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In addition to the *Provider Update*, you will also receive any updates that relate to the services you provide.

Rhode Island Medicaid Program

April 2023

Provider Update

State Offices will be closed in observance of the following Holidays in 2023

Memorial Day	Monday May 29th
Independence Day	Tuesday July 4th
Victory Day	Monday August 14th
Labor Day	Monday September 4th
Columbus Day	Monday October 9th
Veteran's Day	Monday November 13th
Thanksgiving	Thursday November 23rd
Christmas	Monday December 25th



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.



April 2023 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



Medicaid Renewals and Return to Normal Operations

What This Means

Before the COVID-19 pandemic, people enrolled in Medicaid had their eligibility reviewed once a year. This is called “Renewal” or “Redetermination.” In 2020, the U.S. Department of Health and Human Services declared the U.S. to be in a public health emergency (PHE) due to the pandemic. As a result, states have been allowed to keep people enrolled in Medicaid without having them go through an annual renewal process.

This will change starting on April 1, the date the federal government decided continuous enrollment in Medicaid benefits ends. This means that beginning on April 1, and over the next year, every person receiving Medicaid benefits will need to have their eligibility redetermined.

What You Can Do

The most important thing you can do right now is to **update your contact information** so that the Rhode Island Medicaid program can send you the notices and information you need to keep or transition your health insurance.

How can I update my account information?

Online or mobile app:

Visit healthyrhode.ri.gov to access your account online or download the **HealthyRhode mobile app** on your smartphone to access your account.

Contact your health insurance managed care organization:

Do you have an insurance card from **Neighborhood Health Plan of Rhode Island, Tufts Health Public Plan (RITogether)** or **United Health Care Community Plan (UHCCP)**? Call the number on the back of your card for assistance in updating your contact information. Be sure to give them permission to share this information with the State of Rhode Island (*Option not available to the Department of Children, Youth, and Families, Medicaid-Medicare plan members, or traditional fee-for-service Medicaid members*).

Over the phone:

Call **HealthSource RI (HSRI)** at **1-855-840-4774** (Monday through Friday, except holidays, from 8 a.m. – 6 p.m.).

In person:

Staff at the Department of Human Services (DHS) offices can assist customers in person. A list of DHS regional offices is available [here](#).

Customers can call United Way’s 211 number for help accessing their customer portal account or to learn more about the technology resources available.

Medicaid Renewals and Return to Normal Operations (cont from p.3)

How Can I Receive Real-Time Updates?

Sign up to receive text message reminders and updates about your Medicaid coverage!

Currently, you can choose the option to receive text messages via your customer portal account. This is a great way for us to share timely information with you and easy to set up. All you need is a customer portal account and a cell phone number!

To opt-in for text messages, visit your “My Profile” page at healthyrhode.ri.gov/HIXWeb13/ and under the “My Contact Information” section, check the “Sign up for Text Messages” box. Clicking the check box displays instructions on how to complete the process and validate your cell phone for text messaging.

If you have any trouble opting in, you can contact HSRI or DHS call centers and talk to a customer service representative.

What is the PHE?

The PHE was declared in 2020 by the federal government because of the COVID-19 pandemic. The PHE created a “continuous coverage requirement” for Medicaid. This means that people who receive Medicaid were not required to renew their eligibility, as they were required to do in the past to maintain coverage. Since the PHE was declared in 2020, the State has been working to protect benefits by not terminating Medicaid coverage (with just a few exceptions) and meet the needs of nearly a third of our residents who depend on Medicaid for their healthcare.

When Will My Renewal Occur?

When it is your turn to renew, you will receive a letter from Medicaid in the mail. If your Medicaid coverage is going to end because you are no longer eligible, you will be given information on how to apply for health insurance through HSRI.

New Medicaid Renewals Website: [Staycoveredri.gov](https://staycoveredri.gov)

The State of Rhode Island has launched a new website designed to help Medicaid recipients as well as providers in need of information and resources related to the renewal process.

[Staycoveredri.gov](https://staycoveredri.gov) features a variety of useful information including:

- Medicaid renewal materials
- Medicaid renewal letters
- HealthyRhode mobile app information
- Community support resources
- [Provider resources](#)
- [Mini-grant application information](#)
- Department of Human Services office locations

Providers

This page features additional Medicaid resources including QR codes for patients, guidance on speaking with patients about the renewals process, and a provider support line.

[Click here for more information.](#)

Mini-Grant Program

The Executive Office of Health and Human Services will offer a mini-grant program to enlist the support of its partners in reaching the broadest swath of Rhode Islanders, with special attention paid to those most at risk in the renewal process, whether through barriers to awareness or struggles to complete the process fully and appropriately. The programming developed from these grants is expected to assist with the current need and develop long-term support to assist Medicaid enrollees throughout the return to normal operations and into the future.

[Click here for more information.](#)

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

Updates to the Healthy Rhode Mobile App for Customers

The Healthy Rhode Mobile App recently underwent important updates to enhance both customer experience and operations efficiency. In addition to providing a wider array of support services through the mobile app, it is expected these enhancements will also serve to improve the customer experience both in-person and via the call center by offering the types of services commonly sought through both of these venues, likely resulting in shorter wait times. These upgrades include:

- Displaying previously submitted documents, appointments, banner messages, and notices
- Allowing customers to enter reasonable explanations, along with the documents upload
- Allowing customers to reset passwords and recover their username via one-time password
- Allowing customers to login via Biometrics
- Notifying customers of key dates and information pertinent to their case
- Allowing customers to create accounts, reset passwords, and recover their usernames
- Allowing customers to opt into text messages and push notifications
- Allowing customers to view their Medicaid ID on the mobile app
- Allowing customers to get on-demand updates of the status of their applications or recertifications/interims or periodic verifications
- Allowing customers the ability to submit simple changes to their case and household through the mobile app

These upgrades continue to further advance the customer service focus by addressing some of their most common needs. The ability to accomplish many of these necessary tasks through the mobile app is an exciting and extremely useful step that will help customers more quickly and efficiently accomplish tasks important to ensuring access to and continuity of benefits.

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 for registration either their **10 character Medicare number or SSN** with leading 0s if necessary (See Example).

The screenshot shows a web form for provider enrollment. Key sections include:

- Provider Identification:** Fields for Provider Federal Tax Identification Number (EIN or Employer Identification Number), Other Identifier(s) (with a black arrow pointing to it), National Provider Identifier (NPI), and Assigning Authority (checked as Medicaid).
- Provider Contact Information:** Fields for Provider Contact Name, Title, Phone Number, Ext, Email Address, and Fax Number.
- Financial Institution Information:** Fields for Financial Institution Name, Address, City, State, and Zip Code. It also includes fields for Financial Institution Telephone Number, Ext, Financial Institution Routing Number, and Provider's Account Number with Financial Institution.
- Submission Information:** A dropdown menu for Reason for Submission, currently set to 'New Enrollment'.

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.

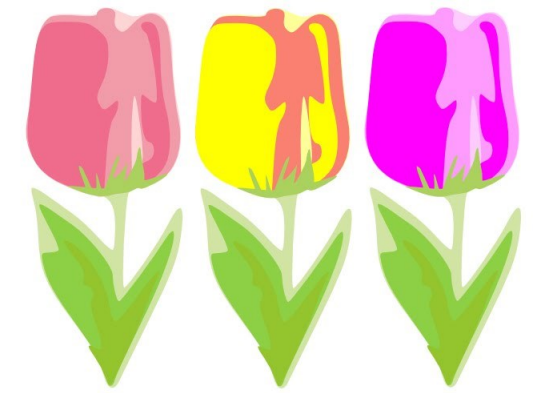
For example: procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; however it is considered as one unit and will be reimbursed as one unit.

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.



Staying Connected

Are you a trading partner with RI Medicaid? Have you changed external or internal business processes? Have you had internal staff changes? If your contact information is out of date, you might miss vital information for your covered providers. Stay connected to RI Medicaid and send your email address to riproviderservices@gainwelltechnologies.com so that you can receive the monthly provider update with essential information for your covered providers.

Clearing Houses/Billing Agencies – Managing your Trading Partner Profile

Did you know you are responsible for managing the covered providers located in your trading partner profile? What does this mean? If you wish to conduct business on the providers behalf, you must add their NPI to your Covered Providers. If you would like to download the 835/277U transactions for the provider, you must also **check off** the 835/277U transaction boxes. Did you know when the provider no longer wants you to download their 835/277U, you **must** remove the NPI from your covered providers? Please select the link below for instructions on how to **add** and **remove** your covered providers.

[Managing Covered Provider Guide](#)

***** If you are no longer practicing business with a covered provider, please end date that NPI*****



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).

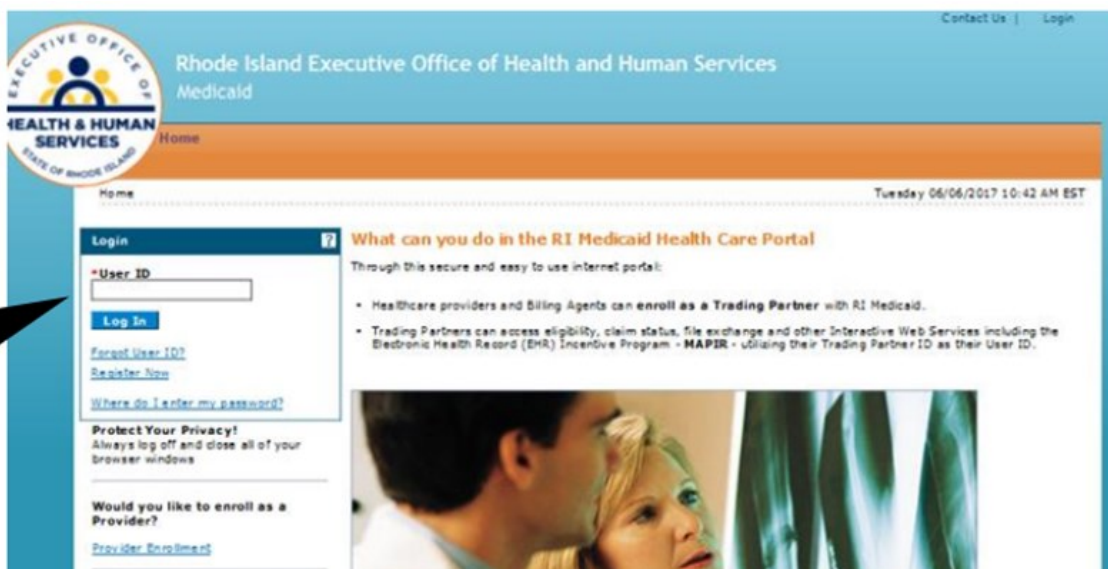
If you are emailing about login issues, please include the platform you are trying to access (Healthcare Portal, PES, etc).

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.

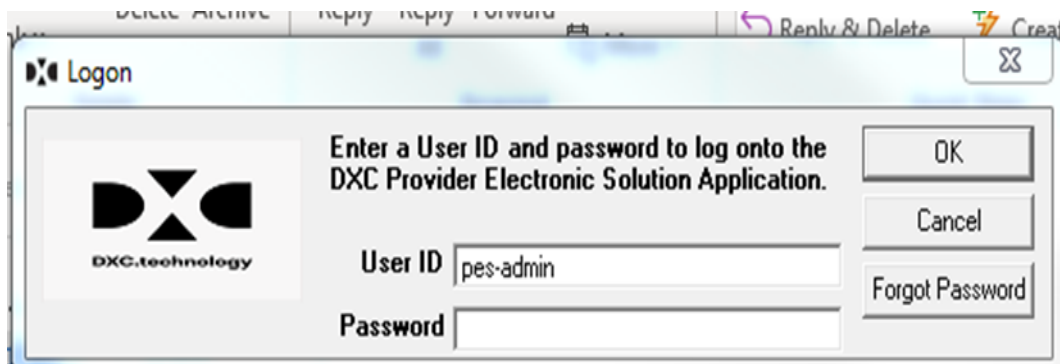
Below are screenshots of the most commonly used platforms that you may be logging into.

Healthcare Portal:

Enter your User ID here and click Log In



PES (aka Provider Electronic Services):



(Cont.)

Electronic Billing for Medicare and Senior Replacement/Advantage Plans

To facilitate electronic billing and proper reimbursement for Medicare and Commercial Medicare (Advantage/Replacement) Plans the following fields are required:

- **Loop 2320** Other Subscriber Information **SBR09** - Must contain **MA** or **MB** as appropriate for the claim filing indicator
- **Loop 2320** Claim Level Adjustments **CAS** segment - Must contain Deductible **PR 1** or Coinsurance of **PR 2**
- **Loop 2320** Coordination of Benefits (COB) **Payer Paid Amount** – Must contain the **Amount Paid** (other insurance paid amount)
- **Loop 2330B Other Payer Name** (Carrier Code) **Segment NMI09** Other Payer Primary Identifier – Must contain the appropriate **carrier code**, see below for list:

MDA/MDB Medicare	22A Aetna Medicare Advantage Plan
06A United Senior Care	24A Connecticut Medicare Advantage Plan
08A Healthfirst Medicare Advantage Plan	26A Humana Medicare Advantage Plan
09A HMO-Blue of Massachusetts Advantage Plan	26B Humana Medicare Advantage Dental Plan
12A Blue Chip—Medicare HMO	89A Tufts Health Plan (PPO) Medicare Advantage Plan
18A Wellcare Medicare Advantage Plan	C01 CarePlus Advantage Plan
19A MMM Healthcare of Puerto Rico Advantage Plan	C02 Commonwealth Care Alliance, Inc Medicare Advantage Plan

For Provider Electronic Solutions Software (PES) Users:

Claim Filing Indicator can be found on OI Screen

Claim Filing Ind Code

CAS Segments can be found on OI ADJ Screen

Adjustment Group Codes/Reason Codes/Amount:
 1 .00 4

Continued on next page:



Electronic Billing for Medicare and Senior Replacement/Advantage Plans For PES Users, continued:

Payer Paid Amount can be found on OI Adj Screen

Hdr 1	Hdr 2	Hdr 3	OI	OI Adj
Paid Date/Amount				00/00/0000

Payer Identifier Code (Carrier Code) can be found in the Policy Holder Screen

Policy Holder	
Client ID	Carrier Code

If you need to add a carrier code to your PES software, please select **LIST** along the top and then select **Carrier**. Once the carrier code has been added, you need to add it to your **Policy Holder Record**.

DXC Provider Electronic Solution

File Edit View Forms **Lists** Tools Window Help

Carrier

Carrier Code	18A	Carrier Code Qualifier	PI	Add
Carrier Name	WELLCARE			Delete
Carrier Address				

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.

Attention DME Providers

Effective 3/1/23, Rhode Island Medicaid Fee-for-Service will be activating coverage for HCPCS code K1005 - DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE. Reimbursement is \$0.24 per unit with a maximum of 120 units per month.

No prior authorization is required. Vendor must verify continued medical necessity for lactating members on a monthly basis prior to delivering refills for this item per DME regulations detailed on page 11 of the [DME Provider Manual](#) under Refill Requirements. This item must be billed monthly. Three-month and/or automatic shipments are not permitted.

Attention Assisted Living Facilities (ALF) Providers

Effective January 1, 2023, the monthly Room and Board Rate for all Medicaid LTSS Assisted Living customers will change to \$1246 to reflect the Year 2023 Federal Benefit Rate (FBR). Cost of Care (COC) may also change to reflect the 2023 COLA for customers who are receiving SSA benefits. For customers with income below \$1246, their R&B may be less. 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




ADA Stretcher Compliance- NEMT Benefit

Healthcare Providers to Comply with ADA Stretcher and Wheelchair Requirements for NEMT Benefit

Under Title III of the Americans with Disabilities Act (ADA), healthcare providers must comply with the relevant physical access accommodations. Providers are required to make 'reasonable accommodations' to policies, practices, and procedures to avoid discriminating against an individual with a disability. EOHHS is in receipt of several complaints from contracted transportation providers (TP) regarding stretcher transportation issues at healthcare provider facilities.

EOHHS reminds healthcare providers that under its non-emergency medical transportation (NEMT) benefit, **transportation providers cannot leave an unattended stretcher at a provider/facility unless it is the member's personal mobility device or leave the transportation provider's stretcher at the facility.**

We thank you for your cooperation and attention to this important matter and kindly remind contracted network providers to comply with all ADA requirements, including wheelchair and stretcher transport for member's utilizing the NEMT benefit.



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 April 14, 2023

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 Nursing Home Providers

EOHHS is pleased to announce \$600,000 in Civil Monetary Penalty (CMP) grant funding available to improve quality in nursing homes. Applications are open until 5 p.m. on Friday, April 28, 2023.

Please visit our CMP website at <https://eohhs.ri.gov/reference-center/civil-monetary-penalties> for more information regarding eligibility, allowable uses of funds, application materials, and application review criteria.

Questions can be directed to OHHS.CMP@ohhs.ri.gov.

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



Attention Community Supports Management (CSM) Users

The Community Supports Management Website was designed to help users enter forms electronically. Users can enter the following forms on the CSM without a need to fax them over to the local DHS office.

Nursing Home Admission Slips

Nursing Home Discharge Slips

In order to gain access to the CSM Website, **all new users must fill out and submit a [CSM User ID](#) form** which can be found on the www.eohhs.ri.gov website. Please email the completed form to Nelson.Aguiar@gainwelltechnologies.com.

Once the form is received, please allow 7-10 business days to process your request. The user will receive an email with their CSM User ID, a temporary password, and a link to the CSM with some basic instructions on logging in. Please remember that passwords must be between six and eight alphanumeric characters in length, contain no special characters or spaces, cannot be all nines and expire every 90 days.

For passwords that require Gainwell to reset them for you, please email rixix-ticket-system@gainwelltechnologies.com or call [1-844-718-0775](tel:1-844-718-0775).

***Important Reminder**

Please remember as a user of the Rhode Island Community Supports Management System (CSM), it is your agency's responsibility, upon someone leaving your workforce, to notify the State of Rhode Island Executive Office of Health and Human Services or Gainwell to revoke access to the CSM. Requests for termination of access must be sent on the CSM User Form, with the selection of "Delete" at the top of the form. Please send the form to Nelson.Aguiar@gainwelltechnologies.com to have the worker's access to CSM removed. It is our shared responsibility to prevent unauthorized access to the CSM and to protect and safeguard the Personal Health Information of our Health & Human Services program enrollees.



Attention Dental Providers

As noted in the [Dental Provider Manual](#), in-office topical fluoride is covered for recipients 21 years of age or older who have medical or dental conditions that significantly interrupt the flow of saliva. These conditions may include, but are not limited to, radiation therapy, tumors, and certain drug treatments, such as some psychotropic medications and certain diseases and injuries.

When used as a preventive measure only for members at low risk for caries, topical fluoride treatment for recipients 21 years or older is not a covered benefit of Medicaid. To support use of topical fluoride, providers should document level of caries risk. It is required that once a year for topical fluoride varnish (prophylaxis not included) D1206 and topical application of fluoride-excluding varnish D1208 that caries risk assessment is listed on claims.

Those codes are:

D0601 -Caries risk assessment and documentation, finding of low risk

D0602 -Caries risk assessment and documentation, finding of medium risk

D0603 -Caries risk assessment and documentation, finding of high risk

These codes should be billed at zero dollars (\$0). Codes D0602 and D0603 both support the use of topical fluoride in adult however D0601 does not. The assessment must have been performed within the twelve months directly preceding the date of service for D1206 or D1208. Providers should perform a caries risk assessment for patients using a Caries Risk Assessment form of their choice. In typical use, a copy is provided to the patient, and a copy is kept in the record. Failure to comply could lead to claims being recouped.

Resource: [Caries Risk Assessment and Management](#), American Dental Association

- [Caries Risk Form \(over age 6\)](#)
- [Topical fluoride for caries prevention](#)

If you have questions, please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211.

You may also contact Andrea Rohrer, Provider Representative at 401-784-8022 or andrea.rohrer@gainwelltechnologies.com



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 Update

RI EOHHS Fee-for-Service (FFS) Medicaid program allows enrolled pharmacy providers to process At-Home COVID Test Kits at point of service (i.e., at the pharmacy). As with any over-the-counter (OTC) product, coverage of the claim requires a prescription. **As of February 24, 2023, the RI Department of Health (RIDOH) standing order for At-Home COVID-19 Test Kits is expired.** Therefore, in order to obtain an At-Home COVID-19 Test Kit, the beneficiary must request a prescription from their FFS Medicaid enrolled prescriber. The process to prescribe an At-Home COVID-19 Test Kit is the same as the process for other OTC product. Coverage for At-Home COVID-19 Test Kits is unchanged; this update is solely regarding the need for a prescription from beneficiaries' prescribers now that the RIDOH standing order is expired.

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: April 4th, 2023

In Person Registration on site:
7:30 AM

Meeting: 8:00 AM

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

[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

Date: April 4th, 2023

In Person Registration on site:
10:15 AM

Meeting: 10:30 AM

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

[Click here for agenda](#)

2023 Meeting Dates:

- April 4th, 2023
- June 6th, 2023
- September 12th, 2023
- December 12th, 2023



Rite Share Billing

Program Description

Rite Share is Rhode Island's Premium Assistance Program that provides help paying for an employer's health insurance plan. The State will pay all or part of the cost for employee health insurance coverage.

Professional Billing

Rite Share Paper Submission

RI Medicaid will usually pay the patient responsibility (coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at \$500. When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the coinsurance and/or deductible
- Total charges should equal those on detail one.
- No "other insurance" information should be reported on the claim
- No "prior payments" should be reported on the claim
- Primary payer EOB should be included with the claim
- HCPC code is X0701

Rite Share-Electronic Submission

Patient Responsibility (coinsurance and/or deductible) should be submitted using the actual procedure code for the services performed. Indicate yes to other insurance and enter Adjustment Codes, Group/Reason Codes as reported on the primary payers EOB. The PR codes will indicate the amount of the coinsurance and/or deductible.

Institutional Billing

Rite Share-Paper Submission

RI Medicaid will usually pay the patient responsibility (copay, coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at \$1000 and are paid at the Ratio of Cost to Charges (RCC) x total charges rate.

When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the copay, coinsurance and/or deductible
- Total charges should equal those on detail one.
- No "other insurance" information should be reported on the claim
- No "prior payments" should be reported on the claim
- No primary payer EOB should be included with the claim
- All amounts are paid at the RCC x total charges
- TOB should be 994
- For Hospitals the Provider ID will be the Legacy ID not the NPI/Taxonomy

RI Medicaid may also consider for payment services that are non-covered by the primary carrier if these services are a generally covered by Medicaid. **Note: Any denials by primary indicating non-compliance with policy are considered invalid and Medicaid will not consider these services for payment.**

Rite Share-Electronic Submission

Patient Responsibility (copay, coinsurance and/or deductible) should be submitted using the actual procedure code for the services performed. Indicate yes to other insurance and enter Adjustment Codes, Group/Reason Codes as reported on the primary payers EOB. The PR codes will indicate the amount of the coinsurance and/or deductible.

New - Fingerprinting Requirements for “High Risk” Providers and Owners

With the passage of the SFY23 budget and in accordance with Section 6401 of the Affordable Care Act requires a fingerprint-based criminal background check (FCBC) as part of new screening and enrollment requirements for all “high risk” providers and all persons with a 5% or greater direct or indirect ownership interest in such providers. The final rule for Section 6401 assigned risk levels for provider types that are recognized by Medicare. Rhode Island Medicaid adopted those risk levels and assigned risk levels for Medicaid-only provider types. Provider screening and enrollment requirements are based on the risk level for a particular provider type or provider.

Rhode Island Medicaid may rely on fingerprinting and background checks performed by Medicare (or another State Medicaid Agency) for an individual when it can be verified, and the provider is still in an approved status.

The following is a list of the provider types that have been classified as high risk.

High Risk Providers

- ✦ New enrollees in the following provider types:
 - Durable Medical Equipment Providers (newly enrolling on or after July 1, 2018 only)
 - Home Health Agencies (newly enrolling on or after July 1, 2018 only)
- ✦ Federal regulations also require that any provider that meets one of the following criteria be classified as high risk:
 - Has had a payment suspension based on a credible allegation of fraud, waste, or abuse since July 1, 2018;
 - Excluded by OIG or another state Medicaid program within the past 10 years; or
 - Has a qualified overpayment and is enrolled or revalidated on or after July 1, 2018

Notification and Process

Impacted providers will receive written notification from Rhode Island Medicaid that they and/or their owners are required to comply. Copies of the individuals’ drivers’ licenses will need to be uploaded to the Provider Portal within 30 days. That information will be entered into the Rhode Island Office of the Attorney General’s fingerprinting system by Rhode Island Medicaid.

A letter will then be generated and sent to the individuals to be fingerprinted that includes a unique ID number and instructs them to visit the Rhode Island Office of the Attorney General’s offices in Cranston, Rhode Island within 30 days. Providers must ensure that each of their qualifying owners do so within this timeframe.

Failure to have the fingerprints of each individual on the notification letter scanned within these time frames may result in denial of an enrollment application or termination of enrollment with Rhode Island Medicaid.

Continued: New - Fingerprinting Requirements for “High Risk” Providers and Owners

In addition, if providers or their owners are found to have been convicted of any the legislative disqualifying felonies under the National Criminal Background Check Program (NBCP) and/or convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the title XX services program since the inception of those programs, Rhode Island Medicaid may deny their enrollment application or terminate their enrollment. To avoid a denial or termination, providers may be required to remove any owners who fail to have their fingerprints scanned within 30 days, or are found to have been convicted of any of the previously mention offences.

Background Check Results

The results of your National Background Check (NBC) will be provided directly to Rhode Island Medicaid, where you will receive a qualified or unqualified decision. An unqualified decision is reached when one of the nineteen felonies are found during the background check, if you receive an unqualified decision, you are entitled to reach out to the Attorney General's office for detailed information and appeal the decision.

Providers/Owners that receive an unqualified decision will not be allowed to participate in Rhode Island Medicaid.

Signature Requirements

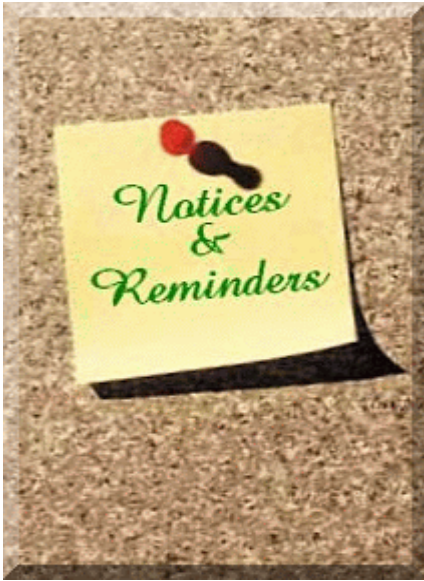
Several RI Medicaid documents still require live provider signatures (no stamps, typed or initials) to be accepted. If the document is received without the live signature, it will be returned for signature, delaying the processing of your request.

This applies to the following documents:

- Paper Claim Forms
 - ◊ ADA Dental
 - ◊ CMS 1500
 - ◊ UB-04
 - ◊ Waiver/Rehab
- All Prior Authorization Forms
- MDS Forms
- Certifications of Medical Necessity
- Paper Provider Enrollment Applications for adding new providers to a group
- W-9 Form
- Paper Adjustment and Recoupment forms
- Electronic Funds Transfer (EFT) Paper Form
- Provider Change of Information Forms



There has been an increase in documents being returned to providers and we want to ensure to process documents in a timely manner for all providers. Thank you for your understanding



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, 2023 the application fee to enroll as a Medicaid provider is
\$688.00

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

Meet the Teams that Support our Providers

RI Medicaid would like to introduce you to our RI Medicaid Customer Service Help Desk and Provider Representatives.

Provider Representative

Fidelia is a new member of the Provider Representative team. Prior to this role, she spent time with the Enrollment team here at Gainwell Technologies. Fidelia has spent her entire professional life in the healthcare industry, serving clients as a physician in her Caribbean homeland. Her familiarity within the field has made it a seamless transition to work directly with providers while they serve their populations.

Her provider rep portfolio includes DME's, Assisted Living, Independent Provider, Home Stabilization and Peer Recovery. Fidelia is a solution-oriented person and finds challenges rewarding. For Fidelia, no day is like the other; there is always a new question and finds it gratifying to find a solution.

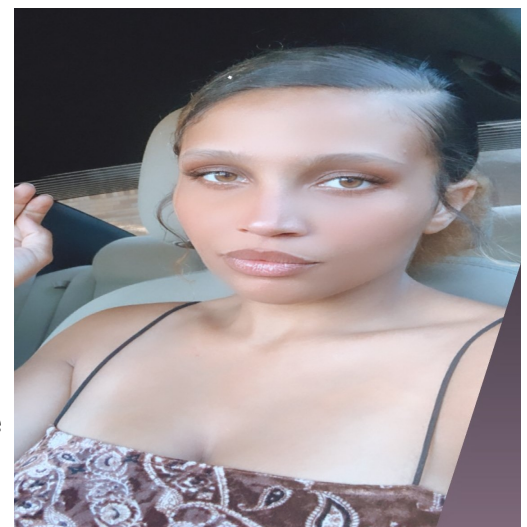
She is a happily married mom of two boys and loves spending time with her family. In her spare time, she loves reading, bargain hunting, cooking and Zumba.



Customer Service Help Desk Associate

Our newest Help Desk Associate is Ashley Parker. Ashley has been supporting RI Medicaid through Gainwell Technologies for just over 2 months. Ashley comes from a customer service background that taught her skills and etiquette need for our call center. She likes learning something new from her teammates each and everyday and is driven to provide accurate information to the providers she is assisting.

In her time outside of work, Ashley enjoys spending time with her children and family and going on trips.



Please call us Monday – Friday 8:00 AM – 5:00 PM at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls

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.



PrepareRI Internship Program

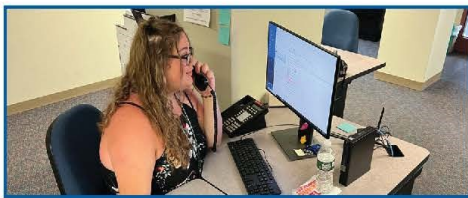
Building Tomorrow's Workforce Today

PrepareRI is a state-wide initiative designed to prepare all Rhode Island students with the skills they need for jobs that pay well.

The PrepareRI Internship Program provides high school students with paid summer work-based learning internships connecting school learning with the world of work.



Internship Benefits



Build Talent

Engaging high school interns allows employers to help shape the future talent in Rhode Island.



Prepare Students

Interns complete rigorous, employer driven work readiness training prior to the start of their internship.



Make Connections

PrepareRI allows for employers, schools and students to make meaningful connections for student learning in high school and beyond.

Employer Commitment

Skills for Rhode Island's Future administers the PrepareRI Internship Program and serves as the employer of record to reduce employer liability and risk in hosting interns.

We ask employers to agree to the following:

- **Host Interns:** Employers commit to at least 150 hour internship for the summer of 2023
- **Supervise Interns:** Employers will assign supervisors to guide and mentor interns
- **Evaluate Interns & Program:** Employers will provide feedback on interns and program

Contact Us

- ☎ 401.680.5960
- 🏠 30 Exchange Terrace, Providence, RI 02903
- 🌐 www.skillsforri.com/prepareri-information-for-employers
- ✉ prepareri@skillsforri.com



PrepareRI Internship Framework

As students' progress through the PrepareRI internship they learn about and apply foundational skills to be college and career ready, including academic knowledge, technical expertise, and a set of general, cross-cutting abilities called "employability skills"



**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>

Notable Dates in April

April 1-April Fool's Day

April 2-World Autism Awareness Day

April 22-Earth Day

April 29-National Arbor Day

