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# Rhode Island Medicaid Program

## March 2023

# Provider Update

**State Offices will be closed in observance of the following Holidays in 2023**

Memorial Day	Monday May 29th
Independence Day	Tuesday July 4th
Victory Day	Monday August 14th
Labor Day	Monday September 4th
Columbus Day	Monday October 9th
Veteran's Day	Monday November 13th
Thanksgiving	Thursday November 23rd
Christmas	Monday December 25th



**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 Remittance Advice and View Remittance Advice Payment Amount.**

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



# March 2023 Provider Update



**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



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## Medicaid Renewals and Return to Normal Operations

### What This Means

Before the COVID-19 pandemic, people enrolled in Medicaid had their eligibility reviewed once a year. This is called “Renewal” or “Redetermination.” In 2020, the U.S. Department of Health and Human Services declared the U.S. to be in a public health emergency (PHE) due to the pandemic. As a result, states have been allowed to keep people enrolled in Medicaid without having them go through an annual renewal process.

This will change starting on April 1, the date the federal government decided continuous enrollment in Medicaid benefits ends. This means that beginning on April 1, and over the next year, every person receiving Medicaid benefits will need to have their eligibility redetermined.

### What You Can Do

The most important thing you can do right now is to **update your contact information** so that the Rhode Island Medicaid program can send you the notices and information you need to keep or transition your health insurance.

### How can I update my account information?

#### Online or mobile app:

Visit [healthyrhode.ri.gov](https://healthyrhode.ri.gov) to access your account online or download the **HealthyRhode mobile app** on your smartphone to access your account.

#### Contact your health insurance managed care organization:

Do you have an insurance card from **Neighborhood Health Plan of Rhode Island, Tufts Health Public Plan (RITogether)** or **United Health Care Community Plan (UHCCP)**? Call the number on the back of your card for assistance in updating your contact information. Be sure to give them permission to share this information with the State of Rhode Island (*Option not available to the Department of Children, Youth, and Families, Medicaid-Medicare plan members, or traditional fee-for-service Medicaid members*).

#### Over the phone:

Call **HealthSource RI (HSRI)** at **1-855-840-4774** (Monday through Friday, except holidays, from 8 a.m. – 6 p.m.).

#### In person:

Staff at the Department of Human Services (DHS) offices can assist customers in person. A list of DHS regional offices is available [here](#).

**Customers can call United Way’s 211 number for help accessing their customer portal account or to learn more about the technology resources available.**

### How Can I Receive Real-Time Updates?

#### Sign up to receive text message reminders and updates about your Medicaid coverage!

Currently, you can choose the option to receive text messages via your customer portal account. This is a great way for us to share timely information with you and easy to set up. All you need is a customer portal account and a cell phone number!

To opt-in for text messages, visit your “My Profile” page at [healthyrhode.ri.gov/HIXWeb13/](https://healthyrhode.ri.gov/HIXWeb13/) and under the “My Contact Information” section, check the “Sign up for Text Messages” box. Clicking the check box displays instructions on how to complete the process and validate your cell phone for text messaging.

## **Medicaid Renewals and Return to Normal Operations**

(continued from p.3)

**If you have any trouble opting in, you can contact HSRI or DHS call centers and talk to a customer service representative.**

### **What is the PHE?**

The PHE was declared in 2020 by the federal government because of the COVID-19 pandemic. The PHE created a “continuous coverage requirement” for Medicaid. This means that people who receive Medicaid were not required to renew their eligibility, as they were required to do in the past to maintain coverage. Since the PHE was declared in 2020, the State has been working to protect benefits by not terminating Medicaid coverage (with just a few exceptions) and meet the needs of nearly a third of our residents who depend on Medicaid for their healthcare.

### **When Will My Renewal Occur?**

When it is your turn to renew, you will receive a letter from Medicaid in the mail. If your Medicaid coverage is going to end because you are no longer eligible, you will be given information on how to apply for health insurance through HSRI.

## COVER ALL KIDS IMPLEMENTATION

Cover All Kids extends full-benefit medical assistance to children who would otherwise be eligible for Medicaid, but for their immigration status.

Legislation passed effective July 1, 2022 – [RIGL 42-12.3-15. Expansion of Rlte track program.](#)

While applications for coverage may be accepted through all available channels (online, mail, phone, in person), **we caution that we currently have system limitations which will delay eligibility determination.**

- Applications received **before September 1, 2022** may receive an initial denial notice, but will be manually reviewed by Department of Human Services (DHS) staff for Cover All Kids eligibility.
- **Beginning September 1, 2022**, applications will be accepted, and won't be initially denied, but also will not result in an automatic approval. These applications will be worked by DHS staff via a manual process. Approval notices will be sent when criteria is met. Denial notices will be sent when eligibility criteria is not met.
- All applications approved via this manual process will receive a retroactive eligibility start date of **July 1, 2022**. Once electronic processing has started, the effective date will be based on the application. Cover All Kids members will receive a Medicaid ID card – the white anchor card – about one week after their eligibility is processed.

Providers should be prepared to bill fee-for-service Medicaid for any approved member expenses for dates of service beginning July 1, 2022.

Though not immediately, the Cover All Kids population will be enrolled in Managed Care Organizations (MCOs). These enrollments are likely to begin on October 1, 2022 and based on a standard eligibility waiting period thereafter. Cover All Kids members will also receive RlteSmiles coverage, the Medicaid Children's dental program.

**For emergency or high-need cases**, providers and applicants are encouraged to submit applications as soon as possible and to request expedited assistance via Linda DeMoranville at [linda.demoranville@dhs.ri.gov](mailto:linda.demoranville@dhs.ri.gov).

**For all other cases, to avoid application backlog, we request applications be submitted on or after October 1, 2022.** Thank you for your partnership and patience as we get our systems prepared to provide services to this new population of children.

## **Katie Beckett (KB) Medicaid Eligibility: Health Care Coverage for Children with Severe Disabilities**

**\*\*Please note that the clinical team overseeing the process for the Katie Beckett Medicaid Program has been moved to DHS-LTSS, kindly refer inquiries and mail application for the KB program to the DHS-LTSS contact below\*\***

Katie Beckett is an eligibility category in Medicaid that allows children under age 19 who have long-term disabilities or complex medical needs to become eligible for Medicaid coverage. To be qualified, child must meet the income and resource requirements for Medicaid for persons with a disability; qualify under the U.S. Social Security Administration's (SSA) definition of disability and require a level of care at home that is typically provided in a hospital, nursing facility or an Intermediate Care Facility for Persons with Intellectual Disability (ICF-MR). Katie Beckett Medicaid eligibility enables children to be cared for at home instead of an institution. With Katie Beckett, only the child's income and resources are used to determine eligibility.

For information about the Katie Beckett program, contact DHS LTSS at: 401-574-8474 or email: [DHS.PedClinicals@dhs.ri.gov](mailto:DHS.PedClinicals@dhs.ri.gov)

To apply for the Katie Beckett Medicaid Program, Kindly complete the DHS-2 Application, check the KB-Katie Beckett: Health Care Coverage for Children with Severe Disabilities, and mail to:  
Attention: DHS LTSS--Katie Beckett Program  
P.O. Box 8709  
Cranston, RI 02920

## **All Medicaid Members Eligible for Discounted Internet**

The Federal Communications Commission recently [launched the Affordable Connectivity Program \[r20.rs6.net\]](#) to reduce the cost of internet service. Through this program, all Medicaid members are eligible for a \$30 per month (or \$75 per month on Tribal Lands) discount on any internet service plan from participating providers. Eligible households can also receive a one-time discount of up to \$100 on a laptop, desktop, or tablet. [Households can enroll in the program here. \[r20.rs6.net\]](#)

## Provider Revalidation: TAKE ACTION NOW!

Providers who have completed their revalidation, Thank you!

The **DEADLINE** for completion was 12/26/2022. Providers who have **NOT** revalidated are now pass due. If you have not completed your revalidation, please do so now. RI Medicaid will not enroll any provider retroactively.

### Here are some tips for completing Revalidation

Ownership/Board members information are required, including name, title, SSN, and DOB.

W9 form needs to be signed and dated in the month in which you are revalidating

Disclosure question can be reviewed here – [Enrollment Disclosures \(ri.gov\)](#)

If you have associated providers in your group, you will need to click on each individual associated provider and fill in the SSN number and DOB

Make sure you hit CONFIRM when completing your application

We also have a new FAQ located HERE - [Revalidation FAQ Sheet.docx \(live.com\)](#)

If you have inactive providers, please send us an attachment through the portal application

### **Providers Required to Revalidate:**

Physician

Psychologist

Billing - Nurse Practitioners

Home Stabilization

Centers of Excellence

Peer Recovery Services

Emergency Behavioral Health Services

Physical Therapists

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 for instate toll calls.

## Attention Home Care Providers

For claims that are submitted by a home care agency, a member must have RI Medicaid eligibility, a prior authorization and an active enrollment for the dates of service into one of the below waiver/programs.

- LTSS-HCBS Services
- OHA Community Services
- BHDDH Community Support
- Medicaid Preventive Services
- Habilitation Community Services
- OHA At Home Cost Share

To verify program enrollment and eligibility sign into the **Health Care Portal**. Verify that a member has RI Medicaid and program eligibility under the “Eligibility” tab. For OHA copay clients, you will see OHA At Home Cost Share and they will not have Medicaid Eligibility.

For claims to process and pay, there also needs to be a prior authorization on file for the correct number of units and dates of service that you will be submitting your claims for.

The Prior Authorizations are viewable under “Interactive Web Services” on the right of the home page of the portal. Please select “**Check Prior Authorization**”.

If either their eligibility or a prior authorization **is missing** on the portal than please call or email the case worker. Below is the contact information for DHS programs:

DHS Help Line 401-574-8474 or [dhs.ltss@dhs.ri.gov](mailto:dhs.ltss@dhs.ri.gov)

For DEA Waiver (OHA) or OHA At Home Cost Share clients please contact the regional case manager at Tri-County Community Action, West Bay CAP, East Bay Cap, or Child and Family Services.

**If you can see eligibility and a prior authorization on the Health Care portal but you do not see it in the EVV system, then please contact Sandata directly.**

SAM Providers:

Questions or issues with the SAM EVV system, please contact Sandata’s Customer Care via email at [RIcustomer@sandata.com](mailto:RIcustomer@sandata.com) or 1-855-781-2079.

Alternate EVV/Third-Party

Questions or issues with the Alt. EVV/Third Party system, please contact Sandata’s Customer Care via email at [rialttev@sandata.com](mailto:rialttev@sandata.com) .

You should always ask for your ticket number when you contact Sandata Customer Care for an issue. If a Customer Care ticket has not been acknowledged after two (2) business days (a response from Sandata acknowledging the ticket issue), you may escalate with the ticket number to Meg Carpinelli via email at [Margaret.Carpinelli@ohhs.ri.gov](mailto:Margaret.Carpinelli@ohhs.ri.gov)



## **Updates to the Healthy Rhode Mobile App for Customers**

The Healthy Rhode Mobile App recently underwent important updates to enhance both customer experience and operations efficiency. In addition to providing a wider array of support services through the mobile app, it is expected these enhancements will also serve to improve the customer experience both in-person and via the call center by offering the types of services commonly sought through both of these venues, likely resulting in shorter wait times. These upgrades include:

- Displaying previously submitted documents, appointments, banner messages, and notices
- Allowing customers to enter reasonable explanations, along with the documents upload
- Allowing customers to reset passwords and recover their username via one-time password
- Allowing customers to login via Biometrics
- Notifying customers of key dates and information pertinent to their case
- Allowing customers to create accounts, reset passwords, and recover their usernames
- Allowing customers to opt into text messages and push notifications
- Allowing customers to view their Medicaid ID on the mobile app
- Allowing customers to get on-demand updates of the status of their applications or recertifications/interims or periodic verifications
- Allowing customers the ability to submit simple changes to their case and household through the mobile app

These upgrades continue to further advance the customer service focus by addressing some of their most common needs. The ability to accomplish many of these necessary tasks through the mobile app is an exciting and extremely useful step that will help customers more quickly and efficiently accomplish tasks important to ensuring access to and continuity of benefits.

## Community Health Care Workers (CHW)

Rhode Island Medicaid is currently accepting applications from Community Health Worker (CHW) Providers. This new provider type is considered Non-Medical.

Active enrollment is required before a provider can begin seeing RI Medicaid members.

Providers that currently participate with RI Medicaid and who want to become a CHW provider must perform a separate enrollment for CHW services.

CHW's enrolling independently (not part of an agency) will be required to submit proof of CHW certification by the RI Certification Board. If the CHW is not yet certified, they may enroll as a provider but, the enrollment will be limited to an 18-month period. If proof of certification is not submitted before the end of the 18 months, the provider will be disenrolled.

CHW certification is not required for agencies to enroll.

Enrollment is completed using the RI Medicaid Healthcare Portal (HCP).

- RI Medicaid Healthcare Portal
  - <https://www.riproviderportal.org>

Step-by-step enrollment instruction can be found on the portal home page.

- Healthcare Portal Resource Page
  - <http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>

You will need the following information to enroll as a CHW Provider :

- Address Information, including postal code + 4
- Tax ID – either EIN or SSN
- Completed W-9 as an attachment, including signature
- You may also need to attach some federally required disclosures

Because CHW services are only reimbursed through FFS Medicaid at this time, CHW Providers should select “RI Medicaid Provider – Billing Claims Directly to RI Medicaid” as the Type of Provider Enrollment

Under “Provider Enrollment Type,” select “**Atypical**”

- CHW providers will not need to fill out fields for National Provider ID, License, or Taxonomy
- Under **Other Identifier**, CHW Providers will need for registration either their **10 character Medicare number or SSN** with leading 0s if necessary (See Example).

The screenshot shows a web form for provider enrollment. Key fields include:

- Provider Federal Tax Identification Number (FIN) or Employer Identification Number (EIN):** 111111111
- Other Identifier(s):** 5713485682
- Assigning Authority:** Medicaid (checked)
- Provider Taxonomy Code:** (empty)
- Provider Contact Information:**
  - Provider Contact Name: (empty)
  - Phone Number: (empty) Ext: (empty)
  - Email Address: (empty)
  - Fax Number: (empty)
  - Title: (empty)
- Financial Institution Information:**
  - Financial Institution Name: (empty)
  - Financial Institution Address:
    - Address: (empty)
    - City: (empty)
    - State: (dropdown menu)
    - Zip Code: (empty)
  - Financial Institution Telephone Number: (empty) Ext: (empty)
  - Financial Institution Routing Number: 11111111
  - Type of Account at Financial Institution: Checking (dropdown)
  - Provider's Account Number with Financial Institution: 11111111
- Account Number Linkage to Provider Identifier:**
  - Provider Tax Identification Number (TIN): (checked)
  - National Provider Identifier (NPI): (unchecked)
  - (if identifier other than NPI is used)
- Submission Information:** Reason for Submission: New Enrollment (dropdown)

## Doula Services

Rhode Island Medicaid is ready to begin accepting applications from Doula Providers. The application can be accessed on the RI Medicaid [Healthcare Portal](#). Providers will need to have the following to complete the application:

- \* National Provider Identifier (NPI) and the doula taxonomy, 374J00000X associated to their NPI.
- \* Certificate from RI Certification Board (RICB).
- \* W-9

Applicants who have performed services dating back to July 1, 2021 should use that date as the effective date for the application.

For guidance on the enrollment process please visit the [Provider Training and Education](#) page on the EOHHS website. The [Doula](#) information is in the Provider Specific Training section.

## Professional Providers

### Billing Administration Codes for Vaccinations

Rhode Island Medical Assistance does not reimburse state supplied vaccines. Rhode Island Medical Assistance will reimburse the administration for these vaccines.

- CPT 90460 (immunization administration through 18 years via any route of administration, with counseling by physician) allows one (1) unit.
- CPT 90461 (immunization administration through 18yrs via any route of administration, each additional vaccine) allows eight (8) units.
- Vaccines with multiple components are considered as one unit.
- An administration code is allowed for every injection performed.

For example: procedure code 90696 (DTap, Tetanus, Acellular Pertussis, Polio) has four components; however it is consider as one unit and will be reimbursed as one unit.

If the vaccines are administered with a flu vaccine, RI Medical Assistance will reimburse multiple administrations.

For example: procedure codes 90748 (Hepatitis B), 90680 (Rotavirus vaccine), and 90670 (Pneumococcal Vaccine) are single components.

- Bill one (1) unit of CPT 90460 for the first injection.
- Bill two (2) units of CPT 90461 for the subsequent injections.

**Please note: In order to avoid denials for duplicate charges, the units for CPT 90461 must be rolled together and billed on one detail line.**

## Attention Trading Partners

If you wish to receive the 835 Transaction-ERA for a provider, include the Provider billing NPI# associated with the Trading Partner profile and **select** the 835/277U checkboxes found on the profile.

If you wish to do business for a provider and **not** receive the 835/277U ERA, include the Provider billing NPI# associated with the Trading Partner profile, but **DO NOT** select the 835/277 checkboxes.

Review your Trading Partner profile and “**end date**” any providers you no longer provide services for.

Instructions for managing your covered providers can be found at:

[RI Medicaid Managing Covered Providers](#)

## Attention Trading Partners

When **adding a new delegate** user to the trading partner profile, you must remember to provide your new delegate user with instructions on registering for the Health Care Portal.

To register, a new delegate user will need their pin, code, and add date given to them by the administrator. Once they complete registration they will need to confirm their email address.

Here is the link containing those instructions: [Healthcare Portal | Executive Office of Health and Human Services \(ri.gov\)](#). Scroll down to Registering to Use the Healthcare Portal.

**Instructions for the delegate to register begins on page 26 of the above User Guide.**

**A reminder for all Trading Partner administrators** – Once a delegate user has left your employment, you must inactivate their delegate user role.

If you should have any questions, please email [riediservices@gainwelltechnologies.com](mailto:riediservices@gainwelltechnologies.com).

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

<https://www.riproviderportal.org>

**HEALTHCARE PORTAL**

**LOGIN TROUBLESHOOTING**

ISSUE	POSSIBLE THINGS TO CHECK/DO
<b>Login Issues</b>	
You are getting an error message that your security question answer is incorrect	<ul style="list-style-type: none"> <li>• We are not able to reset security questions. Only the owner of the account can change their questions and answers.</li> <li>• If you are getting an error that your security question answer is incorrect it is typically indicative that your username is wrong. Please go back to the home page and make sure you are typing in your username correctly. <b>*Please type slowly to ensure there are no mistakes*</b></li> <li>• Additionally, please make note of your security questions and answers to ensure that you are entering the correct answer each time.</li> </ul>
You are getting an error message that your password is incorrect	<ul style="list-style-type: none"> <li>• Passwords are CASE-SENSITIVE. So please take care to ensure you are entering your password correctly and that caps-lock is not on.</li> </ul>
You are getting questions you do not recognize -OR- you do not remember your username.	<ul style="list-style-type: none"> <li>• Have you already enrolled as a trading partner or delegate?</li> <li>• You need to have already enrolled as a trading partner - OR- have had your admin user create a delegate account before being able to sign in.</li> <li>• <i>Please</i> make sure you have <b>REGISTERED</b> and <b>VERIFIED</b> your account. If you have not registered and verified your account, you will be prompted with questions you do not recognize.</li> </ul>
You are getting an error when resetting your password on the Portal	<ul style="list-style-type: none"> <li>• The Portal is VERY specific on what a password can be.</li> <li>• Your password must be <b>EXACTLY 8 characters</b> (no more, no less), with at least one capital letter, one lowercase letter, and <b>NO</b> special characters.</li> <li>• For example, something like "Portal21" would work, but something like "Pa55w@rd2021!" would not.</li> </ul>

## [Emailing for Technical Support](#)

When sending an email to EDI ([riediservices@gainwelltechnologies.com](mailto:riediservices@gainwelltechnologies.com)) or your provider rep for assistance, it is important to include vital information so that we may best assist you. In your email please include your: name, phone number, user id, NPI and Trading Partner ID (if applicable).

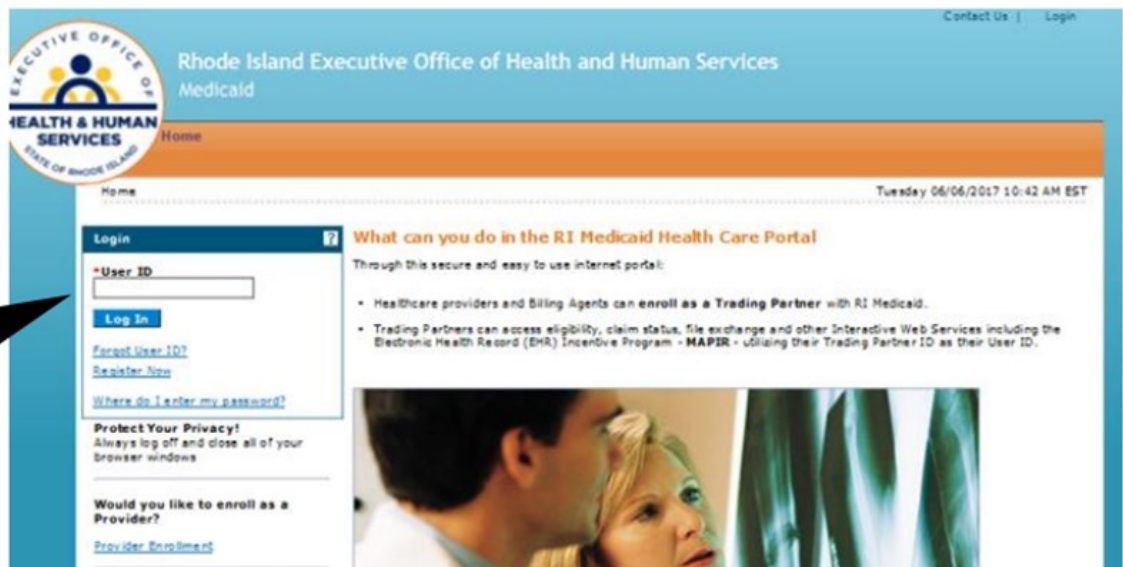
If you are emailing about login issues, please include the platform you are trying to access (Healthcare Portal, PES, etc).

If you are getting an error message, please include a screenshot of the error, or let us know *exactly* what the error message says. Depending on the platform you are using, there are multiple reasons an error could kick back, so providing this specific information in your email will help us to best assess the root of the issue and how to solve it.

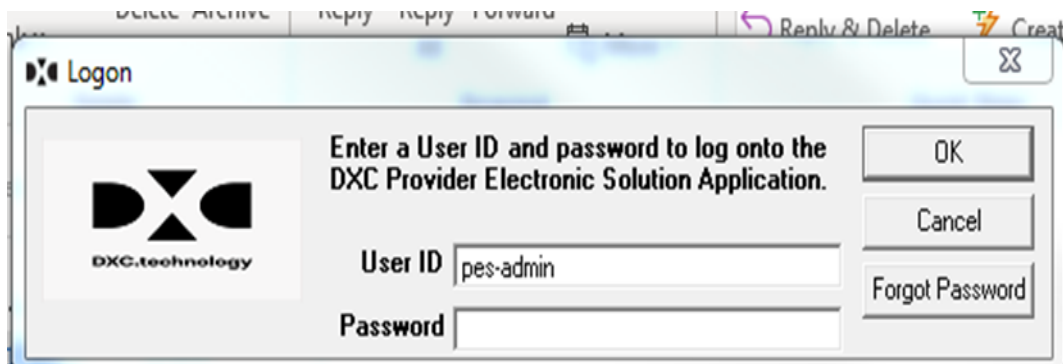
Below are screenshots of the most commonly used platforms that you may be logging into.

### Healthcare Portal:

Enter your User ID here and click Log In



### PES (aka Provider Electronic Services):



(Cont.)

## Electronic Medicare Billing for Senior Replacement

To facilitate electronic billing and proper reimbursement for commercial Medicare Plans such as United Senior Care, Blue-Chip Medicare HMO, WellCare Advantage Plan the following fields are required:

- **Loop 2320** Other Subscriber Information **SBR09** - Must contain **MA** or **MB** as appropriate for the claim filing indicator
- **Loop 2320** Claim Level Adjustments **CAS** segment - Must contain Deductible **PR 1** or Coinsurance of **PR 2**
- **Loop 2320** Coordination of Benefits (COB) **Payer Paid Amount** – Must contain the **Amount Paid** (other insurance paid amount)
- **Loop 2330B Other Payer Name** (Carrier Code) **Segment NMI09** Other Payer Primary Identifier – Must contain the appropriate carrier code of **06A** United Health, **12A** Blue Chip and **18A** Wellcare

### For PES Users:

**Claim Filing Indicator** can be found on OI Screen

Claim Filing Ind Code [dropdown]

**CAS Segments** can be found on OI ADJ Screen

Adjustment Group Codes/Reason Codes/Amount:			
1	[dropdown]	[text]	.00
4			

**Payer Paid Amount** can be found on OI Adj Screen

Hdr 1 | Hdr 2 | Hdr 3 | OI | OI Adj

Paid Date/Amount 00/00/0000

**Payer Identifier Code** (Carrier Code) can be found in the Policy Holder Screen

Policy Holder

Client ID [text] Carrier Code [dropdown]

If you need to add a carrier code to your PES software, please select **LIST** along the top and then select **Carrier**. Once the carrier code has been added, you need to add it to your **Policy Holder Record**.

#### DXC Provider Electronic Solution

File Edit View Forms Lists Tools Window Help

Carrier

Carrier Code 18A Carrier Code Qualifier PI [dropdown] [Add] [Delete]

Carrier Name WELLCARE

Carrier Address

### **Prior Authorization for Durable Medical Equipment (DME)**

Physicians writing scripts/prescriptions for durable medical equipment (i.e. diapers, nutrition, etc.) should give the script directly to the recipient and indicate to the recipient to contact a DME Supplier provider. **The DME Supplier provider will initiate the prior authorization request with RI Medicaid.**

When prior authorization is required for a service, the DME Supplier provider is to submit a completed Prior Authorization Request form which can be obtained on the [EOHHS website](#). This form must be signed and dated by the **DME Supplier provider** as to the accuracy of the service requested. Attached to this form will be the Proof of Medical Necessity signed by the prescribing provider. When necessary, further documentation should be attached to the Prior Authorization Request form to justify the request. Forms can be faxed to (401) 784-3892.

**Please note prior authorization requests for DME supplies received from a physician will be returned.**

Prior authorization does not guarantee payment. Payment is subject to all general conditions of RI Medicaid, including beneficiary eligibility, other insurance, and program restrictions.

An approved prior authorization cannot be transferred from one vendor to another. If the beneficiary wishes to change vendors once the prior authorization has been approved, the new vendor will submit another Prior Authorization Request form with a letter from the beneficiary requesting the previous prior authorization be canceled.

For those beneficiary's dually enrolled in the RI Medicaid Program and Medicare, prior authorization is not required for Medicare covered DME services. Providers are required to accept Medicare assignment for all covered DME services. RI Medicaid will reimburse the copay and/or deductible as determined by Medicare up to the RI maximum allowable amount using the lesser of logic.

### **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 DME Providers**

Effective 3/1/23, Rhode Island Medicaid Fee-for-Service will be activating coverage for HCPCS code K1005 - DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE. Reimbursement is \$0.24 per unit with a maximum of 120 units per month.

No prior authorization is required. Vendor must verify continued medical necessity for lactating members on a monthly basis prior to delivering refills for this item per DME regulations detailed on page 11 of the [DME Provider Manual](#) under Refill Requirements. This item must be billed monthly. Three-month and/or automatic shipments are not permitted.

### **Attention Dental providers**

The 2022 Rhode Island General Assembly authorized a rate increase for adult Medicaid dental fee for service rates in 2022. These rates are effective 7/1/2022.

All claims since 7/1/2022 will be retroactively adjusted to reflect these new rates. This mass adjustment will be on the remittance advice Tentative date of 10/28/2022.

The new dental rates can be found on the EOHSS website here : [New Dental Rates](#)

We thank you for your participation and encourage you to promote this work to your colleagues. Those interested in enrolling can visit the [Provider Enrollment](#) page.

Current providers wishing to provide feedback to Medicaid on strategies to recruit and retain dental providers can inform of their interest [HERE](#).

## Attention Assisted Living Facilities (ALF) Providers

Effective January 1, 2023, the monthly Room and Board Rate for all Medicaid LTSS Assisted Living customers will change to \$1246 to reflect the Year 2023 Federal Benefit Rate (FBR). Cost of Care (COC) may also change to reflect the 2023 COLA for customers who are receiving SSA benefits. For customers with income below \$1246, their R&B may be less. For assistance, questions, or concerns, please contact:

LTSS Coverage: 401-574-8474 or DHS Coverage: 1-855-697-4347 or the LTSS

Email: [dhs.ltss@dhs.ri.gov](mailto:dhs.ltss@dhs.ri.gov) .

For Cost of Care (COC) and Room and Board updates and discrepancies, please contact:

OHHS Contacts: [OHHS.LTSSEscalation@ohhs.ri.gov](mailto:OHHS.LTSSEscalation@ohhs.ri.gov) or [Sally.mcgrath@ohhs.ri.gov](mailto:Sally.mcgrath@ohhs.ri.gov)

## ADA Stretcher Compliance- NEMT Benefit

### Healthcare Providers to Comply with ADA Stretcher and Wheelchair Requirements for NEMT Benefit

Under Title III of the Americans with Disabilities Act (ADA), healthcare providers must comply with the relevant physical access accommodations. Providers are required to make 'reasonable accommodations' to policies, practices, and procedures to avoid discriminating against an individual with a disability. EOHHS is in receipt of several complaints from contracted transportation providers (TP) regarding stretcher transportation issues at healthcare provider facilities.

EOHHS reminds healthcare providers that under its non-emergency medical transportation (NEMT) benefit, **transportation providers cannot leave an unattended stretcher at a provider/facility unless it is the member's personal mobility device or leave the transportation provider's stretcher at the facility.**

We thank you for your cooperation and attention to this important matter and kindly remind contracted network providers to comply with all ADA requirements, including wheelchair and stretcher transport for member's utilizing the NEMT benefit.

## **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 March 17, 2023

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.

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### **REMINDER FOR NURSING HOME**

Stimulus funds should be treated the same as a tax refund/rebate by nursing homes. The rebate is not treated as income, or as a resource for a 12-month period, in determining an individual's eligibility or assistance amount under any federally funded public program.

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### **Attention Nursing Home Providers**

Coming soon! EOHHS will be inviting applications for Civil Monetary Penalty (CMP) grant funding this spring. Please visit our CMP website for more information about this program. Details will be posted to the website when the application is open. Please contact [OHHS.CMP@ohhs.ri.gov](mailto:OHHS.CMP@ohhs.ri.gov) if you would like to be notified via email when the application becomes available. The application will also be announced via email to the EOHHS interested parties list.

## **Assisted Living Providers**

### **New Explanation of Benefit (EOB) Codes**

Beginning in the remittance advice 10/28/2022, providers will see three new Explanation of Benefit (EOB) codes post to their paid claims:

- EOB 1003 – Claim used Tier A
- EOB 1004 – Claim used Tier B
- EOB 1005 – Claim used Tier C

These EOB's will post to the notify the provider which tier was used to determine the per diem rate for pricing the claim.

Additionally, there will be two new Error Status Codes (ESC) aka Edits:

- Edit 150 – Provider assisted living level not on file.
  - ◇ Claim will suspend with this ESC when the provider's tier level is not on the provider's profile.
- Edit 151 – Recipient assisted living level not on file.
  - ◇ Claim will suspend with this ESC when the recipient's tier level is not on file.
  - ◇ Recipient tier's can be verified on the Healthcare Portal.

The 2 edits above will deny with EOB 249 – No rate on file for date of service billed.

For questions, please contact Provider Representative:

Fidelia Williams-Edward at [fidelia.williams@gainwelltechnologies.com](mailto:fidelia.williams@gainwelltechnologies.com) or (401) 648-3759.

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### **Assisted Living Provider Billing Split Tiers and Patient Share**

If a recipient changes their tier level during the month, the charges will need to be billed as 2 separate claims. This is different from past billing procedures.

For example:

Recipient has Tier A from 11/1/2022 – 11/15/2022 and Tier B from 11/16/2022-11/30/2022.

This would require 2 claims split to match the dates of service and units/days in each tier.

Additionally, it is important to check patient share on the Healthcare Portal to ensure that the share is entered to match the split in the tier level. If the share is not split and you bill two (2) claims for the month the share will be decremented twice.

If you do not see the patient share split you will need to contact Fidelia Williams-Edward of Gainwell Technologies at [fidelia.williams@gainwelltechnologies.com](mailto:fidelia.williams@gainwelltechnologies.com) or (401) 648-3759.

## Nursing Home Transition Program and Money Follows the Person

The Nursing Home Transition Program and Money Follows the Person program (NHTP) can offer support to your facility, helping residents who are eligible for Medicaid return to the community, when appropriate.

Referrals to the program can come from nursing home staff, residents, family, or others. On receiving a referral, the NHTP Transition Team provides information and support to develop a plan and facilitate the transition, including coordinating community services and supports, helping find housing, obtaining necessary household goods and furniture, and assisting with the move.

Transition services are available to individuals who are directly served through the RI Medicaid office and those who are served by a managed care organization.

Following a move, the Team maintains weekly contact with an individual for the first thirty days and establishes a care management plan for subsequent follow up.

To refer someone interested in discussing options for returning to the community, complete a referral form and fax it to (401) 462-4266. The form can be found on the Rhode Island Executive Office of Health and Human Services website via a link on the Nursing Home Transition Program webpage: <https://eohhs.ri.gov/Consumer/NursingHomeTransitionProgram.aspx>.

We welcome your questions and feedback and are happy to meet with your staff. Please contact us by email at [ohhs.ocp@ohhs.ri.gov](mailto:ohhs.ocp@ohhs.ri.gov), by telephone at (401) 462-6393 or individually using the information below.

### Contact Information

Karen Statser  
Money Follows the Person Program Director  
[Karen.statser@ohhs.ri.gov](mailto:Karen.statser@ohhs.ri.gov)  
(401) 462-2107

Robert Ethier  
Money Follows the Person Deputy Director  
[robert.ethier\\_ctr@ohhs.ri.gov](mailto:robert.ethier_ctr@ohhs.ri.gov)  
(401) 462-4312



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

The Community Supports Management Website was designed to help users enter forms electronically. Users can 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 email 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 with some basic instructions on 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 expire every 90 days.

**For passwords that require Gainwell to reset them for you, please email [rixix-ticket-system@gainwelltechnologies.com](mailto:rixix-ticket-system@gainwelltechnologies.com) or call [1-844-718-0775](tel:1-844-718-0775).**

### **\*Important Reminder**

Please remember as a user of the Rhode Island Community Supports Management System (CSM), it is your agency's responsibility, upon someone leaving your workforce, to notify the State of Rhode Island Executive Office of Health and Human Services or Gainwell 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.

## Pharmacy Spotlight



### ***RI AIDS Drug Assistance (ADAP) – Payor of Last Resort***

What does this mean? Simply, that all other prescription benefits must be billed before billing ADAP.

When a RI AIDS Drug Assistance (ADAP) patient presents a prescription for a pharmacist to fill, the pharmacist should ask the patient to provide all cards for private prescription programs, Medicare Part D or Medicaid.

All non-ADAP prescription drug programs will be the primary payor. If the drug is covered under the scope of primary payer's program, then RI ADAP will pay the co-pay. If the drug is not covered by the primary payer's program, **and** ADAP covers the drug, then ADAP will pay the claim.

If the primary payor denies the claim because the drug requires prior authorization, then a PA must be sought from the primary payor.

### ***At-Home COVID-19 Test Kits Update***

RI EOHHS Fee-for-Service (FFS) Medicaid program allows enrolled pharmacy providers to process At-Home COVID Test Kits at point of service (i.e., at the pharmacy). As with any over-the-counter (OTC) product, coverage of the claim requires a prescription. **As of February 24, 2023, the RI Department of Health (RIDOH) standing order for At-Home COVID-19 Test Kits is expired.** Therefore, in order to obtain an At-Home COVID-19 Test Kit, the beneficiary must request a prescription from their FFS Medicaid enrolled prescriber. The process to prescribe an At-Home COVID-19 Test Kit is the same as the process for other OTC product. Coverage for At-Home COVID-19 Test Kits is unchanged; this update is solely regarding the need for a prescription from beneficiaries' prescribers now that the RIDOH standing order is expired.

## Pharmacy Spotlight cont.



### 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:** April 4th, 2023

**Registration Deadline:**

March 21th, 2023 by 5pm EST

**Meeting:** 8:00 AM

**Location:** Executive Office of Health and  
Human Services, Virk's Bldg., 3 West Road,  
Cranston, RI

**Registration by email to:**

karen.mariano@gainwelltechnologies.com

[Click here for agenda](#)

The next meeting of the Drug  
Utilization Review (DUR)

Board is scheduled for:

**Date:** April 4th, 2023

**Registration Deadline:**

March 28th, 2023 by 5pm EST

**Meeting:** 10:30 AM

**Location:** Executive Office of Health and  
Human Services, Virk's Bldg., 3 West Road,  
Cranston, RI

**Registration by email to:**

karen.mariano@gainwelltechnologies.com

[Click here for agenda](#)

### 2023 Meeting Dates:

April 4th, 2023

June 6th, 2023

September 12th, 2023

December 12th, 2023



## Telehealth Service Codes Update for Medicaid

Due to recent changes made by Medicare, effective as of April 4, 2022 the Rhode Island Executive Office of Health & Human Services (EOHHS) is adding Place of Service Code 10 (Telehealth Provided in Patient's Home) as a telehealth place of service for Fee-for-Service and Managed Care. Please submit telehealth claims with Place of Service Code 02 (Telehealth Provided Other than in Patient's Home) or Place of Service Code 10 (Telehealth Provided in Patient's Home) as applicable.

EOHHS requests that all MCOs complete the implementation of this change in claims submission by April 30, 2022.

Fee-for-Service Providers should submit telehealth claims with the applicable Place of Service Code 10 for dates of service of April 4, 2022 forward.

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

## New - Fingerprinting Requirements for “High Risk” Providers and Owners

With the passage of the SFY23 budget and in accordance with Section 6401 of the Affordable Care Act requires a fingerprint-based criminal background check (FCBC) as part of new screening and enrollment requirements for all “high risk” providers and all persons with a 5% or greater direct or indirect ownership interest in such providers. The final rule for Section 6401 assigned risk levels for provider types that are recognized by Medicare. Rhode Island Medicaid adopted those risk levels and assigned risk levels for Medicaid-only provider types. Provider screening and enrollment requirements are based on the risk level for a particular provider type or provider.

Rhode Island Medicaid may rely on fingerprinting and background checks performed by Medicare (or another State Medicaid Agency) for an individual when it can be verified, and the provider is still in an approved status.

The following is a list of the provider types that have been classified as high risk.

### **High Risk Providers**

- ✦ New enrollees in the following provider types:
  - Durable Medical Equipment Providers (newly enrolling on or after July 1, 2018 only)
  - Home Health Agencies (newly enrolling on or after July 1, 2018 only)
- ✦ Federal regulations also require that any provider that meets one of the following criteria be classified as high risk:
  - Has had a payment suspension based on a credible allegation of fraud, waste, or abuse since July 1, 2018;
  - Excluded by OIG or another state Medicaid program within the past 10 years; or
  - Has a qualified overpayment and is enrolled or revalidated on or after July 1, 2018

### **Notification and Process**

Impacted providers will receive written notification from Rhode Island Medicaid that they and/or their owners are required to comply. Copies of the individuals’ drivers’ licenses will need to be uploaded to the Provider Portal within 30 days. That information will be entered into the Rhode Island Office of the Attorney General’s fingerprinting system by Rhode Island Medicaid.

A letter will then be generated and sent to the individuals to be fingerprinted that includes a unique ID number and instructs them to visit the Rhode Island Office of the Attorney General’s offices in Cranston, Rhode Island within 30 days. Providers must ensure that each of their qualifying owners do so within this timeframe.

Failure to have the fingerprints of each individual on the notification letter scanned within these time frames may result in denial of an enrollment application or termination of enrollment with Rhode Island Medicaid.

## Continued: New - Fingerprinting Requirements for “High Risk” Providers and Owners

In addition, if providers or their owners are found to have been convicted of any the legislative disqualifying felonies under the National Criminal Background Check Program (NBCP) and/or convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or the title XX services program since the inception of those programs, Rhode Island Medicaid may deny their enrollment application or terminate their enrollment. To avoid a denial or termination, providers may be required to remove any owners who fail to have their fingerprints scanned within 30 days, or are found to have been convicted of any of the previously mention offences.

### **Background Check Results**

The results of your National Background Check (NBC) will be provided directly to Rhode Island Medicaid, where you will receive a qualified or unqualified decision. An unqualified decision is reached when one of the nineteen felonies are found during the background check, if you receive an unqualified decision, you are entitled to reach out to the Attorney General's office for detailed information and appeal the decision.

Providers/Owners that receive an unqualified decision will not be allowed to participate in Rhode Island Medicaid.

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## Signature Requirements

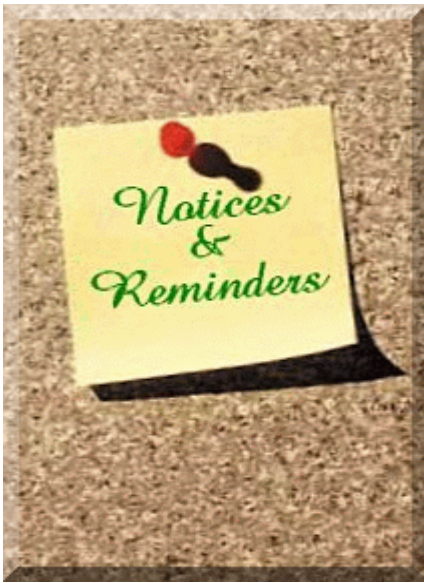
Several RI Medicaid documents still require live provider signatures (no stamps, typed or initials) to be accepted. If the document is received without the live signature, it will be returned for signature, delaying the processing of your request.

This applies to the following documents:

- Paper Claim Forms
  - ◊ ADA Dental
  - ◊ CMS 1500
  - ◊ UB-04
  - ◊ Waiver/Rehab
- All Prior Authorization Forms
- MDS Forms
- Certifications of Medical Necessity
- Paper Provider Enrollment Applications for adding new providers to a group
- W-9 Form
- Paper Adjustment and Recoupment forms
- Electronic Funds Transfer (EFT) Paper Form
- Provider Change of Information Forms



There has been an increase in documents being returned to providers and we want to ensure to process documents in a timely manner for all providers. Thank you for your understanding



Keep up to date with all provider news and updates on the EOHHS website:

[Provider News](#)

[Provider Updates](#)

### **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

### **Provider Enrollment Application Fee**

As of January 1, 2023 the application fee to enroll as a Medicaid provider is  
\$688.00

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

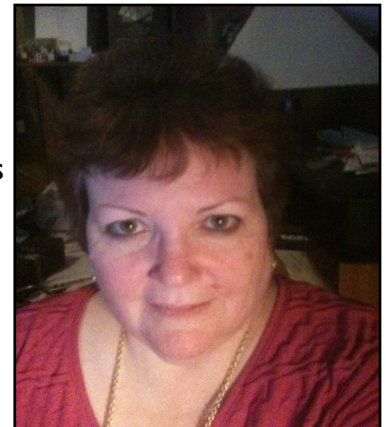
## Meet the Teams that Support our Providers

RI Medicaid would like to introduce you to our RI Medicaid Customer Service Help Desk and Provider Representatives.

**Provider Representative**, Andrea Rohrer is a recent addition to the RI Medicaid Provider Representative Team, joining in June 2022. Andrea brings with her over 10 years of customer service experience in the healthcare industry. Previous to her role with Gainwell Technology, she worked in the healthcare system in various positions that enabled her to grow her skillset in healthcare processes, problem solving, communications and customer service. As a provider representative, she enjoys not only training and educating providers, but, also developing a relationship with each one of them. Andrea's provider types include the following: Doula, Community Health Workers, Dentist, FQHCS, and Chiropractors. For a full list of provider types, visit the [EOHHS website](#). In her time outside of work, Andrea enjoys traveling, photography, singing in her church, and spending time with her family and friends.



**Customer Service Help Desk Associate**, Merilee Hanley has been serving RI Medicaid through Gainwell Technologies for almost the past two years. As a Help Desk Associate, she enjoys assisting the providers with a myriad of questions that encompass claim resolution, providing eligibility information and assisting providers with the enrollment process. She feels the best part of the job is getting to know the providers and developing a strong relationship with so many of the providers that she talks to multiple times per week. She has also learned so much about the healthcare industry during her tenure as a Help Desk Associate. Merilee retired from AT&T after 36 years of service. She was a Customer Service Manager, and Workforce manager. Her focus has always been on providing exceptional customer service and efficiency, so this is a perfect match for her. Merilee loves to problem solve. She enjoys training and working with new associates by sharing her knowledge. Merilee enjoys cruising to Bermuda, volunteering with adults who have special needs, and spending time with my family and friends.



Please call us Monday – Friday 8:00 AM – 5:00 PM at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls

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

CMS PERM Review Contractor, NCI Information Systems, Inc. continues to review randomly selected samples of claims to request medical records for. Additional (First, Second, Third/Final Notice of Non-Response) medical records requests are mailed to providers.

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.

Date: [RequestDate]

Reference ID: [PERM ID]

OMB Control Number: [OMB#]

NPI: [NPI#]

**Request Type & Purpose: Additional Documentation Request (First Additional Documentation Request)**

**Subject: Additional Documentation – This is not a duplicate request**

*To request a copy of this letter in Spanish, please contact the PERM Customer Service Department at 800-393-3068. Once a Spanish-language letter is requested, all future correspondence for this specific PERM ID will continue in Spanish.*

*Para solicitar una copia de esta carta en Español, por favor de contactar al Departamento de Servicio al Cliente de PERM al 800-393-3068. Una vez que la carta en Español sea solicitada, toda correspondencia futura especifica a este identificación PERM será continuada en Español.*

Dear Medicaid and/or CHIP Provider:

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM)<sup>1</sup> program.

**Reason for Selection:** A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program. The review will be completed by CMS' review contractor, NCI Information Systems, Inc.

**Action: Send Additional Documentation:** A request for the medical/supporting record was sent to you on xx/xx/xxxx for the beneficiary listed on the enclosed Claim Summary. Thank you for your response to the request. It has been determined by the reviewer, however, that additional documentation is needed to complete the review of this claim. **Your cooperation in submitting the additional documentation to us within fourteen (14) days is essential to ensure that the claim is accurately reviewed to determine proper payment.** Federal regulations require that you provide the documentation to support claims for Medicaid/CHIP services upon request<sup>2</sup>. **Providing medical records for Medicaid/CHIP patients does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization IS NOT REQUIRED to provide medical records in response to this request.** CMS and its contractors will remain in compliance with the Privacy Act and regulations.

**When:** [MedrecDueDate]

Please provide the requested documentation by [MedrecDueDate]. A response is still required by [MedrecDueDate] even if you are unable to locate the requested information.

**Consequences:** If you fail to deliver the requested additional documentation or contact us by [MedrecDueDate], the claim will be cited as an erroneous payment and your state agency may pursue recovery of payment for this claim from you.

## Social Media Toolkit for Medicaid Account Information Update

Please use the sample social media copy below, along with one of the sample graphics, to let your social media audience know about the importance of updating their accounts.

### SAMPLE SOCIAL MEDIA COPY FOR FACEBOOK, LINKEDIN, OR INSTAGRAM

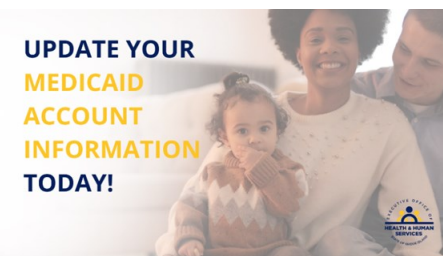
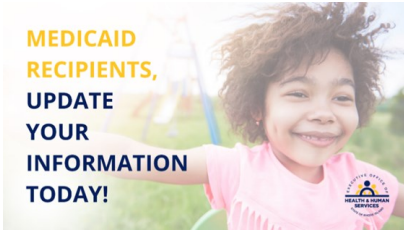
- Medicaid is reviewing account info to determine eligibility for Medicaid coverage or transition to other healthcare options by @HealthSourceRI. LOGIN to your secure customer account to update your information: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- If you've changed addresses, had a change in income, household size, phone number or email, updating your info helps the Medicaid program determine the continuation of eligibility/avoid potential termination or gaps in coverage. Update your account: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- Medicaid Recipients! Have you had a change in address, income, household size, phone #, or email? Update your info to help the Medicaid program determine the continuation of eligibility/avoid potential termination or gaps in coverage. Learn how to update online and more: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>
- Medicaid recipients, act now! Update any changes in address, income, household size, phone number or email to help the Medicaid program determine your continued eligibility and avoid potential termination or gaps in coverage. Learn how to update online and more: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>

### SAMPLE SOCIAL MEDIA COPY FOR TWITTER ONLY

- Having current account info helps the Medicaid program determine if you continue to be eligible for Medicaid and avoid potential termination or gaps in coverage. LEARN MORE: <https://healthyrhode.ri.gov/HIXWebI3/CreateGenericUserAccount>

### CORRESPONDING SOCIAL MEDIA GRAPHICS (continued from p. 18)

To increase social media engagement, please use one of the graphics included below with every post you publish. Graphics for posting to Facebook are on the LEFT. Graphics for posting to Twitter or Instagram are on the right.





**State FY 2023  
Claims Payment and Processing Schedule**

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
July	7/07/2022	7/08/2022	7/15/2022
		7/22/2022	7/29/2022
August		8/05/2022	8/12/2022
	8/11/2022	8/12/2022	8/19/2022
		8/26/2022	9/02/2022
September			
	9/08/2022	9/09/2022	9/16/2022
		9/23/2022	9/30/2022
October	10/06/2022	10/07/2022	10/14/2022
		10/21/2022	10/28/2022
November	11/03/2022	11/04/2022	11/10/2022
		11/18/2022	11/25/2022
December		12/02/2022	12/09/2022
	12/08/2022	12/09/2022	12/16/2022
		12/23/2022	12/30/2022
January	1/05/2023	1/06/2023	1/13/2023
		1/20/2023	1/27/2023
February		2/03/2023	2/10/2023
	2/09/2023	2/10/2023	2/17/2023
		2/24/2023	3/03/2023
March			
	3/09/2023	3/10/2023	3/17/2023
		3/24/2023	3/31/2023
April			
	4/06/2023	4/07/2023	4/14/2023
		4/21/2023	4/28/2023
May	5/04/2023	5/05/2023	5/12/2023
		5/19/2023	5/26/2023
June		6/02/2023	6/09/2023
	6/08/2023	6/09/2023	6/16/2023
		6/23/2023	6/30/2023
July	7/06/2023	7/07/2023	7/14/2023
		7/21/2023	7/28/2023

View the SFY 2023 Payment and Processing Schedule on the EOHHS website

<http://www.eohhs.ri.gov/ProvidersPartners/Billing&Claims/PaymentandProcessingSchedule.aspx>

## Notable Dates in March

**March 3rd– Employee Appreciation Day**

**March 6th– Nation Dentists Day**

**March 13th– Daylight Savings time**

**March 17th- St. Patrick's Day**

**March 20th– Earth Day**

