Electronic Referrals in the Healthcare Portal

March 2021
Agenda

• Overview
• Programs Included
• Available Information on the new Referral Screen
• View the Referral Screen
• Emails
Health Care Portal
Electronic Referrals Overview

• Providers will have access to a newly updated Referral List web page that will display individuals approved for home care services. This will increase the efficiency and ease of placement for beneficiaries in need of home care services.

• The Referral List web page will be available in the Healthcare Portal.

• This recipient referral functionality is currently available for those beneficiaries who will receive home care services through Fee for Service Medicaid only.

• The list will be used by the Home Care agencies to view general beneficiary information for those in need of services.

• A Provider can request additional information for a referral.

• Home Care Providers will be sent emails to view the Daily Summary of new referrals from the previous day.

• The Provider can select a maximum of three active clients during any time period. This includes any referrals “on hold”. If a fourth is selected an error message will be displayed notifying them that only three selections are available at any one time.
Programs Included

- Core Community Services
- DEA Waiver
- Medicaid Preventive Services
- Habilitation Community Services

BHDDH, DEA Copay and Pediatrics are not in the current scope but may be added in a future phase.
Log into the Health Care Portal with your existing credentials

**Healthcare providers and Billing Agents can enroll as a Trading Partner with RI Medicaid.**

* Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - MAPIR - utilizing their Trading Partner ID as their User ID.

**What can you do in the RI Medicaid Health Care Portal**

Through this secure and easy to use internet portal:

- \* User ID
- Log In

Forgot User ID?
Register Now

Where do I enter my password?

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?
Provider Enrollment

Would you like to enroll as a Trading Partner?
Click here to Enroll

Provider Enrollment User Guide
Trading Partner Enrollment User Guide
Trading Partner Agreement
Once you have been granted access, the Referral List will appear here under Interactive Web Services.
Available Information on the Home Provider
Referral Screen

- Referral ID
- Date the referral was created
- Region
- Preferred Language
- Primary Diagnosis (Disorders)
- Special Accommodations
- Are there pets, smokers, weapons in the home?
- Priority
- Status
Viewing the referral screen. Select any row to view more information on a member.

<table>
<thead>
<tr>
<th>Referral Id</th>
<th>Date Created</th>
<th>Region</th>
<th>Preferred Language</th>
<th>Primary Diagnosis (Disorders)</th>
<th>Primary Special Accommodations</th>
<th>Pets</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000101</td>
<td>06/26/2020</td>
<td>PAWTTUCKET</td>
<td>Spanish</td>
<td>Psychiatric disorders</td>
<td>Unknown</td>
<td>Cats</td>
<td>No</td>
</tr>
<tr>
<td>10000102</td>
<td>06/12/2020</td>
<td>PROVIDENCE</td>
<td>Portuguese</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Small Dogs</td>
<td>No</td>
</tr>
<tr>
<td>10000103</td>
<td>06/16/2020</td>
<td>WEST GREENWICH</td>
<td>Russian</td>
<td>Muscular/skeletal disorders</td>
<td>Unknown</td>
<td>Large Dogs</td>
<td>Marijuana</td>
</tr>
<tr>
<td>10000104</td>
<td>06/17/2020</td>
<td>NARRAGANSETT</td>
<td>English</td>
<td>Muscular/skeletal disorders</td>
<td>Unknown</td>
<td>Rodents</td>
<td>Pipe Tobacco</td>
</tr>
<tr>
<td>10000105</td>
<td>06/19/2020</td>
<td>WARWICK</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>10000106</td>
<td>06/20/2020</td>
<td>NORTHWOOD</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>10000107</td>
<td>06/21/2020</td>
<td>CRANSTON</td>
<td>Unknown</td>
<td>Endocrine disorders</td>
<td>Unknown</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>10000108</td>
<td>06/22/2020</td>
<td>TIVERTON</td>
<td>Unknown</td>
<td>Dementia disorders</td>
<td>Unknown</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>10000109</td>
<td>06/23/2020</td>
<td>COVENTRY</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weapons</th>
<th>Priority</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2-Days</td>
<td>Available</td>
</tr>
<tr>
<td>No</td>
<td>5-Days</td>
<td>In Progress</td>
</tr>
<tr>
<td>No</td>
<td>14-Days</td>
<td>In Progress</td>
</tr>
<tr>
<td>No</td>
<td>2-Days</td>
<td>Available</td>
</tr>
<tr>
<td>No</td>
<td>14-Days</td>
<td>In Progress</td>
</tr>
<tr>
<td>Yes</td>
<td>2-Days</td>
<td>Available</td>
</tr>
<tr>
<td>No</td>
<td>5-Days</td>
<td>In Progress</td>
</tr>
<tr>
<td>No</td>
<td>Unknown</td>
<td>Available</td>
</tr>
</tbody>
</table>
## Provider Referral Detail Screen

### Referral Information
- **Referral ID:** 1000040
- **Referral Type:** [Insert referral type]
- **Gender:** [Insert gender]
- **Primary Language:** [Insert primary language]
- **Primary Diagnosis:** [Insert primary diagnosis]
- **Behavioral Health Needs:** [Insert behavioral health needs]
- **Age:** [Insert age]
- **Region:** [Insert region]
- **Secondary Diagnosis:** [Insert secondary diagnosis]
- **Extent:** [Insert extent]

### Service Requirement
- **Agency:** [Insert agency]
  - **Need:** [Insert need]
  - **Type:** [Insert type]
  - **Date Needed:** [Insert date needed]
  - **Special Accommodations:** [Insert special accommodations]
- **Patient Share:** [Insert patient share]
  - **Hours by Week:** [Insert hours by week]
  - **Date Range:** [Insert date range]
  - **Times:** [Insert times]

### Environmental and Additional Information
- **Living Arrangement:** [Insert living arrangement]
  - **Lives With Others:** [Insert lives with others]
  - **Pets:** [Insert pets]
  - **Weapons:** [Insert weapons]
  - **Comment:** [Insert comment]
- **Home Access:** [Insert home access]
  - **Smoking:** [Insert smoking]
  - **Story:** [Insert story]

### Note:
The process should take no more than 3 days and you will be required to make a final decision during that time period.

### Request Info
- [Request Info]

### Cancel
- [Cancel]
When Request Info has been selected

- The referral process to create a prior authorization should take no more than 3 business days.
- During the initial 3 business days, the Provider may deselect the referral and the client will be put back onto the Provider Referral Screen as available.
- The case worker will contact the provider with more information by email or telephone.
- If you accept the client, the case worker will enter your provider information into CSM, which will create a prior authorization and remove that client from the Referral List.
- After 3 business days, if no contact is made and no Prior Authorization is generated, the referral will be redisplayed as available on the portal for other Providers to select.
- The case worker can place a referral status “on hold” which will prevent the referral from being returned to the referral list on the portal. This will be used on an exception basis only for situations which require additional time to complete the referral process.
<table>
<thead>
<tr>
<th>Referral Id</th>
<th>Date Created</th>
<th>Region</th>
<th>Preferred Language</th>
<th>Primary Diagnosis Disorders</th>
<th>Primary Special Accommodations</th>
<th>Pts</th>
<th>Smoker</th>
<th>Weapons</th>
<th>Urgency</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>100007</td>
<td>2023-12-10</td>
<td>Virginia</td>
<td>English</td>
<td>Unknown</td>
<td>Hoyer Lift</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>100008</td>
<td>2023-12-10</td>
<td>Providence</td>
<td>Vietnamese</td>
<td>Cardiovascular disorders</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>100009</td>
<td>2023-12-10</td>
<td>Providence</td>
<td>English</td>
<td>Dementia disorders</td>
<td>G-Tube</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>14 Days</td>
</tr>
<tr>
<td>100010</td>
<td>2023-12-10</td>
<td>Providence</td>
<td>Spanish</td>
<td>Dementia disorders</td>
<td>Tracheotomy</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>14 Days</td>
</tr>
<tr>
<td>100011</td>
<td>2023-12-10</td>
<td>Cranston</td>
<td>English</td>
<td>Urinary reproductive disorders</td>
<td>Colectomy</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>14 Days</td>
</tr>
<tr>
<td>100012</td>
<td>2023-12-10</td>
<td>Providence</td>
<td>English</td>
<td>Cardiovascular disorders</td>
<td>G-Tube</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>14 Days</td>
</tr>
<tr>
<td>100013</td>
<td>2023-12-10</td>
<td>Providence</td>
<td>Spanish</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>14 Days</td>
</tr>
</tbody>
</table>

Selected Member
If a provider has agreed to take only some of the hours on the referral

- If a provider can only accommodate some of the hours the prior authorization will be created for the agreed upon hours for that agency
- An additional Referral will then be created by the case worker for the remaining hours
- Another agency will then be able to choose those remaining hours
Providers can select up to three referrals at any time. If a fourth referral is selected an error message will be displayed.
Email Notifications are automatically sent for the following scenarios

- **Request Info**: Email is sent to the requesting Home Care provider, the referral Case Worker, the appropriate state agency (OCP, OHA, DHS) and EOHHS.

- **Home Care Referral Deselected**: Email is generated notifying that the case has been deselected. The email is sent to the Case Worker, Provider, appropriate state agency and EOHHS.

- **Prior Authorization**: A prior authorization is created, and the referral is closed. The email is sent to the requesting Home Care provider, the referral Case Worker, the appropriate state agency and EOHHS.

- **Daily Summary of referrals**: All Home Care providers, all state agencies and EOHHS. This will occur 7 days a week and will be generated in the early morning with a summary of the previous day’s new referrals.

- **Urgent Status**: 2 Day Email is sent to all Home Care Providers, state agencies and EOHHS.

- **Urgent Status time period lapses**: Email is sent to the referring Case Worker, appropriate state agency and EOHHS.

- **Lapse in action taken (3 business days) on a selected referral email**: Email is sent to the Caseworker, Provider, State agency and EOHHS on day 2.
Sample of the “Request Info” email
To: Provider and Case Worker
CC: State Agency and EOHHS

Home Care Referral ID# 100040

RE: Nelson Aguiar
nelson.aguiar@dxc.com
4017843842

Hello,

ASSISTED DAILY LIVING, PC requested additional information regarding services for the above referenced home care referral.

Within the next 3 business days, please contact the provider via email or telephone with any additional details regarding this client and confirm the provider will accept the referral.

Please note that the Provider may also contact you directly during this time to expedite the process.

Upon confirmation, please add the provider name on the CSM Plan of Care Service Type Detail page to generate a Prior Authorization for these services and complete the referral process.

If no action is taken within the next 3 business days, the referral will return to the portal list.

Thank you.
Sample of Referral Deselection email
To: Caseworker
CC: Provider, State Agency and EOHHS

Home Care Referral ID# 100014
noreply@gainwelltechnologies.com
To: Kothapalli, Jyo (S&L HHS)
Cc: Kothapalli, Jyo (S&L HHS); Gibson, Karen (S&L HHS); Aguiar, Nelson (S&L HHS)

Hello,

This is to inform you that the provider is no longer interested in the above referenced referral.

Please take any appropriate actions to update the referral, if necessary. The referral is now available on the HCP referral list for selection.

Thank you.
Sample of the “Prior Auth was created” email
To: Provider
CC: EOHHS, State Agency and Caseworker

Hello,

Please be advised that a Prior Authorization for referral services has been generated for the above referenced client.

This referral case is closed.

Thank you.
Sample of the “Daily Summary Email”
To: All Home Care Providers
CC: All State Agencies and EOHHS

Home Care Portal – New Referrals Daily Summary

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<th>Smoker</th>
<th>Weapons</th>
<th>Urgency</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dec 9, 2020</td>
<td>Providence/North Providence</td>
<td>Spanish</td>
<td>Cardiovascular disorders</td>
<td>G-Tube</td>
<td>Yes - Reptile(s)</td>
<td>Yes - Cigarette</td>
<td>No</td>
<td>2-Days</td>
<td>Available</td>
</tr>
</tbody>
</table>

Thank you.
Hello,

The following 2-Day Urgency home care referral has been added to the provider portal for your review:

<table>
<thead>
<tr>
<th>Referral Id</th>
<th>Date Created</th>
<th>Region</th>
<th>Preferred Language</th>
<th>Primary Diagnosis (Disorders)</th>
<th>Primary Special Accommodations</th>
<th>Pets</th>
<th>Smoker</th>
<th>Weapons</th>
<th>Urgency</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>100001</td>
<td>Dec 9, 2020</td>
<td>Warwick</td>
<td>English</td>
<td>Neurological disorders</td>
<td>Unknown</td>
<td>Yes - Cat(s)</td>
<td>No</td>
<td>No</td>
<td>2-Days</td>
<td>Available</td>
</tr>
</tbody>
</table>

Thank you.
Sample of the “2-Day Urgency Referral” time period lapses
To: Caseworker
CC: EOHHS and State Agency

Home Care Referral ID# 100014

Aguir, Nelson (S&L HHS)
To: noreply@gainweltechnologies.com; Kothapalli, Jyo (S&L HHS)
Cc: Gibson, Karen (S&L HHS)

Hello,

This is to inform you that the Urgency time period you selected for the above reference referral has lapsed without any action from any Provider.

Please take any appropriate actions to update the referral, if necessary.

Thank you.
Sample of the email for a lapse in action taken on a selected referral which goes out on day 2 of the referral.

To: Caseworker
CC: Provider, State Agency and EOHHS

Home Care Referral ID# 100007
noreply@gainwelltechnologies.com
To: Aguiar, Nelson (S&L HHS)
Cc: Aguiar, Nelson (S&L HHS); Gibson, Karen (S&L HHS); Aguiar, Nelson (S&L HHS)
3:00 AM

Hello,

Please be advised the time period for the provider to select the above referenced referral will expire tomorrow, or the next business day.

Please make every effort to confirm the provider will accept the referral and create a Prior Authorization. If not, the referral will automatically return to the referral portal for another provider to select.

In the rare event that additional time is needed, this referral may be placed "On Hold" until the provider's confirmation is obtained.

Thank you.
ELECTRONIC FEE-FOR-SERVICE (FFS) REFERRAL SYSTEM FOR HOME CARE AGENCIES

This Agreement is made by and between The Executive Office of Health and Human Services (hereinafter referred to as “EOHHS”) and (Agency Name) (hereinafter referred to as “Provider”) requesting access to the home care referral list. Provider agrees to the following terms:

1. Provider agrees to use the electronic fee-for-service (“FFS”) referral systems for identifying Beneficiaries in the provider facing Portal and to provide selected Beneficiaries with home care services.

2. EOHHS maintains the sole authority to grant or deny provider with access to the Electronic Referral Portal (“Portal”).

1. Provider agrees that when selecting a Beneficiary and requesting information, Provider will use sound judgment and adhere to the “Electronic Data Interchange Trading Partner Agreement” in assessing whether it can meet the individual needs of the Beneficiary.

1. Provider’s selection of a Beneficiary through the Portal will remain valid for a period of two business days from the time of request for information. During this time, the Provider will determine whether it will provide home care service to the Beneficiary.

2. Provider agrees to select a maximum of three active clients in any one time period.

1. Provider agrees to respond to contact by the Department of Human Services (DHS)/designee, the Office of Healthy Aging (OHA)/designee, or the Medicaid office to obtain relevant Beneficiary information in a timely manner, in order to make a determination about providing service to the Beneficiary within two business days of the request for information about the Beneficiary.

1. If Provider decides not to provide services to the Beneficiary after discussions with the DHS or OHA representative, it is the Provider’s responsibility to deselect the Beneficiary in the electronic system within (1) one business day.

PROVIDER NAME: ______________________

BY: __________________________________________

(Signature)

(Printed Name)

(Official Title)

(Date)

NPI: ______________________

Trading Partner ID: ______________________
Contact Information

DHS:
Tel: 401-415-8455
Email: Dhs.ltss@dhs.ri.gov

OHA:
Tel: 401-462-0568
Email: Melody.Rodrigues@oha.ri.gov

OCP:
Tel: 401-462-6393 (voicemail)
Email: OHHS.OCP@ohhs.ri.gov

Gainwell Technologies:
Help Desk
Tel: 401-784-8100
Marlene Lamoureux, Provider Representative
Tel: 401-784-3805
Email: Marlene.Lamoureux@gainwelltechnologies.com
Questions