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

Rhode Island Medicaid Program

Provider Update

Volume 330	July 2020

THIS MONTH'S FEATURED ARTICLES

State offices will be closed Monday July 6th, 2020 in observance of Independence Day.

Provider Update

July 2020 Volume 330

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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

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.)

Final Weeks of Testing for Electronic Data Interchange (EDI)

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

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

Phase II of Trading Partner testing which began on May 4, 2020 will conclude on **July 17, 2020**. Due to the low volume of testing to date, Medicaid is urging Clearinghouses, Vendors and Script Users to use the next 3 weeks to test claim files.

Please follow these steps to complete the testing process:

1. 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 "OXI TESTING."

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 with questions.
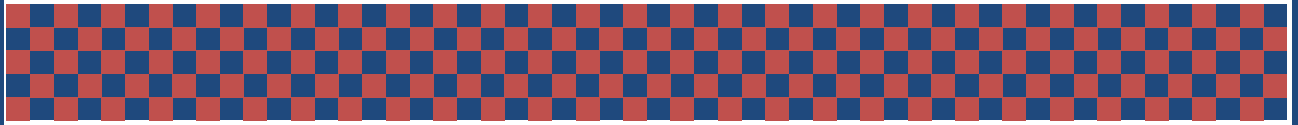
FYI:

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

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

Date: **September 15, 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: **September 15, 2020**
Meeting: 10:30 AM
Location: DXC Technology
301 Metro Center Blvd., Suite 203
Warwick, RI 02886

Click here for agenda

2020 Meeting Dates:
September 15, 2020
December 15, 2020

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

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

Pharmacy Spotlight con't

Drug Utilization Review (DUR) Alerts and Override Codes

Effective June 2020 RI FFS Medicaid has added the following drug/drug combinations to the DUR Alert edit.

- **Opioids (Extended Release)/Benzodiazepine**
- **Opioids (Immediate Release)/Benzodiazepine**
- **Opioids (Extended Release)/Antipsychotic**
- **SLT Opioids (Immediate Release)/Antipsychotic**

Please continue to follow the procedure below to override DUR Alerts when necessary.

Early Refill (ER), Therapeutic Duplication (TD) and Drug-Drug Interaction (DD) Alerts

If a claim for a refill is submitted before 85% of the prior prescription is used that claim will deny. If a claim is for a drug within therapeutic duplication alert categories that claim will deny.

If a claim is submitted for a recipient whose claim history includes an interacting drug and the date of service of the current claim is within the interaction time of the earlier drug, the claim will deny.

To override these denials, the pharmacist submitting a claim through POS must initiate a DUR Alert Override using valid intervention and outcome response codes. The ER override code cannot be used for a vacation fill.

Valid intervention and outcome codes must be entered in order for the claim to be paid. These codes are selected based on the pharmacist's professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used.

Reason For Service Code (Alerts)	Result of Service Code (Outcome)	Professional Service Code (Interventions)
DD = Drug-Drug Interaction ER = Early Refill TD = Therapeutic Duplication	1C = Filled, With Different Dose 1D = Filled, with Different Directions 1E = Filled, With Different Drug 1G = Filled, With Prescriber Approval 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3H = Follow-up/ Report	M0 = Prescriber consulted MR = Medication review PH = Patient medication history PM = Patient monitoring P0 = Patient consulted

f no code has been entered, or if an invalid outcome and intervention code is used, the claims will remain denied and no payment will be made.

Please note: Those wishing to override an alert must do so within 3 days of receipt of the denial. Providers trying to over-ride an alert beyond the 3 day time period will receive a message of "no corresponding claim; please resubmit".

Please Note: The correct code for a lost or stolen prescription is 3H

Please Note!

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

Procedure Code X1000

Effective May 22, 2020, Medicaid is removing Procedure Code X1000 from its fee schedule. The code should no longer be used for billing. This COVID-related code was not approved for Federal match by CMS. Providers should continue to use traditional E&M codes for COVID telehealth.

Click [here](#) to view the **UPDATED** RI Medicaid memo
regarding telehealth and COVID-19.

NURSING HOMES,
ASSISTED LIVING, AND HOSPICE PROVIDERS

<u>Payment Delivery for the July Interim Payments</u>

Due to the ongoing COVID-19 State of Emergency the <u>July Interim payments will be automatically deposited into your bank account</u>.

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 July 17, 2020.

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

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

Prior Authorization Requirements During Covid-19 Crisis

Please note:

Prior Authorizations previously extended to May 31, 2020 will be extended through July 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.

COVID-19 Personal Protective Equipment Surcharges

EOHHS has received complaints and other communications from consumers concerning reopened practices charging patients fees for costs related to personal protective equipment (PPE) and the infection control recommendations from the CDC due to the COVID-19 public health emergency. EOHHS is sending this communication as an alert that such practices should not be occurring by providers for covered Medicaid services.

Rhode Island Medicaid balance-billing rules, and HMO balance billing prohibitions, and MCO contracts prohibit charging plan beneficiaries administrative fees or fees inherent in the delivery of covered services.

Providers need to be aware of the limitations placed by Medicaid, Medicare, HMOs, and Health Benefit Plans etc. on billing patients certain fees.

Provider practices should not be billing/collecting fees to increased costs associated from COVID (i.e. PPE surcharges). Unless otherwise stipulated, the Medicaid Program reimbursement is considered payment in full. The provider is not permitted to seek further payment from the beneficiary in excess of the Medicaid Program rate. This includes the billing of a beneficiary resulting from a denied claim for any reason other than eligibility. In general, beneficiaries of RI Medicaid cannot be billed for any covered service or missed appointment.

We strongly encourage MCOs to remind providers regarding charging Medicaid members additional fees related to covered services.

Emergency Case Management

Emergency Case Management services for the homeless population has been approved for the duration of the COVID-19 crisis. Homeless Service Agencies and Homeless Shelters providing these services will need to enroll in RI Medicaid.

Here is the link for the on-line Provider Enrollment Application: https://www.riproviderportal.org/hcp/provider/Home/ProviderEnrollment/tabid/477/Default.aspx

RI Medicaid will be reimbursing Emergency Case Management services at $12.13 per unit effective April 1, 2020. A unit is 15 minutes, maximum units allowed per day are 4. The procedure code to bill this service is T1017.

The guidelines for Emergency Case Management are listed below.

Emergency Case Management for Medicaid beneficiaries who meet at least one risk-based criteria and at least one health-related criteria. Risk-based criteria include: residing in homeless shelters, outside, in places not meant for habitation, or otherwise housing insecure or at imminent risk of homelessness. Health-related criteria include: a mental health or substance use need, a complex physical health need (e.g., a chronic or acute health condition), or recent hospitalization.

Emergency Case Management is a service that supports homeless and housing insecure beneficiaries that are eligible under the state plan in preventing exposure to COVID-19, supporting those that are in quarantine or that have tested positive for COVID-19, and assisting organizations to receive supports for other health-related social needs (e.g., food insecurity, transportation) that may have been exacerbated by the COVID-19 pandemic.

Emergency Case Management will be provided to eligible Medicaid beneficiaries by homeless shelters and homeless service agencies, who specialize in assisting this unique and particularly vulnerable population.

Karen Murphy is your Provider Representative. If you should need assistance please contact Karen at (401) 784-8004 or karen.murphy3@dxc.com

<u>Attention all Home Care and Personal Care agencies:</u>

The Electronic Visit Verification (EVV) soft launch for EOHHS commenced April 20, 2020. The soft launch gives providers and staff time to get used to the new system in real time. This time prepares us to be in compliance with federal law effective January 1, 2021. Please ensure that you have signed up for the appropriate training based on the system you will be using (Either a Third-Party Vendor or the Sandata SAMS system). Please visit the EOHHS EVV website for all updates and information related to EVV.
http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx

<u>FOR PROVIDERS USING THE SANDATA SAMS SYSTEM (CLOSED SYSTEM):</u>

<u>Independent (Self-Paced) Web-Based Training:</u> This online, self-paced training method allows participants to access online, role-specific training materials independently. The materials are available 24-hours a day, seven days a week for the life of the program. Independent Web-based Training is a great resource as a training refresher and for those that have already completed training and only need to complete the Sandata Mobile Connect (SMC) training.

Duration: Self-paced.

Participation: There is no limit on the number of agency employees that can participate in web-based training. Registration Link: https://www.sandatalearn.com?KeyName=RIEOHHSEVV

<u>FOR PROVIDERS USING A THIRD-PARTY OR ALTERNATE EVV SYSTEM (OPEN SYSTEM):</u>

Agency providers may choose to use their own, third-party ("Alternate") EVV system. Agency providers may use an Alternate EVV system if they meet the business requirements and data collection specifications found in the following documents located on the RI-EOHHS EVV website: http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx

If you plan to use an Alternate EVV system, please contact Sandata to initiate the certification process to link your current system to the RI-EOHHS Aggregator. The Sandata Alternate EVV support team can be reached by email at RIAItEVV@sandata.com . Please note this email address is strictly for Alternate EVV inquiries. Additionally, initial contact with the Sandata Alternate EVV support team should be made by the providers and they should have their vendor contact information readily available, as it will be requested.

ATTENTION HOME CARE PROVIDERS

As of 7/19/20 all existing members that are actively enrolled in the Preventative Community Services waiver will be transitioned to a new program name. The program will now appear on the Health Care Portal as "Medicaid Preventive Services".

The services that a member is eligible for today under Preventative Community Services will remain the same as they are today.

The home care procedure codes and the base Medicaid allowed amount will remain as follows:

- S5125 U1 Combined Homemaker/Personal Care per 15 minutes $5.43

- S5130 Homemaker Service per 15 minutes $5.26

- T1001 Nursing Assessment/Evaluation $98.04

The same prior authorization that are needed today will still be in required under the new program Medicaid Preventive Services.

Due to the update in eligibility and billing systems, you may experience difficulty billing for preventive services for the first two weeks in July. If issues occur, they should be resolved by 7/20/20.

State FY 2021
Claims Payment and Processing Schedule

SFY 2021 Financial Calendar

Month	LTC Claims due at Noon	EMC Claims due by 5:00 p.m.	EFT Payment
July		7/3/2020	7/10/2020
	7/9/2020	7/10/2020	7/17/2020
		7/24/2020	7/31/2020
August	8/6/2020	8/7/2020	8/14/2020
		8/21/2020	8/28/2020
September	9/3/2020	9/4/2020	9/11/2020
		9/18/2020	9/25/2020
October		10/2/2020	10/9/2020
	10/8/2020	10/9/2020	10/16/2020
		10/23/2020	10/30/2020
November		11/6/2020	11/13/2020
	11/12/2020	11/13/2020	11/20/2020
		11/27/2020	12/4/2020
December	12/10/2020	12/11/2020	12/18/2020
		12/24/2020	12/31/2020
January	1/7/2021	1/8/2021	1/15/2021
		1/22/2021	1/29/2021
February	2/4/2021	2/5/2021	2/12/2021
		2/19/2021	2/26/2021
March	3/4/2021	3/5/2021	3/12/2021
		3/19/2021	3/26/2021
April		4/2/2021	4/9/2021
	4/8/2021	4/9/2021	4/16/2021
		4/23/2021	4/30/2021
May	5/6/2021	5/7/2021	5/14/2021
		5/21/2021	5/28/2021
June	6/3/2021	6/4/2021	6/11/2021
		6/18/2021	6/25/2021
July		7/2/2021	7/9/2021
	7/8/2021	7/9/2021	7/16/2021
		7/23/2021	7/30/2021

View the SFY 2021 Payment and Processing Schedule on the EOHHS website
http://www.eohhs.ri.gov/ProvidersPartners/
Billingamp;Claims/PaymentandProcessingSchedule.aspx

Notable Dates in July

⇒ **July is National Ice Cream Month**

⇒ **July is National Blueberry Month**

⇒ **Friday Jul 3—National Stay Out of the Sun Day**

⇒ **Sat Jul 4—Independence Day**

⇒ **Tue Jul 7—National Strawberry Sundae Day**

⇒ **Thu Jul 9—National Sugar Cookie Day**

⇒ **Tue Jul 14—Bastille Day**

⇒ **Wed Jul 15—National Give Something Away Day**

⇒ **Sat Jul 18—Nelson Mandela International Day**

⇒ **Tues Jul 28—World Hepatitis Day**

⇒ **Thu Jul 30—International Friendship Day**