



## Rhode Island Medicaid PES Instructions - \*\*Creating your Provider and Client lists\*\*

This document is a field –by –field instructional help sheet. The fields are listed in a left to right format as they appear in the Provider Electronic Solution Software. Those fields with “Not Required” listed as a value, are present on the list per HIPAA regulations and are not needed. This software will not allow you to save information with a required field missing. Auto populated fields have the valid value already present and do not need to be entered.

First we will create the Provider list. The information here will work for the “Other Provider” list as well.

FIELD	VALUE
Provider ID	Your 10 digit National Provider Identifier (NPI) or your 7 digit Medicaid provider number. The 7 digit provider number applies to an Atypical Provider or the Attending Provider. And can only be used when an NPI is not submitted for the billing provider.
Provider ID Code Qualifier	IF you entered a 10 digit National Provider Identifier select XX = National Provider Identifier. IF your entered a 7 digit Medicaid provider number select 2G = Medicaid Provider Number
Taxonomy Code	IF you entered a 10 digit National Provider Identifier you must enter your 10 digit Taxonomy code (this is NOT your Tax Identification number)
Entity Type Qualifier	If you are an Individual Physician or Practitioner you would choose 1 = Person from the drop down list. If you are a Physician Group, Institution, Group Home, or Agency you would choose 2 = Non – Person from the drop down box
Last/Org Name	This will either be your last name or your group/agency/institution name
First Name	This will be your first name if you chose a 1 for Entity Type Qualifier
MI	Not Required
Suffix	Not Required
SSN/Tax Id	This is the number for which you report your income to the federal government
SSN/Tax Id Qualifier	If you report under a SSN then you would select 34 = Social



	Security Number from the drop down list. If you report under a Tax Id you would select 24 = Employers Identification number from the drop down list.
Provider Address	This is the address where services are rendered. All fields must be complete. The zip code must contain 9 digits.

Once all the fields are updated you will choose SAVE. If you have more than one provider number you are billing for, then after you hit save you will want to choose the ADD button to clear the fields for updating. Follow the above listed steps until all your providers are entered. If you are a group you must also enter all of your performing providers.

Please note that the National Provider Identifier and Taxonomy is required when billing electronically unless you are not required by CMS guidelines to obtain one. This pertains to atypical providers who do not have an NPI number.

Atypical Providers must select the G2 qualifier when entering provider

The instructions below are to create the Client/Recipient list.

FIELD	VALUE
Client Id	This is the client Medicaid identification number you would be reimbursed for.
ID Code Qualifier	Auto Populated to MI = Member ID
Account Number	This is required and we recommend using the client's ID
Client's SSN	Not Required
Last Name	Client's last name
First Name	Client's first name
MI	Not Required
Client DOB	This is the date of birth of the client.
Gender	Select the client's gender from the drop down list.
Suffix	Not Required
Subscriber Address	Enter the client's home address.

Once all the fields are updated you will choose SAVE. If you have more than one client you are billing for, then after you choose save you will want to choose the ADD button to clear the fields for updating. Follow the above listed steps until all your clients are entered.