



RI EOHHS MEDICAID POLICY

Subject:	Provider Site Visit Guidance		
Applicability:	Medicaid		
Issue Date:	Effective Date:	Transmittal #:	Supersedes #:
November 25, 2025	November 25, 2025	25-03	N/A

Purpose

Issue guidance to Medicaid providers regarding requirements and expectations for provider enrollment site visits.

Background

Federal regulations at 42 C.F.R. § 455.432 require EOHHS, as the State Medicaid Agency, to conduct pre-enrollment and post-enrollment site visits of providers who are designated as “moderate” or “high” categorical risks to the Medicaid program. Moderate and high-risk providers are defined at 210-RICR-20-00-1. The purpose of the site visit is to verify that the information submitted to EOHHS is accurate and to determine compliance with Federal and State provider requirements.

Scope

This guidance applies to newly enrolling providers, providers revalidating their status, and to enrolled providers that are changing or adding a new practice location.

Statement of Policy or Procedure

All site visits are conducted in person; remote site visits are not permitted. Under 210-RICR-20-00-1, all site visits are unannounced. EOHHS may disclose that a site visit is required but to maintain impartiality and integrity cannot disclose the specific date and time of the visit.

The purpose of the site visit is to verify the accuracy of the information submitted to EOHHS as part of the provider's application and evaluate the provider's qualifications and satisfaction of Medicaid requirements. Specifically, EOHHS evaluates the following:

- Physical location:
 - The practice location is legitimate, accessible, and consistent with the information provided on the enrollment application.
- Signage:
 - There are public facing signs clearly identifying the business.
- Operating hours:
 - The provider is open during posted business hours.
- Application verification:
 - Observations at the site are consistent with the information contained in the enrollment application, including credentials and disclosures.



- Key personnel:
 - An authorized agent facilitates the visit and responds to any questions regarding the enrollment application.
- Operational status, including adequate staffing:
 - EOHHS cannot approve a provider to begin billing without confirmation that the provider is actively conducting business in conformance with state and federal rules or, in certain cases, poised to begin operating in accordance with these rules immediately upon approval.
 - A provider comprised only of administrative staff is not considered operational.
 - Established providers shall demonstrate that direct care staff are trained, qualified, appropriately performing duties associated with the provider type, appropriately supervised, and sufficiently documenting services rendered.
 - Newly opening providers shall demonstrate appropriate business models in place to credential, train, and supervise staff and at least one (1) qualified direct care staff person hired or identified and ready to hire upon approval by EOHHS.
- Facilities:
 - Utilities and equipment are clean, safe, accessible, and consistent with the provider type.
- Recordkeeping:
 - Patient and staff records are securely stored in compliance with federal and state confidentiality and retention rules.
 - Patient records are available to review and adequately support the need for services and the nature of services that are delivered in accordance with state and federal rules.
 - If the provider does not have existing patients, the provider demonstrates compliance with medical documentation and confidentiality requirements through documentation policies, procedures, and templates.
- Privacy:
 - Communications are secure and the provider does not share space with unrelated businesses unless properly separated to maintain privacy and confidentiality.
- Billing practices:
 - Billing practices demonstrate understanding of state and federal requirements and that claims for payment are based on sufficient documentation.
- Confirmation:
 - The authorized agent shall sign an attestation indicating that the individual is authorized to represent the provider regarding the provider's Medicaid enrollment application and acknowledgement that the site visit occurred on the specified date.
- Photographs:
 - The provider shall permit EOHHS to document photographs of physical attributes at the site, not including clients or personnel onsite, as needed to document compliance with this section.



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If a provider does not demonstrate full compliance with EOHHS requirements upon the first site visit, EOHHS identifies the specific deficiencies in writing and provides an opportunity to resolve the deficiencies within thirty (30) days. EOHHS conducts a second site visit upon written notification from the provider that the deficiencies identified at the first visit have been cured. If EOHHS identifies through the site visit that the provider's application was not complete due to inadequate disclosures or false or misleading information, the application is denied as incomplete and the provider must reapply.

Failure to pass the site visit, cooperate during the on-site inspection, or to permit access to the site is grounds for denial or termination.