THIS MONTH’S FEATURED ARTICLES

Attention: Individual Providers
New Enrollment Requirements
See page 5 for information

EHR Incentive Program
See page 12 for more information

Billing Administration Codes for Vaccines
See page 6 for information
# PROVIDER update

*December, 2017 Volume 299*

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New Electronic Funds Transfer Process

There will soon be two options for providers/trading partners who need to update their banking information to receive reimbursement from RI Medicaid.

1. There will soon be a new electronic EFT form. On the home page of the Healthcare Portal (before you login), there will be a link to the electronic form in the index on the left side. Select the link and complete the form. If you have questions about the form, click on the “?” in the upper right hand corner for field by field instructions.

   After completing the form, sign it electronically and submit. No supporting documents are required.

2. Providers may still submit a paper form. The form is available in Forms and Applications. Select the Business Process Forms tab.

   When you print the form, it will also print field by field instructions. Complete and sign the form and mail to: DXC Technology, Attn: Finance Unit, PO Box 2010, Warwick RI 02887

   The form must have an original signature and a **voided check or bank letter must also be enclosed.**

**Attention: Clearing Houses**

**835 Electronic Remittance Advice**

A new enhancement will soon 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.
Attention: Nursing Homes and Assisted Living Providers

Reminder—Authorizations

DHS is actively working on the authorizations and eligibility issues.

Please make sure before requesting the interim payments that you have checked eligibility in the Health Care Portal. Providers should not be requesting an Interim payment if there is eligibility.

Once the RI Medicaid eligibility and authorizations are in the system, providers must submit claims for the interim payments that they requested.

If it is beyond 1 year from the date of service you can call the Help Desk at 401-784-8100 to check on eligibility updates.

Transition to New Medicare Numbers

For your information:

The Centers for Medicare & Medicaid Services (CMS) is removing Social Security numbers (SSNs) from all Medicare Cards. A new number will replace the current Health Insurance Claim Number (HICN) on the Medicare cards.

New cards will be mailed beginning in April 2018. The new number is a Medicare Beneficiary Identifier (MBI). Provider systems and business processes must be ready to accept the new Medicare number by April 2018.

For more information, Visit the New Medicare Card Home and Provider webpages for the latest details about the transition at:

**Attention: 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 enrolled provider leaves your group, 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: Individual Providers**

**New Provider Enrollment Requirement**

Effective December 1, 2017, new individual provider applications for enrollment with the Rhode Island Medicaid Program will require the Social Security Number (SSN). This includes providers applying to be added to existing and/or new groups.

Individuals that are certified providers of Medicare **are not** required to submit a Social Security Number to Rhode Island Medicaid when applying to be added to a group.

Individual applicants (not being added to a group) who do not have a Federal Employer Identification Number (FEIN) must continue to enter the SSN on the application.

If you have questions, please contact Customer Service at 401-784-8100 for local and long distance calls or 800-964-6211 for in-state toll calls.
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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90460</td>
<td>Immunization administration through 18 years via any route, with counseling by physician</td>
</tr>
<tr>
<td>90461</td>
<td>Immunization administration through 18 years via any route, each additional vaccine</td>
</tr>
</tbody>
</table>

Vaccines with multiple components are considered as one unit. For example, procedure code 90696 (DTap, Tetanus, Acelullar 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:
DXC Technology
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@dxc.com

Attention: Home Stabilization Providers

Home stabilization services ended effective October 31, 2017.

Claims for services prior to 10/31/17 can be submitted for reimbursement by the Rhode Island Medicaid Program. Any questions can be directed to Karen Murphy at (401) 784-8004 or Karen.murphy3@dxc.com
National Influenza Vaccination Week
Sponsored by Centers for Disease Control

The National Influenza Vaccination Week (NIVW) is a national awareness week focused on highlighting the importance of influenza vaccination.

NIVW 2017 will be observed December 3-9, 2017

FLU

- The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death.
- People of every age, including people in good health, are at risk of flu.
- Influenza can cause illness and sometimes severe disease in persons of any age.
- Flu causes millions of illnesses, hundreds of thousands of hospitalizations and thousands or tens of thousands of deaths each year in the United States.
- Although a majority of hospitalizations and deaths occur in people 65 years and older, even healthy young children and younger adults can have severe disease or even die from influenza.
- About 100 deaths from influenza among children are reported each year to CDC.

Flu Vaccination

- An annual flu vaccine is the best way to protect against this potentially serious disease.
  - Flu vaccination can reduce flu illnesses, doctor visits, pneumonia, need for antibiotics, missed work and school due to flu, as well as prevent flu-related hospitalizations.
  - Flu vaccination also may make your illness milder if you do get sick.
  - Getting vaccinated yourself also protects people around you, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.
- Despite the unpredictable nature of the flu, you should know:
  - You need the 2016-2017 flu vaccine for optimal protection against the flu this season because:
    - Flu viruses are constantly changing, and this season’s vaccines have been updated to protect against the viruses that surveillance data indicate will be most common this flu season, and
    - A person’s immune protection from vaccine declines over time so annual flu vaccination is needed for the best protection against the flu.
It takes about two weeks after vaccination for antibodies to develop in the body that protect against influenza virus infection.

While seasonal flu outbreaks can happen as early as October, flu activity is usually highest between December and February, though activity can last as late as May. As long as flu activity is ongoing, it’s not too late to get vaccinated, even in January or later.

With flu activity increasing and family and friends planning gatherings for the holidays, now is a great time to get a flu vaccine if you haven’t been vaccinated yet this season. A flu vaccine can protect you and your loved ones from the flu.

Find a place near you to get a flu vaccine with the HealthMap Vaccine Finder.

Visit CDC’s Frequently Asked Flu Questions 2016-2017 Flu Season to find out what’s new for the 2016-2017 influenza season

**NIVW Key Messages & Free Resources**

CDC has developed a number of tools and materials for organizations across the country to aid their vaccination efforts during National Influenza Vaccination Week.

- NIVW 2016: Key Messages
- NIVW Communication Resources
- Frequently Asked Flu Questions 2016-2017 Season
**Important Update**  - Ordering, Prescribing, Referring Provider

On January 1, 2018 the edits will be turned on to deny claims if the OPR is required and the OPR is not enrolled with RI Medicaid.

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. If you are currently enrolled as a RI Medicaid Provider, you will not need to enroll as an OPR provider.

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.**
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 was 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 or to complete a Prior Authorization form.

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 6mg/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/
**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:** December 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:** December 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:**

December 12, 2017

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**Attention: Pharmacy Providers**

**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.
RI Medicaid EHR Incentive Program Update

Get Ready for 2017 Meaningful Use Attestations

Plan to Submit 2017 Applications in December
We appreciate the patience from our provider community and we are happy to announce that our providers can attest to Meaningful Use for program 2017 during the first week of December. Barring any unforeseen circumstances, providers who have participated in the Rhode Island Medicaid EHR Incentive program can start attesting to the required meaningful use and clinical quality measures and earn their annual EHR incentive. An email will be sent out to the providers who have participated in the past to notify them that MAPIR is available for their 2017 attestation. Feel free to spread the word around and contact us with any question at ohhs.ehrincentive@ohhs.ri.gov.

Have New Providers Joined your Practice in Recent Years?
If so, have they participated in a Medicaid EHR Incentive program in years past? These providers can continue in a Medicaid program whether they were with another practice in or outside the state or territory. You can email us their NPI number and we can tell you if they have participated in previous years. Should they meet meaningful use in 2017, the provider could be eligible for the Medicaid EHR Incentive. Email us your inquiry at ohhs.ehrincentive@ohhs.ri.gov.

Reminder to be Aware of 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.

![Sample ONC Questionnaire Screenshot]
Attn: Hospice Providers

New Hospice Rates Effective 10/1/2017

New hospice rates were effective on 10/1/17. Hospice Providers were notified by mail.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Description</th>
<th>Rate</th>
<th>Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2042 Days 1-60</td>
<td>Hospice Routine Home Care</td>
<td>$193.03</td>
<td>10/01/2017</td>
</tr>
<tr>
<td>T2042 Days 61+</td>
<td>Hospice Routine Home Care</td>
<td>$151.61</td>
<td>10/01/2017</td>
</tr>
<tr>
<td>T2043</td>
<td>Hospice Continuous Home Care per hour</td>
<td>$40.70</td>
<td>10/01/2017</td>
</tr>
<tr>
<td>T2044</td>
<td>Hospice Inpatient Respite Care</td>
<td>$181.87</td>
<td>10/01/2017</td>
</tr>
<tr>
<td>T2045</td>
<td>Hospice General Inpatient Care</td>
<td>$743.55</td>
<td>10/01/2017</td>
</tr>
<tr>
<td>Service Intensity Add On G0155</td>
<td>Services of clinical social worker in home health or hospice setting, each 15 minutes</td>
<td>$10.18</td>
<td>10/01/2017</td>
</tr>
<tr>
<td>Service Intensity Add on G0299</td>
<td>Direct Skilled nursing services of a registered nurse in the home hospice or hospice setting, each 15 minutes</td>
<td>$10.18</td>
<td>10/01/2017</td>
</tr>
</tbody>
</table>

Attention Providers:

Upgrades Required

Providers must ensure that they are using Window 7 or higher and Internet Explorer 11. This is required for access to the Healthcare Portal and for access to the secure SFTP site via the web.

If you are not using Internet Explorer, the HCP will also work in Chrome and Firefox.
Medication Management and Opioid (MMO) Initiative Pledge

The Rhode Island Quality Institute is joining forces with national efforts to improve medication management and opioid misuse. Please take a moment to commit to this important issue by signing the Medication Management and Opioid (MMO) Initiative Pledge. By joining forces we can make a difference in this national crisis. Please take less than a minute to sign the MMO Pledge here. Thank you. Be sure to select “Rhode Island” from the drop down list for “PTN/SAN/Other Affiliation”.

Additional Resources:
The US Department of Health and Human Services Centers for Disease Control and Prevention (CDC) has created a guide to Non-opioid Treatment for Chronic Pain.

You can also find more information about Opioid Overdose at the CDC website here.

***

Healthcare Communities Portal for TCPI Participants has changed!

CMS recently upgraded the Healthcare Communities website to include the integration of the TCPI Main page and PTN_SAN_Staffpage. 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 info@riqi.org or 888.858.4815.
Meaningful Use

The Rhode Island Quality Institute’s Center for Improvement Science is here to help you achieve your health IT and practice transformation goals. If you need assistance, we can help you meet Meaningful Use (MU) objectives that are part of the RI Medicaid EHR Incentive Program. To discuss how we may be able to assist you, please contact Sue Dettling, PCMH CCE, Consulting Services Manager (Sdettling@riqi.org) about:

- Optimizing your EHR to produce data
- Meaningful Use attestation and Quality Measure Reporting
- NCQA Patient Centered Medical Home (PCMH) recognition support
- Accessing all of your patient data in one place through CurrentCare
- Using health IT to improve care coordination

Health Information Exchange

If you already enroll your patients in CurrentCare or use the CurrentCare Viewer, you know how valuable access to your patient data through CurrentCare is to you and your patients. We appreciate your constant effort to enroll patients, and share your stories with us on how CurrentCare has made a difference in how you deliver care.

As we head toward the end of 2017, we hope to inspire you with several chances to win prizes for your efforts in all that you do to promote enrollment in CurrentCare and to use the Viewer in your practice.

These contests are ongoing through December 31, 2017 – you can still earn prizes, and also be eligible as one of our 2017 CurrentCare Superlative winners – to be honored at a breakfast on January 24, 2018:

- **Enroll and Win!** - monthly chance to win a Visa gift card
- **Gift Card Grab Bag** – win prizes for every 10 CurrentCare Designee Enrollment Forms
- **Be a Hero** - Use your Superhuman strength of leveraging data to improve your practice

For questions or to learn more about CurrentCare contact us at CurrentCare@riqi.org or 888.858.4815.