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# Rhode Island Medicaid Program September 2022 Provider Update



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

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!**



# September 2022 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 6, 2022 through October 31, 2022 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 31st 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/become-a-member](http://nhpri.org/become-a-member)



1-866-738-4116  
[tuftshealthplan.com/member/tufts-health-rittogether/home](http://tuftshealthplan.com/member/tufts-health-rittogether/home)



1-800-587-5187  
[uhccommunityplan.com](http://uhccommunityplan.com)

## COVER ALL KIDS IMPLEMENTATION

Cover All Kids extends full-benefit medical assistance to children who would otherwise be eligible for Medicaid, but for their immigration status. Legislation passed effective July 1, 2022 – [RIGL 42-12.3-15. Expansion of Rlte track program.](#)

While applications for coverage may be accepted through all available channels (online, mail, phone, in person), **we caution that we currently have system limitations which will delay eligibility determination.**

- Applications received **before September 1, 2022** may receive an initial denial notice, but will be manually reviewed by Department of Human Services (DHS) staff for Cover All Kids eligibility.
- **Beginning September 1, 2022**, applications will be accepted, and won't be initially denied, but also will not result in an automatic approval. These applications will be worked by DHS staff via a manual process. Approval notices will be sent when criteria is met. Denial notices will be sent when eligibility criteria is not met.
- All applications approved via this manual process will receive a retroactive eligibility start date of **July 1, 2022**. Once electronic processing has started, the effective date will be based on the application. Cover All Kids members will receive a Medicaid ID card – the white anchor card – about one week after their eligibility is processed.

Providers should be prepared to bill fee-for-service Medicaid for any approved member expenses for dates of service beginning July 1, 2022.

Though not immediately, the Cover All Kids population will be enrolled in Managed Care Organizations (MCOs). These enrollments are likely to begin on October 1, 2022 and based on a standard eligibility waiting period thereafter. Cover All Kids members will also receive RlteSmiles coverage, the Medicaid Children's dental program.

**For emergency or high-need cases**, providers and applicants are encouraged to submit applications as soon as possible and to request expedited assistance via Linda DeMoranville at [linda.demoranville@dhs.ri.gov](mailto:linda.demoranville@dhs.ri.gov).

**For all other cases, to avoid application backlog, we request applications be submitted on or after October 1, 2022.** Thank you for your partnership and patience as we get our systems prepared to provide services to this new population of children.



## Attention Home Care Providers

EOHHS has implemented an increase to rates that are paid for claims that are submitted with a shift modifier (UH,UJ,TV). These are billable modifiers for providers that are approved for Enhanced Rates. Shift modifiers are currently paid for services between the hours of 3:00 PM and 7:00 AM on weekdays and all hours on weekends and State holidays for Personal Care (S5125) and Combined Personal Care/Homemaker (S5125-UI). Effective for dates of service 7/1/21, the existing shift differential modifier was increased by \$0.19 per fifteen (15) minute unit of service for Personal Care and Combined Personal Care/ Homemaker. Employers must pass on one-hundred percent (100%) of the shift differential modifier increase per fifteen (15) minute unit of service to the Nursing Assistant that rendered such services.

There will be a mass adjustment for claims retro to 7/1/21 through 6/30/22 once both Gainwell and Sandata have made the necessary updates in their systems. Email communications will be sent out once the mass adjustments are scheduled to update you on which RA you will see the adjusted claims on.

There has been an additional rate increase for dates of service 7/1/22 forward. Once both Gainwell and Sandata have applied the increased rates in their systems for this rate increase, there will be an additional mass adjustment scheduled for claims that previously processed for dates of service 7/1/22 forward. Future emails will be sent to providers that are approved for enhanced rates with your agency specific rates.

Please see the below base rates effective for dates of service as of 7/1/22.

Procedure Code	Description	Allowed Amount per unit
S5125	Attendant Care Services; per 15 minutes	\$5.95
S5125 L9	BHDDH Only	\$14.35
S5125 UI	Combined Attendant Care/ Homemaker; per 15 minutes	\$5.75
S5130	Homemaker Services; per 15 minutes	\$5.57
S5130 L9	BHDDH Only	\$14.35
S5130 TE	BHDDH Only	\$14.35
T1000 with and w/o shift modifiers	Private Duty Nursing; per 15 minutes	\$14.35
T1000 TE with and w/o shift modifiers	Private Duty Nursing; per 15 minutes LPN	\$11.62
T1001	Nursing Assessment/Evaluation for the following programs: Core Community, Medicaid Preventive, Habilitation Community and DEA Community Services and Severely Disabled Home Care Services	\$103.84

If you have any questions please contact [marlene.lamoureux@gainwelltechnologies.com](mailto:marlene.lamoureux@gainwelltechnologies.com)

## EVV Third-Party Vendor Registration

The state of Rhode Island has now opened registration for new providers who intend to use an alternate EVV 3<sup>rd</sup> party vendor. Please follow this link to register <https://forms.office.com/r/RZXC3Z3a2C> [[forms.office.com](https://forms.office.com)]

This form is intended for New Providers to the Rhode Island EOHHS program who intend to use an Alternate EVV 3<sup>rd</sup> Party Vendor to submit visit data. This registration is valid for both Personal Care Service (PCS) and/or Home Health Care Service (HHCS) providers. Outreach will be made to existing vendors to re-certify for the Home Health Care Services Alternate EVV Program.

If your agency will be using multiple NPIs, your agency will need to enroll separately for each unique NPI ID.

\*Please complete all fields, on both pages accurately. Any incorrect information will delay the arrival of your agency credentials.



### *Professional Providers*

#### Billing Administration Codes for Vaccinations

Rhode Island Medical Assistance does not reimburse state supplied vaccines. Rhode Island Medical Assistance will reimburse the administration for these vaccines.

- CPT 90460 (immunization administration through 18 years via any route of administration, with counseling by physician) allows one (1) unit.
- CPT 90461 (immunization administration through 18yrs via any route of administration, each additional vaccine) allows eight (8) units.
- Vaccines with multiple components are considered as one unit.
- For example: procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; however it is consider as one unit and will be reimbursed as one unit.

If the vaccines are administered with a flu vaccine, RI Medical Assistance will reimburse multiple administrations.

- For example: procedure codes 90748 (Hepatitis B), 90680 (Rotavirus vaccine), and 90670 (Pneumococcal Vaccine) are single components.
  - Bill one (1) unit of CPT 90460 for the first injection.
  - Bill two (2) units of CPT 90461 for the subsequent injections. **Please note: In order to avoid denials for duplicate charges, the units for CPT 90461 must be rolled together and billed on one detail line.**
- An administration code is allowed for every injection performed.



## Attention Hospice Providers

EOHHS has implemented a rate increase for hospice services as of 7/1/2022. The below procedure codes reflect this most recent update. Please begin billing at the new rates in order to be reimbursed at these higher rates for dates of service 07/01/2022 forward.

Description	Procedure Code	Effective 07/01/2022
Hospice Routine Home	T2042 Days 1-60	\$253.18
Hospice Routine Home	T2042 Days 61+	\$198.85
Hospice Continuous Home	T2043	\$63.67
Hospice Inpatient Respite	T2044	\$518.96
Hospice General Inpatient	T2045	\$1,112.44
Services of clinical social	G0155	\$15.67
Direct skilled nursing services of a registered nurse	G0299	\$15.67

## Attention Skilled Home Care Providers

EOHHS has implemented a rate increase for skilled home care services as of 7/1/2022. The below procedure codes reflect this most recent update. Please begin billing at the new rates in order to be reimbursed at these higher rates for dates of service 07/01/2022 forward.

Description	Procedure Code	New Rate Effective 07/01/2022
Home Health Aide	G0156	\$7.54
RN, PT, OT and SP per visit	X0043	\$114.54

## 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 Trading Partners

If you wish to receive the 835 Transaction-ERA for a provider, include the Provider billing NPI# associated with the Trading Partner profile and **select** the 835/277U checkboxes found on the profile.

If you wish to do business for a provider and **not** receive the 835/277U ERA, include the Provider billing NPI# associated with the Trading Partner profile, but **DO NOT** select the 835/277 checkboxes.

Review your Trading Partner profile and “**end date**” any providers you no longer provide services for.

Instructions for managing your covered providers can be found at:

[RI Medicaid Managing Covered Providers](#)




## Doula Services

Rhode Island Medicaid is ready to begin accepting applications from Doula Providers. The application can be accessed on the RI Medicaid [Healthcare Portal](#). Providers will need to have the following to complete the application:

- \* National Provider Identifier (NPI) and the doula taxonomy, 374J00000X associated to their NPI.
- \* Certificate from RI Certification Board (RICB).
- \* W-9

Applicants who have performed services dating back to July 1, 2021 should use that date as the effective date for the application.

For guidance on the enrollment process please visit the [Provider Training and Education](#) page on the EOHHS website. The [Doula](#) information is in the Provider Specific Training section.



## Community Health Care Workers (CHW)

Rhode Island Medicaid is currently accepting applications from Community Health Worker (CHW) Providers. This new provider type is considered Non-Medical.

Active enrollment is required before a provider can begin seeing RI Medicaid members.

Providers that currently participate with RI Medicaid and who want to become a CHW provider must perform a separate enrollment for CHW services.

CHW's enrolling independently (not part of an agency) will be required to submit proof of CHW certification by the RI Certification Board. If the CHW is not yet certified, they may enroll as a provider but, the enrollment will be limited to an 18-month period. If proof of certification is not submitted before the end of the 18 months, the provider will be disenrolled.

CHW certification is not required for agencies to enroll.

Enrollment is completed using the RI Medicaid Healthcare Portal (HCP).

- RI Medicaid Healthcare Portal
  - <https://www.riproviderportal.org>

Step-by-step enrollment instruction can be found on the portal home page.

- Healthcare Portal Resource Page
  - <http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>

You will need the following information to enroll as a CHW Provider :

- Address Information, including postal code + 4
- Tax ID – either EIN or SSN
- Completed W-9 as an attachment, including signature
- You may also need to attach some federally required disclosures

Because CHW services are only reimbursed through FFS Medicaid at this time, CHW Providers should select “RI Medicaid Provider – Billing Claims Directly to RI Medicaid” as the Type of Provider Enrollment

Under “Provider Enrollment Type,” select “**Atypical**”

- CHW providers will not need to fill out fields for National Provider ID, License, or Taxonomy
- Under **Other Identifier**, CHW Providers will need a **ten-digit number** for registration; a telephone number would be the best as it is unique to you (See Example).

\* Provider Federal Tax Identification Number (EIN) or Employer Identification Number (EIN)

National Provider Identifier (NPI)

Other Identifier(\*)  Assigning Authority:  Medicaid

Provider Taxonomy Code

**Provider Contact Information**

Provider Contact Name  Title

Phone Number  Ext

Email Address

Fax Number

**Financial Institution Information**

Financial Institution Name

Financial Institution Address

Address

City

State  Zip Code

Financial Institution Telephone Number  Ext  \* Financial Institution Routing Number

\* Type of Account at Financial Institution  \* Provider's Account Number with Financial Institution

Account Number Linkage to Provider Identifier

Provider Tax Identification Number (EIN)  National Provider Identifier (NPI)

(If identifier other than NPI is used)

**Submission Information**

\* Reason for Submission

## Home Health Provider Enhancements


CMS recently approved Rhode Island State Plan Amendments to implement two new enhancements for home health care providers: Shift differential increases and an enhancement for Behavioral Health Certifications.

- Shift Differential:** A shift differential modifier of \$0.37 per fifteen (15) minute unit of service is currently paid between 3:00 PM and 7:00 AM on weekdays and all hours on weekends and State holidays for Personal Care (S5125) and Combined Personal Care/Homemaker (S5125-U1). Effective July 1, 2021, the existing shift differential modifier shall be increased by \$0.19 per fifteen (15) minute unit of service for Personal Care and Combined Personal Care/Homemaker. Employers must pass on one-hundred percent (100%) of the shift differential modifier increase per fifteen (15) minute unit of service to the Nursing Assistant that rendered such services. Employers must submit an annual Report and Attestation affirming that all eligible employees received one-hundred percent (100%) of the increase in shift differential.
- Behavioral Health Rate Enhancement:** Effective January 1, 2022, a new behavioral healthcare rate enhancement of \$0.39 per fifteen (15) minutes of Personal Care (S5125), Combined Personal Care/Homemaker (S5125-U1), and Homemaker (S5130) services shall be paid to “behavioral health-certified” (BH-certified) home nursing care and home care providers. A BH-certified provider is a provider with at least thirty percent (30%) of its direct care workers (which includes Nursing Assistants and Homemakers) certified in behavioral healthcare training. BH-certified agencies must pass-through one-hundred percent (100%) of the behavioral healthcare rate enhancement for all hours worked by those Nursing Assistants and Homemakers who have completed the thirty (30) hour behavioral health certificate training program. 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

Both of these rate increases were effective July 1, 2021. The EOHHS is working with Gainwell to schedule Mass Adjustments for eligible agencies. Please keep an eye out for emails with additional details on dates and reporting requirements.

### **PAYMENT ERROR RATE MEASUREMENT PROGRAM (PERM)** **INITIAL MEDICAL RECORDS REQUESTS**

CMS PERM Review Contractor, NCI Information Systems, Inc. has begun to select random samples of claims to request medical records for. Initial medical records requests started to be mailed to providers on June 6<sup>th</sup>, 2022. If you receive one of these requests, please follow the instructions for submission. This request, as pictured below, is a legitimate request from a CMS contractor. Failure to submit medical records could lead to claim recoupment.

	Payment Error Rate Measurement Program CMS PERM Review Contractor, NCI Information Systems, Inc. 1538 E. Parham Road Henrico, VA 23228
[[ProviderName]] ATTN: [[ContactName]], [[ContactTitle]] [[ContactAddress1]] [[ContactAddress2]] [[ContactCity]], [[ContactState]] [[ContactZipcode]]	
Date: [[RequestDate]] Reference ID: [[PERM ID]] OMB Control Number: [[OMB#]] NPI: [[NPI#]]	
Request Type & Purpose: Initial Request for Records (First Request) Subject: Records Request – This is an initial request for records	

## 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](mailto: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.



## **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](mailto: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



### **All Medicaid Members Eligible for Discounted Internet**

The Federal Communications Commission recently **launched the Affordable Connectivity Program [r20.rs6.net]** to reduce the cost of internet service. Through this program, all Medicaid members are eligible for a \$30 per month (or \$75 per month on Tribal Lands) discount on any internet service plan from participating providers. Eligible households can also receive a one-time discount of up to \$100 on a laptop, desktop, or tablet. **Households can enroll in the program here. [r20.rs6.net]**



## 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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:Marlene.Lamoureux@gainwelltechnologies.com) or 401-784-3805.



## ***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-U1), 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](mailto: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](mailto: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](mailto: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. 17).



## Preparing for the Covid-19 Pandemic to Transition to an Endemic and the Public Health Emergency to End (continued from p.16)

### 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

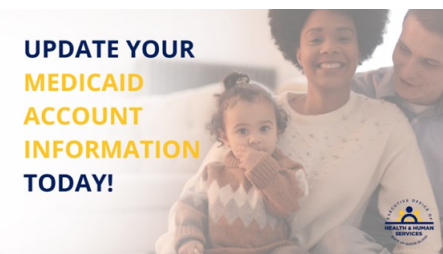
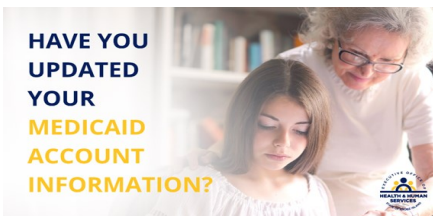
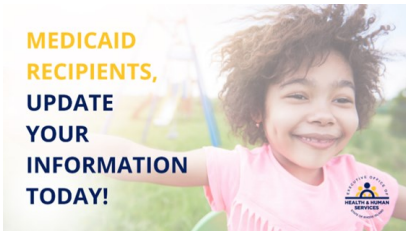
- Medicaid is reviewing account info to determine eligibility for Medicaid coverage or transition to other healthcare options by @HealthSourceRI. LOGIN to your secure customer account to update your information: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- If you've changed addresses, 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. 18)

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.



### 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](mailto:dhs.ltss@dhs.ri.gov)

Fax#: 401-574-9915



### 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.



### Inpatient Hospital Providers

The inpatient hospital DRG base rate have been increased to \$13,863.00, effective 7/1/2022. The DRG Calculator located on the [EOHHS website](#) has been updated to reflect the change. Claims submitted and previously paid with a date of service on or after 7/1/2022 were adjusted by RI Medicaid.



### Outpatient Hospital Providers

The APC rates were increased by 5% above their current level, effective 7/1/2022. Claims submitted and previously paid with a date of service on or after 7/1/2022 were adjusted by RI Medicaid.

## 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.

### ***RI AIDS Drug Assistance (ADAP) – Payor of Last Resort***

What does this mean? Simply, that all other prescription benefits must be billed before billing ADAP.

When a RI AIDS Drug Assistance (ADAP) patient presents a prescription for a pharmacist to fill, the pharmacist should ask the patient to provide all cards for private prescription programs, Medicare Part D or Medicaid.

All non-ADAP prescription drug programs will be the primary payor. If the drug is covered under the scope of primary payer's program, then RI ADAP will pay the co-pay. If the drug is not covered by the primary payer's program, **and** ADAP covers the drug, then ADAP will pay the claim.

If the primary payor denies the claim because the drug requires prior authorization, then a PA must be sought from the primary payor.

# 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:** September 20, 2022  
**Registration Deadline:** September 6, 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:** September 20, 2022  
**Registration Deadline:** September 6, 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:**  
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



### 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](mailto: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](mailto:OHHS.LTSSEscalation@ohhs.ri.gov) or [Sally.mcgrath@ohhs.ri.gov](mailto:Sally.mcgrath@ohhs.ri.gov)



## Emailing for Technical Support

When sending an email to EDI ([riediservices@gainwelltechnologies.com](mailto: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).

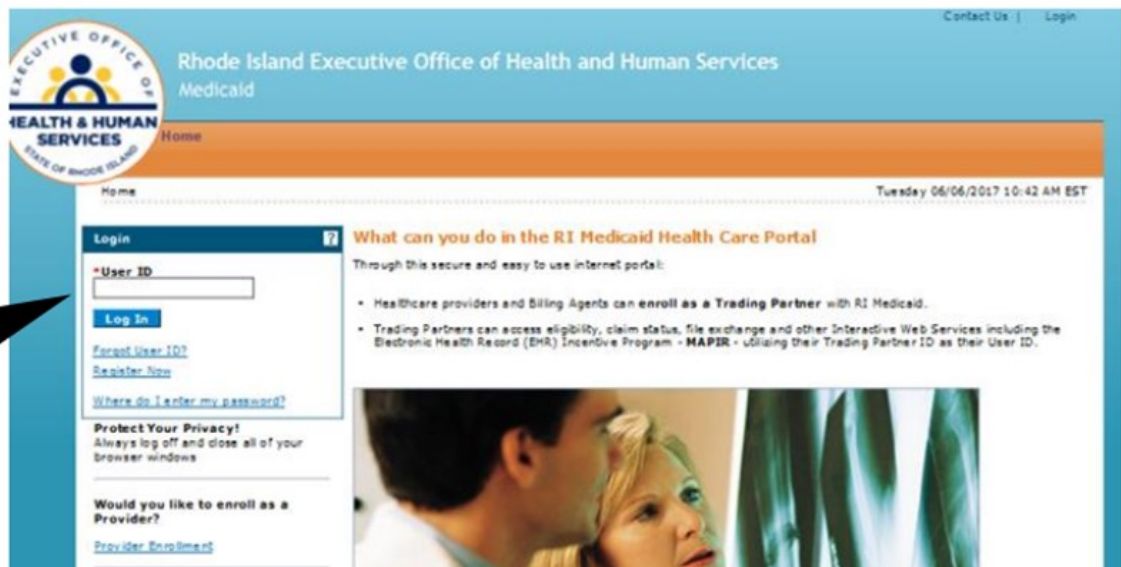
If you are emailing about login issues, please include the platform you are trying to access (Healthcare Portal, PES, etc).

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.

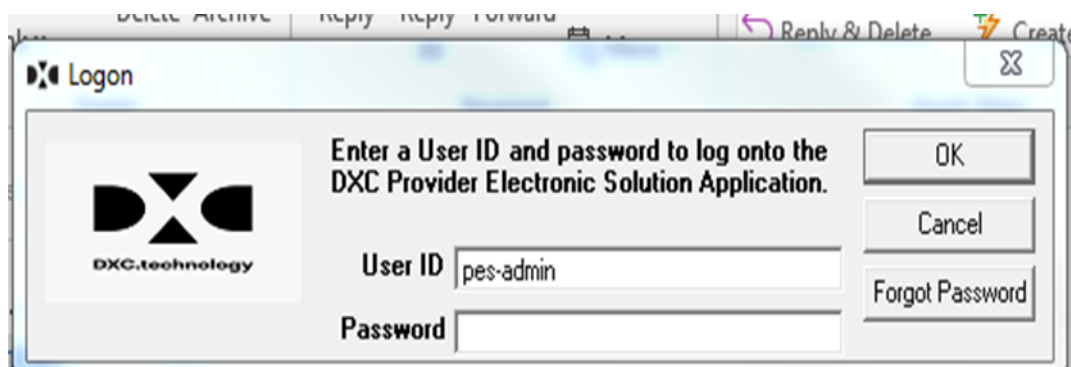
Below are screenshots of the most commonly used platforms that you may be logging into.

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



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 September 16, 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.

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### 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)

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### 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.

**State FY 2023  
Claims Payment and Processing Schedule**

**SFY 2023 Financial Calendar**

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
July	7/07/2022	7/08/2022 7/22/2022	7/15/2022 7/29/2022
August	8/11/2022	8/05/2022 8/12/2022 8/26/2022	8/12/2022 8/19/2022 9/02/2022
September	9/08/2022	9/09/2022 9/23/2022	9/16/2022 9/30/2022
October	10/06/2022	10/07/2022 10/21/2022	10/14/2022 10/28/2022
November	11/03/2022	11/04/2022 11/18/2022	11/10/2022 11/25/2022
December	12/08/2022	12/02/2022 12/09/2022 12/23/2022	12/09/2022 12/16/2022 12/30/2022
January	1/05/2023	1/06/2023 1/20/2023	1/13/2023 1/27/2023
February	2/09/2023	2/03/2023 2/10/2023 2/24/2023	2/10/2023 2/17/2023 3/03/2023
March	3/09/2023	3/10/2023 3/24/2023	3/17/2023 3/31/2023
April	4/06/2023	4/07/2023 4/21/2023	4/14/2023 4/28/2023
May	5/04/2023	5/05/2023 5/19/2023	5/12/2023 5/26/2023
June	6/08/2023	6/02/2023 6/09/2023 6/23/2023	6/09/2023 6/16/2023 6/30/2023
July	7/06/2023	7/07/2023 7/21/2023	7/14/2023 7/28/2023

View the SFY 2023 Payment and Processing Schedule on the EOHHS website  
<http://www.eohhs.ri.gov/ProvidersPartners/Billingamp;Claims/PaymentandProcessingSchedule.aspx>

## Notable Dates in September

September 5th - Labor Day

September 8th - International Literacy Day

September 11th - Patriot Day

September 22nd - Start of Fall

