

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): <ul style="list-style-type: none"> 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*	<p>*Only applies to one (1) visit for nursing, physical therapy, and/or occupational therapy</p> <ul style="list-style-type: none"> Copy of referral received from physician; or Discharge summary from hospital or skilled nursing facility.
	Continuing Care after Evaluation	<ul style="list-style-type: none"> Current completed OASIS with documentation of verbal orders received for <u>all</u> 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	<ul style="list-style-type: none"> 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 <u>Recertification assessment/evaluation for each requested specialty</u> that addresses progress towards meeting goals with objective measurements, response/barriers to education/managing care, and adherence issues.

Avoid the most common errors that can result in processing delays or denial of PA requests:

- Insufficient or missing clinical information necessary for review;
- Illegible documentation;
- Requesting excessive numbers of visits without supporting medical necessity. The requested number of visits or units should not exceed the orders received from the physician on the care plan developed by the clinician; **or**
- Requesting excessive authorization time frames. The requested time frame should not exceed the certification period.

Questions? Call Neighborhood's Provider Services Department at 800-963-1001.

We will be happy to assist you Monday through Friday, from 8:30 a.m. to 5:00 p.m.