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provide.

Rhode Island Medicaid Program

Provider Update

Volume 334

November 2020

State offices will be closed Tuesday November 03, in observance of Election Day, Wednesday November 11 in observance of Veteran's Day and Thursday November 26, 2020 in observance of Thanksgiving

The RI Medicaid Customer Service Help Desk/Call Center will also be closed on the same days.

The RI Medicaid Health Care Portal (HCP) is available 24 hrs./7 days for Member Eligibility, Claim Status, View Remittance Advice and View Remittance Advice Payment Amount.

Click [here](#) for the HCP login page.



DXC Technology is now Gainwell Technologies

**Phone numbers, fax numbers and mailing addresses
have not changed.**

**Email addresses *have* changed. Effective immediately, all email should be directed to
[@gainwelltechnologies.com.](mailto:@gainwelltechnologies.com)**

Example; jane.doe@gainwelltechnologies.com

gainwell



Provider Update

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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



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

UHCommunityPlan.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	Alveoplasty 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@gainwelltechnologies.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](#).



HHS Expands Relief Fund Eligibility and Updates Reporting Requirements

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is announcing the latest Provider Relief Fund (PRF) application period has been expanded to include provider applicants such as residential treatment facilities, chiropractors, and eye and vision providers that have not yet received Provider Relief Fund distributions.

See complete press release [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: Gainwell Technologies
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: Gainwell Technologies
301 Metro Center Blvd., Suite 203
Warwick, RI 02886

[Click here for agenda](#)

2020 Meeting Dates:

December 15, 2020

RI Fee-for-Service (FFS) Medicaid has incorporated changes outlined into law on October 24, 2018 with the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (Support) Act HR6 as they pertain to section 1004 for the MMIS Medicaid Drug Utilization Review processes.

The SUPPORT Act was drafted in order to address the current opioid crisis. It outlines the necessary steps that states must take in order to promote opioid recovery and treatment for patients.

A maximum daily morphine equivalent (MME) amount on opioid prescriptions for individuals in FFS Medicaid has been set at 90MME. Exceptions to this limit are patients with cancer, sickle cell disease and those in hospice care. Pharmacy Point-of-Service (POS) claims will deny when this daily limit is exceeded, or if the MMIS has no clinical information for an individual, with the following message ***“Patient exceeded cumulative daily 90 MME limit”***.

Using the pharmacy Opioid Prior Authorization form a prescriber can submit a PA request for consideration. The PA form can be retrieved at <http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.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

If 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 override 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



Pharmacy Spotlight cont.

The following is a new class of drugs managed on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective October 2020.

<u>Uterine Disorder Treatments Preferred</u> Oriahnn Orilissa	
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The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective October 2020.

<u>Antifungals, Oral Changed status to Preferred</u> clotrimazole	<u>Antivirals, Oral Changed status to Non-Preferred</u> acyclovir suspension Relenza
<u>Cephalosporins Changed status to Non-Preferred</u> Suprax capsule Suprax suspension Suprax tablet chew	<u>Cytokine & CAM Antagonists Changed status to Preferred</u> Enbrel vial
<u>Glucocorticoids, Inhaled Changed status to Preferred</u> Advair Diskus	<u>Immunomodulators, Topical Changed status to Non-Preferred</u> imiquimod (Zyclara)
<u>Otic Antibiotics Changed status to Preferred</u> ofloxacin <u>Changed status to Non-Preferred</u> ciprofloxacin otic	<u>Steroids, Topical Low Changed status to Non-Preferred</u> alclometasone dipropionate ointment

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>



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 October 31, 2020 will be extended through January 31, 2021 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 except the following:

- 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, Interim payments will continue to be automatically deposited into the bank account associated with your Gainwell Technologies MMIS account.

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

The next system payment will be deposited into the bank account directly, in line with the financial calendar on November 20, 2020.

Gainwell Technologies 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. This change also eliminates the need to submit changes in acuity to hospice. Admission and discharge slips will still be required. This change impacts all dates of service and was implemented on 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 Gainwell Technologies Help Desk at 401-784-8100 or the nursing home provider representative marlene.lamoureux@gainwelltechnologies.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 www.eohhs.ri.gov website. Please send the completed form to nelson.aguiar@gainwelltechnologies.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@gainwelltechnologies.com or call 401-413-3193.

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 Gainwell Technologies 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@gainwelltechnologies.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:

The RI Medicaid program is moving forward with full compliance with the Federal 21st Century Cures Act, Section 12006(a), effective January 1, 2021.

EOHHS is focused on ensuring a smooth transition for providers beginning to use EVV for all Medicaid services covered by Federal law. Since 2016, EOHHS has worked with the State's EVV vendor, Sandata, to build and make available the State EVV Solution, Santrax Agency Management (SAM), for all Medicaid providers fee for service claims. Beginning in April 2020, the RI Medicaid program also allowed providers to use third-party EVV systems via an "aggregator" with the Santrax system, to submit EVV records, should they choose not to implement the full Medicaid EVV solution.

We must remind providers that under Federal law, each provider's third-party EVV system must either be fully interfaced with the State vendor, Sandata, or providers must use the State EVV system until the interface is complete by January 1, 2021. Providers must meet this deadline to meet federal compliance and avoid interruption in payments. Providers will not be exempt from using EVV while establishing interfaces with Sandata.

Beginning January 1, 2021, all Medicaid claims submitted to EOHHS that require EVV records will be reviewed for the corresponding EVV record at time of adjudication. Medicaid claims without corresponding EVV records will deny during claims adjudication or, if the claim is paid and does not have valid matching EVV records, it will be subject to review and recoupment.

EVV audits will be conducted in the same manner and procedure as all Medicaid Program Integrity audits, as communicated on May 1, 2020. Results of EVV audits will be formally documented and will allow for provider review and response. Audits finding will document recommendations, may require corrective action and could result in penalties for the billing providers.

EVV audits will commence six (6) months after the federal EVV compliance deadline (January 1, 2021) and will include dates of service back to the start of the compliance period. EVV providers will be notified no later than thirty (30) business days in advance of an audit taking place. This notification will outline the purpose of the audit, the required documentation and the process that will be followed.

To ensure consistency and transparency, Rhode Island Medicaid's managed care organizations will follow the same procedures and timeframes as outlined above.

EOHHS has made available and implemented multiple resources for providers to begin complying with EVV requirements. The Rhode Island Medicaid EVV website is the primary source of information for the EVV program and stakeholders may access that information at [http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification\(EVV\).aspx](http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx).

If you have any questions about the EVV implementation, please contact Meg Carpinelli via email at Margaret.Carpinelli@ohhs.ri.gov

EOHHS values the partnership of providers and looks forward to working with you to meet the requirements for EVV.

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 UI 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](http://www.eohhs.ri.gov/ProvidersPartners/Billingamp;Claims/PaymentandProcessingSchedule.aspx)

Notable Dates in November

- ⇒ **National Diabetes Awareness Month**
 - ⇒ **National Epilepsy Month**
- ⇒ **Native American Heritage Month**
- ⇒ **Child Safety Protection Month**

- * **November 3—Election Day**
- * **November 11—Veterans Day**
- * **November 13—World Kindness Day**
- * **November 26—Thanksgiving**
- * **November 27—Black Friday**
- * **November 28—Small Business Saturday**

