



## Rhode Island Medicaid Program

# PROVIDER *update*

### Inside this issue:

Provider Revalidation	2
New Provider Enrollment	3
Dental Providers: New Treatment Request Form	3
Ordering, Prescribing and Referring Providers (OPR)	4
OPR FAQ	5
ICD-10 Update	8
ICD-10 Dual Coding of Claims	8
ICD-10 Testing	8
ICD-10 Span Date Claims	9
PA Form Revisions	10
Updated PA Process	11
Revised Waiver Form	11
Healthcare Portal	12
Healthcare Portal : Resetting Passwords	13
DME Coverage Guidelines Update	13
RIQI MU Technical Assistance	14
CurrentCare Quick Bites	15
National Immunization Awareness Month	16
Pharmacy Spotlight Meeting Schedule	17
EHR Incentive Program	18
Security Risk Assessment	19
EHR Program Year 2015 is open!	19
DME—Incontinence Supplies	20

Volume 271

August, 2015

### *THIS MONTH'S FEATURED ARTICLES*



**Only 2 months to ICD-10!!**

*Will you be ready?  
See pages 8-11 for helpful information*

### **RI Medicaid Provider Revalidation**



*See page 2 for important details*

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



*See pages 4-7 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 or risk termination from the RI Medicaid Program.

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.**

## Enrolling as a Provider With RI Medicaid

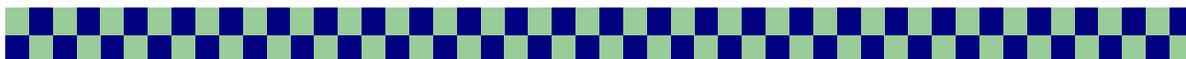
Beginning on July 30th, provider enrollment for the RI Medicaid Program is completed electronically through the Enrollment Portal, in the [Healthcare Portal](#). Paper applications are no longer accepted except for attending providers being added to an existing group.

It is important to note the following:

- Paper applications received after Friday, July 17th were returned to the provider.
- Providers must enroll through the Enrollment Portal of the [Healthcare Portal](#).
- Instructions for completing the electronic application are accessible through the [Healthcare Portal](#).
- Attending providers being added to a group will continue to submit a paper application.



If you have any questions, please contact the Customer Service Help Desk at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls and border communities.



### Attention Dental Providers: Severe Malocclusion Treatment Request Form



RHODE ISLAND MEDICAID SEVERE MALOCCLUSION TREATMENT REQUEST FORM

CLIENT NAME	CLIENT DATE OF BIRTH	CLIENT ID
PROVIDER NAME	PROVIDER PHONE #	DATE OF EXAM
<b>PART 1. TREATMENT REQUESTED</b>		
FULL TREATMENT <input type="checkbox"/>	INTERCEPTIVE TREATMENT <input type="checkbox"/>	TRANSFER CASE <input type="checkbox"/>
REQUIRES MAXILLO-FACIAL SURGERY? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Effective September 1, 2015, RI Medicaid will begin using new criteria for the approval of orthodontic treatment.

Providers submitting prior authorization requests for orthodontic services will be required to complete and submit the following:

1. The ADA2012 claim form (as request for prior authorization)
2. The RI Medicaid Severe Malocclusion Treatment Request form, which now contains an updated Handicapping Labio-Lingual Deviations (HLD) Index (part 4).
3. Photos and supporting documentation.

The Treatment Request Form can be printed from the EOHHS website [here](#). The Dental Provider Manual is updated to reflect the updated prior authorization process.

Should you have any questions, please contact (401) 462-3575.

## 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 later this summer, claims that are submitted without the required NPI and taxonomy 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 later this summer.

Frequently asked questions are found on pages 5 -7. 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 EOHS website.



# Ordering, Prescribing, and Referring Providers

## *Frequently Asked Questions*



### **Q: What provider types are impacted?**

**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: Who is eligible to order/refer?**

**A:** Only Medicaid– enrolled individuals of the follow types can order/refer:

- Certified Nurse-Midwives
- Clinical Nurse Specialists
- Clinical Psychologists
- Clinical Social Workers
- Interns, Residents, and Fellows\*
- Nurse practitioners
- Optometrists (may order and refer only laboratory and X ray services)
- Physician's Assistants
- And Physicians (Doctors of Medicine or Osteopathy, Doctors of Dental Medicine, Doctors of Dental Surgery, Doctors of Podiatric Medicine, Doctors of Optometry)

\*Interns and non-licensed residents must use the NPI of the teaching, admitting, or supervising physician.

### **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, although all providers may not be listed.

### **Q: How will I know the NPI of the physician or health care professional who wrote the prescription or order?**

**A:** A prescribing physician or licensed health care provider should be including their NPI on the prescription or order.

### **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.

## Ordering, Prescribing, and Referring Providers

### Frequently Asked Questions Continued

**Q:** I am a member of a group. As an OPR provider, do I list my group NPI or my individual NPI?

**A:** Only individual NPIs are accepted as an OPR provider on a claim.

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

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

**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

The diagram shows a portion of the UB-04 form. On the left, there are two columns for 'OTHER PROCEDURE CODE' and 'DATE'. Below these is a section for '81CC' with rows 'a', 'b', 'c', and 'd'. A purple arrow points from the text 'Box 81CC (Row d) Referring Provider Taxonomy Code' to row 'd' in the 81CC section. On the right, there are three rows for '77 OPERATING NPI', '78 OTHER NPI', and '79 OTHER NPI', each with a 'LAST' field. A purple arrow points from the text 'Box 79 – Other– Referring Provider NPI' to the '79 OTHER NPI' row.

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

The diagram shows sections of the CMS 1500 Claim Form. Section 14 is 'DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)' with fields for MM, DD, YY, and QUAL. Section 15 is 'OTHER DATE' with fields for QUAL, MM, DD, and YY. Section 17 is 'NAME OF REFERRING PROVIDER OR OTHER SOURCE' with sub-sections 17a and 17b (NPI). A blue arrow points from the text 'Box 17a—Referring Provider Taxonomy code with qualifier “ZZ”' to the 17a field. Another blue arrow points from the text 'Box 17b—NPI of referring provider' to the 17b (NPI) field. Section 19 is 'ADDITIONAL CLAIM INFORMATION (Designated by NUCC)'. Below section 19, there is a line for 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY'.

**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 later this summer.

## Ordering, Prescribing, and Referring Providers

### *Frequently Asked Questions Continued*

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

**A:** Yes. The enrollment requirement applies even if Medicaid is the secondary payer.

**Q: Do Medicare crossover claims require the OPR provider to be enrolled?**

**A:** Yes, Medicare crossover claims are subject to the enrollment requirement.

**Q: What if the OPR provider is enrolled with another state's Medicaid program?**

**A:** Enrollment in another state's Medicaid program does not exempt a provider from enrolling with the RI Medicaid program.

**Q: I wish to enroll as a RI Medicaid provider. Where do I go to enroll in the Medicaid program?**

**A:** RI Medicaid moved to an electronic enrollment process on July 30.

The Provider Enrollment Portal can be accessed by visiting the [Healthcare Portal](#) and clicking Provider Enrollment. Please note the following:

1. The Provider Enrollment Portal is now available.
2. Paper applications are no longer accepted, except for attending providers being added to an existing group.



## Transition to ICD-10

### *Information for all Providers*



#### *Are you ready?*

The implementation date for transition to ICD-10  
**OCTOBER 1, 2015**  
is quickly approaching!  
Providers should be completing preparation 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 to 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 2 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](#).

**Also, watch for the special edition of the Provider Update 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



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



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](#)

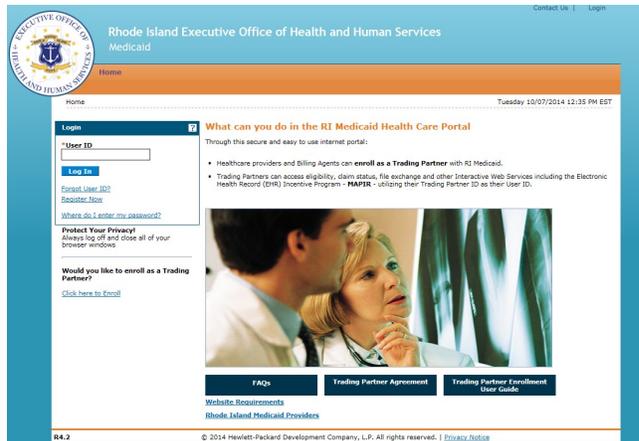
# Healthcare Portal

## 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

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

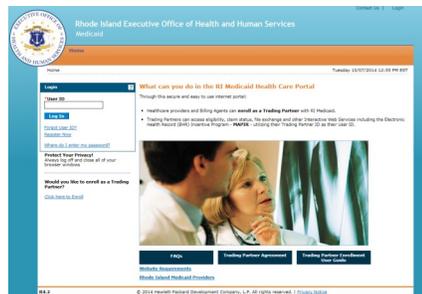
**Registration Tips**  
This guide will help with initial registration questions, adding delegates and password questions.  
[Click here for Registration Reference Guide](#)

**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](#)

# Resetting Passwords in the Healthcare Portal

The Healthcare Portal allows users to reset their own password, should they forget or need to change the current one. This applies to **all** users, both primary users and their delegates.



To reset a password, login with your user ID. You may have to answer one of your security questions, if you have not registered your computer. Once that step is complete, the password page will appear. Below the blue sign in button, is the link to **Forgot Password**.

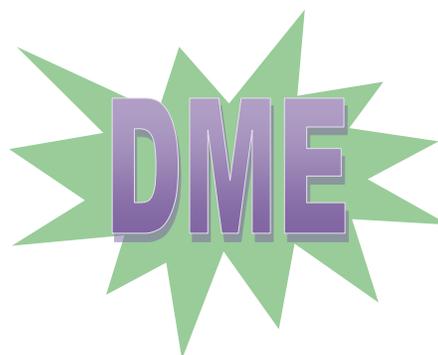


At this point you will be asked a security question. Once you answer the question, an email will be sent to the email address on file. Retrieve the temporary password from the email, and login with your user ID and this temporary password. You will be immediately prompted to change it to a new permanent password.

### Remember:

- Passwords must be exactly 8 characters in length, with a minimum of one upper case letter, one lower case letter, one number and no special characters. Also remember that the Portal remembers your last 6 passwords, so you must choose something new.
- Accounts will be locked after 3 attempts with incorrect passwords. If you receive an error saying you are locked out, contact the Customer Service Help Desk to unlock your account.

## Attention DME Providers: Coverage Guidelines



Please Note:

Coverage guidelines have been revised for Ventilators. Click [here](#) to review the coverage guidelines.



## **Health and Human Services Partners with Rhode Island Quality Institute to Offer MU Technical Assistance for Medicaid Providers**

The Executive Office Of Health and Human Services has contracted with the Rhode Island Quality Institute's (RIQI) Regional Extension Center (REC) to provide technical assistance to Medicaid providers who are seeking to adopt, implement, or upgrade and meaningfully use an electronic health record under the Medicaid EHR Incentive Program.

The REC will assist Medicaid providers seeking to adopt, implement, or upgrade an EHR, reach MU for the first time, or advance to the next year/stage of the MU program. Additionally the REC will provide educational sessions and training on issues related to MU such as performing privacy and security risk assessments, meeting MU quality measures, and preparing for MU audits.

Providers who are eligible for the Medicaid EHR Incentive program may qualify for up to \$63,750 in federal incentives over the course of the program. If you are a Rhode Island Medicaid provider and would like more information, please contact the RI Regional Extension Center by phone at 888-858-4815 or email: [RIREC@RIQI.org](mailto:RIREC@RIQI.org)

The Rhode Island Regional Extension Center is a service of the Rhode Island Quality Institute (RIQI), a 501(c)(3) non-profit organization founded in 2001 and overseen by a Board of Directors comprised of senior health industry leaders from our community. RIQI is a center of collaborative innovation that advances health and healthcare transformation, whose mission is to improve the quality, safety and value of healthcare and share knowledge that advances the field of healthcare improvement.



# 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, August 5, 2015 12:15 – 12:30 PM**

### **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!

**[REGISTER HERE](#)**



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



## National Immunization Awareness Month

*Centers for Disease Control and Prevention*

Every August, National Immunization Awareness (NIAM) Month is observed to highlight the value of immunizations across the lifespan. For 2015, the National Public Health Information Coalition (NPHIC) is coordinating NIAM activities.



CDC develops immunization materials that you can use for patient education. Materials are available for the following:

- Educate parents of **young children** to get recommended immunizations by age two.
- Help parents make sure **older children, preteens, and teens** have received all recommended vaccines by the time they go back to school.
- Remind **college students** to catch up on immunizations before they move into dormitories.
- Educate **adults, including healthcare workers**, about vaccines and boosters they may need.
- Educate **pregnant women** about getting vaccinated to protect newborns from diseases like whooping cough (pertussis)
- Remind **everyone** that the next flu season is only a few months away.

For the outreach toolkits for each of these groups, visit  
<http://www.cdc.gov/vaccines/events/niam.html>

### Monthly Provider Update Delivered to Your Inbox



**Would you like to receive the monthly *Provider Update* delivered electronically to your Inbox?**

**To add or update your email address** on the electronic mailing list, send an email to [deborah.meiklejohn@hp.com](mailto:deborah.meiklejohn@hp.com).

Please put "Subscribe" on the subject line of your email.  
Also include your Provider Name as well as the primary type of service you provide.

In addition to the Provider Update, you will also receive any updates that directly relate to the services you provide.

# 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:**

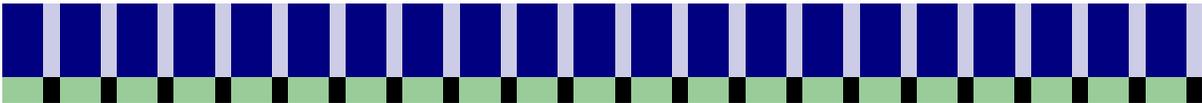
**Date:** August 25, 2015  
**Registration:** 7:30 AM  
**Meeting:** 8:00 AM  
**Location:** HP Enterprises Services  
 301 Metro Center Blvd.,  
 Suite 203  
 Warwick, RI 02886

[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



- *Are you maximizing your ability to receive federal incentive dollars?*
- *Do you need help in obtaining and using an electronic health record?*
- *Do you risk a penalty payment adjustment for not using and EHR?*

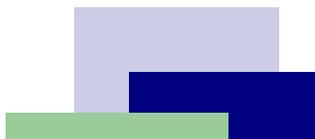
The RI Executive Office of Health and Human Services is pleased to announce that we have recently contracted with our local Regional Extension Center (REC), operated by the Rhode Island Quality Institute. Our goal is to provide you and your practice with technical and operational assistance in order that you can become meaningful users of Electronic Health Records systems and earn up to a total of \$63,250 in federal incentives payments before the program ends in 2021 and avoid Medicare payment adjustments in the coming years.

If you either registered or have not registered to participate in the RI Medicaid EHR Incentive program and have not started, or that you began the program by adopting implementing or upgrading an EHR, but have not reached become a meaningful user (MU) of the EHR.

In order to identify barriers you may be encountering and assist you with participating in this program, we have asked the REC to be available to help you and offer their services. This includes assessing your current environment, identifying barriers, and developing action plan that will allow your practice to engage in and/or continue with participating in the Medicaid EHR Incentive program.

Over the past five years, the REC has helped well over 850 providers become meaningful users and we would like to extend their helping hand to you free of charge. If you have any questions or would like more information about our combined efforts, please feel free to email our program at [ohhs.ehrincentive@ohhs.ri.gov](mailto:ohhs.ehrincentive@ohhs.ri.gov) or if you want to contact the REC directly, feel free to email them at [RIREC@riqi.org](mailto:RIREC@riqi.org) or call them at 888-858-4815.

***After all, there is money to be gained when achieving meaningful use.***



## 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 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.

### Program Year 2015 is Open

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.

#### 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)

## Attention DME Providers Of Incontinence Supplies



As you know, our RI Medicaid beneficiaries in Fee For Service (FFS) can select the DME provider of their choice for their Incontinence Supplies.

Below is a list of the RI Medicaid DME providers currently serving beneficiaries on FFS Medicaid for their incontinence supplies. The providers listed have had claims in the past year, or have asked to be added to the list.

This is provided as information as to the various choice of vendors our FFS beneficiaries have to select from for incontinence supplies.

### Rhode Island DME Providers

ACTIVSTYLE, INC.	(401) 800-651-6223
ADM MEDICAL SUPPLIES	(401) 434-6633
ALPHA SURGICAL, INC.	(401) 353-9090
CHARM MEDICAL SUPPLY	(401) 475-0200
COMPREHENSIVE HOME MEDICAL EQUIPMENT	(401) 463-9400
EASTSIDE PRESCRIPTION CENTER, INC.	(401) 751-1430
ENOS HOME OXYGEN THERAPY, INC.	(508) 992-2146
INDEPENDENCE, LLC	(401) 273-8888
KENT COUNTY MEMORIAL HOSPITAL DME	(401) 732-0022
LIFESPAN HOME MEDICAL	(401) 335-2540
MCQUADES PHARMACY	(401) 596-8843
RI CVS PHARMACY	Contact your local CVS
RITE AID	Contact your local RITE AID
SHAWS SUPERMARKET	Contact your local SHAWS
SIMPSON'S PHARMACY	(401) 722-7600
SOUTH COUNTY SURGICAL CO.	(401) 783-1850
THE SENSATIONAL CHILD, INC.	(401) 667-2797
THE STOP AND SHOP SUPERMARKET	Contact your local STOP AND SHOP
WALGREENS, INC.	Contact your local WALGREENS
WAL-MART STORES	Contact your local WAL-MART
WHITECROSS PHARMACY	(401) 726-6200
WILMINGTON MEDICAL SUPPLY	(866) 576-7228

