

# Rhode Island Medicaid Program Provider Update



October 2025 • Vol 393



## Notable Dates in October

October 10: World Mental Health Day

October 16: World Food Day

October 21: National Check Your Meds Day

October 31: Halloween

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

Columbus Day	October 13 <sup>th</sup>
Veterans Day	November 11 <sup>th</sup>
Thanksgiving Day	November 27 <sup>th</sup>
Christmas Day	December 25 <sup>th</sup>

## What's New

Legislative Rate Increases

Three Ways to Get Naloxone

Update: Extended Deadline for CHW Enrollment Requirements to December 1, 2025

Dental Amalgams

PDPM Implementation is October 1, 2025!  
Is your facility ready?

Check your RI Medicaid Status in Minutes

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.

# Table of Contents

<b>Three Ways to Get Naloxone</b>	<b>3</b>
<b>DocuSign is Now Enabled to Add a New Provider to an Existing Group</b>	<b>3</b>
<b>Federal Compliance Advisory Group</b>	<b>4</b>
<b>Legislative Rate Increases</b>	<b>4</b>
<b>Starting January 1, 2026, Neighborhood Health Plan of Rhode Island (Neighborhood) will be Offering New Products</b>	<b>5</b>
<b>Payment Error Rate Measurement Program (PERM) Initial Medical Records Requests</b>	<b>5</b>
<b>Wavemaker Fellowship Application Open to Primary Care</b>	<b>6</b>
<b>SUD Residential Providers</b>	<b>6</b>
<b>Quick Tip: Check Your RI Medicaid Enrollment Status in Minutes</b>	<b>7</b>
<b>Dental Amalgams</b>	<b>8</b>
<b>Medicare and Medicare Advantage Plans Coverage of Dental Services</b>	<b>9</b>
<b>Rhode Island Medicaid CHW Program – Important Updates</b>	<b>10</b>
<b>Update: Extended Deadline for CHW Enrollment Requirements to December 1, 2025</b>	<b>11</b>
<b>Attention Hospice Providers</b>	<b>11</b>
<b>PDPM Implementation is October 1, 2025! Is your facility ready?</b>	<b>12</b>
<b>Pharmacy Spotlight</b>	<b>13</b>
<b>Provider Enrollment Updates</b>	<b>14</b>
<b>Attention: Telehealth Providers</b>	<b>15</b>
<b>Rhode Island Medicaid Program Provider Update ARCHIVES (NEW)</b>	<b>16</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.

**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.

## Three Ways to Get Naloxone

All Rhode Islanders can access the overdose reversal medicine, naloxone (also called Narcan®), in three ways:

- 1) Community organizations
- 2) Pharmacies
- 3) Over the counter at select retailers.

Download, print, and share this printable factsheet on the [Three Ways to Get Naloxone in Rhode Island \(Cape Verdean Creole, Haitian Creole, Portuguese, and Spanish\)](#). Visit [Prevent Overdose RI](#) to take a free, online naloxone training and get a naloxone kit shipped to your home at no cost.

Governor Dan McKee's Overdose Task Force Newsletter Stay informed with the [Governor's Overdose Task Force Newsletter](#), featuring presentations and highlights from the latest Task Force Meeting.



Get access to national and local resources, statewide events, communications toolkits, news, and more to help you stay connected. [Subscribe today](#) to receive and share the Task Force Newsletter across your networks.

---

## 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](#)

**Please note: Gainwell will only accept DocuSign from October 1, 2025, going forward.**

**Questions?** Contact Provider Enrollment at: [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com)

### 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 is also reviewing the impact of Federal changes on Supplemental Nutrition Assistance Program (SNAP), as well as our health insurance exchange and other impacted programs. 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.

#### **Upcoming Public Meeting Schedule (Subject to Change)**

Meetings of the Federal Compliance Advisory Group are public, and Medicaid providers are invited to attend. Upcoming meetings are scheduled for:

- October 7 (1-2:30 p.m.) at the Virks Building, 3 West Rd., Cranston, training room
- November 5 (11:30-1 p.m.) at the Virks Building, 3 West Rd., Cranston, training room

#### **Submit Your Ideas and Feedback**

The Federal Compliance Advisory Group is accepting proposals from community members and providers regarding planning and implementation of new federal requirements pertaining to Medicaid and SNAP.

- **Medicaid:** Share your ideas to help Rhode Island adapt to federal Medicaid policy changes and meet the needs of our communities. [Click here to complete an online form](#).
- **SNAP:** Share your ideas to help Rhode Island adapt to federal SNAP policy changes and meet the needs of our communities. [Click here to complete an online form](#).

If you would have questions or would like to be invited to future meetings of the Federal Compliance Advisory Group, please email [OHHS.FederalPolicyTracking@ohhs.ri.gov](mailto:OHHS.FederalPolicyTracking@ohhs.ri.gov). For more information about the meetings of the Federal Compliance Advisory Group, please visit [this web page](#).

---

### Legislative Rate Increases

Please be advised that MCOs cannot pay any legislatively mandated rate increases until their contracts have been fully executed and implemented into their systems.

The implementation process can take up to 90 days from the date of execution to go into effect.

Currently, the amendments for the July 1 and October 1 rate increases are underway.

Once implementation is complete, all claims will be adjusted and retroactive payments will be issued.

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

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

## Quick Tip: Check Your RI Medicaid Enrollment Status in Minutes

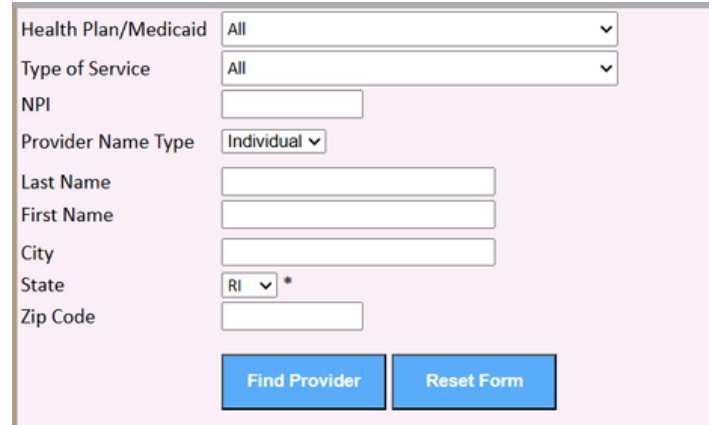
Before calling the Help Desk, save time by using the [Provider Status Search](#) to **check if you're already enrolled or screened with RI Medicaid.**

This fast, self-service tool helps you:

- Avoid duplicate applications
- Receive information quickly
- Receive real-time information

### How It Works

1. Visit the Provider Status Search: [click here](#)
2. Enter your NPI
  - a. Type 1 NPI for individuals
  - b. Type 2 NPI for groups
3. Select Provider Name Type
  - a. Enter Last Name
  - b. Enter First Name
4. Review your result and follow the next steps



**\* Please note: You may fill in multiple boxes, but the NPI or Last Name/First Name boxes provide the widest range of results**

### What Your Result Means

- Traditional Medicaid: You are also considered screened and can work directly with one or more of the Managed Care Plans to be credentialed with them. If you need to make changes, use the [Provider Change of Information Form](#) for updates.



- Managed Care Only: This shows you're screened with the Managed Care Plans. If you want to offer services and get paid through Fee-for-Service (FFS), you'll need to fill out and send in the FFS [Provider Enrollment Application](#).



- No Record Found: Start a [Provider Enrollment Application](#).
- If you want to enroll, follow one of the above links and if you have questions on your pended status, reach out to [rienrollment@gainwelltechnologies.com](mailto:rienrollment@gainwelltechnologies.com).

### Before You Apply

- Always check your status first via the Provider Search
- Coordinate within your team to avoid overlap
- Following these steps will help you:
  - Avoid duplicate applications
  - Save time

### Share the Link

Bookmark the [Provider Status Search](#) and share it with your staff and practice associates. It's a small step that makes a big difference!

### Dental Amalgams

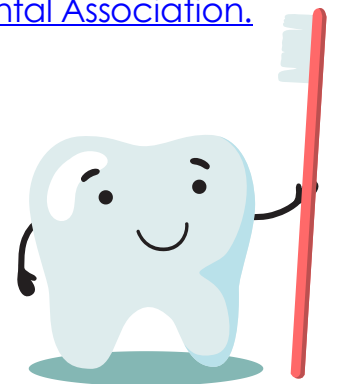
While dental amalgams have a long history of successful use and may have indications when working in an environment of challenging moisture control, guidance from the Food & Drug Administration (FDA), found [HERE](#), suggests limiting use, and avoiding in specific populations as follows:

- Women who are pregnant or planning to become pregnant
- Nursing mothers
- Children, especially those under the age of six
- People who are more sensitive to mercury or other components of dental amalgam
- People with neurological impairment or kidney dysfunction

In cases where dental amalgam is used, offices should practice best management related to amalgam separators and waste.

References:

- [Information for Patients About Dental Amalgam Fillings, U.S. Food & Drug Administration, 09/24/2020.](#)
- [Amalgam Separators and Waste: Best Management. American Dental Association.](#)



## 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 December 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](mailto: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](mailto: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 **December 1, 2025**
- Start NCBC/fingerprinting early to avoid delays
- Monitor RAs for claim recoupment activity

## Update: Extended Deadline for CHW Enrollment Requirements to December 1, 2025

The Rhode Island Executive Office of Health and Human Services (EOHHS) is committed to supporting providers during the transition to the new CHW Medicaid program requirements. To ensure that all providers have sufficient time to complete the necessary steps, EOHHS is extending the compliance deadline for the following requirements to **December 1, 2025**:

- **Group enrollment Requirement**
- **National Provider Identifier (NPI) for both CHWs and group entities**
- **National Background Check (NCBC) and fingerprinting for all required individuals**

EOHHS will be updating the [CHW Provider Manual](#) and [website](#) to reflect this new deadline shortly. As a reminder, enrollment requirements are contained within the CHW Manual and step-by-step instructions are contained in the information session [PPT \(slides 18-27\)](#).

Please note, CHW providers must complete these requirements to comply with Medicaid rules and to uphold the safety and integrity of the program. We encourage you to take action as soon as possible to avoid last-minute challenges and to ensure uninterrupted participation in the Medicaid program.

Lastly, as a reminder, by October 1, 2025, all LPHA referrals must meet the list of ordering, prescribing and referring providers (OPR) as described in the CHW Manual and described in slides 9-10. Failure to have an appropriate LPHA referral (e.g., MD/DO, APRN, LICSW, LCSW) may result in claims denial and/or recoupments under federal Medicaid program rules.

If you have questions or require assistance, please contact Gainwell Provider Services at [riproviderservices@gainwelltechnologies.com](mailto:riproviderservices@gainwelltechnologies.com) or 1-800-964-6211.

Thank you for your continued partnership in serving Rhode Island Medicaid members.

---

## Attention Hospice Providers

EOHHS has implemented a rate increase for hospice services as of 10/01/2025. The following procedure codes reflect this most recent update. Please begin billing at the new rates to be reimbursed at these higher rates for dates of service 10/01/2025 forward.

Please note that there is no additional rate increase for procedure code T2042 Hospice Routine Home Care after the 7/1/2024 rate increase that was implemented. Please share this information with staff within your agencies.

Description	Procedure Code	Effective 10/01/2025
Hospice Routine Home Care Days 1-60	T2042	\$259.28
Hospice Routine Home Care Days 61+	T2042	\$203.64
Hospice Continuous Home Care Per Hour	T2043	\$70.00
Hospice Inpatient Respite Per Diem	T2044	\$561.88
Hospice General Inpatient Care Per Diem	T2045	\$1,202.91
Services of a Clinical Social Worker in Hospice Setting	G0155	\$17.50
Direct Skilled Nursing Services of a Registered Nurse in a Hospice Setting	G0299	\$17.50

# PDPM Implementation is October 1, 2025! Is your facility ready?

Forty-one nursing facilities tested the new Patient-Driven Payment Model (PDPM) throughout July and August, here's what they found... it is crucial that all facilities and MDS vendors thoroughly review the [PDPM Information Guide](#).

Nursing Facility testing highlighted the importance of adhering to the following:

1. **Birthdate AND Social Security Number are REQUIRED for ALL MDS records (no exceptions)**. Any mismatch will prevent the MDS record from loading and will stop reimbursement. Please exercise extreme caution to avoid typos and transposed digits in these fields.
2. **All MDS record birthdates must match the member's birthdate in MMIS**, or the MDS record will not be processed/reimbursed. **Facilities can view MMIS birthdates in the Provider Healthcare portal under the "Eligibility Tab"**. If the MMIS is incorrect, contact [State of Rhode Island Department of Human Services](#)
3. **For any correction (transaction type 2) or any inactivation record, the ARD needs to be later than the original assessment ARD to be accepted by the MMIS**, since the system processes MDS records by order of submit date (oldest to most recent). The Correction ARD Field (X0700A) must contain the ARD of the record to be corrected.
4. **PDPM processing will require separate Entry / Tracking (NT) and Discharge (ND) assessments**. (Under previous RUG processing guidelines, a singular assessment could be submitted to record a recipient's entry into a facility and subsequent discharge.)
5. Submit older RUG claims as soon as possible to ensure full reimbursement is received

General Information:

- MDS records will no longer be processed by a grouper to determine claim payment weights
- MMIS will use the PDPM nursing home component (3rd character) of the provider-calculated HIPPS code found on the MDS Record (MDCR\_HIPPS\_TXT/Z0100a)
- Records without PDPM codes will default to base weight "ZZZZ" (lowest reimbursement)
- Missing information will result in an error PDPM/RUG code of "Missing" or "Invalid"
- For dates of service on 10/1/25 and after, Optional State Assessments (OSA) are no longer required and will not be accepted by CMS.

Critical Processing Changes for PDPM Implementation:

A.X12/825 Updates:

- For Nursing Facility claims with dates of service prior to October 1, 2025, processed using RUG weights, a 3-character RUG score will appear on your 835 transactions.
- For claims processed under PDPM, a 4- to 5-character HIPPS code will be displayed instead.

EDI Remittance (835) Return of PDPM Code:

- The PDPM HIPPS code is returned on the 835 in Loop 2110, SVC segment (SVC01) with the HP qualifier.
- This is the same field where the RUG code is currently returned; moving forward, the PDPM rate/code will be returned there.

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? Please contact us immediately if there are any uncertainties about this process.

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)



## Meeting Schedule: Pharmacy and Therapeutics Committee and Drug Utilization Review Board

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

Date: December 2, 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: December 2, 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.
  - For facilities/groups, the NPPES letter must include the same service location(s) listed on the application.
  - For individuals (including associated providers), the NPPES letter must list a valid practice location in Rhode Island or border community (where permitted). An exact match is preferred, but not required.
- 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

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](#)