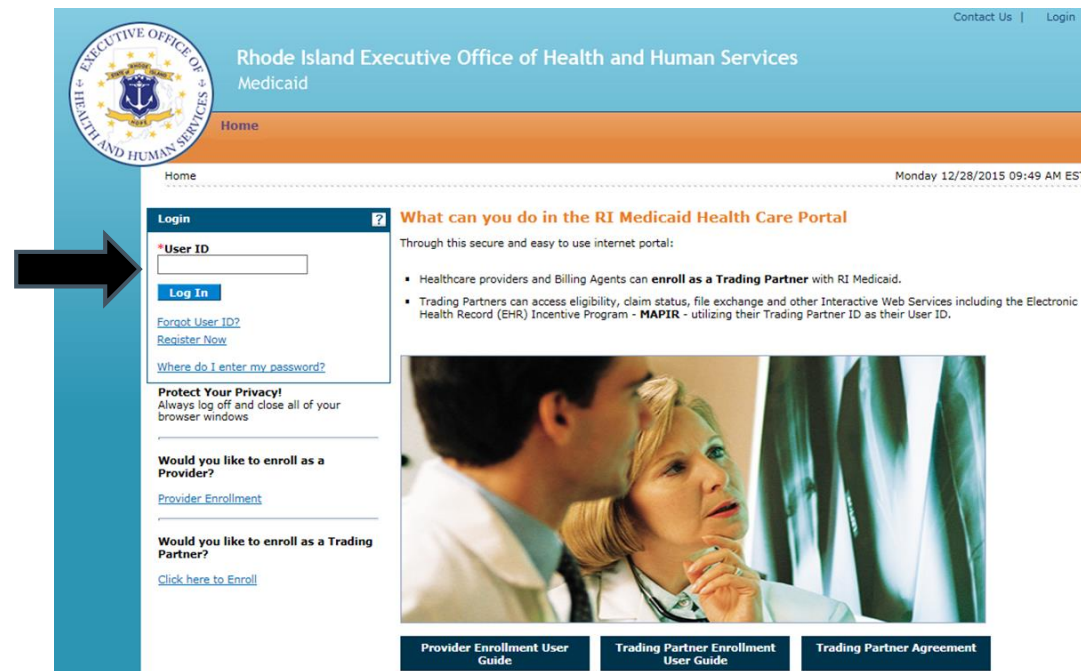


Roster Billing for Covid-19 Vaccine Administrations



Healthcare Portal Log in



Executive Office of Health & Human Services

Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us | Login

Home

Home Monday 12/28/2015 09:49 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 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](#)

On the Home Page – Choose Roster Billing under Interactive Web Services

Executive Office of Health & Human Services
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services
Medicaid

My Home | Eligibility | Claims | Files Exchange | Patient Share

My Home Friday 04/02/2021 12:21 PM EST

User Details

Welcome [Redacted]

- My Profile
- Manage Accounts

Trading Partner

Name [Redacted]

Trading Partner ID [Redacted]

- Trading Partner Profile

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. Our secure site provides the ability to verify member eligibility, search for claims, and conduct electronic file exchanges (upload/download).

Contact Us

Interactive Web Services

- Approve Eligibility/TPL
- Check Dental/Vision Limits
- Check Prior Authorization
- Enter Eligibility
- Enter TPL (Third Party Liability)
- EHR Incentive Program - MAPIR
- Message Center
- Roster Billing**
- NDC Lookup
- View Remittance Advice
- View Remittance Advice Payment Amt

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Roster Billing

User will select NPI from drop down list and click the Search button.





The screenshot shows a web application interface for Roster Billing. On the left is a teal sidebar with a "Close" button. The main content area features the Executive Office of Health & Human Services logo at the top left and two small images of medical professionals on the top right. A "Help" button is located in the top right corner. The central form is titled "Roster Billing" and contains a "Select Billing Provider" section. This section includes the instruction "Please select billing provider's NPI." followed by an "NPI:" label and a dropdown menu. Below the dropdown are "Search" and "Clear" buttons. A "Submit" button is positioned at the bottom left of the form area.

At the top of the Roster Billing page, the user will see the Provider NPI and Provider Name displayed.

The screenshot shows the top portion of a web application. On the left is a teal vertical bar with the text "Close". To its right is the circular logo of the Executive Office of Health & Human Services, State of Rhode Island. Further right are two small images: one of a doctor with two children and another of a doctor examining a patient. Below these is a dark blue horizontal bar. On the right side of this bar is an orange "Help" button with a star icon. Below the bar is a large blue rectangular redaction. The main content area is divided into two sections. The first section, titled "Roster Billing", contains a sub-section "Select Billing Provider" with the instruction "Please select billing provider's NPI." and a search form. The search form includes an "NPI:" label, a blue redaction box, and "Search" and "Clear" buttons. A question mark icon is in the top right corner of this section. The second section, titled "Billing Provider Details", contains labels for "NPI:", "Submitter ID:", "Last Name/Organization Name:", "First Name:", and "Middle Name:", each followed by a blue redaction box.

On the bottom of the page, the user will need to enter the information in the fields shown below.

Subscriber	
MID:	<input type="text"/>
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Date of Birth:	<input type="text"/> 
Claim Detail	
Patient Account Number:	<input type="text"/>
Place of Service:	<input type="text"/>
Frequency:	Original <input type="text"/>
Original ICN:	<input type="text"/>
Other Insurance:	<input type="text"/>
Services	
Service Date:	<input type="text"/> 
Vaccine Line Item #1	
Procedure Code:	<input type="text"/>
Charge Amount:	<input type="text"/>
Administration Line Item #2	
Procedure Code:	<input type="text"/>
Charge Amount:	<input type="text"/>
Total Claim Charge Amount:	0 <input type="text"/>
<input type="button" value="Add"/>	
<input type="button" value="Submit"/>	

List of Required Fields

Subscriber

- MID – enter recipient/subscriber Medicaid ID
- Last name – enter recipient last name
- First name – enter recipient first name
- Middle Initial – enter middle initial, if applicable
- Date of Birth – use the Calendar function to enter the recipient's date of birth

Claim Detail

- Patient Account Number – enter the number your facility associates to this recipient
- Place of Service – choose the appropriate place of service from the drop down
- Frequency is pre-populated with original (replacements and voids cannot be submitted through roster billing.)
- Original ICN – Not Required
- Other Insurance – choose Yes or No from the drop down

List of Required Fields

Services

Service Date – user the Calendar function to select the date of service (date vaccine was administered)

Vaccine Line Item #1

- Procedure Code – choose the appropriate vaccine from the list in the drop down
- Charge Amount – enter your billed amount for the vaccine. Please note the vaccine will not be covered by Medicaid.

Administration Line Item #2

- Procedure Code – choose the appropriate administration code from the list in the drop down
- Charge Amount – enter your billed amount for the administration.

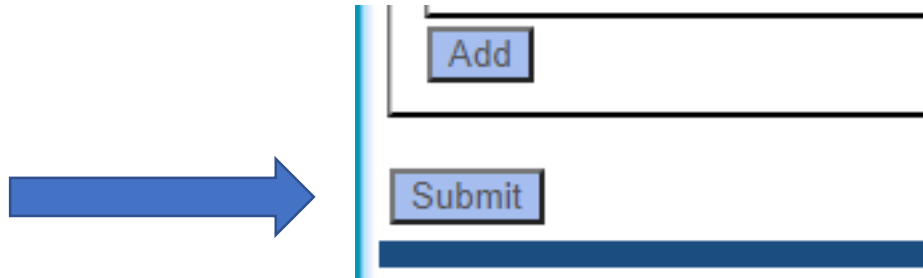
Total Claim Charge Amount – Tool will automatically add the 2 Item Charges.

ADD

User must select the ADD button to Save claim data to a Submission List so the next recipient can be entered.

Submitting Claims

- When the user has finished entering claims, the user will click the “SUBMIT” button at the bottom of the page



- A list of claims will be available for review. User must click the “Confirm” button for claims to be submitted to Medicaid. User will receive a message:

Your Roster Billing Claims have been successfully submitted.

- Please note there will not be a verification or tracking number.

Claim Payment

- Submitted claims will be processed on the same schedule as all other Medicaid claims. The [Payment and Processing Schedule](#) is available on the EOHHS website.
- Claim payments will be included on the Provider's Remittance Advice and in the electronic 835 transaction.

Contact Information

The Medicaid Customer Service Help Desk is available 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.

Or

Email RI EDI Services at our EDI Help Desk at riediservices@dxc.com .