



## HCBS Provider Training MyCare Ohio

*Home Modification and Vehicle  
Modification*

---

# MyCare Ohio: Medicaid Expansion



## Buckeye Service Areas

- NE – Northeast
- NW – Northwest
- WC – West Central

For a complete overview of MyCare Ohio go to the Ohio Department of Medicaid website:

<http://medicaid.ohio.gov/FOROHIOANS/Programs/ManagedCare/MyCareOhio.aspx>

# MyCare Ohio



- The MyCare demonstration launched more than 2 years ago.
- The initial 3 year program was extended to 5 years.
- The Medicare-Medicaid “Dual Eligible” patient population is being closely watched and compared.
- So far the outcomes for MyCare are pointing to improvements in chronic conditions such as diabetes and hypertension.
- These reported successes demonstrate what can happen when providers offer services in their homes and communities.
- Home and Community-Based Providers are helping Buckeye achieve our mission and goal:

*To transform the health of our community,*

*One person at a time.*

# Home Modification and Vehicle Modification

## Provider Training Summary:

- Creating the New Bid Request
- Distribution of the Bid Request
- Bid Request Deadlines
- Bid Award Notification
- Authorization Process
- Work Completion Requirement
- Claim Submission and Payment

# Home Modification Process Overview



## Creating the 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*.

# Home Modification Process Overview

## Distribution of the Bid Request

- Each bid request will be sent to all Home Modification providers in the members' 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](mailto:BHP_HomeMods@centene.com) with questions and for clarification.

# Standard Bid Record (Form A)

SNP Home Mod Form A      02132016

**buckeye health plan**      4949 Easton Way Suite 200  
 Columbus, OH 43228  
 1-866-296-6733

**Standard Bid Record (Form A)**  
 For Home Modifications

Request ID:	
Submission Deadline:	

<b>Home Modifications Contact Information</b>	
Name:	Home Modification Manager
Phone:	614-296-6354 x24754
Fax:	614-296-0604
Email:	smr_homehub@bcpl.com

<b>Member Information</b>	
Name:	
Address:	
Phone:	
County:	DOB:
Medicaid #:	

<b>Waiver Service Coordinator</b>	
Name:	
Phone:	Region:
Procedure Code:	55165
Diagnosis Code:	R6889

**Requested Service:**  
 (see 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:		Completion Date:	
Person:		*If recorded the project will be completed within this time.	
Email:			
Trac 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
- Member Information
- Deadline
- Procedure Code
- Contact Info
- Diagnosis Code
- List all bid detail that meets the list of Requested Services

Provider to complete this section:

- Project Information
- Provider Contact Info

<http://codes.ohio.gov/oac/>

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.



# Home Modification Process Overview

## Bid Request Deadline and Bid Award Notification

- 🍃 Bid requests will be accepted up to 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**
- 🍃 All providers that submitted a Form A, but were not chosen, will receive notification by email.
- 🍃 Bid requests, approvals, and general communication will be sent to providers via the centralized email: [BHP\\_HomeMods@centene.com](mailto: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. 02/15/2016

4349 Easton Way Suite 200  
Columbus, OH 43213  
Toll Free: 866-246-4356  
Fax: 614-294-2604 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 Maintenance 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.

# Helpful Hints: Form D

BHP Home Mod Form D v. 02152016

4349 Easton Way Suite 200  
Columbus, OH 43219  
Toll Free: 866-246-4356  
Fax: 655-294-0604 Attn: M. Gloriosa

**Member Acknowledgement of Completed Work**  
For a Home Modification

1) Member's Name: \_\_\_\_\_

2) The following home modification has been completed:  
\_\_\_\_\_  
\_\_\_\_\_

3) 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.

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" if this is the case.
- 4) Provider information, signature and Service Date, which is completion date.

Return completed form to [BHP\\_HomeMods@centene.com](mailto:BHP_HomeMods@centene.com) and member's signatures will be coordinated separately

# Submit a Claim

- Login into the Provider Portal at <https://provider.buckeyehealthplan.com>
- 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**

# FAQs



**I have outstanding bid requests from Area Agency on Aging. Are those still valid?** Yes, please bid on those jobs as you normally would. However, please send completed bids directly to Buckeye at [BHP\\_HomeMods@centene.com](mailto:BHP_HomeMods@centene.com)

**The deadline on the request is approaching and I haven't submitted my bid yet, will it be accepted?** To ensure consideration, please contact Buckeye if circumstances will cause bid to be delayed.

**Will I get more bid requests as a result of this process change?**

Yes, it is likely you will receive more bid requests. Each request will be sent (via an automated process) to all providers within member's MyCare region. Please bid on those to which you are interested, and if possible, let us know if you will not bid.

# FAQs



## **How can I improve the chances of my bid being selected?**

Please submit a complete bid that meets member's need as indicated by the request form on or before the deadline date. Where applicable, ADA compliance must be addressed (or a detailed description of why this cannot be achieved).

**While at the home to bid (or while completing the approved work), member indicated they want something different than the bid states. What should I do?** Please contact Buckeye immediately. Bids that do not match the request will not be considered. Changes in work scope and/or cost **MUST** be approved in writing by Buckeye prior to commencing work or they will not be considered.

# FAQs



**I finished the work as ordered. What do I do next?** Please return Form D (sent with approval documentation) with provider signature and date of service to Buckeye. Upon receipt, member's Care Manager will review the work and sign off on the form. Fully completed form must be on file before an authorization number will be released. An authorization number is required to submit a claim successfully.



# Contacts



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

Buckeye Health Plan

Attn: Home Modification Manager

4349 Easton Way Suite 200

Columbus, Ohio 43219

866-246-4356 x24754

[BHP\\_HomeMods@centene.com](mailto:BHP_HomeMods@centene.com)

For questions related to claims or billing, please contact:

MyCare Concierge Team at 1-866-296-8731

# Additional Questions?



Please contact your regional HCBS Provider Network Specialist:

## **Northeast Region (Cuyahoga, Geauga, Lake, Lorain and Medina counties)**

Anne Marie Hillton ♦ 866.246.4356 x24367 ♦ [ahillton@centene.com](mailto:ahillton@centene.com)

## **Northwest Region (Fulton, Lucas, Ottawa and Wood counties)**

Laura Anaple ♦ 866.246.4356 x24816 ♦ [lanaple@centene.com](mailto:lanaple@centene.com)

## **West Central Region (Clark, Greene and Montgomery counties)**

Derek Goode ♦ 866.246.4356 x24162 ♦ [dgoode@centene.com](mailto:dgoode@centene.com)



# Thank You!