#4 - Proposed form instructions

List of Fields for the Universal Health Plan/Home Health Authorization Form

Health Plan

Indicate which health plan this request is being sent to

Date: this is today's date

Start of care date: this is the date upon which the services are being requested to start

Initial authorization – Y/N: indicate whether or not this is an initial authorization

Continued authorization – Y/N: indicate whether or not this is a continuation of an authorization

Patient Information

Name: this is the name of the patient

Health Plan ID: this is the policy number for the patient's coverage

DOB: this is the date of birth of the patient

Address: this is the address of the patient

City, State, Zip: more detail about the address

Phone: this is the best number to reach the patient – could be home or cell

Primary Diagnosis for Home Care Services: this is the diagnosis code that describes the patient's condition and reason for requesting home care services

Other/Comorbid diagnosis: indicate any other diagnosis codes that affect the patient's need for home health services

Homebound – Y/N: Indicate whether or not the patient is homebound

Location of service: Indicate specifically where the services will be provided

- Member home:
- Assisted Living:
- Group Home:
- Foster care:
- Customized Living:
- Other:

Home Care Agency Information

Agency Name: this is the name of the overall home care agency

NPI: this is the home care agency's provider number

#4 - Proposed form instructions

List of Fields for the Universal Health Plan/Home Health Authorization Form

Address: this is the address of the home care agency (Is it the main office or the satellite office where these services are provided out of?)

City, State, Zip: remainder of address information

Contact name: this is the best name of the person at the Home Care Agency to whom the health plan can contact about this specific patient

Contact phone #: this is the phone number of the best person at the Home Care Agency to whom the health plan can call when discussing this specific patient

Contact Fax #: this is the best fax number to use when communicating with the Home Care Agency

MD/Ordering Provider Information

Name: this is the name of the physician or provider who is ordering these services

NPI: this is the provider number associated with this physician or provider

Address: this is the main address of the physician or provider

City, State, Zip: this is the rest of the address for the physician or provider

Clinic/MD Contact Phone Number: This is the best number to use to reach this physician or provider directly

Fax Number: this is the best fax number to use to reach this physician or provider

Date of last appointment: this is the date of the last appointment this patient had with this physician or provider who is ordering these home care services

Next visit date (if known): this is the date of the next appointment that the patient has with the physician or provider who is ordering these home care services

Service Request Information

This section lists the type of service being requested; the procedure code associated with that service; the number of visits that the physician or provider is ordering of this service; the start date that this service should begin; and the end date when the service should end.

There are four lines available for the ordering physician or provider to complete if more than one line is needed.

Clinical Information/Summary/Comments: This section is to be filled out by the home care agency or the physician or provider who orders the service?

#4 - Proposed form instructions

List of Fields for the Universal Health Plan/Home Health Authorization Form

Recent Hospitalization/Surgery: Indicate the date that the patient had his/her most recent surgery

D/C Date: indicate the date of discharge for that most recent hospitalization/surgery

Submit current CMS 485 form/Home care plan of care and clinical notes to support authorization along with this form: This section should be completed with information that provides background and context on the patient's current situation. It should include clinical notes and other information from providers, etc., to help provide a complete picture of the patient's situation.