Rhode Island Medicaid Program

PROVIDER update

Volume 310
November 2018

THIS MONTH’S FEATURED ARTICLES

See page 5
Lung Cancer & COPD Awareness Month

See page 8
Updates from Rhode Island Quality Institute

See page 9
RI Medicaid EHR Incentive Program Update

Inside This Issue:
See page 2 for Table of Contents.

To Subscribe or update your email address:
Send an email to: riproviderservices@dx.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.
<table>
<thead>
<tr>
<th>Article</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Search on the Healthcare Portal</td>
<td>3</td>
</tr>
<tr>
<td>Patient Share on the Healthcare Portal</td>
<td>3</td>
</tr>
<tr>
<td>Transition to DXC Email</td>
<td>4</td>
</tr>
<tr>
<td>Healthcare Portal Reference Guides</td>
<td>4</td>
</tr>
<tr>
<td>Managing your Trading Partner ID</td>
<td>4</td>
</tr>
<tr>
<td>Lung Cancer and COPD Awareness Month</td>
<td>5</td>
</tr>
<tr>
<td>Provider Electronic Solutions Software Version 2.10</td>
<td>6</td>
</tr>
<tr>
<td>Dental Changes</td>
<td>7</td>
</tr>
<tr>
<td>Attending Provider Requirement</td>
<td>7</td>
</tr>
<tr>
<td>Updates from Rhode Island Quality Institute</td>
<td>8</td>
</tr>
<tr>
<td>RI Medicaid EHR Incentive Program Update</td>
<td>9</td>
</tr>
<tr>
<td>Info for DME Providers &amp; Home Health Care Skilled Nursing Svcs</td>
<td>10</td>
</tr>
<tr>
<td>Pharmacy Spotlight—Meeting Dates</td>
<td>11</td>
</tr>
<tr>
<td>Pharmacy—Drug Prior Authorization Forms</td>
<td>11</td>
</tr>
<tr>
<td>Pharmacy—Billing Administration for Flu Vaccinations</td>
<td>12</td>
</tr>
<tr>
<td>Pharmacy—Ordering, Prescribing, and Referring (OPR)</td>
<td>13</td>
</tr>
<tr>
<td>Important Info re Unity/Rhode Health Options</td>
<td>14</td>
</tr>
<tr>
<td>Continuing Education Opportunity</td>
<td>15</td>
</tr>
<tr>
<td>Notice of RI Medicaid Call Center Closure on 11/6/18</td>
<td>15</td>
</tr>
</tbody>
</table>
Eligibility Search on the Healthcare Portal

Healthcare Portal Eligibility Search

The Executive Office of Health and Human Services has made modifications to the eligibility function on the Healthcare Portal. The eligibility function will now display 2 months of prospective eligibility on the HC portal. The Effective To date cannot be more than 2 months into the future. For formatting purposes, please review the example of dates displayed below.

<table>
<thead>
<tr>
<th>Effective From Date</th>
<th>Effective To Date</th>
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</thead>
<tbody>
<tr>
<td>06/11/2018</td>
<td>08/11/2018</td>
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</table>

Eligibility must still be checked on the date the service is provided.

Disclaimer
Provider understands the prospective eligibility date is not a guarantee of future eligibility. Also, the prospective eligibility, does not guarantee payment for services. Eligibility must be rechecked on the date of service.

Patient Share on the Healthcare Portal

The Health Care Portal is used to access business actions with RI Medicaid such as verifying eligibility, accessing RA, checking claims, prior authorizations and is now also available to view patient share (cost of care).

From the user’s home page, you will have access to Patient Share in the orange bar across the top of the page if you already had access to Eligibility and Claims Search.

To begin the search the user must enter the member’s ID, Start Date and End Date. Then choose the Share Type (Assisted Living, Home Care, Nursing Home, Hospice, Pace, Shared Living) from the drop down list. The date range may be 12 months prior to today and up to 2 months in the future, with a maximum of a 3 month date span.

Home Care members can receive services from more than one provider for the same period of time. The single home care value displayed on the web is the amount for that period of time and is not specific to a provider.
All Providers

If you use email to contact individuals at DXC Technology, please note that the old @hpe.com extension will not forward to your intended contact’s email box after September 30, 2018.

Please use the person’s DXC email address by replacing @hpe.com with @dxc.com as soon as possible.

Healthcare Portal Reference Guides

If you are a new to Rhode Island Medicaid and need assistance enrolling as a Trading Partner for the Healthcare Portal then check out Self Paced Users Guides on the EOHHS website.

If you are you a new or current user that needs assistance navigating the Healthcare Portal then check out the Quick Reference Guides on the EOHHS website.

Managing your Trading Partner ID

Transfer of Trading Partner/Master User Privileges for the Health Care Portal

If your Trading Partner Administrator is preparing to leave their current role of managing the HC Portal the Master User can complete a One Time Transfer of their privileges to the Health Care Portal by taking the following steps.

- Login to the portal select “Profile” on the home page and update the email on file to the new email user’s address.
- Update the answers to the current security questions to be generic answers. Ex; Apple, baseball, etc.
- Change the password to a generic password (passwords can only be updated once a day). Ex; Pass2018
- Give the new questions with generic answers to the new Admin.
- The new Admin/User can now login with the above information and update to reflect their personal information.
November is **Lung Cancer** and **Chronic Obstructive Pulmonary Disorder (COPD)** Awareness Month!

**November 15, 2018 is The Great American Smokeout!**

### Need information about tobacco cessation?

The Tobacco Cessation Medicaid Benefits Matrix is now available at the [Department of Health](#).

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### Improving Evidence-Based Lung Cancer Screening Rates

Lung cancer is the third most common cancer but the most common cause of cancer death. It is particularly deadly because patients do not experience symptoms until the late stages of the disease, when it is difficult to treat. To identify lung tumors sooner, doctors can use an imaging test, called a low dose CT scan, to screen current and former smokers for lung cancer. Current and recent former smokers who receive this test annually can reduce their chance of lung cancer death by 20 percent. However, the use of lung cancer screening across the U.S. remains low. It’s estimated less than 3% of the eligible patients are being screened.

[Click here to view webinar: Improving Evidence-Based Lung Cancer Screening Rates](#)

*Brown Office of Continuing Medical Education*

### Program Description

The [United States Preventive Services Task Force (USPSTF)](#) recommends that current or former smokers be screened annually for lung cancer after they have reached a threshold of 30 pack-years (1 pack of cigarettes per year for 30 years, or mathematical equivalent), are ages 55-74, and either still smoke or have quit within the last 15 years. Adherence to guidelines can help identify lung cancers at earlier stages, when prognoses are much better; yet, screening rates are poor within primary care settings (below 3%, nationally). Implementing a comprehensive lung cancer screening program in the primary care setting requires aligning the guidelines with clinical practice, and coordinating efforts among diverse care providers.
Provider Electronic Solutions Software (PES) Users

Are you ready to do your Medicaid billing but have forgotten your password to the PES billing software?

Have you entered your password too many times?

During these times, when you don’t know your password to access the PES software, the Provider Representative Team can provide you with a temporary password.

Instructions for resetting your PES password can be found on the EOHHS website.

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All Provider Electronic Solutions Software (PES) Users

We are presently running PES version 2.10. There are two ways you can check which version you are on:

- Upon logging in to the software the current version will be displayed.
- Once you have logged in to the software select “Help” and “About” from across the top toolbar and the current version will be displayed

Please remember upgrades must be done in sequential order, or risk corruption of your database. Providers can retrieve Upgrades from the EOHHS website.

If you should need assistance with your upgrade, please email RI EDI Services.
**Attention: Dental Providers**

Providers have requested additional information regarding scaling and root planing and the following notes are provided:

D4346, scaling in the presence of generalized moderate or severe gingival inflammation-full mouth, after oral evaluation, is indicated when there is radiographic/photographic calculus, and generally pockets are 5 mm or less.

D4341: requires periodontal charting indicating abnormal pocket depths in multiple sites, and at least one of the following is present:
- Radiographic evidence of root surface calculus; or
- Radiographic evidence of noticeable loss of bone support

Documentation needed for procedures:
- Radiographs-full mouth series radiographs taken within the last 4 years in addition to more recent radiographs. Bite-wing radiographs alone are not adequate for review.
- Complete periodontal charting with six-point probing. Periodontal Screening and Recording (PSR) is not to be used instead of a full-mouth charting.

Periodontal diagnosis

Please be advised that scaling and root planing should be reserved for situations where it will have significant impact and where a conventional prophy, using a cavitron or other sonic scaler thoroughly in a subgingival fashion, is unlikely to provide significant impact. It is expected that conventional prophies involve some subgingival scaling with either scalers or cavitron or other sonic scaler.

Hard or difficult cleanings should not be submitted as scaling and root planing.

Services will likely be approved in cases of vertical, infrabony defects, in which it is anticipated that improvement will result. Cases are more likely to be approved when the etiologic factor is mineralized deposits as opposed to pocketing due to factors not associated with deposits, for example, tilted teeth (pseudopockets) or poorly contoured restorations.

Teeth must have a good prognosis and be part of an overall treatment plan with predictable prognosis.

Providers may perform a conventional prophy while waiting for authorization. Expectation is that two quadrants should be performed at each visit.

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**Attending Provider Requirement**

**Attending Providers-Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health**

The Rhode Island Medicaid program would like to remind providers that the Attending Provider field on claims is a required field. Any attending provider listed on a claim must be enrolled/registered with RI Medicaid.

Hospice, Inpatient, Nursing Home, Outpatient, Professional and Home Health providers are required to submit with an attending provider on all claims.

**RI Medicaid will begin editing claims for attending provider information in October 2018. The exact date is still to be determined. After the confirmed date, claims submitted without an attending provider or with a provider not enrolled/registered with RI Medicaid will deny.**

Manual (paper) claim form instructions for placement of the attending provider information can be found [here](#) on the EOHHS website. Attending provider loop and segment information for X12 transactions can be found [here](#).
Community Care Alliance on Care Management Alerts & Dashboards

In their own words, see how Care Management Alerts & Dashboards impact how Community Care Alliance cares for their patients. Learn how you can transform your healthcare management process with this revolutionary tool.

Hot HIPAA Topics with Linn Freedman

Webinar: Friday, November 2, 2018 • 7:30 am - 9 am

Register

RIQI's annual live webinar presentation with industry-leading privacy and security attorney Linn Foster Freedman, of Robinson & Cole LLP, will focus on hot topics related to privacy and security and HIPAA compliance. This session will also offer certification to fulfill your annual HIPAA training requirement.

The Transforming Clinical Practice Initiative (TCPI) is supported by Grant No. 1L1CMS331448-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid
RI Medicaid EHR Incentive Program Update

Submitting 2018 Applications - Year 2 vs. Years 3-6

Our MAPIR system is now available to accept 2018 EHR Incentive applications. Our MAPIR system was upgraded to version 6.1 which allows providers to attest to meaningful use in accordance to the 2018 program rules approved by CMS earlier this year. Please take note regarding your 2018 attestation. If you are attesting for providers who are in program years 3-6, they will be required to attest their CQM measures for a full-year while the meaningful use objective attestation is for any 90-day period in 2018. Therefore, you will need to wait until the year is finished before you can attest for program year 3-6 applications. On the other hand, if you need to attest for a program year 2 application, that is attesting to meaningful use for the first time, you can now submit these applications and attest both meaningful use and CQM data for 90-days.

In either case providers can attest to Stage 2 or 3 meaningful use objectives and feel free to click here to learn more about the meaningful use reporting requirements. In addition, you can click here to understand 2018 CQM reporting requirements. We recognize that each year has some new differences, so please feel free contact us with any questions you may have at ohhs.ehrincentive@ohhs.ri.gov.

Security Risk Assessment Tool Update

Most of our providers are challenged by performing an annual security risk assessment. Fortunately, the Office of the National Coordinator of Health Information Technology (ONC) offers a solution and have updated their free Security Risk Assessment Tool. You can click here and download it from the HealthIT.gov website. The ONC worked with the HHS Office of Civil Rights (OCR) to develop this tool. Which will help guide you through the security risk assessment process as required by the HIPAA Security Rule and the CMS EHR Incentive program. Our hope is that this tool will help you achieve this challenging task.
As a reminder, effective July 1, 2016, emergency response systems (PERS), home modifications and specialized supplies and equipment are in-plan for United Health, Neighborhood Health and Tufts managed care plans. Claims for dates of service 7/1/16 and after must be submitted to the appropriate managed care plan based on the beneficiaries enrollment.

Examples of procedure codes included are:

S5160 Emergency Response System: Installation and Testing
S5161 Emergency Response System; Service Fee, Per Month
S5165 Home Modifications; Per Service

Please contact the appropriate managed care plan for billing and code information. Neighborhood Health Plan: 401-459-6000 United Healthcare: 877-842-3210 and Tufts Health Plan: 844-301-4093.

Home Health Care

Skilled Nursing Services

Skilled nursing services are reimbursable by the Medicaid Program for up to 2 occurrences per day when they are related to the care of a member who is experiencing acute or chronic periods of illness and if those services are:

- Ordered by a physician and are included in a plan of treatment established for the patient
- Required on an intermittent bases
- Reasonable and necessary for the treatment of an illness or injury

Physical, Occupational and Speech Therapy Services

All therapy services must be prescribed by a physician and speech therapy performed by a licensed therapist. Therapy service must be services directly related to an active plan of care designed by the prescribing physician and of such a level of complexity and sophistication that the judgement, knowledge and skills of a qualified therapist are required. All therapies must be medically necessary under accepted standards of medical practice to the treatment of the patient’s condition.
Pharmacy Spotlight

Meeting Schedule:
Pharmacy and Therapeutics Committee
Drug Utilization Review Board

The next meeting of the Pharmacy & Therapeutics Committee (P&T) is scheduled for:
Date: December 11, 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: December 11, 2018
Meeting: 10:30 AM
Location: DXC Technology
301 Metro Center Blvd., Suite 203
Warwick, RI 02886
Click here for agenda

2019 Meeting Dates:
April 9, 2019
June 3, 2019
September 10, 2019
December 17, 2019

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
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>
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<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, Acelular 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

The Flu Season

While seasonal influenza (flu) viruses are detected year-round in the United States, flu viruses are most common during the fall and winter. The exact timing and duration of flu seasons can vary, but influenza activity often begins to increase in October. Most of the time flu activity peaks between December and February, although activity can last as late as May.
Important Update - Ordering, Prescribing, Referring (OPR) Provider

What is happening?
RI Fee for Service (FFS) 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 FFS 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 FFS Medicaid Program.

Effective Monday, October 1st, 2018 pharmacy claims will deny if the prescriber is not enrolled with RI Medicaid.

Why is this happening?
The Affordable Care Act (ACA) regulation at 42 CFR 455.410 requires ordering, prescribing or referring providers be enrolled in the Medicaid Program. The OPR requirement is for both the following scenarios:

- The claim is primary to RI FFS Medicaid.
- The claim is secondary to RI FFS Medicaid.

What message will the pharmacy receive if the provider is not enrolled?
The claim will deny stating “Prescribing Provider Ineligible on Date of Service”.

Where can a prescriber enroll?
Providers interested in enrolling as a “billing” provider or an “OPR (non-billing)” provider can follow this link: https://www.riproviderportal.org to complete the online process. A digital signature is required. User guides for both types of enrollment, “billing” or “OPR (non-billing)” are available through the same link.

Where can I look to see if a prescriber is enrolled?
There is a search function on the EOHHS website at http://www.eohhs.ri.gov/Consumer/ProviderSearch.aspx.

What options are there for prescribers?
If you are a prescriber, check your enrollment status. If you are currently enrolled as a RI FFS Medicaid Provider, you are all set! If you are not enrolled, you can:

- Enroll as a “billing” provider.
  —Providers that submit claims for services rendered.
  —Providers are then eligible for reimbursement from RI FFS Medicaid.

- Enroll as an “ordering, prescribing or referring” provider
  —Providers are not eligible for RI FFS Medicaid reimbursement.
  —Providers can “order, prescribe or refer” services.
  —Limited information is required for enrolling as an “OPR” provider

Questions?
Please contact the Medicaid FFS Provider Customer Service Help Desk at 401-784-8100.
The Neighborhood UNITY/Rhody Health Options program for adults with Medicare and Medicaid and Medicaid-only coverage will be ending on September 30, 2018. Approximately 11,000 beneficiaries enrolled in Neighborhood UNITY administered by Neighborhood Health Plan of Rhode Island will be enrolled in Medicaid Fee-For-Service (FFS) effective October 1, 2018 for their Long-Term Services and Supports benefits and other Medicaid covered services.

Please note:

- The Neighborhood INTEGRITY program will not change.
- Medicare Part A, Part B, and Part D covered services will not change.

Medicaid funded services, such as long-term services and supports (home care, assisted living, Meals on Wheels) and adult day services, behavioral health services and Durable Medical Equipment, will be reimbursed under Medicaid Fee-for-Service (FFS) for dates of service beginning October 1, 2018.

Continuity of Care Period

To ensure continuity of care, most Medicaid funded services for Neighborhood UNITY members authorized by Neighborhood Health Plan of Rhode Island will be covered in Medicaid FFS from October 1, 2018 – June 30, 2019.

Provider Credentialing

If you are currently providing services to Neighborhood UNITY beneficiaries and you are not currently credentialed with RI Medicaid, please complete the enrollment process. Information on the enrollment process can be found here: http://www.eohhs.ri.gov/ProvidersPartners/ProviderEnrollment.aspx

FOR MORE INFORMATION, please call the RI Medicaid Provider Call Center at 401-784-8100.

We’ve established a dedicated Call Center for consumer calls:
RHO Transition Call Center, 1-844-749-8323, Monday – Friday, 8:00 am – 6:00 pm.

For urgent requests or problems, the Call Center can expedite information to EOHHS for resolution. Neighborhood UNITY members received information in the mail in August and September about this change.

For more information, please see the EOHHS website:
http://www.eohhs.ri.gov/Initiatives/IntegratedCareInitiative/RHOTransition.aspx
http://www.eohhs.ri.gov/Initiatives/IntegratedCareInitiative/RHOTransition/ProviderInformation.aspx
http://www.eohhs.ri.gov/Initiatives/IntegratedCareInitiative/RHOTransition/MemberLettersFAQs.aspx
Continuing Education Opportunity

This program was made possible with funding by the RI Medicaid Health System Transformation Project.

URI Continuing Education Conference

Building a Culture of Health: Tackling Key Social Determinants to Promote Wellness in RI

From income and education to neighborhood and social bias, social determinants of health impact patients every day. Participants in this interprofessional continuing education program, sponsored by the URI Academic Health Collaborative, will be able to identify the key social determinants that impact patient health in Rhode Island, learn how these factors play a role across health care fields, and explain how a health assessment tool can be used to improve clinical outcomes and patient and staff satisfaction.

The conference will feature a keynote presentation by Dr. Susan Hassmiller, Senior Adviser for Nursing, Robert Wood Johnson Foundation. Participants will have the opportunity to observe, participate and debrief a live patient simulation.

Monday, November 5, 2018
8:30 AM - 4:00 PM
Crowne Plaza Hotel, Warwick, RI

Continuing Education Credits: 6.0 Contact Hours (0.6 CEUs) for dieticians, dentists, nurses, pharmacists, physicians, physician assistants, psychologists, social workers, speech language pathologists.

Cost: $25 includes CE credit, lunch, breaks, parking and access to social determinants health assessment tool.

For more information and to register, click here.

Upcoming Call Center Closure Date

The State of Rhode Island Board of Elections is being held on Tuesday November 6, 2018, therefore the Executive Office of Health and Human Services will be closed, this includes both the RI Provider Call Center (401-784-8100 & 1-800-964-6221, instate toll calling) and the Adult Managed Care line 401-784-8877.

Providers can continue to use the provider portal, using your Trading Partner ID and login credentials with this link, https://www.ripdviderportal.org/HCP/Default.aspx?alias=www.ripdviderportal.org/hcp/provider, to check the following:

- Recipient/Member/Client Eligibility
- Claim Status
- Prior Authorization

Our services will resume on Wednesday, November 7, 2018 at 8:00 AM.