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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



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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 first wave of 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 July, 2015, 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.

If you are one of the provider types listed above and you had not complied with the requirement to revalidate by 2/12, your claims were suspended beginning 2/15, and if the revalidation is not completed, you will be terminated on March 1, 2016.

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 .

*Attention: DME Providers***HPE Will Now Accept Prior Authorization Requests for DME Equipment and Supplies by FAX.**

Effective March 1, all prior authorization requests may be faxed to the HPE prior authorization unit.

Urgent requests are limited circumstances when it may be necessary for a RI Medicaid FFS beneficiary to access their DME benefit on an immediate basis. Urgent need is defined as necessary equipment to prevent a serious deterioration of the beneficiary's condition or health and it is not reasonably possible to wait until a prior authorization has been processed.

An urgent request constitutes equipment the beneficiary needs to discharge from a facility such as a hospital, skilled nursing facility, or rehab facility. Examples are equipment such as respiratory equipment, minor assistive devices, or hospital beds.

On urgent requests, please indicate **"URGENT"** on the prior authorization request.



**All requests should be faxed to
Hewlett Packard Enterprise
401-784-3892
Attention: Prior Authorization**

Please Note:
Providers have the option to fax or mail prior authorization requests.
However, if a request is greater than 15 pages, the request must be mailed to:
Hewlett Packard Enterprise
PO Box 2010
Warwick, RI 02887
Attention: Prior Authorization

Prior Authorization status can be checked in the Healthcare Portal.



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

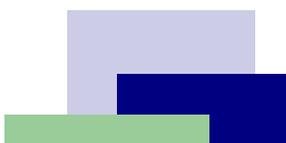
Days of care are calculated as claims are processed, and could pay for non-consecutive dates.

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.

To assist providers in understanding the new payment methodology, RI Medicaid hosted a webinar to explain the details of the new payments.

[Click here for slides.](#)



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.



Attention: Hospice Providers

Quality Reporting



The Hospice Quality Reporting Program (HQRP) was mandated by Section 3004 of the Affordable Care Act (ACA). As part of the HQRP, all Medicare-certified hospices are required to submit quality data to CMS. The HQRP currently operates on a cycle of data collection, data submission, and payment impact that spans three years.

Providers that fail to meet HQRP requirements will be reported by CMS as non-compliant resulting in a 2% reduction in payments.

For any questions, please visit the [CMS website](#) or contact your medical association.

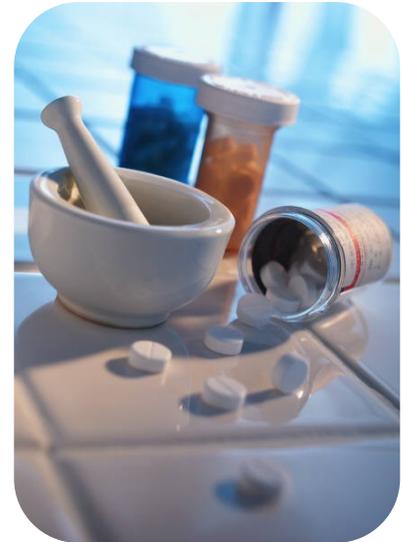
Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board

2016 Meeting Dates

April 12
June 7
August 30
December 13

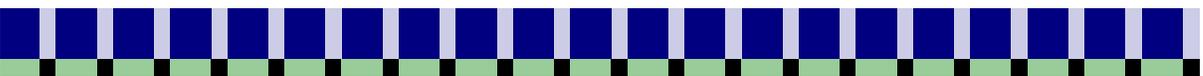


The next meeting of the
Pharmacy & Therapeutics Committee (P&T)
is scheduled for:

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](#)



Pharmacy Spotlight

Non-Preferred Opioid Medications

Effective March 1, 2016, a new Prior Authorization Form was posted to the EOHHS website for all non-preferred Opioids on the RI Medicaid Fee-for-Service Preferred Drug list. When prescribing one of these medications please complete the form below and fax to (401) 784-3889.

Opioid Prior Authorization Form

<http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/PA23.pdf>

Preferred Drug List

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/pdl_list.pdf

Pharmacy Spotlight

When Will a Prior Authorization (PA) NOT Work?



PA's will not override...

NDCs from non-rebateable drug manufacturers.

Only those drug products that are manufactured by pharmaceutical companies that have signed a rebate agreement with CMS pursuant to the Omnibus Budget Reconciliation Act of 1990 will be reimbursed. Below is a link to the CMS website with a list of drug manufacturers that have signed the rebate agreement with CMS. This list changes periodically. When there is question about an NDC please check the list.

<https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Rebate-Program.html>

PA's will not override...

Claims that deny as "NDC not covered, Drug Class not covered".

PA's will not override...

- Drug-Drug Interactions
- Early Refills
- Therapeutic Duplication

You **must** use the following process to override the above DUR denials:

The pharmacist submitting a claim through POS must initiate a DUR Alert Override using valid intervention and outcome response codes. Valid Professional Service (intervention) and Result of Service (outcome) codes must be entered in order for the claim to be paid. These codes are selected based on the pharmacist's professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used.

Reason For Service Code (Alert)	Professional Service Code (Intervention)	Result of Service Code (Outcome)
DD = Drug-Drug Interaction ER = Early Refill (Overuse) TD = Therapeutic Duplication	M0 = Prescriber consulted MR = Medication review PH = Patient medication history PM = Patient monitoring P0 = Patient consulted	IC = Filled, With Different Dose ID = Filled, with Different Directions IE = Filled, With Different Drug IG = Filled, With Prescriber Approval 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3H = Follow-up/ Report

RI Medicaid EHR Incentive Program Update



2016 Is the Last Year to Participate

Program Year 2016 is the last year providers can start to participate in the RI Medicaid EHR Incentive program. Providers who do not apply for program year 2016 for the Rhode Island Medicaid EHR Incentive program will not be allowed to continue to earn future EHR Incentives. Up to \$63,750 of annual incentives can be earned by eligible providers who demonstrate meaningful use of certified EHR until the program sunsets in 2021. However, if you don't participate by program year 2016, you will not be able to participate at all.

Click [here](#) for more information about the requirements for the program and how you can earn a Medicaid EHR Incentive with your certified EHR! For those providers who have participated in past years and may have skipped years, you can continue to participate until 2021. Contact us by [email](#) for any questions you may have.

In Case You Didn't Know

When you log into MAPIR, you will see the following message that explains how to proceed with your 2015 & 2016 program year attestation:

**** ATTENTION ****
IMPORTANT INFORMATION BELOW

Due to program policy changes effective on December 15, 2015, any 2015 or 2016 **meaningful use** EHR Incentive applications will not be approved until our MAPIR system is updated to meet the new 2015 – 2017 Stage 2 Modified Meaningful Use measure program requirements. Please plan accordingly as we plan to provide the new upgrade in April 2016.

However, we are accepting first year AIU (Adopt, Implement or Upgrade) attestation for 2015 and 2016. **The deadline to submit 2015 AIU applications is March 30, 2016.**

Click [here](#) for the CMS EHR Incentive program website for more information. Email questions or request to be notified when the MAPIR system meaningful use upgrade is available to ohs.ehrincentive@ohs.ri.gov.

If you are ready to attest to meaningful use for 2015, we recommend that you have your information prepared so that when the MAPIR system is upgraded you will be ready! We appreciate your patience and understanding and please do not hesitate to email us with any questions.



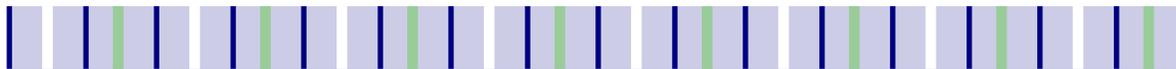
Attestation Deadline for EHR Incentive Program Extended

RIQI wanted to be sure you know that the deadline to attest to Meaningful Use for the EHR Incentive program has been extended until March 11th 2016. This is important for Medicare providers who need to complete their MU attestation for 2015 AND for Medicaid providers who are not eligible for the Medicaid EHR Incentive program in 2015 due to lack of eligible patient encounters, but who would like to avoid Medicare payment adjustment by doing an "alternative attestation method". [Read the press release from CMS on page 12.](#)

For all other Medicaid providers, the RI Executive Office of Health and Human Services' (EOHHS) MAPIR EHR Incentive attestation system will not be ready to accept 2015 MU attestations until April (possible extensions may apply). This is due to the MAPIR system being upgraded to accept the 2015 – 2017 Modified Stage 2 Meaningful Use criteria. We will keep you informed of the RI Medicaid MU timeline as more details become available. RI's EOHHS will keep us posted with notice on their website [here](#).

Remember, RIQI is here to help you with Meaningful Use.

For more than five years, the Relationship Managers at the Rhode Island Quality Institute have been helping Medicare and Medicaid providers meet Meaningful Use objectives. We're here to help. Call us at 888.858.4185, Option 5.



MU Resources from the Rhode Island Quality Institute

The December 9th in-person Meaningful Use event at the RI Quality Institute included presentations by Sue Dettling and Suzette Santos from RIQI, and Stan Prokop, Program Manager – RI Medicaid EHR Incentive Program at Rhode Island Office of Health & Human Services, who explained the MAPIR registration process for RI Medicaid Providers.

Contact information is provided in the presentation slides here: [RIQI Presentation \(slides in PDF format\): Modifications to Meaningful Use in 2015-2017 – Final Rule](#). If you weren't able to attend, here are some additional resources:

- [EHR Incentive Programs Overview: 2015-2017](#)
- [Eligible Professional Attestation Worksheet](#)
- [EHR Incentive Programs for Eligible Professionals: What You Need to Know for 2015 Tipsheet](#)
- [MU Measures Table – Summary for Medicare and RI Medicaid Programs](#)



CMS Extends the Attestation Deadline for the EHR Incentive Programs to March 11, 2016

The Centers for Medicare & Medicaid Services (CMS) extended the attestation deadline for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs to **Friday, March 11, 2016 at 11:59 p.m. ET**, from the original deadline of Monday, February 29.

Eligible professionals, eligible hospitals, and critical access hospitals (CAHs) participating in the Medicare EHR Incentive Program can attest through the CMS [Registration and Attestation System](#). Providers participating in the Medicaid EHR Incentive Program should refer to their respective [states](#) for attestation information and deadlines. Certain Medicaid eligible professionals may use the [Registration and Attestation System](#) as an alternate attestation method to avoid the Medicare payment adjustment ([80 FR 62900 through 62901](#)).

To attest to the EHR Incentive Programs in 2015:

- **Eligible Professionals** may select an EHR reporting period of any continuous 90 days from January 1, 2015 (the start of the 2015 calendar year) through December 31, 2015.
- **Eligible Hospitals/CAHs** may select an EHR reporting period of any continuous 90 days from October 1, 2014 (the start of the federal fiscal year) through December 31, 2015.

Attestation Resources

For assistance with attestation, please review the following CMS resources:

[Preparing to Participate in the EHR Incentive Programs Fact Sheet](#)
[Attestation Worksheet](#) and [User Guide](#) for Eligible Professionals
[Attestation Worksheet](#) and [User Guide](#) for Eligible Hospitals and CAHs
[Broadband Access Exclusions Tip Sheet](#)
[Health Information Exchange Fact Sheet](#)
[Public Health Reporting in 2015 for Eligible Professionals](#)
[Public Health Reporting in 2015 for Eligible Hospitals/CAHs](#)

For More Information

Visit the [Registration and Attestation](#) and the [2015 Program Requirements](#) pages on the [CMS EHR Incentive Programs website](#).

For attestation questions, please contact the EHR Information Center Help Desk at (888) 734-6433/ TTY: (888) 734-6563. The hours of operation are Monday to Friday between 7:30 a.m. and 6:30 p.m. EST.



Rhode Island Quality Institute

The Rhode Island Quality Institute (RIQI) was recently awarded a four-year, \$8.3M grant - *Transforming Clinical Practices Initiative* (TCPI) - to provide technical assistance to help equip clinicians in Rhode Island with tools, information, and network support needed to improve quality of care, increase patients' access to information, and spend health care dollars more wisely. As a Practice Transformation Network, RIQI will support 1,500 clinicians to expand their quality improvement capacity, learn from one another, and achieve common goals of improved care, better health, and reduced cost.

The TCPI program is open to all providers, including specialists, as long as they are not already participating in a federal Shared Savings Program (MSSP, MAPCP, CPCI, Pioneer ACO), or with another Practice Transformation Network. If you are interested in learning more about receiving free service and support through the TCPI initiative, please email us at Info@riqi.org and we will contact you shortly.

[Click here to read the press release](#)

For additional information:

- [Clinical Practice Initiative Fact Sheet](#)
- [Clinical Practice Initiative External FAQs](#)
- [Information about the Transforming Clinical Practice Initiative at CMS.gov](#)



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.



Attention: Adult Day Care Providers
Basic and Enhanced Levels of Services



Effective February 1, 2016, recipients will need to meet at a minimum a Preventive Level of Care in order to receive Adult Day Care Services.

Providers will need to check Recipient Eligibility on the Healthcare Portal to determine if the recipient is entitled to Adult Day Care Services.

If the recipient is enrolled in one of the following waivers then the person qualifies to receive the service: Preventive, Core Community, DEA Community, Habilitation Community, Shared Living and Intellectual Disabilities. Please note these changes do not affect recipients on the DEA Co-Pay program.

There will be 2 levels of reimbursement for basic and enhanced level of services.

Enhanced Level of Services require:

- Daily assistance*, on site in the center, with at least two (2) Activities of Daily Living (ADL) described herein.

OR

- Daily assistance, on site in the center, with at least one skilled service, by a Registered Professional Nurse (RN) or a Licensed Practical Nurse (LPN).

OR

- Daily assistance, on site in the center, with at least one (1) Activity of Daily Living described herein which requires a two-person assist to complete the ADL.

OR

- Daily assistance, on site in the center, with at least 3 Activities of Daily Living as described herein when supervision and cueing are needed to complete the ADL's identified.

OR

- An individual who has been diagnosed with Alzheimer's disease or other related dementia, or a mental health diagnosis, as determined by a physician, **and** requires regular staff interventions due to safety concerns related to elopement risk or other behaviors and inappropriate behaviors that adversely impact themselves or others. Such behaviors and interventions must be documented in the participant's care plan and in the required progress notes.

*Daily assistance= every day of attendance



Basic and Enhanced Levels of Services - *continued*

Basic Level of Services require:

- Provision by the Adult Day Care Provider of an organized program of supervision, health promotion and health prevention services that include the availability of nursing services and health oversight, nutritional dietary services, counseling, therapeutic activities and case management.

The billing will consist of one code with different modifier combinations to reflect the different levels of care and either a half or full day of service

BASIC - HIGH LEVEL OF CARE	
S5102	1/2 Day
S5102 U2	Full Day
ENHANCED—HIGHEST LEVEL OF CARE	
S5102 U1	1/2 Day
S5102 U1 U2	Full Day

Please contact Karen Murphy with billing questions at (401) 784-8004 or karen.murphy3@hpe.com.



Attention: All Providers

Remittance Advice Documents

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent 4 documents are available for download.

Providers must download and save or print these documents in a timely manner to ensure access to the information needed. When a new RA becomes available, the oldest document is removed, and providers are unable to access it. The [Payment and Processing Schedule](#) lists the dates of the remittance advice for your convenience.

REMITTANCE ADVICE FILES AVAILABLE VIA THE WEB	
	Remittance Date
	20150102
	20150116
	20150320
	20150417



National Nutrition Month®

Academy of Nutrition and Dietetics

National Nutrition Month® is a nutrition education and information campaign created annually in March by the Academy of Nutrition and Dietetics, formerly the American Dietetic Association. The campaign focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits.

The theme for 2016 is "Savor the Flavor of Eating Right," which encourages everyone to take time to enjoy food traditions and appreciate the pleasures, great flavors and social experiences food can add to our lives.

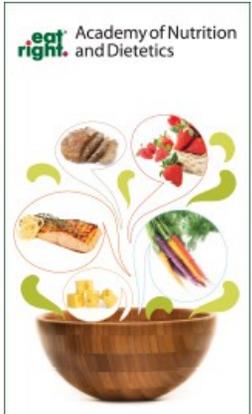
[To learn more, click here](#)

The following nutrition tip sheets are available :

- Eating Right for Healthy Weight
- Healthy Snacks for Kids
- Healthy Eating on the Run
- Power Up with Breakfast
- Smart Snacking for Adults and Teens
- Shop Smart– Get the Facts on Food Labels

And much more including activity handouts for adults and teens.
Resources are also available in Spanish.

[Click here to access the resources](#)



eat right. Academy of Nutrition and Dietetics

SAVOR THE FLAVOR OF EATING RIGHT

NATIONAL NUTRITION MONTH® 2016

www.eatright.org



American Diabetes Association Alert Day®

American Diabetes Association®

On March 22, the American Diabetes Association observes an Alert Day as a reminder to know your risk for type 2 diabetes.

A Type 2 Diabetes Risk Test is available on their website. The test can be completed electronically on the website, or a paper version of Risk Test can be downloaded and printed. The paper version is also available in Spanish.

[To access the Risk Test click here](#)

RI Medicaid Annual Association Meeting




**Hewlett Packard
Enterprise**

RI Medicaid has scheduled the annual Association Meeting :

**Wednesday, March 16th
9:00 AM-11:00 AM**

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

Agenda topics include Provider Revalidation of Enrollment, Member ID Conversion, Meaningful Use for Physician Practices, Integrated Care Initiative—Phase 2, Community Health Team RI, DME Updates, and more.

Medical associations in RI are invited to attend this meeting.

To reserve a space, please send an email to
deborah.meiklejohn@hpe.com
by Wednesday, March 9th.
Please include your name, organization and phone number.
You will receive a confirmation email with directions.



Attention DME Providers of Incontinence Supplies:

When billing for incontinence supplies, the appropriate T codes should be used for **all** incontinence supplies. T Codes are found on the [RI Medicaid Fee Schedule](#).

Effective March 1, 2016, Miscellaneous Code A4520, Incontinence Garment Any Type, will be manually priced, require prior authorization, and a cost invoice.

In addition, Miscellaneous Code A4554, Disposable Pads-All Sizes, should not be used, and the appropriate T code should be selected when billing for underpads:

- T4541 Incontinence Product, Disposable Underpad, Large
- T4542 Incontinence Product, Disposable Underpad, Small

Community Health Team RI Starts February 1, 2016

New Program for Adults with Medicaid Fee for Service (FFS) Coverage

Program Description

There's a NEW Primary Care Case Management (PCCM) program for adults who have Medicaid coverage who will now have access to care management services. Currently, these Medicaid members do not receive care management and are not enrolled in a health plan. The new program, called Community Health Team RI, will be administered by CareLink. Members will be able to receive help with:

- Navigating the health care system
- Care management, client advocacy, and health education
- Working with a person's primary care doctor
- Links to community resources

This program is voluntary. A person can dis-enroll at any time on a monthly basis. The state will auto-enroll eligible individuals into the new program unless a person calls to opt out.

Eligibility

- Has Medicaid Fee for Service coverage
- Is determined by EOHHS to be at high risk or at risk of becoming high risk medically
- Is not currently receiving care management services

FFS benefits and covered services remain the same for the members in this program. Continue to bill as you are doing now.

If you have any questions, please call the
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

