



PROVIDER *update*

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Volume 269

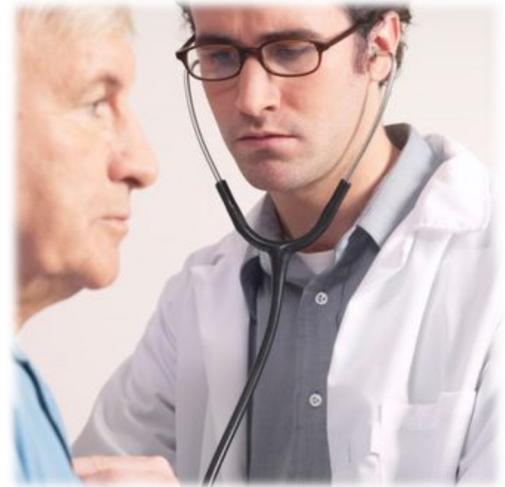
June, 2015

THIS MONTH'S FEATURED ARTICLES



**Just 4 months to
ICD-10**

*Will you be ready?
See pages 4-7 for
helpful information*



RI Medicaid Provider Revalidation



See page 2 for important details

Important Information Regarding: Ordering, Prescribing And Referring Providers



See page 4 for more information

Revalidation of RI Medicaid Providers

OHHS and HP Enterprise Services are revalidating Provider Enrollment information for **one third** of the enrolled Medicaid providers that are active and have submitted a claim since January 1, 2014.



The provider types in the 2015 Revalidation are as follows:

Inpatient Facility	ICF-MR Public Facility
Outpatient Facility	ICF-MR Private Facility
Freestanding Psychiatric Hospital	Assisted Living Facility
Independent Pharmacy	Case Management
Independent Laboratory	Adult Day Care
Ambulance	Shared Living Agency
DME Supplier/Prosthetics/Orthotics	Day Habilitation
Nursing Home	Personal Choice/Habilitation Case Management
Rhode Island State Nursing Home	Self-Directed Community Service
Freestanding Ambulatory Surgical Center	Home Meal Delivery
RICLASS	Outpatient Psychiatric Facility
Hospice	Eleanor Slater Hospital

Later this spring our Provider Enrollment Team will begin outreach to the above groups of providers. Please watch your mail for more information about this revalidation process and how to access your enrollment. You will be receiving two letters for the re-validation process. The first letter will contain a pre-determined Tracking ID. The second letter will contain the password information. Providers will be asked to log into the Provider Enrollment Portal with this Tracking ID and Password to verify their information that is currently in the Medicaid Management Information System. In addition, Providers will answer disclosure questions and attest online to their statements and the Provider Agreement.

In preparation for the mailings, if you have moved your office location recently but have not notified us, please ensure that Medicaid has your most current address by completing the form here:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/provcoi.pdf>

If you should have questions while completing your enrollment verification, please contact our Customer Service Help Desk at (401) 784-8100 for in-state and long distance calls or (800) 964-6211 for in-state toll calls.

Ordering, Prescribing, and Referring Providers

The Affordable Care Act (ACA) requires physicians or other eligible practitioners to be enrolled in the Medicaid Program to order, prescribe and refer items or services for Medicaid beneficiaries, even when they do not submit claims to Medicaid.

RI Medicaid will be requiring this information to ensure all orders, prescriptions or referral for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid.

It is the responsibility of the RI Medicaid provider rendering the service to obtain the NPI of the Ordering, Prescribing, Referring Provider (OPR) and confirm that the OPR provider is enrolled in the RI Medicaid Program.

Beginning this summer, claims that are submitted without the required NPI of the OPR will deny due to missing information. Claims with complete information that are processed and paid, will be subject to a post-claim review. If it is determined that the OPR is not enrolled as a RI Medicaid provider, the claim will be recouped.

This change will affect the following Provider Types:

Inpatient Claims
Outpatient Claims except:
Clinic visits (rev codes 510-519), ER visits (rev codes 450-459) and Observation (rev codes 760-769)
Pharmacy (POS currently requires NPI for prescriber)
Skilled Home Health
Independent Radiology
Independent Labs
DME
Chiropractor
Dialysis
Ambulatory Surgical Centers
Hospice

For clearing houses/vendors, the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. PES users should watch for the release of the required PES upgrade early this summer.

Please watch for more information in the upcoming *Provider Updates* that will include the mandatory date for these changes as well as the release date of PES. If you have any questions, please contact your provider representative directly. Contact information is found on the

[Provider Representative list](#) on the EOHHS website.



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.



READINESS TIP: To be ready for the ICD-10 transition deadline of October 1, 2015, providers are encouraged to practice coding in ICD-10. When coding claims for submission with ICD-9, practice also coding the claim for ICD-10 especially for your common/high volume claims. This will help you determine if your practice or facility is ICD-10 ready!

To help dispel some of the myths surrounding ICD-10, the Centers for Medicare and Medicaid Services (CMS) recently talked with providers to identify common misperceptions about the transition to ICD-10. These facts address some of the common questions and concerns CMS has heard about ICD-10.

1. The ICD-10 transition date is October 1, 2015. The government, payers, and large providers alike have made a substantial investment in ICD-10. This cost will rise if the transition is delayed, and further ICD-10 delays will lead to an unnecessary rise in health care costs. Get ready now for ICD-10.
2. You don't have to use 68,000 codes. Your practice doesn't use all 13,000 diagnosis codes available in ICD-9. Nor will it be required to use the 68,000 codes that ICD-10 offers. As you do now, your practice will use a very small subset of the codes.
3. You will use a similar process to look up ICD-10 codes that you use with ICD-9. Increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use. As with ICD-9, an alphabetic index and electronic tools are available to help you with code selection.
4. Outpatient and office procedure codes aren't changing. The transition to ICD-10 for diagnosis coding and inpatient procedure codes does not affect the use of CPT for outpatient and office coding. Your practice will continue to use CPT.

Helpful planning tools and other resources can be found on the [CMS website](#) as well as the CMS sponsored website: [Road to 10](#).

Other helpful information is in the RI Medicaid presentation slides:
[Getting Ready for ICD-10](#).

Other Important ICD-10 Updates:

Prior Authorization Form Revisions



To prepare for the upcoming transition to ICD-10 effective 10/1/2015, some of the existing Prior Authorization forms require revision.

It is critical for claim processing that these documents contain the correct diagnosis codes for the date(s) of service, as well as an ICD Type indicator to identify the code as an ICD-9 or ICD-10 code.

The forms that have been revised are the following:

- [Prior Authorization Form](#)
- [Certificate of Medical Necessity](#)
- [Request for Prior Authorization for DME— Children Only](#)

Please discard all earlier versions and use the revised forms as of 6/1/2015.

In addition to the field for entering the diagnosis code, there is an added field for entering the ICD Indicator/Type. The values for this field are **2** when using ICD-9 codes and **3** when using ICD-10 codes. The image below is from the Prior Authorization form with the revised areas highlighted.

RHODE ISLAND MEDICAID PRIOR AUTHORIZATION FORM

Recip MID _____ Last Name _____ First Name _____ Middle _____ Birth Date _____

Requesting Medicaid Provider NPI _____ Taxonomy _____

Requesting Provider Name _____ Return Mailing Address _____

City _____ ST _____ ZIP _____ Phone _____ Fax _____

Performing/Billing Provider Name _____

HOSPITALS ONLY SERVICE TYPE INPATIENT OUTPATIENT

The ICD TYP Values are defined as follows: 2=ICD-9, 3=ICD-10

EOHHS ONLY	BILLING PROV NPI	TAXONOMY	START DATE	END DATE	PROCEDURE OR REVENUE CODE/MOD	ADD MOD	TTH SRF	ICD TYP	DIAG CODE	UNITS/OCCUR	DOLLAR AMOUNT

The Certificate of Medical Necessity and the Request for Prior Authorization for DME—Children Only have an added field for the indicator next to the diagnosis code.

SECTION B: TO BE COMPLETED OR REVIEWED AND SIGNED BY PRESCRIBER

Prognosis: _____ **ICD Type¹ / DX:** () _____

How long is this problem expected to last? _____ Months

Please enter number of months, 1-99 (99=Lifetime)



The indicator, **2** for ICD-9 and **3** for ICD-10, must be entered in the field shown with the arrow. The diagnosis code will be entered on the line to the right of the indicator. Providers should use the revised forms, as the older version will not be processed and will be returned to the provider. If you have any questions when completing the form, please contact the Customer Service Help Desk at (401) 784-8100.

[See next page for additional ICD-10 updates](#)

Other Important ICD-10 Updates:

Prior Authorization *Process Update for ICD-10*



Important!!!

As preparations continue for the transition to ICD-10, an important update to processing of Prior Authorizations is required.

System updates prohibit the processing of ICD-9 diagnosis codes on Prior Authorization forms effective 10/1/2015 or later.

Prior Authorizations with start and end dates that span the 10/1/2015 effective date of ICD-10 implementation will be processed in the following way.

- All requests that span the 10/1 date, **will be end dated on 9/30**.
- If by 9/30 the service has not been completed, or delivered, **a second prior authorization form will be required** effective on 10/1/2015, that includes an ICD-10 diagnosis code.
- Existing Prior Authorization forms already on file are not affected by this process update.

Providers will be notified when requests are end dated due to this ICD-10 edit.



Waiver Claim Form Revision *Update for ICD-10*



Important!!!

The Waiver claim form has been revised in preparation for the transition to ICD-10 on October 1, 2015. Providers should use the revised form, as the older version will not be processed and will be returned to the provider.

An ICD indicator has been added to the bottom of the claim form. At this time, the indicator that should be used is 9, indicating that ICD-9 codes are being submitted. After 10/1/2015, the indicator and the diagnosis code will be determined by date of service. Also after 10/1/2015, ICD-9 and ICD-10 claims may not be mixed on one form as the indicator applies to all claims on the form.

[Click here for Waiver Claim Form](#)

[Click here for Waiver Claim Form Instructions](#)

ICD-10 Testing with RI Medicaid

ICD-10

As preparation for the ICD-10 implementation on October 1, 2015 continues, RI Medicaid is accepting additional providers who would like to test their ICD-10 coded claims. We encourage providers to test with RI Medicaid to prepare for a smooth transition to ICD-10. Implementation is only 4 months away!

If you are interested in testing, please send an email to deborah.meiklejohn@hp.com.

You will receive a questionnaire to complete, to begin the process.



FQHC's and Medicare Crossover Claims

As a reminder, RI Medicaid does not pay the balance of the FQHC encounter rate for Medicare crossover claims. Medicare crossover claims are processed using the following "lesser-of logic"

- a. RI Medicaid Allowed Amount (-) Medicare Payment = \$X.XX
- b. Medicare Reported Coinsurance (+) Deductible = \$X.XX
- c. RI Medicaid Payment = Lesser of #1 and #2

When billing Medicare crossover claims electronically, providers must only enter amounts reported on the Medicare EOB. There should be no entry of the difference between the Medicare paid amount and the encounter rate.

When billing Medicare crossover claims on paper a valid EOB is required.

EOB's that indicate that Medicare guidelines were not followed will be considered invalid and the claim cannot be processed.

Please see the FQHC Billing Quick Reference for additional details. Should you have questions please contact Sandra Bates at sandra.bates@hp.com or 401-784-8022.



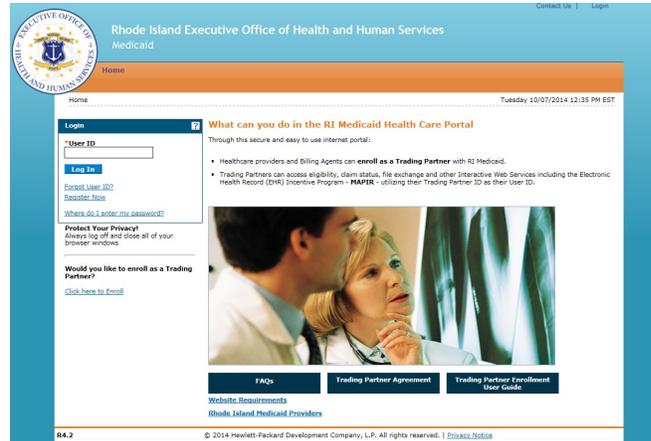
Healthcare Portal

Important Information for All Trading Partners

All Trading Partners must access information through the Healthcare Portal. **Interactive Web Services (IWS)** was decommissioned on February 16, 2015.

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

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



For step by step instructions, use these User Guides

SELF PACED USER GUIDES AVAILABLE ON THE EOHHS WEBSITE

Self-paced user guides are available on the EOHHS website. These guides will give you step by step instructions:

- [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.

To troubleshoot problems as they occur, use these Quick Reference Guides

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](#)

Provider Training and Education Resources for Providers

A helpful resource for providers is available on the EOHHHS 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.

Provider E-Learning Center

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

Self-Paced E-Learning

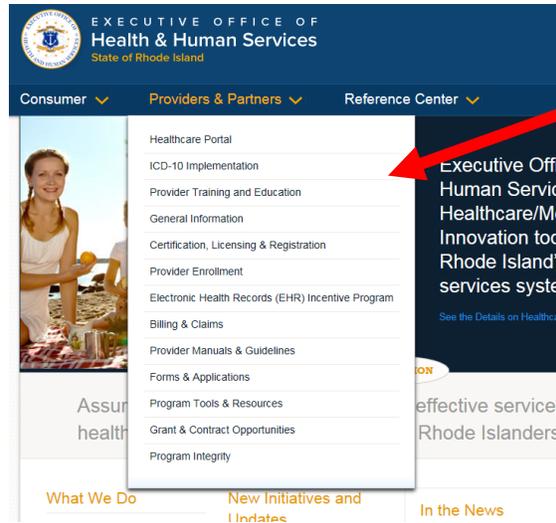
These presentations help familiarize providers with key RI Medicaid information and processes.

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

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

Provider Specific Training

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

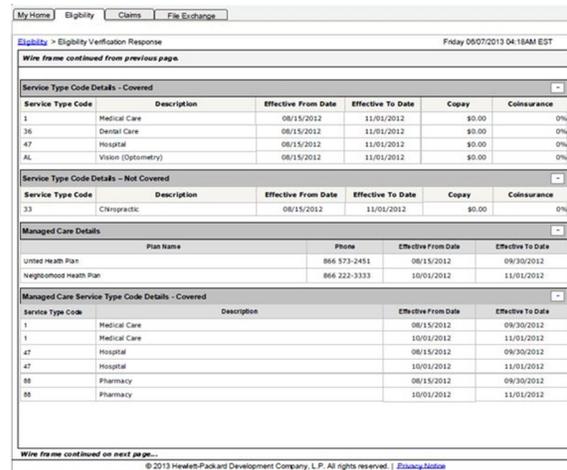
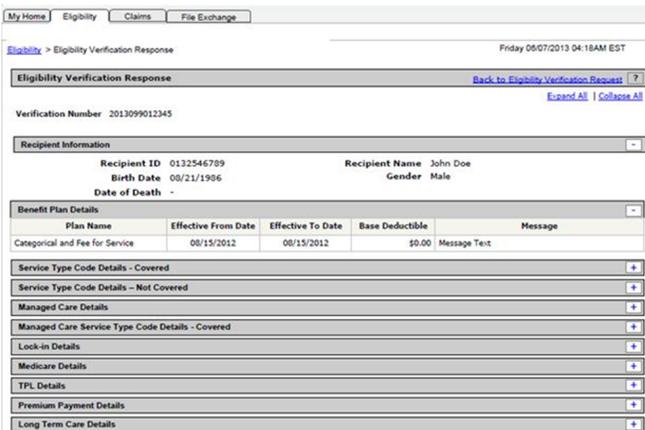


The Provider Training Schedule lists upcoming events, including webinars, virtual classrooms, classroom training, and meetings.

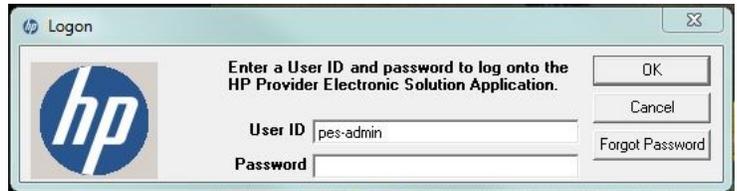
The E-Learning Center links providers to self-paced presentations on a variety of topics.

Verifying Beneficiary Eligibility

Just a Reminder: When verifying eligibility for a beneficiary in the Healthcare Portal, please be sure to expand each section to review all of the pertinent information. When the response is first returned, the sections are collapsed. (see image on left) Clicking the plus signs opens each gray section to reveal additional information for your review. (see image on right)



Important Information For PES Users



All users of the Provider Electronic Solutions Software (PES) should have upgraded their software to version 2.07. This version included changes for the Healthcare Portal as well as changes for ICD-10.

If you have not upgraded to 2.07, please do so immediately,
by clicking on the link below.

[Click here for
upgrade](#)

In July, an upgrade to PES 2.08 will be required. PES users must have installed 2.07 to be ready for the next upgrade. When the upgrade is available, it will be announced in the Provider Update.

Professional Providers

Attention: All Physician Groups

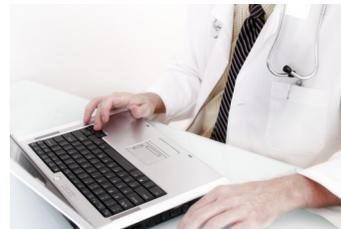
As an important reminder, please ensure that any new physician joining your group / practice is enrolled in the Rhode Island Medicaid program prior to performing any service for a Medicaid client. If the physician has not been enrolled or accepted into the program they should not perform any services for a Medicaid patient until the application process is completed.



If you have any questions please contact your provider representative,
Daphne Monroe at 401-784-8003.



2014 EHR Incentive Program Updates



2014 EHR Incentive Application Deadline is June 30, 2015

The deadline to submit Program Year **2014** Rhode Island Medicaid EHR Incentive applications for eligible providers is **June 30, 2015**.

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

2014 EHR Incentive Flexibility Option is Available!

We have upgraded our MAPIR system to allow providers to attest 2014 EHR Incentive applications using the Flexibility Rule Option. This option allows providers who could not upgrade their Certified Electronic Health Record Technology (CEHRT) to a 2014 certification to attest their meaningful use measures based on a previous EHR certification version.

For more information about your options, feel free to check out the CMS [CEHRT Flexibility Rule Decision Tool](#).

Submitting 2015 EHR Incentive Applications

MAPIR is available to accept program year 2015 applications while 2014 is open. Please note that if you plan to submit or have submitted for program year 2014, you will need to wait until that year's application is paid before you can submit a program year 2015 application.

Please plan accordingly and feel free to contact us at OHHS.ehrincentive@ohhs.ri.gov with any questions you may have.

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

Rhode Island Quality Institute

Take Charge:

Register now for unique provider / patient health conference



As a healthcare provider, you've always taken an active role in your patients' care. That's a given. But things are changing on the other side of the provider/patient equation. Patients are generally taking a more active role in their own healthcare.

To help facilitate this national trend, the Rhode Island Quality Institute is sponsoring the [2015 BETTER HEALTH: It's Your Health Take Charge Conference](#) on June 4 and 5 at the Foxwoods Resort Casino in Mashantucket, CT, from 8:30 am to 4:30 pm. This unique conference brings providers and patients together and both will have the opportunity to interact with each other, as well as with the speakers.

On Friday morning keynote speaker Jacob Reider, MD, Chief Strategy Officer at Kryon, Inc., will open with a discussion on the Patient of the Future followed by a variety of breakout sessions led by local and national industry experts. Topics include: navigating healthcare, advance care planning, the medical home and accountable care from the patient's perspective, chronic care management, choosing a healthcare app and health and wellness. The lunch keynote speaker, Chuck Bell, Programs Director from Consumer Reports, will provide specific examples of how consumers are becoming engaged in health system reform campaigns.

To register for this unique event, go to: www.ctpartnersforhealth.org.

Registration is only \$10 and includes breakfast and lunch.



CurrentCare News Bites:

CurrentCare goes live with EKG Imaging Reports from Kent and Women & Infants hospitals



For the first time, providers can now see EKG Imaging Reports from Kent Hospital and Women & Infants Hospital live, as soon as they are posted in CurrentCare. For more information on all of the patient information available in CurrentCare, check out our new [CurrentCare Guidebook](#).

Rhode Island Quality Institute

Coming Up: CurrentCare Quick Bites



CurrentCare Quick Bites is a lunchtime series of 15-minute updates about CurrentCare. Our experts, Peggy Menna and Andrea Levesque, will present information about new and updated features and helpful tips about using CurrentCare in your practice. We'll even start at 12:15 to give you time to grab your lunch and dial in. We hope you'll join us!

Wednesday, June 3, 2015 12:15 – 12:30 PM [REGISTER HERE](#)

Topic: Enrollment – Panel Analysis and Enrollment Campaign

In order to reach out to an entire patient panel, many physicians are using the Panel Analysis to determine which of their patients are still not enrolled in CurrentCare, and then reaching out to those patients via an email campaign. Tune in to see how easy it is!

Wednesday, July 8, 2015 12:15 – 12:30 PM [REGISTER HERE](#)

Topic: How to Print from the CurrentCare Viewer

The CurrentCare Viewer offers a wealth of information in various formats. Join us for a demonstration on how to print labs, pathology and imaging reports, and information in the Summary report.



Got a question you'd like us to address at any of these sessions?

Send us an email at CurrentCare@rigi.org

Subject: CurrentCare Quick Bites

It's never too late to sign up for CurrentCare



Nearly half of all Rhode Islanders are already enrolled, but we still need your help with signing up patients for CurrentCare! As of today, 34 percent of all Rhode Island Medicaid patients are enrolled in CurrentCare and we are striving to increase this number.

If you need new forms, posters, or a pickup of completed forms, please contact the Rhode Island Quality Institute at 888.858.4815 or send an email to CurrentCare@rigi.org.

Special: Contact your relationship manager to set CurrentCare enrollment and/or utilization goals for 2015 and be entered into a raffle to win a Kindle Fire!

Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board



2015 Meeting Dates

June 9
August 25
December 1

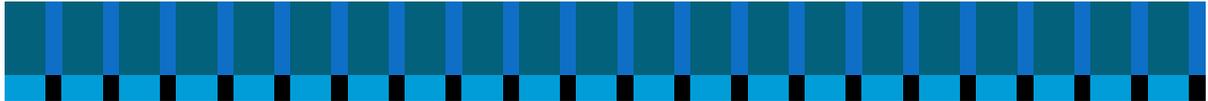


The next meeting of the
Pharmacy & Therapeutics Committee (P&T)
is scheduled for:

Date: June 9, 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: June 9, 2015
Meeting: 10:30 AM
Location: HP Enterprises Services
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886
[Click here for agenda](#)



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



Pharmacy Spotlight

Preferred Drug List Changes



The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective May 27,2015

<u>Growth Hormone</u> Nutropin AQ Cartridge changed status to non-preferred	<u>Hypoglycemics, Incretin Mimetics/Enhancers</u> Bydureon pens changed status to preferred Tanzeum changed status to preferred
<u>Hypoglycemics, Insulin and Related Agents</u> Lantus Solostar Pen changed status to preferred	<u>Hypoglycemics, SGLT2</u> Invokana changed status to preferred with clinical criteria
<u>Multiple Sclerosis Agents</u> Betaseron Kit changed status to preferred Extavia Kit and Vial changed status to non-preferred	<u>Steroids, Topical High</u> fluocinonide ointment changed status to non-preferred
<u>Steroids, Topical Medium</u> fluocinolone acetonide cream changed status to non-preferred hydrocortisone butyrate ointment changed status to non-preferred	<u>Steroids, Topical Very High</u> clobetasol emollient changed status to preferred
<u>Topical, Psoriasis</u> calcipotriene ointment changed status to preferred	

The following are drug classes that are now managed through the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective May 27,2015.

<u>Antihyperuricemics</u> Preferred Agents allopurinol colchicine tablet probenecid probenecid/colchicine	<u>Antihyperuricemics</u> Non- Preferred Agents colchicine capsule Colcrys Uloric Zyloprim
<u>H. Pylori Treatment</u> Preferred Agents Prevpac	<u>H. Pylori Treatment</u> Non-Preferred Agents lansoprazole/amoxicillin/clarithromycin Omeclamox-Pak Pylera
<u>Topical Immunomodulators</u> Preferred Agents Aldara	<u>Topical Immunomodulators</u> Non-Preferred Agents imiquimod Zyclara

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>

Attention DME Providers: Coverage Guidelines

Please Note: A new Certificate of Medical Necessity for External Infusion Pumps has been added. The new form is now posted to the EOHHS website in the [Forms and Applications](#) section.

Providers should also review coverage guidelines in the DME Provider Manual.



[Click here for DME Provider Manual](#)

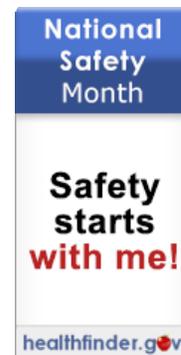


National Safety Month

National Safety Council

National Safety Month is observed in June. Injuries are the leading cause of disability for people of all ages—and they are the leading cause of death for Americans ages 1 to 44.

This June, the National Safety Council encourages you to learn more about important safety issues like prescription painkiller abuse, transportation safety, and slips, trips and falls.



- Prescription painkiller abuse: Prescription painkiller overdoses are a growing problem in the United States, especially among women. About 18 women die every day from a prescription painkiller overdose — more than 4 times as many as back in 1999.
- Transportation safety: Doing other activities while driving — like texting or eating — distracts you and increases your chance of crashing. Almost 1 in 5 crashes (17%) that injured someone involved distracted driving.
- Slips, trips, and falls: One in 3 older adults falls each year. Many falls lead to broken bones and other health problems.

For helpful resources, visit the [National Safety Month Toolkit](#). The bottom of this page contains resources to share with clients, including checklists in PDF format.