



## Rhode Island Medicaid Program

# PROVIDER *update*

Volume 254

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## Getting Ready for ICD-10

Over the next few months, information and workshops will be offered to support providers during the transition to ICD-10. Although the October 1, 2014 deadline is a few months away, there are many steps providers can take to ensure a smooth transition.

To accommodate the transition to ICD-10, the **CMS 1500** claim form has been revised by NUCC . For a complete list of changes to the 1500 Claim Form, please visit the NUCC website at [www.nucc.org](http://www.nucc.org).

To comply with the CMS ICD-10 reporting mandate, Rhode Island Medicaid is implementing the following timeline for acceptance of the 1500 claim form:



Will you be ready?  
October 1, 2014

**JANUARY 6 THROUGH MARCH 31, 2014**

Dual use period during which Rhode Island Medicaid will accept and process paper claims submitted on both the old 1500 Claim Form (version 08/05) and the new 1500 Claim Form (version 02/12). *Note: RI Medicaid will only process up to four diagnosis codes during this period.*

**APRIL 1, 2014**

Rhode Island Medicaid will process paper claims submitted **only** on the revised 1500 Claim Form (version 02/12). Claims received on or after April 1, 2014 using Version 08/05 1500 Claim Form will not be processed and will be returned to the provider.

The revised version of the claim form can be easily recognized by the Quick Response Code in the upper left corner.



ICD-10 will affect nearly all areas of your organization, but with a thorough impact assessment, you can keep your day-to-day activities running smoothly while you transition to ICD-10.

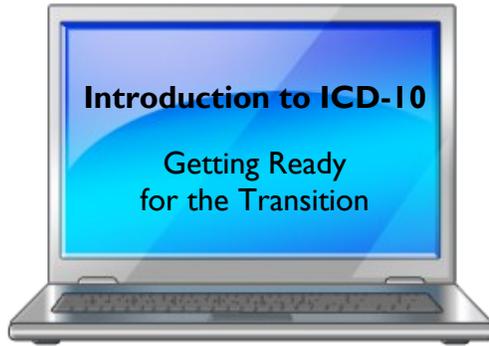
Be sure to visit the ICD-10 Implementation link on the EOHHS website at

<http://www.eohhs.ri.gov/ProvidersPartners/ICD-10Implementation.aspx> for updates.

# Getting Ready for ICD-10 *CONTINUED*

## TWO REMAINING OPPORTUNITIES TO REGISTER FOR AN INFORMATIONAL WEBINAR

*(Participate conveniently from a computer in your location)*



**Choose one of two remaining opportunities to participate:**

Tuesday, March 4                      3-4 PM  
 Thursday, March 6                      3-4 PM

To register: Please send an email to [deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com). Include **ICD-10** in the subject line of your email. Spaces are limited.

### Attention Dental Providers: American Dental Association Dental Claim Form

The image shows a sample of the ADA American Dental Association Dental Claim Form. The form is divided into several sections:
 

- PATIENT INFORMATION:** Includes fields for Name (Last, First, Middle Initial, Suffix), Date of Birth (MM/DD/YYYY), Gender, and Insurance Company/Center/Health Plan Name, Address, City, State, Zip Code.
- INSURANCE COMPANY DENTAL BENEFIT PLAN INFORMATION:** Includes fields for Company/Plan Name, Address, City, State, Zip Code.
- OTHER COVERAGE:** Includes fields for Date of Birth (MM/DD/YYYY), Gender, and Insurance Company/Center/Health Plan Name, Address, City, State, Zip Code.
- RECORD OF SERVICES PROVIDED:** A table with columns for Procedure Code, Date of Service, and Fee.
- DIAGNOSIS:** Includes fields for ICD-10-CM Code (Cause of Illness) and ICD-10-PCS Code (Procedure).
- ANCILLARY CLAIM/TREATMENT INFORMATION:** Includes fields for Date of Treatment, Date of Payment of Proceeds, and Date of Final Payment (MM/DD/YYYY).
- TREATING DENTIST AND TREATMENT LOCATION INFORMATION:** Includes fields for Name, Address, City, State, Zip Code, and License Number.

**Effective October 1, 2014, all dental paper claims must be submitted using the ADA 2012 Claim Form.**

Claims submitted on any other version on/after October 1, 2014, will be returned to the provider.

**Please note: This change is regardless of the date of service.**

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

*For all Providers:*

## **PERM Review**

### **(Payment Error Rate Measurement)**

In January of 2014 the State of Rhode Island will take part in the Payment Error Rate Measurement (PERM) review by the Centers for Medicare and Medicaid Services (CMS). This is mandated by the Improper Payments Act of 2002 (IPA), Public law 107-30, enacted on November 26, 2002. This law requires the heads of Federal agencies to review annually programs they oversee that are susceptible to significant erroneous payments, to estimate the amount of improper payments, to report those estimates to Congress, and to submit a report on actions the agency is taking to reduce erroneous expenditures. Medicaid and the State Children's Health Insurance Program (SCHIP) were identified as programs at risk.

PERM Reviews will be conducted in three areas: fee for services (FFS), managed care and eligibility for both Medicaid and SCHIP. Each state will be reviewed once every three years. The three year time frame is relative to date of service on the claims being reviewed. **The next PERM review for Rhode Island will be starting in January 2014 and will include claims with a date of service between 10/01/2012 and 09/30/2013.**

The data processing reviews are based on how well the MMIS processes the claims. This included payments, data entry, edits and audits. This part of the review does not require any provider cooperation. The eligibility reviews are based on the InRhodes system processing clients correctly for Medical Assistance and other state programs.

Additionally, CMS will review the same sample of claims for data processing/payment errors and medical documentation. In order to support the medical documentation, review letters will be sent out by CMS in the first six months of 2014 asking for specific documentation for a specific ICN. If the correct documentation is insufficient or not received, a second and third request letter will be sent to providers. Additionally, a phone call will be made by the CMS contractor who will fax the letter once phone contact is made with the provider. **There are very strict timelines associated with these requests so if the documentation is not received or received late this will be considered an error. The State of Rhode Island will then recoup the money associated with any claims deemed as an error by CMS and their contractor after the audit is complete. In order to support this process and reduce the number of errors for no documentation providers may be called directly requesting them to respond to the CMS request and to send in the documentation as soon as possible.**

CMS will complete this process in Rhode Island by compiling all of the errors and calculating the error rates for the state. The follow up to this process is the requirement to return the federal monies paid for these claims to CMS. Providers will be notified in a letter prior to the recoupment taking place.

#### **PROVIDER RESOURCES**

**View the following informational video:**

<http://www.youtube.com/watch?v=Vt3UAdLABUY>

**Sample Letter—Initial Request for Records:**

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/PERM/Downloads/InitialRequestLetter.pdf>

# Q and A



*This section will feature Frequently Asked Questions from providers.*

## **Attention Dental Providers:**

**Q.** How do I become a participating dentist?

**A.** Please complete the appropriate [enrollment application](#) and related forms and submit per the included instructions.

**Q.** If I don't participate with Rhode Island Medicaid fee-for-service dental, can I still participate with Rite Smiles-United Healthcare?

**A.** Yes. Providers are not required to participate with both.

**Q.** Can I bill Rhode Island Medicaid fee-for-service dental as secondary to Rite Smiles?

**A.** No. Rite Smiles is the managed care dental option for Medicaid.

**Q.** Am I required to notify RI Medicaid of changes to my practice?

**A.** Yes, if you are a RI Medicaid participating provider. In order for us to maintain accurate records, you are required to notify the RI Medicaid Enrollment Team, in writing, of any changes to your practice. There is a Provider Change Form available on the Executive Office of Health and Human Services (EOHHS) website for this sort of information.

### **Changes may include:**

Office address  
Telephone number  
Participation status  
A dentist leaving your group  
New service location(s)

Please note that changes are not automatically made when claims are submitted.

# Q and A

*For Dental Providers continued....*

**Q:** Can I submit my dental claims electronically?

**A:** Yes. You can submit claims electronically to RI Medicaid using HP proprietary software or your choice of software/clearinghouse. For additional information on using our software, or general [Electronic Data Interchange \(EDI\) information](#) please visit the EOHHS website.

**Q:** Where can I download/view my Provider Manual?

**A:** To download/view the [Dental Provider Manual](#) and other important documents, visit the EOHHS website and click the "Providers and Partners" tab.

## Executive Office of Health and Human Service 2014 Holiday Observances

The Executive Office of Health and Human Service (EOHHS) will be closed on the following dates:

Holiday	Date Observed
New Year's Day	January 1
Martin Luther King Day	January 20
Memorial Day	May 26
Independence Day	July 4
Victory Day	August 11
Labor Day	September 1
Columbus Day	October 13
Veteran's Day	November 11
Thanksgiving Day	November 27
Christmas Day	December 25

*For PES Users:*

## PES Upgrade for ICD-10

An upgrade to the Provider Electronic Solutions (PES) software is being developed to accommodate the changes required for the transition to ICD-10. This upgrade will be mandatory for all PES users to ensure payment of claims.

Providers will select the correct qualifier –indicating that either ICD-9 or ICD-10 codes are being submitted, based on the date(s) of service.

This new qualifier will be located on the HDR2 tab, once the upgrade is installed.

Providers will be notified through the Provider Update newsletter when the PES upgrade is available to install. It is anticipated that the upgrade will be available mid-summer. Instructions will be included to help guide providers through the process.

Providers should also participate in training sessions being offered on the transition to ICD-10. These training sessions and the monthly Provider Update help providers determine what they need to do to prepare for the transition.

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### *Information for Clearing Houses and Software Vendors*

## **SYBASE Translator Information**

RI Medicaid is currently using the SYBASE TRANSLATOR VERSION 5.2.6. for processing all X12 transactions. With the most current version of the Sybase, we have noticed that some files have been coming through with trailing spaces, which is not compliant with the Technical Report Type 3 Notes established by the ASC X12 Committee.

Please discuss this with your software vendor.

If you should have any questions they can be directed to [mary-jane.nardone@hp.com](mailto:mary-jane.nardone@hp.com). Also, if your software vendor would like to be on our mailing list and receive updates, please have them subscribe by sending an email to [deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com).

## Meet the Provider Representatives

The Provider Representatives have extensive knowledge of Medicaid policy and billing requirements. They are available to provide support and assistance to providers and to help solve problems. In the next few issues of the monthly *Provider Update*, we will feature members of the team.



**Mary Jane Nardone**  
EDI Coordinator  
[mary-jane.nardone@hp.com](mailto:mary-jane.nardone@hp.com)  
401-784-8014

Mary Jane Nardone joined the HP Provider Representative team in January, 2008. She brings extensive experience in customer service and training especially in the healthcare industry.

In her role as EDI Coordinator, Mary Jane is responsible for assisting providers with PES upgrades, troubleshooting problems, and training on the PES software. This often takes her out of the office to deliver on-site technical assistance to providers.

She also supports providers who use other software for claim submission to the RI Medicaid program. This includes having a working knowledge of X12 files, working with clearing houses and vendors, and handling questions pertaining to 835 files.

Mary Jane needs to keep abreast of changes and updates, such as changes due to ACA mandates, and the impact they will have on providers. Although this can be challenging, she enjoys servicing the provider community and gets satisfaction from being able to help others.

Sandra Bates joined the HP Provider Representative team in April, 2007. Prior to joining HP, Sandra was an educational coordinator as well as a customer service specialist.

In her role at HP, Sandra is responsible for providing support to the following types of providers: Ambulance and non-emergency transportation, dental, dialysis, federally qualified health centers, independent labs, Indian health service, vision, ambulatory surgical centers, and the Lifespan Hospital network, both inpatient and outpatient.

Sandra helps providers to navigate the operations side of the RI Medicaid program.



**Sandra Bates**  
Provider Representative  
[sandra.bates@hp.com](mailto:sandra.bates@hp.com)  
(401) 784-8022

*Electronic Health Record (EHR) Incentive Update:*  
**Important Payment Adjustment Information for Medicare Eligible Providers (EP)**

Medicare Payment adjustments will begin on January 1, 2015 for providers who are eligible for the EHR Incentive Program, but decide not to participate. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. EPs must demonstrate meaningful use prior to 2015 to avoid payment adjustments.

Determine how your EHR Incentive Program participation start year will affect the 2015 payment adjustments:

**If you began in 2011 or 2012...**

If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment adjustment in 2015.

**If you began in 2013...**

If you first demonstrate meaningful use in 2013, you must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid the payment adjustment in 2015.

**If you plan to begin in 2014...**

If you first demonstrate meaningful use in 2014, you must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and EPs must attest to meaningful use no later than October 1, 2014, to avoid the payment adjustment.

**Avoiding Payment Adjustments in the Future**

You must continue to demonstrate meaningful use every year to avoid payment adjustments in subsequent years.

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.

If you are only eligible to participate in the **Medicaid** EHR Incentive Program, you are not subject to these payment adjustments.

**Helpful Resources**

For more information on EP payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tip sheet](#) for EPs.

**Want more information about the EHR Incentive Programs?**

Make sure to visit the [EHR Incentive Programs website](#) for the latest news and updates on the EHR Incentive Programs.

*A Reminder from the RI Regional Extension Center:*

## **Risk Assessments Still Required for All Stages of Meaningful Use**

Eligible professionals must conduct a security risk analysis (or review an existing security risk analysis) in both Stage 1 and Stage 2 of meaningful use to ensure the privacy and security of their patients' protected health information. CMS has published a tip sheet in conjunction with the Office for Civil Rights that lists security areas to consider:

- Physical Safeguards (computers, mobile devices, paper files, fax machines, copiers, any place where data is accessed)
- Administrative Safeguards (staff training and oversight, designated security officer)
- Technical Safeguards (passwords, data back-up, controls on access to EHR, secure electronic exchanges of PHI)
- Policies & Procedures (Documentation of security measures, written protocols on authorizing users)
- Organizational Requirements (Business Associate Agreements, plan for identifying and managing vendors who access, create, or store PHI)

### **Additional Resources:**

[Security Risk Analysis Tipsheet: Protecting Patients' Health Information](#)  
[View the list of Privacy & Security Services Consultant from RI REC'S Vendor Marketplace](#)

If you need further assistance please contact your RI REC Relationship Manager via  
[RIREC@riqi.org](mailto:RIREC@riqi.org)

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## **Free Training Offered by the RI Regional Extension Center**

The RI Regional Extension Center announces that its Health IT Certification Program, which offers free licenses to take online Health IT certification courses, has now been extended to include Specialists and their office staff.

The program continues to be open to PCPs and their office staff, as well as any Rhode Island-based college student enrolled in a health IT-related course of study.

[Click here for more information about this program.](#)  
or contact the RI REC at (888) 858-4815.

*The RI Regional Extension Center Presents a Free Webinar:*  
**Accessing Patient Records During EHR Downtime...  
CurrentCare Can Help!**

Topic: EHR Downtime  
Date/Time: Thursday, March 20th, 2014  
Time: 11:30 AM - 12:30 PM  
Presenters: Brian Miller,  
RI Regional Extension Center

Description: Join this webinar to understand how CurrentCare, Rhode Island's Health Information Exchange, can help providers who need access to patient records during EHR downtime. Learn the details about how patients' PHI is sent into CurrentCare and how easy it is to access it on demand. We'll also discuss how your continued participation in CurrentCare can aid both patients and providers.



Click here to [Register Now](#)  
or visit

<https://www4.gotomeeting.com/register/418100055>



**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**



*Assisted Living Regulations:***A Reminder Regarding Discharge of Residents  
in Assisted Living Facilities***Section 14.0 Rights of Residents***DISCHARGE:**

r) The residence can discharge a resident only for the following reasons and within the following guidelines:

- (i) except in life-threatening emergencies and for nonpayment of fees and costs, the residence gives thirty (30) days' advance written notice of termination of residency agreement with a statement containing the reason, the effective date of termination, the resident's right to an appeal under state law, and the name/address of the state ombudsperson's office;
- (ii) if resident does not meet the requirements for residency criteria stated in the residency agreement or requirements of state or local laws or regulations;
- (iii) if resident is a danger to self or the welfare of others; and the residence has attempted to make a reasonable accommodation without success to address resident behavior in ways that would make termination of residency agreement or change unnecessary; which would be documented in the resident's records;
- (iv) for failure to pay all fees and costs stated in the contract, resulting in bills more than thirty (30) days outstanding. A resident who has been given notice to vacate for nonpayment of rent has the right to retain possession of the premises, up to any time prior to eviction from the premises, by tendering to the provider the entire amount of fees for services, rent, interest, and costs then due. The provider may impose reasonable late fees for overdue payment; provided that the resident has received due notice of such charges in accordance with the residence's policies. Chronic and repeated failure to pay rent is a violation of the lease covenant. However the residence must make reasonable efforts to accommodate temporary financial hardship and provide information on government or private subsidies available that may be available to help with costs; and
- (v) the residence makes a good faith effort to counsel the resident if the resident shows indications of no longer meeting residence criteria or if service with a termination notice is anticipated;

(s) The residence provides for a safe and orderly move out, including assistance with identifying a resource to help locate another setting, regardless of reason for move-out.

You have the right to appeal this action to the Department of Human Services Hearing Office within 10 days of written notification.  
If you also feel that advocacy is needed, you may contact the State Ombudsman Kathleen Heren at the Alliance for Better Long Term Care, 422 Post Road, Suite 204, Warwick, RI 02888.  
The telephone number is 401-785-3340.

## Provider Training and Education

A new resource for providers is now available on the EOHHS webpage. From the Providers and Partners drop down list, select Provider Training and Education.

This page contains both the E-Learning Center and the Provider Training Schedule.



The Training Schedule lists upcoming events, including webinars, virtual classrooms, classroom training, and meetings.

The E-Learning Center links providers to self-paced presentations on a variety of topics.

New items will be added frequently. Check back often!

## Two New Training Opportunities Billing 101 Part 1 & 2

We have scheduled two training opportunities for providers who are seeking information on billing Medicaid claims. They will be delivered in a virtual room format allowing providers to conveniently login and participate from their location.

### Billing 101 Part 1 The Basics

Thursday, March 27, 2014  
10:00—11:30 AM

Intended Audience: New providers seeking information on eligibility, claim forms and processing of claims.

### Billing 101 Part 2 Understanding Remittance Advice

Thursday, April 3, 2014  
10:00—11:30 AM

Intended Audience: Providers seeking information on reading and understanding Remittance Advice documents.

To register for training: Please send an email to [deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com). Include **Billing 101** in the subject line of your email. Be sure to indicate the session you would like to attend.