

Inside This Issue:
See page 2 for
Table of Contents.

Rhode Island Medicaid Program

Provider Update

Volume 328 May 2020

THIS MONTH'S FEATURED ARTICLES

See page 4

Update re Testing for OXi Solutions

See page 9

Electronic
Nursing Home
Interim Payments

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See page 10

Changes to Prior Authorization Requirements



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

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Provider Update

May 2020 Volume 328

TABLE OF CONTENTS

Article	Page
A Reminder on How to Manage your Covered Providers	3
Medicaid Guidelines for ADA Code D9410	3
Important Update Re: Electronic Data Interchange (EDI) and OXi	4
Physical Therapy Services	5
Updated Claims Processing and Payment Schedule 2020	6
2020 RI Medicaid Application Fee—Waived During Covid-19 Crisis	6
Pharmacy Spotlight	7
Preferred Drug List (PDL)	7 8
Link to Healthcare Portal (HCP) RI Medicaid Memo re Telehealth and COVID-19	8
Payment Delivery Change for May Interim Payments	9
Changes to Prior Authorization Requirements during Covid-19 Crisis	10



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.)

Updates Re: Electronic Data Interchange (EDI)



Attention All Trading Partners, PES Users, and Automated Script Users

Phase I of OXi Translator implementation for RI Medicaid's claim submission has concluded, and our teams anticipate moving ahead with Phase II Trading Partner testing beginning May 4, 2020.

Trading Partners are requested to test the new system by uploading 837 files and receiving back acknowledgment reports.

Please follow these steps to complete the testing process:

- I. Email riediservices@dxc.com with the subject line "OXI TESTING" to confirm your Trading Partner ID (TPID) for the Healthcare Portal testing environment
- 2. Utilize the TPID from the step above to submit test 837 files

Please note that the TPID used for testing is different than your TPID currently used for claim submission in the production environment. Also note that end-to-end testing will not happen at this time.

Any questions you have may be directed to riediservices@dxc.com with the subject line "OXITESTING."



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

Please email riproviderservices@dxc.com with questions.

Updated 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!



FYI:

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

However, please note that all enrollment application fees are waived during the Covid-19 Health Crisis

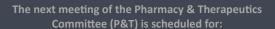
See more information regarding providers who may be subject to application fees here.

Pharmacy Spotlight

Meeting Schedule:

Pharmacy and Therapeutics Committee

Drug Utilization Review Board



Date: June 9, 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: June 9, 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 December 15, 2020

Please note: The April 7, 2020 meetings were cancelled.



To view the Preferred Drug List (PDL), please check the RI EOHHS Website:

http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ ProviderDirectories/Pharmacy.aspx



Providers can access the Healthcare Portal directly, without going through the **EOHHS** website, by going to this address:

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

Click here to view RI Medicaid's memo regarding telehealth and COVID-19.

ATTENTION NURSING HOMES, ASSISTED LIVING, AND HOSPICE PROVIDERS

Payment Delivery Change for the May Interim Payments

Due to the current COVID-19 State of Emergency the <u>May</u> Interim payments were automatically deposited into your bank account.

In lieu of issuing a paper check, a payment will be deposited into the bank account associated with your DXC MMIS account. This will alleviate the need for you to drive to the DXC office to pick up the paper check.

The system payment will be deposited into the bank account directly, in line with the financial calendar on April 17, 2020.

DXC will securely mail the member information to providers detailing out which client and date of service the payment is for.

There will be a suspension of the monthly recoupments of the contingency payments for the remittance advices that were scheduled for the April and May financial cycles.

We will continue to communicate with providers on any changes once the state of emergency has ended.

Changes to Prior Authorization Requirements During Covid-19 Crisis

Please note:

All currently active Prior Authorizations with an end date prior to May 31, 2020 will be extended through May 31, 2020 to allow additional time for services to be delivered. No action is required by providers. The changes have been applied systematically.

Also note that the Prior Authorization requirements are now waived for all services except the following:

- Pharmacy
- Hospice inpatient
- Orthodontic treatment
- · Wheelchair and accessories
- Specialized supply
- Home modifications
- Private duty nursing
- Personal care services

All claims billed with the services above will still require prior authorization.

*Prior authorization requests for manually priced DME items should continue to be submitted as usual. These include items that fall under codes such as A9999, E1399 and K0108.

Should you have questions please contact the Customer Service Help Desk at (401) 784-8100 for local and long-distance calls (800) 964-6211 for in-state toll calls.