



PROVIDER *update*

Inside this issue:

| | |
|---|----|
| Ordering, Prescribing and Referring Providers (OPR) | 2 |
| OPR FAQ | 3 |
| ICD-10 Update Selecting the correct ICD version | 6 |
| PA Form Revisions | 7 |
| Updated PA Process | 8 |
| Revised Waiver Form | 8 |
| Requesting DME Supplies | 9 |
| Provider Revalidation | 10 |
| Requirements for Enrollment and Revalidation | 11 |
| Customer Service Help Desk | 11 |
| RIQI Current Care | 12 |
| RIQI Educational Offerings for October | 12 |
| EHR Incentive Program | 14 |
| Security Risk Assessment | 15 |
| EHR Program Year 2015 is open! | 15 |
| National Breast Cancer Awareness Month | 16 |
| Hospice Rates | 16 |
| Healthcare Portal | 17 |
| Pharmacy Spotlight Meeting Schedule | 18 |
| Pharmacy Spotlight Updated PDL | 19 |
| Pharmacy Spotlight Treatment of Hepatitis C | 20 |
| Enrolling as a New Provider | 21 |
| PES Upgrade 2.08 | 21 |
| Billing Administration Codes for Vaccines | 22 |

Volume 273

October, 2015

THIS MONTH'S FEATURED ARTICLES

*Important Information
Effective **October 1, 2015**
Regarding:
**Ordering, Prescribing
And Referring
Providers***



*See pages 2-5 for more
information*



ICD-10 is here!
Are you prepared?

*See pages 6-8 for
helpful information*



RI Medicaid Provider Revalidation



See page 10 for important details

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 is requiring this information effective **October 1, 2015**, 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.

Claims that are submitted without the required information for OPR will deny due to missing information. (See Frequently Asked Questions pages 3-5 for required 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 may be recouped.

This change affects 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)
Psychiatric Hospital
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 upgrade to PES Version 2.08.

For more information, see the **Frequently Asked Questions** on pages 3-5. If you have any other questions, please contact your provider representative directly. Contact information is found on the [Provider Representative list](#) on the EOHHS website.

Ordering, Prescribing, and Referring Providers

Frequently Asked Questions



Q: What provider types are impacted?

A: Inpatient
 Outpatient (except clinic visits-rev codes 510-519,
 ER visits-rev codes 450-459 and observation-rev codes 760-769),
 Pharmacy
 Psychiatric Hospital
 Skilled Home Health
 Independent Radiology
 Independent Laboratory
 Durable Medical Equipment (DME)
 Chiropractor
 Dialysis
 Ambulatory Surgical Centers
 and Hospice.

Q: Who is eligible to order/refer?

A: Only Medicaid– enrolled individuals of the follow types can order/refer:
 Certified Nurse-Midwives
 Clinical Nurse Specialists
 Clinical Psychologists
 Clinical Social Workers
 Interns, Residents, and Fellows*
 Nurse practitioners
 Optometrists (may order and refer only laboratory and X ray services)
 Physician's Assistants
 And Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Doctors of
 Dental Surgery, Doctors of Podiatric Medicine, Doctors of Optometry)

*Interns and non-licensed residents must use the NPI of the teaching, admitting, or supervising physician.

Q: How will I know if an OPR provider is enrolled with RI Medicaid?

A: It is ultimately the responsibility of the RI Medicaid provider rendering the service to obtain the OPR provider's NPI and taxonomy code, and to confirm participation with RI Medicaid. RI Medicaid maintains a [provider search function](#) on the website, although all providers may not be listed.

Q: How will I know the NPI of the physician or health care professional who wrote the prescription or order?

A: A prescribing physician or licensed health care provider should be including their NPI on the prescription or order.

Ordering, Prescribing, and Referring Providers

Frequently Asked Questions Continued

Q: I am a member of a group. As an OPR provider, do I list my group NPI or my individual NPI?

A: Only individual NPIs are accepted as an OPR provider on a claim.

Q: What will happen to a qualifying claim submitted without a OPR listed?

A: The claim will be denied by RI Medicaid with EOB Message 574—Referring/Ordering Provider required and missing or invalid.

Q: Where is the OPR information entered on the claim form?

A: **UB-04** – Box 79 – Other– Referring Provider NPI,
Box 81CC (Row d) Referring Provider Taxonomy Code

The diagram shows a portion of the UB-04 form. On the right side, there are three rows for provider information, each with a 'LAST' field and an 'NPI' field. The first row is labeled '77 OPERATING', the second '78 OTHER', and the third '79 OTHER'. A brown arrow points from the text above to the 'NPI' field in the '79 OTHER' row. On the left side, there are two columns for 'OTHER PROCEDURE CODE' and 'DATE'. Below these are four rows labeled 'a', 'b', 'c', and 'd'. A brown arrow points from the text above to the 'd' row. At the bottom left, there is a field for 'PROVIDER OMB NO.'. At the bottom right, there is a note: 'THE CERTIFICATIONS ON THE REVERSE APPLY TO'.

CMS 1500 Claim Form Box 17a—Referring Provider Taxonomy code with qualifier “ZZ”
Box 17b—NPI of referring provider

The diagram shows a portion of the CMS 1500 Claim Form. It includes fields for '14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)' and '15. OTHER DATE', both with sub-fields for 'MM', 'DD', 'YY', and 'QUAL.'. Below these is '17. NAME OF REFERRING PROVIDER OR OTHER SOURCE', which is split into '17a.' and '17b, NPI'. A brown arrow points from the text above to the '17a.' field, and another brown arrow points from the text above to the '17b, NPI' field. Below this is '19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)'. At the very bottom, there is a partially visible field for 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY'.

Q: Where can I obtain the OPR taxonomy code, if I only have the NPI?

A: This information can be found on the [NPPES website](#), by completing a provider search by NPI.

Q: Where is the OPR information entered for electronic claims?

A: For electronic submission of claims (Non-PES users), the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. Both the name and the NPI are required.

Ordering, Prescribing, and Referring Providers

Frequently Asked Questions Continued

Q: I use the Provider Electronic Solutions (PES) software. Will I need to upgrade the software?

A: Yes. Install the [PES 2.08 upgrade](#) from the EOHHS website. Information for OPR is entered and then selected from the “Other Provider” form in the software. The following information must be entered for the OPR: NPI, Taxonomy, Provider Name, Tax ID, and Provider Address.

Entering information for the OPR on the Other Provider screen will generate a list. When entering the claim information, you will be able to select the provider from the drop down list in the Referring Provider field.

Q: Will claims submitted with an NPI for a non-Medicaid OPR be denied?

A: Claims submitted with complete information will be subject to a post-claims review. If it is determined that the OPR listed on the claim is not enrolled as a RI Medicaid provider, the claim may be recouped.

Q: If RI Medicaid is secondary, is the OPR provider still required?

A: Yes. The enrollment requirement applies even if Medicaid is the secondary payer.

Q: Do Medicare crossover claims require the OPR provider to be enrolled?

A: Yes, Medicare crossover claims are subject to the enrollment requirement.

Q: What if the OPR provider is enrolled with another state's Medicaid program?

A: Enrollment in another state's Medicaid program does not exempt a provider from enrolling with the RI Medicaid program.

Q: I wish to enroll as a RI Medicaid provider. Where do I go to enroll in the Medicaid program?

A: RI Medicaid moved to an electronic enrollment process on July 30.

The Provider Enrollment Portal can be accessed by visiting the [Healthcare Portal](#) and clicking Provider Enrollment. Please note the following:

1. The Provider Enrollment Portal is now available.
2. Paper applications are no longer accepted, except for attending providers being added to an existing group.

Q: What is the effective date of this change?

A: Claims submitted with a date of service of October 1, 2015 or after must include the OPR information.

Transition to ICD-10

Important Reminders for Providers

Important!!!

Reminder!

ICD-10 is date of service driven, not date of submission. You must use the date(s) of service to determine if you should submit ICD-9 or ICD-10.

All claims must include an ICD qualifier, which indicates if you are submitting ICD-9 or ICD-10 codes.

Refer to the instructions for your method of submission to determine the required qualifier.

You must ensure that you select the correct qualifier for the version of codes that you are submitting. Submitting an indicator for ICD-9 with ICD-10 coding will cause your claim to deny.

Selecting ICD Version

The version of ICD is determined by the date(s) of service, not submission date.

ICD **9** When date of service is prior to 10/1/15

ICD **10** When date of service is on or after 10/1/15

To For inpatient claims with a date span, use the "to" date of service to determine version

From For all other claims with a date span, use the "from" date of service to determine version

The following resources may help answer questions:

- [ICD-10 page](#) on the EOHHS website
- [Road to 10 website](#)
- [CMS website](#)
- Medical Associations for your provider type

Helpful Resources

Other Important ICD-10 Updates:

Prior Authorization Form Revisions



Some Prior Authorization forms have been revised for ICD-10.

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 .

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 Reminder for ICD-10



Important!!!

System updates prohibited 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 were processed in the following way.

- All requests that span the 10/1 date, **were end dated on 9/30.**
- If by 9/30 the service had not been completed, or delivered, **a second prior authorization form is required** effective 10/1/2015, that includes an ICD-10 diagnosis code.

If your Prior Authorization request was end dated on 9/30, be sure that the correct authorizations are in place beginning 10/1.
Prior Authorizations should be verified in the Healthcare Portal.



Waiver Claim Form Revision

Update for ICD-10



Important!!!

The Waiver claim form has been revised for ICD-10. 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. Providers must determine whether to submit ICD-9 or ICD-10 codes on the claim, based on the date(s) of service. For ICD-9 codes on claims with dates of service prior to 10/1, the ICD indicator is 9, indicating that ICD-9 codes are being submitted. For ICD-10 codes, the indicator is 0. Reminder: 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](#)

Attention Physicians:
**Procedure for Requesting DME
 Supplies**



The following is the correct procedure for requesting DME supplies when prior authorization is required:

- The correct type of Certificate of Medical Necessity (CMN) must be filled out by the ordering physician. There are some CMN’s that are specific for the type of supply being requested (example: Enteral Nutrition). Not all supplies have a specific CMN. For those supplies without a specific CMN, providers should use the non-specific version of the CMN. All CMN forms and instructions can be found on the www.eohhs.ri.gov website.
- The CMN must be sent **directly to the DME provider** who will be providing the supplies for the RI Medicaid beneficiary and **should not be sent** to HP by the physician.
- Please note: Some CMN forms require that both the prescriber and the supplier complete a portion of the form.
- It is the responsibility of the DME provider to send in the correct type of Prior Authorization form along with the correct CMN. The Prior Authorization form and instructions can be found on the www.eohhs.ri.gov website as well.



Attention: All DME Providers



To ensure that you receive timely updates and communication, please update your email address on the RI Medicaid electronic mailing list.

Please send an email to deborah.meiklejohn@hpe.com with your current email address.

We will verify that we have the correct 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/ ICF-MR Private Facility |
| Outpatient Facility | Federally Qualified Health Centers |
| 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 |

In early August, our Provider Enrollment Team outreached to the above groups of providers. Providers should have received two letters for the re-validation process. The first letter contained a pre-determined Tracking ID. The second letter contained the password information. Providers are asked to log into the [Provider Enrollment Portal](#) with this Tracking ID and Password to verify the information that is currently in the Medicaid Management Information System. In addition, providers must answer disclosure questions and attest online to their statements and the Provider Agreement. Providers have 35 days to comply with the revalidation request or risk termination from the RI Medicaid Program.

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 have not received your letters or 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.

Reminder:

Requirements for Enrollment, Re-Enrollment and Re-validation with RI Medicaid

As a reminder, as part of the Affordable Care Act Mandate, CFR 455.460 requires the collection of an application fee for new enrollment, re-enrollment, and re-validation for all providers

EXCEPT:

- Individual physicians or non-physician practitioners
- Providers who have paid the application fee to Medicare
- Providers who have paid the application fee to another state's Medicaid program

The 2015 application fee is \$553 and must be paid on enrollment, re-enrollment and re-validation, payable to RI Medicaid. If a provider has paid the fee to another state Medicaid program, **proof of that payment must be submitted.**

In addition, the following provider types are subject to additional requirements:

- **Site Visit:** Dental, Independent Labs, Hospice, Community Mental Health Center, Personal Care/Homemaker, Other Therapist (PT, OT, SHL)
- **Site Visit and Fingerprint based Criminal Background Check:** Home Health, DME, Ambulance/Transportation

If you are currently Medicare certified and can provide a letter from Medicare, you may be exempt from these requirements. If you are unable to provide proof of Medicare certification you will be asked to comply with above requirements upon enrollment, re-enrollment, or re-validation.

If you have any questions, please contact the Customer Service Help Desk at (401) 784-8100 for local and long distance calls and (800) 964-6211 for in-state toll calls.



Customer Service Help Desk

RI Medicaid welcomes Aively, the newest member of the RI Medicaid Customer Service Help Desk. Aively has been training to support your call inquiries related to client eligibility, claim status, dental and vision service limits along with various claims processing questions.



The RI Medicaid Customer Service Help Desk has been operational for over 20 years. The Help Desk holds a favorable success rate of 98% and above. Aively joins team members, Barbara, Canada, Janice, Katie, Rebecca & Susan.

Thank you for welcoming the newest member of our team. Please call us Monday – Friday 8:00 AM – 5:00 PM at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls.

Rhode Island Quality Institute

The Impact of CurrentCare Hospital Alerts

Helping to manage care and reduce 30-day ED return rates

CurrentCare's Hospital Alerts service is helping to reduce hospital readmissions and coordinate care. Analysis by the Rhode Island Quality Institute (RIQI) which owns and operates CurrentCare, Rhode Island's statewide Health Information Exchange (HIE), shows that



among CurrentCare enrollees, the 30-day return rate to the ED is approximately 20% lower for patients whose providers receive Hospital Alerts versus patients whose providers do not. And, the difference between the two groups has held over time, even as the number of providers receiving alerts has grown. To read more about these results and learn how you can get started with Alerts, [click here](#).

RIQI's Educational offerings for October:

Webinar: HOT HIPAA Topics: HIPAA Compliance Update with Linn Freedman

When: Friday, October 2, 2015 - 7:30 – 9:00 am

[REGISTER HERE](#)

Cost: RIQI/REC Members: Free* Non-Members: \$10 per person

*(Please make checks payable to RI Quality Institute and send to:
RI Quality Institute, 50 Holden St., Providence, RI 02908)*

Not sure if your practice is a member? Contact us at RIREC@RIQI.org

**Fee waived if practice is participating in Medicaid EHR incentive program.*

Description

This is a live Webinar presentation with industry leading privacy and security attorney Linn Foster Freedman of Robinson+Cole. Linn will focus her presentation on hot topics related to privacy and security and HIPAA compliance and how your practice can proactively mitigate risks often encountered in the healthcare industry. This session will also offer certification as compliance to fulfill the annual HIPAA training requirement. Certificates will be sent to attendees after the session.

To learn more, [click here](#).



**Webinar: Security Risk Assessments – What You Need to Know**

When: Thursday, October 22, 2015 – 12:15 – 1:00 PM

[REGISTER HERE](#)

Cost: RIQI/REC Members: Free* Non-Members: \$10 per person
*(Please make checks payable to RI Quality Institute and send to:
RI Quality Institute, 50 Holden St., Providence, RI 02908)*

Not sure if your practice is a member? Contact us at RIREC@RIQI.org
**Fee waived if practice is participating in Medicaid EHR incentive program.*

Description

If you participate in a Meaningful Use program, you are required to conduct a Security Risk Assessment (SRA) and implement security updates as necessary. Join RIQI's Brian Miller to learn how to conduct a successful SRA and maintain records in case of a future audit. Learn about best practices to protect yourself and your patients against potential breach of both medical information and physical systems.

Free webinar: CurrentCare Quick Bites**Webinar: Hop on the Train! - Get Your Patients to Enroll**

When: Wednesday, October 7, 2015 - 12:15 - 12:30 pm

[REGISTER HERE](#)

Description

At 475,000 enrollees, CurrentCare enrollment is really steaming along, but if your patients aren't enrolled, neither you nor your patient can benefit from CurrentCare's vast amount of patient health information. Still have patients who are not enrolled in CurrentCare? Join this session to hear from RIQI's Peggy Menna and enrollment expert Brian Miller, to learn about enrollment updates, best practices, and ways to encourage your patients to enroll. We'll also tell you how your enrollment efforts can earn some great prizes for your practice.



RI Medicaid EHR Incentive Program Update

2016 Last Year to Participate



Is your practice considering to attest for the Rhode Island Medicaid EHR Incentive? If so, 2016 is the last year to begin your participation. If you don't start by 2016, you will not be able to earn annual incentive payments. If your practice is interested in earning annual incentives up to \$63,750 per provider, then start planning how your practice will adopt, implement, or upgrade certified EHR technology and become meaningful users of certified EHR technology.

Do you have Questions about the RI Medicaid EHR Incentive program?
Feel free to visit our website [here](#) or email us at OHHS.ehrincentive@ohhs.ri.gov.

Confused? Don't Know Where to Start?

Our Regional Extension Center is here to help with the following:

- *Maximize your ability to receive federal incentive dollars*
- *Help in obtaining and using an electronic health record*
- *Reduce or eliminate the risk of a penalty payment adjustment for not using and EHR*

The RI Executive Office of Health and Human Services is pleased to announce that we have recently contracted with our local Regional Extension Center (REC), operated by the Rhode Island Quality Institute. Our goal is to provide you and your practice with technical and operational assistance in order that you can become meaningful users of Electronic Health Records systems and earn up to a total of \$63,750 in federal incentives payments before the program ends in 2021 and avoid Medicare payment adjustments in the coming years.

If you either registered or have not registered to participate in the RI Medicaid EHR Incentive program and have not started, or that you began the program by adopting implementing or upgrading an EHR, but have not reached become a meaningful user (MU) of the EHR.

In order to identify barriers you may be encountering and assist you with participating in this program, we have asked the REC to be available to help you and offer their services. This includes assessing your current environment, identifying barriers, and developing action plan that will allow your practice to engage in and/or continue with participating in the Medicaid EHR Incentive program.

Over the past five years, the REC has helped well over 850 providers become meaningful users and we would like to extend their helping hand to you free of charge. If you have any questions or would like more information about our combined efforts, please feel free to email our program at ohhs.ehrincentive@ohhs.ri.gov or if you want to contact the REC directly, feel free to email them at RIREC@riqi.org or call them at 888-858-4815.

After all, there is money to be gained when achieving meaningful use.

Security Risk Assessments – Why it's Critical

Each year when a provider applies for the EHR Incentive as a meaningful user, they are asked to attest to the following:

Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities? Yes or No

This measure requires each application to conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

The Office of National Coordinator (ONC) provides our healthcare community with information on how to perform a security risk analysis. The HealthIT.gov website offers a wide array of information, videos and tools available for you. Click [here](#) to find out more. If you need help with your security risk analysis or to meet meaningful use, our local Regional Extension Center (REC) is available. Click [this link](#) to access their website.

Please note that any meaningful use RI Medicaid EHR Incentive application from program year 2014 and beyond will require a copy of a security risk assessment performed for each program year prior to payment approval. Securing patient information is critical to our program, vital to your operations and more importantly imperative to the patients we serve.

Program Year 2015 is Open

MAPIR is available to accept program year 2015 applications. Please note that if you 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?

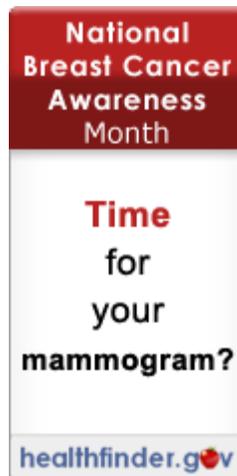
Visit our website by clicking [here](#)

Or

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

National Breast Cancer Awareness Month

US Department of Health and Human Services



National Breast Cancer Awareness Month is observed in October.

Breast cancer is the second most common kind of cancer in women. About 1 in 8 women will get breast cancer at some point.

National Breast Cancer Awareness Month is a chance to raise awareness of the importance of early detection of breast cancer. Help to spread the word by using some of the resources below:

Visit the toolkit at <http://healthfinder.gov/NHO/SeptemberToolkit2.aspx#links> for resources to share, including:

[Get Tested for Breast Cancer](#)
[Mammograms: Questions for the doctor](#)
[Breast Cancer Risk Assessment Tool](#)
[Get Your Well-Woman Visit Every Year](#)
[Genetic Testing for Breast and Ovarian Cancer: Questions for the doctor](#)

More resources available in the toolkit.



Attention Hospice Providers:

Hospice Rates Effective 10/1/2015

| Procedure Code | Description | Rate |
|-----------------------|--------------------------------|--------------|
| T2042 | Hospice Routine Home Care | \$162.10/day |
| T2043 | Hospice Continuous Home Care | \$39.38/hour |
| T2044 | Hospice Inpatient Respite Care | \$176.26/day |
| T2045 | Hospice General Inpatient Care | \$720.11/day |



Healthcare Portal

Important Information for All Trading

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.

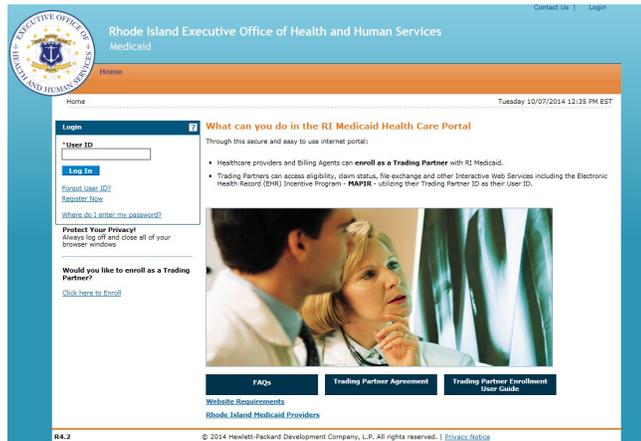
For step by step instructions, use these User Guides

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

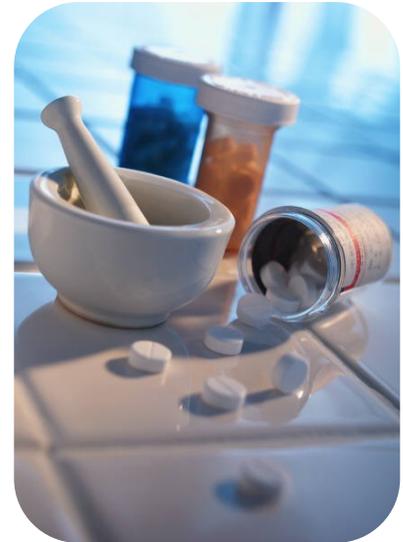
This guide explains the steps for adding a provider to the Trading Partner account for the purposes of receiving the 835/277U transactions.

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

Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board



2015 Meeting Dates

December 1



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

Date: December 1, 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](#)

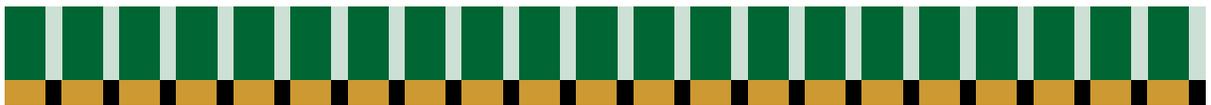
The next meeting of the
Drug Utilization Review (DUR) Board
is scheduled for:

Date: December 1, 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



The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective September 2, 2015.

| | |
|--|--|
| <u>Antifungals, Topical</u> clotrimazole-betamethasone cream changed status to preferred | <u>Antihistamines, Minimally Sedating</u> cetirizine solution 1mg/ml changed status to preferred |
| <u>Antimigraine Agents, Triptans</u> Relpax changed status to preferred | <u>Cephalosporins (Third Generation)</u> Suprax tablet/chewable changed status to preferred |
| <u>Glucocorticoids, Inhaled</u> Pulmicort flexhaler changed status to non-preferred | <u>Glucocorticoids, Oral</u> Entocort EC changed status to non-preferred Budesonide EC changed status to preferred |
| <u>Hepatitis C Agents, Other</u> Harvoni changed status to preferred with clinical criteria Viekira Pak changed status to preferred with clinical criteria | <u>Skeletal Muscle Relaxants</u> dantrolene sodium changed status to non-preferred |

The following are drug classes that are now managed through the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective September 2, 2015.

| | |
|--|---|
| <u>GI Motility Agents</u> Preferred Agents Amitiza Linzess | <u>GI Motility Agents</u> Non-Preferred Agents Lotronex Movantik Relistor Syringe Relistor Vial |
| <u>Methotrexate</u> Preferred Agents methotrexate PF vial methotrexate tablet methotrexate vial | <u>Methotrexate</u> Non-Preferred Agents Otrexup Auto Injector Rasuvo Auto Injector Rheumatrex Tablet Dose Pack Trexall Tablet |
| <u>Opiate Dependence (Daily Treatment)</u> Preferred Agents buprenorphine HCL Suboxone Film | <u>Opiate Dependence (Daily Treatment)</u> Non-Preferred Agents Bunavail buprenorphine/naloxone tablet Zubsolv |
| <u>Opiate Dependence (Rescue Treatment)</u> Preferred Agents Naloxone Syringe Naloxone Vial naltrexone HCL | <u>Opiate Dependence (Rescue Treatment)</u> Non-Preferred Agents Evzio Vivitrol |

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>

Treatment of Hepatitis C

Updated Pre-Authorization Guidelines

Effective October 1, 2015



Hepatitis C has been identified as a significant etiology of chronic liver disease, associated co-morbidities, need for liver transplant and death. Additional medications or drug classes receiving FDA approval for the treatment of Hepatitis C will require separate review.

- The guidelines include the use of Solvaldi® (sofosbuvir), Olysio® (simeprevir), Harvoni® (ledipasvir and sofosbuvir) and Viekira Pak™ (ombitasvir, paritaprevir, ritonavir and dasabuvir)
- Patients co-infected with HIV with documented stage 2 liver disease are eligible for treatment
- Physician assistants and nurse practitioners employed by and co-located with an approved physician may request preferred provider status

Click the links below for more information:

[Pre-Authorization Guidelines](#)

[Pre-Authorization Form](#)

[Application for Preferred Provider Status](#)

Monthly Provider Update Delivered to Your Inbox



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

To add or update your email address on the electronic mailing list, send an email to deborah.meiklejohn@hpe.com.

Please put "Subscribe" on the subject line of your email. Also include your Provider Name 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.

Enrolling as a Provider With RI Medicaid

Provider enrollment for the RI Medicaid Program is completed electronically through the Enrollment Portal, in the [Healthcare Portal](#). Paper applications are no longer accepted except for attending providers being added to an existing group.

It is important to note the following:

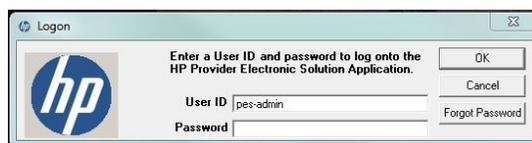
- Providers must enroll through the Enrollment Portal of the [Healthcare Portal](#).
- Instructions for completing the electronic application are accessible through the [Healthcare Portal](#).
- Attending providers being added to a group will continue to submit a paper application.

If you have any questions, please contact the Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls and border communities.



Attention PES Users:

Provider Electronic Solutions Software Upgrade



Providers who use Provider Electronic Solutions Software (PES) for billing RI Medicaid claims must install a mandatory upgrade to PES 2.08.

The upgrade can be installed from the [PES webpage](#) on the EOHHS website. If you are currently using 2.07 you should select and follow instructions for the Upgrade and not the Full Installation.

This upgrade contains important changes required for Ordering, Prescribing and Referring (OPR) providers. For more information on OPR, please see the article on page 2.



Attention Professional Providers:
**Billing Administration Codes
For Vaccines**

RI Medicaid does not reimburse for state supplied vaccines. RI Medicaid will reimburse for the administration of the vaccines.

Procedure code 90460 (immunization administration through 18 years via any route of administration, with counseling by physician) and 90461 (immunization administration through 18 years via any route of administration, each additional vaccine) allows one unit each.



Vaccines with multiple components are considered as one unit. For example, procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; However it is considered as one unit and will be reimbursed as one unit.

If the vaccines are administered with a flu vaccine, RI Medicaid will reimburse multiple administrations. For example: procedure codes 90748 (Hepatitis B), 90680 (Rotavirus vaccine), and 90670 (Pneumococcal Vaccine) are single components and can be reimbursed using one unit of procedure code 90460 for the first injection and procedure code 90461 for any subsequent injections. (Please note: An administration code is allowed for every injection performed.)

In both examples the claims must be sent for review to :

HP Enterprise Services
Attention: Daphne Monroe
P.O. Box 2010
Warwick, RI 02887

If you have any questions, please contact Daphne Monroe at 401-784-8003 or by email:

daphne.monroe@hpe.com.

