



See page 2 for
Table of Contents.

SUBSCRIBE

To Subscribe
or update your email address

Send an email to:
riproviderservices@gainwelltechnologies.com
or click the subscribe button above.
Please include your National Provider Identifier (NPI) and the primary type of services you provide.

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.

Rhode Island Medicaid Program

May 2022

Provider Update



State Offices will be closed in observance of the following Holidays in 2022

Memorial Day	Monday, May 30
Independence Day	Monday, July 4
Victory Day	Monday, August 8
Labor Day	Monday, September 5
Columbus Day	Monday, October 10
Election Day	Tuesday, November 8
Veterans' Day	Friday, November 11
Thanksgiving Day	Thursday, November 24
Christmas Day	Sunday, December 25 (State Employees celebrate on Monday, December 26)

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.

Please Note!



May 2022 Provider Update



TABLE OF CONTENTS

Article	Page
Provider Enrollment Application Fee	3
New Temporary CPT Codes	3
Attention Home Care and Adult Day Care Providers	4
LTSS Services and the 3G Network Sunset	4
Prior Authorization for Durable Medical Equipment (DME)	5
Long Term Services and Support (LTSS) Preventive Program	5
Important Notice for Providers Re: Electronic Visit Verification Implementation	6
Katie Beckett Medicaid Eligibility: H.C Coverage for Children with Severe Disabilities	7
Provider Enrollment Revalidation Requirements	7
PEPI Education Announcement	8
Attention Home Care Providers	9
Attention Nursing Home Providers	10
Reminder for Nursing Homes	10
Behavioral Health Rate Enhancement and Free Behavioral Health Training for Home Care Agencies	11
Preparing for the COVID-19 Pandemic to Transition to an Endemic and the Public Health Emergency to End	12-13
Social Media Toolkit for Medicaid Account Information Update	14-15
COVID-19 Vaccine Administration Codes for Children	16
COVID-19 Vaccine Administration—3rd Dose	16
Attention LTSS Providers	17
LTSS: Moving the Office of Medical Review (Clinical Team) from EOHS to DHS	17
Telehealth Service Codes Update for Medicaid	17
At-Home COVID-19 Test Kits to Process at POS for RI FFS Medicaid	18
2021 Meeting Schedule: Pharmacy and Therapeutics Committee and Drug Utilization Review Board	19
Prior Authorization Requests	20
Physician Medical (PMI) Form: Update to Signatory Requirements	20
Attention Assisted Living Facilities (ALF) Providers	20
Emailing for Technical Support	21-22
Link to Healthcare Portal (HCP)	23
Telehealth and COVID-19	23
CPT Consultation Codes	23
Nursing Home, Assisted Living and Hospice Interim Payments	24
DME Providers-Enteral Nutrition Guidelines	24
State FY 2022 Claims Processing and Payment Schedule	25
Notable Dates in May	26

**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



Provider Enrollment Application Fee

As of January 1, 2022, the application fee to enroll as a Medicaid provider is \$631.00

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



New Temporary CPT Codes

The following CPT codes have been added to the Medicaid program temporarily. These would be effective 9/1/2021 - 3/31/2022.

99401- Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes. Reimbursement is \$23.53


99402- Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes. Reimbursement is \$38.80.

99403- Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes. Reimbursement is \$53.46.

99404- Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes. Reimbursement is \$67.91.

These CPT codes can be billed at only one visit for each beneficiary per day, but there are not quantity limits for the number of times this education can be provided to an individual beneficiary. Counseling may be provided in person, through live audio/video (telehealth) or telephonically. Additionally, this service can be billed by multiple providers and can be billed multiple times on different days.

Modifier 25-Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service, should be used if billing in addition to an office visit or an evaluation and management visit.



Attention Home Care and Adult Day Care Providers

The Office of Healthy Aging plans to increase services for its At Home Supports Program to include qualifying non-Medicaid clients ages 19 and over with a diagnosis of Alzheimer's or related dementias and expand income up to 250% of the Federal Poverty Level (FPL). The names of the programs have been updated from DEA Copay to OHA At Home Cost Share Level 1, Level 2 and OHA Case Management (CNOM). Members are still enrolled in all three Co-Pay programs. The procedure code for home care services is S5125 U1. Please note that if you are billing for a member 19 or over that you will be using the taxonomy that you use today for the adult population. The procedure code for adult day care for the OHA program is S5102.

Previously recipients were 65 and over only. The new increased services for members, determined by the Office Of Healthy Aging, include:

- Recipients age 19 to 64 with an Alzheimer's or Dementia related diagnosis as noted by a licensed physician and an income up to 250 percent of the FPL
- Age 65 and older with no diagnosis requirement and an income up to 250 percent of the FPL

These changes are expected to go into effect in the coming months. More information to come soon on the official start date. Until such announcement is made, the program guidelines remain ages 65 and older and up to 200% FPL.

For eligibility questions please contact the Office of Healthy Aging or your regional case manager at Tri-County Community Action, East Bay CAP, West Bay CAP, or Child and Family Services.

If you have billing questions please contact the Gainwell Technologies Help Desk at 401-784-8100.



LTSS Services and the 3G Network Sunset

The EOHHS/LTSS Systems team is urging providers to educate and assist clients with an upcoming cell phone technology change. AT&T, Verizon and T-Mobile are transitioning from 3G to 5G network technology. As a result, customers who are using older phones will be unable to make or receive calls and text messages or use data services. This could also affect some medical-alert devices such as the Personal Emergency Response System (PERS).

Customers are being notified directly by their phone carriers and PERS providers. However, we are asking LTSS providers to educate and support clients with additional resources during this wireless technology transition.

The following sites and resources are available for customers when their carriers are unable to assist with the transition.

- Rhode Island Office of Healthy Aging DigiAGE program: <https://oha.ri.gov/digiAGE> or (401) 462-4644 -2-1-1
- Lifeline Support for Affordable Communications : (800) 234-9473 or LifelineSupport@usac.org
<https://www.fcc.gov/lifeline-consumers>

Prior Authorization for Durable Medical Equipment (DME)

Physicians writing scripts/prescriptions for durable medical equipment (i.e. diapers, nutrition, etc.) should give the script directly to the recipient and indicate to the recipient to contact a DME Supplier provider. **The DME Supplier provider will initiate the prior authorization request with RI Medicaid.**

When prior authorization is required for a service, the DME Supplier provider is to submit a completed Prior Authorization Request form which can be obtained on the [EOHHS website](#). This form must be signed and dated by the **DME Supplier provider** as to the accuracy of the service requested. Attached to this form will be the Proof of Medical Necessity signed by the prescribing provider. When necessary, further documentation should be attached to the Prior Authorization Request form to justify the request. Forms can be faxed to (401) 784-3892.

Please note prior authorization requests for DME supplies received from a physician will be returned.

Prior authorization does not guarantee payment. Payment is subject to all general conditions of RI Medicaid, including beneficiary eligibility, other insurance, and program restrictions.

An approved prior authorization cannot be transferred from one vendor to another. If the beneficiary wishes to change vendors once the prior authorization has been approved, the new vendor will submit another Prior Authorization Request form with a letter from the beneficiary requesting the previous prior authorization be canceled.

For those beneficiary's dually enrolled in the RI Medicaid Program and Medicare, prior authorization is not required for Medicare covered DME services. Providers are required to accept Medicare assignment for all covered DME services. RI Medicaid will reimburse the copay and/or deductible as determined by Medicare up to the RI maximum allowable amount using the lesser of logic.




Long Term Services and Support (LTSS) Preventive Program

Rhode Island Medicaid allows access to LTSS Preventive services for aged and disabled customers who have a medical need for the services. Medicaid beneficiaries who meet the needs-based criteria for LTSS Preventive services are eligible for a limited range of home and community-based services and supports in addition to their primary care essential benefits. The goal of the LTSS Preventive Program is to delay or avert institutionalization or more extensive and intensive home and community-based care.

- Preventive services include up to 6 hours of homemaker and/ or personal services per week and up to 10 hours per couple.

Many individuals have a disability or chronic illness that limits their ability to conduct basic activities of daily living but may not meet the clinical eligibility criteria to access the full LTSS Program. Beneficiaries can be referred to RIPIN to access LTSS Preventive services. RIPIN can be reached at preventive@RIPIN.org or CMP Call Center #800-464-3399. RIPIN will work with DHS LTSS to support the customer with the necessary steps to access the program.

Customers who are enrolled in a Managed Care Organization (MCO) can call the Member Services number on their health plan card. The health plans will work with members to arrange appropriate services.



Important Notice for Providers Re: Electronic Visit Verification Implementation

The RI Medicaid program has begun preparing for the second phase of the Electronic Visit Verification implementation to include Home Health Care Services provided in the member's home. This will bring the state into full compliance with Congress' 21st Century Cures Act, Section 12006(a), effective January 1, 2023.

Over the past few years EOHHS has been implementing EVV, an electronic system which verifies that Medicaid Funded personal care and home care service visits occur by documenting six (6) points of data:

- Type of Service
- Date of Service
- Location of Service
- Individual Receiving the Service
- Individual Providing the Service
- Time the Service Begins and Ends

The Cures Act called for EVV implementation in two phases. The first part of the EVV project focused on Personal Care and Homemaker services provided in the home and was implemented January 1, 2021. We are now beginning our design and implementation efforts for phase 2, Home Health Care Services.

EOHHS is focused on working with our Providers to ensure an administratively smooth transition as Providers begin to use EVV for all appropriate Medicaid services provided through Fee-For-Service (FFS) Medicaid or through a Managed Care vendor.

In 2016 EOHHS worked with the State's EVV vendor Sandata to build access to the State EVV Solution called Santrax Agency Management (SAM), sometimes referred to as the closed system. The use of this system is free to all provider agencies who wish to utilize it for EVV capture. In April 2020, this system was further developed to allow providers to use their own system, also known as a 'third-party system' or 'open system'. Providers who use their own system must connect their system to the Rhode Island EVV "aggregator" to submit EVV records.

Within the next week the RI Medicaid program will be sending a survey to provider agencies requesting information regarding the service your agency will be utilizing. If you will be utilizing the open system (your own third-party system), please be prepared to provide the name of your EVV vendor.

EOHHS has made available and implemented multiple resources for providers to successfully implement the roll out. The 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) .

We appreciate and value your partnership and look forward to working with you.

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



Katie Beckett (KB) Medicaid Eligibility: Health Care Coverage for Children with Severe Disabilities

****Please note that the clinical team overseeing the process for the Katie Beckett Medicaid Program has been moved to DHS-LTSS, kindly refer inquiries and mail application for the KB program to the DHS-LTSS contact below****

Katie Beckett is an eligibility category in Medicaid that allows children under age 19 who have long-term disabilities or complex medical needs to become eligible for Medicaid coverage. To be qualified, child must meet the income and resource requirements for Medicaid for persons with a disability; qualify under the U.S. Social Security Administration's (SSA) definition of disability and require a level of care at home that is typically provided in a hospital, nursing facility or an Intermediate Care Facility for Persons with Intellectual Disability (ICF-MR). Katie Beckett Medicaid eligibility enables children to be cared for at home instead of an institution. With Katie Beckett, only the child's income and resources are used to determine eligibility.

For information about the Katie Beckett program, contact DHS LTSS at: 401-574-8474 or email: DHS.PedClinicals@dhs.ri.gov

To apply for the Katie Beckett Medicaid Program, Kindly complete the DHS-2 Application, check the KB-Katie Beckett: Health Care Coverage for Children with Severe Disabilities, and mail to:
Attention: DHS LTSS--Katie Beckett Program
P.O. Box 8709
Cranston, RI 02920



Provider Enrollment Revalidation Requirements

Effective September 1, 2021, provider enrollment revalidation requirements will no longer be waived. Providers will now be expected to respond to enrollment revalidation information requests from Gainwell in a timely manner. As required per usual protocols that were in place prior to March 2020, providers will be required to return information to Gainwell within 35 days of a request. If you would like more information about this process, please visit:

https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/provider_revalidation.pdf



PEPI Education Announcement



CMS Medicaid and CHIP Providers: Understanding Your Responsibilities to the Payment Error Rate Measurement (PERM) Program

The CMS PERM program is excited to present the Medicaid and Children's Health Insurance Program (CHIP) Provider Education Webinars!



Topics

PERM process overview and timelines
Provider Responsibilities during a PERM review
Reminders, frequent mistakes, and best practices
Electronic submission of Medical Documentation

Dates*

Tuesday, April 12, 2022 1 PM
Wednesday, April 13, 2022 3PM-4PM
Thursday, April 14, 2022 4PM-5PM

Please note all three webinars will consist of the same information covering the topics outlined on the left.

Target Audience: The PERM Teams and Medicaid/CHIP Providers from the following States:

Alabama, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Nebraska, New Hampshire, New Jersey, North Carolina, Rhode Island, South Carolina, Tennessee, Utah, Vermont, and West Virginia. (Other States are welcome as capacity allows.)

To Register: Click on the link

https://cms.zoomgov.com/webinar/register/WN_zhpBrzv3Se63X2XzzS3YJQ

(Registration closes April 10, 2022 at 5 p.m. ET.)

Have questions? Please email PERMRC_ProviderInquiries@nciinc.com

Want more information about PERM? Go to

[Payment Error Rate Measurement \(PERM\) | CMS](#)

Attention Home Care Providers

For claims that are submitted by a home care agency, a member must have RI Medicaid eligibility, a prior authorization and an active enrollment for the dates of service into one of the below waiver/programs.

- Core Community Services
- DEA Waiver Community Waiver Program (Office of Healthy Aging (OHA))
- BHDDH Community Support
- Medicaid Preventive Services
- Habilitation Community Services
- OHA At Home Cost Share

To verify program enrollment and eligibility sign into the **Health Care Portal**. Verify that a member has RI Medicaid and program eligibility under the “Eligibility” tab. For OHA copay clients, you will see OHA At Home Cost Share and they will not have Medicaid Eligibility.

For claims to process and pay, there also needs to be a prior authorization on file for the correct number of units and dates of service that you will be submitting your claims for.

The Prior Authorizations are viewable under “Interactive Web Services” on the right of the home page of the portal. Please select “**Check Prior Authorization**”.

If either their eligibility or a prior authorization **is missing** on the portal than please call or email the case worker. Below is the contact information for DHS programs:

DHS Help Line 401-574-8474 or dhs.ltss@dhs.ri.gov

For DEA Waiver (OHA) or OHA At Home Cost Share clients please contact the regional case manager at Tri-County Community Action, West Bay CAP, East Bay Cap, or Child and Family Services.

If you can see eligibility and a prior authorization on the Health Care portal but you do not see it in the EVV system, then please contact Sandata directly.

SAM Providers:

Questions or issues with the SAM EVV system, please contact Sandata’s Customer Care via email at Rlcustomercare@sandata.com or 1-855-781-2079.

Alternate EVV/Third-Party

Questions or issues with the Alt. EVV/Third Party system, please contact Sandata’s Customer Care via email at rialtevv@sandata.com.

You should always ask for your ticket number when you contact Sandata Customer Care for an issue. If a Customer Care ticket has not been acknowledged after two (2) business days (a response from Sandata acknowledging the ticket issue), you may escalate with the ticket number to Meg Carpinelli via email at Margaret.Carpinelli@ohhs.ri.gov

Important: Please note you should not email Meg directly with an issue. You must open a ticket with Sandata first. If the ticket is not acknowledged after 2 business days, you can then escalate.

If you have any billing issues after verifying that a member has eligibility and a prior authorization in place please reach out to Marlene.Lamoureux@gainwelltechnologies.com or 401-784-3805.



Attention Nursing Home Providers

There will be a new billing process for members that have been released from a hospital setting and **have not** been determined eligible for Long Term Support Services. This new billing process will replace the existing one in place today of sending emails with an attached spreadsheet to Mary Ellen Jenkins at OHHS for nursing home stays that are 30 days or less.

Per EOHHS rule 210-RICR-50-00-1.7, Medicaid Long-Term Services and Supports Overview and Eligibility Pathways, Qualifying for Medicaid LTSS, states that, “With the enactment of the federal Affordable Care Act of 2010, federal law requires that Medicare, commercial health insurers, and group health plans provide as part of the primary care essential benefit package up to thirty (30) days of subacute and rehabilitative care for persons who have had an acute care incident requiring services in a health institution. Medicaid is also required to provide this benefit. Both existing beneficiaries and new applicants must have established a continuing need for LTSS -- that is, for an institutional level of care -- to qualify for Medicaid LTSS once the thirty (30) days of essential benefit coverage is exhausted.”

Members who require *Hospice services* must continue to go through the Long-Term Care Eligibility process and have LTC approval for claims to process.

There will be an additional communication sent out with information on how to sign up for a webinar on how to bill for this service. It is strongly recommended that you attend a webinar, as this is a different billing process than what you are accustomed to.

Some of what will be included in the webinar trainings are listed below:


1. Clients must have active Medicaid Eligibility
2. This billing process is for nursing home stays for 30 days or less with no long term care approval
3. Clients may have more than one consecutive 30-day period of Nursing Home services but there must be a gap between the “To” Date of service on the last bill and “From” Date of service on the new bill
4. New procedure code for S9976 “Lodging, Per Diem, Not Otherwise Classified”
5. This needs to be submitted as an 837 Professional Claim or Professional Cross Over claim
6. Clients may have a Patient Share on file, but it *will not* be automatically deducted for the 30-Day Nursing Home Services unless it is reported on the claim by the provider
7. A RUG Score must be on file for the recipient
8. If a member has primary insurance the claim must be submitted to the primary coverage and then submitted with the EOB to Medicaid
9. Claims submitted for CSM-Demo and PACE will be denied for Other Insurance.
10. This processing will not include ‘Head on the Bed Logic’ to ensure a client can receive 30 consecutive days of Nursing Home Services.

Provider training webinars were delivered on October 13th and October 15th. The slides used for the presentation are located on the EOHHS website under [Nursing Home Stay 30 Days or Less \(ri.gov\)](#)



REMINDER FOR NURSING HOME

Stimulus funds should be treated the same as a tax refund/rebate by nursing homes. The rebate is not treated as income, or as a resource for a 12-month period, in determining an individual’s eligibility or assistance amount under any federally funded public program.



Behavioral Health Rate Enhancement and Free Behavioral Health Training for Home Care Agencies

Effective January 1, 2022, a new behavioral healthcare rate enhancement of \$0.39 per unit (fifteen 15 minutes) of Personal Care (S5125), Combined Personal Care/Homemaker (S5125-UI), and Homemaker (S5130) services shall be paid to “behavioral health-certified” (BH-certified) non-skilled home care providers. A BH-certified provider is a provider with at least thirty percent (30%) of its direct care workers (which includes C.N.A. and Homemakers) certified in behavioral healthcare training.

BH-Certified providers can submit their completed application for certification by emailing it to rixixqualityassuranceteam@gainwelltechnologies.com. All forms that are required for the BH Enhanced rates can be found on the [Certification Standards | Executive Office of Health and Human Services \(ri.gov\)](#) under [Forms and Applications](#). If approved for the BH rate enhancement a letter provided by EOHHS will be sent to the agency by email.

For a direct care worker to become BH-certified, s/he must successfully complete a behavioral health certificate training program offered by Rhode Island College, or an equivalent training program that has been prospectively approved by EOHHS (Attachment C). For an Agency to become a BH-certified provider, it must submit to EOHHS a form (Attachment A) and supporting documentation identifying those C.N.A.s and Homemakers who are BH-certified. This list may be submitted at any time, and, upon review and approval by EOHHS, an Agency shall remain BH-certified for one year from the date of approval. Agencies must provide an updated list annually to renew their

BH-certification by emailing rixixqualityassuranceteam@gainwelltechnologies.com.

Employers shall submit to EOHHS a Report and Attestation (Attachment B) on January 15, 2023 and annually thereafter affirming that all BH-certified employees received one-hundred percent (100%) of the Behavioral Health Rate Enhancement (\$1.56/hour) paid to the employer for all hours worked by the BH-certified employee during the preceding January 1 – December 31, in addition to the hourly rate, and any shift differential or other compensation that they were receiving immediately prior to becoming eligible to receive the BH rate enhancement. All applications and supporting documents can be emailed to rixixqualityassuranceteam@gainwelltechnologies.com

Preparing for the Covid-19 Pandemic to Transition to an Endemic and the Public Health Emergency to End

WHAT IS THE STATUS OF THE PUBLIC HEALTH EMERGENCY?

The current **Public Health Emergency (PHE)** began in **January 2020** at the start of the COVID-19 pandemic and has since then been extended, 90 days at a time, by the federal Secretary of Health and Human Services. The federal Families First Coronavirus Response Act provided an enhanced Medicaid match rate to states that satisfied the continuous enrollment condition for most Medicaid beneficiaries during the PHE. States expect to receive at least 60 days advanced notice from the federal government prior to the end of the PHE.

WHEN THE PHE EXPIRES, WHAT WILL HAPPEN?

When the PHE ends, RI Medicaid will be required to redetermine each beneficiaries' eligibility prior to taking any action on a case over a 12-month period. EOHHS plans to share renewals requiring action with our managed care organizations on a monthly basis. We will also be charged by the federal government with processing valid terminations and identifying individuals likely eligible to transition from Medicaid to private health insurance. We have made several enhancements to our RI Bridges eligibility & enrollment system to auto-renew eligibility for a sizable population of beneficiaries based on current information on applications that we already have in the system, or information we can collect from external data sources. If we cannot redetermine eligibility using information on file, we will send out a request for additional information by mail and/or email telling beneficiaries what actions are pending with coverage, what action they need to take, and provide them with 30 days to respond. Not all clients will need to take action. If case details are confirmed to maintain eligibility; the beneficiary will receive a notice indicating benefit renewal. At any time, if someone disagrees with a decision regarding eligibility, they have the right to appeal by requesting a hearing. An appeal form will be included in the notice packet.

WHAT CAN YOU DO TO PREPARE?

The most important action you can take NOW is to have beneficiaries update their individual and family account information so that the program can send them the notices and information they need to maintain or transition coverage. **If they have changed addresses, their phone number or email address, or had a change in income or household size**, having current information helps the Medicaid program determine the continuation of eligibility and avoid the potential for inappropriate terminations or gaps in coverage. In addition to paper notices, beneficiaries can now opt-in to receive text message updates from Medicaid. These messages can help remind them when critical deadlines are approaching. They may also update their preference to receive email notifications. To update account information and communication preferences, beneficiaries can access us in several ways:

- * **Online:** Access account at <https://healthyrhode.ri.gov/HIXWeb13/>. HealthSource RI (HSRI) also hosts a live web chat, which is staffed during business hours, and has live call center staff available to assist customers in English or Spanish. (Continued on p. 14).

Preparing for the Covid-19 Pandemic to Transition to an Endemic and the Public Health Emergency to End (continued from p.12)

WHAT CAN YOU DO TO PREPARE?

- **By Phone:** Call the RI Department of Human Services' (DHS) Call Center at 1-855-697-4347 (Monday through Friday, except holidays, from 8:30 a.m.- 3:00 p.m.) or HealthSource RI at 1-855-840-4774 (Monday through Friday, except holidays, from 8:00 a.m.- 6:00 p.m.)
- **In Person:** Staff at DHS offices (locations available [here](#)) can assist customers in person.

Encourage Medicaid beneficiaries to update their information using the attached graphics. Continue to participate in State-run meetings on this topic.

If beneficiaries are terminated from Medicaid, can they purchase a health plan?

If someone was on Medicaid when the PHE started, their coverage continued until they receive a notice from Medicaid stating otherwise. When the PHE ends and they receive a notice that they no longer qualify for Medicaid due to changes in income in their household, they may be eligible to enroll in a health plan through HSRI. They will have 60 days from the date listed on the termination notice to enroll in HSRI during your Special Enrollment Period. To avoid a gap in coverage, HSRI can help beneficiaries pick a new plan before their Medicaid coverage ends. They can also tell beneficiaries if they qualify for financial help to lower their costs. They can call HSRI at 1-855-840-4774 to speak to an enrollment specialist or visit <https://healthsourceri.com/>.

Social Media Toolkit for Medicaid Account Information Update

Please use the sample social media copy below, along with one of the sample graphics, to let your social media audience know about the importance of updating their accounts.

SAMPLE SOCIAL MEDIA COPY FOR FACEBOOK, LINKEDIN, OR INSTAGRAM

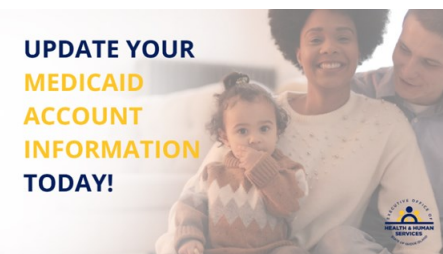
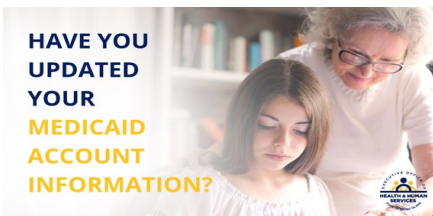
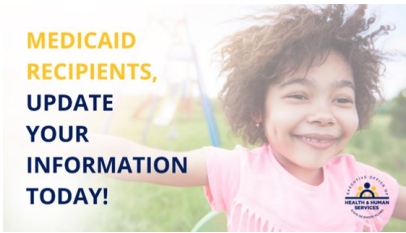
- Medicaid is reviewing account info to determine eligibility for Medicaid coverage or transition to other healthcare options by @HealthSourceRI. LOGIN to your secure customer account to update your information: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- If you've changed addresses, had a change in income, household size, phone number or email, updating your info helps the Medicaid program determine the continuation of eligibility/avoid potential termination or gaps in coverage. Update your account: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- Medicaid Recipients! Have you had a change in address, income, household size, phone #, or email? Update your info to help the Medicaid program determine the continuation of eligibility/avoid potential termination or gaps in coverage. Learn how to update online and more: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- Medicaid recipients, act now! Update any changes in address, income, household size, phone number or email to help the Medicaid program determine your continued eligibility and avoid potential termination or gaps in coverage. Learn how to update online and more: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>

SAMPLE SOCIAL MEDIA COPY FOR TWITTER ONLY

- Having current account info helps the Medicaid program determine if you continue to be eligible for Medicaid and avoid potential termination or gaps in coverage. LEARN MORE: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>

CORRESPONDING SOCIAL MEDIA GRAPHICS (continued from p. 14)

To increase social media engagement, please use one of the graphics included below with every post you publish. Graphics for posting to Facebook are on the LEFT. Graphics for posting to Twitter or Instagram are on the right.



COVID-19 Vaccine Administration Codes for Children

The COVID-19 vaccine has been approved for children ages 5-11 years old. The administration codes can be billed to Medicaid effective 04/1/22. The codes are In Plan for those recipients in a managed care plan. The codes and reimbursement are:

0071A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 ages 5-11 first dose, reimbursed at \$41.29.

0072A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 ages 5-11 second dose, reimbursed at \$41.29.




COVID-19 Vaccine Administration-3rd Dose

COVID-19 3rd dose administration codes have been approved effective April 1, 2022. Per CMS, the reimbursement will be the same as the existing Covid-19 vaccine administration codes which is \$41.29.

0003A -ADM SARSCOV2 30MCG/0.3ML 3rd
(Pfizer-Biontech Covid-19 Vaccine Administration – Third Dose)

0013A-ADM SARSCOV2 100MCG/0.5ML 3rd
(Moderna Covid-19 Vaccine Administration – Third Dose)



Attention LTSS Providers

As of 12/01/21, the DHS contact information for the Long Term Services and Support (LTSS) program has been changed. Please update your contact information for LTSS updates and inquiries to reflect the followings:

LTSS coverage line number 401-574-8474

DHS Call center line 1-855-697-4347

Email: dhs.ltss@dhs.ri.gov

Fax#: 401-574-9915



LTSS: MOVING THE OFFICE OF MEDICAL REVIEW (CLINICAL TEAM) FROM EOHHS TO DHS

The Executive Office of Health and Human Services (EOHHS) and DHS have together cared for our consumers on the State's Medicaid program. Specifically, EOHHS has been responsible for the clinical eligibility determinations for Medicaid Long Term Services and Supports (LTSS) through its Office of Medical Review (OMR) while DHS determines the financial eligibility for those applicants.

To create a more efficient process, we have moved all LTSS eligibility, both financial and clinical, to DHS. The Office of Medical Review, now called the DHS Clinical Team, will continue to be responsible for determination of LTSS clinical levels of care, Katie Beckett clinical eligibility, disability determinations by the Medical Assistance Review Team, and Pediatric Private Duty Nursing (PDN) assessments, authorizations and oversight. Regarding the latter, parents of children receiving PDN, as well as the agencies providing pediatric PDN, have been directly notified about this change. Relatedly, the two departments finalized a PDN Policy Guidance Document that puts into writing the current processes for the administration of PDN. This document will be available on the DHS website soon.



Telehealth Service Codes Update for Medicaid

Due to recent changes made by Medicare, effective as of April 4, 2022 the Rhode Island Executive Office of Health & Human Services (EOHHS) is adding Place of Service Code 10 (Telehealth Provided in Patient's Home) as a telehealth place of service for Fee-for-Service and Managed Care. Please submit telehealth claims with Place of Service Code 02 (Telehealth Provided Other than in Patient's Home) or Place of Service Code 10 (Telehealth Provided in Patient's Home) as applicable.

EOHHS requests that all MCOs complete the implementation of this change in claims submission by April 30, 2022. Fee-for-Service Providers should submit telehealth claims with the applicable Place of Service Code 10 for dates of service of April 4, 2022 forward.

Pharmacy Spotlight



At-Home COVID-19 Test Kits to Process at POS for RI FFS Medicaid

RI EOHHS Fee-for-Service (FFS) Medicaid program allows enrolled pharmacy providers to process At-Home COVID Test Kits at point of service (POS). As with any over-the-counter (OTC) product, coverage of the claim requires a prescription. The beneficiary may request a prescription from their FFS Medicaid enrolled prescriber, or use the standing order issued by Dr. Suzanne Bornschein, Medical Director COVID-19 Unit, RI Department of Health. Dr. Bornschein is an enrolled FFS prescriber. The standing order can be accessed at here: [standing-order-for-at-home-covid-test-kits-2.24.22.pdf \(ri.gov\)](https://www.ri.gov/standing-order-for-at-home-covid-test-kits-2.24.22.pdf).

There is a quantity limit of eight (8) At-Home COVID Test Kits per thirty (30) days. Reimbursement is \$12.00 per test. Packaging with multiple tests will be reimbursed at \$12.00 per each test. For example, if the package contains two (2) tests, then the claim will be reimbursed at \$24.00.

Pharmacy Spotlight cont.



Meeting Schedule:

Pharmacy and Therapeutics Committee and Drug Utilization Review Board

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

Date: June 7, 2022

Registration Deadline:

June 1, 2022 by 5pm EST

Meeting: 8:00 AM

Location: Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI

Registration by email to:
karen.mariano@gainwelltechnologies.com

[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR)

Board is scheduled for:

Date: June 7, 2022

Registration Deadline:

June 1, 2022 by 5pm EST

Meeting: 10:30 AM

Location: Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI

Registration by email to:
Karen.mariano@gainwelltechnologies.com

[Click here for agenda](#)

2022 Meeting Dates:

June 7, 2022

September 20, 2022

December 13, 2022

Prior Authorization Requests

Please **do not** fax prior authorization requests that contain more than 15 pages. If your request is over 15 pages please mail your requests to:

Gainwell Technologies
Prior Authorization Department
PO Box 2010
Warwick, RI 02887-2010



Physician Medical (PMI) Form: Update to Signatory Requirements

To improve access to Medicaid Long-Term Services and Supports (LTSS), EOHHS will now accept Physician Medical (PMI) Forms that are signed by the applicant's physician, PA, NP, as well as a registered nurse or discharge planner (who holds, at a minimum, a bachelor's degree in nursing or social work). PMI Forms are used for determining if an individual who is disabled or over 65 years old meets a Nursing Home needs-based level of care (LOC), and is therefore clinically eligible for Medicaid LTSS. To review the full policy, please visit our website:

https://www.eohhs.ri.gov/sites/g/files/xkqbur226/files/2021-03/Medicaid-Policy_PMI-Signatory-Change_032221.pdf [clicktime.symantec.com]



Attention Assisted Living Facilities (ALF) Providers

Effective January 1, 2022, the monthly Room and Board Rate for all Medicaid LTSS Assisted Living Facility (ALF) customers with income under 300% Federal Benefit Rate (FBR) or \$2523, will change to \$1053 to reflect the Year 2022 Federal Benefit Rate (FBR). Room and Board Rate for customers with income over the 300% FBR will be \$2523 adjusted for a single versus double room accordingly. Cost of Care (COC) for all ALF customers may also change to reflect the 2022 COLA for customers who are receiving SSA benefits. Personal Need Allowance for all ALF customers regardless of ALF program (CAT D, RMFHC, PACE) will remain at \$120.

For assistance, questions, or concerns, please contact:

LTSS Coverage: 401-574-8474 or DHS Coverage: 1-855-697-4347 or the LTSS Email: dhs.ltss@dhs.ri.gov .

For Cost of Care (COC) and Room and Board updates and discrepancies, please contact:

OHHS Contacts: OHHS.LTSSEscalation@ohhs.ri.gov or Sally.mcgrath@ohhs.ri.gov

Emailing for Technical Support

When sending an email to EDI (riediservices@gainwelltechnologies.com) or your provider rep for assistance, it is important to include vital information so that we may best assist you. In your email please include your: name, phone number, user id, NPI and Trading Partner ID (if applicable).

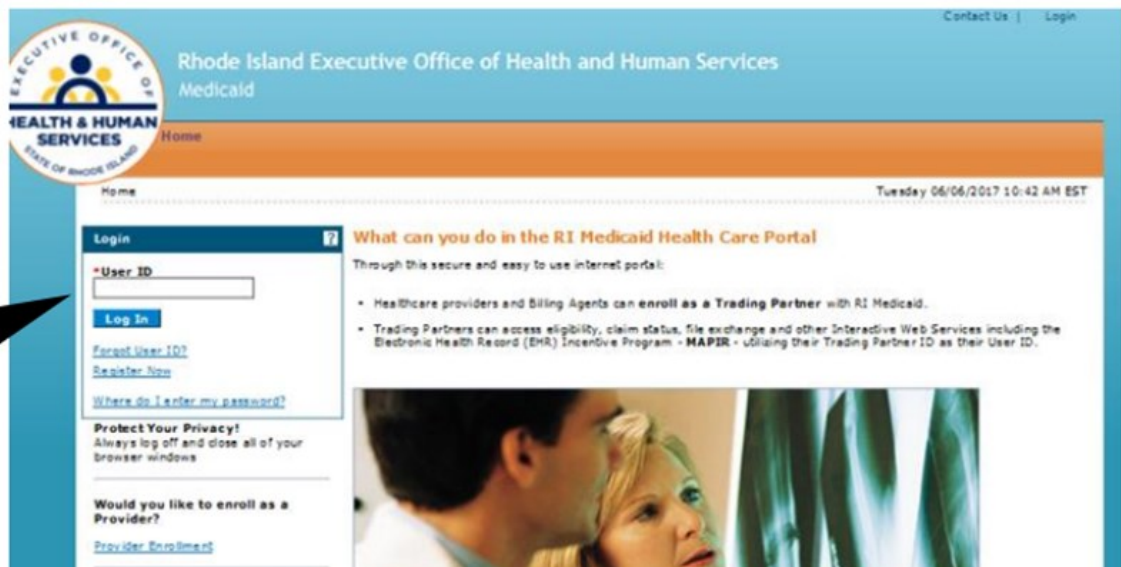
If you are emailing about login issues, please include the platform you are trying to access (Healthcare Portal, PES, etc).

If you are getting an error message, please include a screenshot of the error, or let us know *exactly* what the error message says. Depending on the platform you are using, there are multiple reasons an error could kick back, so providing this specific information in your email will help us to best assess the root of the issue and how to solve it.

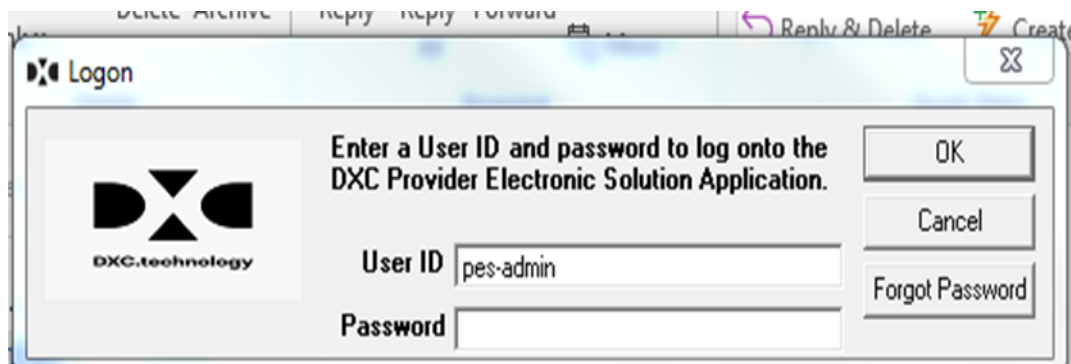
Below are screenshots of the most commonly used platforms that you may be logging into.

Healthcare Portal:

Enter your
User ID
here and
click Log In



PES (aka Provider Electronic Services):



(Cont.)

HEALTHCARE PORTAL

LOGIN TROUBLESHOOTING


ISSUE	POSSIBLE THINGS TO CHECK/DO
Login Issues	
You are getting an error message that your security question answer is incorrect	<ul style="list-style-type: none"> We are not able to reset security questions. Only the owner of the account can change their questions and answers. If you are getting an error that your security question answer is incorrect it is typically indicative that your username is wrong. Please go back to the home page and make sure you are typing in your username correctly. *Please type slowly to ensure there are no mistakes* Additionally, please make note of your security questions and answers to ensure that you are entering the correct answer each time.
You are getting an error message that your password is incorrect	<ul style="list-style-type: none"> Passwords are CASE-SENSITIVE. So please take care to ensure you are entering your password correctly and that caps-lock is not on.
You are getting questions you do not recognize -OR- you do not remember your username.	<ul style="list-style-type: none"> Have you already enrolled as a trading partner or delegate? You need to have already enrolled as a trading partner - OR- have had your admin user create a delegate account before being able to sign in. <i>Please</i> make sure you have REGISTERED and VERIFIED your account. If you have not registered and verified your account, you will be prompted with questions you do not recognize.
You are getting an error when resetting your password on the Portal	<ul style="list-style-type: none"> The Portal is VERY specific on what a password can be. Your password must be EXACTLY 8 characters (no more, no less), with at least one capital letter, one lowercase letter, and NO special characters. For example, something like "Portal21" would work, but something like "Pa55w@rd2021!" would not.



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>



Click [here](#) to view the RI Medicaid memo regarding telehealth and COVID-19



Attention: Physicians and Non-physician Practitioners

CPT Consultation Codes

Effective January 1, 2010, the Centers for Medicare and Medicaid eliminated the use of all consultation codes (inpatient and office/outpatient codes) for Medicare beneficiaries. Please refer to the MLN Matters number MM6740 Revised for complete information. However, existing policies and rules governing Medicare advantage or non-Medicare insurers were not revised.

RIMA has not revised their policy on the use of consultation codes. RIMA still requires the use of CPT Consultation codes (ranges 99241-99245 and 99251-99255). Some providers may have already or will receive notifications regarding recoupment when the consultation codes are not utilized.

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 May 13, 2022.

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.

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

**State FY 2022
Claims Payment and Processing Schedule**

SFY 2022 Financial Calendar

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
		7/02/2021	7/09/2021
July	7/08/2021	7/09/2021	7/16/2021
		7/23/2021	7/30/2021
August	8/05/2021	8/06/2021	8/13/2021
		8/20/2021	8/27/2021
September		9/03/2021	9/10/2021
	9/09/2021	9/10/2021	9/17/2021
		9/24/2021	9/30/2021
October	10/07/2021	10/08/2021	10/15/2021
		10/22/2021	10/29/2021
November	11/04/2021	11/05/2021	11/12/2021
		11/19/2021	11/26/2021
December		12/03/2021	12/10/2021
	12/09/2021	12/10/2021	12/17/2021
		12/24/2021	12/31/2021
January	1/06/2022	1/07/2022	1/14/2022
		1/21/2022	1/28/2022
February	2/03/2022	2/04/2022	2/11/2022
		2/18/2022	2/25/2022
March	3/03/2022	3/04/2022	3/11/2022
		3/18/2022	3/25/2022
April		4/01/2022	4/08/2022
	4/07/2022	4/08/2022	4/15/2022
		4/22/2022	4/29/2022
May	5/05/2022	5/06/2022	5/13/2022
		5/20/2022	5/27/2022
June		6/03/2022	6/10/2022
	6/09/2022	6/10/2022	6/17/2022
		6/24/2022	6/30/2022
July	7/07/2022	7/08/2022	7/15/2022
		7/22/2022	7/29/2022

View the SFY 2022 Payment and Processing Schedule on the EOHHS website

<http://www.eohhs.ri.gov/ProvidersPartners/Billingamp;Claims/PaymentandProcessingSchedule.aspx>

Notable Dates in May

May 1 - May Day

May 5 - Cinco de Mayo

May 8 - Mother's Day

May 21 - Armed Forces Day

May 30 - Memorial Day

