RI Medicaid
Revalidation
Tips and Reminders
Agenda

• How to begin
• Access your information
• Verifying your information for revalidation
• Important reminders
• Disclosures
• Signature page
Begin Revalidation Process

Do NOT login with your User ID.

Click here for Provider Enrollment
Access Your Information
Enter your Tracking Number

The tracking number and password were sent in two separate letters. Enter tracking number exactly as typed, including dashes. Then enter Tax ID and Password that was sent to you by mail. This is not your Healthcare Portal password.
Verify Information

Verify or complete the information on each screen. You cannot advance to the next screen without completing the current one. You can go back by using the menu on the left.

The following pages in this guide highlight some of the more common “errors” made.
You must enter the LEGAL name for your facility. Then select the type of ownership from the drop down. If another business name is used, enter in the Business Name field.
Electronic Funds Transfer

After verifying your banking information, you MUST change the EFT start date to today's date. If you save your application and complete later, you must change again. Select the date from the calendar (see image at right).
W-9

ALL providers must upload a new W-9 at the end of the revalidation process.
Medicare Number / CLIA

If also a Medicare provider, enter the number and upload a copy of your Medicare letter.

Hospitals – enter CLIA# and upload your certificate.
Disclosures

IMPORTANT
Disclosures must be completed all at once. If you save your revalidation application, all prior work will be saved EXCEPT disclosures. These must be completed when you are ready to submit.
Disclosure Question #4

4. **Is there an Owner/Administrator, Agent of the Provider, Managing Employee or Officer for the Corporation?**
   - Yes ☑️ No

   - **a. Name:**
   - **b. Title:**
   - **c. Legal entity or home address:**
   - **d. Social Security Number or Employer Identification Number**
   - **e. Date of Birth ☑️**

Question 4 asks for the owner/administrator's name, title, and home address. Also, the Social Security number of the owner must be listed.
Disclosure Question #10

Question #10 asks if you have more than one individual to disclose for question 4, 5, 6, 7, and/or 9. If the answer is yes, complete the Additional Federally Required Disclosures form, found on the Agreement page, following the disclosures.
The following attachments are required:

- W-9
- License for out of state providers only
- Approval letter from DCYF if you are applying as a Licensed Mental Health Counselor

To prevent error messages due to file size, please only upload the W-9 form through the portal and email or fax the remaining documents. Documents should be emailed to: rienrollment@gainwelltechnologies.com or faxed to 401-784-3892.
Signing your Application

You are unable to sign your document until you open each of the document links in blue: Provider Agreement, Provider Addendum and Exclusion Letter. Once you open each, the “I accept” box can be checked and the signature section will open.
Agreements

It is not necessary to sign and fax these documents. Signing the application electronically also signs these three documents.
Completing Application

After checking the “I Accept” box and entering your name and title, you have three choices:

Submit...Finish Later...Cancel

- Submit – Brings you to your Summary Page. You must confirm the information on the Summary to complete revalidation process
- Finish Later – Saves the information excluding Disclosure information
- Cancel – Erases all entered information
Summary Page

Your summary page appears for you to review all information.

However, your revalidation application WILL NOT be submitted for processing until you click the confirm button.
Time Out!

For security purposes, your session will time out after 30 minutes. If it will take more than 30 minutes for you to complete, save your work, exit, and enter the process again.

Remember: Your disclosure question responses WILL NOT be saved, so you need to allow time to complete these in their entirety and submit, or your responses will be lost.
Questions?

Please contact our Customer Service Help Desk at
• (401) 784-8100 for local and long distance calls
• (800) 964-6211 for in-state toll calls.
Thank You!