

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): <ul style="list-style-type: none"> <li>• The <a href="#">Home Care Services eForm</a> is an online form that is submitted electronically, or</li> <li>• The paper <a href="#">Home Care Services Prior Authorization Form</a> can be printed and faxed to Neighborhood's Utilization Management team (UM) at 401-459-6023.</li> </ul>	
3	Submit all necessary documentation required for non-skilled home healthcare services with the PA request, including:	
	<b>INTEGRITY (MMP)</b>	<ul style="list-style-type: none"> <li>• Clinical documentation is not required <b>but</b> the requested hours and services must match the hours and services the member's care manager approved as medically necessary.</li> </ul>
	<b>Medicaid – Adults &amp; Children</b>	<p><b>Start of Care or Increased Services</b></p> <ul style="list-style-type: none"> <li>• Documentation that the services are part of a physician's plan of care, such as doctor's orders, letter of medical necessity, referral, etc)</li> <li>• 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.</li> </ul> <p><b>Continuation of Care</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
	<b>Continuity of Care for All lines of business (For newly enrolled Members only)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Documentation that the member's previous insurer/payor source was authorizing the requested services within the previous 6 months.</li> </ul>

**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 hours without supporting medical necessity.

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.