Rhode Island Medicaid Program
June 2021
Provider Update

State offices will be closed in observance of the following Holidays in 2021.

Independence Day	**Sunday, July 4** (State Employees, celebrate Monday, July 5)
Victory Day	**Monday, August 9**
Labor Day	**Monday, September 6**
Columbus Day	**Monday, October 11**
Veterans' Day	**Thursday, November 11**
Thanksgiving Day	**Thursday, November 25**
Christmas Day	**Saturday, December 25** (State Employees celebrate on Monday, December 27)

SUBSCRIBE

To Subscribe
or update your email address
Send an email to:
riproviderserices@dxc.com
or click the subscribe button above.
Please include your National Provider Identifier (NPI) and the primary type of services you provide.

Please put "Subscribe" in the subject line of your email.

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

The RI Medicaid Customer Service Help Desk/Call Center will also be closed on the same days.

The RI Medicaid Health Care Portal (HCP) is available 24 hrs./7 days for Member Eligibility, Claim Status, View Remittance Advice and View Remittance Advice Payment Amount.

Click here for the HCP login page.

Please Note!

June 2021
Provider Update

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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

Ordering, Prescribing, and Referring Providers
Frequently Asked Questions

Q: **What provider types does this apply to?**

A:

Inpatient
Outpatient (except clinic visits-rev codes 510-519,
ER visits-rev codes 450-459 and observation-rev codes 760-769),
Pharmacy
Skilled Home Health
Independent Radiology,
Durable Medical Equipment (DME)
Chiropractor
Dialysis
Ambulatory Surgical Centers
and Hospice.

Q: **Who is eligible to order/refer?**

A: Only Medicaid-enrolled individuals of the following types can order/refer:
Certified Nurse Midwives
Clinical Nurse Specialists
Clinical Psychologists
Clinical Social Workers
Interns, Residents, and Fellows*
Nurse practitioners
Optometrists (may order and refer only laboratory and X-ray services)
Physician's Assistants
Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Doctors of Dental Surgery,
      Doctors of Podiatric Medicine, Doctors of Optometry)
*Interns and non-licensed residents must use the NPI of the teaching, admitting, or supervising physician.

Q: **How will I know if an OPR provider is enrolled with RI Medicaid?**

A: It is ultimately the responsibility of the RI Medicaid provider rendering the service to obtain the
OPR provider's NPI and taxonomy code, and to confirm participation with RI Medicaid.
RI Medicaid maintains a provider search function on the website, although all providers may not be
listed.

Q: **How will I know the NPI of the physician or healthcare professional who wrote the prescription or order?**

A: A prescribing physician or licensed health care provider should be including their NPI on the
prescription or order.

Ordering, Prescribing, and Referring Providers
Frequently Asked Questions Continued

Q: **Where can I obtain the OPR taxonomy code if I only have the NPI?**

A: This information can be found on the NPPES website, by completing a provider search by NPI.

Q: I am a member of a group. As an OPR provider, do I list my group NPI or my individual NPI?

A: Only individual NPIs are accepted as an OPR provider on a claim.

Q: What will happen to a "qualifying" claim submitted without an OPR listed?

A: The claim will be denied by RI Medicaid with EOB Message 574—Referring/Ordering Provider required and missing or invalid.

Q: Where is the OPR information entered on the claim form?

A: UB-04 – Box 79 – Other– Referring Provider NPI,
Box 81CC (Row d) Referring Provider Taxonomy Code

CMS 1500 Claim Form Box 17a—Referring Provider Taxonomy code with qualifier "ZZ"
Box 17b—NPI of referring provider

Q: Where is the OPR information entered for electronic claims?

A: For clearing houses/vendors and professional claims the OPR information should be entered in Loop 2310A, and for institutional claims the information should be entered on Loop 2310F

Ordering, Prescribing, and Referring Providers
Frequently Asked Questions Continued

Q: If the attending provider is the same as the ordering/referring/prescribing provider(s) do you have to list the OPR in addition to the attending?
A: Yes. In situations where the attending provider is the same as the OPR, the NPIs are still required. If the OPR is not listed, even if the NPI is the same as the attending, the claim will deny.

Q: If RI Medicaid is secondary, is the OPR provider still required?
A: Yes. The enrollment requirement applies even if Medicaid is the secondary payer.

Q: Do Medicare crossover claims require the OPR provider to be enrolled?
A: Yes, Medicare crossover claims are subject to the enrollment requirement.

Q: What if the OPR provider is enrolled with another state's Medicaid program?
A: Enrollment in another state's Medicaid program does not exempt a provider from enrolling with the RI Medicaid program.

Q: I wish to enroll as a RI OPR provider. Where do I go to enroll in the Medicaid program?
A: RI Medicaid has an OPR registration process in the Healthcare Portal. OPR providers are not able to submit claims for reimbursement. The OPR registration process can be accessed by visiting the Healthcare Portal and clicking **Enroll as an OPR Provider**. The OPR Provider User Guide is found on the home page of the Healthcare Portal.

Q: Will claims submitted with an NPI for a non-Medicaid OPR be denied?
A: Yes, claims for a non-Medicaid OPR will be denied.

Q: What information is required on a Prior Authorization request?
A: The OPR provider's information must be listed in the OPR fields. The Performing/Billing provider information should be listed on the Performing/Billing Provider line. If the OPR information is missing, or the OPR is not enrolled with RI Medicaid, the PA form will be returned.

Dental Relines Policy

The Executive Office of Health and Human Services (EOHHS) has updated the policy on Dental Relines. The policy changes to be implemented include: no requirement for Prior Authorization on Reline Services and Benefit Service limits to be put in place for Dental Relines beginning April 27, 2021.

As part of this policy, Gainwell Technologies will remove the Prior Authorization requirement and include coverage for Fee for Service for Reline procedures. Gainwell Technologies will update additional Reline Procedure Codes, (D5730 and D5731) in the Medicaid Management Information System (MMIS) to reflect a payable status with service limits in place for the Reline Procedure Codes.

To accommodate these policy changes, the following codes will require auditing on limiting the services within the RI MMIS:

    Reference file updates will be performed to add/update the procedure codes and pricing

    Four new audits will be created to ensure the services are paid according to the EOHHS guidelines:

        Relines can not be billed within six 6 months of initial Denture (183 days)

        Relines can only be billed once every 12 months (365 days)

Mandibular Reline Allowed Once Within 12 Months
    D5741-Reline Mandibular Partial Denture (DIRECT)
    D5751-Reline Complete Mandibular Denture (INDIRECT)
    D5761-Reline Mandibular Partial Denture (INDIRECT)
    D5731-Reline Complete Mandibular Denture (DIRECT)

Maxillary Reline Allowed Once Within 12 Months
    D5730-Reline Complete Maxillary Denture (DIRECT)
    D5740-Reline Maxillary Partial Denture (DIRECT)
    D5750-Reline Complete Maxillary Denture (INDIRECT)
    D5760-Reline Maxillary Partial Denture (INDIRECT)

Limit to Billing Within 6 Months of Initial Maxillary Dentures
    D5730-Reline Complete Maxillary Denture (DIRECT)
    D5740-Reline Maxillary Partial Denture (DIRECT)
    D5750-Reline Complete Maxillary Denture (INDIRECT)
    D5760-Reline Maxillary Partial Denture (INDIRECT)
    Initial Denture:
    D5110-Complete Denture-Maxillary
    D5211 Maxillary Partial Denture Resin
    D5213-Maxillary Partial Denture Metal*

Limit to Billing Within 6 Months of Initial Mandibular Dentures
    D5731-Reline Complete Mandibular Denture (DIRECT)
    D5741-Reline Mandibular Partial Denture (DIRECT)
    D5751-Reline Complete Mandibular Denture (INDIRECT)
    D5761-Reline Mandibular Partial Denture (INDIRECT)
    Initial Denture:
    D5120-Complete Denture-Mandibular
    D5212 Mandibular Partial Denture Resin
    D5214-Mandibular Partial Denture Metal*

* Benefit for under age 21.

Attention Home Care Providers

For claims that are submitted by a home care agency, a member must have RI Medicaid eligibility, a prior authorization and an active enrollment for the dates of service into one of the below waiver/programs.

- Core Community Services
- DEA Waiver Community Waiver Program (Office of Healthy Aging (OHA))
- BHDDH Community Support
- Medicaid Preventive Services
- Habilitation Community Services
- DEA Copay Services (@Home Cost Share program)

To verify program enrollment and eligibility sign into the **Health Care Porta**l. Verify that a member has RI Medicaid and program eligibility under the "Eligibility" tab. For DEA Copay clients (@Home Cost Share program) you will see DEA Copay Services and they will not have Medicaid Eligibility.

For claims to process and pay, there also needs to be a prior authorization on file for the correct number of units and dates of service that you will be submitting your claims for.

The Prior Authorizations are viewable under "Interactive Web Services" on the right of the home page of the portal. Please select "Check Prior Authorization".

If either their eligibility or a prior authorization is missing on the portal than please call or email DHS. Below is the contact information for DHS programs:

DHS Help Line 401-415-8455 or **dhs.ltss@dhs.ri.gov**

For DEA Waiver (OHA) or DEA Copay (@Home Cost Share program) clients please contact the regional case manager at Tri-County Community Action, West Bay CAP, East Bay CAP, or Child and Family Services.

If you can see eligibility and a prior authorization on the Health Care portal but you do not see it in the EVV system, then please contact Sandata directly.

SAM Providers:
For questions regarding the Rhode Island SAM closed system, please email Customer Support:
RIcustomercare@sandata.com or call 1-855-781-2079.

Questions or issues with the SAM EVV system, please contact Sandata's Customer Care via email at
RIcustomercare@sandata.com or 1-855-781-2079.

Alternate EVV/Third-Party

Questions or issues with the Alt. EVV/Third Party system, please contact Sandata's Customer Care via email at
rialtevv@sandata.com .

You should always ask for your ticket number when you contact Sandata Customer Care for an issue. If a Customer Care ticket has not been acknowledged after two (2) business days (a response from Sandata acknowledging the ticket issue), you may escalate with the ticket number to Meg Carpinelli via email at
Margaret.Carpinelli@ohhs.ri.gov

Important: Please note you should not email Meg directly with an issue. You must open a ticket with Sandata first. If the ticket is not acknowledged after 2 business days, you can then escalate.

If you have any billing issues after verifying that a member has eligibility and a prior authorization in place please reach out to **Marlene.Lamoureux@gainwelltechnologies**. com or 401-784-3805.

Attention All PES Users

A new version of PES, version **2.13**, is now available and you should update to this newest version **immediately to avoid delay in claims reimbursement**. This is a **mandatory upgrade**.

It is *critical* that you follow the upgrade instructions **carefully and precisely,** otherwise you run the risk of corrupting your database.
Before installing the upgrade, we **highly recommend that you create a backup copy of your database**. This backup file would only be used if your file is corrupted during the upgrade process.

Instructions to create a backup file of your existing database:

- Navigate to where your database is stored.
    ◊ This location will either be **C: drive/RIHIPAA** *OR* **server/RIHIPAA**

- The database file is named **rinewecs.mdb**.
    ◊ Right-click this file and choose copy.

- Next, navigate to your desktop or a flash-drive folder.
    ◊ Right-click and choose paste.

- This file is **only** to be used if your upgrade to 2.13 doesn't work and your database is corrupted.

Once your database is saved, proceed with the upgrade. The software upgrade and upgrade instructions can be located on the Provider Electronic Solutions page on the EOHHS website.

Please follow the directions for upgrading **VERY** carefully. Failure to do so could result in your database being corrupted.

NOTE: Upgrades *MUST* be done in **sequential order**. For example; if you have not already upgraded to PES Version 2.11 you must do that FIRST, and then upgrade to 2.12, and then finally proceed to the newest version of PES.

Additionally, if you are working on a network, the **SERVER** needs to be updated first, and then each workstation separately thereafter.
Instructions to upgrade PES:

- **Go to:**
    http://www.eohhs.ri.gov/ProvidersPartners/Billingamp;Claims/ProviderElectronicSolutions(PES)Software.aspx

- **Click on:** "PES **Upgrade** Version 2.13"
    ◊ Please make absolute certain that you select the **UPGRADE** option
        ♦ Failure to follow this step will result in wiping your database.

Attention All PES Users *(continued)*

Depending on your version of Windows you will either be prompted to "Save As" **OR** your download will appear in the bottom left hand corner.

- **If a box opens up that says "Save As"**
  - Choose your C: drive
  - Choose the RIHIPAA folder
  - Choose the Upgrades folder – Do **not** unzip the file. SAVE it to the Upgrades folder. (File is named eagle0213.zip)
- **If the download appears in the bar in the bottom left hand corner:**
  - Open the "Downloads" folder. Do **not** open the zip file itself. Right-click the file and COPY.
  - Open your C: Drive and go to the RIHIPAA folder, and then the Upgrades folder.
  - Right-click and PASTE the eagl0213.zip file into the Upgrades folder

Once this is done, you must perform this next step in order to complete the upgrade.

Again, **DO NOT** open the zip file.

- Make sure that your PES program is **CLOSED**.
- Click on your **START** button
- Click on "All Programs"
- Click on "RI DXC Provider Electronic Solutions"
  - ◊ From here a couple of options should open in a drop-down style menu.
  - ◊ Click on "Upgrade"
- You will get a message that states*: "Upgrades cannot be applied while the DXC Provider Electronic Solutions software is running. Please exit all applications prior to continuing with the upgrade. Do you wish to apply the upgrades now?"*

  - ◊ If the software is closed, choose "yes."
  - ◊ If the software is open, **close** the software and then click "yes"

- You should get a message that says there is *"1 new upgrade Do you wish to continue?"*
  - ◊ Choose "yes"

- Follow the prompts through the next few screens, then select finish.

After this your program should have updated successfully.

When your upgrade to 2.13 is successful, you can delete the backup file that you created. **We highly recommend you delete the saved copy from your desktop or flash drive.**

If you should have any questions, please email riediservices@dxc.com or contact your provider repre-sentative.

Emailing for Technical Support

When sending an email to EDI (riediservices@dxc.com) or your provider rep for assistance, it is important to include vital information so that we may best assist you. In your email please include your: name, phone number, user id, NPI and Trading Partner ID (if applicable).

If you are emailing about login issues, please include the platform you are trying to access (Healthcare Portal, PES, etc).

If you are getting an error message, please include a screenshot of the error, or let us know *exactly* what the error message says. Depending on the platform you are using, there are multiple reasons an error could kick back, so providing this specific information in your email will help us to best assess the root of the issue and how to solve it.

Below are screenshots of the most commonly used platforms that you may be logging into.

Healthcare Portal:
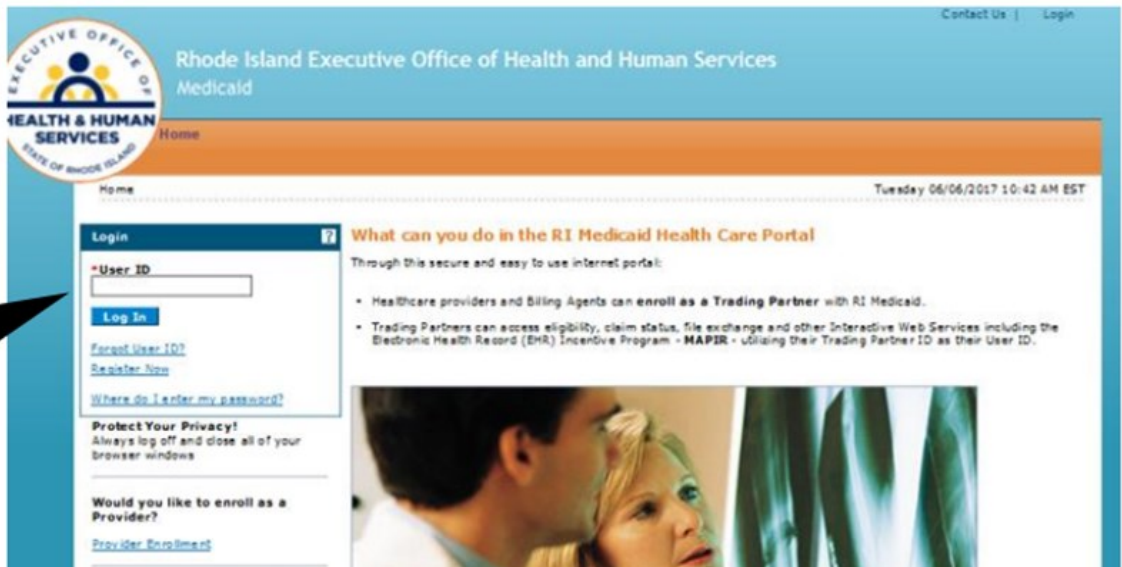
PES (aka Provider Electronic Services):

(Cont.)

HEALTHCARE PORTAL

LOGIN TROUBLESHOOTING

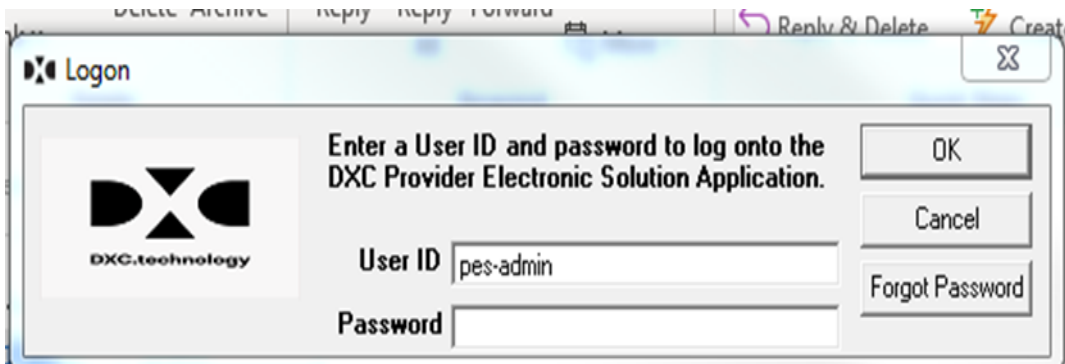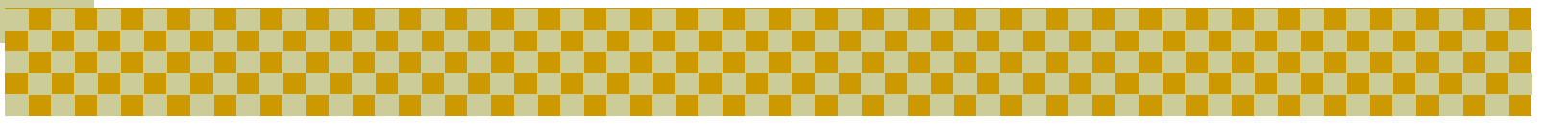| ISSUE	POSSIBLE THINGS TO CHECK/DO
Login Issues	
You are getting an error message that your security question answer is incorrect	- We are not able to reset security questions. Only the owner of the account can change their questions and answers. - If you are getting an error that your security question answer is incorrect it is typically indicative that your username is wrong. Please go back to the home page and make sure you are typing in your username correctly. ***Please type slowly to ensure there are no mistakes*** - Additionally, please make note of your security questions and answers to ensure that you are entering the correct answer each time.
You are getting an error message that your password is incorrect	Passwords are CASE-SENSITIVE. So please take care to ensure you are entering your password correctly and that caps-lock is not on.
You are getting questions you do not recognize -OR- you do not remember your username.	- Have you already enrolled as a trading partner or delegate? - You need to have already enrolled as a trading partner - OR- have had your admin user create a delegate account before being able to sign in. *Please* make sure you have **REGISTERED** and **VERIFIED** your account. If you have not registered and verified your account, you will be prompted with questions you do not recognize.
You are getting an error when resetting your password on the Portal	- The Portal is VERY specific on what a password can be. - Your password must be **EXACTLY 8 characters** (no more, no less), with at least one capital letter, one lowercase letter, and NO special characters. - For example, something like "Portal21" would work, but something like "Pa55w@rd2021!" would not.

FYI:

The application fee
to enroll as a Medicaid provider is $599.00
as of January 1, 2021.

Please note that RI Medicaid Application Fee-Waived During COVID-19 Health Crisis

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

Prior Authorization Requests

Please **do not** fax prior authorization requests that contain more than 15 pages. If your request is over 15 pages please mail your requests to:

 Gainwell Technologies
 Prior Authorization Department
 PO Box 2010
 Warwick, RI 02887-2010

Pharmacy Spotlight

RI Fee-for-Service (FFS) Medicaid has incorporated changes outlined into law on October 24, 2018 with the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (Support) Act HR6 as they pertain to section 1004 for the MMIS Medicaid Drug Utilization Review processes.

The SUPPORT Act was drafted in order to address the current opioid crisis. It outlines the necessary steps that states must take in order to promote opioid recovery and treatment for patients.

A maximum daily morphine equivalent (MME) amount on opioid prescriptions for individuals in FFS Medicaid has been set at 90MME. Exceptions to this limit are patients with cancer, sickle cell disease and those in hospice care. Pharmacy Point-of-Service (POS) claims will deny when this daily limit is exceeded, or if the MMIS has no clinical information for an individual, with the following message *"Patient exceeded cumulative daily 90 MME limit".*

Using the pharmacy Opioid Prior Authorization form a prescriber can submit a PA request for consideration. The PA form can be retrieved at http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx

Pharmacy Spotlight cont.

Meeting Schedule:

Pharmacy and Therapeutics Committee and Drug Utilization Review Board

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

Date: June 8, 2021
Registration Deadline: June 1, 2021 by 5pm EST
Meeting: 8:00 AM
Location: Gainwell Technologies – Virtual
Registration by email to:
karen.mariano@gainwelltechnologies.com

Click here for agenda

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

Date: June 8, 2021
Registration Deadline: June 1, 2021 by 5pm EST
Meeting: 10:30 AM
Location: Gainwell Technologies - Virtual
Registration by email to:
Karen.mariano@gainwelltechnologies.com

Click here for agenda

2021 Meeting Dates:
June 8, 2021
September 21, 2021
December 14, 2021

Pharmacy Spotlight cont.

Treatment of Hepatitis C
Prior Authorization Guidelines
March 1, 2021

Introduction:

    Hepatitis C has been identified as a significant etiology of chronic liver disease, associated comorbidities, need for liver transplant and death. 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/DrugSafetv/ucm522932.htm

Modifications to these guidelines will be issued as needed.

Prior authorization is required.

General Approval Criteria:

    I. Prescribers:
        A. 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.
        B. Patients with documented Stage O, 1 or 2 disease may be managed by the primary care physician, advanced practice nurse or physician assistant as described below.

    II. Beneficiaries:
        A. All patients with documented Hepatitis C Stages O through 4 are eligible for treatment.

    III. Required Documentation:
        A. The following must be included in the pre-authorization request:
            1. Stage of disease and test used to determine disease stage.
            2. 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.
            3. Hepatitis C genotype:
              * Initial therapy with preferred drug (Mavyret), genotyping not required.
              * Treatment requests after initial treatment, or requests for medication other than Mavyret, genotyping is required.
            4. History of prior Hepatitis C treatment if relevant.
            5. Treatment plan which includes:
              * Medication name, dose and duration.
              * Agreement to submit post treatment viral load data if requested. (cont.)

Pharmacy Spotlight cont.

Treatment of Hepatitis C (continued)
Prior Authorization Guidelines
March 1, 2021

IV.   Approvals:
   A.   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.
   B.   Approval will be valid for 56 - 84 days from date of approval.
   C.   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.
   D.   Any request for a non FDA approved treatment will be denied.

V.   Treatment recommendations as of March 1, 2021:
   A.   Preferred agents: Mavyret and Vosevi.
   B.   Non-preferred agents: All other agents, with the exception of ribavirin;
        1. Will be approved if a patient is completing a cycle of therapy which was
           initiated prior to current policy implementation, or
        2. 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.

VI. Continuity of Treatment:
   A.   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.

VII. Policy Effective Date: March 1, 2021

        http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Pharmacy/PA22.pdf

Pharmacy Spotlight cont.

Changes to the NCPDP D.0 Payer Sheet for RI FFS Medicaid

Effective 2/23/2021 RI FFS Medicaid, in order to support the Comprehensive Addiction and Recovery Act (CARA) of 2016, is adding 2 additional field requirements to the payer sheet for submission of pharmacy claims. The following fields have been added to the payer sheet. These fields will be required on all CII drug claims.

460-ET   Quantity Prescribed   Quantity prescribed expressed in metric decimal units
384-4X   Patient Residence   Identifies patient's place of residence

*The following values will be the **only** values accepted for **Patient Residence for CII drug claims**:*

1- Home
2- Skilled Nursing Facility
3- Nursing Facility
4- Assisted Living Facility
5- Group Home
11- Hospice
14- Homeless Shelter

*Any value listed on the payer sheet will be accepted for **all non-CII drug claims**.*

Please reference the new payer sheet that is posted on the RI EOHHS website on the:
http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Pharmacy/Payer_Sheet_Effective_02.23.2021.pdf

RI FFS Medicaid expects to begin receiving these fields on February 23, 2021.

Pharmacy Spotlight cont.

The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective May 2021.

Antihyperuricemics **Changed status to Non-preferred** colchicine tablets Krystexxa Mitigare **Antihyperuricemics** **Changed status to Preferred** Colcrys	**Hypoglycemics, Incretin Mimetics/Enhancers** **GLP-1 Receptor Agonists** **Changed status to Preferred** Trulicity
Hypoglycemics, Insulins **Insulins, Short-Acting** **Changed status to Preferred** Humulin 500U/M Pen insulin aspart cartridge insulin aspart pen insulin aspart vial insulin aspart/insulin aspart protamine insulin pen insulin aspart/insulin aspart protamine vial insulin lispro junior Kwikpen insulin lispro pen insulin lispro protamine mix Kwikpen insulin lispro vial	**Hypoglycemics, SGLT2 and Combinations** **Changed status to Preferred** Synjardy
Phosphate Binders **Changed status to Non-Preferred** sevelamer carbonate tablet **Changed status to Preferred** Renvela tablet	**Ulcerative Colitis Agents** **Changed status to Non-Preferred** mesalamine (Canasa) (rectal) mesalamine (Sfrowasa) (rectal) **Ulcerative Colitis Agents** **Changed status to Preferred** Apriso (oral) Canasa (rectal) Rowasa (rectal)
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	

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 the **UPDATED** RI Medicaid memo
regarding telehealth and COVID-19

Attention: Physicians and Non-physician Practitioners

CPT Consultation Codes

Effective January 1, 2010, the Centers for Medicare and Medicaid eliminated the use of all consultation codes (inpatient and office/outpatient codes) for Medicare beneficiaries. Please refer to the MLN Matters number MM6740 Revised for complete information. However, existing policies and rules governing Medicare advantage or non-Medicare insurers were not revised.

RIMA has not revised their policy on the use of consultation codes. RIMA still requires the use of CPT Consultation codes (ranges 99241-99245 and 99251-99255). Some providers may have already or will receive notifications regarding recoupment when the consultation codes are not utilized.

Attention Professional Providers

Effective December 1, 2020 Rhode Island Medicaid began reimbursing the administration of the Pfizer and Moderna COVID19 vaccines. The administration of the new Janssen vaccine is effective March 1, 2021. The vaccine is currently not reimbursed by Medicaid.

Below are the codes and rates for billing.

Code	Description	Vaccine	Rates
91300	SARSCOV2 VAC 30MC-G/0.3ML IM	Pfizer-Biontech Covid-19 Vaccine	$0.00
0001A	ADM SARSCOV2 30MC-G/0.3ML 1ST	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	$8.16
0002A	ADM SARSCOV2 30MC-G/0.3ML 2ND	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	$8.16
91301	SARSCOV2 VAC 100MC-G/0.5ML IM	Moderna Covid-19 Vaccine	$0.00
0011A	ADM SARSCOV2 100MC-G/0.5ML 1ST	Moderna Covid-19 Vaccine Administration – First Dose	$8.16
0012A	ADM SARSCOV2 100MC-G/0.5ML 2ND	Moderna Covid-19 Vaccine Administration – Second Dose	$8.16
91303	SARSCOV2 VAC AD26 .5ML IM	Janssen	$0.00
0031A	ADM SARSCOV2 VAC AD26 .5ML	Janssen	$8.16

Physician Medical (PMI) Form: Update to Signatory Requirements

To improve access to Medicaid Long-Term Services and Supports (LTSS), EOHHS will now accept Physician Medical (PM1) Forms that are signed by the applicant's physician, PA, NP, as well as a registered nurse or discharge planner (who holds, at a minimum, a bachelor's degree in nursing or social work). PM1 Forms are used for determining if an individual who is disabled or over 65 years old meets a Nursing Home needs-based level of care (LOC), and is therefore clinically eligible for Medicaid LTSS. To review the full policy, please visit our website https://www.eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/Medicaid-Policy_PM1-Signatory-Change_032221.pdf [clicktime.symantec.com]

Prior Authorization Requirements During Covid-19 Crisis

Prior Authorizations previously extended to January 31, 2021 will be extended through June 30, 2021. 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 <u>except the following:</u>

- **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.

Substance Abuse Residential Treatment Code Update

Rhode Island Executive Office of Health & Human Services (EOHHS) requires that Managed Care Organizations (MCOs) and Rhode Island Medicaid providers adhere to the specifications outlined in the following table:

ASAM Level	ASAM Description	HCPC Code	Rev Code	Bill Type	Taxonomy Code	Notes
Level 3.1	Clinically Managed Low-intensity Residential Ser-	H0018	1003	86X	324500000x	Provider must bill both HCPC and Rev code
Level 3.3	Clinically Managed Population-specific High-intensity	H0010	1002	86X	324500000x	Provider must bill both HCPC and Rev code
Level 3.5	Clinically Managed High-Intensity Residential Ser-	H0010	1002	86X	324500000x	Provider must bill both HCPC and Rev code
Level 3.7	Medically Monitored Intensive Inpatient Services	H0011	1002	11x	324500000x	Provider must bill both HCPC and Rev code
Level 3.7-WM	Medically Monitored Inpatient Withdrawal Management	H0011	116, 126, 136, 146, 156	11x	324500000x	Provider must bill both HCPC and Rev code

MCOs and providers must begin engaging in the appropriate implementation processes, such that the aforementioned specifications will be effectuated for all claims with a *Date of Service* start date of
October 1, 2021. Please ensure adequate provider education regarding claims billing is completed prior to the October 1st launch date.

Please contact your Medicaid MCO provider representative if you have further questions about this change.

NURSING HOMES, ASSISTED LIVING, AND HOSPICE PROVIDERS

Payment Delivery for Interim Payments

Due to the ongoing COVID-19 State of Emergency, <u>Interim payments will continue to be automatically deposited into the bank account associated with your Gainwell Technologies MMIS account</u>.

This will alleviate the need for in-person visits to the Gainwell Technologies office.

The next system payment will be deposited into the bank account directly, in line with the financial calendar on June 11, 2021.

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

We will continue to communicate with providers on any changes.

Long Term Supports and Services
Cost of Care

Since the start of the COVID-19 public emergency, Medicaid has not permitted any increase in a client's cost of care (also known as "patient share"). The federal waiver prohibiting cost of care increases has ended in November, 2020.

All LTSS recipients are being reviewed for potential cost of care increases, effective January 1, 2021. Cost of care increases will **NOT** be retroactive.

Clients may have accrued assets over the $4,000 limit due to the implementation of this policy change. DHS will review assets upon recertification. Recertifications will begin in the month following the end of the Federal Public Health Emergency (PHE). The PHE is extended through 2021, or with a 60-day notice of cancelation.

DME Providers—Enteral Nutrition Guidelines

The Enteral Nutrition Guidelines have been updated. Guidelines can be found here in the Enteral Nutrition and Total Parental Nutrition section of the provider manual.

http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx

Attention Home Care Providers

Providers now have access to a newly updated Electronic Referral List web page that will display individuals approved for home care services on the Health Care portal. Providers shared valuable feedback during and after recent training sessions that have been used to make additional improvements to the system. The system **went live** on March 16, 2021 following the March 10, 2021 provider training and some additional staff training.

The list will be used by the Home Care agencies to view general beneficiary information for those in need of services. This is for those beneficiaries that are receiving services through Fee for Service Medicaid only. The programs that are included are:

- Core Community Services
- DEA Waiver
- Preventive Services
- Habilitation Community Services

BHDDH, DEA Copay and Pediatrics are not in the current phase but may be added in a future phase.

Available information on the referral list will include:

- Referral ID
- Date the referral was created
- Region (where the recipient will be receiving services)
- Preferred Language
- Primary Diagnosis
- Are there pets, smokers, weapons in the home?
- Priority (2 days, 5 days, 14 days or unknown)
- Status (available, In Progress)

Providers that have an active Trading Partner ID will need to fill out the "Electronic Fee-For-Service Referral System for Home Care Agencies" form if they do not have access already to this web page. Please email the completed form to: riediservices@dxc.com .

If you have not already enrolled as a Trading Partner please refer to the instructions which are found on the Healthcare Portal page of the www.eohhs.ri.gov website to enroll and register your Trading Partner ID before you can gain access to the Electronic Referral page in the Healthcare Portal.

For questions please contact marlene.lamoureux@gainwelltechnologies.com.

Attention Nursing Home Providers

To improve the timeliness of the nursing home billing process, EOHHS has eliminated the requirement to submit discharge and readmission slips in CSM for members that meet the below criteria:

- Members have long term care approval and discharge from a nursing facility for an inpatient hospital stay
- Hospital admission is for 30 days or less
- Readmission is back to the same nursing facility that the member was discharged from

This change impacts all dates of service and skill levels and was implemented on February 22, 2021.

As an example, a member discharges to the hospital on 2/10/21 and returns to the same nursing facility after a 10-day inpatient stay. Claims for the month of February 2021 should be submitted as follows:

1. Submit a nursing home bill type (263, 253, 210) based on their skill level for 2/1/21-2/10/21 with a revenue code of 0100 and patient status of 02, (Discharged/Transferred to another short-term General Hospital).
2. For the member's return to the same nursing facility (absent 30 days or less), submit a nursing home bill type based on their skill level for 2/19/21-2/28/21 with **revenue code 0160**.

The claim for 2/19/21-2/28/21 will not deny with EOB 633 - Gap in Billed Days with the new claims processing logic in place if:

- There is a discharge status of 02 on the nursing home claim that was submitted prior to the inpatient hospital stay
- The nursing home claim that is submitted are for dates of service immediately following the discharge from the hospital and is submitted with a **revenue code of 0160**
- The member's admission is back to the same facility where they were discharged from prior to the hospital admission
- The hospital stay was 30 days or less

I**mportant**

If a member discharges to the hospital and it is for more than 30 days, then it is required that you submit the discharge and readmission slips into CSM as you do today.

For any questions please reach out to marlene.lamoureux@gainwelltechnologies.com .

Cost Report Submission—Deadline Extended

EOHHS is extending the nursing facility cost report submission deadline from May 28, 2021 to July 30, 2021.

Attention Home Care Providers

Effective January 12, 2021, RI Medicaid members that were actively enrolled in the Self-Direction Community Services waiver were transitioned to a new program name. The program will appear on the Health Care Portal as "Personal Choice Program". Members are eligible for the same services received under the Self-Direction Community Services name. Reimbursement for services and procedure codes will remain the same.

If a Medicaid member is seeking services for the Personal Choice Program, please reach out to OHHS.OCP@ohhs.ri.gov for enrollment assistance. If you have questions about active members, please contact the DHS LTSS Unit at (401) 462-6278 or Linnea.Tuttle@ohhs.ri.gov .

Important: Please note that these members will also have active Core Waiver Eligibility. What this means is if the member has an active enrollment into both the Personal Choice Program and the Core Waiver Services with the same dates of service, claims submitted for home care services by a home care agency will deny.

HHS Announces Provider Relief Fund Reporting Update

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is issuing new reporting requirements and announcing that it will be amending the reporting timeline for the Provider Relief Fund Program (PRF) due to the recent passage of the Coronavirus Response and Relief Supplemental Appropriations Act.

These reporting requirements will apply to providers who received the Medicaid PRF funds. The reporting requirements released today do not apply to funds from: Nursing Home Infection Control, Rural Health Clinics Testing, and COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment and Vaccine Administration for the Uninsured recipients.

Additionally, starting today, PRF recipients may begin registering for gateway access to the Reporting Portal where they will ultimately submit their information in compliance with the new reporting requirements HHS is issuing.

Read the full **press release** here [hhs.gov] [clicktime.symantec.com].

Learn more about the **reporting requirements** and new portal here [hhs.gov] ktime.symantec.com].

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
July	7/9/2020	7/10/2020	7/17/2020
July		7/24/2020	7/31/2020
August	8/6/2020	8/7/2020	8/14/2020
August		8/21/2020	8/28/2020
September	9/3/2020	9/4/2020	9/11/2020
September		9/18/2020	9/25/2020
October		10/2/2020	10/9/2020
October	10/8/2020	10/9/2020	10/16/2020
October		10/23/2020	10/30/2020
November		11/6/2020	11/13/2020
November	11/12/2020	11/13/2020	11/20/2020
November		11/27/2020	12/4/2020
December	12/10/2020	12/11/2020	12/18/2020
December		12/24/2020	12/31/2020
January	1/7/2021	1/8/2021	1/15/2021
January		1/22/2021	1/29/2021
February	2/4/2021	2/5/2021	2/12/2021
February		2/19/2021	2/26/2021
March	3/4/2021	3/5/2021	3/12/2021
March		3/19/2021	3/26/2021
April		4/2/2021	4/9/2021
April	4/8/2021	4/9/2021	4/16/2021
April		4/23/2021	4/30/2021
May	5/6/2021	5/7/2021	5/14/2021
May		5/21/2021	5/28/2021
June	6/3/2021	6/4/2021	6/11/2021
June		6/18/2021	6/25/2021
July		7/2/2021	7/9/2021
July	7/8/2021	7/9/2021	7/16/2021
July		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 June

* **June 5 - Constitution Day**

* **June 8– World Oceans Day**

* **June 14 - Flag Day**