Rhode Island Medicaid Program
February 2025
Provider Update

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State Offices will be closed in observance of the following Holidays in 2025

Holiday	Date
Memorial Day	Monday, May 26th
Juneteenth	Thursday, June 19th
Independence Day	Friday, July 4th
Victory Day	Monday, August 11th
Labor Day	Monday, September 1st
Columbus Day	Monday, October 13th
Veterans' Day	Tuesday, November 11th
Thanksgiving Day	Thursday, November 27th
Christmas Day	Thursday, December 25th

Please Note!

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.

If you're a provider enrolled in the Medicaid program and provide services to the community, and you do not have a trading partner number to access the health care portal, please consider enrolling for one. You could benefit in using the web services for eligibility verification, claim status and other important information to support your billing needs.

SUBSCRIBE

To Subscribe or update your email address Send an email to: riproviderservices@gainwelltechnologies.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.

February 2025 — 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

RIBridges Alert

On December 13, 2024, the State was informed by its vendor, Deloitte, that there was a major security threat to RIBridges, the system that manages many of the state's social services programs. Additionally, Deloitte confirmed that there is a high probability that a cybercriminal has obtained files with personally identifiable information.

To the best of our knowledge, any individual who has received or applied for state health coverage or health and human services programs or benefits could be impacted by this breach. The programs and benefits managed through the RIBridges system include but are not limited to:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Child Care Assistance Program (CCAP)
- Health coverage purchased through HealthSource RI
- Rhode Island Works (RIW)
- Long-Term Services and Supports (LTSS)
- General Public Assistance (GPA) Program
- At HOME Cost Share

While the analysis of the breach is still underway, unfortunately, Deloitte has indicated that the information involved may include names, addresses, dates of birth and Social Security numbers, as well as certain banking information, but is still assessing the situation.

What Can Your Patients Do?

Households that have had personal information compromised will receive a letter by mail from the State that explains how to access free credit monitoring. We advise customers to remain vigilant and monitor their accounts for any unauthorized activity. It may be helpful to advise your patients of the following:

- Freeze Your Credit
  - Reach out to all three credit reporting agencies to freeze your credit. This is free and means no one else can take out a loan or establish credit in your name. You won't lose access to your money or credit cards. You can lift the freeze at any time.
- Monitor Your Credit
  - Contact one of the three credit reporting agencies to order a free credit report. You can also access a free credit report through AnnualCreditReport.com.
- Request a Fraud Alert
  - Ask one of the credit reporting agencies to place a fraud alert on your files. This is free and lets creditors know to contact you before any new accounts can be opened in your name. Asking one agency to do this will cover this step for all three agencies.
- Use Multifactor Authentication
  - This means instead of having just one password to access your information, you have a safety backup to help prove that it's really you before you can log into your account.
- Be Aware
  - Because of the breach, you may receive fake emails, phone calls or texts that look legitimate. Remember, never share personal information – such as your social security number, date of birth or password – through an unsolicited e-mail, call or text.

Resources

In response to the RIBridges data breach, Deloitte has contracted with Experian to run a call center which is open:

- Monday – Friday, 9 a.m. to 9 p.m.
- Saturday – Sunday 11 a.m. to 8 p.m.

The multilingual, toll-free hotline is 833-918-6603. Call center staff will be able to provide general information about the breach as well as steps customers can take now to protect their data.

In addition, the State has a dedicated webpage for all the latest information on the breach. Please share this web page, and check it frequently for updates: cyberalert.ri.gov.

We understand this is an alarming situation, and we appreciate your patience as we investigate this matter. We will continue to navigate this challenge together.

RI Certified Community Behavior Health Clinics

Rhode Island's Certified Community Behavioral Health Clinics (CCBHCs) launched on October 1, 2024. A CCBHC is an outpatient clinic that is certified by the State of Rhode Island to offer expanded behavioral health services. CCBHCs serve anyone who walks through the door, regardless of age, diagnosis, or insurance status. At a CCBHC, a team of trained health professionals can:

- Provide mental health support to you or a loved one,
- Help you or a loved one with substance use condition, and/or
- Provider 24/7 crisis support.

The following locations are CCBHCs in Rhode Island:

- Community Care Alliance (Woonsocket)
- Family Service of Rhode Island (Providence)
- Gateway Healthcare (Pawtucket, Johnston, and South County)
- Newport Mental Health (Newport)
- The Providence Center (Providence)
- Thrive Behavioral Health (Warwick)

Promotional materials are available in multiple languages here. Please consider sharing information about CCBHCs and related services with your patients and partners. Thank you.

Rate Review Status Update

As of December 3, 2024, EOHHS received federal approval of the state's updated FY25 reimbursement rates, authorized in the 1115 Waiver, per the OHIC rate review, from the Centers for Medicare and Medicaid Services (CMS). Rates authorized by the Medicaid State Plan are still pending CMS approval.

- **Managed Care:** The MCOs have either implemented or are in process of implementing updated rates. They are working on their own system updates or working with providers on updating their individual contracts. Providers should reach out to MCO contacts for details.
- **Fee-for-Service**:

Non-home health rates not subject to EVV are ready to bill. Mass adjustments for previously submitted claims with service dates between 10/1/2024 and 10/16/2024 were included in the 11/29/2024 remittance advice.

Mass adjustments for home health rates subject to EVV were included in the 11/29/2024 remittance advices.

Updates will be posted here when they're available. Please check back often.

Provider Revalidation: Revalidation will be starting the beginning of February.

Be on the lookout for Revalidation Mailings. This will include both provider and portal application access information.

Here are a few tips to prepare:

- A provider will have 35 days to complete their revalidation from the date of the letter.
- Make sure to have an updated W9 ready for upload
- Be prepared for those disclosure questions, which can be reviewed here – Enrollment Disclosures (ri.gov)
- We have a handy Provider Enrollment User Guide located here –https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-02/Provider%20Revalidation%20Guide.pdf to help answer pre-revalidation questions.
- We also have a new FAQ located HERE - Revalidation FAQ Sheet.docx (live.com)

Providers Required to Revalidate:

Dentist	Habilitation Group Home
Podiatrist	Severely Disabled Nursing Homecare
Optometrist	BHDDH Behavioral Health Group
Optician	Head Start
Skilled Nursing	Personal Care Aide/Assistant
Licensed Therapist	Other Therapies/Hippotherapy
Chiropractor	Comprehensive Lead Center
Freestanding Dialysis	Home/Center Based Therapeutic Services
Rural Health Clinic	CEDARRS Center
Indian Health Service	RIteShare Copay Providers
Children's Behavioral Health Group	School Dental Clinic
Local Education Associate (LEA)	BHDDH DD Agencies
Early Intervention	Nurse Anesthetist
Substance Abuse Rehab	Licensed Dietician/Nutritionist
CMHC/Rehab Option	Cortical Integrative Therapy

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

Provider Enrollment—Help via Enrollment Email

Are you seeking assistance from Provider Enrollment by using rienrollment@gainwelltechnologies.com?

For all email requests please include a NPI in the subject line of the email for faster processing.

Here are helpful hints that will help to expedite your request:

1. Always include your Business NPI and if applicable, the Provider's Name and NPI in the subject line of the email if:

    A. You are inquiring about Provider Status within your group.

    B. You are inquiring about a paper application that you sent in to add a provider.

        i. Always include the date you mailed in the application as this helps us locate your application quicker.

    C. You are inquiring about a service address update.

    D. You are inquiring about enrollment status.

    E. You are inquiring about a welcome letter.

    F. You are locked out of the Health Care Portal.

        i. Email riediservices@gainwelltechnologies.com

        Ii. Please include your User ID in the email.

2. Terminations—due to auditing requirements, you cannot put more than one termination request per page.

    A. Please remember to include the individual's NPI, your business NPI, and the termination date.

    B. If the provider is enrolled in multiple groups, you must send in separate termination requests for each group.

    C. Please send these requests in PDF form.

3. Address updates—due to auditing requirements, please only put one provider address update per provider change form.

    A. Businesses or providers enrolled as individuals can change all addresses (Pay to, Mail to, Service) these changes can be updated on one Provider Change Form.

        i. To download a copy of our newest Provider Change Information form, click here.

        Ii. Please note that if you change a Pay To address a new W9 is required with an inked signature. No digital signatures are allowed and the **W9 must be dated for the month the request came in**.

    B. Providers within a group can only update Service address or Mail To addresses.

        i. If the provider has a new Service location and the business has one Mail To address, please do not change the Mail To address.

            i. The Mail To address should only be updated if the Business has updated their Mail To address.

4. License Updates

    A. Please send these as PDF forms.

    B. Please include the Group NPI along with the provider's individual NPI.

5. Active Providers within your organization request

    A. We can verify that Providers are active within your organization if you provide a listing to us which includes:

        i. Name of Provider

        Ii. NPI of Provider

        Iii. NPI of Organization

When replying to an email from rienrollment@gainwelltechnologies.com please be sure to REPLY ALL to make sure that the email chain is intact if we need to forward to someone else for assistance.

If you would like to speak to someone instead of emailing your question, you can call our help desk at 401-784-8100.

We are happy to assist you in whichever way works best for your situation.

Attention Providers — Washington Bridge

EOHHS would like to remind all providers of requirements given the recent issue that occurred with the closure of the Washington Bridge during the week of December 11-15, and remaining traffic difficulties. To ensure ongoing access to needed care and services, providers are reminded that imposing late fees, balance billing, and/or termination of beneficiaries who miss or are late to appointments due to the bridge repairs is not allowable. We ask that providers support and accommodate beneficiaries affected by these repairs to ensure that needed care and services are delivered timely.

Kristin Sousa, Medicaid Program Director

Attention DME Providers

Effective immediately, all prior authorization requests for Enclosed Beds must now include a Certificate of Medical Necessity for Enclosed Beds completed by the ordering physician. This requirement is in addition to the documented assessment with equipment recommendation by a physical therapist, occupational therapist, or similarly credentialed mobility professional that is currently required. Coverage guidelines for Enclosed Beds can be found here.

Attention Chiropractor Providers

RI FFS Medicaid will be covering chiropractic services, as we wait for this implementation to fully roll out, please see the new policy information below.
The following table lists all chiropractor services reimbursable through the Medicaid Program. The table shows the procedure code, service description and the number of units.

Procedure Code	Description	Units
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	1 UNIT
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	1 UNIT
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	1 UNIT

Only the three CPT codes above are reimbursable through the Medicaid Program; all other services are considered non-covered for chiropractor providers. Please see the chiropractor provider manual for more information: RI Medicaid Provider Reference Manual – Chiropractor

For in state chiropractor providers: You will be required to submit a prior authorization after the twelfth (12th) visit with a member within a 12-month period. This means that if the thirteenth (13th) visit would be within 12 months of the member's first visit, you must submit a prior authorization in order to be reimbursed for that thirteenth (13th) visit. You will need to attach clinical notes with the prior authorization form for consideration of the service being covered past the initial twelve (12) visits within a 12-month period. Here is a link to the chiropractic prior authorization form: Chiropractor Prior Auth Form.pdf

Please reach out to your provider representative, Andrea Rohrer at andrea.rohrer@gainwelltechnologies.com if you have any questions.

Post-eligibility Verifications Are Back for Medicaid Members

The State has begun conducting post-eligibility verifications (PEV) to confirm continued Medicaid eligibility for members. PEV occurs quarterly and is in addition to a member's annual Medicaid renewal. Rhode Island uses State Wage Information Collection Agency (SWICA) data from the Rhode Island Department of Labor and Training to make sure the information members provide is accurate and complete. You can help Medicaid members get ready for PEV by reminding them to respond with any requested documents right away if they receive a letter, text, or email from the State. You can also remind members to make sure their contact information is up to date.
Learn more about post-eligibility verifications (PEV) for Medicaid members.

Adding A New Provider to An Existing Group – Form Update

We have recently changed our RI Medicaid paper application "Adding A New Provider to An Existing Group" to include a new "Date of Birth" field for an attending. This will allow us to accurately screen new providers in accordance with CMS guidelines.

The updated application can be found on the EOHHS website Welcome | Executive Office of Health and Human Services under Providers & Partners > Provider Enrollment > Adding a Provider, RIte Share, and LEA Providers section. If you click on New Provider Joining an Existing Group link this will take you to the "Medicaid Provider Application".

Please begin using this new form immediately!

Thank you for your continued participation in our Medicaid Program and please feel free to reach out to our Help Desk 401-784-8100 or Enrollment Team rienrollment@gainwelltechnologies.com for any additional questions.

EOHHS Community Newsletter

Each quarter, we distribute a community newsletter that provides detailed updates from EOHHS, RI Medicaid, and our sister agencies. Our newsletter establishes a regular cadence to connect with community partners and stakeholders by providing them with up-to-date and pertinent information about health and human services initiatives, programs, and related engagement and outreach activities.

Sign up for EOHHS' Community Newsletter to stay updated on health and human services initiatives, programs, and outreach efforts! It's the best way to stay in the know about all our community-focused work.

SFY 24 HCBS Shift Differential Attestations Due 7/31/25

2021 R.I. Public Law 162 directed EOHHS to oversee a wage passthrough program related to home and community service (HCBS) shift differential payments. Shift differentials are paid between 3:00 PM and 7:00 AM on weekdays and all hours on weekends and State holidays (referred to as "off-shift") for Personal Care (S5125) and Combined Personal Care/Homemaker (S5125-U1) services.

Effective July 1, 2021 (SFY 2022), the existing shift differential ($0.37) was increased by $0.19 to $0.56 per 15-minute unit of service. One hundred percent (100%) of the $0.19 per 15-minute service unit (or $0.76 per hour) increase must be passed through to the nursing assistant that rendered the service.

Employers must annually, on or before 7/31, submit to EOHHS an attestation affirming that all eligible employees received one-hundred percent (100%) of the increase in shift differential ($0.76/hour) for all hours worked "off shift" during the preceding July 1 – June 30. (For SFY 24, the attestation period is 7/1/2023 through 6/30/2024). **PLEASE NOTE THAT THE DUE DATE FOR THESE SUBMISSIONS IS NOW ON JULY 31st.** Employers must maintain payroll records that itemize the shift differential paid to eligible employees. Such payroll records shall indicate the shift differential, if any, that employees received, and shall demonstrate that all eligible employees received an increase of at least $0.76/hour for all "off-shift" hours worked.

Home Healthcare agency required shift differential pass-through amounts are now available on the EOHHS website with the attestation form (link included below).

The SFY 24 Attestation and the pass-through amounts by agency are available on the EOHHS website: SFY 24 Home Health Agency Shift Differentials Increase | Executive Office of Health and Human Services

Providers who have not yet submitted the SFY 23 attestation may do so here: SFY 23 Home Health Agency Shift Differentials Increase | Executive Office of Health and Human Services

Questions regarding the attestations may be sent to Medicaid Finance at OHHS.MedicaidFinance@ohhs.ri.gov.

Attention Assisted Living Facilities (ALF) Providers

New Medicaid LTSS Admissions:

If you have a new admission or a current/existing resident looking to apply for Medicaid LTSS, please send the LTSS Assisted Living referral form via email to the Department of Human Services (DHS) at DHS.AssistedLivingIntakes@dhs.ri.gov . Once the referral is received by DHS, an assigned Social Caseworker from DHS will contact your facility to set up an appointment to visit the ALF facility to complete a Functional Assessment, assist with Application Assistance and Person-Centered Option Counseling (PCOC) as needed to assist the resident with the process to apply and evaluate for Medicaid LTSS for the ALF.

Discharges should also be sent to DHS to DHS.AssistedLivingIntakes@dhs.ri.gov

Other Contact for Assisted Living Facilities:

- ***Category D New Applications and Discharges*** should be sent to: Office of Community Programs (OCP): OCP/EOHHS: OHHS.ocp@ohhs.ri.gov
- ***Requests for Tier Changes*** on existing LTSS ALF residents should be sent to the conflict-free case management (CFCM) agency serving your Assisted Living resident.
- ***Assisted Living with questions related to the Assisted Living Tier Certification process*** for Tier A, Tier B, and/or Tier C, please contact: Office of Community Programs (OCP): OCP/EOHHS: OHHS.ocp@ohhs.ri.gov
- ***Provider Billing and Payment***: Gainwell provider contact: Fidelia Williams-Edward - Customer Service help desk 401-784-8100
- ***Renewal Update*** is now on the Medicaid Renewal Lookup portal: https://www.ri.gov/EOHHS/medicaid_renewal

Assisted Living Facilities (ALF) Providers: 2025 Room and Board (R&B) and Cost of Care (COC) Updates

Effective January 1, 2025, the monthly Room and Board (R&B) Rate for all Medicaid LTSS Assisted Living participants with income below $2901 or 300% of the Federal Benefit Rate (FBR) **will be $1299** to reflect the Year 2025 Federal Benefit Rate (FBR).

Residents with income above the 300% FBR will be $2901 and adjusted accordingly based on single or double room occupancy.

Cost of Care (COC) may also change to reflect the 2025 COLA for customers who are receiving SSA benefits and other income with annual COLA increases.

For customers with income below $1299, their R&B may be less as such we encourage providers to help them apply for Category D to support their Room and Board.

For assistance, questions, or concerns, please contact the DHS Assisted Living provider Email: DHS.AssistedLivingIntakes@dhs.ri.gov.

Attention Conflict Free Case Managers and Home Care Providers

Beginning March 1, 2025 all Service Authorizations for Home Care will be shown as LTSS/HCBS (MCS010). This change will include Service Authorizations for OHA Community (MDE010). For all claims after March 1, 2025 providers must bill with the corresponding codes for the LTSS/HCBS (MCS010) program. For any questions on billing following this change please reach out to your Gainwell Provider representative.

Required Home and Community Based Services (HCBS) Provider and Direct support Professional (DSP) Training

Pursuant to the federal Home and Community Based Services (HCBS) quality assurance requirements under 42 C.F.R. § 441.302 for all Rhode Island Medicaid HCBS providers and direct support professionals, Rhode Island is requiring annual completion of this training for anyone working directly with HCBS participants. Completion of this training annually is part of the quality measures Rhode Island reports to the Centers for Medicare and Medicaid Services (CMS) regarding the HCBS pro-gram.

Providers and direct support professionals working with HCBS participants must register for a TRAIN account (instructions included) to complete the required training on an annual basis. Agencies working with HCBS participants are responsible for ensuring that each of their relevant staff members completes this required training. Please review the instructions for creating a TRAIN account, which also includes the course information, the group code to register, and contact information for assistance if needed.

Direct care workers and/or direct support professionals working for the following HCBS provider types are required to complete the training:

- Assisted Living
- Cognitive Disability Organization (CDO) and Developmental Disability Organization (DDO)
- Home Care
- Home Delivered Meal
- Shared Living
- Personal Choice

The training covers essential information related to HCBS and the Final Rule, including HCBS consumer rights, person-centered care, conflict free case management (CFCM), and critical incidents. Also included is information related to the No Wrong Door (NWD) approach for long term sup-ports and services (LTSS) and how implicit bias can impact person-centered planning. The training was developed by an interagency team, using CMS guidelines to ensure compliance. Agencies working with HCBS participants cannot adapt materials in this training into their own training curriculum; employees of these agencies need to complete the training as is on the TRAIN platform.

Training is available in English, Spanish and Portuguese.

Please reach out to your state agency program contact or ohhs.ltssnwd@ohhs.ri.gov with any questions.

FYI - Information being sent to families with renewals for households with children under Katie Beckett turning 19 and aging out:

Katie Beckett is a Medicaid eligibility category for children under age 19 who are otherwise not eligible for Medicaid (based on family income) yet have serious, chronic, disabling conditions or complex medical needs, live at home, and would otherwise qualify to live in an institution. Children are eligible for Katie Beckett based on their clinical needs and their income and resources, not those of their parents. **Children who turn 19 and age out of Katie Beckett will be reviewed for another Medicaid eligibility category including MAGI (income-based Medicaid), or Long Term Services and Support (LTSS) as a disabled adult (EAD) or through the BHDDH-DD program.** Program participants who are between the ages of 19-21 and are found to be SSI eligible by SSA would be transitioned to SSI Medicaid to cover these services. Any assistance providers can give to families with the information below is appreciated.

DHS/EOHHS is working diligently with families of children in Katie Beckett to avoid service disruption. Please respond immediately to all letters and calls requesting additional information to allow DHS to review and transition your child smoothly into the next potential Medicaid eligibility category.
For assistance, questions, or concerns, please contact the LTSS Coverage line at 401-574-8474 or email the Katie Beckett team at DHS.PedClinicals@dhs.ri.gov

SUD Residential Providers

Changes to the Medicaid Fee for Service (FFS) billing for SUD Residential was implemented in December 2024.

ASAM Level	Code/ Mod	Rate
3.1	H0018 UD	$202.80
3.5	H0010 UD	$361.17
3.7 / 3.7 WM	H0011 UD	$596.23

These new codes have a retro effective date of October 1, 2024. SUD Residential services will continue to be billed to RI Medicaid FFS on the 837 Professional transaction or the paper CMS 1500 claim form. SUD Residential claims will be billed with Taxonomy 324500000X – Residential Treatment Facility.

RI Medicaid/OHHS recouped all billing (of codes H0001 UD, H0004 UD, H0005 UD) from 10/1/2024 through mid-December. This recoupment was posted on the Remittance Advice dated December 27, 2024. If you have billed a BLOCK Grant, the recoupment will be handled separately at a later date.

For services from 10/1/24 onward, providers must rebill these services with the new code combinations, to receive the new per diem rates effective 10/1/24.

For any questions, please feel free to contact Provider Representative, Karen Murphy at karen.murphy3@gainwelltechnologies.com or 571-348-5933.

Attention All Users of the Healthcare Portal

It is that time of the year where we begin to think about fall cleaning…If you have a **delegate user** who at one time logged into the Healthcare portal to check eligibility, claims status etc. and no longer works for your organization, please remember to update your trading partner profile. If you are a **master user** and once was a delegate user, please make sure to inactivate your delegate user ID.

Please follow the steps below to update your information.

1. Login to the portal using the trading partner number.
2. Select Manage Accounts found on the left-hand side of the screen and scroll to the bottom.
3. Review the delegates associated with the trading partner.
4. If they no longer work for your organization, select their name, and inactivate them by checking the box off.
5. Once you have completed this business task, please send your trading partner number along with a list of the users that can be deleted (because they are no longer active with your office) to riediservices@gainwelltechnologies.com.

Updates to the Healthy Rhode Mobile App for Customers

The Healthy Rhode Mobile App recently underwent important updates to enhance both customer experience and operations efficiency. In addition to providing a wider array of support services through the mobile app, it is expected these enhancements will also serve to improve the customer experience both in-person and via the call center by offering the types of services commonly sought through both of these venues, likely resulting in shorter wait times. These upgrades include:

- Displaying previously submitted documents, appointments, banner messages, and notices
- Allowing customers to enter reasonable explanations, along with the documents upload
- Allowing customers to reset passwords and recover their username via one-time password
- Allowing customers to login via Biometrics
- Notifying customers of key dates and information pertinent to their case
- Allowing customers to create accounts, reset passwords, and recover their usernames
- Allowing customers to opt into text messages and push notifications
- Allowing customers to view their Medicaid ID on the mobile app
- Allowing customers to get on-demand updates of the status of their applications or recertifications/interims or periodic verifications
- Allowing customers the ability to submit simple changes to their case and household through the mobile app

These upgrades continue to further advance the customer service focus by addressing some of their most common needs. The ability to accomplish many of these necessary tasks through the mobile app is an exciting and extremely useful step that will help customers more quickly and efficiently accomplish tasks important to ensuring access to and continuity of benefits.

Staying Connected

Are you a trading partner with RI Medicaid? Have you changed external or internal business processes? Have you had internal staff changes? If your contact information is out of date, you might miss vital information for your covered providers. Stay connected to RI Medicaid and send your email address to riproviderservices@gainwelltechnologies.com so that you can receive the monthly provider update with essential information for your covered providers.

Clearing Houses/Billing Agencies – Managing your Trading Partner Profile

Did you know you are responsible for managing the covered providers located in your trading partner profile? What does this mean? If you wish to conduct business on the providers behalf, you must add their NPI to your Covered Providers. If you would like to download the 835/277U transactions for the provider, you must also **check off** the 835/277U transaction boxes. Did you know when the provider no longer wants you to download their 835/277U, you **must** remove the NPI from your covered providers? Please select the link below for instructions on how to **add** and **remove** your covered providers.

Managing Covered Provider Guide

***** If you are no longer practicing business with a covered provider,**

please end date that NPI***

Application Assistance for Medicaid LTSS

Sometimes, people applying for Long Term Services and Supports (LTSS) through Medicaid need help understanding or completing the application. There are many ways Rhode Islanders can get support.

Rhode Island's Aging and Disability Resource Center (ADRC), also known as the Point, can help guide people through the applications process. Staff are also trained in person-centered options counseling (PCOC). That means they can help people with disabilities, older adults, and their families identify their health care goals and make informed choices about their care.

Many **community organizations or agencies** like the ones listed here can help. If you work for an agency that helps people complete benefit applications, consider extending that support to Rhode Islanders who may need LTSS through Medicaid.

The people around us play an important role in our health. **Anyone can help a friend, family member, or client** apply for LTSS through Medicaid.

It is important to know that:

- Whether someone is applying for LTSS through Medicaid for the first time or they're already a client, that person retains their right to choose their preferred service and provider at all times.

Individuals must meet financial and clinical criteria to qualify for LTSS through Medicaid. To learn more about eligibility and how to help someone apply, visit this web page form the RI Department of Human Services.

Applications for LTSS through Medicaid can be completed and submitted on-line, or printed and submitted by mail or in person at https://dhs.ri.gov/apply-now.

Refresher: Billing & Payment from MCO's for Nursing Facility Stays

The Managed Care Organizations (MCO) were provided clarification in September 2024 concerning the following MCO disenrollment and payment policies for Rhody Health Partners and Medicaid Expansion members admitted for a nursing facility stay.

- **30-Day Stay at Nursing Facility**
  Admitted 5/13, still there on 6/13:
  - Member will be disenrolled from MCO effective 6/30
  - Nursing home should bill MCO for 5/13–6/30 services.
- **Stay Exceeds 30 Days**
  Admitted 5/13, discharged 7/16:
  - Member will be disenrolled from MCO effective 6/30
  - Nursing home should bill MCO for 5/13–6/30 and bill FFS* for 7/1–7/15.
- **Hospital Admission During Nursing Facility Stay**
  Admitted 5/13, inpatient hospital 6/7–6/17 then discharged to a nursing facility:
  - Nursing home should bill MCO for 5/13–6/6
  - 30-day nursing home benefit count restarts on 6/17 upon hospital discharge
  - Member will be disenrolled from MCO effective 7/31 (if they still reside at a nursing facility)
  - Nursing home should bill MCO for 6/17–7/31 and bill FFS* for 8/1 – forward.
- **Stay Overlapping Financial Cycle**
  Admitted 7/27, still there on 8/27:
  - Member will be disenrolled from MCO effective 9/30
  - Nursing home should bill MCO for 7/27–9/30 and bill FFS* for 10/1 – forward.

*All appropriate nursing home admission and discharge slips must be entered correctly in CSM for payment consideration by FFS.
For further clarification or questions, please contact Gainwell's Provider Service Desk at 401-784-8100.

Immediate Dentures

Immediate dentures are now a covered benefit through RI Medicaid. While we await full rollout, if you have a patient who would benefit from this service you may use corresponding conventional denture codes. Existing frequency limitations apply.

Use the Following Corresponding Codes below in place of the Immediate Denture codes	Immediate Denture Codes
D5110 - COMPLETE DENTURE-MAXILLARY	D5130- IMMEDIATE DENTURE-MAXILLARY
D5120 -COMPLETE DENTURE-MANDIBULAR	D5140-IMMEDIATE DENTURE-MANDIBULAR
D5211- UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	D5221-IMMEDIATE UPPER PARTIAL
D5212- LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	D5222- IMMEDIATE LOWER PARTIAL

Once you receive notice that the immediate denture codes have taken effect in Medicaid's system, then you will bill accordingly using the immediate denture codes.

Please contact Andrea Rohrer, RI Medicaid Provider Representative, andrea.rohrer@gainwelltechnologies.com if you have any questions.

Provider Change in Enrollment: The Seasons are Changing and Potentially Your Staffing!

While you let RI Medicaid know about providers leaving the practice during revalidation, RI Medicaid needs to be notified of this as it's happening.
Accurate enrollment is needed to ensure updates are made correctly.

If you no longer wish to be FFS RI Medicaid provider and be reimbursed for services provided to RI FFS Medicaid recipients or you've changed groups within the RI Medicaid program please send a written termination statement to rienrollment@gainwelltechnologies.com or fax to 401-784-3892 with the following:

- Group Name
- Group NPI
- Associated Provider Name
- Associated Provider NPI
- The date of Termination

Please note, if you are a provider with one of the Medicaid MCOs in Rhode Island, you will be required to complete a MCO screening application if you terminate your RI FFS Medicaid Enrollment.

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 or email our provider enrollment department at rienrollment@gainwelltechnologies.com.

In addition, please see Provider Enrollment General Frequently Asked Question (FAQ) document found on the EOHHS website as a reference.

Healthcare Portal Recipient Eligibility Verification

The Healthcare Portal functionality for verifying eligibility allows providers to check the previous thirty-six (36) months and two (2) months into the future from the present date. The maximum span of three (3) months per inquiry is allowed. The timely filing rule of one (1) year from date of service applies to claims processing.

Eligibility Verification Request

* Indicates a required field.

Please select or enter valid Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI Provider Type Taxonomy

Billing Provider

Rendering Provider

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Please enter Recipient ID.

For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name First Name MI Birth Date

Payer

Date range may be 36 months prior to today / 2 months into the future, with a maximum 3-month date span.

*Effective From Date Effective To Date

Service Type Code

Service Type Code #1 Service Type Code #2

Service Type Code #3 Service Type Code #4

Service Type Code #5 Service Type Code #6

Show More Service Type Codes

Submit Reset

Information 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.

EOHHS Launches Interactive Health Workforce Data Dashboard

The RI Executive Office of Health and Human Services' new, interactive Health Workforce Data Dashboard takes a major step forward in understanding important characteristics of Rhode Island's licensed health professional workforce. The dashboard provides valuable insights into local employment trends through the lens of equity, income levels, demographic details, and more. For example:

- Many licensed RI health professionals are not employed in RI
- Black and Hispanic Registered Nurses are more likely than White RNs to have started their nursing career as a Nursing Assistant.
- 41% of all Social Workers and Mental Health Counselors employed in RI graduated from RIC
- Hospitals tend to have the highest median annual wages among healthcare settings

To view more data, visit our new, interactive Health Workforce Data Dashboard: https://eohhs.ri.gov/health-workforce-dashboard.

For Entities That Provide Both Community Health Worker and Home Stabilization Services

It is permissible for an entity to enroll as a Home Stabilization Services (HSS) provider and also as a Community Health Worker (CHW) provider. However, in any given month, for any given Medicaid beneficiary, such an entity may only bill one of these service types, not both. HSS are reimbursed on a monthly basis for each participating Medicaid beneficiary. CHW services are reimbursed based on 15-minute billing units. If an entity bills HSS for a beneficiary, they are not permitted to also bill CHW services for that beneficiary that same month. The reverse is also true; if an entity submits a CHW claim for a beneficiary in a given month, the entity can continue to submit additional CHW claims during that month but may not also bill the HSS monthly rate. Entities are permitted to bill HSS for some beneficiaries and CHW for other beneficiaries in the same month. Entities are permitted to bill HSS for a given beneficiary in one month and switch to CHW service for that beneficiary the next month (or CHW one month and HSS the next). It is only billing both services for the same person in the same month that is not permitted.

If you have questions, please contact your provider representatives. For CHW providers you will contact Andrea Rohrer at andrea.rohrer@gainwelltechnologies.com and for HHS providers you will contact Fidelia Williams-Edward at fidelia.williams@gainwelltechnologies.com.

ADA Stretcher Compliance- NEMT Benefit

Healthcare Providers to Comply with ADA Stretcher and Wheelchair Requirements for NEMT Benefit

Under Title III of the Americans with Disabilities Act (ADA), healthcare providers must comply with the relevant physical access accommodations. Providers are required to make 'reasonable accommodations' to policies, practices, and procedures to avoid discriminating against an individual with a disability. EOHHS is in receipt of several complaints from contracted transportation providers (TP) regarding stretcher transportation issues at healthcare provider facilities.

EOHHS reminds healthcare providers that under its non-emergency medical transportation (NEMT) benefit, **transportation providers cannot leave an unattended stretcher at a provider/facility unless it is the member's personal mobility device or leave the transportation provider's stretcher at the facility.**

We thank you for your cooperation and attention to this important matter and kindly remind contracted network providers to comply with all ADA requirements, including wheelchair and stretcher transport for member's utilizing the NEMT benefit.

Attention Fiscal Intermediary Agencies

OHHS has implemented a rate increase for Case Management Services billed for recipients who are enrolled in the Personal Choice Program and Habilitation Community Service effective 10/1/2024.

Procedure Code	Current Rate	New Rate effective 10/1/2024
T1016-Case Management per 15 mins	$15	$21.98
T1028-Assessment of Home, Physical and Family Environment, to determine suitability to meet patient's medical needs-	$60	$83.47
T2022—Case Management per month	$125	$147.21

For additional questions, please reach out to the Customer Service Help Desk at 401-784-8100 or your Provider Representative Fidelia.Williams@gainwelltechnologies.com.

Behavioral Health Providers & Z Code Billing

For behavioral health providers, especially those working with infants and young children, EOHHS wants to ensure awareness of the ability to utilize a Z code, rather than a clinical diagnosis, for claims submissions. In instances where behavioral health needs are identified but a diagnosis is not yet known and/or not specified, providers can use an appropriate Z-code when billing. As a reminder, Z codes meet the federal requirement for claims and do not indicate a diagnosis of a mental health disorder.

For all Medicaid members, Z codes can be used during the assessment phase of treatment, including before a mental health disorder diagnosis has been established. Z codes can also be used after the assessment phase, as a behavioral health disorder diagnosis is not a prerequisite to receive medically necessary services. The assessment or other documentation in the medical record should substantiate the use of a Z code. Please refer to the CMS coding guidelines for additional information about Z codes, including when Z codes can be used as a primary diagnosis.

Attention Nursing Home Providers: Cost of Care (COC) or Applied Income updates

For beneficiaries admitted and or residing in an Institution/Nursing Home, liability toward the cost of care/ applied income begins on the eligibility date and/or the first (1st) day of the month in which an application is filed.

For LTSS beneficiaries transitioning to and/or from a Nursing Home, the beneficiary liability is recalculated to reflect the below:

Institution to HCBS/Assisted Living: If the LTSS beneficiary is discharged to the community or Assisted Living, the beneficiary is responsible for paying the Cost of Care (COC) for their last month at the Nursing Facility. Partial month beneficiary liability may apply when the LTSS beneficiary receives services for less than a full month due to discharge or change in LTSS living arrangements, such as nursing facility to home or ALF. The beneficiary and/or the Nursing home can apply for the partial month consideration by submitting an LTSS change form to DHS. DHS will pro-rate the COC and adjust the beneficiary liability accordingly.

Institution to Death: For discharge to death, beneficiary liability for death month is $0.

HCBS to Institution: If the beneficiary transitions from HCBS or Assisted Living to the Nursing Home on the first of the month, the beneficiary is responsible for the full beneficiary liability to the Nursing Home for the month of admission. If the transition happens from the 2nd to the end of that month, the COC will be adjusted accordingly.

For case processing and eligibility-related questions, Nursing Home Facilities can contact DHS NF provider email: DHS.NursingHomeInquiries@dhs.ri.gov

Nursing Home Transition Program and Money Follows the Person

The Nursing Home Transition Program and Money Follows the Person program (NHTP) can offer support to your facility, helping residents who are eligible for Medicaid return to the community, when appropriate.

Referrals to the program can come from nursing home staff, residents, family, or others. On receiving a referral, the NHTP Transition Team provides information and support to develop a plan and facilitate the transition, including coordinating community services and supports, helping find housing, obtaining necessary household goods and furniture, and assisting with the move.

Transition services are available to individuals who are directly served through the RI Medicaid office and those who are served by a managed care organization.

Following a move, the Team maintains weekly contact with an individual for the first thirty days and establishes a care management plan for subsequent follow up.

To refer someone interested in discussing options for returning to the community, complete a referral form and fax it to (401) 462-4266. The form can be found on the Rhode Island Executive Office of Health and Human Services website via a link on the Nursing Home Transition Program webpage: https://eohhs.ri.gov/Consumer/NursingHomeTransitionProgram.aspx.

We welcome your questions and feedback and are happy to meet with your staff. Please contact us by email at ohhs.ocp@ohhs.ri.gov, by telephone at (401) 462-6393 or individually using the information below.

Contact Information

Robert Ethier
Money Follows the Person Program Director
robert.ethier.ctr@ohhs.ri.gov
(401) 462-4312

SFY 24 Nursing Facility Wage Pass Through Reporting Due 7/31/25

Pursuant to Rhode Island General Law § 40-8-19, nursing facilities are required to pass through 80% of any rate increase to the direct care, indirect care, and other direct care components of the nursing facility payment between 10/1/2023 and 9/30/2024. Current law also requires that the Executive Office of Health and Human Services collect certification forms from nursing facilities attesting to compliance with the required wage pass through.

The FFY2024 Nursing Facility Wage Pass-Through portal is now live. EOHHS has also posted the required pass-through amounts for each facility as well as provider guidance. The portal, pass-through amounts, and guidance can be accessed in the Nursing Home provider directory on the EOHHS website, linked here: Nursing Homes | Executive Office of Health and Human Services

The deadline to submit the FFY 2024 (10/1/2023 through 9/30/2024) attestation is **7/31/2025.**

Required information can be submitted in three ways:
Upload an Excel file using the Excel template available in the portal. **No other Excel files will be accepted.**
Upload copies of collective bargaining agreements, if applicable.
Manual entry of employee information

EOHHS recommends that facilities utilize options one and two as these will lessen the amount of time it takes to complete the certification.
If you have questions, do not hesitate to reach out to the Medicaid Finance Team via email (OHHS.MedicaidFinance@ohhs.ri.gov).
Best,
Medicaid Finance Team

Attention Nonskilled Home Care, Skilled Home Care, Hospice, and BHDDH DD Providers

The 21st Century Cures Act requires that electronic visit verification (EVV) systems capture six (6) data points to comply with EVV program requirements from the Center for Medicare and Medicaid Services (CMS). As such, the following must be validated on each claim:

1. Service Type;
2. Individual receiving the service;
3. Date of Service;
4. Location of service delivery (should be place of service = HOME);
5. Individual providing the service; and,
6. Begin and end times of service (Log in and log out time matches what is being billed, for example, two hours of service are being billed, there should be a log in and log out to match the two hours of billing).

This memo serves as formal notice to home care providers and home health agencies that starting with claims with dates of service on **April 1, 2025,** and moving forward, RI Medicaid will begin performing automated claims validation on Fee-for-Service billing to identify if the six (6) data elements required by EVV are present to ensure compliance with the 21st Century Cures Act.

If the automated claims validation process determines that there is not a match for the six (6) required data elements for EVV and your claim suspends, your remittance will show one of three error codes:

- ESC 994 - EVV Fields Not Yet Found
- ESC 995 - Missing All EVV Fields
- ESC 996 - One or More EVV Fields Missing

Once EVV edits are active a provider's claim will suspend if:

- You do not have an EVV record on file.
- You do not have all six (6) data points required for an EVV record.
- The EVV records service type, CPT/HCPCS code does not match the claim submitted.

These codes will suspend the claim for thirty (30) days to validate if EVV data is received, is corrected, or continues to be incorrect or missing. It is the providers responsibility to review these error codes and make necessary corrections. If EVV data continues to be incorrect or missing after 30 days, the claim will deny.

If you need EVV technical assistance and use the Sandata application, please e-mail RIcustomercare@sandata.com. If you use a third party application please e-mail RIaltevv@sandata.com or refer to the Alt EVV addendum RI Alternate EVV Specifications 4.2.

Attention Community Supports Management (CSM) Users

The Community Supports Management Website was designed to help users enter forms electronically. Users can enter the following forms on the CSM without a need to fax them over to the local DHS office.

Nursing Home Admission Slips

Nursing Home Discharge Slips

In order to gain access to the CSM Website, **all new users must fill out and submit a** CSM User ID form which can be found on the www.eohhs.ri.gov website. Please email the completed form to Nelson.Aguiar@gainwelltechnologies.com.

Once the form is received, please allow 7-10 business days to process your request. The user will receive an email with their CSM User ID, a temporary password, and a link to the CSM with some basic instructions on logging in.

Please remember that passwords must be between six and eight alphanumeric characters in length, contain no special characters or spaces, cannot be all nines and expire every 90 days.

For passwords that require Gainwell to reset them for you, please email rixix-ticket-system@gainwelltechnologies.com.

***Important Reminder**

Please remember as a user of the Rhode Island Community Supports Management System (CSM), it is your agency's responsibility, upon someone leaving your workforce, to notify the State of Rhode Island Executive Office of Health and Human Services or Gainwell to revoke access to the CSM. Requests for termination of access must be sent on the CSM User Form, with the selection of "Delete" at the top of the form. Please send the form to Nelson.Aguiar@gainwelltechnologies.com to have the worker's access to CSM removed. It is our shared responsibility to prevent unauthorized access to the CSM and to protect and safeguard the Personal Health Information of our Health & Human Services program enrollees.

Attention Nursing Home, Hospice and RICLASS Providers – CSM Users

Gainwell Technology will be offering two sessions reviewing this change. Please note that the trainings have been postponed. Providers will be notified when the rescheduled training dates are. Please continue to prepare for this change by following the below instructions.

EOHHS has requested that Gainwell move the Nursing Home Admission/Discharge slip functionality from Community Supports Management (CSM) web application to the Healthcare portal (HCP). This will include moving the Nursing Home Admission/Discharge Dashboard currently used by case managers to update the statuses of current slips. One of the CSM features in use today is for health care providers to report the admission and discharge of a Medicaid recipient to a nursing facility for long-term care services.

RI Gainwell will move the Admission/Discharge Slip process and Dashboard from the current CSM platform to a new admission/discharge slips web page and dashboard in the HCP. Today providers who have trading partner IDs will have access to enter Admission/Discharge Slips on the Healthcare portal.

In addition to providers using the new platform, Case workers and Case Managers will also access the Admission/Discharge Dashboard allowing them to update the status of existing slips.

In preparation for the new functionality on the healthcare portal, we will provide training prior to implementation of the new function early next year. In the meantime, we are asking for you to review your current access.

- If you do not currently have access to the healthcare portal but use the CSM platform, the primary/master user of the trading partner number will need to add you as a delegate user of the portal. Once you have been added as a delegate user to the healthcare portal, you will need to register. For instructions on how to register select RI Medicaid Healthcare Portal.
- As the primary/master user of the health care portal, you will need to add new delegate users and provide them with the information needed to register their information creating a security profile. For instructions on how to add delegate users select RI Medicaid Healthcare Portal. Once the new function has moved to production (Winter 2025) you will check off the new function **Admit/ Discharge Role** for your delegate users.
- If you are a current CSM and HCP user, there will be a one-time update to add the admit/discharge functionality if you are a current CSM and HCP user.

Partner Advisory from the Rhode Island Executive Office of Health & Human Services Regarding Access to Mifepristone- 4/17/2023

Under the leadership and direction of Governor Daniel McKee, the Rhode Island Executive Office of Health & Human Services (EOHHS) is committed to ensuring patients' access to Mifepristone as various national legal proceedings continue. Access to this medication remains legally protected in Rhode Island.

Mifepristone is a medication prescribed to people for the medical termination of pregnancy. This medication is safe and effective and has been authorized for use by the U.S. Food and Drug Administration (FDA) for more than 20 years.

EOHHS has taken the following actions to ensure Rhode Islanders have access to Mifepristone:

Communicated and required our three contracted Medicaid Managed Care Organizations, Neighborhood Health Plan of Rhode Island, UnitedHealthcare of New England and Tufts Health Public Plans, which currently serve one out of every three Rhode Islanders, continued access to Mifepristone under current rules and regulations allowed under the Medicaid Program;

Coordinated with the Rhode Island Department of Health (RIDOH), the Office of the Health Insurance Commissioner (OHIC) and HealthSource RI to provide information to other commercial and qualified health plans, doctors and other prescribers, and pharmacies; and

Shared important updates with community partners and advocates to ease concerns or confusion in light of various federal rulings about Mifepristone access. As of today, this access remains legal and allowable in Rhode Island.

"At EOHHS, we work every day to ensure that all Rhode Islanders have a voice, a choice and equity in the health and human services they and their families receive," said EOHHS Acting Secretary Ana Novais. "I am proud to stand with the organizations and advocates who fight every day for reproductive rights—whether it be for this medication or for our Equity in Abortion Coverage proposal, as all people deserve a comprehensive array of reproductive services from our health system. **As of today, all Rhode Islanders have access to the same coverage, treatments, and care that they had before federal court rulings. Access to mifepristone is not impacted in Rhode Island.** We will continue to work with the Governor and our state's health and human services agencies to share information, ensure that access to Mifepristone and other essential treatment continues to be protected, and inform the public about any changes on this matter."

Pharmacy Spotlight

Attention Pharmacies

Due to the restart of Medicaid Renewals, there may be instances where Medicaid members are losing coverage or experiencing gaps in coverage. Gaps in coverage could impact managed care enrollment. When presented with a managed care claim denial, please request the white anchor ID card from the member. The white anchor card contains the members fee-for-service ID which may be active during a managed care coverage gap.

RI AIDS Drug Assistance (ADAP) – Payor of Last Resort

What does this mean? Simply, that all other prescription benefits must be billed before billing ADAP.

When a RI AIDS Drug Assistance (ADAP) patient presents a prescription for a pharmacist to fill, the pharmacist should ask the patient to provide all cards for private prescription programs, Medicare Part D or Medicaid.

All non-ADAP prescription drug programs will be the primary payor. If the drug is covered under the scope of primary payer's program, then RI ADAP will pay the co-pay. If the drug is not covered by the primary payer's program, **and** ADAP covers the drug, then ADAP will pay the claim.

If the primary payor denies the claim because the drug requires prior authorization, then a PA must be sought from the primary payor.

and can be reached at (401) 784-8100. Please have your NPI, beneficiary MID and the date of service of the claim available when calling the Help Desk.

Pfizer voluntarily withdraws Oxbryta from the market for the treatment of Sickle Cell Disease in Adults and Pediatric Patients 4 years of age and older.

See FDA Notification

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: April 8, 2025

In Person Registration on site: 7:30 AM

Meeting: 8:00 AM

Location: Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI

Click here for agenda

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

Date: April 8, 2025

In Person Registration on site: 10:15 AM

Meeting: 10:30 AM

Location: Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI
om

Click here for agenda

2025 Meeting Dates:
April 8, 2025
June 10, 2025
September 9, 2025
December 2, 2025

Pharmacy Spotlight cont.

Assuring Access to Medications for Refugees or Members Who Do Not Have Their Identification Cards

Medicaid Pharmacy point of service (POS) claims can be processed using the Medicaid Identification (MID) number presented by the beneficiary. Once enrolled beneficiaries are sent a MID card via USPS delivery. Beneficiaries may need to fill a prescription before they receive their MID card. During this time, it is acceptable for the beneficiary; to provide the pharmacist with their MID written on a piece of paper, displayed on a mobile app or in the web portal. As you know a MID is unique to the beneficiary and when a POS claim is submitted both the first and last names submitted must match to the MID. If it does not match to the eligibility information in the claims processing system, the claim will be denied. The same process can be used should a beneficiary lose their card.

Rite Share Billing

Program Description

Rite Share is Rhode Island's Premium Assistance Program that provides help paying for an employer's health insurance plan. The State will pay all or part of the cost for employee health insurance coverage.

Professional Billing

Rite Share Paper Submission

RI Medicaid will usually pay the patient responsibility (coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at $500.
When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the coinsurance and/or deductible
- Total charges should equal those on detail one.
- No “other insurance” information should be reported on the claim
- No “prior payments” should be reported on the claim
- Primary payer EOB should be included with the claim
- HCPC code is X0701

RIte Share-Electronic Submission

Patient Responsibility (coinsurance and/or deductible) should be submitted using the actual procedure code for the services performed. Indicate yes to other insurance and enter Adjustment Codes, Group/Reason Codes as reported on the primary payers EOB. The PR codes will indicate the amount of the coinsurance and/or deductible.

Institutional Billing

RIte Share-Paper Submission

RI Medicaid will usually pay the patient responsibility (copay, coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at $1000 and are paid at the Ratio of Cost to Charges (RCC) x total charges rate.

When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the copay, coinsurance and/or deductible
- Total charges should equal those on detail one.
- No “other insurance” information should be reported on the claim
- No “prior payments” should be reported on the claim
- No primary payer EOB should be included with the claim
- All amounts are paid at the RCC x total charges
- TOB should be 994
- For Hospitals the Provider ID will be the Legacy ID not the NPI/Taxonomy

RI Medicaid may also consider for payment services that are non-covered by the primary carrier if these services are generally covered by Medicaid. ***Note: Any denials by primary indicating non-compliance with policy are considered invalid and Medicaid will not consider these services for payment.***

New - Fingerprinting Requirements for "High Risk" Providers and Owners

With the passage of the SFY23 budget and in accordance with Section 6401 of the Affordable Care Act, Medicaid enrollment requires a fingerprint-based criminal background check (FCBC) as part of new screening and enrollment requirements for all "high risk" providers and all persons with a 5% or greater direct or indirect ownership interest in such providers. The final rule for Section 6401 assigned risk levels for provider types that are recognized by Medicare. Rhode Island Medicaid adopted those risk levels and assigned risk levels for Medicaid-only provider types. Provider screening and enrollment requirements are based on the risk level for a particular provider type or provider.

Rhode Island Medicaid may rely on fingerprinting and background checks performed by Medicare (or another State Medicaid Agency) for an individual when it can be verified, and the provider is still in an approved status.

The following is a list of the provider types that have been classified as high risk.

High Risk Providers

- ✦ New enrollees in the following provider types:
    - Durable Medical Equipment Providers (newly enrolling on or after July 1, 2018 only)
    - Home Health Agencies (newly enrolling on or after July 1, 2018 only)
- ✦ Federal regulations also require that any provider that meets one of the following criteria be classified as high risk:

- Has had a payment suspension based on a credible allegation of fraud, waste, or abuse since July 1, 2018;
- Excluded by OIG or another state Medicaid program within the past 10 years; or
  Has a qualified overpayment and is enrolled or revalidated on or after July 1, 2018

Notification and Process

Impacted providers will receive written notification from Rhode Island Medicaid that they and/or their owners are required to comply. Applicant Registration form will need to be uploaded to the Provider Portal within 30 days. That information will be entered into the Rhode Island Office of the Attorney General's fingerprinting system by Rhode Island Medicaid.

A letter will then be generated and sent to the individuals to be fingerprinted that includes a unique ID number and instructs them to visit the Rhode Island Office of the Attorney General's offices in Cranston, Rhode Island within 30 days. Providers must ensure that each of their qualifying owners do so within this timeframe.

Failure to have the fingerprints of each individual on the notification letter scanned within these time frames may result in denial of an enrollment application or termination of enrollment with Rhode Island Medicaid.

New-Fingerprinting Requirements for "High Risk" Providers and Owners

In addition, if providers or their owners are found to have been convicted of any the legislative disqualifying felonies under the National Criminal Background Check Program (NBCP) and/or convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the title XX services program since the inception of those programs, Rhode Island Medicaid may deny their enrollment application or terminate their enrollment. To avoid a denial or termination, providers may be required to remove any owners who fail to have their fingerprints scanned within 30 days, or are found to have been convicted of any of the previously mention offences.

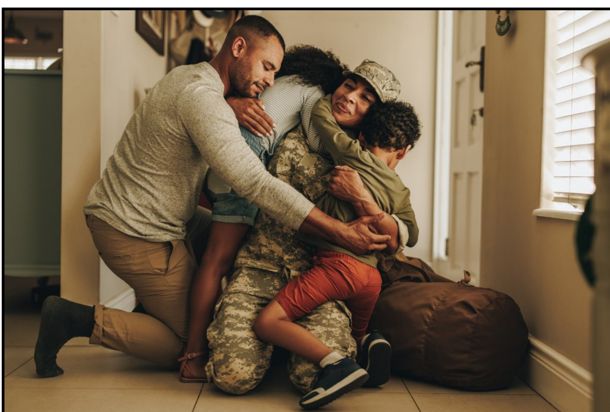
Background Check Results

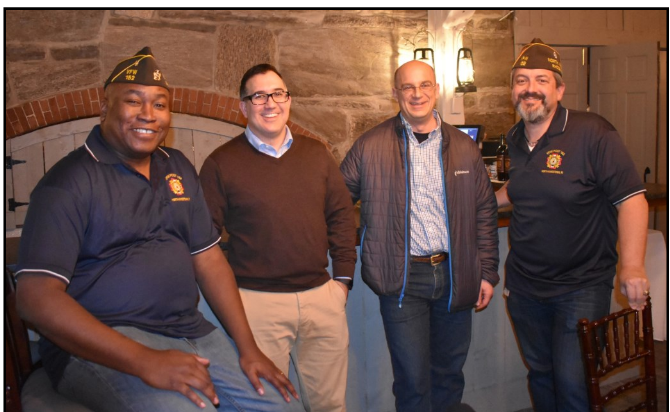
The results of your National Background Check (NBC) will be provided directly to Rhode Island Medicaid, where you will receive a qualified or unqualified decision. An unqualified decision is reached when one of the nineteen felonies are found during the background check, if you receive an unqualified decision, you are entitled to reach out to the Attorney General's office for detailed information and appeal the decision.

Providers/Owners that receive an unqualified decision will not be allowed to participate in Rhode Island Medicaid.

When Veterans Need Support, You're on the Front Lines

Rhode Island is a strong community made up of fighters, families, and friends. Together, we have the power and the resources to save lives of Veterans. They served for us. Now it's time to serve for them. If you know a Veteran looking for assistance, a wide range of services are now available, from peer counseling to support with health, housing, employment, and much more. Healthcare professionals can find resources to support Veterans here.





PAYMENT ERROR RATE MEASUREMENT PROGRAM (PERM) ADDITIONAL MEDICAL RECORDS REQUESTS

CMS PERM Review Contractor, NCI Information Systems, Inc. continues to review randomly selected samples of claims to request medical records for. Additional (First, Second, Third/Final Notice of Non-Response) medical records requests are mailed to providers.

If you receive one of these requests, please follow the instructions for submission. This request, as pictured below, is a legitimate request from a CMS contractor. Failure to submit medical records could lead to claim recoupment.

Date: [||RequestDate||]
Reference ID: [||PERM ID||]
0MB Control Number: [||OMB#||]
NPI: [||NPI#||]

Request Type & Purpose: Additional Documentation Request (First Additional Documentation Request)
Subject: Additional Documentation - This is not a duplicate request

To request a copy of this letter in Spanish, please contact the PERM Customer Service Department at 800-393-3068. Once a Spanish-language letter is requested, all future correspondence for this specific PERM ID will continue in Spanish.

Para solicitar una copia de esta carta en español, por favor de contactar al Departamento de Servicio al Cliente de PERM al 800 - 393 - 3068. Una vez que la carta en español sea solicitada, toda correspondencia futura especifica a esta identificación PERM será continuada en Español.

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM) program.

Reason for Selection: A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program. The review will be completed by CMS' review contractor, NCI Information Systems, Inc.

Action: Send Additional Documentation: A request for the medical/supporting record was sent to you on xx/xx/xxxx for the beneficiary listed on the enclosed Claim Summary. Thank you for your response to the request. It has been determined by the reviewer, however, that additional documentation is needed to complete the review of this claim. **Your cooperation in submitting the additional documentation to us within fourteen (14) days is essential to ensure that the claim is accurately reviewed to determine proper payment.** Federal regulations require that you provide the medical record documentation to support claims for Medicaid/CHIP services upon request. **Providing medical records for Medicaid/CHIP beneficiaries does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization *IS NOT REQUIRED* to provide medical records in response to this request.** CMS and its contractors will remain in compliance with the Privacy Act and regulations.

When: [||MedrecDueDate||]
Please provide the requested documentation by: **[||MedrecDueDate||]. A response is still required by [||MedrecDueDate||] even if you are unable to locate the requested information.**

Consequences: If you fail to deliver the requested additional documentation or contact us by: **[||MedrecDueDate||]**, the claim will be cited as an erroneous payment and your state agency may pursue recovery of payment for this claim from you.

State FY 2025
Claims Payment and Processing Schedule

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
		7/05/2024	7/12/2024
July	7/11/2024	7/12/2024	7/19/2024
		7/26/2024	8/02/2024
August	8/08/2024	8/09/2024	8/16/2024
		8/23/2024	8/30/2024
September	9/05/2024	9/06/2024	9/13/2024
		9/20/2024	9/27/2024
		10/04/2024	10/11/2024
October	10/10/2024	10/11/2024	10/18/2024
		10/25/2024	11/01/2024
November	11/07/2024	11/08/2024	11/15/2024
		11/22/2024	11/29/2024
December	12/05/2024	12/06/2024	12/13/2024
		12/20/2024	12/27/2024
January		1/03/2025	1/10/2025
	1/09/2025	1/10/2025	1/17/2025
		1/24/2025	1/31/2025
February	2/06/2025	2/07/2025	2/14/2025
		2/21/2025	2/28/2025
March	3/06/2025	3/07/2025	3/14/2025
		3/21/2025	3/28/2025
		4/04/2025	4/11/2025
April	4/10/2025	4/11/2025	4/18/2025
		4/25/2025	5/2/2025
May	5/08/2025	5/09/2025	5/16/2025
		5/23/2025	5/30/2025
June	6/05/2025	6/06/2025	6/13/2025
		6/20/2025	6/27/2025
July		7/04/2025	7/11/2025
	7/10/2025	7/11/2025	7/18/2025
		7/25/2025	8/01/2025

View the SFY 2025 Payment and Processing Schedule on the EOHHS website

Payment And Processing Schedule | Executive Office of Health and Human Services (ri.gov)

Keep up to date with all provider news and updates on the EOHHS website:

Provider News

Provider Updates

Provider Enrollment Application Fee

The 2025 application fee for institutional providers has increased from $709 to $730. This fee is required for any enrollment application submitted on or after January 1, 2025, through December 31, 2025

Federal Register :: Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2025

Notable Dates in February

February 2nd — Groundhog Day

February 9th— Superbowl Sunday

February 14th —Valentine's Day

February 17th — President's Day