



Rhode Island Medicaid Program

PROVIDER *update*

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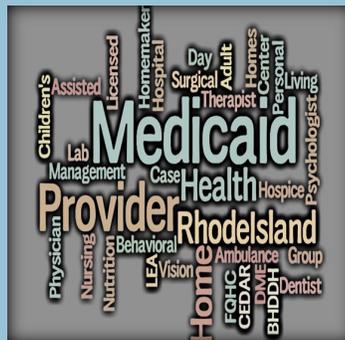
Volume 279

April, 2016

THIS MONTH'S FEATURED ARTICLES

Provider Training Days

April 27 & 28, 2016



See page 3 for more information

RI Medicaid Provider Revalidation



Next wave of providers required to revalidate will receive notification soon!

See page 4 for important information

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 relate to the services you provide.

DME Prior Authorization Requests by FAX



See page 5 for details



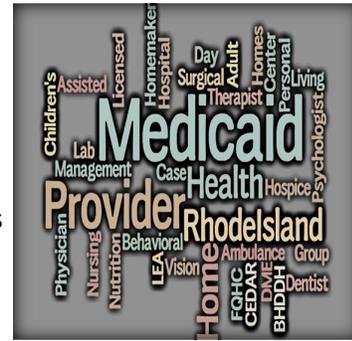
Provider Training Days

April 27 & 28, 2016

RI Medicaid providers are invited to participate in the upcoming **Provider Training Days**. There is no fee to attend and providers may attend as many sessions as they like. The events are scheduled for:

Wednesday, April 27th 9:00 AM-4:00 PM

Thursday, April 28th 9:00 AM-3:00 PM



Training topics include:

- Sessions for new Medicaid providers
- Billing 101
- Provider Electronic Software (PES)
- Billing tips for Dental, FQHC, Nursing Homes, and Home Health providers
- Using the Healthcare Portal
- Revalidating your Medicaid Enrollment
- Community Health Team RI
- Integrated Care Initiative—Phase 2

All sessions will be held at:
Hewlett Packard Enterprise
301 Metro Center Blvd. Suite 203
Warwick, RI 02886

Spaces are limited. Providers must register for each session they would like to attend. You will receive an email confirmation of registration with directions to the training site. Join us to meet your Provider Representative.

To access the brochure with full schedule and workshop descriptions , click image below:



Revalidation of RI Medicaid Providers—NEW



OHHS and Hewlett Packard Enterprise are revalidating Provider Enrollment information for the next group of enrolled Medicaid providers that are active and have submitted a claim since January 1, 2015.

The provider types in the next wave of Revalidation are as follows:

Dentist	Podiatrist
Skilled Nursing	Freestanding Dialysis
Early Intervention	Substance Abuse Rehab
CMHC/Rehab Option	Habilitation Group Home
Severely Disabled Pediatric Homecare	BHDDH Behavioral Health Group
Personal Care Aide/Assistant	Co-Located Connect Care Choice
BHDDH DD Agencies	

This spring, the Provider Enrollment Unit will outreach to the above groups of providers. Providers will receive two letters for the re-validation process. The first letter contains 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 within 35 days of the notification letter.

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>

To assist providers with the revalidation process, a webinar is scheduled to walk providers through the application process.
 The training webinar is scheduled for:
Wednesday, April 13, 2016
10:00-11:00 AM

You will need a computer, internet access and a telephone to participate.

To reserve a space, please send an email with your name and facility to:
deborah.meiklejohn@hpe.com

If you do not receive 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.



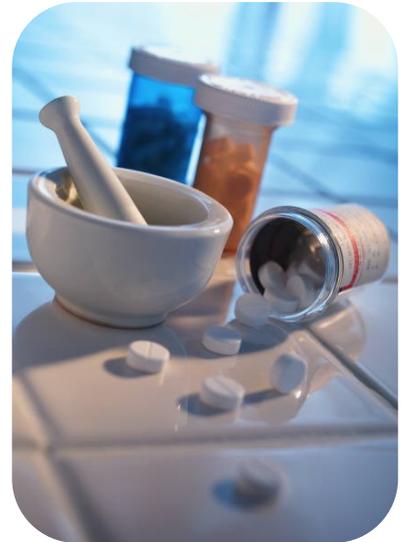
Pharmacy Spotlight

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

Policy Update

Medications for the Treatment of Hepatitis C



Pre-Authorization Guidelines

April 15, 2016

Hepatitis C has been identified as a significant etiology of chronic liver disease, associated co-morbidities, need for liver transplant and death. These guidelines are specific for the use of Solvaldi® (sofosbuvir), Olysio® (simeprevir), Harvoni® (ledipasvir and sofosbuvir) and Viekira Pak™ (ombitasvir, paritaprevir, ritonavir and dasabuvir).

Additional medications or drug classes receiving FDA approval for the treatment of Hepatitis C will require separate review. Additional guidelines will be promulgated as needed.

[General Approval Guidelines](#)



RI Medicaid Drug Prior Authorization Forms

The RI Medicaid prior authorization (PA) program includes a Preferred Drug List (PDL) where Non-Preferred agents require a PA. There are also other medications or classes of medications that require clinical PAs. Some medications have a specific PA form with unique criteria relevant to that drug.

To ensure a quick turnaround time for your PA request please check the list of forms and select the form most appropriate for the drug you are requesting. Using the correct form first, means you will not have to waste your time doing it a second time.

Forms for prior authorization approval are available at the EOHHS Website:

<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>.



How to Prepare for a Meaningful Use Audit

On Thursday, April 7, the Rhode Island Quality Institute is offering a Peer-to-Peer Learning Event where you will hear RIQI's Center for Improvement Science expert, Sue Dettling, speak about best practices for preparing for a Medicaid Meaningful Use (MU) audit. You'll also hear from Representatives from RI's Medicaid EHR Incentive Program who will be on hand to answer your questions and to explain the MAPIR system upgrade.

For your convenience, you can select either the 7:30 AM or 9:00 AM session.

**The event will be held at :
301 Metro Center Blvd. Suite 203
Warwick, RI**

For more information and to register, [click here](#).



Medicaid EHR Incentive Program Considerations for 2016

2016 is the last year to participate in the RI Medicaid EHR Incentive program. The program will not accept new eligible providers or eligible hospitals after 2016. Contact RIQI's Center for Improvement Science via email: Info@riqi.org or by phone at 888-858-4815 if you need assistance or to see if providers in your practice are eligible.

If you are attesting for meaningful use for 2015, you will need to wait to attest until the MAPIR system is upgraded. A 60-day deadline for 2015 meaningful use attestations will be established after the upgrade has been completed. If you have additional questions about MAPIR, please email: ohhs.ehrincentive@ohhs.ri.gov.



Your Opportunity to Prepare Your Practice For Success

Prepare to thrive under new payment models

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 1500 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. Practice transformation support is at NO cost to you.

Benefits to your practice:

- **Improve patient experience**
- **Increase work satisfaction**
- **Expand primary and specialty care coordination**
- **Understand MACRA, including MIPS, alternative payment models and preparation for the volume-to-value shift in payment**
- **Use data to drive improvements in care**

There are 600 spaces still available. If you are interested in learning more about receiving free service and support through the TCPI initiative, please email us at Info@riqi.org.



Are your patients enrolled in CurrentCare?

CurrentCare receives clinical data from over 367 sources to help you save valuable time and coordinate care for your patients. [Click here to visit the Knowledge Center](#) to see a complete list of data sources in the CurrentCare Guidebook, and to learn about options to help enroll your patients. Visit these links to learn more from others who are finding value in Currentcare:



- **My CurrentCare Stories** - Hear from others who are already finding value!
- **CurrentCare Superlatives** [PDF] - Congratulations to all the CurrentCare SuperStars from 2015 - including Patient Enrollment, Viewer Utilization and use of CurrentCare in EHRs!



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 ohhs.ehrincentive@ohhs.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.

Attention: Home Care Providers

Adult Home Care Services S5125 and S5130

As part of the Reinventing Medicaid initiative, the Executive Office of Health and Human Services (EOHHS) has updated the way prior authorizations are processed for Home and Community Based services. This prior approval update is for those RI Medicaid beneficiaries that are eligible for these services through the Core, DEA, Preventive and Habilitation programs.

Later this spring, home care services will require that the Prior Authorization (PA) for adult home care services **S5125, S5125 U1 and S5130 (personal care/homemaker)** be in the claims processing system for the claim to process. The RI Medicaid beneficiary's case worker is responsible for sending those authorizations to Hewlett Packard Enterprise (HPE).

- If there is no PA in the system when a claim is submitted, the claim will be placed in a Suspend status for 30 days.
- If after the 30 days a PA has not been sent by the case worker, the claim will then be placed in a Denied status.
- Prior authorizations can be verified in the Healthcare Portal

Claims billed for procedure/modifier combinations containing the U9 modifier (defined as High Acuity) will continue to require the beneficiary to have an active client acuity segment and this PA process will not affect or change that requirement. The High Acuity approval will not be seen on the Healthcare Portal.



Attention: Home Care Providers

Electronic Visit Verification

In March, Home Care providers were invited to attend meetings to discuss the new Electronic Visit Verification (EVV) system.

The presentation slides and the Frequently Asked Questions document are now available on the [Electronic Visit Verification](#) page on the EOHHS website.

The link for the [Provider Survey](#) is also posted on the webpage.



A Few Reminders:

This information is an excerpt from the [RI Medicaid General Guidelines Reference Manual](#).

Medicare/Medicaid Crossovers

The Medicaid Program reimbursement for crossover claims is always capped by the established Medicaid Program allowed amount, regardless of coinsurance or deductible amounts. This includes Medicare replacement policies.

Professional Crossovers

The Medicaid Program will pay the lesser of:

- The difference between the Medicaid Program allowed amount and the Medicare Payment (Medicaid Program allowed minus Medicare paid); or
- The Medicare coinsurance and deductible up to the Medicaid Program allowed amount

Institutional Claims

The Medicaid Program will pay:

- The provider's Ratio of Cost to Charges (RCC) percentage times the Medicare coinsurance and deductible.

Pharmacy Claims

- The only claims that are covered are the Part D excluded drugs. Medicaid does not wrap co-payments or co-insurance for Medicare.

Other Insurance - Co- insurance, Deductible, and Co-payments

Medicaid Program beneficiaries who have other insurance may have a co-insurance, deductible, and/or co-payment liability amount that must be met. The other insurance carrier must be billed first, then the provider must submit the appropriate claim adjustment reason codes from the other carrier's EOB for electronic claims.

Claims submitted on paper must include the other carrier's EOB. If the other insurance has paid for the service, the Medicaid Program will pay any co-insurance, deductible, and in some instances co-payment as long as the total amount paid by the other insurance does not exceed the Medicaid Program allowed amount(s) for the service(s). If the other insurer paid more than the Medicaid allowed amount, the claim will be paid at zero and is considered payment in full



Attention: Home Stabilization Providers

EOHHS is pleased to announce that Home Stabilization services will now be offered to RI Medicaid beneficiaries. Home Stabilization services help people to live as independently as possible in the community. Clients will receive coaching and support to maintain their tenancy in the community and to be empowered to live more independently.

Agencies who wish to become a Certified Home Stabilization Provider through RI Medicaid should contact Michelle Szylin to obtain the Certification Standards and an application to become a Certified Home Stabilization Provider.

Contact:
Michelle Szylin
74 West Rd.
Cranston, RI 02920
Fax: 401-462-4266
Email: Michelle.Szylin@ohhs.ri.gov

Once agencies are certified, then they can enroll in the RI Medicaid program with Hewlett Packard Enterprise (HPE) using the [Healthcare Portal](#). Questions about enrollment can be directed to Karen Murphy at (401) 784-8004 or karen.murphy3@hpe.com.



Annual Association Meeting

Thank you!

Thank you to everyone who attended the Annual Association meeting on March 16. We had many in attendance, with most medical associations represented. We appreciate the feedback you submitted, which helps us to improve this event each year.

Thank you also to our presenters:

Jennifer Bowdoin, Holly Garvey, and Sandra Curtis, from Xerox State Healthcare
Stan Prokop, OHHS

RI Medicaid Provider Representatives from Hewlett Packard Enterprise



National Infant Immunization Week

Centers for Disease Control and Prevention (CDC)

National Infant Immunization Week (NIIW) is an annual observance to promote the benefits of immunizations and to improve the health of children two years old or younger.

NIIW, April 16-23, 2016, will be celebrated as part of World Immunization Week (WIW), an initiative of the World Health Organization (WHO).



Educational resources for providers are available to be downloaded, copied, and distributed without alteration free of charge. Resources include:

Printable, or mobile-accessible immunization schedules
Fact sheets for conversations with parents
Fact sheets for pregnant patients –Tdap
Growth chart to post in healthcare settings with vaccines and developmental milestones

[Click here to access these resources](#)

[Click here for additional resources for family practice, OB-Gyn, nurses, pharmacists, and others.](#)

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

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

**There will also be a presentation on CHT-RI at the
 Provider Training Days on April 28 (see brochure page 3)**

