

## Extended Hours Home Care

Also known as	<div>1. Private duty nursing</div> <div>2. Skilled nursing services</div>				
Description	<p>Extended hours home care is continuous and complex skilled nursing services greater than two consecutive hours per day provided in the member’s home. The skilled nursing services must be required so frequently that the need is continuous. The duration of extended hours home care is temporary in nature and is not intended to be provided on a permanent ongoing basis.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <div><div>• <a href="#">Home Health Aide (HHA)</a> - A home health aide (HHA) assists with non-skilled care to meet activities of daily living, maintaining the individual in his or her home environment. HHA services are provided as a visit which is generally defined as two hours.</div><div>• <a href="#">Home Health Care (HHC)</a> - Home Health Care (HHC) is skilled nursing care directed/ordered by a Physician (MD), Physician Assistant (PA), or Certified Nurse Practitioner (CNP) and received from a home health care (HHC) agency that is authorized under the laws of the state in which treatment is received.</div><div>• <a href="#">Home Care Nursing (HCN) Services</a> - Home Care Nursing (HCN) services are nursing services ordered by a physician for a patient whose illness, injury, physical condition, or mental condition requires more individual and continuous care by an RN or LPN than can be provided in a single or twice daily skilled nurse visit and requires greater skill than a Home Health Aide (HHA) or Personal Care Assistant (PCA) can provide.</div><div>• <a href="#">Personal Care Assistant (PCA)</a> - A Personal Care Assistant (PCA) is a person helping and supporting persons who, without the PCA services, would be unable to live independently in the community, including the elderly and others with special health care needs.</div></div>				
Table of Contents	<p>The following topics are included in this document:</p> <div><div>• <a href="#">Commercial</a></div><div>• <a href="#">Government Programs</a></div><div>• <a href="#">Individual and Family Business (IFB)</a></div></div>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.14.24</td><td>Updated to new template. Refreshed for age. Updated title.</td></tr></table>	Date	Description	5.14.24	Updated to new template. Refreshed for age. Updated title.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>						
Dean (DHP, Prevea360)	<p>Extended hours home care is not covered.</p>						
Mayo Medical Plan (MMP)	<p>Check the plan document.</p> <ul style="list-style-type: none"><li>• <b>Exclusion:</b> Private Duty nursing, as defined in the plan document, is a contract exclusion in most plans.</li></ul>						
Medica (including MHPS)	<p>Extended hours home care is not covered.</p> <p><b>Definition:</b> The definition of extended hours is state specific. Review the table below.</p> <table><tr><th>State</th><th>Definition</th></tr><tr><td>WI (Both large and small group)</td><td>Greater than 4 consecutive hours.</td></tr><tr><td>ND (Small group only)</td><td>Greater than 4 consecutive hours.</td></tr></table>	State	Definition	WI (Both large and small group)	Greater than 4 consecutive hours.	ND (Small group only)	Greater than 4 consecutive hours.
State	Definition						
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Extended Hours Home Care does not apply.<ul style="list-style-type: none"><li>– <b>Nursing (RN or LPN) services</b>: Refer to <a href="#">Home Care Nursing (HCN) Services</a>.</li><li>– <b>Home Health Agency services</b>: Refer to <a href="#">Home Health Care (HHC)</a>.</li><li>– <b>Non-skilled care</b>: Refer to <a href="#">Home Health Aide (HHA)</a>.</li><li>– <b>Daily living support</b>: Refer to <a href="#">Personal Care Assistant (PCA)</a>.</li></ul></li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>				
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Extended Hours Home Care does not apply.</p> <ul style="list-style-type: none"><li>• <b>Nursing (RN or LPN) services</b>: Refer to <a href="#">Home Care Nursing (HCN) Services</a>.</li><li>• <b>Home Health Agency services</b>: Refer to <a href="#">Home Health Care (HHC)</a>.</li><li>• <b>Non-skilled care</b>: Refer to <a href="#">Home Health Aide (HHA)</a>.</li><li>• <b>Daily living support</b>: Refer to <a href="#">Personal Care Assistant (PCA)</a>.</li><li>• Medica is the only payer.</li></ul>				
Cost (Prime)	<p>Extended Hours Home Care is not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Does NOT require authorization through Medica.</li></ul>				
Med Advantage	<p>Extended Hours Home Care is not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Extended Hours Home Care is not covered.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>				
Medicaid	Refer to <a href="#">Home Care Nursing (HCN) Services</a> .				
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Individual and Family Business (IFB)

**Introduction** This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

<b>Dean (DHP, Medica formerly WellFirst, Prevea360)</b>	Coverage varies by product and state. Refer to the table below.	
	<b>Product and State(s)</b>	<b>Coverage</b>
	DHP (all)	Extended hours home care is not covered.
	Medica formerly WellFirst – Illinois and Missouri	Check the plan document.
Prevea360 (all)		Extended hours home care is not covered.

Medica

Coverage varies by state. Refer to the table below.

State(s)	Coverage						
Arizona, Iowa, Kansas, Nebraska, North Dakota, Wisconsin	<ul style="list-style-type: none"><li>Extended hours nursing home care is a contract exclusion.</li><li><b>Definition:</b> The definition of extended hours is state specific. Review the table below.</li></ul> <table><tr><th>State</th><th>Definition</th></tr><tr><td>AZ, NE, ND, WI</td><td>Greater than 4 consecutive hours.</td></tr><tr><td>IA, KS</td><td>Greater than 2 consecutive hours.</td></tr></table>	State	Definition	AZ, NE, ND, WI	Greater than 4 consecutive hours.	IA, KS	Greater than 2 consecutive hours.
State	Definition						
AZ, NE, ND, WI	Greater than 4 consecutive hours.						
IA, KS	Greater than 2 consecutive hours.						
Minnesota (except dual eligible)	<ul style="list-style-type: none"><li>Extended hours nursing home care is a contract exclusion.</li><li><b>Definition:</b> The number of hours in the Extended Hours Definition for Minnesota is: Greater than 2 consecutive hours.</li></ul>						
Minnesota dual eligible (Medicaid and IFB)	<ul style="list-style-type: none"><li>Medica’s Utilization Management Policy, <i>Extended Hours Home Care (Skilled Nursing Services)</i>, applies.</li><li><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</li><li><b>Requires prior authorization.</b> Policy uses a MCG™ Care Guideline for medical necessity criteria.<ul style="list-style-type: none"><li>Provider can submit a <a href="#">Prior Authorization Request</a>.</li><li><b>Note:</b> The provider must pick the right form. There are different versions depending on the provider and/or procedure.</li><li><b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>If approved, quote home health care benefits.</li><li><b>Exclusion:</b> Private Duty nursing, as defined in the plan document, is a contract exclusion in most plans.</li><li>If a member wants PA criteria, explain you do not have that information. Describe the PA process:<ul style="list-style-type: none"><li>Provider submits a PA request and Medica reviews it against clinical guidelines.</li><li>Medica notifies provider and copies the member. If denied, member appeal rights are included.</li><li><b>TAT:</b> See <a href="#">Prior Authorization Turnaround Time</a>.</li></ul></li></ul>						
Missouri	<ul style="list-style-type: none"><li>Extended hours home nursing care when you are homebound is covered but limited to 82 visits per calendar year.</li><li>Covered under home health care benefits.</li><li><b>Definition:</b> The number of hours in the Extended Hours Definition for Missouri is: Greater than 2 consecutive hours.</li></ul>						
Oklahoma	<ul style="list-style-type: none"><li>Extended hours home nursing care when you are homebound is covered but limited to 85 visits per calendar year.</li><li>Covered under home health care benefits.</li><li><b>Definition:</b> The number of hours in the Extended Hours Definition for Oklahoma is: Greater than 2 consecutive hours.</li></ul>						

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