Rhode Island Executive Office of Health and Human Services
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Guidance for Implementation of Primary Care Prior Authorization Pilot

Providers Eligible to Participate in the Pilot Program

Managed Care:

MCOs credential providers as PCPs and assign members to PCPs. The Pilot will only apply to managed care providers who are credentialed as PCPs with the MCO in question and when such PCPs are providing/ordering a service for a member who is on their primary care panel. PA will still be required for services or tests performed by non-PCPs to whom the member is referred by their PCP, as applicable. MCOs will communicate to providers that the expectation is that PCPs only order services in situations where they have participated in the clinical decision-making related to the service request.

Providers may be credentialed as PCPs for one MCO but not with another MCO. In that case, such a provider may participate in the Pilot for the MCO with which the provider is a credentialed PCP, but not with any MCO with which the provider is not a credentialed PCP.

FFS:

FFS Medicaid does not assign primary care providers to beneficiaries or credential providers specifically as PCPs.

For that reason, the FFS Pilot implementation will include the same providers who are participating in the Pilot through one or more MCOs. This means that participation through any MCO will allow participation with FFS, for providers who are enrolled to accept FFS Medicaid.

MCOs have provided EOHHS with a list of the NPIs of their credentialed PCPs. Gainwell will change the PA "edits" for all relevant codes so that claims billed (and/or ordered, as applicable) by one of these PCP NPIs will bypass the usual PA edit and pay without a PA being in place.

EOHHS will communicate to providers that, as with managed care, the expectation is that PCPs are ordering services only for their own patients and only in cases where they have participated in the clinical decision-making related to the service request.

MCOs will send information to EOHHS about PCPs who have been newly credentialed or who are no longer operating as PCPs for that MCO on a monthly basis to allow EOHHS to update the FFS participation list.

Providers Excluded from Prior Authorization Pilot Program:

Both managed care and FFS will exclude from the Pilot any providers against whom Medicaid has taken any actions related to fraud, waste, or abuse pursuant to 210-RICR-20-00-1 and/or against whom a managed care organization has been authorized to recoup any Medicaid claim overpayments.

As implied by the inclusion criteria in the section above, providers who are not "in-network" for a given MCO are not eligible to participate in the Pilot with that MCO. Providers must all be screened and enrolled with RI Medicaid to participate in the Pilot with any MCO and/or with FFS Medicaid.

Process to Request to Participate in the Pilot:

Providers who are credentialed as managed care PCPs will be automatically included in the Pilot for FFS. In the event that a provider not included per this methodology wishes to participate in the Pilot with FFS Medicaid, they may submit a request to EOHHS. EOHHS will post a form on the EOHHS website for such requests.

Providers not credentialed as PCPs with a given MCO who would like to participate in the Pilot with that MCO must seek to become credentialed PCPs with the MCO in order to participate with that MCO.

Services/Codes to Which the Pilot Will Apply

In alignment with legislative language, services must meet two primary criteria to be included in the Pilot:

1. The service must be ordered in the normal course of providing primary care treatment.
2. A PCP must be responsible for submitting the PA request for this service.

In the case that a service is billed by a PCP, under their PCP NPI, there is a strong presumption that the service is both being provided in the normal course of primary care treatment, and that the PCP would be responsible for submitting the PA request.

Therefore, all services billed by PCPs participating in the Pilot – under their PCP NPI – will be exempt from prior authorization requirements. The only exception would be for requests to override quantity limits or other benefit parameters, which will continue to require PA even when the PCP is the billing/requesting provider.

For services *ordered* by a PCP but provided and billed by a *different* provider, EOHHS has identified a set of codes that are appropriate to include in the Pilot.

The criteria for inclusion in the Pilot under these circumstances are:

1. Codes for which at least 10% of prior authorization requests are currently made by PCPs, for at least one MCO.
    a. Of the above, codes for which PCPs have made at least 10 requests in the most recent 12-month period, for at least one MCO.
        i. Of the above, codes for which at least two-thirds (66%) of PCP PA requests are approved.
            1. Excluded home care, home health, adult day, and private duty nursing codes because of long-standing policy that requires PA for these services and because PA requests for these services are properly made by the furnishing and billing provider.

The following codes are therefore planned for inclusion in the Pilot:

17999	45385	72196	0215U	E1161
43235	70486	74177	A4239	E1232
43249	70496	74181	B4035	E1234
43251	70498	77046	B4150	E2510
43255	70544	81229	B4152	S9127
45378	70551	81415	B4160	
45380	71275	95810	B4161	
45384	71550	95811	E0637	

When a PCP is listed as the ordering provider on one of these codes, prior authorization will not be required. Please note that:

1. Some of these codes require PA for certain MCOs and not others, or for certain MCOs and not for FFS. The removal of the PA requirement is only relevant/ applicable where such a PA requirement is otherwise in place. This Guidance does not imply that PA is newly required for any MCO or for FFS for any of these codes.
2. If a given code on this list is not covered by a particular MCO or by FFS Medicaid, its inclusion on this list does not change the underlying coverage rules for any MCO or FFS.
3. In FFS Medicaid, unlike in managed care, durable medical equipment (DME) prior authorizations are never submitted by ordering physicians, only by the DME provider. Therefore, FFS Medicaid will not be changing the PA requirements for the DME codes above (those beginning with the letter "E").

Process to Request a New Code to be Added to the Pilot for PA Exemption when Ordered by a PCP:

Participating PCPs may submit a request to EOHHS to add a new code to the Pilot. EOHHS will post a form on the EOHHS website to allow submission of such requests.

If EOHHS determines that a code may be appropriate for addition to the Pilot, EOHHS will consult with MCOs before making a final determination.

New codes will be added on a bi-annual basis.

Guardrails and Monitoring:

MCOs and EOHHS will reach out to PCPs to share the written clinical standards for services for which PA will not be required per this Pilot. The purpose of sharing this information is to provide PCPs with the information necessary to order services that would be approved if PA were requested, even though the PA is not required.

MCOs and EOHHS will conduct monthly reviews to identify any services provided/ordered by PCPs under the Pilot that may have failed to comport with the clinical standards. MCOs and EOHHS will contact the PCP for additional information about the case as needed to determine if the service was appropriate under the standards. If a provider orders services that are not appropriate under the standards on three occasions, they will be removed from participation in the Pilot.

MCOs and EOHHS will also monitor utilization and spending for all services affected by the Pilot in order to identify any trends of concern.

Reporting:

MCOs will provide a quarterly report to EOHHS for the duration of the Pilot, to inform recommendations in the annual report due to the legislature and annual rate setting. EOHHS will draft and share a template.