



Rhode Island Medicaid Program

# Provider Update

Volume 326

March 2020

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# Provider Update

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## Attention Clearing Houses, Billing Agencies, and Providers

### A Reminder on How to Manage your Covered Providers:

#### ERA Received by Clearinghouse/Vendors

Providers who have moved their business to a new clearinghouse/vendor will need to contact the original clearinghouse/vendor to be removed as a covered provider before the new enrollment can be completed. The provider must contact the existing clearinghouse/vendor and ask them to remove their association.

The original clearinghouse/vendor should log into the Healthcare Portal. Under the Covered Provider section of the Trading Partner Profile screen, access the details for a specific provider by either clicking Display Covered Providers, which will display all, or search for a specific provider using the Provider ID and ID Type.

Select the plus sign (+) next to the NPI of the specific provider. Uncheck the boxes for the 835 and 277 and select the save button.

Once this is completed, the new clearinghouse/vendor may complete the process to add the covered provider and select the 835/277 transactions. They will then complete the ERA enrollment form.

**Note:** To ensure continuous receipt of the 837/277U, the new billing entity must add the provider as a covered provider and complete the ERA enrollment form before the cut-off date of the financial cycle.

### Medicaid Guidelines for ADA Code D9410

#### D9410\* House call / Extended Care Facility Call

Includes nursing home visits, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate procedure codes for actual services performed.

*\*The D9410-House/Extended Care Facility Call procedure code must be billed with a reimbursable Medicaid service and cannot be billed alone.*

*Mobile services provided by fee-for-service providers to nursing home residents may only be reimbursed for one visit per day, per facility, per provider. Providers may not bill the D9410-House/Extended Care Facility Call for each recipient seen during a single nursing home visit even when a reimbursable Medicaid Service is being rendered to multiple recipients.*

*For each nursing home visit, please add the D9410 to ONE claim being billed for a reimbursable service. Mobile dental providers who bill fee-for-service cannot bill the D9410 for nursing home visits related to procedures whose payment is considered all-inclusive (i.e. impressions, try-in, adjustments, related to the fabrication of dentures.)*

# FYI:

The application fee to enroll as a Medicaid provider is \$595.00 as of January 1, 2020.

Checks can be made payable to the State of Rhode Island.



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

Providers can access the Healthcare Portal without going through the [EOHHS website](#) by going directly to this address:

<https://www.riproviderportal.org/HCP/Default.aspx?alias=www.riproviderportal.org/hcp/provider>



EOHHS has updated the Children’s “Prior Authorization Request for Durable Medical Equipment (DME)” form.

See here:

[http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/childrens\\_dme\\_form.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/childrens_dme_form.pdf)

*\*Please note that the updates were formatting changes only—none of the form’s original content has been changed.*

## Information Re: Electronic Data Interchange (EDI)



### ATTENTION TRADING PARTNERS:

Our former Sybase Translator was updated to the OXi SaaS translator on February 9, 2020. We expect a seamless transition for providers, and you should not notice any differences in your claim acknowledgement reports; Along with the new translator, we upgraded the current 277U transaction from 3070 to 5010 version 005010X228. Please find the new transaction in the RI Companion guide [here](#). If you require any assistance or have any questions, please email [riediservices@dxc.com](mailto:riediservices@dxc.com).

### ATTENTION PROVIDER ELECTRONIC SOLUTION (PES) USERS:

Beginning Sunday February 9, 2020, PES version 2.10 became obsolete and all claims must be submitted using the newest version of the software, PES version 2.11. If you require any assistance with upgrading to the newest version of PES, or if you have any additional questions, please email [riediservices@dxc.com](mailto:riediservices@dxc.com).

**Attention Nursing Home providers:** Please note that you must upgrade to PES version 2.11 before the next Nursing Home Financial which is Thursday March 5, 2020.

### ATTENTION CLEARINGHOUSES:

You were previously instructed to contact [riediservices@dxc.com](mailto:riediservices@dxc.com) and identify yourselves as automated script users. If you have not yet identified yourself as an automated script user or if you have not yet tested the new code, please contact [riediservices@dxc.com](mailto:riediservices@dxc.com) to do so. Automated script users must update the URLs in their scripts as is specified in the *Standard Companion Guide for the Web Interface* [here](#). Please note that automated script users who fail to identify themselves or test the new code will be unable to submit any X12 transactions.

Please note that clearinghouses and vendors using an automated script to access the upload/download function on the Healthcare Portal must ensure that they are using the correct password. Five (5) attempts made with invalid passwords will result in a 24-hour lockout and a corresponding error message.



# Physical Therapy Services

RI Medicaid now enrolls physical therapists as their own provider type.

Groups currently enrolling physical therapists as Rite Share providers may request to be terminated and then reenroll as physical therapists. Providers' effective dates will begin on the first of the month in which their completed, accurate applications are received.

Physical therapists will be eligible to bill for the following procedure codes:

- 97010
- 97012
- 97014
- 97016
- 97018
- 97022
- 97024
- 97026
- 97028
- 97032
- 97033
- 97034
- 97035
- 97036
- 97110
- 97112
- 97113
- 97116
- 97124
- 97140
- 97161
- 97162
- 97163
- 97164
- 97530

Please email [riproviderservices@dxc.com](mailto:riproviderservices@dxc.com) with questions.

## Claims Processing and Payment Schedule

See information regarding when claims are due and when EFT payments will be made from July 2019 to July 2020.

[Click here to view 2020 Financial Calendar!](#)



### Information Re: PASRR for Nursing Home & Hospice

In order for nursing home claims and hospice room and board claims to pay, a Pre-Admission Screening and Resident Review (PASRR) must be completed.

This is an evaluation process that is mandated by the Nursing Home Reform Act under the Omnibus Budget Reconciliation Act of 1987. A Level I PASRR is required for all applicants to Medicaid certified nursing facilities, regardless of the payor. A Level II Evaluation and Determination must be completed prior to admission if a serious mental illness and/or intellectual disability or related condition is identified through the Level I screening. This requirement excludes Eleanor Slater Hospital, The Tavares Pediatric Center and RICLASS facilities.

In late June 2019, RI Bridges began sending an indicator of “Y” (for yes) to indicate that this screening has been completed or “N” (for no) to indicate the screening has not been completed. This indicator is viewable on the eligibility page on the Health Care Portal. If the PASRR is set to “N” for the dates of service being submitted on the claim, the claim will go into suspense and be denied if the PASRR is not updated to a Y for the dates of service on the claim.

DXC is working with EOHHS to add the PASSR indicator of Y to all previously approved recipients. Claims processing began to utilize this indicator for all claims submitted after June 24, 2019.

*The PASRR indicator is available for viewing in the Health Care Portal as of June 27, 2019.*



## 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:** April 7, 2020  
**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:** April 7, 2020  
**Meeting:** 10:30 AM  
**Location:** DXC Technology  
301 Metro Center Blvd.,  
Suite 203  
Warwick, RI 02886  
[Click here for agenda](#)

#### 2020 Meeting Dates:

April 7, 2020  
June 9, 2020  
September 15, 2020



View the  
Preferred Drug List  
on the Rhode Island  
EOHHS Website at:

[http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/  
ProviderDirectories/Pharmacy.aspx](http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx)

# Medicare ID Project

As part of changes related to the CMS New Medicare ID card project, some changes will be observed to the following MMIS reports.

Three TPL billing reports (the Inpatient, Outpatient, and Part B Professional Billing) are being changed to relabel the field 'Medicare HIC' to now be 'Medicare ID'. The new Medicare Beneficiary ID (MBI) will be listed when it is known to the MMIS, otherwise the Health Insurance Claim Number (HICN) will be displayed as is the case today. After the January 1, 2020 dual processing (MBI or HICN as the primary Medicare identifier) cut-off, these reports will only display the MBI information. This change is observed in the August 2019 report generation.

Additionally, the electronic Remittance Advice report will display either the MBI or the HICN in the TPL section of the report (in the field labeled 'Medicare ID'). After the January 1, 2020 cutoff, the RA will only display the MBI in the Medicare ID field. This change is observable in the August 24 financial cycle.