RI Medicaid Healthcare Portal
Enrolling as a Trading Partner
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.
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
First: Enroll as a Trading Partner Here
Enrollment Application

Next click enrollment application
Enrollment Process – Welcome Page

Welcome to the Online Trading Partner Enrollment Process

This online series will help you complete your Trading Partner Profile (TPP) and walk you through the enrollment process. Select the Continue button below when you are ready to move to the next page. You may also go back to previously viewed pages by selecting them from the page listings in the navigational menu to your left.

- This online form is intended for providers, dispensers, billing services, and software companies seeking to become Trading Partners. If you have previously received a Trading Partner ID and want to update your TPP, log on to your secure portal account.
- Personally identifiable information about providers is used for purposes directly related to health care program administration, such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested may result in denial of payment for the services.
- Trading Partners are required to complete a Trading Partner Profile containing specific transaction and contact information as the first step in the Electronic Data Interchange (EDI) enrollment process. The EDI Department must receive and process the profile request before Trading Partners may begin testing.
- Only one TPP needs to be completed for each Trading Partner, even if the Trading Partner represents multiple providers. Billing providers that have multiple billing provider numbers, or billing services and clearinghouses that exchange the electronic transactions on behalf of providers need only complete one profile form. Accurate and timely completion of the profile form will prevent delays in testing and approval for production processing.

Please click the "continue" button to start the enrollment application.

Continue  Cancel
Complete the fields in each section and select the Continue button to move forward to the next page.

The contact person will be contacted through the email address below to confirm the enrollment application. The contact person listed is also the person who can answer any questions regarding the information provided in this enrollment application and is the authorized Trading Partner representative.

* Indicates a required field.

**Initial Enrollment Information**

<table>
<thead>
<tr>
<th><em>Trading Partner/Billing Agency Full Name</em></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>FEIN (Tax ID)</em></td>
<td></td>
</tr>
</tbody>
</table>

NPI and Taxonomy must be entered for all healthcare providers. If NPI and Taxonomy have not been assigned, please provide your Medical Assistance Provider Number.

- **Identifier Type**:  
- **Identifier**:  
- **Taxonomy**:  

**For CNOM Program Providers Only**

If you are currently working with an agency that provides CNOM (Cost Not Otherwise Matchable) program services, please indicate by checking the appropriate payer boxes below:

- [ ] Office of Rehabilitation Services (ORS)
- [ ] Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)
- [ ] Other
## Enrollment Contact Information

This information will help us contact you during enrollment processing.

- **First Name**
- **Last Name**
- **Address**
- **City**
- **State**
- **Zip Code**
- **Contact Email**
- **Confirm Contact Email**
- **Contact Phone** Ext

**Specify Software:**
- Provider Electronic Services
- Other
- Vendor

**Method of Transmission**
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
- EDI Contact Email
- Confirm EDI Contact Email

Continue  Cancel
Transaction Sets & Web Services

Transaction Sets

Online 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
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.
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

<table>
<thead>
<tr>
<th>FIELD</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider Information</strong></td>
<td></td>
</tr>
<tr>
<td>Provider Name</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Provider Identifiers Information</strong></td>
<td></td>
</tr>
<tr>
<td>Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)</td>
<td>Enter the Tax ID of the provider for which the ERA Authorization Agreement applies.</td>
</tr>
<tr>
<td>National Provider Identifier (NPI)</td>
<td>Enter the NPI of the provider for which the ERA Authorization Agreement applies. If no NPI, complete the Other Identifier field.</td>
</tr>
<tr>
<td>Other Identifier(s)</td>
<td>If provider does not have an NPI, enter the unique Medicaid ID number.</td>
</tr>
<tr>
<td>Assigning Authority</td>
<td>If other than NPI is used, check Medicaid.</td>
</tr>
<tr>
<td>Provider Taxonomy Code</td>
<td>Enter the taxonomy code associated to the NPI for this provider. If there are multiple, enter one of the taxonomy codes.</td>
</tr>
<tr>
<td>Provider Contact Name</td>
<td>Enter the name of the person who should be contacted with questions on the ERA form.</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Enter the telephone number for the contact person including the extension, if applicable.</td>
</tr>
<tr>
<td>Email Address</td>
<td>Enter the email address for the contact person.</td>
</tr>
<tr>
<td>Fax Number</td>
<td>Enter the fax number for the contact person.</td>
</tr>
</tbody>
</table>
### Instructions for Completion

<table>
<thead>
<tr>
<th><strong>Clearinghouse Name</strong></th>
<th>Enter the name of the Clearinghouse who may be working on behalf of the provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clearinghouse Contact Name</strong></td>
<td>Enter the name of the contact for the Clearinghouse previously mentioned.</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Vendor Name</strong></td>
<td>Enter the name of the Vendor who may be working on behalf of the provider.</td>
</tr>
<tr>
<td><strong>Vendor Contact Name</strong></td>
<td>Enter the name of the contact for the Vendor previously mentioned.</td>
</tr>
<tr>
<td><strong>Telephone Number</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Reason for Submission</strong></td>
<td>Select a reason for which you are submitting the application.</td>
</tr>
<tr>
<td><strong>Electronic Signature of Person Submitting the Enrollment</strong></td>
<td>Typed name of authorized person.</td>
</tr>
<tr>
<td><strong>Printed Title of Person Submitting the Enrollment</strong></td>
<td>Enter title of the authorized person.</td>
</tr>
<tr>
<td><strong>Submission Date</strong></td>
<td>Enter the date in MM/DD/CCYY format for the date of submission.</td>
</tr>
</tbody>
</table>
Trading Partner Agreement

You must click on this link to read, before you can accept.

You may then check the box, sign by typing name and title.
This is the Table of Contents. Use for navigating between the sections.
Trading Partner Enrollment Confirmation

Tracking Number found here

Instructions

Your Trading Partner Profile (TPP) application has been submitted.
You have been assigned the following tracking number: 12345678.
Please relate 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 enrollment application: KevinJohnson@mail.com

What happens next?
• After reviewing your Trading Partner Profile and enrollment 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 check your TPP status by logging on to the public Welcome page, selecting the link for Trading Partner under Enrollment, and then selecting Enrollment Status.
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: "6375". 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 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.
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.

Need to add a covered provider.
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.