RI Medicaid Healthcare Portal

Using the Healthcare Portal
What is the Healthcare Portal?

• Trading Partners and their delegates access business actions through the Healthcare Portal
  • Verifying eligibility
  • Access to Remittance Advice
  • Prior Authorization status
  • Claims searches
• All Trading Partners must first complete the registration process in the Portal to gain access (Instructions for registering in the Portal are posted on the Healthcare Portal page of the EOHHS website). www.riproviderportal.org
Enter your User ID here and click Log In.
You will need to answer a challenge question.
Confirm that your Site Key and Passphrase are correct. If they are, then enter your Password.
Forgot/Re-set Password

If you forget or need to re-set your password, select the “Forgot Password” link on the password page. You will be asked to verify your identify with a security question. You will receive a temporary password by email. Log in with that password and immediately change to a new permanent one.

Change Password

To change your password, you need to know your current password. From your Healthcare Portal User Homepage, select the “My Profile” link. Complete the change password page (see image above)

Passwords expire every 90 days and you cannot repeat any of the 6 previous passwords.

REMINDER:
Passwords must be exactly 8 characters: At least one upper case letter, one lower case letter, one number and no special characters. Passwords cannot be changed more than once per day.
Adding a New User

Add the delegate: Name, today’s date, and a four digit pin.

Select the functions that the delegate will have access to.
Adding a New User

After reviewing the information select Confirm

The pop up will give you the delegate code.

The delegate has been added to your delegate list.
The delegate code for the new delegate is 21511. The delegate code is required to be communicated to the new delegate for registering with the portal.
Removing a User

Select the delegate by name. Change status to Inactive.

You can also change access for an existing delegate.
You are brought to the User Homepage

Access to My Profile is here

From this page, you will select the business action. Some business actions will be on the list on the left, and some are across the top of the screen.
If link for eligibility is missing, go to the User Homepage and click “My Profile”.

Select “Add Role” and complete this section. This will add access to eligibility and claims search.

If your delegate does not have access to check eligibility be sure it is on the account (see previous step).

From the “Manage Accounts” page, select the delegate’s name, and then the “edit” tab. Be sure the function is checked. See image at right.
Eligibility

This page will allow you to verify eligibility. The user will select NPI/Provider Type/ and Taxonomy.

The user then selects the Billing Provider from a prepopulated list.

Provider ID section is only for providers who do not qualify for an NPI.

This section only for atypical providers.
User then enters Recipient ID, and From and To dates of service. Then click Submit.

Please note: Date range may be 12 months prior to today’s date, with a maximum 3 month date span.

CNOM provider instructions are on screen.
Member ID Conversion
Eligibility Searches in the Healthcare Portal
Eligibility Response

After clicking submit, this eligibility response will be returned.

For more details, click “expand all” or click the plus sign next to the specific information you require.
This screen shows the expanded version of the Service Type Code details.

### Service Type Code Details - Covered

<table>
<thead>
<tr>
<th>Service Type Code</th>
<th>Description</th>
<th>Effective From Date</th>
<th>Effective To Date</th>
<th>Copay</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Care</td>
<td>08/15/2012</td>
<td>11/01/2012</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>36</td>
<td>Dental Care</td>
<td>08/15/2012</td>
<td>11/01/2012</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>47</td>
<td>Hospital</td>
<td>08/15/2012</td>
<td>11/01/2012</td>
<td>$0.00</td>
<td>0%</td>
</tr>
<tr>
<td>AL</td>
<td>Vision (Optometry)</td>
<td>08/15/2012</td>
<td>11/01/2012</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Service Type Code Details - Not Covered

<table>
<thead>
<tr>
<th>Service Type Code</th>
<th>Description</th>
<th>Effective From Date</th>
<th>Effective To Date</th>
<th>Copay</th>
<th>Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Chiropractic</td>
<td>08/15/2012</td>
<td>11/01/2012</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Managed Care Details

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Phone</th>
<th>Effective From Date</th>
<th>Effective To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Health Plan</td>
<td>866 573-2451</td>
<td>08/15/2012</td>
<td>09/30/2012</td>
</tr>
<tr>
<td>Neighborhood health Plan</td>
<td>866 222-3333</td>
<td>10/01/2012</td>
<td>11/01/2012</td>
</tr>
</tbody>
</table>

### Managed Care Service Type Code Details - Covered

<table>
<thead>
<tr>
<th>Service Type Code</th>
<th>Description</th>
<th>Effective From Date</th>
<th>Effective To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Care</td>
<td>08/15/2012</td>
<td>09/30/2012</td>
</tr>
<tr>
<td>1</td>
<td>Medical Care</td>
<td>10/01/2012</td>
<td>11/01/2012</td>
</tr>
<tr>
<td>47</td>
<td>Hospital</td>
<td>08/15/2012</td>
<td>09/30/2012</td>
</tr>
<tr>
<td>47</td>
<td>Hospital</td>
<td>10/01/2012</td>
<td>11/01/2012</td>
</tr>
<tr>
<td>58</td>
<td>Pharmacy</td>
<td>08/15/2012</td>
<td>09/30/2012</td>
</tr>
<tr>
<td>88</td>
<td>Pharmacy</td>
<td>10/01/2012</td>
<td>11/01/2012</td>
</tr>
</tbody>
</table>
If the recipient is not eligible for the date(s) of service, this will be returned.
This recipient qualifies as Categorically Needy from 4/1 to 5/30. However, in the box below, they are enrolled in managed care from 4/11-5/30.

Claims from 4/1-4/11 are submitted to Medicaid. 4/11-5/30 should be submitted to the Managed Care plan.
Claims Search

Click on the Claims Tab for a Claims Search
To begin a search, the user must enter the NPI/Provider Type/Taxonomy submitted on the claim.

The Billing Provider must be selected from the prepopulated drop down.

User then enters either the ICN, or the Recipient Information: Recipient ID, and Service From and To dates.
This screen shows a sample claims search response. Clicking the plus sign (+) next to the claim, will expand that line for more details.
Claims Search Response

This screen shows a sample of the claim detail when expanded.
To upload/download files, the user clicks the File Exchange tab on their home page. This brings a choice of upload or download.
The transaction types previously selected on registration will be listed here.

The Trading Partner clicks BROWSE on each line to select the files to upload and clicks the upload button – bottom left. Up to 5 files may be uploaded.

After file is uploaded, the user will get a tracking number in a pop up box.
Download Files

The Trading Partner selects the status of the files they wish to download from the drop down box by clicking the arrow
The number of files is then selected.
Finally, the type of file is selected, then click the search button.
Other functions selected on registration will appear here.
If you use one of these functions, select close to return to the homepage.
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
Or email: riediservices@dxc.com