

Revision: HCFA-PH-87-4 (BERC)
MARCH 1987

OFFICIAL

OMB No.: 0938-0193

State/Territory: Rhode Island**SECTION 4 - GENERAL PROGRAM ADMINISTRATION****Citation**

42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TM No. 87-04
Supersedes
TM No. _____

Approval Date AUG 13 1987Effective Date 7/1/87

HCFA ID: 1010P/0012P

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 431.202
AT-79-29
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

TN # 77-16
95-5
Supersedes
TN # _____
Approval Date 1/5/78
2/10/75
Effective Date 10/1/77
4/2/79

Revision: HCFA-AT-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation
42 CFR 431.301
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

OFFICIAL

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TN No. 77-16

Approval Date 17 FEB 1988

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Revision: HCFA-PM-87-4 (BERC)
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OFFICIAL

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation

42 CFR 431.800(c)
50 FR 21839
1903(u)(1)(D) of
the Act,
P.L. 99-509
(Section 9407)

4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h) and (k).

Yes.

Not applicable. The State has an approved Medicaid Management Information System (MMIS).

TN No. 87-04
Supersedes
TN No. 85-26

Approval Date AUG 13 1987

Effective Date 7/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-PH-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation
42 CFR 455.12
AT-78-90
48 FR 3742
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

TN No. 88-15
Supersedes
TN No. 83-11

Approval Date FEB 28 1989

Effective Date 10/1/88

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

4.5b Medicaid Recovery Audit Contractor Program

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| <p>Citation Section 1 902(a)(42)(B)(i) of the Social Security Act</p> | <p><u> </u> The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.</p> <p><u> X </u> The State is seeking an exception to establishing such program for the following reasons:</p> <ul style="list-style-type: none"> • The state maintains a low rate of errors in Medicaid payments, • The last RAC contractor found few recoveries during two years of review. Based upon the small recovery, the contractor elected not to exercise the two option years under the contract • Prior to the expiration of the exception, the State will analyze the most recent PERM results and the most timely audit results from other programs • According to recovery audit firms contacted by EOHHS, it is not cost-beneficial for auditing firms to submit bids due to the small number of enrollees and claims in our non-managed care programs; • EOHHS has strong and effective controls that minimize the risk of improper payments. These include a robust pre- and post - payment automated review mechanisms and numerous additional audit controls to prevent and detect improper payments, implemented in collaboration with the agency’s fiscal agent. Additionally, EOHHS has contractual relationships with a Pharmacy Benefit Manager, to ensure that through robust claims processing controls, concurrent and retrospective review of claims, and referrals to Program Integrity as needed, our beneficiaries receive medically necessary medications in the most cost-effective manner. • EOHHS Program Integrity staff works closely with the Medicaid Fraud Control Unit (MFCU) on areas of focus that are aligned with the agency’s strategic plan. • Several federal and state agencies conduct periodic reviews of the Medicaid eligibility systems, the claims processing function, and the Program Integrity unit |
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| Section 1902(a)(42)(B)(ii)(I) of the Act | <p>___ The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.</p> <p>Place a check mark to provide assurance of the following:</p> <p>___ The State will make payments to the RAC(s) only from amounts recovered.</p> <p>___ The State will make payments to the RAC(s) on a contingent basis for collecting overpayments.</p> |
| Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act | <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):</p> <p>___ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p> <p>___ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p> <p>___ The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p> |
| Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act | <p>___ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g. amount of flat fee, the percentage of the contingency fee): The state will pay a contingency fee rate at the same percentage as for overpayments</p> |
| Section 1902 (a)(42)(B)(ii)(III) of the Act | <p>___ The State has an adequate appeals process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p> |
| Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act | <p>___ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State Plan or a waiver of the plan.</p> |
| Section 1902 (a)(42)(B)(ii)(IV)(bb) of the Act | <p>___ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p> |
| Section 1902 (a)(42)(B)(ii)(IV)(cc) of the Act | <p>___ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.</p> |

TN No: 20-0010
Supersedes
TN No: 17-009

Approval Date: _____

Effective Date: July 1, 2020

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 431.16
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 27-16
Supersedes
TN # _____

Approval Date 1/6/77

Effective Date 10/1/77

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 431.17
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 77-16
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TN # _____

Approval Date 1/5/78

Effective Date 10/1/77

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Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 431.18 (b)
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

TN # 75-3
Supersedes
TN # _____

Approval Date 3/10/75

Effective Date 2/17/74

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 433.37
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 75-3
Supersedes
TN # _____

Approval Date 3/10/75

Effective Date 2/19/74

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation
42 CFR 431.51
AT-78-90
46 FR 48524
48 FR 23212
1902(a)(23)
of the Act
P.L. 100-93
(sec. 8(f))

4.10 Free Choice of Providers

- (a) Except as provided in paragraph (b), the Medicaid agency assures that any individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- (b) Paragraph (a) does not apply to services furnished to an individual--
- (1) Under an exception allowed under 42 CFR 431.54,
 - (2) Under a waiver approved under 42 CFR 431.55, or
 - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act.

TN No. 87-15
Supersedes
TN No. 84-5

Approval Date 17 FEB 1988

Effective Date 10/1/87

HCFA ID: 1010P/0012P

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 431.610
AT-78-90
AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

(a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is Rhode Island Dept. of Health

(b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): Rhode Island Dept. of Health

(c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 75-3
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TN # _____

Approval Date 3/10/75

Effective Date 2/19/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

OFFICIAL

State Rhode Island

Citation
42 CFR 431.610
AT-78-90
AT-89-34

4.11(d) The Rhode Island Department of
Health (agency)
which is the State agency responsible
for licensing health institutions,
determines if institutions and
agencies meet the requirements for
participation in the Medicaid
program. The requirements in 42 CFR
431.610(e), (f) and (g) are met.

TN # 75-3
Supersedes
TN #

Approval Date 3/10/75

Effective Date 2/19/74

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

OFFICIAL

Citation
42 CFR 431.105 (b)
AT-78-90

4.12 Consultation to Medical Facilities

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

Yes, as listed below:

Not applicable. Similar services are not provided to other types of medical facilities.

⁷⁶⁻³
TN # 7413
Supersedes
TN # _____

Approval Date 3/10/75
12/6/79

Effective Date 12/31/73

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: RHODE ISLAND

Citation 4.13 Required Provider Agreement

With respect to agreements between the Medicaid agency and each provider furnishing services under the plan:

- 42 CFR 431.107 (a) For all providers, the requirements of 42 CFR 431.107 and 42 CFR Part 442, Subparts A and B (if applicable) are met.
- 42 CFR Part 483 1919 of the Act (b) For providers of NF services, the requirements of 42 CFR Part 483, Subpart B, and section 1919 of the Act are also met.
- 42 CFR Part 483, Subpart D (c) For providers of ICF/MR services, the requirements of participation in 42 CFR Part 483, Subpart D are also met.
- 1920 of the Act (d) For each provider that is eligible under the plan to furnish ambulatory prenatal care to pregnant women during a presumptive eligibility period, all the requirements of section 1920(b)(2) and (c) are met.

Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
 Supersedes TN No. 87-04

HCFA ID: 7982E

45(a)

Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

OFFICIAL

State/Territory: RHODE ISLAND

Citation

1902(a)(58)

1902(w) 4.13

(e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

- (1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, health maintenance organizations and health insuring organizations are required to do the following:
 - (a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.
 - (b) Provide written information to all adult individuals on their policies concerning implementation of such rights;
 - (c) Document in the individual's medical records whether or not the individual has executed an advance directive;
 - (d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;
 - (e) Ensure compliance with requirements of State Law (whether

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DEC-9 91

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Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: RHODE ISLAND

statutory or recognized by the courts) concerning advance directives; and

- (f) Provide (individually or with others) for education for staff and the community on issues concerning advance directives.
- (2) Providers will furnish the written information described in paragraph (1)(a) to all adult individuals at the time specified below:
- (a) Hospitals at the time an individual is admitted as an inpatient.
- (b) Nursing facilities when the individual is admitted as a resident.
- (c) Providers of home health care or personal care services before the individual comes under the care of the provider;
- (d) Hospice program at the time of initial receipt of hospice care by the individual from the program; and
- (e) Health maintenance organizations at the time of enrollment of the individual with the organization.
- (3) Attachment 4.34A describes law of the State (whether statutory or as recognized by the courts of the State) concerning advance directives.

Not applicable. No State law or court decision exist regarding advance directives.

TN No. 91-19
Supersedes NEW Approval Date 4/13/92 Effective Date 12/01/91
TN No. NEW

HCFA ID: 7982E

State/Territory: Rhode Island

46

Citation

4.14 Utilization Control

42 CFR 431.630
42 CFR 456.2
50 FR 15312

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

Directly – for additional details see Attachment 4.14 B

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO –

(1) Meets the requirements of 434.6(a);

(2) Includes a monitoring and evaluation plan to ensure satisfactory performance;

(3) Identifies the services and providers subject to PRO review

(4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and

(5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes

Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.

1902(a)(30)(C)
And 1902(d) of the Act,
P.L. 99-509
(Section 9431)

By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

State/Territory: Rhode Island

47

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 FCR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality control Peer Review Organization designated under 42 CFR Part 462 that has a contact with the agency to perform those reviews.

Utilization review is performed in accordance with 42CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

No waivers have been granted

State/Territory: Rhode Island

48

Citation
42 CFR 456.2
50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

Utilization and medical review are performed by a Utilization and Quality Control peer Review Organization designated under 42 CFR part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42CFR part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

All mental hospitals

Those specified in the waiver.

No waivers have been granted.

Not Applicable. Inpatient services in mental hospitals are not provided under this plan

State/Territory: Rhode Island

49

Citation
42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted

State/Territory: Rhode Island

50

Citation
42 CFR 456.2
50 FR 15312

4.14(e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provide through:

Facility-based review

Direct review by personnel of the medical assistance unit of the State agency.

Personnel under contract to the medical assistance unit of the State agency.

Utilization and quality control peer review organizations.

Another method as described in Attachment 4.14-A

Two or more of the above methods.

Not Applicable. Intermediate care facility services are not provided under this plan.

State/Territory: Rhode Island

Citation
1902(a)(30)
And 1902(d) of the Act,
P.L. 99-509
(Section 9431)

4.14 (f) The Medicaid agency meets the requirements of section 1902(a)(30) of the Act for control of the utilization of services furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

A private accreditation body.

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 456.2
AT-78-90

4.15 Inspections of Care in Skilled Nursing
and Intermediate Care Facilities and
Institutions for Mental Diseases

All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

- Not applicable with respect to intermediate care facility services; such services are not provided under this plan.
- Not applicable with respect to services for individuals age 65 or over in institutions for mental diseases; such services are not provided under this plan.
- Not applicable with respect to inpatient psychiatric services for individuals under age 22; such services are not provided under this plan.

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TN # _____

Approval Date 4/13/76

Effective Date 4/1/76

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 431.615(c)
AT-78-90

4.16 Relations with State Health and Vocational
Rehabilitation Agencies and Title V
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 75-1
Supersedes
TN # _____

Approval Date 3/10/75

Effective Date 1/1/74

Revision: HCFA-PM-95-3 (MB)
May 1995



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

Citation

42 CFR 433.36(c)
1902(a) (18) and
1917(a) and (b) of
the Act

4.17 Liens and Adjustments or Recoveries

(a) Liens

— The State imposes liens against an individual's real property on account of medical assistance paid or to be paid.

The State complies with the requirements of section 1917(a) of the Act and regulations at 42 CFR 433.36 (c)-(g) with respect to any lien imposed against the property of any individual prior to his or her death on account of medical assistance paid or to be paid on his or her behalf.

— The State imposes liens on real property on account of benefits incorrectly paid.

— The State imposes TEFRA liens 1917(a) (1) (B) on real property of an individual who is an inpatient of a nursing facility, ICF/MR, or other medical institution, where the individual is required to contribute toward the cost of institutional care all but a minimal amount of income required for personal needs.

The procedures by the State for determining that an institutionalized individual cannot reasonably be expected to be discharged are specified in Attachment 4.17-A. (NOTE: If the State indicates in its State plan that it is imposing TEFRA liens, then the State is required to determine whether an institutionalized individual is permanently institutionalized and afford these individuals notice, hearing procedures, and due process requirements.)

X The State imposes liens on both real and personal property of an individual after the individual's death.

TN No. 98-004

Supersedes

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May 1995

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36 (h)-(i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

— Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) — The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

X In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

All services provided under the State plan.

TN No. 98-004
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Revision: HCFA-PM-95-3 (MB)
May 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

- (4) **The State disregards assets or resources for individuals who receive or are entitled to receive benefits under a long term care insurance policy as provided for in Attachment 2.6-A, Supplement 8b.**

The State adjusts or recovers from the individual's estate on account of all medical assistance paid for nursing facility and other long term care services provided on behalf of the individual. (States other than California, Connecticut, Indiana, Iowa, and New York which provide long term care insurance policy-based asset or resource disregard must select this entry or one of the following entries.)

The State does not adjust or recover from the individual's estate on account of any medical assistance paid for nursing facility or other long term care services provided on behalf of the individual.

The State adjusts or recovers from the assets or resources on account of medical assistance paid for nursing facility or other long term care services provided on behalf of the individual to the extent described below:

1917 (b)(1)(C)

X

If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A, Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

TN No. 07-012
Supersedes
TN No. 98-004

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Revision: HCFA-PM-95-3 (MB)
May 1995

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

(c) Adjustments or Recoveries: Limitations

The State complies with the requirements of section 1917(b)(2) of the Act and regulations at 42 CFR §433.36 (h)-(i).

- (1) Adjustment or recovery of medical assistance correctly paid will be made only after the death of the individual's surviving spouse, and only when the individual has no surviving child who is either under age 21, blind, or disabled.
- (2) With respect to liens on the home of any individual who the State determines is permanently institutionalized and who must as a condition of receiving services in the institution apply their income to the cost of care, the State will not seek adjustment or recovery of medical assistance correctly paid on behalf of the individual until such time as none of the following individuals are residing in the individual's home:
 - (a) a sibling of the individual (who was residing in the individual's home for at least one year immediately before the date that the individual was institutionalized), or
 - (b) a child of the individual (who was residing in the individual's home for at least two years immediately before the date that the individual was institutionalized) who establishes to the satisfaction of the State that the care the child provided permitted the individual to reside at home rather than become institutionalized.
- (3) No money payments under another program are reduced as a means of adjusting or recovering Medicaid claims incorrectly paid.

TN No. 98-004
Supersedes
TN No. NEW

Approval Date _____

Effective Date 4/1/98

Revision: HCFA-PM-95-3 (MB)
May 1995

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND(d) ATTACHMENT 4.17-A

- (1) Specifies the procedures for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the procedure meets the requirements of 42 CFR 433.36(d).
- (2) Specifies the criteria by which a son or a daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36(f).
- (3) Defines the following terms:
 - o estate (at a minimum, estate as defined under State probate law). Except for the grand fathered States listed in section 4.17(b)(3), if the State provides a disregard for assets or resources for any individual who received or is entitled to receive benefits under a long term care insurance policy, the definition of estate must include all real, personal property, and assets of an individual (including any property or assets in which the individual had any legal title or interest at the time of death to the extent of the interest and also including the assets conveyed through devices such as joint tenancy, life estate, living trust, or other arrangement),
 - o individual's home,
 - o equity interest in the home,
 - o residing in the home for at least 1 or 2 years,
 - o on a continuous basis,
 - o discharge from the medical institution and return home, and
 - o lawfully residing.

TN No. 98-004
Supersedes
TN No. NEW

Approval Date _____

Effective Date 4/1/98

Revision: HCFA-PM-95-3 (MB)
May 1995

OFFICIAL**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State/Territory: RHODE ISLAND

- (4) Describes the standards and procedures for waiving estate recovery when it would cause undue hardship.
- (5) Defines when adjustment or recovery is not cost-effective. Defines cost-effective and includes methodology or thresholds used to determine cost-effectiveness.
- (6) Describes collection procedures. Includes advance notice requirements, specifies the method for applying for a waiver, hearing and appeals procedures, and the time frames involved.

TN No. 98-004
Supersedes
TN No. NEW

Approval Date _____

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Revision: HCFA-PM-91-4
August 1991

54
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State/Territory: RHODE ISLAND

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TN No. 19-005
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TN No. 92-02

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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: RHODE ISLANDCitation 4.19 Payment for Services

42 CFR 447.252 (a) The Medicaid agency meets the requirements of
1902(a)(13) 42 CFR Part 447, Subpart C, and sections
and 1923 of 1902(a)(13) and 1923 of the Act with respect to
the Act payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

- Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861(v)(1)(G) of the Act.
- Inappropriate level of care days are not covered.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
Supersedes TN No. 87-04

HCFA ID: 7982E

Revision: HCFA-PM-93- 6 (MB)
 August 1993

OMB No. 0938-

OFFICIAL

State/Territory: _____

RHODE ISLAND

Citation
 42 CFR 447.201
 42 CFR 447.302
 52 FR 28648
 1902(a)(13)(E)
 1903(a)(1) and
 (n), 1920, and
 1926 of the Act

4.19(b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the following requirements:

- (1) Section 1902(a)(13)(E) of the Act regarding payment for services furnished by Federally qualified health centers (FQHCs) under section 1905(a)(2)(C) of the Act. The agency meets the requirements of section 6303 of the State Medicaid Manual (HCFA-Pub. 45-6) regarding payment for FQHC services. ATTACHMENT 4.19-B describes the method of payment and how the agency determines the reasonable costs of the services (for example, cost-reports, cost or budget reviews, or sample surveys).
- (2) Sections 1902(a)(13)(E) and 1926 of the Act, and 42 CFR Part 447, Subpart D, with respect to payment for all other types of ambulatory services provided by rural health clinics under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, nursing facility services and services in intermediate care facilities for the mentally retarded that are described in other attachments.

1902(a)(10) and
 1902(a)(30) of
 the Act

SUPPLEMENT 1 to ATTACHMENT 4.19-B describes general methods and standards used for establishing payment for Medicare Part A and B deductible/coinsurance.

No. 93-021
 Supersedes
 TN No. 92-02

Approval Date

11/15/93Effective Date 7/1/93

TN

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

TN # 82-6
Supersedes
TN # 77-11

Approval Date 7-13-80 Effective Date 4-1-82

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation 4.19 (d)

- 42 CFR 447.252
- 47 FR 47964
- 48 FR 56046
- 42 CFR 447.280
- 47 FR 31518
- 52 FR 28141

(1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

(2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

(3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

(4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-15
Supersedes
TN No. 84-17

Approval Date 17 FEB 1988

Effective Date 10/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 447.45(c)
AT-79-50

4.19(e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-34
Supersedes
TN # _____

Approval Date 1/3/80 Effective Date 10/1/79

OFFICIAL

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OFFICIAL

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation

42 CFR 447.15

AT-78-90

AT-80-34

48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

TN No. 87-04

Supersedes

TN No. 83-10

Approval Date AUG 13 1987

Effective Date 7/1/87

HCFA ID: 1010P/0012P

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

| | |
|--|--|
| <p>Citation <u>42 CFR 447.201</u> <u>42 CFR 447.202</u> <u>AT-78-90</u></p> | <p>4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.</p> |
|--|--|

TN # 47 ^{79/80}
 Supersedes
 TN # _____

Approval Date 11/3/79
11/8/79

Effective Date 10/4/77

OFFICIAL

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State Rhode Island

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19 (h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 79-20-34
Supersedes
TN #

Approval Date 11/5/79
1/3/80

Effective Date 10/1/79

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

TN # 79-24²⁰
Supersedes
TN # _____

Approval Date 1/15/79
1/3/80 Effective Date 12/1/79

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: RHODE ISLAND

Citation

42 CFR 447.201 and 447.205 4.19(j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(v) of the Act (k) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act.

TN No. 92-02
Supersedes 87-12 Approval Date DEC 9 1992 Effective Date 2/1/92
TN No. 87-12

HCFA ID: 7982E

Revision: HCFA-AT-81-34 (BPP)

10-81

State RHODE ISLAND

81-19

Citation
42 CFR 447.342
46 FR 42669

4.19(k)

Payments to Physicians for
Clinical Laboratory Services

For services performed by an outside laboratory for a physician who bills for the service, payment does not exceed the amount that would be authorized under Medicare in accordance with 42 CFR 405.515(b), (c) and (d).

Yes

Not applicable. The Medicaid agency does not allow payment under the plan to physicians for outside laboratory services.

TN # 81-19
Supersedes
TN # _____

Approval Date 12/7/81

Effective Date 10/1/81

OFFICIAL

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: RHODE ISLAND

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2) (i)
(C)(ii) of
the Act

A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

— sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

— sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

\$7.00

1926 of
the Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

RHODE ISLAND IS A UNIVERSAL DISTRIBUTION STATE.

TN No. 95-008 Approval Date 6/19/95 Effective Date 1/1/95
Supersedes _____
TN No. NEW

OFFICIAL

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 447.25 (b)
AT-78-90

4.20 Direct Payments to Certain Recipients for
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

- Yes, for physicians' services
- dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

- Not applicable. No direct payments are made to recipients.

TN # 76-30
Supersedes
TN # _____

Approval Date 11/1/76

Effective Date 7/1/76

81-19

Revision: HCFA-AT-81-34 (BPP)

OFFICIAL

10-81

State RHODE ISLAND

Citation

4.21 Prohibition Against Reassignment of Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN # 81-19
Supersedes
TN # 78-9

Approval Date 12/7/81

Effective Date 10/1/81

January 1990

State/Territory: Rhode Island

| Citation | |
|--|---|
| <p>433.137(a) 50 FR 46652 55 FR 1423</p> | <p>4.22 <u>Third Party Liability</u></p> <p>(a) The Medicaid agency meets all requirements of 42 CFR 433.138 and 433.139.</p> |
| <p>433.138(f) 52 FR 5967</p> | <p>(b) <u>ATTACHMENT 4.22-A</u></p> <p>(1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in § 433.138(a) are conducted</p> |
| <p>433.138(g)(1)(ii) And (2)(ii) 52 FR 5967</p> | <p>(2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);</p> |
| <p>433.138(g)(3)(i) And (iii) 52 FR 5967</p> | <p>(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4) (ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and</p> |
| <p>433.138(g)(4)(i) Through (iii) 52 FR 5967</p> | <p>(4) Describes the methods the agency uses for following up on paid claims identified under 433.138€ (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.</p> |
| <p>433.139(b)(3) (i)(A) 55 FR 1423</p> | <p>(c) Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.</p> |
| <p>433.139(f)(2) 50 FR 46652</p> | <p>(d) ATTACHMENT 4.22-B specifies the following:</p> |
| <p>433.139(f)(2)</p> | <p>(1) The method used in determining a provider’s compliance with the third party billing requirements at 433.139(b)(3)(iii)(C).</p> |
| <p>433.139(f)(2)</p> | |

January 1990

| | |
|------------------------------|--|
| 50 FR 46652 | (2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective. |
| 433.139(f)(3) 50 FR 46652 | (3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement. |
| 1902(a)(25)(E) | (4) The cost avoidance procedures the State uses in regard to processing claims for prenatal services. |
| 1902(a)(25)(E) | (5) The specific circumstances in which the State will not seek third party reimbursement. |
| 42 CFR 447.20 55FR 1423 | (e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20. |

January 1990

| | |
|---|--|
| <p>42 CFR 433.151(a) 50 FR 46652</p> <p>42 CFR 433.151(b) 50FR 46652</p> <p>1906 of the Act</p> | <p>(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following: (Check as appropriate.) <input checked="" type="checkbox"/> State title IV-D agency. The requirements of 42 CFR 433.152(b) are met. <input type="checkbox"/> Other appropriate State agency(s)— <input type="checkbox"/> Other appropriate agency(s) of another State— <input type="checkbox"/> Courts and law enforcement officials.</p> <p>(g) The Medicaid agency meets the requirements of 42 CFR 433.153 and 433.154 for making incentive payments and for distributing third party collections.</p> <p>(h) The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following. <input type="checkbox"/> The Secretary's method as provided in the State Medicaid Manual, Section 3910. <input checked="" type="checkbox"/> The State provides methods for determining cost effectiveness on Att. 4.22-C</p> |
|---|--|

Revision: HCFA-AT-84-2 (BERC)
01-84

OFFICIAL

State Rhode Island

Citation - 4.23 Use of Contracts

42 CFR Part 434.4
48 FR 54013

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

TN # 84-6

Supersedes

TN # _____

Approval Date 4/27/84 Effective Date 4/1/84

OFFICIAL

Revision: HCFA-PM-94-2 (BPD)
APRIL 1994

State/Territory:

RHODE ISLAND

Citation 4.24
42 CFR 442.10
and 442.100
AT-78-90
AT-79-18
AT-80-25
AT-80-34
52 FR 32544
P.L 100-203
(Sec. 4211)
54 FR 5316
56 FR 48826

Standards for Payments for Nursing Facility
and Intermediate Care Facility for the Mentally
Retarded Services

With respect to nursing facilities and
intermediate care facilities for the mentally
retarded, all applicable requirements of
42 CFR Part 442, Subparts B and C are met.

Not applicable to intermediate care
facilities for the mentally retarded;
such services are not provided under this
plan.

TN No. 94-016
Supersedes Approval Date 6/16/94 Effective Date 4/1/94
TN No. (unnumbered)

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

OFFICIAL

State Rhode Island

Citation 4.25 Program for Licensing Administrators of Nursing
42 CFR 431.702 Homes
AT-78-90

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

TN # 79-11
Supersedes
TN #

Approval Date 5/31/80 Effective Date 4/1/79

Revision: HCFA-PM- (MB)

State/Territory: RHODE ISLANDCitation1927(g)
42 CFR 456.700

4.26 Drug Utilization Review Program

A.1. The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims.

1927(g)(1)(A)

2. The DUR program assures that prescriptions for outpatient drugs are:

- Appropriate
- Medically necessary
- Are not likely to result in adverse medical results

1927(g)(1)(a)
42 CFR 456.705(b) and
456.709(b)

B. The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and patients or associated with specific drugs as well as:

- Potential and actual adverse drug reactions
- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug disease contraindications
- Drug-drug interactions
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

1927(g)(1)(B)
42 CFR 456.703
(d) and (f)

C. The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopoeia-Drug Information
- American Medical Association Drug Evaluations

TN No. 93-010

Supersedes

TN No. Un-numbered

Approval Date

JUL 07 1993

Effective Date 4/1/93

Revision: HCFA-PM- (MB)

State/Territory: RHODE ISLANDCitation1927(g)(1)(D)
42 CFR 456.703(b)

- D. DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has never-the-less chosen to include nursing home drugs in:

 Prospective DUR X Retrospective DUR.1927(g)(2)(A)
42 CFR 456.705(b)

- E.1. The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.

1927(g)(2)(A)(i)
42 CFR 456.705(b),
(1)-(7))

2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:

- Therapeutic duplication
- Drug-disease contraindications.
- Drug-drug interactions
- Drug-interactions with non-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug allergy interactions
- Clinical abuse/misuse

1927(g)(2)(A)(ii)
42 CFR 456.705 (c)
and (d)

3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709(a)

- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:

- Patterns of fraud and abuse
- Gross overuse
- Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or groups of drugs.

TN No. 93-010

Supersedes

TN No. NEW

Approval Date

JUL 07 1993

Effective Date

4/1/93

OFFICIALState/Territory: RHODE ISLANDCitation927(g)(2)(C)
42 CFR 456.709(b)

F.2. The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:

- Therapeutic appropriateness
- Overutilization and underutilization
- Appropriate use of generic products
- Therapeutic duplication
- Drug-disease contraindications
- Drug-drug interactions
- Incorrect drug dosage/duration of drug treatment
- Clinical abuse/misuse

1927(g)(2)(D)
42 CFR 456.711

3. The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.

1927(g)(3)(A)
42 CFR 456.716(a)

G.1. The DUR program has established a State DUR Board either:

- Directly, or
 Under contract with a private organization

1927(g)(3)(B)
42 CFR 456.716
(A) AND (B)

2. The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more of the following:

- Clinically appropriate prescribing of covered outpatient drugs.
- Clinically appropriate dispensing and monitoring of covered outpatient drugs.
- Drug use review, evaluation and intervention.
- Medical quality assurance.

927(g)(3)(C)
42 CFR 456.716(d)

3. The activities of the DUR Board include:

- Retrospective DUR,
- Application of Standards as defined in section 1927(g)(2)(C), and
- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course of retrospective DUR.

TN No. 93-010

Supersedes

Approval Date

JUL 07 1993

Effective Date

4/1/93

TN No. NEW

Revision: HCFA-PM- (MB)

OMB No.

OFFICIALState/Territory: RHODE ISLANDCitation1927(g)(3)(C)
42 CFR 456.711
(a)-(d)

G.4 The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussions
- Intensified monitoring/review of prescribers/dispensers

1927(g)(3)(D)
42 CFR 456.712
(A) and (B)

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, procedures as described in the report.

1927(h)(1)
42 CFR 456.722

I.1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

1927(g)(2)(A)(1)
42 CFR 456.705(b)

2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927(j)(2)
42 CFR 456.703(c)

J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

* U.S. G.P.O.:1993-342-239:80043

| | | | | | |
|------------|--------|---------------|-------------|----------------|--------|
| TN No. | 93-010 | Approval Date | JUL 07 1993 | Effective Date | 4/1/93 |
| Supersedes | | | | | |
| TN No. | NEW | | | | |

Revision: HCFA-PM- (MB)

State/Territory: Rhode Island Citation

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

Claim Review Limitations

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis

Programs to monitor antipsychotic medications to children: Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines

Fraud and abuse identification: The Surveillance Utilization Review (SUR) team has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.

TN: 19-0015
Supersedes
TN: NEW

Approved: 02/06/2020 Effective: October 1, 2019

OFFICIAL

Revision: HCEA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

Citation
42 CFR 431.115 (c)
AT-78-90
AT-79-74

4.27 Disclosure of Survey Information and Provider
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 7932
Supersedes
TN # _____

Approval Date 1/3/80 Effective Date 10/15/79

Revision: HCFA-PM-93-1
January 1993

(BPD)

OFFICIAL

State/Territory: RHODE ISLAND

Citation4.28 Appeals Process

42 CFR 431.152;
AT-79-18
52 FR 22444;
Secs.
1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act; P.L.
100-203 (Sec. 4211(c)).

- (a) The Medicaid agency has established appeals procedures for NFs as specified in 42 CFR 431.153 and 431.154.
- (b) The State provides an appeals system that meets the requirements of 42 CFR 431 Subpart E, 42 CFR 483.12, and 42 CFR 483 Subpart E for residents who wish to appeal a notice of intent to transfer or discharge from a NF and for individuals adversely affected by the preadmission and annual resident review requirements of 42 CFR 483 Subpart C.

TN No. 04-025 Approval Date 3/1/95 Effective Date As effective by law
Supersedes 88-15 or 9/1/94
TN No. 88-15

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Rhode Island

OFFICIAL

Citation 4.29 Conflict of Interest Provisions

Sec. 1902(a)
(4)(C) of the Act
P.L. 95-559,
sec. 14
AT-79-42

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by Section 207 or 208 of title 18, United States Code.

TN # 79-15
Supersedes
TN # _____

Approval Date

7/29/79

Effective Date

6/30/79

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation: 4.30 Exclusion of Providers and Suspension of
Practitioners and Other Individuals

42 CFR 1002.203

AT-79-54

48 FR 3742

51 FR 34772

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

The agency, under the authority of State law, imposes broader sanctions.

TN No. 87-15

Supersedes

TN No. 87-04

Approval Date 17 FEB 1988

Effective Date 10/1/87

HCFA ID: 1010P/0012P

OFFICIAL

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Rhode Island

Citation

1902(p) of the Act
P.L. 100-93
(secs. 7)

(b) The Medicaid agency meets the requirements of--

(1) Section 1902(p) of the Act by excluding from participation--

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

(B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

TN No. 87-15

Supersedes

TN No. NEW

Approval Date 17 FEB 1988

Effective Date 10/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERG)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: RHODE ISLAND

Citation

1902(a)(39) of the Act (2) Section 1902(a)(39) of the Act by--

P.L. 100-93

(sec. 8(f))

(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)

of the Act

P.L. 96-272,

(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the Act

P.L. 100-93

(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN No. 87-15

Supersedes

TN No. NEW

Approval Date 17 FEB 1988

Effective Date 10/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14
October 1987

79
(BERC)

OMB No: 0938-0193

State/Territory: Rhode Island

Citation
455.103
44 FR 41644
1902 (a) (38)
Of the Act
P.L. 100-93
(sec. 8 (f))

4.31 Disclosure of Information by Providers and Fiscal Agents
The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b) (9) and 1902 (a) (38) of the Act.

435.940
through 435.960
52 FR 5967

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for Income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948 (a) (6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify title XIX applications and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

(c) ATTACHMENT 4.32-B describes, in accordance with 42 CFR 435.953, the targeting methodology used in match information received through the income and Eligibility Verification System.

TN No.11-003
Supersedes
TN No.90-03

Approval Date 8/1/2011

Effective Date 4/1/2011

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14 (BERG)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation

1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L. 100-93
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. 87-15
Supersedes
TN No. 87-04

Approval Date 17 FEB 1988

Effective Date 10/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-PM-88-10 (BERG)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Rhode Island

Citation
1137 of
the Act

P.L. 99-603
(sec. 121)

4.34 Systematic Alien Verification for Entitlements
The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

Total waiver

Alternative system

Partial implementation

TN No. 88-15
Supersedes
TN No. _____

Approval Date FEB 28 1989

Effective Date 10/1/88

HCFA ID: 1010P/0012P

Revision: HCFA-PH-90-2 (BPD)
 JANUARY 1990

OMB No.: 0938-0193

State/Territory: RHODE ISLAND

Citation 4.35 Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation

1919(h)(1) and (2) of the Act, P.L. 100-203 (Sec. 4213(a))

(a) The Medicaid agency meets the requirements of section 1919(h)(2)(A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919(h)(2)(A)(i) through (iv) of the Act.

Not applicable to intermediate care facilities; these services are not furnished under this plan.

(b) The agency uses the following remedy(ies):

- (1) Denial of payment for new admissions.
- (2) Civil money penalty.
- (3) Appointment of temporary management.
- (4) In emergency cases, closure of the facility and/or transfer of residents.

1919(h)(2)(B)(ii) of the Act

(c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation). ATTACHMENT 4.35-B describes these alternative remedies and specifies the basis for their use.

1919(h)(2)(F) of the Act

(d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:

- (1) Public recognition.
- (2) Incentive payments.

TM No. 90-15
 Supersedes
 TM No. NEW

Approval Date FEB 21 1991

Effective Date 10/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

OFFICIAL

State/Territory: RHODE ISLAND

Citation: 4.35 Enforcement of Compliance for Nursing Facilities

42 CFR
\$488.402(f)

(a) Notification of Enforcement Remedies

When taking an enforcement action against a non-State operated NF, the State provides notification in accordance with 42 CFR 488.402(f).

(i) The notice (except for civil money penalties and State monitoring) specifies the:

- (1) nature of noncompliance,
- (2) which remedy is imposed,
- (3) effective date of the remedy, and
- (4) right to appeal the determination leading to the remedy.

42 CFR
\$488.434

(ii) The notice for civil money penalties is in writing and contains the information specified in 42 CFR 488.434.

42 CFR
\$488.402(f)(2)

(iii) Except for civil money penalties and State monitoring, notice is given at least 2 calendar days before the effective date of the enforcement remedy for immediate jeopardy situations and at least 15 calendar days before the effective date of the enforcement remedy when immediate jeopardy does not exist.

42 CFR
\$488.456(c)(d)

(iv) Notification of termination is given to the facility and to the public at least 2 calendar days before the remedy's effective date if the noncompliance constitutes immediate jeopardy and at least 15 calendar days before the remedy's effective date if the noncompliance does not constitute immediate jeopardy. The State must terminate the provider agreement of an NF in accordance with procedures in parts 431 and 442.

(b) Factors to be Considered in Selecting Remedies

42 CFR
\$488.488.404(b)(1)

(1) In determining the seriousness of deficiencies, the State considers the factors specified in 42 CFR 488.404(b)(1) & (2).

The State considers additional factors. Attachment 4.35-A describes the State's other factors.

TN No. 95-019
Supersedes
TN No. New

Approval Date: DEC 11 1995 Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: RHODE ISLAND

Citation

c) Application of Remedies

- 42 CFR
\$488.410
- (i) If there is immediate jeopardy to resident health or safety, the State terminates the NF's provider agreement within 23 calendar days from the date of the last survey or immediately imposes temporary management to remove the threat within 23 days.
- 42 CFR
\$488.417(b)
\$1919(h)(2)(C)
of the Act.
- (ii) The State imposes the denial of payment (or its approved alternative) with respect to any individual admitted to an NF that has not come into substantial compliance within 3 months after the last day of the survey.
- 42 CFR
\$488.414
\$1919(h)(2)(D)
of the Act.
- (iii) The State imposes the denial of payment for new admissions remedy as specified in \$488.417 (or its approved alternative) and a State monitor as specified at \$488.422, when a facility has been found to have provided substandard quality of care on the last three consecutive standard surveys.
- 42 CFR
\$488.408
1919(h)(2)(A)
of the Act.
- (iv) The State follows the criteria specified at 42 CFR \$488.408(c)(2), \$488.408(d)(2), and \$488.408(e)(2), when it imposes remedies in place of or in addition to termination.
- 42 CFR
\$488.412(a)
- (v) When immediate jeopardy does not exist, the State terminates an NF's provider agreement no later than 6 months from the finding of noncompliance, if the conditions of 42 CFR 488.412(a) are not met.

(d) Available Remedies

- 42 CFR
\$488.406(b)
\$1919(h)(2)(A)
of the Act.
- (i) The State has established the remedies defined in 42 CFR 488.406(b).
- (1) Termination
- (2) Temporary Management
- (3) Denial of Payment for New Admissions
- (4) Civil Money Penalties
- (5) Transfer of Residents; Transfer of Residents with Closure of Facility
- (6) State Monitoring

Attachments 4.35-B through 4.35-G describe the criteria for applying the above remedies.

TN No. 95-019
Supersedes
TN No. New

Approval Date: DEC 1 1 1995 Effective Date: 7/1/95

Revision: HCFA-PM-95-4 (HSQB)
JUNE 1995

State/Territory: RHODE ISLAND

Citation

42 CFR
\$488.406(b)
\$1919(h)(2)(B)(ii)
of the Act.

(ii) — The State uses alternative remedies.
The State has established alternative remedies that the State will impose in place of a remedy specified in 42 CFR 488.406(b).

- (1) Temporary Management
- (2) Denial of Payment for New Admissions
- (3) Civil Money Penalties
- (4) Transfer of Residents; Transfer of Residents with Closure of Facility
- (5) State Monitoring.

Attachments 4.35-B through 4.35-G describe the alternative remedies and the criteria for applying them.

42 CFR
\$488.303(b)
1910(h)(2)(F)
of the Act.

(e) State Incentive Programs

- (1) Public Recognition
- (2) Incentive Payments

TN No. 95-019
Supersedes
TN No. New

Approval Date: DEC 11 1995 Effective Date: 7/1/95

CONFIDENTIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State/Territory: RHODE ISLANDCitation 4.36 Required Coordination Between the Medicaid and WIC Programs1902(a)(11)(C)
and 1902(a)(53)
of the Act

The Medicaid agency provides for the coordination between the Medicaid program and the Special Supplemental Food Program for Women, Infants, and Children (WIC) and provides timely notice and referral to WIC in accordance with section 1902(a)(53) of the Act.

TN No. 92-02 Approval Date DEC 9 1992 Effective Date 7/1/92
Supersedes
TN No. NEW

HCFA ID: 7982E

Revision: HCFA-PM-93-1 (BPD)
January 1993

OFFICIAL

State/Territory: RHODE ISLAND

Citation
Secs.

1902(a)(28)(D)(i)
and 1919(e)(7) of
the Act;
P.L. 100-203
(Sec. 4211(c));
P.L. 101-508
(Sec. 4801(b)).

4.39 Preadmission Screening and Annual --
Resident Review in Nursing Facilities

- (a) The Medicaid agency has in effect a written agreement with the State mental health and mental retardation authorities that meet the requirements of 42 (CFR) 431.621(c).
- (b) The State operates a preadmission and annual resident review program that meets the requirements of 42 CFR 483.100-138.
- (c) The State does not claim as "medical assistance under the State Plan" the cost of services to individuals who should receive preadmission screening or annual resident review until such individuals are screened or reviewed.
- (d) With the exception of NF services furnished to certain NF residents defined in 42 CFR 483.118(c)(1), the State does not claim as "medical assistance under the State plan" the cost of NF services to individuals who are found not to require NF services.
- X (e) ATTACHMENT 4.39 specifies the State's definition of specialized services.

TN No. 94-025 Approval Date 3/1/95 Effective Date As effective by law
Supersedes _____
TN No. NEW or 9/1/94

OFFICIAL

Revision: HCFA-PM-93-1 (BPD)
January 1993

State/Territory: RHODE ISLAND

4.39 (Continued)

- (f) Except for residents identified in 42 CFR 483.118(c)(1), the State mental health or mental retardation authority makes categorical determinations that individuals with certain mental conditions or levels of severity of mental illness would normally require specialized services of such an intensity that a specialized services program could not be delivered by the State in most, if not all, NFs and that a more appropriate placement should be utilized.
- (g) The State describes any categorical determinations it applies in ATTACHMENT 4.39-A.

TN No. 94-025
Supersedes NEW Approval Date 3/1/95 Effective Date As effective by law
or 9/1/94

**Section 6032 State Plan Preprint
Page 1 of 3**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

Citation
1902(a)(68) of
the Act,
P.L. 109-171
(section 6032)

4.42 Employee Education About False Claims Recoveries.

- (a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1).Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid Health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental

TN No.: 07-004
Supercedes
TN No.: New

Approval Date: 6/26/07

Effective Date: 01/01/2007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

(C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

- (2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

**Section 0632 State Plan Preprint
Page 3 of 3**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

- (3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
 - (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
 - (5) The State will implement this State Plan amendment on January 1, 2007.
- (b) Attachment 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

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Supercedes
TN No.: New

Approval Date: 6/26/07 Effective Date: 01/01/2007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: RHODE ISLAND

Citation
1902(a)(69) of
the Act,
P.L. 109-171
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.
The Medicaid agency assures it complies with such
requirements determined by the Secretary to be
necessary for carrying out the Medicaid Integrity Program
established under section 1936 of the Act.

TN No.: 08-004
Supercedes
TN No: NEW

Approval Date: 9/23/08

Effective Date: 07/01/2008

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Rhode Island

4.46 Provider Screening and Enrollment

Citation

1902(a)(77)
1902(a)(39)
1902(kk);
P.L. 111-148 and
P.L. 111-152

The State Medicaid agency gives the following assurances:

42 CFR 455
Subpart E

PROVIDER SCREENING

X Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

X Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

X Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

X Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

X Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

X Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

42 CFR 455.420

REACTIVATION OF PROVIDER ENROLLMENT

X Assures that any reactivation of provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

TN No. 12-006
Supersedes
TN No. NEW

Approval Date: 8/31/12

Effective Date: 04/01/2012

OFFICIAL

42 CFR 455.422

APPEAL RIGHTS

X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

42 CFR 455.432

SITE VISITS

X Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderate" or "high" risk categories will occur.

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS

X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

42 CFR 455.436

FEDERAL DATABASE CHECKS

X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

42 CFR 455.440

NATIONAL PROVIDER IDENTIFIER

X Assures that the State Medicaid agency requires that National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

42 CFR 455.450

SCREENING LEVELS FOR MEDICAID PROVIDERS

X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

42 CFR 455.460

APPLICATION FEE

X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)© of the Act and 42 CFR 455.460.

42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

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Supercedes
TN No. NEW

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Effective Date: 04/01/2012