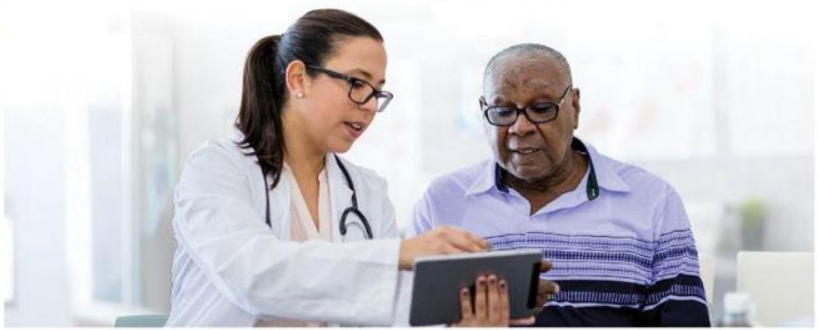
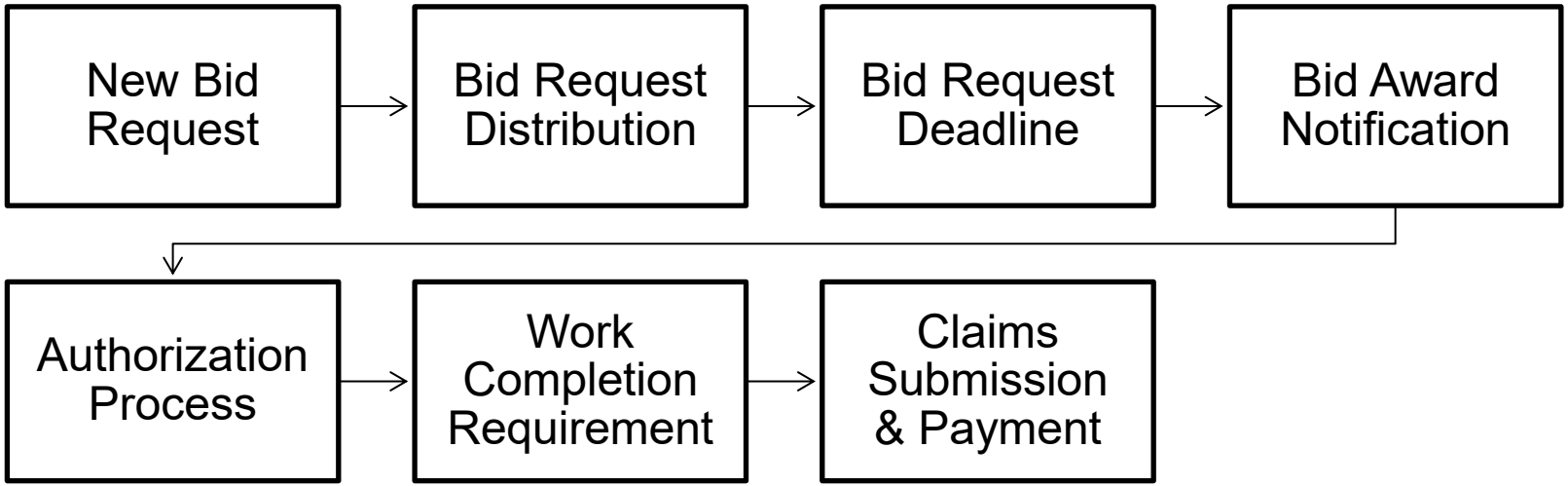
Home and Community Based Services (HCBS) Provider Education

Home & Vehicle Modifications

wellcare By buckeye health plan | Ohio Department of Medicaid
Next Generation MyCare



Process Overview



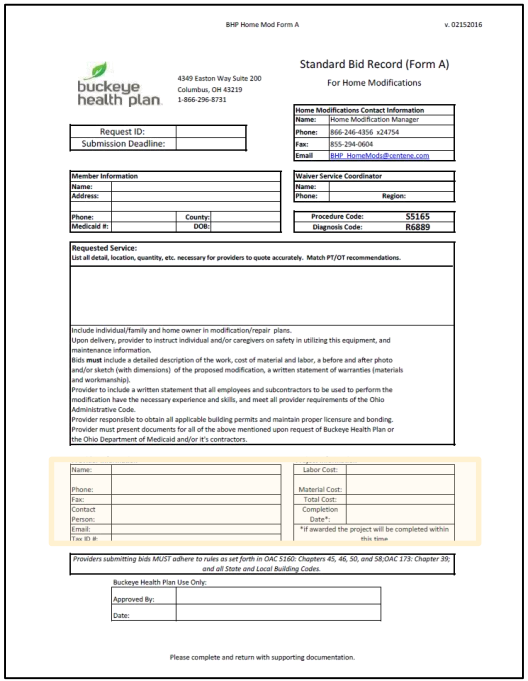
New Bid Request

- Bid requests for all Buckeye members (regardless of age) will come directly from Buckeye.
- The Bid Request is based on an identified need as determined by either the Occupational Therapist (OT) or the Physical Therapist (PT) through a full functional evaluation.
- The request is reviewed by members of the Buckeye Care Management Team and the Home Modification Manager.
- After review the official Bid Request will be sent by email out to the list of waiver-certified Home Modification Providers contracted with Buckeye Health Plan.

Bid Request Distribution

- Each bid request will be sent to all Home Modification providers in the member's MyCare region regardless of type of work being requested (ramp building, grab bars, vehicle modification, tub/shower, etc.)
- The Standard Bid Record (Form A) will list the Request ID, Submission Deadline and Description of requested services
- Provider to complete and submit the Standard Bid Record (Form A) according to details in the Requested Service area of Form A – which will vary.
- Provider should email BHP_HomeMods@centene.com with questions and for clarification.

Standard Bid Record (Form A)



BHP Home Mod Form A v. 02152016

buckeye health plan

4349 Easton Way Suite 200
Columbus, OH 43219
1-866-296-8731

Standard Bid Record (Form A)
For Home Modifications

Home Modifications Contact Information	
Name:	Home Modification Manager
Phone:	866-246-4356 x24754
Fax:	855-294-0604
Email	BHP_HomeMods@centene.com

Request ID:	
Submission Deadline:	

Member Information			
Name:			
Address:			
Phone:		County:	
Medicaid #:		DOB:	

Waiver Service Coordinator	
Name:	
Phone:	Region:

Procedure Code:	S5165
Diagnosis Code:	R6889

Requested Service:
List all detail, location, quantity, etc. necessary for providers to quote accurately. Match PT/OT recommendations.

Include individual/family and home owner in modification/repair plans.
Upon delivery, provider to instruct individual and/or caregivers on safety in utilizing this equipment, and maintenance information.
Bids **must** include a detailed description of the work, cost of material and labor, a before and after photo and/or sketch (with dimensions) of the proposed modification, a written statement of warranties (materials and workmanship).
Provider to include a written statement that all employees and subcontractors to be used to perform the modification have the necessary experience and skills, and meet all provider requirements of the Ohio Administrative Code.
Provider responsible to obtain all applicable building permits and maintain proper licensure and bonding.
Provider must present documents for all of the above mentioned upon request of Buckeye Health Plan or the Ohio Department of Medicaid and/or it's contractors.

Name:		Labor Cost:	
Phone:		Material Cost:	
Fax:		Total Cost:	
Contact Person:		Completion Date*:	
Email:		*If awarded the project will be completed within this time	
Tax ID #:			

Providers submitting bids MUST adhere to rules as set forth in OAC 5160: Chapters 45, 46, 50, and 58;OAC 173: Chapter 39; and all State and Local Building Codes.

Buckeye Health Plan Use Only:

Approved By:	
Date:	

Please complete and return with supporting documentation.

- Request ID
- Deadline
- Contact Info
- Member Information
- Procedure Code
- Diagnosis Code
- List all bid detail that meets the list of Requested Services

Provider to complete this section:

- Project Information
- Provider Contact Info

Providers submitting bids MUST adhere to rules as set forth in OAC 5160: Chapters 45, 46, 50, and 58; OAC 173: Chapter 39; and all State and Local Building Codes.

Bid Request Deadline and Award Notification

- Bid requests will be accepted until 5:00pm on the deadline date.
- The provider awarded the bid will receive:

1. Bid Award Notification email
2. Form A with a signature from Buckeye

IMPORTANT: No provider may begin work of any kind without #1 & #2

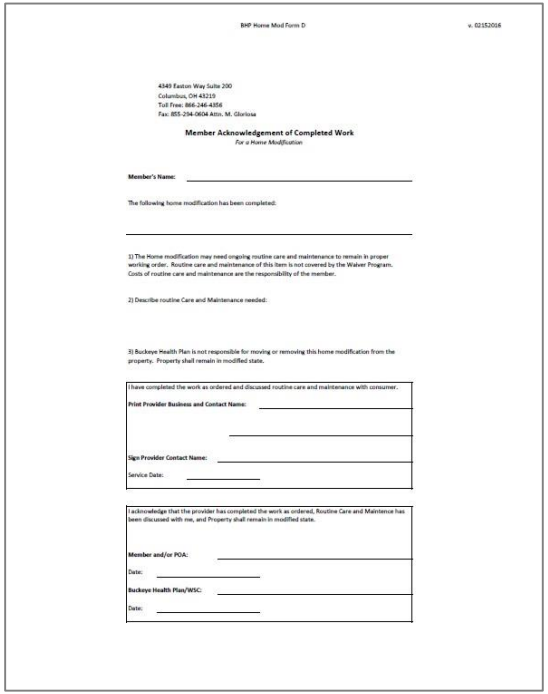
Bid requests, approvals, and general communication will be sent to providers via the centralized email: BHP_HomeMods@centene.com

Authorization Process

- Authorization confirmation is required to submit a claim/payment request.
- **5-step Process to Obtain Authorization:**

1. Approval to begin work: Provider receives a Bid Award Notification & signed Form A by email that officially awards the job. **No work can begin before both are in-hand.**
2. Provider indicates services are completed: Provider completes, signs and returns **Form D**.
3. Approval to release payment for completed services: Buckeye Care Manager/Waiver Service Coordinator will coordinate with the Member/POA to sign **Form D** indicating satisfaction with completed work.

BHP Home Mod Form D



BHP Home Mod Form D v. 02152016

4349 Easton Way Suite 200
Columbus, OH 43219
Toll Free: 866-246-4356
Fax: 855-294-0604 Attn. M. Gloriosa

Member Acknowledgement of Completed Work
For a Home Modification

Member's Name: _____

The following home modification has been completed:

_____

1) The Home modification may need ongoing routine care and maintenance to remain in proper working order. Routine care and maintenance of this item is not covered by the Waiver Program. Costs of routine care and maintenance are the responsibility of the member.

2) Describe routine Care and Maintenance needed:

3) Buckeye Health Plan is not responsible for moving or removing this home modification from the property. Property shall remain in modified state.

I have completed the work as ordered and discussed routine care and maintenance with consumer.

Print Provider Business and Contact Name: _____

Sign Provider Contact Name: _____

Service Date: _____

I acknowledge that the provider has completed the work as ordered, Routine Care and Maintence has been discussed with me, and Property shall remain in modified state.

Member and/or POA: _____

Date: _____

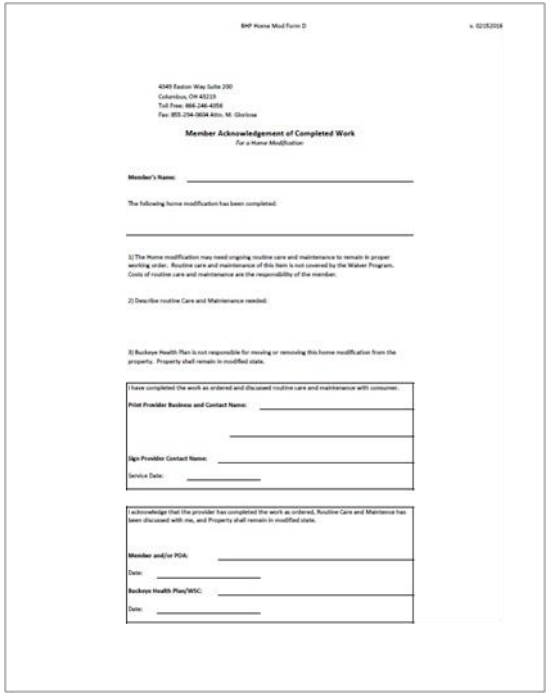
Buckeye Health Plan/WSC: _____

Date: _____

Form D is the **Member Acknowledgement of Completed Work** - the Final Release Process . . .

4. Member's **Service Plan will be updated** to include the Home or Vehicle Modification service description, provider name and amount.
5. Authorization **confirmation will be sent** to the provider.
    - This final process will take 7-14 days.
    - Provider can Submit a Claim for payment once the Authorization confirmation is received.

BHP Home Mod Form D



BHP Home Mod Form D v. 02052016

4349 Easton Way Suite 200
Columbus, OH 43219
Toll Free: 866-246-4356
Fax: 855-294-0604 Attn: M. Gholston

Member Acknowledgement of Completed Work
For a Home Modification

1 **Member's Name:** _____

The following home modification has been completed:

_____

2 1) The Home modification may need ongoing routine care and maintenance to remain in proper working order. Routine care and maintenance of this item is not covered by the Waiver Program. Costs of routine care and maintenance are the responsibility of the member.

2) Describe routine Care and Maintenance needed:

3 3) Buckeye Health Plan is not responsible for moving or removing this home modification from the property. Property shall remain in modified state.

4 I have completed the work as ordered and discussed routine care and maintenance with consumer.

Print Provider Business and Contact Name: _____

_____

Sign Provider Contact Name: _____

Service Date: _____

I acknowledge that the provider has completed the work as ordered, Routine Care and Maintenance has been discussed with me, and Property shall remain in modified state.

Member and/or POA: _____

Date: _____

Buckeye Health Plan/WSC: _____

Date: _____

Helpful Hints for Successful Completion of **Form D:**

1. Member's full name
2. Description of work completed (reference Form A for accuracy)
3. Describe Routine Care and Maintenance needed. Attach owners manuals, warranty, instructions. This area should not be blank. Write "N/A" is this is the case.
4. Provider information, signature and Service Date, which is completion date.

Return completed form to BHP_HomeMods@centene.com and member's signatures will be coordinated separately.

Submit a Claim

- Login into the Provider Portal at https://www.buckeyehealthplan.com/providers.html
- Refer to the **HCBS Quick Billing Guide** training module for step-by- step instructions

Specific to **Home and Vehicle Modification** claims submissions:

- Diagnosis code: **R6889**
- Place of Service*: **Home**
- Procedure code: **S5165 or T2029 (reference Form A)**
- Modifiers: **enter nothing here**
- Dates of Service: **completion date - last day of work in both date fields**
- Units/Minutes/Days*: **always enter “1”**
- Attachments: **(optional) Form A and Form D**

Provider FAQs

- **Are bid requests from the Area Agency on Aging valid?**
  No. All valid Buckeye MyCare bid requests come from BHP_homemods@centene.com.
  Do not use Form A or respond to requests from other entities.

- **Will I receive more bid requests due to this process change?**
  Yes. Automated requests will be sent to all providers in the member's MyCare region.
  You may respond to those you're interested in and notify us if you choose not to bid.

- **How can I increase the chances of my bid being selected?**
  - Submit a complete bid by the deadline.
  - Address the member's needs as outlined.
  - Include ADA compliance details where applicable (or explain why this cannot be achieved).

- **What if the member wants changes while I'm at the home?**
  - Direct the member to their Care Manager.
  - Contact Buckeye immediately.
  - Do not begin any unapproved work—all changes must be approved in writing.

- **I completed the work. What's next?**
  - Return Form D with your signature and date of service.
  - Buckeye will obtain Care Manager sign-off.
  - An authorization number (needed to submit a claim) is issued only after the completed form is on file.

Contacts

For questions related to bids or in process jobs, please contact:

Buckeye Health Plan
Attn: Home Modification Specialist 4349 Easton Way Suite 120
Columbus, Ohio 43219
866-246-4356 x 63508
BHP_HomeMods@centene.com

For questions related to claims or billing, please contact:
Provider Services at 1-866-296-8731

Still Have Questions?

Contact your Provider Engagement Account Manager for additional support.

Thank you for supporting members to live safely at home.

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Next Generation MyCare