

FAQ - Revalidation

Log in:

- **Having Trouble logging in? Try the below:**
 - Make sure you are on the Resume Enrollment page - [Resume Enrollment \(riproviderportal.org\)](http://riproviderportal.org)
 - 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. Any letters need to be capitalized.
 - **See Example:** AB0000000000001
 - 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 \(ri.gov\)](#) and [group enrollment \(ri.gov\)](#)

Agreement (W9 Information) -

- Needs to be signed in ink (not typed or computer generated) 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.

Continue Button -

- When you hit the Continue button but are not able to move forward. Sometimes this won't create an error at the top of the screen and can be confusing.
- Go back one screen by clicking one of the sections on the left. **DO NOT** hit the back arrow.

Welcome
Request Information
Specialties
Provider Identification
Addresses
Languages
Other Information
Disclosures
Agreement
Summary

- Then hit continue and continue. This should allow you to bypass the error.

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 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 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://riproviderportal.org) 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