



Rhode Island Medicaid Program

PROVIDER *update*

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Volume 286

November, 2016

THIS MONTH'S FEATURED ARTICLES

RI Medicaid Member ID Conversion



*Member ID numbers have
changed!*

*See page 4 for
important information*

Healthcare Portal Change to Covered Provider Screen



*See page 16
for details*

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In addition to the
Provider Update, you will also
receive any updates that relate to
the services you provide.

New Training Opportunity For NEW office staff



*See page 15
for more information*





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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



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Attention: All Providers

New Integrated Eligibility System

On September 13, Rhode Island launched a new integrated eligibility system to improve the way the State delivers health and human services benefits to Rhode Islanders and their families. Through a single application, clients are able to be considered for health coverage and programs like food assistance, cash assistance, long-term services and supports, and other programs all at the same time. The new eligibility system allows for much more efficient electronic sharing of information across health and human services programs, improving the experience for both beneficiaries and health care providers.



For more information

For more information about the new system, visit the EOHHS website, [click here](#).

For a list of programs included in the new system, [click here](#).

For RI New Integrated Eligibility System Frequently Asked Questions document, [click here](#).

Webinars were held to help providers learn about the new system.
To view the presentation slides, [click here](#).

Reminders for Providers:

- Member IDs have changed. For more information read the article on page 4.
- PES users must upgrade software. For more information, see page 5.
- Trading Partners using X12 transactions must ensure that the MID field can accommodate 10 digits on submission, and that you have the ability to download X12 transactions with the expanded MID field. For more information, see article on page 5.



Attention: All Providers

Member ID Conversion—Verifying Eligibility

RI Medicaid converted member ID numbers from 9 digit social security numbers, to randomly generated ten digit ID numbers. With the volume of cards to be distributed, new ID cards are being sent to beneficiaries in waves.

Providers may still enter the social security number in the Healthcare Portal when verifying eligibility. When the eligibility response is returned, the new number will be listed for the beneficiary's ID.

Enter Social Security Number if new member ID unavailable.

Make note of new 10 digit ID number from eligibility response.

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorical and Fee for Service	08/15/2012	08/15/2012	\$0.00	Message Text

Providers should make note of the new ID number, as well as request that the beneficiary produce the new card when it arrives. There will be a dual window for claims processing, during which either the 9 digit or 10 digit ID will be accepted. Providers will be notified of the date when the dual processing for claims will end, and only the new 10 digit ID will be accepted.

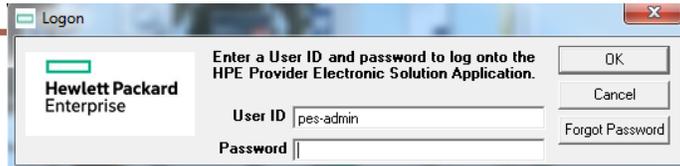
For providers who use the 270/271 transaction to verify eligibility:

- If a social security number is submitted on the 270, the 271 will return the social security number.
- If the new MID is submitted, the MID will be returned. This will remain during the dual processing window.



Attention: PES Users**Mandatory Upgrade of Provider Electronic Solutions (PES)**

Providers must always verify that they are using the most recent version of PES to ensure that claims adjudicate appropriately.



Upgrades must be done sequentially, or risk corruption of your database.

The current version of PES is 2.09. However, if you have not installed Version 2.08, that must be done prior to installing the 2.09 upgrade.

Version 2.08 contains the required changes due to UHIP implementation. This includes the expanded field for the new 10 digit MID.

Providers should perform this upgrade as soon as possible.

[Click here to access PES upgrades](#)

**Attention: All Trading Partners****Member ID Conversion and X12 Transactions**

With member ID conversion, the MID field will be increased to 10 digits in all X12 files.

Trading Partners must ensure that they have the ability to download files such as the 271 and the 835 with the expanded MID field.

As a reminder, providers who use the 270/271 transaction to verify eligibility, may submit either the social security number or the new MID. If the SS number is submitted, the 271 will return back the social security number. If the new MID is submitted, the MID will be returned. This will remain during the dual processing window.

Non-PES users who want information on testing should send an email to: riediservices@hpe.com. You will be contacted to discuss a testing plan.



Revalidation of RI Medicaid Providers



OHHS and Hewlett Packard Enterprise are revalidating Provider Enrollment information for the next group of enrolled Medicaid providers that are active and have submitted a claim in the past year.

The provider types in the next wave of Revalidation are as follows:

Dentist	Podiatrist
Optometrist	Optician
Skilled Nursing	Licensed Therapist
Chiropractor	Freestanding Dialysis
Rural Health Clinic	Indian Health Service
Children's Behavioral Health Group	Local Education Association
Early Intervention	Substance Abuse Rehab
CMHC/Rehab Option	Severely Disabled Pediatric Home Care
BHDDH Behavioral Health Group	Department of Children, Youth and Families
Personal Care Aide/Assistant	Other Therapies/Hippotherapy
Comprehensive Lead Center	Home/Center Based Therapeutic Svs
Cedar Center	Rlte Share Copay Providers
Co-Located Connect Care Choice	BHDDH DD Agencies
Nurse Anesthetist	Licensed Dietician/Nutritionist

The Provider Enrollment Unit will soon outreach to the above groups of providers. Providers will receive two letters for the re-validation process. The first letter contains a pre-determined Tracking ID. The second letter contains 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 within 35 days of the notification letter. Watch for more details in upcoming issues of the *Provider Update*.

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>

Step by step instructions are available on the EOHHS website to guide providers through the revalidation process.

[Revalidation Instructions](#)

If you do not receive 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.

Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board

2016 Meeting Dates

December 13



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

Date: December 13, 2016

Registration: 7:30 AM

Meeting: 8:00 AM

Location: Hewlett Packard Enterprise
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 13, 2016

Meeting: 10:30 AM

Location: Hewlett Packard Enterprise
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

[Click here for agenda](#)

Pharmacy Spotlight

Medicaid Rebateable Drug Manufacturer Reminder

Only those drug products that are manufactured by pharmaceutical companies that have signed a rebate agreement with CMS pursuant to the Omnibus Budget Reconciliation Act of 1990 will be reimbursed. Please check the CMS website below to be sure the NDC submitted is from a pharmaceutical company that has signed a rebate agreement.

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/prescription-drugs/medicaid-drug-rebate-program.html>

Pharmacy Spotlight



Treatment of Hepatitis C

Hepatitis C has been identified as a significant etiology of chronic liver disease, associated co-morbidities, need for liver transplant and death. Newly approved medications have changed recommendations and therapeutic guidelines. EOHHS newly revised policy is available at the following link:

<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx>

The clinical criteria and all forms, including the prior authorization (PA22 form) are located on the EOHHS website under the Pharmacy section at the following link:

<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>.

- Using the current PA form will expedite the PA review.
- The prescriber should complete the form and submit to (401) 784-3889.
- The prescriber will be notified upon completion of PA review.

Reminder: Drug Utilization Review (DUR) Alerts and Override Codes *Early Refill (ER), Therapeutic Duplication (TD) and Drug-Drug Interaction (DD) Alerts*

If a claim for a refill is submitted before 85% of the prior prescription is used, that claim will deny.
If a claim is for a drug within therapeutic duplication alert categories, that claim will deny.

If a claim is submitted for a recipient whose claim history includes an interacting drug and the date of service of the current claim is within the interaction time of the earlier drug, the claim will deny.

To override these denials, the pharmacist submitting a claim through POS must initiate a DUR Alert Override using valid intervention and outcome response codes. The ER override code cannot be used for a vacation fill.

Valid intervention and outcome codes must be entered in order for the claim to be paid. These codes are selected based on the pharmacist's professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used.

If no code has been entered, or if an invalid outcome and intervention code is used, the claims will remain denied and no payment will be made.

Please Note:

- Those wishing to override an alert must do so within 3 days of receipt of the denial. Providers trying to override an alert beyond the 3 day time period will receive a message of "no corresponding claim; please resubmit".
- The correct code for a lost or stolen prescription is 3H. The [Lost or Stolen Prescription form](#) must be completed and kept on file for auditing purposes.

For the complete list of DUR Alert and Override Codes, [please click here](#).

Pharmacy Spotlight

Pharmacies and Vaccines



Q Can pharmacies bill for administering vaccines?

A No. Billing for administration of vaccines is submitted through the medical side of the Medicaid Program.

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 Codes

90460	Immunization administration through 18 years via any route, with counseling by physician
90461	Immunization administration through 18 years via any route, each additional vaccine

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 multiple vaccines are given, 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.)

These claims must be sent for review on the CMS1500 paper form to :

Hewlett Packard Enterprise
Attention: Karen Murphy
P.O. Box 2010
Warwick, RI 02887

If you have any questions, please contact Karen Murphy at 401-784-8004
or by email: karen.murphy3@hpe.com



Meaningful Use Reminders

2016 is the last year to begin participation in Rhode Island's Electronic Health Record (EHR) Incentive program. If you have questions or need help with Meaningful Use, contact us today to see how we can help you meet your Meaningful Use goals.*

****Due to a contract with RI's Executive Office of Health & Human Services, MU consultation is available at no charge to Medicaid providers, and for a reasonable fee to Medicare providers.***

Phone: 1-888-858-4815
Email: CurrentCare@riqi.org

If your practice includes physicians who are currently participating in the Medicare EHR Incentive Program, please read this important news about the MACRA Final Rule:

Transforming Clinical Practice Initiative (TCPI)

The MACRA Final Rule, released on October 14th, streamlines the Medicare payment system by rewarding clinicians who provide value and high-quality patient care. To help Rhode Island clinicians succeed under this payment reform, RIQI offers hands-on assistance at no cost to your practice through the Transforming Clinical Practice (TCPI) initiative. The TCPI program was designed to align with the requirements of MACRA by providing new tools and resources to help you to continue to give optimal and high-value care to your patients. The TCPI aims include: supporting more than 140,000 clinicians across the country through a unique community of practice; improve health outcomes for millions of patients; reduce unnecessary hospitalization for 5 million patients; generate \$1 to \$4 billion in savings; sustain efficient care by reducing unnecessary tests and procedures; build the evidence base on transformation.

The MACRA final rule states that clinicians can choose how to participate in the new payment program based on practice size, specialty, location or patient population. Through our individualized technical assistance, RIQI can help you through these important decisions so you don't have to go it alone. You will be expected to start collecting performance data between January 1, 2017 and October 2, 2017. The TCPI program has limited slots available, so contact us now at 888-858-4815 or email us at cis@riqi.org to get started.

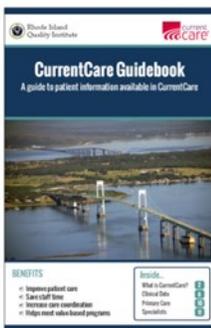
If you missed our webinar: ***Hot HIPAA Topics with Linn Freedman***, you can view the 88-minute recording and download the PDF version of the slides [here](#).



Do you have a CurrentCare® Story?

Many practices use CurrentCare Viewer to improve quality and care. Check out these recent stories to see if CurrentCare Viewer may be helpful to your practice:

- **Anabel Garcia, Administrative Medical Assistant** – Blackstone Valley Community Health Care, Central Falls
- **Christine Ben, Nurse** – Blackstone Valley Community Health Care - Notre Dame Express



The CurrentCare Guidebook lists over 440 data sources that are sending patient health information, which you can access through the CurrentCare Viewer including labs, medications, and problem lists.

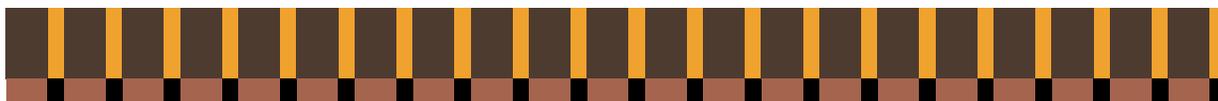
Take a look here: <http://www.CurrentCareRI.org/Guidebook>

Contact our program support team at CurrentCare@riqi.org or 888.858.4815, Option 3 for information on how you can gain access to CurrentCare services – many offered at no cost thanks to a federal grant from the Office of the National Coordinator for Health Information Technology (ONC).

Do You Already Use CurrentCare Viewer to Improve Quality and Care?

Participate in our Rally Contest and your team could win a \$100 Panera Bread gift card.

[Click here for details](#)



RI Medicaid EHR Incentive Program Update



Calling all Medicaid Physicians, Nurse Practitioners, Certified Nurse Midwives and Dentists!

2016 Is the Last Year to Participate and Earn Annual Incentives

Since Program Year 2015 recently closed, please inform your colleagues that Program Year 2016 is the last year providers can begin to participate in the RI Medicaid EHR Incentive program. Providers who do not apply by the 2016 program year will not be allowed to earn future year EHR Incentives. Up to \$63,750 of annual incentives can be earned by eligible providers who demonstrate meaningful use of certified EHR until the program sunsets in 2021.

Also note that the first year Medicaid EHR Incentive applications eligible providers can attest to AIU (Adopt, Implement or Upgrade) of their certified electronic health record technology (CEHRT) and earn the first year's incentive of \$21,250. In the following years providers can attest to meaningful use to earn the remaining annual Medicaid EHR Incentive.

Hurry up and get on board and click [here](#) for more information about the requirements for the program and how you can earn a Medicaid EHR Incentive with your certified EHR! For those providers who have participated in past years and may have skipped years, you can continue to participate until 2021. Contact us by [email](#) for any questions you may have.

Visit the CMS Website to Review Resources on 2016 Program Requirements

The Centers for Medicare & Medicaid Services (CMS) has created the following materials to help providers attest successfully to the Medicare and Medicaid EHR Incentive Programs in 2016.

- [Eligible Professionals \(EPs\)](#) and [Eligible Hospitals/Critical Access Hospitals \(CAHs\)](#) What You Need to Know for 2016 Tip sheets
- [EPs](#) and [Eligible Hospitals/CAHs](#) Specification Sheets
- [Alternate Exclusions Fact Sheet](#)
- [Health Information Exchange Fact Sheet](#)
- [Broadband Access Exclusions Tip Sheet](#)
- [Security Risk Analysis Tip Sheet](#)
- [Patient Electronic Access Tip Sheet](#)
- [EPs](#) and [Eligible Hospitals/CAHs](#) Public Health Reporting in 2016 Tip Sheets
- [Guide for EPs Practicing in Multiple Locations](#)

CMS is encouraging EPs, eligible hospitals, and CAHs to use the relevant resources to prepare for attestation.

For More Information:

Visit the CMS [EHR Events](#) page and listen to previous webinars for [EPs](#) and [eligible hospitals/CAHs](#) to learn more about the EHR Incentive Programs in 2016.

Attention: Home Care Providers Submission of Claims

837 claim files created in the EVV system may be submitted using the Upload function in the Healthcare Portal. Providers may create the claims in the Sandata billing module and submit them by uploading through the Healthcare Portal.

If you were unable to attend the training sessions on the upload process, the presentation slides are available on the Provider Training and Education page of the EOHHS website. The slides include instructions for submission of claims.

[To access the training slides, click here.](#)

However, there may be some claims that cannot be created in the Sandata system. When you verify prior authorization status, if you find that authorizations for dates prior to 10/2/16 are in the Healthcare Portal, but are not visible in Santrax, this may be due to retroactive authorizations.

With the implementation of the “umbrella” authorizations and to eliminate the use of blanket authorization, the criteria was set to pick up only prior authorizations with an end date equal to or greater than the transition date of 10/2/16, therefore retroactive prior authorization details with an end date prior to 10/2/16 will not be included in the EVV authorization for use within the Santrax system.

Providers will not be able to manually or automatically verify the visits for those authorizations added **after** 10/1/16 for dates **prior to** 10/1/16, and will not be able to submit claims for those authorizations through Sandata. However, claims may (and should) be submitted **in the manner in which you submitted your claims prior to the implementation of EVV.**



Resources for Providers Program Integrity: Self-Audit Toolkits

CMS Resources

The Centers for Medicare and Medicaid Services (CMS) website contains informational materials for all healthcare professionals. The Program Integrity section of the website contains materials that are presented as guidelines intended to educate physicians and other healthcare professionals on the importance of self-audit practices.



The website contains booklets and factsheets as resources for self-audits, as well as provider specific toolkits, including toolkits for behavioral health, home and community based services, hospice care, personal care, and nursing homes, among others. Other more general toolkits are also available.

**To access the complete list of
Self-Audit Toolkits, click here.**

*Attention: Hospice Providers***Hospice Rates Effective 10/1/2016**

Procedure Code	Description	Rate
T2042 Days 1-60	Hospice Routine Home Care	\$190.80
T2042 Days 61+	Hospice Routine Home Care	\$150.01
T2043	Hospice Continuous Home Care per hour	\$ 40.21
T2044	Hospice Inpatient Respite Care	\$179.97
T2045	Hospice General Inpatient Care	\$734.94
Service Intensity Add-On G0155	Services of clinical social worker in home health or hospice setting, each 15 minutes	\$ 10.05
Service Intensity Add-On G0299	Direct Skilled nursing services of a registered nurse in the home hospice or hospice setting, each 15 minutes	\$ 10.05



Attention Providers:
Home Health Final Rule (2348-F)

CMS has released details of the Home Health Final Rule (2348-F), including Medicaid face-to-face requirements for home health services, policy changes, and clarifications related to home health and Durable Medical Equipment. EOHHS will continue to inform and educate providers over the upcoming months. Rhode Island expects to come into compliance by July 1, 2017.

To view informational slides from CMS,
[Click Here](#)



Attention: All Medicaid Providers New Office Staff Training



RI Medicaid is offering a training opportunity for **new staff members** in provider facilities or for staff members who are **assuming new roles**. This training addresses the basic information needed to conduct business with RI Medicaid, as well as an overview of the use of the Healthcare Portal.

The presentation slides are posted to the [Provider Training and Education](#) page on the EOHHS website.

We have also set up a quarterly schedule for attending this training in webinar format. Following the presentation, there will be an opportunity to ask questions.

The training is scheduled for 9:00—9:30 AM on the following dates:

[November 17, 2016](#)

[February 16, 2017](#)

[May 18, 2017](#)

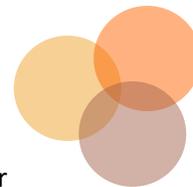
[August 17, 2017](#)

To reserve a space, click on the preferred date, and send the name and email address of the attendee, as well as the type of Medicaid services provided. The schedule will also be published in future issues of the Provider Update, in the event that new staff joins your facility.



Interpreter Services

Effective August 1, 2016, the Rhode Island Medicaid Program established a process that will allow health care providers to submit claims for interpreter services provided to Medicaid fee for service beneficiaries receiving medically necessary services.



Click here to view: [Billing Guidelines for Interpreter Services](#)

For assistance in submitting claims, please contact our Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for instate toll calls and bordering communities.



November is National Diabetes Month

National Diabetes Month is observed in November to bring attention to diabetes and the impact on millions of Americans.

The [National Diabetes Education Program](#) theme for this month is **Managing Diabetes—It's not Easy, But It's Worth It**. NDEP offers resources to help individuals manage their diabetes and preventing complications, as well as resources for health care professionals. You can access these resources by [clicking here](#).

This year, World Diabetes Day, sponsored by the International Diabetes Federation, is observed on November 14 to focus attention on the importance of screening to ensure early diagnosis of type 2 diabetes, and treatment to reduce the risk of serious complications. To access resources in English and Spanish, [click here](#).

Additional resources are available through the US Department of Health and Human Services website by [clicking here](#), including a type 2 diabetes risk test.

American
Diabetes
Month

**You can
prevent
type 2
diabetes.**

healthfinder.gov

Healthcare Portal

Change to Covered Provider Screen

In the Healthcare Portal, trading partners view and manage covered providers using the Trading Partner Profile screen. When the user accessed the covered provider screen, all providers attached to the account would be displayed. Effective immediately, users will see a small modification to this screen.

When trading partners access the Covered Provider screen, they will now have two options: **display providers** or **search providers** (see image).

Clicking **DISPLAY COVERED PROVIDERS** will list all of the providers who are attached to the trading partner's account. The **SEARCH** function allows trading partners with large numbers of covered providers, to easily search for a specific provider using the provider ID number. The **ADD** covered provider function remains the same.

This modification will be especially helpful for clearinghouses and billing agents with large client lists.