FAQ - Revalidation

**Log in:**

* **Having Trouble logging in? Try the below**:
  + Make sure you are on the Resume Enrollment page - [Resume Enrollment (riproviderportal.org)](https://www.riproviderportal.org/hcp/provider/Home/ProviderEnrollment/ResumeEnrollment/tabid/604/Default.aspx)
  + Make sure your tracking number includes dashes with no spaces. Type it exactly as your letter shows. **See Example:** 10000-10-1000-100-1000
  + Your password should NOT include any dashes, symbols, or spaces and should be typed exactly as your mailing shows. **See Example:** AB000000000001
  + Tax ID will NOT include any dashes, hyphens, or spaces

**Application Sections:**

**Address -**

* **Having trouble moving past the Address section?**
  + Make sure you fill in the phone number section. There will not be a red asterisk, but this field is required. If not, you will receive an error message stating – “The following phone types are required. Phone”
* Make sure to have a primary “SERVICE” address on file. If not, you will receive an error stating “At least one primary address must be entered.”
* If you make any additions, please click the “Add” button before clicking “Continue”

**Disclosures -**

* **If you have no business transactions between provider and owned supplier in question #9.** 
  + Entering “NA” or “None” is an acceptable answer
  + If you add the “/” symbol you will get an error
* **I can't get past disclosure question # 11 in application and have no outstanding balance owed to the RI EOHHS by a previous provider, what do I do?**
  + Enter “0”, with no decimals
* **Disclosure question # 12 Owner/Administrator, Agent, Managing Employee, or Officer for the Corporation.** 
  + This question must be answered as YES
  + Owners, admins, board members are required to provide their SSN, not the tax id.

**Associated Providers -**

* **Have Associated providers, note the below for SSN.**
  + All associated providers must enter their SSN. You will need to click on each individual associated provider to enter their SSN. (THIS IS A CMS REQUIREMENT)
  + If they are a group, please populate field with nine 1s
  + If the SSN field is not populated the application will be returned to the provider for more information.
* **Birthdate fields also need to be populated for associated providers**
* **Adding new providers**
  + If you need to add a new provider to an existing group, please use this link and send in to Gainwell Technologies: [Adding members to existing gr enrollment application Gainwell updated 03242022.pdf (ri.gov)](https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-04/Adding%20members%20to%20existing%20gr%20enrollment%20application%20Gainwell%20updated%2003242022.pdf) and [group enrollment (ri.gov)](https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/instructions_adding_grp_member_0.pdf)

**Agreement (W9 Information) -**

* Needs to be signed and dated within 30 days of the revalidation application
* Line 1 of the W9 form should never be blank and should include the “Legal” business name. NOT the DBA. If you are an individual, please use first and last name.
* Please DO NOT add both tax id and SSN on form. You may use one or the other. Typically, for business or group revalidations, use your tax id.

**Summary –**

* Review your application and make sure to click CONFIRM button. Your application WILL NOT be complete if you do not click this button.

**Application Submission:**

* **I am receiving an error when trying to submit the application electronically. What do I do?**

**Please make sure your attachments are no bigger than 5MB**

* + If you’re still receiving this error:
    - "There was an error processing your request. We apologize for any inconvenience this may have caused. Please wait a few minutes and try your request again. If the problem persists, please Contact Us for assistance"
  + Remove all attachments except for the W9 and try to submit your application. If you are successful, please email - [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax - 401-784-3892 any remaining documents.
  + If you are still receiving an error with only the W9 attached, remove all attachments and email or fax everything to [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax# 401-784-3892.
* **It will not let me sign electronically.**
  + Make sure you have clicked on and read the Provider Agreement, Addendum Glossary and Exclusion Letter, which will allow you to check off the “I accept” and sign.
* **I have submitted an application; how do I find out the status of the application?**
  + Follow this link - [Resume Enrollment (riproviderportal.org)](https://www.riproviderportal.org/hcp/provider/Home/ProviderEnrollment/ResumeEnrollment/tabid/604/Default.aspx) and enter your tracking #, tax id, and password. Then click submit.
  + When checking the status of your revalidation on the Health Care Portal, a status of “Pending” means we have received the revalidation for review.
* **Help Desk Info**
  + If you need additional assistance, please call our help desk at 401-784-8100 or email our Enrollment Team at [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com)