



# About THE OMR PROGRAM

The **Off-island Medicaid Referral Program** offers medical insurance coverage for eligible patient referrals that receive prior authorization from the Medicaid Office. The eligible patient beneficiaries are referred to New Zealand whereas the eligible patients with Medicare insurance are referred to Hawaii through our authorized Medicaid Provider network.

There are two types of patient referrals: Emergency and Non-Emergency patient referrals. Both types of patient referrals are determined by LBJ referring physicians. Patient referrals are subject to stringent screening requirements by the Medicaid Clinical Medical Officer (CMO) and benefits team for eligibility.

An "Emergency" patient referral is defined as an immediate, catastrophic injury caused by an accident putting a patient at immediate risk of loss of life, vision or limb. All other patient referrals are considered "Non-Emergency".

## WHAT ARE THE ELIGIBILITY REQUIREMENTS

FOR THE MEDICAID OMR PROGRAM OF  
NON-URGENT PATIENT REFERRALS?

- US Nationals
- US Citizens
- Lawfully present Non-US Nationals/Citizens under 21.
- Must be currently and legally residing in American Samoa.

### Documents required for proof of eligibility:

- Must have a US passport accepted by Medicaid and valid for 12 months, except for MedEvac cases. Certificate of Identity (CI) is not allowed.

\*And any other documents required from Medicaid.

# What is the

# OFF-ISLAND MEDICAID REFERRAL (OMR) PROGRAM?

## WHAT IS THE PROCESS FOR MEDICAID OFF-ISLAND MEDICAL REFERRAL (OMR)?

**1** LBJ Physician requests referral to LBJ OMR committee for the patient's approval. If approved, the LBJ referral office prepares all medical summary and submits to Medicaid.

**2** Medicaid reviews for eligibility and processes the referral based on whether it is an Emergency or Non-Emergency referral. If approved, Medicaid seeks acceptance off-island from its Medicaid network.

**3** If accepted by an Off-Island Medicaid Provider, Medicaid notifies LBJ and the patient of acceptance status and issues a Guarantee of Payment for the patient's scope of coverage.

**4** Medicaid coordinates patient transfer logistics with LBJ, all other necessary local agencies and off-island providers.

**5** Upon completion of the patient referral, patient returns and reports back to LBJ referring physician for referral closure and to the Medicaid Office for exit survey.

### IF DENIED

Medicaid must revert referral to LBJ and Medicaid notifies patient of denied status.

### WHAT ARE THE REASONS FOR DENIAL?

- The patient does not meet Medicaid eligibility requirements.
- Unavailability of OMR Providers.
- Denied by the Medical Provider



### WHAT IS COVERED UNDER THE MEDICAID OMR PROGRAM?

- **100%** medical care coverage for patient's initial referral reason
- **100%** coverage for patient's necessary air and ground transportation
- **100%** accommodation coverage for patient with strict limitations
- **100%** coverage for minor patient escorts (17 years and under)
- Partial coverage of visas and travel costs for Adult patient escorts (21 years and older)

### WHAT ARE THE REQUIREMENTS FOR ESCORT ELIGIBILITY?

- Must be medically necessary.
- Must be US National or US Citizen
- Must have a passport valid for at least one year (no CIs will be accepted except for MedEvacs)
- Physically fit/healthy/able to care for patient/mobile & able to lift patient.
- Age eligibility: 21 - 65 years old (subject to the coordinator's screening)
- Must be fluent in English
- Escorts must undergo medical screening (e.g. A1C < 9, no heart condition, is not on dialysis, etc.)

\*And any other documents required from Medicaid.



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