent”
- For every 100 prescriptions written, 50-70 are filled by the pharmacy, 48-66 are picked up, 25-30 are taken properly, and 15-20 are refilled

Excerpted with permission from the American College of Preventive Medicine. *Medication Adherence: Improving Health Outcomes Time Tool: A Resource from the American College of Preventive Medicine*. 2011. Retrieved from <http://www.acpm.org/?MedAdhereTTProviders>.

Medication Non-Compliance

Contributing Factors

Complexity/Lack of Convenience of Prescribed Regimen

Forgetfulness

Homelessness

Inadequate Follow-up

Lack of Insight into Illness

Low Literacy

Missed Appointments

Psychiatric Illness

Substance Abuse

Medication Compliance

The Role of the Home Health Care Provider

- Collaborate with prescribers to adjust timing, frequency, amount and dosage
- Match the regimen as closely as possible to the individual's daily activities
- Recommend to prescriber that all medications be taken at same time of day
- Offer alternatives to prescribing medications with complex dosing regimens
- Break the medication regimen down into simple steps
- Encourage and implement the use of adherence aids and assistive devices



Instructional Education

- Provide written and verbal instructions for all prescribed medications using simple, everyday language
- Reinforce instructions at every patient encounter
- Involve family and/or caregivers in teaching when available and appropriate



Encourage Independence

- Pre-pour doses and pre-fill syringes
- Coordinate once-a-day or twice-a-day pre-poured medications for Home Health Aide (HHA) prompting
- Evaluate assistive devices to improve manual dexterity for self administration
- Involve family members, caregivers and natural supports
- Remove lock boxes and implement medication reminder and dispensing systems



Medication Administration Options Under HUSKY Health

- **Personal Automated Medication Dispensers**

HCPCS Code: S5185: “Medication reminder service, non-face-to-face; per month”

- **Nurse Delegation to HHA**

HCPCS Code: T1021: “Home health aide or certified nurse assistant, per visit”

- **HHA Medication Prompting**

HCPCS Code: H0033: “Oral medication administration, direct observation”

HCPCS Code: T1004: “Services of a qualified nursing aide, up to 15 minutes”

- **Medication Administration Visits**

HCPCS Code: T1502: “Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit”

HCPCS Code: T1503: “Administration of medication, other than oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit”

Personal Automated Medication Dispensers - Initial Request

HCPCS Code: S5185: "Medication reminder service, non-face-to-face; per month"

- Prior authorization (PA) is required
- Intended for individuals who are medically stable
- Initial authorization period may not exceed 30 days and must be accompanied by 1 skilled nursing visit. Subsequent authorizations for up to 6 month timeframe
- If problems occur, agency may request authorization for a medication administration visit (*T1502*) to ensure the individual's success in following the medication regimen

[Click here to view the List of Prior Authorization requirements](#)

Reference: DSS Provider Bulletin PB 2013-76
"Administration of automated medication dispensers
for the purpose of dispensing medication"

Personal Automated Medication Dispensers - Reauthorizations

- If individual cannot benefit from the automated dispenser as documented by 2 prior authorizations for (T1502) during a month, the agency should reassess the individual to identify strategies to improve success with the medication dispenser
- Separate payment for automated medication dispensers is not available to individuals covered by Home and Community Based Waiver Programs

Reference: DSS Provider Bulletin PB 2013-76
“Administration of automated medication dispensers
for the purpose of dispensing medication”

Personal Automated Medication Dispenser

Benefits

Cost-effective Monitoring

Ability to Identify Drug Interactions

Improved Adherence

Increased Independence

Longer Authorization Timeframes

Missed Dose Notification

Peace of Mind for Members and Caregivers

Nurse Delegation to HHA Requirements

HCPCS Code: T1021: “Home health aide or certified nurse assistant, per visit”

- Registered Nurse (RN) delegation of medication administration to a medication-certified HHA
- Agency to ensure HHA has received necessary education, certification and ongoing training as defined by the CT Department of Public Health (CTDPH)
- Agency to implement policies and procedures establishing assessments and protocols to ensure safe and accurate administration of medications

Reference: DSS Provider Bulletin PB 2014-44 “Implementation of Connecticut General Statute 19a-492 Permitting Registered Nurses to Delegate Administration of Medication to Home Health Aides who have Obtained Certification for Medication Administration”

Nurse Delegation to HHA Application

- All medications must be poured at time of administration
- Individual's clinical condition should be stable
- Orders should neither change frequently nor contain complex modifications
- Individual's clinical condition should require only basic nursing care
- Prior authorization required starting with first visit
- Subsequent authorizations approved for up to 6 months

Reference: DSS Provider Bulletin PB 2014-44 "Implementation of Connecticut General Statute 19a-492 Permitting Registered Nurses to Delegate Administration of Medication to Home Health Aides who have Obtained Certification for Medication Administration"

Nurse Delegation to HHA

Benefits

Reduced Hospitalizations

Cost Effective

Improved Adherence from Continued Close Oversight

Increased Flexibility of Home Care Services

Longer Authorization Timeframes

Medication Prompting by HHA

HCPCS Code: H0033: “Oral medication administration, direct observation”

- Intended for individuals receiving daily or more frequent medication administration visits
- HHA does not administer, only “prompts” the member to take medications pre-poured by a licensed nurse
- Requires prior authorization from either Community Health Network of Connecticut, Inc. (CHNCT) or Connecticut Behavioral Health Partnership (CTBHP) Administrative Services Organization (ASO)
- Allowed under both HUSKY and 1915(c) waiver programs

Reference: DSS Provider Bulletin PB
2015-75 “Addition of New Medication
Administration Prompt Code”

Medication Prompting by HHA During Visits

HCPCS Code: H0033: “Oral medication administration, direct observation”

may **not** be billed with

HCPCS Code: T1004: “Services of a qualified nursing aide, up to 15 minutes”

- Exception: If individual requires medication administration prompting (*H0033*) at a time that does **not** coincide with the home health aide visit (*T1004*), agency may request authorization and bill for both codes on same date of service

Reference: DSS Provider Bulletin PB
2015-75 “Addition of New Medication
Administration Prompt Code”

Medication Prompting by HHA

Benefits

Reduced Hospitalizations

Cost Effective

Improved Adherence from Continued Close Oversight

Increased Flexibility of Home Care Services

Longer Authorization Timeframes

Medication Administration RN/LPN

HCPCS Code: T1502: “Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit”

HCPCS Code: T1503: “Administration of medication, other than oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit”

- PA required for more than 2 visits/week
- Performed by RN or Licensed Practical Nurse (LPN)
- New onset of illness requiring extensive teaching, assessment and close monitoring
- Monthly visit to load an automated medication dispenser
- Weekly pre-pours in a traditional medication dispenser
- Uncomplicated, simple wound care and dressings
- Visit requested by the HHA for a nursing assessment due to concerns identified during the course of a delegation or prompting visit

Medication Administration RN/LPN Pre-Pour

- Bill using skilled nursing visit codes
- PA not required for up to twice weekly medication pre-pours
- If medication unavailable or adjustment in dosage needed and nurse must return to home, agency may bill medication administration code for second visit
- If second skilled visit required to complete pre-pour, agency may bill a second skilled visit code

Reference: DSS Provider Bulletin PB
2009-34 "Change to Home Health
Services Fee Schedule"

Medication Administration RN/LPN Pre-Pour

May be billed as *S9123* or *S9124* for a skilled nursing visit

Benefits

Reduced Hospitalizations

Increased Independence

No Authorization Required

Peace of Mind for Members and Caregivers

Decreasing Intervention & Increasing Independence – The Role of HUSKY Health

- Person-Centered approach to medical necessity reviews
- Communication and collaboration between CHNCT clinical reviewers and primary RN home care staff
- Outreach to prescribing physicians
- Discussions between CHNCT physician reviewers and prescribing physicians
- Referrals to CHNCT's Intensive Care Management (ICM) Program
- Identification of key indicators that suggest an individual may be an appropriate candidate for increased independence and decreased home health care provider intervention

Identify Candidates for Increased Independence

Key Indicators

Clinical condition and residential situation is stable

Documented capacity to check blood sugars and self-inject insulin

Family, companions, caregivers or natural supports exist and may provide options

Medication compliance demonstrated with pre-pours over weekends and holidays

Medication orders are not changing frequently and do not contain complex modifications

Mild intellectual or cognitive impairment which requires prompting

No documented intellectual/cognitive/physical impairments impeding ability to take own medications

No recent or ongoing attempts to test for independence

Regimen includes only oral medications or inhalers

Summary

- Collaboration and teamwork between home health care providers and CHNCT is critical to success
- CHNCT clinical reviewers will focus on conducting person-centered reviews, identifying key indicators, facilitating appropriate authorization requests and collaborating with key home health care personnel to move members toward increased independence
- Home health care agency leaders will commit time and resources for staff education and improvement strategies to achieve optimal outcomes with medication compliance for their members



Questions?

Contact Us

- Questions, feedback and agenda topics for future webinars can be sent to:

Home Care Provider Forum - HCPProvForum@chnct.org