



# PROVIDER *update*

Volume 256

May, 2014

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## *CMS 1500 Claim Form*

### Important Reminder:



Effective April 1, 2014, Rhode Island Medicaid began processing paper claims submitted **only** on the revised 1500 Claim Form (version 02/12), regardless of the date of service. 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](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/cms1500_directions.pdf)

Many of the paper claim forms received since April 1 are not completed correctly, and as a result payment may be delayed. Some of the most common errors are described below:

➡ You **MUST** fill in the ICD indicator in field 21. At this point in time, that indicator is a 9.

➡ Note that diagnosis code field (field 21) now has space for 12 diagnosis codes. They are labeled A-L and not numbered 1-4. They also read across from left to right and not up and down.

If your system previously printed these diagnosis codes, and you are simply printing on the new forms, they will print in the wrong area of the form. The diagnosis codes must be listed in order, using line A first, then B, and so on. Please check to see that your forms are printing correctly.

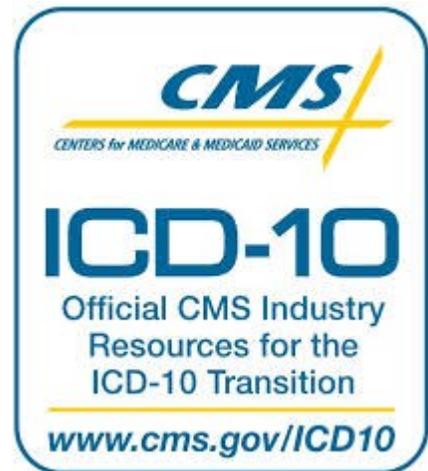
➡ Box 24E is the diagnosis pointer. Be sure that this is printing the correct alpha code to correspond to the diagnosis codes and that numbers are not being used. For example, if the pointer previously was 1234 it should now read ABCD and the diagnosis codes should be on the corresponding lines in field 21.

Be sure to review the **instructions** completely. The items above are not the only areas that have changed on the new form, but are the most common errors submitted.

*Information for all Providers*  
**Transition to ICD-10**  
*Important Update*

Please be advised that the enactment of the Protecting Access to Medicare Act of 2014, a few weeks ago, included a provision in the statute that ICD-10 will not be adopted as the standard code set until October 1, 2015. CMS is examining the implications of the provision and will provide guidance soon.

RI Medicaid will continue to provide education and support for preparation and will communicate updates to providers through the monthly Provider Update, and on the [ICD-10 Implementation page](#) of the EOHHS website. Providers should continue to move forward in their preparation for ICD-10.



Providers will receive updates as information becomes available.

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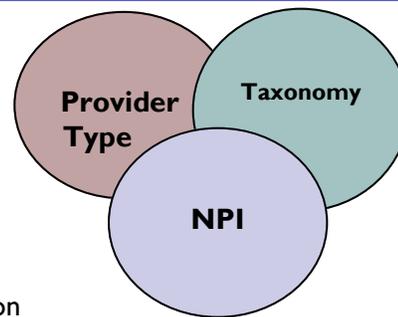
## Attention Kids Connect Providers:

Effective May 1, 2014,  
the reimbursement rate for  
Therapeutic Integration Assessment and  
Plan Development (T1023 HA)  
will be \$200.00.



## IMPORTANT INFORMATION FOR ALL PROVIDERS: NPI Enhancement Project

*Interactive Web Services is Changing in June*



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.

On June 5, 2014, the implementation of the NPI (National Provider Identifier) Enhancement Project will change that. Providers will still access the IWS with a Trading Partner ID, but to utilize the business functions, they **MUST** enter their NPI, and then select the Provider Type and Taxonomy. 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.

Please enter a valid NPI, Provider Type, and Taxonomy combination.

NPI:  Provider Type:  Taxonomy:

It will be critical for providers to enter their NPI, and select the correct provider type and taxonomy combination to utilize the business functions, such as eligibility and claim status. The above screenshot illustrates how important the correct combination will be in accessing the business functions. This change is the first step leading to the roll out of the new Healthcare Portal. The Healthcare Portal will replace the existing IWS system with a more user friendly format.

To support providers in making this change, RI Medicaid will hold webinars to demonstrate how to access the business functions once the change takes place on June 5th.

### WEBINAR DATES/TIMES

May 19	10:00 -11:00 AM	June 2	10:00 -11:00 AM
May 20	10:00 -11:00 AM	June 3	10:00 -11:00 AM
May 28	10:30-11:30 AM	June 4	3:00 - 4:00 PM
May 29	9:00 -10:00 AM	June 6	10:00 -11:00 AM
May 30	3:00 - 4:00 PM	June 9	10:00 -11:00 AM

To register for a webinar, send an email to [deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com) listing "NPI" in the subject line of your email. Be sure to indicate the session you are registering for. Spaces are limited.

You will receive a confirmation of your registration.

## Changes to Rhode Island's Publicly-funded Transportation Services

Effective May 1, 2014, the State of Rhode Island will have a new vendor, **LogistiCare**, coordinating transportation services for Medicaid beneficiaries and individuals over the age of 60 who do not have access to transportation for critical appointments and services. There will be a seamless transition for consumers. Please note the new phone numbers below.

This change to our current transportation system is for **Non-Emergency Medical Transportation** only. This is for scheduling medical appointments for Medicaid beneficiaries and individuals over the age of 60, who do not have a means for transportation.

Please note that Medicaid beneficiaries who can use public transportation or can access rides from family and friends should do that first.

Consumers and agency staff may begin scheduling rides on April 17 for a start date of May 1, 2014.

Who should use this...	Old Phone Numbers	New Phone Numbers
Consumers	RI Medicaid Transportation Line 784-3899	<b>LogistiCare</b> <b>1-855-330-9131</b>
Medical facilities, adult day centers, health plans, methadone agencies	Same as above	<b>Phone: 1-855-330-9133</b> <b>Fax: 1-877-601-9858</b>
"Where's My Ride"- for members or staff at medical facilities to call when a member needs to be picked up after his/her appoint-	Same as above	<b>1-855-330-9132</b>
Arranging transportation for consumers who are deaf or hearing impaired	Same as above	<b>1-866-288-3133</b>

**Important Documents  
are available on the  
EOHHS website:**

**[FAQs for Members](#)**

**[FAQs for Medical Practitioners](#)**

Please feel free to communicate this information to consumers, families, staff, etc.

If you have any questions, please feel free to contact:

**Tom Martin**

[Tom.Martin@ohhs.ri.gov](mailto:Tom.Martin@ohhs.ri.gov)

(401) 462-2596

**Robin Etchingham**

[Robin.Etchingham@ohhs.ri.gov](mailto:Robin.Etchingham@ohhs.ri.gov)

(401) 462-2312

**Mario Olivieri**

[Mario.Olivieri@ohhs.ri.gov](mailto:Mario.Olivieri@ohhs.ri.gov)

(401) 462-2521

## Recovery Audit Contractor

*For all providers*

Pursuant to the authority set forth in § 1902(a)(42)(B) of the Social Security Act and 42 C.F.R. § 455.500 et.seq., the Executive Office of Health and Human Services has retained PRGX as its Recovery Audit Contractor ( RAC) to conduct post-payment reviews of health care services paid for with Medicaid funds.

This notice is to update you on a change in the Rhode Island RAC program. The time frame to submit rebuttal information to PRGX disputing a finding is now thirty (30) days instead of fifteen (15) days from the date of the findings letter.

Sections of the language on the findings letter will be updated to:

***Your Right to Submit a Discussion Statement:***

*If you disagree with our findings, you have the right to submit a rebuttal in writing within thirty (30) days from the date of this letter. Your request must explain the facts that support your position and the reasons you believe you have complied with Medicaid regulations. Your rebuttal statement and evidence should be faxed to 1-888-887-0192 or mailed to:*

*PRGX USA, Inc.  
Attn: EOHHS Overpayment Recovery Audit  
P.O. Box 724888  
Atlanta, GA 31139-9998*



This change is effective as of April 1, 2014.



## **Prior Authorization Submission** *For Hospitals*



Instructions for submission of Prior Authorization requests for hospitals are now posted on the Hospital reference page of the EOHHS website.

Please review these instructions for the correct procedures for in-state and out-of-state hospitals, as well as urgent and non-urgent requests.

[PRIOR AUTHORIZATION  
SUBMISSION INSTRUCTIONS FOR  
HOSPITALS](#)

## **Prior Authorization** *For Children's DME*



The Prior Authorization request form for DME for children has been updated. Please use the new form when requesting Prior Authorization. The revisions appear on page 2 of the form.

You can access the form on the EOHHS website. Click below to access the new form:

[PRIOR AUTHORIZATION  
FOR DME  
CHILDREN ONLY](#)



### **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**

*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: Hospice and Nursing Home Providers**

**Q:** What happens if a recipient is receiving services from one provider (nursing home or hospice) at the beginning of the month and another provider at the end of the month, and the applied income is deducted from the wrong claim?

**A:** This happens when both claims are not processed within the same Medicaid financial cycle. The claim that is submitted will have the applied income deducted even if it is the claim for where the resident was as the end of the month.

To correct this, please contact Marlene Lamoureux at [marlene.lamoureux@hp.com](mailto:marlene.lamoureux@hp.com). Before the correction can be made, both claims must have been submitted by both providers and are in paid status. Only then can the claims be recycled to pay correctly.

**Q:** What happens if the recipient's liability changes?

**A:** If the change affects an entire month, HP will automatically make the adjustment. You do not have to send in a request to have the claim reprocessed.

If the claim was not billed for an entire month, you must submit an adjustment request.

If the claim is within 365 days, you must submit the adjustment electronically. You must replace the paid claim, so that the claim reprocesses with the updated applied income.

If the claim is over 365 days, you must submit the adjustment on paper using the [adjustment form](#) with reason code I60, "Retro rate, Liability change", and the original ICN number for the claim.



## Update from the RI Medicaid EHR Incentive Program:

### *New EHR Incentive Programs Tipsheet for Eligible Professionals Practicing in Multiple Locations*

Are you an eligible professional practicing in multiple locations? Review the new [Multiple Locations Tipsheet](#) for information on how to successfully demonstrate meaningful use in the [Medicare and Medicaid EHR Incentive Programs](#).

The tipsheet includes guidance on determining if a location is equipped with certified EHR technology, calculating patient encounters, and what to do when different menu objectives and clinical quality measures (CQMs) are chosen across locations.

#### **Guidance for Multiple Locations**

Here are some key points to keep in mind if you are practicing in multiple locations:



- To demonstrate meaningful use, 50 percent of patient encounters must take place at locations with certified EHR technology during the reporting period.
- A location is equipped with certified EHR technology if you have access to the certified EHR at the beginning of the EHR reporting period.
- You can add numerators and denominators from each certified EHR system for an accurate total.
- You should report on menu objectives and CQMs from the location with the most patient encounters if different locations chose different measures.

**For more information:  
Visit the CMS**

**[EHR Incentive Programs website](#) for more resources to help you successfully participate.**

# Rhode Island Quality Institute

## Steps to Meaningful Use Spring Event

### *For Any Practice Working Toward Stage 1 Meaningful Use*

The [RI Regional Extension Center](#) is hosting an after-hours open house for providers who have not yet met Stage 1 Meaningful Use. The RI REC team, who are experts in helping practices overcome the barriers of Meaningful Use, will be on hand to meet with practice providers and staff to answer questions and address concerns.

If you have not yet met Stage 1 Meaningful Use, and can answer 'yes' to any of the questions below, please attend this **free** event!

- Are you still trying to decide on an EHR?
- Are you confused about how to make Meaningful Use happen?
- Are you trying to complete a Security Risk Assessment and don't know where to start?
- Do you need help registering with CMS?
- Are you having issues with how to roll out your patient portal?

**DATE:** Wednesday, June 4, 2014      **TIME:** 6:00 PM– 8:30 PM  
**Location:** Rhode Island Quality Institute  
50 Holden Street—Suite 300  
Providence, RI 02908

[Free Parking – click here for directions](#)

*Light refreshments will be provided*

**[Space is limited.](#)**  
**[Please click here to register.](#)**



## ICD-10 Transition

### *Next Steps to ICD-10*

Please join [RIQI](#) for a lunchtime Webinar with national expert and certified professional coder, Nancy Enos (FACMPE, CPMA, CPC-1), for an engaging and informative presentation about ICD-10 and what your practice can do to be prepared for the change.

With ICD-10 implementation being postponed another year, organizations are faced with reconciling their current status with how to proceed. Nancy will provide overview, comparisons, best practices, major concerns and many other points of the project with our audience.

After the presentation, there will be time for questions and answers.

**DATE: Tuesday, May 6, 2014**  
**TIME: 12:00 PM- 1:00 PM EDT**

[Click here  
to register](#)

## Health IT Professional Certification



The RI Regional Extension Center offers **free** licenses to take online Health IT professional certification courses. Upon successful completion of a course, you can add the appropriate credential after your name.

This offer is available to Rhode Island primary care providers and specialists, their office staff, and 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.

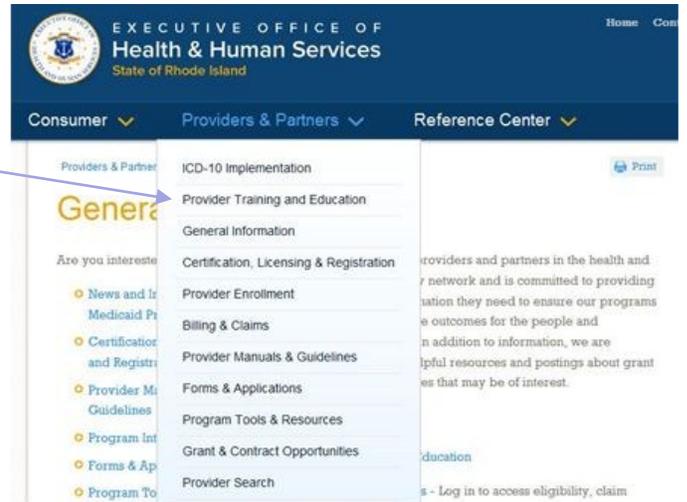
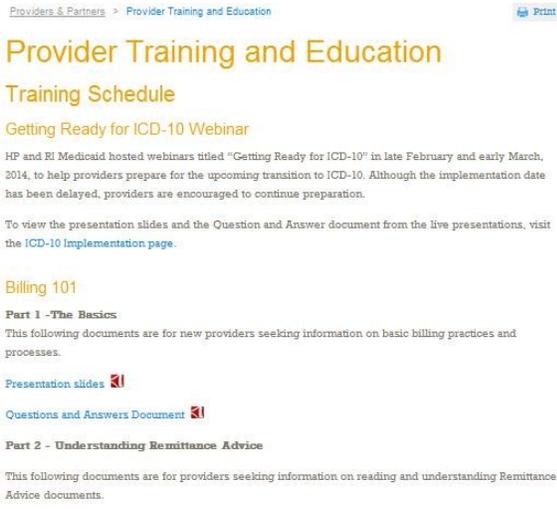
Participation is available on a first-come, first-served basis and limited to December 2014.



## 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!

**Be sure to register for one of the NPI webinars listed on the [training schedule](#). New NPI requirements begin June 5!**

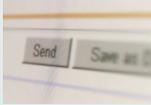
## Monthly Provider Update Delivered to Your Inbox

**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](mailto:deborah.meiklejohn@hp.com).

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

**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

## 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.



**Daphine Monroe**  
**Provider Representative**  
[daphine.monroe@hp.com](mailto:daphine.monroe@hp.com)  
 (401) 784-8003

Daphine Nyahkoon Monroe joined the HP team in July, 2002 and has been on the Provider Representative team for 6 years. Prior to her role as a Provider Representative, Daphine worked in the claims department as a Resolution Analyst.

Prior to joining HP, Daphine had four years experience working in financial services.

In her current role, Daphine provides support to physicians and both independent and out of state hospitals and assists them with billing claims. She trains providers on policy and promotes electronic billing. Although she has the largest provider population on the team, she enjoys working with the physicians and the hospital community. It is a learning experience that she finds rewarding.

“My passion for helping people makes this job fulfilling”

-Daphine

Deb Meiklejohn is the newest member of the Provider Representative team, joining HP in August, 2013 as the Training and Documentation Specialist.

Prior to joining HP, she was the Director of Organizational Development at a large non-profit, where one of her responsibilities was curriculum development and training for staff and community partners.

Deb will use that experience in her role as Training and Documentation Specialist, designing curriculum and training events for staff and providers. She publishes the monthly *Provider Update* and is working on a comprehensive training and communication schedule, to ensure that RI Medicaid providers have the most current information as soon as it is available. She is also making information available in multiple formats to meet the needs of the provider community.



**Deb Meiklejohn**  
**Training and Documentation Specialist**  
[deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com)  
 (401) 784-3859