Rhode Island Medicaid Program
June 2025
Provider Update

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Notable Dates in June

June 3rd: Health Care Recruiter Day

June 14th: Flag Day

June 19th: Juneteenth

June 21st: Father's Day

SUBSCRIBE

To Subscribe or update your email address, Send an email to:

riproviderservices@gainwelltechnologies.com

or click the subscribe button above. Please include your National Provider Identifier (NPI) and the primary type of services you provide.

Please put "Subscribe" in the subject line of your email.

In addition to the *Provider Update*, you will also receive any updates that relate to the services you provide.

State Offices will be closed in observance of the following Holidays in 2025

Juneteenth	Thursday, June 19th
Independence Day	Friday, July 4th
Victory Day	Monday, August 11th
Labor Day	Monday, September 1st
Columbus Day	Monday, October 13th
Veterans' Day	Tuesday, November 11th
Thanksgiving Day	Thursday, November 27th
Christmas Day	Thursday, 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.

If you're a provider enrolled in the Medicaid program and provide services to the community, and you do not have a trading partner number to access the health care portal, please consider enrolling for one. You could benefit in using the web services for eligibility verification, claim status and other important information to support your billing needs.

WHAT'S NEW?

Click title or page number to go directly to linked article.

Link

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

Provider Revalidation: Revalidation is Due

Revalidation letters were mailed to affected providers on February 3rd. Providers had 35 days to comply with the revalidation. If you are one of the provider types listed below and you have not re-validated, please plan to complete this process now. Failure to comply will result in claim suspension.

If you did not receive your revalidation notice, please email the Provider Enrollment team to request a copy at: rienrollment@gainwelltechnologies.com

Here are a few tips to prepare:

⇒ A provider will have 35 days to complete their revalidation from the date of the letter.
⇒ Make sure to have an updated W9 ready for upload.
⇒ Be prepared for those disclosure questions, which can be reviewed here – **Enrollment Disclosures (ri.gov)**
⇒ We have a handy Provider Enrollment User Guide located here –**https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2024-02/Provider%20Revalidation%20Guide.pdf** to help answer pre-revalidation questions.
⇒ We also have a new FAQ located HERE - **Revalidation FAQ Sheet.docx (live.com)**

Providers Required to Revalidate:

Dentist	Habilitation Group Home
Podiatrist	Severely Disabled Nursing Homecare
Optometrist	BHDDH Behavioral Health Group
Optician	Head Start
Skilled Nursing	Personal Care Aide/Assistant
Licensed Therapist	Other Therapies/Hippotherapy
Chiropractor	Comprehensive Lead Center
Freestanding Dialysis	Home/Center Based Therapeutic Services
Rural Health Clinic	CEDARRS Center
Indian Health Service	RIteShare Copay Providers
Children's Behavioral Health Group	School Dental Clinic
Local Education Associate (LEA)	BHDDH DD Agencies
Early Intervention	Nurse Anesthetist
Substance Abuse Rehab	Licensed Dietician/Nutritionist
CMHC/Rehab Option	Cortical Integrative Therapy

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 (for instate toll calls) or email: **rienrollment@gainwelltechnologies.com.**

Provider Enrollment—Help via Enrollment Email

Are you seeking assistance from Provider Enrollment by using rienrollment@gainwelltechnologies.com

For all email requests please include an **NPI** in the subject line of the email for faster processing.

Here are helpful hints that will help to expedite your request:

1. Always include your Business NPI and if applicable, the Provider's Name and NPI in the subject line of the email if:

    A. You are inquiring about Provider Status within your group.

    B. You are inquiring about a paper application that you sent in to add a provider.

        i. Always include the date you mailed in the application as this helps us locate your application quicker.

    C. You are inquiring about a service address update.

    D. You are inquiring about enrollment status.

    E. You are inquiring about a welcome letter.

    F. You are locked out of the Health Care Portal.

        i. Email riediservices@gainwelltechnologies.com

        Ii. Please include your User ID in the email.

2. Terminations—due to auditing requirements, you cannot put more than one termination request per page.

    A. Please remember to include the individual's NPI, your business NPI, and the termination date.

    B. If the provider is enrolled in multiple groups, you must send in separate termination requests for each group.

    C. Please send these requests in PDF form.

3. Address updates—due to auditing requirements, please only put one provider address update per provider change form.

    A. Businesses or providers enrolled as individuals can change all addresses (Pay to, Mail to, Service) these changes can be updated on one Provider Change Form.

        i. To download a copy of our newest Provider Change Information form, **click here**.

        Ii. Please note that if you change a Pay To address a new W9 is required with an inked signature. No digital signatures are allowed and the **W9 must be dated for the month the request came in**.

    B. Providers within a group can only update Service address or Mail To addresses.

        i. If the provider has a new Service location and the business has one Mail To address, please do not change the Mail To address.

            i. The Mail To address should only be updated if the Business has updated their Mail To address.

4. License Updates

    A. Please send these as PDF forms.

    B. Please include the Group NPI along with the provider's individual NPI.

5. Active Providers within your organization request

    A. We can verify that Providers are active within your organization if you provide a listing to us which includes:

        i. Name of Provider

        Ii. NPI of Provider

        Iii. NPI of Organization

When replying to an email from rienrollment@gainwelltechnologies.com please be sure to **REPLY ALL** to make sure that the email chain is intact if we need to forward to someone else for assistance.

If you would like to speak to someone instead of emailing your question, you can call our help desk at 401-784-8100.

We are happy to assist you in whichever way works best for your situation.

Provider Change in Enrollment: The Seasons are Changing and Potentially Your Staffing!

While you let RI Medicaid know about providers leaving the practice during revalidation, RI Medicaid needs to be notified of this as it's happening.

Accurate enrollment is needed to ensure updates are made correctly.

If you no longer wish to be FFS RI Medicaid provider and be reimbursed for services provided to RI FFS Medicaid recipients or you've changed groups within the RI Medicaid program please send a written termination statement to **rienrollment@gainwelltechnologies.com** or fax to 401-784-3892 with the following:

- Group Name
- Group NPI
- Associated Provider Name
- Associated Provider NPI
- The date of Termination

Please note, if you are a provider with one of the Medicaid MCOs in Rhode Island, you will be required to complete a MCO screening application if you terminate your RI FFS Medicaid Enrollment.

If you have questions, please contact the Customer Service Help Desk at 401-784-8100 or 800-964-6211 or email our provider enrollment department at **rienrollment@gainwelltechnologies.com**.

In addition, please see **Provider Enrollment General Frequently Asked Question (FAQ)** document found on the EOHHS website as a reference.

Adding A New Provider to An Existing Group – Form Update

We have recently changed our RI Medicaid paper application "Adding A New Provider to An Existing Group" to include a new "Date of Birth" field for an attending. This will allow us to accurately screen new providers in accordance with CMS guidelines.

The updated application can be found on the EOHHS website **Welcome | Executive Office of Health and Human Services** under Providers & Partners > Provider Enrollment > Adding a Provider, RIte Share, and LEA Providers section. If you click on New Provider Joining an Existing Group link this will take you to the "Medicaid Provider Application".

Please begin using this new form immediately!

Thank you for your continued participation in our Medicaid Program and please feel free to reach out to our Help Desk 401-784-8100 or Enrollment Team **rienrollment@gainwelltechnologies.com** for any additional questions.

Attention Chiropractor Providers

RI FFS Medicaid will be covering chiropractic services, as we wait for this implementation to fully roll out, please see the new policy information below.

The following table lists all chiropractor services reimbursable through the Medicaid Program. The table shows the procedure code, service description and the number of units.

Only the three CPT codes above are reimbursable through the Medicaid Program; all other services are considered non-covered for chiropractor providers. Please see the chiropractor provider manual for more information: **RI Medicaid Provider Reference Manual – Chiropractor**

For in state chiropractor providers: You will be required to submit a prior authorization after the twelfth (12th) visit with a member within a 365-day period. This means that if the thirteenth (13th) visit would be within 365 days of the member's first visit, you *must* submit a prior authorization in order to be reimbursed for that thirteenth (13th) visit. You will need to attach clinical notes with the prior authorization form for consideration of the service being covered past the initial twelve (12) visits within a 365-day period.

Here is a link to the chiropractic prior authorization form: **Chiropractor Prior Auth Form.pdf**

Procedure Code	Description	Units
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	1 UNIT
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	1 UNIT
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	1 UNIT

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

Attention: Clinical Psychologists:

Effective immediately, RI Medicaid is accepting Provider Enrollment applications for Clinical Psychologists for direct billing in settings where such billing is allowed (i.e. not allowed for Medicaid members in institutional settings like nursing homes, intermediate care facilities, inpatient hospitals and where the cost of that service is already included in the reimbursement for a specific service).

A licensed clinical psychologist can't bill for individual, family or group therapy for an individual in a Mental Health Psychiatric Rehabilitative Residences/Enhanced Mental Health Psychiatric Rehabilitative Residences (MHPRR or e-MHPRR) but could bill for psychological testing. Please visit the **RI Healthcare Portal** to enroll.

Immediate Dentures

Immediate dentures are now a covered benefit through RI Medicaid. While we await full rollout, if you have a patient who would benefit from this service you may use corresponding conventional denture codes. Existing frequency limitations apply.

Use the Following Corresponding Codes below	Immediate Denture Codes
D5110 - COMPLETE DENTURE-MAXILLARY	D5130- IMMEDIATE DENTURE-MAXILLARY
D5120 -COMPLETE DENTURE-MANDIBULAR	D5140-IMMEDIATE DENTURE-MANDIBULAR
D5211- UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	D5221-IMMEDIATE UPPER PARTIAL
D5212- LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	D5222- IMMEDIATE LOWER PARTIAL

Once you receive notice that the immediate denture codes have taken effect in Medicaid's system, then you will bill accordingly using the immediate denture codes.

Please contact Andrea Rohrer, RI Medicaid Provider Representative,
andrea.rohrer@gainwelltechnologies.com if you have any questions.

Prior Authorization Dental Approval Dates

Starting on May 1st, 2025, Authorized dates for dental prior authorization will begin the date the dental PA has been reviewed and finalized by the dental consultant. You will no longer need to put in a date range on the prior authorization form. This new policy will supersede any date written on the PA request form. Providers looking for Retroactive dates must state it on the PA form.

The authorized date span will be given according to the EOHHS Dental manual for each procedure code requested.

A Treating or Performing provider signature followed by a date will be required. This will serve as a guide for prior authorization origination. The request will be returned to the requesting provider if either one is missing.
This new process will be implemented for both **ADA Dental** and **RI Medical Assistance Prior Authorization forms.**

Please contact Andrea Rohrer, RI Medicaid Provider Representative,
andrea.rohrer@gainwelltechnologies.com if you have any questions.

Prior Authorization Form

The RI Medical Assistance Prior Authorization form has been **updated**. Please begin using the update form for all your prior authorization requests.

Please see the link to view the updated form:

RHODE ISLAND MEDICAL ASSISTANCE PRIOR AUTHORIZATION FORM.

Required Home and Community Based Services (HCBS) Provider and Direct Support Professional (DSP) Training

Pursuant to the federal Home and Community Based Services (HCBS) quality assurance requirements under 42 C.F.R. § 441.302 for all Rhode Island Medicaid HCBS providers and direct support professionals, Rhode Island is requiring annual completion of this training for anyone working directly with HCBS participants.
Completion of this training annually is part of the quality measures Rhode Island reports to the Centers for Medicare and Medicaid Services (CMS) regarding the HCBS program.

Providers and direct support professionals working with HCBS participants must register for a TRAIN ac- count (instructions available here) to complete the required training on an annual basis. Agencies working with HCBS participants are responsible for ensuring that each of their relevant staff members completes this required training. Please review the instructions for creating a TRAIN account, which also includes the course information, the group code to register, and contact information for assistance if needed.
Direct care workers and/or direct support professionals working for the following HCBS provider types are required to complete the training:

- Assisted Living
- Conflict Free Case Manager (CFCM)
- Cognitive Disability Organization (CDO) and Developmental Disability Organization (DDO)
- Home Care
- Home Delivered Meal
- Shared Living
- Personal Choice

The training covers essential information related to HCBS and the Final Rule, including HCBS consumer rights, person-centered care, conflict free case management (CFCM), and critical incidents. Also included is information related to the No Wrong Door (NWD) approach for long term supports and services (LTSS) and how implicit bias can impact person-centered planning. The training was developed by an interagency team, using CMS guidelines to ensure compliance. Agencies working with HCBS participants cannot adapt materials in this training into their own training curriculum; employees of these agencies need to complete
the training as is on the TRAIN platform.
The training instructions and training is available in **English, Spanish** and **Portuguese**.

Please reach out to your state agency program contact or **ohhs.ltssnwd@ohhs.ri.gov** with any questions.

National Background Check Program System Update Occurring in May 2025

The National Background Check Program (NBCP) Portal will be upgraded to the new Civil Applicant Background (CAB) Portal in May 2025.

The NBCP Portal is used by providers whose employees or prospective employees are required under Rhode Island state law to complete fingerprint-based national background checks through the Rhode Island Office of the Attorney General (RIAG).

The old NBCP Portal link will be deactivated on **May 10, 2025, at 3 a.m.**

The new CAB Portal link, https://bcicab.riag.ri.gov/, will become available on **May 12, 2025, starting at 9 a.m.**

Portal Downtime for System Upgrade

To implement this upgrade, the current NBCP Portal will be unavailable starting on Saturday, May 10, 2025, at 3 a.m. The new CAB Portal will become available on Monday, May 12, 2025, starting at 9 a.m. Portal services will be unavailable during the transition period.

Providers Impacted by this Change

This upgrade applies to the following providers currently using the NBCP Portal:

- Adult Day
- Home Care
- Home Health
- Nursing Home
- Assisted Living
- Long Term Care Hospital
- Hospice
- Nursing Service Agency
- EOHHS Personal Choice Program
- EOHHS Shared Living

What is Changing?

This update will enhance security, improve performance, and streamline user experience. Providers will notice a redesigned login and home screen and new features for easier navigation and case tracking. ***The process for checking databases and requesting fingerprinting will not change***.

Next Steps for Impacted Providers

All registered providers will receive an email from ohhs.programintegrity@ohhs.ri.gov. The email will contain a CAB Portal User Guide and additional details.

Questions?

For questions about this transition, please contact the Program Integrity Unit at the RI Executive Office of Health and Human Services at ohhs.programintegrity@ohhs.ri.gov.

Community Health Worker (CHW) Program Changes — Effective May 2025

Effective May 2025, the Rhode Island Medicaid Program will implement updated requirements for Community Health Worker (CHW) services as part of ongoing efforts to strengthen program integrity, align with national best practices, and ensure high-quality, medically necessary care.

Rhode Island Medicaid CHW Services involve direct, non-clinical support provided by certified CHWs to Medicaid beneficiaries. These services include health promotion and coaching, health education, training, and health system navigation intended to improve health outcomes, promote preventive care, and support individuals in navigating healthcare and social services systems.

Effective May 19, 2025, Medicaid will only reimburse services with direct engagement and clear medical necessity documentation. Medicaid will discontinue reimbursement for CHW services not delivered directly to the Medicaid beneficiary. To ensure billing accuracy and compliance, EOHHS will implement additional safeguards, including enforcing HIPAA -compliant service delivery settings, preventing billing for overlapping or redundant services, appropriate use of telehealth, and strengthening documentation requirements to align with federal Medicaid rules. Please see below for a detailed timeline of these changes.

Effective May 19, 2025:

- Daily service limit of no more than two (2) hours per day per beneficiary.
- Standing orders will no longer be allowed.
- All CHW services must be individually authorized by a Licensed Practitioner of the Healing Arts (LPHA) who has direct knowledge of the beneficiary's needs.
- Enhanced billing rate (modifier U3) for new patient visits will sunset and no longer be applicable.
- Discontinuation of multidisciplinary care and collateral services.

Effective May 23, 2025:

- All new and revalidated CHWs applicants must complete a Bureau of Criminal Identification (BCI) background check as a condition of Medi-caid enrollment.

Effective July 1, 2025:

- A monthly limit of no more than twelve (12) hours per month (48 units) per Medicaid beneficiary.
- CHW services must be billed under newly designated service categories using specific procedure codes: **S9445** (Individual Health Promotion & Coaching or Health Education and Training), **S9446** (Group Health Promotion & Coaching or Health Education and Training), and **H0038** (Individual Health System Navigation).
- Group-based CHW sessions will be limited to no more than **eight (8)** Medicaid beneficiaries per session. Individualized documentation and LPHA authorization will be required for each participant.

Effective October 1, 2025:

- All CHWs must obtain full certification by the Rhode Island Certification Board (RICB). Transitional certification pathways will sunset, and CHWs must achieve full certification by this date to remain eligible. *Note*: transitional certification eligibility will end of May 19th and all newly enrolled CHWs must be fully certified by May 19th.
- All CHWs must possess a valid National Provider Identifier (NPI).

Effective July 1, 2026:

- Electronic Visit Verification (EVV) will be required for CHW services delivered in a home setting. EVV compliance will be mandatory for Medicaid reimbursement of home visits.

(Continued on next page)

Community Health Worker (CHW) Program Changes — Effective May 2025 (continued)

Summary of Key Dates:

Change	Effective Date
2- Hour Daily Service Limit	May 19, 2025
Sunset of U3 Modifier	May 19, 2025
No Standing Orders Allowed	May 19, 2025
Collateral Services & Multidisciplinary Care Discontinued	May 19, 2025
BCI Background Check Requirement	May 23, 2025
12- Hour Monthly Service Limit	July 1, 2025
New Billing Codes & Categories (S9445, S9446, H0038)	July 1, 2025
Group Size Limit (8 Beneficiaries)	July 1, 2025
Full RICB Certification Required for Transitional Certification	October 1, 2025
NPI Required	October 1, 2025
EVV for Home Visits Required	July 1, 2026

All compliance dates can be found in the revised **CHW Provider Manual** and **Section 9 (Compliance Calendar)** for detailed reference.

The Rhode Island Medicaid CHW Program Manual (Version 4.1) is available at: **CHW-Medicaid-ProviderManual-V4.1-FINAL-2025-05-30.pdf**

For additional information, please contact EOHHS Provider Services: **riproviderservices@gainwelltechnologies.com**

Attention Nursing Home Providers: Cost of Care (COC) or Applied Income updates

For beneficiaries admitted and or residing in an Institution/Nursing Home, liability toward the cost of care/applied income begins on the eligibility date and/or the first (1st) day of the month in which an application is filed.

For LTSS beneficiaries transitioning to and/or from a Nursing Home, the beneficiary liability is recalculated to reflect the below:

Institution to HCBS/Assisted Living: If the LTSS beneficiary is discharged to the community or Assisted Living, the beneficiary is responsible for paying the Cost of Care (COC) for their last month at the Nursing Facility. Partial month beneficiary liability may apply when the LTSS beneficiary receives services for less than a full month due to discharge or change in LTSS living arrangements, such as nursing facility to home or ALF. The beneficiary and/or the Nursing home can apply for the partial month consideration by submitting an LTSS change form to DHS. DHS will pro-rate the COC and adjust the beneficiary liability accordingly.

Institution to Death: For discharge to death, beneficiary liability for death month is $0.

HCBS to Institution: If the beneficiary transitions from HCBS or Assisted Living to the Nursing Home on the first of the month, the beneficiary is responsible for the full beneficiary liability to the Nursing Home for the month of admission. If the transition happens from the 2nd to the end of that month, the COC will be adjusted accordingly.

For case processing and eligibility-related questions, Nursing Home Facilities can contact DHS NF provider email: **DHS.NursingHomeInquiries@dhs.ri.gov**

- Outpatient mental health and substance use services
- Person- and family-centered treatment planning
- Community-based mental health care for veterans
- Peer family support and counselor services

Pediatric Rate Change

Effective **July 1, 2025**, the pediatric rates (program MPR010) will change to the rates displayed below.

Procedure Code	Code Description	Rate
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 15 min	$71.74
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 30 min	$111.55
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 45 min	$167.07
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, 60 min	$220.49
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THI .UATION AND MANAGEMENT OF AN ESTABLISHED PATIENT	$23.38
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 10 min	$56.51
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 20 min	$91.22
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 30 min	$128.27
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, 40 min	$179.93
99381	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient infant	$109.06
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 1-4 yrs	$114.27
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 5-11yrs	$118.60
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 12-17yrs	$133.06
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, new patient 18-39 yrs	$129.40
99391	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient infant	$97.76
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 1-4	$104.02
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 5-11	$104.02
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 12-17	$113.56
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, established patient age 18-39	$116.77

FYI - Information being sent to families with renewals for households with children under Katie Beckett turning 19 and aging out:

Katie Beckett is a Medicaid eligibility category for children under age 19 who are otherwise not eligible for Medicaid (based on family income) yet have serious, chronic, disabling conditions or complex medical needs, live at home, and would otherwise qualify to live in an institution. Children are eligible for Katie Beckett based on their clinical needs and their income and resources, not those of their parents.

Children who turn 19 and age out of Katie Beckett will be reviewed for another Medicaid eligibility category including MAGI (income-based Medicaid), or Long Term Services and Support (LTSS) as a disabled adult (EAD) or through the BHDDH-DD program.

Program participants who are between the ages of 19-21 and are found to be SSI eligible by SSA would be transitioned to SSI Medicaid to cover these services. Any assistance providers can give to families with the information below is appreciated. DHS/EOHHS is working diligently with families of children in Katie Beckett to avoid service disruption. Please respond immediately to all letters and calls requesting additional information to allow DHS to review and transition your child smoothly into the next potential Medicaid eligibility category.

For assistance, questions, or concerns, please contact the LTSS Coverage line at 401-574-8474 or email the Katie Beckett team at **DHS.PedClinicals@dhs.ri.gov**

Pediatric Preventive Schedule

The Rhode Island Executive Office of Health and Human Services, in partnership with the Rhode Island Department of Health, is releasing updated Preventive Pediatric Recommendations, also known as the 'EPSDT Periodicity Schedule.'

These updates align with guidance from the American Academy of Pediatrics and are summarized below:

- Extended schedule up to age 21
- Addition of screening for Hepatitis B
- Addition of screening for Hepatitis C
- Addition of screening for Sudden Cardiac Arrest and Sudden Cardiac Death
- Addition of screening for cervical dysplasia
- Renaming of "Developmental/Behavioral Health" to "Developmental/Social/Behavioral/Mental Health"
- Renaming of "Psychosocial Behavioral Assessment" to "Behavioral/Social/Emotional Screening"
- Addition of Fluoride Varnish and Fluoride Supplementation
- Footnote and Anticipatory Guidance updates

Please see the updated Preventive Pediatric Schedule **here**.

Rhode Island Health Care System Planning Foundational Report

As required by the Governor's February 2024 **Executive Order** establishing the Health Care System Planning Cabinet, the Executive Office of Health and Human Services is pleased to share that the 2024 Health Care System Planning Foundational Report is now available online at **eohhs.ri.gov/RI-Health-Care-System-Planning/Reports.**

The new report web page contains the following information:

- Background on the Health Care System Planning Cabinet's stakeholder engagement process
- The full Foundational Report
- A Summary Report
- Short-term recommendations from the Health Care System Planning Report (four pages). These recommendations will be put forth for Cabinet consideration and prioritization in 2025
- Full list of recommendations excerpted from the Health Care System Planning Report (25 pages)

Background: The Cabinet, Community Engagement, and Data-Driven Decision-Making

The Health Care System Planning Foundational Report summarizes the efforts, findings, and recommendations from the first year of **Rhode Island's Health Care System Planning Cabinet.** It compiles input from a vibrant stakeholder process, including the participation of representatives from 11 state agencies and over 40 provider organizations, businesses, labor organizations, current health care planning tables, and community-based groups. Participants were organized into the EOHHS Independent Advisory Council, and then into 6 workgroups. In addition, the Cabinet hosted upwards of 150 experts—doctors, hospital leadership, behavioral health providers, community leaders, and state staff—at an in person retreat in November 2024.

In addition to the report, the process supported the creation of several data dashboards and visuals for the Cabinet and workgroups. These dashboards will allow the Cabinet and Advisory Council to make data-driven decisions as the planning process continues. These dashboards and visuals can be found on **the RI Health Care System Planning Data Center.**

Update: Medicaid MAC and BAC Applications Now Being Reviewed

Exciting news! The Medicaid office received 120 applications combined for the new Medicaid Advisory Committee (MAC) and the Medicaid Beneficiary Advisory Council (BAC).

Number of Applicants	BAC (10-15 members allowed)	MAC (20-25 members allowed)
	38	82

The selection committee is currently evaluating all applications and will be in touch with applicants in July with updates and more information. The first BAC and MAC meetings will be scheduled for early September. More information to come once members are selected and announced.

Thank you to everyone who applied and to all who helped us spread the word about these important committees.

SFY 24 HCBS Shift Differential Attestations Due 7/31/25

2021 R.I. Public Law 162 *directed EOHHS to oversee a wage passthrough program related to home and community service* (HCBS) shift differential payments. Shift differentials are paid between 3:00 PM and 7:00 AM on weekdays and all hours on weekends and State holidays (referred to as "off-shift") for Personal Care (S5125) and Combined Personal Care/Homemaker (S5125-U1) services.

Effective July 1, 2021 (SFY 2022), the existing shift differential ($0.37) was increased by $0.19 to $0.56 per 15-minute unit of service. One hundred percent (100%) of the $0.19 per 15-minute service unit (or $0.76 per hour) increase must be passed through to the nursing assistant that rendered the service.

Employers must annually, on or before 7/31, submit to EOHHS an attestation affirming that all eligible employees received one-hundred percent (100%) of the increase in shift differential ($0.76/hour) for all hours worked "off shift" during the preceding July 1 – June 30. (For SFY 24, the attestation period is 7/1/2023 through 6/30/2024).

PLEASE NOTE THAT THE DUE DATE FOR THESE SUBMISSIONS IS NOW ON JULY 31st.

Employers must maintain payroll records that itemize the shift differential paid to eligible employees. Such payroll records shall indicate the shift differential, if any, that employees received, and shall demonstrate that all eligible employees received an increase of at least $0.76/hour for all "off-shift" hours worked.

Home Healthcare agency required shift differential pass-through amounts are now available on the EOHHS website with the attestation form (link included below).

The SFY 24 Attestation and the pass-through amounts by agency are available on the EOHHS website: **SFY 24 Home Health Agency Shift Differentials Increase | Executive Office of Health and Human Services**

Providers who have not yet submitted the SFY 23 attestation may do so here: **SFY 23 Home Health Agency Shift Differentials Increase | Executive Office of Health and Human Services**

Questions regarding the attestations may be sent to Medicaid Finance at **ohhs.medicaidfinance@ohhs.ri.gov**

EOHHS Launches Interactive Health Workforce Data Dashboard

The RI Executive Office of Health and Human Services' new, interactive Health Workforce Data Dashboard takes a major step forward in understanding important characteristics of Rhode Island's licensed health professional workforce. The dashboard provides valuable insights into local employment trends through the lens of equity, income levels, demographic details, and more.

For example:

- Many licensed RI health professionals are not employed in RI
- Black and Hispanic Registered Nurses are more likely than White RNs to have started their nursing career as a Nursing Assistant.
- 41% of all Social Workers and Mental Health Counselors employed in RI graduated from RIC
- Hospitals tend to have the highest median annual wages among healthcare settings

To view more data, visit our new, interactive Health Workforce Data Dashboard: **https://eohhs.ri.gov/health-workforce-dashboard.**

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.

Post-eligibility Verifications Are Back for Medicaid Members

The State has begun conducting post-eligibility verifications (PEV) to confirm continued Medicaid eligibility for members. PEV occurs quarterly and is in addition to a member's annual Medicaid renewal. Rhode Island uses State Wage Information Collection Agency (SWICA) data from the Rhode Island Department of Labor and Training to make sure the information members provide is accurate and complete.

You can help Medicaid members get ready for PEV by reminding them to respond with any requested documents right away if they receive a letter, text, or email from the State. You can also remind members to make sure their contact information is up to date.

Learn more about post-eligibility verifications (PEV) for Medicaid members.

Attention All Users of the Healthcare Portal

It is that time of the year where we begin to think about spring cleaning…If you have a **delegate user** who at one time logged into the Healthcare portal to check eligibility, claims status etc. and no longer works for your organization, please remember to update your trading partner profile.

If you are a **master user** and once was a delegate user, please make sure to inactivate your delegate user ID

.

Please follow the steps below to update your information.

1. Login to the portal using the trading partner number.
2. Select Manage Accounts found on the left-hand side of the screen and scroll to the bottom.
3. Review the delegates associated with the trading partner.
4. If they no longer work for your organization, select their name, and inactivate them by checking the box off.
5. Once you have completed this business task, please send your trading partner number along with a list of the users that can be deleted (because they are no longer active with your office) to **riedis-ervices@gainwelltechnologies.com.**

Staying Connected

Are you a trading partner with RI Medicaid? Have you changed external or internal business processes? Have you had internal staff changes? If your contact information is out of date, you might miss vital information for your covered providers.

Stay connected to RI Medicaid and send your email address to **riproviderservices@gainwelltechnologies.com** so that you can receive the monthly provider update with essential information for your covered providers.

Clearing Houses/Billing Agencies – Managing your Trading Partner Profile

Did you know you are responsible for managing the covered providers located in your trading partner profile? What does this mean? If you wish to conduct business on the providers behalf, you must add their NPI to your Covered Providers. If you would like to download the 835/277U transactions for the provider, you must also **check off** the 835/277U transaction boxes.

Did you know when the provider no longer wants you to download their 835/277U, you **must** remove the NPI from your covered providers?

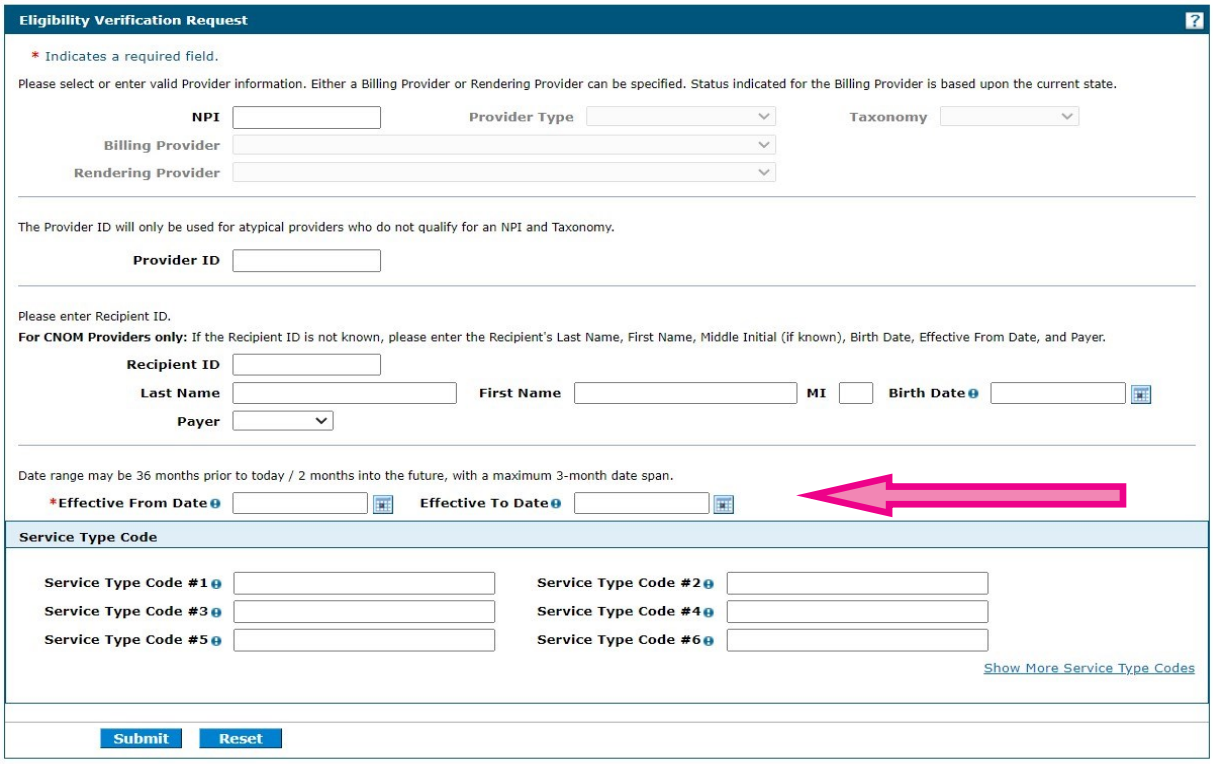
Please select the link below for instructions on how to **add** and **remove** your covered providers.

Managing Covered Provider Guide

**** If you are no longer practicing business with a covered provider, please end date that NPI****

Healthcare Portal Recipient Eligibility Verification

The Healthcare Portal functionality for verifying eligibility allows providers to check the previous thirty-six (36) months and two (2) months into the future from the present date. The maximum span of three (3) months per inquiry is allowed. The timely filing rule of one (1) year from date of service applies to claims processing.



Information Regarding Remittance Advice

Just a reminder…..

As a reminder, remittance advice (RA) documents are accessed through the Healthcare Portal. The most recent four RA documents are available for download.

Providers must download and save or print these documents in a timely manner to ensure access to the information needed. When a new RA becomes available, the oldest document is removed, and providers are unable to access it. The Payment and Processing calendar lists the dates of the RA for your convenience.

RI Medicaid does not provide printed copies of RA documents. Please see the financial schedule **here.**

Application Assistance for Medicaid LTSS

Sometimes, people applying for Long Term Services and Supports (LTSS) through Medicaid need help understanding or completing the application. There are many ways Rhode Islanders can get support.

Rhode Island's Aging and Disability Resource Center (ADRC), also known as **the Point**, can help guide people through the applications process. Staff are also trained in **person-centered options counseling (PCOC)**. That means they can help people with disabilities, older adults, and their families identify their health care goals and make informed choices about their care.

Many **community organizations or agencies** like the ones listed here can help. If you work for an agency that helps people complete benefit applications, consider extending that support to Rhode Islanders who may need LTSS through Medicaid.

The people around us play an important role in our health. **Anyone can help a friend, family member, or client** apply for LTSS through Medicaid.

It is important to know that:

- Whether someone is applying for LTSS through Medicaid for the first time or they're already a client, that person retains their right to choose their preferred service and provider at all times.
- Individuals must meet financial and clinical criteria to qualify for LTSS through Medicaid. To learn more about eligibility and how to help someone apply, visit **this web page form the RI Department of Human Services.**

Applications for LTSS through Medicaid can be completed and submitted on-line, or printed and submitted by mail or in person at **https://dhs.ri.gov/apply-now**.

The OHA Community (MDE010) Program Transition to LTSS/HCBS (MCS010) program

The OHA Community (MDE010) program within MMIS and CSM will be end dated on March 8, 2025. All service authorizations associated with OHA Community will be transited to the LTSS/HCBS (MCS010) program. This change will occur automatically and **does not** require any action from providers. This will not impact billing for providers.

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, by telephone at (401) 462-6393 or individually using the information below.

Contact Information

Robert Ethier
Money Follows the Person Program Director
robert.ethier.ctr@ohhs.ri.gov
(401) 462-4312

SFY 24 Nursing Facility Wage Pass Through Reporting Due 7/31/25

Pursuant to Rhode Island General Law § 40-8-19, nursing facilities are required to pass through 80% of any rate increase to the direct care, indirect care, and other direct care components of the nursing facility payment between 10/1/2023 and 9/30/2024. Current law also requires that the Executive Office of Health and Human Services collect certification forms from nursing facilities attesting to compliance with the required wage pass through.

The FFY2024 Nursing Facility Wage Pass-Through portal is now live. EOHHS has also posted the required pass-through amounts for each facility as well as provider guidance. The portal, pass-through amounts, and guidance can be accessed in the Nursing Home provider directory on the EOHHS website, linked here: Nursing Homes | Executive Office of Health and Human Services

The deadline to submit the FFY 2024 (10/1/2023 through 9/30/2024) attestation is **7/31/2025.**

Required information can be submitted in **three** ways:
Upload an Excel file using the Excel template available in the portal. **No other Excel files will be accepted.**
Upload copies of collective bargaining agreements, if applicable.
Manual entry of employee information

EOHHS recommends that facilities utilize options one and two as these will lessen the amount of time it takes to complete the certification.

If you have questions, do not hesitate to reach out to the Medicaid Finance Team via email:
OHHS.MedicaidFinance@ohhs.ri.gov

Attention Nursing Home, Hospice and RICLASS Providers – CSM Users

Please note updated Training Session information at bottom of page

Gainwell Technology will be offering two sessions reviewing this change. Please note that the trainings have been postponed. Providers will be notified when the rescheduled training dates are. Please continue to prepare for this change by following the below instructions.

EOHHS has requested that Gainwell move the Nursing Home Admission/Discharge slip functionality from Community Supports Management (CSM) web application to the Healthcare portal (HCP). This will include moving the Nursing Home Admission/Discharge Dashboard currently used by case managers to update the statuses of current slips. One of the CSM features in use today is for health care providers to report the admission and discharge of a Medicaid recipient to a nursing facility for long-term care services.

RI Gainwell will move the Admission/Discharge Slip process and Dashboard from the current CSM platform to a new admission/discharge slips web page and dashboard in the HCP. Today providers who have trading partner IDs will have access to enter Admission/Discharge Slips on the Healthcare portal.

In addition to providers using the new platform, Case workers and Case Managers will also access the Admission/Discharge Dashboard allowing them to update the status of existing slips.

In preparation for the new functionality on the healthcare portal, we will provide training prior to implementation of the new function early next year. In the meantime, we are asking for you to review your current access.

- If you do not currently have access to the healthcare portal but use the CSM platform, the primary/master user of the trading partner number will need to add you as a delegate user of the portal. Once you have been added as a delegate user to the healthcare portal, you will need to register. For instructions on how to register select **RI Medicaid Healthcare Portal**.
- As the primary/master user of the health care portal, you will need to add new delegate users and provide them with the information needed to register their information creating a security profile. For instructions on how to add delegate users select **RI Medicaid Healthcare Portal**. Once the new function has moved to production (Winter 2025) you will check off the new function **Admit/Discharge Role** for your delegate users.
- If you are a current CSM and HCP user, there will be a one-time update to add the admit/discharge functionality if you are a current CSM and HCP user.

*****New! Please see Training Session Participation Information below*****

Gainwell Technology will be offering **two** sessions reviewing this change, **click here to RSVP** for a session:

- **Wednesday June 11th at 9:30-10:30 am**
- **Friday June 13th at 1:00-2:00 pm**

Nursing Home Provider User Acceptance Testing for Patient Driven Payment Model Implementation

Effective **10/1/25**, the Centers of Medicare and Medicaid (CMS) will no longer provide data support for the Resource Utilization Group (RUG); instead, CMS will provide data support for the Patient Driven Payment Model (PDPM). RI Medicaid is moving to the CMS supported PDPM model starting 10/1/25. RI Medicaid is extending to Nursing Homes, Hospice Providers, and MDS vendors the opportunity to participate in the User Acceptance Testing (UAT) phase of PDPM testing during July 2025. The deadline to sign-up for this important testing is **June 30, 2025**. Please see links below.

This will allow providers the opportunity to submit June 2025 Production claim files to a test environment. Providers can then compare claims payments made using PDPM pricing in the test environment against the same June 2025 claims made in Production using the Remittance Advice.

We strongly encourage all Nursing Homes, and those responsible for updating the MDS data, to take advantage of this opportunity. This will provide you valuable insight into how your claims will be processed beginning October 1, 2025. Please note, with process changes for PDPM, MMIS will now require both the SSN and DOB, in order to process all MDS records.

What do I need to do to sign up for this opportunity?

Since participants will need access to the test area of the Healthcare Portal, they will need a testing Trading Partner ID. To obtain a testing Trading Partner ID:

Click **https://www.riproviderportal-uat.org/hcp/provider/Home/tabid/135/Default.aspx**

Select this link for guidance to enroll as a test Trading Partner: **https://www.riproviderportal-uat.org/HCP/hp/ushc/docs/provider/TradingPartnerEnrollmentUserGuide_en-us.pdf**

Some information to remember as you navigate through the enrollment process:

- Please make sure to include the **correct contact information**. This is how we will reach out to you upon completion of Trading Partner enrollment.
- Make sure to check off **View Remittance Advice.**
- Make sure to add your NPI as a covered provider. **Do not check off the 835/277** boxes.
- Make sure to check off the box for viewing the Trading Partner Agreement (the page will not go forward if not checked).
- The Healthcare Portal will send out automated emails upon completing your Trading Partner enrollment. Please follow the instructions in the automated emails to register your Trading Partner ID and verify your email address.
- If you currently use a clearing house to submit claims on your behalf, please share the email with them.

RI Medicaid will post the Remittance Advices to the testing Healthcare Portal for providers to view, download, and review. **The Remittance Advice downloaded from this site is for testing use only**, and should not be used to reconcile your current accounts. You will continue to receive your production Remittance Advice as you do today for reconciliation.

(Continued on next page)

Nursing Home Provider User Acceptance Testing for Patient Driven Payment Model Implementation (Continued)

When will I be able to access this information?

The test Remittance Advice for June 2025 dates of service will be available for viewing at the end of the testing window. Participants will be notified of the specific starting and ending dates closer to the testing window.

What should I be looking for when reviewing my test Remittance Advice?

For paid claims:

PDPM Code - Verify that it matches the PDPM you were expecting. This can be determined by looking at the PDPM code on the assessment record associated for the June 2025 period.

Paid Amount - Verify that the paid amount is the appropriate amount based on the rate information OHHS has provided to you previously based on PDPM code minus any patient liability.

For suspended claims:

Edit 252 – "PDPM / Rug Code Missing or invalid (ZZZZZ/AAA)" edit will stamp when there is no PDPM code on file or PDPM code ZZZZZ is determined.
This indicates, there is no active assessment for the dates of service, or the assessment record contained a ZZZZZ or blank PDPM code.

Edit 263 – "PDPM/RUG Provider Rate not on file" edit will stamp when there is no active rate for the provider on file.

For denied claims:

EOB 916 – "PDPM/RUG code cannot be determined" will stamp on the denied claim when there is no PDPM code on file or a ZZZZZ PDPM code is found for the dates of service billed.

EOB 918 – "PDPM/RUG Provider Rate not on file" will stamp on the denied claim when there is no provider rate on file.

Please Note: **When you begin navigating in the test/UAT health care portal, you will notice the environment looks exactly like production where you login regularly. Confirm you're in the test environment by checking the top address bar— it should contain "www.riproviderportal-uat.org"— this ensures you're indeed in the correct place.**

Questions?

Please find a copy of the **PDPM Information Guide here.** This current version of the guide has been updated since the April 15th provider communication email. The document outlines requirements the Medicaid Management Information System (MMIS) needs to successfully process MDS records. Please note: We ask that you submit any pending MDS records in a timely manner; this will ensure optimal processing.

If you have any further questions, please contact:

For EDI / 837 submissions, questions, or issues send an email to: **riediservices@gainwelltechnologies.com**

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

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** website.

Please email the completed form to **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.

*****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** 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.

RIte Share, RI Medicaid's Premium Assistance Program

RIte Share is RI Medicaid's Premium Assistance program that helps Medicaid-eligible individuals pay for the cost of their employer-sponsored insurance (ESI), as well as deductibles, coinsurance, and some additional Medicaid benefits not covered by commercial health insurance. State legislation and regulation authorizes the State to offer this program which is a condition of Medicaid eligibility (RIGL 40-8.4-12, RIGL 40-8-27, 210-RICR-30-05-3). When the State determines that a member's employer offers what the State determines to be cost-effective ESI, the member will receive a *Go Enroll* packet. Once a Medicaid member is enrolled in RIte Share, when seeking services, their commercial insurance will be primary, Medicaid fee-for-service (anchor card) will be secondary.

A few significant factors that contribute to the success of the RIte Share program are that employers respond to the State when asked to provide insurance rates and Summary of Benefits on an annual basis; employers understand that RIte Share is a the qualifying event for enrollment in ESI; and employers or members notify the RIte Share unit when the employee leaves their job.

For a RIte Share Fact Sheet, log on to **https://eohhs.ri.gov/Consumer/FamilieswithChildren/RIteShare.aspx.** For more information, please contact the RIte Share Unit at **ohhs.riteshare@ohhs.ri.gov** or 462-0311.

Pharmacy Spotlight

Attention FFS Pharmacy Providers – *Stand Alone Vaccine Counseling*

The Rhode Island Medicaid Fee-for-Service (FFS) program will be implementing the Stand-Alone Vaccine Counseling project April 22, 2025. This project allows pharmacies to be reimbursed for vaccine counseling services using the Service Billing (S1) and Service Reversals (S2) Transactions on the NCPDP transaction standard for the services listed below.

This implementation is necessary due to the requirements posed in the CMS SHO #22-002 and the Public Readiness and Emergency Preparedness (PREP) Act which require stand-alone counseling for COVID-19 and state approved vaccines under Medicaid Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit where the recipient is a Medicaid beneficiary under the age of 21.

The RI FFS payer sheet was updated to reflect new values that will be allowed for processing the following HCPCS codes:

- G0314, COVID 19, ages under 21, 16 to 30 minutes
- G0315, COVID 19, ages under 21, 5 to 15 minutes
- G0312, ages under 21 (Non-COVID), 5 to 15 minutes
- G0313, ages under 21 (Non-COVID), 16 to 30 minutes

The RI FFS payer sheet has been updated to reflect new values that will be allowed for this processing. Link: **Payer Sheet D.0.Revised 04.08.2025.pdf**

If you have any questions, please contact Karen Mariano, RPh at **karen.mariano@gainwelltechnologies.com.**

Meeting Schedule:

Pharmacy and Therapeutics Committee and Drug Utilization Review Board

2025 Meeting Dates:
June 10, 2025
September 9, 2025
December 2, 2025

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

Date: June 10, 2025

In Person Registration on site: 7:30 AM

Meeting: 8:00 AM

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

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

Date: June 10, 2025

In Person Registration on site: 10:15 AM

Meeting: 10:30 AM

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

Pharmacy Spotlight

The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective *May 2025*

Contraceptives, Other **Changed status to Non-Preferred** Twirla	**GI Motility, Chronic** **Changed status to Non-Preferred** Amitiza
Growth Hormone **Changed status to Non-Preferred** Nutropin AQ Pen	**Growth Hormone** **Changed status to Preferred** Norditropin Pen
Hypoglycemics, Insulin and Related Agents **Changed status to Non-Preferred** Insulin glargine pen Insulin glargine vial	**Hypoglycemics, SGLT2** **Changed status to Non-Preferred** Invokamet Invokana
Pancreatic Enzymes **Changed status to Preferred** Viokace Zenpep	**Phosphate Binders** **Changed status to Non-Preferred** Renvela Powder Pack Renvela tablet
Phosphate Binders **Changed status to Preferred** sevelamer carbonate powder pack sevelamer carbonate tablet	**Ulcerative Colitis Agents** **Changed status to Non-Preferred** Lialda
Ulcerative Colitis Agents **Changed status to Preferred** mesalamine (generic Lialda) mesalamine (AG) (generic Lialda)	**Weight Management Agents** **Changed status to Non-Preferred** Saxenda
The following is a new class of drugs managed on the RI Fee-for-Service Preferred Drug List effective May 2025	
Sickle Cell Anemia Treatments **Preferred** Adakveo Casgevy Endari hydroxyurea Lyfgenia Siklos	**Sickle Cell Anemia Treatments** **Non-Preferred** Droxia glutamine powder pack

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

ACT NOW: Share Your Feedback on Rhode Island's First Draft Olmstead Plan!

As we move into the final phases of Rhode Island's Olmstead Planning Process, we want to extend a huge thank you to everyone who has contributed to shaping this plan. Your participation in community listening sessions, advisory group meetings, surveys, interviews, and workgroups has ensured that the Olmstead Plan is reflective of real community needs. Between August 2024 and February 2025, our collaborative efforts have resulted in a comprehensive Olmstead Plan that reflects the priorities of Rhode Islanders with disabilities. Here's what we've accomplished:

☑**44 members** of the Olmstead Advisory Group (OAG) met **monthly** to drive the planning process.
☑**26 state agencies** provided support and policy input to align the plan with broader statewide efforts.
☑**150+ community surveys** collected, **42 key informant interviews** completed, and direct input from **eight OAG members with lived experience** incorporated.
☑**430 disability community members engaged** through public forums, community meetings, and discussions.
☑**Four public workgroups** met regularly with **26 to 49 participants per session**, resulting in:

- **6** major goals for disability inclusion
- **12** community strategies
- **73** community-prioritized recommendations
- **120** identified assets and data sources

☑Responses were obtained in English, Spanish, Portuguese, and American Sign Language and focused on all disabilities:

This work ensures that **the voices of historically marginalized communities**—including **BIPOC, formerly incarcerated individuals, unhoused individuals, veterans, and people with all types of disabilities**—are **centered in this plan**. Now, we need your final input! The Draft Olmstead Plan is available for review, and we encourage all community members, advocates, and partners to provide feedback.

View the Draft Plan & Complete the Feedback Survey Here: EOHHS Olmstead Planning Website
Rolling Deadline for Feedback

**Please note: Submission form will remain live for additional feedback but initial feedback received by the deadline will be used to inform Version 2.0.*

PAYMENT ERROR RATE MEASUREMENT PROGRAM (PERM) ADDITIONAL 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||]
0MB 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 esta 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) 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 medical record documentation to support claims for Medicaid/CHIP services upon request. **Providing medical records for Medicaid/CHIP beneficiaries 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.

State FY 2025
Claims Payment and Processing Schedule

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
		7/05/2024	7/12/2024
July	7/11/2024	7/12/2024	7/19/2024
		7/26/2024	8/02/2024
August	8/08/2024	8/09/2024	8/16/2024
		8/23/2024	8/30/2024
September	9/05/2024	9/06/2024	9/13/2024
		9/20/2024	9/27/2024
		10/04/2024	10/11/2024
October	10/10/2024	10/11/2024	10/18/2024
		10/25/2024	11/01/2024
November	11/07/2024	11/08/2024	11/15/2024
		11/22/2024	11/29/2024
December	12/05/2024	12/06/2024	12/13/2024
		12/20/2024	12/27/2024
January		1/03/2025	1/10/2025
	1/09/2025	1/10/2025	1/17/2025
		1/24/2025	1/31/2025
February	2/06/2025	2/07/2025	2/14/2025
		2/21/2025	2/28/2025
March	3/06/2025	3/07/2025	3/14/2025
		3/21/2025	3/28/2025
		4/04/2025	4/11/2025
April	4/10/2025	4/11/2025	4/18/2025
		4/25/2025	5/2/2025
May	5/08/2025	5/09/2025	5/16/2025
		5/23/2025	5/30/2025
June	6/05/2025	6/06/2025	6/13/2025
		6/20/2025	6/27/2025
July		7/04/2025	7/11/2025
	7/10/2025	7/11/2025	7/18/2025
		7/25/2025	8/01/2025

View the SFY 2025 Payment and Processing Schedule on the EOHHS website

[Payment And Processing Schedule | Executive Office of Health and Human Services]

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

Provider News

Provider Updates

EOHHS Community Newsletter

Each quarter, we distribute a community newsletter that provides detailed updates from EOHHS, RI Medicaid, and our sister agencies. Our newsletter establishes a regular cadence to connect with community partners and stakeholders by providing them with up-to-date and pertinent information about health and human services initiatives, programs, and related engagement and outreach activities.

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

When Veterans Need Support, You're on the Front Lines

Rhode Island is a strong community made up of fighters, families, and friends. Together, we have the power and the resources to save lives of Veterans. They served for us. Now it's time to serve for them. If you know a Veteran looking for assistance, a wide range of services are now available, from peer counseling to support with health, housing, employment, and much more.

Healthcare professionals can find resources to support Veterans here.