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Rhode Island Medicaid Program December 2022 Provider Update



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

Christmas Day	Sunday, December 25 (State Employees celebrate on Monday, December 26)
New Years Day	Sunday, January 1 (State Employees celebrate on Monday, January 2)

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.





December 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



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.

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.

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



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. \[r20.rs6.net\]](#)

Provider Revalidation: Just like the Holidays, Wave 2 is sneaking up on us fast!

Be on the lookout for Revalidation Mailings Mid Fall. This will include both provider and portal application access information.

Here are a few tips to prepare:

A provider will have 35 days to complete their revalidation from the date of the letter.

Make sure to have an updated W9 ready for upload.

Be prepared for those disclosure questions, which can be reviewed here:

[Enrollment Disclosures \(ri.gov\)](#)

We have a handy Provider Enrollment User Guide located here – https://eohhs.ri.gov/sites/g/files/xkqbur226/files/2021-03/provider_revalidation.pdf to help answer pre-revalidation questions.

We also have a new FAQ located HERE - [Revalidation FAQ Sheet.docx \(live.com\)](#)

Providers Required to Revalidate:

Physician

Psychologist

Billing - Nurse Practitioners

Home Stabilization

Centers of Excellence

Peer Recovery Services

Emergency Behavioral Health Services

Physical Therapists

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 for instate toll calls.

Attention Home Care Providers

The 2022 General Assembly authorized a rate increase to select HCBS codes in 2022. **This rate increase is a total of 11.45% above the 7/1/2022 rates already in effect and affects procedure codes S5125, S5125 UI, and S5130 codes.** Please begin billing at these rates now to be reimbursed at the higher rates.

Gainwell and Sandata have applied these additional increased rates in their systems for this newest rate increase. There was a mass adjustment for claims that previously processed for dates of service 7/1/22 forward, which was seen on your 11/10/2022 remittance advice.

Please see the below base **rates as of 7/1/22.**

Procedure Code	Description	Allowed Amount per unit as of 7/1/22	Newest Allowed Amount per unit with the 11.45% increase
S5125	Attendant Care Services; per 15 minutes	\$5.95	\$6.63
S5125 L9	BHDDH Only	\$14.35	No additional increase
S5125 UI	Combined Attendant Care/ Homemaker; per 15 minutes	\$5.75	\$6.41
S5130	Homemaker Services; per 15 minutes	\$5.57	\$6.21
S5130 L9	BHDDH Only	\$14.35	No additional increase
S5130 TE	BHDDH Only	\$14.35	No additional increase
T1000 with and w/o shift modifiers	Private Duty Nursing; per 15 minutes	\$14.35	No additional increase
T1000 TE with and w/o shift modifiers	Private Duty Nursing; per 15 minutes LPN	\$11.62	No additional increase
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	No additional increase

If you have any questions please contact marlene.lamoureux@gainwelltechnologies.com

Thank You,

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.

- LTSS-HCBS Services
- OHA Community Services
- 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 RIcustomer@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 rialttevv@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

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. 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



Attention Hospice Providers

EOHHS has implemented a rate increase for five hospice procedure codes that are effective for dates of service as of 10/01/2022. This is to comply with the new federal minimum rates. 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 10/01/2022 forward.

Description	Procedure Code	Effective 07/01/2022	Effective 10/01/22
Hospice Continuous Home Care Per Hour	T2043	\$63.67	\$64.83
Hospice Inpatient Respite Per Diem	T2044	\$518.96	\$527.20
Hospice General Inpatient Care Per Diem	T2045	\$1,112.44	\$1,131.29
Services of clinical social worker in hospice setting	G0155	\$15.67	\$16.21
Direct skilled nursing services of a registered nurse in a hospice setting	G0299	\$15.67	\$16.21

EVV Third-Party Vendor Registration

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

This form is intended for New Providers to the Rhode Island EOHHS program who intend to use an Alternate EVV 3rd 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.

LTSS Providers

Effective 9/13/22 you will notice that two of the waiver/program names have changed in the Healthcare Portal when you are checking for member eligibility. The member is still eligible for the same services that they were eligible for under their prior waiver/program name. **Please note that only the names of the programs have changed.**

Core Community Services has changed to **“LTSS – HCBS Services”**
DEA Community Services has changed to **“OHA Community Services”**

Sample of Eligibility Search on the Healthcare Portal:

Benefit Plan Details				
Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	03/02/2022	03/05/2022	\$0.00	Limitations apply to Vision and Dental services
LTSS-HCBS Services	03/02/2022	03/05/2022	\$0.00	Recipient may be subject to cost for patient share
OHA Community Services	03/02/2022	03/05/2022	\$0.00	Refer to OHA policy for covered services

Additionally, recipients can now simultaneously be enrolled in the LTSS-HCBS (formerly core) and one of the following waiver programs:

- OHA community waiver program
- Shared Living
- Habilitation Community Service
- Habilitation Group Home Service



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 (FIN) or Employer Identification Number (EIN)	111111111	National Provider Identifier (NPI)	
Other Identifier(s)	5713485682	Assigning Authority:	<input checked="" type="checkbox"/> 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	
* Type of Account at Financial Institution	Checking	* Financial Institution Routing Number	111111111
Account Number Linkage to Provider Identifier		* Provider's Account Number with Financial Institution	111111111
Provider Tax Identification Number (TIN)		National Provider Identifier (NPI)	<input type="checkbox"/>
(if identifier other than NPI is used)			
Submission Information			
* Reason for Submission	New Enrollment		

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.

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.
- An administration code is allowed for every injection performed.

For example: procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; however it is considered 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.

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](#)



Attention Trading Partners

When **adding a new delegate** user to the trading partner profile, you must remember to provide your new delegate user with instructions on registering for the Health Care Portal.

To register, a new delegate user will need their pin, code, and add date given to them by the administrator. Once they complete registration they will need to confirm their email address.

Here is the link containing those instructions: [Healthcare Portal | Executive Office of Health and Human Services \(ri.gov\)](#). Scroll down to Registering to Use the Healthcare Portal.

Instructions for the delegate to register begins on page 26 of the above User Guide.

A reminder for all Trading Partner administrators – Once a delegate user has left your employment, you must inactivate their delegate user role.

If you should have any questions, please email riediservices@gainwelltechnologies.com.



Providers can access the Healthcare Portal directly, without going through the [EOHHS website](#), by going to this address:

<https://www.riproviderportal.org>

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.

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).

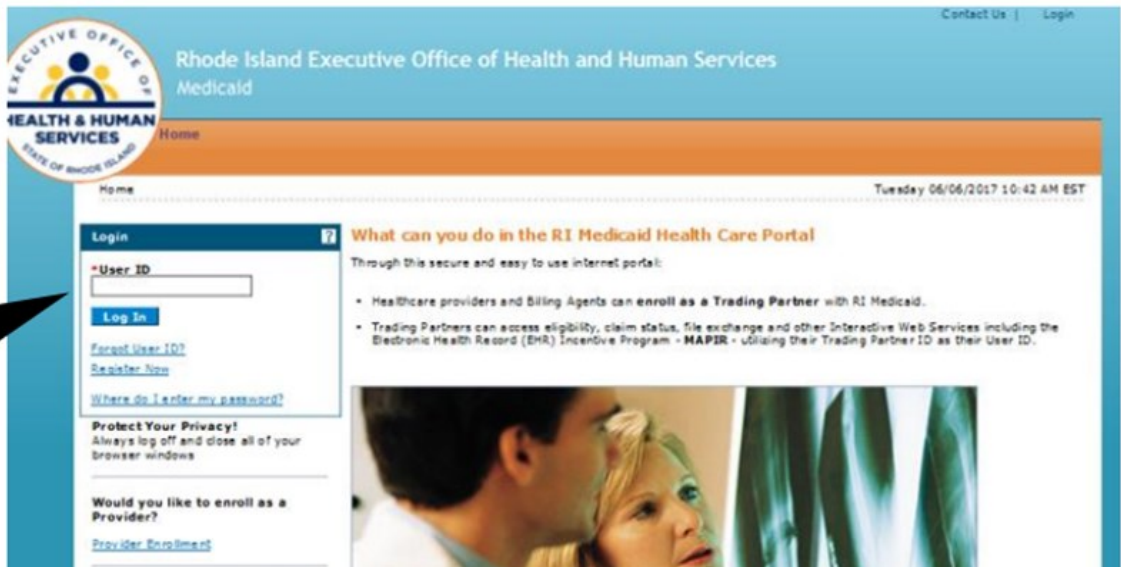
If you are emailing about login issues, please include the platform you are trying to access (Healthcare Portal, PES, etc).

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.

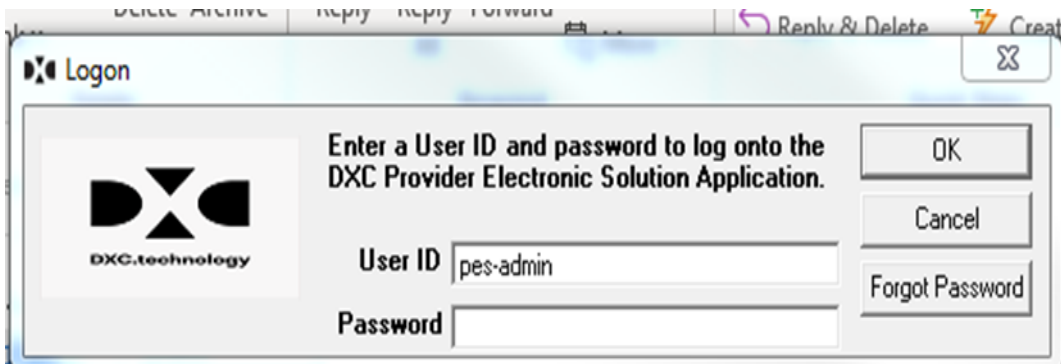
Below are screenshots of the most commonly used platforms that you may be logging into.

Healthcare Portal:

Enter your User ID here and click Log In



PES (aka Provider Electronic Services):



(Cont.)

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.



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>



DME Providers-Continuous Glucose Monitors have been updated

Effective 10/01/22: Coverage guidelines for Continuous Glucose Monitors have been updated. The revised guidelines include expansion of coverage to include Medicaid members with a diagnosis of Type II Diabetes or Gestational Diabetes who meet the stated criteria. The updated policy can be found under the DME Coverage Guidelines section of the EOHHS website. It is also available through the following link: <https://eohhs.ri.gov/sites/g/files/xkqbur226/files/2022-09/CGM%20Policy%20Final%20091222.pdf>



Attention Dental providers

The 2022 Rhode Island General Assembly authorized a rate increase for adult Medicaid dental fee for service rates in 2022. These rates are effective 7/1/2022.

All claims since 7/1/2022 will be retroactively adjusted to reflect these new rates. This mass adjustment will be on the remittance advice Tentative date of 10/28/2022.

The new dental rates can be found on the EOHSS website here : [New Dental Rates](#)

We thank you for your participation and encourage you to promote this work to your colleagues. Those interested in enrolling can visit the [Provider Enrollment](#) page.

Current providers wishing to provide feedback to Medicaid on strategies to recruit and retain dental providers can inform of their interest [HERE](#).

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

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.

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 last system payment was 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.

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.

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

Assisted Living Providers

New Explanation of Benefit (EOB) Codes

Beginning in the remittance advice 10/28/2022, providers will see three new Explanation of Benefit (EOB) codes post to their paid claims:

- EOB 1003 – Claim used Tier A
- EOB 1004 – Claim used Tier B
- EOB 1005 – Claim used Tier C

These EOB's will post to the notify the provider which tier was used to determine the per diem rate for pricing the claim.

Additionally, there will be two new Error Status Codes (ESC) aka Edits:

- Edit 150 – Provider assisted living level not on file.
 - ◇ Claim will suspend with this ESC when the provider's tier level is not on the provider's profile.
- Edit 151 – Recipient assisted living level not on file.
 - ◇ Claim will suspend with this ESC when the recipient's tier level is not on file.
 - ◇ Recipient tier's can be verified on the Healthcare Portal.

The 2 edits above will deny with EOB 249 – No rate on file for date of service billed.

For questions, please contact Provider Representative:

Karen Murphy at karen.murphy3@gainwelltechnologies.com or 571-348-5933.

Assisted Living Provider Billing Split Tiers and Patient Share

If a recipient changes their tier level during the month, the charges will need to be billed as 2 separate claims. This is different from past billing procedures.

For example:

Recipient has Tier A from 11/1/2022 – 11/15/2022 and Tier B from 11/16/2022-11/30/2022.

This would require 2 claims split to match the dates of service and units/days in each tier.

Additionally, it is important to check patient share on the Healthcare Portal to ensure that the share is entered to match the split in the tier level. If the share is not split and you bill two (2) claims for the month the share will be decremented twice.

If you do not see the patient share split you will need to contact Karen Murphy of Gainwell Technologies at karen.murphy3@gainwelltechnologies.com or 571-348-5933.

Nursing Home Transition Program and Money Follows the Person

The Nursing Home Transition Program and Money Follows the Person program (NHTP) can offer support to your facility, helping residents who are eligible for Medicaid return to the community, when appropriate.

Referrals to the program can come from nursing home staff, residents, family, or others. On receiving a referral, the NHTP Transition Team provides information and support to develop a plan and facilitate the transition, including coordinating community services and supports, helping find housing, obtaining necessary household goods and furniture, and assisting with the move.

Transition services are available to individuals who are directly served through the RI Medicaid office and those who are served by a managed care organization.

Following a move, the Team maintains weekly contact with an individual for the first thirty days and establishes a care management plan for subsequent follow up.

To refer someone interested in discussing options for returning to the community, complete a referral form and fax it to (401) 462-4266. The form can be found on the Rhode Island Executive Office of Health and Human Services website via a link on the Nursing Home Transition Program webpage: <https://eohhs.ri.gov/Consumer/NursingHomeTransitionProgram.aspx>.

We welcome your questions and feedback and are happy to meet with your staff. Please contact us by email at ohhs.ocp@ohhs.ri.gov, by telephone at (401) 462-6393 or individually using the information below.

Contact Information

Karen Statser
Money Follows the Person Program Director
Karen.statser@ohhs.ri.gov
(401) 462-2107

Robert Ethier
Money Follows the Person Deputy Director
robert.ethier.ctr@ohhs.ri.gov
(401) 462-4312

Pharmacy Spotlight



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.

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: December 13, 2022

Registration Deadline:

November 29, 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: December 13, 2022

Registration Deadline:

December 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:

December 13, 2022

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. 23).

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/>.

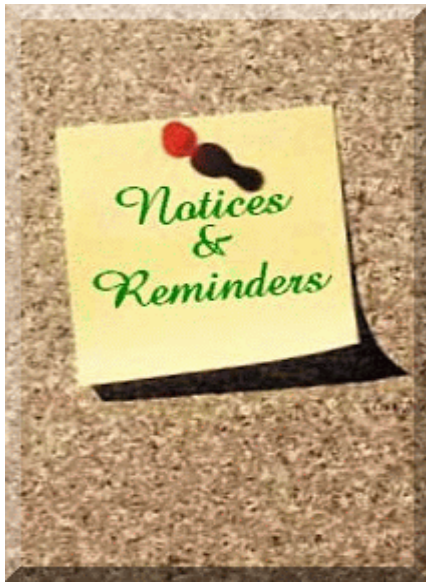
Telehealth Service Codes Update for Medicaid

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.

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



Keep up to date with all provider news and updates on the EOHHS website:

[Provider News](#)

[Provider Updates](#)

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

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](#).

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

CMS PERM Review Contractor, NCI Information Systems, Inc. continues to review randomly selected samples of claims to request medical records for. Additional (First, Second, Third/Final Notice of Non-Response) medical records requests are mailed to providers.

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.

Date: [RequestDate]

Reference ID: [PERM ID]

OMB Control Number: [OMB#]

NPI: [NPI#]

Request Type & Purpose: Additional Documentation Request (First Additional Documentation Request)

Subject: Additional Documentation – This is not a duplicate request

To request a copy of this letter in Spanish, please contact the PERM Customer Service Department at 800-393-3068. Once a Spanish-language letter is requested, all future correspondence for this specific PERM ID will continue in Spanish.

Para solicitar una copia de esta carta en Español, por favor de contactar al Departamento de Servicio al Cliente de PERM al 800-393-3068. Una vez que la carta en Español sea solicitada, toda correspondencia futura especifica a este identificación PERM será continuada en Español.

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM)¹ program.

Reason for Selection: A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program. The review will be completed by CMS' review contractor, NCI Information Systems, Inc.

Action: Send Additional Documentation: A request for the medical/supporting record was sent to you on xx/xx/xxxx for the beneficiary listed on the enclosed Claim Summary. Thank you for your response to the request. It has been determined by the reviewer, however, that additional documentation is needed to complete the review of this claim. **Your cooperation in submitting the additional documentation to us within fourteen (14) days is essential to ensure that the claim is accurately reviewed to determine proper payment.** Federal regulations require that you provide the documentation to support claims for Medicaid/CHIP services upon request². **Providing medical records for Medicaid/CHIP patients does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization IS NOT REQUIRED to provide medical records in response to this request.** CMS and its contractors will remain in compliance with the Privacy Act and regulations.

When: [MedrecDueDate]

Please provide the requested documentation by [MedrecDueDate]. A response is still required by [MedrecDueDate] even if you are unable to locate the requested information.

Consequences: If you fail to deliver the requested additional documentation or contact us by [MedrecDueDate], the claim will be cited as an erroneous payment and your state agency may pursue recovery of payment for this claim from you.

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

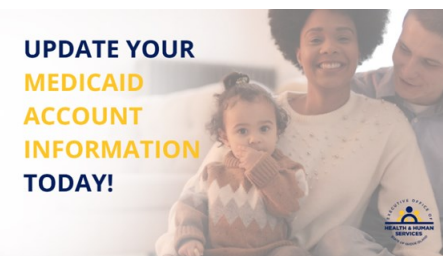
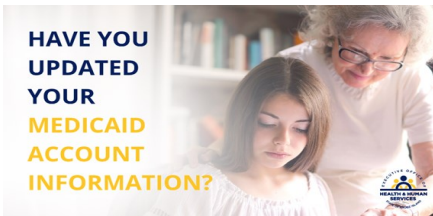
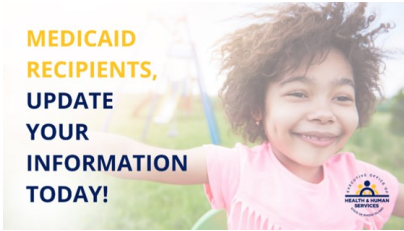
- Medicaid is reviewing account info to determine eligibility for Medicaid coverage or transition to other healthcare options by @HealthSourceRI. LOGIN to your secure customer account to update your information: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- If you've changed addresses,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



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

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

View the SFY 2023 Payment and Processing Schedule on the EOHHS website

[http://www.eohhs.ri.gov/ProvidersPartners/Billing&Claims/
PaymentandProcessingSchedule.aspx](http://www.eohhs.ri.gov/ProvidersPartners/Billing&Claims/PaymentandProcessingSchedule.aspx)

Notable Dates in December

December 4—National Cookie Day

**December 7—National Pearl Harbor Remem-
brance Day**

December 14—National Free Shipping Day

December 21—Winter Solstice

December 31—New Year's Eve

