



Rhode Island Medicaid Program

PROVIDER *update*

Volume 312

January 2019

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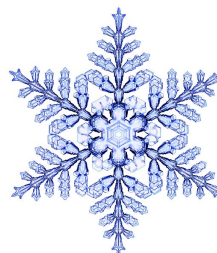
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Attention: Physicians and Non-physician Practitioners

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.



Info Re Qualified Medicare Beneficiary (QMB) Program

QMBs are Medicare beneficiaries who meet special income and resource requirements. Once qualified, Medicaid pays for their Medicare premiums, and pays deductibles and co-insurance up to the Medicaid allowable amounts for the Medicare-Covered services.

All Original Medicare and MA providers and suppliers—not only those that accept Medicaid—must not charge individuals enrolled in the QMB program for Medicare cost-sharing. Providers who inappropriately bill individuals enrolled in QMB are subject to Medicare sanctions.

For more information please see Medicare Learning Article:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf>.

Recovery Navigation Program (RNP)

Effective November 1, 2018, Rhode Island Medicaid has implemented the Recovery Navigation Program (RNP).

RNP is a community resource for those struggling with addiction. Its purpose is to assist with the first steps of sobriety. RNP services are currently delivered in a non-residential (less than 24 hour), community-based setting that assesses, monitors, provides case management, and cares for individuals who are under the influence of substances. This program aims to provide services within a less-traumatic, less-costly setting than the Emergency Department.

A multi-disciplinary staff will work together to provide patient-centered care that addresses the needs of individuals with substance use disorders. Those receiving RNP services can expect to receive assessments and monitoring, case management, connection to a RNP specialist, a meal, shower, and laundry if necessary. The goal of RNP services is to provide care to individuals needing to stabilize and allow them to start their recovery process by connecting them to supportive services and treatment.

Providers interested in providing RNP services will need to be certified by OHHS.

The Certification Standards are on the EOHHS website:

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/Medicaid%20Programs/RNP_Cert_Standards.pdf

Once certified providers should enroll as an RNP provider on the Healthcare Portal:

<https://www.riproviderportal.org/hcp/provider/Home/ProviderEnrollment/tabid/477/Default.aspx>

Program policies and billing guidelines can be found in the Billing Manual on the EOHHS website:

<http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/RecoveryNavigationProgram.aspx>



Happy New Year

2019

Attending Provider Requirement

Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health

The Rhode Island Medicaid program would like to remind providers that the Attending Provider field on claims is a required field. Any attending provider listed on a claim must be enrolled/registered with RI Medicaid.

Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health providers are required to submit with an attending provider on all claims.

RI Medicaid has begun editing claims for attending provider information as of December 1, 2018.

On/after this date, claims submitted without an attending provider or with a provider not enrolled/registered with RI Medicaid will deny.

Manual (paper) claim form instructions for placement of the attending provider information can be found [here](#) on the EOHHS website. Attending provider loop and segment information for X12 transactions can be found [here](#) under "Claim Forms and Instructions."

If you have questions please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211.



Update from Rhode Island Quality Institute



The Human Side of Care Management Alerts & Dashboards

Cruising through the holidays, it's easy to get caught up in the whirl of life; emails come in left and right, social media notifications pop up all the time, and at work, Care Management Alerts come in a steady stream.

Through the blur of life in your office, maybe sometimes it's hard to think there's a human on the other end of that digital blip on the screen.

CareLink recently shared some of their successes with us and we'd like to share them with you.

- **Engaging Members Most in Need:** In one instance, we identified a member who had two Emergency Room visits and 11 hospitalizations in the last six months. We had not been able to reach him previously because his phone number was disconnected. When we learned of his admission through the Dashboards, our staff went to the hospital and provided an introduction to the patient and his wife. The member called us right when he got out of the hospital. Now, he is receptive to receiving our services and support for a long list of needs, and we can help.
- **Patient Reaches CareLink First, Before ER:** One member thought it was easier to go to the Emergency Room for every little thing. With information from the Dashboards we could see when he went to the hospital; and we reached out to him each time. Now, he prefers to reach out to *us* instead. When he changed his cell phone number recently, he let us know. Since he engages with our services, he is going to his PCP regularly and is more compliant regarding his health.
- **Collaboration Works:** In another case, we have a member that is generally hard to get on board with treatment. Knowing that, when he would go to the hospital, we could reach out to the case managers and social workers in order to better coordinate care. They are really appreciative that we can collaborate to provide care to this member!
- **Care Management Goes Beyond the ER:** We were unable to reach a member who then appeared in an Emergency Room. She had a number of issues. She needed support to get food stamps and to find a PCP. We were able to meet with her and help her get these services. Now she is calling us and providing updates on her status. She is on board with our program now; and, we know we are making a difference in her life.

A Hand to Hold: Even with a member that passed, we still can report a success story because we were able to reach out to her and support her right to the end. *Everyone* needs support from someone in these situations! The day she passed, we saw she was in the hospital first thing in the morning. We were able to make arrangements right away to be there for her. It's a beautiful feeling when we are able to help someone in need in this way. If we didn't have the Dashboards, we wouldn't have known until it was too late.

[Learn more](#) about the benefits of using Care Management Alerts & Dashboards at RIQI.org, or call 401.276.9141.

RI Medicaid EHR Incentive Program Update

Deadline to Submit 2018 Incentive Applications

The last day you can submit your RI Medicaid 2018 EHR Incentive application is **April 1, 2019**. As noted in the next section, some applications can be submitted before the end of the year and some will need to be submitted after. Please contact us via email at ohhs.ehrincentive@ohhs.ri.gov with any questions, concerns or issues you may have submitting your 2018 application(s).

Providers who use Greenway Health

We have been informed by CMS that providers who utilize Greenway Health LLC as their Certified EHR technology may have issues with reporting their meaningful use activity for 2018. We have been directed by CMS to allow Greenway providers flexibility to meet the 2018 RI Medicaid EHR Incentive April 1, 2019 submission deadline. We have also been told that a patch or update will be available from Greenway in the near future. In the meantime, if you are a Greenway provider, please contact us by email at ohhs.ehrincentive@ohhs.ri.gov to let us know that you may have difficulty meeting the April 1, 2019 submission deadline.



FYI:

The application fee
to enroll as a Medicaid provider is

\$586.00

as of January 1, 2019.

Pharmacy Spotlight

Meeting Schedule:

Pharmacy and Therapeutics Committee

Drug Utilization Review Board



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

Date: April 9, 2019

Registration: 7:30 AM

Meeting: 8:00 AM

Location: DXC Technology

301 Metro Center Blvd.,
Suite 203

Warwick, RI 02886

[Click here for agenda](#)

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

Date: April 9, 2019

Meeting: 10:30 AM

Location: DXC Technology

301 Metro Center Blvd.,
Suite 203

Warwick, RI 02886

[Click here for agenda](#)

2019 Meeting Dates:

April 9, 2019

June 3, 2019

September 10, 2019

December 17, 2019

Attention: RI Medicaid Drug Prior Authorization Forms

The RI Medicaid prior authorization (PA) program includes a Preferred Drug List (PDL) where Non-Preferred agents require a PA. Please be sure to use the [Prior Authorization for a Non-Preferred Drug](#) form not the General PA Form when requesting a Non-Preferred agent. There are also other drugs or classes of drugs that require clinical PAs. Some drugs have a specific PA form with unique criteria relevant to that drug.

To ensure a quick turnaround time for your PA request please check the list of forms and select the form most appropriate for the drug you are requesting. Using the correct form first, means you will not have to waste your time doing it a second time and delay needed medication for a patient.

Forms for prior authorization approval are available at the [EOHHS Website](#)

Important Update - Ordering, Prescribing, Referring (OPR) Provider



What is happening?

RI Fee for Service (FFS) Medicaid began requiring that this information be submitted on affected claims on October 1, 2015, to ensure all orders, **prescriptions** or referral for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid.

It is the responsibility of the RI FFS Medicaid provider rendering the service to obtain the NPI of the Ordering, **Prescribing**, and Referring Provider (OPR) and confirm that the OPR provider is enrolled in the RI FFS Medicaid Program.

Effective Monday, October 1st, 2018 pharmacy claims will deny if the **prescriber** is not enrolled with RI Medicaid.

Why is this happening?

The Affordable Care Act (ACA) regulation at 42 CFR 455.410 requires ordering, **prescribing** or referring providers be enrolled in the Medicaid Program. The OPR requirement is for both the following scenarios:

- The claim is primary to RI FFS Medicaid.
- The claim is secondary to RI FFS Medicaid.

What message will the pharmacy receive if the provider is not enrolled?

The claim will deny stating "Prescribing Provider Ineligible on Date of Service".

Where can a prescriber enroll?

Providers interested in enrolling as a "billing" provider or an "OPR (non-billing)" provider can follow this link: <https://www.riproviderportal.org> to complete the online process. A digital signature is required. User guides for both types of enrollment, "billing" or "OPR (non-billing)" are available through the same link.

Where can I look to see if a prescriber is enrolled?

There is a search function on the EOHHS website at <http://www.eohhs.ri.gov/Consumer/ProviderSearch.aspx>.

What options are there for prescribers?

If you are a prescriber, check your enrollment status. If you are currently enrolled as a RI FFS Medicaid Provider, you are all set! If you are not enrolled, you can:

- Enroll as a "billing" provider.
 - Providers that submit claims for services rendered.
 - Providers are then eligible for reimbursement from RI FFS Medicaid.
- Enroll as an "ordering, **prescribing** or referring" provider
 - Providers are not eligible for RI FFS Medicaid reimbursement.
 - Providers can "order, **prescribe** or refer" services.
 - Limited information is required for enrolling as an "OPR" provider

Questions?

Please contact the Medicaid FFS Provider Customer Service Help Desk at 401-784-8100.

Pharmacy Update—Pain Management

The Department of Health continues to receive questions about the requirement of ICD-10 codes for controlled substance prescriptions. Below are questions and answers regarding ICD-10 codes on controlled substance prescriptions. Also below, is a link to more FAQs about Pain Management on the Department of Health website.

Documenting International Classification of Diseases (ICD) 10 Diagnosis Code(s) on Controlled Substance Prescriptions

1. Why is the documentation of ICD-10 diagnosis codes on all controlled substances prescriptions required?

The requirement for prescribers to provide a diagnosis code on a patient's prescription allows pharmacists to understand why the controlled substance is being dispensed. Pharmacists are able to use this information to have follow-up conversations with prescribers and patients to ensure that patients are being treated with the appropriate medication. This is a requirement for all clinicians with a Controlled Substance Registrations (CSR), including dentists, physicians, physician assistants (PAs), Advanced Practice Registered Nurses (APRNs), optometrists, midwives, podiatrists, and veterinarians. The ICD-10 code(s) must be entered in a visible location on the prescription.

2. Where can dentists and other clinicians who typically do not work with ICD-10 codes find the appropriate diagnosis code?

The most common dental ICD-10 codes are:

- K01: impacted teeth
- K04: pulpal and periapical diseases
- K05: periodontal diseases
- K08: loss of teeth (This code could be used for implant placement or another pre-prosthetic surgery.)

For dentists, it is sufficient to document the three-character code—the category code—when documenting a diagnosis on a prescription. For example, the three-character code of **K01** supplies sufficient information to indicate a diagnosis of **Embedded and Impacted Teeth**. To find a more specific diagnosis code, prescribers can visit the World Health Organization's (WHO) comprehensive list of ICD-10 codes.

3. If the prescriber cannot find an appropriate ICD-10 code or if the prescriber's profession does not typically use ICD-10 codes, how should the patient's diagnosis be indicated on the prescription?

In these specific cases, the patient's diagnosis should be written legibly in a visible location on the face of the prescription.

4. Does the ICD-10 code have to be documented in the medical record, too?

RIDOH does not require a prescriber to record an ICD-10 code in the patient's medical record.

5. If a prescriber omits the ICD-10 code, can pharmacists take verbal orders from the prescriber for the code, or does a new prescription need to be issued?

A verbal order from the prescriber can be obtained to fulfill the requirement for the ICD-10 code. Dentists and veterinarians do not use ICD 10 codes and may write the diagnosis on the prescription in place of the ICD 10 code.

<http://health.ri.gov/publications/frequentlyaskedquestions/PainMgmtRegs.pdf>

LTSS RENEWAL PROCESS FOR NURSING HOMES

The Executive Office of Health and Human Services (EOHHS) and The Rhode Island Department of Human Services (DHS) are working together to improve the financial renewal process for clients receiving Long Term Care Services and Supports (LTSS).

To provide better communication to facilities, EOHHS and DHS will be sending Nursing Homes a monthly secure email with a list of the clients who, based on our records, are currently or were recently in their facility and have been sent a renewal notice. This will also include the date that the renewal is due back to DHS. The email will be sent within 10 business days of the 3rd of each month.

The first email will include a list of clients who have renewals due by 12/31/18. If there are questions, please contact DHS at (401) 415-8455. A blank copy of the Renewal Form, may be obtained at <http://www.eohhs.ri.gov/ReferenceCenter/FormsApplications.aspx>.

Please be sure clients are aware of their responsibility to complete and return this packet to the address provided by the due date on their Renewal Form.

Thank you for assistance in ensuring that these renewals are completed and returned in a timely fashion. We greatly appreciate the continued partnership with our providers in this important work.

PATIENT SHARE FOR ASSISTED LIVING

The Healthcare Portal can be utilized to access patient share/liability for assisted living clients.

From the user's home page, you will click on the Patient Share link in the orange bar across the top of the page. The user must enter the member's identification number, start date and end date then choose assisted living from the Share Type drop down. The date range may be twelve months prior to the current date and up to two months in the future, with a maximum of a three-month date span.

Beginning October 1, 2018, when checking patient share on the Healthcare Portal for former Rhody Health Options/Unity clients, you may see the share amount listed twice. The reason for this is that the client was a former Unity member and is enrolled in a waiver. This will not affect claims processing.

The share amount will only be deducted once per month on each processed claim.

