

Rhode Island Medicaid Program Provider Update



September 2025 • Vol 392



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

Labor Day	September 1 st
Columbus Day	October 13 th
Veterans Day	November 11 th
Thanksgiving Day	November 27 th
Christmas Day	December 25 th

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.



WHAT'S NEW?

DocuSign is Now Enabled to Add a New Provider to an Existing Group

Starting on January 1, 2026, Neighborhood Health Plan of Rhode Island (Neighborhood) will be Offering New Products

Medicare and Medicare Advantage Plans Coverage of Dental Services

Rhode Island Medicaid CHW Program – Important Updates

PDPM Key Updates

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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.

A rectangular button with a dark red background and the word "SUBSCRIBE" in white, bold, uppercase letters.

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.

Federal Compliance Advisory Group

The Rhode Island Executive Office of Health and Human Services (EOHHS), in consultation with the Office of Governor Dan McKee, formed the Federal Compliance Advisory Group in July 2025 to assist in the review and analysis of potential impacts of any Federal actions related to the Medicaid Program.

The Federal Compliance Advisory Group will also review the impact of Federal changes on Supplemental Nutrition Assistance Program (SNAP), as well as our health insurance exchange and other impacted programs.

The group is chaired by EOHHS Secretary Richard Charest and is led in conjunction with Medicaid Director Kristin Sousa and Department of Human Services (DHS) Director Kimberly Brito. Additional subject-matter experts and leaders from across sectors have been invited to participate based upon their experience, interest, and commitment to safeguarding Rhode Island's health and human services system.

EOHHS is confident that the efforts of this Federal Compliance Advisory Group will help us navigate the changing policy landscape in a way that upholds community voice on behalf of Rhode Islanders.

Information about the meetings of the Federal Compliance Advisory Group will be posted [on this web page](#). Please check back for updates.

On August 19, the Federal Compliance Advisory Group met to discuss new federal laws that impact Rhode Island's Supplemental Nutrition Assistance Program (SNAP). Materials from the meeting, along with a [survey for community input](#), are available [on the FCAG website](#). The next meeting will focus on federal changes to Medicaid and will be held at the Department of Administration in Providence on September 9th at 10 a.m.

DocuSign is Now Enabled to Add a New Provider to an Existing Group

Important Update: Provider Enrollment Process Enhancement Now Live

We are excited to announce that Provider Enrollment has implemented an improved process that will streamline how you add attending providers to your existing groups.

What's Changed:

We have transitioned from paper applications to DocuSign electronic forms, making the enrollment process:

- Faster and more efficient
- Easier to track and manage

What You Need to Know:

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: [Group Enrollment Application 2024 | Adding A New Provider To An Existing Group | DocuSign](#)

[Click here for DocuSign Walkthrough Instructions](#)

Additionally, there is currently a dual window for adding attendings to groups, where either DocuSign or submitting paper application can be used. This dual window is available until September 30, 2025. **Gainwell will only accept DocuSign applications starting on October 1, 2025.**

Important Information:

Please monitor the [RI EOHHS Provider Enrollment page](#) regularly for:

- Step-by-step instructions for the new DocuSign process
 - [Click here for Walkthrough Instructions](#)
- Important dates and deadlines
- Training resources and support materials

Questions? Contact Provider Enrollment at: rienrollment@gainwelltechnologies.com

Starting on January 1, 2026, Neighborhood Health Plan of Rhode Island (Neighborhood) will be Offering New Products

Neighborhood Health Plan of Rhode Island will add two new product offerings, beginning January 1, 2026: **Neighborhood INTEGRITY for Duals (HMO D-SNP)** and **Neighborhood Dual CONNECT (HMO D-SNP)**.



In partnership with the Rhode Island Executive Office of Health and Human Services (EOHHS), a new health plan for Rhode Islanders who are enrolled in both Medicare and Medicaid will be available. This plan, **Neighborhood INTEGRITY for Duals** will replace the current INTEGRITY (Medicare-Medicaid Plan). The new plan will continue to support members' medical and non-medical needs, including long-term services and support, and behavioral health care.

The current Neighborhood INTEGRITY plan is being transitioned to a new Medicare Advantage plan, specifically a Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP) designed for people with both Medicare and Medicaid.

Existing MMP members will be automatically enrolled in the FIDE-SNP, which offers many of the same benefits of the MMP including enhanced integration of Medicare and Medicaid benefits. Like the MMP, the FIDE-SNP impacts how services are coordinated, how members access care, and how the benefits are provided under the plan.

Beginning this month, members will receive detailed communications regarding this change, including how it affects their current coverage, how the transition from the MMP to the FIDE-SNP will work, and any steps they should take if they do not wish to be automatically enrolled in the new program.


In January 2026, Neighborhood also will offer a Coordination-Only Dual Eligible Special Needs Plan (CO D-SNP) named: **Neighborhood Dual CONNECT (HMO D-SNP)**. More details about this plan will become available on **October 1, 2025**.

Neighborhood is here to support you and will be offering in-depth training on these products in October, November, and December. Please be on the lookout for details from Neighborhood regarding provider training opportunities!

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

The Center for Medicare & Medicaid Services (CMS), PERM Review Contractor (RC), NCI Information Systems, Inc. has begun to select random samples of claims to request medical records. Initial medical records requests started to be mailed to providers on **July 25, 2025**.

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.

 CENTERS FOR MEDICARE & MEDICAID SERVICES	Payment Error Rate Measurement Program CMS PERM Review Contractor, NCI Information Systems, Inc. 1538 E. Parham Road Henrico, VA 23228
[[ProviderName]] ATTN: [[ContactName]], [[ContactTitle]] [[ContactAddress1]] [[ContactAddress2]] [[ContactCity]], [[ContactState]] [[ContactZipcode]]	
Date: [[RequestDate]] Reference ID: [[PERM ID]] OMB Control Number: [[OMB#]] NPI: [[NPI#]]	
Request Type & Purpose: Initial Request for Records (First Request) Subject: Records Request – This is an initial request for records	

Wavemaker Fellowship Application Open to Primary Care

Rhode Island Commerce recently announced the start of a new application period for the Wavemaker Fellowship, a competitive student loan reimbursement program for professionals working in S.T.E.M. (Science, Technology, Engineering, and Mathematics), certain design fields, healthcare and education. The purpose is to retain their talents in Rhode Island.



The Wavemaker Fellowship awards recent college graduates in the above fields refundable tax credits of up to \$6,000 per year for up to four years.

Last year, the General Assembly added \$500,000 to the Wavemaker program reserved specifically for primary care providers (PCPs) —helping address Rhode Island's shortage.

To be eligible, PCPs must be either medical doctors, physician assistants or nurse practitioners who work in the following primary care specialties:

- Family medicine
 - Adolescent, adult, or geriatric
- Pediatrics
- Internal medicine
 - Adolescent, adult, or geriatric
- Community health

To learn more and apply, please visit <https://wavemaker.commerceri.com/>

SUD Residential Providers

Effective July 1, 2025, Substance Abuse Residential Service (SUD Res) rates were increased, see table below. Claims previously submitted that were paid the old rate will be mass adjusted. The mass adjusted claims will be in a September 2025 remittance advice.

SUD Billing Reform Rate Increase Effective 7.1.25

Level	Name	Current Rate Effective 10.1.24	Code Effective 10.1.24	New Rate Effective 7.1.25
ASAM 3.1	Low intensity residential	\$202.80	H0018 UD	\$218.23
ASAM 3.5	High intensity residential for adults who have severe social and psychological conditions	\$361.17	H0010 UD	\$388.66
ASAM 3.7	Withdrawal Management - Medically/Clinically monitored inpatient services	\$596.23	H0011 UD	\$641.60

For any questions, please feel free to contact Provider Representative, Karen Murphy at karen.murphy3@gainwelltechnologies.com or 571-348-5933.

Medicare and Medicare Advantage Plans Coverage of Dental Services

Dental practices serving patients with both Medicaid and Medicare, often referred to as Dual Eligibles, should be aware that patients may have alternative forms of coverage which are primary, and should be billed prior to Medicaid. Medicaid may not be aware of these additional insurances, so it is important for the provider to discern first to avoid unnecessary recoupment.

1. Dual Eligibles with Medicare Advantage Plans

About half of those with Medicaid and Medicare are enrolled in Medicare Advantage plans which provide dental coverage. Examples include:

1. [BlueRI for Duals HMO](#)
2. [UnitedHealthcare Dual Complete](#)
3. [Neighborhood INTEGRITY](#), providing dental through [Delta Dental](#).



2. Dual Eligibles not in Medicare Advantage plans with dental services inextricably connected to medical treatments or conditions.

According to the CMS Website [Medicare Dental Coverage](#), Medicare can pay under Part A and Part B, when dental services are inextricably linked to the clinical success of other Medicare-covered procedures or services.

Examples of dental services that are inextricably linked to, and substantially related and integral to the clinical success of, certain Medicare-covered services could include, but aren't limited to:

- Dental or oral exams as part of a comprehensive workup prior to the Medicare-covered services listed below. And, medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with these Medicare-covered services:
 - Organ transplant, including hematopoietic stem cell and bone marrow transplant
 - Cardiac valve replacement
 - Valvuloplasty procedures
 - Chemotherapy, chimeric antigen receptor (CAR) T-cell therapy, and the administration of high-dose bone-modifying agents (antiresorptive therapy) when used to treat cancer
- Dental or oral exams as part of a comprehensive workup prior to, medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to or contemporaneously with, and medically necessary diagnostic and treatment services to address dental or oral complications after, Medicare-covered treatment of head and neck cancer using radiation, chemotherapy, surgery, or any combination of these.
- Dental ridge reconstruction done as a result of and at the same time as surgery to remove a tumor.
- Services to stabilize or immobilize teeth related to reducing a jaw fracture.
- Dental splints, only when used as part of covered treatment of a covered medical condition such as dislocated jaw joints.
- Dental or oral examination performed as part of a comprehensive workup prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of ESRD.
- Medically necessary diagnostic and treatment services to eliminate an oral or dental infection prior to, or contemporaneously with, Medicare-covered dialysis services for the treatment of ESRD.

More information is available on the website above, including directions to reach out to Rhode Island's Medicare Administrative Contractor or MAC, [National Government Services Inc. \(NGS\)](#). NGS is responsible for enrolling providers, answering questions, and claims.

Dental practices who have enrolled as Medicare providers should submit claims to Medicare first if applicable to the above requirements.

Rhode Island Medicaid CHW Program – Important Updates

EOHHS is implementing new program rules and enrollment requirements for Community Health Workers (CHWs). EOHHS released [CHW Provider Manual v4.2 \(Effective August 2025\)](#) that included the following changes:

- Removal of EVV requirement; new compliance standards for home-based CHW services;
- Mandatory NCBC for all CHWs enrolling/re-enrolling;
- Updated list of LPHAs authorized to order CHW services;
- New option for electronic PA submission; and,
- Technical corrections/clarifications

Please review the following updates carefully to remain compliant and avoid payment or enrollment disruptions.

1. Enrollment Requirements – Deadline October 1, 2025

To maintain Medicaid enrollment, all CHWs must:

- Be affiliated with a Medicaid-enrolled provider organization
- Complete a **National Criminal Background Check (NCBC)** with fingerprinting (See #2 below)
- Obtain a **National Provider Identifier (NPI)**
- Complete enrollment/re-enrollment through Gainwell.

2. Background Check & Fingerprinting Process

1. **Who Must Complete:** All CHWs, owners with direct/indirect ownership interest, and managing employees
2. **Application:** Submit [RI NCBC Application Form](#) with NPI/Provider ID to rienrollment@gainwelltechnologies.com or fax to 401-784-3892
3. **Fingerprinting Appointment:** Once eligible, schedule with RI Attorney General's Office (Cost: \$46.20, credit/debit only)
4. **Good Moral Character Requests:** If your NCBC shows findings, submit a written justification under Section 6.5 of the CHW Provider Manual to rienrollment@gainwelltechnologies.com by **September 15, 2025**, to allow time for review before the October 1 deadline.

3. Claim Review & Recoupments

As part of program integrity efforts, CHW claims are subject to review. Claims that do not meet requirements will be recouped and will appear on your Remittance Advice (RA) with the applicable reason code.

Effective Dates & Review Criteria:

- Daily service limits exceeded (DOS on/after May 19, 2025): Reason code: 052 – Provider Wrong Units of Service
- Monthly service limits exceeded (DOS on/after July 1, 2025): Reason code: 052 – Provider Wrong Units of Service
- Primary diagnosis is a Z-code (DOS on/after May 19, 2025): Reason code: 058 – Provider Misc. or Unspecified Error
- Recipient has active long-term care status (DOS on/after May 19, 2025): Reason code: 058 – Provider Misc. or Unspecified Error

Action: Review past and current claims to ensure compliance and avoid recoupments or audit findings.

4. Next Steps

- All forms and any further updates to the program can be found here.
- Complete all enrollment requirements by **October 1, 2025**
- Start NCBC/fingerprinting early to avoid delays
- Monitor RAs for claim recoupment activity

Attention Nursing Home, Hospice and RICLASS Providers – CSM Users

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. You will check off the new function Admit/Discharge Role for your delegate users.

If you do not have access to the new system or drop-down functions, please email:

riediservices@gainwelltechnologies.com

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

PDPM Information Guide

Effective October 1, 2025, the Rhode Island Executive Office of Health and Human Services (EOHHS) will adopt the Centers for Medicare & Medicaid Services (CMS) new standard for nursing home and hospice patient assessment: the Patient Driven Payment Model (PDPM). This transition will align payment for services with the Minimum Data Set (MDS) v3.10.1 or the most current version available.

As with the previous Resource Utilization Group (RUG) system, nursing homes must continue to complete and submit MDS assessments to CMS. The MDS is a clinical tool used to evaluate residents' strengths, needs, and preferences across key areas of functioning. PDPM is structured around five core components:

We have created an information guide intended for guide nursing home and hospice facilities—and their vendors—to help navigate the successful implementation of PDPM requirements for accurate MDS processing by Gainwell Technologies. The guide can be found [here](#).

Nursing Home, Hospice and RClass Providers

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

Effective October 1, 2025, the Centers for Medicare & Medicaid Services (CMS) will no longer support the Resource Utilization Group (RUG) model. Instead, CMS will support the Patient Driven Payment Model (PDPM)—and RI Medicaid will adopt this model.

To support this transition, RI Medicaid invited Nursing Homes, Hospice Providers, and MDS vendors to participate in PDPM User Acceptance Testing (UAT) during July 2025.

During the Test Period, Participants were able to: Submit June and July 2025 production claim files to a test environment.

At the conclusion of the Test Period, Participants were able to: Compare PDPM-based test payments with RUG-based production payments using the Remittance Advice and offer critical insight into how claims will be processed under PDPM starting October 1, 2025.

When will I be able to access this information? Gainwell conducted the first two financial runs for PDPM test claims on Wednesday, July 30, 2025 and Tuesday August 12, 2025. Please review the following important information:

Remittance Advice (RA) Availability

- RAs became available for viewing starting:
 - Thursday, July 31, 2025
 - Wednesday, August 13, 2025
- Where to view:
 - Log into the testing environment of the Health Care portal using your Trading Partner number (beginning with 800000).
- Testing Portal Link:
 - [HCP Provider Portal > Home](#)
 - (Please ensure you are accessing the test environment, not production.)

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.

Feedback?

Please see the contact information below.

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.

If you have any further questions, please contact:

For EDI / 837 submissions, questions, or issues send an email to: riediservices@gainwelltechnologies.com

For other provider related questions send an email to: marlene.lamoureux@gainwelltechnologies.com

[PDPM Important Information: Key Updates for MDS Professionals](#)

As we transition to the Patient-Driven Payment Model (PDPM), it is crucial that MDS professionals thoroughly review the [PDPM Information Guide](#) to understand the significant differences between RUG and PDPM data requirements. Below are essential updates that require immediate attention:

Critical Processing Changes

MDS Grouper Processing

- MDS records will **no longer** be processed by a grouper to determine claim payment weights
- MMIS will now use the nursing home component (3rd character) of the provider-calculated PDPM code found on the MDS Record (MDCR_HIPPS_TXT/Z0100a)

Missing PDPM Codes

- Records without PDPM codes will default to base weight "ZZZZ"
- Missing information will result in an error PDPM/RUG code of Missing or Invalid

OSA Records Discontinued

- For dates of service October 1, 2025, and beyond, Optional State Assessment (OSA) MDS records will no longer be required

Data Accuracy Requirements

Recipient Identification

- SSN and date of birth are now critical for MMIS recipient matching
 - **Claims will not be reimbursed if the submitted MDS record cannot be loaded due to a social security number and date of birth mismatch.**
- These fields must be completed on **every** MDS record
- Exercise extreme caution to avoid typos in these fields

Submit Date Processing

- MMIS processes recipient MDS records by order of Submit Date (oldest to most recent)
 - **If a Correction Record is needed:** The Correction record and the record to be corrected must be created on different "Submit Dates"

We strongly urge all providers and vendors to:

- Carefully review MDS field completion requirements for Correction and Cancellation records
- Contact us immediately if there are ANY questions or uncertainties about these processes
- Submit older RUG claims as soon as possible to ensure full reimbursement is received

Please consult the complete [PDPM Information Guide](#) for all changes affecting your facility's operations.

Questions?

For EDI / 837 submissions, questions, or issues send an email to: riediservices@gainwelltechnologies.com

For other provider related questions send an email to: marlene.lamoureux@gainwelltechnologies.com

Pharmacy Spotlight



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

2025 Meeting Dates:
September 9, 2025
December 2, 2025

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

Attention Community Health Work Providers: Rate Increase

EOHHS has implemented a rate increase for community health worker services. The rate increase is reflected in the following procedure codes and modifier combinations below. Please begin billing these rates effective **7/1/2025**, in order to be reimbursed at these higher rates for dates of service **7/1/2025** and moving forward.

Procedure Code	Description	Modifier	Rate	Units	Unit Type
S9445	Individual - Health Promotion & Coaching	U2- Health Promotion & Coaching	\$27.36	Minimum= 1 Maximum=4	30-minute session (≥25 min)
	Individual -Health Education & Training	U4- Health Education & Training			
S9446	Group - Health Promotion & Coaching	U2- Health Promotion & Coaching	\$10.02	Minimum= 1 Maximum=4	30-minute session (≥25 min)
	Group-Health Education & Training	U4- Health Education & Training			
H0038	Health System Navigation	None	\$13.68	Minimum= 1 Maximum=8	15-minute unit

If you have any questions, please reach out to your CHW Provider Representative, Andrea Rohrer: andrea.rohrer@gainwelltechnologies.com



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.

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

The list of codes has been updated since published in July 2025. Procedure Code T1015 has been removed from the exclusion list for telehealth.

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 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
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	Behavioral Health

Further guidance on Telemedicine Billing can be found on pages 4 and 5 of the Telemedicine Billing Guidance the on the EOHHS website [Provider Manuals & Guidelines](#) | [Executive Office of Health and Human Services](#) and linked here: [Telemedicine Billing Guidance.pdf](#)



To ensure the RI Medicaid Provider Update remains concise, relevant, and easier to navigate, we are archiving older articles. This allows us to focus on delivering the most essential news and timely updates, improving the flow of information and better serving the needs of the Provider community. Archiving helps keep each issue brief and targeted, so providers can quickly access the updates that matter most. Links to past articles are available below for your reference.

The Rhode Island Executive Office of Health and Human services EOHHS has a dedicated web page for Providers and Partners offering a wealth of information on Medicaid, Health Care, and Human Services here: [RI EOHHS Providers and Partners](#). Resources including provider manuals, forms and applications, policy updates billing information and training opportunities. Whether you're a Healthcare Provider, Social Service Agency, or Community Organization this web page is your one stop shop for staying up to date on the latest EOHHS and Provider news and initiatives.

Billing and Claims

[Payment and Processing Schedules](#)

Chiropractic Providers

[Chiropractor Provider Manual](#)

[Chiropractor PA Form](#)

Dental Providers

[RI EOHHS Dental Services Page](#)

[RI Medical Assistance Dental PA Form](#)

[ADA Dental Claim Form](#)

Inpatient and Outpatient Hospitals

[DRG and APC Calculators](#)

Pediatrics

[Families with Children](#)

[Katie Beckett](#)

[Pediatric Rates](#)

Provider Enrollment

[RI EOHHS Provider Enrollment Page](#)

[Provider Change of Information Form](#)

[Provider Revalidation FAQs](#)

