Rhode Island Executive Office of Health and Human Services
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Name of Regulation: 210-RICR-20-00-1: Medicaid Payments and Providers
Posted for Public Comment on 6/29/2026
Public Hearing Held on 7/22/2026
Comment Period Ended on 7/29/2026
Summary Response to Comments: 9/10/2026

| | Respondent | Nature of the Comments | EOHHS' Response |
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| 1. | John Gage<br>President & CEO<br>RI Health Center Association (RIHCA)<br>7/10/2026 | RICHA noted overall support for thoughtful modernization of Medicaid provider regulations to provide a clear and transparent framework for enrollment, compliance, and program integrity. RIHCA offered several suggestions for consideration to support successful implementation of the regulatory changes post-promulgation, including to provide detailed subregulatory guidance and communications.<br><br>RIHCA also highlighted minor typographical errors in the posted version of the rule and recommended EOHHS review formatting and citations before final publication. | Thank you for your feedback and support of this amendment. EOHHS appreciates RIHCA's recommendations and will consider subregulatory guidance and additional communications after the effective date of this amendment to support effective implementation. These recommendations do not require changes to the regulatory text.<br><br>EOHHS reviewed RIHCA's technical drafting recommendations and verified that formatting and citations are correct in the final rule. The identified merged words and numbers were due to overlapping tracked changes and do not require additional changes to the regulatory text. |
| 2. | Lori Sims<br>Director of Government Relations<br>Careforth<br>7/27/2026 | Careforth supports EOHHS's efforts to strengthen program integrity and is generally supportive of the proposed amendments to provider enrollment and screening requirements. Careforth respectfully requests confirmation that Shared Living Agencies are not considered high-risk providers under Section 1.6(D)(1) solely by virtue of the high-risk designation applicable to caregivers participating in Shared Living. | Thank you for your feedback and support of this amendment. This amendment does not change the existing designation of Shared Living caregivers or Shared Living Agencies. Per Section 1.3(A)(8), if a provider type is not expressly defined as moderate or high risk, the provider type is considered limited risk. EOHHS confirms that Shared Living Agencies are not considered moderate or high risk providers under Section 1.3(A)(10) and 1.3(A)(6), respectively, and are therefore limited risk. All providers, including Shared Living Agencies, are subject to the minimum screening requirements identified in Section 1.6(D); limited risk providers are not subject to the additional screenings applicable to moderate and high risk providers. |
| 3. | Mag Morelli<br>President | We are concerned that the proposed eligibility requirements include a new provision that is overly broad and could potentially disqualify a significant number of qualified aging services providers from participation | Thank you for your comments. The identified provision was not newly introduced in this amendment, but relocated. EOHHS will consider changes to this language in the future. |

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| | LeadingAge Connecticut & Rhode Island<br>7/28/2026 | in the Medicaid program. The proposed disqualifying criterion states that a provider must: "Never have been the subject of any disciplinary action, sanction, limitation, or restriction imposed by any state agency, federal agency, or board." We respectfully urge the Executive Office of Health and Human Services to reconsider and revise this provision so that it is appropriately tailored to address serious and material compliance concerns rather than any disciplinary action, regardless of severity, age, or relevance.<br><br>We are concerned that several provisions throughout the proposed regulations are unduly restrictive and do not provide adequate opportunities for provider appeal or the exercise of reasonable regulatory discretion. In particular, the proposed site visit provisions would disqualify a provider if a second attempt to conduct an unannounced site visit is unsuccessful. While the regulations provide an opportunity for a provider to cure deficiencies identified during a site visit, they offer no comparable opportunity to appeal or otherwise address circumstances in which the site cannot be accessed within the first two attempted visits. Accordingly, we recommend that the regulations incorporate an appeal process and provide the agency with discretion to consider documented extenuating circumstances when evaluating unsuccessful site visits.<br><br>Finally, we object to the proposed removal of the requirement that providers receive notice by registered mail of an intent to formally suspend or terminate participation. We respectfully recommend retaining the registered mail notification requirement, or at a minimum adopting an alternative method that provides comparable proof of delivery and receipt. | Please note that denials due such findings are subject to the notice and appeals process identified in Section 1.12 of the regulation.<br><br>The notice and appeals process identified in Section 1.12 of the regulation applies to denials due to a site visit. Please note that an unsuccessful site visit means EOHHS is not able to make any contact with the provider. When EOHHS is able to make contact but identifies deficiencies or inconsistencies and is unable to review or pass all site visit criteria, the provider has an opportunity to cure the identified issues before the application is denied with appeal rights. Extenuating circumstances may be considered when determining whether a visit is successful, requiring additional follow up or clarification, versus unsuccessful. EOHHS may visit a site more than two times in total. EOHHS did not make changes to the regulatory text as additional appeals language is not necessary.<br><br>The registered mail provision was removed as self-regulatory. EOHHS sends written notices by mail to the address on file, as submitted by the provider, consistent with Section 1.12(B) of the regulation. Providers are required to maintain current information as indicated in the regulations. If mail is returned, EOHHS seeks alternative means, such as phone and email, to ensure that notices are properly received by the provider. |
| 4. | Michael Murphy, PharmD, MBA<br>Senior Advisor for State Government Affairs<br>American Pharmacists Association<br>7/29/2026 | APhA supports the Executive Office of Health and Human Services' (EOHHS) efforts to strengthen Medicaid provider enrollment and program integrity. Because the proposed amendment is intended to codify and fully document Rhode Island Medicaid's provider enrollment processes, APhA respectfully urges EOHHS to address two narrow issues before adopting the final rule:<br>• Add "Pharmacist" to the recognized provider types in § 1.3(A)(14) and configure the enrollment portal to accept individual | Thank you for your feedback and support of this amendment.<br><br>At this time, RI Medicaid does not recognize pharmacists as a standalone provider type or OPR. This amendment codifies current enrollment processes; a Medicaid program expansion (new provider type and/or new service areas) cannot be initiated by regulation alone, as this would require legislative support and funding, federal approval, and system |

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| | Jeffrey Bratberg, PharmD, FAPhA 7/27/2026<br><br>Michelle L. Caetano, PharmD 7/27/2026<br><br>Anita N. Jacobson, Pharm.D., R.Ph. 7/28/2026 | pharmacists, using a Type 1 NPI, for the enrollment role applicable under EOHHS policy, including ordering, prescribing, or referring (OPR)-only enrollment, to recognize the expanded scope of practice for Pharmacists under the FY2027 Enacted Budget.<br>• Revise § 1.6(B)(2)(d) so that state and federal controlled-substance registrations are required only when applicable to the controlled substances an individual provider prescribes or intends to prescribe.<br><br>EOHHS received similar comments from several individual pharmacists, requesting that EOHHS recognize pharmacists as an OPR and changing the requirements related to controlled substance registrations to account for the fact that pharmacists do not prescribe controlled substances. | reconfiguration. Please note that the 2023 legislation and FY2027 Enacted Budget do not mandate changes in Medicaid related to the expansion of pharmacists' scope of practice by RIDOH. EOHHS appreciates this feedback and will consider changes to provider and OPR eligibility in the future.<br><br>The suggested change related to controlled substances is an extension of the request to enroll pharmacists to account for the scope of prescribing activities for pharmacists. EOHHS did not make changes to the regulatory text for the same reason. EOHHS will consider changes to this language in the future in conjunction with any changes to the enrollment process identified above. |