



Rhode Island Medicaid Program

PROVIDER *update*

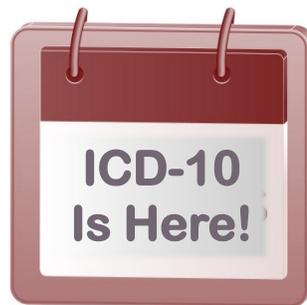
Volume 275

December, 2015

Inside This Issue:

See page 2 for new interactive Table of Contents.

THIS MONTH'S FEATURED ARTICLES



ICD-10 is here!
Is your facility making the necessary adjustments?

See pages 10-11 for helpful information

Ordering, Prescribing And Referring Provider Information Required for Many Claims



Read pages 4-8 to see if your claims are affected

RI Medicaid Provider Revalidation



If you have received notification, you MUST complete revalidation as soon as possible!

See page 3 for important details



SUBSCRIBE

To Subscribe or update your email address Send an email to:

deborah.meiklejohn@hpe.com or click the subscribe button above.

Please put "Subscribe" in the subject line of your email.

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



For quick access
to an article,
click on the title.

TABLE OF CONTENTS

Article	Page
Provider Revalidation	3
Ordering, Prescribing and Referring Providers (OPR)	4
OPR FAQ	5
OPR Requirements for Prior Authorization Requests	8
Enteral Nutrition	9
Procedure for Requesting DME Supplies	9
ICD-10 Update - Selecting the correct ICD version	10
ICD10 Codes—Not as Primary	11
PES –Upgrade to 2.08	11
Billing Administration Codes for Vaccines	12
National Influenza Vaccination Week	13
<i>Pharmacy Spotlight—Vaccines</i>	13
<i>Pharmacy Spotlight—Meeting Schedule</i>	14
<i>Pharmacy Spotlight—Status Changes on PDL</i>	15
EHR—CMS Releases New Final Rules	16
Security Risk Assessment	17
Healthcare Portal	18
Healthcare Portal Password Help	19
PES Password Help	19
Revised Instruction—ADA 2012	20
Billing RI Medicaid for Services Rendered	20
RIQI—Meaningful Use	21
RIQI-CurrentCare Knowledge Center	21

Revalidation of RI Medicaid Providers



OHHS and Hewlett Packard Enterprise 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/ ICF-MR Private Facility
Outpatient Facility	Federally Qualified Health Centers
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 the information that is currently in the Medicaid Management Information System.

Providers must complete the revalidation as soon as possible 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.

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 requires this information on claims with dates of service on or after **October 1, 2015**, to ensure all orders, prescriptions or referral for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid.



It is the responsibility of the RI Medicaid provider rendering the service to obtain the NPI of the Ordering, Prescribing, Referring Provider (OPR) and confirm that the OPR provider is enrolled in the RI Medicaid Program.

Claims that are submitted without the required information for OPR will deny due to missing information. (See Frequently Asked Questions pages 5-7 for required 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 may be recouped.

This change affects 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)
Psychiatric Hospital
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 must upgrade to PES Version 2.08.

For more information, see the **Frequently Asked Questions** on pages 5-7. If you have any other 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 760-769),
 Pharmacy
 Psychiatric Hospital
 Skilled Home Health
 Independent Radiology
 Independent Laboratory
 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.

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 with EOB Message 574—Referring/Ordering Provider required and missing or invalid.

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 right side, there are three rows for provider information, each with a 'LAST' field and an 'NPI' field. The first row is labeled '77 OPERATING', the second '78 OTHER', and the third '79 OTHER'. A red arrow points from the text above to the 'NPI' field in the '79 OTHER' row. On the left side, there are two columns for 'OTHER PROCEDURE CODE' and 'DATE'. Below these are four rows labeled 'a', 'b', 'c', and 'd'. A red arrow points from the text above to the 'd' row. At the bottom left, there is a field for 'PROVIDER OMB NO.' and at the bottom right, a note: '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 diagram shows a portion of the CMS 1500 Claim Form. It includes fields for '14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)' and '15. OTHER DATE', both with sub-fields for 'MM', 'DD', 'YY', and 'QUAL.'. Below these is '17. NAME OF REFERRING PROVIDER OR OTHER SOURCE', which is split into '17a.' and '17b, NPI'. A green arrow points from the text above to the '17a.' field, and another green arrow points from the text above to the '17b, NPI' field. Below this is '19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)'. At the very bottom, there is a partially visible field for 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY'.

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: Where is the OPR information entered for electronic claims?

A: For electronic submission of claims (Non-PES users), the OPR information should be entered in Loop 2310A for professional claims and Loop 2310F for institutional claims. Both the name and the NPI are required.

Ordering, Prescribing, and Referring Providers

Frequently Asked Questions Continued

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

A: Yes. Install the [PES 2.08 upgrade](#) from the EOHHS website. Information for OPR is entered and then selected from the “Other Provider” form in the software. The following information must be entered for the OPR: NPI, Taxonomy, Provider Name, Tax ID, and Provider Address.

Entering information for the OPR on the Other Provider screen will generate a list. When entering the claim information, you will be able to select the provider from the drop down list in the Referring Provider field.

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 may 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.

Q: What is the effective date of this change?

A: Claims submitted with a date of service of October 1, 2015 or after must include the OPR information.

OPR Requirements for Prior Authorization Requests

The Affordable Care Act (ACA) requires that the RI Medicaid provider rendering the service submit the Ordering, Prescribing, and Referring (OPR) provider's identifying information. For more information about the requirement and the provider types impacted, read the [OPR Frequently Asked Questions document](#) on the EOHHS website.

This requirement also applies to the submission of Prior Authorization forms. Prior Authorization forms must contain the Ordering, Prescribing or Referring (OPR) provider's information. **The Prior Authorization form has been revised** to make it easier for providers to complete.

The **OPR information (Name, NPI and Taxonomy)** should be listed on the OPR line. The Billing Provider should list their information on the **Performing/Billing Provider** line. The address for the Performing/Billing Provider should also be listed, in case the form needs to be returned.

If a Prior Authorization form is submitted without the OPR information or if the OPR provider is not enrolled in the RI Medicaid Program, the Prior Authorization form **will be returned** to the billing provider. **Please be sure to use the new Prior Authorization form for all requests.**

[Click here for revised Prior Authorization Form](#)

RHODE ISLAND MEDICAID PRIOR AUTHORIZATION FORM

Recip MID _____ Last Name _____ First Name _____ Middle _____ Birth Date _____

Ordering, Prescribing, Referring Medicaid Provider Name _____ NPI _____ Taxonomy _____

Performing/Billing Provider Name _____ Return Mailing Address _____

City _____ ST _____ ZIP _____ Phone _____ Fax _____

HOSPITALS ONLY SERVICE TYPE INPATIENT OUTPATIENT

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

OPR	PERFORMING/ 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

(Reason service is required, diagnosis/prognosis and treatment described) _____

PERFORMING PROVIDER SIGNATURE AND TITLE _____

OFFICIAL USE DO NOT WRITE BELOW

EOHHS AUTHORIZED _____ EOHHS DENIED _____ DATE _____

NOTES _____

Attention: DME Providers and Physicians

Enteral Nutrition Requests

Requesting Enteral Nutrition is a process which involves **both** the prescriber of the enteral nutrition and the DME provider.

[Please click here for the full clinical coverage guidelines for Enteral Nutrition](#)



The **prescriber** of the enteral nutrition completes section B of the [Certificate of Medical Necessity for Enteral Nutrition](#). ALL items in Section B must be filled out by the prescriber. The prescriber can either submit the form to the DME provider or give it to the beneficiary to submit to the DME provider.

The **DME provider** then completes Section A of the [Certificate of Medical Necessity for Enteral Nutrition](#) and is responsible for the submission of the completed form along with a Prior Authorization form. All forms should be mailed to:

Hewlett Packard Enterprise
P.O. Box 2010
Warwick, RI 02887

Attention Physicians:

Procedure for Requesting DME Supplies

The following is the correct procedure for requesting DME supplies when prior authorization is required:



- The correct type of Certificate of Medical Necessity (CMN) must be filled out by the ordering physician. There are some CMN's that are specific for the type of supply being requested (example: Enteral Nutrition). Not all supplies have a specific CMN. For those supplies without a specific CMN, providers should use the [non-specific version of the CMN](#). All CMN forms and instructions can be found on the www.eohhs.ri.gov website.
- The CMN must be sent **directly to the DME provider** who will be providing the supplies for the RI Medicaid beneficiary and **should not be sent** to Hewlett Packard Enterprise by the physician.
- Please note: Some CMN forms require that both the prescriber and the supplier complete a portion of the form.
- It is the responsibility of the DME provider to send in the correct type of Prior Authorization form along with the correct CMN. The Prior Authorization form and instructions can be found on the www.eohhs.ri.gov website as well.

Transition to ICD-10

Important Reminders for Providers

Important!!!

Reminder!

ICD-10 is date of service driven, **not date of submission**.
You must use the date(s) of service to determine if you should submit ICD-9 or ICD-10.

All claims must include an ICD qualifier, which indicates if you are submitting ICD-9 or ICD-10 codes.

Refer to the instructions for your method of submission to determine the required qualifier.

You must ensure that you select the correct qualifier for the version of codes that you are submitting. Submitting an indicator for ICD-9 with ICD-10 coding will cause your claim to deny.

Selecting ICD Version

The version of ICD is determined by the date(s) of service, not submission date.

ICD **9** When date of service is prior to 10/1/15

ICD **10** When date of service is on or after 10/1/15

To For inpatient claims with a date span, use the "to" date of service to determine version

From For all other claims with a date span, use the "from" date of service to determine version

The following resources may help answer questions:

- [ICD-10 page on the EOHHS website](#)
- [Road to 10 website](#)
- [CMS website](#)
- Medical Associations for your provider type

Helpful Resources

ICD-10 Diagnosis Codes that are Never Used as Primary Diagnosis



With the adoption of ICD-10, CMS designated that certain Supplementary Classification of External Causes of Injury, Poisoning, Morbidity (E000-E999 in the ICD-9 code set) and Manifestation ICD-10 Diagnosis codes cannot be used as the primary diagnosis on claims.

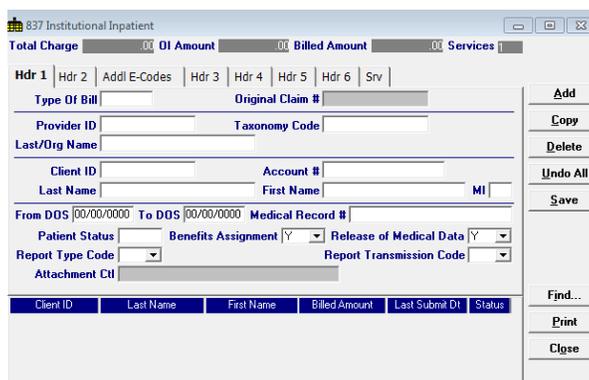
Claims submitted with these diagnosis codes as primary will deny. To view the complete list of codes, [click here](#).



Attention PES Users: Provider Electronic Solutions Software Upgrade

Providers who use Provider Electronic Solutions Software (PES) for billing RI Medicaid claims must install a mandatory upgrade to PES 2.08.

The upgrade can be installed from the [PES webpage](#) on the EOHHS website. If you are currently using 2.07 you should select and follow instructions for the Upgrade and not the Full Installation.



This upgrade contains important changes required for Ordering, Prescribing and Referring (OPR) providers. For more information on OPR, please see the article on page 4.



Attention Professional Providers:
**Billing Administration Codes
For Vaccines**

RI Medicaid does not reimburse for state supplied vaccines. RI Medicaid will reimburse for the administration of the vaccines.

Procedure code 90460 (immunization administration through 18 years via any route of administration, with counseling by physician) and 90461 (immunization administration through 18 years via any route of administration, each additional vaccine) allows one unit each.



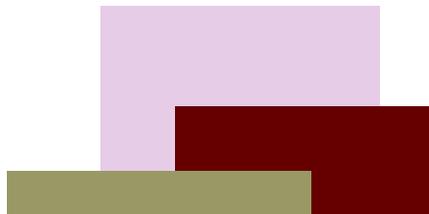
Vaccines with multiple components are considered as one unit. For example, procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; However it is considered as one unit and will be reimbursed as one unit.

If the vaccines are administered with a flu vaccine, RI Medicaid will reimburse multiple administrations. For example: procedure codes 90748 (Hepatitis B), 90680 (Rotavirus vaccine), and 90670 (Pneumococcal Vaccine) are single components and can be reimbursed using one unit of procedure code 90460 for the first injection and procedure code 90461 for any subsequent injections. (Please note: An administration code is allowed for every injection performed.)

In both examples the claims must be sent for review to :

Hewlett Packard Enterprise
Attention: Karen Murphy
P.O. Box 2010
Warwick, RI 02887

If you have any questions, please contact Karen Murphy at 401-784-8004
or by email: karen.murphy3@hpe.com



National Influenza Vaccination Week *December 6-12*

*National Center for Immunization
and Respiratory Diseases*



**HAVE YOU GOTTEN
YOUR FLU VACCINE?**

GET VACCINATED NOW!
IT'S NOT TOO LATE!

**National Influenza
Vaccination Week**
December 6 - 12, 2015

www.cdc.gov/flu



National Influenza Vaccination Week (NIVW) is a national observance that was established to highlight the importance of continuing influenza vaccination.

Resources for NIVW are posted on the [CDC website](http://www.cdc.gov).

Resources available:

[Flyer](#)

[Poster](#)

[Other materials](#) including print materials for various audiences (families, children, pregnant women, high risk conditions, seniors, Spanish language, etc.)

[Information on Influenza Types](#)

Pharmacy Spotlight

Pharmacies and Vaccines



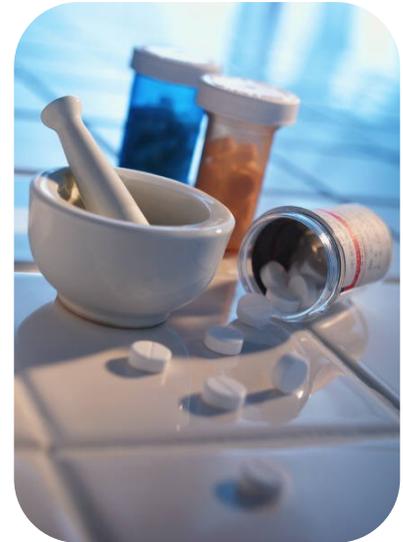
Q Can pharmacies bill for administering vaccines?

A No. Billing for administration of vaccines is submitted through the medical side of the Medicaid Program.

Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board



2015 Meeting Dates
December 1

2016 Meeting Dates
April 12

June 7

August 30

December 13



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: Hewlett Packard Enterprise
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886

[Click here for agenda](#)

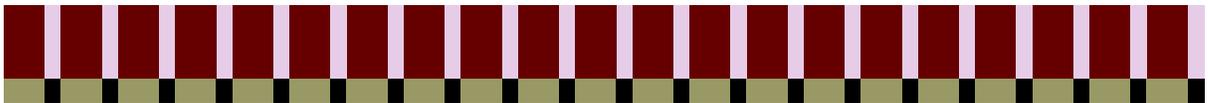
The next meeting of the
Drug Utilization Review (DUR) Board
is scheduled for:

Date: December 1, 2015

Meeting: 10:30 AM

Location: Hewlett Packard Enterprise
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



Pharmacy Spotlight

The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective November 2, 2015.

<p><u>Alzheimer’s Agents</u> memantine tablet changed status to preferred</p>	<p><u>Antiparkinson’s Agents</u> amantadine capsule changed status to non-preferred</p>
<p><u>Antivirals, Oral</u> Zovirax suspension changed status to preferred acyclovir suspension changed status to non-preferred</p>	<p><u>Antivirals, Topical</u> Zovirax ointment changed status to non-preferred acyclovir ointment changed status to preferred</p>
<p><u>Ophthalmic Antibiotics</u> Azasite changed status to non-preferred</p>	<p><u>Ophthalmic for Allergic Conjunctivitis</u> Pazeo changed status to preferred</p>
<p><u>Phosphate Binders</u> Fosrenol chewable tablets changed status to non-preferred</p>	<p><u>Stimulants and Related Agents</u> Daytrana transdermal changed status to preferred Focalin changed status to preferred Procentra changed status to preferred dexmethylphenidate changed status to non-preferred</p>

To view the entire Preferred Drug List, please check the Rhode Island EOHHS Website at: <http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx>



RI Medicaid EHR Incentive Program Update



CMS releases New Final Rules for Program Years 2015 - 2017

The Centers for Medicare & Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) released final rules that simplify requirements and add new flexibilities for providers to make electronic health information available when and where it matters most and for health care providers and consumers to be able to readily, safely, and securely exchange that information.

Click [here](#) for the press release or click [here](#) for the CMS final rule publication

CMS also posted a [What You Need to Know Eligible Provider](#) and [What You Need to Know Eligible Hospital](#) tip sheets on their website that provides a summary of changes to the program.

These changes will go into effect on **December 15, 2015**.

Meaningful Use attestations submitted before the effective date will be accepted and processed accordingly. However, Meaningful Use applications submitted after the effective date will be aborted and will need to be re-entered after our MAPIR system is upgraded to accept meaningful use application attestations based on the 2015-2017 modified rules. The MAPIR upgrade is being developed and we are targeting to update MAPIR with these rule changes sometime between March and April 2016.

First year AIU applications that attest Adopt, Implement, or Upgrade are **not** affected by the 2015-2017 modified rule changes. AIU applications can be submitted and will be processed accordingly.

Please also be aware that the current deadline to submit 2015 applications is **March 30, 2016**. We will be requesting from CMS an extension only for 2015 application deadline for **Meaningful Use** attestations. Therefore, all AIU attestations must be submitted by the current March 30, 2016 deadline.



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.



Healthcare Portal

Important Information for All Trading Partners

All Trading Partners must access information through the Healthcare Portal.

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

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

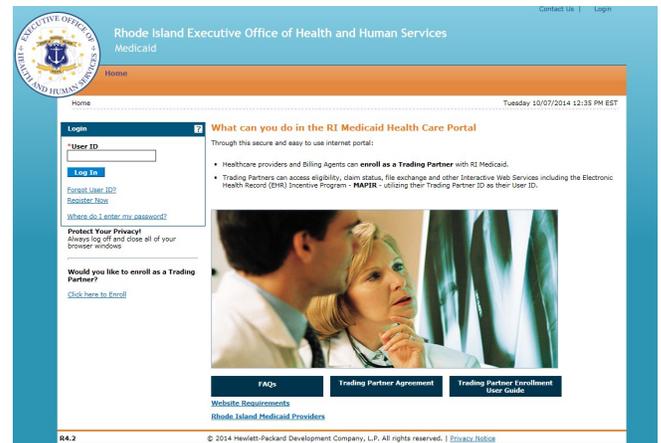
For step by step instructions, use these User Guides

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](#)

Healthcare Portal

Password Help

To maintain access to your Healthcare Portal account, it is important to make note of the password that you selected when you registered to use the Healthcare Portal.

In the event that you forget your password, or need to re-set or change the password, there is now a quick reference guide to help you.

The [Quick Reference Guide—Password Self-Help](#) is found on the [Healthcare Portal](#) page of the [EOHHS website](#). If your facility has multiple delegate users, it would be helpful to print a copy, in case someone needs help.

In the event that a user enters the incorrect password multiple times and is locked out, they must 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 to have the account unlocked.

Remember, passwords must be exactly 8 characters, contain at least one upper case letter, one lower case letter, one number and no special characters. Passwords expire every 90 days and you may not re-use your last 6 passwords. Passwords may not be changed more than once per day.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password.
Call the [customer help desk](#) to report the incident.

Site Key: 

Passphrase: coffee

*Password:

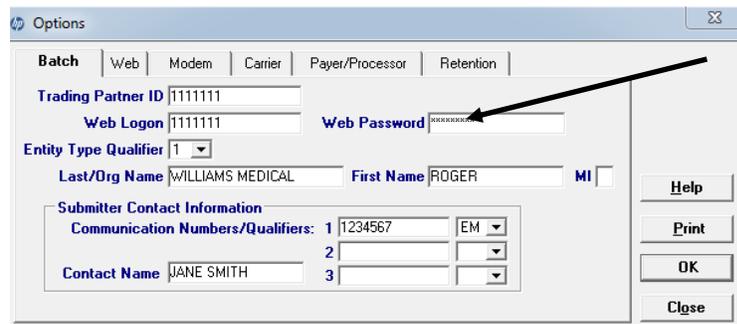
Sign In

[Forgot Password?](#)

Attention PES Users

Password Help—Continued

If you are a PES software user, and you change your password in the Healthcare Portal, you **MUST** remember to change your web password in the PES software. If you do not make this change, you will not be able to successfully submit claims for payment.



Options

Batch | Web | Modem | Carrier | Payer/Processor | Retention

Trading Partner ID: 11111111

Web Logon: 11111111

Web Password:

Entity Type Qualifier: 1

Last/Org Name: WILLIAMS MEDICAL | First Name: ROGER | MI:

Submitter Contact Information

Communication Numbers/Qualifiers:

1	1234567	EM
2		
3		

Contact Name: JANE SMITH

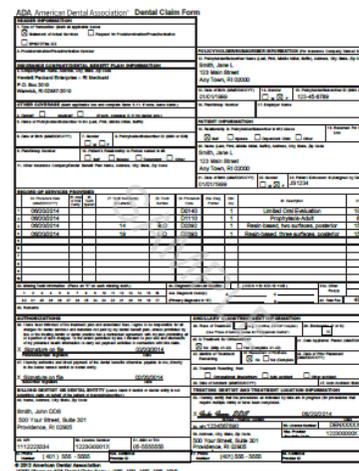
Buttons: Help, Print, OK, Close

After changing the password in the Healthcare Portal, open the PES software. Select the TOOLS tab, and then select OPTIONS. Enter the new password in the WEB PASSWORD field shown in the image above and click okay. This password must match the password for the Healthcare Portal exactly.

Attention Dental Providers Revised Instructions for ADA2012 Claim Form

When completing field 48 on the ADA 2012 claim form, enter the name of the billing provider in the following format for timely processing:
Last name, First name (see image below)

48. Name, Address, City, State, Zip Code
Smith, John DDS
500 Your Street, Suite 301
Providence, RI 02905



If the billing provider is a group, please enter the groups name (see image below)

48. Name, Address, City, State, Zip Code
Great Smiles Dental Group
123 Main St.
Providence, RI 02901

Attention: Physician and Non-Physician Practitioners Billing RI Medicaid for Services Rendered

As a reminder, the RI Medicaid Provider Reference Manual—General Guidelines state “that claims may only be submitted for services after the delivery date of the service.”

This includes billing of orthotics and dentures.

- Claims for orthotics may not be submitted on the casting or molding dates .
- Claims for dentures may not be submitted on the date of impressions.

Billing will be monitored for compliance to these guidelines.





Meaningful Use got you down?

Join us for a peer-to-peer education session for Medicaid Practices

RIQI's Regional Extension Center experts, Sue Dettling and Suzette Santos, will provide an overview at this in-person event about Meaningful Use changes for 2016 and what it means for your practice. You'll have an opportunity to discuss how to incorporate these measures into your workflow and how to calculate patient volume. You may also ask questions about registration for the RI EHR Incentive Program.

Wednesday, December 9, 2015

50 Holden St., Suite 300, Providence, RI 02908

5:30 - 5:45 pm – Enjoy networking and light snacks

5:45 - 7 pm – Program

Space is limited! Please register on or before 12/7.

[Register Here](#) or at tinyurl.com/MUsession

RIQI launches CurrentCare Knowledge Center

For practices using CurrentCare – and those who want to get started!

The Rhode Island Quality Institute has created a great new resource called the CurrentCare Knowledge Center for practices who are using CurrentCare services.

Please take a look to learn how to integrate CurrentCare patient Enrollment, Hospital Alerts and Viewer into your workflows and maximize value for your patients and staff.

