



Rhode Island Medicaid Program

PROVIDER *update*

Volume 317

June 2019

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to
Extend Home Care
Prior Authorizations**

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In addition to the
Provider Update, you will also
receive any updates that relate to
the services you provide.



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**Info About
Upcoming
Provider
Revalidation**



For quick access to an article, click on the title.

**RI Medicaid
Customer Service
Help Desk for
Providers**

Available Monday—Friday
8:00 AM-5:00 PM
(401) 784-8100
for local and
long distance calls
(800) 964-6211
for in-state toll calls



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Info Regarding Remittance Advice

Just a reminder.....

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent four RA documents are available for download.

Providers must download and save or print these documents in a timely manner to ensure access to the information needed. When a new RA becomes available, the oldest document is removed, and providers are unable to access it. The Payment and Processing calendar lists the dates of the RA for your convenience.



RI Medicaid does not provide printed copies of RA documents.
Please see the financial schedule [here](#).

Process to Request Nursing Home Level of Care (LOC)

LOC packets must be sent to DHS along with the Medical Assistance application to the LTSS UNIT, P.O. Box 8709, Cranston, RI 02920. The information will be scanned into the eligibility system, RI Bridges, and will generate a “task” to the Office of Medical Review (OMR) RN to conduct a LOC review. If additional information is needed, the OMR RN will request that information from the nursing facility. Only then should information be sent directly to the OMR (via fax - (401) 462-3496). Sending documents to the OMR (unless specifically requested), as opposed to the LTSS Unit PO Box, may cause delays in the application process and will be returned to the facility.

The Nursing Home Level of Care medical packet consists of the following:

- GW-OMR-PM I - Provider Medical Statement
- AP-70.I - RI DHS Social Worker’s Evaluation for Care in a Nursing or Intermediate Care Facility
- MA/PAS-I – RI DHS Level I Identification for MI and DD, ID Screen
- Any other information to support a level of care.

Please remember to sign and date forms and include any attachments referenced. Please note that ICD codes cannot be substituted for diagnosis on provider medicals.

PASRR - Level I Screen

It is mandatory for a nursing facility that receives federal dollars, regardless of a patient’s insurance, to conduct a Level I PASRR screening either before or on the day of admission. This document must be signed and dated. Please review the ID Screen to ensure that all information is accurate.

Please note that if a PASRR has not been submitted, the nursing facility will not be eligible for payment (due to PASRR Non-Compliance) and cannot bill the client or their family for those dates of service. In those instances, please contact BHDDH for a Resident Review. Payment will be allowed from the date the Resident Review is scheduled. If the ID screen indicates a 30-day exemption, and the client’s stay is over 30 days, a Resident Review will be required and should be requested directly from BHDDH.

ATTENTION DME PROVIDERS:

As of 6/1/19 there is a revised Certificate of Medical Necessity (CMN) for General DME items and instructions for completing the form. Both can be found on the www.eohhs.ri.gov website under [Forms and Applications](#). Please note that the CMN is valid for 12 months from the date of issue.

After 12 months from the date of issue, a new CMN is required.



Updates for other item specific CMNs will be forthcoming. Please continue to check your Provider Update each month.

Additionally, effective 6/1/19, there are new guidelines for Proof of Delivery located in the [DME Provider Manual](#) which include items that are delivered directly by a provider or via a shipping service.

Attention RI Medicaid Home Care Providers:

There will be an automated process to extend home care prior authorizations (PAs) for those members with existing PAs and have current eligibility in one of the following waivers:

- Core Community Services
- Preventative Services
- Habilitation Community Services
- DEA Waiver

Prior Authorizations for both DEA and DHS cases that are scheduled to end in thirty (30) days will be automatically extended for twelve (12) months from the end date of the member's most current PA.

Prior Authorizations will not be automatically extended if a member has experienced a change in eligibility from one waiver to another after the PA was initially added. For example, if the member had an active Preventive Services waiver at the time the initial PA was added, and then the member's waiver eligibility was changed to Core Community Services between the time the PA was entered and the time it is due to expire. Because this is a different waiver than what it was when the PA was initially added, this PA will not be auto-extended.

Prior Authorizations for members who have been enrolled into Nursing Homes, Shared Living Facilities, Assisted Living and Managed Care (Rite Care/Integrity/Pace) will not be auto-extended. Recipients who are now deceased will have their existing PAs end-dated to the member's date of death minus 1 day.

Attending Provider Requirement

Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health

The Rhode Island Medicaid program would like to remind providers that the Attending Provider field on claims is a required field. Any attending provider listed on a claim must be enrolled/registered with RI Medicaid.

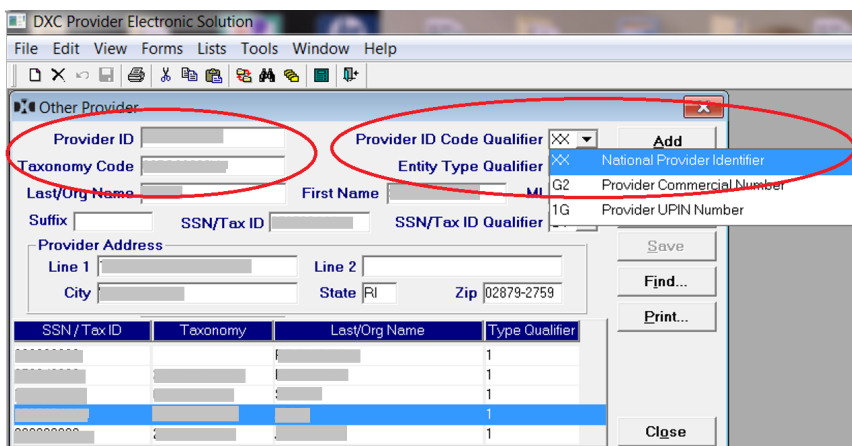
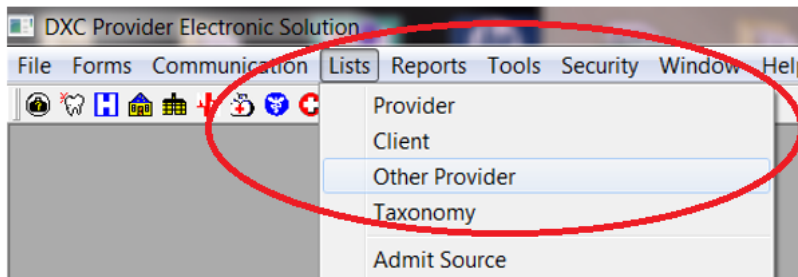
Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health providers are required to submit with an attending provider on all claims.

RI Medicaid has begun editing claims for attending provider information as of December 1, 2018.

On/after this date, claims submitted without an attending provider or with a provider not enrolled/registered with RI Medicaid will deny.

Manual (paper) claims and claims submitted using the Provider Electronic Solutions software (PES) are required to have the provider NPI and taxonomy. In PES, the Attending Provider information is entered under "Lists > Other Provider" (see figure on right).

Please be sure to select the correct "Provider ID Code Qualifier" of "XX" (note: using any other code qualifier will cause your claim to deny). Please also be sure to enter the correct NPI number in the Provider ID box in addition to the correct Taxonomy Code (see figure below).



Complete claim form instructions for placement of the attending provider information can be found [here](#) on the EOHHS website. Attending provider loop and segment information for non-PES X12 transactions can be found [here](#) under "Claim Forms and Instructions."

If you have questions, please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211.

Electronic Data Interchange (EDI) Update



ATTENTION TRADING PARTNERS:

There is a plan to update our current Sybase Translator to the OXi SaaS translator in the later half of 2019. The teams working on this project expect a seamless transition for providers. No action is required on your part at this time but stay tuned for future updates.

ATTENTION CLEARINGHOUSES:

Future code modifications will impact automated script users. We require users who submit claims automatically to please email riediservices@dxc.com and identify yourselves as automated script users. These users will then be contacted for testing purposes at a later date. Please note that automated script users who fail to identify themselves as such may experience errors after the OXi SaaS transition occurs.

ATTENTION PROVIDER ELECTRONIC SOLUTION (PES) USERS:

All users should be using PES 2.10. See upgrade instructions [here](#).

NEW: Naloxone Rx Policy

Effective **1/28/2019**, providers can dispense naloxone injection or inhaler from a physician's office without the need for the recipient to go to the pharmacy to pick up the drug. The prescribing/dispensing physician will submit the claim for the ingredient cost of the drug including the NDC.

In order to receive reimbursement, providers will bill using J2310 (Injection, naloxone HCl, per 1mg) along with the appropriate package NDC. For additional guidance on J Code/NDC billing please refer to [Medicaid's CMS 1500 instructions](#) on the EOHHS website.

Note: Evisio™ is not covered.



Pharmacy Claim Edit for Unit of Use/Package Size

This edit has been activated in Production effective May 1, 2019. It has been fully validated to be working as intended.

EOHHS introduced in May a Pharmacy Claim Edit for Unit of Use/Package Size to ensure pharmacy providers are billing pharmacy claims with an accurate metric quantity based on the unit of use package size. The edit impacts Medicaid Fee For Service, ADAP and RIPAE. If a point of service (POS) pharmacy claim is submitted with metric units that are not an exact match or multiple of the NDC's package size, the claim will deny with the following message "**Units billed for NDC do not conform to package size**". Examples of products are single units of use such as inhalers, eye drops and single use packaged items.

Examples:

- PremPro, The package unit size is 1 and contains 28 tablets. If a pharmacy billed for 30 units, the claim would deny. The claim should be submitted with a metric quantity of 28.
- ProAir HFA, The metric package unit size is an 8.50 gram inhaler. If a pharmacy dispensed two inhalers and billed 18 grams, the claim would deny. The claim for two inhalers should be billed as 17 grams.

If you have questions, please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211.

FYI:

The application fee
to enroll as a Medicaid provider is \$586.00
as of January 1, 2019.

*See more information regarding providers
who may be subject to application fees [here](#).*



Sandata Mobile Visit Verification (MVV) App for Android

Sandata is pleased to announce version 4.6.7 of the Sandata Mobile Visit Verification (MVV) app for Android.

App Update Availability

The Sandata MVV App update was submitted to the Google Play Store on Tuesday, April 23, 2019. The app update should now be available.

It is recommended that your field staff update the app before their next client visit. For providers whose devices stay in the clients' homes, any pertinent updates will automatically be sent to the devices. The update should take less than ten minutes.

REMINDER: In order to receive automatic updates, devices that remain in a client's home must stay powered up and turned on at all times. Field staff cannot use the device to log in and out of a visit if it does not receive the update.

If you have any questions, please contact Customer Care at (855)781-2079 or via email at RICustomerCare@sandata.com.

Reminder Re: Interpreter Services

Effective August 1, 2016, the Rhode Island Medicaid Program established a process that will allow health care providers to submit claims for interpreter services provided to Medicaid fee for service beneficiaries receiving medically necessary services.



Click here to view:

[Billing Guidelines for Interpreter Services](#)

For assistance in submitting claims, please contact our Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for instate toll calls and bordering communities.

Pharmacy Spotlight

Meeting Schedule:

Pharmacy and Therapeutics Committee Drug Utilization Review Board



The next meeting of the Pharmacy & Therapeutics Committee (P&T) is scheduled for:

Date: June 4, 2019
Registration: 7:30 AM
Meeting: 8:00 AM
Location: DXC Technology
 301 Metro Center Blvd.,
 Suite 203
 Warwick, RI 02886
[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

Date: June 4, 2019
Meeting: 10:30 AM
Location: DXC Technology
 301 Metro Center Blvd.,
 Suite 203
 Warwick, RI 02886
[Click here for agenda](#)

2019 Meeting Dates:

April 9, 2019
 June 4, 2019
 September 10, 2019
 December 17, 2019

The following drugs will change status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective May 2019:

<p><u>Acne Agents, Topical</u></p> <p>clindamycin phosphate med. swab will change status to preferred clindamycin/benzoyl peroxide (Benzaclin) w/pump will change status to non-preferred</p>	<p><u>Antihyperuricemics</u></p> <p>Mitigare will change status to preferred</p>
<p><u>Hypoglycemics, Insulin and Related Agents</u></p> <p>Novolog mix vial will change status to preferred</p>	<p><u>Hypoglycemics, Sulfonylureas</u></p> <p>Glyburide will change status to non-preferred Glyburide micronized will change status to non-preferred</p>
<p><u>Multiple Sclerosis Agents</u></p> <p>Tecfidera will change status to preferred Gilenya will change status to non-preferred</p>	<p><u>Proton Pump Inhibitors</u></p> <p>Protonix suspension will change status to non-preferred</p>
<p><u>Steroids, Topical High</u></p> <p>fluocinonide cream will change status to non-preferred</p>	

To view the entire Preferred Drug List please check the Rhode Island EOHHS Website at:
<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx>

Transforming Clinical Practice Initiative (TCPI) Spotlight:

Exemplary Practices Tell Their Stories

RIQI has been working with more than 1,500 clinicians (specialists and primary care) for the past four years as part of the Transforming Clinical Practice Initiative (TCPI). Our TCPI work has given the opportunity for clinicians to improve patient health outcomes and quality of care while preparing for success under alternative payment models, such as accountable care organizations (ACOs) that tie reimbursement to value and not volume.

In an effort to highlight the significant work and success of these clinicians and their respective practices, we have partnered with some of our “Exemplary Practices” to tell their stories to the community – payers and patients alike. Please take a look at these great stories about patient and family engagement, innovations and improvement in patient care.

We will add more stories in the coming weeks:

[Asthma and Allergy Physicians of Rhode Island](#)

[Comprehensive Community Action Program](#)

[Diabetes Care Solutions](#)

[Elite Physical Therapy](#)

[Hypertension and Nephrology, Inc.](#)

[New England Pulmonary Medicine](#)

[North Kingstown Family Practice](#)

[Open MRI and Advanced Radiology](#)

[University Surgical Associates](#)



Provider Revalidation is Around the Corner!

What's Changed?

Have you moved, engaged a new billing service or had another change in the information on file with RI Medicaid? We want to know!

To report a change of pay to, mail to or service location address please complete the Provider Change of Information Form found [here](#) on the EOHHS website and submit per the instructions at the bottom of the form.

This same form may also be used to report a change in ownership, changes to certifications, notification of adverse action to license and notice of bankruptcy filing.

With the first wave of provider revalidation happening this fall, it's crucial that RI Medicaid have the most current information on file for providers.

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 for instate toll calls.

Dental Benefits with a Medicare Advantage Plan

Most Medicare replacement policies, AKA Medicare Advantage Plans (MAP) are now offering coverage of dental services at various levels.

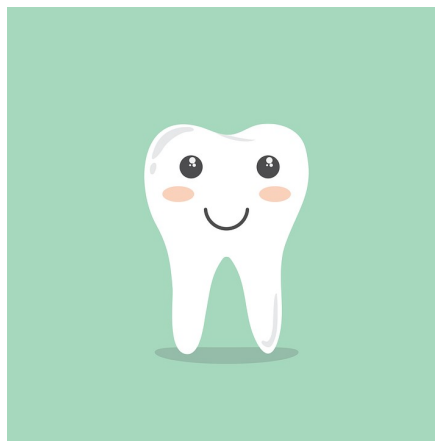
When checking Medicaid eligibility for a patient, the provider should also be checking for enrollment with a MAP. If the patient is enrolled with a MAP, the provider should verify dental coverage with the plan.

Medicaid is required to be the payer of last resort. If a recipient has dental coverage through one of the MAP's, or any other carrier that plan is considered primary and must be billed prior to submitting to Medicaid. The provider should contact the plan directly for enrollment information.



Rhode Island Medicaid Third Party Liability policy can be found beginning on page 7 of the General Guidelines Manual located [here](#) on the EOHHS website.

If you have questions please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211. You may also contact Sandra Bates, Provider Representative at sandra.bates@dxc.com or 401-784-8022.



2019 New Dental Codes:

New dental codes are effective for dates of service of or after January 1, 2019

- ◆ D1516 Space maintainer -fixed - bilateral, maxillary
- ◆ D1517 Space maintainer - fixed - bilateral, mandibular
- ◆ D1526 Space maintainer – removable – bilateral, maxillary
- ◆ D1527 Space maintainer – removable – bilateral, mandibular
- ◆ D9944 – Occlusal guard – hard appliance, full arch
- ◆ D9945 – Occlusal guard – soft appliance, full arch
- ◆ D9946 – Occlusal guard – hard appliance, partial arch

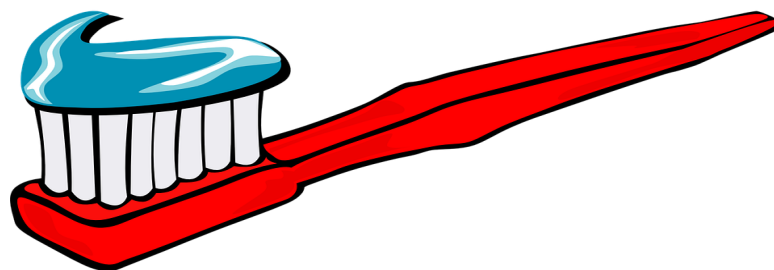
2018 Deleted Dental Codes:

Claims for these codes with dates of service of or after January 1, 2018 will not process.

- ◆ D9940 - Occlusal guard, by report
- ◆ D1515 – Space maintainer – fixed – bilateral
- ◆ D1525 – Space maintainer – removable - bilateral

The [Dental Provider Reference Manual](#) located on the EOHHS website will be updated to reflect these changes. Please see the manual for restrictions and additional guidelines.

If you have questions please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211. You may also contact Sandra Bates, Provider Representative at 401-784-8022 or sandra.bates@dxc.com



Skilled Home Care Rate Increases

EOHHS has implemented 2 rate increases for skilled home health care services. One increase is for dates of service 7/1/18 through 9/30/18 and an additional rate increase for dates of service 10/1/18 ongoing. Please begin billing at the new rates immediately.

Description	Procedure Code	Modifier	7/1/18	10/1/18
Home Health Aide	G0156		\$5.72	\$6.90
RN, PT, OT and ST per visit	X0043		\$80.62	\$104.80

The mass adjustment was completed and is reflected on remittance advice dated 3/15/2019.

Hospice Rate Increases

EOHHS is implementing a rate increase for hospice services. Please see the below hospice rate increases that are effective for dates of service 7/1/18 ongoing.

There are 2 rate increases for procedure code G0299. The rate for G0299 for dates of service 7/1/18 through 9/30/18 is \$12.22 and then an additional increase to \$13.00 per unit which is effective as of 10/1/18.

Please begin billing with these rates in order to be reimbursed at the higher rates.

The mass adjustment was completed and is reflected on remittance advice dated 3/29/2019.

Description	Procedure Code	Effective Date	
		7/1/18	10/1/18
Home care by clinical social worker in home health or hospice setting - Continuous Care	G0155	\$12.22	
Direct Skilled Nursing services of a registered nurse in the home health or hospice setting - continuous care	G0299	\$12.22	\$13.00
Routine Home Care: 1 - 60 days	T2042	\$231.64	
Routine Home Care: >60 days	T2042	\$181.93	
Continuous Home Care Per Hour	T2043	\$48.84	
Inpatient Respite Per Day	T2044	\$218.24	
General Inpatient Care	T2045	\$892.26	
Hospice Long Term Care, Room and Board Only; Per Diem	T2046	114.0% of RUG	

Assisted Living Rate Increases

EOHHS has implemented a rate increase for all assisted living residents. This includes residents on RI Housing waiver, DEA waiver, and former Unity members now in fee of service. The rate is increasing from \$42.16 per day to \$69.00 per day effective 10/1/2018. Providers can begin to use the new rate immediately.

Previously processed claims that reimbursed at the old rate will be mass adjusted by DXC Technology. **This mass adjustment will occur during the 4/5/19 financial and be reported on your 4/12/19 Remittance Advice.**

However, there are some individual cases that may need to be adjusted outside of that window and through a manual adjustment process. If your facility is one effected by these cases you will receive additional communication.

Adult Day Care Rate Increases

EOHHS has implemented a rate increase for all adult day care recipients. This is for Medicaid recipients only.

Effective October 1, 2018, the rates were increased as follows:
Medicaid

- Basic half day/S5102 - \$29.00
- Basic full day/S5102 U2 - \$58.00
- Enhanced half day/S5102 U1 - \$39.00
- Enhanced full day/S5102 U1 U2 - \$78.00

Providers can begin to use the new rate immediately.

Previously processed claims that reimbursed at the old rate will be mass adjusted by DXC Technology in late April or early May.

Pediatric and Adult Home Care Rate Increases

EOHHS has instituted rate increases for home care services retro to 7/1/2018. Please begin billing with these rates in order to be reimbursed at the higher rates.

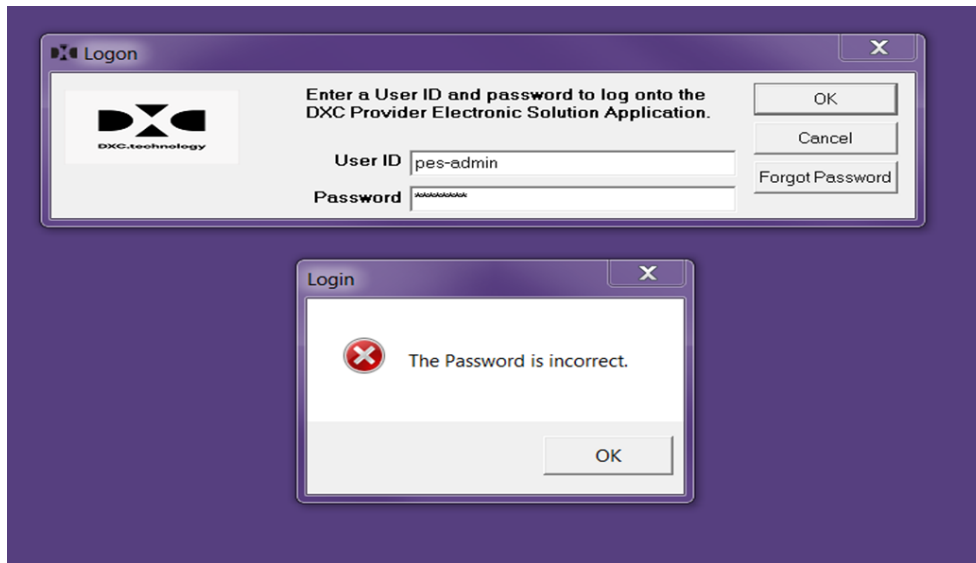
Pediatric rate increases were mass adjusted and reflected on remittance advice dated 3/15/2019.

Adult Home Care Services will be mass adjusted and they will be reflected on remittance advice dated 4/12/2019.

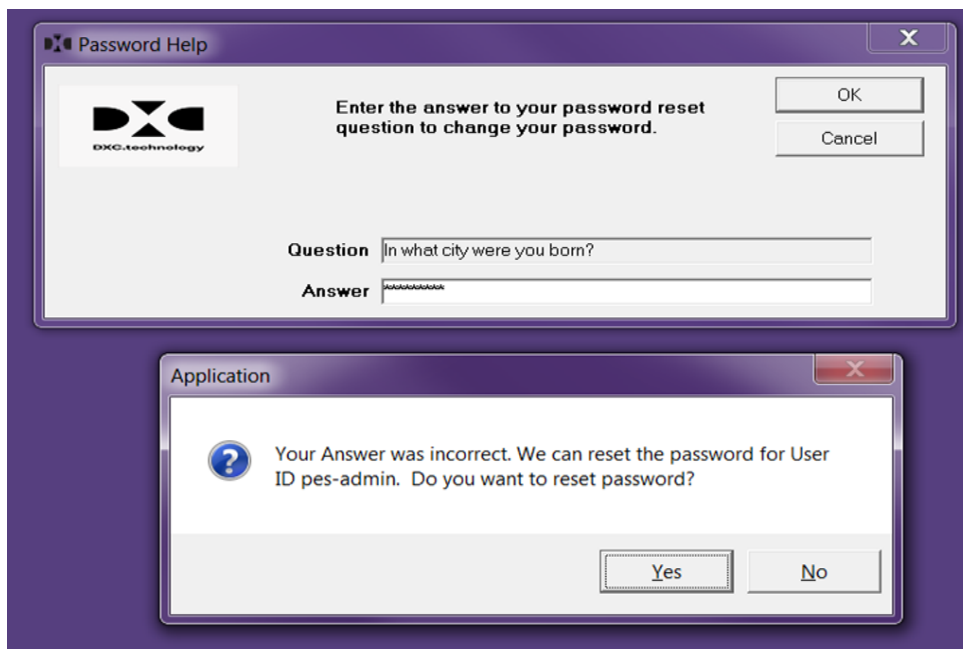
Provider Electronic Solutions Passwords Overview

In times, when you don't know the password to access the PES software, the Provider Rep Team can provide you with a temporary password. This is done when we use a reset password tool. This tool allows us to reset your password using a reset key. The reset key is created by you, once you have attempted to enter your known password too many times.

In the first picture below, you can see where the password was entered incorrectly.

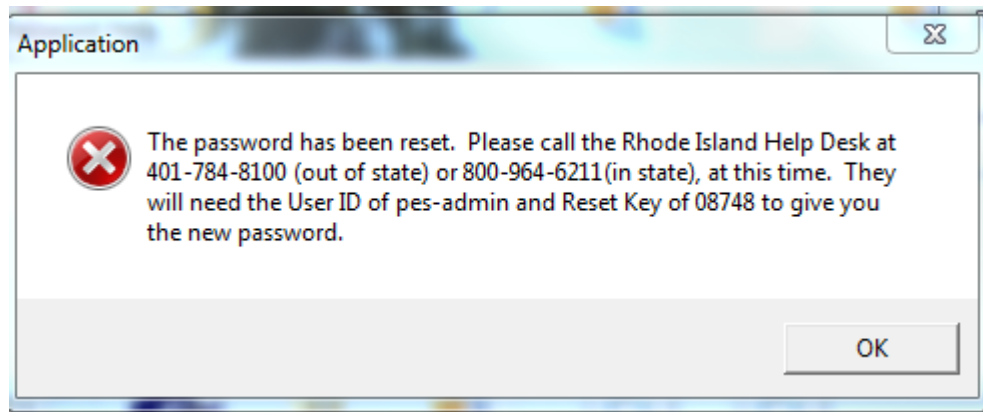


As a result of the incorrect password, you will get prompted with this second picture, which demonstrates entering the incorrect answer to the security question stored and saved in the PES software.



Both of the pictures on the previous page are a result of entering the incorrect password and answer when prompted in the software.

The third screenshot is what you'll receive after entering an invalid password and answering incorrectly to the security question. But, have selected **yes** to the question "Do you want to reset password"?



Once you receive the temporary password from the RI Medicaid Help Desk, you must enter it, as the old password and then change your password taking the followings steps:
Select Tools (along the top bar).

Select Change Password. After completing the steps above, the screen below appears.

They will need to enter the temporary password in the field "old password", enter the new password in the next field "new password". Select "OK".

A reminder - the password just created to access the software does not need to be in sync with the Health Care Portal. But, it does expire every 90 days.

The above password to access the software has nothing to do with the password that is stored and saved in the software shown below. However, the password below in the Web Password field does need to be in sync with the Health Care Portal password (screen shots below) for successful submissions; **this password will also expire every 90 days.**

The screenshot shows a software window titled "Options" with a close button (X) in the top right corner. It features several tabs: "Batch", "Web", "Modem", "Carrier", "Payer/Processor", and "Retention". The "Web" tab is selected. The form contains the following fields and controls:

- Trading Partner ID:** Text box containing "601000903".
- Web Logon:** Text box containing "601000903".
- Web Password:** Text box containing "*****".
- Entity Type Qualifier:** Dropdown menu with "2" selected.
- Last/Org Name:** Text box containing "DOLES BILLING".
- First Name:** Text box (empty).
- MI:** Check box (unchecked).
- Submitter Contact Information:** A sub-section containing:
 - Communication Numbers/Qualifiers:** A table with three rows:

1	4010000000	TE	▼
2			▼
3			▼
 - Contact Name:** Text box containing "MARGARET".

On the right side of the dialog, there are four buttons: "Help", "Print", "OK", and "Close".

Health Care Portal Screenshots

Site Key:



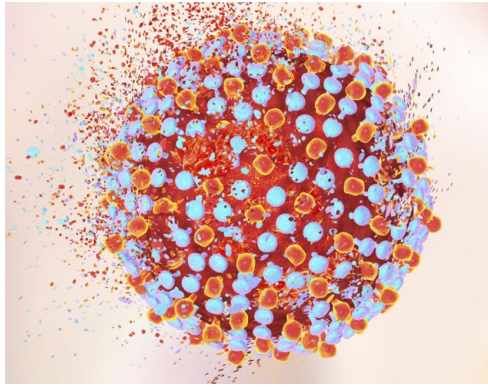
Passphrase baseball

***Password**

Sign In

[Forgot Password?](#)





RIDOH Launches Campaign Encouraging Hep C testing; Providers Urged to Review HCV Medication Guidance

The Rhode Island Department of Health (RIDOH) is launching a campaign encouraging Hepatitis C (HCV) testing for Baby Boomers (people born between 1945-1965). Baby Boomers are five times more likely to have Hepatitis C than other adults. Ads will appear on television, radio, social media, and newspapers during the months of May-July encouraging Rhode Islanders in this age group to get tested for HCV.

In addition to Baby Boomers, people for whom testing is extremely important include anyone who:

- Has HIV infection
- Was born to a woman with hepatitis C
- Currently injects drugs
- Has ever injected drugs, including anyone who injected drugs once or a few times many years ago
- Has a history of intranasal (through the nose, or snorting) drug use, including those who snorted only once many years ago. An example is snorting cocaine.
- Received clotting factor concentrates produced before 1987
- Has ever had long-term hemodialysis
- Has persistently elevated liver blood tests -- elevated alanine aminotransferase (ALT) levels
- Has been notified they received blood from a donor who later tested Positive for HCV infection; or
- Received a blood transfusion, blood components, or an organ transplant before July 1992.

Recent advances in medications that can cure HCV have made HCV elimination a viable goal for Rhode Island. In 2018, the state's Executive Office of Health and Human Services announced that Medicaid will cover HCV medication for all Rhode Island Medicaid beneficiaries living with the disease. Previously, only medication for Medicaid recipients in advanced stages of HCV were covered.

Providers are encouraged to review the guidance below related to Medicaid coverage for all stages of disease. These guidelines document eligible beneficiaries, who may prescribe covered medications and the information which must be submitted in order to obtain a coverage determination. Additions to the list of FDA approved medications will require individual review.

Detailed prescribing and drug warning information may be obtained at <http://www.fda.gov/Drugs/DrugSafety/ucm522932.htm>

Modifications to these guidelines will be issued as needed. Prior authorization is required.

General Approval Criteria:

Prescribers:

Patients with Stage 3 and Stage 4 disease must be managed by a provider on the Rhode Island Medicaid Hepatitis C Preferred Provider List who either assumes direct responsibility for care **or** who after consultation and establishing a treatment plan co-manages the patient with the primary care provider. Patients with documented Stage 0, 1 or 2 disease may be managed by the primary care physician, advanced practice nurse or physician assistant as described below.

Beneficiaries:

All patients with documented Chronic Hepatitis C Stages 0 through 4 are eligible for treatment.

Required Documentation:

The following must be included in the pre-authorization request:

Stage of disease and test used to determine disease stage.

Presence or absence of decompensated cirrhosis. Patients with decompensated liver disease must be referred to a physician with experience in managing such disease – ideally at a center with liver transplant capabilities.

Hepatitis C genotype, quantitative viral load and date of testing. Date of testing must be within 90 days of request.

History of prior Hepatitis C treatment if relevant.

Treatment plan which includes:

Medication name, dose and duration.

Agreement to submit post treatment viral load data if requested.

Approval:

Approval will be for a full course of treatment with medication being dispensed in 28-day increments. Evidence of non-compliance may result in cancellation of approved medication refills.

Approval will be valid for 56-84 days from date of approval.

Health plan Medical Directors will be responsible for monitoring in plan processes to insure compliance with this policy. Documentation must be provided to Rhode Island Medicaid upon request.

Any request for a non-FDA approved treatment will be denied.

Treatment recommendations as of July 1, 2018:

Preferred agents: Mavyret™ or Vosevi®.

Non-preferred agents: All other agents, with the exception of ribavirin;

Will be approved if a patient is completing a cycle of therapy which was initiated prior to current policy implementation, or

Requests for non-preferred medications will be reviewed on a case by case basis. The PA request must include supporting, detailed clinical documentation of need for an alternative, non-preferred agent.

Continuity of Treatment:

When transitioning between publicly funded delivery systems (e.g. between Fee for Service Medicaid and Managed Care Medicaid, between Managed Care Medicaid and Fee for Service Medicaid or between the Department of Corrections and the Medicaid program), Any authorization granted by the prior delivery system will be honored for the portion of the treatment that remains after the transition.