# RI Medicaid Healthcare Portal

## *Enrolling as a Trading Partner*

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# What is the Healthcare Portal?

- The Healthcare Portal allows enrolled Trading Partners to exchange information electronically with RI Medicaid.

- Providers who wish to become a Trading Partner must first enroll as a RI Medicaid Provider, through the Healthcare Portal.

- To enroll as a Medicaid provider, select the Provider Enrollment link on the homepage of the Healthcare Portal: http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx

- If you are already enrolled as a Medicaid provider in RI, continue following the instructions in this guide.

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# Instructions in this Guide

- This guide is for those who are ready to enroll as a Trading Partner.

- Enrollees need to complete the Trading Partner enrollment process to obtain a Trading Partner ID

- Trading Partners then use their Trading Partner ID to **register** to use the Portal.

Both Trading Partner Enrollment and Registration in the Healthcare Portal are required to exchange information electronically with RI Medicaid.

# How to use this guide:

- Each page will walk you through the steps to enroll as a Trading Partner with RI Medicaid

- The top of the page will show what you will see on the screen, and highlight important parts

- The bottom of the page gives more detailed instructions

- Print a copy of this guide to have on hand as you enroll

# Enrollees access the login page for the Healthcare Portal from the EOHHS website

http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx

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First:
Enroll as a Trading Partner Here

# Enrollment Application



Next click enrollment application

# Enrollment Process – Welcome Page

# Enrollment Contact Information

# EDI Contact Information



**EDI Information**

Please list the name, phone number, and email address of the person authorized to resolve problems regarding electronic transmissions.

*EDI Contact Name

EDI Contact Phone ❶          Ext

*EDI Contact Email ❶

*Confirm EDI Contact Email ❶

Continue    Cancel

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# Transaction Sets & Web Services

# Adding a Covered Provider

To add a new covered provider:

- Select the "Add" button

- Enter the provider's information, select the 277 and 835 boxes and click Save.

# Unable to Add Provider

- If the provider was previously associated to another clearinghouse, you are unable to add the provider until that association is ended.

- The provider must contact the original clearinghouse, and ask them to disassociate.

- The clearing house would view the provider's information in their trading partner account and "uncheck" the boxes for the 835 and 277.

- The new clearinghouse is then able to add the provider to their account.

**Uncheck these boxes**

**X12 Outbound Transactions:** Check each transaction you will be exchanging. If you are selecting the 835 you will need to select the 277 Unsolicited.

Select All | Deselect All

☑ 277 Healthcare Unsolicited Claim Status Response
☑ 835 Healthcare Remittance Advice

Save    Cancel

# Covered Provider Already Listed

If the provider is already listed:

- Click "Display Covered Providers"

- Click the (+) sign to view the provider.

- Check the buttons for the 277 and 835

- Hit Save

# Completing the ERA Application

When the 277 and 835 boxes are checked, and the user clicks SAVE, the ERA application will display.

# ERA *continued*



After submission, an email will automatically be sent to the EDI department.  There is no need for follow up email that was previously required.

# Instructions for Completion- ERA Application

| FIELD | DESCRIPTION |
|---|---|
| **Provider Information** | |
| **Provider Name** | Enter the legal name of the provider to whom the Electronic Remittance Advice applies. This name should be the same as what is shown in the Remittance Advice and the Profile Information. |
| **Provider Identifiers Information** | |
| **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** | Enter the Tax ID of the provider for which the ERA Authorization Agreement applies. |
| **National Provider Identifier (NPI)** | Enter the NPI of the provider for which the ERA Authorization Agreement applies. If no NPI, complete the Other Identifier field. |
| **Other Identifier(s)** | If provider does not have an NPI, enter the unique Medicaid ID number. |
| **Assigning Authority** | If other than NPI is used, check Medicaid. |
| **Provider Taxonomy Code** | Enter the taxonomy code associated to the NPI for this provider. If there are multiple, enter one of the taxonomy codes. |
| **Provider Contact Name** | Enter the name of the person who should be contacted with questions on the ERA form. |
| **Telephone Number** | Enter the telephone number for the contact person including the extension, if applicable. |
| **Email Address** | Enter the email address for the contact person. |
| **Fax Number** | Enter the fax number for the contact person. |

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# Instructions for Completion *continued*

| | |
|---|---|
| **Clearinghouse Name** | Enter the name of the Clearinghouse who may be working on behalf of the provider. |
| **Clearinghouse Contact Name** | Enter the name of the contact for the Clearinghouse previously mentioned. |
| **Telephone Number** | Enter the phone number of the Clearinghouse previously mentioned including the extension, if applicable.  If a Clearinghouse contact is listed, this should be the phone number of the Clearinghouse contact. |
| **Email Address** | Enter the email address of the Clearinghouse previously mentioned.  If a Clearinghouse contact is listed, this should be the email address of the Clearinghouse contact. |
| **Vendor Name** | Enter the name of the Vendor who may be working on behalf of the provider. |
| **Vendor Contact Name** | Enter the name of the contact for the Vendor previously mentioned. |
| **Telephone Number** | Enter the phone number of the Vendor previously mentioned including the extension, if applicable. If a Vendor contact is listed, this should be the phone number of the Vendor contact. |
| **Email Address** | Enter the email address of the Clearinghouse previously mentioned.  If a Vendor contact is listed, this should be the email address of the Vendor contact. |
| **Reason for Submission** | Select a reason for which you are submitting the application. |
| **Electronic Signature of Person Submitting the Enrollment** | Typed name of authorized person. |
| **Printed Title of Person Submitting the Enrollment** | Enter title of the authorized person. |
| **Submission Date** | Enter the date in MM/DD/CCYY format for the date of submission. |

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# Trading Partner Agreement

# Summary Page

# Trading Partner Enrollment Confirmation



Tracking Number found here

Instructions

# Confirmation Email



A trading partner enrollment application was initiated from the Healthcare Portal using this email address as a contact. The following is the tracking number assigned to this application: "4375". The following link has been provided for your convenience to track the status of your application. The application status will not be immediately available.

Do not attempt reply to this automated email.

**Tracking number and link to check status delivered in a confirmation email**

**Check status here**

**Trading Partner Enrollment**

Trading Partner Enrollment Application

Trading Partner Enrollment Status

# Tracking Enrollment Status



**Trading Partner Enrollment Status**

Enter your assigned Tracking Number and Tax ID to verify the current status of your enrollment application. For any further queries, please contact the Medical Assistance Customer Service Help Desk Monday-Friday from 8:00 AM to 5:00 PM. The local and long-distance number is (401) 784-8100 and the in-state toll call and border community number is 1-800-964-6211.

\* Indicates a required field.

\*Tracking Number

Tracking Number is a required field.

\*FEIN (Tax ID)

Search    Cancel

# Enrollment Status



This is a sample status. It shows the tracking number, date submitted, status and the reason. It also gives instructions and a link to revise the application.

Link to revise application

# Application Approval

- When your application is approved, a system generated email will be sent to the contact person notifying them of the approval.
- The email will provide the new Trading Partner account holder with a link and instructions to register on the Healthcare Provider Portal.
- A second, encrypted email containing the TP ID will be sent as well. Be sure to keep this email.

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Click here to begin the registration process

# Questions?

For questions, contact the
Customer Service Help Desk
Available Monday – Friday  8:00 AM – 5:00 PM
(401) 784-8100
For local and long distance calls
(800) 964-6211
For in-state toll calls

# Thank you.