

**RHODE ISLAND MEDICAL
ASSISTANCE PROGRAM****PROVIDER UPDATE****ALL PROVIDERS****MEDICAL ASSISTANCE AS A SECONDARY PAYER A CMS 1500 FORM**

When billing Rhode Island Medical Assistance (RIMA) as a secondary coverage, please remember to list the three character or numeric carrier code of the primary insurer in Box 9D of the CMS 1500 Claim Form. A list of these codes can be found in the appendix of every on-line provider manual.

Please note that carrier codes are only required when there is a primary insurer indicated in Box 11D. If there is not a primary insurer indicated in Box 11D, Box 9D should be left blank. Adhering to this and other billing guidelines will expedite the processing of your claims.

ARE YOU AWARE OF HIPAA2?

The Department of Health and Human Services (HHS) released two proposed rules in August 2008, which include:

- Part II CFR Part 162 Health Insurance Reform: Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards
- Part III CFR Parts 160 and 162 HIPAA Administration Simplification Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS

These rules, referred to as "HIPAA 2", are an upgrade to the HIPAA standards adopted in 2003, and will have a significant impact on the Health Care industry.

The implementation of HIPAA 5010/electronic transaction standards presents substantial changes in the content of the data that you submit with your claims as well as the data available to you in response to your electronic inquiries. The implementation will require changes to the software (including the EDS Provider Electronic Solutions Software/PES), systems, and perhaps procedures that you use for billing Medicaid, Medicare and other payers. So it is extremely important that you are aware of these HIPAA changes and plan for their implementation. Therefore, effective January 1, 2012, you must be ready to submit your claims electronically using the X12 Version 5010 standards. Please contact your software vendor or billing agency to ensure their readiness for the implementation of these changes. EDS will provide more information about upcoming changes as it becomes available.

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In addition, the ICD-10 code sets proposed rule would concurrently adopt the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding System (ICD-10-PCS) for inpatient hospital procedure coding. The new codes will replace the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes, respectively. The effective date for this rule is October 1, 2013.

You can find more information about HIPAA 5010 by going to http://www.cms.hhs.gov/ElectronicBillingEDITrans/18_5010D0.asp on the Electronic Billing & EDI Transactions page on the CMS website. Medicare has prepared a comparison of the current X12 HIPAA EDI standards (Version 4010/4010A1) with Version 5010 and the NCPDP EDI standards Version 5.1 to D.0, and has made these side-by-side comparisons available at this website. These comparisons may be of interest to other covered entities and their business associates.

A special edition MLN Matters® article on the ICD-10 code set is available at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0832.pdf> on the CMS website. CMS will also use the Open Door Forums and listservs as means of keeping providers informed of its implementation progress and will also use the vehicles to assist providers in getting ready for the new standards. Information on the Open Door Forums is available at <http://www.cms.hhs.gov/OpenDoorForums/> on the CMS website. Information about listservs (email updates) is available at <http://www.cms.hhs.gov/AboutWebsite/EmailUpdates/> on that same site.

In addition, a fact sheet on HIPAA 5010 is available at <http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=3246&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&showAll=&pyear=&desc=&choOrder=date> on the CMS website.

Finally, you can read the proposed rule in the Federal Register, Vol. 73, No. 164, Friday, August 22, 2008 at <http://edocket.access.gpo.gov/2008/pdf/E8-19296.pdf>; and the final rule in the Federal Register, Vol. 74, No. 11, Friday, January 16, 2009, at <http://edocket.access.gpo.gov/2009/pdf/E9-740.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, A/B MAC or DME MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

UPDATE ON LONG TERM CARE SERVICES IN RI

Effective 7/1/09, a new needs based Level of Care (LOC) will be required for individuals applying for admission to a nursing home or for home and community based services (HCBS). Programs that will be affected include the Aged and Disabled Waiver (A& D waiver), the DEA Waiver, Personal Choice, DEA Assisted Living Waiver, PACE, RI Housing Assisted Living Waiver and nursing homes. The Department of Human Services and the Department of Elderly Affairs have been working together to coordinate information and referral for those requesting Long Term Care services. The DHS, DEA and the Point have been identified as the places to get the most up to date information on how to apply.

The goal is to provide eligible consumers information on the choice of services and to provide opportunities for more individuals to remain in the community versus an institutional setting. This first phase is only for nursing facility and HCBS LOC. Individuals who require a LOC determination for MHRH's MR/DD waiver or the Habilitation Waiver are not subject to these new rules regarding nursing facilities and HCBS.

For more information on the RI Medicaid Global Waiver go to www.eohhs.ri.gov or www.dhs.ri.gov.

For more information how to access Long Term Care services in RI please call the POINT at (401) 462-4444, a DHS Long Term Care Office or DEA Home and Community Care at (401) 462-0570.

PROVIDER ELECTRONIC SOLUTIONS

Do you use EDS's Provider Electronics Solutions (PES) Software? If so, are you running on the most current version of the software? We are currently running version 2.05.

If you are running version 2.03, you should do two upgrades. First, upgrade to version 2.04, and then, upgrade to version 2.05. Performing the upgrades out of order will create issues for your database and may result in loss of data.

If you are running version 2.04, you will only have to do one upgrade to version 2.05. The upgrades can be found on the DHS website at <http://www.dhs.ri.gov/dhs/hipaa/hPES.htm>.

If you are unsure of the version you are running, please follow the steps below to determine the version. Log on to the PES software. Once you have accessed the software:

- Choose **Help** from the Tool Bar
- Choose **About**

A window will open displaying the version. If you are not currently running version 2.05 you should upgrade your software as soon as possible. Please print the directions, also found on the DHS web-site, prior to starting the upgrades. If you need assistance, please contact the EDI Coordinator or your Provider Representative.

Once you upgrade to the 2.05 version, an additional upgrade will be necessary in order to accommodate the future HIPAA 2 changes. This version is being designed and will be available prior to the January 1, 2012 implementation date. More information will follow in future Provider Updates.

In preparation for the upcoming electronic transaction changes, it would be helpful for EDS to know if you are using PES and which version you are currently running. Please email the EDI Coordinator or your Provider Representative with your contact information and your current PES version.

EDI Coordinator – Mary Jane Nardone at maryjane.nardone@eds.com

Adult Services – Kelly Leighton at kelly.leighton@eds.com

Children's Services – Karen Murphy at karen.murphy@eds.com

DME Services – Jeanne Giroux at jeanne.giroux@eds.com

Professional Services – Sandra Bates at sandra.bates@eds.com

Physician Services – Daphine Monroe at darphine.monroe@eds.com

Pharmacy Services – Ann Bennett at a.bennett@eds.com

DURABLE MEDICAL EQUIPMENT PROVIDERS

DMEPOS SUPPLIER ACCREDITATION – TIME IS RUNNING OUT! **DEADLINE IS SEPTEMBER 30, 2009**

Time is running out for suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) who bill Medicare under Part B to obtain accreditation by the **September 30, 2009 deadline** or risk having their Medicare Part B billing privileges revoked on October 1, 2009. A new MLN Matters Special Edition articles on this subject is now available. This article outlines what you need to do if you have not yet complied with the Medicare Program's supplier and quality standards to become accredited. To view the article, go to: <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0903.pdf> on the CMS website.

While the accreditation process takes on average 6-7 months to complete, the process could take as long as 9 months to complete. Accordingly, DMEPOS suppliers should contact an accreditation organization right away to obtain information about the accreditation process and submit an application.

In order to retain or obtain a Medicare Part B billing number, all DMEPOS suppliers (except for exempted professionals and other persons as specified by the Secretary) must comply with the Medicare program's supplier standards and quality standards to become accredited. The accreditation requirement applies to suppliers of durable medical equipment, medical supplies, home dialysis supplies and equipment, therapeutic shoes, parenteral/enteral nutrition, transfusion medicine and prosthetic devices, and prosthetics and orthotics.

Pharmacies, pedorthists, mastectomy fitters, orthopedic fitters/technicians and athletic trainers **must also meet the September 30, 2009 deadline** for DMEPOS accreditation. Certain eligible professionals and other persons as specified by the Secretary are exempt from the accreditation requirement.

Further information on the DMEPOS accreditation requirements, along with a list of the accreditation organizations and those professionals and other persons exempted from accreditation, may be found at the CMS website:

<http://cms.hhs.gov/MedicareProviderSupEnroll/03/DeemedAccreditationOrganizations.asp>.