

# Provider Update

## Notable Dates in July

July 4: Independence Day

July 8: International Paramedics Day

July 22: World Brain Day

July 24: International Self-Care Day



State Offices and The RI Medicaid Customer Service Help Desk/Call Center will be closed in observance of the following Holidays in 2025

## IN THIS ISSUE

Independence Day	Friday, July 4th
Victory Day	Monday, August 11th
Labor Day	Monday, September 1st
Columbus Day	Monday, October 13th
Veterans' Day	Tuesday, November 11th
Thanksgiving Day	Thursday, November 27th
Christmas Day	Thursday, December 25th



2026 SFY Payment Processing Schedule  
 Attention Chiropractor Providers  
 Inpatient and Outpatient Hospital Rate Changes  
 Provider Enrollment Updates



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.

**SUBSCRIBE**

To subscribe, please click the subscribe button. Please include your National Provider Identifier (NPI) and the primary type of services you provide. Please put "Subscribe" in the subject line of your email. In addition to the *Provider Update*, you will also receive any updates that relate to your provider type.

# Table of Contents

<b><u>SFY 2026 Payment and Processing Schedule</u></b>	<b>3</b>
<b><u>Pediatric Rate Changes</u></b>	<b>4</b>
<b><u>Attention Chiropractor Providers</u></b>	<b>5</b>
<b><u>Community Health Worker (CHW) Program Changes - Effective May 2025</u></b>	<b>6</b>
<b><u>Dental Provider Updates (Immediate Dentures and Dental PA Form)</u></b>	<b>7</b>
<b><u>HCBS Shift Differential Attestations Due 7/31/25</u></b>	<b>8</b>
<b><u>Rite Share, RI Medicaid's Premium Assistance Program</u></b>	<b>8</b>
<b><u>Attention Nursing Home, Hospice and RICLASS Providers – CSM Users</u></b>	<b>9</b>
<b><u>SFY 24Nursing Facility Wage Pass Through Reporting Due 7/31/25</u></b>	<b>9</b>
<b><u>Nursing Home Provider UAT For PDPM Implementation</u></b>	<b>10</b>
<b><u>Nursing Home Provider UAT For PDPM Implementation(continued)</u></b>	<b>11</b>
<b><u>Pharmacy Spotlight</u></b>	<b>12</b>
<b><u>Provider Enrollment Updates</u></b>	<b>13</b>
<b><u>Attention: Telehealth Providers</u></b>	<b>14</b>
<b><u>Attention Inpatient and Outpatient Hospital Providers- Rate Change</u></b>	<b>15</b>



## EOHHS Community Newsletter

Each quarter, we distribute a community newsletter that provides detailed updates from EOHHS, RI Medicaid, and our sister agencies. Our newsletter establishes a regular cadence to connect with community partners and stakeholders by providing them with up-to-date and pertinent information about health and human services initiatives, programs, and related engagement and outreach activities.

[Sign up](#) for EOHHS' Community Newsletter to stay updated on health and human services initiatives, programs, and outreach efforts! It's the best way to stay in the know about all our community-focused work.



# SFY 2026 Payment and Processing Schedule

## July 2025 - July 2026 Payment and Processing Schedule

To access the current, as well as past, payment and processing schedules, please click [here](https://eohhs.ri.gov/providers-partners/billing-and-claims) or visit: <https://eohhs.ri.gov/providers-partners/billing-and-claims>.

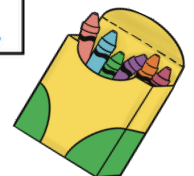
MONTH	LTC Claims Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
		7/04/2025	7/11/2025
July	7/10/2025	7/11/2025	7/18/2025
		7/25/2025	8/01/2025
August	8/7/2025	8/8/2025	08/15/2025
		8/22/2025	8/29/2025
September	9/4/2025	9/5/2025	9/12/2025
		9/19/2025	9/26/2025
October		10/3/2025	10/10/2025
	10/9/2025	10/10/2025	10/17/2025
		10/24/2025	10/31/2025
November	11/6/2025	11/7/2025	11/14/2025
		11/21/2025	11/28/2025
December	12/4/2025	12/5/2025	12/12/2025
		12/19/2025	12/26/2025
January		1/2/2026	1/9/2026
	1/8/2026	1/9/2026	1/16/2026
		1/23/2026	1/30/2026
February	2/5/2026	2/6/2026	2/13/2026
		2/20/2026	2/27/2026
March	3/5/2026	3/6/2026	3/13/2026
		3/20/2026	3/27/2026
April		4/3/2026	4/10/2026
	4/9/2026	4/10/2026	4/17/2026
		4/24/2026	5/1/2026
May	5/7/2026	5/8/2026	5/15/2026
		5/22/2026	5/29/2026
June	6/4/2026	6/5/2026	6/12/2026
		6/19/2026	6/26/2026
July		7/3/2026	7/10/2026
	7/9/2026	7/10/2026	7/17/2026
		7/24/2026	7/31/2026

# Pediatric Rate Changes



Effective July 1, 2025, the pediatric rates (program MPR010) will change to the rates displayed below:

Procedure Code	Code Description	Rate
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 15 min	\$71.74
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 30 min	\$111.55
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 45 min	\$167.07
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 60 min	\$220.49
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	\$23.38
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 10 min	\$56.51
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 20 min	\$91.22
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 30 min	\$128.27
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 40 min	\$179.93
99381	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient infant	\$109.06
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 1-4 yrs	\$114.27
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 5-11 yrs	\$118.60
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 12-17yrs	\$133.06
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 18-39 yrs	\$129.40
99391	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient infant	\$97.76
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 1-4	\$104.02
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 5-11	\$104.02
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 12-17	\$113.56
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 18-39	\$116.77



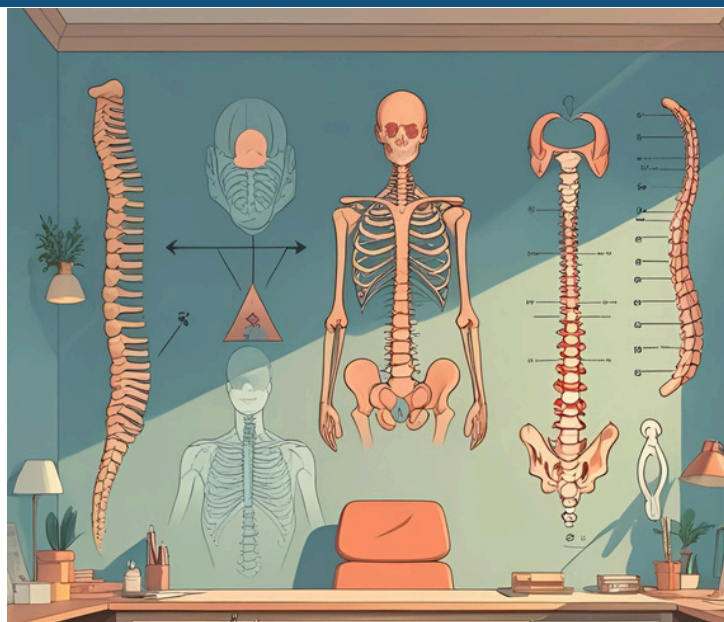
For more information on Pediatric Physician Rates and other Fee Schedules, please visit: <https://eohhs.ri.gov/providers-partners/fee-schedules>, or click [here](#).

# Attention Chiropractor Providers

Effective 7/1/2024 RI Fee-For-Service Medicaid is covering chiropractic services. If you have claims from dates of service 7/1/2024-present, you can now submit those claims. Additional policy information is below.

The following table lists all chiropractor services reimbursable through the Medicaid Program. The table shows the procedure code, service description and the number of units.

Only the three CPT codes below are reimbursable through the Medicaid Program; all other services are considered non-covered for chiropractor providers. Please see the chiropractor provider manual for more information: [RI Medicaid Provider Reference Manual – Chiropractor](#)



For in state chiropractor providers: You will be required to submit a prior authorization after the twelfth (12th) visit with a member within a 365-day period. This means that if the thirteenth (13th) visit would be within 365 days of the member's first visit, you must submit a prior authorization in order to be reimbursed for that thirteenth (13th) visit. You will need to attach clinical notes with the prior authorization form for consideration of the service being covered past the initial twelve (12) visits within a 365-day period.

Here is a link to the chiropractic prior authorization form: [Chiropractor Prior Auth Form.](#)

Procedure Code	Description	Units
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	1 UNIT
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	1 UNIT
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	1 UNIT

Please reach out to your provider representative, Andrea Rohrer, at [andrea.rohrer@gainwelltechnologies.com](mailto:andrea.rohrer@gainwelltechnologies.com) if you have any questions.

# Community Health Worker (CHW) Program Changes - Effective May 2025

Effective **May 2025**, the Rhode Island Medicaid Program will implement updated requirements for Community Health Worker (CHW) services as part of ongoing efforts to strengthen program integrity, align with national best practices, and ensure high-quality, medically necessary care.

Rhode Island Medicaid CHW Services involve direct, non-clinical support provided by certified CHWs to Medicaid beneficiaries. These services include health promotion and coaching, health education, training, and health system navigation intended to improve health outcomes, promote preventive care, and support individuals in navigating healthcare and social services systems.

Effective **May 19, 2025**, Medicaid will only reimburse services with direct engagement and clear medical necessity documentation. Medicaid will discontinue reimbursement for CHW services not delivered directly to the Medicaid beneficiary. To ensure billing accuracy and compliance, EOHHS will implement additional safeguards, including enforcing HIPAA -compliant service delivery settings, preventing billing for overlapping or redundant services, appropriate use of telehealth, and strengthening documentation requirements to align with federal Medicaid rules. Please see below for a detailed timeline of these changes

## **Effective May 19, 2025:**

- Daily service limit of no more than two (2) hours per day per beneficiary.
- Standing orders will no longer be allowed.
- All CHW services must be individually authorized by a Licensed Practitioner of the Healing Arts (LPHA) who has direct knowledge of the beneficiary's needs.
- Enhanced billing rate (modifier U3) for new patient visits will sunset and no longer be applicable.
- Discontinuation of multidisciplinary care and collateral services

## **Effective May 23, 2025:**

- All new and revalidated CHWs applicants must complete a Bureau of Criminal Identification (BCI) background check as a condition of Medicaid enrollment.

## **Effective July 1, 2025:**

- A monthly limit of **no more** than twelve (12) hours per month (48 units) per Medicaid beneficiary.
- CHW services must be billed under newly designated service categories using specific procedure codes: **S9445** (Individual Health Promotion & Coaching or Health Education and Training), **S9446** (Group Health Promotion & Coaching or Health Education and Training), and **H0038** (Individual Health System Navigation).
- **Group-based CHW** sessions will be limited to no more than eight (8) Medicaid beneficiaries per session. Individualized documentation and LPHA authorization will be required for each participant.

## **Effective October 1, 2025:**

- All CHWs must obtain full certification by the Rhode Island Certification Board (RICB). Transitional certification pathways will sunset, and CHWs must achieve full certification by this date to remain eligible. Note: transitional certification eligibility will end of May 19th and all newly enrolled CHWs must be fully certified by May 19th.
- All CHWs must possess a valid National Provider Identifier (NPI).

## **Effective July 1, 2026:**

- Electronic Visit Verification (EVV) will be required for CHW services delivered in a home setting. EVV compliance will be mandatory for Medicaid reimbursement of home visits.

### Summary of Key Dates:

Change	Effective Date
2- Hour Daily Service Limit	May 19, 2025
Sunset of U3 Modifier	May 19, 2025
No Standing Orders Allowed	May 19, 2025
Collateral Services & Multidisciplinary Care Discontinued	May 19, 2025
BCI Background Check Requirement	May 23, 2025
12- Hour Monthly Service Limit	July 1, 2025
New Billing Codes & Categories (S9445, S9446, H0038)	July 1, 2025
Group Size Limit (8 Beneficiaries)	July 1, 2025
Full RICB Certification Required for Transitional Certification	October 1, 2025
NPI Required	October 1, 2025
EVV for Home Visits Required	July 1, 2026

**All compliance dates can be found in the revised CHW Provider Manual and Section 9 (Compliance Calendar) for detailed reference.**

The Rhode Island Medicaid CHW Program Manual (Version 4.1) is available here: [CHW Program Manual 4.1](#)

**For additional information, please contact EOHHS Provider Services: [riproviderservices@gainwelltechnologies.com](mailto:riproviderservices@gainwelltechnologies.com)**

# Dental Provider Updates

## 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 you may use corresponding conventional denture codes. Existing frequency limitations apply.

Use the Following Corresponding Codes below in place of the Immediate Denture codes	Immediate Denture Codes
D5110 - COMPLETE DENTURE-MAXILLARY D5120	D5130- IMMEDIATE DENTURE-MAXILLARY
COMPLETE DENTURE-MANDIBULAR D5211- UPPER	D5140-IMMEDIATE DENTURE-MANDIBULAR
PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	D5221-IMMEDIATE UPPER PARTIAL D5222
D5212- LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	IMMEDIATE LOWER PARTIAL

Once you receive notice that the immediate denture codes have taken effect in Medicaid's system, then you will bill accordingly using the immediate denture codes.

Please contact Andrea Rohrer, RI Medicaid Provider Representative, [andrea.rohrer@gainwelltechnologies.com](mailto:andrea.rohrer@gainwelltechnologies.com) if you have any questions.

## Prior Authorization Dental Approval Dates

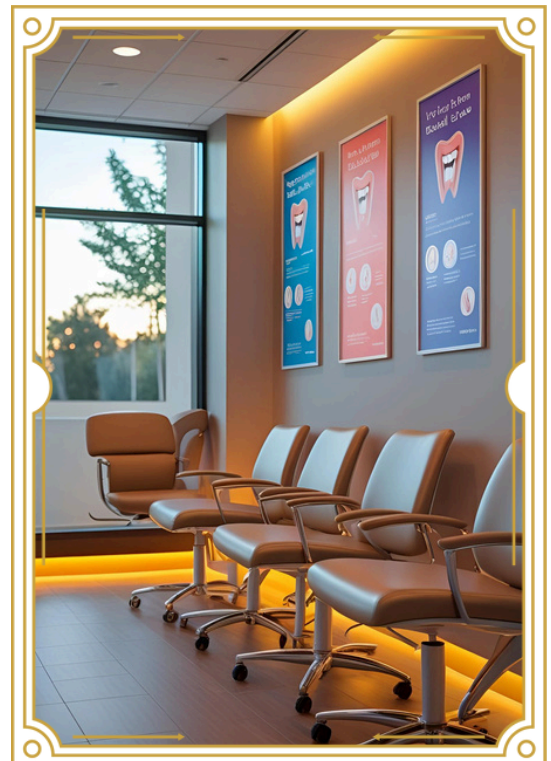
Starting on May 1st, 2025, Authorized dates for dental prior authorization will begin the date the dental PA has been reviewed and finalized by the dental consultant. You will no longer need to put in a date range on the prior authorization form. This new policy will supersede any date written on the PA request form. Providers looking for Retroactive dates must state it on the PA form.

The authorized date span will be given according to the EOHHS Dental manual for each procedure code requested

A Treating or Performing provider signature followed by a date will be required. This will serve as a guide for prior authorization origination. The request will be returned to the requesting provider if either one is missing.

This new process will be implemented for both [ADA Dental](#) and [RI Medical Assistance Prior Authorization Forms](#)

Please contact Andrea Rohrer, RI Medicaid Provider Representative, [andrea.rohrer@gainwelltechnologies.com](mailto:andrea.rohrer@gainwelltechnologies.com) if you have any questions.



# HCBS and Rite Share

## SFY 24 HCBS Shift Differential Attestations Due 7/31/25

2021 R.I. Public Law 162 directed EOHHS to oversee a wage passthrough program related to home and community service (HCBS) shift differential payments. Shift differentials are paid between 3:00 PM and 7:00 AM on weekdays and all hours on weekends and State holidays (referred to as "off-shift") for Personal Care (\$5125) and Combined Personal Care/Homemaker (\$5125-U1) services.

Effective July 1, 2021 (SFY 2022), the existing shift differential (\$0.37) was increased by \$0.19 to \$0.56 per 15-minute unit of service. One hundred percent (100%) of the \$0.19 per 15-minute service unit (or \$0.76 per hour) increase must be passed through to the nursing assistant that rendered the service.

Employers must annually, on or before 7/31, submit to EOHHS an attestation affirming that all eligible employees received one hundred percent (100%) of the increase in shift differential (\$0.76/hour) for all hours worked "off shift" during the preceding July 1 – June 30. (For SFY 24, the attestation period is 7/1/2023 through 6/30/2024).

**PLEASE NOTE THAT THE DUE DATE FOR THESE SUBMISSIONS IS NOW ON JULY 31st.**

Employers must maintain payroll records that itemize the shift differential paid to eligible employees. Such payroll records shall indicate the shift differential, if any, that employees received, and shall demonstrate that all eligible employees received an increase of at least \$0.76/hour for all "off-shift" hours worked.

**Home Healthcare agency required shift differential pass-through amounts are now available on the EOHHS website with the attestation form (link included below).**

The SFY 24 Attestation and the pass-through amounts by agency are available on the EOHHS website: [SFY 24 Home Health Agency Shift Differentials Increase • Executive Office of Health and Human Services](#)

Providers who have not yet submitted the SFY 23 attestation may do so here: [SFY 23 Home Health Agency Shift Differentials Increase • Executive Office of Health and Human Services](#)

Questions regarding the attestations may be sent to Medicaid Finance at [ohhs.medicaidfinance@ohhs.ri.gov](mailto:ohhs.medicaidfinance@ohhs.ri.gov)

## Rite Share, RI Medicaid's Premium Assistance Program



Rite Share is RI Medicaid's Premium Assistance program that helps Medicaid-eligible individuals pay for the cost of their employer-sponsored insurance (ESI), as well as deductibles, coinsurance, and some additional Medicaid benefits not covered by commercial health insurance. State legislation and regulation authorizes the State to offer this program which is a condition of Medicaid eligibility (RIGL 40-8.4-12, RIGL 40-8-27, 210-RICR-30-05-3). When the State determines that a member's employer offers what the State determines to be cost-effective ESI, the member will receive a Go Enroll packet. Once a Medicaid member is enrolled in Rite Share, when seeking services, their commercial insurance will be primary, Medicaid fee-for-service (anchor card) will be secondary.

A few significant factors that contribute to the success of the Rite Share program are that employers respond to the State when asked to provide insurance rates and Summary of Benefits on an annual basis; employers understand that Rite Share is the qualifying event for enrollment in ESI; and employers or members notify the Rite Share unit when the employee leaves their job.

**For a Rite Share Fact Sheet, log on to <https://eohhs.ri.gov/Consumer/FamilieswithChildren/RiteShare.aspx>. For more information, please contact the Rite Share Unit at [ohhs.riteshare@ohhs.ri.gov](mailto:ohhs.riteshare@ohhs.ri.gov) or 401-462-0311.**

# Nursing Home, Hospice and RIClass Providers

## Attention Nursing Home, Hospice and RICLASS Providers – CSM Users

EOHHS had requested that Gainwell move the Nursing Home Admission/Discharge slip functionality from Community Supports Management (CSM) web application to the Healthcare portal (HCP). This included moving the Nursing Home Admission/Discharge Dashboard currently used by case managers to update the statuses of current slips.

Effective June 23, 2025, RI Gainwell moved the Admission/Discharge Slip process and Dashboard from the previous 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.

### **Important Information:**

- 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.

**If you do not have access to the new system or drop-down functions on or after June 23, 2025, please email:**  
[riediservices@gainwelltechnologies.com](mailto:riediservices@gainwelltechnologies.com)

**When contacting support, please include your Trading Partner ID (TP ID) and National Provider Identifier (NPI).**

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## **SFY 24 Nursing Facility Wage Pass Through Reporting Due 7/31/25**

Pursuant to [Rhode Island General Law § 40-8-19](#), nursing facilities are required to pass through 80% of any rate increase to the direct care, indirect care, and other direct care components of the nursing facility payment between 10/1/2023 and 9/30/2024. Current law also requires that the Executive Office of Health and Human Services collect certification forms from nursing facilities attesting to compliance with the required wage pass through.

The FFY2024 Nursing Facility Wage Pass-Through portal is now live. EOHHS has also posted the required passthrough amounts for each facility as well as provider guidance. The portal, pass-through amounts, and guidance can be accessed in the Nursing Home provider directory on the EOHHS website, linked here: [Nursing Homes | Executive Office of Health and Human Services](#).

**The deadline to submit the FFY 2024 (10/1/2023 through 9/30/2024) attestation is 7/31/2025.**

### **Required information can be submitted in three ways:**

- Upload an Excel file using the Excel template available in the portal. **No other Excel files will be accepted.**
- Upload copies of collective bargaining agreements, if applicable.
- Manual entry of employee information

EOHHS recommends that facilities utilize options one and two as these will lessen the amount of time it takes to complete the certification.

If you have questions, do not hesitate to reach out to the Medicaid Finance Team via email:  
[OHHS.MedicaidFinance@ohhs.ri.gov](mailto:OHHS.MedicaidFinance@ohhs.ri.gov)

# Nursing Home and Hospice Providers, MDS Vendors

## Nursing Home Provider User Acceptance Testing for Patient Driven Payment Model Implementation

Effective **10/1/25**, the Centers of Medicare and Medicaid (CMS) will no longer provide data support for the Resource Utilization Group (RUG); instead, CMS will provide data support for the Patient Driven Payment Model (PDPM). RI Medicaid is moving to the CMS supported PDPM model starting 10/1/25. RI Medicaid is extending to Nursing Homes, Hospice Providers, and MDS vendors the opportunity to participate in the User Acceptance Testing (UAT) phase of PDPM testing during July 2025. The deadline to sign-up for this important testing is **June 30, 2025**.

Please see links below. This will allow providers the opportunity to submit June 2025 Production claim files to a test environment. Providers can then compare claims payments made using PDPM pricing in the test environment against the same June 2025 claims made in Production using the Remittance Advice.

We strongly encourage all Nursing Homes, and those responsible for updating the MDS data, to take advantage of this opportunity. This will provide you valuable insight into how your claims will be processed beginning October 1, 2025. Please note, with process changes for PDPM, MMIS will now require both the SSN and DOB, in order to process all MDS records.

### What do I need to do to sign up for this opportunity?

Since participants will need access to the test area of the Healthcare Portal, they will need a testing Trading Partner ID.

#### **To obtain a testing Trading Partner ID:**

Click <https://www.riproviderportal-uat.org/hcp/provider/Home/tabid/135/Default.aspx>

Select this link for guidance to enroll as a test Trading Partner: [https://www.riproviderportal-uat.org/HCP/hp/ushc/docs/provider/TradingPartnerEnrollmentUserGuide\\_en-us.pdf](https://www.riproviderportal-uat.org/HCP/hp/ushc/docs/provider/TradingPartnerEnrollmentUserGuide_en-us.pdf)



### Some information to remember as you navigate through the enrollment process:

- Please make sure to include the correct contact information. This is how we will reach out to you upon completion of Trading Partner enrollment.
- Make sure to check off **View Remittance Advice**.
- Make sure to add your NPI as a covered provider. **Do not check off the 835/277** boxes.
- Make sure to check off the box for viewing the Trading Partner Agreement (the page will not go forward if not checked).
- The Healthcare Portal will send out automated emails upon completing your Trading Partner enrollment. Please follow the instructions in the automated emails to register your Trading Partner ID and verify your email address.
- If you currently use a clearing house to submit claims on your behalf, please share the email with them.

RI Medicaid will post the Remittance Advices to the testing Healthcare Portal for providers to view, download, and review. **The Remittance Advice downloaded from this site is for testing use only** and should not be used to reconcile your current accounts. You will continue to receive your production Remittance Advice as you do today for reconciliation.

### When will I be able to access this information?

The test Remittance Advice for June 2025 dates of service will be available for viewing at the end of the testing window. Participants will be notified of the specific starting and ending dates closer to the testing window.

**(Continued on next page)**

# Nursing Home and Hospice Providers, MDS Vendors

## Nursing Home Provider User Acceptance Testing for Patient Driven Payment Model Implementation (continued)

### What should I be looking for when reviewing my test Remittance Advice?

#### For paid claims:

PDPM Code - Verify that it matches the PDPM you were expecting. This can be determined by looking at the PDPM code on the assessment record associated for the June 2025 period.

Paid Amount - Verify that the paid amount is the appropriate amount based on the rate information OHHS has provided to you previously based on PDPM code minus any patient liability.

#### For suspended claims:

Edit 252 – “PDPM / Rug Code Missing or invalid (ZZZZ/AAA)” edit will stamp when there is no PDPM code on file or PDPM code ZZZZ is determined. This indicates, there is no active assessment for the dates of service, or the assessment record contained a ZZZZ or blank PDPM code.

Edit 263 – “PDPM/RUG Provider Rate not on file” edit will stamp when there is no active rate for the provider on file.

#### For denied claims:

EOB 916 – “PDPM/RUG code cannot be determined” will stamp on the denied claim when there is no PDPM code on file or a ZZZZ PDPM code is found for the dates of service billed.

EOB 918 – “PDPM/RUG Provider Rate not on file” will stamp on the denied claim when there is no provider rate on file.

**Please Note: When you begin navigating in the test/UAT health care portal, you will notice the environment looks exactly like production where you login regularly. Confirm you’re in the test environment by checking the top address bar— it should contain “[www.riproviderportal-uat.org](https://www.riproviderportal-uat.org)”— this ensures you’re indeed in the correct place.**



### **Questions?**

Please find a copy of the PDPM Information Guide [here](#). This current version of the guide has been updated since the April 15th provider communication email. The document outlines requirements the Medicaid Management Information System (MMIS) needs to successfully process MDS records. Please note: We ask that you submit any pending MDS records in a timely manner; this will ensure optimal processing.

If you have any further questions, please contact:

For EDI / 837 submissions, questions, or issues send an email to: [riediservices@gainwelltechnologies.com](mailto:riediservices@gainwelltechnologies.com)

For other provider related questions send an email to: [marlene.lamoureux@gainwelltechnologies.com](mailto:marlene.lamoureux@gainwelltechnologies.com)

## Attention FFS Pharmacy Providers – Stand Alone Vaccine Counseling

The Rhode Island Medicaid Fee-for-Service (FFS) program will be implementing the Stand-Alone Vaccine Counseling project April 22, 2025. This project allows pharmacies to be reimbursed for vaccine counseling services using the Service Billing (S1) and Service Reversals (S2) Transactions on the NCPDP transaction standard for the services listed below.

This implementation is necessary due to the requirements posed in the CMS SHO #22-002 and the Public Readiness and Emergency Preparedness (PREP) Act which require stand-alone counseling for COVID-19 and state approved vaccines under Medicaid Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit where the recipient is a Medicaid beneficiary under the age of 21.

The RI FFS payer sheet was updated to reflect new values that will be allowed for processing the following HCPCS codes:

- G0314, COVID 19, ages under 21, 16 to 30 minutes
- G0315, COVID 19, ages under 21, 5 to 15 minutes
- G0312, ages under 21 (Non-COVID), 5 to 15 minutes
- G0313, ages under 21 (Non-COVID), 16 to 30 minutes

The RI FFS payer sheet has been updated to reflect new values that will be allowed for this processing.

Link: [Payer Sheet D.0.Revised 04.08.2025.pdf](#)

If you have any questions, please contact Karen Mariano, RPh at [karen.mariano@gainwelltechnologies.com](mailto:karen.mariano@gainwelltechnologies.com).

## 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: September 9, 2025

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



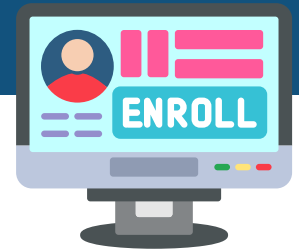
The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

Date: September 9, 2025

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



## **NPPES Service Address Information**

Providers must update or change their primary and secondary address information in their NPI Registry in accordance with Program Integrity and state rules for Medicaid applications.

- If you are a new enrollee in Medicaid, Managed Care, or OPR, please make sure that the practice location(s) you are using on your application is/are current on your NPPES letter. The NPPES letter must include the right service location(s) for the group, facility, individuals, and associated providers.
- When conducting a revalidation, please make sure to review your NPPES Letter and, if required, amend the service location(s).
- When submitting address changes, please make sure to update your NPPES letter with the updated address.

If you need further assistance on making changes in NPPES you can call 800.465.3203 or email them at [customerservice@npienumerator.com](mailto:customerservice@npienumerator.com).

## **Ownership and Control Information:**

Please make sure to include the following details for Ownership and Control if you are applying for RI Medicaid for the first time or revalidating. Question 12 on the enrollment application, "Is there an Owner/Administrator, Agent of the Provider, Managing Employee or Officer for the Corporation?" The answer should always be YES. All owners, board members, and managing employees must be disclosed. Provider Enrollment will require disclosures, such as Name, Title, DOB, and SSN for all owners, board members, and managing employees, in order to proceed with the application screening process. Filling out Sections A through E is required, especially if there are several owners, managing employees or board members. You must hit the Add button which allows you to add up to 25 people.

If you are the Sole Owner, list yourself and add that information in the Title field.

If you are a Hospital, Lab, Free Standing Dialysis Center, Free Standing Ambulatory, you will need to list the Lab Director's information in question 12 including Name, SSN, and DOB.

## **Recipient Information:**

Recipient information is required for Out of State Providers, Backdating Effective Dates, or Pharmacies with Specialty Drugs

A recipient must be provided including Name, DOB, Date of service (within that effective date month), 10 digit MID, and ICD 10 diagnosis code. This can be located in the disclosure section under question # 5, and all recipient information **A-F MUST** be completed within the application.

A claim can also be attached to the application which is helpful to the Provider Enrollment specialist when screening.

## **Address Changes for Moderate/High Risk Providers:**

Per CMS guidelines, an unannounced site inspection from the state is required if a moderate or high-risk provider changes or adds a new location.

# Attention Telehealth Providers

Effective September 1, 2025, the codes in the table below can no longer be billed to RI Medicaid as a Telehealth Service. This includes all modifiers allowed for the codes.

Claims billed after 9/1/2025, regardless of the date of service, with a place of service of 02 – Telehealth provided other than patient's home or 10 – Telehealth provided in the patient's home will be denied.

The denial code will be EOB code 065 - THE PLACE OF SERVICE CODE IS INVALID OR MISSING FOR THIS PROCEDURE.



Procedure Code	Description	Programs	Category
T1015	CLINIC VISIT/ENCOUNTER, ALL INCLUSIVE	Medicaid	Outpatient
T1015	CLINIC VISIT/ENCOUNTER, ALL INCLUSIVE	FQHC	Outpatient
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	Medicaid & FOP/RIDOH	Home Health
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	Expediated Service	Home Health
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	Developmental Disabilities	Specialized PT Consult
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	CAITS/CFIT	Specialized PT Consult
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	HBTS/ABA	Specialized PT Consult
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	Clubhouse	Behavioral Health
H2022	COMMUNITY BASED WRAP AROUND SERVICES, PER DIEM	DCYF	HCBS

# Inpatient and Outpatient Hospital Providers

## Attention Inpatient and Outpatient Hospital Providers- Rate Increases:

### Inpatient Hospital Providers

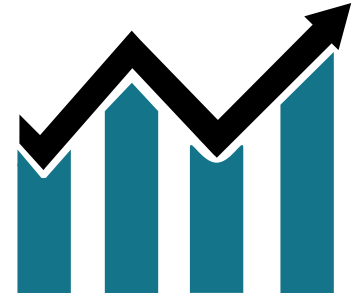
The inpatient hospital DRG base rate has been increased to \$15,414.00, effective 7/1/2025. The DRG Calculator located on the [EOHHS website](#) has been updated to reflect the change.

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or for in-state toll calls 800-964-6211 or your Provider Representative.

### Outpatient Hospital Providers

The APC rates were increased by 3.4% above their current level, effective 7/1/2025. The new rates can be found on the EOHHS website.

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or for in-state toll calls 800-964-6211 or your Provider Representative.



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**Have a Happy and Safe Fourth of July!**

