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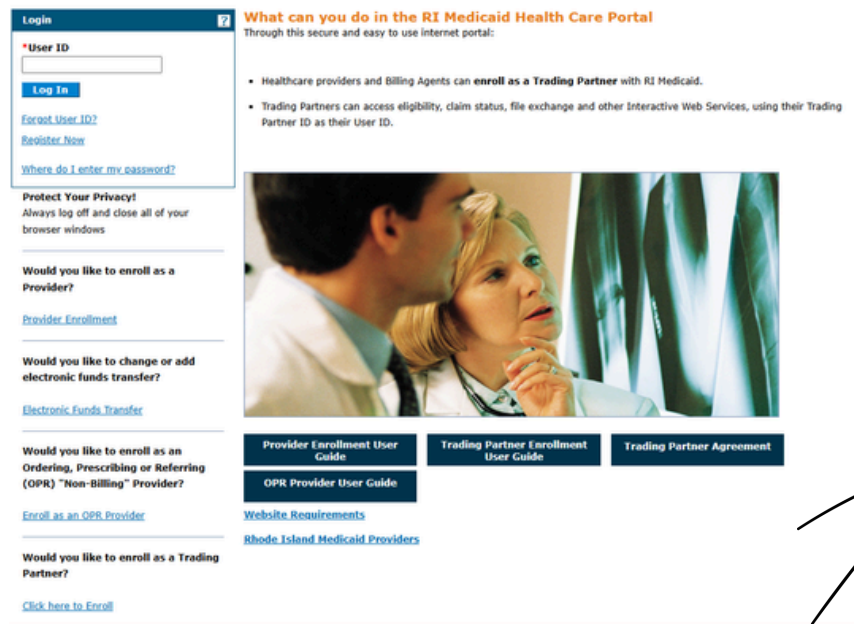
State Offices and The RI Medicaid Customer Service Help Desk/Call Center will be closed in observance of the following Holidays in 2026:

<u>New Year's Day</u>	<u>1/1</u>
<u>Martin Luther King Day</u>	<u>1/19</u>
<u>Memorial Day</u>	<u>5/25</u>
<u>Juneteenth</u>	<u>6/19</u>
<u>Independence Day</u>	<u>7/4</u>
<u>Victory Day</u>	<u>8/10</u>
<u>Labor Day</u>	<u>9/7</u>
<u>Columbus Day</u>	<u>10/12</u>
<u>Election Day</u>	<u>11/3</u>
<u>Veteran's Day</u>	<u>11/11</u>
<u>Thanksgiving Day</u>	<u>11/26</u>
<u>Christmas Day</u>	<u>12/25</u>

Important dates this month:

January 12:	National Pharmacist Day
January 15:	Women's Healthy Weight Day
January 16:	National Without a Scalpel Day
January 25:	IV Nurse Day

The RI Medicaid Health Care Portal (HCP) is available 24/7 to check member eligibility, claim status, and remittance advice details. Click the image below to access the login page:



Medicaid providers without a trading partner number can enroll to access the Health Care Portal's web services, including eligibility verification, claim status inquiries, and other billing support tools.



To subscribe, click the button above and send us an email with your NPI, primary service type, and "Subscribe" in the subject line. You will receive the Provider Update along with relevant updates for your provider type.

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.

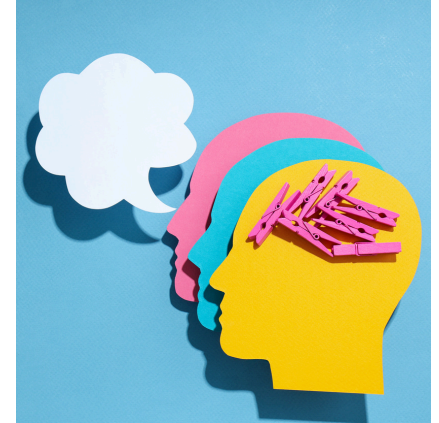
Sign up for EOHHS' Community Newsletter to stay updated on health and human services initiatives, programs, and outreach efforts! It's the best way to stay in the know about all our community-focused work.

COMMUNITY MENTAL HEALTH RESOURCES FOR ALL RHODE ISLANDERS

A Certified Community Behavioral Health Clinic (CCBHC) is an outpatient behavioral health clinic, certified by the State of Rhode Island, that provides a wide range of mental health and substance use services in clinics, homes, and community settings for all Rhode Islanders.

CCBHC services include:

- 24/7/365 mobile crisis services for children and adults
- Mobile response and stabilization services (MRSS)
- Outpatient individual, group and family therapy for mental health and substance use
- Outpatient withdrawal management
- Psychiatry and medication management
- Assertive Community Treatment: A person-centered, team-based mental health service designed to provide intensive, community-based support for individuals with severe mental illnesses
- Intensive community and home-based services for children, adolescents, and transition-aged youth
- Specialized services for substance use concerns
- Case management and care coordination
- Peer Recovery Specialists and peer-based supports for families and youth
- Services for special populations, including veterans and active-duty service members (ADSM)



The following locations are CCBHCs in Rhode Island:

- [Community Care Alliance](#) (Woonsocket)
- [Family Service of Rhode Island](#) (Providence)
- [Gateway Healthcare](#) (Pawtucket, Johnston, and South County)
- [Newport Mental Health](#) (Newport County)
- [The Providence Center](#) (Providence)
- [Thrive Behavioral Health](#) (Warwick)

If you're working with or know of an individual or family who is interested in receiving services, please use [this provider guide](#) to assist them with connecting to the intake line of a CCBHC. You can also share this community guide with your patients or community partners to help them understand resources that are available through the CCBHCs.

UPCOMING NATIONAL CORE INDICATORS ADULT CONSUMER SURVEY

Providers should be aware that Paul V. Sherlock Center on Disabilities will be conducting the National Core Indicators Adult Consumer Survey (NCI-AD) on behalf of EOHHS and our partner, IPRO. NCI-AD is a national survey used by states to collect data from older adults and people with disabilities on how publicly funded services and supports impact their quality of life. Information collected focuses on health and safety and important personal outcomes such as community engagement, independence, decision-making, self-direction and other person-centered components of a quality life. Directly surveying individuals about their personal experience receiving services supports of the Office of Aging and Disability can be used to adjust as needed and/or improve the quality of services.

The NCI-AD is an annual survey that occurs through the phone conversations with service participants. If needed, in person accommodations can be made. Each participating state surveys a sample of 400+ older adults and individuals with physical disabilities who receive publicly funded services. Publicly funded services include skilled nursing facilities, home and community-based Services (HCBS) Waiver programs, Medicaid Sate Plan programs, State-Funded programs and Older Americans Act programs.

The Sherlock Center will be working with EOHHS, IPRO and the NCI-AD National Team to implement the NCI-AD survey in Rhode Island. The Sherlock Center has assembled a team of surveyors who will be reaching out to individuals selected to be part of the sample to schedule a time to conduct the survey. Data collected during the survey process is then processed and analyzed by the NCI-AD National Team. Once completed, the NCI-AD team will present EOHHS with a state level report, as well as a national report that can be used to inform quality improvement activities and compare performance with national norms.

Individuals that are randomly selected to be part of the sample population will be notified by mail March thru June. Surveys will take place March through June of 2026. For questions about the NCI AD Survey, please contact:

Caleigh Greenwell
Individual and Family Support Specialist
Paul V. Sherlock Center on Disabilities / Rhode Island College
Phone: 401-456-2835
Email: bhogan@ric.edu

ATTENTION ASSISTED LIVING FACILITIES (ALF) PROVIDERS

2026 Assisted Living Room and Board (R&B) and Cost of Care (COC) Updates

Effective January 1, 2026, the monthly Room and Board (R&B) rate for all Medicaid LTSS Assisted Living participants with income below \$2,982 (300% of the Federal Benefit Rate – FBR) will be \$1,326, reflecting the Year 2026 Federal Benefit Rate.

- Residents with income above the 300% FBR will be capped at \$2982 and adjusted accordingly based on single or double room occupancy.
- Cost of Care (COC) amounts may also change to reflect the 2026 COLA for customers who are receiving SSA benefits and other income with annual COLA increases.
- For residents with income below \$1,326, R&B may be lower. Providers are encouraged to assist residents with applying for Category D to help support Room and Board costs.

For assistance, questions, or concerns, please contact the DHS Assisted Living provider

Email: DHS.AssistedLivingIntakes@dhs.ri.gov.



New Medicaid LTSS Admissions for Assisted Living:

If you have a new admission or a current/existing resident looking to apply for Medicaid LTSS, please send the LTSS Assisted Living referral form [via email](#) to the Department of Human Services (DHS) at DHS.AssistedLivingIntakes@dhs.ri.gov. Once the referral is received by DHS, an assigned Social Caseworker from DHS will contact your facility to schedule an onsite visit appointment to the ALF facility to complete a Functional Assessment, assist with Application Assistance and Person-Centered Option Counseling (PCOC) as needed to assist the resident with the process to apply and evaluate for Medicaid LTSS for the ALF.

- Discharges must be reported to DHS.AssistedLivingIntakes@dhs.ri.gov
- If the individual is enrolled in PACE or Neighborhood FIDE-SNP, providers must work directly with PACE or Neighborhood Health Plan to coordinate admission, discharges, assessments, and services. Do not submit LTSS referral forms or applications to DHS for individuals actively enrolled in PACE or Neighborhood FIDE-SNP

Other Contact for Assisted Living Facilities:

- **Category D New Applications and Discharges** should be sent to: Office of Community Programs (OCP): OCP/EOHHS: OHHS.ocp@ohhs.ri.gov
- **Requests for Tier Changes** on existing LTSS ALF residents should be sent to the conflict-free case management (CFCM) agency serving your Assisted Living resident.
- **Assisted Living with questions related to the Assisted Living Tier Certification process** for Tier A, Tier B, and/or Tier C, please contact: Office of Community Programs (OCP): OCP/EOHHS: OHHS.ocp@ohhs.ri.gov
- **Provider Billing and Payment:** Gainwell provider contact: [Fidelia Williams-Edward](#) - Customer Service help desk 401-784-8100
- **Renewal Update** is now on the Medicaid Renewal Lookup portal: https://www.ri.gov/EOHHS/medicaid_renewal

ATTENTION NURSING HOME PROVIDERS

Nursing Home providers must comply with the following guidance, expectations and requirements. Failure to do so may result in delays in processing, denial of eligibility, and/or denial of payment. DHS will not prioritize corrections resulting from provider error.

Admission or Discharge Notification: Providers are required to enter admission and/or discharge into the Provider Health Care Portal for applicants and/or Medicaid LTSS recipients in your facility. This ensures accurate eligibility segments, correct provider of service as well as accurate Medicaid LTSS need dates.

New Admission/Medicaid LTSS Application Requirements & Nursing Home Cover Page: All new applications/requests for Medicaid LTSS must include the forms found at: <https://eohhs.ri.gov/reference-center/forms-applications>

- Nursing Home Admission Cover Page (fully completed with income, resources, expenses, spousal information, Medicaid need date).
- Fully completed DHS-2 or Renewal Short form (if active on Community Medicaid). Form must be signed by the applicant/legal guardian/Power of Attorney (POA) or authorized representative.
- PASRR Level 1/ID Screen and, if positive PASRR Level II Resident Review letter
- Required Medical Forms: **PM1 (now required)**, AP-70 and Associated Medicals
- General Consent form/DHS-25 & DHS-25M release form
- Application should be emailed to: Department of Human Services (DHS)
 - Mailing: LTSS Program: P.O. Box 8709, Cranston, RI, 02920

Preadmission Screening and Resident Review (PASRR) Level 1/ID Screen & Level II:

Federal law requires that all NH residents regardless of payor source receive a State Preadmission Screening and Resident Review (PASRR) evaluation that focuses on cognitive, developmental, and intellectual disabilities and behavioral health conditions that may require specialized services in a health institution.

At admission or transfer from a hospital, facilities must ensure that there is PASRR Level I/ID screen on-file to be submitted with the Medicaid LTSS application. If the PASRR Level I/ID Screen is positive; PASRR 2 and Resident Review Letter should accompany that admission and Application submission to Rhode Island Department of Human Services (DHS).

If one does not exist, providers must submit a referral to the below contact and send a copy of the email referral for the PASRR Level 2/RR request to one of the BHDDH emails below.

Contact for PASRR Referral:

- Louise White (BHDDH): Louise.White@bhddh.ri.gov
- Audra DiChiaro (Behavioral Health): Audra.DiChiaro@bhddh.ri.gov

If a PASRR Level II/Resident review and/or a referral is not made, the PASRR requirement will be considered out of compliance. Noncompliance with PASRR requirements will result in denial of payment.

Payment authorization will resume only from the date of referral or completed review, even if later determined to be a false positive, DHS will not go back to change the approval date.

Program Change from Community (HCBS) to Nursing Home:

When an Individual who is active on Medicaid LTSS Home and Community Based Services (HCBS) transitions to LTSS Institution/Nursing Home Setting, the facility must submit the following to DHS at: DHS.NursingHomeInquiries@dhs.ri.gov

- DHS Program Change form
- Nursing Admission Home Cover Page
- PASRR Level I/ID Screen and if positive PASRR Level II Resident Review letter
- Required Medical Forms: **PM1 (now required)**, AP-70 and Associated Medicals

For eligibility or case processing questions, Nursing Home providers may contact the DHS Nursing Home Provider Email:
DHS.NursingHomeInquiries@dhs.ri.gov

PDPM IMPLEMENTATION REMINDERS

Effective October 1, 2025, PDPM became live and active for nursing facility claims reimbursement. Please submit old RUG claims for service dates of September 30, 2025, and prior as soon as possible. Please note the updated [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 Submit Date needs to be later than the original assessment Submit Date 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 "ZZZZZ" (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

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

REMINDERS FOR RHODE ISLAND DEPARTMENT OF HEALTH PROGRAMS

Telehealth/Virtual Visits

Effective September 1, 2025, the code in the table at the right can no longer be billed to RI Medicaid for Healthy Families America and Parents as Teachers. **This change includes all modifiers allowed for the codes.**

Procedure Code	Description	Programs	Category
99600	Unlisted home visit service or procedure	Medicaid and FOP/RIDOH	Healthy Families America, Parents as Teachers, and Nurse Family Partnership

Claims billed by Healthy Families America and Parents as Teachers providers after 9/1/2025, for procedure code 99600 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.

Healthy Families America and Parents as Teachers providers transitioned to new billing codes, regardless of place of service, as of 10/1/25 for services rendered on or after 10/1/25. The new procedure code 99502 with appropriate modifiers can be billed with the appropriate place of service code, including place of service code 02 – Telehealth provided other than patient’s home or 10 – Telehealth provided in the patient’s home.

Healthy Families America

Parental visit, home visit for newborn care/assessment pre-natal follow-up	99502 HD
Parental visit, home visit for newborn care/assessment post-natal follow-up	99502 HD U4

Additionally, effective October 1, 2025, the services (on the left) for Healthy Families America and Parents as Teachers have had the maximum number of units of 8, which corrects an error when the new billing codes were implemented.

Parents As Teachers

Parental visit, home visit for newborn care/assessment pre-natal follow-up	99502 U3
Parental visit, home visit for newborn care/assessment post-natal follow-up	99502 U3 U4

LOCAL EDUCATION AGENCY/LEA PROVIDERS

Effective 10/1/2024, the codes below have had the maximum daily units increased from 1 to 3 in the Medicaid Management Information System/MMIS to be consistent with the [LEA Direct Services Guidebook](#) and [Addendum P](#) updated 2/28/2025.

- 97161 – Evaluation of physical therapy, low complexity
- 97162 - Evaluation of physical therapy, moderate complexity
- 97163 - Evaluation of physical therapy, high complexity
- 92523 – Evaluation of speech sound production with evaluation of language comprehension and expression
- 92523 w/ modifier 52 - Evaluation of language comprehension and expression only

Claims that previously denied for EOB 340 – Procedure exceeds maximum units allowed can be submitted as a new claim for the appropriate number of units. If the claim is over the timely filing limit, please submit a paper CMS 1500 claim to the attention of Karen Murphy at:

Gainwell Technologies
PO Box 2010
Warwick, RI 02887-2010
Attn: Karen Murphy

All paper claims must be received by **March 18, 2026**, to have timely filing waived. Please note: RI Medicaid requires that CMS 1500 claims be signed (no photocopies or stamps) by the provider in Box 31. Instructions for completing the CMS 1500 claim form can be found on the EOHHS website: https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/cms1500_directions_1.pdf

If you have any questions, please contact Karen Murphy at karen.murphy3@gainwelltechnologies.com or (571) 348-5933.

NPPES SERVICE ADDRESS INFORMATION:

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 primary and secondary (if applicable) service location(s) for the group or facility. For individuals and associated providers, the NPPES letter must include a practice location in Rhode Island or an approved bordering community.



Providers that are revalidating, please make sure to review your NPPES letter and, if required, amend the service location(s)

If you have a home business, please be aware that that address will be visible on the Provider Search section within EOHHS website.



OCCUPATIONAL THERAPISTS AND SPEECH LANGUAGE PATHOLOGISTS

Effective for dates of service on or after, November 18, 2025, Rhode Island Fee for Service Medicaid will be accepting applications for Occupational Therapists and Speech Language Pathologists. If you'd like to enroll, please visit the [Healthcare Portal Provider Enrollment Page](#). A [User Guide](#) for enrollment can be found on the Healthcare Portal Home page.

For questions about Provider Enrollment, please contact rienrollment@gainwelltechnologies.com
For questions about billing, please contact Andrea Rohrer at andrea.rohrer@gainwelltechnologies.com.

ATTENTION HOME STABILIZATION PROVIDERS

The Executive Office of Health and Human Services (EOHHS) has approved a new audit and Explanation of Benefits (EOB) for Home Stabilization services. This audit is effective from 11/24/2025.

Please note the following important billing guidelines:

- Home Stabilization services are preauthorized and approved for billing one unit per member per month.
- Audit 912 enforces this limit by restricting providers to one unit per month per recipient.
- If a paid claim for Home Stabilization (either Home Tenancy or Home Find) has already been processed for a member in a given month, any additional claim for the same member during that month will be denied.
- Denied claims will appear on your Remittance Advice with EOB 1011:
 - "Home Stabilization Provider allowed one unit per month, per recipient."



RI Medicaid appreciates your continued adherence to billing guidelines and encourages all providers to follow these requirements to ensure timely and accurate claim processing.

If you have any questions, please contact us at: riproviderservices@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)**.

Please be on the lookout for details from Neighborhood regarding potential future provider training opportunities!

NEW PROCESS: REQUESTING COVERAGE FOR NON-COVERED SERVICES

Rhode Island Medicaid has recently begun to implement a streamlined process for providers requesting coverage of non-covered services.

How to Submit a Request:

If you are an enrolled Medicaid provider and need to request coverage for a non-covered service, please contact your provider representative at: riproviderservices@gainwelltechnologies.com

Your provider representative will provide:

- Additional information on the review process
- Required forms and documentation
- Guidance on submission requirements and criteria

Important Reminders:

- Allow appropriate time for review and processing
- Ensure all information is complete and accurate

Questions?

Please contact: riproviderservices@gainwelltechnologies.com

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.

ATTENTION: REVISED PRIOR AUTHORIZATION FORM FOR MEDICAID COMMUNITY HEALTH WORKER (CHW) SERVICES

The prior authorization (PA) form and instructions for CHW services have been updated. Please begin using the updated prior authorization form immediately. The following fields have been added:

- **Additional Units Requested** – This is where the LPHA will enter the additional units needed after the daily limit (2 hours) or the monthly limit (12 hours) has been reached. For example, if the LPHA needs to request an additional 30 minutes (1 unit) for S9445 for one date of service, the LPHA would enter 1 in this field.
- **Total Units Billed** – This is the combined number of units that will be billed for each requested procedure code (standard units within the limit + additional units over the limit). For example, if the additional units requested are 2 units for S9445 and the allowed number of units within the day is 4 units, the LPHA will enter 6 units in this field. Please note: Units are for a 1-month span only.

Important: The PA request must reflect the total number of units that will be billed on the claim for that code (the standard units within the limit plus any additional units requested to exceed the daily or monthly limit). PAs that only include the “overage” units will not be sufficient to pay the full claim.

As a reminder, these forms can be sent by:

1. **Fax:** 401-784-3892
2. **Email:** RIXIX-PA@gainwelltechnologies.com (encrypted)
3. **Mail:** Gainwell Technologies
P.O. Box 2010
Warwick, RI 02887-2010

The updated forms can be found on the EOHHS website here: [Community Health Worker Services](#) at the bottom of the page under “Important Forms.” PA requests for CHW services were required for requests exceeding the standard daily (2 hours or 120 minutes) limit effective May 19, 2025, and the monthly (12 hours or 720 minutes) limit effective July 1, 2025

Please reach out to your CHW provider representative, Andrea Rohrer, at andrea.rohrer@gainwelltechnologies.com if you have any questions.



EOHHS IS SHARING THREE IMPORTANT UPDATES REGARDING THE COMMUNITY HEALTH WORKER (CHW) PROGRAM

1. CHW Manual Version 4.3 Now Posted

EOHHS has posted Version 4.3 of the [CHW Program Manual](#) on the EOHHS website. This version includes updated requirements and the compliance deadline of December 1, 2025. The manual is available in [English](#) and [Spanish](#).

2. New FAQ Released

EOHHS has released a Frequently Asked Questions (FAQ) document summarizing key questions from the fall information session, available in [English](#) and [Spanish](#). For additional guidance, providers may also review the information session slide deck (English and Spanish). Slides 17–26 include step-by-step enrollment instructions and troubleshooting tips. Please note the compliance date in the slides has been updated to December 1, 2025.

3. Enrollment and Billing Requirements Effective December 1, 2025

A. All CHWs must have met the updated enrollment requirements on December 1, 2025, to bill Medicaid for CHW services.

Requirements include:

- Obtaining an individual NPI
- Being affiliated with an enrolled group provider
- Completing enrollment with Gainwell
- Completing the National Criminal Background Check (NCBC) through Gainwell
- Completing the required EOHHS site visit

B. Atypical Provider Terminations:

Enrolled CHWs who remained listed as atypical providers received a termination notice from EOHHS and were terminated November 30, 2025. This aligned enrollment with the updated program structure.

C. Billing Guidance:

- Dates of service on or after December 1, 2025, will only be reimbursable for CHWs who have completed full enrollment as describe above in 3A.
- Dates of service prior to November 30, 2025, may still be billed by CHWs registered as atypical providers. **These claims must be submitted within 365 days from the date of service, consistent with Medicaid timely filing rules.**

If you have questions about enrollment or NCBC processing, please contact Gainwell at rienrollment@gainwelltechnologies.com or the Customer Service Help Desk at (401) 784-3800 or 1-800-964-6211.

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