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## Rhode Island Medicaid Program December 2020

# Provider Update

**State offices will be closed Friday December 25, 2020 in observance of Christmas Day.**

**The RI Medicaid Customer Service Help Desk/Call Center will also be closed on the same day.**

**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.



### **DXC Technology is now Gainwell Technologies**

**Phone numbers, fax numbers and mailing addresses  
have not changed.**

**Email addresses *have* changed. Effective immediately,  
all email should be directed to  
[@gainwelltechnologies.com](mailto:@gainwelltechnologies.com).**

**Example; [jane.doe@gainwelltechnologies.com](mailto:jane.doe@gainwelltechnologies.com)**

**gainwell**



# December 2020 Provider Update



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**RI Medicaid  
Customer Service  
Help Desk for  
Providers**  
Available Monday—Friday  
8:00 AM-5:00 PM  
(401) 784-8100  
for local and  
long distance calls  
(800) 964-6211  
for in-state toll calls



## Attention Dental Providers

Effective with date of service **November 1, 2020** the Area of Oral Cavity (AOC) will be a required field for dental claims and prior authorizations that include any code listed below. If multiple units are allowed for a procedure, each unit must include the corresponding AOC code and must be listed as **individual** details.



Prior authorizations (PA) will show the approved AOC (s) when viewed in the Healthcare Portal. Denial letters will include the AOC. Valid AOC codes are listed below.

Procedure Code	Procedure Description	Procedure Code	Procedure Description
D4210	Gingivectomy or Gingivoplasty-Per Quadrant	D7320	Alveoplasty not in Conjunction with Extractions - Per Quadrant
D4211	Gingivectomy or Gingivoplasty-Per Quadrant	D7340	Vestibuloplasty-Ridge Extension (Second Epithelialization)
D4341	Periodontal Scaling and Root Planing-Per Quadrant	D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts, Muscle Re-Attachments, Revision of Soft Tissue)
D4342	Periodontal Scaling and Root Planning- One to Three Teeth Per Quadrant	D7970	Excision of Hyperplastic Tissue- Per Arch
D5986	Fluoride Gel Carrier		

Area of Oral Cavity Code	Description
00	Entire Oral Cavity
01	Maxillary
02	Mandibular
10	Upper right quadrant
20	Upper left quadrant
30	Lower left quadrant
40	Lower right quadrant

Should you have questions you may contact our Customer Service Help Desk at 401-784-8100 or the dental Provider Representative Sandra Bates at [sandra.bates@gainwelltechnologies.com](mailto:sandra.bates@gainwelltechnologies.com) or 401-784-8022.

## Attention Institutional Providers

### **Crossover Claims Correction**

The crossover claim logic is such that when it calculates the amount Medicaid would pay on a claim, it then looks to see if there is another insurance (other than Medicare) amount on the claim. If there is another insurance amount, the Medicaid Payment is decremented by the amount paid by other insurance. This resulted in having paid some crossover claims incorrectly.

To correct the crossover claims that have been impacted as described above you must perform one of the options listed below. Due to systematic limitations we are unable to correct the claims internally.

Options for correcting claims:

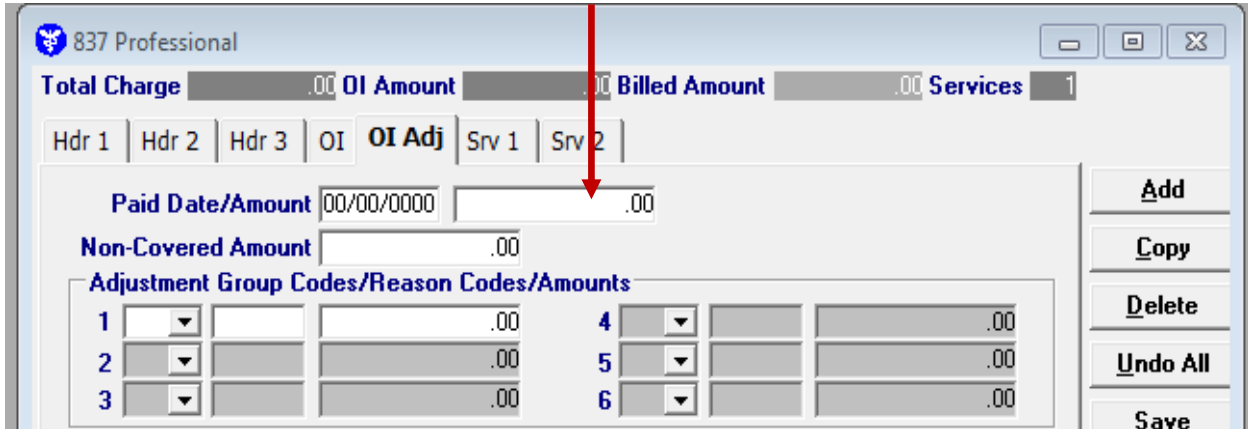
- Submit a replacement claim using claim frequency of 7 for adjustment
- Submit the claim using claim frequency of 8 to void the claim. Once the claim is voided you can resubmit the claim as a new day claim.
- Note: The claim frequency and the ICN (claim number) of the incorrectly paid claim are the only items that need to be changed. Please submit the claim as usual.
- If you submit paper claims PES software can be used to adjust or void the claim. Link provided below for instructions:

[http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/MA%20Providers/PES/replacements\\_voids.pdf](http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/MA%20Providers/PES/replacements_voids.pdf)

For questions and/or assistance please call or email your provider rep or email [riediservices@dxc.com](mailto:riediservices@dxc.com). For questions and/or assistance please call or email your provider rep or email [riediservices@dxc.com](mailto:riediservices@dxc.com).

## Attention PES Users

A new version of PES is now available and you should update to this version as soon as possible. Failure to update to this version will create an issue with claims processing when you are submitting claims that have a zero-dollar paid amount on the other insurance tab. The Paid Amount field in the software is displayed below.



The screenshot shows the PES software interface. At the top, there are fields for 'Total Charge', 'OI Amount', 'Billed Amount', and 'Services'. Below these are tabs for 'Hdr 1', 'Hdr 2', 'Hdr 3', 'OI', 'OI Adj', 'Srv 1', and 'Srv 2'. The 'Paid Date/Amount' field is highlighted with a red arrow and contains the value '.00'. Below this is the 'Non-Covered Amount' field, also containing '.00'. The 'Adjustment Group Codes/Reason Codes/Amounts' section contains a table with 6 rows and 3 columns. The first three rows have values 1, 2, and 3 in the first column, and .00 in the third column. The last three rows have values 4, 5, and 6 in the first column, and .00 in the third column. On the right side of the interface, there are buttons for 'Add', 'Copy', 'Delete', 'Undo All', and 'Save'.

In order to correct this issue, we have created a **new PES Version 2.12**. You can follow the link at the end of this email to download the latest version of the software. It is **critical** that you follow the upgrade instructions carefully. Otherwise you run the risk of corrupting your database. Before beginning the upgrade installation, **we recommend that you create a backup copy of your database**. This would be used in the event your file is corrupted during the upgrade process.

### **Instructions to create your backup for your existing database:**

- \* **Navigate** to you where your database is stored. For some of you that would be the C drive/RIHIPAA folder. For others it would be the **server/RIHIPAA folder**.
- \* The database file is named **rinewecs.mdb**. Right-click and choose copy. Next, navigate to your desktop or a flash drive folder. Right-click and choose paste. This file is only to be used if your upgrade to version 2.12 doesn't work and your database is corrupted.

Once your database is saved, proceed to the Upgrade. The software upgrade and upgrade instructions can be located on the [Provider Electronic Solutions](#) page on the EOHHS website.

When your upgrade to version 2.12 is successful, you can delete what you saved on your desktop or the flash drive. **We highly recommend you delete the saved copy from your desktop or flash drive.**

If you should have any questions, please email [riediservices@gainwelltechnolgies.com](mailto:riediservices@gainwelltechnolgies.com) or contact your provider representative.

## **FYI:**

The application fee to enroll as a Medicaid provider is \$595.00 as of January 1, 2020.

However, please note that all enrollment application fees are waived during the Covid-19 Health Crisis

*See more information regarding providers who may be subject to application fees [here](#).*

## **HHS Expands Relief Fund Eligibility and Updates Reporting Requirements**

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is announcing the latest Provider Relief Fund (PRF) application period has been expanded to include provider applicants such as residential treatment facilities, chiropractors, and eye and vision providers that have not yet received Provider Relief Fund distributions.

**See complete press release [here](#)**

## Pharmacy Spotlight

### Meeting Schedule:

#### Pharmacy and Therapeutics Committee Drug Utilization Review Board

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

**Date:** December 15, 2020

**Registration:** 7:30 AM

**Meeting:** 8:00 AM

**Location:** Gainwell Technologies  
301 Metro Center Blvd., Suite 203  
Warwick, RI 02886

[Click here for agenda](#)

The next meeting of the Drug Utilization Review (DUR) Board is scheduled for:

**Date:** December 15, 2020

**Meeting:** 10:30 AM

**Location:** Gainwell Technologies  
301 Metro Center Blvd., Suite 203  
Warwick, RI 02886

[Click here for agenda](#)

#### 2020 Meeting Dates:

December 15, 2020

RI Fee-for-Service (FFS) Medicaid has incorporated changes outlined into law on October 24, 2018 with the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (Support) Act HR6 as they pertain to section 1004 for the MMIS Medicaid Drug Utilization Review processes.

The SUPPORT Act was drafted in order to address the current opioid crisis. It outlines the necessary steps that states must take in order to promote opioid recovery and treatment for patients.

A maximum daily morphine equivalent (MME) amount on opioid prescriptions for individuals in FFS Medicaid has been set at 90MME. Exceptions to this limit are patients with cancer, sickle cell disease and those in hospice care. Pharmacy Point-of-Service (POS) claims will deny when this daily limit is exceeded, or if the MMIS has no clinical information for an individual, with the following message ***“Patient exceeded cumulative daily 90 MME limit”***.

Using the pharmacy Opioid Prior Authorization form a prescriber can submit a PA request for consideration. The PA form can be retrieved at <http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy/PharmacyPriorAuthorizationProgram.aspx>

## Pharmacy Spotlight cont.

### Drug Utilization Review (DUR) Alerts and Override Codes

Effective June 2020 RI FFS Medicaid has added the following drug/drug combinations to the DUR Alert edit.

- Opioids (Extended Release)/Benzodiazepine
- Opioids (Immediate Release)/Benzodiazepine
- Opioids (Extended Release)/Antipsychotic
- SLT Opioids (Immediate Release)/Antipsychotic

Please continue to follow the procedure below to override DUR Alerts when necessary.

#### Early Refill (ER), Therapeutic Duplication (TD) and Drug-Drug Interaction (DD) Alerts

If a claim for a refill is submitted before 85% of the prior prescription is used that claim will deny. If a claim is for a drug within therapeutic duplication alert categories that claim will deny.

If a claim is submitted for a recipient whose claim history includes an interacting drug and the date of service of the current claim is within the interaction time of the earlier drug, the claim will deny.

To override these denials, the pharmacist submitting a claim through POS must initiate a DUR Alert Override using valid intervention and outcome response codes. The ER override code cannot be used for a vacation fill.

Valid intervention and outcome codes must be entered in order for the claim to be paid. These codes are selected based on the pharmacist's professional judgment and assessment, and may involve contacting the prescriber to obtain more information before a code is used.

Reason For Service Code (Alerts)	Result of Service Code (Outcome)	Professional Service Code (Interventions)
DD = Drug-Drug Interaction ER = Early Refill TD = Therapeutic Duplication	1C = Filled, With Different Dose 1D = Filled, with Different Directions 1E = Filled, With Different Drug 1G = Filled, With Prescriber Approval 3C = Discontinued Drug 3D = Regimen Changed 3E = Therapy Changed 3H = Follow-up/ Report	M0 = Prescriber consulted MR = Medication review PH = Patient medication history PM = Patient monitoring P0 = Patient consulted

If no code has been entered, or if an invalid outcome and intervention code is used, the claims will remain denied and no payment will be made.

**Please note:** Those wishing to override an alert must do so within 3 days of receipt of the denial. Providers trying to override an alert beyond the 3 day time period will receive a message of "no corresponding claim; please resubmit".

**Please Note:** The correct code for a lost or stolen prescription is 3H





Please Note!

Providers can access the Healthcare Portal directly, without going through the [EOHHS website](#), by going to this address:

<https://www.riproviderportal.org/HCP/Default.aspx?alias=www.riproviderportal.org/hcp/provider>

## Procedure Code X1000

Effective May 22, 2020, Medicaid is removing Procedure Code X1000 from its fee schedule. The code should no longer be used for billing. This COVID-related code was not approved for Federal match by CMS. Providers should continue to use traditional E&M codes for COVID telehealth.

Click [here](#) to view the **UPDATED** RI Medicaid memo regarding telehealth and COVID-19.

## Prior Authorization Requirements During Covid-19 Crisis

Prior Authorizations previously extended to October 31, 2020 will be extended through January 31, 2021 to allow additional time for services to be delivered. No action is required by providers. The changes have been applied systematically.

Also note that the Prior Authorization requirements are now waived for all services except the following:

- Pharmacy
- Hospice inpatient
- Orthodontic treatment
- Wheelchair and accessories
- Specialized supply
- Home modifications
- Private duty nursing
- Personal care services

All claims billed with the services above will still require prior authorization.

*\*Prior authorization requests for manually priced DME items should continue to be submitted as usual. These include items that fall under codes such as A9999, E1399 and K0108.*

Should you have questions please contact the Customer Service Help Desk at (401) 784-8100 for local and long-distance calls (800) 964-6211 for in-state toll calls.

## **COVID-19 Personal Protective Equipment Surcharges**

EOHHS has received complaints and other communications from consumers concerning reopened practices charging patients fees for costs related to personal protective equipment (PPE) and the infection control recommendations from the CDC due to the COVID-19 public health emergency. EOHHS is sending this communication as an alert that such practices should not be occurring by providers for covered Medicaid services.

Rhode Island Medicaid balance-billing rules, and HMO balance billing prohibitions, and MCO contracts prohibit charging plan beneficiaries administrative fees or fees inherent in the delivery of covered services.

Providers need to be aware of the limitations placed by Medicaid, Medicare, HMOs, and Health Benefit Plans etc. on billing patients certain fees.

Provider practices should not be billing/collecting fees to increased costs associated from COVID (i.e. PPE surcharges). Unless otherwise stipulated, the Medicaid Program reimbursement is considered payment in full. The provider is not permitted to seek further payment from the beneficiary in excess of the Medicaid Program rate. This includes the billing of a beneficiary resulting from a denied claim for any reason other than eligibility. In general, beneficiaries of RI Medicaid cannot be billed for any covered service or missed appointment.

We strongly encourage MCOs to remind providers regarding charging Medicaid members additional fees related to covered services.

## NURSING HOMES, ASSISTED LIVING, AND HOSPICE PROVIDERS

### Payment Delivery for Interim Payments

Due to the ongoing COVID-19 State of Emergency, Interim payments will continue to be automatically deposited into the bank account associated with your Gainwell Technologies MMIS account.

This will alleviate the need for in-person visits to the Gainwell Technologies office.

The next system payment will be deposited into the bank account directly, in line with the financial calendar on December 18, 2020.

Gainwell Technologies will securely mail the member information to providers detailing which client and date of service the payment is for.

We will continue to communicate with providers on any changes.



### Long Term Supports and Services Cost of Care

Since the start of the COVID-19 public emergency, Medicaid has not permitted any increase in a client's cost of care (also known as "patient share"). The federal waiver prohibiting cost of care increases has ended in November, 2020.

All LTSS recipients are being reviewed for potential cost of care increases, effective January 1, 2021. Cost of care increases will **NOT** be retroactive.

Clients may have accrued assets over the \$4,000 limit due to the implementation of this policy change. DHS will review assets upon recertification. Recertifications will begin in the month following the end of the Federal Public Health Emergency (PHE). The PHE is currently set to expire on January 21, 2021 but may be extended further.

## Nursing Home Providers

To improve the timeliness of the Nursing Home billing process, EOHHS has eliminated the requirement to submit skilled and custodial change of acuity slips in CSM. This change also eliminates the need to submit changes in acuity to hospice. Admission and discharge slips will still be required. This change impacts all dates of service and was implemented on September 1, 2020.

As an example, a member is discharged to the hospital on 8/22/20 and then readmits to the nursing facility with an acuity level of skilled on 9/1/20:

1. The discharge slip will need to be submitted in CSM as it is today for the discharge on 8/22/20.
2. Then upon readmission to the nursing facility on 9/1/20 the admit slip will still need to be submitted. In the above example this member has readmitted with an acuity level of skilled.
3. The member then has an acuity change to nonskilled on 9/15/20. No slip is required for this change in acuity.

Nursing homes will bill 9/1/20 - 9/15/20 skilled (if co-share payments are needed) and 9/15/20 ongoing custodial. Claims for members that have a long-term care segment for any level of care will pay based on the type of bill submitted.

As a reminder:

A bill type of 263 is for members that are nonskilled and pay based on the RUG that is on file in the Medicaid system for the dates of service.

A bill type of 253 is for skilled Medicare coinsurance days and will pay based on the coinsurance rate for the year, currently for 2020 that rate is \$176.00 per day.

A bill type of 210 is for a skilled Medicare no pay day.

If you have any questions please contact the Gainwell Technologies Help Desk at 401-784-8100 or the nursing home provider representative [marlene.lamoureux@gainwelltechnologies.com](mailto:marlene.lamoureux@gainwelltechnologies.com).

### Attention Community Supports Management (CSM) Users:

The Community Supports Management Website was designed to help users enter forms electronically. Users are able to enter the following forms on the CSM without a need to fax them over to the local DHS office.

- Nursing Home Admission Slips
- Nursing Home Discharge Slips

In order to gain access to the CSM Website, all new users must fill out and submit a [CSM User ID](#) form which can be found on the [www.eohhs.ri.gov](http://www.eohhs.ri.gov) website. Please send the completed form to [nelson.aguiar@gainwelltechnologies.com](mailto:nelson.aguiar@gainwelltechnologies.com).

Once the form is received, please allow 7-10 business days to process your request. The user will receive an email with their CSM User ID, a temporary password, and a link to the CSM web application with some basic instructions regarding logging in.

Please remember that passwords must be between six and eight alphanumeric characters in length, contain no special characters or spaces, cannot be all nines and will expire every 90 days. For passwords that require a reset due to expiration or lock out please email [rixixops@gainwelltechnologies.com](mailto:rixixops@gainwelltechnologies.com) or call 401-413-3193.

Please remember as a user of the Rhode Island Community Supports Management System (CSM), it is your agency's responsibility, upon someone leaving your work-force, to notify the State of Rhode Island Executive Office of Health and Human Services or Gainwell Technologies in order to revoke access to the CSM. Requests for termination of access must be sent on the CSM User Form, with the selection of "Delete" at the top of the form. Please send the form to [nelson.aguiar@gainwelltechnologies.com](mailto:nelson.aguiar@gainwelltechnologies.com) to have the worker's access to CSM removed.

It is our shared responsibility to prevent unauthorized access to the CSM and to protect and safeguard the Personal Health Information of our Health & Human Services program enrollees.

## EVV Updates:

The RI Medicaid program is moving forward with full compliance with the Federal 21st Century Cures Act, Section 12006(a), effective January 1, 2021.

EOHHS is focused on ensuring a smooth transition for providers beginning to use EVV for all Medicaid services covered by Federal law. Since 2016, EOHHS has worked with the State's EVV vendor, Sandata, to build and make available the State EVV Solution, Santrax Agency Management (SAM), for all Medicaid providers fee for service claims. Beginning in April 2020, the RI Medicaid program also allowed providers to use third-party EVV systems via an "aggregator" with the Santrax system, to submit EVV records, should they choose not to implement the full Medicaid EVV solution.

We must remind providers that under Federal law, each provider's third-party EVV system must either be fully interfaced with the State vendor, Sandata, or providers must use the State EVV system until the interface is complete by January 1, 2021. Providers must meet this deadline to meet federal compliance and avoid interruption in payments. Providers will not be exempt from using EVV while establishing interfaces with Sandata.

Beginning January 1, 2021, all Medicaid claims submitted to EOHHS that require EVV records will be reviewed for the corresponding EVV record at time of adjudication. Medicaid claims without corresponding EVV records will deny during claims adjudication or, if the claim is paid and does not have valid matching EVV records, it will be subject to review and recoupment.

EVV audits will be conducted in the same manner and procedure as all Medicaid Program Integrity audits, as communicated on May 1, 2020. Results of EVV audits will be formally documented and will allow for provider review and response. Audits finding will document recommendations, may require corrective action and could result in penalties for the billing providers.

EVV audits will commence six (6) months after the federal EVV compliance deadline (January 1, 2021) and will include dates of service back to the start of the compliance period. EVV providers will be notified no later than thirty (30) business days in advance of an audit taking place. This notification will outline the purpose of the audit, the required documentation and the process that will be followed.

To ensure consistency and transparency, Rhode Island Medicaid's managed care organizations will follow the same procedures and timeframes as outlined above.

EOHHS has made available and implemented multiple resources for providers to begin complying with EVV requirements. The Rhode Island Medicaid EVV website is the primary source of information for the EVV program and stakeholders may access that information at [http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification\(EVV\).aspx](http://www.eohhs.ri.gov/ProvidersPartners/ElectronicVisitVerification(EVV).aspx).

If you have any questions about the EVV implementation, please contact Meg Carpinelli via email at [Margaret.Carpinelli@ohhs.ri.gov](mailto:Margaret.Carpinelli@ohhs.ri.gov)

EOHHS values the partnership of providers and looks forward to working with you to meet the requirements for EVV.

## ATTENTION HOME CARE PROVIDERS

Effective August 10, 2020 RI Medicaid members that were actively enrolled in the Preventive Community Services waiver were transitioned to a new program name. The program will appear on the Health Care Portal as “Medicaid Preventive Services”. Members are eligible for the same services received under the Preventive Community Services name. The home care procedure codes and the base Medicaid allowed amount will remain as follows:

- S5125 UI Combined Homemaker/Personal Care per 15 minutes \$5.43
- S5130 Homemaker Service per 15 minutes \$5.26
- T1001 Nursing Assessment/Evaluation \$98.04

The same prior authorization that were needed for the Preventive Community Services waiver are required under the new program Medicaid Preventive Services. Existing clients do not need new prior authorizations.

If a Medicaid member is seeking preventive services, please reach out to [Preventive@RIPIN.org](mailto:Preventive@RIPIN.org) for enrollment assistance. If you have questions about active members, please contact the DHS LTSS Unit at (401) 415-8455 or [DHS.LTSS@dhs.ri.gov](mailto:DHS.LTSS@dhs.ri.gov)

## DME Providers—Commode Guidelines

Effective 7-13-20 the commode guidelines have been streamlined to the following:

A commode is covered when medically necessary and ordered by a prescribing provider. Duplicate devices for multiple bathrooms are not covered.

Prior authorization requirements for codes E0170-E0171 have been removed.

## DME Providers—Enteral Nutrition Guidelines

The Enteral Nutrition Guidelines have been updated. Guidelines can be found [here](#) in the Enteral Nutrition and Total Parental Nutrition section of the provider manual.

<http://www.eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/DME/CoverageGuidelinesforDurableMedicalEquipment.aspx>



# State FY 2021 Claims Payment and Processing Schedule

## SFY 2021 Financial Calendar

Month	LTC Claims due at Noon	EMC Claims due by 5:00 p.m.	EFT Payment
July		7/3/2020	7/10/2020
	7/9/2020	7/10/2020	7/17/2020
		7/24/2020	7/31/2020
August	8/6/2020	8/7/2020	8/14/2020
		8/21/2020	8/28/2020
September	9/3/2020	9/4/2020	9/11/2020
		9/18/2020	9/25/2020
October		10/2/2020	10/9/2020
	10/8/2020	10/9/2020	10/16/2020
		10/23/2020	10/30/2020
November		11/6/2020	11/13/2020
	11/12/2020	11/13/2020	11/20/2020
		11/27/2020	12/4/2020
December	12/10/2020	12/11/2020	12/18/2020
		12/24/2020	12/31/2020
January	1/7/2021	1/8/2021	1/15/2021
		1/22/2021	1/29/2021
February	2/4/2021	2/5/2021	2/12/2021
		2/19/2021	2/26/2021
March	3/4/2021	3/5/2021	3/12/2021
		3/19/2021	3/26/2021
April		4/2/2021	4/9/2021
	4/8/2021	4/9/2021	4/16/2021
		4/23/2021	4/30/2021
May	5/6/2021	5/7/2021	5/14/2021
		5/21/2021	5/28/2021
June	6/3/2021	6/4/2021	6/11/2021
		6/18/2021	6/25/2021
July		7/2/2021	7/9/2021
	7/8/2021	7/9/2021	7/16/2021
		7/23/2021	7/30/2021

View the SFY 2021 Payment and Processing Schedule  
on the EOHHS website

[http://www.eohhs.ri.gov/ProvidersPartners/  
Billingamp;Claims/PaymentandProcessingSchedule.aspx](http://www.eohhs.ri.gov/ProvidersPartners/Billingamp;Claims/PaymentandProcessingSchedule.aspx)

## **Notable Dates in December**

- \* **December 1—Rosa Parks Day**
- \* **December 7—National Pearl Harbor Remembrance day**
- \* **December 10—Chanukah**
- \* **December 21—Winter Solstice**
- \* **December 24—Christmas Eve**
- \* **December 25—Christmas**
- \* **December 26—Kwanzaa**
- \* **December 31—New Year's Eve**

