



Rhode Island Medicaid Program

PROVIDER *update*

Volume 255

April, 2014

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Getting Ready for ICD-10

CMS 1500 Claim Form

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.



Will you be ready?
October 1, 2014

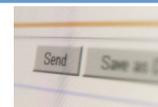
Important Reminder:



To comply with the CMS ICD-10 reporting mandate, 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**.

Instructions for the revised CMS 1500 claim form can be found at : http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/cms1500_directions.pdf

Pass it on!



Be sure to share the *Provider Update* with others in your facility who can use this information:

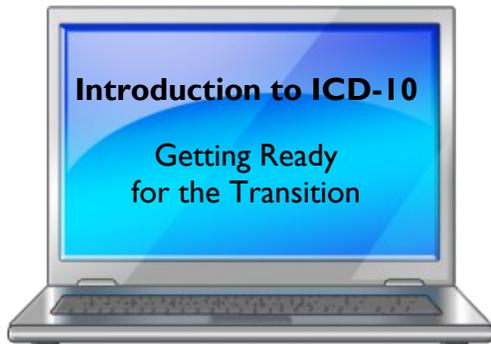
- Office Manager
- Billing Department
- Medical/Clinical Professionals
- Other

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*



Thank you to all who participated in the four webinars to discuss the transition to ICD-10.

The presentation slides and the Question and Answer document are now posted on the EOHHS website at:

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

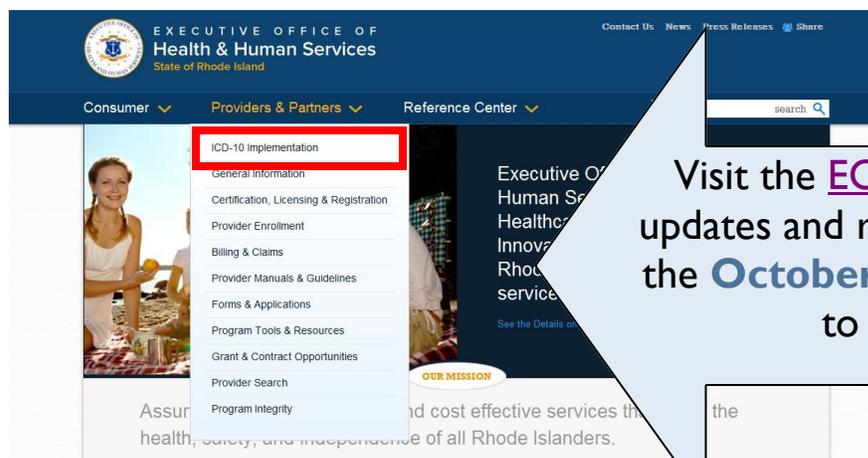
New ICD-10 Resource for Physicians

Road to 10: The Small Physician Practice's Route to ICD-10

CMS has launched a new resource especially for small physician practices. "Road to 10" is found at <http://www.roadto10.org/>.

Physicians can:

- Get an overview of ICD-10
- Explore targeted information and resources by selecting a specialty, such as Family Practice, Pediatrics, OB/GYN, and others
- Use the interactive Build Your Action Plan tool
- Access helpful templates to use during the transition
- Use quick reference links to other CMS resources
- Review the *Frequently Asked Questions* document



Visit the [EOHHS website](http://www.eohhs.ri.gov) for updates and resources related to the **October 1, 2014** transition to **ICD-10**.

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 Physicians:

Q: How do I appeal a denied claim?

A: To appeal a denied claim, write a letter explaining the reason for your appeal. All supporting documentation and the claim must be attached to the letter. Please mail the appeal to HP Enterprise Services, PO Box 2010, Warwick, RI 02887-2010, Attention: Daphne Monroe.

Please note:

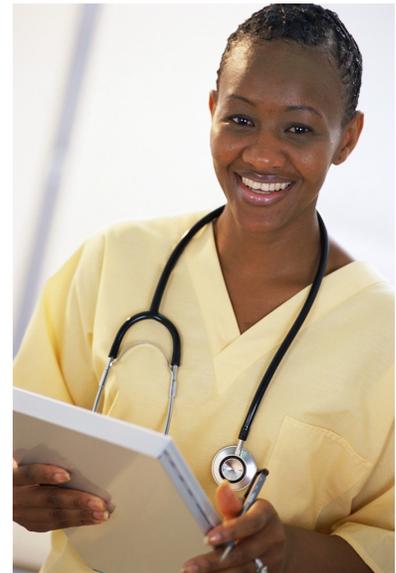
Providers should never use the “adjustment or recoup form” as an appeal letter. It will be returned to the provider.

Adult Day Care Services

Effective March 1, 2014, Adult Day Care Services will be an In Plan service for recipients enrolled in Rhody Health Partners.

Claims submitted to RI Medicaid for adult day care services for a recipient enrolled in Rhody Health Partners (Neighborhood Health Plan or United Healthcare) with dates of services after March 1, 2014 will deny.

The denial code indicates that the other insurance must be billed.



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

Recovery Audit Contractor

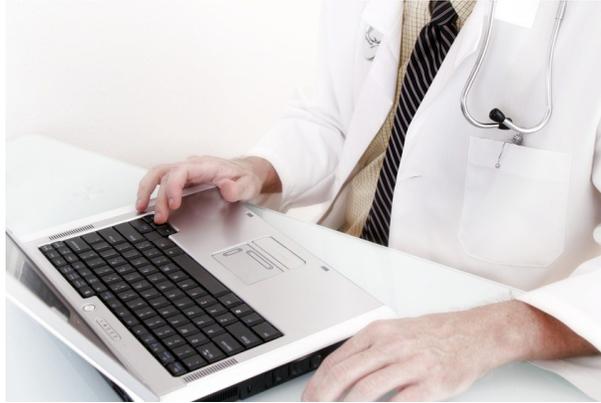
For all providers

Section 6411 of the Patient Protection and Affordable Care Act (PPACA), enacted on March 23, 2010 requires States to contract with Recovery Audit Contractors (RACs). The RACs will review claims submitted by providers of services for which payment may be made under section 1902 (a) of the Act. RACs will review the accuracy of Medicaid claims payments.

The Executive Office of Health and Human Services (EOHHS) awarded PRGX USA, Inc. the Comprehensive Recovery Audit Contract for the State of Rhode Island in July 2012. PRGX USA, Inc. will perform a Comprehensive Recovery Audit seeking to discover improper payments made for all programs and services administered by the departments within EOHHS.

As a provider, you may receive medical record requests or other correspondence from PRGX USA, Inc. indicating that you are the subject of an audit. The letter you receive will contain specific instructions on how to respond and who to contact for the audit process.

We encourage providers to communicate the existence of this overpayment recovery program to affected staff to provide a better understanding of the audit process and facilitate responses to requests for information.



The recovery audit program is crucial in promoting the continuance of a cost effective and efficient Medicaid program. The State of Rhode Island, EOHHS and PRGX USA, Inc. are dedicated to ensuring the success of this program; therefore, it is important that providers are informed of this recovery audit initiative and the potential impact. We encourage the provider community to monitor EOHHS' website for updates and announcements regarding the Comprehensive Recovery Audit program.

For additional information, please visit PRGX at www.prgx.com.



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.

Survey Shows High Provider Satisfaction with use of CurrentCare

A recent survey of clinical staff who regularly use CurrentCare showed high satisfaction with CurrentCare services.



82% of survey respondents use the **CurrentCare Viewer** at least twice a week to access patients' labs, medications, imaging results, and other clinical data from multiple sources

51% use the Viewer every day

47% of respondents use **Hospital Alerts**

91% of these found *Hospital Alerts* to be very helpful

In summary, 90% of respondents agree that CurrentCare provides a benefit to their practices and 79% agree that CurrentCare helps them treat patients more effectively.

The RI Regional Extension Center's (RI REC) effort in engaging more practices and healthcare organizations to adopt CurrentCare services ensures continuity of care for patients and access to their most up-to-date clinical data across the continuum of care. The RI REC is excited to announce the newly redesigned [CurrentCare website](http://www.currentcareri.org) (www.currentcareri.org) that emphasizes the patient at the center of care.

In his February 24, 2014 letter to RI healthcare providers, Dr. Michael Fine, Director of the RI Department of Health, enthusiastically expressed his support of CurrentCare as an "emerging standard of care."



[Click here to read the complete text of Dr. Fine's letter.](#)

Electronic Billing of Claims

Use of NPI and Taxonomy

When submitting 837 transactions, Please be sure that you are sending both the correct NPI and Taxonomy that belong to the billing entity. NPI and Taxonomy should be sent as follows:

For 837 Professional Transactions

- NPI is entered in Loop 2010AA in the NM109 segment
- Taxonomy is entered in the PRV segment of Loop 2000A

If the billing entity is a group, then the Rendering Provider NPI and taxonomy should be sent as follows:

- NPI is entered in Loop 2420A in the NM109 segment
- Taxonomy is entered in the PRV segment of Loop 2420A

For 837 Institutional Transactions

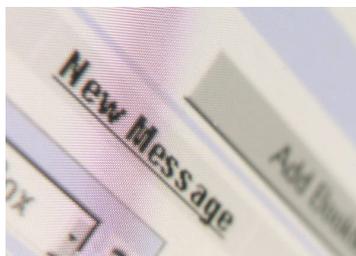
The Attending Provider NPI and taxonomy should be sent as follows:

- NPI is entered in Loop 2310A in the NM109 segment
- Taxonomy is entered in the PRV segment of Loop 2310A

Incorrect submission of NPI and taxonomy will result in denial of the claim or the inability to locate claim status. If the claim does not appear on your remittance advice, contact the Customer Service Help Desk for assistance with researching the claim and denial.

Important:

Please be sure your biller or billing agency has the correct NPI and taxonomy that was supplied to RI Medicaid for the billing entity.



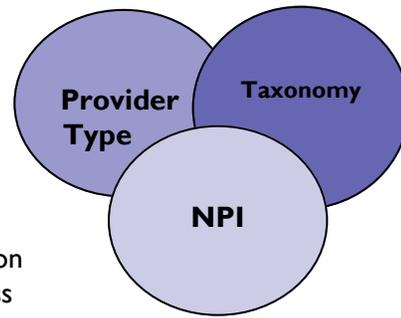
Monthly Provider Update Delivered to Your Inbox

Would you like to receive the monthly
Provider Update
delivered electronically to your Inbox?

To add your email to the electronic mailing list, please send an email to deborah.meiklejohn@hp.com. Please put "Subscribe" on the subject line of your email.

NPI Enhancement Project

Interactive Web Services



Interactive Web Services (IWS) allows providers to access information including claim status inquiries, prior authorizations and other business functions. IWS is accessed from the EOHHS website by those providers registered as Trading Partners. To access IWS, providers enter their Trading Partner ID and password. Once in the system, the user verifies their Provider ID, or Legacy number to access their information.

As part of the NPI (National Provider Identifier) Enhancement Project planned for late spring, that will soon be changing. Providers will still access the IWS with a Trading Partner ID, but to utilize the business functions, they will have to select three unique identifiers: NPI, Taxonomy, and Provider Type. Legacy numbers or Provider ID numbers will no longer be allowed.

Exceptions to this change include the following:

- Pharmacy providers who do not have taxonomy numbers will enter NPI and Provider Type.
- Atypical providers who do not qualify for an NPI or taxonomy will continue to use their Legacy ID.

It will be critical for providers to select a valid NPI, taxonomy, and provider type combination to utilize the business functions. This change is the first step leading to the roll out of the new Healthcare Portal. The Portal will replace the existing IWS system with a more user friendly format. More information on both the NPI Enhancement Project and the Healthcare Portal will follow as the implementation dates approach.

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.](#)

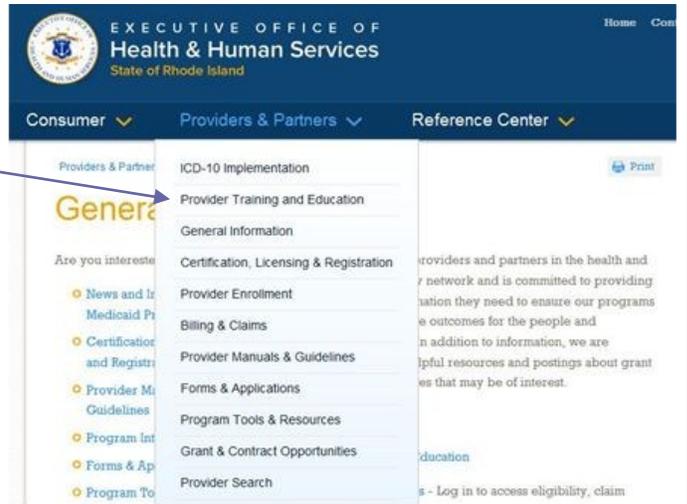
or contact the RI REC at (888) 858-4815.



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!

Billing 101 Webinars

Part 1– March 27, 2014

Part 2 –April 3, 2014

We had an overwhelming response to the Billing 101 webinars. There are no spaces left in the April 3rd webinar. If you would like to be placed on the waiting list for a cancellation, please email deborah.meiklejohn@hp.com. We will be offering the webinars again in the near future.

For those who were unable to participate on March 27th, the presentation slides are posted on the EOHHS website on the [Provider Training and Education](#) page.

Following the April 3rd webinar, the presentation slides will be posted as well.

Providers will also be able to review a summary of the questions and answers from the webinars on the [Provider Training and Education](#) page of the EOHHS website.

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.



Marlene Lamoureux
Provider Representative
marlene.lamoureux@hp.com
 (401) 784-3805

Marlene Lamoureux joined HP in July, 2010 and has been on the Provider Representative team for the past 9 months. Prior to her role as a Provider Representative, Marlene worked on the Third Party Liability Team here at HP. In that role she would research and identify recipients' primary insurance.

Prior to joining HP, Marlene had 15 years experience working in a physician's office, as a medical assistant and medical biller. She had an additional 12 years experience in customer service and project planning and design.

In her current role, Marlene is responsible for providing support to the following types of providers: Nursing Homes, Hospice, Skilled Nursing, Personal Care/Homemaker, Nutrition Benefit, Durable Medical Equipment, Eleanor Slater, Meals on Wheels, and PACE. She helps providers trouble shoot claims issues, and helps to educate providers on billing topics.

Karen Murphy joined the HP team in May, 1994, working on the Customer Service Help Desk. From there, she moved to the Provider Enrollment team and later into her role as a Provider Representative. Karen helped to design the upgrades to PES for Y2K in 2000 and then moved to the Massachusetts Medicaid account leading the Customer Service Help Desk.

Karen returned to RI in 2001 and stepped back into her role as Provider Representative for Child and Family Services including Early Intervention, LEAs, Behavioral Health, CEDARR Centers, Lead Center, HBTS, PASS, Kids Connect and Respite, DCYF and Hippotherapy. She also supports providers of adult services including Assisted Living, Adult Day Care, BHDDH Intellectual Disability providers, Behavioral Health/Substance Abuse and Shared Living. She also works with inpatient, outpatient and psychiatric hospitals.

With 20 years' experience, Karen supports providers through claims research and resolution, and working with OHHS to develop, implement, and maintain new programs.



Karen Murphy
Provider Representative
karen.murphy3@hp.com
 (401) 784-8004

Provider Electronic Solutions Software (PES)

Informational Webinars for PES Users

Providers who use PES software for billing Medicaid claims are invited to participate in informational webinars. Each session gives an overview of a specific claim type, with the basic information providers need for billing. The webinars are appropriate for new billers, who are just learning to use the software, and also for experienced billers, as a refresher.

The presentations are delivered in a virtual room format that allows providers to participate conveniently from their own location. Providers need to have a computer, internet access, and a phone to join in the webinar.

REGISTER NOW
FOR
PES Webinars

Professional Claims

Monday, April 14, 2014
10:00-11:00 AM

Waiver Claims

Monday, April 14, 2014
3:00-4:00 PM

Dental Claims

Tuesday, April 15, 2014
11:00 AM-12:00 PM

Institutional Claims

Tuesday, April 15, 2014
2:00-3:00 PM

To register: Please send an email to deborah.meiklejohn@hp.com.
Include **PES** in the subject line of your email. Spaces are limited.
Please indicate which session you would like to attend.



Fee Schedule Updated

The RI APC fee schedule has been updated. The new schedule will be posted to the website shortly. Once the new schedule is posted, it will be available at the link in the box below. If you need the schedule sooner, please contact your provider representative.

[RI APC Fee Schedule](#)

The MUE schedules have also been updated. Click on the links below to view the schedules.

[DME Providers](#)

[Outpatient Hospitals,
Outpatient Psych, and Dialysis](#)

[Ambulatory Surgical Center and
Professional Providers](#)

Timely Filing

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of twelve (12) months from the date the service was provided to Medicaid recipients.

HP must receive a claim for services for Medicaid clients with no other health insurance and no previous denial from HP within 12 months of the date of service in order to process claims for adjudication.

The following are special conditions:

- Claims with primary insurance other than Medicaid must be submitted within 90 days of the process date of the other payer.
- Claims with the date of service over one year, that were submitted on time but denied for other reasons, must be submitted within 90 days of the Remittance Advice that shows the denial.



Once the date of service is over 1 year old,
and **meets one of the special conditions**,
the claim and supporting documentation to prove timely filing
must be submitted on paper to your
provider representative for approval.