



Rhode Island Medicaid Community Health Worker

Community Health Worker Program Updates
– Informational Session

August 28, 2025

RHODE ISLAND

Informational Session Agenda



- Welcome and Context of CHW Program Changes
- Service Authorization & Clinical Rules (*referrals, billing, PA*)
- Enrollment & Provider Processes (*portal steps, revalidation, and NPI*)
- Compliance & Safeguards (*documentation, background checks, and prohibited practices*)
- Wrap-up, Resources & Q&A

This slide deck and recording will be available on the EOHHS website after this session.

Disclaimers and Legal Notice

Manual Reference Disclaimer

- This presentation is based on **Version 4.2** of the CHW Program Manual (released August 2025).
- This Manual and this presentation are **not a substitute for legal advice** and do not serve as an official interpretation of law.
 - If there is any conflict between this guidance and state law, federal law, or CMS directives, the latter shall prevail.
- This Manual is subject to change based on legal, regulatory, or policy updates.

Compliance Responsibility Disclaimer

- The CHW Program Manual and this presentation are for **informational purposes only**. They do **not constitute legal, billing, or compliance advice**.
- Providers are responsible for ensuring all claims meet state and federal requirements, including documentation, coding, and medical necessity standards.
- **Providers should not solely rely on the information in this brief presentation.** Failure to meet requirements may result in denials, suspended claims, or recoupments.



Fiscal Operations & Claims Processing

Gainwell is RI Medicaid's Fiscal Agent — processing CHW claims and ensuring billing meets state and federal requirements.



Provider Enrolment & Credentialing Support

Gainwell supports provider enrollment, revalidation, and technical onboarding under the new CHW program requirements. **All CHWs must re-enroll through Gainwell under new requirements by Oct. 1, 2025.**



Help Desk & Provider Support

Gainwell maintains the Provider Services Help Desk to assist CHW billing entities and organizations with operational questions.





Community Health Worker (CHW) Program Purpose



- Preventive Medicaid benefit (not LTSS)
- Delivered by certified CHWs providing *non-clinical, community-based support*
- CHWs help members:
 - Navigate health and social service systems.
 - Address barriers to care (transportation, housing, food, etc.).
 - Improve health literacy and self-management.
- Services must be **ordered by a Licensed Practitioner of the Healing Arts (LPHA)**
- Goal: improve access, reduce disparities, and support better health outcomes

Why These Changes? *Equity, Integrity, and Sustainability*

When we meet compliance standards, we uphold equity, integrity, and trust in the CHW program — together we make the system stronger.



EOHHS is committed to ensuring CHW services remain accessible, equitable, and effective for all beneficiaries.



EOHHS identified billing and documentation irregularities prompting regulatory action.



New requirements ensure CHW services are medically necessary, appropriate, and ethically delivered — in compliance with CMS program integrity rules — preventing misuse and ensuring quality care.



Updates align with national Medicaid CHW standards, including screening, credentialing, and scope-of-practice oversight



What's New in Version 4.2 (August 2025)

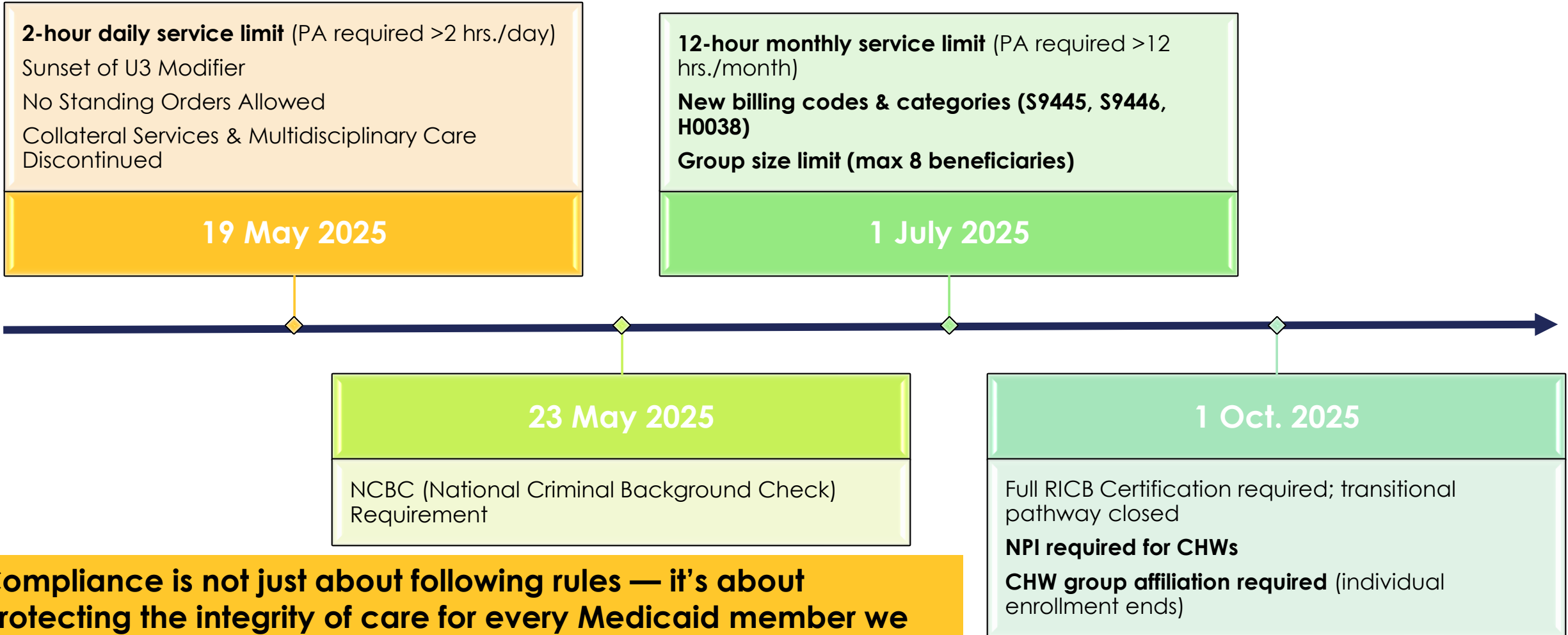


- **Removed Electronic Visit Verification (EVV) requirement** for CHW services
- Clarity regarding the **National Criminal Background Check (NCBC)** for CHWs
- **Updated LPHA list** authorized to order services
- **Electronic PA submission** now available
- **Technical corrections** for clarity and consistency

It is the responsibility of all billing entities and Medicaid enrolled CHW providers to be familiar with all program requirements and updates to Manual.

Link to currently published Manual: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2025-08/CHW-Medicaid-ProviderManual-V4.2-FINAL-2025-08-13.pdf>

Summary of Key Dates—Compliance Calendar



Compliance is not just about following rules — it's about protecting the integrity of care for every Medicaid member we serve.



Service Authorization & Rules

LPHA Referral Requirements

- CHW services reimbursable by Medicaid must be:
 - **Medically necessary** (based on diagnosis or clinical risk)
 - **Clinically appropriate & cost-effective**
 - **Delivered directly** to the Medicaid beneficiary
- Standing orders, open-ended recommendations, or retroactive authorizations are **prohibited**.
- Each referral valid for **6 months** from issuance by the LPHA.
- LPHA's **NPI must be listed** on CHW claims (OPR field).
- **Signed LPHA referral must be kept on file for ≥ 10 years** (per RI Medicaid policy)

Important Notes

- Health Related Social Needs (HRSNs) (housing, food, transportation) Z-codes **alone do not establish medical necessity**.
- Referrals must be based on **direct clinical knowledge** (visit, record review, or active involvement).

Who Qualifies (and Who Does Not) as an LPHA?

Qualified LPHAs

- Physicians (MD, DO)
- APRNs, Physician Assistants (PAs), Podiatrists (DPMs)
- Dentists (DMD, DDS)
- LICSW, LCSW, LMHC, LMFT, Psychologists
- Interns, Residents, Fellows (if enrolled & supervised)

Not Qualified

- **CHWs, RNs, LPNs, Pharmacists, Midwives**
- Case Managers (unless separately licensed)
- Care Coordinators, Social Service Staff
- Clerical/support staff, Outreach Workers
- Peer Support Specialists (unless licensed)
- Navigators, Promoters, Housing Navigators

 **A CHW cannot order, refer, or supervise their own services or for their family members.**

Procedure Codes & Modifiers Effective July 1, 2025 (Simplified Matrix)



Code	Service Type	Modifier(s)	Unit Type / Limits	Notes
S9445	Health Promotion & Coaching/Health Education & Training (Individual)	U2 / U4	30-min session (≥25 min) Max 4 sessions/day 24 sessions/month	Evidence-based; in-person only
S9446	Health Promotion & Coaching/Health Education & Training (Group)	U2 / U4	30-min session (≥25 min) Max 4 sessions/day 24 sessions/month	Evidence-based; in-person only; Max 8 participants
H0038	Health System Navigation (Individual)	N/A	15-min units Max 8 units/day 48 units/month	Telehealth allowed; group not permitted

Additional Notes

May 19, 2025: U3 Modifier sunset; collateral/multidisciplinary care discontinued.

July 1, 2025: All CHW billing must use the above codes & modifiers instead of former T1016 codes.

U2 = Health Promotion & Coaching; U4 = Health Education & Training

Group Session Requirements (S9446)

✓ Required

- New Group Code: S9446 replaces T1016-HQ
- **Max 8 participants** per group
- Valid LPHA referral **for each participant**
 - Individualized documentation per attendee
- Sessions must be in-person only and evidence-based curriculum

✗ Not Allowed

- Drop-in/Open Groups
- Retroactive or missing referrals

 **Important Note** Claims missing a referral for each participant = **denial or audit recoupment.**

Additional Billing Policy and Procedures Regarding Telehealth Visits for Health Resource Navigation



✓ Required

- Telehealth allowed only for H0038 (Navigation)
- Documentation **must** include:
 - **Mode of communication** (e.g., phone or video)
 - **CHW & beneficiary location** (must both be in RI)
 - **Date & time of session**
 - **Confirmation session was live & synchronous**
 - **Valid LPHA referral linked to diagnosis**
- All standard CHW documentation requirements apply

✗ Not Allowed

- Z-codes alone as primary diagnosis — claims will be denied
- Text messages, voicemails, asynchronous check-ins, pre-recorded content — not billable

⚠ **Important Note** HRSNs (housing, food, transportation) can **support medical necessity** but may not be used as standalone criteria.

When is a Prior Authorization (PA) Required?

PA is required when CHW services for a Medicaid beneficiary exceed:

- **Daily limit** 🕒 : > 2 hours/day per beneficiary
- **Monthly limit** 📅 : > 12 hours/month per beneficiary

PA Reference Guide is found on the EOHHS Website:

<https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2025-07/CHW%20PA%20Form%20Instructions%2007.24.25.pdf>

No PA required if services stay within limits.

⚠️ Important Notes

- Limits apply **per beneficiary, across all CHW services** — not per provider or per CHW.
 - Providers must **communicate with the beneficiary** to confirm if other CHW services are being used by other CHW providers to avoid daily/monthly limits.
- Exceeding limits without PA approval will result in **denial or recoupment**.

Prior Authorization Requirements

Before submitting a PA request, providers must ensure:

CHW PA form + Certificate of Medical Necessity (CMN) completed and signed by the LPHA.

1. Beneficiary is **Medicaid eligible** on service dates.
2. **LPHA referral** included (signed, dated, ≤ 6 months old; tied to diagnosis or risk factor).
3. **Clinical documentation** supports medical necessity (not HRSNs or Z-codes alone).
4. **Justification to exceed limits** (> 2 hrs./day or > 12 hrs./month) included, based on:
 - A. Evidence-based program participation, OR
 - B. Documented clinical risk factors.
5. Provider enrollment & **LPHA NPI** validated and active.
6. PA submitted **before services are rendered** (no retroactive approval).

Important Notes

Missing LPHA documentation = **automatic denial**.

How to Submit a PA?

Three Methods to Submit a PA:

1.  **Email (encrypted only) — Preferred Method**

RIXIX-PA@gainwelltechnologies.com

2.  **Fax: (401) 784-3892**

3.  **Mail**

Gainwell Technologies

P.O. Box 2010

Warwick, RI 02887-2010

Important Notes

- Electronic submission (encrypted email) is the **preferred method** for faster processing.
- Each PA request must be **submitted separately** (no batch submissions).
- Include CMN and LPHA referral with each PA submission and retain copies for audit.



Enrollment & Provider Processes

Provider Enrollment Checklist

- **The following are provider enrollment requirements for October 1, 2025:**
 - **National Criminal Background Check (NCBC)** completed for all CHWs, owners, and managing employees
 - **Fingerprinting and site visit** completed as part of enrollment
 - **Group enrollment required** – individual enrollment no longer allowed
 - **NPI required** for all CHWs and group entities
 - **Full RICB Certification** required (transitional pathway closed)
 - **Application fee** required at time of enrollment
 - **Mandatory re-enrollment** for all current CHWs. All currently enrolled CHWs will need to enroll again as a group and apply with NPIs and taxonomy codes
 - **LPHAs must be enrolled** in RI Medicaid as either FFS or OPR for CHW claims to be payable

 **All requirements** must be met to avoid enrollment denial or delays in CHW claims processing.

National Provider Identifier (NPI) Requirements

Who Needs an NPI?

1. **All CHWs** enrolling or re-enrolling
2. All **CHW group entities**
3. Referring providers (LPHAs) must already have an NPI

⚠ **NPI must be active and valid before CHW enrollment can be completed**

⚠ **Ensure you select the correct taxonomy code for CHWs (172V00000X)**

⚠ **Each CHW must use their own individual NPI — sharing is not allowed**

How to Apply

1. Go to the NPPES website:
<https://nppes.cms.hhs.gov>
2. Select “Apply for an NPI”
3. Complete required information:
 1. Legal name
 2. Date of birth
 3. SSN
 4. Taxonomy code (CHW = 172V00000X)
4. Submit application — NPIs are usually issued within **24–48 hours**

National Criminal Background Check (NCBC) Requirements



Who Must Complete the NCBC?

- All CHWs enrolling or re-enrolling
- All owners with direct or indirect ownership interest
- All managing employees

How to Complete

1. Submit **NCBC application form** to Gainwell at: rienrollment@gainwelltechnologies.com
 - a. Gainwell to confirm if eligible
2. Visit Attorney General's Office for fingerprinting
3. Results must clear before CHW enrollment is approved

Good Moral Character (GMC) Exception Requests

- Intended for **individuals who may have a criminal record** but can demonstrate compliance with protocols
- Available only after completion of an NCBC.
- **Must be submitted in writing with justification requirements.**
- To meet the October 1 enrollment deadline, **requests must be submitted by September 15, 2025, to allow for EOHHS review.**
- Failure to submit on time will result in delays or denial of enrollment.

Providers should plan ahead: NCBC results can take time, so completing the background check early is critical to meet the GMC request deadline.

Group Enrollment Requirements

- **All CHWs must enroll under a group** – individual enrollment is no longer permitted
- Each CHW provider must be **affiliated with a billing group**
- The group must be enrolled through the **RI Medicaid Healthcare Portal (HCP)**
- CHWs cannot submit claims directly — **all claims must be billed under the group NPI**
- Groups are responsible for:
 - Submitting/maintaining required documentation
 - Ensuring NCBC and certification requirements are met
 - Managing revalidation for affiliated CHWs

Important Note

Any CHW not linked to a group by **October 1, 2025**, will not be able to bill for services and will be disenrolled from RI Medicaid.

CHW groups must also pay the **application fee** and maintain compliance with all enrollment rules.

Step 1: Begin Enrollment Process

<https://www.riproviderportal.org>

Home Wednesday 09/02/2015 11:47 AM EST

Login

*User ID


[Log In](#)

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

What can you do in the RI Medicaid Health Care Portal

Through this secure and easy to use internet portal:

- Healthcare providers and Billing Agents can **enroll as a Trading Partner** with RI Medicaid.
- Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - **MAPIR** - utilizing their Trading Partner ID as their User ID.



Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?
[Provider Enrollment](#)

Would you like to enroll as a Trading Partner?
[Click here to Enroll](#)

[Provider Enrollment User Guide](#) [Trading Partner Enrollment User Guide](#) [Trading Partner Agreement](#)

[Website Requirements](#)
[Rhode Island Medicaid Providers](#)

Click Here
for Provider
Enrollment



More information
found in User Guide



Step 2: Request Information Screen

1. Type of Provider Enrollment

Please select:

RI Medicaid Provider – Billing Claims
Directly to RI Medicaid

2. Provider Enrollment Type

Please select:

Group (Only group applications will be
accepted for CHW services).

3. Provider Type

Select provider type:

Community Health Worker Services
(provider type 120) from the list.

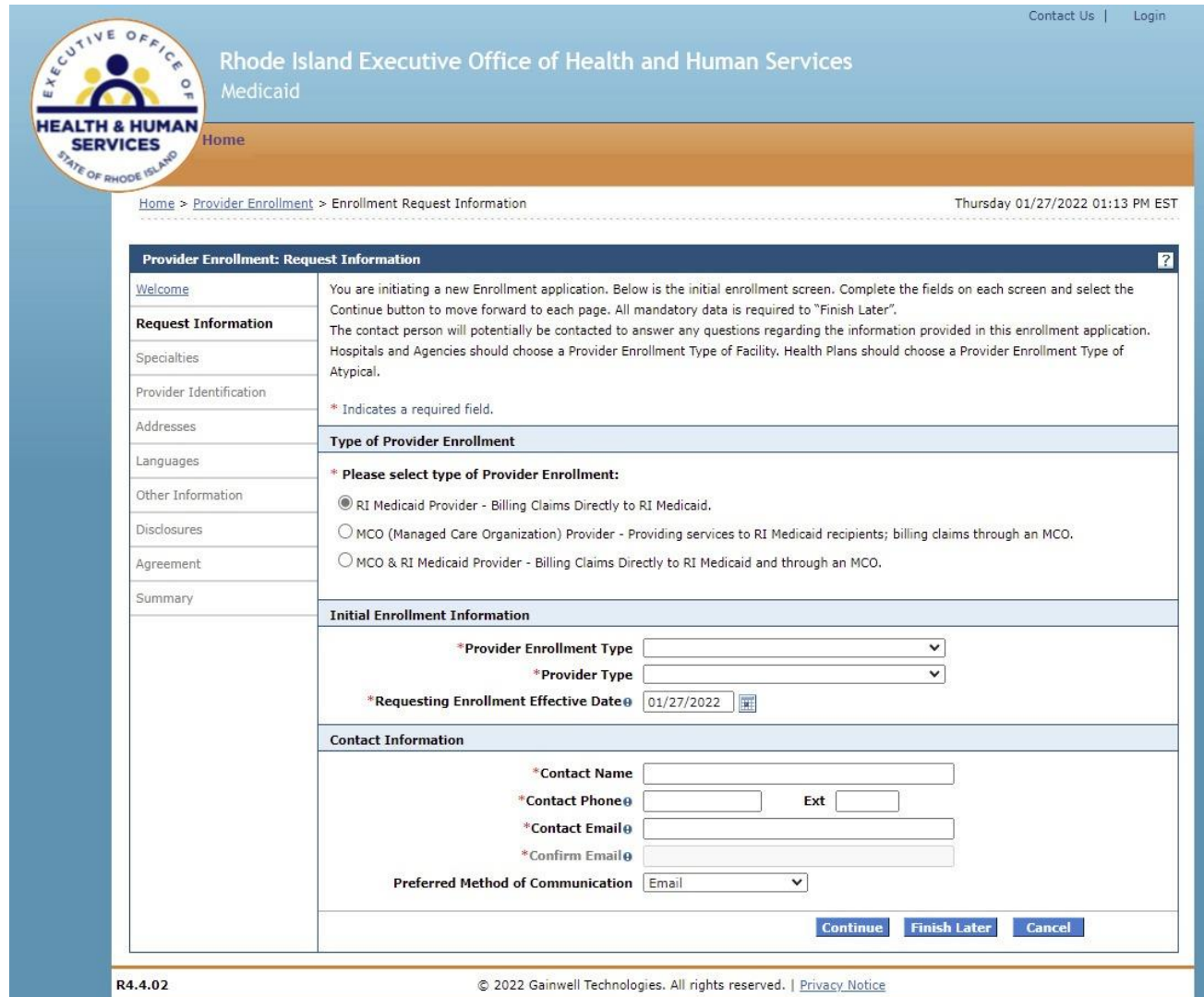
4. Requesting Enrollment Effective Date

Date of Application Submission
(Today's Date)

5. Contact information

Should be completed with the primary
contact information for the provider.

6. Select Continue or Finish later.



The screenshot shows the "Provider Enrollment: Request Information" screen. At the top, there is a header for the "Rhode Island Executive Office of Health and Human Services" with a logo on the left and "Medicaid" text. Below the header is a navigation bar with "Home" and "Provider Enrollment" links. The main content area is titled "Provider Enrollment: Request Information" and contains a "Welcome" message, a "Request Information" section with a table of tabs (Specialties, Provider Identification, Addresses, Languages, Other Information, Disclosures, Agreement, Summary), and a "Type of Provider Enrollment" section with three radio button options. Below that is the "Initial Enrollment Information" section with dropdown menus for "Provider Enrollment Type" and "Provider Type", and a date field for "Requesting Enrollment Effective Date". The "Contact Information" section includes fields for "Contact Name", "Contact Phone" (with an "Ext" field), "Contact Email", and "Confirm Email", along with a "Preferred Method of Communication" dropdown. At the bottom right are "Continue", "Finish Later", and "Cancel" buttons. The footer contains the ID "R4.4.02", copyright information "© 2022 Gainwell Technologies", and a "Privacy Notice" link.

Executive Office of Health & Human Services
Medicaid

Home

Home > Provider Enrollment > Enrollment Request Information Thursday 01/27/2022 01:13 PM EST

Provider Enrollment: Request Information

Welcome

You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later".

Request Information

The contact person will potentially be contacted to answer any questions regarding the information provided in this enrollment application. Hospitals and Agencies should choose a Provider Enrollment Type of Facility, Health Plans should choose a Provider Enrollment Type of Atypical.

* Indicates a required field.

Type of Provider Enrollment

* Please select type of Provider Enrollment:

RI Medicaid Provider - Billing Claims Directly to RI Medicaid.

MCO (Managed Care Organization) Provider - Providing services to RI Medicaid recipients; billing claims through an MCO.

MCO & RI Medicaid Provider - Billing Claims Directly to RI Medicaid and through an MCO.

Initial Enrollment Information

* Provider Enrollment Type

* Provider Type

* Requesting Enrollment Effective Date

Contact Information

* Contact Name

* Contact Phone Ext

* Contact Email

* Confirm Email

Preferred Method of Communication

[Continue](#) [Finish Later](#) [Cancel](#)

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Step 3: Associated Providers

In this section of the application, you will add individual Community Health Workers as part of the group. Once the group is enrolled, all individual providers added will become enrolled.

! Important note: That the rendering CHW providers will only be added to the group once the BCI has been cleared.

You will add your individual CHW providers here



Provider Enrollment: Associated Providers

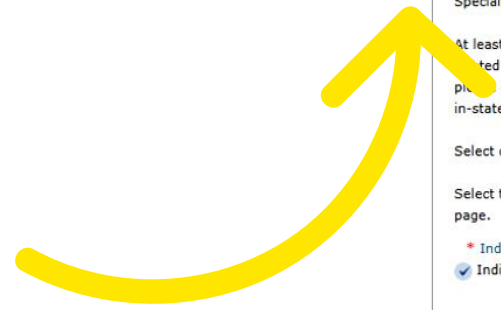
Summary Add

Select the Add tab to add one or more associated individual providers to the group.

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

No Associated Providers found.			
--------------------------------	--	--	--

Continue Finish Later Cancel



Summary Add

Enter information for the individual being added. After adding the provider you will be redirected to add Specialties and Taxonomy Codes.

At least one Specialty is required, but more than one can be entered. The values in the Specialty field are tied to the Provider Type. A Taxonomy Code is required for each Specialty. If your taxonomy is not listed, please contact Provider Enrollment at (401) 784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls.

Select one or more service location addresses and click [Add] to add to the grid.

Select the Summary tab to return to view the list of associated individual providers and continue to the next page.

* Indicates a required field.
 Indicates a primary record.

*Last Name

*Birth Date

*First Name

*SSN

Middle

Title

*NPI

*License #

*Expiration Date

*License State

*Provider Type

*Group Effective Date

Service Location	City	State	Action
<input checked="" type="checkbox"/> 1616 Mockingbird Lane	Providence	Rhode Island	Remove

Save Reset Cancel

! Please ensure the SSN box is filled out, and your Community Health Worker certificate number (with expiration date) is placed within the License # box.

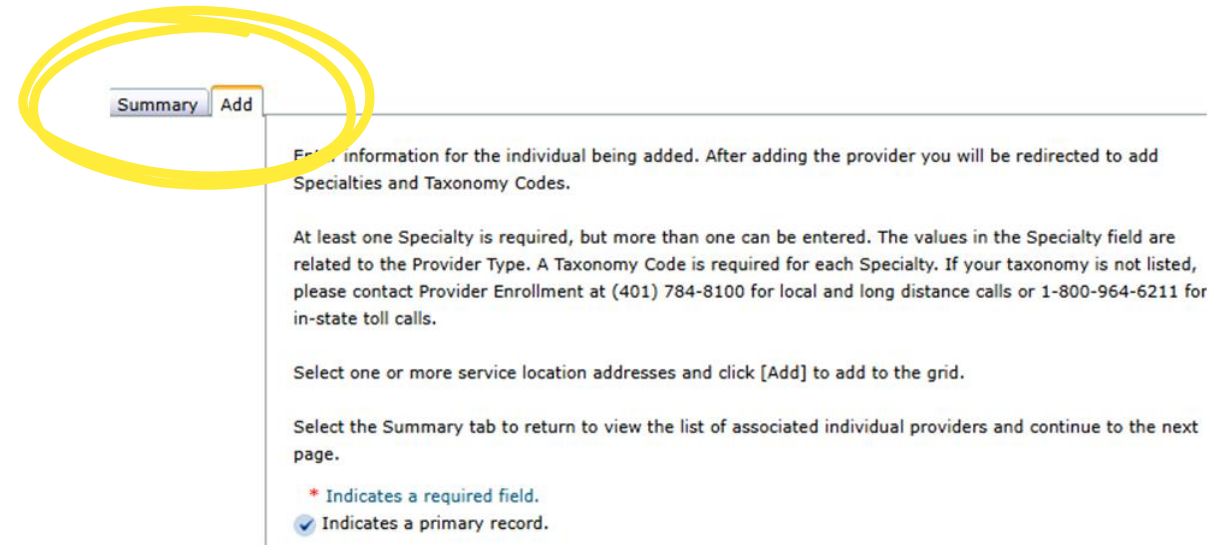
Step 3: Associated Providers, Continued

After entering the individual CHW provider's information and clicking save, a screen will pop up requiring the Specialty and Taxonomy Code.

Specialties and Taxonomy Codes for **ANDREA Babron**
Mick E. Mouse

Specialty	Taxonomy Code
<input type="checkbox"/> Click to collapse.	
*Specialty <input type="text"/>	
*Taxonomy Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>	

If more providers need to be added to the group, press the **Add** tab at the top of the page. To see how many CHW providers have been added to the application, you can press the **Summary** tab



Summary Add

Enter information for the individual being added. After adding the provider you will be redirected to add Specialties and Taxonomy Codes.

At least one Specialty is required, but more than one can be entered. The values in the Specialty field are related to the Provider Type. A Taxonomy Code is required for each Specialty. If your taxonomy is not listed, please contact Provider Enrollment at (401) 784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls.

Select one or more service location addresses and click [Add] to add to the grid.

Select the Summary tab to return to view the list of associated individual providers and continue to the next page.

- * Indicates a required field.
- ✓ Indicates a primary record.

Once Add is pressed, the provider's information will be added to the application.

Specialties and Taxonomy Codes for .

Specialty	Taxonomy Code
<input type="checkbox"/> Not Applicable	172V00000X
<input type="checkbox"/> Click to add specialty.	

Step 4: Agreement Screen-Supporting Documents

The Agreement screen enables you to submit supporting documents as attachments to your application.

Use the browse button to find the file and then upload to your application.

⚠ Documents can be loaded in the following formats: .jpg or .pdf. Files larger than 2MB should be faxed to 401-784-3892, or emailed to:

rienrollment@gainwelltechnologies.com

This is where you will upload your W-9 and all associated CHW Provider's certifications

Instructions

The terms of enrollment are stated below. You must accept these terms in order to submit the enrollment application. Failure to accept these terms means that no enrollment application is retained or submitted.

Access the summary of enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Once changes are made, the enrollment application can be reviewed again.

The enrollment application terms must be accepted in order to submit the application for approval.

Once the application is submitted and confirmed, a tracking number will be assigned and a cover sheet can be printed for submission with all hard copy materials to the enrollment office.

Supporting Documentation

The following actions need to be taken to complete the enrollment process. If you need to submit attachments, please follow the instructions in the Attachments panel below.

- Submit as Attachment:** [W-9](#)
- Submit as Attachment:** Additional Federally Required Disclosures [excel](#) [pdf](#) Please complete if you checked Yes to question 10 on the Disclosures page.
- Submit as Attachment:** License for out of state providers only
- Submit as Attachment:** Approval Letter from DCYF if you are applying as a Licensed Mental Health Counselor

Attachments

To add an attachment, browse and select the attachment, then select Add.

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click the Remove link to remove the entire row.

	Attachment	Action
[-]	Click to collapse.	
	*Upload File <input type="text"/>	<input type="button" value="Browse..."/>
	<input type="button" value="Add"/>	



Compliance & Safeguards

Documentation Requirement Reminders

✓ Required

- **Session notes** must include:
 - Date & time of service
 - Duration (minutes)
 - Mode of delivery (in-person or telehealth)
 - Description of CHW service provided
 - Beneficiary's name & Medicaid ID
 - CHW name & signature
- **Referral linkage** – must tie each service to a valid LPHA referral
- **Retention** – all records must be kept **≥10 years** per RI Medicaid policy

✗ Not Allowed

- Missing or incomplete session documentation
- Copy/paste or template notes without individualized details
- Billing for services **without documentation**
- Records that cannot be produced during audit

⚠ **Important Note:** Documentation must demonstrate **medical necessity** — HRSNs or Z-codes **alone are not sufficient.**

Prohibited Practices

✘ Not Allowed

- **Standing orders or blanket referrals** not tied to a diagnosis
- **Open-ended or retroactive authorizations**
- **Billing for non-face-to-face services** (texts, voicemails, drop-in groups) except H0038 telehealth (restrictions apply)
- **Incentives or marketing to beneficiaries** (gift cards, cash, free goods)
- **Self-referrals or services to family members**
- **Duplicate services** already provided by case management, care coordination, or licensed providers

⚠ Compliance Reminder

- Claims submitted under prohibited practices are subject to:
 - Denial
 - Recoupment
 - Potential referral to Medicaid Program Integrity or MFCU

⚠ A claim is a legal document that services were appropriate rendered to a Medicaid beneficiary under federal and state laws.

Provider Responsibilities

- Ensure all CHW services are:
 - **Medically necessary**
 - **Authorized by an LPHA**
 - **Properly documented** and tied to the referral
- Compliance with Medicaid program rules including reenrollment
- Ethics and integrity
- Maintain **all records ≥10 years** for audit

EOHHS Oversight

- EOHHS/Gainwell reviews claims and PA requests
- EOHHS conducts audits to ensure compliance with:
 - Medical necessity
 - Documentation standards
 - Enrollment & referral requirements
- Findings may result in:
 - **Claim denials or recoupment**
 - **Corrective action**
 - **Program integrity referrals** (EOHHS Program Integrity / MFCU)

⚠ **Compliance is ongoing** –meeting enrollment requirements is only the first step. Providers are expected to **self-monitor** to avoid audit findings.

Summary of Key Dates—Compliance Calendar

2-hour daily service limit (PA required >2 hrs./day)
Sunset of U3 Modifier
No Standing Orders Allowed
Collateral Services & Multidisciplinary Care Discontinued

19 May 2025

12-hour monthly service limit (PA required >12 hrs./month)
New billing codes & categories (S9445, S9446, H0038)
Group size limit (max 8 beneficiaries)

1 July 2025

23 May 2025

NCBC (National Criminal Background Check) Requirement


1 Oct. 2025


Full RICB Certification required; transitional pathway closed
NPI required for CHWs and groups
CHW group affiliation required (individual enrollment ends)

⚠️ Reminder: Providers must complete all requirements by **October 1, 2025** to remain eligible to bill for CHW services.



Wrap Up, Resources, Q&A

-  **Program Resources**
 - CHW Program Manual v4.2 ([English](#) & [Spanish](#))
 - Prior Authorization (PA) [Forms](#) & [Instructions](#)
 - Enrollment Guide (Portal Walkthrough)
 - PA Reference Guide

-  **Websites**
 - RI Medicaid Provider Portal: <https://riproviderportal.org>
 - EOHHS Website – CHW Services: <https://eohhs.ri.gov/providers-partners/provider-manuals-guidelines/medicaid-provider-manual/community-health-worker>

Support Contacts

■ Gainwell Provider Services Help Desk

Provider Services	<u>riproviderservices@gainwelltechnologies.com</u>	
Provider Enrollment	<u>rienrollment@gainwelltechnologies.com</u>	
Customer Service Help Desk	401-784-8100 or Toll Free 1-800-964-6211	Monday through Friday 8:00 AM-5:00 PM
Provider Representative: Andrea Rohrer	andrea.rohrer@gainwelltechnologies.com	

Question and Answer Process

- Written questions will be accepted **until September 12, 2025.**
- Please submit questions in writing to **Gainwell** (riproviderservices@gainwelltechnologies.com).
 - Be sure to include a **clear subject line** (e.g., “CHW Information Session Question”) in the email header.
- EOHHS will review all submissions and develop a **Frequently Asked Questions (FAQ)** document and/or issue updates to the CHW Manual.
- This process ensures that questions are orderly and that timely, consistent responses are provided to all providers.

Next Steps

- Thank you for attending today's session on **CHW Program Updates (v4.2)**.
- All materials, including this slide deck and the updated **CHW Manual v4.2**, will be posted on the **EOHHS website**.
- **Next Steps for Providers:**
 - Review updated requirements
 - Begin re-enrollment early
 - Ensure NCBC, NPI, and group affiliation are complete before **October 1, 2025**
- **Written questions** from today's information session can be sent to riproviderservices@gainwelltechnologies.com by **September 12, 2025**.

Compliance ensures that CHWs can continue doing what they do best: supporting communities and improving lives.