

Provider Update, November 2008, Vol. 193

SFY 2009 State Budget - Medical Assistance Eligibility Changes

[Article 10 of the Rhode Island State Budget for State Fiscal Year 2009](#) made several changes in the law affecting Medical Assistance eligibility. The following changes will take place on **October 1, 2008**. Clients impacted by these changes have received both an informational letter and an adverse action notice explaining how these changes impact their families.

- Adults between 175-185% FPL will no longer be eligible for Medical Assistance coverage. The closure notice will contain language about the RI community health centers.
- Families between 150-250% FPL will experience an increase in monthly premium.
- Families between 133-150% FPL will be subject to a premium for the first time.

The premiums will be as follows:

Family Income Level:	If they were paying:	They will be paying:
133-150% FPL	\$0	\$45.00
150-175% FPL	\$61.00	\$86.00
175-200% FPL	\$77.00	\$106.00
200-250% FPL	\$92.00	\$114.00

- Clients eligible for Extended Family Planning benefits will now be required to re-certify for eligibility on an annual basis. These members will receive re-certification packets at 12 months of enrollment, as do all other RIte Care/RIte Share members.
- Enrollment in managed care health delivery systems will become mandatory for children in substitute care, children receiving Medical Assistance through an adoption subsidy, and children eligible for Medical Assistance based on their disability (SSI and Katie Beckett children) provided they have no other third-party medical insurance.

SFY 2009 State Budget - Requirement Pertaining to Medicaid Providers Who Employ Medical Assistance Recipients

[Article 17 of the Rhode Island State Budget for State Fiscal Year 2009](#) contains a section that impacts Medical Assistance providers. Any Medical Assistance provider who receives a request from the Department of Human Services to provide information about their employer-sponsored health insurance must provide the requested documentation to DHS in a timely manner (within 14 days from the time of the request). This information will be used to determine if Medical Assistance-eligible employees can be enrolled in RIte Share, Rhode Island's Premium Assistance Program.

EDS will send out more detailed communications regarding these changes, including a

request that all Medicaid providers sign an updated Provider Agreement that acknowledges this requirement. Providers will be expected to establish a process that will ensure compliance with this law which took effect upon passage (7/1/08). Below is the language regarding this requirement.

40-8-27. Cooperation by providers. – Medicaid providers who employ individuals applying for benefits under any chapter of title 40 shall comply in a timely manner with requests made by the department for any documents describing employer sponsored health insurance coverage or benefits the provider offers that are necessary to determine eligibility for the state’s premium assistance program pursuant to section 40-8.4-12. Such documents requested by the department may include, but are not limited to, certificates of coverage or a summary of benefits and employee obligations. Upon receiving notification that the department has determined that the employee is eligible for premium assistance under section 40-8.4-12, the provider shall accept the enrollment of the employee and his or her family in the employer based health insurance plan without regard to any seasonal enrollment restrictions, including open enrollment restrictions, and/or the impact on the employee’s wages. Additionally, the Medicaid provider employing such persons shall not offer “pay in lieu of benefits.” Providers who do not comply with the provisions set forth in this section shall be subject to suspension as a participating Medicaid provider.

RItE Care Pharmacy Covered Services Fact Sheet

Background

Due to State budget constraints, legislation was passed [Rhode Island General Law, Chapter 40-21-1, Article 10, Substitute A As Amended, Relating to Medical Assistance- Managed Care] that establishes a **Generic Drugs Only** pharmacy benefit for RItE Care members.

RItE Care Pharmacy Covered Services

- Effective November 1, 2008 the pharmacy benefit for RItE Care members will cover **Generic Drugs Only**. Exceptions have been made for a limited number of brand name drugs within certain therapeutic classes of drugs. See Exempt List below.
- Exempt List

RItE Care - Allowed Brand Name Therapeutic Classes /Single Agents	
Antidementia Agents	Inhaled Corticosteroids (including combo products)
Anti-Parasitics/Antihelminthics	Insulins (ALL)
Anti-TNF Agents (Humira and Enbrel only)	Insulin Syringes (ALL)
Antivirals (HIV/AIDs only)	Leukotriene Modulators
Atypical Antipsychotics	Low Molecular Weight Heparins
	Mesalamine Related Products (Asacol, Pentasa, Dipentum, Lialda only)
Beta-Agonist Inhalers (including combo products)	
Contraceptives (oral, transdermal, injectable, intravaginal)	Multiple Sclerosis Agents
Dapsone	Ophthalmic Prostaglandins
Dilantin Only	Oral Antineoplastic Agents (ALL)
Erythropoietin Products	Pancreatic Enzymes
Estrogen Replacement (Premarin, Prempro, Premphase only)	Plan B (Rx and OTC)
GCSF Agents (Neulasta, Neupogen, Leukine)	Platelet Aggregation Agents
Glucometers, lancets, test strips, misc. supplies	Pulmozyme
Growth Hormones (ALL)	Substance Abuse (Campral, Antabuse, Suboxone, Subutex)
Hepatitis B Agents (all routes)	Tracleer, Revatio, Ventavis (only)
Hepatitis C Agents (all routes)	Vfend
Immunosuppressants (Prograf, Cellcept, Rapamune)	

Please Note:

Only brand name drugs (and supplies) on the Exempt List will be covered in accordance with the health plans' preferred drug lists (PDL) and prior authorization processes. Brand name drugs not included in the therapeutic classes or as single agents on the Exempt List are not covered and, therefore, prior authorization does not apply.

Each RItE Care health plan will be revising their PDL accordingly. Prior authorization processes for covered drugs have not changed.

Who will be affected?

- Adults and Children enrolled in the RItE Care Program

Who will NOT BE affected?

- Children with Special Health Care Needs who are enrolled in a RItE Care health plan (Children with SSI, Katie Beckett eligibility, adoption subsidy, and those in substitute/foster care)
- Adults in Rhody Health Partners
- Adults and Children in traditional Medicaid (fee-for-service)

Does this Generic Drug Only apply to outpatient pharmacies only?

Yes. It does not apply to prescription drugs dispensed in locations other than an outpatient pharmacy, e.g., inpatient facilities, hospital pharmacies, etc.

For more information

Please check the Health Plan's website or call Customer Service for more information.

Blue Cross & Blue Shield	(800) 564-0888	www.bcbsri.com
Neighborhood Health Plan of RI	(800) 459-6019	www.nhpri.org
UnitedHealthcare of New England	(800) 587-5187	www.uhmedicaid.com

End Stage Renal Disease Dialysis Fee Schedule Effective October 1, 2008

Effective October 1, 2008, the Rhode Island Department of Human Services (DHS) updated the fee schedule for procedures and drugs used during End Stage Renal Disease dialysis services.

Claims received for recipients with (a) no other primary insurance and (b) for dates-of-service on or after October 1, 2008 will be processed per the attached fee arrangement.

Please note: Your billing procedure has not changed.

Should you have questions, please contact the Dialysis Provider Representative, Sandra Bates at 401-784-3832 or email: sandra.bates@eds.com.

Procedure Code	Procedure Code Description	Dosage	Revenue Code	Fee Eff. 10/01/08
Dialysis Drugs				
J0133	Acyclovir injection	5 MG	0636	0.02
J2997	Alteplase recombinant	1 MG	0636	32.80
J0278	Amikacin sulfate injection	100 MG	0636	0.60
J0300	Amobarbital 125 mg injection	125 MG	0636	11.68
J0288	Ampho b cholesteryl sulfate	10 MG	0636	12.00
J0285	Amphotericin B	50 MG	0636	13.06
J0287	Amphotericin b lipid complex	10 MG	0636	10.66
J0289	Amphotericin b liposome injection	10 MG	0636	16.47
J0290	Ampicillin injection	500 MG	0636	1.99
J0295	Ampicillin sodium	1.5 GM	0636	4.37
J0348	Anadulafungin injection	1 MG	0636	1.31
J0350	Anistreplase in	30 Units	0636	23.82
J0456	Azithromycin	500 MG	0636	12.12

J0592	Buprenorphine hydrochloride	0.1 MG	0636	0.74
J0595	Butorphanol tartrate	1 MG	0636	0.51
J0636	Calcitriol injection	0.1 MCG	0636	0.40
J0690	Cefazolin sodium injection	500 MG	0636	0.55
J0692	Cefepime hcl for injection	500 MG	0636	5.71
J0698	Cefotaxime sodium injection	1 GM	0636	3.27
J0694	Cefoxitin sodium injection	1 GM	0636	8.09
J0713	Ceftazidime injection	500 MG	0636	3.86
J0715	Ceftizoxime sodium	500 MG	0636	5.24
J0696	Ceftriaxone sodium injection	250 MG	0636	1.48
J0720	Chloramphenicol sodium injection	1 GM	0636	16.10
J1990	Chlordiazepoxide injection	100 MG	0636	21.05
J3230	Chlorpromazine hcl injection	50 MG	0636	3.88

Procedure Code	Procedure Code Description	Dosage	Revenue Code	Fee Eff. 10/01/08
Dialysis Drugs				
J0743	Cilastatin sodium injection	250 MG	0636	14.23
J0744	Ciprofloxacin iv	200 MG	0636	3.32
J0745	Codeine phosphate injection	30 MG	0636	1.11
J0770	Colistimethate sodium injection	150 MG	0636	19.37
J0878	Daptomycin injection	1 MG	0636	0.38
J0882	Darbepoetin alfa, ESRD use	1 MCG	0636	2.83
J0895	Deferoxamine mesylate injection	500 MG	0636	11.44
J3360	Diazepam injection	5 MG	0636	0.81
J1270	Doxercalciferol injection	1 MCG	0636	3.01
Q4081	Epoetin alfa (for ESRD on dialysis)	100 UNITS	0634	0.91
Q4081	Epoetin alfa (for ESRD on dialysis)	100 UNITS	0635	0.91
J0886	Epoetin alfa, 1000 units (for ESRD on dialysis)	1000 Units	0634	9.07
J0886	Epoetin alfa, 1000 units (for ESRD on dialysis)	1000 Units	0635	9.07
J1335	Ertapenem injection	500 MG	0636	25.36
J1364	Erythro lactobionate	500 MG	0636	6.97
J7194	Factor ix complex	1 IU	0636	0.81
J7193	Factor ix non-recombinant	1 IU	0636	0.90
J7195	Factor ix recombinant	1 IU	0636	1.07
J7189	Factor viia	1 MCG	0636	1.22
J7190	Factor viii	1 IU	0636	0.82
J7192	Factor viii recombinant	1 IU	0636	1.06
J2916	Ferric gluconate complex	12.5 MG	0636	4.88
J1450	Fluconazole	200 MG	0636	8.59
J1580	Garamycin gentamicin injection	80 MG	0636	0.93
J1590	Gatifloxacin injection	10 MG	0636	0.83

J1631	Haloperidol decanoate injection	50 MG	0636	3.32
J1630	Haloperidol injection	5 MG	0636	1.42
90746	Hep b vacc, adult, im	20 MCG	0636	57.26
90740	Hep b vacc, ill pat 3 dose im	40 MCG	0636	114.51
90747	Hep b vacc, ill pat 4 dose im	40 MCG	0636	114.51
J1170	Hydromorphone injection	4 MG	0636	1.26
Q4098	Iron dextran, injection 50 mg	50 MG	0636	11.60
J1751	Iron dextran 165 injection	50 MG	0636	10.33
J1752	Iron dextran 267 injection	50 MG	0636	10.33
J1756	Iron sucrose injection	1 MG	0636	0.35
J1840	Kanamycin sulfate 500 mg injection	500 MG	0636	4.74
J1850	Kanamycin sulfate 75 mg injection	75 MG	0636	0.71
J1955	Levocarnitine injection	1 GM	0636	6.61
J1956	Levofloxacin injection	250 MG	0636	5.75
J2010	Lincomycin injection	300 MG	0636	4.63
J2020	Linezolid injection	200 MG	0636	28.33
J2060	Lorazepam injection	2 MG	0636	0.64
J2180	Meperidine and promethazin hcl [mepergan]	50 mg	0636	3.79
J2175	Meperidine hydrochl	100 MG	0636	1.46
J2185	Meropenem	100 MG	0636	3.86
J1230	Methadone injection	10 MG	0636	3.56
J2765	Metoclopramide hcl injection	10 MG	0636	0.36
J2271	Morphine so4 injection	100 MG	0636	2.69

Procedure Code	Procedure Code Description	Dosage	Revenue Code	Fee Eff. 10/01/08
Dialysis Drugs				
J2270	Morphine sulfate injection	10 MG	0636	1.74
J2275	Morphine sulfate injection	10 MG	0636	2.50
J2280	Moxifloxacin injection	100 MG	0636	2.79
J2300	Nalbuphine hydrochloride injection	10 MG	0636	0.97
J2310	Naloxone hydrochloride injection	1 MG	0636	3.22
J2700	Oxacillin sodium injection	250 MG	0636	1.47
J2460	Oxytetracycline injection	50 MG	0636	0.88
J2501	Paricalcitol	1 MCG	0636	3.68
J0580	Penicillin g benzathine injection	2400000 UNITS	0636	45.13
J0550	Penicillin g benzathine injection	2400000 UNITS	0636	32.52
J0540	Penicillin g benzathine injection	1200000 UNITS	0636	32.52
J0530	Penicillin g benzathine injection	600000 UNITS	0636	14.75
J0570	Penicillin g benzathine injection	1200000	0636	40.90

		UNITS		
J0560	Penicillin g benzathine injection	600000 UNITS	0636	23.40
J2540	Penicillin g potassium injection	600000 UNITS	0636	0.63
J2510	Penicillin g procaine injection	600000 UNITS	0636	9.85
J2515	Pentobarbital sodium injection	50 MG	0636	7.98
J2560	Phenobarbital sodium injection	120 MG	0636	2.93
J2543	Piperacillin/tazobactam	1.125 GM	0636	5.28
90732	Pneumococcal vaccine	0.5 ML	0636	32.70
J0780	Prochlorperazine injection	10 MG	0636	1.63
J2550	Promethazine hcl injection	50 MG	0636	1.37
J2993	Reteplase injection	18.1 MG	0636	829.51
J3320	Spectinomycin di-hcl injection	2 GM	0636	28.65
J0697	Sterile cefuroxime injection	750 MG	0636	4.12
J2995	Streptokinase injection	250,000 IU	0636	76.32
J3000	Streptomycin injection	1 GM	0636	7.38
J3260	Tobramycin sulfate injection	80 MG	0636	2.51
J3365	Urokinase 250,000 iu injection	250000 IU	0636	457.73
J3364	Urokinase 5000 iu injection	5000 IU	0636	9.16
J3370	Vancomycin hcl injection	500 MG	0636	3.09
Composite Rate Procedures*				
90945	Continuous Cycling Peritoneal-Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription.		0851	49.84
90947	Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription.		0851	49.84
90937	Hemodialysis procedure requiring repeated evaluation (s) with or without substantial revision of dialysis prescription.		0821	116.30
90999	Unlisted dialysis procedure, inpatient or outpatient		0821	116.30
<u>*The facility's composite rate covers any drugs or services not listed.</u>				