Home Health Information Session

November 2024

Neighborhood Health Plan OF RHODE ISLAND™

Agenda

1. Purpose of Today's Meeting
2. Long-Term Services and Supports
3. Home Health Services
4. Lines of Business
5. Home Care Grid
6. Prior Authorizations
7. Certificate Report
8. Neighborhood News
9. Electronic Visit Verification (EVV)
10. INTEGRITY (MMP) Supplemental Benefits
11. Resources
12. Neighborhood Contacts for Escalated Issues

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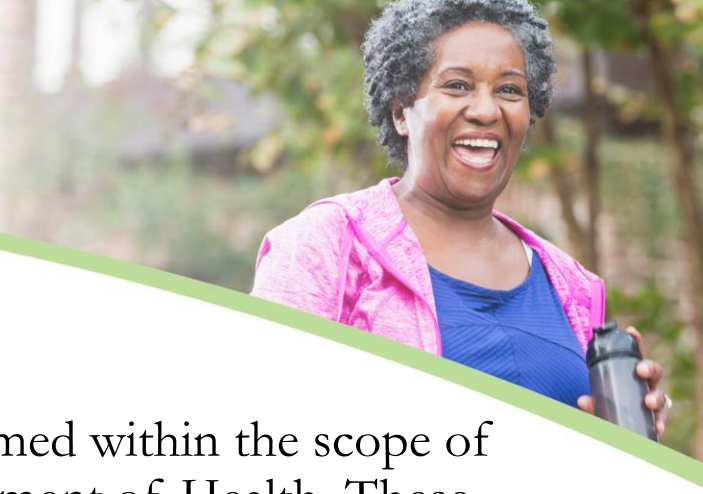
Speakers

- **Ramona Nunez**, LTSS Provider Relations Representative
- **Liggia Soto**, Senior Manager of LTSS
- **Misha Morey**, Manager, Care Management
- **Sabrina Haynes**, Manager, Utilization Management, Home Care

Home Health Care Services



Home health coverage is provided for services performed within the scope of state licensure, as defined by the Rhode Island Department of Health. These services include:

- **Skilled nursing services** (RN/LPN)
- **Skilled therapy services** (OT/PT/SLP/OTA/PTA/Master Social Worker)
- **Non-skilled** (CNA, Homemaker)

Please refer to Neighborhood's **Home Health Care Services Payment Policy** or **Home Health Care Clinical Medical Policy** for more information.

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Long-Term Services & Supports

Medicaid/INTEGRITY (MMP) Only

Long Term Services and Supports (LTSS) is a Medicaid or INTEGRITY (MMP) benefit available to members with chronic illnesses or disabilities who need a certain level of care and meet the eligibility criteria. The type of services a member receives depends on the level of care needs.

LTSS Services

Adult Day, Assisted Living Facilities, Home Delivered Meals, Home Health Care, Personal Choice, Shared Living and Skilled Nursing Facilities

If a Medicaid or INTEGRITY member requires services on a long-term basis, the member should apply for an **LTSS waiver.** If approved, the member is eligible to receive these services.

Long-Term Services And Supports | Executive Office of Health and Human Services (eohhs.ri.gov)

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Commercial Line of Business

- Personal Care is only covered if required within a skilled plan of care.
- Homemaker services and combination services (homemaker and personal care) are non-covered benefits.
- Authorizations and claims for these services are processed in-plan through Neighborhood.

Medicaid Line of Business

Medicaid Adults:

- Neighborhood is responsible for the member's preventive benefit (up to six hours per week of personal care and/or homemaker services). Authorizations and claims for these services are processed in-plan through Neighborhood.

- Members **who qualify for an LTSS waiver** are managed out-of-plan by **Medicaid fee-for-service (FFS).** FFS case managers complete assessments to determine the number of hours that are appropriate as well as a possible cost share. Authorizations and claims for these services are processed through FFS.

Medicaid Children:

- Children (up to age of 18) do not qualify for an LTSS waiver, therefore Neighborhood is responsible for the member's home health care benefit. Authorizations and claims for these services are processed through Neighborhood.

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INTEGRITY (MMP) Line of Business

- All LTSS is managed in-plan by Neighborhood
- Neighborhood's case manager completes assessments to determine the number of hours that are appropriate.
- EOHHS determines member eligibility and any applicable cost share. Authorizations and claims for these services are processed through Neighborhood.

INTEGRITY (MMP) members receiving home health hours **cannot** also receive:

- **Personal Choice** - self-directed option for people who want to get care while at home.
- **Shared Living** - supports a person with a developmental disability to live in a home-like setting where people can help with daily activities such as meals, transportation, and personal care while in a social environment.
- **Assisted Living** - a licensed residential setting that provides housing, meals, and personal assistance to adults who need help with daily activities.

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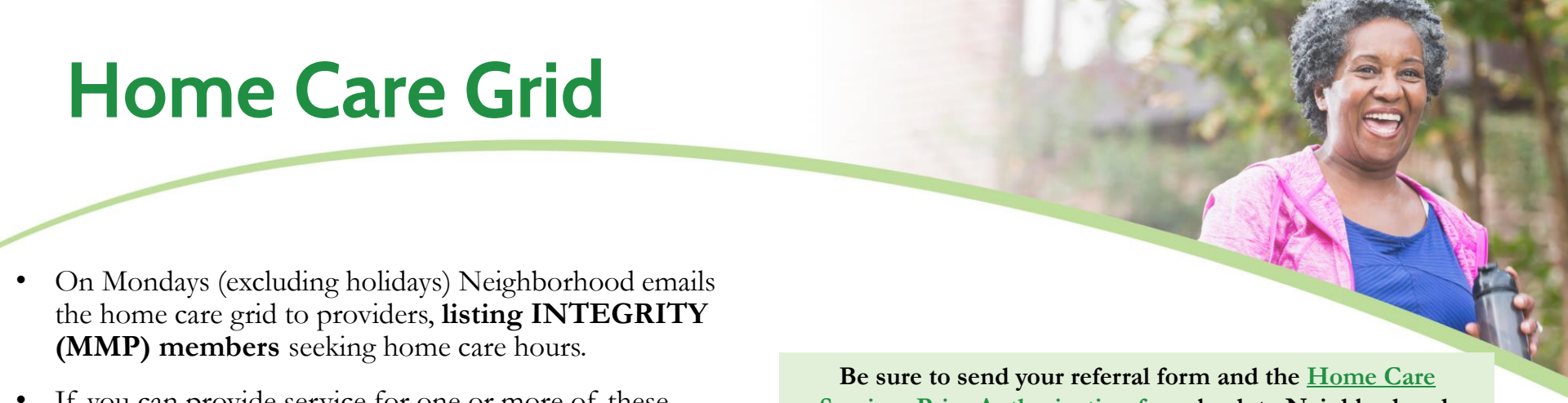
Home Care Grid



- On Mondays (excluding holidays) Neighborhood emails the home care grid to providers, **listing INTEGRITY (MMP) members** seeking home care hours.
- If you can provide service for one or more of these members, please email IntegrityHomecare@nhpri.org, requesting to pick up the case(s), noting the Member Care ID and town.
- A community care coordinator reviews requests daily and outreaches to members to confirm interest in your agency.
- If a member is agreeable to working with your agency, an **INTEGRITY (MMP)/LTSS home care referral form** will be emailed or faxed to your agency directly.
- It is best practice to provide Neighborhood with a **shared inbox** to receive the **home care grid** to prevent lapses due to personnel changes. To update your email address, please email **karner@nhpri.org.**

Be sure to send your referral form and the Home Care Services Prior Authorization form back to Neighborhood.

Sample Home Care Grid

	A	B	C	D	E	F	G	H
1	Date Logged	Member Town	Weekly Hours Needed	Services Needed	Member Language	Member Detail	Care ID	
2	04/30/2024	Bristol	7	Home Maker and Certified Nursing Assistant	English	Pets (Y/N): No Smoker (Y/N): No	240533	
3	04/18/2024	Bristol	16	Home Maker and Certified Nursing Assistant	English	Pets (Y/N): Y - 2 cats well mannered Smoker (Y/N): Y - Outside only	301918	
4	04/11/2024	Bristol	8	Certified Nursing Assistance	English	Pets (Y/N): N Smoker (Y/N): N	708849	
5	03/29/2024	Bristol	5	Home Maker	English	Pets (Y/N): No Smoker (Y/N): No	184330	
6	02/15/2024	Bristol	8	Home Maker and Certified Nursing Assistant	English	Pets (Y/N): N Smoker (Y/N): N	193344	
7	04/24/2024	Central Falls	16	Home Maker and Certified Nursing Assistant	OTHER	Pets (Y/N): Smoker (Y/N):	637498	
8	04/22/2024	Central Falls	21	Home Maker and Certified Nursing Assistant	Spanish	Pets (Y/N): N Sm	357281	
9	04/19/2024	Central Falls	22	Home Maker and Certified Nursing Assistant	French	Pets (Y/N): N Smoker (Y/N): N	213020	
10	03/13/2024	Charlestown	14	Home Maker and Certified Nursing Assistant	English	Pets (Y/N): N Smoker (Y/N):N	267962	
11	04/17/2024	Coventry	6	Home Maker	English	Pets (Y/N): No Smoker (Y/N): No	334452	
12	03/01/2024	Coventry	4	Home Maker	English	Pets (Y/N): No Smoker (Y/N): Yes	172743	
13	04/25/2024	Cranston	33	Home Maker and Certified Nursing Assistant	Spanish	Pets (Y/N): Smoker (Y/N):	230002	
14	04/23/2024	Cranston	9	Home Maker and Certified Nursing Assistant	English	Pets (Y/N): no Smoker (Y/N): yes	193279	

Prior Authorizations

Skilled Home Health Care

Skilled requests must include adequate supporting clinical documentation prior to services being rendered, if applicable, for **Medicaid and INTEGRITY** (MMP) lines of business.

For more information, reference our **Skilled Home Health Care Services Desktop Reference Guide** for prior authorization requests.

Marking a request as expedited indicates that standard processing time (14 days) could jeopardize the patient's health. Date of service issues are **NOT** reasons to expedite a request.

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Prior Authorization Requests for Skilled Home Healthcare Services

Desktop Reference Guide

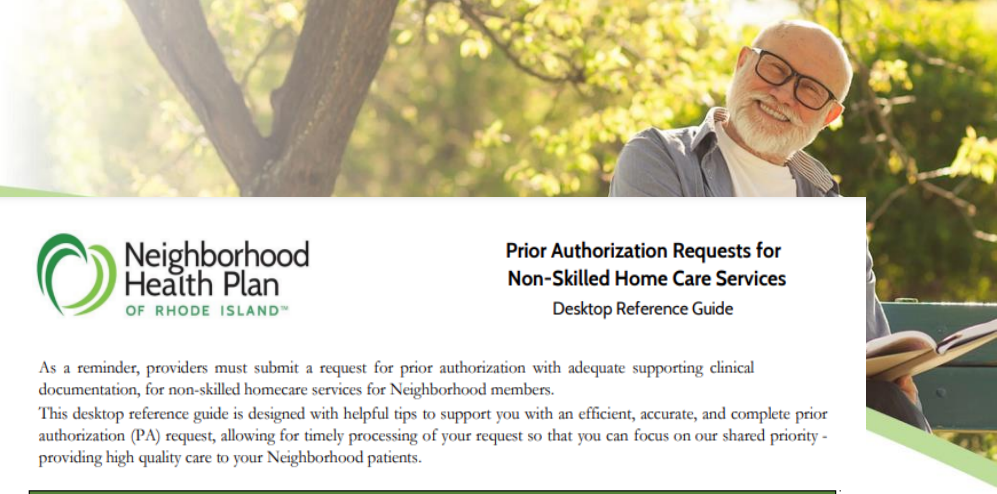
As a reminder, providers must submit a prior authorization (PA) request, with adequate supporting clinical documentation, for skilled homecare services for Neighborhood Health Plan of Rhode Island (Neighborhood) members.

This desktop reference guide is designed with helpful tips to ensure your PA request is efficient, accurate, and complete, which will enable timely processing.

The following steps must be completed for all PA requests for skilled home healthcare services:	
1	Verify the patient's insurance to ensure that Neighborhood is their primary insurer.
2	Complete and submit either the electronic form (e-form) or paper PA form for home care services with the required documentation (see documentation requirements below): • The Home Care Services E-Form is an online form that is submitted electronically; or • The paper Home Care Services Prior Authorization Form can be printed and faxed to Neighborhood's Utilization Management team at 401-459-6023.
3	Submit all necessary documentation required for skilled home health care services with the PA request, including:

New Start of Care and Resumption of Care Evaluation*	***Only applies to one (1) visit for nursing, physical therapy, and/or occupational therapy** • Copy of referral received from physician; **or** • Discharge summary from hospital or skilled nursing facility.
Continuing Care after Evaluation	• Current completed OASIS **with** documentation of verbal orders received for all requested visits; **and/or** • Current CMS-485 Home Health Certification and Plan of Care signed by agency clinician that received verbal orders for the plan of care **and/or** signed by the Physician; **and** • Supporting documentation of the member's need for skilled home health services, such as evaluations/assessments and progress notes for each requested specialty (i.e., skilled nursing, physical therapy, occupational therapy, etc., wound assessments, etc.).
Recertification of Existing Services	• Applicable CMS-485 Home Health Certification and Plan of Care signed by agency clinical that received verbal orders for the plan of care **and/or** signed by the Physician; **and** • Recertification assessment/evaluation **for each requested specialty** that addresses progress towards meeting goals with objective measurements, response/barriers to education/managing care, and adherence issues.

Prior Authorizations



Non-Skilled Home Health Care

Non-Skilled requests require clinical documentation for the Medicaid line of business only. For more information, Non-Skilled Home Health providers can reference our **Non-Skilled Home Health Care Services Desktop Reference Guide** for prior authorization requests.

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Prior Authorization Requests for Non-Skilled Home Care Services

Desktop Reference Guide

As a reminder, providers must submit a request for prior authorization with adequate supporting clinical documentation, for non-skilled homecare services for Neighborhood members.

This desktop reference guide is designed with helpful tips to support you with an efficient, accurate, and complete prior authorization (PA) request, allowing for timely processing of your request so that you can focus on our shared priority - providing high quality care to your Neighborhood patients.

The following steps must be completed for all PA requests for skilled home healthcare services:		
1	Verify the patient's insurance to ensure that Neighborhood is their primary insurer.	
2	Complete and submit either the electronic form (eForm) or paper PA form for home care services with the required documentation (see documentation requirements below): • The Home Care Services eForm is an online form that is submitted electronically, or • The paper Home Care Services Prior Authorization Form can be printed and faxed to Neighborhood's Utilization Management team (UM) at 401-459-6023.	
3	Submit all necessary documentation required for non-skilled home healthcare services with the PA request, including:	
	INTEGRITY (MMP)	• Clinical documentation is not required **but** the requested hours and services must match the hours and services the member's care manager approved as medically necessary.
	Medicaid – Adults & Children	**Start of Care or Increased Services** • Documentation that the services are part of a physician's plan of care, such as doctor's orders, letter of medical necessity, referral, etc) • Documentation indicating the level of assistance the member needs with each Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), such as a completed Minimum Data Set (MDS) for Home Care or a completed Provider Medical Statement (PM1) from the member's physician within the last year. **Continuation of Care** • The most recent documentation indicating the level of assistance the member needs with each ADL and IADL, such as a recently completed MDS for Home Care or PM1 from the member's physician within the last year.
	Continuity of Care for All lines of business (For newly enrolled Members only)	• The most recent documentation indicating the level of assistance the member needs with each ADL and IADL, such as a recently completed MDS for Home Care or PM1 from the member's physician within the last year. • Documentation that the member's previous insurer/payor source was authorizing the requested services within the previous 6 months.

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Home Care Forms

There are two important forms that agencies will use to facilitate the provision of home health care services for Neighborhood members:

1. **Home Health Care Services Prior Authorization Form**

   Neighborhood requires prior authorization on all home care services*. Please refer to Neighborhood's **Clinical Medical Policies**, which are available on our web site, for more detailed information about these benefits, authorization requirements, and coverage criteria.

2. **Home Care Discharge Communication Form**

   If your agency has discharged our member(s) from your **non-skilled** services, please complete this form.

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Post-Service Authorizations

As of **October 7, 2024**, post-service prior authorizations are no longer accepted for the **INTEGRITY (MMP) line of business only**. Requests for authorization must be submitted prior to services being rendered.

The following two scenarios are exempt from the post-service prior authorization requirement:

- INTEGRITY (MMP) members who have been **retroactively enrolled** after receiving home health care services;
- INTEGRITY (MMP) members within their **continuity of care period.**

Note: Providers who do not have the above-mentioned scenarios should proceed with filing a claim. If the claim is denied, the provider administrative appeal process should be followed.

Additional information **can be found here.**

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Certificate Report

Neighborhood sends out automated notifications (certificate reports) via email or fax for **all lines of business.** These reports are generated when a new authorization is created or an existing authorization is updated.

The report includes:

- Member Name
- ID#
- Authorization/Tracking Number
- Dates of Service
- Type of Service
- Status (Pending/Denied/Approved)

It is best practice to provide Neighborhood with a **shared inbox** to receive the **certificate report** to prevent lapses due to personnel changes. To update your contact email address for the certificate reports, please email **jjones@nhpri.org** or fax to 401-459-6023**.**

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Neighborhood News

1. Documentation Requirements

Effective **October 28, 2024**, home health providers submitting prior authorization requests for non-skilled **Medicaid** pediatric member services **must include supporting documentation**. Requests submitted without documentation will be denied. This update aligns pediatric requests with the process already in place for adult members receiving home health services. **(distributed 8/28/24)**

2. Prior Authorization Requirements Removed

- Effective **November 1, 2024**, Neighborhood Health Plan of Rhode Island (Neighborhood) will no longer require prior authorization for **skilled intermittent home health care services** for **Commercial** members. **(distributed 11/1/24)**
- Effective **June 1, 2024**, Neighborhood is no longer requiring prior authorization for **nursing assessments and evaluations (T1001)**. This update applies to **all lines of business. (Distributed 5/9/24)**

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Electronic Visit Verification (EVV)

Applies to Medicaid/INTEGRITY (MMP) Only

EOHHS requires Neighborhood providers to use an electronic visit verification (EVV) system for personal care services and home health care services that require an in-home visit, pursuant to section 1903(l) of the Cures Act.

EVV is an in-home visit scheduling, tracking and billing system that employs controls within the delivery of home-based services to ensure client's quality of care. EOHHS has contracted with Sandata Technologies, LLC to provide the EVV system (aggregator).

Who should I contact with questions?

- To request a Fixed Visit Verification Device (FVV), please fill out the **FVV Device Request Form**
- To return or replace a FVV device, please fill out the **FVV Replacement Return form**
- For general questions, please email Customer Support: **RIcustomercare@sandata.com**

Please refer to the **EOHHS website** for more information.

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Verification Match Criteria

Element	Description
Member	Medicaid ID and First and Last Name are the member data elements in aggregator. Medicaid ID is the data element used to match member to the claim.
Provider	Provider NPI is used to match from the Sandata aggregator to the claim. If the Provider NPI is not the same NPI used to bill claims, the claim denies as no verified visits under the billed NPI in the aggregator.
Place of Service	Home (12) - If place of service is not Home, the claim will deny.
Date of Service	Visit date in the aggregator is matched to the claim line date of service. For span billing, the service must occur every day within the billed span.
Service	Procedure code and modifier for service level are used to match from the aggregator to the claim line. If the verified service in the aggregator does not match the billed procedure code and service level modifier, claim will deny.
Units	Units in the aggregator are matched to units on the claim line. Claim lines pay up to the verified units billed. If a claim is submitted for 20 units and the aggregator is showing 10 units, this claim will adjudicate to pay only 10 units.

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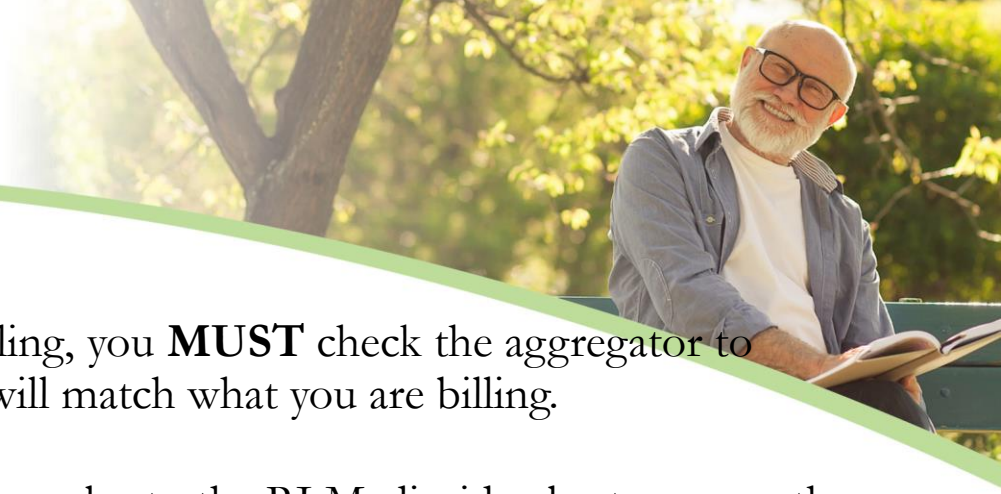
Aggregator



- If you use a third-party vendor for scheduling, you **MUST** check the aggregator to ensure it has the correct information and will match what you are billing.

- All third parties need to align their rounding rules to the RI Medicaid rules to ensure the appropriate number of units is calculated within the system. How rounding is applied:

  - ✓ Total amount of hours and minutes for the visit and rounds it to the total quarter hour, based on the minutes captured by the EVV system.
  - ✓ Less than (<) 8 minutes will round the total back to the previous quarter hour.
  - ✓ Equal to or greater than (>=) 8 minutes will round the total forward to the next quarter hour.
  - ✓ 1 unit = 15 minutes

- Always check the aggregator **before** submitting claims to Neighborhood to ensure the aggregator matches what is being billed.

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Date Span Billing

Date span billing is allowed when:

- Dates of service are limited to one week (7 days per claim line)
- Services are provided consecutively on each date within the span
- Any break in service within a date span (e.g., services provided on a Monday, Tuesday and then on a Friday) are indicated on a new claim line
- Multiple shifts on the same day must be billed on the same claim line with a cumulative of all hours for that date of service
- Dates of service must be in the same month

Date span billing is not allowed when:

- Skilled services are provided
- Combination services when used with a shift differential modifier; unless the modifier applies to each date of service in the date span

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INTEGRITY (MMP) Supplemental Benefits

Neighborhood is excited to offer enhanced supplemental benefits for our **INTEGRITY (MMP)** members in **2025**!

Supplemental benefits include:

- An increase to $75 per month for **groceries** plus weekly coupons
- (NEW!) Preventive and restorative **dental benefits** with Delta Dental of RI
- **Gym membership** at Greater Providence and Pawtucket YMCAs
- **Companion program** to help with everyday tasks, transportation, and more
- **Meal delivery** after a qualifying hospital stay

Click here to read more!

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Resources

General

- Provider Manual
- Quick Reference Guide
- Claims and Eligibility Information
- Claim Adjustments
- Navinet (claim status, member eligibility)
- Provider Resources

Home Health Care Specific

- Home Care Discharge Communication E-Form
- Reference Guide for Private Duty Nursing (PDN) Requests
- Prior Authorization Requests for Skilled Home Healthcare Services Desktop Reference Guide
- Home Health Agency Services Payment Policy
- Home Care Clinical Medical Policy
- Home Care Services Prior Authorization Request Form

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Questions?

Please contact **Provider Services** at (800) 963-1001 for questions regarding any of the below topics:

- Contract rates
- Member eligibility issues
- Claim status/issues
- Specific payment policy questions
- General prior authorization inquiries
- Member Benefit questions

Neighborhood is contracted with **NaviNet** to provide online eligibility and claims status lookup 24/7.

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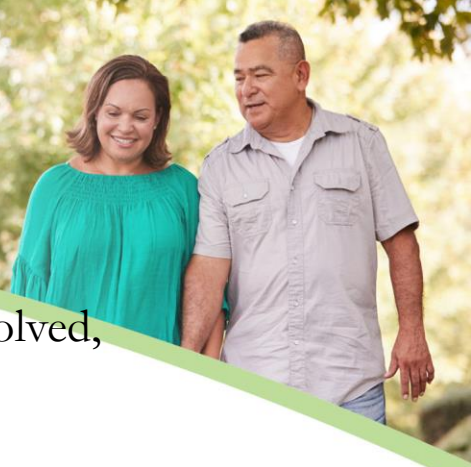
Home Health Care Contacts

For Escalated Issues



If you have contacted Provider Services (PS) and the issue remains unresolved, please send a secure email with your PS **call-reference number** to the appropriate Neighborhood staff:

- **Ramona Nunez**, LTSS Provider Relations Representative - rnunez@nhpri.org
  Escalated general issues
- **Amy Simpson**, Manager Utilization Management, Coordinator Team - asimpson@nhpri.org
  Escalated authorization inquiries
- **Sabrina Haynes**, Manager Utilization Management, Home Care - shaynes@nhpri.org
  Escalated clinical authorization inquiries
- **Misha Morey**, Manager Care Management - mmorey@nhpri.org
  Escalated case management issues
- **Liggia Soto**, Senior Manager LTSS - lsoto@nhpri.org
  Escalated product/benefit issues

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