



Rhode Island Medicaid Program

PROVIDER *update*

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Volume 265

February, 2015

THIS MONTH'S FEATURED ARTICLES

Interactive Web Services will no longer be available after February 16

All Trading Partners must register and use the Healthcare Portal

See pages 2-6 for articles and important information for all Trading Partners



Healthcare Portal Replaces Interactive Web Services



Attention PES Users: PES Upgrade 2.07 is required!

See page 4 for important installation information.



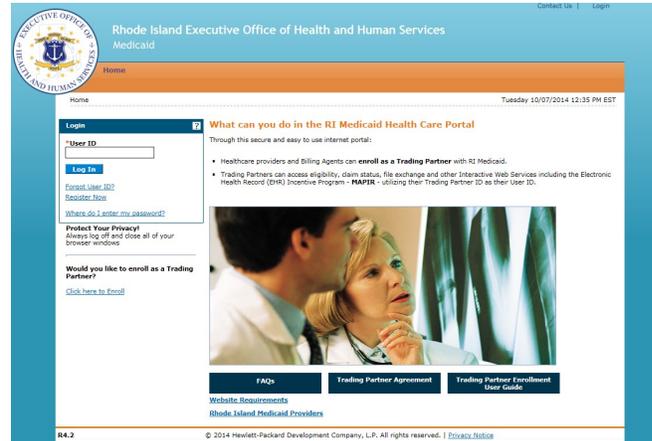
Healthcare Portal

Important Information for All Trading Partners

The new Healthcare Portal has arrived.
The existing IWS system will be decommissioned as of February 16, 2015.

Trading Partners **must register** in the new Healthcare Portal to continue to access information.

[Click here](#) to access the Healthcare Portal.



IMPORTANT INFORMATION FOR TRADING PARTNERS

To continue to have access to business functions, **existing Trading Partners** (Providers, Clearing Houses, and Billing Agents) **are required to complete the online registration process** through the RI HPES Healthcare Portal.

You must be registered in the new Portal to access the Online Web Services (*including but not limited to Claims Status, Eligibility Verification, and File Exchange*).

Please note:

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.

Q and A



This month features new questions about the Healthcare Portal

Q: I completed my registration but I am not able to verify eligibility?

A: Trading Partners who wish to search claims and verify eligibility must add that role to their Account after registering. From the Trading Partner's homepage, select the link on the left for **MY PROFILE**.
Go to the section labeled **ROLES** and select the **ADD ROLE** button. On the screen that opens, select "Search Claims and Verify Eligibility" from the **AVAILABLE ROLES** drop down box. Enter the rest of the requested information and select submit. You should receive a pop up box telling you that you were successful.

On the top of your homepage, you will now see tabs for **Eligibility** and **Claims** in the orange tool bar on the top.

Q: I am adding delegates and I can't find the box to check, to give them access to checking Eligibility. Where do I find that?

A: You need to add that function to the Trading Partner account before you can add it to delegates. See previous question for instructions.

Q: I entered my user ID and the system is asking me challenge questions that I did not select.

A: This could be due to two things:

- A) You entered an incorrect user ID
- B) You have not completed the registration process. Click [here for a User Guide](#) to walk you through the process of registration.

Q: I entered all my information correctly and I am getting an identity error.

A: The information needs to match the Medicaid database exactly. Sometimes it's as simple as the placement of punctuation or an abbreviation. Contact the Customer Service Help Desk or email riediservices@hp.com to verify your information.

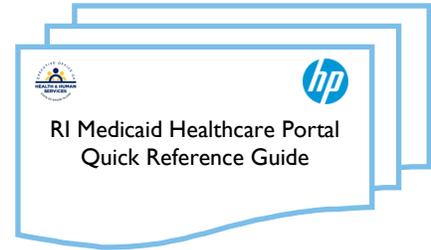
Q: What do I do if I need more help?

A: Our Customer Service Help Desk is available to answer questions Monday—Friday, 8:00 AM-5:00 PM. Contact the Help Desk at (401) 784-8100 for local calls and (800) 964-6211 for in state toll calls. There are also additional resources available at <http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>



Attention All Trading Partners:
Healthcare Portal
New Quick Reference Guides!

New **Quick Reference Guides** are now posted to the EOHHS website to help you with common questions and procedures.



Registration Tips

This guide will help with initial registration questions, adding delegates and password questions.

[Click here for Registration Reference Guide](#)

Access to Web Services

This guide will help you access services such as eligibility verification, remittance advice, and other business actions.

[Click here for Web Access Reference Guide](#)

835/277 Transactions

This guide explains the steps for adding a provider to the Trading Partner account for the purposes of receiving the 835/277U transactions.

[Click here for 835/277 Reference Guide](#)



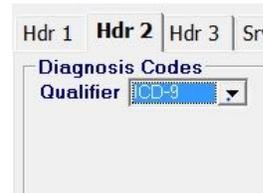
ATTENTION PES USERS!
Upgrade Required

After registering in the new Healthcare Portal, PES users **must** install a PES upgrade (2.07) to ensure successful submission of claims.

Please **do not install the upgrade** until you have registered in the Healthcare Portal.

In addition, be sure you are using Qualifier ICD-9. (see images at right) Using Qualifier ICD-10 will cause your submission to fail.

[Click here for upgrade](#)



You will find this qualifier on Hdr 2 for most claims



You will find this qualifier on Hdr 3 for dental claims. Enter only if a diagnosis code is entered.

Healthcare Portal:

Attention All Trading Partners!!!

All providers, clearing houses, billing entities, and other users of the IWS must register in the Healthcare Portal **immediately** to continue to have access to the information needed to conduct business, **including eligibility verifications.**



RI Medicaid will offer support to help you through this process:

WEBINAR

Participate conveniently from your location!

Registering to Use the Healthcare Portal

February 5 9:00 AM - 10:00 AM

To reserve a space:
Please send an email to deborah.meiklejohn@hp.com.
Please put "HCP" in the subject line of your email.

Be sure to indicate the date of the session you would like to attend.

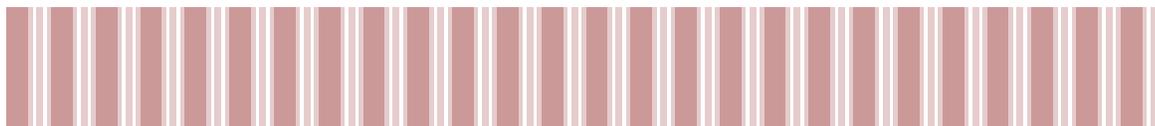
You will receive confirmation of your reservation

SELF PACED USER GUIDES AVAILABLE ON THE EOHHS WEBSITE

Self-paced user guides are available on the EOHHS website. These guides will walk you through the following processes:

- [Enrolling as a New Trading Partner](#)
- [Registering to Use the Healthcare Portal](#)
- [Using the Healthcare Portal](#)

Click the links above to access the User Guides.



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

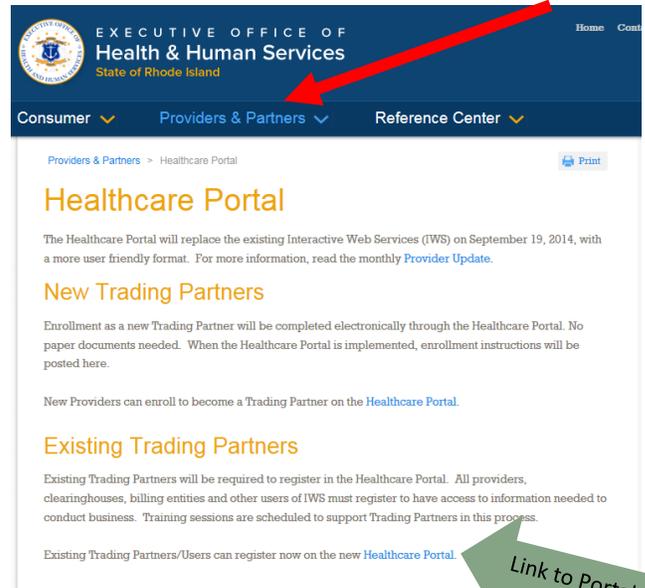
(800) 964-6211 for in-state toll calls



Provider Training and Education Healthcare Portal

A helpful resource for providers is available on the EOHHS webpage. From the Providers and Partners drop down list, select [Healthcare Portal](#).

This page contains helpful information for providers to transition to the new system as well as the link to the new portal. The self paced user guides for *Enrolling as a Trading Partner*, *Registering in the Portal*, and *Using the Portal*, are found on the bottom of the page (see image below).



Self-Paced User Guides

The following User Guides will walk you through the process of enrolling as a new Trading Partner, registering to use the Healthcare Portal, and using the Healthcare Portal to conduct business. **Please note: These functions and the link to the Healthcare Portal will not be available until September 17th.**

- [Enrolling as a New Trading Partner](#)
- [Registering to Use the Healthcare Portal](#)
- [Using the Healthcare Portal](#)

**The Self Paced User Guides
can help you register
to use the Healthcare Portal.**



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.

Also include your Provider Name and NPI, as well as the primary type of service you provide. In addition to the Provider Update, you will also receive any updates that directly relate to the services you provide.

Medically Needy

Expanded Coverage for Beneficiaries



Effective 1/1/2015, benefits for Medically Needy beneficiaries will be expanded to include the same services as for Categorically Needy— specifically podiatry services, molded shoes, hearing aids, and eyeglasses.

Individuals in the Medically Needy coverage group achieve eligibility by applying a flexible test of income which applies excess income to certain allowable medical expenses thereby enabling the individual to “spend down” to within a medically needy income limit (MNIL) established by the Medicaid agency. Medically Needy category is indicated when verifying a beneficiary’s eligibility in the Healthcare Portal.

Claims or prior authorization requests with a date of service on or after 1/1/15 for Medically Needy beneficiaries will follow the same process as for Categorically Needy beneficiaries.

If you have any questions, please contact the HP Customer Service Help Desk at 401-784-8100 or your specific provider representative.



Attention DME Providers:

Coverage Guidelines

- The coverage guidelines for [Hospital Beds](#) have been updated and posted to the EOHHS website. These guidelines include a new [Certificate of Medical Necessity for Hospital Beds](#).
- Coverage guidelines for [Speech Generating Devices](#) have been added.
- Information about expanded coverage for Medically Needy beneficiaries is listed in article above.



[Click here for DME Provider Manual](#)

Pharmacy Spotlight



The next meeting of the Pharmacy & Therapeutics Committee (P&T) is scheduled for:

Date: April 7, 2015

Registration: 7:30 AM

Meeting: 8:00 AM

Location: HP Enterprises Services
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

Date: April 7, 2015

Meeting: 10:30 AM

Location: HP Enterprises Services
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

[Click here for agenda](#)

2015 Meeting Dates



April 7
June 9
August 25
December 1



DIRECTIONS to HP Enterprise Services

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



RI Medicaid FFS Updated Preferred Drug List (PDL)

The following classes were reviewed at the December 2, 2014 Pharmacy and Therapeutic Committee Meeting, including the classes that were scheduled for August and December.

These changes were effective January 12, 2015.

<u>Alzheimer's Agents</u> No Changes to the PDL	<u>Androgenic Agents</u> No Changes to the PDL
<u>Angiotensin Modulators</u> No Changes to the PDL	<u>Angiotensin Modulator Combinations</u> No Changes to the PDL
<u>Antianginal & Anti-Ischemic</u> No Changes to the PDL	<u>Antibiotics, Inhaled</u> No Changes to the PDL
<u>Anticoagulants</u> No Changes to the PDL	<u>Anticonvulsants</u> No Changes to the PDL
<u>Antidepressants, Other</u> No Changes to the PDL	<u>Antidepressants, SSRIs</u> sertraline concentrate changed status to non-preferred
<u>Antihypertensives, Sympatholytics</u> No Changes to the PDL	<u>Antiparkinson's Agents</u> No Changes to the PDL
<u>Antivirals, Oral</u> valacyclovir changed status to preferred Valtrex changed status to non-preferred	<u>Antivirals, Topical</u> No Changes to the PDL
<u>Beta-Blockers</u> No Changes to the PDL	<u>BPH Treatment</u> Uroxatral changed status to non-preferred
<u>Bladder Relaxant Preparations</u> Sanctura XR changed in status to non-preferred	<u>Calcium Channel Blockers</u> No Changes to the PDL
<u>Cytokine and CAM Antagonists</u> Arcalyst new status non-preferred Cimzia kit changed status to non-preferred Cimzia Syringe kit changed status to non-preferred Ilaris new status non-preferred	<u>Erythropoiesis Stimulating Proteins</u> No Changes to the PDL
<u>Immunomodulators, Atopic Dermatitis</u> No Changes to the PDL	<u>Lipotropics, Other</u> No Changes to the PDL
<u>Lipotropic, Statins</u> Simcor changed status to non-preferred	<u>Neuropathic Pain</u> No Changes to the PDL
<u>NSAIDS</u> diclofenac potassium changed status to non-preferred etodolac changed status to non-preferred	<u>Ophthalmics Antibiotics</u> No Changes to the PDL
<u>Ophthalmics for Allergic Conjunctivitis</u> Patanol changed status to preferred	<u>Ophthalmics, Glaucoma Agents</u> No Changes to the PDL
<u>Ophthalmics, Anti-Inflammatories</u> No Changes to the PDL	<u>Otic Antibiotics</u> No Changes to the PDL
<u>PAH Agents, Oral and Inhaled</u> No Changes to the PDL	<u>Phosphate Binders</u> Renvela changed status to preferred
<u>Platelet Aggregation Inhibitors</u> Effient changed status to preferred	<u>Stimulants and Related Agents</u> No Changes to the PDL
<u>Hepatitis C Agents</u> No voting took place – tabled until next meeting	
To view the entire Preferred Drug List please check the Rhode Island EOHHS Website at: http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx	

FQHCs and RItE Share

Claims Processing

Effective with date of service January 1, 2013, RI Medicaid will pay the difference between the total primary payment and the FQHC encounter rate for recipients enrolled in RItE Share. FQHCs should immediately begin billing for the wrap-around payment and should no longer bill for the copay, coinsurance and deductible.



To bill for the wrap-around payment, claims must be submitted on paper only. **Claims for recipients enrolled in RItE Share cannot be submitted electronically.** A valid EOB is required to process these claims. EOBs that indicate the primary payer's guidelines were not followed will be considered invalid and the claim cannot be processed for the wrap-around payment.

To ensure correct processing, claims should be completed as:

RItE Share (wrap-around payment only):

- a. Bill the encounter code T1015 on detail #1 at your Encounter Rate
- b. Subsequent details are the actual procedure codes for the RI Medicaid covered services rendered during the encounter billed at \$0.00

Indicate yes to other insurance and the appropriate Carrier Code for the primary payer must be indicated in field 9D of the claim form along with the payer name. Please see the [CMS instructions](#) on the EOHHS website for complete instructions.

Previously Paid Claims

FQHCs will be afforded the opportunity to adjust RItE Share claims previously paid for copay, coinsurance, and/or deductible. Only claims for dates-of-service of January 1, 2013 and after can be adjusted.

The previously paid claim must be recouped by the FQHC. Once the recoupment has processed, the FQHC must submit a new claim, on paper, using the guidelines noted above. These claims must be mailed to:

HP Enterprise Services
PO Box 2010
Warwick, RI 02887-2010

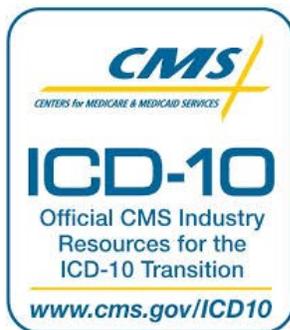
Claims for dates-of-service older than 365 days should be sent to the attention of Sandra Bates.

**All claims for adjustment/reprocessing
must be received by March 31, 2015.**

Should you have any questions, please contact Sandra Bates at sandra.bates@hp.com or 401-784-8022.

Transition to ICD-10

Information for all Providers



Are you ready?

The implementation date for transition to ICD-10
October 1, 2015
will soon be here.

Providers are encouraged to continue
preparation to be ready for this transition.

To be ready for the ICD-10 transition deadline of October 1, 2015, your organization should be in the planning stages. The switch to the new code set will affect every aspect of how your organization provides care, from registration and referrals, to software/hardware upgrades and clinical documentation. The graphic below may help to assess the impact on your organization/facility.

DOCUMENTATION CHANGES

You will need to consider the increased specificity of ICD-10 codes compared to ICD-9 codes and ensure that patient encounters are documented with appropriately comprehensive clinical descriptions.

See below:

*Train staff to accommodate the substantial increase and specificity in code sets.

*Consider physician workflow and patient volume changes.

*Revise forms, documents, and encounter forms to reflect ICD-10 codes.

*Evaluate processes for ordering and reporting lab/diagnostic services to health plans.

REIMBURSEMENT STRUCTURES

You should coordinate with payers on contract negotiations and new policies that reflect the expanded code sets, since they can affect reimbursement.

BUSINESS PRACTICES

Once you have implemented ICD-10, you will need to determine how the new codes affect your processes for referrals, authorizations/pre-certifications, patient intake, physician orders and patient encounters.

SYSTEMS AND VENDOR CONTRACTS

Ensure your vendors can accommodate your ICD-10 needs. Find out how and when your vendor plans to update your existing systems. You will need to review existing and new vendor contracts and evaluate vendor capabilities against your organizations expectations. Work with your vendors to draft a schedule for needed tasks.

TESTING

Work with your vendors to determine the amount of time needed for testing and schedule accordingly.

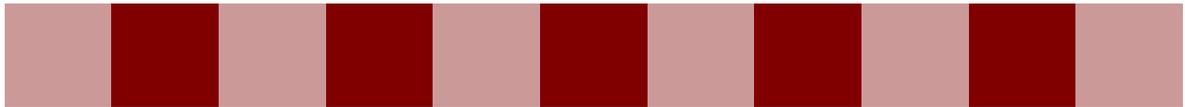
For more information, visit the [ICD-10 page](#) on the [EOHHS website](#).
You can also find helpful planning tools on the CMS sponsored website: [Road to 10](#).
Visit the [Road to 10 website](#) to find out about the Road to 10 Webcast series!



Enrollment Continues!!

We still need your help with signing up patients for CurrentCare!

If you need new forms, posters or a pickup of completed forms, please contact Rhode Island Quality Institute at 1-888-858-4815 or send an email to CurrentCare@riqi.org.



Health IT Professional Certification offered by RI Regional Extension Center



The RI Regional Extension Center offers **free** licenses to take online Health IT professional certification courses. Courses are administered by Health IT Certification – an online based organization that provides professional training and certification for those responsible for planning, selecting, implementing, and managing electronic health records (EHR), and other Health IT technologies. The RI REC will process your free license for one or more of the available courses, and Health IT Certification creates an account for you to get started. 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.

To take advantage of this great opportunity to enhance your professional development, [click here for more information about this program](#). To request a license to get started, contact the RI REC at 888-858-4815 or email RIREC@RIQI.org.

The RI REC has a limited number of licenses available and participation is available on a first-come, first-served basis.

Rhode Island Department of Health

Uses Text Messages to Help Teen Smokers Quit



The RI Department of Health (HEALTH) Tobacco Control program launched a new text messaging campaign aimed at helping teen tobacco users ages 18 and under kick the habit. Text To Be An EX (T2BX) is a one-of-a-kind, two-way, customized text message cessation support and education intervention for teens.

“RI has the second lowest teen smoking rate.” said Director of Health, Michael Fine, MD. “In order to get that number to zero, we need to focus on the teens who need it most and help them quit in ways that work for them. T2BX is exactly that.”

Here’s how it works: a teen first texts ‘START’ to the number 88206 to enroll. This begins a conversational automated system to identify the teen’s smoking habits. The subscriber’s answers to questions like “What time of day do you smoke?” and “What type of tobacco do you use?” help the system deliver relatable, tailored messages. Having a craving? Text “DISTRACT’ and you will immediately be sent a link to a humorous You Tube video or online meme. A real professional tobacco treatment specialist monitors the system throughout the day, messaging subscribers when extra assistance is needed. Teens do not need parental permission to participate as only information and tips are given and the teens remain anonymous.

The innovative resource represents two years of research and development focused on the types of teen social identify groups that are most at risk for tobacco use in RI. The results led HEALTH to design a media campaign to promote T2BX that speaks to two social groups specifically—teens who identify with hip-hop culture or those who identify with alternative social culture. T2BX uses the Trans-theoretical Model and Behavioral Activation to move subscribers through the process of quitting and suggest productive alternatives.

“Teen tobacco users tell us that they want to quit; that they feel enslaved by tobacco addiction,” says Erin Boles Welsh, Tobacco Control Program Manager at HEALTH. “T2BX was developed with feedback from these teens to ensure that the campaign and texts will engage them and keep them motivated to achieve their goal.”

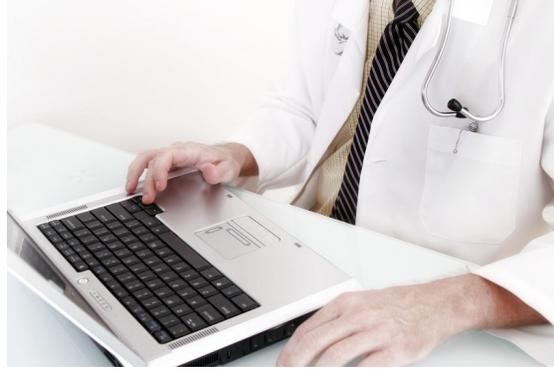
Advertisements promoting T2BX will air in places teens frequent, such as malls, movie theaters, and online through websites like Pandora and Facebook. HEALTH has also partnered with local businesses such as CVS Health and Fete nightclub, the United Way and other youth-based organizations, and schools throughout the state to help host promotional events and reach teens who are thinking about quitting.

The campaign will be rigorously evaluated to determine its success, and whether it can be replicated by other states.

2014 EHR Incentive Program

2014 EHR Incentive Application Extension Granted

The deadline to submit Program Year 2014 Rhode Island Medicaid EHR Incentive applications for eligible providers has been extended to **June 30, 2015**. Since the flexibility rule was approved on October 1, 2014, our MAPIR system that accepts the Medicaid EHR incentive application is in the process of a system update for applicants who want to attest using the flexibility rule. Eligible providers (physicians, pediatricians, nurse practitioners, dentists, and certified nurse mid-wives) who do not plan to attest using the flexibility rule option can still apply without having to wait for the flexibility rule update.



For more information, please feel free to visit our [RI Medicaid EHR Incentive website](#).

2014 EHR Incentive Program Offers Flexibility

Those providers who could not upgrade their certified electronic health record technology (CEHRT) to a 2014 certification, may be eligible to utilize the Flexibility rule. For more information on the options you may have, please click on the link below.

[CMS CEHRT Flexibility Rule Decision Tool](#)

Do you have questions about the RI Medicaid EHR Incentive Program?

Visit our website by clicking [here](#)

Or

Email us at OHHS.ehrincentive@ohhs.ri.gov

Reminder :
**Your Medicaid Patients May
Need to Renew their Coverage**

Beneficiaries who enrolled through the new eligibility system for coverage after January 1, 2014 (ACA) will be receiving a pre-populated form and asked to update any information that has changed (income, family size, etc.). If the person does not send back the form, they will be re-enrolled while the system checks both state and federal hubs to confirm that the individual is still eligible.



There is a new way to renew and people to help.
Please give the information below to patients who need to renew their coverage.

Renew by Phone

1-855-651-7879

Monday - Saturday 8am -9 pm

and Sunday Noon - 6 pm

Fast, accessible, and available in recipient's native language.

Renew in Person

Go to your local DHS Office.

You can also make an appointment with an expert (navigator) in your community.

You can find a navigator by calling the contact center at 1-855-651-7879

The contact center is open Monday - Saturday 8am -9 pm

and Sunday Noon - 6 pm

Renew Online

Go to www.eohhs.ri.gov/renewals

Call 1-855-651-7879 for help if needed.

Click here for flyer in [English](#) or [Spanish](#)

