Rhode Island Medicaid Program

May 2024

Provider Update

See page 2 for Table of Contents.

State Offices will be closed in observance of the following Holidays in 2024

Memorial Day	Monday, May 27th
Juneteenth	Wednesday, June 19th
Independence Day	Thursday, July 4th
Victory Day	Monday, August 12th
Labor Day	Monday, September 2nd
Columbus Day	Monday, October 14th
Election Day	Tuesday, November 5th
Veteran's Day	Monday, November 11th
Thanksgiving	Thursday, November 28th
Christmas Day	Wednesday, 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.

SUBSCRIBE

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

Please put "Subscribe" in the subject line of your email.

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

May 2024
Provider Update

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

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Provider Revalidation: Revalidations began again in January.

Be on the lookout for Revalidation Mailings. 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/xkgbur226/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:

Inpatient Facility	ICF - MR. Private Facility
Outpatient Facility	Assisted Living Facility
Freestanding Psychiatric Hospital	Case Management
Independent Pharmacy	Adult Day Care
Independent Lab	Shared Living Agency
Ambulance	Day Habilitation
DME Supplier/Prosthetics/	Waiver Case Manager - Other
Nursing Home	Personal Choice/Hab Case Man-
Rhode Island State Nursing Home	Self-Directed Community Ser-
Freestanding Ambulatory Surgical	Home Meal Delivery
Federally Qualified Health Center	Outpatient Psych Facility
RICLASS	Eleanor Slater Hospital
Hospice	Public Health Dental Hygienist
ICF-MR Public Facility	

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

Medicaid Renewal Update: May 2024

As of May 2024, the State has completed the first full year of Medicaid renewals since before the pandemic. Interested in seeing the breakdown? Visit the Medicaid renewals data dashboard on https://staycovered.ri.gov/data-dashboard.

Moving forward, the State will continue to review Medicaid members' information every year to make sure they are still eligible. Not everyone will get their notice in the mail at the same time. Notices go out to different people at the start of each month.

If we have enough information, we will send patients a notice (Benefit Decision Notice) telling them that we have renewed their Medicaid. If we need more information, we will send patients two notices:

- a yellow Medicaid renewal notice
- a white notice asking for additional documents.

These two notices will arrive in the mail separately. Patients should be sure to watch for both. There are three things you can tell patients to do to be ready and stay covered.

Remind your patients to keep their account information up to date so the State can reach them with important information. For example, patients should update their account if their contact information changes, if they get a new job, or if they have a baby.

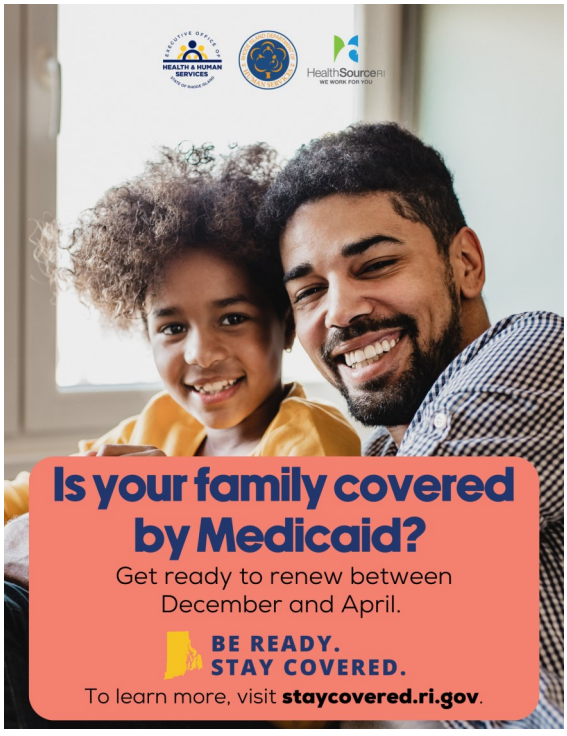
Patients should watch for mail from the State of Rhode Island. If the Medicaid program needs more information to renew their coverage, they will get a yellow notice. Patients will also get a white notice that says, "Additional Documentation Required" (we'll send this notice separately). Otherwise, your patients get a notice that says you're their coverage has continued automatically.

Take action right away. If your patient gets a yellow notice, it means the State needs more information about your patient's household to renew their coverage.

Medicaid Renewal Resources

- Medicaid members can use the Medicaid Renewal Lookup Portal to lookup their anticipated renewal date without logging into an account. You can help your patients use this portal, too. All you will need from your patients is their Medicaid ID number and their date of birth. The portal is also available in English, Spanish, and Portuguese.
- Updated educational materials including a rack card, digital toolkit, posters, and an info-sheet are now available on staycovered.ri.gov in multiple languages.
- If you'd like to request printed materials for your office, or if you'd like someone to attend an upcoming event to share information about Medicaid, please contact malinda.howard.ctr@ohhs.ri.gov

To learn more about Medicaid renewals, please visit staycovered.ri.gov.



Attention Providers — Washington Bridge

EOHHS would like to remind all providers of requirements given the recent issue that occurred with the closure of the Washington Bridge during the week of December 11-15, and remaining traffic difficulties. To ensure ongoing access to needed care and services, providers are reminded that imposing late fees, balance billing, and/or termination of beneficiaries who miss or are late to appointments due to the bridge repairs is not allowable. We ask that providers support and accommodate beneficiaries affected by these repairs to ensure that needed care and services are delivered timely.

Kristin Sousa, Medicaid Program Director

Attention DME Providers

Effective immediately, all prior authorization requests for Enclosed Beds must now include a Certificate of Medical Necessity for Enclosed Beds completed by the ordering physician. This requirement is in addition to the documented assessment with equipment recommendation by a physical therapist, occupational therapist, or similarly credentialed mobility professional that is currently required. Coverage guidelines for Enclosed Beds can be found here.

Conflict Free Case Management

In 2024, Rhode Island Executive Office of Health and Human Services (EOHHS) will initiate the interagency implementation of Conflict Free Case Management (CFCM) for Medicaid members receiving Home and Community Based Services (HCBS). This change is required for Rhode Island to come into compliance with the Centers for Medicare and Medicaid Services (CMS) HCBS Final Rule which will make the HCBS system more person-centered and improve participants choice in services. Interested providers can review the certification standards and apply to become a certified CFCM agency beginning in January 2024. Information is located at Conflict-Free Case Management | Executive Office of Health and Human Services (ri.gov)

Conflict Free Case Management

EOHHS is leading an interagency initiative to establish a statewide effort to provide conflict-free case management (CFCM) to Medicaid long-term services and supports (LTSS) beneficiaries who are participants in the State's home and community-based services (HCBS) programs. The EOHHS CFCM certification standards and application are now available on the RI EOHHS CFCM webpage: Conflict-Free Case Management | Executive Office of Health and Human Services (ri.gov). Agencies interested in becoming a CFCM provider should submit the completed application and supporting documentation to OHHS.LTSSNWD@ohhs.ri.gov.

Enrollment

Following certification, CFCM providers will enroll with RI Medicaid via the provider portal and will follow the current Provider Enrollment portal procedures. You must enroll as a facility and will need the following.

- NPI-providers will need to obtain a new NPI to enroll. Agencies can apply for a new NPI on the NPPES site: NPPES (hhs.gov)
- Address Information including Postal code +4
- Taxonomy code 251B00000X
- Tax ID -EIN
- CFCM certification
- Completed W-9, including signature
- Additional Federally Required Disclosures
- Provider Enrollment type will be Facility and Provider type will be Conflict Free Case Management.

Providers will need to apply for a Trading partner number following enrollment or add their new CFCM NPI to their existing Trading partner account.

Billing Procedures

- Claim submission must be for a calendar month only.
- Claims must be submitted using the 837P file format or the CMS 1500 claim form with the following codes which will allow 1 unit per month.
  - ◊ G9012 HC-when servicing Elderly Adults with Disabilities
  - ◊ G9012 HI-used for individuals with Intellectual/Developmental Disabilities
- The reimbursement rate for a full month is $170.87.
- Partial month billing is allowed using modifier 52-G9012 52 HC or G9012 52 HI and the reimbursement rate will be 50% of the full month rate.

For Questions, please contact Fidelia Williams-Edward at Fidelia.williams@gainwelltechnologies.com or 401-648-3759

Attention Assisted Living Facilities (ALF) Providers: Implementation of Conflict-Free Case Management (CFCM) Update

Effective January 1, 2024, please follow the below process related to Medicaid LTSS Referrals for New Applications, Discharges, and Requests for Tier Changes.
All New Referrals for current/existing residents looking to apply for Medicaid LTSS should now be sent via email to the Department of Human Services (DHS) at dhs.ltss@dhs.ri.gov and copy Ramona.Rodriguez@dhs.ri.gov. Once the referral is received by DHS, an assigned Social Caseworker from DHS will visit the ALF facility to complete a Functional Assessment, assist with Application Assistance and Person-Centered Option Counseling (PCOC) as needed to assist the resident with the process to apply and evaluate for Medicaid LTSS for the ALF.
Discharges should be sent to the Department of Human Services (DHS) at dhs.ltss@dhs.ri.gov and copy Ramona.Rodriguez@dhs.ri.gov

Category D New Applications and Discharges should be sent to: Office of Community Programs (OCP): OCP/EOHHS: OHHS.ocp@ohhs.ri.gov

- Requests for Tier Changes on existing LTSS ALF residents should continue to be sent to the regional case management agency serving your Assisted Living facility.

Assisted Living with questions related to the Assisted Living Tier Certification process for Tier A, Tier B, and/or Tier C, please contact: Office of Community Programs (OCP): OCP/
EOHHS: OHHS.ocp@ohhs.ri.gov

Provider Billing and Payment: Gainwell provider contact: Fidelia Williams-Edward - Customer Service help desk 401-784-8100

Non-ALF individuals inquiring about LTSS for Assisted Living settings can be referred to the POINT: Phone: 401-462-4444; Website: https://myoptions.ri.gov/

Renewal Update is now on the Medicaid Renewal Lookup portal: https://www.ri.gov/EOHHS/medicaid_renewal

Attention Assisted Living Facilities (ALF) Providers: 2024 Room and Board (R&B) and Cost of Care (COC) Updates

Effective January 1, 2024, the monthly Room and Board Rate for all Medicaid LTSS Assisted Living customers will be $1247 to reflect the Year 2024 Federal Benefit Rate (FBR). Cost of Care (COC) may also change to reflect the 2024 COLA for customers who are receiving SSA benefits. For customers with income below $1247, their R&B may be less as such we encourage providers to help them apply for Category D to support their Room and Board.
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

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 RI-customercare@sandata.com or 1-855-781-2079.

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

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

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
  - UM-04
  - Waiver/Rehab
- All Prior Authorization Forms
- All DME Prescriptions
- MDS Forms
- Certification of Medical Necessity
- Paper Provider Enrollment Application 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.

FYI - Information being sent to families with renewals for households with children under Katie Beckett turning 19 and aging out:

Katie Beckett is a Medicaid eligibility category for children under age 19 who are otherwise not eligible for Medicaid (based on family income) yet have serious, chronic, disabling conditions or complex medical needs, live at home, and would otherwise qualify to live in an institution. Children are eligible for Katie Beckett based on their clinical needs and their income and resources, not those of their parents. **Children who turn 19 and age out of Katie Beckett will be reviewed for another Medicaid eligibility category including MAGI (income-based Medicaid), or Long Term Services and Support (LTSS) as a disabled adult (EAD) or through the BHDDH-DD program.** Program participants who are between the ages of 19-21 and are found to be SSI eligible by SSA would be transitioned to SSI Medicaid to cover these services. Any assistance providers can give to families with the information below is appreciated.

DHS/EOHHS is working diligently with families of children in Katie Beckett to avoid service disruption. Please respond immediately to all letters and calls requesting additional information to allow DHS to review and transition your child smoothly into the next potential Medicaid eligibility category.
For assistance, questions, or concerns, please contact the LTSS Coverage line at 401-574-8474 or email the Katie Beckett team at DHS.PedClinicals@dhs.ri.gov

Clarification on Katie Beckett Medicaid Coverage

Effective October 1, 2023, Katie Beckett recipients were enrolled in one (1) of the Rhode Island Medicaid managed care organizations **for Case Management Services ONLY**.

All other Medicaid services provided to Katie Beckett recipients will still be reimbursed through **Medicaid Fee for Service.**

When checking eligibility on the Healthcare Portal (HCP) you will see the following (see sample picture below):

- A new row under Benefit Plan Details entitled, Katie Beckett Case Management
- A new row under Managed Care Details that displays the name and the enrollment date of the Managed Care Plan in which the Katie Becket recipient is enrolled for Case Management Services only.

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	09/01/2023	10/31/2023	$0.00	Limitations apply to Vision and Dental services
Katie Beckett-Case Management	10/01/2023	10/31/2023	$0.00	Rite Care Limited to Case Management Svc Only
ICF/MR Respite Services	09/01/2023	10/31/2023	$0.00	

Service Type Code Details - Covered

Managed Care Details

Plan Name	Phone	Effective From Date	Effective To Date
Neighborhood Health Plan of Rhode Island		10/01/2023	10/31/2023

Managed Care Service Type Details - Covered

TPL Details

Please ensure that you are checking the Benefit Plan Details prior to submitting claims.

ONLY Case Management Services will be reimbursed through the MCO

All other claims must billed to RI Medicaid Fee for Service for Katie Beckett recipients.

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.

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]**

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***

Application Assistance for Medicaid LTSS

Sometimes, people applying for Long Term Services and Supports (LTSS) through Medicaid need help understanding or completing the application. There are many ways Rhode Islanders can get support.
Rhode Island's Aging and Disability Resource Center (ADRC), also known as the Point, can help guide people through the applications process. Staff are also trained in person-centered options counseling (PCOC). That means they can help people with disabilities, older adults, and their families identify their health care goals and make informed choices about their care.
Many **community organizations or agencies** like the ones listed here can help. If you work for an agency that helps people complete benefit applications, consider extending that support to Rhode Islanders who may need LTSS through Medicaid.
The people around us play an important role in our health. **Anyone can help a friend, family member, or client** apply for LTSS through Medicaid.

It is important to know that:

- Whether someone is applying for LTSS through Medicaid for the first time or they're already a client, that person retains their right to choose their preferred service and provider at all times.

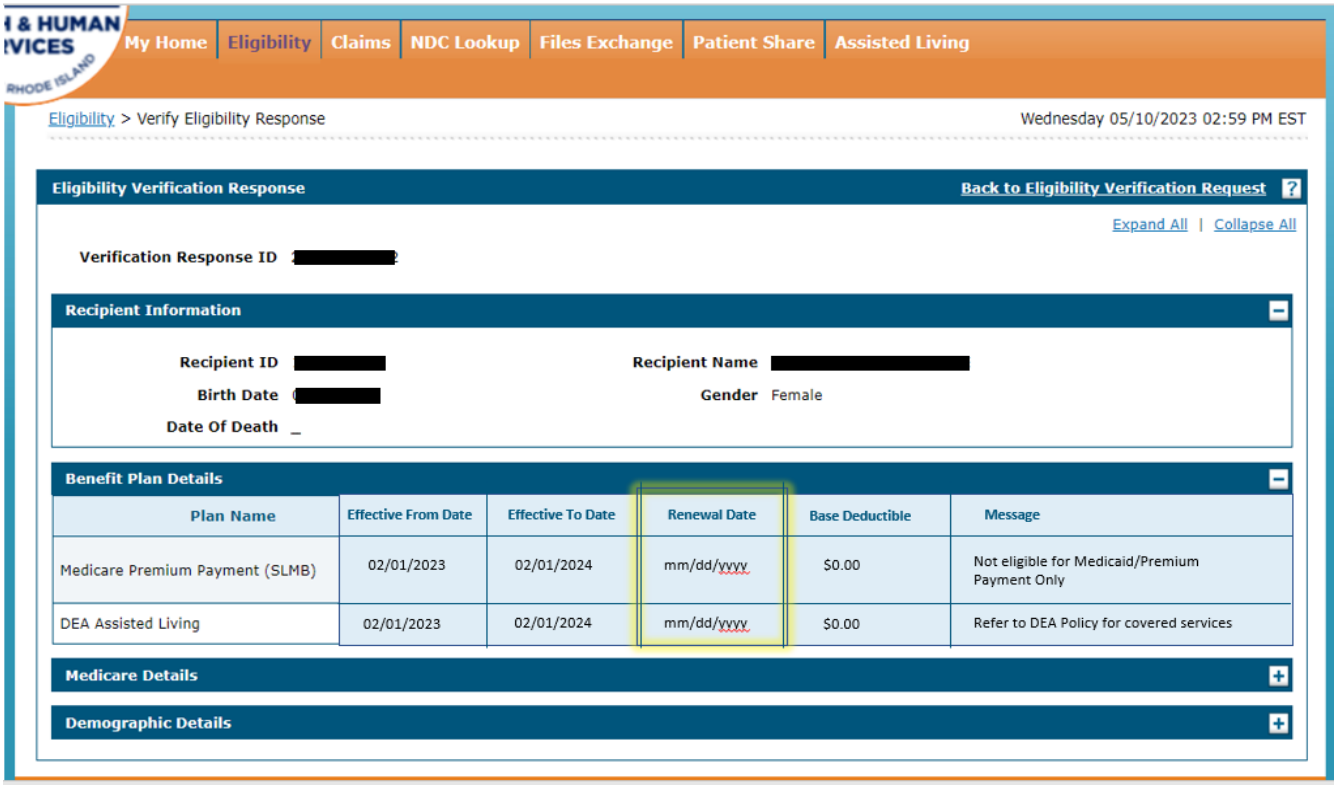
Individuals must meet financial and clinical criteria to qualify for LTSS through Medicaid. To learn more about eligibility and how to help someone apply, visit this web page form the RI Department of Human Services.
Applications for LTSS through Medicaid can be completed and submitted on-line, or printed and submitted by mail or in person at https://dhs.ri.gov/apply-now.

Health Care Portal Renewal Dates

The Eligibility search now returns a response that includes the members renewal date.
WHAT DOES THIS MEAN FOR YOU?????
We've added a new column to the Healthcare Portal that will allow you to view the members basic benefit plans renewal date. The screen will display as N/A if no renewal date is applicable. This will allow for you to inform the member that their Medicaid eligibility renewal date is coming up for review.

* The renewal date listed for a member is the date the members Medicaid eligibility redetermination takes effect.
* All members receive a renewal notice 60 days in advance of the renewal date listed on the portal.
* There are two types of renewal notices a member can receive (they will get one or the other, not both):
    1. Passive Renewal Notice (no action required) – this notice will tell the member that they are being passively enrolled, and no action is required to maintain current benefits.
    2. Active Renewal Notice (action required) – the notice will tell the member that they need to take action to maintain benefits and will list what documents need to be provided.
* One redetermination occurs, if member is still eligible, a new renewal date will be given (12 months in the future).

If renewal date is less than 60 days away and no notice has been received, member and/or case manager should contact DHS or HSRI as soon as possible.



Attention Trading Partner Users for the Batch 270/271 Transactions

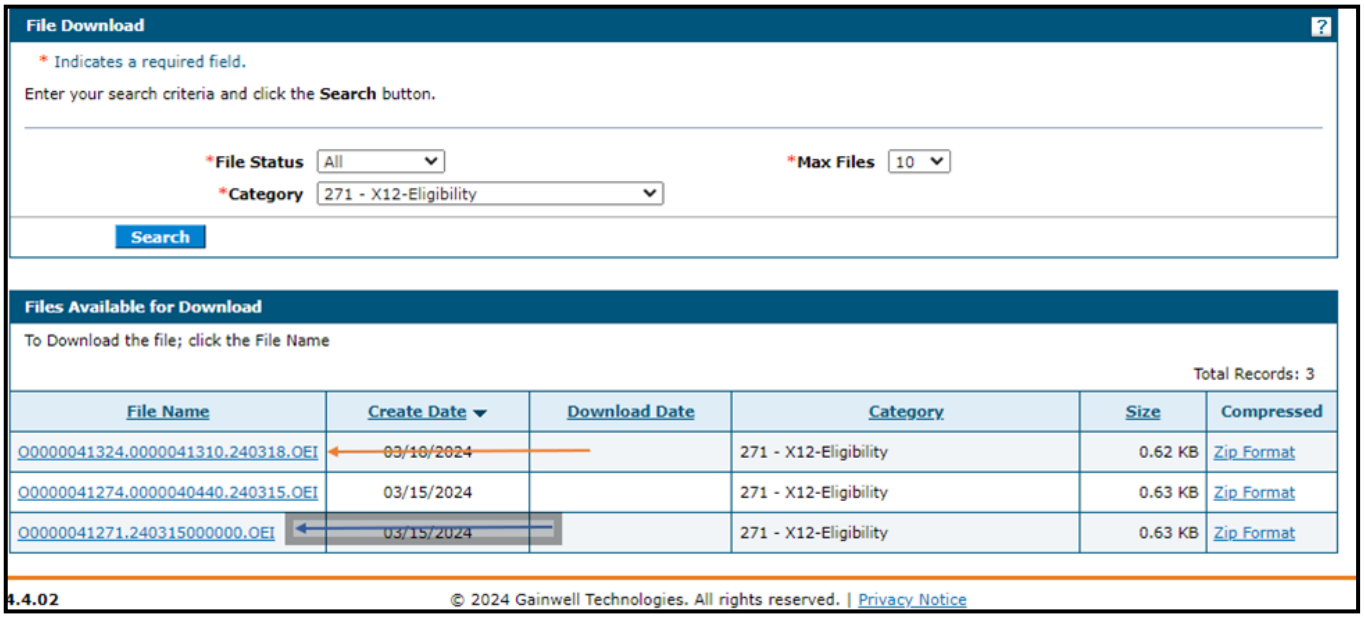
Gainwell has made an update to the naming convention of the batch 271 X12 response file. Today when you submit a 270-eligibility file to RI Medicaid, we return a tracking number.

Effective immediately, RI Medicaid will now return the tracking number in the naming convention of the 271 files. This will allow for the trading partner to match the 270-request file to the 271-response file.

There are two examples below with the new naming convention and one with the old. The older files will remain with the original name so that the files can still be opened if necessary.

The orange arrow below points to the new naming convention and the blue arrow represents the old naming convention. Please note the difference in the naming conventions. The new naming convention will be longer in characters.

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



Attention Trading Partners:

RI Medicaid now accepts the 270/271 and 276/277 Real Time transactions.

RI Medicaid has implemented the **Real Time 270/271** Eligibility Verification Request and Response and the **Real Time 276/277** Claim Status Request and Response Transactions For **Real Time** transactions the sender remains connected while the receiver processes the transactions and returns a response to the sender and with an average response time within 20 seconds.
Gainwell is utilizing a **Real Time** Safe Harbor interface referred to as HDE (Health Direct EDI). This allows for trading partners to transmit the **Real Time** transactions directly to the translator (EDIaaS).

HDE connectivity and requirements per CAQH Core Rules

- Trading Partner Software web service to process transaction
- Trading Partner transaction can be in SoapUI or MIME format for submission
- Trading Partner will receive a URL, HDE username and password to access the HDE connection through the exchange of emails.
- The companion guides are posted here RI Medicaid Program HIPAA 5010 | Executive Office of Health and Human Services

What does this mean? If you are a provider you will need to contact your software vendor, clearing house or billing agency. RI Medicaid does not offer software for these **Real Time** transactions.

To participate in testing, please send an email to riediservices@gainwelltechnologies.com. Please include your name, trading partner number, contact name, email, and telephone number. Identify format (SOAPUI or MIME) for submitting the **Real Time** transactions.

Provider Change in Enrollment: The Seasons are Changing and Potentially Your Staffing!

While you let RI Medicaid know about providers leaving the practice during revalidation, RI Medicaid needs to be notified of this as it's happening.
Accurate enrollment is needed to ensure updates are made correctly.

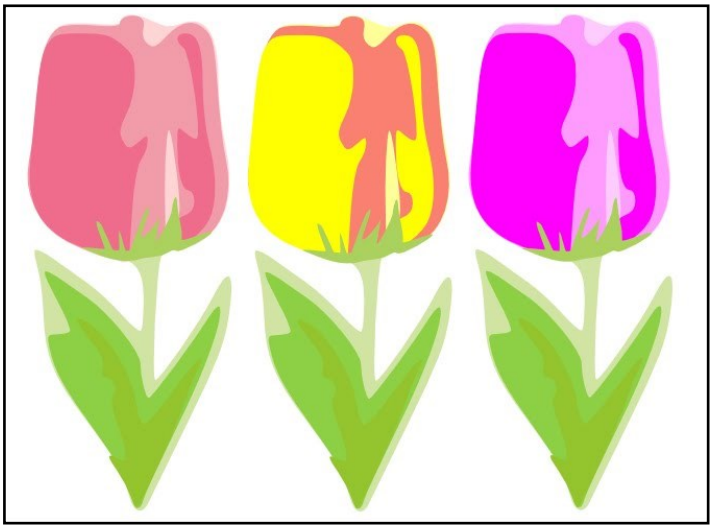
If you no longer wish to be FFS RI Medicaid provider and be reimbursed for services provided to RI FFS Medicaid recipients or you've changed groups within the RI Medicaid program please send a written termination statement to rienrollment@gainwelltechnologies.com or fax to 401-784-3892 with the following:

- Group Name
- Group NPI
- Associated Provider Name
- Associated Provider NPI
- The date of Termination

Please note, if you are a provider with one of the Medicaid MCOs in Rhode Island, you will be required to complete a MCO screening application if you terminate your RI FFS Medicaid Enrollment.

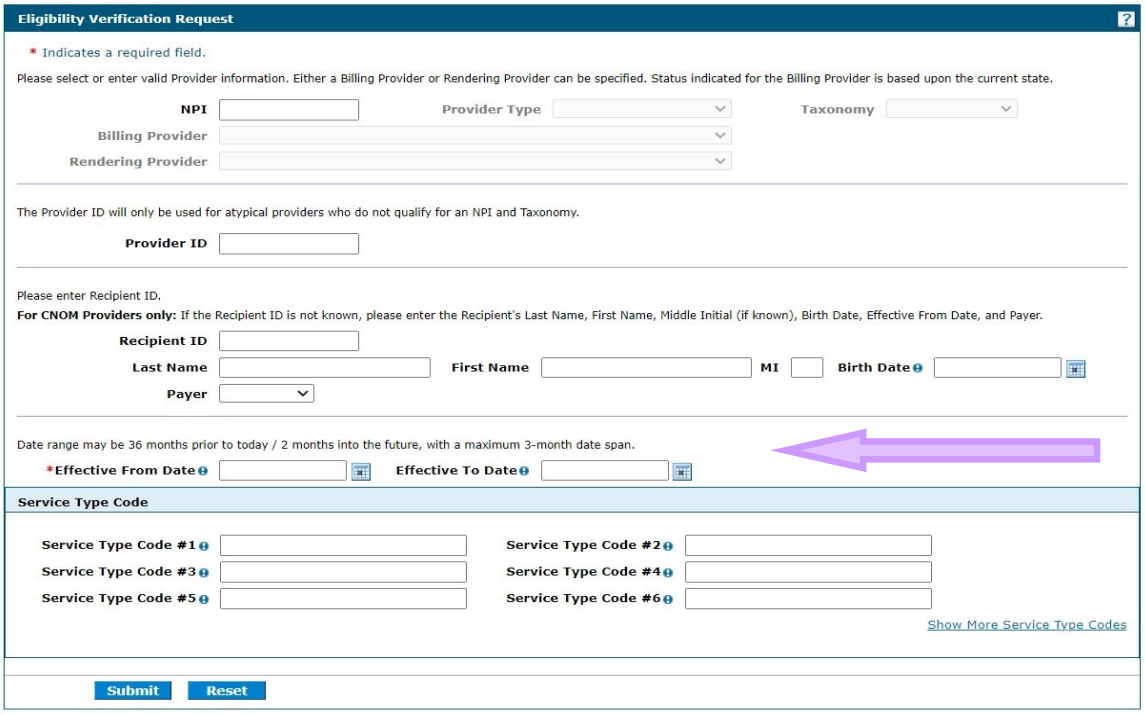
If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 or email our provider enrollment department at rienrollment@gainwelltechnologies.com.

In addition, please see Provider Enrollment General Frequently Asked Question (FAQ) document found on the EOHHS website as a reference.



Healthcare Portal Recipient Eligibility Verification

The Healthcare Portal functionality for verifying eligibility allows providers to check the previous thirty-six (36) months and two (2) months into the future from the present date. The maximum span of three (3) months per inquiry is allowed. The timely filing rule of one (1) year from date of service applies to claims processing.



Information Regarding Remittance Advice

Just a reminder…..

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent four RA documents are available for download.

Providers must download and save or print these documents in a timely manner to ensure access to the information needed. When a new RA becomes available, the oldest document is removed, and providers are unable to access it. The Payment and Processing calendar lists the dates of the RA for your convenience.

RI Medicaid does not provide printed copies of RA documents. Please see the financial schedule here.

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 indictor
- **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 NM109** 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 Connecticare 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

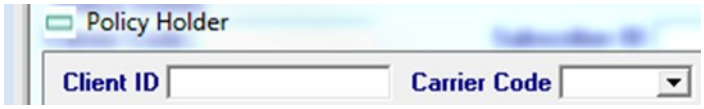
CAS Segments can be found on OI ADJ Screen

Continued on next page:

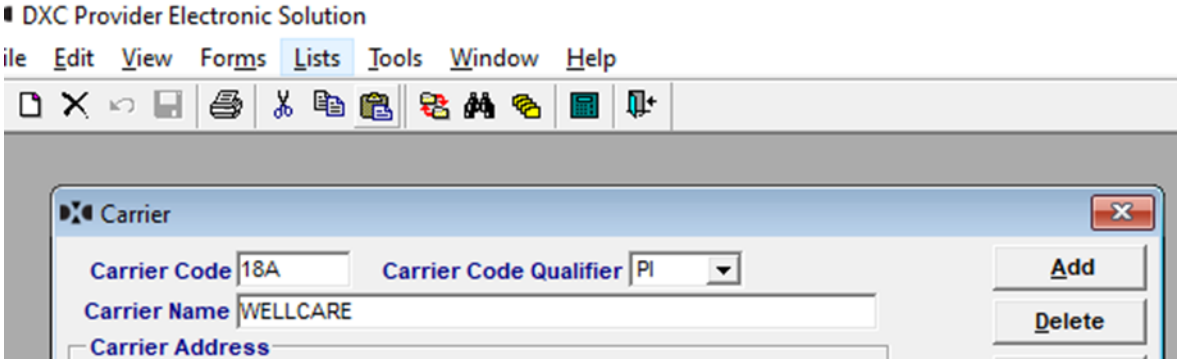
Electronic Billing for Medicare and Senior Replacement/Advantage Plans For PES Users, continued:

Payer Paid Amount can be found on OI Adj Screen

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



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.**



Electronic Visit Verification-Auto Visit Verification

The State is working toward a compliance rate of 85% auto visit verification, which means that the visit is not manually adjusted. Currently the State is at a 77%. Thank you for your continued efforts to increase auto-visit verification.

You can review your agencies specific data under the reports tab in the State EVV Aggregator. The reports tab is the tab under the visit review tab. You can then review Auto verification reports for details at the caregiver level, as well as an agency summary.

Thank you.

Composite Restorations and Medical Necessity

Composite resins are covered in the Medicaid program for anterior and posterior teeth. Medical necessity is required, meaning that composites done for esthetic reasons only are not covered. Examples of use for esthetic purposes that are not covered include:

- Veneering or replacing an intact amalgam or discolored composite restoration
- Restoring a lesion or replacing a restoration when more conservative strategies, such as smoothing or polishing would achieve an acceptable result
- Closing a diastema
- Other anterior work that does not address caries or form and function.

Shallow, non-carious cervical lesions should be monitored or if sensitive, managed by use of non-restorative strategies. Restoration should be reserved for when lesions have a negative impact on the patient's quality of life and when there is sensitivity, poor esthetics, and food stagnation that cannot be managed through more conservative means. Retention of restorations of non-carious cervical lesions can be unpredictable so this should be reserved for when no alternative is successful.

Caries should be managed in as conservative a fashion as possible, with caries removal done according to the American Dental Association's (ADA)'s Evidence-based clinical practice guideline on restorative treatments for caries lesions.

Non-cavitated caries can be managed without a surgical approach, meaning avoiding preparation and restoration. The Oral Health Program at the Rhode Island Department of Health is conducting a Cariology ECHO to increase knowledge of best practices. To view the video of the first session, click HERE. To express interest in attending, sign up through our Cariology ECHO Interest Form. For questions about the Cariology ECHO, or any of the information above, please contact Dr. Zwetchkenbaum at Samuel.Zwetchkenbaum@health.ri.gov .

Billing for Partial and Complete Dentures

Providers must use the date of delivery as the date of service when requesting payment for a partial or complete denture. Submission of a claim for payment indicates that all services on the claim have been completed or delivered. Therefore, claims for complete or partial dentures ***must not*** be filed until the date the appliances are delivered to the beneficiary. Medicaid payment may be recouped for claims filed using a date other than the delivery date.

Note: If the beneficiary's Medicaid eligibility expires ***between*** the final impression date and delivery date, the provider shall use either the final impression date or the last date of eligibility as the date of service for denture delivery. This exception is allowed ***only*** when the dentist has completed the final impression on a date for which the beneficiary is eligible ***and*** has actually delivered the denture(s) within six (6) months of the final impression. The delivery date ***must*** be recorded in the beneficiary's chart.

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.

Prior Authorizations for Durable Medical Equipment

For those beneficiaries dually enrolled in the RI Medicaid Program and Medicare, including Medicare part C, 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.

When prior authorization is required for a service, and the recipient falls into the following categories, then RI Medicaid will require a Prior authorization.

- has RI Medicaid as their primary plan
- not dually enrolled in Medicare or Medicare part C
  has other insurance or Third party Liability

For DME services denied by Medicare as non-covered but requiring a PA from RI Medicaid, please submit a Medicare EOB with the PA request.
Prior Authorization requests must be completed by the DME supplier and faxed to 401-784-3892

Attention DME and Pharmacy Providers

RI Medicaid has noticed an increase in the number of Continuous Glucose Monitors (CGMs) submitted via pharmacy claims. Please note that RI Medicaid considers CGMs as DME products and requires prior authorization for all CGM-related items. All prior authorization requests must be submitted by dispensing provider and must include a prescription and recent clinical notes. Requests submitted directly by ordering physicians will be returned.

Coverage guidelines can be found here: CGM Policy Final 091222.pdf (ri.gov)

Prior authorization forms and instructions can be found here: Prior Authorization | Executive Office of Health and Human Services

In adherence with recent Medicare HCPCS code updates, RI Medicaid has activated the following CGM codes:

A4239 - SUPPLY ALLOWANCE FOR NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE

E2103 - NON-ADJUNCTIVE, NON-IMPLANTED CONTINUOUS GLUCOSE MONITOR OR RECEIVER

Effective 01/01/2023, prior authorization requests submitted under codes K0553 and/or K0554 will be returned and must be resubmitted with the proper codes.

Claim submission for reimbursement must be done using either the 837 professional file format or via the CMS 1500 paper claim. Claims submitted otherwise will be denied.

Attention DME Providers-Policy Updates for Continuous Glucose Monitors

The Executive Office of Health and Human Services has updated its policy regarding Continuous Glucose Monitors-CGMs effective 01/01/2024. Some of the updates target the following.

- Eligible non-diabetes-related conditions
- Specific criteria which must be documented in requests for continued use.
- More specific criteria for coverage of replacement devices
- Detailed reasons for non-coverage

Required documentation to be submitted for prior authorization requests.

Please use the following link to access the updated policy. CGM policy final Nov2023_0.pdf (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

Sandata Mobile Connect App

TRANSITION GUIDE

As of July 1, 2024, Sandata Mobile, the original Sandata Electronic Visit Verification (EVV) app, will no longer be available for use. After this date, all Sandata customers must use the Sandata Mobile Connect app, launched in 2023. This change is part of our ongoing commitment to providing you with the best possible products and services. Please have your caregivers start transitioning as soon as possible. Thank you.

Where do I find the new app?

The new and improved app will be listed in the Apple Store and Google Play as Sandata Mobile Connect, mid-July. The original app will be renamed to Sandata Mobile. Look for the purple icon for Sandata Mobile Connect.

Sandata Mobile Connect App (opening	Sandata Mobile App (live until July 2024)
	

How do I download the app?

1. Visit the App Store or Google Play store, depending on your mobile device.
2. Type "Sandata Mobile Connect" in the store's search bar.
3. Select the listing with the purple Sandata Mobile Connect app.
4. You will be taken to the app's page. Click the "install" or "get" button. You may need to enter your device password to complete the download.
5. Look for the app on your home screen.
6. Tap the icon to open the app and start using it.

What do I need to log in to the app?

To log in to the new Sandata Mobile Connect app, you will need to enter a username and password of your choice.

Username: Please use an email address you already use with your agency. If you have accounts with multiple agencies, you only need to select one of those emails. With our new simplified sign-on process, you'll select your agency after sign-on.

Password: When signing-on for the first time, you will be asked to create your own password.

With the new app, you will use the same username and password for all your agency visits. You will not need to log-on separately for visits with different agencies. You will only need to remember one username and password.

Sandata Mobile Connect App (Continued)

TRANSITION GUIDE

What are the benefits of the new app?
The new Sandata Mobile Connect app focuses on the customer experience. Caregivers will have better functionality and guidance within the app to complete record keeping in real time, allowing them to spend less time in the app and more time with their clients.

Can I continue to use the original Sandata Mobile app?
You will still be able to log in to the original app, Sandata Mobile. If you log in to the new Sandata Mobile Connect app, your username and password will be updated for the existing Sandata Mobile app as well.

Can I use both apps at the same time?
Yes. You can use both apps at the same time. However, if you begin a visit in one app and end it in another, you will need to reenter any tasks completed during that visit.

Will any existing features go away with the launch of the Sandata Mobile Connect app?
No. At this time there are no features that will go away. There may be slight differences in how things look or how they might be referred to, but the core functions will remain the same.

Is there any training available for the new app?
Yes. Training will be available on Sandata On-Demand for all new features pre-launch. Additional training documentation for existing features will be updated with the new look of the app as soon as possible.

What happens if I forget my password to the new app?
Password reset has been made easier with the new app! Now, instead of reaching out to an administrator, you'll be able to request a password reset prompt to be sent to your email and can reset your password yourself.

Nursing Facility Medicaid Cost Report Instructions

The CY 2023 Nursing Facility Medicaid Cost Report and guidance are available online: https://eohhs.ri.gov/providers-partners/provider-directories/nursing-homes.

All cost reports are due to EOHHS by 5/31/2024 via email to OHHS.MedicaidFinance@ohhs.ri.gov.

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.

***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.

SFY 22 and SFY 23 HCBS Shift Differential Attestations Due

2021 R.I. Public Law 162 directed EOHHS to oversee a wage passthrough program related to home and community service (HCBS) shift differential payments. Shift differentials are paid between 3:00 PM and 7:00 AM on weekdays and all hours on weekends and State holidays (referred to as "off-shift") for Personal Care (S5125) and Combined Personal Homemaker (S5125-U1) services.

Effective July 1, 2021 (SFY 2022), the existing shift differential ($0.37) was increased by $0.19 to $0.56 per 15-minute unit of service. One hundred percent (100%) of the $0.19 per 15-minute service unit (or $0.76 per hour) increase must be passed through to the nursing assistant that rendered the service.

Employers must annually, on or before 10/31, submit to EOHHS an attestation affirming that all eligible employees received one-hundred percent (100%) of the increase in shift differential ($0.76/hour) for all hours worked "off shift" during the preceding July 1 – June 30. (For SFY 23, the attestation period is 7/1/2022 through 6/30/2023). Employers must maintain payroll records that itemize the shift differential paid to eligible employees. Such payroll records shall indicate the shift differential, if any, that employees received, and shall demonstrate that all eligible employees received an increase of at least $0.76/hour for all "off-shift" hours worked.

The SFY 23 Attestation is available on the EOHHS website: https://eohhs.ri.gov/sfy-23-home-health-agencies-shift-differential-increase
Providers who have not yet submitted the SFY 22 attestation may do so here: https://eohhs.ri.gov/sfy-22-home-health-agencies-shift-differential-increase

Questions regarding the attestations may be sent to Medicaid Finance at OHHS.MedicaidFinance@ohhs.ri.gov.

Attention Federally Qualified Health Centers For Rite Share Claims

RI Medicaid will pay the difference between the total primary payment and the FQHC encounter rate for recipients enrolled in Rite Share.
FQHC's should be billing for the wrap-around payment and should not be billing for the copay, coinsurance and/or deductible.
To bill for the wrap-around payment, claims must be submitted on paper only. ***Claims for recipients enrolled in Rite Share cannot be submitted electronically.*** A valid EOB is required to process these claims. EOB's that indicate the primary payer's guidelines were not followed will be considered invalid and the claim cannot be processed for the wrap-around payment.
To ensure correct processing claims should be completed as:
Rite Share *(wrap-around payment only)*:

a. Bill the encounter code T1015 on detail #1 at your Encounter Rate
b. Subsequent details are the actual procedure codes for the RI Medicaid covered services rendered during the encounter billed at $0.00

Indicate yes to other insurance and the appropriate Carrier Code for the primary payer must be indicated in field 9D of the claim form along with the payer name. Please see the CMS 1500 instructions on the EOHHS website for complete instructions.
Please see Billing Tips For FQHCs as an additional reference.

Claims with need to be sent to the provider representative's attention indicating that the claim being submitted for processing that the primary payer is Rite Share. Please send these claims to the address below:

Gainwell Technologies
P. O. Box 2010
Warwick, RI 02887-2010

Please contact Andrea Rohrer, Provider Representative at andrea.rohrer@gainwelltechnologies.com if you have questions.

Required Home and Community Based Services (HCBS) Provider and Direct support Professional (DSP) Training

Pursuant to the federal Home and Community Based Services (HCBS) quality assurance requirements under 42 C.F.R. § 441.302 for all Rhode Island Medicaid HCBS providers and direct support professionals, Rhode Island is requiring annual completion of this training for anyone working directly with HCBS participants. Completion of this training annually is part of the quality measures Rhode Island reports to the Centers for Medicare and Medicaid Services (CMS) regarding the HCBS program.
Providers and direct support professionals working with HCBS participants must register for a TRAIN account (instructions included) to complete the required training on an annual basis. Agencies working with HCBS participants are responsible for ensuring that each of their relevant staff members completes this required training. Please review the instructions for creating a TRAIN account, which also includes the course information, the group code to register, and contact information for assistance if needed.

Direct care workers and/or direct support professionals working for the following HCBS provider types are required to complete the training:

- Assisted Living
- Cognitive Disability Organization (CDO) and Developmental Disability Organization (DDO)
- Home Care
- Home Delivered Meal
- Shared Living
- Personal Choice

The training covers essential information related to HCBS and the Final Rule, including HCBS consumer rights, person-centered care, conflict free case management (CFCM), and critical incidents. Also included is information related to the No Wrong Door (NWD) approach for long term supports and services (LTSS) and how implicit bias can impact person-centered planning. The training was developed by an interagency team, using CMS guidelines to ensure compliance. Agencies working with HCBS participants cannot adapt materials in this training into their own training curriculum; employees of these agencies need to complete the training as is on the TRAIN platform.

Please reach out to your state agency program contact or ohhs.ltssnwd@ohhs.ri.gov with any questions.

Partner Advisory from the Rhode Island Executive Office of Health & Human Services Regarding Access to Mifepristone- 4/17/2023

Under the leadership and direction of Governor Daniel McKee, the Rhode Island Executive Office of Health & Human Services (EOHHS) is committed to ensuring patients' access to Mifepristone as various national legal proceedings continue. Access to this medication remains legally protected in Rhode Island.

Mifepristone is a medication prescribed to people for the medical termination of pregnancy. This medication is safe and effective and has been authorized for use by the U.S. Food and Drug Administration (FDA) for more than 20 years.

EOHHS has taken the following actions to ensure Rhode Islanders have access to Mifepristone:

Communicated and required our three contracted Medicaid Managed Care Organizations, Neighborhood Health Plan of Rhode Island, UnitedHealthcare of New England and Tufts Health Public Plans, which currently serve one out of every three Rhode Islanders, continued access to Mifepristone under current rules and regulations allowed under the Medicaid Program;
Coordinated with the Rhode Island Department of Health (RIDOH), the Office of the Health Insurance Commissioner (OHIC) and HealthSource RI to provide information to other commercial and qualified health plans, doctors and other prescribers, and pharmacies; and
Shared important updates with community partners and advocates to ease concerns or confusion in light of various federal rulings about Mifepristone access. As of today, this access remains legal and allowable in Rhode Island.

"At EOHHS, we work every day to ensure that all Rhode Islanders have a voice, a choice and equity in the health and human services they and their families receive," said EOHHS Acting Secretary Ana Novais. "I am proud to stand with the organizations and advocates who fight every day for reproductive rights—whether it be for this medication or for our Equity in Abortion Coverage proposal, as all people deserve a comprehensive array of reproductive services from our health system. **As of today, all Rhode Islanders have access to the same coverage, treatments, and care that they had before federal court rulings. Access to mifepristone is not impacted in Rhode Island.** We will continue to work with the Governor and our state's health and human services agencies to share information, ensure that access to Mifepristone and other essential treatment continues to be protected, and inform the public about any changes on this matter."

Pharmacy Spotlight

Attention Pharmacies

Due to the restart of Medicaid Renewals, there may be instances where Medicaid members are losing coverage or experiencing gaps in coverage. Gaps in coverage could impact managed care enrollment. When presented with a managed care claim denial, please request the white anchor ID card from the member. The white anchor card contains the members fee-for-service ID which may be active during a managed care coverage gap.

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.

POS: RI Fee-For-Service Medicaid, ADAP & RIPAE

Effective immediately RI Fee for Service Medicaid, ADAP and RIPAE pharmacy claims can be submitted for POS processing through COVER MY MEDS/RelayHealth. We greatly appreciate you making the necessary system changes to direct the following pharmacy claim types to process through COVER MY MEDS/RelayHealth:

Program	BIN	PCN
FFS Medicaid	610471	MCAID1293
ADAP	610471	DOH0107
RIPAE	610471	RIPAE0706

Earlier communications indicated that EOHHS would pay for a 30-day supply of medication during POS unavailability. While this remains EOHHS' direction, we are aware that some of the claims are denying for "Drug Quantity/Days Supply is Less Than Minimum Quantity". We are working on a solution to allow these claims to pay. Further information will follow.

The Medicaid Customer Service Help Desk is available Monday-Friday from 8:00 AM to 5:00 PM

Pharmacy Spotlight

UPDATE: Free COVID-19 At-Home Test Kits for Medicaid MCO and FFS Beneficiaries

Rhode Island Medicaid Managed Care Organization (MCO) and Fee-for-Service (FFS) beneficiaries are eligible to get up to eight free at-home COVID-19 test kits per month, through September 2024.

To get a free at-home COVID-19 test kit, a beneficiary must request a prescription from their enrolled MCO or FFS Medicaid prescriber. The process to prescribe an at-home COVID-19 test kit is the same as the process for other over-the-counter products.

The Rhode Island Executive Office of Health and Human Services (EOHHS) MCO and FFS Medicaid programs allows enrolled Rhode Island pharmacy providers to process at-home COVID test kits at their point of service, such as a pharmacy. Coverage for at-home COVID-19 test kits has not changed with the end of the Public Health Emergency. As with any over-the-counter product, pharmacy and beneficiary coverage of claims for at-home COVID test kits now requires the beneficiary to get a prescription.

COVID-19 At-Home Test Kits Covered for Dual-Eligible Medicare Medicaid Beneficiaries Living in Skilled Nursing Facilities and Assisted Living Residences

Nursing facilities and assisted living residences may request Medicaid reimbursement for Medicare Medicaid dual-eligible residents for up to eight at-home COVID-19 test kits per month, through September 2024.

Facilities must send reimbursement requests to the Rhode Island Executive Office of Health and Human Services (EOHHS) by November 1, 2024. You can find the reimbursement template and a process overview on the EOHHS website under "Program Information" and "COVID At-Home Test Reimbursement for Duals" at eohhs.ri.gov/providers-partners/provider-directories/nursing-homes.

Pharmacy Spotlight cont.

Meeting Schedule:

Pharmacy and Therapeutics Committee and Drug Utilization Review Board

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

Date: June 4th, 2024

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: June 4th, 2024

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

2024 Meeting Dates:
June 4, 2024
September 10, 2024
December 10, 2024

Pharmacy Spotlight cont.

The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective January 2024.

Androgenic Agents **Changed status to Preferred** testosterone gel pump (Androgel)	**Antihyperuricemics** **Changed status to Preferred** colchicine tablet colchicine tablet (AG)
Antihyperuricemics **Changed status to Non-Preferred** Colcrys	**Colony Stimulating Factors** **Changed status to Preferred** Fulphila
Colony Stimulating Factors **Changed status to Non-Preferred** Fylnetra	**GI Motility, Chronic** **Changed status to Preferred** lubiprostone lubiprostone (AG) Relistor syringe Relistor vial Trulance
GI Motility, Chronic **Changed status to Non-Preferred** Movantik	**Glucagon Agents** **Changed status to Preferred** Zegalogue syringe
Hypoglycemics, Metformin **Changed status to Preferred** metformin solution	**Phosphate Binders** **Changed status to Preferred** Renvela powder pack
Potassium Binders **Changed status to Non-Preferred** Lokelma unit dose	**Proton Pump Inhibitors** **Changed status to Non-Preferred** Dexilant
Ulcerative Colitis Topical **Changed status to Preferred** Uceris rectal foam	
To view the entire Preferred Drug List please check the Rhode Island EOHHS Website at: http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx	

Pharmacy Spotlight cont.

Assuring Access to Medications for Refugees or Members Who Do Not Have Their Identification Cards

Medicaid Pharmacy point of service (POS) claims can be processed using the Medicaid Identification (MID) number presented by the beneficiary. Once enrolled beneficiaries are sent a MID card via USPS delivery. Beneficiaries may need to fill a prescription before they receive their MID card. During this time, it is acceptable for the beneficiary; to provide the pharmacist with their MID written on a piece of paper, displayed on a mobile app or in the web portal. As you know a MID is unique to the beneficiary and when a POS claim is submitted both the first and last names submitted must match to the MID. If it does not match to the eligibility information in the claims processing system, the claim will be denied. The same process can be used should a beneficiary lose their card.

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 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.***

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, Medicaid enrollment 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. Applicant Registration form 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.

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.

When Veterans Need Support, You're on the Front Lines

Rhode Island is a strong community made up of fighters, families, and friends. Together, we have the power and the resources to save lives of Veterans. They served for us. Now it's time to serve for them. If you know a Veteran looking for assistance, a wide range of services are now available, from peer counseling to support with health, housing, employment, and much more. Healthcare professionals can find resources to support Veterans 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 request[2]. **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.

State FY 2024
Claims Payment and Processing Schedule

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
July	7/06/2023	7/07/2023	7/14/2023
		7/21/2023	7/28/2023
August		8/4/2023	8/11/2023
	8/10/2023	8/11/2023	8/18/2023
		8/25/2023	9/01/2023
September			
	9/07/2023	9/08/2023	9/15/2023
		9/22/2023	9/29/2023
October	10/05/2023	10/06/2023	10/13/2023
		10/20/2023	10/27/2023
November		11/03/2023	11/10/2023
	11/092023	11/10/2023	11/17/2023
		11/24/2023	12/01/2023
December	12/07/2023	12/08/2023	12/15/2023
		12/22/2023	12/29/2023
January		1/05/2024	1/12/2024
	1/11/2024	1/12/2024	1/19/2024
		1/26/2024	2/02/2024
February	2/08/2024	2/09/2024	2/16/2024
		2/23/2024	3/01/2024
March	3/07/2024	3/08/2024	3/15/2024
		3/22/2024	3/29/2024
April	4/04/2024	4/05/2024	4/12/2024
		04/19/2024	04/26/2024
May		5/03/2024	5/10/2024
	5/09/2024	5/10/2024	5/17/2024
		5/24/2024	5/31/2024
June	6/06/2024	6/07/2024	6/14/2024
		6/21/2024	6/28/2024
July		7/05/2024	7/12/2024
	7/11/2024	7/12/2024	7/19/2024
		7/26/2024	8/02/2024

View the SFY 2024 Payment and Processing Schedule on the EOHHS website

Payment And Processing Schedule | Executive Office of Health and Human Services (ri.gov)

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

Provider News

Provider Updates

Provider Enrollment Application Fee

As of January 1, 2024 the application fee to enroll as a Medicaid provider is $709.00

See more information regarding providers who may be subject to application fees here.

Notable Dates in May

May 4th — Star Wars Day

May 5th — Cinco de Mayo

May 12th — Mother's Day

May 27th — Memorial Day