



Rhode Island Medicaid Program

# PROVIDER *update*

Volume 314

March 2019

Inside This Issue:  
See page 2 for  
Table of Contents.

## *THIS MONTH'S FEATURED ARTICLES*

*See page 3*

**Information  
Regarding  
Remittance Advice**

*See page 6*

**Electronic Data  
Interchange (EDI)  
Update**

*See page 15*

**Skilled Home Care  
and Hospice  
Rate Increases**

**SUBSCRIBE**

To Subscribe  
or update your email address  
Send an email to:  
[riproviderservices@dxc.com](mailto:riproviderservices@dxc.com)  
or click the subscribe button  
above.

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.





For quick access to an article, click on the title.

**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



**Rhode Island Medicaid Program**

**PROVIDER***update*

*March 2019 Volume 314*

**TABLE OF CONTENTS**

<b>Article</b>	<b>Page</b>
Info Regarding Remittance Advice	3
Info Re: Qualified Medicare Beneficiary (QMB) Program	3
Recovery Navigation Program (RNP)	4
Healthcare Portal (HCP) Update	4
Attending Provider Requirement	5
Electronic Data Interchange (EDI) Update	6
Naloxone Rx Policy	6
RI Medicaid EHR Incentive Program Update	7
2019—New Enrollment Fee	7
Update from Rhode Island Quality Institute	8
Pharmacy Spotlight—Meeting Dates	9
Pharmacy Claim Edit for Unit of Use/Package Size	9
Pharmacy—Changes to Preferred Drug List (PDL)	10
Pharmacy—Pain Management	11
LTSS Renewal Process for Nursing Homes	12
Patient Share for Assisted Living	12
Dental Benefits with Medicare Advantage Plan	13
Dental Code Modifications	14
Skilled Home Care and Hospice Rate Increases	15
Provider Electronic Solutions (PES) Passwords Overview	16-18

## Info Regarding Remittance Advice

### *Just a reminder.....*

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent four Remittance Advice 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 remittance advice for your convenience.

RI Medicaid does not provide printed copies of remittance advice documents.

Please see the financial schedule [here](#).

## 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](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/](http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/RecoveryNavigationProgram.aspx)

[MedicaidProviderManual/RecoveryNavigationProgram.aspx](http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/RecoveryNavigationProgram.aspx)

## Healthcare Portal Update

Effective January 11, 2019, the Healthcare Portal functionality for verifying eligibility is modified.

Prior to January 11, 2019, processing allowed providers to check the previous twelve (12) months from the present date. The new update allows providers to check recipient eligibility for the previous 36 months from the present date.

The maximum span of three (3) months per inquiry remains unchanged. The timely filing rule of one (1) year from the date of service still applies to claim processing.



# 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.

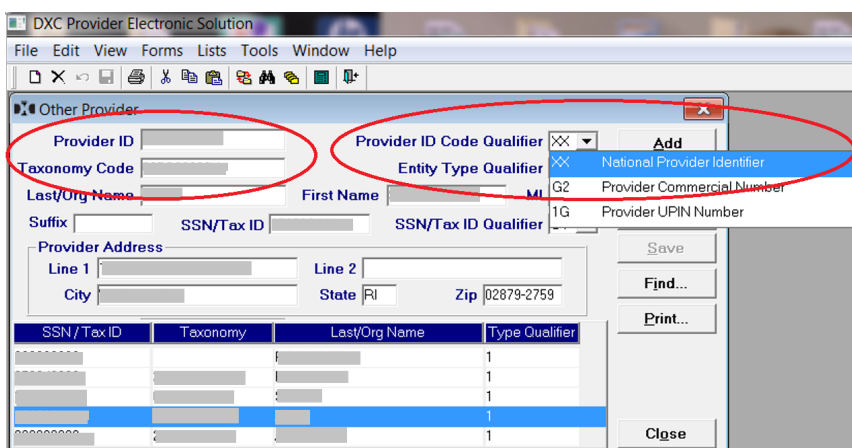
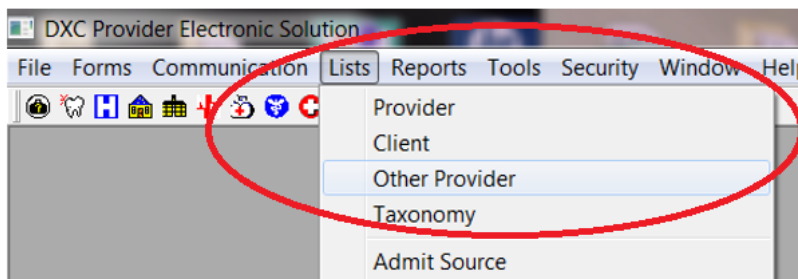
Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health providers are required to submit with an attending provider on all claims.

**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) claims and claims submitted using the Provider Electronic Solutions software (PES) are required to have the provider NPI and taxonomy. In PES, the Attending Provider information is entered under "Lists > Other Provider" (see figure on right).

Please be sure to select the correct "Provider ID Code Qualifier" of "XX" (note: using any other code qualifier will cause your claim to deny). Please also be sure to enter the correct NPI number in the Provider ID box in addition to the correct Taxonomy Code (see figure below).



Complete 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 non-PES 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.*

## Electronic Data Interchange (EDI) Update



### **ATTENTION TRADING PARTNERS:**

There is a plan to update our current Sybase Translator to the OXi SaaS translator in the spring of 2019. The teams working on this project expect a seamless transition for providers. No action is required on your part at this time but stay tuned for future updates.

### **ATTENTION CLEARINGHOUSES:**

Future code modifications will impact automated script users. We require users who submit claims automatically to please email [riediservices@dxc.com](mailto:riediservices@dxc.com) and identify yourselves as automated script users. These users will then be contacted for testing purposes at a later date. Please note that automated script users who fail to identify themselves as such may experience errors after the OXi SaaS transition occurs.

### **ATTENTION PROVIDER ELECTRONIC SOLUTION (PES) USERS:**

PES users will require a mandatory software upgrade. More information regarding this upgrade will be available in the future.

## NEW: Naloxone Rx Policy

Effective **1/28/2019**, providers can dispense naloxone injection or inhaler from a physician's office without the need for the recipient to go to the pharmacy to pick up the drug. The prescribing/dispensing physician will submit the claim for the ingredient cost of the drug including the NDC.

In order to receive reimbursement, providers will bill using J2310 (Injection, naloxone HCl, per 1mg) along with the appropriate package NDC. For additional guidance on J Code/NDC billing please refer to [Medicaid's CMS 1500 instructions](#) on the EOHHS website.

Note: Evisio™ is not covered.



## 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](mailto: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](mailto: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.

**See more information regarding providers who may be subject to application fees [here](#).**

## *Update from Rhode Island Quality Institute (RIQI)*

---

### **CurrentCare PSA Airs this Month**

The first-ever CurrentCare Public Service Announcement will be aired during morning and evening news on WLNE (ABC 6), WJAR (NBC 10) and WPRI (CBS/Fox 12) starting Monday, February 11, extending for five weeks.

The funding for this project was made possible by the Transforming Clinical Practice Initiative (TCPI) in an effort to increase CurrentCare awareness.

Watch the video below to see how Rhode Island's medical community uses CurrentCare to help save lives.

Here is a link to the CurrentCare PSA:  
<https://vimeo.com/315969471/871b874026>





## 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

## Pharmacy Claim Edit for Unit of Use/Package Size

**You will be notified in an upcoming bulletin, once this edit is fully activated.**

EOHHS is introducing a Pharmacy Claim Edit for Unit of Use/Package Size to ensure pharmacy providers are billing pharmacy claims with an accurate metric quantity based on the unit of use package size. The edit will impact Medicaid Fee For Service, ADAP and RIPAE. If a point of service (POS) pharmacy claim is submitted with metric units that are not an exact match or multiple of the NDC's package size, the claim will deny with the following message "**Units billed for NDC do not conform to package size**". Examples of products are single units of use such as inhalers, eye drops and single use packaged items.

#### Examples:

PremPro, The package unit size is 1 and contains 28 tablets. If a pharmacy billed for 30 units, the claim would deny. The claim should be submitted with a metric quantity of 28.

ProAir HFA, The metric package unit size is an 8.50 gram inhaler. If a pharmacy dispensed two inhalers and billed 18 grams, the claim would deny. The claim for two inhalers should be billed as 17 grams.

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

## Changes to Preferred Drug List (PDL)

The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective January 14, 2019.

<p><b><u>Angiotensin Modulators</u></b> Benazepril HCTZ changed to non-preferred</p>	<p><b><u>Angiotensin Modulator Combinations</u></b> Amlodipine/olmesartan changed to preferred Amlodipine/valsartan changed to preferred Exforge changed to non-preferred Exforge HCT changed to non-preferred</p>
<p><b><u>Anticoagulants</u></b> Eliquis tablets changed to preferred Enoxaparin sodium vial changed to preferred Enoxaparin syringe changed to preferred Lovenox syringe changed to non-preferred Lovenox vial changed to non-preferred</p>	<p><b><u>Anticonvulsants</u></b> Phenytoin chewable tablet changed to preferred Depakene syrup changed to non-preferred Dilantin chewable changed to non-preferred</p>
<p><b><u>Antidepressants, SSRI</u></b> Citalopram solution changed to preferred Fluvoxamine changed to preferred</p>	<p><b><u>Lipotropics, Other</u></b> Niacin changed to non-preferred Niaspan changed to non-preferred</p>
<p><b><u>Neuropathic Pain</u></b> Gabapentin tablet changed to preferred</p>	<p><b><u>Platelet Aggregation Inhibitors</u></b> Prasugrel changed to preferred Ticlopidine changed to non-preferred</p>

To view the entire Preferred Drug List please check the Rhode Island EOHHS Website at:

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



## 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 3<sup>rd</sup> 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.

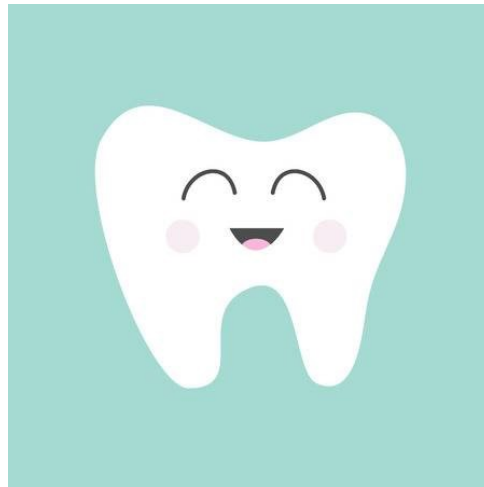
The share amount will only be deducted once per month on each processed claim.



## Dental Benefits with a Medicare Advantage Plan

Most Medicare replacement policies, AKA Medicare Advantage Plans (MAP) are now offering coverage of dental services at various levels.

When checking Medicaid eligibility for a patient, the provider should also be checking for enrollment with a MAP. If the patient is enrolled with a MAP, the provider should verify dental coverage with the plan.



Medicaid is required to be the payer of last resort. If a recipient has dental coverage through one of the MAP's, or any other carrier that plan is considered primary and must be billed prior to submitting to Medicaid. The provider should contact the plan directly for enrollment information.



Rhode Island Medicaid Third Party Liability policy can be found beginning on page 7 of the General Guidelines Manual located [here](#) on the EOHHS website.

If you have questions please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211. You may also contact Sandra Bates, Provider Representative at [sandra.bates@dxc.com](mailto:sandra.bates@dxc.com) or 401-784-8022.

## **2019 New Dental Codes:**

**New dental codes are effective for dates of service of or after January 1, 2019**

- ◆ D1516 Space maintainer -fixed - bilateral, maxillary
- ◆ D1517 Space maintainer - fixed - bilateral, mandibular
- ◆ D1526 Space maintainer – removable – bilateral, maxillary
- ◆ D1527 Space maintainer – removable – bilateral, mandibular
- ◆ D9944 – Occlusal guard – hard appliance, full arch
- ◆ D9945 – Occlusal guard – soft appliance, full arch
- ◆ D9946 – Occlusal guard – hard appliance, partial arch

## **2018 Deleted Dental Codes:**

**Claims for these codes with dates of service of or after January 1, 2018 will not process.**

- ◆ D9940 - Occlusal guard, by report
- ◆ D1515 – Space maintainer – fixed – bilateral
- ◆ D1525 – Space maintainer – removable - bilateral

The Dental Provider Reference Manual located on the EOHHS website has been updated to reflect these changes. Please see the manual for restrictions and additional guidelines.

If you have questions please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211. You may also contact Sandra Bates, Provider Representative at 401-784-8022 or [sandra.bates@dxc.com](mailto:sandra.bates@dxc.com)



## Skilled Home Care Rate Increases

EOHHS has implemented 2 rate increases for skilled home health care services. One increase is for dates of service 7/1/18 through 9/30/18 and an additional rate increase for dates of service 10/1/18 ongoing. Please begin billing at the new rates immediately.

Description	Procedure Code	Modifier	7/1/18	10/1/18
Home Health Aide	G0156		\$5.72	\$6.90
RN, PT, OT and ST per visit	X0043		\$80.62	\$104.80

There will be a mass adjustment that will be retro to 7/1/18. Details of the adjustments are still being worked out. A follow up communication by email to providers will be sent out once we have a Remittance Advice date that you can expect to see these adjustments on.

## Hospice Rate Increases

EOHHS is implementing a rate increase for hospice services. Please see the below hospice rate increases that are effective for dates of service 7/1/18 ongoing.

There are 2 rate increases for procedure code G0299. The rate for G0299 for dates of service 7/1/18 through 9/30/18 is \$12.22 and then an additional increase to \$13.00 per unit which is effective as of 10/1/18.

Please begin billing with these rates in order to be reimbursed at the higher rates.

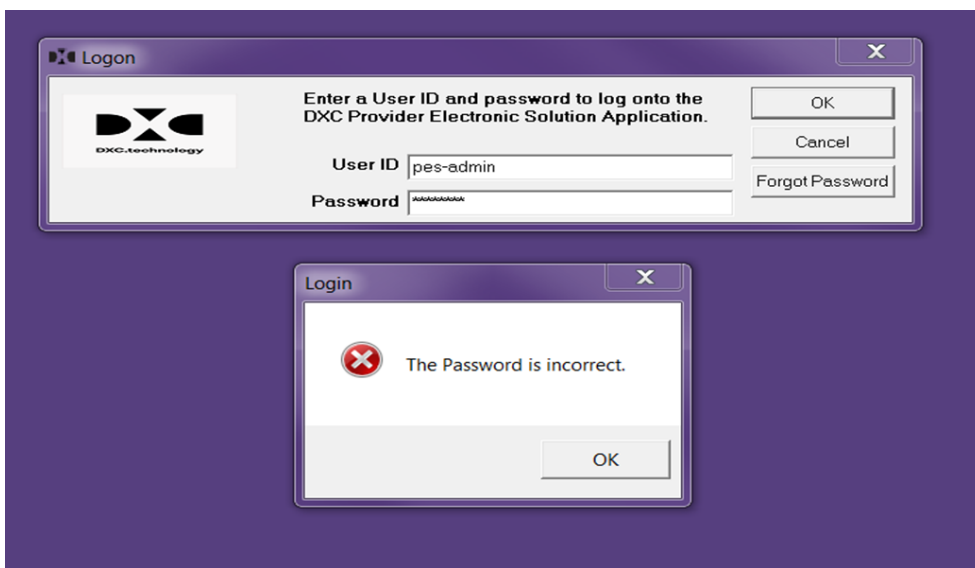
There will be a mass adjustment retro to 7/1/18. Details of the adjustments are still being worked out. A follow up communication will be sent out by email once we have a Remittance Advice date that you can expect to see these adjustments on.

Description	Procedure Code	Effective Date	
		7/1/18	10/1/18
Home care by clinical social worker in home health or hospice setting - Continuous Care	G0155	\$12.22	
Direct Skilled Nursing services of a registered nurse in the home health or hospice setting - continuous care	G0299	\$12.22	\$13.00
Routine Home Care: 1 - 60 days	T2042	\$231.64	
Routine Home Care: >60 days	T2042	\$181.93	
Continuous Home Care Per Hour	T2043	\$48.84	
Inpatient Respite Per Day	T2044	\$218.24	
General Inpatient Care	T2045	\$892.26	
Hospice Long Term Care, Room and Board Only; Per Diem	T2046	114.0% of RUG	

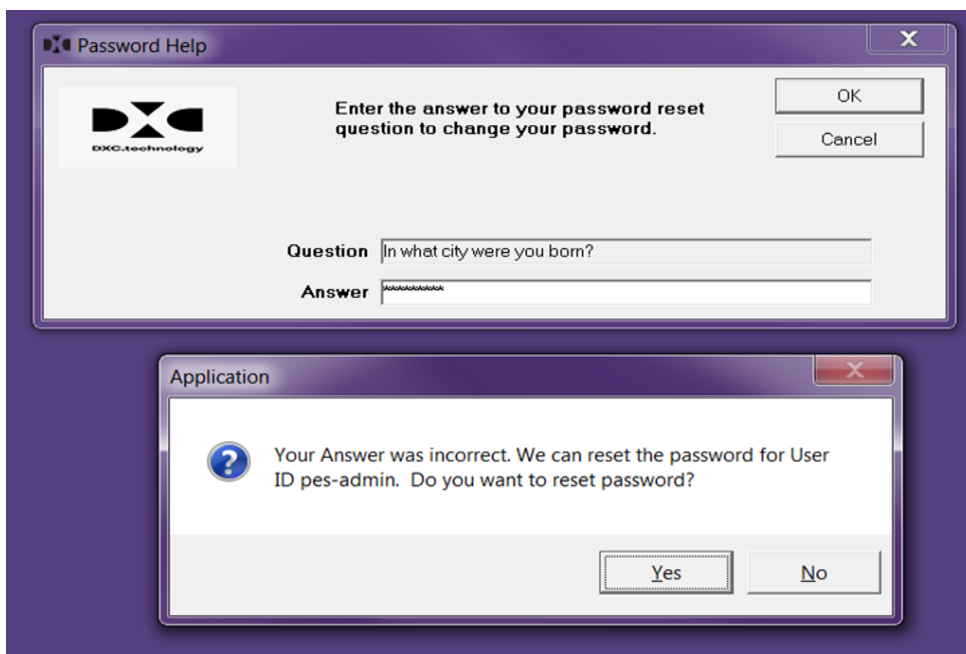
### **Provider Electronic Solutions Passwords Overview**

In times, when you don't know the password to access the PES software, the Provider Rep Team can provide you with a temporary password. This is done when we use a reset password tool. This tool allows us to reset your password using a reset key. The reset key is created by you, once you have attempted to enter your known password too many times.

In the first picture below, you can see where the password was entered incorrectly.



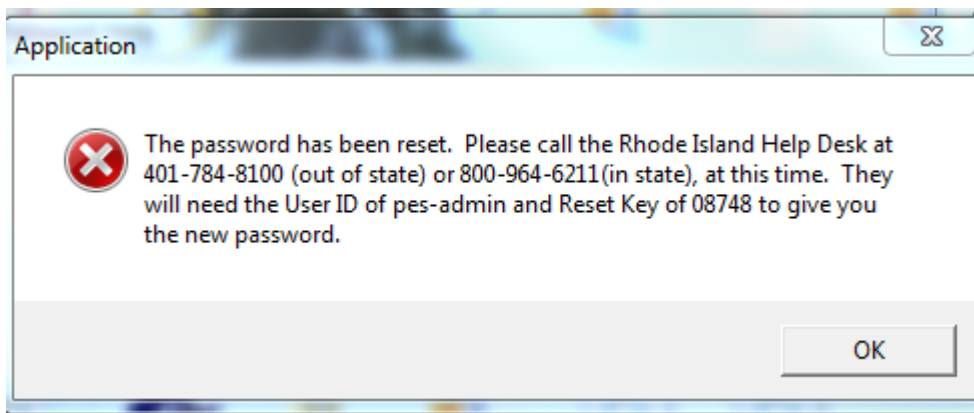
As a result of the incorrect password, you will get prompted with this second picture, which demonstrates entering the incorrect answer to the security question stored and saved in the PES software.





Both of the pictures on the previous page are a result of entering the incorrect password and answer when prompted in the software.

The third screenshot is what you'll receive after entering an invalid password and answering incorrectly to the security question. But, have selected **yes** to the question "Do you want to reset password"?



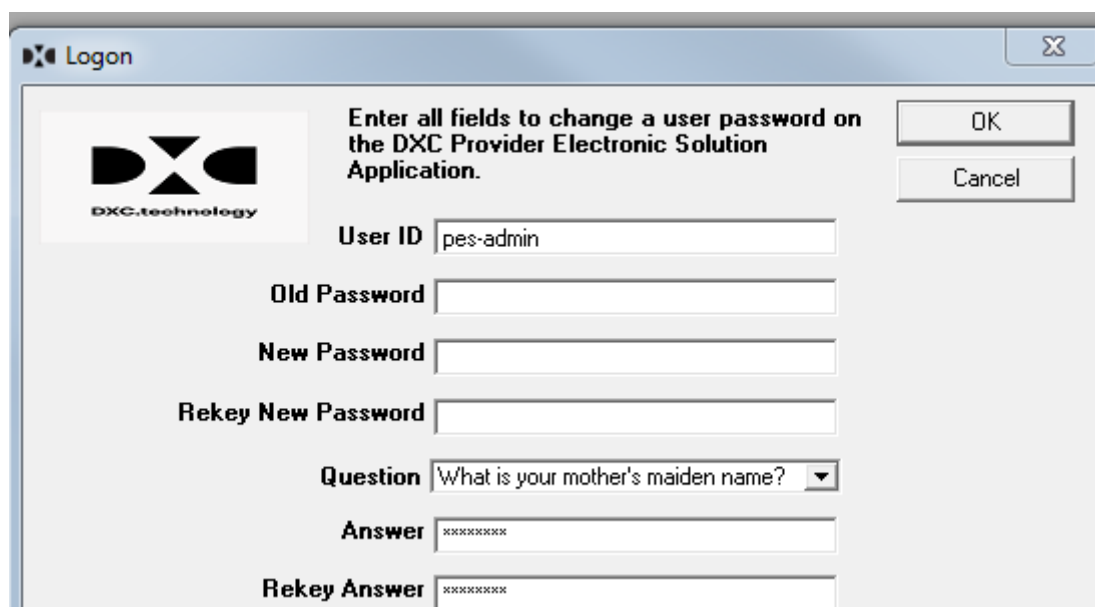
Once you receive the reset key, you must enter it, as the old password and then change your password taking the followings steps:

Select Tools (along the top bar).

Select Change Password. After completing the steps above, the screen below appears.

They will need to enter the reset key in the field "old password", enter the new password in the next field "new password". Select "OK".

A reminder - the password just created to access the software does not need to be in sync with the Health Care Portal. But, it does expire every 90 days.



The above password to access the software has nothing to do with the password that is stored and saved in the software shown below. However, the password below in the Web Password field, identified with the arrow, does need to be in sync with the Health Care Portal password (screen shots below) for successful submissions; **this password will also expire every 90 days.**

The screenshot shows a window titled "Options" with several tabs: Batch, Web, Modem, Carrier, Payer/Processor, and Retention. The "Web" tab is selected. Fields include: Trading Partner ID (601000903), Web Logon (601000903), Web Password (masked with asterisks), Entity Type Qualifier (2), Last/Org Name (DOLES BILLING), First Name (empty), MI (MI), and a Submitter Contact Information section with Communication Numbers/Qualifiers (1: 4010000000, TE) and Contact Name (MARGARET). Buttons for Help, Print, OK, and Close are on the right.

Health Care Portal Screenshots

Site Key:



Passphrase baseball

\*Password

[Sign In](#)

[Forqot Password?](#)

