



Rhode Island Medicaid Program

PROVIDER *update*

Inside This Issue:

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Volume 287

December, 2016

THIS MONTH'S FEATURED ARTICLES

RI Medicaid Provider Revalidation



*Selected providers MUST complete
the revalidation process as soon as
possible!*

*See page 3 for
important information*

RI Medicaid Member ID Conversion

*Member ID numbers have
changed!*



*See page 4 for
important information*

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deborah.meiklejohn@hpe.com

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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.

Attention: DME Providers New CMN for Disposable Gloves



*See page 17
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*

December, 2016 Volume 287

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Revalidation of RI Medicaid Providers



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 in the past year.

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

Dentist	Podiatrist
Optometrist	Optician
Skilled Nursing	Licensed Therapist
Chiropractor	Freestanding Dialysis
Rural Health Clinic	Indian Health Service
Children’s Behavioral Health Group	Local Education Association
Early Intervention	Substance Abuse Rehab
CMHC/Rehab Option	Severely Disabled Pediatric Home Care
BHDDH Behavioral Health Group	Department of Children, Youth and Families
Personal Care Aide/Assistant	Other Therapies/Hippotherapy
Comprehensive Lead Center	Home/Center Based Therapeutic Svs
Cedar Center	Rlte Share Copay Providers
Co-Located Connect Care Choice	BHDDH DD Agencies
Nurse Anesthetist	Licensed Dietician/Nutritionist

The Provider Enrollment Unit sent letters in November, to the providers listed above. 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. A fee may be required to complete your revalidation. [Click here for more information.](#)

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>

A webinar was held in November to support providers through the process. There is one more opportunity to participate on Tuesday, December 6th at 10:00 AM

[Click here to register](#)

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

RI Medicaid converted member ID numbers from 9 digit social security numbers, to randomly generated ten digit ID numbers. With the volume of cards to be distributed, new ID cards are being 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.

Enter Social Security Number if new member ID unavailable.

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

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

Providers should make note of the new ID number, as well as request that the beneficiary produce the new card when it arrives. 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.

For providers who use the 270/271 transaction to verify eligibility:

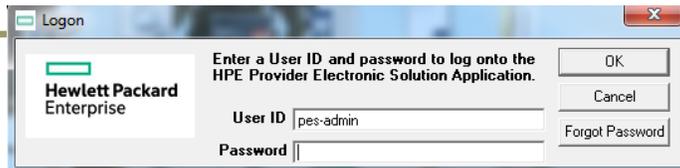
- If a social security number is submitted on the 270, the 271 will return the social security number.
- If the new MID is submitted, the MID will be returned. This will remain during the dual processing window.

For a limited time, claims may be submitted with either the new MID or the social security number. However, providers are strongly encouraged to obtain the new MID when verifying eligibility, and use that new MID on the claim. For individuals who are new to Medicaid since the conversion, this is critical, as only the new MID will be recognized for claim processing.



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](#)

For a limited time, claims may be submitted with either the new MID or the social security number. However, providers using PES software should convert their client lists to reflect the new member ID number as soon as possible.

When verifying eligibility for a client, update the record to contain the new ten digit MID. By doing this, you will be ready when the dual processing window for claims closes.

**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.

As a reminder, providers who use the 270/271 transaction to verify eligibility, may submit either the social security number or the new MID. If the SS number is submitted, the 271 will return back the social security number. If the new MID is submitted, the MID will be returned. This will remain during the dual processing window.

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.



Pharmacy Spotlight

Meeting Schedule:

Pharmacy & Therapeutics Committee
Drug Utilization Review Board



2016 Meeting Dates

December 13



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

Date: December 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: December 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

RI ADAP Expanded Formulary

Effective November 21, 2016, the RI ADAP formulary has been expanded.

Information about the program, and the expanded formulary can be found at:

<http://www.eohhs.ri.gov/ProvidersPartners/HIVAIDSProviders.aspx>

Pharmacy Spotlight



Treatment of Hepatitis C

Hepatitis C has been identified as a significant etiology of chronic liver disease, associated co-morbidities, need for liver transplant and death. Newly approved medications have changed recommendations and therapeutic guidelines. EOHHS newly revised policy is available at the following link:

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

The clinical criteria and all forms, including the prior authorization (PA22 form) are located on the EOHHS website under the Pharmacy section at the following link:

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

- Using the current PA form will expedite the PA review.
- The prescriber should complete the form and submit to (401) 784-3889.
- The prescriber will be notified upon completion of PA review.

Reminder: Drug Utilization Review (DUR) Alerts and Override Codes

Early Refill (ER), Therapeutic Duplication (TD) and Drug-Drug Interaction (DD) Alerts

If a claim for a refill is submitted before 85% of the prior prescription is used, that claim will deny.
If a claim is for a drug within therapeutic duplication alert categories, that claim will deny.

If a claim is submitted for a recipient whose claim history includes an interacting drug and the date of service of the current claim is within the interaction time of the earlier drug, the claim will deny.

To override these denials, the pharmacist submitting a claim through POS must initiate a DUR Alert Override using valid intervention and outcome response codes. The ER override code cannot be used for a vacation fill.

Valid intervention and outcome codes must be entered in order for the claim to be paid. These codes are selected based on the pharmacist's professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used.

If no code has been entered, or if an invalid outcome and intervention code is used, the claims will remain denied and no payment will be made.

Please Note:

- Those wishing to override an alert must do so within 3 days of receipt of the denial. Providers trying to override an alert beyond the 3 day time period will receive a message of "no corresponding claim; please resubmit".
- The correct code for a lost or stolen prescription is 3H. The [Lost or Stolen Prescription form](#) must be completed and kept on file for auditing purposes.

For the complete list of DUR Alert and Override Codes, [please click here](#).

Pharmacy Spotlight

Enteral Nutrition

If you are a pharmacy who is also a DME provider, there are important things to remember when completing requests for enteral nutrition.

Requesting Enteral Nutrition is a process which involves **both** the prescriber of the enteral nutrition and the DME provider.



[Please click here for the full clinical coverage guidelines for Enteral Nutrition](#)

- The **prescriber** of the enteral nutrition completes section B of the [Certificate of Medical Necessity for Enteral Nutrition](#). ALL items in Section B must be filled out by the prescriber. The prescriber can either submit the form to the DME provider or give it to the beneficiary to submit to the DME provider.
- The **DME provider** then completes Section A of the [Certificate of Medical Necessity for Enteral Nutrition](#) and is responsible for the submission of the completed form along with a Prior Authorization form. All forms should be mailed to:

Hewlett Packard Enterprise, P.O. Box 2010, Warwick, RI 02887

Healthcare Portal

Change to Covered Provider Screen

In the Healthcare Portal, trading partners view and manage covered providers using the Trading Partner Profile screen. When the user accessed the covered provider screen, all providers attached to the account would be displayed. Effective immediately, users will see a small modification to this screen.

When trading partners access the Covered Provider screen, they will now have two options: **display providers** or **search providers** (see image).

Covered Providers

Click 'Add' to add a new Covered Provider or expand the row to update the end date or supported transactions of an existing Covered Provider.
Click 'Save' to save and review the changes or click 'Cancel' to go back.

This section is not required for Billing Agents. NPI must be entered for all healthcare providers (taxonomy is optional). If you do not qualify for an NPI, please provide your Medicaid Provider Number.

*Provider ID *ID Type

Clicking **DISPLAY COVERED PROVIDERS** will list all of the providers who are attached to the trading partner's account. The **SEARCH** function allows trading partners with large numbers of covered providers, to easily search for a specific provider using the provider ID number. The **ADD** covered provider function remains the same.

This modification will be especially helpful for clearinghouses and billing agents with large client lists.

Administering Vaccines

Pharmacies and Vaccines



Q Can pharmacies bill for administering vaccines?

A No. Billing for administration of vaccines is submitted through the medical side of the Medicaid Program.

Attention Professional Providers: Billing Administration Codes For Vaccines



RI Medicaid does not reimburse for state supplied vaccines.
RI Medicaid will reimburse for the administration of the vaccines.

Procedure Codes

90460	Immunization administration through 18 years via any route, with counseling by physician
90461	Immunization administration through 18 years via any route, each additional vaccine

Vaccines with multiple components are considered as one unit. For example, procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; However it is considered as one unit and will be reimbursed as one unit.

If multiple vaccines are given, RI Medicaid will reimburse multiple administrations. For example: procedure codes 90748 (Hepatitis B), 90680 (Rotavirus vaccine), and 90670 (Pneumococcal Vaccine) are single components and can be reimbursed using one unit of procedure code 90460 for the first injection and procedure code 90461 for any subsequent injections. (Please note: An administration code is allowed for every injection performed.)

These claims must be sent for review on the CMS1500 paper form to :

Hewlett Packard Enterprise
Attention: Karen Murphy
P.O. Box 2010
Warwick, RI 02887

If you have any questions, please contact Karen Murphy at 401-784-8004 or by email: karen.murphy3@hpe.com

National Influenza Vaccination Week

Centers for Disease Control and Prevention

National Influenza Vaccination Week (NIVW) is a national awareness week focused on highlighting the importance of influenza vaccinations. It provides an opportunity for health care professionals, health advocates, communities and families to work together to promote flu vaccination.

NIVW 2016 is observed December 4-10. The CDC offers free resources for health care professionals in the resource center.

Print materials that are free for download, may be printed on a standard office printer, and are targeted to specific audiences, such as families and children, pregnant women, older adults, Spanish language speakers, high risk conditions, and general population.

1. Who needs a flu vaccine?

- a) You
- b) You
- c) You
- d) All of the above

Even healthy people can get the flu.
Protect yourself and your loved ones.
Get vaccinated.

www.cdc.gov/flu



[Click here for free resources from CDC.](#)



Resources for Providers

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.](#)**

Attention: Home Care Providers **Submission of Claims**

837 claim files created in the EVV system may be submitted using the Upload function in the Healthcare Portal. Providers may create the claims in the Sandata billing module and submit them by uploading through the Healthcare Portal.

If you were unable to attend the training sessions on the upload process, 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.](#)

However, there may be some claims that cannot be created in the Sandata system. When you verify prior authorization status, if you find that authorizations for dates prior to 10/2/16 are in the Healthcare Portal, but are not visible in Santrax, this may be due to retroactive authorizations.

With the implementation of the “umbrella” authorizations and to eliminate the use of blanket authorization, the criteria was set to pick up only prior authorizations with an end date equal to or greater than the transition date of 10/2/16, therefore retroactive prior authorization details with an end date prior to 10/2/16 will not be included in the EVV authorization for use within the Santrax system.

Providers will not be able to manually or automatically verify the visits for those authorizations added **after** 10/1/16 for dates **prior to** 10/1/16, and will not be able to submit claims for those authorizations through Sandata. However, claims may (and should) be submitted [in the manner in which you submitted your claims prior to the implementation of EVV.](#)

Providers are encouraged to visit the [EVV page of the EOHHS website](#) periodically to look for updates. The webpage is continually updated with new information, job aids and resources. Watch future issues of the Provider Updates for more information.



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](#)

Important Reminder for Home Care Providers

Be sure to renew your license with RI Department of Health by 12/31. Failure to do so will impact your ability to provide services.



Meaningful Use News and Reminders

On November 15, 2016, changes to the Medicare and Medicaid EHR Incentive programs were published in the Code of Federal Regulations. The Centers for Medicare & Medicaid Services (CMS) originally released the changes on November 1, which includes the updated payment rates and policy changes in the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System for calendar year (CY) 2017. This final rule with comment period includes a number of proposed changes that will affect the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Comments will be accepted until December 31.

The changes to the Medicare and Medicaid EHR Incentive Programs include:

- Allowing all returning participants in the EHR Incentive Programs to report on a **90-day EHR reporting period in 2016 and 2017.**
- An application process for a one-time significant hardship exception to the Medicare EHR Incentive Program for certain eligible professionals in 2017 who are also transitioning to the Merit-based Incentive Payment System (MIPS).
- For eligible hospitals, CAHs and dual-eligible hospitals attesting to CMS, eliminating the Clinical Decision Support (CDS) and Computerized Order Entry (CPOE) objectives and measures beginning in 2017, reducing a subset of thresholds for the remaining objectives and measures for Modified Stage 2 in 2017 and Stage 3 in 2017 and 2018, and adding new naming conventions to measures for Modified Stage 2 and Stage 3.

For More Information, review the OPPS and ASC [final rule](#) and visit the [CMS website](#).

Have you scheduled your annual Security Risk Assessment yet?

If you haven't already done so, be sure to schedule your Security Risk Assessment before December 31, 2016 if you are participating in an EHR Incentive Program. To learn more about the importance of Security Risk Assessments, please view the webinar that RIQI hosted on August 19th: [Security Risk Assessments](#) - What You Need to Know. Presenters were Don Nokes from NetCenergy and Sue Dettling from RIQI.

If you have questions or need help with Meaningful Use, contact RIQI today: 1-888-858-4815 | Email: Info@riqi.org

**Due to a contract with RI's Executive Office of Health & Human Services, MU consultation is available at no charge to Medicaid providers, and for a reasonable fee to Medicare providers.*

Rhode Island Quality Institute

TCPi | Transforming Clinical Practice Initiative

As the Transforming Clinical Practice Initiative (TCPI) program at the RI Quality Institute (RIQI) moves into its second year, we reflect on the Centers for Medicare & Medicaid Services' (CMS) seven broad aims and particularly how the RI healthcare community has embraced these aims:

1. Support more than 140,000 clinicians nationally in their practice transformation work – In RI, over 1,000 clinicians, both in primary and specialty care practices have engaged with RIQI in practice transformation
2. Build the evidence base on practice transformation so that effective solutions can be scaled - RI has begun to build the evidence base for transformation through small tests of change at the practice level
3. Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients – By connecting RI's specialty practices to RI primary care practices, we are creating an environment of integrated care delivery
4. Reduce unnecessary hospitalizations for 5 million patients – RIQI has documented reductions in unnecessary hospitalizations through use of CurrentCare, the statewide Health Information Exchange
5. Sustain efficient care delivery by reducing unnecessary testing and procedures – In addition to CurrentCare as a vehicle to reduce unnecessary testing, RIQI encourages clinicians to adopt the American Board of Family Medicine's Choosing Wisely® initiative - <http://www.choosingwisely.org/>
6. Generate \$1 to \$4 billion in savings to the federal government and commercial payers – RIQI has demonstrated cost savings as a result of using Hospital Alerts for care coordination
7. Transition 75% of practices completing the program to participate in Alternative Payment Models – The goal of TCPI is to prepare clinicians for the payment methodologies that are unfolding through CMS's Quality Payment Program.

**For more information on TCPI or to determine
your eligibility for the program,
please contact us at: 888-858-4815 or email CIS@riqi.org.**





Discharge Documents Available in CurrentCare Viewer



The [CurrentCare Viewer](#) includes Discharge Summaries and Continuity of Care Documents from these hospitals:

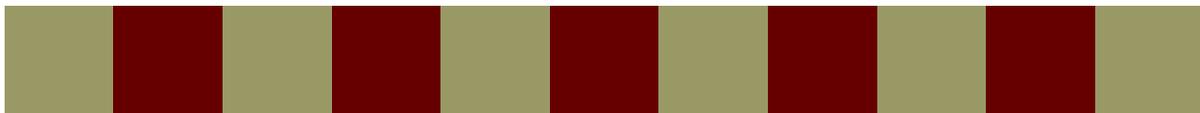
NEW!

DISCHARGE SUMMARIES TAB	DOCUMENTS TAB
Discharge Summaries are now available when a treating provider signs off, from the following: <ul style="list-style-type: none">• Our Lady of Fatima Hospital• Roger Williams Medical Center	Discharge CoC documents are available when the patient is discharged from: <ul style="list-style-type: none">• Hasbro Children’s Hospital• The Miriam Hospital• Newport Hospital• Rhode Island Hospital

To learn more about these and 440 other data sources sending patient health information into CurrentCare, go to: <http://www.CurrentCareRI.org/Guidebook>, or view this recent video presentation about the CurrentCare guidebook, [CurrentCare Guidebook 101](#).

Many practices use CurrentCare Viewer to improve quality and care. [Click here](#) to read how CurrentCare has helped Jessica Godina, Medical Assistant at Asthma & Allergy Physicians of RI.

Contact our program support team at CurrentCare@riqi.org
or 888.858.4815, Option 3
for information on how you can gain access to CurrentCare services.



Healthcare Portal

Password Help

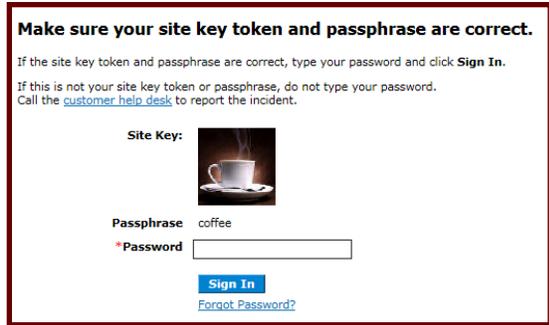
To maintain access to your Healthcare Portal account, it is important to make note of the password that you selected when you registered to use the Healthcare Portal.

In the event that you forget your password, or need to re-set or change the password, there is now a quick reference guide to help you.

The [Quick Reference Guide—Password Self-Help](#) is found on the [Healthcare Portal](#) page of the [EOHHS website](#). If your facility has multiple delegate users, it would be helpful to print a copy, in case someone needs help.

In the event that a user enters the incorrect password multiple times and is locked out, they must contact the Customer Service Help Desk at (401) 784-8100 for local and long distance calls, or (800) 964-6211 for in-state toll calls to have the account unlocked.

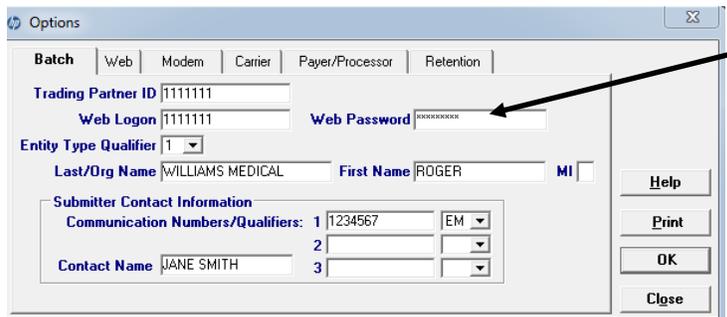
Remember, passwords must be exactly 8 characters, contain at least one upper case letter, one lower case letter, one number and no special characters. Passwords expire every 90 days and you may not re-use your last 6 passwords. Passwords may not be changed more than once per day.



Attention PES Users

Password Help—Continued

If you are a PES software user, and you change your password in the Healthcare Portal, you MUST remember to change your web password in the PES software. If you do not make this change, you will not be able to successfully submit claims for payment.



After changing the password in the Healthcare Portal, open the PES software. Select the TOOLS tab, and then select OPTIONS. Enter the new password in the WEB PASSWORD field shown in the image above and click okay. This password must match the password for the Healthcare Portal exactly.



RI Medicaid EHR Incentive Program Update

HEADS UP!

90-Day Meaningful Use Attestations for 2016 & 2017

It appears that the new proposed OPPS rule from CMS will come to fruition. This new change will allow 2016 and 2017 EHR Incentive applications to attest 90-days of meaningful use and will relieve the full year meaningful use attestation requirements for many EHR Incentive applications. We project that this new rule will be effective on January 1, 2017.

We are planning to update our MAPIR system to allow participants to attest in this fashion for program year 2016 and 2017. We hope to have this option available between January 1 – 6, 2017. Please plan accordingly and remember that the current deadline to submit 2016 RI Medicaid EHR Incentive application is **March 30, 2017**.

Calling all Medicaid Physicians, Nurse Practitioners, Certified Nurse Midwives and Dentists!



2016 Is the Last Year to Participate and Earn Annual Incentives

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 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. 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.



RI Medicaid EHR Incentive Program Update - *continued*

Visit the CMS Website to Review Resources on 2016 Program Requirements

The Centers for Medicare & Medicaid Services (CMS) has created the following materials to help providers attest successfully to the Medicare and Medicaid EHR Incentive Programs in 2016.

- [Eligible Professionals \(EPs\)](#) and [Eligible Hospitals/Critical Access Hospitals \(CAHs\)](#) What You Need to Know for 2016 Tip sheets
- [EPs](#) and [Eligible Hospitals/CAHs](#) Specification Sheets
- [Alternate Exclusions Fact Sheet](#)
- [Health Information Exchange Fact Sheet](#)
- [Broadband Access Exclusions Tip Sheet](#)
- [Security Risk Analysis Tip Sheet](#)
- [Patient Electronic Access Tip Sheet](#)
- [EPs](#) and [Eligible Hospitals/CAHs](#) Public Health Reporting in 2016 Tip Sheets
- [Guide for EPs Practicing in Multiple Locations](#)

CMS is encouraging EPs, eligible hospitals, and CAHs to use the relevant resources to prepare for attestation.

For More Information:

Visit the CMS [EHR Events](#) page and listen to previous webinars for [EPs](#) and [eligible hospitals/CAHs](#) to learn more about the EHR Incentive Programs in 2016.



Attention: DME Providers

Disposable Gloves

The new [Certificate of Medical Necessity for Disposable Gloves](#) is now posted to the EOHHS website.

The Certificate of Medical Necessity combines the requirement for a doctor's order and the request for disposable gloves into one form.

Providers may use this form effective immediately.

