

Medicaid Updates

Agenda

- **HPE is now DXC**
- **OPR Provider Search**
- **OPR Registration**
- **MID Conversion**
- **Home Stabilization**
- **Home Health Final Rule**



**Hewlett Packard
Enterprise**



DXC.technology

Ordering, Prescribing, and Referring Provider

Provider Search Function

Enrollment Application



Ordering, Prescribing and Referring Providers (OPR)

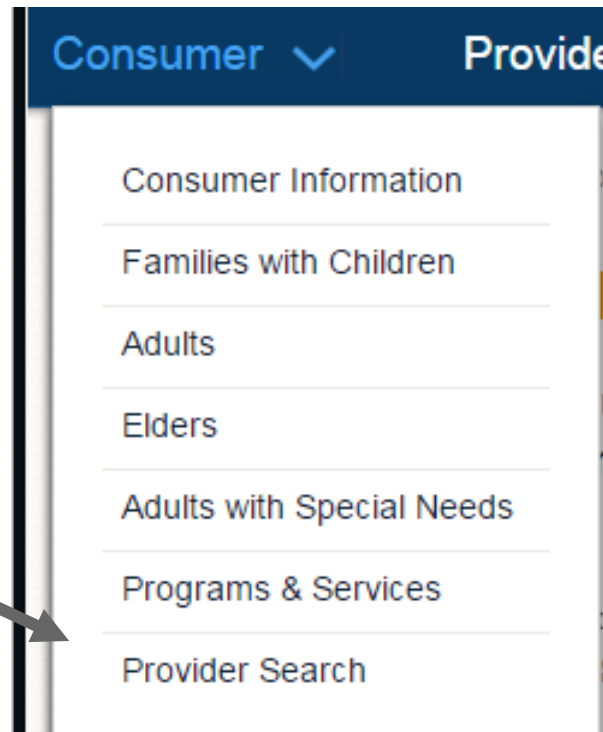
Effective 10/1/15, the OPR must be enrolled in the RI Medicaid program to order, prescribe, or refer items or services for Medicaid Beneficiaries.

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.

A screenshot of the provider search form. It features several input fields and a dropdown menu. At the top is a dropdown menu labeled 'Type of Service'. Below it is a horizontal line. Underneath the line are three input fields: 'Institution', 'Last Name', and 'First Name'. Between 'Institution' and 'Last Name' is the word 'or'. Below these is another horizontal line. Underneath the second line are three input fields: 'City', 'State' (with a dropdown menu showing 'RI'), and 'Zip code'. Below the 'Zip code' field is a 'Sort by' section with two radio buttons: 'Name' (selected) and 'Type of Service'. At the bottom of the form are two buttons: 'Find Provider' and 'Reset Form'.

Provider Search – Provider Type Result

Results: Provider Search

Home Health Agency						
Name	Address	City	St	Zip	Phone	Map
ASSISTED DAILY LIVING, INC	2809 POST RD	WARWICK	RI	02886	(000) 000-0000	Directions
CAPITOL HOME CARE NETWORK, INC.	LL-N 400 RESERVOIR AVENUE	PROVIDENCE	RI	02907	(401) 941-0002	Directions
CEDAR HOME HEALTH, LLC	125 SCITUATE AVENUE	CRANSTON	RI	02921	(401) 944-2100	Directions
CONCORD HEALTH SERVICES	30 ROLFE SQUARE	CRANSTON	RI	02910	(401) 725-8400	Directions
CONCORD HEALTH SERVICES	30 ROLFE SQUARE	CRANSTON	RI	02910	(401) 725-8400	Directions
CONSISTENT CARE CORPORATION	49 NORTH ROAD	JAMESTOWN	RI	02835	(401) 423-1060	Directions
DEPENDABLE HEALTHCARE SERVICES, LLC	1171 MAIN ST, STE B	WYOMING	RI	02898	(401) 491-9003	Directions
H & T MEDICALS INC	1738 BROAD STREET	CRANSTON	RI	02905	(401) 781-0800	Directions
HOME CARE ADVANTAGE CHC INC	165 BURNSIDE STREET	CRANSTON	RI	02910	(401) 781-3400	Directions
HOME CARE ADVANTAGE CHC INC	165 BURNSIDE STREET	CRANSTON	RI	02910	(401) 781-3400	Directions
HOMEFRONT HEALTH CARE	725 BRANCH AVENUE	PROVIDENCE	RI	02904	(401) 751-3152	Directions
HOPE NURSING HOME CARE, LLC	478 RESERVOIR AVENUE	CRANSTON	RI	02910	(401) 467-8588	Directions
INDEPENDENCE HEALTH SERVICES, LLC	1179 ELMWOOD AVENUE	PROVIDENCE	RI	02907	(401) 437-8337	Directions
INFUSION RESOURCE, LLC	INFUSION RESOURCE, L 2 HEMINGWAY DRIVE	EAST PROVIDENCE	RI	02915	(401) 431-0200	Directions
KENT COUNTY VISITING NURSE ASSOCIATION	51 HEALTH LANE	WARWICK	RI	02886	(401) 737-6050	Directions
LHCG LIX, LLC	SUITE 1-C 63 SOCKANOSSET CROSSROAD	CRANSTON	RI	02920	(401) 383-2250	Directions
LIFETIME MEDICAL SUPPORT SERVICES	235 LONSDALE AVENUE	PAWTUCKET	RI	02860	(401) 333-3333	Directions
NURSING PLACEMENT HOME HEALTH CARE SERVICES	334 EAST AVENUE	PAWTUCKET	RI	02860	(401) 728-6510	Directions
PINNACLE HOME CARE LLC	57 KILVERT ST, STE 105	WARWICK	RI	02886	(401) 921-3133	Directions
PROSPECT CHARTERCARE RWMC, LLC	50 MAUDE STREET	PROVIDENCE	RI	02908	(401) 456-2273	Directions
VISITING NURSE SERV OF BRISTOL AND NEWPOR	PO BOX 690 1184 EAST MAIN ROAD	PORTSMOUTH	RI	02840	(401) 682-2100	Directions
VNA, INC.	475 KILVERT ST, STE 400	WARWICK	RI	02886	(401) 574-4900	Directions
VNS HOMECARE	14 WOODRUFF AVENUE	NARRAGANSETT	RI	02882	(401) 788-2000	Directions
VNS OF GREATER WOONSOCKET	SUITE 515 6 BLACKSTONE VALLEY DRIVE	LINCOLN	RI	02865	(401) 769-5670	Directions

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

Executive Office of Health and Human Services
Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us | Login

Home

Home Monday 06/27/2016 01:20 PM EST

Login

* 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?
[Enroll as a Provider](#)

Would you like to enroll as an OPR (Ordering, Prescribing or Referring) "Non-Billing" Provider?
[Enroll as an OPR Provider](#)

Would you like to enroll as a Trading Partner?
[Enroll as a Trading Partner](#)

What can you do in the RI Medicaid Health Care Portal
Through this secure and easy to use internet portal:

- 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.

[FAQs](#) [Trading Partner Agreement](#) [Trading Partner Enrollment User Guide](#)

[Website Requirements](#)
[Rhode Island Medicaid Providers](#)

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:

My Home Eligibility Claims Files Exchange

Eligibility Wednesday 04/08/2015 09:21 AM EST

Eligibility Verification Request

* Indicates a required field.

Please select or enter valid Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI Provider Type LEA - Performing Prov Taxonomy 251500000X

Billing Provider

Rendering Provider

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Please enter in Recipient ID.

For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From date and Payer.

Recipient ID 123456789 SSN

Last Name First Name MI Birth Date

Payer

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

*Effective From Date 03/01/2015 Effective To Date 03/30/2015

My Home Eligibility Claims Files Exchange

Eligibility > Verify Eligibility Response Wednesday 04/08/2015 09:28 AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#)

Verification Response ID 201509800000 [Expand All](#) | [Collapse All](#)

Recipient Information 0987654321

Recipient ID 0987654321 Recipient Name

Birth Date 03/22/1951 Gender Male

Date Of Death

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	03/01/2015	03/30/2015	\$0.00	Limitations apply to Vision and Dental services
Intellectual Disability Services (BHDH)	03/01/2015	03/30/2015	\$0.00	BHDH Auth required/ Recipient may be

Service Type Code Details - Covered

Medicare Details

Demographic Details

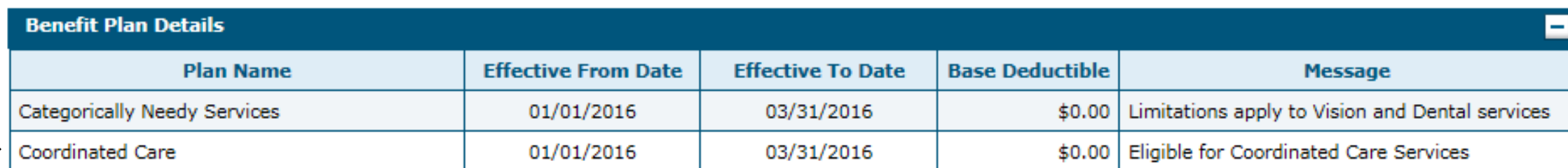
Home Stabilization



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.



Benefit Plan Details				
Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	01/01/2016	03/31/2016	\$0.00	Limitations apply to Vision and Dental services
Coordinated Care	01/01/2016	03/31/2016	\$0.00	Eligible for Coordinated Care Services

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/BillingandClaims/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 my 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: Rite 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

Documentation – Home Health and DME Providers

- 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.