Medicaid Updates
Agenda

- HPE is now DXC
- OPR Provider Search
- OPR Registration
- MID Conversion
- Home Stabilization
- Home Health Final Rule
Ordering, Prescribing, and Referring Provider

*Provider Search Function*

*Enrollment Application*
Ordering, Prescribing and Referring Providers (OPR)

Effective 10/1/15, the OPR must be enrolled in the RI Medicaid program to order, prescribe, or refer items or services for Medicaid Beneficiaries.

Provider types impacted are listed on the EOHHS website.

The provider rendering the service must verify that the OPR is enrolled in RI Medicaid and provide the identifying information on the claim.
Provider Search

The provider search is found on the consumer tab on the EOHHS website:

You can search by type of service, name and city.
# Provider Search – Provider Type Result

## Results: Provider Search

<table>
<thead>
<tr>
<th>Home Health Agency</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>St</th>
<th>Zip</th>
<th>Phone</th>
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<td>ABBOTT DAILY LIVING INC</td>
<td>2000 POST RD</td>
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<td>02886</td>
<td>(401) 994-6600</td>
<td>Directions</td>
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<td>CAPITOL HOME CARE NETWORK, INC</td>
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<td>02907</td>
<td>(401) 994-6600</td>
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<td>CEDAR HOME HEALTH LLC</td>
<td>370 DEPHUITE AVENUE</td>
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<td>Directions</td>
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<td>CONSISTENT CARE CORPORATION</td>
<td>40 SOUTH ROAD</td>
<td>SALEMSTOWN</td>
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<td>02935</td>
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<td>111 MAIN ST, STE B</td>
<td>WYOMING</td>
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<td>D &amp; H MEDICALS INC</td>
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<td>HOME CARE ADVANTAGE INC</td>
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<td>INFUSION RESOURCE, LLC</td>
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<td>KENT COUNTY VISITING NURSE ASSOCIATION</td>
<td>11 HEALTH LANE</td>
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<td>LHSU, LLC</td>
<td>SUITE 2, 69 SACCASON STREET</td>
<td>SALEM</td>
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<td>LIFETIME MEDICAL SUPPORT SERVICES</td>
<td>235 LISBON AVENUE</td>
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<td>(401) 334-3333</td>
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<td>NURSING PLACEMENT HOME HEALTH CARE SERVICES</td>
<td>334 EAST AVENUE</td>
<td>EAST PROVIDENCE</td>
<td>RI</td>
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<td>(401) 738-6530</td>
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<td>Pinnacle Home Care LLC</td>
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<td>PROSPECT CHARTER HOME, LLC</td>
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<td>RNL INC</td>
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<td>UNO HOME CARE</td>
<td>14 WOODSFIELD AVENUE</td>
<td>MASHANTUCKET</td>
<td>RI</td>
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<td>(401) 786-2400</td>
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<tr>
<td>WDH OF GREATER WOODESSCET</td>
<td>SUITE 15-16 BLACKSTONE VALLEY DRIVE</td>
<td>LINCOLN</td>
<td>RI</td>
<td>02885</td>
<td>(401) 769-5819</td>
<td>Directions</td>
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</table>
OPR Registration

- Providers may register as an OPR provider
  - Able to order, prescribe or refer services for RI Medicaid beneficiaries
  - Not eligible for RI Medicaid reimbursement
- Can complete online application
  - Upload supporting documents
Access to the OPR Application
Member ID Conversion
Member ID Conversion

Conversion to 10 digit member ID

Old IDs

New ID cards
Member ID Conversion

Eligibility Searches in the Healthcare Portal:
Home Stabilization
Healthcare Portal - Recipient Eligibility

Eligibility Response:

- Categorically or Medically Needy Services entitles recipient to Home Stabilization
- Coordinated Care Message – Recipient may be enrolled in Assertive Community Treatment (ACT), Integrated Health Home (IHH) or Opioid Treatment Program (OTP).
- If enrolled in IHH or OTP then recipient can receive Home Stabilization Services. If enrolled in ACT they cannot receive Home Stabilization Services.
- When you see the Coordinated Care message, call Customer Service at 401-784-8100 to verify if the client is eligible for Home Stabilization.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Effective From Date</th>
<th>Effective To Date</th>
<th>Base Deductible</th>
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<td>Categorically Needy Services</td>
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<td>03/31/2016</td>
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<td>Limitations apply to Vision and Dental services</td>
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<td>Coordinated Care</td>
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<td>Eligible for Coordinated Care Services</td>
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Prior Authorization

• RI Medicaid requires a Prior Authorization (PA) for Home Stabilization Services

• The request is initiated by the provider, sent to DXC, and approved by OHHS

• Form is located at http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/PriorAuthorization.aspx

• Upon completion of the review, Prior Authorization status is available in the Healthcare Portal. Written notification of denials and incomplete requests are returned to the provider by mail.

• Initial authorizations are for 6 months
Billing

- Monthly
- CMS 1500 paper claim form or electronically using the 837 Professional format
- H0044 – Supported Housing, per month
- Rate is $145.84
- Out of plan service for all managed care products: R!te Care, Rhody Health Partners and Medicaid Expansion
Home Health Final Rule
Home Health Final Rule (CMS-2348-F)

The Final Rule aligns with Medicare timeframes on the face-to-face encounter for Home Health Services and certain medical supplies, equipment and appliances.

Services Impacted:

• Skilled Home Health Nursing and Aide Services
• Certain Medical Supplies, Equipment and Appliances (see link slide 19)

The proposed effective date for RI Medicaid is 7/1/2017
Skilled Nursing and Aide Services

Face-to-Face

• Required for initial orders for skilled home health services
• Physician must document the occurrence of a face-to-face encounter that is related to the primary reason the beneficiary requires Home Health Services
• Must occur 90 days prior to or 30 days after the start of services
• May be performed by a physician, NP, or clinical nurse specialist working in collaboration with the physician, certified nurse-midwife, or PA under the supervision of the physician
Certain Medical Supplies, Equipment and Appliances *

Face-to-Face

• Must be related to the primary reason the beneficiary requires medical equipment; and
• Must occur no more than 6 months prior to the start of service
• May be performed by a physician, NP, or clinical nurse specialist working in collaboration with the physician, or PA under the supervision of the physician
• Certified nurse-midwife are not authorized to provide or document the face-to-face
• Physician must document the occurrence of a face-to-face encounter.

* See link on slide 19
• Information about services and equipment requiring a face-to-face encounter can be found on the EOHHS website on the Provider News page.
  – http://www.eohhs.ri.gov/News/ProviderNewsUpdates.aspx

• A copy of all face-to-face encounters and equipment orders shall be maintained in the patient’s file.

• Per the Provider Agreement, all records related to the services rendered must be maintained for a minimum of ten years.

• Draft of proposed face-to-face encounter form is being reviewed by HOMES and RIPHC
Thank you.