Attention: Dental Providers

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See page 7 for more information on the RI Medicaid Annual Plan Change Opportunity

All Providers

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To Subscribe or update your email address:
Send an email to: riproviderservices@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.
# PROVIDERupdate

*March, 2018 Volume 302*

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Inpatient Base Rate and Grouper Changes

Rhode Island Medicaid has increased the inpatient hospital DRG base rate to $11,415.00 effective 7/1/2017. This increase was 2.9%.

In addition, Version 34 of the 3M APR-DRG Grouper and the mapper for Version 35 of the 3M-APR-DRG Grouper has been installed effective 10/1/2017.

DXC will reprocess all previously paid inpatient claims with dates of service 7/1/2017 or greater to accommodate the base rate and DRG change. These claims will be reported in the 3/2/2018 remittance.

Attention Providers:
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: Dental Providers

2018 New Dental Codes:

New dental codes are effective for dates of service on or after January 1, 2018

D5511 Repair broken complete denture base, mandibular (Replaces D5510)
D5512 Repair broken complete denture base, maxillary (Replaces D5510)
D5611 Repair resin partial denture base, mandibular (Replaces D5610)
D5612 Repair resin partial denture base, maxillary (Replaces D5610)
D5621 Repair cast partial framework, mandibular (Replaces D5620)
D5622 Repair cast partial framework, maxillary (Replaces D5620)
D9222 Deep sedation/general anesthesia – first 15 minute increment

(Use D9223 for each subsequent 15 minute increment. Up to 1 hr total of deep sedation/general anesthesia)

D9239 Intravenous moderate (conscious) sedation/analgesia – first 15 minutes.
(Use D9243 for each subsequent 15 minute increment. Up to 1 hr total of intravenous moderate sedation/analgesia)

D8695 Removal of fixed orthodontic appliances – other than at the conclusion of treatment

2018 Deleted Dental Codes:
Claims for these codes with dates of service on or after January 1, 2018 will not process.

D5510 Repair broken complete denture base
D5610 Repair resin denture base
D5620 Repair cast framework

The Dental Provider Reference Manual located on the EOHHS website has been updated to reflect these changes. Please see the manual for restrictions and additional guidelines.

If you have questions please contact customer service at 401-784-8100 and for in-state toll calls, 800-964-6211. You may also contact Sandra Bates, Provider Representative at 401-784-8022 or sandra.bates@dxc.com.
Attention: All Providers

Third Party Liability (TPL) Notification Requirements

Federal regulations require Medicaid to be the "payer of last resort." All third party insurance carriers, including Medicare and private health insurance carriers, must be billed before Medicaid processes the claim. Additionally, Providers must report any payments from third parties on claims filed for Medicaid payment.

Please provide OHHS all third party liability information on Medicaid recipients if not reporting on the EOHHS Healthcare portal.

You can notify the DXC TPL unit by completing the TPL form which can be found in Forms and Application on the EOHHS website and faxing to 401-784-3892 or by calling the DXC customer service help desk at 401-784-8100 or in-state toll calls 1-800-964-6211.

Executive Office of Health and Human Service
2018 Holiday Observances

The Executive Office of Health and Human Service (EOHHS) will be closed on the following dates:

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<td>New Year’s Day</td>
<td>Monday, January 1</td>
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<tr>
<td>Dr. Martin Luther King, Jr. Day</td>
<td>Monday, January 15</td>
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<td>Memorial Day</td>
<td>Monday, May 28</td>
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<td>Independence Day</td>
<td>Wednesday, July 4</td>
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<td>Victory Day</td>
<td>Monday, August 13</td>
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<td>Labor Day</td>
<td>Monday, September 3</td>
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<td>Columbus Day</td>
<td>Monday, October 8</td>
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<td>Veteran’s Day</td>
<td>Sunday, November 11</td>
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<td></td>
<td>(Closed on Monday, November 12)</td>
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<tr>
<td>Thanksgiving Day</td>
<td>Thursday, November 22</td>
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<tr>
<td>Christmas Day</td>
<td>Tuesday, December 25</td>
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RI Medicaid  EHR Incentive Program Update

Be Aware of the March 30, 2018 Deadline

MAPIR is accepting 2017 RI Medicaid EHR Incentive applications. Please be aware that the deadline to attest is March 30, 2018. Do you have any questions or concerns about meeting this deadline? If so, contact us by email at ohhs.ehrincentive@ohhs.ri.gov.

2017 comes with a new measure which is an ONC questionnaire and is referred to as Measure #0 in MAPIR. Click here to preview the list of questions for this new measure and click here if you need information to attest for 2017 Meaningful Use measures from the CMS EHR Incentive program site.

Attention All Providers

Upcoming Changes in RiTe Care Enrollment for Newborns

Coming in March, 2018 will be some changes to MMIS enrollment logic for newborn beneficiaries into the RiTe Care program. Going forward, newborn beneficiaries will be enrolled into the RiTe Care family health plan retroactive to their Medicaid eligibility start date (which is typically the date of birth for the newborn). This change is intended to address gaps between the newborn Medicaid eligibility start date and the enrollment start date into the RiTe Care health plan.

It should be noted that the determination of newborn eligibility can take several months before being applied to the MMIS. This timeframe will not be changing as part of the modifications to retroactively enroll newborns into RiTe Care.

This modification is intended to help to reduce confusion by the Medicaid provider community as to where to bill claims for these newborns.
RI Medicaid Annual Plan Change Opportunity

RI Medicaid is holding an Annual Plan Change Opportunity from February 1 through May 31, 2018 for currently enrolled members of Rite Care, Rhody Health Partners and Medicaid Expansion. Letters will be mailed to beneficiaries announcing the option to change health plans starting in late February. Letters will be mailed to members in 5 mailing waves beginning the last week of February and continuing through March. Members will have until May 31st 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.
- All Rite Care members must choose the same health plan for all family members. Members in Rhody Health Partners and Medicaid Expansion may select their own 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/PlanChange.aspx

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 a new ID card.

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:

1-401-459-6020 or 1-800-459-6019

nhpri.org

1-866-738-4116

www.ritogether.com

1-800-587-5187

UHCCommunityPlan.com
The next meeting of the Pharmacy & Therapeutics Committee (P&T) is scheduled for:
Date: April 10, 2018
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: April 10, 2018
Meeting: 10:30 AM
Location: DXC Technology
301 Metro Center Blvd., Suite 203
Warwick, RI 02886
Click here for agenda

2018 Meeting Dates:
June 5, 2018
September 11, 2018
December 11, 2018

Attention: RI Medicaid Drug Prior Authorization Forms

The RI Medicaid prior authorization (PA) program includes a Preferred Drug List (PDL) where Non-Preferred agents require a PA. Please be sure to use the Prior Authorization for a Non-Preferred Drug form not the General PA Form when requesting a Non-Preferred agent. There are also other drugs or classes of drugs that require clinical PAs. Some drugs have a specific PA form with unique criteria relevant to that drug.

To ensure a quick turnaround time for your PA request please check the list of forms and select the form most appropriate for the drug you are requesting. Using the correct form first, means you will not have to waste your time doing it a second time and delay needed medication for a patient.

Forms for prior authorization approval are available at the EOHHS Website: http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx
Pharmacy Spotlight

**ENCORE Needle Exchange Program**

The ENCORE needle exchange program operates through funding from the Rhode Island Department of Health in accordance with Rhode Island General Laws.

AIDS Care Ocean State’s ENCORE Program aims to deliver harm reduction services and syringe exchange materials to at risk communities helping decrease the spread of HIV, HCV, and other blood borne pathogens. Services include a wide-range of prevention approaches including: outreach, mobile van, and at home delivery, to high risk populations. The ENCORE Program is one of the only free distribution sites for Naloxone in the state of Rhode Island.

For more information, see Aids Care Ocean State

---

**FAQ for Pharmacies Processing DME Claims**

Q: Does a pharmacy need to enroll as a DME provider to bill DME items?
A: Yes

Q: What DME items are typically billed when enrolled as a DME provider?
A: Assistive devices (canes, walkers, pick-up reachers), incontinence supplies, nutritional supplements and blood glucose testing supplies.

Q: How do I bill DME items?
A: Use a CMS 1500

Q: Where can I find more information on billing and claims?
A: On the EOHHS website under Billing and Claims

Q: Where can I find the DME provider manual?
A: On the EOHHS website under Provider Manuals

Q: If I bill a DME item as a pharmacy provider, through POS what happens?
A: You will receive an error message that says “payable through DME program”.

Q: If the DME item needs a prior authorization how can I find out if it has been approved?
A: The PA status, number and date span are accessible on the EOHHS healthcare portal, or by calling the DXC provider help desk at 401-784-8100. In order to have access to the health care portal you will need to apply for and register a Trading Partner number (user ID). If you do not currently have one, information on how to apply and register is available on the EOHHS website.

Questions? Contact the DXC provider help desk at 401-784-8100 or the DME provider representative, Marlene Lamoureux at 401-784-3805.
MIPS Reporting Deadlines Fast Approaching

Deadlines are fast approaching if you plan to submit data for the 2017 Merit-based Incentive Payment System (MIPS) performance period. Don’t wait until the last minute to submit your data. Submit early and often. The two key dates are:

- **March 16 at 8 pm Eastern time** for group reporting via the CMS web interface
- **March 31** for all other MIPS reporting, including via qpp.cms.gov

Note: If you’re not sure if you are required to report for MIPS, enter your National Provider Identifier (NPI) in the MIPS Lookup Tool to find out whether you need to report. Additionally, if you know you are in a MIPS APM or Advanced APM, you can use the APM Lookup Tool.

If you are a participant in the Transforming Clinical Practice Initiative (TCPI) program and need assistance, please contact your Practice Facilitator as soon as possible at 800-858-4815.

We can also 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

At our recent CurrentCare Superlative Breakfast, on January 24, 2018, the top enrollers and utilizers of the CurrentCare Viewer were celebrated. These individuals, who represent organizations from around the state, are experts in explaining the value of CurrentCare to their patients and in using the CurrentCare Viewer to benefit their patient care.

As part of our gathering, we asked those in attendance, What do you tell your patients when asking them to enroll in CurrentCare?

Their feedback included some valuable ideas including how patient enrollment in CurrentCare helps:

- with coordination and continuity of care among providers
- when medical professionals want to stay updated on a patient’s health, including other appointments and hospitalizations
- providers and nurses give exceptional care
- to avoid unnecessary testing

Those who use CurrentCare in their daily practice shared that the Viewer helps them to:

- see their patient’s record in an organized manner
- get information on their patients who have been hospitalized
- quickly access important information providers need, such as lab results
- find missing information for pre-visit planning

To find out how your practice can get started with the CurrentCare Viewer, please contact the Rhode Island Quality Institute: Phone: 1-888-858-4815 Email: CurrentCare@riqi.org

MS Awareness Week: March 11 - 17, 2018

Multiple sclerosis and the MS movement—everyone working to change lives as we drive toward a world free of MS—become better know each year. But more must be done to spread the word. Every day, people living with MS do whatever it takes to move their lives forward despite the challenges. By sharing their stories, we help people better understand life with MS and become inspired to do whatever it takes to change the world for people living with MS.

You can help ensure that more people understand what life with MS can be liked and engage more people to do something about it, by following our media channels and sharing the stories of those living with MS, who move life forward every day and don’t let MS define them. “Multiple sclerosis may be a part of who you are, but it doesn’t define you as a person. You are who you are, and MS can’t take that away from you.” - Clarissa, diagnosed in 2006

Together we will do whatever it takes to change the world for people with MS.

Check out more information on the National Multiple Sclerosis Society website.
Attention: All Providers

New Information—Member ID Conversion

In September, 2016, RI Medicaid converted member ID numbers, formerly 9 digit social security numbers, to a randomly generated ten digit ID number.

New ID cards are being sent to beneficiaries in waves and should be completed by July 1, 2018. Please continue to accept the existing Medicaid cards.

Providers should make note of the new ID number, as well as request that the beneficiary produce the new card. There has been a dual window for claims processing, during which either the 9 digit or 10 digit ID are being accepted.

The dual processing for claims will end on April 30, 2018.

Claims submitted with a From Date of Service after 4/30/2018 will only be accepted with the new 10 digit Medicaid ID.

If an adjustment to a previously paid claim needs to be submitted after 4/30/2018 for a claim with dates of service before 4/30/2018 then either the 9 digit or 10 digit MID will be accepted.

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.
Attn: All Providers

Remittance Advice

As a reminder Providers are responsible for obtaining their Remittance Advice (RA) from the Healthcare Portal after each financial cycle. The Payment and Processing Schedule can be viewed on the EOHHS website.

Providers should print and/or save each Remittance Advice for their records. Only a maximum of 4 Remittance Advices will be stored on the Healthcare Portal.

Providers must have a Trading Partner ID (TP ID) in order to access the information. If you do not have a TP ID, you can obtain one by applying on the Healthcare Portal Trading Partner Enrollment page.

Maximum Claim Details

As a reminder, when submitting claims there are maximum detail requirements both on paper and electronically.

Paper claims:
- CMS -1500 - Maximum details allowed per claim is 12.
- UB-04 – Maximum details allowed per claim is 92.
- Dental – Maximum details allowed per claim is 12 or 20.

Electronic Claims:
- 837 Professional (includes waivers) – Maximum details allowed per claim is 50.
- 837 Dental - Maximum details allowed per claim is 50.
- 837 Institutional - Maximum details allowed per claim is 999
Do you have the workforce you need?

In today’s rapidly changing world of healthcare, clinicians and support staff alike are continually confronted with new expectations and requirements from payers, patients, and policy-makers to transform their practices in ways that improve the patient experience, reduce costs, and produce better outcomes.

Among the dizzying changes and concepts that healthcare providers are expected to incorporate into their fast-paced work environments are: electronic medical records and data analytics, population health and social determinants, team-based care and integrated behavioral health, cultural competence and health equity, value-based payments and risk-based contracts, and much more.

In addition, provider organizations must determine their optimal skill mix and staffing levels, identify which occupations and roles deliver the most value, and develop a plan to recruit, retain, and train the staff they need to run a successful and sustainable organization.

In recognition of the many workforce challenges faced by healthcare providers, EOHHS launched a Healthcare Workforce Transformation initiative in 2016 to better-align the efforts of healthcare education and training providers with the needs of healthcare providers and the state’s health system transformation goals. This initiative resulted in the publication of a Healthcare Workforce Transformation Report, which identified the following workforce priorities and strategies:

**Build Healthcare Career Pathways**
Prepare Rhode Islanders from culturally and linguistically diverse background for existing and emerging good jobs in careers in healthcare through expanded career awareness, job training and education, and advancement opportunities.

**Expand Home and Community-Based Care**
Increase the capacity of community-based providers to offer culturally competent care and services in the home and community, and reduce unnecessary utilization of high-cost institutional or specialty care.

**Teach Core Concepts of Health System and Practice Transformation**
Increase the capacity of the current and future workforce to understand and apply core concepts of health system and practice transformation.

To help address these priorities, EOHHS has partnered with the University of RI, RI College, and the Community College of RI, as well as other private and community-based training providers, to develop new programs to educate the future workforce, provide continuing education to the current workforce, and support RI’s healthcare providers and organizations.

EOHHS is eager to help understand and address your workforce needs and challenges. For more information, contact Rick Brooks at rick.brooks@ohhs.ri.gov or 401-462-8782.