THIS MONTH'S FEATURED ARTICLES

RI Medicaid Provider Revalidation Wave 3

Next wave of providers are required to revalidate

See page 3 for new list

Clearinghouses
Associating a New Provider to the Trading Partner Account

Covered Providers

See page 6 for information

RI Medicaid Annual Association Meeting

April 6, 2017

See page 12 for more information

To Subscribe or update your email address, send an email to deborah.meiklejohn@hpe.com or click the subscribe button above.

Please put “Subscribe” in the subject line of your email.

In addition to the Provider Update, you will also receive any updates that relate to the services you provide.
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Revalidation of RI Medicaid Providers - Wave Three

EOHHS is beginning the next wave of Revalidation of RI Medicaid enrollment. Revalidation of enrollment information is required for the provider types below, who are active and have submitted a claim in the past year.

The Provider Enrollment Unit recently sent letters to the providers listed below. The first letter contains a pre-determined Tracking ID. The second letter contains a password.

<table>
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<tr>
<th>Group Physicians— with Business Name beginning with A-M</th>
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<td>Individual Physicians— with Last Name beginning with A-M</td>
<td>Psychologist</td>
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<tr>
<td>Audiologist</td>
<td>Nurse Practitioner</td>
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<tr>
<td>Cortical Integrative Therapy</td>
<td>Nurse Practitioner Billing</td>
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</table>

 Providers should watch their regular mail for the two revalidation letters. Once the letters are received, providers will have 35 days to log into the Provider Enrollment Portal using the Tracking ID and Password to verify the information that is currently in the Medicaid Management Information System. When completing your application, be sure to select the CONFIRM button after reviewing the summary sheet. If you do not click confirm, your application will not be transmitted to RI Medicaid. Failure to complete the revalidation process will result in termination of enrollment.

A fee may be required to complete your revalidation. Click here for more information. Additionally, providers can check the status of a submitted application, by entering the tracking number after clicking the “application status” link. A status of PENDING shows that your application has been received and is awaiting review by the enrollment unit.

Webinars will be scheduled to guide providers through the revalidation process. A schedule will be emailed to providers, once finalized. Instructions are also posted on the EOHHS website. Click here to view the Revalidation Instructions.

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 Trading Partners:
System Enhancement—Invalid Passwords

Clearinghouses and Vendors using Automated Scripts

Clearinghouses and vendors using an automated script to access the upload/download function of the Healthcare Portal, must ensure that they are using the correct password. After 5 attempts are made with an invalid password, a lockout will result. The automated script will be locked out of the upload/download function for the remainder of that day. An error message will be returned with notification of the lockout.

This enhancement will be implemented soon. Passwords expire every 90 days. Please ensure that your password is updated in a timely fashion or you will be locked out after 5 attempts to submit claims with an invalid or expired password.

Additional Information for Providers of Adult Day and Assisted Living:

Any Adult Day and Assisted Living services applying to become a Medicaid provider must be in compliance with CMS’ Home and Community Based Final Rule prior to receiving a Provider number. The HCBS Final Rule was created in March 2014 and all states must be in compliance by March 17, 2019. The rule is designed to enhance the experience of the individual receiving Home and Community Based services in the settings listed above. The Rule focuses on integration of the individual in the community as any individual who does not receive Medicaid HCBS. Additionally, the rule focuses on choice of settings, who provides their services, autonomy, and that the setting is not “institutional” in nature.

Information on the HCBS final rule can be viewed on the EOHHS web site at: http://www.eohhs.ri.gov/Initiatives/HCBSFinalRule.aspx

Further information on the process for compliance can be obtained from:
Linnea Tuttle
Chief, Health Systems Development
RI Executive Office of Health and Human Services
Hazard Building, 74 West Road, Cranston, RI 02920
401-462-6278 Fax: 401-462-4266
Email: Linnea.Tuttle@ohhs.ri.gov
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.

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

The new ten digit MID should be used when submitting claims to RI Medicaid.
Attn: Physicians

Prescribing Enteral Nutrition

If you are a physician prescribing enteral nutrition, there are important things to remember when completing the request. Requesting Enteral Nutrition is a process which involves both the prescriber of the enteral nutrition and the DME provider.

- 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 faxed to (401) 784-3892 or mailed to:
  Hewlett Packard Enterprise, P.O. Box 2010, Warwick, RI 02887

Please click here for the full clinical coverage guidelines for Enteral Nutrition

Attn: Clearinghouses and Providers

Associating to a Clearinghouse

As a reminder, when a provider needs to associate to a new clearinghouse for the purposes of the 835/277U, it is the provider’s responsibility for notifying the original clearinghouse to disassociate.

For example, if a provider is moving their business from one clearinghouse to another, and needs to have the 835 electronic remittance advice sent to the new company, it is the provider’s responsibility to contact the original clearinghouse. The provider must ask to be removed as a covered provider from the original billing company’s Trading Partner profile, for the purpose of receiving the 835/277U. The original billing entity must do this electronically within the Healthcare Portal.

Once that is completed, the provider should contact the new billing entity and ask to be added as a covered provider to the new billing entity’s Trading Partner account. The new billing entity must then select the X12 transactions for this provider by checking the appropriate boxes.

Important: To ensure continuous receipt of the 835/277U, the new billing entity must add the provider as a covered provider before the cut-off date of the next financial cycle.
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.

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.
Pharmacy Spotlight

**Meeting Schedule:**
Pharmacy & Therapeutics Committee
Drug Utilization Review Board

2017 Meeting Dates

- April 4
- June 13
- September 12
- December 12

The next meeting of the
Pharmacy & Therapeutics Committee (P&T)
is scheduled for:
Date: April 4, 2017
Registration: 7:30 AM
Meeting: 8:00 AM
Location: Hewlett Packard Enterprise
301 Metro Center Blvd.,
Suite 203
Warwick, RI 02886
[Click here for agenda](#)

The next meeting of the
Drug Utilization Review (DUR) Board
is scheduled for:
Date: April 4, 2017
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

The RI AIDS Drug Assistance Program (ADAP) has expanded their formulary to include medications treating Hepatitis C by prior authorization. Information regarding the policy and prior authorization process is available on the EOHHS website under the Providers & Partners menu in the HIV AIDS Providers selection.

[http://www.eohhs.ri.gov/ProvidersPartners/HIVAIDSProviders.aspx](http://www.eohhs.ri.gov/ProvidersPartners/HIVAIDSProviders.aspx)
Attention: Providers

Home Find Services

Effective April 1, 2017, OHHS certified Home Find providers can bill for Home Find services.

Home find services provide a time-limited set of support services that promote an individual’s ability to obtain housing in a self-sufficient manner. These services include:

- conducting tenant screening and housing assessments that identify the participants’ preferences and barriers related to successful tenancy;
- developing an individualized housing support plan based on housing assessment; assisting with the housing application and search process;
- identify community resources and potential funding sources to cover moving and start-up expenses;
- ensuring that the living environment is safe and ready to move-in; and
- developing a housing support crisis plan.

Home Find services require a prior authorization. Providers will bill monthly with Procedure Code/Modifier, H0044 U1 for $141.12 reimbursement. Recipients receiving Assertive Community Treatment services from a Community Mental Health Center are not eligible for Home Find services.

For more information please refer to the Home Stabilization Coverage Guidelines on the EOHHS website:

For billing questions please contact Karen Murphy at (401) 784-8004 or Karen.murphy3@hpe.com.

Attention: HIV AIDS Providers

Provider Reference Manual and Toolbox

The RI HIV Targeted Care/Case Management Provider Reference Manual is now posted to the EOHHS website.

The HIV TCM Toolbox is also available on the EOHHS website.

Click here for the Provider Reference Manual and Toolbox
Attn: Local Education Agency Providers

New CPT Codes for OT and PT Assessments

As of 1/1/2017 CPT codes for OT and PT assessments, 97001 and 97003 have been eliminated and replaced with 8 new codes (97161-97168) depending on the level of complexity.

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</tr>
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<td>$85.00/per unit</td>
</tr>
<tr>
<td>97168 Occupational Therapy Reevaluation</td>
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</tr>
<tr>
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</tr>
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<td>97164 Physical Therapy Reevaluation</td>
<td>$85.00/per unit</td>
</tr>
</tbody>
</table>

Providers should bill with the new codes for dates of service beginning January 1, 2017. If you have any questions, please contact your Provider Representative, Karen Murphy at (401) 784-8004 or Karen.murphy3@hpe.com.

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Attn: Hippotherapy Providers

New CPT Codes for OT and PT Assessments

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Providers should bill with the new codes for dates of service beginning January 1, 2017. If you have any questions, please contact your Provider Representative, Karen Murphy at (401) 784-8004 or Karen.murphy3@hpe.com.
National Child Abuse Prevention Month
US Department of Health and Human Services-
Children’s Bureau

The Children’s Bureau within the US Department of Health and Human Services funds the National Child Abuse Prevention Month each April.

Resources are available to support service providers in their work with parents, caregivers, and their children to prevent child abuse and neglect and to promote child and family well-being.

[Click here for resources.]

In addition, printable tip sheets are available for distribution to parents and caregivers who have a particular concern or question. Information is easy to read and focuses on concrete steps parents can take to strengthen their family.

The tip sheets are available in English and Spanish and include topics such as finding affordable housing, managing stress, feeding your family, dealing with temper tantrums and more.

[Click here for tip sheets.]

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.

[Click the links below for more information:]

Informational slides from CMS
Medicaid Program; Face-to-Face Requirements for Home Health Services; Policy Changes and Clarifications Related to Home Health.
A Rule by the Centers for Medicare and Medicaid Services on 02/02/2016
RI Medicaid

Annual Association Meeting

RI Medicaid has scheduled the annual Association Meeting:

Thursday, April 6, 2017
9:00 AM - 11:00 AM

Hewlett Packard Enterprise
301 Metro Center Blvd. Suite 203
Warwick, RI 02886

Agenda topics include Provider Revalidation of Enrollment, Member ID Conversion, OPR and Provider Search, Home Health Final Rule, and an opportunity to meet the new Medicaid Dental Director.

Medical associations in RI are invited to attend this meeting.

To reserve a space, please send an email to deborah.meiklejohn@hpe.com by Monday, April 3. Please include your name, organization and phone number. You will receive a confirmation email with directions.

SAVE THE DATE:
RI Medicaid Provider Training Days

RI Medicaid will host a two day training event for providers on May 18 & 19th. This event will feature a schedule of presentations on topics such as billing, revalidation, Home Health Final Rule, Using the Healthcare Portal, secondary billing through PES and much more.

A schedule of the two day event will soon be emailed to providers, who can register for the events they choose to attend.

Stay tuned for more information!
RI Medicaid  EHR Incentive Program Update

2017 Meaningful Use Attestation Planning Considerations

**MAPIR Upgrade**
Recently, CMS released 2017 changes to meaningful use objectives. Consequently, MAPIR will not be accepting any 2017 program year attestations until we upgrade our system to version 6.0 that is currently being developed. Our goal is to implement the new version in mid-2017 and allow providers to attest to 2017 meaningful use. Please stay tuned and plan accordingly. We plan to notify our participating providers with any new updates via our email distribution list.

**Stage 3 is an Option**
Providers have the option to attest to Stage 2 or 3 meaningful use requirements for program year 2017. Please determine which stage you plan to attest before you start your attestation. If you inadvertently start an application for the wrong stage prior to submission, you can go to the MAPIR dashboard screen and abort the application and start a new one. Please feel free to contact us with any questions or issues.

**Full Year of CQM Data**
2017 comes with an unusual twist to the program. All meaningful use attestations require a FULL YEAR of CQM data reporting starting for program year 2017. Providers will attest for any 90-day period of meaningful use for objectives 1-9, but the CQM data needs to cover the entire program year. As a result of this requirement, providers cannot submit their 2017 application before January 1, 2018.

However, if the provider is reporting meaningful use for the first time, they are eligible to submit a 90-day attestation for both the meaningful use objectives and CQMs. We realize this is a bit confusing, so feel free to email us with any questions you may have.
Meaningful Use

Many practices participate in Medicaid and Medicare. In 2017, Medicaid providers who are participating in the EHR Incentive Program will continue to report per the “2015 – 2017 Modified Stage 2 Meaningful Use” requirements. Please click here for additional details.

TCPi | Transforming Clinical Practice Initiative

As of January 1, 2017, the Medicare EHR Incentive Program (also known as Meaningful Use) is now referred to as “Advancing Care Information” and has become a part of the Quality Payment Program (QPP). The QPP changes the way eligible providers (EPs) are reimbursed by Medicare for the care that they provide to patients. To learn more about the requirements for the QPP and how RIQI can help, please click here.

Do you have staff that need access to CurrentCare Viewer?

We’re taking the Show on the Road! We’re offering a breakfast and CurrentCare Viewer training on Wednesday, April 26, 2017 from 7:30 AM – 9:00 AM at The Hampton Inn and Suites, 317 West Main Road, Middletown, RI. Agenda includes:

7:30 – 7:45 - Arrival, network with other clinicians, practices, and RIQI staff

7:45 – 8:00 - Overview of CurrentCare services and programs available to help you manage care coordination
  Andrea Levesque, PMP, PCMH CCE, Senior Customer Experience Manager

8:00 – 8:40 - CurrentCare Viewer Training
  Margaret M. Menna, MBA, Senior Training & Education Specialist

8:40 – 9:00 - A discussion about CurrentCare utilization best practices
  Jennifer C. Cormier, MEd, RN, Senior Workflow Redesign Specialist

Register Now or go to: http://tinyurl.com/CCVAPR26
This event is free but space is limited. Please register by April 21.

View the CurrentCare Guidebook, or the Guidebook 101 video to learn more about CurrentCare’s 470 data sources. Read about how your colleagues are finding value in CurrentCare by reading My CurrentCare Story. For questions about CurrentCare, contact our program support team at CurrentCare@riqi.org or 888.858.4815, Option 3.
Attention Providers:
Rhode Island Oral Health Summit

YOU’RE INVITED TO THE 8TH ANNUAL
RHODE ISLAND ORAL HEALTH SUMMIT
WEDNESDAY
MAY 10TH 2017
8:00 AM - 12:00 PM

Providence Marriott
1 Orms St
Providence, Rhode Island

Medical-Dental Integration: A Paradigm Shift of Patient Care
➤ Keynote speaker: R. Bruce Donoff, DMD, MD
Dean and Walter C. Guralnick Distinguished Professor of Oral &
Maxillofacial Surgery, Harvard School of Dental Medicine
“Putting the Mouth Back in the Body”

➤ Medical-Dental Integration-Panel Discussion
➤ Presentation of the Elizabeth Roberts Oral Health Champion Award
➤ Presentation of Rhode Island Oral Health Plan 2017-2021

Questions Contact:
RIOHIC Co-Chair: Marie Jones-Bridges, CDA, RDH, BS
Bridgesrdh2032@gmail.com

NO REGISTRATION FEE, BUT RSVP REQUIRED TO ATTEND.
RSVP: http://bit.ly/2mD0rQU by 5/5/17

Click here for registration links:
Questions: Bridgesrdh2032@gmail.com
RSVP: http://bit.ly/2mD0rQU by 5/5/17