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Rhode Island Medicaid Program

Provider Update

Volume 333   **October 2020**

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Prior Authorization Requirements

October Happenings

State offices will be closed Monday October 12, 2020 in observance of Columbus Day

SUBSCRIBE

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

Provider Update

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EXECUTIVE OFFICE OF
HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

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

RI Medicaid **Annual Plan Change Opportunity**

RI Medicaid is holding an Annual Plan Change Opportunity from September 8, 2020 through October 30, 2020 for currently enrolled members of RIte Care, Rhody Health Partners and Medicaid Expansion. Letters will be mailed to beneficiaries announcing the option to change health plans starting in early September.

Letters will be mailed to members in 5 mailing waves beginning the first week of September. Members will have until October 30th to request a change in health plan. It is important for members to know:

- All health plans offer the same benefits and are all highly rated Medicaid plans.
- If they want to change plans, they should check to be sure that their family's doctors are in the plan and that the plan covers their medications. Members should call the health plan or go to the plan's website for more information.
- All RIte Care members must choose the same health plan for all family members. Members in Rhody Health Partners and Medicaid Expansion may select their own health plan.

If a member is happy with their current plan, they do not have to do anything. No change will be made. If a member would like to change plans, they can contact HealthSource RI at 1-855-840- 4774 to request the change, or complete the form enclosed with the letter and mail back to RI Medicaid.

Members who lose their form, or do not receive a letter, may download one from the EOHHS website at **http://www.eohhs.ri.gov/Home/PlanChange.aspx**

It may take up to 8 weeks for the change to be effective. Members will receive a welcome packet from the new health plan, as well as a new ID card.

Providers are reminded to ask members to show their health plan identification cards prior to delivering services. This will prevent billing the wrong health plan and delays in payment. Members will be able to select from three health plans for their Medicaid coverage:

1-401-459-6020 or 1-800-459-6019
nhpri.org

1-866-738-4116
www.ritogether.com

1-800-587-5187
UHCCommunityPlan.com

Attention Dental Providers

Effective with date of service **November 1, 2020** the Area of Oral Cavity (AOC) will be a required field for dental claims and prior authorizations that include any code listed below. If multiple units are allowed for a procedure, each unit must include the corresponding AOC code and must be listed as *individual* details.

Prior authorizations (PA) will show the approved AOC(s) when viewed in the Healthcare Portal. Denial letters will include the AOC.

Valid AOC codes are listed below.

Procedure Code	Procedure Description	Procedure Code	Procedure Description
D4210	Gingivectomy or Gingivoplasty-Per Quadrant	D7320	Alveoloplasty not in Conjunction with Extractions - Per Quadrant
D4211	Gingivectomy or Gingivoplasty-Per Quadrant	D7340	Vestibuloplasty-Ridge Extension (Second Epithelialization)
D4341	Periodontal Scaling and Root Planing-Per Quadrant	D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Re-Attachments, Revision of Soft Tissue
D4342	Periodontal Scaling and Root Planning- One to Three Teeth Per Quadrant	D7970	Excision of Hyperplastic Tissue- Per Arch
D5986	Fluoride Gel Carrier		

Area of Oral Cavity Code	Description
00	Entire Oral Cavity
01	Maxillary
02	Mandibular
10	Upper right quadrant
20	Upper left quadrant
30	Lower left quadrant
40	Lower right quadrant

Should you have questions you may contact our Customer Service Help Desk at 401-784-8100 or the dental Provider Representative Sandra Bates at sandra.bates@dxc.com or 401-784-8022.

Attention All Trading Partners, PES Users, and Automated Script Users
For Script Users – Automated Users

OXI Implementation

Phase II of the OXI Solutions Translator for the 837 transaction was implemented on September 21st, 2020.

The 835 transaction started processing through OXI Solutions with the last financial on September 4th. To remain consistent with the TR 3 Standards, we made a change to the BPR02 field as was previously announced in our last email blast and noted below.

- RI Medicaid will populate with 'I' when the BPR02 (monetary amount) is greater than zero. If BPR02 is equal to zero we will populate with 'H'.

Thank you for your patience, as we worked through the different OXi Solutions testing and implemented Phase I and Phase II.

# A Reminder on How to Manage your Covered Providers:

Providers who have moved their business to a new clearinghouse/vendor will need to contact the original clearinghouse/vendor to be removed as a covered provider before the new enrollment can be completed. The provider must contact the existing clearinghouse/vendor and ask them to remove their association.

The original clearinghouse/vendor should log into the Healthcare Portal. Under the Covered Provider section of the Trading Partner Profile screen, access the details for a specific provider by either   clicking Display Covered Providers, which will display all, or search for a specific provider using the Provider ID and ID Type.

Select the plus sign (+) next to the NPI of the specific provider. Uncheck the boxes for the 835 and 277 and select the save button.

Once this is completed, the new clearinghouse/vendor may complete the process to add the covered provider and select the 835/277 transactions. They will then complete the ERA enrollment form.

Note: To ensure continuous receipt of the 837/277U, the new billing entity must add the provider as a covered provider and complete the ERA enrollment form before the cut-off date of the financial cycle.
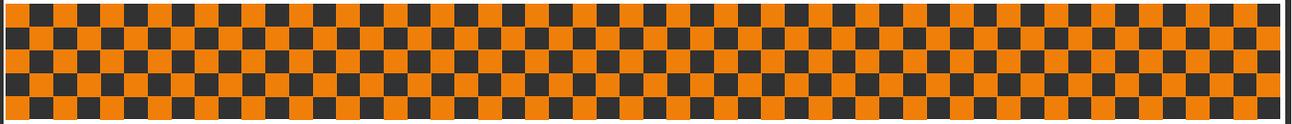
FYI:

The application fee
to enroll as a Medicaid provider is $595.00
as of January 1, 2020.

However, please note that all enrollment application fees are waived during the Covid-19 Health Crisis

See more information regarding providers
who may be subject to application fees *here*.

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: December 15, 2020
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: December 15, 2020
Meeting: 10:30 AM
Location: DXC Technology
301 Metro Center Blvd., Suite 203
Warwick, RI 02886

Click here for agenda

2020 Meeting Dates:
December 15, 2020

To view the Preferred Drug List (PDL), please check the RI EOHHS Website:

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

Pharmacy Spotlight cont.

Drug Utilization Review (DUR) Alerts and Override Codes

Effective June 2020 RI FFS Medicaid has added the following drug/drug combinations to the DUR Alert edit.

- Opioids (Extended Release)/Benzodiazepine
- Opioids (Immediate Release)/Benzodiazepine
- Opioids (Extended Release)/Antipsychotic
- SLT Opioids (Immediate Release)/Antipsychotic

Please continue to follow the procedure below to override DUR Alerts when necessary.

Early Refill (ER), Therapeutic Duplication (TD) and Drug-Drug Interaction (DD) Alerts

If a claim for a refill is submitted before 85% of the prior prescription is used that claim will deny. If a claim is for a drug within therapeutic duplication alert categories that claim will deny.

If a claim is submitted for a recipient whose claim history includes an interacting drug and the date of service of the current claim is within the interaction time of the earlier drug, the claim will deny.

To override these denials, the pharmacist submitting a claim through POS must initiate a DUR Alert Override using valid intervention and outcome response codes. The ER override code cannot be used for a vacation fill.

Valid intervention and outcome codes must be entered in order for the claim to be paid. These codes are selected based on the pharmacist's professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used.

Reason For Service Code (Alerts)	Result of Service Code (Outcome)	Professional Service Code (Interventions)
DD = Drug-Drug Interaction ER = Early Refill TD = Therapeutic Duplication	1C = Filled, With Different Dose 1D = Filled, with Different Directions 1E = Filled, With Different Drug 1G = Filled, With Prescriber Approval 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3H = Follow-up/ Report	M0 = Prescriber consulted MR = Medication review PH = Patient medication history PM = Patient monitoring P0 = Patient consulted

f no code has been entered, or if an invalid outcome and intervention code is used, the claims will remain denied and no payment will be made.

Please note: Those wishing to override an alert must do so within 3 days of receipt of the denial. Providers trying to over-ride an alert beyond the 3 day time period will receive a message of "no corresponding claim; please resubmit".

Please Note: The correct code for a lost or stolen prescription is 3H

Please Note!

Providers can access the Healthcare Portal directly, without going through the EOHHS website, by going to this address:

https://www.riproviderportal.org/HCP/Default.aspx?alias=www.riproviderportal.org/hcp/provider

Procedure Code X1000

Effective May 22, 2020, Medicaid is removing Procedure Code X1000 from its fee schedule. The code should no longer be used for billing. This COVID-related code was not approved for Federal match by CMS. Providers should continue to use traditional E&M codes for COVID telehealth.

Click here to view the **UPDATED** RI Medicaid memo
regarding telehealth and COVID-19.

Prior Authorization Requirements During Covid-19 Crisis

Prior Authorizations previously extended to July 31, 2020 will be extended through October 31, 2020 to allow additional time for services to be delivered. No action is required by providers. The changes have been applied systematically.

Also note that the Prior Authorization requirements are now waived for all services <u>except the following:</u>

- Pharmacy
- Hospice inpatient
- Orthodontic treatment
- Wheelchair and accessories
- Specialized supply
- Home modifications
- Private duty nursing
- Personal care services

All claims billed with the services above will still require prior authorization.

Prior authorization requests for manually priced DME items should continue to be submitted as usual. These include items that fall under codes such as A9999, E1399 and K0108.

Should you have questions please contact the Customer Service Help Desk at (401) 784-8100 for local and long-distance calls (800) 964-6211 for in-state toll calls.

COVID-19 Personal Protective Equipment Surcharges

EOHHS has received complaints and other communications from consumers concerning reopened practices charging patients fees for costs related to personal protective equipment (PPE) and the infection control recommendations from the CDC due to the COVID-19 public health emergency. EOHHS is sending this communication as an alert that such practices should not be occurring by providers for covered Medicaid services.

Rhode Island Medicaid balance-billing rules, and HMO balance billing prohibitions, and MCO contracts prohibit charging plan beneficiaries administrative fees or fees inherent in the delivery of covered services.

Providers need to be aware of the limitations placed by Medicaid, Medicare, HMOs, and Health Benefit Plans etc. on billing patients certain fees.

Provider practices should not be billing/collecting fees to increased costs associated from COVID (i.e. PPE surcharges). Unless otherwise stipulated, the Medicaid Program reimbursement is considered payment in full. The provider is not permitted to seek further payment from the beneficiary in excess of the Medicaid Program rate. This includes the billing of a beneficiary resulting from a denied claim for any reason other than eligibility. In general, beneficiaries of RI Medicaid cannot be billed for any covered service or missed appointment.

We strongly encourage MCOs to remind providers regarding charging Medicaid members additional fees related to covered services.

NURSING HOMES, ASSISTED LIVING, AND HOSPICE PROVIDERS

Payment Delivery for Interim Payments

Due to the ongoing COVID-19 State of Emergency, <u>Interim payments will continue to be automatically deposited into the bank account associated with your DXC MMIS account</u>.

This will alleviate the need for in-person visits to the DXC office.

The next system payment will be deposited into the bank account directly, in line with the financial calendar on October 16, 2020.

DXC will securely mail the member information to providers detailing which client and date of service the payment is for.

We will continue to communicate with providers on any changes.

Nursing Home Providers

To improve the timeliness of the Nursing Home billing process, EOHHS has eliminated the requirement to submit skilled and custodial change of acuity slips in CSM. Admission, discharge, and change in acuity to hospice slips will still be required. This change is effective September 1, 2020.

As an example a member is discharged to the hospital on 8/22/20 and then readmits to the nursing facility with an acuity level of skilled on 9/1/20:

1. The discharge slip will need to be submitted in CSM as it is today for the discharge on 8/22/20.
2. Then upon readmission to the nursing facility on 9/1/20 the admit slip will still need to be submitted. In the above example this member has readmitted with an acuity level of skilled.
3. The member then has an acuity change to nonskilled on 9/15/20. No slip is required for this change in acuity.

Nursing homes will bill 9/1/20 - 9/15/20 skilled (if co-share payments are needed) and 9/15/20 ongoing custodial. Claims for members that have a long term care segment for any level of care will pay based on the type of bill submitted.

As a reminder:
A bill type of 263 is for members that are nonskilled and pay based on the RUG that is on file in the Medicaid system for the dates of service.

A bill type of 253 is for skilled Medicare coinsurance days and will pay based on the coinsurance rate for the year, currently for 2020 that rate is $176.00 per day.

A bill type of 210 is for a skilled Medicare no pay day.

If you have any questions please contact the DXC Help Desk at 401-784-8100 or the nursing home provider representative marlene.lamoureux@dxc.com.

Attention Community Supports Management (CSM) Users:

The Community Supports Management Website was designed to help users enter forms electronically. Users are able to 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 EOHHS website. Please send the completed form to Nelson.Aguiar@dxc.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 web application with some basic instructions regarding 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 will expire every 90 days. For passwords that require a reset due to expiration or lock out please email rixixops@dxc.com or call 401-413-3193.

*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 work-force, to notify the State of Rhode Island Executive Office of Health and Human Services or DXC in order 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@dxc.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.

EVV Updates

Home Care and Personal Care agencies

The Electronic Visit Verification (EVV) soft launch for EOHHS commenced April 20, 2020. The soft launch gives providers and staff time to get used to the new system in real time. This time prepares us to be in compliance with federal law effective January 1, 2021. Please ensure that you have signed up for the appropriate training based on the system you will be using (Either a Third-Party Vendor or the Sandata SAMS system). Please visit the EOHHS EVV website for all updates and information related to EVV.
http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx

FOR PROVIDERS USING THE SANDATA SAMS SYSTEM (CLOSED SYSTEM):

Independent (Self-Paced) Web-Based Training: This online, self-paced training method allows participants to access online, role-specific training materials independently. The materials are available 24-hours a day, seven days a week for the life of the program. Independent Web-based Training is a great resource as a training refresher and for those that have already completed training and only need to complete the Sandata Mobile Connect (SMC) training.

Duration: Self-paced.

Participation: There is no limit on the number of agency employees that can participate in web-based training. Registration Link: https://www.sandatalearn.com?KeyName=RIEOHHSEVV

FOR PROVIDERS USING A THIRD-PARTY OR ALTERNATE EVV SYSTEM (OPEN SYSTEM):

Agency providers may choose to use their own, third-party ("Alternate") EVV system. Agency providers may use an Alternate EVV system if they meet the business requirements and data collection specifications found in the following documents located on the RI-EOHHS EVV website: http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx

If you plan to use an Alternate EVV system, please contact Sandata to initiate the certification process to link your current system to the RI-EOHHS Aggregator. The Sandata Alternate EVV support team can be reached by email at RIAItEVV@sandata.com . Please note this email address is strictly for Alternate EVV inquiries. Additionally, initial contact with the Sandata Alternate EVV support team should be made by the providers and they should have their vendor contact information readily available, as it will be requested.

EVV Updates
Home Care and Personal Care agencies-cont.

In a follow-up to the April communication regarding an update to the Mobile Visit Verification (MVV) application, Rhode Island Executive Office of Health and Human Services (EOHHS) is pleased to announce that all providers who are currently using the MVV application have been upgraded to the Sandata Mobile Connect (SMC) application which is available on the Google Play or Apple Store.

All Electronic Visit Verification (EVV) service providers are encouraged to start transitioning their MVV users to the SMC application as soon as possible. Later this year, EOHHS will be adding new Client Verification functionality and Spanish translation for the Rhode Island program which will only be available on the SMC application. By September 1st, all providers who use the mobile app for visit data capture must use the SMC application to take advantage of the benefits and avoid exceptions which will occur when Client Verification is not captured after a visit.

For more details on the new SMC app and the transition, please visit the EOHHS EVV webpage at: **http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification (EVV).aspx**

Hospice Providers

The below procedure codes for hospice services have been updated retro to 10/01/2019. Please begin billing at the new rates in order to be reimbursed at the higher rates for these procedure codes.

Description	Procedure Code	Effective 7/1/19-9/30/19	Effective 10/1/19
Continuous Home Care Per Hour	T2043	$50.40	$59.61
Inpatient Respite Per Day	T2044	$225.22	$483.02
General Inpatient Care	T2045	$920.81	$1044.78

All previously paid claims for these procedure codes with dates of service on and after 10/1/2019 will be reprocessed to pay at the updated rate.

Claims impacted by the mass adjustment were reflected on the 8/14/2020 remittance .

ATTENTION HOME CARE PROVIDERS

Effective August 10, 2020 RI Medicaid members that were actively enrolled in the Preventive Community Services waiver were transitioned to a new program name. The program will appear on the Health Care Portal as "Medicaid Preventive Services". Members are eligible for the same services received under the Preventive Community Services name. The home care procedure codes and the base Medicaid allowed amount will remain as follows:

• S5125 U1 Combined Homemaker/Personal Care per 15 minutes $5.43

• S5130 Homemaker Service per 15 minutes $5.26

• T1001 Nursing Assessment/Evaluation $98.04

The same prior authorization that were needed for the Preventive Community Services waiver are required under the new program Medicaid Preventive Services. Existing clients *do not* need new prior authorizations.

If a Medicaid member is seeking preventive services, please reach out to Preventive@RIPIN.org for enrollment assistance. If you have questions about active members, please contact the DHS LTSS Unit at (401) 415-8455 or DHS.LTSS@dhs.ri.gov

DME Providers—Commode Guidelines

Effective 7-13-20 the commode guidelines have been streamlined to the following:

A commode is covered when medically necessary and ordered by a prescribing provider. Duplicate devices for multiple bathrooms are not covered.

Prior authorization requirements for codes E0170-E0171 have been removed.

DME Providers—Enteral Nutrition Guidelines

The Enteral Nutrition Guidelines have been updated. Guidelines can be found here in the Enteral Nutrition and Total Parental Nutrition section of the provider manual.

http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/
MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx

State FY 2021
Claims Payment and Processing Schedule

SFY 2021 Financial Calendar

Month	LTC Claims due at Noon	EMC Claims due by 5:00 p.m.	EFT Payment
July		7/3/2020	7/10/2020
	7/9/2020	7/10/2020	7/17/2020
		7/24/2020	7/31/2020
August	8/6/2020	8/7/2020	8/14/2020
		8/21/2020	8/28/2020
September	9/3/2020	9/4/2020	9/11/2020
		9/18/2020	9/25/2020
October		10/2/2020	10/9/2020
	10/8/2020	10/9/2020	10/16/2020
		10/23/2020	10/30/2020
November		11/6/2020	11/13/2020
	11/12/2020	11/13/2020	11/20/2020
		11/27/2020	12/4/2020
December	12/10/2020	12/11/2020	12/18/2020
		12/24/2020	12/31/2020
January	1/7/2021	1/8/2021	1/15/2021
		1/22/2021	1/29/2021
February	2/4/2021	2/5/2021	2/12/2021
		2/19/2021	2/26/2021
March	3/4/2021	3/5/2021	3/12/2021
		3/19/2021	3/26/2021
April		4/2/2021	4/9/2021
	4/8/2021	4/9/2021	4/16/2021
		4/23/2021	4/30/2021
May	5/6/2021	5/7/2021	5/14/2021
		5/21/2021	5/28/2021
June	6/3/2021	6/4/2021	6/11/2021
		6/18/2021	6/25/2021
July		7/2/2021	7/9/2021
	7/8/2021	7/9/2021	7/16/2021
		7/23/2021	7/30/2021

View the SFY 2021 Payment and Processing Schedule on the EOHHS website
http://www.eohhs.ri.gov/ProvidersPartners/
Billingamp;Claims/PaymentandProcessingSchedule.aspx

Notable Dates in October

* Breast Cancer Awareness Month

* **October—12 Columbus Day**

* **October 24—Make a Difference Day**

* **October 31—Halloween**

happy fall Y'ALL