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Send an email to:
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Please include your National Provider
Identifier (NPI) and the primary
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In addition to the
Provider Update, you will also
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the services you provide.

Rhode Island Medicaid Program October 2024 Provider Update

State Offices will be closed in observance of the following Holidays in 2024

Columbus Day	Monday, October 14th
Election Day	Tuesday, November 5th
Veteran's Day	Monday, November 11th
Thanksgiving	Thursday, November 28th
Christmas Day	Wednesday, December 25th



The RI Medicaid Customer Service Help Desk/Call Center will also be closed on the same days.

The RI Medicaid Health Care Portal (HCP) is available 24 hrs./7 days for Member Eligibility, Claim Status, View Remittance Advice and View Remittance Advice Payment Amount.

Click [here](#) for the HCP login page.

If you're a provider enrolled in the Medicaid program and provide services to the community, and you do not have a trading partner number to access the health care portal, please consider enrolling for one. You could benefit in using the web services for eligibility verification, claim status and other important information to support your billing needs.



October 2024 Provider Update

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**RI Medicaid
Customer Service
Help Desk for
Providers**
Available Monday—Friday
8:00 AM-5:00 PM
(401) 784-8100
for local and
long distance calls
(800) 964-6211
for in-state toll calls



FY25 Medicaid Reimbursement Rate Updates

The Rhode Island Executive Office of Health and Human Services (EOHHS) and Rhode Island Medicaid are in the process of implementing updated reimbursement rates that are scheduled to go into effect on October 1, 2024, including:

- Recommendations from the fiscal year 2025 (FY25) Office of the Health Insurance Commissioner (OHIC) Rate Review
- Nursing Home Rate Increase
- New Rates for CCBHC Implementation

When the State revises its Medicaid fee schedule or reimbursement rates, the Medicaid Program is responsible for coordinating necessary updates to relevant systems, contracts, and policies with its managed-care organizations (MCOs), federal partners, and providers. Here is an overview of the process that must happen for each rate increase:

- **Activity 1: Rate Analysis and Planning** - Developing rates, plans for modifying billing codes, and changes to rate payment methodology.
- **Activity 2: Securing Federal Authority** – The Medicaid Program must ask for and be granted the proper federal authorities required to increase rates, either through a State Plan Amendment or a waiver request.
- **Activity 3: Provider Engagement** – Meeting with providers to discuss changes and upcoming State Plan Amendments or waivers.
- **Activity 4: Provider Contracts** – Revising and sharing updated contracts with providers to reflect the new rates.
- **Activity 5.1: MCO System Configuration** – Developing and implementing a system configuration plan with MCOs to ensure a smooth technological transition for billing and payment.
- **Activity 5.2: Claims Testing and Validation** – Testing the updated rates within the claims processing system to ensure accuracy.
- **Activity 6: Provider Training, Support, and Continued Oversight** – Offering training and support to providers on the new rates, billing procedures, and any associated changes. The Medicaid Program will continuously monitor provider and MCO implementation and performance.
- **Activity 7: Updates to Electronic Visit Verification (EVV)** – Fee-for-Service and MCO codes for services provided in a member's home are subject to EVV. EOHHS must work with its vendor to update the rates for all affected codes, which typically takes around two months to complete.

For more information about the rate implementations, please visit our [new web page here](#). The RI Medicaid Program will continue to post information and updates about the rate implementations on this web page.

Nursing Facility Rate Increase Effective 10/1/2024

Effective 10/1/2024, nursing facility rates will increase. Updated rates are available online: <https://eohhs.ri.gov/providers-partners/provider-directories/nursing-homes>. EOHHS will send updated rate sheets to each facility using the email address on file with the Rhode Island Department of Health. Please reach out to the Medicaid Finance team via email at OHHS.MedicaidFinance@ohhs.ri.gov with any questions.

Attention Ordering, Prescribing, and Referring Only Providers (OPR)

OPR Revalidations are coming End of August 2024.
This applies to OPR Providers who enrolled in 2020.

Here are a few tips to prepare:

An OPR provider who enrolled in 2020 will be receiving two letters by mail. The first letter will provide your Tracking ID and the second letter will provide your Password. You will have **35 days** from the date of the letter to complete your revalidation. Once you receive your letters, put aside time to complete the process to remain compliant with RI Medicaid. Failure to process and submit your revalidation will result in termination.

Before completing your OPR Revalidation, you should review the OPR Provider User Guide, which can be found online at www.riproviderportal.org near the bottom.

Please review the **Disclosure Questions** in the User Guide so you are prepared to answer all questions. You must include recipient information in this section if you are an out-of-state provider.

If you no longer wish to be part of the OPR program please send an Email or Fax to rienrollment@gainwelltechnologies.com or fax # 401-784-3892 with your Name, NPI, and the date you wish to terminate as soon as possible.

If the letter you receive from us has a different name than your current Legal Name you must provide the following documents for us to change your name on your record: - ALL DOCUMENTS MUST HAVE THE SAME LEGAL NAME:

1. A copy of your medical license
2. A copy of your NPPES Registry
3. Legal documentation such as a Marriage Certificate, a Divorce Decree or a Court approved Name Change
4. Email to rienrollment@gainwelltechnologies.com or fax to 401-784-3892.

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211

Provider Enrollment—Help via Enrollment Email

Are you seeking assistance from Provider Enrollment by using rienrollment@gainwelltechnologies.com?

For all email requests please include a NPI in the subject line of the email for faster processing.

Here are helpful hints that will help to expedite your request:

1. Always include your Business NPI and if applicable, the Provider's Name and NPI in the subject line of the email if:
 - A. You are inquiring about Provider Status within your group.
 - B. You are inquiring about a paper application that you sent in to add a provider.
 - i. Always include the date you mailed in the application as this helps us locate your application quicker.
 - C. You are inquiring about a service address update.
 - D. You are inquiring about enrollment status.
 - E. You are inquiring about a welcome letter.
 - F. You are locked out of the Health Care Portal.
 - i. Email riediservices@gainwelltechnologies.com
 - ii. Please include your User ID in the email.
2. Terminations—due to auditing requirements, you cannot put more than one termination request per page.
 - A. Please remember to include the individual's NPI, your business NPI, and the termination date.
 - B. If the provider is enrolled in multiple groups, you must send in separate termination requests for each group.
 - C. Please send these requests in PDF form.
3. Address updates—due to auditing requirements, please only put one provider address update per provider change form.
 - A. Businesses or providers enrolled as individuals can change all addresses (Pay to, Mail to, Service) these changes can be updated on one Provider Change Form.
 - i. To download a copy of our newest Provider Change Information form, [click here](#).
 - ii. Please note that if you change a Pay To address a new W9 is required with an inked signature. No digital signatures are allowed and the **W9 must be dated for the month the request came in.**
 - B. Providers within a group can only update Service address or Mail To addresses.
 - i. If the provider has a new Service location and the business has one Mail To address, please do not change the Mail To address.
 - i. The Mail To address should only be updated if the Business has updated their Mail To address.
4. License Updates
 - A. Please send these as PDF forms.
 - B. Please include the Group NPI along with the provider's individual NPI.
5. Active Providers within your organization request
 - A. We can verify that Providers are active within your organization if you provide a listing to us which includes:
 - i. Name of Provider
 - ii. NPI of Provider
 - iii. NPI of Organization

When replying to an email from rienrollment@gainwelltechnologies.com please be sure to REPLY ALL to make sure that the email chain is intact if we need to forward to someone else for assistance.

If you would like to speak to someone instead of emailing your question, you can call our help desk at 401-784-8100.

We are happy to assist you in whichever way works best for your situation.

Medicaid Renewal Update: September 2024

The State reviews Medicaid members' information every year to make sure they are still eligible. Not everyone will get their notice in the mail at the same time. Notices go out to different people at the start of each month. If we have enough information, we will send patients a notice (Benefit Decision Notice) telling them that we have renewed their Medicaid. If we need more information, we will send patients two notices:

- a yellow Medicaid renewal notice
- a white notice asking for additional documents. These two notices will arrive in the mail separately. Patients should be sure to watch for both.

There are three things you can tell patients to do to be ready and stay covered.

Remind your patients to keep their account information up to date so the State can reach them with important information. For example, patients should update their account if their contact information changes, if they get a new job, or if they have a baby.

Patients should watch for mail from the State of Rhode Island. If the Medicaid program needs more information to renew their coverage, they will get a yellow notice. Patients will also get a white notice that says, “Additional Documentation Required” (we’ll send this notice separately). Otherwise, your patients get a notice that says you’re their coverage has continued automatically.

Take action right away. If your patient gets a yellow notice, it means the State needs more information about your patient's household to renew their coverage.

Medicaid Renewal News and Resources

- The Executive Office of Health and Human Services has featured the PHE Unwinding Data, Partnerships, and Successes in a recent [press release](#).
- Click here to review the full “[year in review](#)” data dashboard.
- Click here to view [our RTNO information sheet](#), which has more metrics on renewals, enrollment, continued coverage, outreach efforts, and policy updates.
- Medicaid members can use the [Medicaid Renewal Lookup Portal](#) to lookup their anticipated renewal date without logging into an account. You can help your patients use this portal, too.
- All you will need from your patients is their Medicaid ID number and their date of birth. The portal is also available in English, Spanish, and Portuguese.
- Updated [educational materials](#) including a rack card, [digital toolkit](#), posters, and an info-sheet are now available on [staycovered.ri.gov](#) in multiple languages.
- If you’d like to request printed materials for your office, or if you’d like someone to attend an upcoming event to share information about Medicaid, please contact malinda.howard.ctr@ohhs.ri.gov.

To learn more about Medicaid renewals, please visit [staycovered.ri.gov](#).

Attention Providers — Washington Bridge

EOHHS would like to remind all providers of requirements given the recent issue that occurred with the closure of the Washington Bridge during the week of December 11-15, and remaining traffic difficulties. To ensure ongoing access to needed care and services, providers are reminded that imposing late fees, balance billing, and/or termination of beneficiaries who miss or are late to appointments due to the bridge repairs is not allowable. We ask that providers support and accommodate beneficiaries affected by these repairs to ensure that needed care and services are delivered timely.

Kristin Sousa, Medicaid Program Director

Attention DME Providers

Effective immediately, all prior authorization requests for Enclosed Beds must now include a [Certificate of Medical Necessity for Enclosed Beds](#) completed by the ordering physician. This requirement is in addition to the documented assessment with equipment recommendation by a physical therapist, occupational therapist, or similarly credentialed mobility professional that is currently required. Coverage guidelines for Enclosed Beds can be found [here](#).

Attention Community Health Workers

EOHHS has implemented a rate increase for community health worker services. The below procedure code and modifiers reflect this most recent update. Please begin billing at these rates in order to be reimbursed at these higher rates for dates of service now and moving forward. Effective date for SFY 25 is 07/01/2024-current. The mass adjustment has been scheduled for your CHW claims submission for dates of service 07/01/2024-current. This was on the remittance advice date of 09/27/2024. Communication will be sent out through email to inform CHW provider of what remittance advice to expect this on.

Procedure Code	Modifier	Rate Effective SFY 25 07/01/2024-
T1016	No Modifier (Established Patient)	\$12.71
T1016	U3 (New Patient)	\$16.53
T1016	HQ (Group Setting)	\$4.66

If you have any questions, please reach out to your provider representative Andrea Rohrer at andrea.rohrer@gainwelltechnologies.com.

Post-eligibility Verifications Are Back for Medicaid Members

The State has begun conducting post-eligibility verifications (PEV) to confirm continued Medicaid eligibility for members. PEV occurs quarterly and is in addition to a member's annual Medicaid renewal. Rhode Island uses State Wage Information Collection Agency (SWICA) data from the Rhode Island Department of Labor and Training to make sure the information members provide is accurate and complete. You can help Medicaid members get ready for PEV by reminding them to respond with any requested documents right away if they receive a letter, text, or email from the State. You can also remind members to make sure their contact information is up to date.

[Learn more about post-eligibility verifications \(PEV\) for Medicaid members.](#)

Required Home and Community Based Services (HCBS) Provider and Direct support Professional (DSP) Training

Pursuant to the federal Home and Community Based Services (HCBS) quality assurance requirements under 42 C.F.R. § 441.302 for all Rhode Island Medicaid HCBS providers and direct support professionals, Rhode Island is requiring annual completion of this training for anyone working directly with HCBS participants. Completion of this training annually is part of the quality measures Rhode Island reports to the Centers for Medicare and Medicaid Services (CMS) regarding the HCBS program.

Providers and direct support professionals working with HCBS participants must register for a TRAIN account (instructions included) to complete the required training on an annual basis. Agencies working with HCBS participants are responsible for ensuring that each of their relevant staff members completes this required training. Please [review the instructions](#) for creating a TRAIN account, which also includes the course information, the group code to register, and contact information for assistance if needed.

Direct care workers and/or direct support professionals working for the following HCBS provider types are required to complete the training:

- Assisted Living
- Cognitive Disability Organization (CDO) and Developmental Disability Organization (DDO)
- Home Care
- Home Delivered Meal
- Shared Living
- Personal Choice

The training covers essential information related to HCBS and the Final Rule, including HCBS consumer rights, person-centered care, conflict free case management (CFCM), and critical incidents. Also included is information related to the No Wrong Door (NWD) approach for long term supports and services (LTSS) and how implicit bias can impact person-centered planning. The training was developed by an interagency team, using CMS guidelines to ensure compliance. Agencies working with HCBS participants cannot adapt materials in this training into their own training curriculum; employees of these agencies need to complete the training as is on the TRAIN platform.

Please reach out to your state agency program contact or ohhs.ltssnwd@ohhs.ri.gov with any questions.

Conflict Free Case Management

Rhode Island's Executive Office of Health and Human Services (EOHHS) is leading an interagency initiative to provide conflict-free case management (CFCM) to Medicaid long-term services and supports (LTSS) beneficiaries who are participants in the State's home and community-based services (HCBS) programs. This change is required for Rhode Island to come into compliance with the Centers for Medicare and Medicaid Services (CMS) HCBS Final Rule which will make the HCBS system more person-centered and improve participants choice in services.

Interested providers can review the certification standards and apply to become a certified CFCM agency. The EOHHS CFCM Certification Standards and the CFCM Application can be found here: [Conflict-Free Case Management | Executive Office of Health and Human Services \(ri.gov\)](#).

Applicants should submit the completed application and supporting documentation to OHHS.LTSSNWD@ohhs.ri.gov.

Enrollment

Following certification, CFCM providers will enroll with RI Medicaid via the provider portal and will follow the current Provider Enrollment portal procedures. You must enroll as a facility and will need the following.

- NPI-providers will need to obtain a new NPI to enroll. Agencies can apply for a new NPI on the NPPES site: [NPPES \(hhs.gov\)](#)
- Address Information including Postal code +4
- Taxonomy code 251B00000X
- Tax ID -EIN
- CFCM certification
- Completed W-9, including signature
- Additional Federally Required Disclosures
- Provider Enrollment type will be Facility and Provider type will be Conflict Free Case Management. Providers will need to apply for a Trading partner number following enrollment or add their new CFCM NPI to their existing Trading partner account.

Billing Procedures

- Claim submission must be for a calendar month only.
- Claims must be submitted using the 837P file format or the CMS 1500 claim form with the following codes which will allow 1 unit per month.
 - G9012 HC-when servicing Elderly Adults with Disabilities
 - G9012 HI-used for individuals with Intellectual/Developmental Disabilities
- The reimbursement rate for a full month is \$170.87.
 - Full month billing is now allowable when a CFCM provider receives a referral between 1st to 15th day of the month.
- Partial month billing is allowed using modifier 52-G9012 52 HC or G9012 52 HI and the reimbursement rate will be 50% of the full month rate.
 - Partial month billing is allowable when a CFCM provider received between 16th to 30th day of the month.

For Questions, please contact Fidelia Williams-Edward at Fidelia.williams@gainwelltechnologies.com or 401-648-3759

Attention Assisted Living Facilities (ALF) Providers: Implementation of Conflict-Free Case Management (CFCM) Update

Effective January 1, 2024, please follow the below process related to Medicaid LTSS Referrals for New Applications, Discharges, and Requests for Tier Changes.

All New Referrals for current/existing residents looking to apply for Medicaid LTSS should now be sent via email to the Department of Human Services (DHS) at dhs.ltss@dhs.ri.gov and copy Ramona.Rodriguez@dhs.ri.gov. Once the referral is received by DHS, an assigned Social Case-worker from DHS will visit the ALF facility to complete a Functional Assessment, assist with Application Assistance and Person-Centered Option Counseling (PCOC) as needed to assist the resident with the process to apply and evaluate for Medicaid LTSS for the ALF.

Discharges should be sent to the Department of Human Services (DHS) at dhs.ltss@dhs.ri.gov and copy Ramona.Rodriguez@dhs.ri.gov

Category D New Applications and Discharges should be sent to: Office of Community Programs (OCP): OCP/EOHHS: OHHS.ocp@ohhs.ri.gov

- Requests for Tier Changes on existing LTSS ALF residents should continue to be sent to the regional case management agency serving your Assisted Living facility. Assisted Living with questions related to the Assisted Living Tier Certification process for Tier A, Tier B, and/or Tier C, please contact: Office of Community Programs (OCP): OCP/EOHHS: OHHS.ocp@ohhs.ri.gov

Provider Billing and Payment: Gainwell provider contact: Fidelia Williams-Edward - Customer Service help desk 401-784-8100

Non-ALF individuals inquiring about LTSS for Assisted Living settings can be referred to the POINT: Phone: 401-462-4444; Website: <https://myoptions.ri.gov/>

Renewal Update is now on the Medicaid Renewal Lookup portal: https://www.ri.gov/EOHHS/medicaid_renewal

Attention Assisted Living Facilities (ALF) Providers: 2024 Room and Board (R&B) and Cost of Care (COC) Updates

Effective January 1, 2024, the monthly Room and Board Rate for all Medicaid LTSS Assisted Living customers will be \$1295 to reflect the Year 2024 Federal Benefit Rate (FBR). Cost of Care (COC) may also change to reflect the 2024 COLA for customers who are receiving SSA benefits. For customers with income below \$1295, their R&B may be less as such we encourage providers to help them apply for Category D to support their Room and Board.

For assistance, questions, or concerns, please contact:
LTSS Coverage: 401-574-8474 or DHS Coverage: 1-855-697-4347 or the LTSS

Email: dhs.ltss@dhs.ri.gov.

For Cost of Care (COC) and Room and Board updates and discrepancies, please contact DHS.

Email: dhs.ltss@dhs.ri.gov

Attention Home Care Providers

For claims that are submitted by a home care agency, a member must have RI Medicaid eligibility, a prior authorization and an active enrollment for the dates of service into one of the below waiver/programs.

- LTSS-HCBS Services
- OHA Community Services
- BHDDH Community Support
- Medicaid Preventive Services
- Habilitation Community Services
- OHA At Home Cost Share

To verify program enrollment and eligibility sign into the **Health Care Portal**. Verify that a member has RI Medicaid and program eligibility under the “Eligibility” tab. For OHA copay clients, you will see OHA At Home Cost Share and they will not have Medicaid Eligibility.

For claims to process and pay, there also needs to be a prior authorization on file for the correct number of units and dates of service that you will be submitting your claims for.

The Prior Authorizations are viewable under “Interactive Web Services” on the right of the home page of the portal. Please select “**Check Prior Authorization**”.

If either their eligibility or a prior authorization **is missing** on the portal than please call or email the case worker. Below is the contact information for DHS programs:
DHS Help Line 401-574-8474 or dhs.ltss@dhs.ri.gov

For DEA Waiver (OHA) or OHA At Home Cost Share clients please contact the regional case manager at Tri-County Community Action, West Bay CAP, East Bay Cap, or Child and Family Services.

If you can see eligibility and a prior authorization on the Health Care portal but you do not see it in the EVV system, then please contact Sandata directly.

SAM Providers:

Questions or issues with the SAM EVV system, please contact Sandata’s Customer Care via email at RI-customer care@sandata.com or 1-855-781-2079.

Alternate EVV/Third-Party

Questions or issues with the Alt. EVV/Third Party system, please contact Sandata’s Customer Care via email at rialttevv@sandata.com.

You should always ask for your ticket number when you contact Sandata Customer Care for an issue. If a Customer Care ticket has not been acknowledged after two (2) business days (a response from Sandata acknowledging the ticket issue), you may escalate with the ticket number to Meg Carpinelli via email at Margaret.Carpinelli@ohhs.ri.gov.

FYI - Information being sent to families with renewals for households with children under Katie Beckett turning 19 and aging out:

Katie Beckett is a Medicaid eligibility category for children under age 19 who are otherwise not eligible for Medicaid (based on family income) yet have serious, chronic, disabling conditions or complex medical needs, live at home, and would otherwise qualify to live in an institution. Children are eligible for Katie Beckett based on their clinical needs and their income and resources, not those of their parents. **Children who turn 19 and age out of Katie Beckett will be reviewed for another Medicaid eligibility category including MAGI (income-based Medicaid), or Long Term Services and Support (LTSS) as a disabled adult (EAD) or through the BHDDH-DD program.** Program participants who are between the ages of 19-21 and are found to be SSI eligible by SSA would be transitioned to SSI Medicaid to cover these services. Any assistance providers can give to families with the information below is appreciated.

DHS/EOHHS is working diligently with families of children in Katie Beckett to avoid service disruption. Please respond immediately to all letters and calls requesting additional information to allow DHS to review and transition your child smoothly into the next potential Medicaid eligibility category.

For assistance, questions, or concerns, please contact the LTSS Coverage line at 401-574-8474 or email the Katie Beckett team at DHS.PedClinicals@dhs.ri.gov

Licensed Clinicians

Effective for dates of service on or after, July 1, 2024 Rhode Island Medicaid Independently Licensed Behavioral Health Clinicians such as Licensed Mental Health Counselor (LMHC), Licensed Independent Clinical Social Workers (LICSW), Licensed Marriage and Family Therapists (LMFT), Nurse Practitioners (RN), Advanced Practice Registered Nurses (APRN), Licensed Chemical Dependency Professional (LCDPS), and Psychiatric Clinical Nurse Specialists (PCNS) can enroll and be reimbursed for both children and adult recipients.

If you were previously enrolled the restriction to children's services only has been removed from your enrollment profile effective 7/1/2024.

If you'd like to enroll, please visit the Healthcare Portal [Provider Enrollment](#) Page. A [User Guide](#) for enrollment can be found on the Healthcare Portal Home page.

For questions about Provider Enrollment, please contact rienrollment@gainwelltechnologies.com .

For questions about billing, please contact Karen Murphy at karen.murphy3@gainwelltechnologies.com or 571-348-5933.

Attention Dental Providers

Effective 8/15/2024 CDT D4346 CODE (SCALING IN PRESENCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION – FULL MOUTH, AFTER ORAL EVALUATION) no longer requires a prior authorization. Please see updated policy information below:

- D4346, scaling in the presence of inflammation, is a full-mouth additional cleaning and may be employed at a separate appt from the prophy (D1110) when the high level of inflammation needs to resolve before the patient can perform adequate homecare or allow an acceptable prophy (D1110). Calculus, plaque and other debris are on the enamel or cemento-enamel junction. Local anesthetic may be used at the discretion of the provider. It is distinguished from scaling and root planning as much of the pocket depth is related to gingival inflammation as opposed to infrabony bone loss.
- D4346 is not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service.
- In cases where D4341 or D4342 are denied due to lack of radiographic root surface calculus, lack of infrabony pocketing, etc., D4346 may be performed without prior authorization provided medical necessity is met.

If you have any questions, please email your provider representative Andrea Rohrer at andrea.rohrer@gainwelltechnologies.com.

Attention All Users of the Healthcare Portal

It is that time of the year where we begin to think about fall cleaning...If you have a **delegate user** who at one time logged into the Healthcare portal to check eligibility, claims status etc. and no longer works for your organization, please remember to update your trading partner profile. If you are a **master user** and once was a delegate user, please make sure to inactivate your delegate user ID.

Please follow the steps below to update your information.

1. Login to the portal using the trading partner number.
2. Select Manage Accounts found on the left-hand side of the screen and scroll to the bottom.
3. Review the delegates associated with the trading partner.
4. If they no longer work for your organization, select their name, and inactivate them by checking the box off.
5. Once you have completed this business task, please send your trading partner number along with a list of the users that can be deleted (because they are no longer active with your office) to riediservices@gainwelltechnologies.com.

Updates to the Healthy Rhode Mobile App for Customers

The Healthy Rhode Mobile App recently underwent important updates to enhance both customer experience and operations efficiency. In addition to providing a wider array of support services through the mobile app, it is expected these enhancements will also serve to improve the customer experience both in-person and via the call center by offering the types of services commonly sought through both of these venues, likely resulting in shorter wait times. These upgrades include:

- Displaying previously submitted documents, appointments, banner messages, and notices
- Allowing customers to enter reasonable explanations, along with the documents upload
- Allowing customers to reset passwords and recover their username via one-time password
- Allowing customers to login via Biometrics
- Notifying customers of key dates and information pertinent to their case
- Allowing customers to create accounts, reset passwords, and recover their usernames
- Allowing customers to opt into text messages and push notifications
- Allowing customers to view their Medicaid ID on the mobile app
- Allowing customers to get on-demand updates of the status of their applications or recertifications/interims or periodic verifications
- Allowing customers the ability to submit simple changes to their case and household through the mobile app

These upgrades continue to further advance the customer service focus by addressing some of their most common needs. The ability to accomplish many of these necessary tasks through the mobile app is an exciting and extremely useful step that will help customers more quickly and efficiently accomplish tasks important to ensuring access to and continuity of benefits.

Staying Connected

Are you a trading partner with RI Medicaid? Have you changed external or internal business processes? Have you had internal staff changes? If your contact information is out of date, you might miss vital information for your covered providers. Stay connected to RI Medicaid and send your email address to riproviderservices@gainwelltechnologies.com so that you can receive the monthly provider update with essential information for your covered providers.

Clearing Houses/Billing Agencies – Managing your Trading Partner Profile

Did you know you are responsible for managing the covered providers located in your trading partner profile? What does this mean? If you wish to conduct business on the providers behalf, you must add their NPI to your Covered Providers. If you would like to download the 835/277U transactions for the provider, you must also **check off** the 835/277U transaction boxes. Did you know when the provider no longer wants you to download their 835/277U, you **must** remove the NPI from your covered providers? Please select the link below for instructions on how to **add** and **remove** your covered providers.

Managing Covered Provider Guide

***** If you are no longer practicing business with a covered provider,
please end date that NPI*****



Application Assistance for Medicaid LTSS


Sometimes, people applying for Long Term Services and Supports (LTSS) through Medicaid need help understanding or completing the application. There are many ways Rhode Islanders can get support.

Rhode Island's Aging and Disability Resource Center (ADRC), also known as [the Point](#), can help guide people through the applications process. Staff are also trained in [person-centered options counseling \(PCOC\)](#). That means they can help people with disabilities, older adults, and their families identify their health care goals and make informed choices about their care.

Many **community organizations or agencies** like the ones listed [here](#) can help. If you work for an agency that helps people complete benefit applications, consider extending that support to Rhode Islanders who may need LTSS through Medicaid.

The people around us play an important role in our health. **Anyone can help a friend, family member, or client** apply for LTSS through Medicaid.

It is important to know that:

- Whether someone is applying for LTSS through Medicaid for the first time or they're already a client, that person retains their right to choose their preferred service and provider at all times. Individuals must meet financial and clinical criteria to qualify for LTSS through Medicaid. To learn more about eligibility and how to help someone apply, visit [this web page form the RI Department of Human Services.](#) Applications for LTSS through Medicaid can be completed and submitted on-line, or printed and submitted by mail or in person at <https://dhs.ri.gov/apply-now>.
- 

Health Care Portal Renewal Dates

The Eligibility search now returns a response that includes the members renewal date.

WHAT DOES THIS MEAN FOR YOU?????

We've added a new column to the Healthcare Portal that will allow you to view the members basic benefit plans renewal date. The screen will display as N/A if no renewal date is applicable. This will allow for you to inform the member that their Medicaid eligibility renewal date is coming up for review.

- * The renewal date listed for a member is the date the members Medicaid eligibility redetermination takes effect.
- * All members receive a renewal notice 60 days in advance of the renewal date listed on the portal.
- * There are two types of renewal notices a member can receive (they will get one or the other, not both):
 1. Passive Renewal Notice (no action required) – this notice will tell the member that they are being passively enrolled, and no action is required to maintain current benefits.
 2. Active Renewal Notice (action required) – the notice will tell the member that they need to take action to maintain benefits and will list what documents need to be provided.
- * One redetermination occurs, if member is still eligible, a new renewal date will be given (12 months in the future).

If renewal date is less than 60 days away and no notice has been received, member and/or case manager should contact DHS or HSRI as soon as possible.

Eligibility & HUMAN SERVICES | My Home | Eligibility | Claims | NDC Lookup | Files Exchange | Patient Share | Assisted Living

Eligibility > Verify Eligibility Response Wednesday 05/10/2023 02:59 PM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) ?

Verification Response ID [REDACTED] [Expand All](#) | [Collapse All](#)

Recipient Information

Recipient ID [REDACTED] Recipient Name [REDACTED]
 Birth Date [REDACTED] Gender Female
 Date Of Death _

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Renewal Date	Base Deductible	Message
Medicare Premium Payment (SLMB)	02/01/2023	02/01/2024	mm/dd/yyyy	\$0.00	Not eligible for Medicaid/Premium Payment Only
DEA Assisted Living	02/01/2023	02/01/2024	mm/dd/yyyy	\$0.00	Refer to DEA Policy for covered services

Medicare Details +
Demographic Details +

Attention Trading Partner Users for the Batch 270/271 Transactions

Gainwell has made an update to the naming convention of the batch 271 X12 response file. Today when you submit a 270-eligibility file to RI Medicaid, we return a tracking number.

Effective immediately, RI Medicaid will now return the tracking number in the naming convention of the 271 files. This will allow for the trading partner to match the 270-request file to the 271-response file.

There are two examples below with the new naming convention and one with the old. The older files will remain with the original name so that the files can still be opened if necessary.

The orange arrow below points to the new naming convention and the blue arrow represents the old naming convention. Please note the difference in the naming conventions. The new naming convention will be longer in characters.

If you have any questions, please contact riediservices@gainwelltechnologies.com.

File Download

* Indicates a required field.
Enter your search criteria and click the **Search** button.

*File Status *Max Files
*Category

Search

Files Available for Download

To Download the file; click the File Name

Total Records: 3

File Name	Create Date	Download Date	Category	Size	Compressed
O0000041324.0000041310.240318.OEI	03/10/2024		271 - X12-Eligibility	0.62 KB	Zip Format
O0000041274.0000040440.240315.OEI	03/15/2024		271 - X12-Eligibility	0.63 KB	Zip Format
O0000041271.240315000000.OEI	03/15/2024		271 - X12-Eligibility	0.63 KB	Zip Format

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All Providers - New Programs on the Healthcare Portal

A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of diagnosis and insurance status. Effective October 1, 2024, CCBHC providers will begin servicing Medicaid recipients for 4 new programs.

These programs have been added to the Healthcare Portal for recipients enrolled in a CCBHC program. Here are the programs:

- MBH030 – BH High Acuity Adult
- MBH040 – BH High Acuity Children
- MBH050 – BH Substance Use Disorder (SUD)
- MBH060 – BH Standard Population

These programs are for Certified Community Behavioral Health Clinic Providers only. Recipients enrolled in these programs are still entitled to a full scope of Medicaid benefits.

Please note: Integrated Health Home and Assertive Community Treatment (IHH/ACT) are included as CCBHC services for High Acuity adults. As such, CCBHC clients cannot enroll in IHH/ACT separately or in-tandem, with a non-CCBHC provider.

Refresher: Billing & Payment from MCO's for Nursing Facility Stays

The Managed Care Organizations (MCO) were provided clarification in September 2024 concerning the following MCO disenrollment and payment policies for Rhody Health Partners and Medicaid Expansion members admitted for a nursing facility stay.

- **30-Day Stay at Nursing Facility**

Admitted 5/13, still there on 6/13:

- Member will be disenrolled from MCO effective 6/30
- Nursing home should bill MCO for 5/13–6/30 services.

- **Stay Exceeds 30 Days**

Admitted 5/13, discharged 7/16:

- Member will be disenrolled from MCO effective 6/30
- Nursing home should bill MCO for 5/13–6/30 and bill FFS* for 7/1–7/15.

- **Hospital Admission During Nursing Facility Stay**

Admitted 5/13, inpatient hospital 6/17–6/17 then discharged to a nursing facility:

- Nursing home should bill MCO for 5/13–6/6
- 30-day nursing home benefit count restarts on 6/17 upon hospital discharge
- Member will be disenrolled from MCO effective 7/31 (if they still reside at a nursing facility)
- Nursing home should bill MCO for 6/17–7/31 and bill FFS* for 8/1 – forward.

- **Stay Overlapping Financial Cycle**

Admitted 7/27, still there on 8/27:

- Member will be disenrolled from MCO effective 9/30
- Nursing home should bill MCO for 7/27–9/30 and bill FFS* for 10/1 – forward.

*All appropriate nursing home admission and discharge slips must be entered correctly in CSM for payment consideration by FFS.

For further clarification or questions, please contact Gainwell's Provider Service Desk at 401-784-8100.

Attention Hospice Providers

EOHHS has implemented a rate increase for hospice services as of 10/01/2024. The below procedure codes reflect this most recent update. Please begin billing at the new rates to be reimbursed at these higher rates for dates of service 10/01/2024 forward. Please note there is no additional rate increase for procedure code T2042 after the 7/1/2024 rate increase was implemented. Please share this information within your agencies.

Description	Procedure Code	Effective 07/01/2024 forward	Effective 10/1/2024
Hospice Routine Home Care	T2042 Days 1-60	\$259.28	\$259.28
Hospice Routine Home Care	T2042 Days 61+	\$203.64	\$203.64
Hospice Continuous Home Care Per Hour	T2043	\$66.39	\$67.25
Hospice Inpatient Respite Per Diem	T2044	\$539.89	\$544.61
Hospice General Inpatient Care Per Diem	T2045	\$1158.53	\$1166.77
Services of clinical social worker in hospice setting	G0155	\$16.60	\$16.81
Direct skilled nursing services of a registered nurse in a hospice setting	G0299	\$16.60	\$16.81

Attention Skilled Home Care Providers

EOHHS has implemented a rate increase for skilled home care services as of 07/01/2024. The below procedure codes reflect this most recent update. Please begin billing at these rates in order to be reimbursed at these higher rates for dates of service 07/01/2024 forward.

Description	Procedure Code	New Rate Effective 07/01/2024
Home Health Aide	G0156	\$7.72
RN, PT, OT and SP	X0043	\$117.30

Provider Quarterly Training

As part of our commitment to supporting providers, starting in June, Gainwell Technologies will be providing two training sessions a quarter. Whether you are new to Medicaid or looking to refresh your understanding, these sessions can offer valuable information and resources.

New Provider Introduction to RI Medicaid – This session will focus on the resources available on the EOHHS website, tools in the Healthcare Portal, and basic information for providers such as prior authorizations and timely filing.

Billing 101 – This session will focus on the basics of billing such as how to view and read your Remittance Advice, adjustments, recoupments, and voids.

These sessions will be offered virtually via Microsoft Teams. To RSVP, please fill out this form:

<https://forms.office.com/r/FxtGqhGR0A>

Once you have RSVPed, you will receive a calendar invite within 24 hours and a reminder email the day before the session.

ATTENTION HOME CARE PROVIDERS

The Executive Office of Health and Human Services (EOHHS) has received federal approval to reimburse Personal Care services for HCBS participants when the participant is in an acute hospital setting, so long as it does not duplicate or substitute what hospitals are required to do for patients.

Important Guidance: Personal Care services should **ONLY** be billed for hospitalized HCBS participants if the participant's Person-Centered Plan includes information on the individual's need for Personal Care services in the hospital setting. Providers should review participants' Person-Centered Plans to be aware of what services, if any, the participant expects to need in the event of a hospital stay.

Gainwell Technologies has made system updates to include the procedure code/modifier combination of **S5125 UA** for personal care services delivered to HCBS participants while they are an inpatient in a hospital. This was implemented in the Medicaid system on 9/18/24 and you can now begin seeing members that are in an inpatient setting, if such services are documented in the individual's Person-Centered Plan. The newly added modifier should be used for procedure code S5125 (Attendant Care Services; Per 15 minutes) only. The procedure code combination for S5125 UI or S5130 **are not valid** for a member while in an inpatient setting.

The claim must be submitted with a place of service of either 21 (inpatient hospital) or 23 (emergency department). These claims *will not* have an Electronic Visit Verification (EVV) requirement. This service will be included in the existing prior authorizations that are active and in place for members. Services must stay within the allotted units/hours of the existing authorized hours/units for the week. This is for members in the following waiver/programs only:

LTSS HCBS SERVICES

OHA Community Waiver Program
Habilitation Community Services
BHDDH Community Services

There will be a new edit 181 "Invalid Place of Service" and the claim will deny with an EOB 65 "The Place of Service Code is Invalid or Missing for This Procedure" if the claim is not submitted with either place of service 21 or 23.

For home care agencies that are approved for enhanced rates and submit claims with shift and acuity modifiers, below are the allowed procedure code modifier combinations in the correct order for submitting the claims. The "UA" modifier must appear as the last modifier in the combination or claims will deny. If you are not receiving enhanced rates at this time, you will only be using the procedure code modifier combination of S5125 UA for the reimbursement of services delivered to a member while they are an inpatient.

S5125 UA
S5125 U9 UA
S5125 TV UA
S5125 TV U9 UA
S5125 UH UA
S5125 UH U9 UA
S5125 UJ UA
S5125 UJ U9 UA
S5125 L9 UA (BHDDH Waiver only)

For any questions, please contact Marlene.Lamoureux@GainwellTechnologies.com.

Provider Change in Enrollment: The Seasons are Changing and Potentially Your Staffing!

While you let RI Medicaid know about providers leaving the practice during revalidation, RI Medicaid needs to be notified of this as it's happening. Accurate enrollment is needed to ensure updates are made correctly.

If you no longer wish to be FFS RI Medicaid provider and be reimbursed for services provided to RI FFS Medicaid recipients or you've changed groups within the RI Medicaid program please send a written termination statement to rienrollment@gainwelltechnologies.com or fax to 401-784-3892 with the following:

- Group Name
- Group NPI
- Associated Provider Name
- Associated Provider NPI
- The date of Termination

Please note, if you are a provider with one of the Medicaid MCOs in Rhode Island, you will be required to complete a MCO screening application if you terminate your RI FFS Medicaid Enrollment.

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 or email our provider enrollment department at rienrollment@gainwelltechnologies.com.

In addition, please see [Provider Enrollment General Frequently Asked Question \(FAQ\)](#) document found on the EOHHS website as a reference.

Healthcare Portal Recipient Eligibility Verification

The Healthcare Portal functionality for verifying eligibility allows providers to check the previous thirty-six (36) months and two (2) months into the future from the present date. The maximum span of three (3) months per inquiry is allowed. The timely filing rule of one (1) year from date of service applies to claims processing.

Eligibility Verification Request
?

* Indicates a required field.

Please select or enter valid Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI

Billing Provider

Rendering Provider

Provider Type

Taxonomy

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Please enter Recipient ID.
For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name

Payer

First Name

MI

Birth Date

Date range may be 36 months prior to today / 2 months into the future, with a maximum 3-month date span.

Effective From Date

Effective To Date

Service Type Code

Service Type Code #1 <input type="text"/>	Service Type Code #2 <input type="text"/>
Service Type Code #3 <input type="text"/>	Service Type Code #4 <input type="text"/>
Service Type Code #5 <input type="text"/>	Service Type Code #6 <input type="text"/>

[Show More Service Type Codes](#)

Submit
Reset



Information Regarding Remittance Advice

Just a reminder.....

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent four RA documents are available for download.



Providers must download and save or print these documents in a timely manner to ensure access to the information needed. When a new RA becomes available, the oldest document is removed, and providers are unable to access it. The Payment and Processing calendar lists the dates of the RA for your convenience.

RI Medicaid does not provide printed copies of RA documents. Please see the financial schedule [here](#).

Dental ECHOs Continue for Fall 2024 with Oral Surgery ECHO

ECHOs are collaborative learning initiatives to help clinicians expand services to their patient. The RIDOH Oral Health Program is supporting ECHOs on dental topics which are free, held monthly, through a HRSA workforce grant. The Cariology ECHO finished after 9 sessions and provided updated information on the diagnosis and prevention and management of dental caries. Video recordings of sessions can be found at bit.ly/RIIdentvideos.

The next ECHO, starting this September, will be on the topic of oral surgery. The Oral Surgery ECHO will be held monthly and feature Dr. Caroline Zeller, clinical associate professor in oral surgery from University of Oregon. Topics will be aimed at improving capacity of general dentists to perform extractions and other basic oral surgery in a safe and effective manner and include: Instrumentation, Extraction Complications, Wisdom Teeth, Infections, Pain Management and Antibiotics, Flaps and Incision and Drainage, and Extractions. Please go to bit.ly/RIDOHSecho to express interest in participation.

Partial Dentures

Tooth replacement with partial dentures has a benefit of supporting esthetics and self-esteem. There is limited data to show impact of removable partial dentures, particularly those made of acrylic resin and wrought wire on function as most research shows continued function on natural teeth. Research on the [shortened dental arch concept](#) shows acceptable function with anterior and premolar teeth only. Acrylic resin partial dentures may also increase risk of periodontal breakdown due to plaque build up and forces on teeth. Guidance for partial dentures from the manual is as follows:

Removable prosthodontics is limited to the replacement of permanent teeth. Radiographs are required. Medicaid pays for removable partial denture construction only if there are two or more missing posterior teeth on a side, not including second or third molars, or one or more missing anterior teeth and the remaining teeth are in good occlusion.

While this would allow replacement of first molars if both are missing on a side, dentists should use professional judgement on the likelihood of benefit.

Immediate Dentures

Immediate dentures are now a covered benefit through RI Medicaid. While we await full rollout, if you have a patient who would benefit from this service, please contact Andrea Rohrer, RI Medicaid Provider Representative, andrea.rohrer@gainwelltechnologies.com.

EOHHS Launches Interactive Health Workforce Data Dashboard

The RI Executive Office of Health and Human Services' new, interactive Health Workforce Data Dashboard takes a major step forward in understanding important characteristics of Rhode Island's licensed health professional workforce. The dashboard provides valuable insights into local employment trends through the lens of equity, income levels, demographic details, and more. For example:

- Many licensed RI health professionals are not employed in RI
- Black and Hispanic Registered Nurses are more likely than White RNs to have started their nursing career as a Nursing Assistant.
- 41% of all Social Workers and Mental Health Counselors employed in RI graduated from RIC
- Hospitals tend to have the highest median annual wages among healthcare settings

To view more data, visit our new, interactive Health Workforce Data Dashboard: <https://eohhs.ri.gov/health-workforce-dashboard>.

OBRA Assessment Required Between 9/1/2024 and 11/1/2024

The State of Rhode Island Medicaid Program will switch from a Resource Utilization Groups (RUG)-based payment to a PDPM (Patient Driven Payment Model)-based payment on 10/1/2025. To prepare for this transition and develop the new payment schema, the State will begin collecting required MDS data necessary to determine the PDPM HIPPS code for each Medicaid resident in Rhode Island nursing facilities on September 1, 2024. Nursing Facilities must complete an OBRA assessment generating a PDPM HIPPS code between 9/1/2024 and 11/1/2024 for all Medicaid residents. Doing so will allow the state to better assess the impact of the RUG to PDPM switch on each nursing facility in the state. Please note that the State is still using Optional State Assessments (OSAs) to continue RUG-based payment through 9/30/2025. Nursing facilities must continue to complete the required OSAs through 9/30/2025.

ADA Stretcher Compliance- NEMT Benefit

Healthcare Providers to Comply with ADA Stretcher and Wheelchair Requirements for NEMT Benefit

Under Title III of the Americans with Disabilities Act (ADA), healthcare providers must comply with the relevant physical access accommodations. Providers are required to make 'reasonable accommodations' to policies, practices, and procedures to avoid discriminating against an individual with a disability. EOHHS is in receipt of several complaints from contracted transportation providers (TP) regarding stretcher transportation issues at healthcare provider facilities.

EOHHS reminds healthcare providers that under its non-emergency medical transportation (NEMT) benefit, **transportation providers cannot leave an unattended stretcher at a provider/facility unless it is the member's personal mobility device or leave the transportation provider's stretcher at the facility.**

We thank you for your cooperation and attention to this important matter and kindly remind contracted network providers to comply with all ADA requirements, including wheelchair and stretcher transport for member's utilizing the NEMT benefit.

Prior Authorizations for Durable Medical Equipment

For those beneficiaries dually enrolled in the RI Medicaid Program and Medicare, including Medicare part C, prior authorization is not required for Medicare covered DME services. Providers are required to accept Medicare assignment for all covered DME services. RI Medicaid will reimburse the copay and/or deductible as determined by Medicare up to the RI maximum allowable amount using the lesser of logic.

When prior authorization is required for a service, and the recipient falls into the following categories, then RI Medicaid will require a Prior authorization.

- ✦ has RI Medicaid as their primary plan
- ✦ not dually enrolled in Medicare or Medicare part C
has other insurance or Third party Liability

For DME services denied by Medicare as non-covered but requiring a PA from RI Medicaid, please submit a Medicare EOB with the PA request.

Prior Authorization requests must be completed by the DME supplier and faxed to 401-784-3892

Attention Nonskilled Home Care Providers

EOHHS is implementing a rate increase for nonskilled home care services as of the date of service 07/01/24. Gainwell and Sandata are both in the process of updating rates in their systems. The below reflects the base rates for procedure codes S5125, S5125 UI and S5130. For agencies with enhanced rates, separate emails will be sent out with agency specific rates for these procedure codes *once those rates are available*.

Procedure Code	Description	Allowed Amount per unit
S5125	Attendant Care Services; per 15	\$6.80
S5125 L9	BHDDH Only	\$14.70
S5125 U1	Combined Attendant Care/ Homemaker; per 15 minutes	\$6.57
S5130	Homemaker Services; per 15 minutes	\$6.36
S5130 L9	BHDDH Only	\$14.70
S5130 TE	BHDDH Only	\$14.70
T1000 with and w/o shift modifiers	Private Duty Nursing; per 15 minutes	\$14.70
T1000 TE with and w/o shift modifiers	Private Duty Nursing; per 15 minutes	\$11.89
T1001	Nursing Assessment/Evaluation for the following programs: LTSS-HCBS Services , Medicaid Preventive, Habilitation Community and OHA Community Services and Severely Disa-	\$106.34

Behavioral Health Providers & Z Code Billing

For behavioral health providers, especially those working with infants and young children, EOHHS wants to ensure awareness of the ability to utilize a Z code, rather than a clinical diagnosis, for claims submissions. In instances where behavioral health needs are identified but a diagnosis is not yet known and/or not specified, providers can use an appropriate Z-code when billing. As a reminder, Z codes meet the federal requirement for claims and do not indicate a diagnosis of a mental health disorder.

For all Medicaid members, Z codes can be used during the assessment phase of treatment, including before a mental health disorder diagnosis has been established. Z codes can also be used after the assessment phase, as a behavioral health disorder diagnosis is not a prerequisite to receive medically necessary services. The assessment or other documentation in the medical record should substantiate the use of a Z code. Please refer to the [CMS coding guidelines](#) for additional information about Z codes, including when Z codes can be used as a primary diagnosis.

Nursing Home Transition Program and Money Follows the Person

The Nursing Home Transition Program and Money Follows the Person program (NHTP) can offer support to your facility, helping residents who are eligible for Medicaid return to the community, when appropriate.

Referrals to the program can come from nursing home staff, residents, family, or others. On receiving a referral, the NHTP Transition Team provides information and support to develop a plan and facilitate the transition, including coordinating community services and supports, helping find housing, obtaining necessary household goods and furniture, and assisting with the move.

Transition services are available to individuals who are directly served through the RI Medicaid office and those who are served by a managed care organization.

Following a move, the Team maintains weekly contact with an individual for the first thirty days and establishes a care management plan for subsequent follow up.

To refer someone interested in discussing options for returning to the community, complete a referral form and fax it to (401) 462-4266. The form can be found on the Rhode Island Executive Office of Health and Human Services website via a link on the Nursing Home Transition Program webpage: <https://eohhs.ri.gov/Consumer/NursingHomeTransitionProgram.aspx>.

We welcome your questions and feedback and are happy to meet with your staff. Please contact us by email at ohhs.ocp@ohhs.ri.gov, by telephone at (401) 462-6393 or individually using the information below.

Contact Information

Robert Ethier
Money Follows the Person Program Director
robert.ethier.ctr@ohhs.ri.gov
(401) 462-4312

Attention Nursing Home Providers

Gainwell Technologies will be disconnecting the phone number 844-718-0775 on August 31st, 2024. This number has been used by providers who need their CSM passwords reset. Password resets for CSM should continue to be requested by sending an email to: rixix-ticket-system@gainwelltechnologies.com.

Attention Community Supports Management (CSM) Users

The Community Supports Management Website was designed to help users enter forms electronically. Users can enter the following forms on the CSM without a need to fax them over to the local DHS office.

Nursing Home Admission Slips

Nursing Home Discharge Slips

In order to gain access to the CSM Website, **all new users must fill out and submit a [CSM User ID](#) form** which can be found on the www.eohhs.ri.gov website. Please email the completed form to Nelson.Aguiar@gainwelltechnologies.com.

Once the form is received, please allow 7-10 business days to process your request. The user will receive an email with their CSM User ID, a temporary password, and a link to the CSM with some basic instructions on logging in.

Please remember that passwords must be between six and eight alphanumeric characters in length, contain no special characters or spaces, cannot be all nines and expire every 90 days.

For passwords that require Gainwell to reset them for you, please email rixix-ticket-system@gainwelltechnologies.com.

*Important Reminder

Please remember as a user of the Rhode Island Community Supports Management System (CSM), it is your agency's responsibility, upon someone leaving your workforce, to notify the State of Rhode Island Executive Office of Health and Human Services or Gainwell to revoke access to the CSM. Requests for termination of access must be sent on the CSM User Form, with the selection of "Delete" at the top of the form. Please send the form to Nelson.Aguiar@gainwelltechnologies.com to have the worker's access to CSM removed. It is our shared responsibility to prevent unauthorized access to the CSM and to protect and safeguard the Personal Health Information of our Health & Human Services program enrollees.

Attention Nursing Home, Hospice and RICLASS Providers – CSM Users

EOHHS has requested that Gainwell move the Nursing Home Admission/Discharge slip functionality from Community Supports Management (CSM) web application to the Healthcare portal (HCP). This will include moving the Nursing Home Admission/Discharge Dashboard currently used by case managers to update the statuses of current slips. One of the CSM features in use today is for health care providers to report the admission and discharge of a Medicaid recipient to a nursing facility for long-term care services.

RI Gainwell will move the Admission/Discharge Slip process and Dashboard from the current CSM platform to a new admission/discharge slips web page and dashboard in the HCP. Today providers who have trading partner IDs will have access to enter Admission/Discharge Slips on the Healthcare portal.

In addition to providers using the new platform, Case workers and Case Managers will also access the Admission/Discharge Dashboard allowing them to update the status of existing slips.

In preparation for the new functionality on the healthcare portal, we will provide training prior to implementation of the new function early next year. In the meantime, we are asking for you to review your current access.

- If you do not currently have access to the healthcare portal but use the CSM platform, the primary/master user of the trading partner number will need to add you as a delegate user of the portal. Once you have been added as a delegate user to the healthcare portal, you will need to register. For instructions on how to register select [RI Medicaid Healthcare Portal](#).
- As the primary/master user of the health care portal, you will need to add new delegate users and provide them with the information needed to register their information creating a security profile. For instructions on how to add delegate users select [RI Medicaid Healthcare Portal](#). Once the new function has moved to production (Winter 2025) you will check off the new function **Admit/Discharge Role** for your delegate users.
- If you are a current CSM and HCP user, there will be a one-time update to add the admit/discharge functionality if you are a current CSM and HCP user.

FQHC Providers

The Equality in Abortion Coverage Act (EACA) was signed into law by the State of Rhode Island on May 18, 2023. Under the law, the EACA will provide insurance coverage for abortion care to individuals on Medicaid to increase access and reduce financial limitations of reproductive health care at the state level. The legislation (2023-S 0032, 2023-H 5006) eliminates sections of the law that expressly prohibit the state's Medicaid programs from covering any abortion, except in cases of rape or incest or when the completion of the pregnancy would be life-threatening.

Historically, reimbursement for an abortion required providers to submit a form documenting that the reason for the abortion was rape or incest or because completion of the pregnancy would be life-threatening. In the event, that one of these conditions applies, providers should continue to follow that process.

To be paid for abortions newly eligible for payment under the EACA, FQHC's should bill the applicable abortion CPT code with the modifier FP (SERVICE PROVIDED AS PART OF MEDICAID FAMILY PLANNING). Claims billed without the new FP modifier will continue to deny unless accompanied by the required form described above.

The abortion service claim with the FP modifier should be billed as **a separate claim** from the Encounter (T1015) claim.

Effective for dates of service on or after May 18, 2023, the following CPT codes can be billed with the FP modifier:

- 59840-FP 59841-FP 59850-FP
- 59851-FP 59852-FP 59855-FP
- 59856-FP 59857-FP 59866-FP
- S0190-FP S0191-FP S0199-FP

If you have claims for dates of service over a year old, please submit those claims on a signed (Box 31) paper CMS 1500 claim form to the attention of your Provider Representative, Andrea Rohrer. Claims should be mailed to the address below and must be received by Monday September 30, 2024.

For questions please contact Andrea Rohrer at andrea.rohrer@gainwelltechnologies.com or (469) 897-4389.

The mailing address for claims over a year old is:
Gainwell Technologies
PO Box 2010
Warwick, RI 02887-2010
Attn: Andrea Rohrer

Partner Advisory from the Rhode Island Executive Office of Health & Human Services Regarding Access to Mifepristone- 4/17/2023

Under the leadership and direction of Governor Daniel McKee, the Rhode Island Executive Office of Health & Human Services (EOHHS) is committed to ensuring patients' access to Mifepristone as various national legal proceedings continue. Access to this medication remains legally protected in Rhode Island.

Mifepristone is a medication prescribed to people for the medical termination of pregnancy. This medication is safe and effective and has been authorized for use by the U.S. Food and Drug Administration (FDA) for more than 20 years.

EOHHS has taken the following actions to ensure Rhode Islanders have access to Mifepristone:

Communicated and required our three contracted Medicaid Managed Care Organizations, Neighborhood Health Plan of Rhode Island, UnitedHealthcare of New England and Tufts Health Public Plans, which currently serve one out of every three Rhode Islanders, continued access to Mifepristone under current rules and regulations allowed under the Medicaid Program;

Coordinated with the Rhode Island Department of Health (RIDOH), the Office of the Health Insurance Commissioner (OHIC) and HealthSource RI to provide information to other commercial and qualified health plans, doctors and other prescribers, and pharmacies; and

Shared important updates with community partners and advocates to ease concerns or confusion in light of various federal rulings about Mifepristone access. As of today, this access remains legal and allowable in Rhode Island.

“At EOHHS, we work every day to ensure that all Rhode Islanders have a voice, a choice and equity in the health and human services they and their families receive,” said EOHHS Acting Secretary Ana Novais. “I am proud to stand with the organizations and advocates who fight every day for reproductive rights—whether it be for this medication or for our Equity in Abortion Coverage proposal, as all people deserve a comprehensive array of reproductive services from our health system. **As of today, all Rhode Islanders have access to the same coverage, treatments, and care that they had before federal court rulings. Access to mifepristone is not impacted in Rhode Island.** We will continue to work with the Governor and our state's health and human services agencies to share information, ensure that access to Mifepristone and other essential treatment continues to be protected, and inform the public about any changes on this matter.”

Pharmacy Spotlight



Attention Pharmacies

Due to the restart of Medicaid Renewals, there may be instances where Medicaid members are losing coverage or experiencing gaps in coverage. Gaps in coverage could impact managed care enrollment. When presented with a managed care claim denial, please request the white anchor ID card from the member. The white anchor card contains the members fee-for-service ID which may be active during a managed care coverage gap.

RI AIDS Drug Assistance (ADAP) – Payor of Last Resort

What does this mean? Simply, that all other prescription benefits must be billed before billing ADAP.

When a RI AIDS Drug Assistance (ADAP) patient presents a prescription for a pharmacist to fill, the pharmacist should ask the patient to provide all cards for private prescription programs, Medicare Part D or Medicaid.

All non-ADAP prescription drug programs will be the primary payor. If the drug is covered under the scope of primary payer's program, then RI ADAP will pay the co-pay. If the drug is not covered by the primary payer's program, **and** ADAP covers the drug, then ADAP will pay the claim.

If the primary payor denies the claim because the drug requires prior authorization, then a PA must be sought from the primary payor.

and can be reached at (401) 784-8100. Please have your NPI, beneficiary MID and the date of service of the claim available when calling the Help Desk.

Pharmacy Spotlight cont.



Meeting Schedule:

Pharmacy and Therapeutics Committee and Drug Utilization Review Board

The next meeting of the Pharmacy & Therapeutics Committee (P&T) is scheduled for:

Date: December 10, 2024

In Person Registration on site:
7:30 AM

Meeting: 8:00 AM

Location: Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI

[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

Date: December 10, 2024

In Person Registration on site:
10:15 AM

Meeting: 10:30 AM

Location: Executive Office of Health and Human Services, Virk's Bldg., 3 West Road, Cranston, RI
om

[Click here for agenda](#)

2024 Meeting Dates:
December 10, 2024

Pharmacy Spotlight cont.



The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective October 2024.

<p><u>Antimigraine, Other</u> <u>Changed status to Non-Preferred</u> Nurtec ODT</p>	<p><u>Antimigraine, Other</u> <u>Changed status to Preferred</u> Qulipta Ubrelvy</p>
<p><u>Bladder Relaxants</u> <u>Changed status to Non-Preferred</u> Toviaz</p>	<p><u>Bladder Relaxants</u> <u>Changed status to Preferred</u> darifenacin ER Myrbetriq trospium</p>
<p><u>Ophthalmics, Antibiotic-Steroid Combinations</u> <u>Changed status to Preferred</u> tobramycin/dexamethasone tobramycin/dexamethasone (AG)</p>	<p><u>Otic Antibiotics</u> <u>Changed status to Non-Preferred</u> Ciprodex</p>
<p>To view the entire Preferred Drug List please check the Rhode Island EOHHS Website at: http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx</p>	

Pharmacy Spotlight cont.



Assuring Access to Medications for Refugees or Members Who Do Not Have Their Identification Cards

Medicaid Pharmacy point of service (POS) claims can be processed using the Medicaid Identification (MID) number presented by the beneficiary. Once enrolled beneficiaries are sent a MID card via USPS delivery. Beneficiaries may need to fill a prescription before they receive their MID card. During this time, it is acceptable for the beneficiary; to provide the pharmacist with their MID written on a piece of paper, displayed on a mobile app or in the web portal. As you know a MID is unique to the beneficiary and when a POS claim is submitted both the first and last names submitted must match to the MID. If it does not match to the eligibility information in the claims processing system, the claim will be denied. The same process can be used should a beneficiary lose their card.

Rite Share Billing

Program Description

Rite Share is Rhode Island's Premium Assistance Program that provides help paying for an employer's health insurance plan. The State will pay all or part of the cost for employee health insurance coverage.

Professional Billing

Rite Share Paper Submission

RI Medicaid will usually pay the patient responsibility (coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at \$500. When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the coinsurance and/or deductible
- Total charges should equal those on detail one.
- No "other insurance" information should be reported on the claim
- No "prior payments" should be reported on the claim
- Primary payer EOB should be included with the claim
- HCPC code is X0701

Rite Share-Electronic Submission

Patient Responsibility (coinsurance and/or deductible) should be submitted using the actual procedure code for the services performed. Indicate yes to other insurance and enter Adjustment Codes, Group/Reason Codes as reported on the primary payers EOB. The PR codes will indicate the amount of the coinsurance and/or deductible.

Institutional Billing

Rite Share-Paper Submission

RI Medicaid will usually pay the patient responsibility (copay, coinsurance and/or deductible) portion indicated on the EOB of the primary payer of recipients enrolled in the Rite Share program. Payments are capped at \$1000 and are paid at the Ratio of Cost to Charges (RCC) x total charges rate.

When billing RI Medicaid for the patient responsibility portion of the services billed to the primary payer;

- There should be only one line of charges on the claim
- The charge on that detail should be the total amount of the copay, coinsurance and/or deductible
- Total charges should equal those on detail one.
- No "other insurance" information should be reported on the claim
- No "prior payments" should be reported on the claim
- No primary payer EOB should be included with the claim
- All amounts are paid at the RCC x total charges
- TOB should be 994
- For Hospitals the Provider ID will be the Legacy ID not the NPI/Taxonomy

RI Medicaid may also consider for payment services that are non-covered by the primary carrier if these services are generally covered by Medicaid. **Note: Any denials by primary indicating non-compliance with policy are considered invalid and Medicaid will not consider these services for payment.**

New - Fingerprinting Requirements for “High Risk” Providers and Owners

With the passage of the SFY23 budget and in accordance with Section 6401 of the Affordable Care Act, Medicaid enrollment requires a fingerprint-based criminal background check (FCBC) as part of new screening and enrollment requirements for all “high risk” providers and all persons with a 5% or greater direct or indirect ownership interest in such providers. The final rule for Section 6401 assigned risk levels for provider types that are recognized by Medicare. Rhode Island Medicaid adopted those risk levels and assigned risk levels for Medicaid-only provider types. Provider screening and enrollment requirements are based on the risk level for a particular provider type or provider.

Rhode Island Medicaid may rely on fingerprinting and background checks performed by Medicare (or another State Medicaid Agency) for an individual when it can be verified, and the provider is still in an approved status.

The following is a list of the provider types that have been classified as high risk.

High Risk Providers

- ✦ New enrollees in the following provider types:
 - Durable Medical Equipment Providers (newly enrolling on or after July 1, 2018 only)
 - Home Health Agencies (newly enrolling on or after July 1, 2018 only)
- ✦ Federal regulations also require that any provider that meets one of the following criteria be classified as high risk:
 - Has had a payment suspension based on a credible allegation of fraud, waste, or abuse since July 1, 2018;
 - Excluded by OIG or another state Medicaid program within the past 10 years; or
 - Has a qualified overpayment and is enrolled or revalidated on or after July 1, 2018

Notification and Process

Impacted providers will receive written notification from Rhode Island Medicaid that they and/or their owners are required to comply. Applicant Registration form will need to be uploaded to the Provider Portal within 30 days. That information will be entered into the Rhode Island Office of the Attorney General’s fingerprinting system by Rhode Island Medicaid.

A letter will then be generated and sent to the individuals to be fingerprinted that includes a unique ID number and instructs them to visit the Rhode Island Office of the Attorney General’s offices in Cranston, Rhode Island within 30 days. Providers must ensure that each of their qualifying owners do so within this timeframe.

Failure to have the fingerprints of each individual on the notification letter scanned within these time frames may result in denial of an enrollment application or termination of enrollment with Rhode Island Medicaid.

New-Fingerprinting Requirements for “High Risk” Providers and Owners

In addition, if providers or their owners are found to have been convicted of any the legislative disqualifying felonies under the National Criminal Background Check Program (NBCP) and/or convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the title XX services program since the inception of those programs, Rhode Island Medicaid may deny their enrollment application or terminate their enrollment. To avoid a denial or termination, providers may be required to remove any owners who fail to have their fingerprints scanned within 30 days, or are found to have been convicted of any of the previously mention offences.

Background Check Results

The results of your National Background Check (NBC) will be provided directly to Rhode Island Medicaid, where you will receive a qualified or unqualified decision. An unqualified decision is reached when one of the nineteen felonies are found during the background check, if you receive an unqualified decision, you are entitled to reach out to the Attorney General's office for detailed information and appeal the decision.

Providers/Owners that receive an unqualified decision will not be allowed to participate in Rhode Island Medicaid.

When Veterans Need Support, You're on the Front Lines

Rhode Island is a strong community made up of fighters, families, and friends. Together, we have the power and the resources to save lives of Veterans. They served for us. Now it's time to serve for them. If you know a Veteran looking for assistance, a wide range of services are now available, from peer counseling to support with health, housing, employment, and much more. [Healthcare professionals can find resources to support Veterans here.](#)



PAYMENT ERROR RATE MEASUREMENT PROGRAM (PERM)
INITIAL MEDICAL RECORDS REQUESTS

CMS PERM Review Contractor, NCI Information Systems, Inc. continues to review randomly selected samples of claims to request medical records for. Additional (First, Second, Third/Final Notice of Non-Response) medical records requests are mailed to providers.

If you receive one of these requests, please follow the instructions for submission. This request, as pictured below, is a legitimate request from a CMS contractor. Failure to submit medical records could lead to claim recoupment.

Date: [RequestDate]

Reference ID: [PERM ID]

OMB Control Number: [OMB#]

NPI: [NPI#]

Request Type & Purpose: Additional Documentation Request (First Additional Documentation Request)

Subject: Additional Documentation – This is not a duplicate request

To request a copy of this letter in Spanish, please contact the PERM Customer Service Department at 800-393-3068. Once a Spanish-language letter is requested, all future correspondence for this specific PERM ID will continue in Spanish.

Para solicitar una copia de esta carta en Español, por favor de contactar al Departamento de Servicio al Cliente de PERM al 800-393-3068. Una vez que la carta en Español sea solicitada, toda correspondencia futura especifica a este identificación PERM será continuada en Español.

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM)¹ program.

Reason for Selection: A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program. The review will be completed by CMS' review contractor, NCI Information Systems, Inc.

Action: Send Additional Documentation: A request for the medical/supporting record was sent to you on xx/xx/xxxx for the beneficiary listed on the enclosed Claim Summary. Thank you for your response to the request. It has been determined by the reviewer, however, that additional documentation is needed to complete the review of this claim. **Your cooperation in submitting the additional documentation to us within fourteen (14) days is essential to ensure that the claim is accurately reviewed to determine proper payment.** Federal regulations require that you provide the documentation to support claims for Medicaid/CHIP services upon request². **Providing medical records for Medicaid/CHIP patients does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization IS NOT REQUIRED to provide medical records in response to this request.** CMS and its contractors will remain in compliance with the Privacy Act and regulations.

When: [MedrecDueDate]

Please provide the requested documentation by [MedrecDueDate]. A response is still required by [MedrecDueDate] even if you are unable to locate the requested information.

Consequences: If you fail to deliver the requested additional documentation or contact us by [MedrecDueDate], the claim will be cited as an erroneous payment and your state agency may pursue recovery of payment for this claim from you.

State FY 2025 Claims Payment and Processing Schedule

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
		7/05/2024	7/12/2024
July	7/11/2024	7/12/2024	7/19/2024
		7/26/2024	8/02/2024
August	8/08/2024	8/09/2024	8/16/2024
		8/23/2024	8/30/2024
September	9/05/2024	9/06/2024	9/13/2024
		9/20/2024	9/27/2024
		10/04/2024	10/11/2024
October	10/10/2024	10/11/2024	10/18/2024
		10/25/2024	11/01/2024
November	11/07/2024	11/08/2024	11/15/2024
		11/22/2024	11/29/2024
December	12/05/2024	12/06/2024	12/13/2024
		12/20/2024	12/27/2024
January		1/03/2025	1/10/2025
	1/09/2025	1/10/2025	1/17/2025
		1/24/2025	1/31/2025
February	2/06/2025	2/07/2025	2/14/2025
		2/21/2025	2/28/2025
March	3/06/2025	3/07/2025	3/14/2025
		3/21/2025	3/28/2025
		4/04/2025	4/11/2025
April	4/10/2025	4/11/2025	4/18/2025
		4/25/2025	5/2/2025
May	5/08/2025	5/09/2025	5/16/2025
		5/23/2025	5/30/2025
June	6/05/2025	6/06/2025	6/13/2025
		6/20/2025	6/27/2025
July		7/04/2025	7/11/2025
	7/10/2025	7/11/2025	7/18/2025
		7/25/2025	8/01/2025

View the SFY 2025 Payment and Processing Schedule on the EOHHS website
[Payment And Processing Schedule | Executive Office of Health and Human Services \(ri.gov\)](#)



Keep up to date with all provider news and updates on the EOHHS website:

[Provider News](#)

[Provider Updates](#)

Provider Enrollment Application Fee

As of January 1, 2024 the application fee to enroll as a Medicaid provider is \$709.00

See more information regarding providers who may be subject to application fees [here](#).

Notable Dates in October

October 10th — World Mental Health Day

October 13th — Breast Cancer Awareness Day

October 14th — Indigenous Peoples' Day

October 31st — Halloween