Rhode Island Medicaid Program

Provider Update

July 2026 • Vol 402

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

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

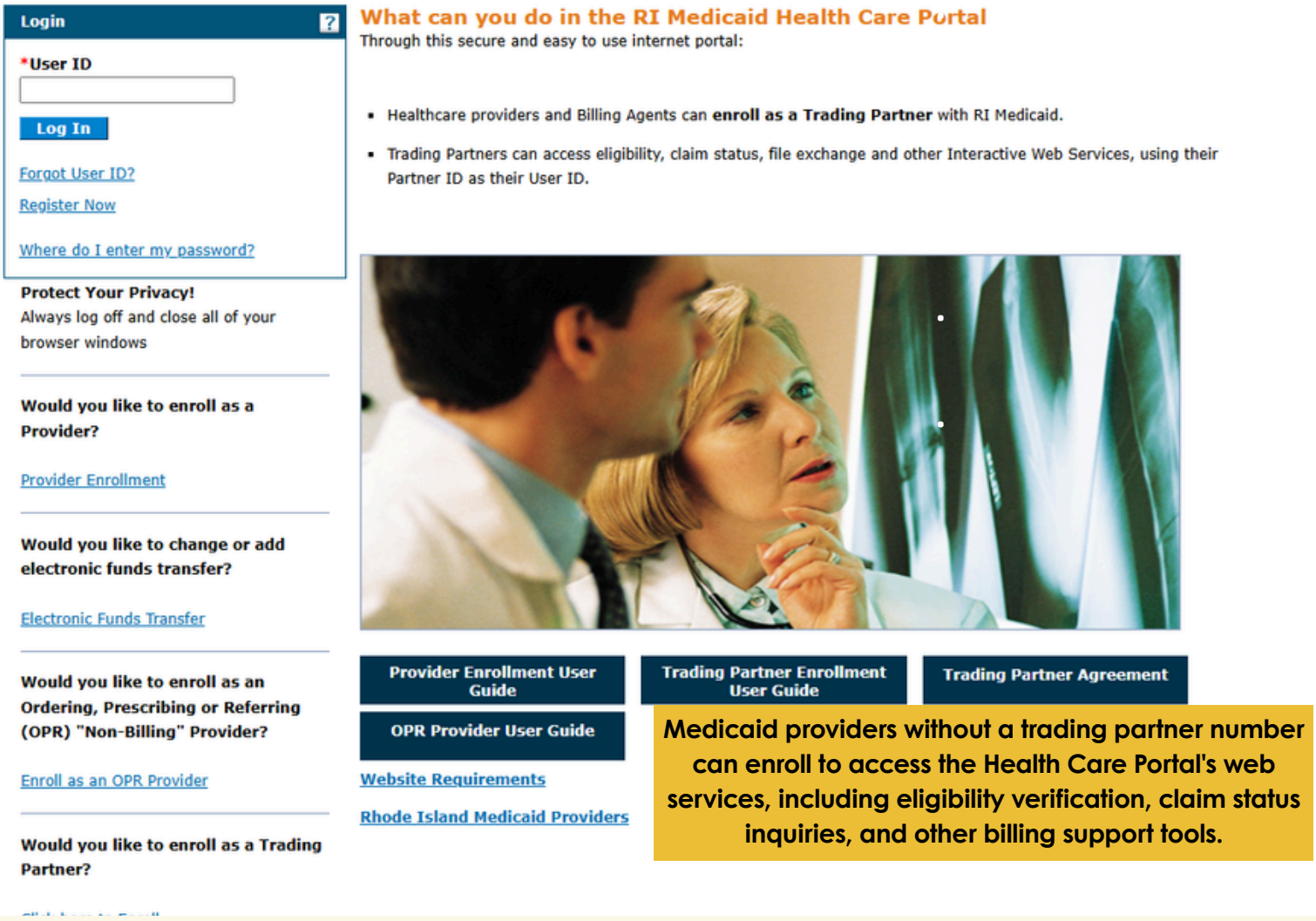
Subscribe

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 Dates in July

July 3- National Fried Clam Day
July 12 - National Simplicity Day
July 26 - National Disability Independence 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.

Federal Medicaid Eligibility Changes Impacting Non-Citizens

Beginning in October, federal rules will affect Medicaid eligibility for certain non-citizens. Notices to impacted members will begin going out the week of July 13. To support providers and community organizations, updated information and outreach materials are now available on StayCovered.ri.gov here.

New resources include a flyer, FAQ, screener tool, partner/provider resource guide, a timeline of upcoming notices, and the content included in the July letter and text message. Additional translations will be added as they become available.

Please share these materials among your staff, in your offices, and within your networks. Thank you for your continued partnership and support.

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 Advantage (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:

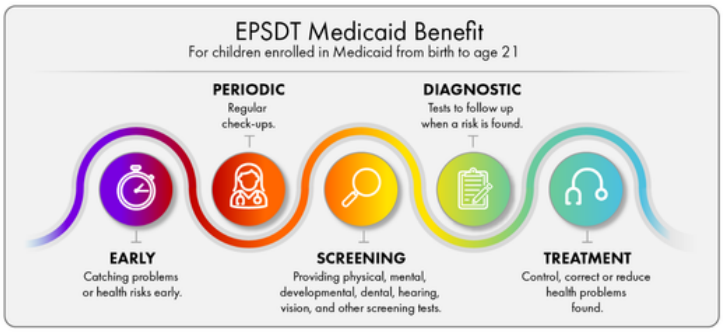
MDA/MDB - Medicare	22A - Aetna Medicare Advantage Plan
06A - United Senior Care	24A - Connecticare Medicare Advantage Plan
08A - Healthfirst Medicare Advantage Plan	26A - Humana Medicare Advantage Plan
09A - HMO Blue of Massachusetts Advantage Plan	26B - Humana Medicare Advantage Dental Plan
12A - Blue 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.

📢Attention All Users of the Provider Healthcare Portal📢

We would like to inform you of an upcoming password update for the Healthcare Portal **later this year**. The password will need to be updated from a mandatory 8 characters to a mandatory 14 characters. This change will apply to **all users**, including:

- Daily login users (Master and Delegate users)
- Automated/script users

What You Need to Do

- **All daily login users**: Be prepared to use the new password effective on the scheduled change date. Additional details will be provided separately if needed.
- **Automated/Script users**:
  If you access the portal through automated processes or scripts, you must:
  - Update the Healthcare Portal password, and
  - Ensure the script password is updated and matches the portal password

It is critical that both passwords remain in sync to avoid any interruptions to automated processes.

Impact

Failure to update passwords accordingly may result in:

- Login issues for manual users
- Disruptions or failures in automated jobs/scripts
- Delays or failures in claim file processing

🚨 **Provider Electronic Solutions (PES) software users** 🚨

- If you are a PES software user, this update will also impact you as well. Please refer to the article in the link below for additional details and instructions related to PES password changes: PES Updates.
-

Please watch the monthly Provider Update for more information on the timing of this implementation.
Thank you for your attention to this matter. Please email your provider representative or riediservices@gainwelltechnologies.com with any questions.

RI Medicadid Fee-For-Service Electronic Visit Verification Claims Validation

Tto ensure compliance with the 21st Century CURES Act, **Rhode Island (RI) Medicaid intends to re-initiate Medicaid Fee-For-Service (FFS) Electronic Visit Verification (EVV) automated claims validation on Tuesday, July 7th, 2026.** The claims validation process will utilize the EVV data that is transferred to an individual provider's Aggregator account to identify if the six data elements are present as required by the CURES Act. Until this date, EVV claims will continue to be processed in the current manner, with RI Medicaid Office of Program Integrity (OPI) reserving the right to perform audits on providers' EVV visits and claims.

The 21st Century CURES Act requires that electronic visit verification (EVV) systems must capture six (6) data points to comply with the requirements from CMS. The following must be validated on each claim:
1) Service type;
2) Individual receiving the service;
3) Date of service;
4) Location of service delivery (should be place of service = HOME);
5) Individual providing the services;
6) Begin and end times of service (Log in and log out time matches what is being billed. (For example, when two (2) hours of service are billed, there should be a log in and log out to match the two (2) hours of billing).

Once EVV automated claims validation edits are active a provider's claim(s) will suspend if:

- There is no EVV record on file in the read only Aggregator where all EVV records must be sent and viewed by EOHHS;
- All six data points required for an EVV record are not present; or

The EVV records Service type – CPT/HCPCS codes below do not match the claim submitted:

- T1000- Private Duty Nursing
- S5125 Personal Care Services
- S5130 Homemaking Services
- S5125 U1 Combined Services

Of note, Modifiers TV, UH, and UJ shall not be included as validation criteria until or unless otherwise determined by the Medicaid program.

If the automated claims validation process determines that there is not a match for the six (6) required data elements for EVV and your claim suspends, your remittance will show one (1) of three (3) error codes:
o ESC 994 - EVV Fields Not Yet Found.
o ESC 995 - Missing All EVV Fields.
o ESC 996 - One or More EVV Fields Missing.

(continued on next page)

RI Medicaid Fee-For-Service Electronic Visit Verification Claims Validation (continued from previous page)

These codes will suspend the claim for thirty (30) days to validate if EVV data is received, is corrected, or continues to be incorrect or missing. **It is the providers' responsibility to review these error codes and make necessary corrections. If EVV data continues to be incorrect or missing after thirty (30) days, the claim will deny.** It is recommended that providers are recording visits in their EVV system and logging into their Aggregator account on a regular basis (at least once a week) to confirm the visit data continues to be sent and is accurate. If data is absent or inaccurate, providers should work with HHAeXchange (formerly known as Sandata) and/or their third-party EVV vendor to troubleshoot and resolve issues.

Please note that only claims that are submitted, adjusted, reprocessed or pending as of 7/7/26 will be subject to automated claims validation. As a reminder, RI Medicaid OPI reserves the right to perform program integrity audits on EVV visits and claims as has been done since the delayed launch. Providers may be notified, with thirty (30) business days advance notice, of an audit. The notification will outline the purpose of the audit, the required documentation, and the process that will be followed.

EOHHS encourages providers to proactively reach out to EOHHS if you have operational questions or issues with HHA/Sandata, EVV data elements, or the upcoming Gainwell claims validation. To ensure a smooth transition, once claims validation edits go-live on July 7th, please e-mail any questions you may have to EOHHS at OHHS.EVVEscalation@ohhs.ri.gov.

If at any time you need EVV technical assistance and use the HHA/Sandata application, please e-mail RIcustomercare@sandata.com. Providers with a third-party application that integrates with the state Aggregator, can also get HHA/Sandata assistance by emailing RIaltevv@sandata.com or referring to the Alt EVV Addendum.

RI Nursing Home Providers

As we approach the one-year PDPM milestone, facilities are encouraged to submit any outstanding RUG claims by September 30, 2026. Additionally, please ensure MDS records are submitted timely so that RUG scores are loaded once member eligibility is updated in the system.

Claims submitted by September 30, 2026, can be processed through normal claims processing.
CMS has not provided a firm deadline for how long RUG processing will remain available, so timely submission is strongly recommended.
Please review any held or unsubmitted RUG claims that have Medicaid and long-term care eligibility and submit as soon as possible.

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

www.oha.ri.gov | @HealthyAgingRI

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

2027 SFY PAYMENT AND PROCESSING SCHEDULE

To access the Payment and Processing schedules, please visit the EOHHS website.

Physical Therapy via Telehealth

Effective August 1, 2026, the codes in the table below can no longer be billed to RI Medicaid as a Telehealth Service. This includes all modifiers allowed for the codes.
Claims billed after August 1, 2026, regardless of the date of service, with a place of service of "02 – Telehealth provided other than patient's home" or "10 – Telehealth provided in the patient's home" will be denied.
The denial code will be EOB code 065 - THE PLACE OF SERVICE CODE IS INVALID OR MISSING FOR THIS PROCEDURE.

Procedure Codes	Descriptions
97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS
97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL
97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)
97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL
97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED
97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES
97124	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; MASSAGE
97140	MANUAL THERAPY TECHNIQUES, MANIPULATION, MANUAL LYMPHATIC DRAINAGE, ONE OR MORE REGIONS

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 Dental Providers - Immediate Denture Update

Immediate dentures are a covered benefit through RI Medicaid. Previously while providers awaited full rollout of these codes, they were allowed to bill the corresponding conventional denture codes in place of the immediate denture codes. The immediate denture codes can now be billed to RI Medicaid. Effective immediately, please bill accordingly using the immediate denture procedure codes. Those procedure codes are listed below:

Code	Procedure	Age Limitation	Authorization Requied	Benefit Limitations
D5130	Immediate denure maxillary	No	No	Once per lifetime per memeber
D5140	Immediate denture mandibular	No	No	Once per lifetime per memeber
D5221	Immediate maxillary partial denture - resin base	No	No	Once per lifetime per memeber
D5222	immedicare manidibular partial denture - resin base	No	No	Once per lifetime per memeber

Please note that once an immediate denture has been delivered. The denture limitation will still apply. Members would be subjected to the 5-year limit once an immediate denture is delivered before they can receive a conventional denture. For example, if a member received D5130, they cannot receive D5110 until after 5 years of the immediate denture delivery.

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

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.

ADA Accessibility Requirements

The new ADA rule, effective for state and local government entities, mandates that medical diagnostic equipment (MDE)—such as examination tables, weight scales, and imaging machines—must be accessible to individuals with disabilities.

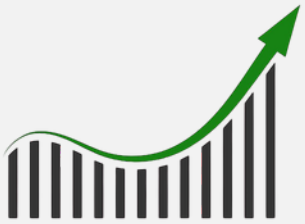
By August 9, 2026, all government-operated healthcare facilities must have at least one accessible examination table and one accessible weight scale that meet specific technical standards, such as height-adjustability for safe transfers.

For equipment acquired after October 8, 2024, at least 10% of units (or 20% for facilities specializing in mobility-related conditions) must be accessible. The rule emphasizes that facilities **cannot deny** care due to a lack of accessible equipment and must ensure that staff are trained to operate the MDE and assist patients with transfers and positioning, reinforcing the broader requirement that medical programs must be usable and accessible as a whole.

For more information, please see the Fact Sheet.

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.



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.

RI TEMPORARY STATE IMPOSED MORATORIA FOR HOME/CENTER BASED THERAPEUTIC SERVICES AND APPLIED BEHAVIORAL ANALYSIS PROVIDERS

Rhode Island Medicaid has implemented a 6-month temporary moratorium on newly enrolled Home/Center Based Therapeutic Services and Applied Behavioral Analysis providers (HBTS/ABA). This will only impact newly enrolling HBTS/ABA providers starting on June 16, 2026.

If you have any questions, please contact your provider representative, Karen Murphy at karen.murphy3@gainwelltechnologies.com .

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**

Inpatient Hospital Providers

The inpatient hospital DRG base rate has been increased to $15,923.00, effective 7/1/2026. The new base rate represents a 3.3% increase, (rounded to the nearest dollar), over the existing base rate of $15,414.00. The DRG Calculator located on the EOHHS website has been updated to reflect the change.

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

Outpatient Hospital Providers

The APC rates were increased by 3.3% above their current level, effective 7/1/2026. The new rates can be found on the EOHHS website.

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

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: September 15, 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:

September 15th

December 1st

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

Date: September 15, 2026

In Person Registration on site: 10:15 AM

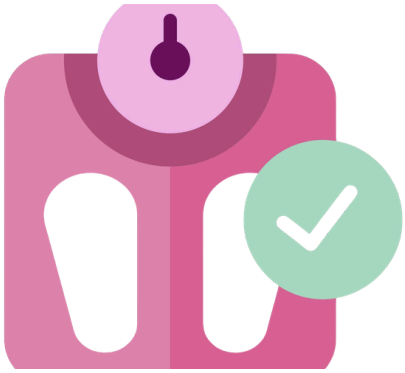
Meeting: 10:30 AM

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 June 16, 2026

Acne Agents, Topical **Changed status to Preferred** adapalene gel	**Antibiotics, vaginal** **Changed status to Preferred** Xaciato
Bronchodilators, Beta Agonist **Changed status to Preferred** albuterol HFA (Proair)	**Cytokine and CAM Antagonists** **Changed status to Preferred** Taltz autoinjector/syringe Starjemza syringe/vials Tyenne autoinjector/vial adalimumab-ADAZ kit/pen kit-100mg/ml Hadlima kit/pen kit-50mg/ml and 100mg/ml
Bronchodilators, Beta Agonist **Changed status to Preferred** albuterol HFA (Proair)	**Epinephrine, Self-Administered** **Changed status to Preferred** Auvi-Q 0.1mg
Glucocorticoids, Inhaled **Changed status to Non-Preferred** Alvesco	**Immunomodulators, Asthma** **Changed status to Preferred** Tezspire pen/syringe
Immunomodulators, Atopic Dermatitis **Changed status to Preferred** Ebglyss pen/syringe	**Macrolides/Ketolides** **Changed status to Preferred** erythromycin base tablet
Macrolides/Ketolides **Changed status to Non-Preferred** Erythromycin base capsule DR	**Multiple Sclerosis Agents** **Changed status to Non-Preferred** Kesimpta
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	