



Rhode Island Medicaid Program

PROVIDER *update*

Volume 280

May, 2016

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interactive
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THIS MONTH'S FEATURED ARTICLES

RI Medicaid Member ID Conversion



Member ID numbers are changing

*See page 4 for
important information*

RI Medicaid Provider Revalidation



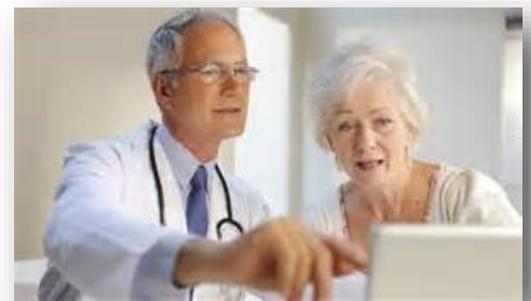
*Next wave of providers required to
revalidate will receive notification
soon!*

*See page 3 for
important information*

Prior Authorization Required for Home Care Services



*See page 5 for
details*



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Provider Update, you will also
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the services you provide.



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

**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



Rhode Island Medicaid Program

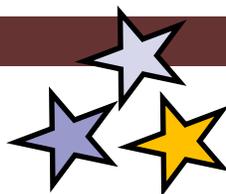
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May, 2016 Volume 280

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Revalidation of RI Medicaid



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	

Late Spring/early summer, 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 contains 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 electronic revalidation process, a training session was held at the Provider Training Days on April 27, 2016.

If you were not able to attend, the training slides are available on the Revalidation section of the [Enrollment Page](#) of the EOHHS website.

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: All Providers New Phone System

Please be advised that Hewlett Packard Enterprise, the fiscal agent for the RI Medicaid program, is migrating to a new phone system on May 2. We do not anticipate any interruption in service, but appreciate your patience as we move to this new system. Although this new system affects calls to our Customer Service Help Desk, Provider Representatives, and other departments that you may contact, no telephone numbers or fax numbers will be changed.



Attention: All Providers Member ID Conversion

This summer, RI Medicaid will convert member ID numbers, currently 9 digit social security numbers, to a randomly generated ten digit ID number. With the volume of cards to be distributed, new ID cards will be sent to beneficiaries in waves.

During a transition period, providers may still enter the social security number in the Healthcare Portal when verifying eligibility. When the eligibility response is returned, the new number will be listed for the beneficiary's ID.

Enter Social Security Number if new member ID unavailable.

Make note of new 10 digit ID number from eligibility response.

Benefit Plan Details					
Plan Name	Effective From Date	Effective To Date	Base Deductible	Message	
Categorical and Fee for Service	08/15/2012	08/15/2012	\$0.00	Message Text	

Service Type Code Details - Covered	
Service Type Code Details - Not Covered	
Managed Care Details	
Managed Care Service Type Code Details - Covered	

Providers should make note of the new ID number, as well as request that the beneficiary produce the new card when it arrives. This crosswalk will be available for a limited time only. In addition, there will be a dual window for claims processing, during which either the 9 digit or 10 digit ID will be accepted. Providers will be notified of the dual window time frame.

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.

Effective June 1, 2016, home care services will require that the Prior Authorization (PA) for adult home care services **S5125, S5125 U1, S5130 (personal care/homemaker) and T1000 (private duty nursing)** 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.

RI Medicaid provided training on the new prior authorization and billing requirements at the Provider Training Days.

For providers who were unable to attend, a webinar is scheduled for:

Wednesday, May 4, 2016

9:00-10:00 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



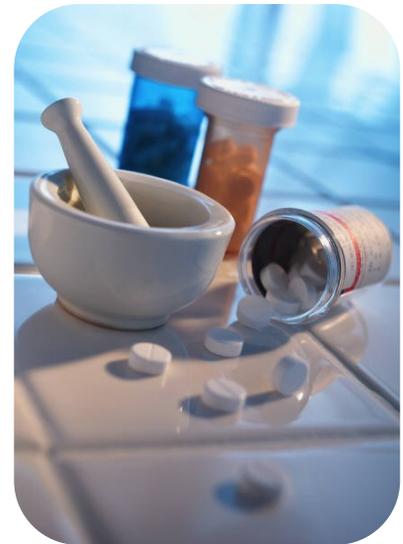
Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board

2016 Meeting Dates

June 7
August 30
December 13

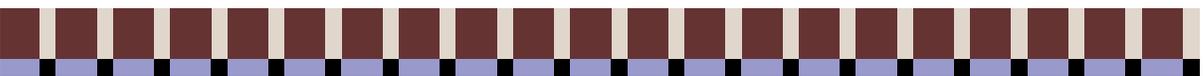


The next meeting of the
Pharmacy & Therapeutics Committee (P&T)
is scheduled for:

Date: June 7, 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: June 7, 2016
Meeting: 10:30 AM
Location: Hewlett Packard Enterprise
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886
[Click here for agenda](#)



Pharmacy Spotlight

Medicaid Rebateable Drug Manufacturer Reminder

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. Please check the CMS website below to be sure the NDC submitted is from a pharmaceutical company that has signed a rebate agreement.

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/prescription-drugs/medicaid-drug-rebate-program.html>

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>.

Can Pharmacies Bill for Administering Vaccines?

No. Billing for administering vaccines is submitted through the medical side of the Medicaid Program. For more information on vaccines go to:

<http://www.eohhs.ri.gov/News/ProviderNewsUpdates/ProviderUpdatesArchive2007-2015/January2008Volume183.aspx>



Medicaid EHR Incentive Program Resources

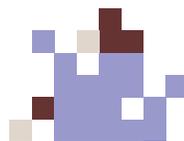
CMS recently posted new resources on the [CMS EHR Incentive Programs website](#) to help eligible professionals, eligible hospitals, and critical access hospitals (CAHs) successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2016.

These resources include:

- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) What You Need to Know for 2016 Fact Sheets
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) Specification Sheets
- [Eligible Professionals](#) and [Eligible Hospitals/CAHs](#) Attestation Worksheets
- [Alternate Exclusions and Specifications for 2016 Fact Sheet](#)
- [Eligible Professionals](#) and [Eligible Hospitals](#): Public Health Reporting in 2016 Tip Sheets
- [Security Risk Analysis Tip Sheet](#)
- [Patient Electronic Access Tip Sheet](#)
- [Guide for Eligible Professionals Practicing in Multiple Locations](#)

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. If you need assistance or to see if providers in your practice are eligible to participate, contact RIQI's Center for Improvement Science via email: Info@riqi.org or by phone at 888-858-4815.

If you are attesting for meaningful use for 2015, you will need to wait to attest until the MAPIR system is upgraded. This upgrade is slated for early May. 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.





Transforming Clinical Practices Initiative (TCPI)

Preparing for the future

The Rhode Island Quality Institute's Transforming *Clinical Practices Initiative* (TCPI) grant award from CMS provides an opportunity for clinical practices to receive customized technical assistance, free of charge, in preparation for changes that will occur with new payment models.

RIQI has already partnered with nearly 1000 clinicians to provide technical assistance 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 and gives you access to a practice facilitator, quality improvement professionals, peer-to-peer learning, educational opportunities, coaching, and mentoring.

There are 500 spaces still available. If you would like to learn more, email us at Info@riqi.org, and a member of our TCPI team will contact you.



CurrentCare Superlatives



RIQI recently recognized CurrentCare's 2015 Superstars with a Superlative Breakfast. Honorees included those who were the top performers last year in CurrentCare Enrollment, and Viewer usage. The complete list can be found on the [Knowledge Center home page](#).

Enrollment Resources:

There are many resources to help with patient enrollment at your practice. Start by checking out the [Enrollment Resources](#) page on the CurrentCare Knowledge Center, or read the [Top Tips](#) - recommendations from top performers on their patient enrollment success.

Viewer Resources:

There are many resources to help with Viewer use at your practice. Start by checking out the [Viewer Resources](#) page on the CurrentCare Knowledge Center, or read the [Top Tips](#) - recommendations from top performers on their patient enrollment success.

Still need help? Contact our Enrollment team at CurrentCare@riqi.org or 888.858.4815, Option 3.

Keep enrolling and using the Viewer and YOU could be a 2016 CurrentCare Superstar!



RI Medicaid EHR Incentive Program Update

MAPIR 5.7 Upgrade & 2015 MU Attestation Deadline



On Monday, May 9th MAPIR will be available to accept 2015 and 2016 Meaningful Use attestations in accordance to the modified 2015-2017 Meaningful Use rule changes issued by CMS on December 15, 2015. **The deadline to submit 2015 meaningful use attestations is July 9, 2016.**

Please be aware that 2016 is the last year to sign up for the RI Medicaid EHR Incentive program. Therefore, we are accepting first year AIU (Adopt, Implement or Upgrade) applications for program year 2016.

Please also note that Eligible Hospital meaningful use attestations will not be accepted until we upgrade our MAPIR system to version 5.8. We project this upgrade to be completed in early fall of 2016. This upgrade will allow eligible hospitals to attest to the new 2015 – 2017 Stage 2 Modified Meaningful Use measure program requirements.

Feel free to email ohhs.ehrincentive@ohhs.ri.gov with any RI Medicaid EHR Incentive program questions.

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

MAPIR is now available to accept 2015 and 2016 Eligible Provider attestations that meet the new 2015 – 2017 Stage 2 Modified Meaningful Use measure program requirements. The deadline to submit 2015 Meaningful Use attestations is **July 9, 2016.**

Eligible Hospital meaningful use attestations will not be accepted until we upgrade our MAPIR system to accept the new 2015 – 2017 Stage 2 Modified Meaningful Use measure program requirements. Please plan accordingly as we plan to provide the new upgrade in early fall of 2016.

Feel free to email ohhs.ehrincentive@ohhs.ri.gov with any questions.

We appreciate your patience and understanding and please do not hesitate to email us with any questions.

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.



National Healthy Vision Month

National Eye Institute (NEI)



During Healthy Vision Month, held each May, the National Eye Institute empowers Americans to make their eye health a priority and educates them about steps they can take to protect their vision:

[Get a dilated eye exam.](#)

[Live a healthy lifestyle, including eating healthy foods, maintaining a healthy weight, managing chronic conditions, and not smoking.](#)

[Know your family history.](#)

[Use protective eye wear.](#)

[Wear sunglasses.](#)

Click on each topic above for more information or visit the [website](#) for other resources..

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 excluding the date of death.

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 excluding the date of death.

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

When submitting claims, be sure to verify that the date of death is recorded in the Healthcare Portal. 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.



Submitting OPR Information on UB-04

As a reminder, when submitting OPR information on the UB04, the B3 qualifier is required for the taxonomy. Please refer to the excerpt below from the [OPR FAQ document](#).

Q: Where is the OPR information entered on a paper claim form?

A: UB-04 – Box 79 – Other– Referring Provider NPI, Box 81CC (Row d) “B3” Qualifier followed by Referring Provider Taxonomy Code

3 OTHER PROCEDURE CODE		4 OTHER PROCEDURE DATE		77 OPERATING NPI	
				LAST	
				78 OTHER NPI	
				LAST	
				79 OTHER NPI	
				LAST	

PROVIDER NPI

THE CERTIFICATIONS ON THE REVERSE APPLY TO

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



Program Integrity: Self-Audit Toolkits

CMS Resources

The Centers for Medicare and Medicaid Services (CMS) website contains informational materials for all healthcare professionals. The Program Integrity section of the website contains materials that are presented as guidelines intended to educate physicians and other healthcare professionals on the importance of self-audit practices.

The website contains booklets and factsheets as resources for self-audits, as well as provider specific toolkits, including toolkits for behavioral health, home and community based services, hospice care, personal care, and nursing homes, among others. Other more general toolkits are also available.



To access the complete list of [Self-Audit Toolkits, click here.](#)

RItE Share

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

RItE Share Premium Assistance Program subsidizes the costs of enrolling Medicaid eligible individuals and families in employer sponsored health insurance (ESI) plans that have been approved as meeting certain cost and coverage requirements.

RI Medicaid pays the ESI premium the policy holder must pay to the employer for his or her own individual coverage and for family/dependent coverage. Medicaid members enrolled in ESI are not obligated to pay any cost-sharing that is not otherwise applicable to Medicaid. The Medicaid agency pays for any ESI co-insurance and deductibles in such instances. Co-pays are not covered by the Medicaid agency, but RItE Share enrollees are not required to pay co-payments to Medicaid certified providers.

The healthcare provider may not bill the RItE Share member for any cost-sharing required by the ESI, including co-payments. Services and benefits that are covered by Medicaid, but are not offered through the ESI plan, are made available through the Medicaid program. Wrap-around services/coverage ensures that RItE Share enrollees receive health coverage comparable in scope, amount and duration to Medicaid members enrolled in RItE Care or Rhody Health Partners. Medicaid covers these services for Medicaid members participating in RItE Share when using Medicaid providers. The rules of the primary payer must be followed before Medicaid will process/reimburse claims for RItE Share members including using in-network providers.

PERM Provider Education Series

The Centers for Medicare & Medicaid Services (CMS) will host four Payment Error Rate Measurement (PERM) provider education sessions during FY 2016. The purpose is to provide opportunities for the providers of the Medicaid and Children's Health Insurance Program (CHIP) communities to enhance their understanding of specific provider responsibilities during the PERM cycle.

The PERM program is designed to measure improper payments in the Medicaid Program and the Children's Health Insurance Program (CHIP), as required by the Improper Payments Information Act (IPIA) of 2002 (amended in 2010 by the Improper Payments Elimination and Recovery Improvement Act or IPERA, and the Improper Payments Elimination and Recovery Improvement Act of 2012 IPERIA).

Education session participants will learn from presentations that feature:

- The PERM process and provider responsibilities during a PERM review
- Recent trends, frequent mistakes, and best practices

The presentations will be repeated for each session. You will have the opportunity to ask questions live through the conference lines, via the webinar, and through the dedicated PERM Provider email address at: PERMProviders@cms.hhs.gov

Presentation materials will be posted as downloads on the Providers tab of the PERM website at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html> .

Both the audio and interactive webinars are being conducted using the WebEx platform.
Education Session dates:

Tuesday, June 21, 2016 3:00—4:00 PM EST
Wednesday, June 29, 2016 3:00-4:00 PM EST
Tuesday, July 19, 2016 3:00-4:00 PM EST
Wednesday, July 27, 2016 3:00-4:00 PM EST

[For full details and login instructions, click here.](#)

CMS encourages all participants to submit questions not addressed in the session to our dedicated PERM Provider email address at: PERMProviders@cms.hhs.gov or, you may also contact your State PERM Representatives with any questions and for information about education and training in your state.

Please check the CMS Website and PERM Provider's page regularly for helpful education materials, FAQs, and updates at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers.html> .

If you have any questions, please contact Sally McCarthy at (401) 784-3813
or by email: sally.mccarthy@hpe.com.

Attention: Inpatient Hospital Providers
**Inpatient DRG and NICU
Payment Changes**



As part of Rhode Island's Reinvent Medicaid Initiative reductions were proposed to the level of reimbursement for inpatient hospital services. State Plan Amendments reflecting these proposed changes were subsequently submitted to the Centers for Medicare and Medicaid Services (CMS) for approval.

CMS recently completed its review and has approved the following two State Plan Amendments:

1. Reduce the inpatient hospital DRG Base Rate by 2.5% to \$10,770.00 effective for admissions on or after 12/1/2015; and
2. Reduce the Rhode Island policy adjustor for NICU DRGs 581-1 through 639-4 to 1.25 effective for admissions on or after 10/1/2015.

These changes will result in the reprocessing of the following previously paid claims:

- a. NICU claims with admission dates on and after 10/1/2015;
- b. All other inpatient hospital claims with admission dates on and after 12/1/2015.

The [DRG calculator located on the EOHHS website](#) will be updated to reflect these changes. The adjustment will be reflected on the May 20, 2016 financial.

If you have any questions, please contact the Customer Service Help Desk at (401)784-8100 or your Provider Representative.

