



Rhode Island Medicaid Program

PROVIDER *update*

Volume 276

January, 2016

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interactive
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THIS MONTH'S FEATURED ARTICLES

RI Medicaid Provider Revalidation



*Selected provider types **MUST**
complete revalidation as soon as
possible!*

*See page 10-11 to see if you
must revalidate!*



Ordering, Prescribing And Referring Provider Information Required for Many Claims



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

Important Changes for Hospice Payments



*Read pages 12-13 for more
information and to learn about
training opportunities*

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receive any updates that related
to the services you provide.



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Transition to ICD-10

Important Reminders for Providers

RI Medicaid is happy to report that the transition to ICD-10 has gone very smoothly! Only occasional errors in submission have been noted, and mostly due to either the wrong version for the date of service, or a mismatch between the indicator used and the version of the diagnosis code. (ex. Indicator for ICD-9 with an ICD-10 diagnosis code). Please see important reminders below.

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.



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](#).



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.



OPR information is not required on crossover claims when Medicare makes a payment. In this case, when Medicare makes a payment, RI Medicaid will process without the OPR information. If Medicare does not make a payment, that claim is no longer a crossover claim and **WILL require** the OPR information outlined in RI Medicaid guidelines.

Ordering, Prescribing and Referring Provider 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 EOHHS 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 information is required on a Prior Authorization request?

A: The OPR provider’s information must be listed in the **OPR** fields. The Performing/Billing provider information should be listed on the **Performing/Billing Provider** line. If the OPR information is missing, or the OPR is not enrolled with RI Medicaid, the PA form will be returned.

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

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

PROVIDER NAME NO. THE CERTIFICATIONS ON THE REVERSE APPLY TO:

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

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

Q: Where 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 EOHS 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

LINE ONLY	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

Also, when checking status of a Prior Authorization request, be sure to select “Supplying Provider” to retrieve the status. If “Supplying Provider” is not selected, you will not be able to view the status of the request.

Please enter a valid NPI, Provider Type, and Taxonomy comb

NPI: Provider Type:

Please select a provider number.

Provider ID:

Please select one of the following provider types.

Requesting Provider Supplying Provider

If you have any questions, please contact your [provider representative](#).



National Birth Defects Prevention Month

National Birth Defects Prevention Network

In January, National Birth Defects Prevention Month is observed. The theme for 2016 is “Making Healthy Choices to Prevent Birth Defects—Make a PACT for Prevention”. The goal for 2016 is to continue to increase awareness that birth defects are common, costly, and critical and to offer steps that can be taken by professionals, community groups, and the public to prevent birth defects.

Resources are available on birth defect prevention, preconception health, infections and immunizations, and healthy lifestyle. [Click here for these resources.](#)

[Click here for the full 2016 resource packet.](#)



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.



Revalidation of RI Medicaid Providers



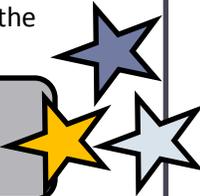
OHHS and Hewlett Packard Enterprise are revalidating Provider Enrollment information for **one third** of the enrolled Medicaid providers that are active and have submitted a claim since January 1, 2014.

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 their 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 .

Revalidation of RI Medicaid Providers

Important for Providers to know....

Providers who were in the first wave of revalidations should complete the process as soon as possible. Currently:

**250 providers have not started the revalidation process
150 providers have submitted incomplete applications, but have not responded
to the request for more information.**

If your provider type is listed in the previous article, you must complete the process as soon as possible, or risk termination from RI Medicaid.

Additional providers will be required to revalidate their enrollment in early 2016.

Here are some things to remember:

- You must enter the legal name of your facility. Any other name would be entered in the Business Name field.
- If you are enrolled with Medicare, you must put your Medicare number into the portal when completing the revalidation application.
- You must also upload a copy of the Medicare certification letter.
- You must upload a new, signed W-9.
- After verifying your electronic funds transfer (EFT) information, you must change the EFT start date to today's date.
- You must enter the name, home address and social security number for all owners, and anyone with ownership or controlling interest in the disclosing entity, or in any subcontractor totaling 5% or more.
- Out of state providers must include information on one specific recipient.

For help with revalidation, use the following resource:

[Revalidation—Tips and Reminders](#)

Attention Nursing Home Providers: Medicare Coinsurance Rate Increase

Effective for dates of service on or after January 1, 2016, the Medicare Coinsurance rate is increasing.

The rate for days 21-99 of a skilled stay will be \$161.00 per day.



Attention: Hospice Providers
Hospice Tiered Payments for Routine Home Care



CMS stipulates that Hospice Routine Home Care claims must be paid using a two tiered methodology. Effective January 1, 2016, claims submitted with procedure code T2042 are subject to the new payment methodology based on days of care.

Procedure Code	Days of Care	Daily Rate
T2042	Routine Home Care—Days 1-60	\$187.08
T2042	Routine Home Care—Day 61+	\$147.02

Days of care are calculated as claims are processed, and could pay for non-consecutive dates.

For example: Claim is paid at the higher rate for the month of January (31 units). The claim for February dates of service is denied for incorrect billing. The claim for March dates of service, if processed prior to the corrected February claim submission, could pay at the higher rate for the remaining 29 days available at the higher rate. When the February claim is resubmitted it will pay at the lower rate, as the 60 days have been exhausted. In this instance you may need to recycle the February and March claims, to reassign the higher rate to the first consecutive 60 days.

If a patient elects to leave hospice care for a minimum of 60 days, and a subsequent period of hospice care is then re-elected, the counter restarts, and days 1-60 begin to pay again at the higher rate.

More information to follow.



Attention: Hospice Providers

Service Intensity Add-On Payment

Effective January 1, 2016, a service intensity add-on payment will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care in the last seven days of life.



The SIA (Service Intensity Add-On) payment is in addition to the T2042 routine home care rate.

The SIA payment will be billed in 15 minute units (\$9.85 per unit), not to exceed 16 units per day (4 hours) that occurred during the last 7 days of life.

Visit Description	HCPCS
Clinical Social Worker—Hospice Setting	G0155
Skilled Nursing (RN) Visit—Hospice Setting	G0299

At this time, please hold and do not submit claims that are eligible for the SIA. When the system is able to process this add-on payment, hospice providers will be notified by email.

When submitting, be sure to verify that the date of death is recorded in the Healthcare Portal before submitting the claim. If the date of death is not present, the claim will suspend for 45 days. If the date of death is still not present at the end of the 45 days, the claim will deny. More information will follow.



Training Opportunity for Hospice Providers

To assist providers in understanding the new payment methodology, RI Medicaid will host a webinar to explain the details of the new payments. Providers will also have an opportunity to ask questions.

The webinar is scheduled for:
Thursday, January 21st
9:00—10:00 AM

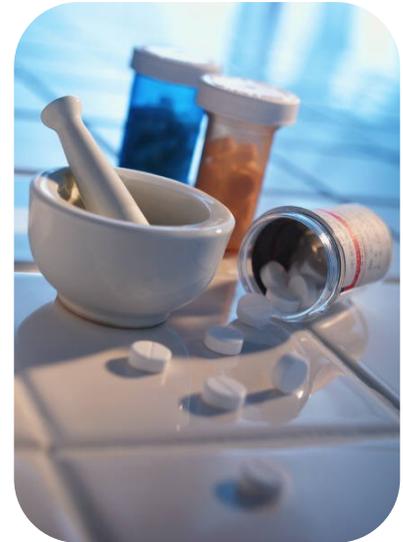
You will need to have internet access and a phone line to participate conveniently from your facility.

To reserve a space, please send an email to Deb Meiklejohn at deborah.meiklejohn@hpe.com. A confirmation email will be sent to confirm your reservation.

Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board



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: April 12, 2016
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: April 12, 2016
Meeting: 10:30 AM
Location: Hewlett Packard Enterprise
 301 Metro Center Blvd.,
 Suite 203
 Warwick, RI 02886

[Click here for agenda](#)



When and How to Process an Emergency Supply of Medication

Emergency supply may be used in the following situation:

- Weekend and evening hours when a prior authorization is required for a needed medication.



The claim must be for no more than 10 units with the day's supply billed for 3 days or less. However, the claim will not process if there is one claim in the past six months for the same NDC.

Pharmacy Spotlight



The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective January 4, 2016.

<p><u>Anticonvulsants</u> Depakote sprinkle changed status to preferred Trileptal tablets changed status to preferred</p> <p>divalproex sprinkle changed status to non-preferred oxcarbazepine tablets changes status to non-preferred</p>	<p><u>Antidepressants, other</u> bupropion XL changed status to preferred</p>
<p><u>Beta-Blockers</u> metoprolol XL changed status to preferred</p> <p>Toprol XL changed status to non-preferred</p>	<p><u>Lipotropics, Other</u> Tricor changed status to preferred Trilipix changed status to preferred</p> <p>fenofibrate tablet (Tricor) changed status to non-preferred fenofibric acid (Trilipix) changed status to non-preferred</p>
<p><u>Neuropathic Pain</u> duloxetine (Cymbalta) changed status to preferred</p>	<p><u>NSAIDs</u> Feldene added to PDL as a non-preferred agent</p>
<p><u>PAH Agents</u> Tracleer changed status to non-preferred</p>	<p><u>Platelet Aggregation Inhibitors</u> Brilinta changed status to 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.



HBTS, PASS and Respite Services

The Executive Office of Health and Human Services (EOHHS) is excited to announce that Home Based Therapeutic Services (HBTS), Personal Assistance Services and Supports (PASS), and Respite Services will be a part of the RiteCare benefit package as of January 1, 2016.

Also, as of January 1, 2016, families receiving any of the above named services will no longer require Cedar (formerly known as CEDARR) Family Center involvement. Cedar Family Centers will remain a resource for families that require more intensive assistance related to care management and coordination.

EOHHS, NHPRI and UHC staff are committed to facilitating this transition of services into the RiteCare benefit package as smoothly as possible and will continue to partner with each service provider to provide effective, timely and quality services. Direct Service treatment/service plans will be reviewed at the time of re-authorization by the family's health plan, as early as February 1, 2016 up to December 31, 2016.

If you have any questions, please feel free to contact the following individuals for technical support related to your specific needs:

Jason Lyon, Jason.Lyon@ohhs.ri.gov, 401-462-7405
and/or Allan Brenman, Allan.Brenman@ohhs.ri.gov, 401-462-0026.

Attention: Kids Connect Providers

As of January 1, 2016, two of the codes for billing will change.

The code for Assessment and Plan Development will change
from T1023 to H2000.

The code for Child Specific Orientation/Newly Assigned Worker will
change
from S9445 to H2021.

The new codes are for dates of service on or after 1/1/2016.
Billing for dates of service prior to 1/1/2016 will remain the same.

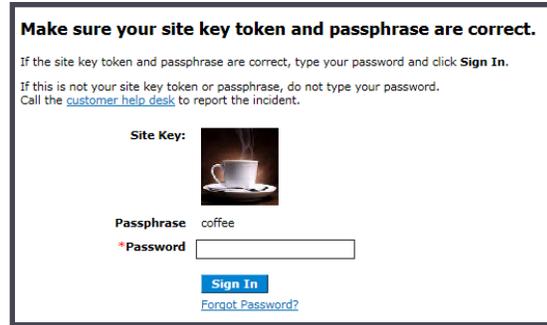
If you have any questions or concerns please contact
Karen Murphy at (401) 784-8004 or Karen.murphy3@hpe.com.



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.

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.



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.

Executive Office of Health and Human Service 2016 Holiday Observances

The Executive Office of Health and Human Service (EOHHS) will be closed on the following dates:

Holiday	Date Observed
New Year's Day	Friday, January 1
Dr. Martin Luther King, Jr. Day	Monday, January 18
Memorial Day	Monday, May 30
Independence Day	Monday, July 4
Victory Day	Monday, August 8
Labor Day	Monday, September 5
Columbus Day	Monday, October 10
Veteran's Day	Friday, November 11
Thanksgiving Day	Thursday, November 24
Christmas Day	Sunday, December 25 (Closed Monday, 12/26)



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.

Click the CurrentCare logo for more information.



Reinventing Medicaid

Re-design of Connect Care Choice and Connect Care Choice Community Partners

As part of Governor Raimondo's effort to reform Medicaid, the working group to Reinvent Medicaid issued a report in April 2015 that recommended numerous initiatives to achieve financial saving in State Fiscal year (SFY) 2016. The Governor introduced those recommendations in a budget article entitled, "The Reinventing Medicaid Act of 2015." The Rhode Island General Assembly passed the Reinventing Medicaid Act in June 2015.

One of the Reinventing Medicaid budget initiatives is to re-design Connect Care Choice (CCC)/ Connect Care Choice Community Partners Program (4CP). The re-design will align with other budget initiatives aimed at achieving savings to the Medicaid Program. As part of the re-design, many of the current members of CCC/4CP will be transitioning to managed care through Rhody Health Partners, UnitedHealthcare (UHC) or Neighborhood Health Plan of Rhode Island (NHPRI) as of January 1, 2016; or Rhody Health Options, Neighborhood Health Plan of Rhode Island (NHPRI), as of February 1, 2016.

As a reminder, please check the [Healthcare Portal](#) for the most current enrollment information in order to bill the correct plan.

If you have any questions, please call the HPE Customer Service Help Desk at 401-784-8100.



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

