RI Medicaid Healthcare Portal

Using the Healthcare Portal

EXECUTIVE OFFICE OF

HEALTH & HUMAN SERVICES

STATE OF RHODE ISLAND

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

Contact Us | Login

Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Home   Tuesday 06/06/2017 10:42 AM EST

Login [?]

*User ID

[   ]

[Log In]

Forgot User ID?

Register Now

Where do I enter my password?

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?

Provider Enrollment

Would you like to enroll as an OPR (Ordering, Prescribing or Referring) "Non-Billing" Provider?

Enroll as an OPR Provider

Would you like to enroll as a Trading Partner?

Click here to Enroll

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.

| Provider Enrollment User Guide | Trading Partner Enrollment User Guide | Trading Partner Agreement |

Website Requirements

Rhode Island Medicaid Providers

You will need to answer a challenge question

Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Computer and Challenge Question

...tect your ...nline. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

If this is not your personal computer, such as a public computer, select: **This is a public computer. Do not register it.**

Answer the challenge question to verify your identity.

Challenge Question What is your favorite sports team?

*Your Answer

Forgot answer to challenge question?

Select   ○ This is a personal computer. Register it now.

○ This is a public computer. Do not register it.

Continue

Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Home > Challenge Question > Site Token Password

Friday 06/13/2014 12:26 PM EST

Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is ...nter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password. Call the customer help desk to report the incident.

Site Key:

Passphrase   Pool

*Password

Sign In

Forgot Password?

Confirm that your Site Key and Passphrase are correct. If they are, then enter your Password.

Healthcare Portal
Password Issues – Self Help

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password.
Call the customer help desk to report the incident.

Site Key:

Passphrase   coffee

*Password

Sign In

Forgot Password?

Change Password

* Indicates a required field.

Enter your Current Password, New Password, New Password Confirmation and click the **Submit** button.

*Current Password

*New Password

*Confirm New Password

Submit   **Cancel**

Customer Service Help Desk

(401) 784-8100 for local and long distance calls
(800) 964-6211 for in-state toll calls

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

Delegate Assignment ❓ **Back to My Home**

Add New Delegate | Add Registered Delegate

* Indicates a required field.

Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register. Each delegate must have a unique set of login credentials not shared with other delegate users.

*First Name	Deb
*Last Name	Smith
*Add Date ⓘ	04/21/2017 📅

unique 4 digit identifier to be assigned by you (ie. employee/badge number, site code).

| *Delegate PIN | 1234 |

functions that the delegate is authorized to access.
one function must be selected)

*Functions
- ☐ Check Debit Authorization
- ☐ Check Dental/Vision Limits
- ☐ Check Prior Authorization
- ☐ Claim - Inquiry
- ☐ EHR Incentive Program - MAPIR
- ☐ File Management (Upload / Download)
- ☐ HP Mailroom
- ☐ ICI Enrollment Management
- ☐ Medicaid ID Card
- ☐ Message Center
- ☐ NDC Lookup
- ☑ Verify Eligibility
- ☑ View Remittance Advice
- ☐ View Remittance Advice Payment Amt

Submit   **Cancel**

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

Message Center
NDC Lookup
☑ Verify Eligibility
☑ View Remittance Advice
View Remittance Advice Payment Amt

Edit   **Confirm**   **Cancel**

✔ **Delegate Assignment**   ☒

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.

OK
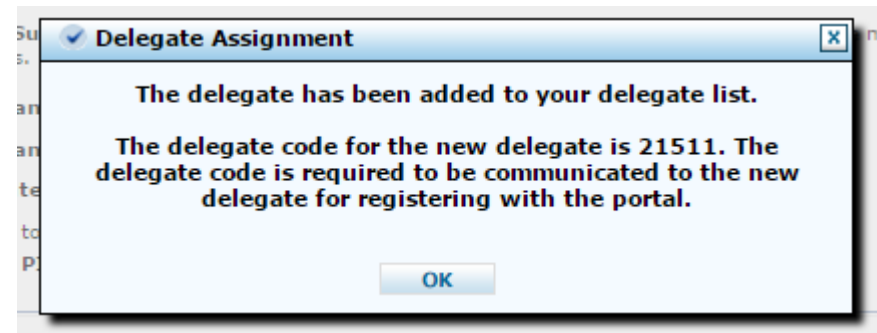
The pop up will give you the delegate code.

Removing a User

Add Date   06/09/2016
Delegate PIN 1234
Delegate Code 18735
*Status   ● Active ○ Inactive

...ct the functions that the delegate is authorized to access.
...east one function must be selected)

*Functions
☐ Check Debit Authorization
☐ Check Dental/Vision Limits
☐ Check Prior Authorization
☐ Claim - Inquiry
☐ EHR Incentive Program - MAPIR
☐ File Management (Upload / Download)
☐ HP Mailroom
☐ ICI Enrollment Management
☐ Medicaid ID Card
☐ Message Center
☐ NDC Lookup
☑ Verify Eligibility
☐ View Remittance Advice
☐ View Remittance Advice Payment Amt

Submit   **Cancel**

User's Homepage

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.

Verify Eligibility

To verify eligibility, select this tab

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.

Edit Delegate

Modify the fields below and click the **Submit** button to update the information.

First Name lois
Last Name lane
Add Date 02/01/1980
Delegate PIN 9876
Delegate Code 10120
*Status ● Active ○ Inactive

Select the functions that the delegate is authorized to access.
(At least one function must be selected)

*Functions ☑ Claim - Inquiry
            ☑ File Management
            ☑ Verify Eligibility

Submit   Cancel

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.

Eligibility Verification Request

* Indicates a required field.

Please select a valid Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

| NPI | 1 | Provider Type | | Taxonomy | 261QM2800X |

Billing Provider C

Rendering Provider _

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID _   *This section only for atypical providers*

Please enter in Recipient ID. For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name   **First Name**   MI   **Birth Date** ❶

Payer

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

*Effective From Date ❶   **Effective To Date** ❶

Service Type Code

Service Type Code #1 ❶		Service Type Code #2 ❶	
Service Type Code #3 ❶		Service Type Code #4 ❶	
Service Type Code #5 ❶		Service Type Code #6 ❶	

Show More Service Type Codes

Submit   Reset

Verify Eligibility *continued*

Eligibility   Thursday 08/14/2014 10:36 AM EST

Eligibility Verification Request

* Indicates a required field.

Please select or enter valid Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI   Provider Type   Taxonomy   261QM2800X

Billing Provider   C

Rendering Provider

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Please enter in Recipient ID. **For CNOM Providers only:** If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name   First Name

Payer

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

*Effective From Date   Effective To Date

Service Type Code

Service Type Code #1   Service Type Code #2

Service Type Code #3   Service Type Code #4

Submit   Reset   Service Type Code #6

Show More Service Type Codes

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

Eligibility > Eligibility Verification Response

Friday 06/07/2013 04:18AM EST

Eligibility Verification Response   Back to Eligibility Verification Request [?]

Expand All | Collapse All

Verification Number   2013099012345

Recipient Information   [-]

Recipient ID	0132546789	Recipient Name	John Doe
Birth Date	08/21/1986	Gender	Male
Date of Death	-		

Benefit Plan Details   [-]

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorical and Fee for Service	08/15/2012	08/15/2012	$0.00	Message Text

Service Type Code Details - Covered	[+]
Service Type Code Details – Not Covered	[+]
Managed Care Details	[+]
Managed Care Service Type Code Details - Covered	[+]
Lock-in Details	[+]
Medicare Details	[+]
TPL Details	[+]
Premium Payment Details	[+]
Long Term Care Details	[+]

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.

Eligibility > Eligibility Verification Response   Friday 06/07/2013 04:18AM EST

Wire frame continued from previous page.

Service Type Code Details - Covered   [–]

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

Service Type Code Details – Not Covered   [–]

Service Type Code	Description	Effective From Date	Effective To Date	Copay	Coinsurance
33	Chiropractic	08/15/2012	11/01/2012	$0.00	0%

Managed Care Details   [–]

Plan Name	Phone	Effective From Date	Effective To Date
United Health Plan	866 573-2451	08/15/2012	09/30/2012
Neighborhood Health Plan	866 222-3333	10/01/2012	11/01/2012

Managed Care Service Type Code Details - Covered   [–]

Service Type Code	Description	Effective From Date	Effective To Date
1	Medical Care	08/15/2012	09/30/2012
1	Medical Care	10/01/2012	11/01/2012
47	Hospital	08/15/2012	09/30/2012
47	Hospital	10/01/2012	11/01/2012
88	Pharmacy	08/15/2012	09/30/2012
88	Pharmacy	10/01/2012	11/01/2012

Wire frame continued on next page...

This screen shows the expanded version of the Service Type Code details.

Eligibility > Eligibility Verification Response

Friday 06/07/2013 04:18AM EST

Wire frame continued from previous page.

Managed Care Service Type Code Details - Covered

Lock-In Details

Lock-In Type	Effective From Date	Effective To Date	Lock-In Provider	Lock-In Provider Phone
Pharmacy	08/15/2012	11/01/2012	Walgreens	555-549-2222
Physician	08/15/2012	11/01/2012	Dr John Doe MD	333-444-5555

Medicare Details

Carrier Name	Policy Number	Coverage	Effective From Date	Effective To Date
Medicare Claims Dept.	123456789A	MedicareA	08/01/2012	11/01/2012
Medicare Claims Dept.	123456789A	MedicareB	08/01/2012	11/01/2012
Blue Cross & Blue Shield of Rhode Island	123456789A	MedicareB	08/01/2012	11/01/2012

TPL Details

Carrier Name	Policy Number	Coverage	Effective From Date	Effective To Date
Healthmate Claims Dept.		RiteShare Basic	08/01/2012	11/01/2012
Harvard Community Health Plan	89384	HMO/Dental/Drug	08/01/2012	11/01/2012

Premium Payment Details

Carrier Name	Effective From Date	Effective To Date
Connect Care Choice	08/01/2012	11/01/2012

Long Term Care Details

Plan Name	Effective To Date	Effective To Date
Nursing Facility Per Diem	08/01/2012	11/01/2012

Eligibility > Eligibility Verification Response

Friday 06/07/2013 04:18AM EST

Eligibility Verification Response Back to Eligibility Verification Request ?

Verification Number 2013099012345

Response Text The recipient is not eligible.
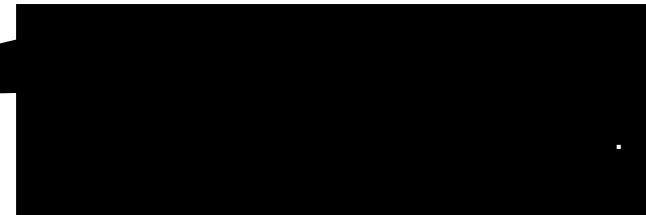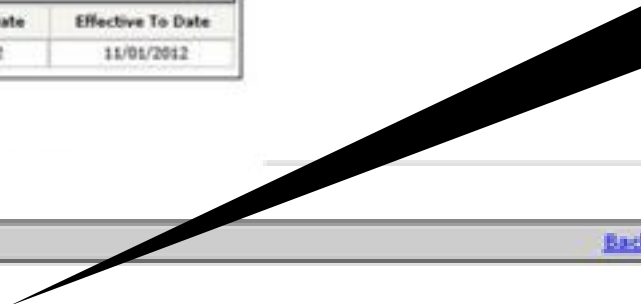
If the recipient is not eligible for the date(s) of service, this will be returned.

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.

Recipient ID ████████	Recipient Name ████████████N
Birth Date 03/19/2014	Gender Male
Date Of Death _	

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	04/01/2014	05/30/2014	$0.00	Limitations apply to Vision and Dental services

Service Type Code Details - Covered

Service Type Code	Description	Effective From Date	Effective To Date	Copay	Coinsurance
1	Medical Care	04/01/2014	05/30/2014		
35	Dental Care	04/01/2014	05/30/2014		
47	Hospital	04/01/2014	05/30/2014	$0.00	0%
48	Hospital - Inpatient	04/01/2014	05/30/2014	$0.00	0%
50	Hospital - Outpatient	04/01/2014	05/30/2014	$0.00	0%
51	Hospital – Emergency Accident	04/01/2014	05/30/2014	$0.00	0%
52	Hospital – Emergency Medical	04/01/2014	05/30/2014	$0.00	0%
53	Hospital – Ambulatory Surgical	04/01/2014	05/30/2014	$0.00	0%
67	Smoking Cessation	04/01/2014	05/30/2014		
86	Emergency Services	04/01/2014	05/30/2014	$0.00	0%
88	Pharmacy	04/01/2014	05/30/2014		
98	Professional (Physician) Visit - Office	04/01/2014	05/30/2014	$0.00	0%
AL	Vision (Optometry)	04/01/2014	05/30/2014		
MH	Mental Health	04/01/2014	05/30/2014		
UC	Urgent Care	04/01/2014	05/30/2014	$0.00	0%

Managed Care Details

Plan Name	Phone	Effective From Date	Effective To Date
████████████████		04/11/2014	05/30/2014

Managed Care Service Type Details - Covered

Service Type Code	Description	Effective From Date	Effective To Date
1	Medical Care	04/11/2014	05/30/2014
47	Hospital	04/11/2014	05/30/2014
48	Hospital - Inpatient	04/11/2014	05/30/2014

Claims Search

Click on the Claims Tab for a Claims Search

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

Claims Search Response

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

ICN	HIPAA Status Category	HIPAA Status Code	HIPAA Entity Code	Service Date ▾	Total Charges	Paid Amount
4▭	F1-Finalized Payment			11/03/2013 - 11/09/2013	$70.00	$70.00

Claim Detail

MMIS EOB/ESC Code	_	
HIPAA Status Category	F1-Finalized Payment	
HIPAA Status Code	_	
HIPAA Entity Code	_	
ICN	4▭	
Recipient ID	0▭	Recipient Name ▭
Payer Control Number	▭	Bill Type _
Dates of Service	11/03/2013 - 11/09/2013	RX Number _
Total Charge Amount	$70.00	Total Paid Amount $70.00
Check Number	_	Remittance Date 11/29/2013

This screen shows a sample of the claim detail when expanded

Claim Line Item Detail

Line Item	MMIS EOB/ESC Code	HIPAA Status Category	HIPAA Status Code	HIPAA Entity Code
1		F1-Finalized Payment		

Line Item Control

Procedure Qual/Ident	▭	_	Procedure Mods
Dates of Service	11/03/2013 - 11/09/2013	1.000	Units of Service
Claim Amount	$70.00	$70.00	Paid Amount
Revenue Code	_	11/29/2013	Status Date

Upload/Download

To upload/download files, the user clicks the File Exchange tab on their home page. This bring a choice of upload or download

Upload Files

File Upload

* Indicates a required field.

Transactions uploaded here must be in a HIPAA format -- Health Insurance Portability and Accountability Act.

HIPAA is the United States Health Insurance Portability and Accountability Act of 1996. There are two sections to the Act. HIPAA Title I deals with protecting health insurance coverage for people who lose or change jobs. HIPAA Title II includes an administrative simplification section which deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA.

HIPAA establishes mandatory regulations that require extensive changes to the way that health providers conduct business. HIPAA seeks to establish st...
mechanisms for electronic data interchange (EDI), security, and confidentiality of all healthcare-related data. The Act mandates: standardized format...
health, administrative, and financial data; unique identifiers (ID numbers) for each healthcare entity, including individuals, employers, health plan...care
providers; and security mechanisms to ensure confidentiality and data integrity for any information that identifies an individual.

Authorized users can upload files containing HIPAA transactions in X12

Note that a tracking number will be displayed on the screen for each uploaded file.

Transaction Type	270 Healthcare Eligibility Benefit Inquiry
	834 Healthcare Benefit Enrollment (for Health Plans only)
	837D Healthcare Claim – Dental
	837I Healthcare Claim - Institutional
	837P Healthcare Claim - Professional

* Upload File #1 [_____] [Browse...]

Upload File #2 [_____] [Browse...]

Upload File #3 [_____] [Browse...]

Upload File #4 [_____] [Browse...]

Upload File #5 [_____] [Browse...]

[Upload]

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

Download Files

File Download

* Indicates a required field.

Enter your search criteria and click the **Search** button.

*File Status   All

*Category   All

*Max Files   10

10
50
100
200
400

Search

The number of files is then selected.

Download Files

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.

Close

DENTAL/VISION CLAIMS SEARCH

Please enter the recipient's ID number.

Recipient's Identification Number:

Search   Clear

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