



PROVIDER *update*

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Volume 272

September, 2015

THIS MONTH'S FEATURED ARTICLES

RI Medicaid Provider Revalidation



See page 2 for important details



Only 1 month left to ICD-10!!

Will you be ready?

See pages 8-10 for helpful information



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 outreached to the above groups of providers. Providers should have received two letters for the re-validation process. The first letter contained a pre-determined Tracking ID. The second letter contained the password information. Providers are 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 must 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.

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 have not received your letters or 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

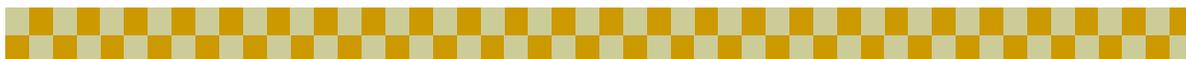
Provider enrollment for the RI Medicaid Program is completed electronically through the Enrollment Portal, in the [Healthcare Portal](#). Paper applications are no longer accepted except for attending providers being added to an existing group.

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
PART 1. TREATMENT REQUESTED		
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 this fall, 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.

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 image shows a portion of a UB-04 claim form. On the right side, there are three rows for NPI information, labeled '77 OPERATING NPI', '78 OTHER NPI', and '79 OTHER NPI'. Each row has a 'LAST' field. A green arrow points from the '79 OTHER NPI' row to the right. On the left side, 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 green arrow points from row 'd' to the right. At the bottom left, it says 'PROVIDER OMB NO.' and at the bottom right, '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

The image shows a portion of a CMS 1500 Claim Form. Box 14 is 'DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)' with sub-fields for MM, DD, YY, and QUAL. Box 15 is 'OTHER DATE' with sub-fields for QUAL, MM, DD, YY. Box 17 is 'NAME OF REFERRING PROVIDER OR OTHER SOURCE' with sub-fields for 17a and 17b, NPI. Box 19 is 'ADDITIONAL CLAIM INFORMATION (Designated by NUCC)'. A red arrow points from box 17a to the right, and another red arrow points from box 17b to the right. Below box 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 this fall.

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.

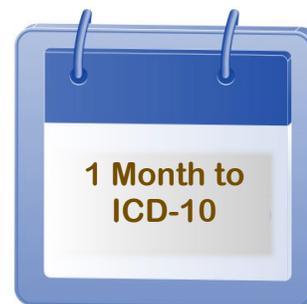
The Provider Enrollment Portal can be accessed by visiting the [Healthcare Portal](#) and clicking Provider Enrollment. Please note the following:

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 almost here!

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!

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

Provider Resources include:

Video: [Introduction to ICD-10 Coding](#)
[ICD-10 Quick Start Guide](#)
[Get Ready Now](#) Infographic
[Test and Get Ready Now](#) Tips

Helpful Resources

The ICD-10 Provider Resources page also includes *Medscape Education* video resources and *Understanding the Basics* factsheets.



New Resources for Physicians—Clinical Concepts Series

These sheets, from CMS, contain common codes, clinical documentation tips, and clinical scenarios.

Family Practice	Internal Medicine
Orthopedics	Pediatric
Cardiology	OB/GYN

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 Type¹ / 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](#)

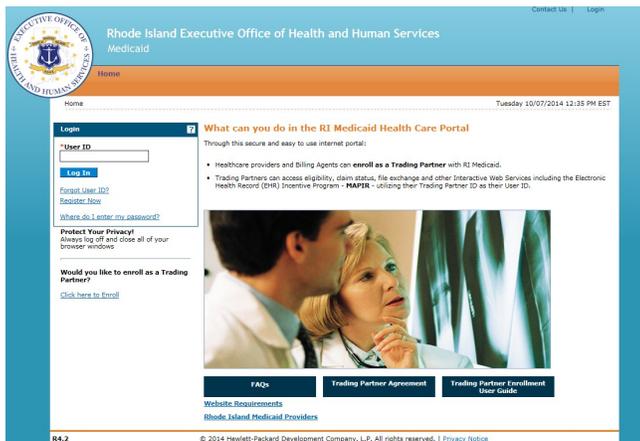
Healthcare Portal

Important Information for All Trading

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](#)



Do you need help with Meaningful Use?

RIQI's Regional Extension Center can help

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.

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!



Topic: Top 5 Viewer Tips

Wednesday, September 9, 2015 12:15 – 12:30 PM

If you missed some of our Quick Bites sessions, tune in to learn about the top 5 favorite Viewer features most often used by our practices. You'll learn how these tips and shortcuts can help you get the information you need without chasing down results, reordering tests, or waiting for faxes from other providers.

[REGISTER HERE](#)

We know you and your staff work really hard – how about a free lunch at Panera?

Contact us to help you set up an online enrollment campaign

CurrentCare 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 -- and we're offering an incentive for you to enroll patients online!

Here's what you need to do:

- Contact RIQI to learn how to securely submit a patient panel
- Receive back a list of patients who are not enrolled in CurrentCare
- Use RIQI's email template, that includes a link to the enrollment form
- 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 Bread so you can treat your staff to a great lunch!

To get started, contact Brian Miller at 401-276-9141 x 286, or drop him an email at bmiller@riqi.org.

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?*

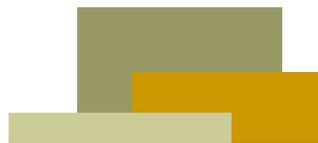
The RI Executive Office of Health and Human Services is pleased to announce that we have recently contracted with our local Regional Extension Center (REC), operated by the Rhode Island Quality Institute. Our goal is to provide you and your practice with technical and operational assistance in order 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 or if you want to contact the REC directly, feel free to email them at 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 with any questions you may have.

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

Visit our website by clicking [here](#)

Or

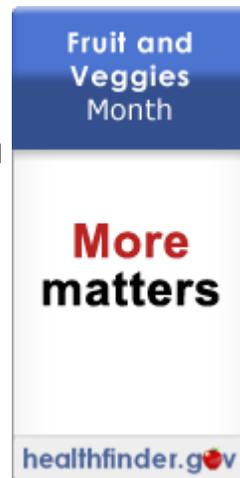
Email us at OHHS.ehrincentive@ohhs.ri.gov

Fruits and Veggies—More Matters

In September, the US Department of Health and Human Services promotes Fruit and Veggies—More Matters Month.

Eating fruits and vegetables has many health benefits. People who eat a healthy, balanced diet with plenty of fruits and vegetables can help lower their risk for heart disease, type 2 diabetes and some types of cancer. Eating healthy can also help prevent obesity and high blood pressure.

Communities, health professionals, businesses, and families can work together to encourage people to eat more fruits and vegetables.



Visit the toolkit at <http://healthfinder.gov/NHO/SeptemberToolkit2.aspx#links> for resources to share, in both English and Spanish, including:

- [Healthy Snacks: Quick Tips for Parents](#)
- [Taking Steps to Prevent Type 2 Diabetes](#)
- [Heart Healthy Foods: Shopping List](#)
- [Eat Healthy](#)
- [Helping Your Child Stay at a Health Weight](#)
- [Personalized Daily Food Plan](#)

And more!



Attention: All DME Providers



To ensure that you receive timely updates and communication, please update your email address on the RI Medicaid electronic mailing list.

Please send an email to deborah.meiklejohn@hp.com with your current email address.



Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee Drug Utilization Review Board



2015 Meeting Dates

December 1



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

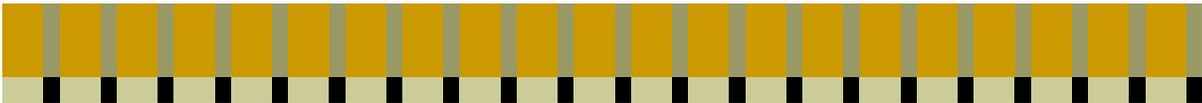
Date: December 1, 2015
Registration: 7:30 AM
Meeting: 8:00 AM
Location: HP Enterprises Services
 301 Metro Center Blvd.,
 Suite 203
 Warwick, RI 02886

[Click here for agenda](#)

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

Date: December 1, 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

