Post-Hospital Extended Care Benefit Provider Guide

Use this guide as a supplement to the Post-Hospital Extended Care Benefit Oregon Administrative Rule (OAR 411-070-0033).

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What is the Post Hospital Extended Care (PHEC) benefit?

PHEC is an Oregon Health Plan (OHP) benefit. It covers up to 100 days of care in a nursing facility for patients discharging from inpatient hospital care. This allows patients to continue their recovery after discharge.

PHEC is for:

- Medically necessary skilled nursing or rehabilitation services that exceed what OHP's home health or outpatient benefits cover.
- OHP members who meet Medicare's skilled nursing criteria, but **do not** have Medicare coverage. (Medicare already provides similar coverage to Medicare members.)

What does PHEC cover?

PHEC covers medically necessary daily skilled nursing or rehabilitation care. This means care that only a skilled professional (e.g., Nurse, Physical Therapist, Occupational Therapist or Speech-Language Pathologist) can provide. Daily skilled care can be necessary for many different reasons upon discharge, such as:

- The patient is at risk of further injury from falls, dehydration or nutrition because of insufficient supervision or assistance at home.

- The patient's condition requires daily transportation to a hospital or rehabilitation facility by ambulance.
- The patient's home is too far away for a home health nurse to travel and provide daily nursing or rehabilitation services.

The PHEC benefit exists within a continuum of Medicaid services to meet OHP member needs. To find what will be best for the member's situation, hospital discharge teams should:

- Consider PHEC along with other Long-Term Services and Supports options.
- Consult with the member's primary care provider and care coordination team where applicable.

When considering hospital discharge to a PHEC:

- When a PHEC stay is medically indicated, do not delay hospital discharge in order to complete an LTSS assessment. The LTSS assessment may be completed during the PHEC stay.
- PHEC is not for stays longer than 100 days. Individuals may be eligible for longer stays under the long-term nursing facility care benefit if they meet criteria.
- PHEC is not for members who only need assistance with activities of daily living (ADL) or Instrumental Activities of Daily Living (IADLs). Individuals may be eligible for this care through Medicaid's home and community-based services benefit.

Who qualifies for the PHEC benefit?

Current OHP members who **are not** Medicare-eligible and:

- Are at least three days into a medically necessary, qualifying hospital stay in an OHP-paid acute care bed (not a hold bed, observation bed, or emergency room bed);
- Need skilled nursing or rehabilitation services on a daily basis for a hospitalized condition meeting Medicare skilled criteria that may be provided only in a nursing facility (See OAR 411-070-0033 for additional details); **and**
- Will transfer to a nursing facility within 30 days of discharge from the hospital.

PHEC approval process

The hospital discharge team and discharging medical provider will work with the local APD/AAA office or coordinated care organization (CCO) to ensure a smooth and timely discharge process.

Members with Fee For Service (FFS)/Open Card OHP

Hospital discharge teams should contact the local APD/AAA local office for a Pre-Admission Screening. This screening will determine whether the member qualifies for a PHEC stay.

CCO members

Hospital discharge teams should work directly with the member's CCO. The CCO will determine whether the member qualifies for a PHEC stay.

Coordinating post-PHEC Long-Term Services and Supports

Members often require careful coordination and planning between PHEC and other long-term services and supports. OHA recommends the following best practices.

Before the PHEC stay ends:

- Engage medical providers to review member's condition and needs as part of any transition planning.
- Ensure adequate time to coordinate transition between the nursing facility and the member's CCO.
- Reach out to the appropriate APD/AAA, Office of Developmental Disabilities Services or OHA Behavioral Health team approximately 45 days before the PHEC stay ends. Request LTSS assessments through APD/AAA as appropriate.
- Notify members at least 30 days before any discharge or transfer as required by federal nursing home regulations under 42 CFR §483.15(c)(4)(i). This rule also requires notification as soon as practicable when a member's health improves sufficiently to allow a more immediate transfer or discharge.

Medicare Skilled Nursing Benefit

OHP members with Medicare already have a Medicare benefit that provides coverage similar to PHEC. OHP continues to cover deductibles and cost sharing for Qualified Medicare beneficiaries (OHP benefit packages BMM and MED).

For members with Medicare Advantage plans, check with the Medicare Advantage plan provider for facilities covered by the MA plan.

Relevant Oregon Administrative Rules

- 411-070-0033 Post Hospital Extended Care Benefit
- 410-120-1160 Medical Assistance Benefits and Provider Rules
- 410-120-1210 Medical Assistance Benefit Packages and Delivery System
- 410-141-3870 Care Coordination: Service Coordination

See current OHA 410 rules listed above for official policies regarding eligibility and billing. Billing processes have not been revised.

Questions

If you have any additional questions, please contact Medicaid Programs at Medicaid.Programs@odhsoha.oregon.gov.

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https://www.oregon.gov/oha/hsd/ohp/pages/phec.aspx

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