

## **Table of Contents**

**State/Territory Name: Rhode Island**

**State Plan Amendment (SPA) #: RI 25-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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January 30, 2026

Richard Charest, R.Ph, MBA, Secretary  
Executive Office of Health and Human Services  
3 West Road, Virks Building  
Cranston, RI 02920

Re: Rhode Island State Plan Amendment (SPA) – 25-0018

Dear Secretary Charest:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0018. This amendment indicates that third-party payers must accept authorizations provided by the state medical assistance program for items or services covered by Medicaid. These authorizations should be treated as prior authorizations by the third-party health insurer.

We conducted our review of your submittal according to statutory requirements in Title XIX and Section 1902(a)(25)(I) of the Social Security Act. This letter informs you that Rhode Island's Medicaid SPA TN 25-0018 was approved on January 30, 2026, with an effective date of October 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Rhode Island State Plan.

If you have any questions, please contact Joyce Butterworth at (617) 531-7573 or via email at [Joyce.Butterworth@cms.hhs.gov](mailto:Joyce.Butterworth@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Wendy E. Hill Petras.

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

cc: Kristin Sousa, Interim Medicaid Program Director  
Kathryn Thomas, Senior Economic and Policy Analyst

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 4<sup>5</sup> — 0 0 1 8 2. STATE RI

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**October 1, 2025**

5. FEDERAL STATUTE/REGULATION CITATION  
**Social Security Act, Section 1902(a)(25)(I)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 0  
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Section 4, Page 69a  
Attachment 4.22B, Page 1  
Attachment 4.22B, Page 2 NEW**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
**Section 4, Page 69a (TN 21-0023)  
Attachment 4.22B, Page 1 (TN 21-0023)  
~~Attachment 4.22B, Page 2 (NEW)~~**

9. SUBJECT OF AMENDMENT  
**Third Party Liability Compliance with Consolidated Appropriations Act, 2022 (CAA, 2022)**

10. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Richard Charest

13. TITLE  
Secretary, EOHHS

14. DATE SUBMITTED  
12/17/25

15. RETURN TO  
EOHHS  
3 West Road  
Cranston, RI 02920

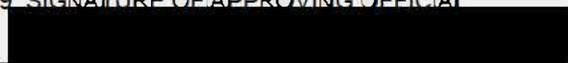
**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 17, 2025

17. DATE APPROVED  
January 30, 2026

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Wendy E. Hill Petras

21. TITLE OF APPROVING OFFICIAL  
Acting Director, Division of Program Operations

22. REMARKS  
01/22/2026: The State authorized the following pen & ink changes:  
Box 7: Add "NEW"  
Box 8: Delete new page.  
1/29/2026: The state authorized the following pen & ink change:  
Box 1: Correct TN #

State of Rhode Island

Requirements for Third Part Liability-  
Payment of Claims

The Rhode Island Medical Assistance Program seeks reimbursement in all instances regardless of amount involved except in specific circumstances in accordance with federal law as detailed below:

1. Rhode Island will use a standard coordination of benefits cost avoidance when processing claims for prenatal services including labor and delivery, and postpartum care claims. If the State Medicaid Agency has determined a third party is liable for a prenatal claim, the agency will reject the claim and return the claim to the provider requesting the provider seek payment from the legally responsible third party.

The provider must bill the liable third party for the cost of care. If after the provider bills the liable third party and a balance remains, or the claim is rejected for a substantial reason, the provider can resubmit the claim to the State Medicaid Agency for payment of the balance up to the maximum Medicaid payment amount established in the fee schedule authorized by the state plan for the service billed.

2. Effective December 1, 2021 the State Medicaid Agency shall make payments without regard to third party liability for claims related to pediatric preventive services unless the State Medicaid Agency has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for 90 days in paying the claim
3. Effective December 1, 2021 the State Medicaid Agency may pay a claim related to child support enforcement without regard to third party liability for up to 100 days after a claim is submitted.
4. Effective October 1, 2025 the State has in effect laws that bar responsible third parties that require prior authorization from refusing payment for an item or service solely based on the responsible third party not prior authorizing the item or service under the responsible third-party rules and requires that they accept the

State of Rhode Island

authorization provided by the State as if the authorization was the responsible third party's prior authorization, in compliance with 1902(a)(25)(I) of the Social Security Act.

State/Territory: Rhode Island

<p>50 FR 46652</p> <p>433.139(f)(3) 50 FR 46652</p> <p>1902(a)(25)(E)</p> <p>1902(a)(25)(E)</p> <p>42 CFR 447.20 55 FR 1423</p> <p>1902(a)(25)(I)</p>	<p>(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery of reimbursement would not be cost effective.</p> <p>(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.</p> <p>(4) The cost avoidance procedures the State uses in regards to processing claims for prenatal services.</p> <p>(5) The specific circumstances in which the State will not seek third party reimbursement.</p> <p>(e) The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.</p> <p>(f) The State has in effect laws that require responsible third parties to respond to inquiries within sixty (60) days and that bar responsible third parties that require prior authorization from refusing payment for an item or service solely based on the responsible third party not prior authorizing the item or service under the responsible third-party rules and requires that they accept the authorization provided by the State as if the authorization was the responsible third party's prior authorization, in compliance with 1902(a)(25)(I) of the Social Security Act.</p>
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