

As of January 1, 2021, Neighborhood Health Plan of Rhode Island (Neighborhood) required prior authorization for skilled home healthcare services for all Neighborhood lines of business - INTEGRITY (MMP), Medicaid, and Commercial.

- **As a reminder, providers must submit a request for prior authorization with adequate supporting clinical documentation, for private duty nursing (PDN) services for all Neighborhood members, in all lines of business.**

This desktop reference guide is designed to support you with requesting a complete and accurate prior authorization (PA), 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 private duty nursing services:

<input type="checkbox"/>	Verify the patient's insurance to ensure that Neighborhood is their primary insurer.		
<input type="checkbox"/>	Complete and submit either the electronic form (eForm) or paper PA form for home care services: <ul style="list-style-type: none"> • 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 sent to Neighborhood's Utilization Management (UM) team via fax: 1-401-459-6023. 		
<input type="checkbox"/>	Submit all necessary documentation required for private duty nursing services, including: <table border="1" data-bbox="175 868 1524 1598"> <tr> <td style="vertical-align: top;">Start of Care and Continuing Care Requests</td> <td> <ul style="list-style-type: none"> • Current, comprehensive Plan of Care (POC) signed by the physician actively treating the patient, including but not limited to: <ul style="list-style-type: none"> • Current medical and functional status • Diagnoses • Medication list • Recent hospitalizations • DME being utilized • All physician's orders for care • The plan for care when the nursing agency is not in the home • If the POC is <i>not</i> signed by the physician, then documentation of a written or verbal physician's order from the physician actively treating the patient is required. All PDN requests require ongoing supervision by the treating physician. • Up to two (2) weeks of the most recent nursing notes detailing all nursing interventions and care provided during the nurses' shift. • If applicable, provide a complete description of any wounds: size, depth, drainage, type, and wound care orders. • If a member has a change in condition or caregiver status that requires additional PDN coverage, you can submit a request to increase hours at any time with supporting documentation to be reviewed. </td> </tr> </table>	Start of Care and Continuing Care Requests	<ul style="list-style-type: none"> • Current, comprehensive Plan of Care (POC) signed by the physician actively treating the patient, including but not limited to: <ul style="list-style-type: none"> • Current medical and functional status • Diagnoses • Medication list • Recent hospitalizations • DME being utilized • All physician's orders for care • The plan for care when the nursing agency is not in the home • If the POC is <i>not</i> signed by the physician, then documentation of a written or verbal physician's order from the physician actively treating the patient is required. All PDN requests require ongoing supervision by the treating physician. • Up to two (2) weeks of the most recent nursing notes detailing all nursing interventions and care provided during the nurses' shift. • If applicable, provide a complete description of any wounds: size, depth, drainage, type, and wound care orders. • If a member has a change in condition or caregiver status that requires additional PDN coverage, you can submit a request to increase hours at any time with supporting documentation to be reviewed.
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Avoid the most common errors that can result in processing delays or denial of PA requests:

- Insufficient or missing clinical information necessary for review. Please note that a Letter of Medical Necessity alone is *not* sufficient supporting documentation.
- Illegible documentation.
- Requesting services without physician's orders and supporting medical necessity. The requested services should not exceed the physician signed care plan.
- Requesting excessive authorization time frames. The requested time frame should not exceed 13 weeks.
- Requesting authorization for more hours than what is being fulfilled by the agency.

Questions? Call Neighborhood's UM Department at 401-459-6060

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