



Rhode Island Medicaid Program

PROVIDER *update*

Inside This Issue:

See page 2 for
interactive
Table of Contents.

Volume 282

July, 2016

THIS MONTH'S FEATURED ARTICLES

RI Medicaid Member ID Conversion



*Member ID numbers are
changing soon*

*See page 4 for
important information*

Attention PES Users: Upgrade Required



*See page 5 for
details*

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above.

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subject line of your email.

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

SFY 2017 Payment and Processing Schedule



See page 9 for calendar





TABLE OF CONTENTS

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



Article	Page
Provider Revalidation—New Information for Providers	3
RI Medicaid Member ID Conversion	4
PES Mandatory Upgrade	5
Member ID Conversion and X12 Transactions	5
Integrated Care Initiative Phase II	6
Adult Home Care Services S5125 and S5130	7
Home Care Providers—Submitting Claims through Healthcare Portal	8
Program Integrity—Self-Audit Tools	8
SFY 2017 Payment and Processing Schedule	9
<i>Pharmacy Spotlight</i> —Meeting Schedule	10
<i>Pharmacy Spotlight</i> — Rebateable Drug Manufacturers Reminder	10
<i>Pharmacy Spotlight</i> — Status Changes on PDL	11
<i>Pharmacy Spotlight</i> — Status Changes on PDL— <i>continued</i>	12
PERM Provider Education Series	13
RIQI—Meaningful Use Reminders	14
RIQI—Resources for Security Risk Assessments and Transitions of Care	14
RIQI—Save the Date	15
RIQI—Transforming Clinical Practices Initiative	15
RIQI—Current Care Resources	15
EHR Incentive Program Update	16
Attention DME Providers—PERS, Home Modification and Specialized Supplies and Equipment for Rhody Health	17
Submitting Paper Claims	17
Home Stabilization	18

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	

The Provider Enrollment Unit will soon 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. Watch for more details in upcoming issues of the *Provider Update*.

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 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.

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.

Eligibility Verification Request

* Indicates a required field.
Please select or enter valid Provider information. Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

Billing Provider: [Field]
Rendering Provider: [Field]
NPI: [Field]
Provider Type: Physician
Taxonomy: 207V00000X

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.
Provider ID: [Field]

Please enter Recipient ID.
For CNOH Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.
Recipient ID: 123456789
Last Name: [Field] First Name: [Field] MI: [Field] Birth Date: [Field]
Payer: [Field]

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.
Effective From Date: [Field] Effective To Date: [Field]

Service Type Code #1 # [Field] Service Type Code #2 # [Field]
Service Type Code #3 # [Field] Service Type Code #4 # [Field]
Service Type Code #5 # [Field] Service Type Code #6 # [Field]

Submit Reset

Enter Social Security Number if new member ID unavailable.

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

Eligibility Verification Response

Back to Eligibility Verification Expand All

Verification Number: 2013099012345

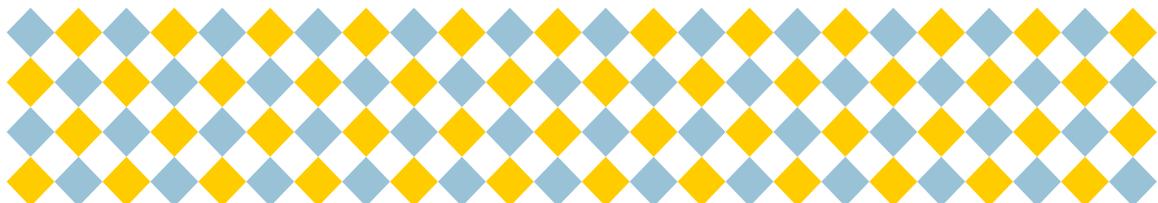
Recipient Information

Recipient ID: 9876543210
Birth Date: 08/21/1986
Recipient Name: John Doe
Gender: Male

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

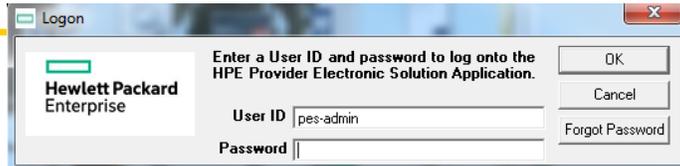
Service Type Code #1 # - Covered
Service Type Code #2 # - Not Covered
Managed Care #1 # Details
Managed Care Service Type Code Details - Covered

Providers should make note of the new ID number, as well as request that the beneficiary produce the new card when it arrives. 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 date when the dual processing for claims will end, and only the new 10 digit ID will be accepted.



Attention: PES Users**Mandatory Upgrade of Provider Electronic Solutions (PES)**

Providers must always verify that they are using the most recent version of PES to ensure that claims adjudicate appropriately.



Upgrades must be done sequentially, or risk corruption of your database.

The current version of PES is 2.09. However, if you have not installed Version 2.08, that must be done prior to installing the 2.09 upgrade.

Version 2.08 contains the required changes due to UHIP implementation. This includes the expanded field for the new 10 digit MID.

Providers should perform this upgrade as soon as possible.

[Click here to access PES upgrades](#)

**Attention: All Trading Partners****Member ID Conversion and X12 Transactions**

With member ID conversion, the MID field will be increased to 10 digits in all X12 files.

Trading Partners must ensure that they have the ability to download files such as the 271 and the 835 with the expanded MID field.

Non-PES users who want information on testing should send an email to:
riediservices@hpe.com.

You will be contacted to discuss a testing plan later this summer.

Rhode Island's Integrated Care Initiative Phase II Begins July 1

Rhode Island's Integrated Care Initiative (ICI), Phase II has officially begun effective July 1, 2016! The Integrated Care Initiative is designed to integrate care and financing for enrollees who have both Medicare and Medicaid coverage. The State has entered into a 3-way contract with CMS and Neighborhood Health Plan of RI to launch a new Medicare-Medicaid Plan (MMP), called **Neighborhood INTEGRITY**. The new plan will include a person's Medicare Part A and B, Prescription Drug Plan (Part D) and their Medicaid benefits. (Certain Medicaid benefits, such as dental and transportation services, will still be covered through Rhode Island Medicaid. Neighborhood can help its members access those services.) The State anticipates that approximately 26,000 Rhode Islanders age 21 and older are currently eligible to enroll and will send enrollment letters to eligible individuals over a 9-month period beginning in June 2016.

About 8,000 Medicare-Medicaid beneficiaries who have Medicaid fee-for-service and/or Medicare Advantage will need to take an action (call the Medicare-Medicaid Plan Enrollment Line or complete an application) to enroll in the new plan. They will receive enrollment packets (letter, application and FAQ) in the mail this summer.

About 17,000 Medicare-Medicaid beneficiaries who are enrolled in Neighborhood Unity for their Medicaid benefits and have Original Medicare will be auto-enrolled in the Medicare-Medicaid plan between October and March. They will receive notices 60 days and 30 days before they are enrolled. Enrollment is voluntary. Anyone who is auto-enrolled can opt-out or disenroll at any time by calling the Medicare-Medicaid Plan Enrollment Line.

The State will continue to offer enrollment in the new plan after March to anyone newly eligible for the program.

For More Information

EOHHS website

<http://www.eohhs.ri.gov/Initiatives/IntegratedCareInitiative.aspx>

Neighborhood Health Plan of RI website

<https://www.nhpri.org/Medicare-Medicaid.aspx>

For Consumer Support

Medicare-Medicaid Plan Enrollment Line 1-844-602-3469 (TTY 711)

The POINT/ MME Counselors (401) 462-4444 (TTY 711)

Neighborhood Member Services 1-844-812-6896 (TTY 711)



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.
- Claims may be resubmitted once the PA is in the system.
- Prior authorizations can be verified in the Healthcare Portal

PRIOR AUTHORIZATION STATUS RESULTS						
PA Number	1608100001	External PA	0555999999	Item	1	
Begin Date	01/03/2016	End Date	01/09/2016	Revenue		
Procedure		Modifiers		Status	APPROVED	Revenue Status Date
Units	Requested 10	Authorized 40	Used 0			03/21/2016
<hr/>						
PA Number	1608100001	External PA	0555999999	Item	2	
Begin Date	01/10/2016	End Date	01/16/2016	Revenue		
Procedure		Modifiers		Status	APPROVED	Revenue Status Date
Units	Requested 10	Authorized 40	Used 0			04/08/2016



The units are the total units approved for one week span Sunday through Saturday.
 When billing, the dates of service cannot cross weeks.
 Total hours are indicated under “Requested”
 Total units (15 minute units) are indicated under “Authorized”.

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.

Providers received training on the new Prior Authorization process at the Provider Training Days on April 27th. Information was also included in the webinars offered on June 1 and June 2.

Attention: Home Care Providers

Submission of Claims

Claims created using the EVV system must be submitted through the Healthcare Portal using the Upload function.



Providers were encouraged to participate in a webinar for Home Care Providers explaining the process for claim submission through the Healthcare Portal.

If you were unable to attend either of the two sessions, the presentation slides are available on the Provider Training and Education page of the EOHHS website. The slides include instructions for submission of claims.

[To access the training slides, click here.](#)

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.](#)

RI Medicaid

SFY 2017 Payment and Processing Calendar

SFY 2017 Financial Calendar

Month	LTC Claims due at Noon	EMC Claims due by 5:00 PM	EFT Payment
July	07/07/16	07/08/16	07/15/16
		07/22/16	07/29/16
August		08/05/16	08/12/16
	08/11/16	08/12/16	08/19/16
		08/26/16	09/02/16
September	09/08/16	09/09/16	09/16/16
		09/23/16	09/30/16
October	10/06/16	10/07/16	10/14/16
		10/21/16	10/28/16
November		11/04/16	11/11/16
	11/10/16	11/11/16	11/18/16
		11/25/16	12/02/16
December	12/08/16	12/09/16	12/16/16
		12/23/16	12/30/16
January		01/06/17	01/13/17
	01/12/17	01/13/17	01/20/17
February		01/27/17	02/03/17
	02/09/17	02/10/17	02/17/17
		02/24/17	03/03/17
March	03/09/17	03/10/17	03/17/17
		03/24/17	03/31/17
April	04/06/17	04/07/17	04/14/17
		04/21/17	04/28/17
May		05/05/17	05/12/17
	05/11/17	05/12/17	05/19/17
		05/26/17	06/02/17
June	06/08/17	06/09/17	06/16/17
		06/23/17	06/30/17
July	07/06/17	07/07/17	07/14/17
		07/21/17	07/28/17

[Payment and Processing Calendar](#) can also be found on the EOHS website.

Pharmacy Spotlight

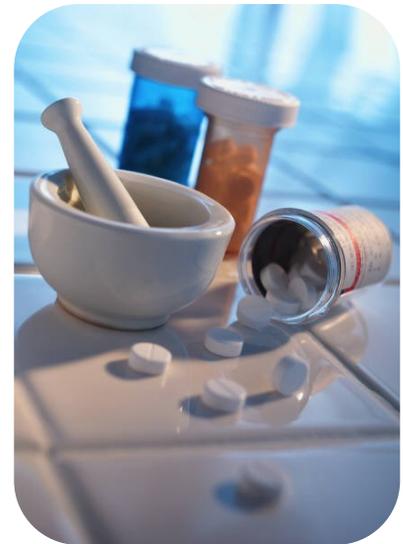
Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board

2016 Meeting Dates

September 13

December 13



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

Date: September 13, 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: September 13, 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

The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective July 5, 2016.



<p>Acne Agents, Topical Retin-A cream changed status to preferred Retin-A gel changed status to preferred clindamycin phosphate gel changed status to non-preferred tretinoin cream changed status to non-preferred tretinoin gel (Avita, Retin-A) changed status to non-preferred</p>	<p>Antibiotics, GI vancocin HCL changed status to non-preferred</p>
<p>Antibiotics, Vaginal metronidazole changed status to preferred Vandazole changed status to preferred Metrogel-vaginal changed status to non-preferred</p>	<p>Antifungals, Oral griseofulvin ultramicrosize changed status to preferred Gris-peg changed status to non-preferred</p>
<p>Antifungals, Topical clotrimazole cream rx changed status to non-preferred</p>	<p>Antihistamines, Minimally Sedating levocetirizine tablets changed status to preferred</p>
<p>Antivirals, Topical Acyclovir ointment changed status to non-preferred</p>	<p>Bronchodilators, Beta Agonist Serevent changed status to preferred</p>
<p>Epinephrine, Self-Injected Adrenaclick 0.15 mg changed status to preferred Adrenaclick 0.3 mg changed status to preferred epinephrine 0.15 mg changed status to preferred epinephrine 0.3 mg changed status to preferred</p>	<p>Glucocorticoids, Inhaled Pulmicort 1 mg respules changed status to preferred</p>
<p>Hepatitis C Agents ribasphere 400 mg changed status to non-preferred Daklinza changed status to preferred Technivie changed status to preferred Zepatier changed status to preferred</p>	<p>Hypoglycemics, Insulin and Related Agents Humalog mix pen changed status to preferred Humalog pen changed status to preferred</p>
<p>Hypoglycemics, Meglitinides repaglinide changed status to preferred Prandin changed status to non-preferred</p>	<p>Hypoglycemics, SGLT2 Invokamet changed status to preferred</p>

The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective July 5, 2016.



<p>Immunomodulators, Atopic Dermatitis Protopic changes status to preferred</p>	<p>Leukotriene Modifiers zafirlukast changed status to preferred Accolate changed status to non-preferred montelukast granules changed status to non-preferred</p>
<p>Multiple Sclerosis Agents Gilenya changed status to preferred</p>	<p>H. Pylori Treatment Pylera changed status to preferred Prevpac changed status to non-preferred</p>
<p>Steroids, Topical Low alclometasone dipropionate cream changed status to preferred alclometasone dipropionate ointment changed status to preferred desonide cream changed status to non-preferred</p>	<p>Steroids, Topical Medium hydrocortisone butyrate solution changed status to non-preferred</p>
<p>Steroids, Topical Medium Very High clobetasol propionate foam changed status to preferred clobetasol emollient changed status to non-preferred</p>	

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



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, 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.

Rhode Island Quality Institute

Meaningful Use Reminders

If you are attesting as a Medicaid provider:

- July 9, 2016 – is the deadline to submit 2015 meaningful use attestations for the RI Medicaid Incentive Program through MAPIR. If you have questions about MAPIR, please email: ohhs.ehrincentive@ohhs.ri.gov.
- 2016 – is the last year to apply for the RI Medicaid EHR Incentive program
- March 30, 2017 – is the deadline to submit 2016 RI Medicaid EHR Incentive applications

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 as a Medicare provider:

- **July 1, 2016** - Hardship exception applications are due for eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs), to avoid payment adjustments in 2017

Applications and Instructions

The Medicare EHR Incentive Program 2017 hardship exception [instructions](#) and [application](#) for EPs and EHs are available on the Payment Adjustments & Hardship Information [webpage](#) of the EHR Incentive Programs [website](#). Please visit the EHR Incentive Programs' [FAQs page](#) for answers to [specific hardship exception questions](#).

Please note: CAHs should use the [form](#) specific for the CAH hardship exceptions related to an EHR reporting period in 2015. CAHs that have already submitted a form for 2015 are not required to resubmit.

Resources for Security Risk Assessments and Transitions of Care

RIQI recently delivered two training sessions to educate providers about Meaningful Use Measures (transitions of care) and Security Risk Assessments. RIQI's Sue Dettling reviewed the measures, with particular attention to Objective 5: Health Information Exchange. Don Nokes, President of NetCenergy, reviewed the importance of conducting an annual Security Risk Assessment to ensure that a practice is compliant with HIPAA's administrative, physical, and technical safeguards.

If you missed these sessions, you can view the slide decks, along with contact information:

- [Meaningful Use Measures and Transitions of Care](#)
- [NetCenergy HIPAA Compliance: Security Risk Assessments](#)

Rhode Island Quality Institute

Save the Date

RIQI's Annual HIPAA Training webinar with Linn Freedman, is scheduled for October 14, 2016 from 7:30 – 9:00 AM. Registration is free for members of RIQI's Center for Improvement Science. Details and registration link will follow in future newsletters.

Transforming Clinical Practice Initiative (TCPI)

Preparing for the future

The Transforming Clinical Practice Initiative (TCPI) provides an opportunity for clinical practices to receive practice transformation support including education and coaching, quality improvement tools, and peer-to-peer learning, to help prepare you for upcoming value-based reimbursement. The Rhode Island Quality Institute's Transforming Clinical Practice 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. For more information on the changing CMS payment model, click [here](#).



Over 1,000 primary and specialty care clinicians have already enrolled in the program and space is limited. This assistance is available with no fees and is supported by a grant from the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS). You will receive access to a practice facilitator who will help you to use data to drive care, improve patient and staff satisfaction, expand primary and special care coordination, and sustain your business under new payment models..

To learn more, email us at info@riqi.org, and a member of our TCPI team will contact you.

CurrentCare Resources

Personalized Assistance at your desk

For some, the best way to learn something new is to try it in their own environment. The Rhode Island Quality Institute now offers onsite help in using the CurrentCare Viewer right at your desk. Once a user completes training and activates an account, a member of our utilization team can arrange to meet with you, one-on-one, to show you how to find important patient data like lab results, medications, and summary of care documents. This service is offered free of charge, as part of the Sharing Health Information For Transitions (SHIFT) in Care grant, awarded to RIQI by the Office of the National Coordinator for Health Information Technology (ONC). To take advantage of this personalized assistance, please contact our program support team at CurrentCare@riqi.org or 888.858.4815, Option 3.



RI Medicaid EHR Incentive Program Update



2015 MU Attestation Deadline Approaching

MAPIR is 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 do not wait for the last minute and get started with your application.

For Eligible Hospitals, 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 begin to participate in the RI Medicaid EHR Incentive program. Providers who do not apply by the 2016 program year will not be allowed to earn 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. Bear in mind that first year Medicaid EHR Incentive applications can attest to AIU (Adopt, Implement or Upgrade) certified electronic health record technology (CEHRT) and earn the first year's incentive. In the following years providers can attest to meaningful use to earn the remaining annual Medicaid EHR Incentive. Hurry up and get on board!

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.

MAPIR Upload Accepts Excel Files

The 5.7 MAPIR upgrade allows providers to upload excel files! Previous MAPIR versions allowed users to upload PDF files only which posed problems in the past. If you have a file that is in excel, we will gladly accept it in that format especially if it is a patient volume listing that you need to provide.

MAPIR still has a 2MB file size limit and will not accept any file larger than that amount. With PDF files, we recommend that you split up your file in 10 page increments and upload them separately. Email us at ohhs.ehrincentive@ohhs.ri.gov with any uploading questions you may have and we'll be glad to assist you.

Attention: DME Providers

Personal Emergency Response Systems, Home Modifications, and Specialized Supplies & Medical Equipment for Rhody Health Partners and Options

Effective July 1, 2016, personal emergency response systems (PERS), home modifications, and specialized supplies and equipment will be in-plan for Rhody Health Options and Rhody Health Partners. Claims for dates of service 7/1/2016 and after must be submitted to the appropriate managed care plan based on the beneficiary's enrollment.

Examples of procedure codes included in this change are:

S5160 Emergency Response System: Installation and Testing
S5161 Emergency Response System; Service Fee, Per Month
S5165 Home Modifications; Per Service
T2028 Specialized Supply, Not Otherwise Specified, Waiver
T2029 Specialized Medical Equipment, Not Otherwise Specified, Waiver

Please contact the appropriate managed care plan for billing and code information.

Neighborhood Health Plan : 401-459-6000

United Healthcare: 877-842-3210



Attention: All Providers

Submitting Paper Claims

To ensure that paper claims are able to be processed, please remember the following:

- All paper claims require an original signature.
- NPI and Taxonomy are required.
- Please ensure that the information is printed within the appropriate field. If information is printed on or outside the borders of the field, it is unable to be read.

Forms that do not adhere to the above requirements will be returned to the provider.

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 Linnea Tuttle to obtain the Certification Standards and an application to become a Certified Home Stabilization Provider.

Contact:
Linnea Tuttle
Office: 401-462-6278
Fax: 401-462-4266
Email: linnea.tuttle@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.

