

## RI Medicaid Enrollment

- **How do I enroll in RI Medicaid?**

- To complete an application, please go to the RI Healthcare Portal:
  - <https://www.riproviderportal.org/hcp/provider/Home/ProviderEnrollment/EnrollmentWelcome/tabid/442/Default.aspx>
- To get there organically, please follow these steps:
  - Go to: <https://eohhs.ri.gov/> > “Providers & Partners” > Click drop down > “Healthcare Portal” > At the end of the paragraph “Healthcare Portal” it says “To go directly to the Healthcare Portal, [click here.](#)” > click it > On left side of screen under User ID click “[Provider Enrollment](#)” > On left side of screen under Provider Enrollment click “Enrollment Application.”

- **I have already been screened as an MCO, how do I enroll in RI Medicaid?**

- To enroll in RI Medicaid after being screened, please complete a RI Medicaid application on the RI Healthcare Portal.

- **How do I add a provider to my existing group?**

- A new electronic process for adding attendings to groups using DocuSign is currently live. This digital transformation eliminates the need for paper-based applications.
  - **Providers can now use the following link to begin utilizing the new DocuSign process:**
    - <https://apps.docusign.com/webforms/us/5b7488cbb0e382ba24d51ba09ce034b4?r=1>

- **On the Language Screen in the portal for my MCO/RI Medicaid application, it is not letting me move to the next page, what do I do?**

- Click back onto the "Address" screen and click "Continue".
  - It will bring you back to the Language screen so you can enter the information again and keep moving forward.
  - It refreshes the page.

- **I cannot enter EFT information in the portal enrollment application, what do I do?**

- This occurs when filling out MCO only application.
  - EFT is not needed for MCOs.
  - If MCO only application is correct, continue with application.
  - If MCO only application is not correct, go back to “Request Information” and select either “RI Medicaid Provider” option.

- **I can't get past disclosure question 11 in application and have no outstanding balance owed to the RI EOHHS by a previous provider, what do I do?**

- Enter “0”, with no decimals.

- **We have a Board of Directors, none of them have ownership, why do I need to provide DOB and SSN for them?**

- “Disclosure” information, such as Name, Title, DOB, and SSN are required by the federal CMS mandates, and therefore by the state for managing employees and those with control interest, so making decisions for the entity. This information is used to run checks and ensure no one making decisions is doing anything like committing fraud.

- **Why is my Lab Directors DOB and SSN needed? They are not an owner.**
  - If lab directors meet the definition of managing employees, then they would be considered managing employees. If the lab directors exercise some type of operational control over the entity or oversee the day-to-day operations, then they fit the definition of managing employee.
  - Per MPEC, managing employee means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.
  - To the extent these individuals meet the definition of “managing employee” under § 455.101, they would have to be disclosed as such.
  - For Medicare enrollment purposes, if an individual is a director, the individual should be added (identified) as a director in Section 6 of the enrollment. If that individual has day-to-day management of operations of the lab, then they should be listed as a managing employee too.
- **Do I need to pay an application fee? If so, how much is it?**
  - Please see the link below for provider types that need to pay, amount, and how to pay:
    - [Updated Provider Application Fees 2025.pdf \(ri.gov\)](#)
- **I am receiving an error when trying to submit the application electronically. What do I do?**
  - If receiving an error:
    - "There was an error processing your request. We apologize for any inconvenience this may have caused. Please wait a few minutes and try your request again. If the problem persists, please Contact Us for assistance."
  - Remove all attachments except W9 – email all other supplemental documents to [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax to 401-784-3892.
  - If you are still receiving errors, remove all attachments and email or fax.
  - \*\*Please note, there is a 5MB size limit for attachments
- **I have submitted an application; how do I find out the status of the application?**
  - Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) the request along with the following information:
    - The tracking number
    - When the application was submitted
    - Individual Provider Name
    - Individual Provider NPI
    - Group Provider Name
    - Group Provider NPI
- **I am trying to log back in to resume my portal application and it is saying “Enrollment Application not found,” what do I do?**
  - If a provider chooses to “save” the application, they can. The password created must be 8 characters exactly. If the application is not completed within 30 days, it is deleted from our system.
  - If the password is not 8 characters, it cannot be accessed again, and a new one must be started.

## General Questions

- **I am an Out of State Provider nearing my end date, how do I stay enrolled in RI Medicaid?**
  - Out of State providers who are nearing an end date can reapply any time after their end date if they have provided service to a RI Medicaid recipient. Recipient information must be included in the application in the disclosure section.
  - They must resubmit information when they have a RI Medicaid recipient again and include claim information on recipient (Name, DOB, Medicaid ID number and date of service).
- **How do I request changing a provider's license number?**
  - Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax 401-784-3892 the request along with the following information:
    - Provider Name
    - Provider NPI
    - Copy of license
- **How do I terminate a provider?**
  - Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax 401-784-3892 the request along with the following information:
    - Individual Provider Name
    - Individual Provider NPI
    - Group Provider Name
    - Group Provider NPI
    - Termination Date
  - \*Each Individual Provider Request must be a separate document
- **How do I add or change an address?**
  - Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax 401-784-3892 the request along with the following document:
    - Use Provider Change of Info Form – Fill out Name/NPI, and applicable parts of form.
    - Link to form: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/provcoi.pdf>
    - Form can be found <https://eohhs.ri.gov/> > “Providers & Partners” > Click drop down > “Forms & Applications” > “All Forms and Applications A-Z” drop down > “Provider Change of Information Form”
    - \*\*Please note, Pay to Addresses require an updated W9
      - Link to form: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- **I am trying to update BOTH my name and my Tax ID. What do I do?**
  - A new application will need to be completed.
  - To complete an application, please go to the RI Healthcare Portal:
    - <https://www.riproviderportal.org/hcp/provider/Home/ProviderEnrollment/EnrollmentWelcome/tabid/442/Default.aspx>
  - To get there organically, please follow these steps:
    - Go to: <https://eohhs.ri.gov/> > “Providers & Partners” > Click drop down > “Healthcare Portal” > At the end of the paragraph “Healthcare Portal” it says “To go directly to the Healthcare Portal, click here.” > click it > On left side of

screen under User ID click “Provider Enrollment” > On left side of screen under Provider Enrollment click “Enrollment Application.”

- **I am trying to update my Tax ID. What do I do?**

- Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax 401-784-3892 the request along with the following document:
  - Use Provider Change of Info Form – Fill out Name/NPI, and applicable parts of form.
  - Link to form: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/provcoi.pdf>
  - Form can be found <https://eohhs.ri.gov/> > “Providers & Partners” > Click drop down > “Forms & Applications” > “All Forms and Applications A-Z” drop down > “Provider Change of Information Form”
  - \*\*Please note, an updated W9 is required

- **I am trying to change my group/facility name. What do I do?**

- Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax 401-784-3892 the request along with the following document:
  - Use Provider Change of Info Form – Fill out Name/NPI, and applicable parts of form.
  - Link to form: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/provcoi.pdf>
  - Form can be found <https://eohhs.ri.gov/> > “Providers & Partners” > Click drop down > “Forms & Applications” > “All Forms and Applications A-Z” drop down > “Provider Change of Information Form”
  - \*\*Please note, an updated W9 is required

- **I am trying to change an individual provider’s name. What do I do?**

- Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax 401-784-3892 the request along with the following documents:
  - Copy of Provider License
  - Copy of NPI Registry
  - Copy of marriage certificate or divorce decree
  - Use Provider Change of Info Form – Fill out Name/NPI, and applicable parts of form.
  - Link to form: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/provcoi.pdf>
  - Form can be found <https://eohhs.ri.gov/> > “Providers & Partners” > Click drop down > “Forms & Applications” > “All Forms and Applications A-Z” drop down > “Provider Change of Information Form”

- **I am trying to figure out the effective date of a provider. What do I do?**

- Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) the request along with the following information:
  - Individual Provider Name
  - Individual Provider NPI
  - Group Provider Name
  - Group Provider NPI

- **Claims are denying. How do I request a backdate for a provider's start date?**
  - Email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) or fax 401-784-3892 the request along with the following information:
    - Recipient Name
    - Recipient DOB
    - Recipient DOS
    - Diagnostic Code
    - Recipient MID
    - Individual Provider Name
    - Individual Provider NPI
    - Group Provider Name
    - Group Provider NPI
- **Help Desk Info**
  - 401-784-8100
    - Can be used for provider status requests and requests for what provider effective dates are.
- **Providers are not showing up as enrolled on the website.**
  - If using: <https://providersearch.riproviderportal.org/ProviderSearchEOHHS/ProviderSearch.aspx>, please ensure correct state is selected for provider
- **Request to become Administrator/Master User for Account** (person who manages trading partner profile)
  - Please contact the EDI team at: [riediservices@gainwelltechnologies.com](mailto:riediservices@gainwelltechnologies.com)
- **Request for Fee Schedule**
  - Fee Schedule is available at: <https://eohhs.ri.gov/providers-partners/fee-schedules>
  - For further questions, please contact your Provider Rep with the request along with the following information:
    - Provider Name
    - Provider NPI

## Log in Questions

- **I am locked out of the Healthcare Portal because I can't remember my password for Revalidation. How do I retrieve my password?**
  - Please email [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com) the request along with the following information:
    - Provider Name
    - Provider NPI
- **Locked out of Health Care Portal/can't remember password – not Revalidation.**
  - Enter User ID, answer one of the security questions and then select “forgot password.”
  - A temporary password will be sent to the email on file.
- **Locked out of portal/can't remember security question.**
  - Call Provider Help Desk with User ID
  - Password can be reset and will be sent to the email address on file.

## **MCOs**

- **How do I add a provider to a group for an MCO?**
  - To add a provider to an MCO group
    - Submit an electronic application with the provider's first and last name.
    - Do not fill in business name.
    - Enter their SSN (not EIN).
    - In the disclosure section of the application, where it says, "Name of Facility", enter the group name or type 2 business name.
    - Include ownership information for the group/business in Question 12 of the disclosures.

## **OPR Enrollment**

- **On the OPR portal application, my medical specialty is not listed, what do I do?**
  - If your medical specialty is not listed, you can select Not Applicable or No Provider Specialty Designation.
- **I am a student applying as an OPR, where do I find my taxonomy code?**
  - The taxonomy code for student is an option for Not Applicable.
- **Can I enroll as an OPR with any state license?**
  - You must have an active RI license to be an OPR.