



Rhode Island Medicaid Program

Provider Update

Volume 329

June 2020

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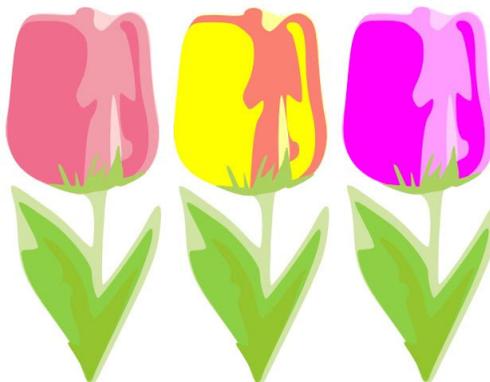
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Attention Clearing Houses, Billing Agencies, and Providers

A Reminder on How to Manage your Covered Providers:

ERA Received by Clearinghouse/Vendors

Providers who have moved their business to a new clearinghouse/vendor will need to contact the original clearinghouse/vendor to be removed as a covered provider before the new enrollment can be completed. The provider must contact the existing clearinghouse/vendor and ask them to remove their association.

The original clearinghouse/vendor should log into the Healthcare Portal. Under the Covered Provider section of the Trading Partner Profile screen, access the details for a specific provider by either clicking Display Covered Providers, which will display all, or search for a specific provider using the Provider ID and ID Type.

Select the plus sign (+) next to the NPI of the specific provider. Uncheck the boxes for the 835 and 277 and select the save button.

Once this is completed, the new clearinghouse/vendor may complete the process to add the covered provider and select the 835/277 transactions. They will then complete the ERA enrollment form.

Note: To ensure continuous receipt of the 837/277U, the new billing entity must add the provider as a covered provider and complete the ERA enrollment form before the cut-off date of the financial cycle.

Medicaid Guidelines for ADA Code D9410

D9410* House call / Extended Care Facility Call

Includes nursing home visits, long-term care facilities, hospice sites, institutions, etc. Report in addition to reporting appropriate procedure codes for actual services performed.

**The D9410-House/Extended Care Facility Call procedure code must be billed with a reimbursable Medicaid service and cannot be billed alone.*

Mobile services provided by fee-for-service providers to nursing home residents may only be reimbursed for one visit per day, per facility, per provider. Providers may not bill the D9410-House/Extended Care Facility Call for each recipient seen during a single nursing home visit even when a reimbursable Medicaid Service is being rendered to multiple recipients.

For each nursing home visit, please add the D9410 to ONE claim being billed for a reimbursable service. Mobile dental providers who bill fee-for-service cannot bill the D9410 for nursing home visits related to procedures whose payment is considered all-inclusive (i.e. impressions, try-in, adjustments, related to the fabrication of dentures.)

Updates Re: Electronic Data Interchange (EDI)



Attention All Trading Partners, PES Users, and Automated Script Users

Phase I of OXi Translator implementation for RI Medicaid's claim submission has concluded, and our teams anticipate moving ahead with Phase II Trading Partner testing beginning May 4, 2020.

Trading Partners are requested to test the new system by uploading 837 files and receiving back acknowledgment reports. **Please follow these steps to complete the testing process:**

1. Email riediservices@dxc.com with the subject line "OXI TESTING" to confirm your Trading Partner ID (TPID) for the Healthcare Portal testing environment

2. Utilize the TPID from the step above to submit test 837 files

Please note that the TPID used for testing is different than your TPID currently used for claim submission in the production environment. Also note that end-to-end testing will not happen at this time.

Any questions you have may be directed to riediservices@dxc.com with the subject line "OXI TESTING."



Physical Therapy Services

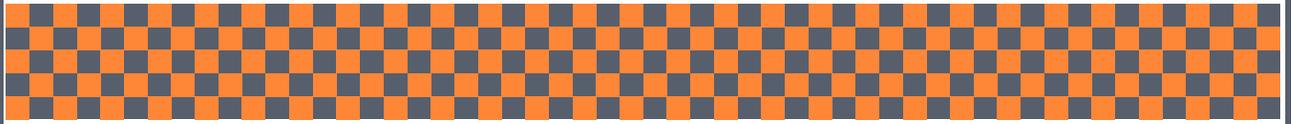
RI Medicaid now enrolls physical therapists as their own provider type.

Groups currently enrolling physical therapists as Rite Share providers may request to be terminated and then reenroll as physical therapists. Providers' effective dates will begin on the first of the month in which their completed, accurate applications are received.

Physical therapists will be eligible to bill for the following procedure codes:

- 97010
- 97012
- 97014
- 97016
- 97018
- 97022
- 97024
- 97026
- 97028
- 97032
- 97033
- 97034
- 97035
- 97036
- 97110
- 97112
- 97113
- 97116
- 97124
- 97140
- 97161
- 97162
- 97163
- 97164
- 97530

Please email riproviderservices@dxc.com with questions.



FYI:

The application fee
to enroll as a Medicaid provider is \$595.00
as of January 1, 2020.

However, please note that all enrollment
application fees are waived during the Covid-19
Health Crisis

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

Pharmacy Spotlight

Meeting Schedule:

**Pharmacy and Therapeutics Committee
Drug Utilization Review Board**



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

Date: June 9, 2020
Registration: 7:30 AM
Meeting: 8:00 AM
Location: DXC Technology
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886
[Click here for agenda](#)

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

Date: June 9, 2020
Meeting: 10:30 AM
Location: DXC Technology
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886
[Click here for agenda](#)

2020 Meeting Dates:

April 7, 2020
June 9, 2020
September 15, 2020
December 15, 2020

**Please note:
The April 7, 2020 meetings were cancelled.**



To view the Preferred Drug List (PDL), please check the RI EOHHS Website:

<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx>



Please Note!

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

<https://www.riproviderportal.org/HCP/Default.aspx?alias=www.riproviderportal.org/hcp/provider>



Procedure Code X1000

Effective May 22, 2020, Medicaid is removing Procedure Code X1000 from its fee schedule. The code should no longer be used for billing. This COVID-related code was not approved for Federal match by CMS. Providers should continue to use traditional E&M codes for COVID telehealth.



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

ATTENTION NURSING HOMES, ASSISTED LIVING, AND HOSPICE PROVIDERS

Payment Delivery Change for the June Interim Payments

Due to the current COVID-19 State of Emergency the June Interim payments will be automatically deposited into your bank account.

In lieu of issuing a paper check, a payment will be deposited into the bank account associated with your DXC MMIS account. This will alleviate the need for you to drive to the DXC office to pick up the paper check.

The system payment will be deposited into the bank account directly, in line with the financial calendar on June 12, 2020.

DXC will securely mail the member information to providers detailing out which client and date of service the payment is for.

There will be a suspension of the monthly recoupments of the contingency payments for the remittance advices that were scheduled for the June financial cycles.

We will continue to communicate with providers on any changes once the state of emergency has ended.

UPDATED-Changes to Prior Authorization Requirements During Covid-19 Crisis

Please note:

Prior Authorizations previously extended to May 31, 2020 will be extended through July 31, 2020 to allow additional time for services to be delivered. No action is required by providers. The changes have been applied systematically.

Also note that the Prior Authorization requirements are now waived for all services except the following:

- **Pharmacy**
- **Hospice inpatient**
- **Orthodontic treatment**
- **Wheelchair and accessories**
- **Specialized supply**
- **Home modifications**
- **Private duty nursing**
- **Personal care services**

All claims billed with the services above will still require prior authorization.

****Prior authorization requests for manually priced DME items should continue to be submitted as usual. These include items that fall under codes such as A9999, E1399 and K0108.***

Should you have questions please contact the Customer Service Help Desk at (401) 784-8100 for local and long-distance calls (800) 964-6211 for in-state toll calls.

Emergency Case Management

Emergency Case Management services for the homeless population has been approved for the duration of the COVID-19 crisis. Homeless Service Agencies and Homeless Shelters providing these services will need to enroll in RI Medicaid.

Here is the link for the on-line Provider Enrollment Application: <https://www.riproviderportal.org/hcp/provider/Home/ProviderEnrollment/tabid/477/Default.aspx>

RI Medicaid will be reimbursing Emergency Case Management services at \$12.13 per unit effective April 1, 2020. A unit is 15 minutes, maximum units allowed per day are 4. The procedure code to bill this service is T1017.

The guidelines for Emergency Case Management are listed below.

Emergency Case Management for Medicaid beneficiaries who meet at least one risk-based criteria and at least one health-related criteria. Risk-based criteria include: residing in homeless shelters, outside, in places not meant for habitation, or otherwise housing insecure or at imminent risk of homelessness. Health-related criteria include: a mental health or substance use need, a complex physical health need (e.g., a chronic or acute health condition), or recent hospitalization.

Emergency Case Management is a service that supports homeless and housing insecure beneficiaries that are eligible under the state plan in preventing exposure to COVID-19, supporting those that are in quarantine or that have tested positive for COVID-19, and assisting organizations to receive supports for other health-related social needs (e.g., food insecurity, transportation) that may have been exacerbated by the COVID-19 pandemic.

Emergency Case Management will be provided to eligible Medicaid beneficiaries by homeless shelters and homeless service agencies, who specialize in assisting this unique and particularly vulnerable population.

Karen Murphy is your Provider Representative. If you should need assistance please contact Karen at (401) 784-8004 or karen.murphy3@dxc.com

Attention all Home Care and Personal Care agencies:

The Electronic Visit Verification (EVV) soft launch for EOHHS commenced April 20, 2020. The soft launch gives providers and staff time to get used to the new system in real time. This time prepares us to be in compliance with federal law effective January 1, 2021. Please ensure that you have signed up for the appropriate training based on the system you will be using (Either a Third-Party Vendor or the Sandata SAMS system). Please visit the EOHHS EVV website for all updates and information related to EVV.

[http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification\(EVV\).aspx](http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx)

FOR PROVIDERS USING THE SANDATA SAMS SYSTEM (CLOSED SYSTEM):

Independent (Self-Paced) Web-Based Training: This online, self-paced training method allows participants to access online, role-specific training materials independently. The materials are available 24-hours a day, seven days a week for the life of the program. Independent Web-based Training is a great resource as a training refresher and for those that have already completed training and only need to complete the Sandata Mobile Connect (SMC) training.

Duration: Self-paced.

Participation: There is no limit on the number of agency employees that can participate in web-based training. Registration Link: <https://www.sandatalearn.com?KeyName=RIEOHHSEVV>

FOR PROVIDERS USING A THIRD-PARTY OR ALTERNATE EVV SYSTEM (OPEN SYSTEM):

Agency providers may choose to use their own, third-party ("Alternate") EVV system. Agency providers may use an Alternate EVV system if they meet the business requirements and data collection specifications found in the following documents located on the RI-EOHHS EVV website: [http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification\(EVV\).aspx](http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx)

If you plan to use an Alternate EVV system, please contact Sandata to initiate the certification process to link your current system to the RI-EOHHS Aggregator. The Sandata Alternate EVV support team can be reached by email at RIAltEVV@sandata.com. Please note this email address is strictly for Alternate EVV inquiries. Additionally, initial contact with the Sandata Alternate EVV support team should be made by the providers and they should have their vendor contact information readily available, as it will be requested.

State FY 2021 Claims Payment and Processing Schedule

SFY 2021 Financial Calendar

Month	LTC Claims due at Noon	EMC Claims due by 5:00 p.m.	EFT Payment
July		7/3/2020	7/10/2020
	7/9/2020	7/10/2020	7/17/2020
		7/24/2020	7/31/2020
August	8/6/2020	8/7/2020	8/14/2020
		8/21/2020	8/28/2020
September	9/3/2020	9/4/2020	9/11/2020
		9/18/2020	9/25/2020
October		10/2/2020	10/9/2020
	10/8/2020	10/9/2020	10/16/2020
		10/23/2020	10/30/2020
November		11/6/2020	11/13/2020
	11/12/2020	11/13/2020	11/20/2020
		11/27/2020	12/4/2020
December	12/10/2020	12/11/2020	12/18/2020
		12/24/2020	12/31/2020
January	1/7/2021	1/8/2021	1/15/2021
		1/22/2021	1/29/2021
February	2/4/2021	2/5/2021	2/12/2021
		2/19/2021	2/26/2021
March	3/4/2021	3/5/2021	3/12/2021
		3/19/2021	3/26/2021
April		4/2/2021	4/9/2021
	4/8/2021	4/9/2021	4/16/2021
		4/23/2021	4/30/2021
May	5/6/2021	5/7/2021	5/14/2021
		5/21/2021	5/28/2021
June	6/3/2021	6/4/2021	6/11/2021
		6/18/2021	6/25/2021
July		7/2/2021	7/9/2021
	7/8/2021	7/9/2021	7/16/2021
		7/23/2021	7/30/2021

View the SFY 2021 Payment and Processing
Schedule on the EOHHS website
[http://www.eohhs.ri.gov/ProvidersPartners/
Billingamp;Claims/PaymentandProcessingSchedule.aspx](http://www.eohhs.ri.gov/ProvidersPartners/Billingamp;Claims/PaymentandProcessingSchedule.aspx)