



# PROVIDER *update*

Volume 270

July, 2015

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## *THIS MONTH'S FEATURED ARTICLES*



**Just 3 months to  
ICD-10**

*Will you be ready?  
See pages 6-9 for  
helpful information*

### **RI Medicaid Provider Revalidation**



*See page 2 for important details*

*Important Information  
Regarding:  
Ordering, Prescribing  
And Referring  
Providers*



*See pages 3-5 for more information*

## Revalidation of RI Medicaid Providers

OHHS and HP Enterprise Services are revalidating Provider Enrollment information for **one third** of the enrolled Medicaid providers that are active and have submitted a claim since January 1, 2014.



The provider types in the 2015 Revalidation are as follows:

Inpatient Facility	ICF-MR Public Facility
Outpatient Facility	ICF-MR Private Facility
Freestanding Psychiatric Hospital	Assisted Living Facility
Independent Pharmacy	Case Management
Independent Laboratory	Adult Day Care
Ambulance	Shared Living Agency
DME Supplier/Prosthetics/Orthotics	Day Habilitation
Nursing Home	Personal Choice/Habilitation Case Management
Rhode Island State Nursing Home	Self-Directed Community Service
Freestanding Ambulatory Surgical Center	Home Meal Delivery
RICLASS	Outpatient Psychiatric Facility
Hospice	Eleanor Slater Hospital

In early August, our Provider Enrollment Team will begin outreach to the above groups of providers. Please watch your mail for more information about this revalidation process and how to access your enrollment. You will be receiving two letters for the re-validation process. The first letter will contain a pre-determined Tracking ID. The second letter will contain the password information. Providers will be asked to log into the Provider Enrollment Portal with this Tracking ID and Password to verify their information that is currently in the Medicaid Management Information System. In addition, Providers will answer disclosure questions and attest online to their statements and the Provider Agreement. Providers will have 35 days to comply with the revalidation request.

In preparation for the mailings, if you have moved your office location recently but have not notified us, please ensure that Medicaid has your most current address by completing the form here:

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/provcoi.pdf>

**If you should have questions while completing your enrollment verification, please contact our Customer Service Help Desk at (401) 784-8100 for in-state and long distance calls or (800) 964-6211 for in-state toll calls.**

## Ordering, Prescribing, and Referring Providers

The Affordable Care Act (ACA) 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 will be requiring this information 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 and taxonomy code of the Ordering, Prescribing, Referring Provider (OPR) and confirm that the OPR provider is enrolled in the RI Medicaid Program.

Beginning this summer, claims that are submitted without the required NPI of the OPR will deny due to missing information. Claims with complete information that are processed and paid, will be subject to a post-claim review. If it is determined that the OPR is not enrolled as a RI Medicaid provider, the claim will be recouped.

This change will affect the following Provider Types:

**Inpatient Claims**  
**Outpatient Claims except:**  
Clinic visits (rev codes 510-519), ER visits (rev codes 450-459) and Observation (rev codes 760-769)  
**Pharmacy** (POS currently requires NPI for prescriber)  
**Skilled Home Health**  
**Independent Radiology**  
**Independent Labs**  
**DME**  
**Chiropractor**  
**Dialysis**  
**Ambulatory Surgical Centers**  
**Hospice**

For clearing houses/vendors, the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. PES users should watch for the release of the required PES upgrade early this summer.

Frequently asked questions are found on pages 4-5. Please watch for more information in the upcoming *Provider Updates* that will include the mandatory date for these changes as well as the release date of PES. If you have any questions, please contact your provider representative directly. Contact information is found on the [Provider Representative list](#) on the EOHHS website.



## Ordering, Prescribing, and Referring Providers

### *Frequently Asked Questions*



**Q: What provider types are affected?**

**A:** Inpatient

Outpatient (except clinic visits-rev codes 510-519,  
ER visits-rev codes 450-459 and observation-rev codes 760-469),  
Pharmacy  
Skilled Home Health  
Independent Radiology,  
Durable Medical Equipment (DME)  
Chiropractor  
Dialysis  
Ambulatory Surgical Centers  
and Hospice.

**Q: How will I know if an OPR provider is enrolled with RI Medicaid?**

**A:** It is ultimately the responsibility of the RI Medicaid provider rendering the service to obtain the OPR provider's NPI and taxonomy code, and to confirm participation with RI Medicaid. RI Medicaid maintains a [provider search function](#) on the website.

**Q: Where can I obtain the OPR taxonomy code, if I only have the NPI?**

**A:** This information can be found on the [NPPES website](#), by completing a provider search by NPI.

**Q: What will happen to a qualifying claim submitted without a OPR listed?**

**A:** The claim will be denied by RI Medicaid

**Q: If RI Medicaid is secondary, is the OPR provider still required?**

**A:** Yes

**Q: Will claims submitted with an NPI for a non-Medicaid OPR be denied?**

**A:** Claims submitted with complete information will be subject to a post-claims review. If it is determined that the OPR listed on the claim is not enrolled as a RI Medicaid provider, the claim will be recouped.



**Q: Where is the OPR information entered on the claim form?**

**A: UB-04** – Box 79 – Other– Referring Provider NPI,  
Box 81CC (Row d) Referring Provider Taxonomy Code

d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE DATE		77 OPERATING	NPI
				LAST	
	81CC			78 OTHER	NPI
	a			LAST	
	b			79 OTHER	NPI
	c			LAST	
	d				

PROVIDER CMB NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO

**CMS 1500 Claim Form** Box 17a—Referring Provider Taxonomy code with qualifier “ZZ”  
Box 17b—NPI of referring provider

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	

**Q: Where is the OPR information entered for electronic claims?**

**A:** For clearing houses/vendors, the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims.

**Q: I use the Provider Electronic Solutions (PES) software. Will I need to upgrade the software?**

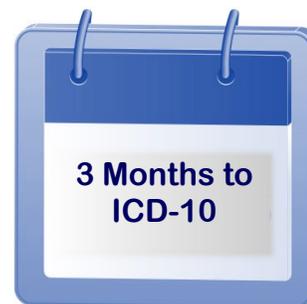
**A:** Yes. Watch for the required upgrade release in July.

<b>Referring Provider</b>			
SSN/Tax ID		Provider ID	
Last/Org Name		First Name	MI



## Transition to ICD-10

### *Information for all Providers*



#### *Are you ready?*

The implementation date for transition to ICD-10  
**OCTOBER 1, 2015**  
will soon be here.

Providers are encouraged to continue  
preparation to be ready for this transition.

**READINESS TIP:** To be ready for the ICD-10 transition deadline of  
October 1, 2015, providers are encouraged to practice coding in ICD-10.

When coding claims for submission with ICD-9, practice also coding the claim with  
the ICD-10 code. This is recommended practice, especially for your common/  
high volume claims to ensure smooth submission of claims after 10/1. It will help  
you also determine if your current clinical documentation is sufficient,  
or if staff members require training.

Practicing dual coding will help you determine if your practice or facility  
is ICD-10 ready!

#### **ICD-10 Testing**

As preparation for the ICD-10 implementation on October 1, 2015 continues, RI  
Medicaid is accepting additional providers who would like to test their ICD-10 coded  
claims. We encourage providers take advantage of this final opportunity  
to test with RI Medicaid. The testing period will close at the end of August.

Testing helps to ensure a smooth transition to ICD-10.

Remember, implementation is only 3 months away!

In addition, providers who have completed successful testing are encouraged to submit  
adjustment claims to test that process as well.

If you are interested in testing, please send an email to [deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com).

You will receive a questionnaire to complete, to begin the process.

Helpful planning tools and other resources can be found on the [CMS website](#) as well as  
the CMS sponsored website: [Road to 10](#).

Other helpful information is in the RI Medicaid presentation slides:

[Getting Ready for ICD-10](#).

## Transition to ICD-10

### *Selecting ICD Version on Span Date Claims*

After ICD-10 is implemented on October 1, 2015, providers will need to determine the version of ICD coding to use when submitting claims to RI Medicaid for payment. For claims with dates of service spanning the October 1 implementation date, providers will need to review the type of claim being submitted to determine the correct version. For example, a claim might have dates of service from 9/29/15 to 10/5/15 which spans the 10/1 implementation date.

The chart below will help providers determine the version of ICD coding to use, for situations like the example above. Providers should locate the claim type, and in some cases the bill type as well, on the chart below. The chart will identify if you are to use the "From date of service" or the "To date of service" to select the ICD version.

### Using ICD-9 or ICD-10 Coding For Claims Spanning October 1, 2015

CLAIM TYPE	USE THE "FROM" DATE OF SERVICE TO DETERMINE ICD VERSION	USE THE "TO" DATE OF SERVICE TO DETERMINE ICD VERSION
Inpatient	All other bill types	Bill Types 1 1 X
Inpatient Crossover	All other bill types	Bill Types 1 1 X
Nursing Home	All other bill types	Bill Types 2 1 X
Home Health	All other bill types	Bill Types 3 1 X
Hospice	--	All claims
Outpatient	All claims	--
Outpatient Crossover	All claims	--
Professional	All claims	--
Professional Crossover	All claims	--
Waiver	All claims	--
Dental	All claims	--
Pharmacy	All claims	--

If you have any questions on using this chart,  
please contact our Customer Service Help Desk  
at (401) 784-8100.

*Other Important ICD-10 Updates:*

## Prior Authorization Form Revisions



To prepare for the upcoming transition to ICD-10 effective 10/1/2015, some of the existing Prior Authorization forms require revision.

It is critical for claim processing that these documents contain the correct diagnosis codes for the date(s) of service, as well as an ICD Type indicator to identify the code as an ICD-9 or ICD-10 code.

The forms that have been revised are the following:

- [Prior Authorization Form](#)
- [Certificate of Medical Necessity](#)
- [Request for Prior Authorization for DME— Children Only](#)

Please discard all earlier versions and use the revised forms as of 6/1/2015.

In addition to the field for entering the diagnosis code, there is an added field for entering the ICD Indicator/Type. The values for this field are **2** when using ICD-9 codes and **3** when using ICD-10 codes. The image below is from the Prior Authorization form with the revised areas highlighted.

**RHODE ISLAND MEDICAID PRIOR AUTHORIZATION FORM**

Recip MID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date \_\_\_\_\_

Requesting Medicaid Provider NPI \_\_\_\_\_ Taxonomy \_\_\_\_\_

Requesting Provider Name \_\_\_\_\_ Return Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Performing/Billing Provider Name \_\_\_\_\_

**HOSPITALS ONLY**    **SERVICE TYPE**    **INPATIENT**     **OUTPATIENT**

The ICD TYP Values are defined as follows: 2=ICD-9, 3=ICD-10

EOHHS ONLY	BILLING PROV NPI	TAXONOMY	START DATE	END DATE	PROCEDURE OR REVENUE CODE/MOD	ADD MOD	TTH SRF	ICD TYP	DIAG CODE	UNITS/ OCCUR	DOLLAR AMOUNT

The Certificate of Medical Necessity and the Request for Prior Authorization for DME—Children Only have an added field for the indicator next to the diagnosis code.

**SECTION B: TO BE COMPLETED OR REVIEWED AND SIGNED BY PRESCRIBER**

**Prognosis:** \_\_\_\_\_ **ICD Type<sup>1</sup> / DX:** ( ) \_\_\_\_\_

How long is this problem expected to last? \_\_\_\_\_ Months

Please enter number of months, 1-99 (99=Lifetime)



The indicator, **2** for ICD-9 and **3** for ICD-10, must be entered in the field shown with the arrow. The diagnosis code will be entered on the line to the right of the indicator. Providers should use the revised forms, as the older version will not be processed and will be returned to the provider. If you have any questions when completing the form, please contact the Customer Service Help Desk at (401) 784-8100.

[See next page for additional ICD-10 updates](#)

### *Other Important ICD-10 Updates:*

## **Prior Authorization** *Process Update for ICD-10*



**Important!!!**

As preparations continue for the transition to ICD-10, an important update to processing of Prior Authorizations is required.

System updates prohibit the processing of ICD-9 diagnosis codes on Prior Authorization forms effective 10/1/2015 or later.

Prior Authorizations with start and end dates that span the 10/1/2015 effective date of ICD-10 implementation will be processed in the following way.

- All requests that span the 10/1 date, **will be end dated on 9/30**.
- If by 9/30 the service has not been completed, or delivered, **a second prior authorization form will be required** effective on 10/1/2015, that includes an ICD-10 diagnosis code.
- Existing Prior Authorization forms already on file are not affected by this process update.

Providers will be notified when requests are end dated due to this ICD-10 edit.



## **Waiver Claim Form Revision** *Update for ICD-10*



**Important!!!**

The Waiver claim form has been revised in preparation for the transition to ICD-10 on October 1, 2015. Providers should use the revised form, as the older version will not be processed and will be returned to the provider.

An ICD indicator has been added to the bottom of the claim form. At this time, the indicator that should be used is 9, indicating that ICD-9 codes are being submitted. After 10/1/2015, the indicator and the diagnosis code will be determined by date of service. Also after 10/1/2015, ICD-9 and ICD-10 claims may not be mixed on one form as the indicator applies to all claims on the form.

[Click here for Waiver Claim Form](#)

[Click here for Waiver Claim Form Instructions](#)

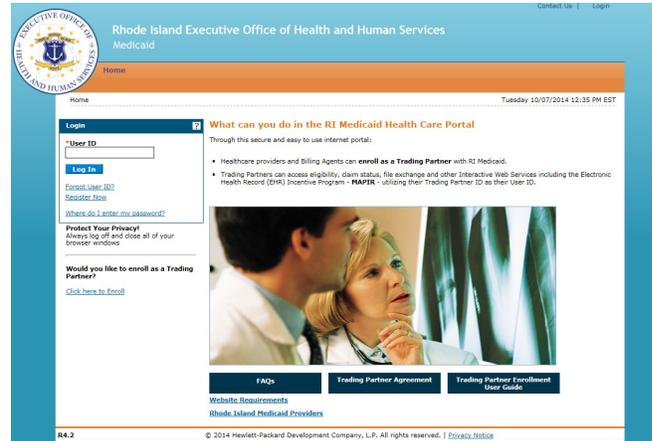
# Healthcare Portal

## Important Information for All Trading Partners

All Trading Partners must access information through the Healthcare Portal. **Interactive Web Services (IWS)** was decommissioned on February 16, 2015.

Trading Partners **must register** in the new Healthcare Portal to continue to access information.

[Click here](#) to access the Healthcare Portal.



For step by step instructions, use these User Guides

### SELF PACED USER GUIDES AVAILABLE ON THE EOHHS WEBSITE

Self-paced user guides are available on the EOHHS website. These guides will give you step by step instructions:

- [Enrolling as a New Trading Partner](#)
- [Registering to Use the Healthcare Portal](#)
- [Using the Healthcare Portal](#)

Click the links above to access the User Guides.

To troubleshoot problems as they occur, use these Quick Reference Guides

#### Registration Tips

This guide will help with initial registration questions, adding delegates and password questions.

[Click here for Registration Reference Guide](#)

#### Access to Web Services

This guide will help you access services such as eligibility verification, remittance advice, and other business actions.

[Click here for Web Access Reference Guide](#)

#### 835/277 Transactions

This guide explains the steps for adding a provider to the Trading Partner account for the purposes of receiving the 835/277U transactions.

[Click here for 835/277 Reference Guide](#)

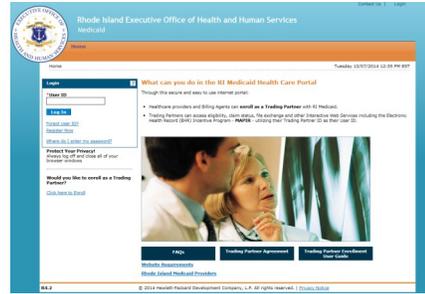
# Registering Delegate Users in the Healthcare Portal

When registering in the Healthcare Portal, the primary user must register using the assigned Trading Partner number. In most facilities, however, there are other users who must have access to the Healthcare Portal. These users are called delegates.

The primary user must create the delegate accounts by adding each individual to the account. The delegate then registers in Healthcare Portal and sets up their security credentials.

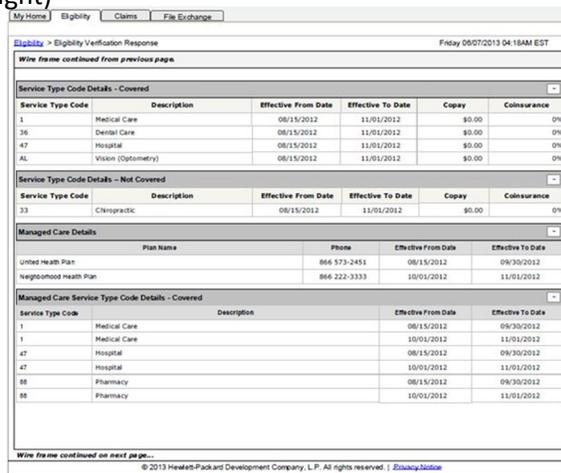
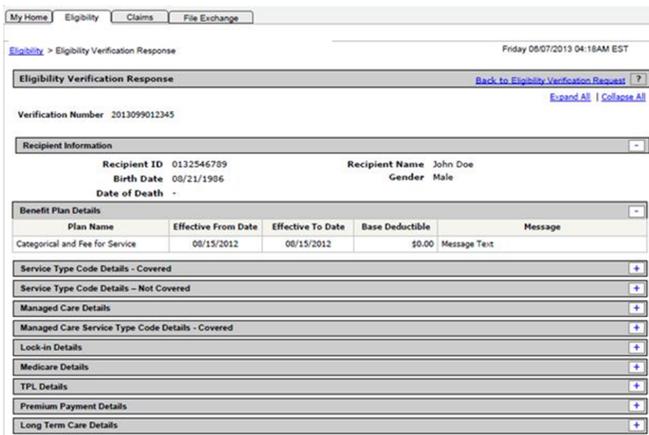
It is very important that each delegate user have their own unique log in credentials and not a shared user ID with other delegates for the following reasons:

- Giving each delegate a unique ID eliminates the possibility of one user locking out the rest, by changing the password or other security credentials.
- Unique user credentials for each delegate gives the primary user the ability to better protect sensitive client information. The primary user must change the delegate’s status to inactive, to block access to information as soon as the delegates employment status or role changes.



# Verifying Beneficiary Eligibility

**Just a Reminder:** When verifying eligibility for a beneficiary in the Healthcare Portal, please be sure to expand each section to review all of the pertinent information. When the response is first returned, the sections are collapsed. (see image on left) Clicking the plus signs opens each gray section to reveal additional information for your review. (see image on right)



## Top 10 Reasons Paper Claims Do Not Process in a Timely Manner



- 10.** Taxonomy number must be qualified on professional claims using the CMS1500 form with a "ZZ" in box 33b or 24l.
- 9.** The three digit carrier code must be entered in box 9d on the CMS1500 claim form for any claims where Medicaid is the second payer.
- 8.** The diagnosis code (box 21) must be placed in the correct position on the CMS 1500 claim form. (Position A, then position B, etc.)
- 7.** The diagnosis pointer (box 24E) at the detail level of the CMS1500 claim form must be an alpha character (i.e. A, B, etc.)
- 6.** Staples or tape must not be used on any paper claim forms as it may cause the claim to be damaged or torn.
- 5.** When billing Rite Share coinsurance/deductibles, the detail charge is only the total of the coinsurance/deductible.
- 4.** When billing Home Health, Hospice, or Nursing Home Services on the UB04, the ICD indicator (box 66) must be filled in.
- 3.** On UB04 claims, RI Medicaid must be listed in box 50.
- 2.** For Dental claims, the units (box 29b) must be filled in.

**And the number one reason paper claims are not processed in a timely manner.....**

- 1.** All paper claims must have an original/live signature.



**Electronic submission of claims is recommended for faster processing and quicker payments!**

## Provider Training and Education *Resources for Providers*

A helpful resource for providers is available on the EOHHS webpage. From the Providers and Partners drop down list, select [Provider Training and Education](#).

This page contains both the E-Learning Center and the Provider Training Schedule.

### Provider E-Learning Center

Welcome to the Provider E-Learning Center. This section will be updated with new training modules as they become available.

#### Self-Paced E-Learning

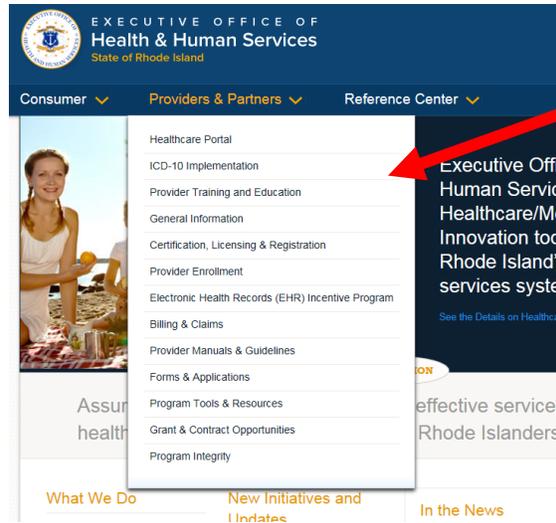
These presentations help familiarize providers with key RI Medicaid information and processes.

[Navigating the EOHHS website E-Learning](#) 

[Welcome to Medicaid - New Provider E-Learning](#) 

#### Provider Specific Training

[Nursing Home - Helpful Hints for Billing](#) 



The Provider Training Schedule lists upcoming events, including webinars, virtual classrooms, classroom training, and meetings.

The E-Learning Center links providers to self-paced presentations on a variety of topics.



## Billing 101 Series

RI Medicaid has resources available for providers to help with billing Medicaid claims. There are three parts to the series: The Basics, Understanding Remittance Advice, and Adjustments, Recoupments and Refunds. Each topic has been offered in a live webinar format, but the slide presentations are available on the [Provider Training and Education](#) page of the EOHHS website.

Click the topic below to access the presentation slides you would like to view:

**Billing 101 - Part 1**

[The Basics](#)

**Billing 101 - Part 2**

[Understanding Remittance Advice](#)

**Billing 101 - Part 3**

[Adjustments, Recoupments, and Refunds](#)

# Rhode Island Quality Institute

## CurrentCare Offers Enrollment Incentive to Practices

While 462,000 residents have already enrolled in CurrentCare (nearly 1 in 2), the Rhode Island Quality Institute is looking for ways to increase this number.



They are offering \$100 gift cards to the first 10 practices that send an email to their unenrolled patients encouraging them to sign up. It's that easy.

CurrentCare, Rhode Island's health information exchange, is the No. 1 way to share patient health information quickly and accurately. And it can save you time and money. It's that simple.

Here's what you need to do:

1. Contact RIQI to learn how to securely submit a patient panel
2. Receive back a list of patients who are not enrolled in CurrentCare
3. Use RIQI's email template, that includes a link to the enrollment form
4. Email the message to your patients who have not enrolled. That's it!

And as a thank-you for your hard work, RIQI will send you a \$100 gift card to Panera so you can treat your staff to a great lunch!

To get started, contact Brian Miller at 401-276-9141 X286  
or drop him an email at [bmiller@riqi.org](mailto:bmiller@riqi.org).



# Rhode Island Quality Institute

## Coming Up: CurrentCare Quick Bites



**CurrentCare Quick Bites** is a lunchtime series of 15-minute updates about CurrentCare. Our experts, Peggy Menna and Andrea Levesque, will present information about new and updated features and helpful tips about using CurrentCare in your practice. We'll even start at 12:15 to give you time to grab your lunch and dial in. We hope you'll join us!

**Wednesday, July 8, 2015 12:15 – 12:30 PM**      [REGISTER HERE](#)

### **Topic: How to Print from the CurrentCare Viewer**

The CurrentCare Viewer offers a wealth of information in various formats. Join us for a demonstration on how to print labs, pathology and imaging reports, and information in the Summary report.

**Wednesday, August 5, 2015 12:15 – 12:30 PM**      [REGISTER HERE](#)

### **Topic: Improve Quality Measures using CurrentCare**

Improve quality measures and save staff time all at once? Yes, CurrentCare helps you do both! You're welcome! Tune in to see how CurrentCare can help you find the information you need to avoid chasing down results or reordering them, and improve your quality measures at the same time!



Got a question you'd like us to address in any of these sessions?

Send us an email at [CurrentCare@riqi.org](mailto:CurrentCare@riqi.org)

Subject: CurrentCare Quick Bites



# Pharmacy Spotlight

## Meeting Schedule:

Pharmacy & Therapeutics Committee  
Drug Utilization Review Board



### 2015 Meeting Dates

August 25  
December 1



The next meeting of the  
Pharmacy & Therapeutics Committee (P&T)  
is scheduled for:

**Date:** August 25, 2015

**Registration:** 7:30 AM

**Meeting:** 8:00 AM

**Location:** HP Enterprises Services  
301 Metro Center Blvd.,  
Suite 203  
Warwick, RI 02886

[Click here for agenda](#)

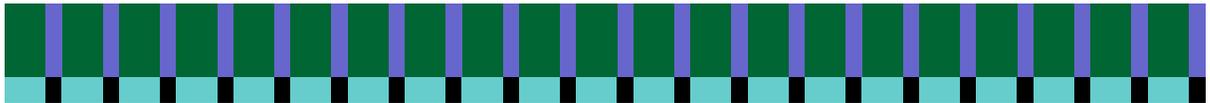
The next meeting of the  
Drug Utilization Review (DUR) Board  
is scheduled for:

**Date:** August 25, 2015

**Meeting:** 10:30 AM

**Location:** HP Enterprises Services  
301 Metro Center Blvd.,  
Suite 203  
Warwick, RI 02886

[Click here for agenda](#)



### RI Medicaid Customer Service Help Desk for Providers

Available Monday—Friday

8:00 AM-5:00 PM

(401) 784-8100 for local and long distance calls

(800) 964-6211 for in-state toll calls



## RI Medicaid EHR Incentive Program Update



### Security Risk Assessments – Why it's Critical

Each year when a provider applies for the EHR Incentive as a meaningful user, they are asked to attest to the following:

Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities? Yes or No

This measure requires each application to conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

The Office of National Coordinator (ONC) provides our healthcare community with information on how to perform a security risk analysis. The [HealthIT.gov](http://HealthIT.gov) website offers a wide array of information, videos and tools available for you. Click [here](#) to find out more. If you need help with your security risk analysis or to meet meaningful use, our local Regional Extension Center (REC) is available. Click [this link](#) to access their website.

Please note that any meaningful use RI Medicaid EHR Incentive application from program year 2014 and beyond will require a copy of a security risk assessment performed for each program year prior to payment approval. Securing patient information is critical to our program, vital to your operations and more importantly imperative to the patients we serve.

### 2014 EHR Incentive Application Deadline has Passed

The deadline to submit Program Year **2014** Rhode Island Medicaid EHR Incentive applications for eligible providers was **June 30, 2015**.

MAPIR is available to accept program year 2015 applications. Please note that if you have submitted for program year 2014, you will need to wait until that year's application is paid before you can submit a program year 2015 application. Please plan accordingly and feel free to contact us at [OHHS.ehrincentive@ohhs.ri.gov](mailto:OHHS.ehrincentive@ohhs.ri.gov) with any questions you may have.

Also, for more information please feel free to visit our RI Medicaid EHR Incentive website [here](#).

### Do you have questions about the RI Medicaid EHR Incentive Program?

Visit our website by clicking [here](#)

Or

Email us at [OHHS.ehrincentive@ohhs.ri.gov](mailto:OHHS.ehrincentive@ohhs.ri.gov)

## July is UV Safety Month

*US Department of Health and Human Services*

The skin is the body's largest organ. It protects against cold, heat, sunlight, injury, and infection. Yet, some of us don't consider the necessity of protecting the skin from overexposure to the sun.

Take the interactive quiz at [www.foh.hhs.gov/UVIQ](http://www.foh.hhs.gov/UVIQ) to find out how much you know about protecting yourself from the sun's UV rays.

what's your  
**UV:IQ?**

FIND OUT AT:  
[www.FOH.hhs.gov/UVIQ](http://www.FOH.hhs.gov/UVIQ)

JULY IS  
UV Safety Month



For the outreach toolkit, visit

[Department of Health and Human Services—Federal Occupational Health](http://www.foh.hhs.gov/UVIQ)

## Enteral Nutrition Instructions

*Attention: DME Providers*



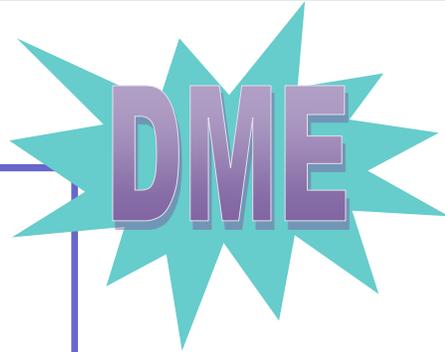
### Enteral Nutrition Instructions

1. Physicians who are prescribing Enteral Nutrition for RI Medicaid beneficiaries should fill out Section B of the [Certificate of Medical Necessity for Enteral Nutrition](#) and fax it to the DME Provider who will provide the nutrition.
2. The DME provider is responsible for filling out Section A of the Certificate of Medical Necessity for Enteral Nutrition when it is received from the physician's office. The DME provider submits the CMN with a [Prior Authorization](#) request form to:

HP Enterprise Services  
P.O. Box 2010  
Warwick, RI 02887

If you have any questions, please call your provider representative.

## Attention DME Providers: Coverage Guidelines



Please Note:

Coverage guidelines have been added for [Negative Pressure Wound Therapy](#).

Coverage guidelines have also been added for [Orthopedic and Therapeutic Shoes](#), including a [Certifying Physician Statement for Diabetic Shoes](#).

Coverage guidelines have been revised for [Oximeters](#).

*Click each item above for more information.*

### Billing Incontinence Supplies

Just a reminder:

When billing incontinence supplies, DME providers must retain the prescribing provider's order listing the following information:

Beneficiary's Name

MID

Diagnosis

Quantity needed

A Prior Authorization form is only required on reusable products including the following:

T4536

T4537

T4539

T4540

### Incontinence Supplies and Hospice for Fee for Service Medicaid Beneficiaries

As a reminder, if a Medicaid beneficiary receiving Hospice Services requires incontinence supplies, and the need is related to a hospice diagnosis, the hospice provider is responsible for providing the supplies. For more information, see DME, Supplies, and Drugs in the [Hospice Provider Manual](#).

If the need for incontinence supplies is unrelated to the hospice diagnosis, then a DME vendor may supply the items and be reimbursed by RI Medicaid for community based members not in a nursing home.

# RI Medicaid

## *SFY 2016 Payment and Processing Calendar*

### SFY 2016 Financial Calendar

Month	LTC Claims due at Noon	EMC Claims due by 5:00 PM	EFT Payment
July		07/03/15	07/10/15
	07/09/15	07/10/15	07/17/15
August		07/24/15	07/31/15
	08/06/15	08/07/15	08/14/15
		08/21/15	08/28/15
September		09/04/15	09/11/15
	09/10/15	09/11/15	09/18/15
		09/18/15	09/25/15
October		10/02/15	10/09/15
	10/08/15	10/09/15	10/16/15
		10/23/15	10/30/15
November		11/06/15	11/13/15
	11/12/15	11/13/15	11/20/15
		11/27/15	12/04/15
December	12/10/15	12/11/15	12/18/15
		12/24/15	12/31/15
January	01/07/16	01/08/16	01/15/16
		01/22/16	01/29/16
February		02/05/16	02/12/16
	02/11/16	02/12/16	02/19/16
		02/26/16	03/04/16
March	03/10/16	03/11/16	03/18/16
		03/25/16	03/31/16
April	04/07/16	04/08/16	04/15/16
		04/22/16	04/29/16
May		05/06/16	05/13/16
	05/12/16	05/13/16	05/20/16
		05/27/16	06/03/16
June	06/09/16	06/10/16	06/17/16
		06/24/16	06/30/16
July	07/07/16	07/08/16	07/15/16
		07/22/16	07/29/16

[Payment and Processing calendar](#) can also be found on the EOHHHS website.