

State of Rhode Island Executive Office of Health and Human Services State Fiscal Year (SFY) 2023 Capitation Rate Development Medicare-Medicaid Plan Out-of-Plan Service Criteria	
Out-of-Plan Services	Definition
BHDDH services (except MR Waiver - Private)	Funding Sources 20, 21, 23, 24, 25, 27, 28, 29, 30, 31, 78, 89, A2, A3, B1, B2, B3, B4, B5, and B6 (Funding Source 22 is included)
DHS services	Funding Sources 07, 14, 15, 19, 48, 50, 58, 65, 69, 72, 75, 77, 79, 88, 91, 92, 93, 96, 97, 98, 99, and A1
DCYF services	Funding Sources 38, 39, 40, 41, and 42
Ryan White services	Funding Sources 52 and 76
Special Education services	Funding Source 13
Eleanor Slater Hospital	Provider Types 022 and 028
ICF - MR Private Facility (Tavares)	Provider Type 029
Dental	Provider Type 004
RICLASS Facilities	Provider Type 026
BHDDH DD Agencies	Provider Type 088
Cortical Integrated Therapy	Provider Type 106
Personal Care Aide/Assistant claims under Department of Elderly Affairs	HCPCS S5125 and Provider Type 072 and Funding Source 60 for Intellectual Disability Waiver members
FQHC Dental	Provider Type 024 and Dental HCPCS
Fatima Hospital	NPI 1871918870 and FEIN 464661337 and Provider Type 001 for Inpatient MH/SA claims