



PROVIDER *update*

Volume 257

June, 2014

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THIS MONTH’S FEATURED ARTICLES

Have you heard?

Interactive Web Services is changing!

See page 3 for all the details and the schedule for informational sessions.





ICD-10 Update

Although the implementation date has been delayed, providers should continue preparation.

See page 2 for full article



www.cms.gov/ICD10

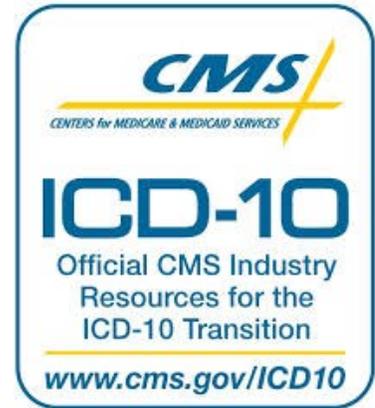
The New Healthcare Portal is Coming!

See page 4 for full article and important information for all providers





Information for all Providers
Transition to ICD-10
Important Update



To address the delay in the implementation of ICD-10, CMS released the following news update:

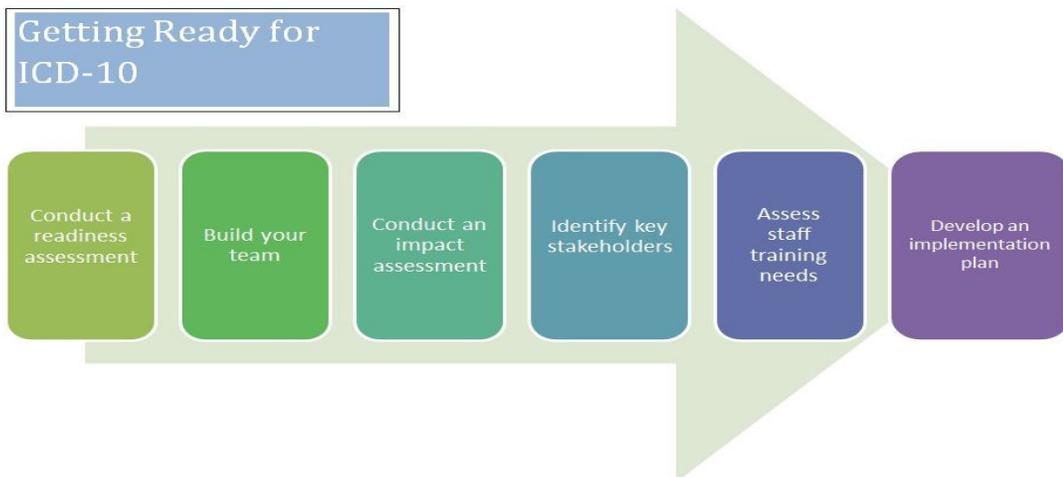
News Updates | May 1, 2014

ICD-10 Update

On April 1, 2014, the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93) was enacted, which said that the Secretary may not adopt ICD-10 prior to October 1, 2015. Accordingly, the U.S. Department of Health and Human Services expects to release an interim final rule in the near future that will include a new compliance date that would require the use of ICD-10 beginning October 1, 2015. The rule will also require HIPAA covered entities to continue to use ICD-9-CM through September 30, 2015.

From CMS: [Office of E-Health Standards & Services, ICD-10.](#)

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 may also find this article helpful: [What you need to know to start your ICD-10 planning.](#)



IMPORTANT INFORMATION FOR ALL PROVIDERS: NPI Enhancement Project

Interactive Web Services is Changing !



Interactive Web Services (IWS) allows providers to access information including claim status inquiries, prior authorizations and other business actions. 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 to access their information.

In July, 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** select their NPI, and then select the Provider Type and Taxonomy. 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 Provider ID.

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

NPI: Provider Type: Taxonomy:

It will be critical for providers to select their NPI, and then 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 actions. 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. (see page 4 for more information on the Healthcare Portal).

To support providers in making this change, RI Medicaid is holding webinars to demonstrate how to access the business functions once the change takes place.

WEBINAR DATES/TIMES

June 2 10:00 -11:00 AM
June 3 10:00 -11:00 AM
June 4 3:00 - 4:00 PM

To register for a webinar, send an email to 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.

Healthcare Portal

Important Information for All Trading Partners

On page 3 of this **Provider Update**, you read about the NPI Enhancement Project, as the first step leading to the new Healthcare Portal. The Healthcare Portal will replace the existing IVS system with a more user friendly format.

The Healthcare Portal, which will be implemented later this summer, will utilize an **online Trading Partner enrollment process**, instead of a paper application.



As part of the transition, **existing Trading Partners** (Providers, Clearing Houses, and Billing Agents) **will be required to complete the online registration process** through the RI HPES Healthcare Portal. This process will be necessary to establish access to the new HC Portal and to gain accessibility to the Online Web Services (*including but not limited to Claims Status, Eligibility Verification, and File Exchange*).

In addition, **future changes** to established trading partners, such as **adding a provider**, will also be done electronically through the portal, rather than using the Trading Partner Change/Add form.

New Trading Partners (providers, clearing houses, and billing agents) who will exchange electronic data with the RI Medicaid Program will need to enroll and then register on the RI HPES Healthcare Provider Portal.

All Trading Partners (providers, clearing houses, and billing agents) will be responsible for establishing and maintaining their Trading Partner associations with the appropriate covered NPI(s) as well as identifying specific NPI(s) for which the Trading Partner will be receiving the providers X12 outbound transactions. A Trading Partner is limited to their list of covered providers when accessing claim status as well as other Online Web Services.

These changes will take place mid to late summer.

Healthcare Portal:

What you can do to be ready!

For Providers– What you need to know:

- Your current Trading Partner Number (Your User ID for IWS –begins with “60”)
- Your associated NPI(s), tax ID, and the NPI(s) for which you receive 835/277U transactions
- Your Trading Partner Name—as it was originally enrolled. If you are unsure of the correct name, please send an email to riproviderservices@hp.com and include the following:
 - * Type **TP Name Request** in the subject line of your email
 - * In the email, include your **Trading Partner ID** number, and **facility address**
 - * If your email address does not reflect your facility name, (ex. jane@yahoo.com) the request must be submitted on letterhead, and sent as an attachment to the email

For Clearing Houses / Billing Agents - What you need to know:

- Your current Trading Partner Number (Your User ID for IWS –begins with “60”)
- Your tax ID, and the NPI(s) for the providers that are covered under your Trading Partner Agreement, the provider NPI(s) for which you receive 835/277U transactions
- Your Trading Partner Name—as it was originally enrolled. If you are unsure of the correct name, please send an email to riproviderservices@hp.com and include the following:
 - * Type **TP Name Request** in the subject line of your email
 - * In the email, include your **Trading Partner ID** number and **facility address**
 - * If your email address does not reflect your facility name, the request must be submitted on letterhead, and sent as an attachment to the email



Update to RUG Frequently Asked Questions

For Nursing Homes



The Resource Utilization Grouper (RUG) [Frequently Asked Questions](#) document on the EOHHS website has been updated. The following questions have been updated. Click on [Frequently Asked Questions](#) to view the full document.

5. Who determines the RUG Code?

The RUG Grouper software reads MDS assessment Sections B through P clinical data and calculates the RUG Code. Incomplete assessment will result in determining either incorrect RUG and/ Default RUG AAA.

11. What determines the 'end' date of the RUG Code?

- Return not anticipated (10) from field A0310F
- Return Anticipated (11) from field A0310F
- Death (12) from field A0310F
- The Discharge Date from Field A2000
- New assessments where RUG changed - New MDS assessment will end date RUG one day prior to effective date of newest MDS assessment
- Reentry Field A1700 value=2

A discharge assessment will subtract one day from Discharge Date on the MDS Assessment and use that as the end date for the RUG code. This will be consistent with how the Long Term Care (LTC) authorization record is created. RI Medicaid does not pay for the day of discharge.

18. Do I complete a new MDS assessment when a patient is re-admitted (re-entry) after a discharge assessment?

A new MDS assessment needs to be submitted for residents re-admitted that are due for an OBRA MDS assessment or meets the qualifications for a significant change in status assessment upon return to the facility Refer to MDS 3.0 Chapter 2 for more information.

Entry tracking assessments (value of '01' in Field 0310F) and Reentry Field A1700 (value of 2) should be submitted to track when patients are re-admitted to the Nursing Home at the same level of acuity when they were discharged. Clinical information is not included on the entry tracking assessment, and the RUG code that was in effect at the time of the discharge will be the RUG code in effect at the time of the re-entry admission .

23. What happens when duplicate MDS transactions are submitted in error on the same date and for the same assessment period? (For example: two MDS transactions are received for same entry and ARD date and based on clinical data Grouper calculated different RUG code.)

In this situation, the first transaction received is used to add records in MMIS. As a result, there is a potential that claim is processed using inappropriate RUG, as we cannot determine which MDS transaction is correct.

If the incorrect RUG code is processed, providers should refer to chapter 5 of the RAI manual for guidance on correction of MDS assessments.

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 Medicaid 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>

Changes to Rhode Island’s Publicly-funded Transportation Services

Effective May 1, 2014, the State of Rhode Island has 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.

Who should use this...	Old Phone Numbers	New Phone Numbers
Consumers	RI Medicaid Transportation Line 784-3899 RIDE 784-9500	LogistiCare 1-855-330-9131
Medical facilities, adult day centers, health plans, methadone agencies	Same as above	Phone: 1-855-330-9133 Fax: 1-877-601-9858
“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	1-855-330-9132
Arranging transportation for consumers who are deaf or hearing impaired	Same as above	1-866-288-3133

Important Documents are available on the EOHS 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
(401) 462-2596

Robin Etchingam
Robin.Etchingam@ohhs.ri.gov
(401) 462-2312

Mario Olivieri
Mario.Olivieri@ohhs.ri.gov
(401) 462-2521

Q and A



This section will feature Frequently Asked Questions from providers.

For Non-Emergency Medical Transportation Providers and Facilities

- Q:** When a Medicaid beneficiary has a primary insurance, are secondary Non-emergency transportation claims still submitted to HP Enterprise Services for processing?
- A:** No. All non-emergency transportation claims/reimbursement is made through Logisticare effective May 1. Providers are still required to bill the primary insurance. Once they receive payment/denial from the primary carrier, they must submit to LogistiCare for any balance due up to your contracted rate.
- Q:** Are beneficiaries and/or facilities required to secure prior authorization for non-emergency transportation for Medicaid beneficiaries with a primary insurance?
- A:** Yes. If there is a possibility that Medicaid may be responsible for any reimbursement (partial or full), a prior authorization must be in place before the service is rendered.
- Q:** If a beneficiary and/or facility contact a non-emergency transportation provider with a request for transportation for a Medicaid beneficiary with a primary insurance and say “Medicaid is not responsible” can we accept the request?
- A:** No. Doing so will prevent you from being able to submit to Logisticare for reimbursement should the primary carrier not cover the service entirely up to your contracted rate.

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



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.](#)





Important Information about CurrentCare's Enrollment Process

Changes to subsidy payments will offer the opportunity to earn \$5 per enrollment for a limited time

Through the efforts of more than 400 enrollment partners, in June we will hit the 400,000 mark of individuals enrolled. As enrollment in CurrentCare continues to grow, we are also expanding services, adding new sources of data and increasing provider use. CurrentCare now has nearly 70 data-sharing partners that provide more than 90% of all RI prescription data from retail pharmacies, 90% of all lab data, and data from 100% of RI's hospitals (not including the VA). We also have telehealth and radiology reports and, in 2013, became the first statewide health information exchange (HIE) in the nation to upload behavioral health and substance abuse data.



All of this hard work is producing results. Right now, we are tracking readmission rates and the effect of CurrentCare Hospital Alerts in reducing 30-day readmissions. Preliminary results of our analysis show fewer readmissions for enrolled patients whose providers subscribe to CurrentCare's Hospital Alerts service.

As part of our continued progress, we are making important improvements to the CurrentCare enrollment process. We will be transitioning away from paper-based enrollment forms to a more efficient online enrollment process. Online enrollment will enable you to easily enroll your patients in CurrentCare and will provide additional benefits to your practice. If you are an existing enrollment partner currently receiving the \$3 enrollment subsidy, your CurrentCare Representative and/or Relationship Manager will be visiting you in the coming weeks to provide tools and resources to assist with the transition. *If you are **not** an enrollment partner and interested in becoming one, contact us today or attend a brief webinar explaining the changes.*

Important Dates and Information about Changes to CurrentCare Enrollment

June 1, 2014:	Subsidy payment frequency moves from weekly to monthly
June 13, 2014:	Enrollment partners <i>currently</i> receiving the \$3.00 subsidy will receive \$3.00 subsidy for all successful paper and online enrollments received at the Rhode Island Quality Institute by end of business on June 13, 2014
June 16, 2014:	Enrollment partners will begin receiving a \$1.00 subsidy payment for all successful <i>paper</i> enrollments
Effective June 16, 2014 – September 16, 2014:	Enrollment partners will receive a \$5.00 subsidy payment only during this period of time for all successful <i>online</i> enrollments
September 16, 2014:	Enrollment partners will receive a \$1.00 subsidy payment for all successful <i>paper</i> enrollments Enrollment partners will receive a \$2.00 subsidy payment for all successful <i>online</i> enrollments

Email: CurrentCare@riqi.org ▪ Phone: (888) 924-4156 ▪ Visit our website at: www.CurrentCareRI.org

Click on either date to register: [Monday June 9, 2014 at 12:15 PM](#) or [Wednesday, June 11, 2014 at 8:30 AM](#)

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.



Provider Training and Education

A resource for providers is 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](#).



[Providers & Partners](#) > [Provider Training and Education](#) [Print](#)

Provider Training and Education Training Schedule

Getting Ready for ICD-10 Webinar

HP and RI Medicaid hosted webinars titled "Getting Ready for ICD-10" in late February and early March, 2014, to help providers prepare for the upcoming transition to ICD-10. Although the implementation date has been delayed, providers are encouraged to continue preparation.

To view the presentation slides and the Question and Answer document from the live presentations, visit the [ICD-10 implementation page](#).

Billing 101

Part 1 - The Basics

This following documents are for new providers seeking information on basic billing practices and processes.

[Presentation slides](#)

[Questions and Answers Document](#)

Part 2 - Understanding Remittance Advice

This following documents are for providers seeking information on reading and understanding Remittance Advice documents.

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

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

Provider E-Learning Center

Provider E-Learning Center

Welcome to the Provider E-Learning Center. This section will be updated with new training modules as they become available.

PowerPoint Presentations for all Providers

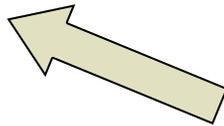
For best quality, after opening the presentation, click on the *Slide Show* tab, and click *From Beginning*. Click your mouse or space bar to advance the slides.

[Navigating the EOHHS website E-Learning](#)

[Welcome to Medicaid - New Provider E-Learning](#)

Provider Specific Training

[Nursing Home - Helpful Hints for Billing](#)



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

[For Nursing Homes: Helpful Hints for Billing](#)

New items will be added frequently. Check back often!

June is National Men's Health Month

Each June, Men's Health Month is celebrated across the country. The purpose of Men's Health Month is to heighten awareness of preventable health problems and encourage early detection and treatment of disease among men and boys.

Resources for providers are on the [Men's Health Month](http://www.menshealthmonth.org) website, including posters, flyers, and health fact sheets.



Just a reminder:

For all providers



RI Medicaid providers are required to be licensed or certified to provide services. Periodically, the license or certification must be renewed with the appropriate state department.

Be sure to review all licenses and certifications to ensure that they are current. Failure to do so will result in suspension from the program.

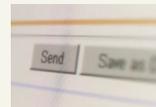
Monthly Provider Update Delivered to Your Inbox

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.

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

Hospital Presumptive Eligibility Training

Pre- Register now for new HPE workers or for a refresher training

All persons interested in conducting Hospital Presumptive Eligibility **must attend the training and pass the certification exam.**

Pre-register before June 15, 2014.

Additional materials will be e-mailed to you.

[Click here for registration form](#)



Date: **Friday, June 20th, 12:30-4:00 PM**
Location: **HP**
*301 Metro Center Blvd.
Warwick, RI Room 203*

12:30—1:00 Registration
1:00—4:00 Presentation/Exam

DIRECTIONS

From New York and Points South:



Take 95 North to EXIT 12
Merge onto EAST AVE./RI 113E. Turn LEFT onto GREENWICH AVE.
Turn RIGHT onto METRO CENTER BLVD.
301 METRO CENTER BLVD. is on the RIGHT.
Take elevator to the 2nd Floor, Room 203

From Providence, Boston and Points North:



Take 95 South to Exit 12A (Route 113E)
Merge onto Route 113E. Turn LEFT onto GREENWICH AVE.
Turn RIGHT onto METRO CENTER BLVD.
301 METRO CENTER BLVD. is on the RIGHT.
Take elevator to the 2nd Floor, Room 203



CME Event

Prescription Diversion Summit

A **Prescription Diversion Summit** is offered by the Office of Continuing Medical Education. This multidisciplinary program presented by local experts, will provide practitioners with critical insights into the scope of the problem of prescription drug diversion and abuse in Rhode Island. Critical tools and strategies available to address abuse from the exam room to the emergency room to the counter of the neighborhood pharmacy will be presented.



Saturday, June 7, 2014

8:00 AM—12:40 PM

Warren Alpert Medical School of Brown University

222 Richmond St., Providence, RI 02912

*Intended Audience: Physicians, Pharmacists,
Physician Assistants, Advanced Practice Nurse Practitioners,
and Other Healthcare Providers*

**Click
Here
for
Summit
Brochure**

**Click
Here
to
Register**

