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THIS MONTH’S FEATURED ARTICLES

Billing DME Codes when Medicare is Primary
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Medicaid Open Enrollment For Managed Care Members
See page 4 for more information

Ordering, Prescribing, Referring Providers
New Registration Process
See page 7 for information

To Subscribe or update your email address Send an email to: deborah.meiklejohn@dxc.com or click the subscribe button above.
Please put “Subscribe” in the subject line of your email.

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

*September, 2017 Volume 296*

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**Attention: PES Users**

**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 2.10. However, if you have not installed Version 2.09, that must be done prior to installing the 2.10 upgrade. Providers should perform this upgrade as soon as possible.

[Click here to access PES upgrades]

Reminder: For a limited time, claims may be submitted with either the new MID or the social security number. However, providers using PES software should convert their client lists to reflect the new member ID number as soon as possible.

When verifying eligibility for a client, update the record to contain the new ten digit MID. By doing this, you will be ready when the dual processing window for claims closes.

---

**Attention: DME Providers**

**Billing Certain DME Codes when Medicare is Primary**

EOHHS modified certain system edits to streamline the billing process for Minor Assistive Devices when a member has Medicare as the primary insurance.

Effective 8/1/17, for codes **E0190, E0240, E0241, E0242, E0243, E0244, E0245, E0246, E0247, E0248, E0705 and A9281**, RI Medicaid DME providers are not required to submit to the following primary coverages:

**Federal Medicare and Medicare supplemental (Plan 65)**

This will allow DME providers to bill RI Medicaid as primary for these non-covered Medicare items when the beneficiary’s primary coverage is Medicare and Medicare supplemental (Plan 65).

Please note: for any other insurances, it is necessary to bill the member’s primary insurance.
RI Medicaid
Open Enrollment for Managed Care Members

RI Medicaid is holding Open Enrollment for managed care plan members. Letters will be mailed to beneficiaries announcing the option to change health plans. The Open Enrollment period is from September 1 through October 31, 2017.

Letters will be mailed to members in waves beginning the first week of September. Members will have three weeks to request a change in health plan. It is important for members to know:

- All health plans offer the same benefits and are all highly rated Medicaid plans.
- If they want to change plans, they should check to be sure that their family’s doctors are in the plan and that the plan covers their medications. Members should call the health plan or go to the plan’s website for more information.
- If a family is enrolled in Rite Care, all members of the family must be enrolled in the same health plan.

If a member is happy with their current plan, they do not have to do anything. No change will be made. If a member would like to change plans, they can contact HealthSource RI at 1-855-840-4774 to request the change, or complete the form enclosed with the letter and mail back to RI Medicaid.

Members who lose their form, or do not receive a letter, may download one from the EOHHS website at [http://www.eohhs.ri.gov/Home/OpenEnrollment.aspx](http://www.eohhs.ri.gov/Home/OpenEnrollment.aspx). The form will be posted once the Open Enrollment period begins, as well as a frequently asked questions document.

It may take up to 8 weeks for the change to be effective. Members will receive a welcome packet from the new health plan, as well as new ID cards.

Providers are reminded to ask members to show their health plan identification cards prior to delivering services. This will prevent billing the wrong health plan and delays in payment.

Members will be able to select from three health plans for their Medicaid Coverage.

**Neighborhood Health Plan of Rhode Island**
Member Services: 1-866-738-4116
Provider Services: 1-844-301-4093
1-401-459-6020 or 1-800-459-6019
nhpri.org

**TUFTS Health Plan**
Member Services: 1-800-587-5187
Provider Services: 1-877-842-3210
www.ritogether.com

**UnitedHealthcare**
Member Services: 1-800-459-6020 or 1-800-459-6019
nhpri.org
Attn: Group Providers

Keeping your Medicaid Enrollment Current

Group practices are reminded that it is their responsibility to ensure that their enrollment file is current and lists only those providers who are still part of the practice.

When a physician leaves your practice, you must send notification to the enrollment unit. Notification should include:

- Group NPI and Name
- NPI, Name, and effective date of disenrollment for the physician who left the group

This information may be mailed or faxed to:

DXC Technology
Attn: Enrollment Unit
PO Box 2010
Warwick, RI 02887
Or fax to 401-784-3892 Attn: Enrollment Unit

Attention: Clearing Houses

835 Electronic Remittance Advice

This summer, a new enhancement will be added to the Healthcare Portal for the purpose of receiving the 835 Remittance Advice (ERA). When adding a new provider to your covered providers, you will be prompted to select the 835/277 U transactions. If you select to receive these transactions, a new ERA form will display, enabling you to complete the process without having to send an email to the EDI Coordinator. The EDI Coordinator will receive this form and complete the process.

If you receive an error when trying to add a covered provider, it indicates that the provider may still be associated to another clearinghouse, and that association must be terminated first. The provider must contact the original clearinghouse and ask to be removed as a provider. Once that is completed, the new clearinghouse should be able to add the provider. This should be done before the next financial cycle to ensure that the 835 can be delivered.
Enroll In The State Supplied Vaccine (SSV) Program

The SSV Program is a vaccine distribution program where insurers, through a state-mandated assessment, supply funding to RIDOH to purchase and distribute ACIP-recommended vaccines for children, adolescents, and adults. Vaccines are purchased and distributed at no cost to the provider. Federal funding is also provided to supply vaccine for children with Medicaid coverage and the uninsured/under-insured. The program aims to increase vaccination coverage rates among Rhode Islanders by reducing cost as a barrier to vaccination. Enrollment for the SSV Program for the State Fiscal Year 2018 (July 1 – June 30) began June 1. Enrollment is open to licensed vaccine providers, including but not limited to licensed healthcare providers, long-term healthcare facilities, urgent care facilities, pharmacies, hospitals, and community immunizers.

**Program benefits**
- Universal Vaccine Policy - all ACIP routinely recommended vaccines for children, adolescents, and adults (except Zoster) are provided at no cost.
- Providers may submit for administration reimbursement from insurers.

RIDOH’s robust immunization registry, KIDSNET, provides quality improvement capacity for monitoring immunization coverage at state and provider levels. Technical assistance for vaccine storage and handling is available.

**Provider responsibilities**
- Maintain proper storage and handling, monitoring, and reporting of all vaccines received;
- Place vaccine orders through the State’s online vaccine ordering system; and
- Maintain proper vaccine administration records.

**How to enroll**
To review additional information about the SSV Program, visit RIDOH’s Immunization Information for Healthcare Providers webpage or contact SSV Program enrollment coordinator Deborah Porrazzo at 401-222-7876. Detailed enrollment instructions.

*Article reprinted with permission from RI Department of Health – Health Connections July/August 2017*
Ordering, Prescribing, Referring Provider

The Affordable Care Act (ACA) regulation at 42 CFR 455.410 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 began requiring that this information be submitted on affected claims on 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, and Referring Provider (OPR) and confirm that the OPR provider is enrolled in the RI Medicaid Program.

As a reminder, the provider types that are required to have the OPR information on their claims when submitting for reimbursement are:

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

Rhode Island Medicaid historically had one provider application and enrollment process. There is now an electronic registration process that is available for those healthcare professionals that do not wish to be enrolled as a RI Medicaid Provider but do order, prescribe and refer services for RI Medicaid beneficiaries.

Providers registered as OPR only are not eligible for RI Medicaid reimbursement. These providers will not need to provide all the same information as the traditional RI Medicaid providers that do submit claims to request payment of services rendered. Providers interested in registering as an OPR provider only will be able to find the application on the Healthcare Provider Portal home page. This will allow the user to fill out the application online and will include a digital signature. For help with the OPR Registration there is an OPR User Guide located on the home page of the RI Provider Portal.

Very soon the edits will be turned on to deny claims if the OPR is required and the OPR is not enrolled with RI Medicaid.

If you have any questions on this, please contact the customer service help desk at 401-784-8100 or your provider representative Click here to find your provider representative.
Pharmacy Spotlight

Meeting Schedule:
Pharmacy & Therapeutics Committee
Drug Utilization Review Board

The next meeting of the
Pharmacy & Therapeutics Committee (P&T)
is scheduled for:
Date:  September 12, 2017
Registration:  7:30 AM
Meeting:  8:00 AM
Location:  DXC Technology
          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:  September 12, 2017
Meeting:  10:30 AM
Location:  DXC Technology
          301 Metro Center Blvd.,
          Suite 203
          Warwick, RI 02886

Click here for agenda

2017 Meeting Dates:
September 12, 2017
December 12, 2017

Attention: Prescribers
News from RI Department of Health

The Director of Health, Nicole Alexander-Scott, recently sent a communication to prescribers that outlined the Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island [R21-28-CSD].

To view the letter, please click here:
**Pharmacy Spotlight**

**Rhode Island Opioid/Acute Pain Management Regulation Update**

Rhode Island Fee-for-Service Medicaid supports the Rhode Island Department of Health’s rules and regulations for pain management and opioid use.

Effective August 1, 2017, FFS Medicaid prescription drug claims for opioids for the treatment of pain in opioid naïve patients will be limited to a maximum of 20 doses and no more than 30 morphine milligram equivalents (MME) daily.

Opioid naïve patients are people that have not had a paid claim with Medicaid for an opioid in the last 30 days. Patients who are established on opioids for chronic pain management, or for certain illnesses such as cancer or palliative care are not impacted by the Rhode Island legislation.

If the claim exceeds the limit the following reject message will display:

“Prior Authorization Required – Either Try Alternate PDL Drug or Opioid exceeded the MME limit.”

Please contact the prescriber to make the appropriate adjustments to the prescription.

Below are examples of commonly prescribed short acting opioids and the limits set for acute pain treatment:

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Brand/Trade Name</th>
<th>MME Per Dose</th>
<th>Maximum Daily Dose</th>
<th>Max Daily Units (1TAB/CAP=1 Unit)</th>
<th>Max Units Dispensed Per Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone 5mg</td>
<td>Roxicodone</td>
<td>7.5mg</td>
<td>20mg</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Oxycodone/APAP 5mg/325mg</td>
<td>Percocet</td>
<td>7.5mg</td>
<td>20mg</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Hydrocodone/APAP 5mg/325mg</td>
<td>Norco</td>
<td>5mg</td>
<td>30mg</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Hydrocodone/APAP 5mg/300mg</td>
<td>Vicodin</td>
<td>5mg</td>
<td>30mg</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Hydrocodone/APAP 7.5mg/500mg</td>
<td>Vicodin ES</td>
<td>7.5mg</td>
<td>30mg</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Hydrocodone/ibuprofen 7.5mg/200mg</td>
<td>Vicoprofen</td>
<td>7.5mg</td>
<td>30mg</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>APAP/Codeine 30mg</td>
<td>Tylenol #3</td>
<td>4.5mg</td>
<td>180mg</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>APAP/Codeine 60mg</td>
<td>Tylenol #4</td>
<td>9mg</td>
<td>180mg</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Hydromorphone 2mg</td>
<td>Dilaudid</td>
<td>8mg</td>
<td>8mg</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Tramadol 50mg</td>
<td>Ultram</td>
<td>5mg</td>
<td>300mg</td>
<td>6</td>
<td>20</td>
</tr>
</tbody>
</table>

Based on 30 MME per day

For more information about safe prescribing of opioids use the link below:

http://www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/
RI Medicaid  EHR Incentive Program Update

2017 Meaningful Use Attestation CMS Rule Changes
Program Policy Changes Effective October 1, 2017

Full Year CQM Reporting Data No Longer Required!
In past program information updates, we warned our program participants that for program year 2017 they will need to attest their CQM data for a full year. However, on August 2, 2017 CMS published the IPPS/LTCH PPS Final Rule which included changes to the CQM reporting period and the number of CQMs to be reported for program years 2017 by eligible professionals. Click here for information about the upcoming rule changes.

MAPIR Upgrade Continues to Hold 2017 Attestations
Our 6.0 version of MAPIR is in the process of being implemented for the early fall, however, the new final rule from CMS will further delay our ability to accept program year 2017 applications. At this point in time, our MAPIR Collaborative is working on developing a software patch that will accommodate the new changes. As a result, we have yet to determine a timeframe for this patch to be implemented. Please stay tuned and plan accordingly. We will notify our participating providers with any new updates via our email distribution list.

Measure #0 (Zero): ONC Questions
For program year 2017 and onward, CMS is requiring all meaningful use attestations to complete the ONC (Office of the National Coordinator) questionnaire referred to as Measure #0 in MAPIR. A sample screenshot from MAPIR below displays the questions that need to be answered by the attester. Please feel free to contact us by email with any questions.
Attention: Physicians

Home Health Final Rule

Please review the following information for physicians, regarding the Home Health Final Rule:

Durable Medical Equipment
Effective 7/1/17, in accordance with the CMS Home Health Final Rule (2348-F), physicians or authorized non-physician practitioners (NPP) must document the occurrence of a face-to-face (F2F) encounter with the Medicaid eligible beneficiary. The face-to-face encounter must be related to the primary reason the beneficiary requires the medical equipment and the visit must occur no more than 6 months prior to delivery. The documentation must be maintained in the patient’s file for a minimum of ten years.

This is for **fee for service members only** and aligns with similar regulatory requirements for Medicare. The list of DME items subject to the F2F encounter requirement may be viewed by **clicking here**.

Skilled Nursing and Aide Services
Face-to-Face encounters are required for initial orders for skilled home health services. The physician must document the occurrence of a face-to-face encounter that is related to the primary reason the beneficiary requires Home Health Services and the documentation must be maintained in the patient’s file for a minimum of ten years. F2F must occur 90 days prior to or 30 days after the start of services. The F2F may be performed by a physician, NP, or clinical nurse specialist working in collaboration with the physician, certified nurse-midwife, or PA under the supervision of the physician.

Please contact your provider representative for any questions. **Click here for contact information.**

Attn: DME Providers and Physicians - Home Health Final Rule

DME Revised Forms - New F2F Form

To assist with documentation for the Face-to-Face requirement, an optional Face-to-face form is now available for use. The form can be found by clicking the link below.

[Face-to-Face Encounter Form](#)

In addition, other DME Certificate of Medical Necessity forms have also been revised to reflect the F2F requirement.

Providers should **click here** to find the revised forms.
**Meaningful Use**

Medicaid eligible providers still have the opportunity to continue reporting Meaningful Use (MU) as part of the Medicaid EHR Incentive Program. Here are some important things to remember for your 2017 MU attestation:

**EPs need to continue to conduct an annual Security Risk Assessment**

**EHR Reporting Period in 2017**

- For all returning participants, the EHR reporting period for MU Objectives is a minimum of any continuous 90-days between January 1 and December 31, 2017. The reporting period for Clinical Quality Measures as part of the EHR Incentive program is a full calendar year.
- For the 2017 EHR reporting period, the attestation deadline is February 28, 2018.

**Changes to Specific Objectives for Eligible Providers (EPs)**

- **Objective 8, Measure 2, Patient Electronic Access**: For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.
- **Objective 9, Secure Messaging (EPs only)**: For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

If you need assistance, we can help you meet Meaningful Use (MU) objectives that are part of RI Medicaid EHR Incentive Program. [Click here to learn how.](#)

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**Webinar: Hot HIPAA Topics – HIPAA Compliance Update with Linn Freedman**

**Friday, September 15, 2017  7:30 – 9:00 AM**

[Register Here](#)

RIQI’s Annual HIPAA Training webinar with Linn Freedman is [free of charge](#) to all practices who have signed a participation agreement in any of our grant-sponsored programs or currently receive health IT consulting services, including Transforming Clinical Practice Initiative (TCPI) and any practice participating in the Rhode Island Care Transformation Collaborative (CTC-RI).

[Click here for more information.](#)
What’s New with CurrentCare?

Presenting – the CurrentCare Viewer Quick-Start Guide

We’re happy to introduce our new CurrentCare Quick –Start Guide. This brochure is a quick way to reference topics that were presented to you during your CurrentCare Viewer training. You can easily access the PDF version of this document here.

Whether you’ve participated in an On Demand or a live training session, you’re eligible to have our utilization team meet with you one-on-one or in small groups at your practice, where you can receive personalized instruction on the Viewer, using your own patient records. We’ll also be happy to leave a hard copy of the Quick-Start Guide with you at that time. Please contact Alex Howe at AHowe@riqi.org to set up your free utilization session at a time that’s convenient for you.

Educational Webinar – VA Data Inside CurrentCare Viewer

When: Thursday, September 21, 2017 – 12:15 PM – 12:45 PM

Register Here

Looking for VA medical information to treat your Veteran patients? Learn how you can view data from the Veterans Affairs healthcare system in the CurrentCare Viewer, including lab and imaging results, medications, problems, and more. RIQI’s Peggy Menna, Jen Cormier, and Alex Howe will also discuss how CurrentCare-enrolled Veterans can initiate the required permission form (Veterans Lifetime Electronic Record – VLER) to allow their VA data to flow into their CurrentCare record.

***

View the CurrentCare Guidebook, or the Guidebook 101 video to learn more about CurrentCare’s nearly 500 data sources. Read about how your colleagues are finding value in CurrentCare by reading My CurrentCare Story. For questions about CurrentCare, contact our program support team at CurrentCare@riqi.org or 888.858.4815.

TCPI | Transforming Clinical Practice Initiative

Healthcare Communities Portal for TCPI Participants has a new look!

If you are part of the TCPI program, please take advantage of the resources available to you via the Healthcare Communities portal – a virtual community of nearly 70 communities nationwide. For a step-by-step guide to set up your account, download this PDF.

For more information about participating in TCPI, please contact us at 888-858-4815 or email us at cis@riqi.org.