

Electronic Referrals in the Healthcare Portal



January 2023

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 six active clients during any time period. This includes any referrals “on hold”. If a seventh is selected an error message will be displayed notifying them that only six selections are available at any one time.

Programs Included

- **LTSS HCBS Services**
- **OHA Community Waiver Program**
- **Medicaid Preventive Services**
- **Habilitation Community Services**

BHDDH, OHA At Home Cost Share and Pediatrics are not in the current scope but may be added in a future phase.

Health Care Portal

Log into the Health Care Portal
with your existing credentials

Home

Tuesday 04/25/2017 10:09 AM 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?

[Provider Enrollment](#)

Would you like to enroll as a
Trading Partner?

[Click here to Enroll](#)

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.



[Provider Enrollment User Guide](#)

[Trading Partner Enrollment User Guide](#)

[Trading Partner Agreement](#)



Referral List location

Once you have been granted access, the Referral List will appear here under Interactive Web Services.

Rhode Island Executive Office of Health and Human Services
Medicaid

My Home | Files Exchange | Switch Provider

Thursday 05/11/2017 01:49 PM

for Mary Jane Nardone Role IDs Trading Partners - 1831464825 (NPI)

Welcome Health Care Professional!

Interactive Web Services

- ▶ Check Dental/Vision Limits
- ▶ Check Prior Authorization
- ▶ Message Center
- ▶ Referral List
- ▶ NDC Lookup
- ▶ View Remittance Advice
- ▶ View Remittance Advice Payment Arr

© 2017 Hewlett Packard Enterprise. All rights reserved. | Privacy Notice

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

Filtering Criteria



Region Preferred Language
 Primary Diagnosis Primary Special Accommodation
 Pets Smoking
 Weapons Status
 Urgency

Referral List (click on a specific row for more details)

Referral Id	Date Created	Region	Preferred Language	Primary Diagnosis (Disorders)	Primary Special Accommodations	Pets	Smoker
1000001	06/26/2020	PAWTUCKET	Spanish	Psychiatric disorders	Unknown	Cats	No
1000002	06/23/2020	PROVIDENCE	Portuguese	Unknown	Unknown	Small Dogs	E-Cigarette
1000003	05/15/2020	WEST GREENWICH	Russian	Muscular/skeletal disorders	Unknown	Large Dogs	Marijuana
1000004	05/12/2020	NARRAGANSETT	English	Muscular/skeletal disorders	Unknown	Rodents	Pipe Tobacco
1000005	04/29/2020	WARWICK	Unknown	Unknown	Unknown	No	No
1000006	04/15/2020	NORTHTOWN	Unknown	Unknown	Unknown	No	No
1000007	03/26/2020	CRANSTON	Unknown	Endocrine disorders	Unknown	No	No
1000008	03/20/2020	TIVERTON	Unknown	Dementia disorders	Unknown	No	No
1000008	03/17/2020	COVENTRY	Unknown	Unknown	Unknown	No	No

Weapons	Priority	Status
No	Unknown	Available
Yes	2-Days	Available
No	5-Days	In Progress
No	14-Days	In Progress
No	2-Days	Available
No	14-Days	In Progress
Yes	2-Days	Available
No	5-Days	In Progress
No	Unknown	Available

Provider Referral Detail Screen



[Help](#) ⓘ

WARNING - This is the acc environment

Referral Information			
Referral Id:	100080	Referral Type:	Combo

Recipient Information			
Gender:	Female	Age:	82
Primary Language:	English	Region:	Bristol
Primary Diagnosis:	Dementia disorders	Secondary Diagnosis:	
Behavioral Health Needs:			

Service Requirement			
Agency:	OHA - Child and Family Services	Patient Share:	Unknown
Urgency:	5-Days	<small>Note: Patient Share subject to change, please refer to the Health Care Portal for updates.</small>	
Program Type:	Core	Hours By Week:	10
Begin Date:	Thu Jul 02 00:00:00 EDT 2020	End Date:	Thu Jul 01 00:00:00 EDT 2021
Days Required:	No Preference	Times:	Afternoons
Primary Special Accommodations:	Unknown	Secondary Special Accommodations:	

Environmental and Addition Information			
Living Arrangements:	Lives With Others	Home Access:	Single Story
Pets:	Yes - Small Dog(s)	Smoking:	No
Weapons:	No		
Comment:	Referral Retest (walkthrough)		

Note: Once a client is selected automated emails will be sent out to all parties involved in the process. **The process should take no more than 3 days and you will be required to make a final decision during that time period.**

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.**

Selected Member

Filtering Criteria

Region Preferred Language

Primary Diagnosis Primary Special Accommodation

Pets Smoking

Weapons Status

Urgency

Referral List (click on a specific row for more details)

Referral Id	Date Created	Region	Preferred Language	Primary Diagnosis (Disorders)	Primary Special Accommodations	Pets	Smoker	Weapons	Urgency	Status
100006	2020-12-10	Warwick	English	Neurological disorders	Unknown	Yes - Cat(s)	No	No	2-Days	Available
100005	2020-12-10	Providence/North Providence	Vietnamese	Cardiovascular disorders	Hoyer Lift	No	No	No	5-Days	Available
100004	2020-12-10	Providence/North Providence	English	Dementia disorders	G-Tube	Yes - Cat(s)	Yes - Marijuana	Yes	2-Days	Available
100003	2020-12-09	Providence/Cranston	Spanish	Dementia disorders	Tracheotomy	Yes - Small Dog(s)	Yes - Marijuana	Yes	14-Days	Available
100002	2020-12-09	Cranston	English	Urinary/reproductive disorders	Colostomy	Yes - Cat(s)	Yes - E-Cigarette	No	5-Days	Selected
1	2020-12-09	Providence/North Providence	Spanish	Cardiovascular disorders	G-Tube	Yes - Reptile(s)	Yes - Cigarette	No	2-Days	Selected

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 six referrals at any time

If a seventh referral is selected an error message will be displayed.

WARNING - This is the acc environment

Error(s) Encountered

You must correct the following error(s) before proceeding:

- The maximum number of selected referrals you are allowed is 3

Filtering Criteria

Region

Primary Diagnosis

Pets

Weapons

Urgency

Filter

Preferred Language

Primary Special Accommodation

Smoking

Status

Referral List (click on a specific row for more details)

Referral Id	Date Created	Region	Preferred Language	Primary Diagnosis (Disorders)	Primary Special Accommodations	Pets	Smoker	Weapons	Urgency	Status
100020	2020-12-14	Warren	Spanish	Dementia disorders	Hoyer Lift	Yes - Reptile(s)	No	No	2-Days	Available
100014	2020-12-11	Providence/Cranston	Cantonese	Cardiovascular disorders	G-Tube	Yes - Reptile(s)	Yes - Marijuana	Unknown	2-Days	Available
100013	2020-12-11	Providence/North Providence	Sign Language	Behaviorial disorders	Tracheotomy	Yes - Reptile(s)	Yes - Pipe Tobacco	Yes	5-Days	Available
100012	2020-12-11	Providence/Cranston	Arabic	Dementia disorders	Colostomy	Yes - Cat(s)	Yes - Cigarette	Unknown	14-Days	Available
100011	2020-12-11	East Providence	Korean	Neurological disorders	G-Tube	Yes - Reptile(s)	Yes - Cigarette	Yes	5-Days	Selected
100010	2020-12-11	Providence/Cranston	English	Cardiovascular disorders	G-Tube	Yes - Cat(s)	Yes - E-Cigarette	Yes	2-Days	Available
100009	2020-12-10	Providence/North Providence	Farsi	Cardiovascular disorders	Colostomy	Yes - Cat(s)	Yes - E-Cigarette	Unknown	5-Days	Available
100008	2020-12-09	Cranston	Cantonese	Developmental disorders	Tracheotomy	Yes - Cat(s)	Yes - Cigarette	No	14-Days	Selected
100005	2020-12-06	Providence/North Providence	Vietnamese	Cardiovascular disorders	Hoyer Lift	No	No	No	5-Days	Available
100004	2020-12-10	Providence/North Providence	English	Dementia disorders	G-Tube	Yes - Cat(s)	Yes - Marijuana	Yes	2-Days	Selected

Email Notifications are automatically sent for the following scenarios

gainwell






- **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

 noreply@gainwelltechnologies.com
To  Aguiar, Nelson (S&L HHS);  Aguiar, Nelson (S&L HHS)
Cc  Gibson, Karen (S&L HHS);  Aguiar, Nelson (S&L HHS) Fri 2/12

 You replied to this message on 2/12/2021 3:26 PM.

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)



10:11 AM

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

Home Care **Referral ID# 100002**



noreply@gainwelltechnologies.com

To ● Kothapalli, Jyo (S&L HHS)

Cc ● Gibson, Karen (S&L HHS); ● Aguiar, Nelson (S&L HHS); ● Kothapalli, Jyo (S&L HHS)

Reply Reply All Forward ...

Thu 12/10/2020 12:54 PM

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



noreply@gainwelltechnologies.com

To: Petrick, James (S&L HHS)

Cc: Aguiar, Nelson (S&L HHS); Aguiar, Nelson (S&L HHS); Aguiar, Nelson (S&L HHS); Aguiar, Nelson (S&L HHS); Aguiar, Nelson (S&L HHS); Aguiar, Nelson (S&L HHS); Gibson, Karen (S&L HHS)

Reply Reply All Forward

Wed 12/9/2020 3:00 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

Hello,

The following home care referrals have been added to the provider portal for your review:

Referral Id	Date Created	Region	Preferred Language	Primary Diagnosis (Disorders)	Primary Special Accommodations	Pets	Smoker	Weapons	Urgency	Status
1	Dec 9, 2020	Providence/North Providence	Spanish	Cardiovascular disorders	G-Tube	Yes - Reptile(s)	Yes - Cigarette	No	2-Days	Available

Thank you.



Sample of the “2-Day Urgency Referral” email

To: All Home Care Provider
CC: EOHHS and State Agency

Hello,

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

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


Thank you.




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

Home Care Referral ID# 100014

Aguiar, Nelson (S&L HHS)

To  'noreply@gainwelltechnologies.com';  Kothapalli, Jyo (S&L HHS)

Cc  Gibson, Karen (S&L HHS)

 Reply  Reply All  Forward

Tue 12/15/2020 3:

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

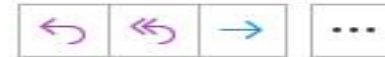
Home Care Referral ID# 100007



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.

Request Access by emailing this form to riediservices@gainweltechnologies.com

- **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:
 - 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.
 - EOHHS maintains the sole authority to grant or deny provider with access to the Electronic Referral Portal ("Portal").
 - 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.
 - 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.
 - Provider agrees to select a maximum of three active clients in any one time period.
 - 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.
 - 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: _____

This form is located on www.eohhs.ri.gov select Providers & Partners>Forms and Applications>All Forms & Applications From A-Z>Home Care FFS Provider Agreement



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: 571-895-4938

Email: Marlene.Lamoureux@gainwelltechnologies.com



Questions

