RI Medicaid Healthcare Portal

Enrolling as a Trading Partner

PR0052 V1.4 September, 2017



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 ${}^{\bullet}$ 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.





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 ulletwith RI Medicaid
- The top of the page will show what you will see on the screen, and ullethighlight important parts
- The bottom of the page gives more detailed instructions ullet
- Print a copy of this guide to have on hand as you enroll ullet





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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Rhode Island Executive Office of Health and Human Services Medicaid

IEALTH & HUMAN SERVICES Home

Home

Log In

Forgot User ID?





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What can you do in the RI Medicaid Health Care Portal

Through this secure and easy to use internet portal:

- Healthcare providers and Billing Agents can enroll as a Trading Partner with RI Medicaid.
- Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program MAPIR utilizing their Trading Partner ID as their User ID.

First: Enroll as a Trading Partner Here





Enrollment Application







Enrollment Process – Welcome Page

Home	hid	
Home > Trading Partn	er Enrollment > Trading Partner Enrollment Welcome	Monday 08/25/201
Trading Partner En	rollment: Welcome	
Welcome	Welcome to the Online Trading Partner Enrollment Process	
Profile Information		
Transaction Sets	This online series will help you complete your Trading Partner Profile (TF Continue button below when you are ready to move to the next page. Yo	
Covered Providers	selecting them from the page listings in the navigational menu to your le	:ft.
Agreement	This online form is intended for providers, clearinghouses, billing serv	
Summary	Partners. If you have previously received a Trading Partner ID and w account.	ant to update your TPP, log on to your secure p
	Personally identifiable information about providers is used for purpose such as determining the certification of providers or processing provide information requested may result in denial of payment for the service	der claims for reimbursement. Failure to supply
	 Trading Partners are required to complete a Trading Partner Profile confirst step in the Electronic Data Interchange (EDI) enrollment process request before Trading Partners may begin testing. 	
	Only one TPP needs to be completed for each Trading Partner, even i providers that have multiple billing provider numbers, or billing servic transactions on behalf of providers need only complete one profile for prevent delays in testing and approval for production processing.	ces and clearinghouses that exchange the electr
	Please click the "continue" button to start the enrollment application.	







Welcome	Complete the fields in each section and select the Continue button to move forward to the next page.	
Profile Information		
Transaction Sets		ail address below to confirm the enrollment application. The cont
Covered Providers	also the person who can answer any questions regarding the information provided in this enrollment application a Trading Partner representative.	
Agreement		
Summary	* Indicates a required field.	
	Initial Enrollment Information	
	*Trading Partner/Billing Agency Full Name	
	*FEIN (Tax ID)	providers. If NPI and Taxonomy have not been assigned, please
	Assistance Provider Number.	providers. If the tand taxonomy have not been assigned, please
	CONTRACTOR AND A CONTRACT	
	Identifier Type	
	Identifier Type Identifier	







Enrollment Contact Information

Enrollment Contact Information	
This information will help us contact you	during enrollment processing.
*First Name	
*Last Name	
*Address	
*City	
*State	
*Zip Code 0	
*Contact Email 0	
*Confirm Contact Email 9	
Contact Phone 9	Ext
Specify Software:	Provider Electronic Services
	Other
	O Vendor
Method of Transmission	







EDI Contact Information

lease list the name, phone number, and email address *EDI Contact Name	of the person authorized to resolve probl	ems regarding electroni
EDI Contact Phone 0	Ext	
*EDI Contact Email 0		
*Confirm EDI Contact Email 9		







	Rhode I Medicaid	sland Executive Office of Health and Human Services	Contact Us Login	Tra Wel
210	Home > Trading Partner E	rollment, > Trading Partner Emoliment Transaction Sets	Friday 05/30/2014 01:09 PM EST	vvei vvei
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	Wekome	X12 Transactions: Check each transaction that you will be exchanging.	_	
	Profile Information			
	Transaction Sets	Select Al Decelect Al		
	Covered Providers			
	Agreement	270 / 271 Healthcare Bigibility Benefit Inquiry / Response		
	Summery	277 Healthcare Unsolicited Claim Status Response		
		277 Healthcare CA Managed Care Plans		_
		834 Healthcare Benefit Enrolment (for Health Plans only)		ransaction
		835 Healthcare Remittance Advice		ansaction
		837D Hesthcare Claim: Dental		
				Sets
		8371 Healthcare Gain: Institutional		JE 13
		837P Healthcare Claim: Professional		
		999 Functional Acknowledgement		
		INCROP Point of Services (POS) Pharmacy		
		Online Web Services: Check each service that you will be using.		
		Select All Deselect All		
		Authorization inquiry (for Developmental Deablity Providers), BHDDH providers only		
		Dental/Vision Limits		
		Eligibility Approval		
		Elgibity Entry		
		Mexxage Center		Indina Mah
		NDC Lookup	$$ \mathbf{O}	nline Web
		Prior Authorization (PA)		
		Remittance Advice		Sarviene
				Services
		Remittance Advice Payment Amount		
		TPL Entry		
		For Medicald EHR Incentive Payment program applicants only If entering into a Trading Partner agreement for the sole purpose of acquiring a Trading Partner ID in Electronic Health Record (EHR) incentive payment via the RI Medicaid EHR Incentive Payment application the box below.		
		Access to RI Nedicald EHR Incentive Payment application		
		Cont	inue Cancel	

Transaction Sets & Web Services







Adding a Covered Provider

To add a new covered provider:

Select the "Add" button –

	w Covered Provider or expand the row to update the end date or supported transactions of an existing Covered Provider. d review the changes or click 'Cancel' to go back.	
	ired for Billing Agents. NPI must be entered for all healthcare providers (taxonomy is optional). If you do not qualify for an NPI, please pr	rovide vou
Medicaid Provider Num		ovide your
*Provider ID	*ID Type NPI V Search	
Disalau	Covered Providers	
Display	Lovered Providers	
<u> </u>		
Add		

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

 *Provider ID
 *ID Type
 NPI
 Taxonomy

 *FEIN (Tax ID)
 Effective Date
 4/4/2017
 End Date
 12/31/2382

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
- B34 Healthcare Benefit Enrollment (for Health Plans only)

835 Healthcare Remittance Advice









Unable to Add Provider

- If the provider was previously associated to another clearinghouse, you are unable to add the ۲ provider until that association is ended.
- The provider must contact the original clearinghouse, and ask them to disassociate. ٠
- The clearing house would view the provider's information in their trading partner account and ٠ "uncheck" the boxes for the 835 and 277.
- The new clearinghouse is then able to add the provider to their account. ۲







Covered Provider Already Listed

If the provider is already listed:

- Click "Display Covered Providers"
- Click the (+) sign to view the provider. ٠

	or expand the row to update the end date or supported transactions of an existing Covered Provider.
Click 'Save' to save and review the changes	
This section is not required for Billing Agents provide your Medicaid Provider Number.	s. NPI must be entered for all healthcare providers (taxonomy is optional). If you do not qualify for an NPI, please
*Provider ID	*ID Type NPI V Search
Display Covered Providers	
Display Covered Providers	
Display Covered Providers	
Add	

Taxonomy

261QM2800X

- Check the buttons for the 277 and 835
- Hit Save ۲

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

ID Type

NPI

NPI

Select All | Deselect All

+ 13

+ 16

Hide

277 Healthcare Unsolicited Claim Status Response ✓ 835 Healthcare Remittance Advice

Provider ID

Save Cancel





2	

End Date

12/31/2382

12/31/2382

Effective Date

10/06/2016

09/05/2014



Completing the ERA Application

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

Provider ID		ID Type	Taxonomy	Effective Date	End Date	Action
*Provider ID	1	*Provider ID Type	NPI 🗸	Taxonom	y	
*FEIN (Tax ID)		Effective Date	05/19/2017	End Dat	e 12/31/2382	
12 Outbound Transaction 77 Unsolicited.	ons: Check each	h transaction you will b	e exchanging. If you	are selecting the	335 you will need t	o select the
elect All Deselect All						
277 Healthcare Unsolicit	ed Claim Status	s Response				
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rovider Identifiers Informa	tion					
*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)				ational ovider · (NPI)		
Other Identifier(s)		1				
Assigning Authority: Medicaid		1				
Provider Taxonomy Code]				
*Provider Name						
rovider Contact Informatio	n					
				Title		
rovider Contact Name						
Provider Contact Name Phone Number 0		Ext				



ERA continued

Fax Number 0		
Clearinghouse Information		
Clearinghouse Name	Clearinghou Cont	ise
Clearinghouse Telephone Number 0	Ext	
Clearinghouse Email Address 0		
Vendor Information		
Vendor Name	Vendor Conta	act
Vendor Telephone Number 0	Ext	
Vendor Email Address 0		
Submission Information		
*Reason for Sub	mission 🗸	
Add	Reset	
		Continue Cancel
© 201	7 Hewlett Packard Enterprise. All rights reserved. Privacy N	otice

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 Elect Remittance Advice applies. This name should be the s what is shown in the Remittance Advice and the Profile Information.
Provider Identifiers Information	
Provider Federal Tax	Enter the Tax ID of the provider for which the ERA Auth
Identification Number (TIN) or	Agreement applies.
Employer Identification	
Number (EIN)	
National Provider Identifier	Enter the NPI of the provider for which the ERA Author
(NPI)	Agreement applies. If no NPI, complete the Other Ident
Other Identifier(s)	If provider does not have an NPI, enter the unique Mec number.
Assigning Authority	If other than NPI is used, check Medicaid.
Provider Taxonomy Code	Enter the taxonomy code associated to the NPI for this
	If there are multiple, enter one of the taxonomy codes.
Provider Contact Name	Enter the name of the person who should be contacted
	questions on the ERA form.
Telephone Number	Enter the telephone number for the contact person incl
	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

Enter the name of the Clearinghouse who may be working on beha provider. Enter the name of the contact for the Clearinghouse previously mer
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Enter the phone number of the Clearinghouse previously mentioned the extension, if applicable. If a Clearinghouse contact is listed, this the phone number of the Clearinghouse contact.
Enter the email address of the Clearinghouse previously mentioned Clearinghouse contact is listed, this should be the email address of Clearinghouse contact.
Enter the name of the Vendor who may be working on behalf of the
Enter the name of the contact for the Vendor previously mentioned.
Enter the phone number of the Vendor previously mentioned includ extension, if applicable. If a Vendor contact is listed, this should be number of the Vendor contact.
Enter the email address of the Clearinghouse previously mentioned Vendor contact is listed, this should be the email address of the Ver contact.
Select a reason for which you are submitting the application.
Typed name of authorized person.
Enter title of the authorized person.
Enter the date in MM/DD/CCYY format for the date of submission.







Trading Partner Agreement

ome > Trading Partner 6	Encolment > Trading Partner Enrolment Agreement		You must click link to read, be
Frading Partner Enr	oliment: Agreement		can acce
Welcome	Please review the following Trading Partner &	(APA).	
Profile Information	Trading Partner Agreement	140	
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Covered Providers	You will be submitting the Trading Partner Enrolme be electronic. By submitting this application electro extent as your written signature.		
> Agreement	enerit as your written signature.		
Summary	"1 scept "Your Signature	I under written	stand that my electronic sign signature.
	(Entering your name in the box to the right will constitute your electronic signature)	John Doe	
	Tile	CI0	
	Signed Date	02/17/09	







Home > Trading Partner Enrolment > Trading Partner Enrolment Summary

Thursday 03/20/2014 04:44PM CST

Print Preview

Summary Page

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Trading Partner Enrollment Confirmation

Home > Trading Partner Enrolment > Trading Partner Enrolment Confirmation

Thursday 03/20/2014 04:44PM CST

Trading Partner Enrollment: Confirmation

Your Trading Partner Profile (TPP) application has been submitted.

You have been assigned the following tracking number: 123456789

Please retain the tracking number for your records. The tracking number will be used as the key for tracking the status of the application.

A confirmation e-mail has also been sent to the contact person's e-mail provided on the enrolment application: KevinJohnson@mail.com

What happens next?

- After reviewing your Trading Partner Profile and enrolment application, an e-mail with confirmation of approval will be sent.
- If you are not already registered on the portal a new Trading Partner registration and log-on information email will be sent. For new Trading Partners, once registered and logged on as a Trading Partner, you can designate a representative to access account information. These representatives are called delegates.
- You may pheck your TEP status by logging on to the public Welcome page, selecting the link for Trading Partner under Enrollment, and then selecting Enrollment Status.

Tracking Number found here



Exit













Check status here





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		*FEIN (Tax ID)	
Tra	Tracking Number is a required field.		
16	acking Number is a required field.		
Search 0	Cancel		







Enrollment Status

Home > Trading Partner Enrollment > Trading Partner Enrollment Status Trading Partner Enrollment Status 3 Enter your assigned tracking number and Tax ID to verify the current status of your enrolment 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 1-800-984-8211. Indicates a required field ABC236514269864 987654321 *FEIN (Tax ID) * Tracking Number Canoel Search **Trading Partner Enrollment Summary** Below is the status of your enrolment application. For any further questions, please contact Trading Partner enrolment at (401) 784-9100. Tracking Number ABC236514268864 Date Submitted 05/25/2013 Link to revise Status Pending application Status Date 06/16/2013 Need to add a covered provider. Reason Notes Please update your application and resubmit using the supplied link Revise Enrollment Application

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.





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.





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.



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