



Rhode Island Medicaid Program

# PROVIDER *update*

Volume 283

August, 2016

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*Member ID numbers are  
changing soon*

*See page 4 for  
important information*



### Pharmacy Spotlight

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*Q and A*

*See page 13*

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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.

### Attention PES Users: Upgrade Required



*See page 5 for  
details*





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

# PROVIDER *update*

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*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



### **Remittance Advice**

*Just a reminder.....*

REMITTANCE ADVICE FILES AVAILABLE VIA THE WEB	
	Remittance Date
	<a href="#">20160429</a>
	<a href="#">20160520</a>
	<a href="#">20160603</a>
	<a href="#">20160617</a>

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent four 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 calendar](#) lists the dates of the remittance advice for your convenience.

RI Medicaid does not provide printed copies of remittance advice documents.

## Attention: All Providers Member ID Conversion

In early fall, 2016, 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, beginning in October, 2016.

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]

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

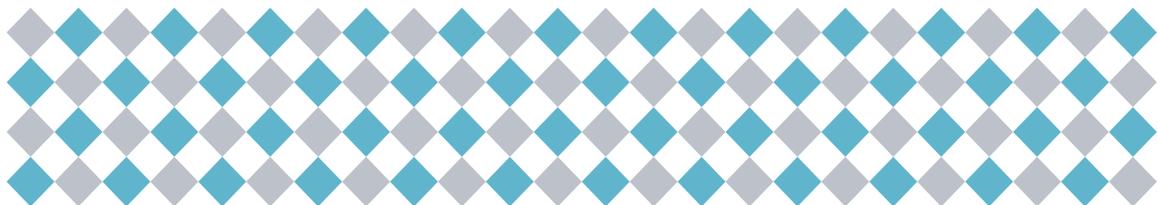
Service Type Code Details - Covered

Service Type Code Details - Not Covered

Managed Care Details

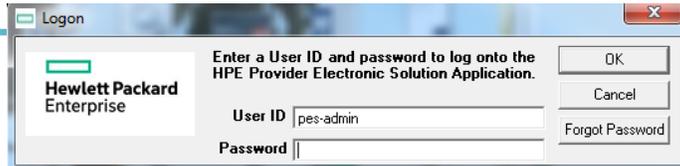
Managed Care Service Type Code Details - Covered

Providers should make note of the new ID number, as well as request that the beneficiary produce the new card when it arrives. 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](mailto:riediservices@hpe.com).

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

## Update on Integrated Care Initiative Phase II

The Executive Office of Health and Human Services, through a contract with CMS and Neighborhood Health Plan of RI, is launching a new Medicare-Medicaid Plan that combines a person's Medicare, Medicare Part D and Medicaid benefits into one plan. Approximately 26,000 Rhode Islanders are eligible to enroll. The State will phase enrollment over nine (9) months.

- On August 1, 2016, the state will send enrollment letters to two groups:
- Approximately 3,700 individuals will receive opt-in enrollment notices. Consumers can apply by phone or mail to enroll. Enrollment is voluntary; if a consumer takes no action, there will be no change in a person's coverage.
- In addition, on August 1, approximately 2,000 individuals who reside in nursing homes and are currently enrolled in Neighborhood UNITY will receive passive enrollment notices. Eligible individuals in this group will be automatically enrolled in Neighborhood INTEGRITY, the new Medicare-Medicaid Plan unless they take an action (call the Enrollment Line) to cancel their scheduled enrollment. Their effective enrollment date is 60 days after they receive the notice or October 1. They will also receive a reminder notice at 30 days prior to the effective enrollment date.

**For more information** on the Medicare-Medicaid Plan and enrollment details, see the links and consumer support available below:

EOHHS Website [www.eohhs.ri.gov/Initiatives/IntegratedCareInitiative/ICIPhase2.aspx](http://www.eohhs.ri.gov/Initiatives/IntegratedCareInitiative/ICIPhase2.aspx)  
Neighborhood Health Plan of RI [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY)

### Consumer Support

**Neighborhood Member Services** (INTEGRITY) 1-844-812-6896 (TTY 711) Mon- Fri 8:00 am- 8:00 pm, Sat 8:00 am -12 noon. For questions on providers and covered benefits.

**Medicare-Medicaid Plan Enrollment Line-** 1-844-602-3469 (TTY 711) Mon – Fri, 8:30 am – 7:00 pm, Sat 9:00 am – 12 noon. For basic questions on INTEGRITY and help enrolling and disenrolling.

**The POINT/Medicare-Medicaid Counselors-** (401) 462-4444 (TTY 711) Mon, Wed, Fri 8:30 am – 4:00 pm, Tues, Thurs 8:30 am -8:00 pm, Sat 8:30 am- 12 noon. For help in-person. Consumers can schedule an appointment with a counselor to get help with their options.

### *Attention Providers:*

## Home Health Final Rule (2348-F)

CMS has released details of the Home Health Final Rule (2348-F), including Medicaid face-to-face requirements for home health services, policy changes, and clarifications related to home health and Durable Medical Equipment. EOHHS will continue to inform and educate providers over the upcoming months. Rhode Island expects to come into compliance by July 1, 2017.

To view informational slides from CMS,  
[Click Here](#)

*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.](#)

## National Immunization Awareness Month

### National Public Health Information Coalition



National Immunization Awareness Month (NIAM) is observed each August to stress the importance of vaccinations for all ages. It is sponsored by the National Public Health Information Coalition (NPHIC).

NPHIC in collaboration with CDC's National Center for Immunization and Respiratory Diseases developed communication toolkits to help providers communicate about immunizations.

In 2016, each week focuses on a different stage of the lifespan, as well as suggested themes:

- August 1-7 Adults—Vaccines are not just for kids
- August 8-14 Pregnant Women—Protect yourself and pass along protection to your baby
- August 15-21 Babies and Young Children—A healthy start begins with on-time vaccination
- August 22-28 Preteens and Teens—Ensure a healthy future with vaccines

To download the communication toolkit, or logos and banners for webpages and social media, [click here](#).

Additional information, resources, quizzes and immunization schedules can also be found on the US Department of Health and Human Services website by [clicking here](#).



## CDC: Do Not Use Flumist In 2016-2017 Flu Season



The CDC's Advisory Committee on Immunization Practices (ACIP) recently announced an interim recommendation that live attenuated influenza vaccine (LAIV), also known as nasal spray flu vaccine (Flumist), **should not be used during the 2016-2017 flu season** due to ineffectiveness.

Any provider who has already reserved a quantity of Flumist through OSMOSSIS, that reservation will be replaced with injectable vaccine. The CDC expects sufficient injectable vaccine supply for the upcoming season. For more information, read the [June 28 advisory](#) that was sent to all state-supplied vaccine providers.

Article reprinted with permission from *Health Connections* July, 2016



## Pharmacy Spotlight

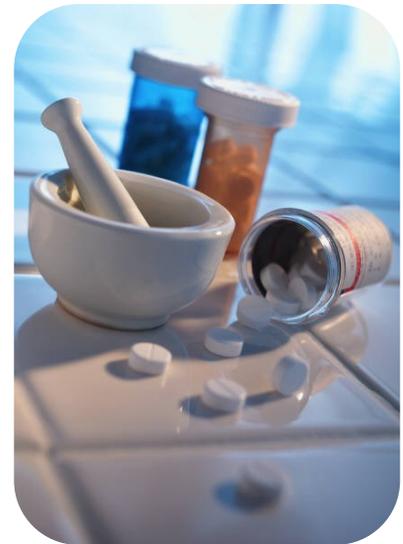
### *Meeting Schedule:*

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.



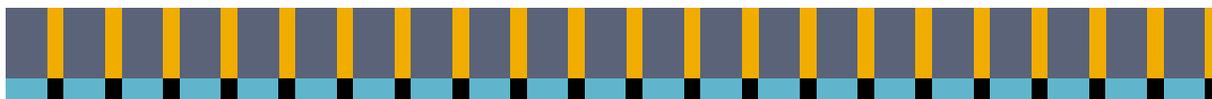
<p><b>Acne Agents, Topical</b>            Retin-A cream changed status to preferred            Retin-A gel changed status to preferred            clindamycin phosphate gel changed status to non-preferred            tretinoin cream changed status to non-preferred            tretinoin gel (Avita, Retin-A) changed status to non-preferred</p>	<p><b>Antibiotics, GI</b>            vancocin HCL changed status to non-preferred</p>
<p><b>Antibiotics, Vaginal</b>            metronidazole changed status to preferred            Vandazole changed status to preferred            Metrogel-vaginal changed status to non-preferred</p>	<p><b>Antifungals, Oral</b>            griseofulvin ultramicrosize changed status to preferred            Gris-peg changed status to non-preferred</p>
<p><b>Antifungals, Topical</b>            clotrimazole cream rx changed status to non-preferred</p>	<p><b>Antihistamines, Minimally Sedating</b>            levocetirizine tablets changed status to preferred</p>
<p><b>Antivirals, Topical</b>            Acyclovir ointment changed status to non-preferred</p>	<p><b>Bronchodilators, Beta Agonist</b>            Serevent changed status to preferred</p>
<p><b>Epinephrine, Self-Injected</b>            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><b>Glucocorticoids, Inhaled</b>            Pulmicort 1 mg respules changed status to preferred</p>
<p><b>Hepatitis C Agents</b>            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><b>Hypoglycemics, Insulin and Related Agents</b>            Humalog mix pen changed status to preferred            Humalog pen changed status to preferred</p>
<p><b>Hypoglycemics, Meglitinides</b>            repaglinide changed status to preferred            Prandin changed status to non-preferred</p>	<p><b>Hypoglycemics, SGLT2</b>            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><b>Immunomodulators, Atopic Dermatitis</b> Protopic changes status to preferred</p>	<p><b>Leukotriene Modifiers</b> zafirlukast changed status to preferred Accolate changed status to non-preferred montelukast granules changed status to non-preferred</p>
<p><b>Multiple Sclerosis Agents</b> Gilenya changed status to preferred</p>	<p><b>H. Pylori Treatment</b> Pylera changed status to preferred Prevpac changed status to non-preferred</p>
<p><b>Steroids, Topical Low</b> alclometasone dipropionate cream changed status to preferred alclometasone dipropionate ointment changed status to preferred desonide cream changed status to non-preferred</p>	<p><b>Steroids, Topical Medium</b> hydrocortisone butyrate solution changed status to non-preferred</p>
<p><b>Steroids, Topical Medium Very High</b> 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>



## Pharmacy Spotlight

### Refillable Medication

#### *Q and A*



**Q.** How many refills are allowed?

**A.** The original prescription plus a maximum of 5 refills (except where Federal or State law prohibits).

**Q.** Are early refills allowed?

**A.** It is the responsibility of the pharmacist not to refill any prescriptions when it is apparent to him/her that at least 85% of the previous prescription has not been utilized in accordance with the prescriber's directions. (See the [November 2015 Provider Update](#) for instructions regarding DUR Alerts which include Early Refills)

**Q.** What category of medication is not refillable and requires a new written prescription at all times (with the exception of emergencies)?

**A.** All drugs classified in the current Federal Schedule II.

**Q.** What is the maximum Days Supply allowed for non-maintenance medication?

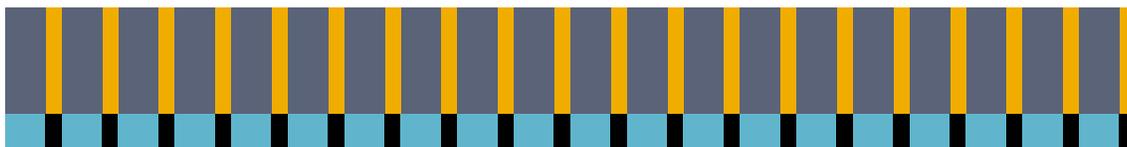
**A.** All non-maintenance medication is limited to a 30-day supply.

**Q.** Are there rules regarding the Days Supply for maintenance medication?

**A.** Yes. The original prescription may be dispensed in the quantity that the prescribing provider indicates on the prescription. Refills must be dispensed in quantities of 100.

**Q.** Are there any medications that must be dispensed in quantities 100?

**A.** Yes, digoxin, vitamins, hematinics and nitroglycerin (excluding patches).





## Meaningful Use News

### *CMS Proposes 90-day MU Reporting Period for 2016*

As part of a Hospital Outpatient Prospective Payment System (OPPS) proposed rule which was published in the Federal Register on July 14, 2016, the Centers for Medicare & Medicaid Services looks to shorten the reporting period for 2016 Meaningful Use attestation from a full year to 90 days for eligible professionals (EPs), hospitals (EHs) and critical access hospitals (CAHs) returning to the program. The rule would apply to both the Medicare and Medicaid EHR Incentive programs.

The proposed rule would also allow EPs new to the program who intend to attest to Meaningful Use in 2017 and who will transition to the Merit-Based Incentive Payment System to apply for “a significant hardship exception” from the 2018 payment adjustment. CMS will accept comments on the proposed rule until September 6, 2016. [The proposed rule can be downloaded from the Federal Register here.](#)

## Meaningful Use Reminders

- 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](mailto:Info@riqi.org) or by phone at 888-858-4815.

## Webinar: Security Risk Assessments – What You Need to Know Thursday, August 25<sup>th</sup> 8:00 – 9:30 AM

### [Register Here](#)

Have you completed your security risk assessment? If you participate in the Medicaid EHR Incentive Program, you are required to conduct a Security Risk Assessment (SRA) and implement security updates as necessary. Join RIQI hosts Peggy Menna and Sue Dettling to learn how to conduct a successful SRA and learn about best practices to protect yourself and your patients against potential breach of both medical information and physical systems. Guest Presenters: Donald Nokes, President and Tom King, Security Consultant/Practice Manager – NetCenergy.

# 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 1,200 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@rigi.org](mailto:info@rigi.org), and a member of our TCPI team will contact you.

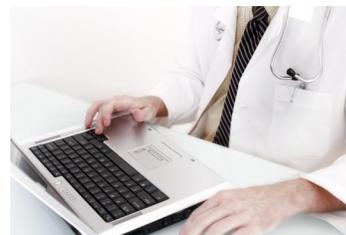
## CurrentCare Resources

### *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@rigi.org](mailto:CurrentCare@rigi.org) or 888.858.4815, Option 3.



## RI Medicaid EHR Incentive Program Update



### Word on the Street: CMS Issues a New Proposed Rule

CMS has issued a new proposed rule in which providers will attest 90-days of meaningful use for Program Year 2016. However this is not final, and those providers scheduled to perform and attest for a full year of meaningful use, should plan to attest for the full year until the proposed rule is final.

Click on this CMS [Press Release](#) to learn more about the proposed changes to the CMS program and feel free to email [ohhs.ehrincentive@ohhs.ri.gov](mailto:ohhs.ehrincentive@ohhs.ri.gov) with any RI Medicaid EHR Incentive program questions.

### 2016 Is the Last Year to Participate

Since Program Year 2015 recently closed, please inform your colleagues that 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 future year 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.

Also note that on the first year Medicaid EHR Incentive applications, eligible providers can attest to AIU (Adopt, Implement or Upgrade) of their certified electronic health record technology (CEHRT) and earn the first year's incentive of \$21,250 or \$14,167. In the following years providers can attest to meaningful use to earn the remaining annual Medicaid EHR Incentive.

Hurry up and get on board and 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](mailto:ohhs.ehrincentive@ohhs.ri.gov) with any uploading questions you may have and we'll be glad to assist you.