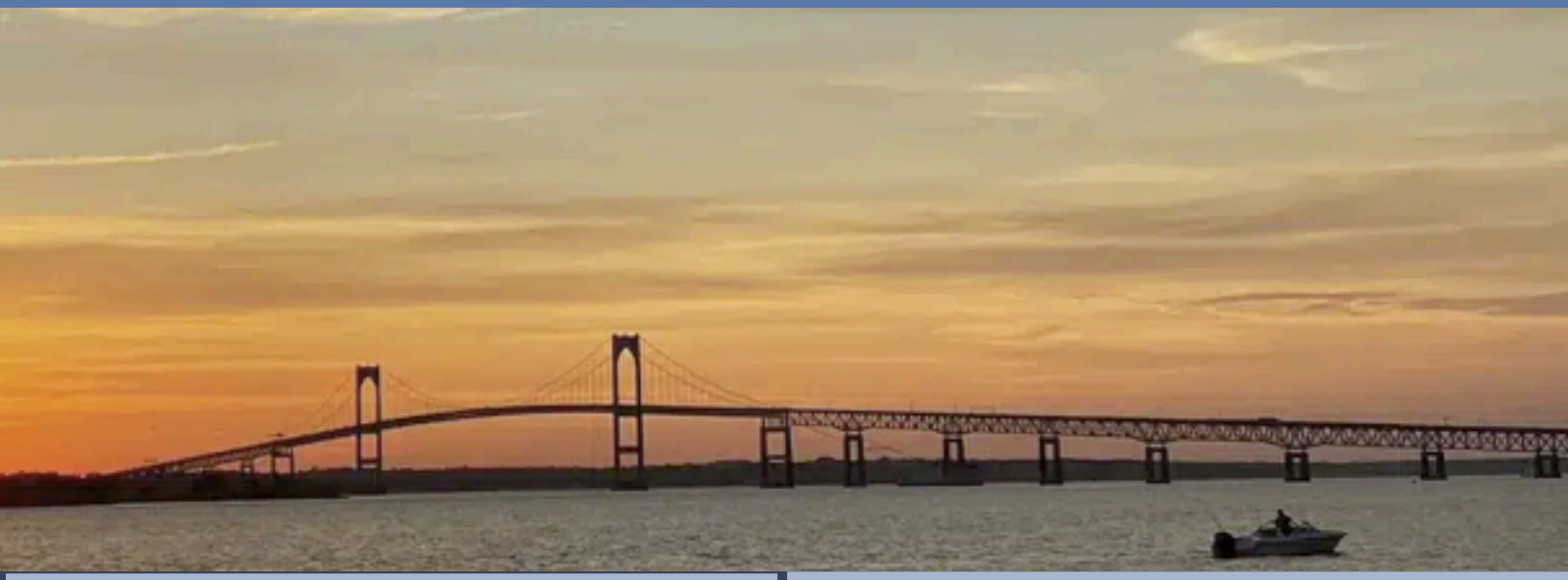
Rhode Island Medicaid Program

Provider Update

June 2026 • Vol 401



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

Juneteenth	6/19
Independence Day	Observed 7/6
Victory Day	8/10
Labor Day	9/7
Columbus Day	10/12
Election Day	11/3
Veteran's Day	11/11
Thanksgiving Day	11/26
Christmas Day	12/25

In This Issue

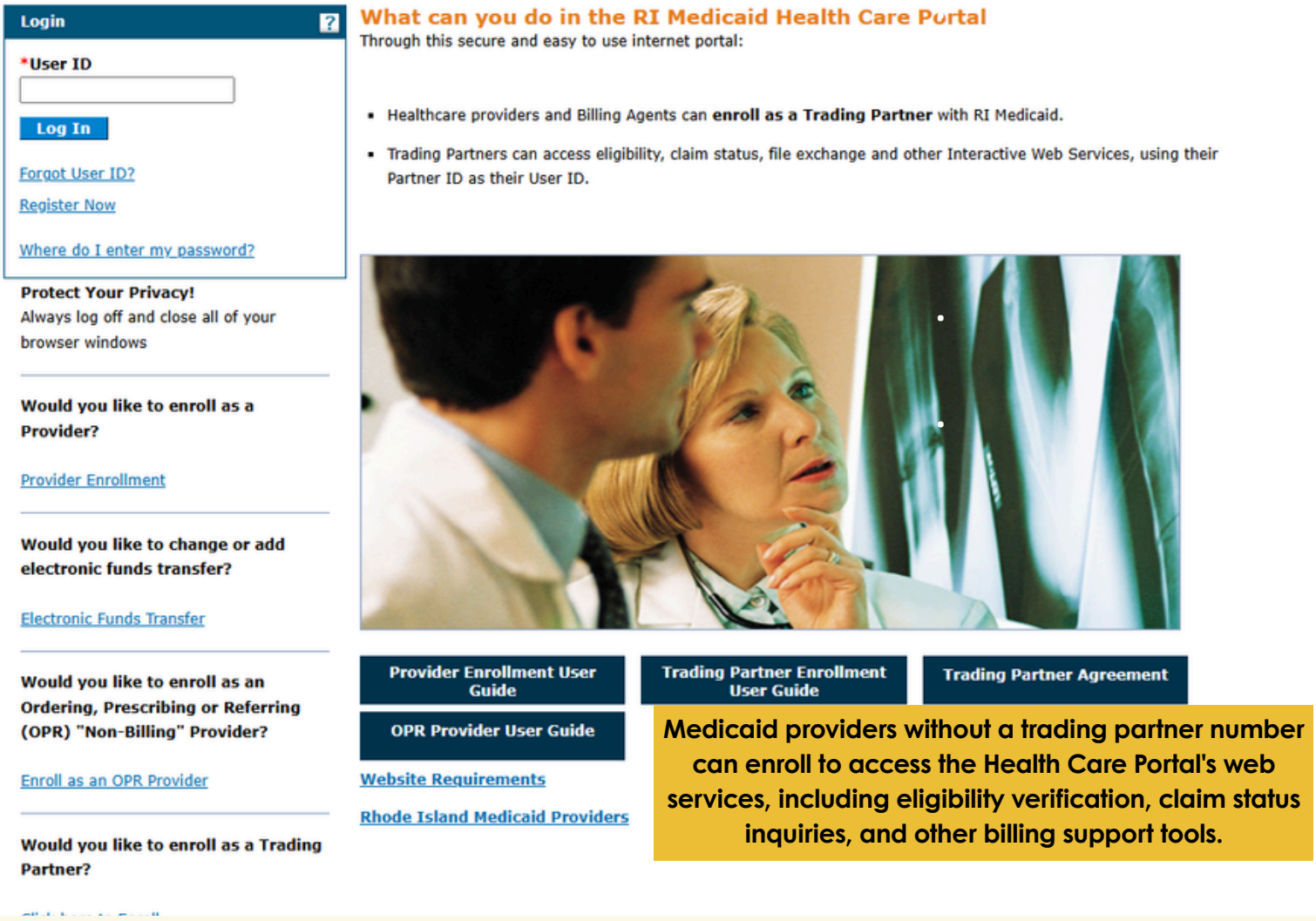
Subscribe

Click the button on the left and email us your NPI, primary service type, and "Subscribe" in the subject line. You'll begin receiving the Provider Update and other relevant notices for your provider type.

Notable Days in June

June 11 - National Career Nurse Assistants' Day
June 14 - Flag Day
June 21 - National Daylight Appreciation Day

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



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.

HR 1: UPCOMING CHANGES TO MEDICAID & RHODE ISLAND'S PREPARATION EFFORTS

On July 4, President Donald Trump signed H.R. 1, also known as the One Big Beautiful Bill Act (OBBBA), into law. Full text of the bill, which makes substantial changes to Medicaid, is available here. While federal guidance is still evolving, the State is taking proactive steps to ensure providers, partners, and Medicaid members have the information and support they need to minimize unnecessary disruption to care and services.

How Rhode Island Is Preparing

The Executive Office of Health and Human Services (EOHHS), the Department of Human Services (DHS), and our managed care partners are preparing a coordinated effort that includes engaging stakeholders early and often. Feedback is being collected from groups of experts and individuals with lived experience like the Federal Compliance Advisory Group, the Medicaid Advisory Committee, and the Beneficiary Advisory Council. Medicaid will continue to work with these groups and key organizations throughout the state to ensure information and resources reach diverse communities.

What Providers Can Expect Next

We appreciate your partnership as Rhode Island prepares for these changes. Your role in supporting Medicaid members through transitions like this is essential, and we will continue to provide timely updates and resources. Please stay tuned for:

- Additional guidance as federal requirements are clarified
- Invitations to upcoming webinars
- Updated materials to support conversations with Medicaid members
- Ongoing communication through this newsletter and direct outreach

What can Medicaid members do now to prepare?

Members should make sure Medicaid has their correct contact information, so they don't miss important updates that may affect their coverage. Important contact information includes mailing address, mobile phone number, and email. Members should also let the Medicaid Office know of any change in their household (like a new baby, marriage, divorce, or death), a new job or change in income, any change in citizenship status, or any change in disability status.

To learn more about member-facing changes to Medicaid, visit staycovered.ri.gov/updates. This website will be updated as additional guidance and resources become available.

Coordination of Benefits – Bill Primary Insurance(s) Before Medicaid

As a reminder when billing claims for patients with dual/multiple coverage(s), Medicaid is legally the payer of last resort. You must file claims with all commercial, private, or primary insurance plans before submitting them to Medicaid.

Required Action Steps:

- **Verify Coverage**: Check the patient's primary insurance status at every visit using the Healthcare Portal.
- **Submit to Primary**: Route the initial claim to the commercial or private carrier first.
- **Await EOB:** Wait until you receive the primary insurer's Explanation of Benefits (EOB).
  - **Submit to Secondary:** If the recipient has a secondary coverage, route the claim and primary EOB to that carrier.
- **Bill Medicaid:** Submit the remaining balance to Medicaid, attaching the primary/secondary EOB(s).
  - The EOB(s) must show the payment/processing date, the applicable payment amount and the claim reason codes.

Electronic Medicare Billing for Medicare and Senior Replacement Plans

To facilitate electronic billing and proper reimbursement for Medicare and Commercial Medicare Plans (Advantage/Replacement 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 indictor
• 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 NM109 Other Payer Primary Identifier – Must contain the appropriate carrier code, see below for a list:

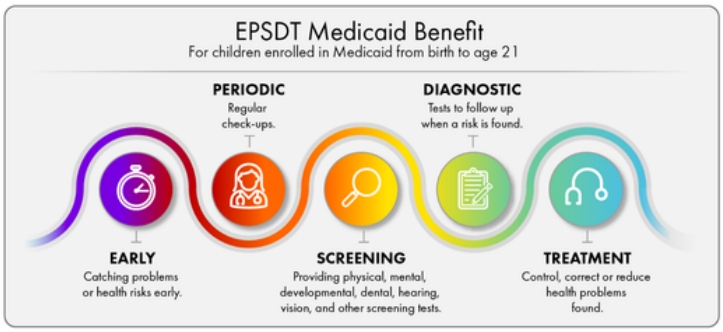
MDA/MDB - Medicare	22A - Aetna Medicare Advantage Plan
06A - United Senior Care	24A - Connecticare Medicare Advantage Plan
08A - Healthfirst Medicare Advantage Plan	26A - Humana Medicare Advantage Plan
09A - HMO Blue of Massachusetts Advantage Plan	26B - Humana Medicare Advantage Dental Plan
12A - Blue Chip Medicare HMO	89A - Tufts Health Plan (PPO) Mediare Advantage Plan
18A - Wellcare Medicare Advantage Plan	C01 - CarePlus Advantage Plan
19A - MMM Healthcare of Puerto Rico Advantage Plan	C02 - Commonwealth Care Alliance, Inc. Medicare Advantage Plan

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT ensures that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

EPSDT coverage requirements are more robust than coverage requirements for adults. When working with beneficiaries under age 21, providers should:

- Help patients understand their rights under EPSDT
- Provide all medically necessary treatment, even if that treatment is not reimbursable for adults
- Do not assume limits on benefits that apply to adults apply to children
- Counsel patients regarding access to Non-Emergency Medical Transportation and care coordination as authorized by the EPSDT benefit



As a provider, you must comply with EPSDT guidelines and requirement to ensure children and adolescents receive access to the right care, at the right time, and in the right setting. Additional information about EPSDT as well as Rhode Island's EPSDT schedules can be found **here**.

Please reach out to the child/youth's Medicaid Managed Care plan with questions regarding coverage of services for children/youth under 21.

Important Updates Regarding the Community Health Worker (CHW) Program

1. CHW Manual Version 4.4 Now Posted

EOHHS has posted Version 4.4 of the CHW Program Manual on the **EOHHS website.** This version includes updated requirements and the compliance deadline of December 1, 2025. The manual is available in **English** and **Spanish**.

2. New FAQ Released

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

3. Enrollment and Billing Requirements Effective December 1, 2025

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

- Obtaining an individual NPI
- Being affiliated with an enrolled group provider
- Completing enrollment with Gainwell
- Completing the National Criminal Background Check (NCBC) through Gainwell
  - If you are seeking a Good Moral Character (GMC) exemption, (GMC) requests must provide a copy of the applicant's national criminal record or criminal history report, obtained from the Attorney General, sufficient to identify the offense(s), disposition, and date. Incomplete requests without all required documentation will be denied.
- Completing the required EOHHS site visit

B. Atypical Provider Terminations:

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

C. Billing Guidance:

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

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

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

Attention Providers: Updates to our Third-Party Liability (TPL) claims processing system

The Rhode Island Executive Office of Health and Human Services (EOHHS) is announcing updates to our Third-Party Liability (TPL) claims processing system. These changes are a direct response to new federal requirements mandated by the Consolidated Appropriations Act of 2022 (CAA, 2022) and subsequent guidance issued by the **Centers for Medicare & Medicaid Services (CMS)**. We want to ensure you are well-informed about these modifications and how they will impact your claims submissions.

Understanding the Federal Mandate: Medicaid as Payer of Last Resort

As you know, Medicaid is designed to be the "payer of last resort." This means that Medicaid only covers claims for items and services if no other legally liable third-party payer is responsible for those same services.

Section 202 of the CAA, 2022, enacted on March 15, 2022, introduced a significant amendment to the Social Security Act. This amendment now requires states to implement laws that prevent responsible third-party payers (**with the exception of Medicare plans**) from refusing payment for an item or service solely because prior authorization was not obtained under that specific third-party payer's rules.

If Medicaid prior authorization requirements for a covered service have been satisfied, the third-party payer cannot refuse or delay payment by imposing its own prior authorization requirements. This rule has been in effect federally since January 1, 2024, with some flexibility for states that required legislative changes.

Rhode Island's Response: What's Changing for RI Medicaid Fee for Service Claims

In full compliance with these federal requirements, EOHHS is updating its system rules. Moving forward, claims will be automatically denied when another insurance carrier (excluding Medicare) has previously refused payment solely on the basis that prior authorization was not obtained under that carrier's specific rules.

Key Dates for Implementation:

- Effective Date: **April 1, 2026**
  - All claims received by EOHHS on or after this date will be subject to these new denial rules.

How the New Denial System Works: Introducing Edit 097

Our system will now utilize a new edit, Edit 097, to manage claims submitted with specific TPL prior authorization rejection codes. When a claim is denied under Edit 097, providers will receive a clear message:

"PAYMENT MUST BE COLLECTED FROM OTHER INSURANCE CARRIER."

(continued on next page)

Specific Denial Criteria by Claim Type:

Pharmacy Claims:

- Pharmacy claims for FFS Medicaid submitted with the Other Coverage Code (OCC)03 and receiving the following NCPDP reject codes from the primary must submit those reject codes to Medicaid:
  - **Code 75**: Prior Authorization Required
  - **Code 3W**: Prior Authorization in Process
  - **Code 3Y**: Prior Authorization Denied

Exceptions: Claims with Medicare Part D or Medicare Part C coverage are excluded from this denial rule.

All Other Claim Types:

- Claims will be denied if they include:
  - TPL Adjustment Reason Code 197: Precertification/authorization/notification/pre-treatment absent

Exceptions: Claims with Medicare Part A, Part B, or Part C coverage are excluded from this denial rule.

CLAIM TYPE AND DENIAL TABLE:

Edit	Claim Type	Code Type	Denial Code	Code Description	Medicare Exclusions
97	Pharmacy	NCPDP Reject	75	Prior Authorization Required	Part: D, C
97	Pharmacy	NCPDP Reject	3W	Prior Authorization in Process	Part: D, C
97	Pharmacy	NCPDP Reject	3Y	Prior Authorization Denied	Part: D, C
97	All Other Claims	TPL Adjustment Reason	197	Precertification/Authorization Absent	Part: A, B, C

What Providers Need to Do:

To ensure smooth claims processing and compliance with these new regulations, providers are advised to:

1. **Use Correct Codes:** When submitting claims that have been denied by other insurers due to missing prior authorization, ensure you accurately use the appropriate reject and reason codes as outlined above.
2. **Check Updated Resources**: A revised Pharmacy Payer Sheet, incorporating these new changes, will be made available on the EOHHS pharmacy webpage. Please refer to this resource for the most current information.

We appreciate your attention to these important updates and your continued partnership in serving Rhode Island's Medicaid beneficiaries. 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 riproviderservices@gainwelltechnologies.com

Upcoming National Core Indicators Adult Consumer Survey

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

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

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

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

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

Community Mental Health Resources for all Rhode Islanders

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

CCBHC services include:

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

The following locations are CCBHCs in Rhode Island:

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

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

RHODE ISLAND OFFICE OF HealthyAging

Providing affordable community-based care options for Rhode Island families.

At Home Supports

The Rhode Island Office of Healthy Aging (OHA) strives to help individuals remain healthy, safe, and independent in their communities. The **At Home** cost-share program helps older adults (65+) and those age 19-64 (who have a diagnosis of Alzheimer's or a related dementia) with home and community-based services and supports.

HOW IT WORKS:

The State shares in the cost of in-home and/or adult-day services in the community for eligible participants.

A participant's share of the cost of services is based on their annual income, as outlined in the table below. Annual income is capped at **250 percent of Federal Poverty Level** (250% FPL). Eligibility is also based on a needs assessment. Currently there is no asset limit.

2026 Income Limits	
1. Income of $19,950(single); $27,050 (couple)	
Home Care	$4.50/hour
Community Adult Day	$7.00/day
2. Income of $31,920 (single); $43,280 (couple)	
Home Care	$7.50/hour
Community Adult Day	$15.00/day
3.Income of $39,900 (single); $54,100 (couple)	
Home Care	$7.50/hour
Community Adult Day	$15.00/day

Eligible in-home services may include assistance with housekeeping, personal care, and/or meal preparation. Community adult-day programs offer a variety of daytime opportunities and services for participants – including help with personal care, nursing support, meals, and various recreational and social activities.

All eligible **At Home Cost Share** participants receive an individualized assessment and person-centered care plan, tailored to their needs and preferences.

YOU MAY BE ELIGIBLE IF:

- ✓ You are age 65 or older
- ✓ Are age 19-64 with diagnosis of Alzheimer's or a related dementia and also meet income guidelines
- ✓ You need assistance at home with personal or health care
- ✓ You do not qualify for Rhode Island's Medicaid program

401- 462- 4444

ADRC RI Aging & Disability Resource Center — The resource hub for healthy aging. 401.462.4444 www.oha.ri.gov/adrc

CLINICAL PROVIDERS (PHYSICAINS,NURSE PRACTITIONERS, ETC.)

The Executive Office of Health and Human Services (EOHHS) ended its Care Management Program with RIPIN, effective February 28, 2026, due to an end in federal funding for this program.

What does this mean?
Service authorizations for individuals receiving non-LTSS home care services through the former Preventive Program as of February 28, 2026, will **not** be impacted. Home care agencies can continue to provide services until the current service authorization ends.

Individuals who require supportive services, but do not meet the long-term services and support (LTSS) level of care (LOC), can no longer be referred to RIPIN to provide care coordination services for this population. Starting March 1, 2026, clinical providers can submit a service authorization for medically necessary non-LTSS home care services for these individuals to DHS at DHS.ClinicalTeam@dhs.ri.gov.

What if additional services are needed?
If your patient experiences a change in their status, and requires additional service hours, they can apply for Medicaid LTSS. The following resources are available for application assistance and information about Medicaid LTSS available in Rhode Island:

- MyOptionsRI
- The Aging and Disability Resource Center
- State Health Insurance Assistance Program (SHIP Counselors)
- Department of Human Services (DHS)

EOHHS understands that this transition may require some coordination, and we value your support and collaboration. We sincerely appreciate your patience, flexibility, and continued partnership as we work through this process and ensure a smooth transition of responsibilities. Our goal is to minimize disruption to beneficiaries and providers, and we remain committed to clear communication and collaboration throughout this period.

HOME CARE PROVIDERS

The Executive Office of Health and Human Services (EOHHS) ended its Care Management Program with RIPIN, effective February 28, 2026, due to an end in federal funding for this program.

What does this mean?
Service authorizations for individuals currently receiving non-LTSS home care services through the former Preventive Program as of February 28, 2026, should continue services as previously authorized. Providers will see program enrollment for these recipients in the Health Care Portal but will **NO** longer see service authorizations as these are no longer required.

Home care agencies will no longer receive referrals from RIPIN for these individuals. These services will be based upon a physician's order for limited non-LTSS supportive services. Recipients of non-LTSS Home Care will self-refer to Home Care agencies directly, with orders from their practitioner. Home Care agencies can begin services when recipients are enrolled in the associated program in the Health Care Portal.

If a home care agency has issues with the service authorization, they can reach out to DHS at DHS.HCBSHomeCareProviders@dhs.ri.gov.

What if additional services are needed?
If your patient experiences a change in their status, and requires additional service hours, they can apply for Medicaid LTSS. The following resources are available for application assistance and information about Medicaid LTSS available in Rhode Island:

- MyOptionsRI
- The Aging and Disability Resource Center
- State Health Insurance Assistance Program (SHIP Counselors)
- Department of Human Services (DHS)

EOHHS understands that this transition may require some coordination, and we value your support and collaboration. We sincerely appreciate your patience, flexibility, and continued partnership as we work through this process and ensure a smooth transition of responsibilities. Our goal is to minimize disruption to beneficiaries and providers, and we remain committed to clear communication and collaboration throughout this period.

NON-SKILLED HOME CARE PROVIDERS

Please be advised of an important update regarding **OHA At Home Cost Share** prior authorizations. Historically, prior authorizations for procedure code **S5125 U1 – Combined Home Care Services** have been issued in monthly segments.

Effective **04/01/2026**, prior authorizations for the OHA At Home Cost Share program will now be issued in **weekly segments,** consistent with the format used for:

- LTSS-HCBS
- Habilitation Community Services

In addition to the ability to submit for S5125 U1, Combined Home Care Services, the following procedure codes will now be billable and should be submitted as applicable to the services delivered:

S5125 U1- Combined Home Care Services
S5125 – Personal Care Only
S5130 – Homemaking Services

What This Means for Billing

- Prior authorizations will be created in **one-week increments**, for up to one year.
- Each authorization week runs **Sunday through Saturday**.
- **Claims must not cross weekly date ranges.**
- The dates of service on your claim must fall **entirely within the specific week** covered by the prior authorization.

Example: If you have **40 units (10 hours)** authorized for the week **03/08/2026–03/14/2026**, your claim must only include dates **within this range**. Dates may not extend into the following week.

Additional Update: As of 04/01/2026 the Electronic Referral page will now include the OHA At Home Cost Share member population. This is in addition to the below programs currently available.

- LTSS HCBS Services
- OHA Community Waiver Program
- Habilitation Community Services

If you have any questions, please contact:
Marlene.Lamoureux@GainwellTechnology.com

RI MEDICAID TEMPORARY STATE IMPOSED MORATORIA FOR DMEPOS

Rhode Island Medicaid is going to implement a 6-month temporary moratorium on newly enrolled Prosthetics, Orthotics, and Supplies (DMEPOS) providers in alignment with the federal moratorium.
This will only impact newly enrolling DMEPOS providers starting on **April 1st, 2026**.

If you have any questions, please contact your provider representative, Fidelia Williams-Edward at fidelia.williams@gainwelltechnologies.com.

REMINDER: 2025 HCBS ANNUAL TRAINING & REQUIRED ATTESTATION SUBMISSION

This is a reminder that all eligible Home and Community-Based Services (HCBS) providers are required to complete the **2025 HCBS Annual Training** and submit the corresponding **Training Attestation** to the Executive Office of Health and Human Services (EOHHS).

EOHHS originally distributed the training materials via USPS; however, to assist in ensuring full compliance, we are sending this additional reminder to the following provider types:

- BHDDH Developmental Disability Agencies
- Conflict Free Case Management (CFCM)
- Case Management Providers
- Day Habilitation
- Shared Living Agencies
- Home-Based and Center-Based Therapeutic Services
- Home Meals Delivery
- Assisted Living Facilities
- Personal Care Aide provider organizations
- Personal Choice

Completion of the HCBS annual training is mandatory. Providers must view the training and submit their attestation confirming completion.

Accessing the HCBS Training
EOHHS provides the annual HCBS training through the Rhode Island TRAIN platform. Providers can access the training directly using the following link:
https://www.train.org/rhodeisland/course/1127214/details [train.org] [protect.checkpoint.com] [protect.checkpoint.com] [protect.checkpoint.com] [eohhs.ri.gov] [protect.checkpoint.com]
A registration code is required. The current code for HCBS training is: **HC** (case-sensitive). [eohhs.ri.gov] [protect.checkpoint.com]

Submission of Attestation
Once training is completed, please ensure that your organization submits the required attestation to EOHHS. This attestation confirms that your agency has completed the annual HCBS training requirement for 2025.

Thank you to all providers who have already submitted their attestations. No further action is required on your part.

If you need assistance confirming whether your organization has already submitted the attestation, EOHHS can provide a list of providers who have and have not yet completed this requirement.

How to Submit
- Attestations can be:
  - Scanned and sent via e-mail to ohhs.ltssnwd@ohhs.ri.gov
  - Or mailed directly to EOHHS at 3 West Rd., Cranston, RI.

Why This Is Required
HCBS training enhances the quality, consistency, and compliance of services delivered across Rhode Island's Medicaid HCBS programs. Rhode Island's EOHHS administers HCBS under federal CMS guidance to ensure ongoing quality and compliance statewide. [eohhs.ri.gov] [protect.checkpoint.com]

Questions or Support
If you have any questions about the training process or attestation submission, please reach out to your state agency program contact or ohhs.ltssnwd@ohhs.ri.gov with any questions

Attention Assisted Living Facilities (ALF) Providers

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

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

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

For assistance, questions, or concerns, please contact the DHS Assisted Living provider Email: DHS.AssistedLivingIntakes@dhs.ri.gov.

New Medicaid LTSS Admissions for Assisted Living:

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

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

Other Contact for Assisted Living Facilities:

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

Attention Nursing Home Providers

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

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

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

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

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

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

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

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

Contact for PASRR Referral:

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

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

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

Program Change from Community (HCBS) to Nursing Home:

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

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

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

Attention all FQHCs Dental Providers

If a CDT code requires prior authorization for the service. FQHCs will need to submit a prior authorization (PA) even if the CDT code is an informational code on the claim.

Please review the dental provider manual for codes requiring PA: RI Medicaid Dental Provider Manual
You can either use the standardized PA form or the ADA 2012/2019 form to submit your PA requests to RI Medicaid.

Prior authorization requests can either be submitted by:
Mail to Gainwell Technologies PO Box 2010 Warwick, RI 02887
Faxed to 401-784-3892

Please contact RI provider Services at riproviderservices@gainwelltechnologies.com if you have any questions.

FQHC Billing Guidance

The FQHC policy states under the Principles of Reimbursement that when a member is seen by more than one (1) professional on the same date of service, the visits are considered one (1) encounter, unless:

- One visit is medical and the other is behavioral health, or
- One visit is medical and the other is dental, or
- The member presents with an additional or different illness that requires a separate visit.
-

Each visit must be clearly documented in the member's medical record and must meet commonly accepted standards of medical record documentation. As a reminder, **only one (1) encounter is allowed per member, per day, per service.**

This policy applies regardless of claim type, including professional, professional crossover, or dental claims. Submission of multiple encounters for the same member, same service (Medical, Behavioral, or Dental), on the same date of service may result in claim denials.

If you have any questions, please contact provider services at riproviderservices@gainwelltechnologies.com.

RI Medicaid Coverage for D2954 (Prefabricated Post and Core in Addition to Crown)

Medicaid coverage for CDT code D2954 depends on the patient's age and the type of tooth.

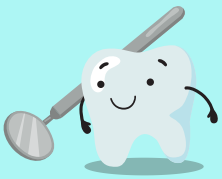
- Age 21 and under:
  Medicaid covers this procedure for all teeth (front and back), as long as a root canal is allowed.

- Age 21 and over:
  Medicaid covers only anterior (front) teeth.
  Posterior (back) teeth are not covered.

This procedure is only covered on teeth where a root canal is allowed. For adults, that means coverage applies only to anterior teeth.

Please see dental provider manual for more information: Dental Manual.

If you have questions, please reach out to riproviderservices@gainwelltechnologies.com.



Legislative Rate Increases

Please be advised that MCOs cannot pay any legislatively mandated rate increases until their contracts have been fully executed and implemented into their systems.
The implementation process can take up to 90 days from the date of execution to go into effect.
Currently, the amendments for the July 1 and October 1 rate increases are underway.
Once implementation is complete, all claims will be adjusted, and retroactive payments will be issued.

State fiscal Year 2027
Payment and Processing Schedule

The Medicaid claims Payment and Processing Schedule can be found on the EOHHS website.

Provider Revalidation Update

Provider Revalidation is concluding the initial application submission period following the expiration of the 35-day deadline. Providers who have not yet submitted their revalidation applications are strongly encouraged to do so immediately.

Failure to submit may result in the potential suspension of your account.

For those who have successfully submitted their applications, please note that the Provider Enrollment team is currently reviewing submissions in the order they were received. Due to the high volume of applications—particularly from groups with multiple affiliated providers—we appreciate your patience throughout this process.

To ensure timely processing of your application, please keep the following in mind:

- Updated W-9 Form: Ensure you have a current W-9 form available and ready for upload.
- Disclosure Questions: Be prepared to complete all required disclosure questions. These can be reviewed in advance at: Enrollment Disclosures.
    - Incomplete disclosure sections will result in your application being returned for correction.
- User Guide: A comprehensive Provider Enrollment User Guide is available to assist with common pre-revalidation questions.

If you require further assistance, please contact the Customer Service Help Desk:

- Phone: 401-784-8100 or 800-964-6211 (in-state toll calls)
- Email: rienrollment@gainwelltechnologies.com

Thank you for your cooperation and continued commitment to maintaining accurate and up-to-date provider information.

Providers Required to Revalidate:

Doulas	**Peer Recovery Services**	**Home Stabilization**
Physicians	**Billing Nurse Practitioners**	**Centers of Excellence**
Psychologists	**Emergency Behavioral Health Services**	**Physical Therapy**

Pharmacy Spotlight

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: June 2, 2026

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 meeting dates for 2026 are:

June 2nd

September 15th

December 1st

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

Date: June 2, 2026

In Person Registration on site: 10:15 AM

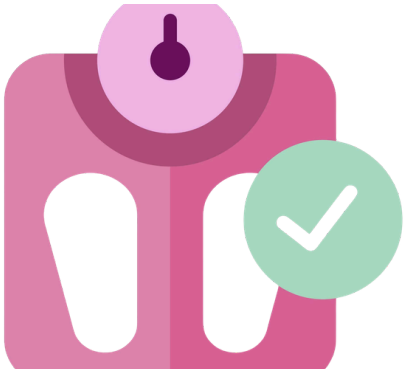
Meeting: 10:30 AM

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

Pharmacy Prior Authorization, Weight Management

RI FFS Medicaid covers medications used in weight management. The prior authorization (PA) form for Weight Management (PA04) has been revised. It can be found at https://eohhs.ri.gov/providers-partners/provider-directories/pharmacy/pharmacy-prior-authorization-program.

PA requests lacking all requested information will not be reviewed/will be denied.



The following drugs changed status on the RI Medicaid Fee-for-Service Preferred Drug List (PDL) effective May 2026

Antihypereuricemics **Changed status to Non-Preferred** probenecid/colchicine	**Bone Resorption Suppression & Related Agents** **Changed status to Preferred** Enoby syringe
Colony Stimulating Factors **Changed status to Preferred** Leukine	**GI Motility, Chronic** **Changed status to Preferred** prucalopride tablet
Glucagon Agents **Changed status to Preferred** Glucagon Emergency Kit (Lupin)	**Glucagon Agents** **Changed status to Non-Preferred** Glucagon Emergency Kit (Amphastar)
Hypoglycemics, Incretin Mimetics/Enhancers **Changed status to Preferred** Glyxambi Trijardy XR	**Hypoglycemics, Insulin and Related Agents** **Changed status to Preferred** Humalog Mix Vial Humalog Cartridge Humalog Junior Kwikpen Humalog Pen Humalog Vial
Hypoglycemics, Insulin and Related Agents **Changed status to Non-Preferred** Fiasp Flextouch Pen Fiasp Vial insulin Aspart Cartridge insulin Aspart Pen insulin Aspart Vial Novolog Cartridge Novolog Pen Novolog Vial	**Hypoglycemics, Sulfonylureas** **Changed status to Preferred** glimepiride
Potassium Binders **Changed status to Preferred** Veltassa	

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