



Rhode Island Medicaid Program

PROVIDER *update*

Volume 315

April 2019

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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



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Info 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](#).



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.



Please Note!

Attention DME Providers:

Effective 3/1/19: RI Medicaid Durable Medical Equipment (DME) providers will not be required to submit a member's primary insurance Explanation of Benefits (EOB) when submitting a Prior Authorization request. The RI Medicaid DME staff reserves the right to request the EOB for additional clarification if necessary.

Please be advised that the EOB is required when submitting for claim processing. Federal regulations require Medicaid to be the "payer of last resort". This means that all third-party insurance carriers, including Medicare and private health insurance carriers, must be billed before Medicaid processes the claim.

Additionally, Providers must report any payments from third parties on claims filed for Medicaid payment.

Please contact the Help Desk with any questions at 401-784-8100.



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.

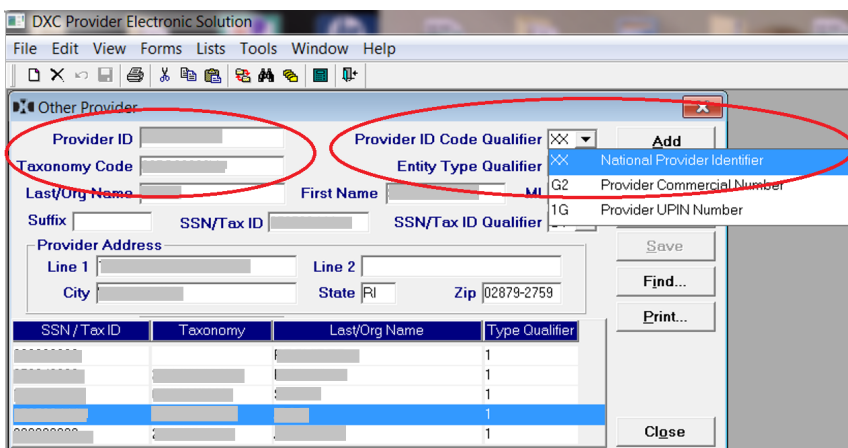
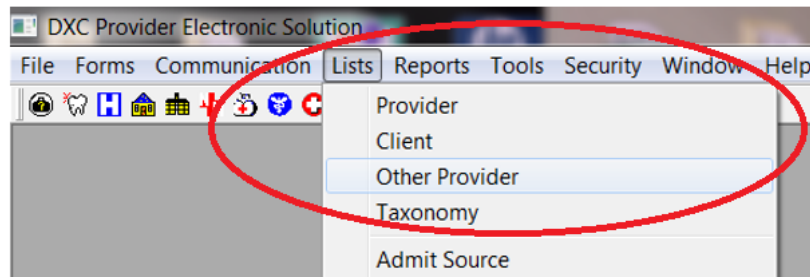
Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health providers are required to submit with an attending provider on all claims.

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 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:

All users should be using PES 2.10. See upgrade instructions [here](#).

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 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.

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

Update from Rhode Island Quality Institute (RIQI)

“HealthCoach for Me” Wraps on the Right Foot

Participating practices in the RI-PTN’s “HealthCoach for Me” program attended a wrap-up breakfast in February at Rhode Island Quality Institute. The goal of the HealthCoach for Me Pilot was to promote behavior change in patients using evidence-based digital tools modeled after the Transtheoretical Model originally developed by Dr. James Prochaska. It was inspiring hearing about participants (and practice staff) who lost weight, quit smoking and started exercising more! Of the 187 participants in the program, 75 percent of them stated they would recommend this program to a friend. Here is a list of the participating organizations: CODAC Behavioral Healthcare, Center for Treatment and Recovery of RI, Thrive Behavioral Health, Hillsgrove House & Diabetes Care Solutions, and Asthma and Allergy Physicians of RI & University Orthopedics.



The Health Coach for Me Team –

From left, Debbie Van Marter, MPH Sr. Manager, Research & Development, Sara Johnson, Ph.D. Co-President & CEO, both of Pro-Change Behavior Systems, Inc., Kristine Batty, Ph.D., APRN-CNP, BC-ADM, CDE, CDOE, of Diabetes Care Solutions, and RIQI’s Senior Clinical Quality Advisor, JoEllen Golberg RN, BSN, CCM.

Reminder Re: Interpreter Services

Effective August 1, 2016, the Rhode Island Medicaid Program established a process that will allow health care providers to submit claims for interpreter services provided to Medicaid fee for service beneficiaries receiving medically necessary services.

Click here to view:

[Billing Guidelines for Interpreter Services](#)



For assistance in submitting claims, please contact our Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for instate toll calls and bordering communities.

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

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.



Caring for Families Coping with Neonatal Abstinence Syndrome: Rhode Island Considerations

Save the Date!

May 13, 2019

Providence Marriott Downtown

1 Orms St. Providence, RI

Registration

7:30am

Breakfast and Presentations

8:00am to 11:00am

Speakers Include:

Christine Sander

Director of Infant Wellness, Nationwide Children's Hospital

Rhode Island Speakers and Panel from Healthcare, Government, and Advocacy



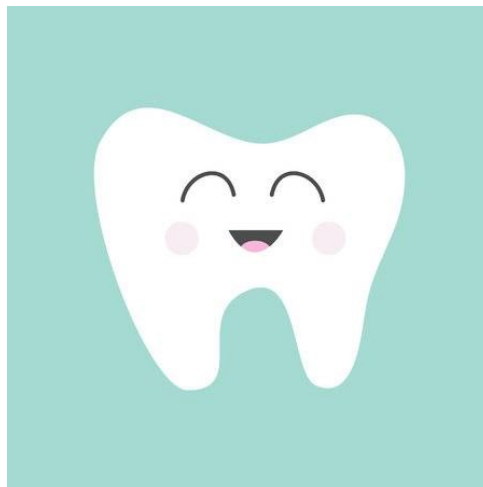
BROWN
Alpert Medical School

This activity has been approved for AMA PRA Category 1 Credit™

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 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 will be 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



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

The mass adjustment was completed and is reflected on remittance advice dated 3/15/2019.

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.

The mass adjustment was completed and is reflected on remittance advice dated 3/29/2019.

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	

Assisted Living Rate Increases

EOHHS has implemented a rate increase for all assisted living residents. This includes residents on RI Housing waiver, DEA waiver, and former Unity members now in fee of service. The rate is increasing from \$42.16 per day to \$69.00 per day effective 10/1/2018. Providers can begin to use the new rate immediately.

Previously processed claims that reimbursed at the old rate will be mass adjusted by DXC Technology. **This mass adjustment will occur during the 4/5/19 financial and be reported on your 4/12/19 Remittance Advice.**

However, there are some individual cases that may need to be adjusted outside of that window and through a manual adjustment process. If your facility is one effected by these cases you will receive additional communication.

Adult Day Care Rate Increases

EOHHS has implemented a rate increase for all adult day care recipients. This is for Medicaid recipients only.

Effective October 1, 2018, the rates were increased as follows:
Medicaid

- Basic half day/S5102 - \$29.00
- Basic full day/S5102 U2 - \$58.00
- Enhanced half day/S5102 U1 - \$39.00
- Enhanced full day/S5102 U1 U2 - \$78.00

Providers can begin to use the new rate immediately.

Previously processed claims that reimbursed at the old rate will be mass adjusted by DXC Technology in late April or early May.

Pediatric and Adult Home Care Rate Increases

EOHHS has instituted rate increases for home care services retro to 7/1/2018. Please begin billing with these rates in order to be reimbursed at the higher rates.

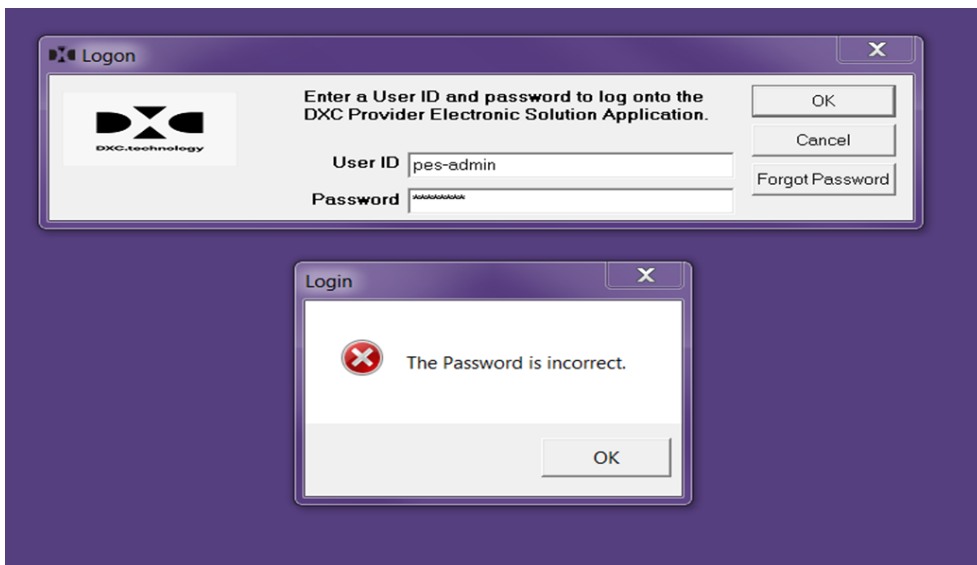
Pediatric rate increases were mass adjusted and reflected on remittance advice dated 3/15/2019.

Adult Home Care Services will be mass adjusted and they will be reflected on remittance advice dated 4/12/2019.

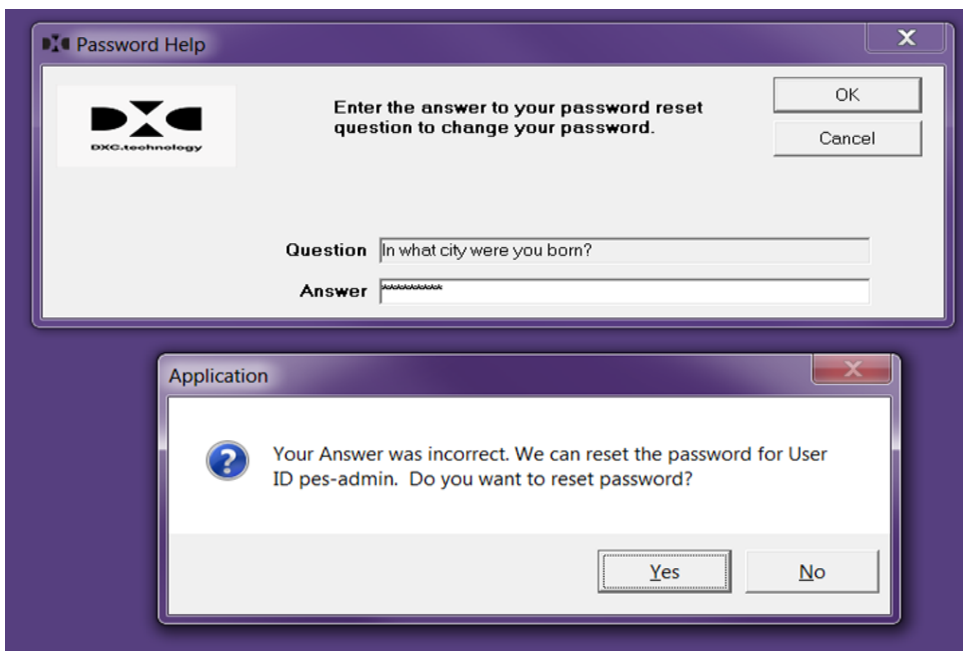
Provider Electronic Solutions Passwords Overview

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.

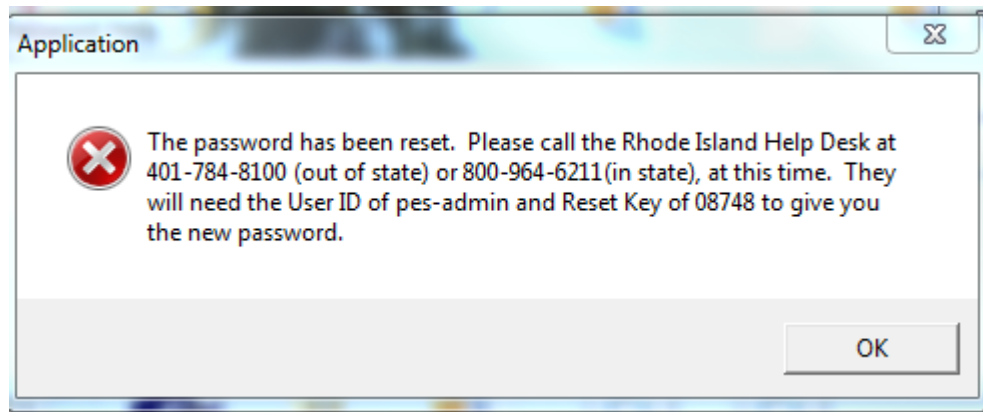


As a result of the incorrect password, you will get prompted with this second picture, which demonstrates entering the incorrect answer to the security question stored and saved in the PES software.



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 temporary password from the RI Medicaid Help Desk, 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 temporary password 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 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 software configuration window titled "Options". It has 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" (dropdown menu showing 2), "Last/Org Name" (DOLES BILLING), "First Name" (empty), and "MI" (checkbox). A section titled "Submitter Contact Information" contains "Communication Numbers/Qualifiers" (1: 4010000000, TE; 2: empty; 3: empty) and "Contact Name" (MARGARET). On the right side, there are buttons for "Help", "Print", "OK", and "Close".

Health Care Portal Screenshots

Site Key:



Passphrase: baseball

*Password:

[Sign In](#)

[Forgot Password?](#)

