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Rhode Island Medicaid Program

February 2021

Provider Update

**State offices will be closed in observance of the following
Holidays in 2021.**

New Year's Day	Friday, January 1
Martin Luther King, Jr. Day	Monday, January 18
Memorial Day	Monday, May 31
Independence Day	Sunday, July 4 (State Employees, celebrate Monday, July 5)
Victory Day	Monday, August 9
Labor Day	Monday, September 6
Columbus Day	Monday, October 11
Veterans' Day	Thursday, November 11
Thanksgiving Day	Thursday, November 25
Christmas Day	Saturday, December 25 (State Employees celebrate on Mon- day, December 27)

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

**The RI Medicaid Health Care Portal (HCP) is available 24
hrs./7 days for Member Eligibility, Claim Status, View Remit-
tance Advice and View Remittance Advice Payment Amount.**

Click [here](#) for the HCP login page.





February 2021 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 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

For questions and/or assistance please call or email your provider rep or email riediservices@dxc.com. For questions and/or assistance please call or email your provider rep or email riediservices@dxc.com.

Attention All PES Users

At the date of this posting, you should be upgraded to PES 2.12. A new version of PES, version **2.13**, is now available and you should update to this newest version as soon as possible. This is a **mandatory upgrade.**"

It is **critical** that you follow the upgrade instructions **carefully and precisely**, otherwise you run the risk of corrupting your database.

Before installing the upgrade, we **highly recommend that you create a backup copy of your database**. This backup file would only be used if your file is corrupted during the upgrade process.

Instructions to create a backup file of your existing database:

- Navigate to where your database is stored.
 - ◊ This location will either be **C: drive/RIHIPAA OR server/RIHIPAA**
- The database file is named **rinewecs.mdb**.
 - ◊ Right-click this file 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 2.13 doesn't work and your database is corrupted.

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

Please follow the directions for upgrading **VERY** carefully. Failure to do so could result in your database being corrupted.

NOTE: Upgrades **MUST** be done in **sequential order**. For example; if you have not already upgraded to PES Version 2.11 you must do that **FIRST**, and then upgrade to 2.12, and then finally proceed to the newest version of PES.

Additionally, if you are working on a network, the **SERVER** needs to be updated first, and then each workstation separately thereafter.

Instructions to upgrade PES:

- **Go to:**
[http://www.eohhs.ri.gov/ProvidersPartners/Billing&Claims/ProviderElectronicSolutions\(PES\)Software.aspx](http://www.eohhs.ri.gov/ProvidersPartners/Billing&Claims/ProviderElectronicSolutions(PES)Software.aspx)
- **Click on:** "PES Upgrade Version 2.13"
 - ◊ Please make absolute certain that you select the **UPGRADE** option
 - ◆ Failure to follow this step will result in wiping your database.

(con't)

Attention All PES Users (continued)

Depending on your version of Windows you will either be prompted to “Save As” **OR** your download will appear in the bottom left hand corner.

- **If a box opens up that says “Save As”**
 - Choose your C: drive
 - Choose the RIHIPAA folder
 - Choose the Upgrades folder – Do **not** unzip the file. SAVE it to the Upgrades folder. (File is named eagle0213.zip)
- **If the download appears in the bar in the bottom left hand corner:**
 - Open the “Downloads” folder. Do **not** open the zip file itself. Right-click the file and COPY.
 - Open your C: Drive and go to the RIHIPAA folder, and then the Upgrades folder.
 - Right-click and PASTE the eagl0213.zip file into the Upgrades folder

Once this is done, you must perform this next step in order to complete the upgrade.

Again, **DO NOT** open the zip file.

- Make sure that your PES program is **CLOSED**.
- Click on your **START** button
- Click on “All Programs”
- Click on “RI DXC Provider Electronic Solutions”
 - ◊ From here a couple of options should open in a drop-down style menu.
 - ◊ Click on “Upgrade”
- You will get a message that states: *“Upgrades cannot be applied while the DXC Provider Electronic Solutions software is running. Please exit all applications prior to continuing with the upgrade. Do you wish to apply the upgrades now?”*
 - ◊ If the software is closed, choose “yes.”
 - ◊ If the software is open, **close** the software and then click “yes”
- You should get a message that says there is *“1 new upgrade Do you wish to continue?”*
 - ◊ Choose “yes”
- Follow the prompts through the next few screens, then select finish.

After this your program should have updated successfully.

When your upgrade to 2.13 is successful, you can delete the backup file that you created. **We highly recommend you delete the saved copy from your desktop or flash drive.**

If you should have any questions, please email riediservices@dxc.com or contact your provider representative.

Attention Automated Script Users

This message is intended for **automated script users ONLY**. Meaning, if you are a PES software user or you manually login to the Health Care Portal to submit your claims STOP reading this notice. Otherwise, if your claim files are sent as an automated process, please continue to read this message.

If you're a trading partner who is presently sending files to RI Medicaid using an automated process the URL is changing. We need you to begin using the URL below.

[https:// iws.riproviderportal.org/portal/services/customClient/upload](https://iws.riproviderportal.org/portal/services/customClient/upload)

[https:// iws.riproviderportal.org/portal/services/customClient/directory](https://iws.riproviderportal.org/portal/services/customClient/directory)

[https:// iws.riproviderportal.org/portal/services/customClient/download](https://iws.riproviderportal.org/portal/services/customClient/download)

This is not optional. We are requesting this be done as soon as possible. Please replace your current URLs with the above URLs.

No testing will be required. Please begin submitting your claims and eligibility request to the above URLs ASAP. Please make sure to review all your acknowledgment reports for acceptance of your submissions.

If this message applies to you, please confirm with us the links are working as expected by sending an email to riediservices@dxc.com. Be sure to include your trading partner number.

FYI:

The application fee
to enroll as a Medicaid provider is \$599.00
as of January 1, 2021.

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](#).***

Prior Authorization Requests

Please **do not** fax prior authorization requests that contain more than 15 pages. If
your request is over 15 pages please mail your requests to:

Gainwell Technologies
Prior Authorization Department
PO Box 2010
Warwick, RI 02887-2010

Attention Managed Care Organizations-Telehealth Processing

The Rhode Island Executive Office of Health & Human Services (EOHHS) requests
that all Medicaid managed care organizations (MCOs) submit telehealth claims
with a *Place of Service Code 02 (Telehealth)*.

EOHHS requests that all MCOs complete the implementation of this change in
claims submission by February 1, 2021.

Please contact Mark Kraics and Steven Corvese if you have questions regarding
this requirement

Pharmacy Spotlight



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



Pharmacy Spotlight cont.

The following is a new class of drugs managed on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective January 2021.

<p><u>Movement Disorders Preferred</u> Austedo tetrabenazine</p>	<p><u>Movement Disorders Non-Preferred</u> Ingrezza Ingrezza Initiation Pack Xenazine</p>
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The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective January 2021.

<p><u>Anticoagulants Changed status to Non-preferred</u> Fragmin Disp Syringe Fragmin Vial</p>	<p><u>Anticonvulsants Changed status to Non-Preferred</u> carbamazepine ER (generic Carbatrol) oral divalproex sprinkle divalproex sprinkle (AG) oxcarbazepine oral suspension</p> <p><u>Anticonvulsants Changed status to Preferred</u> Carbatrol clobazam tablet Trileptal oral suspension Depakote Sprinkle</p>
<p><u>Multiple Sclerosis Agents Changed status to Non-Preferred</u> Rebif Rebif Rebidose pen injector Tysabri</p>	<p><u>Ophthalmic Antibiotics Changed status to Non-Preferred</u> Moxeza Vigamox</p> <p><u>Ophthalmic Antibiotics Changed status to Preferred</u> moxifloxacin (generic Vigamox) (AG) moxifloxacin (generic Vigamox) ofloxacin</p>
<p><u>Opiate Dependence Treatments Changed status to Preferred</u> buprenorphine/naloxone tab (sublingual)</p>	<p><u>Pulmonary Arterial Hypertension Agents Changed status to Non-Preferred</u> Letairis</p> <p><u>Pulmonary Arterial Hypertension Agents Changed status to Preferred</u> ambrisentan Revatio oral suspension Tracleer tablet</p>

To view the entire Preferred Drug List please check the Rhode Island EOHHS Website at:

<http://www.eohhs.ri.gov/ProvidersPartners/GeneralInformation/ProviderDirectories/Pharmacy.aspx>






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>



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



Hospital In-Patient Rate Increase

The inpatient hospital DRG base rate has been increased to \$12,894.00, effective 7/1/2020. The new base rate represents a 2.6% increase, over the existing base rate of \$12,567.00. Previously DRG-paid inpatient claims with dates of service on and after 7/1/2020 will be adjusted and reprocessed at the new rate. The adjustment is scheduled for 1/23/2021 to be reflected in the 1/29/2021 remittance advice.

The DRG Calculator located on the [EOHHS website](#) has been updated to reflect the change.

If you have questions please contact the Customer Service Help Desk at 401-784-8100 or for in-state toll calls 800-964-6211 or your Provider Representative.

Prior Authorization Requirements During Covid-19 Crisis

Prior Authorizations previously extended to January 31, 2021 will be extended through June 30, 2021. 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 February 12, 2021.

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.

Attention Home Care Providers

Providers will soon have access to a newly updated Electronic Referral List web page that will display individuals approved for home care services on the Health Care portal. Providers shared valuable feedback during and after recent training session that will be used to make additional improvements to the system. The system will not Go Live on January 19, 2021, as previously scheduled, but a new Go Live date will be announced as soon as possible. Providers will be notified of additional training opportunities to learn about the enhancements.

The list will be used by the Home Care agencies to view general beneficiary information for those in need of services. This is for those beneficiaries that are receiving services through Fee for Service Medicaid only. The programs that are included are:

- Core Community Services
- DEA Waiver
- Preventive Services
- Habilitation Community Services

BHDDH, DEA Copay and Pediatrics are not in the current phase but may be added in a future phase.

Available information on the referral list will include:

- Referral ID
- Date the referral was created
- Region (where the recipient will be receiving services)
- Preferred Language
- Primary Diagnosis
- Are there pets, smokers, weapons in the home?
- Priority (2 days, 5 days, 14 days or unknown)
- Status (available, In Progress)

Providers that have an active Trading Partner ID will need to fill out the “Electronic Fee-For-Service Referral System for Home Care Agencies” form if they do not have access already to this web page. Please email the completed form to: riedis-services@dxc.com.

If you have not already enrolled as a Trading Partner please refer to the instructions which are found on the [Healthcare Portal page](#) of the www.eohhs.ri.gov website to enroll and register your Trading Partner ID before you can gain access to the Electronic Referral page in the Healthcare Portal.

For questions please contact marlene.lamoureux@gainwelltechnologies.com.

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

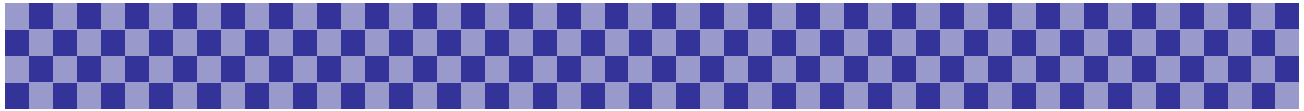
EOHHS values the partnership of providers and looks forward to working with you to meet the requirements for EVV.

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>



Attention Home Care Providers

Effective January 12, 2021, RI Medicaid members that were actively enrolled in the Self-Direction Community Services waiver were transitioned to a new program name. The program will appear on the Health Care Portal as “Personal Choice Program”. Members are eligible for the same services received under the Self-Direction Community Services name. Reimbursement for services and procedure codes will remain the same.

If a Medicaid member is seeking services for the Personal Choice Program, please reach out to OHHS.OCP@ohhs.ri.gov for enrollment assistance. If you have questions about active members, please contact the DHS LTSS Unit at (401) 462-6278 or Linnea.Tuttle@ohhs.ri.gov.

Important: Please note that these members will also have active Core Waiver Eligibility. What this means is if the member has an active enrollment into both the Personal Choice Program and the Core Waiver Services with the same dates of service, claims submitted for home care services by a home care agency will deny.

HHS Announces Provider Relief Fund Reporting Update

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is issuing new reporting requirements and announcing that it will be amending the reporting timeline for the Provider Relief Fund Program (PRF) due to the recent passage of the Coronavirus Response and Relief Supplemental Appropriations Act.

These reporting requirements will apply to providers who received the Medicaid PRF funds. The reporting requirements released today do not apply to funds from: Nursing Home Infection Control, Rural Health Clinics Testing, and COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment and Vaccine Administration for the Uninsured recipients.

Additionally, starting today, PRF recipients may begin registering for gateway access to the Reporting Portal where they will ultimately submit their information in compliance with the new reporting requirements HHS is issuing.

Read the full **press release** [here](#).

Learn more about the **reporting requirements** and new portal [here](#).

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 February

- * February 12—Lincoln's Birthday
- * February 15— Presidents' Day

