RI Medicaid Provider Enrollment for Home Stabilization

May, 2020

Agenda

- Getting Started
- Completing an Application for Enrollment
- Disclosure Questions
- Agreement Screen
- Signing your Application
- Uploading Required Documents and Submitting Application
- Pausing an Application to complete later
- Resuming an Application
- Checking your Application Status

Getting Started

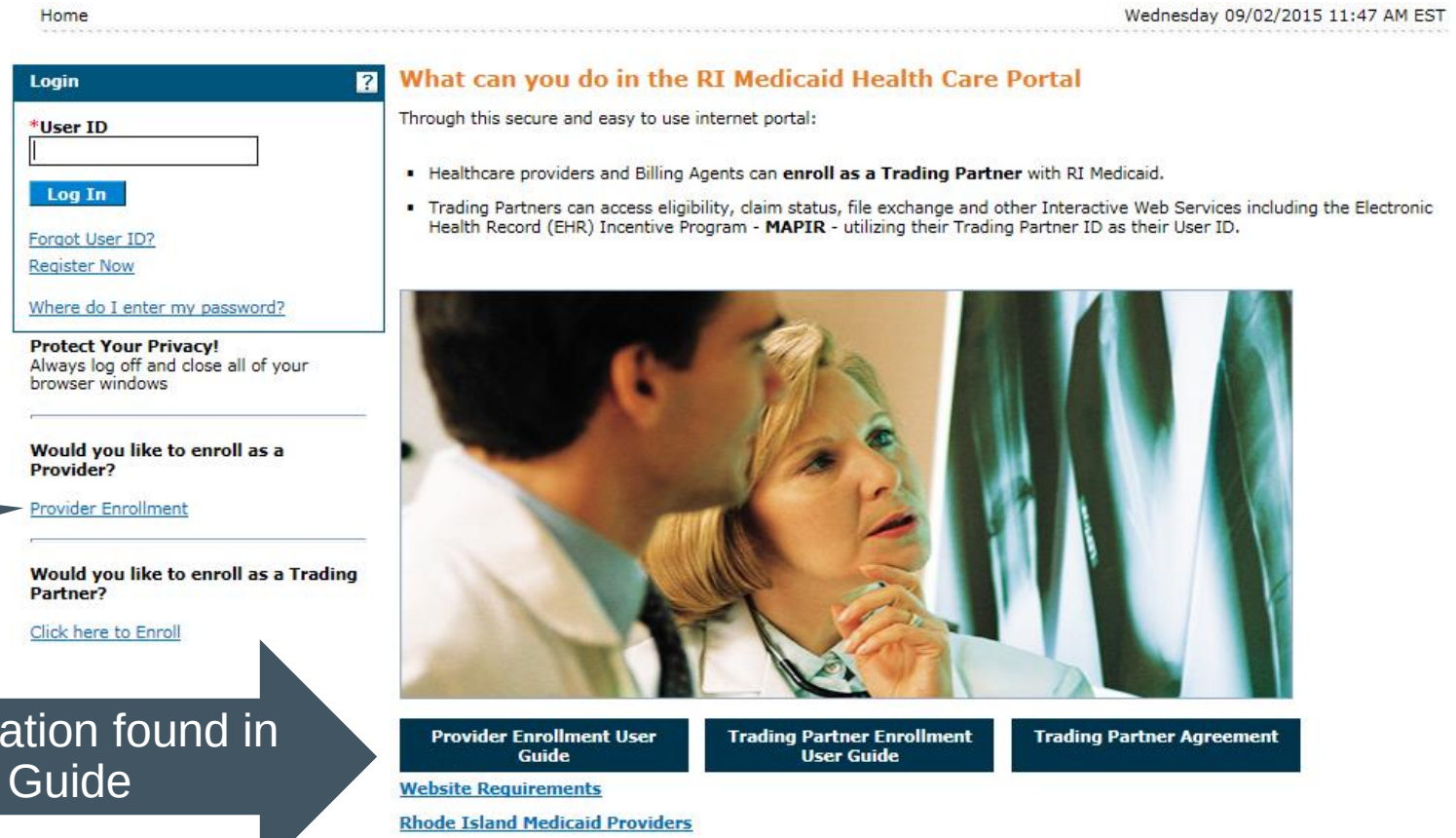
- Provider enrollment for the RI Medicaid Program is completed electronically through the Enrollment Portal, in the Healthcare Portal.
- Detailed instructions for completing the electronic application are accessible on the homepage of the Healthcare Portal.
- These slides cover the basics of completing the electronic application.

Begin Enrollment Process

https://www.riproviderportal.org

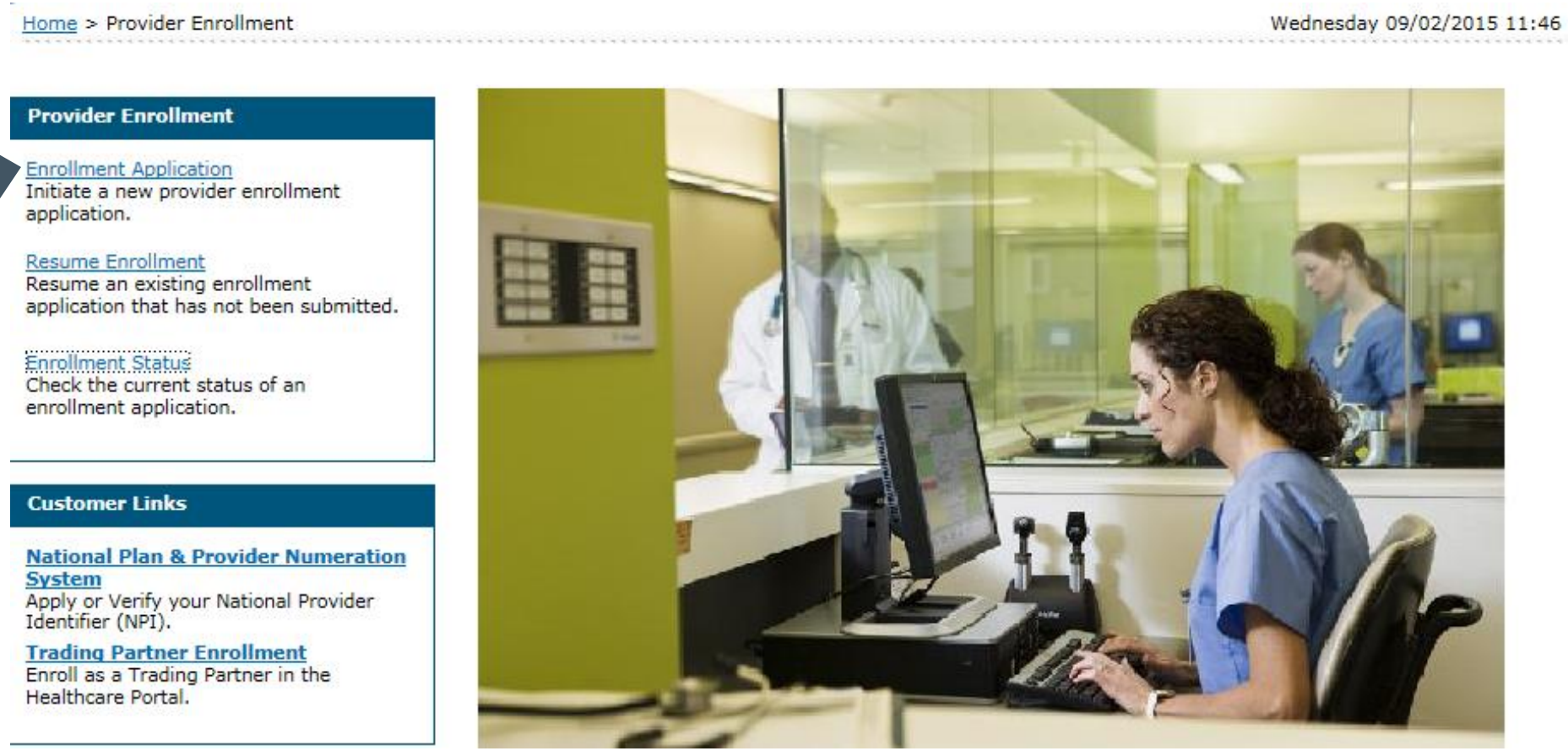
Click here for Provider Enrollment

More information found in User Guide



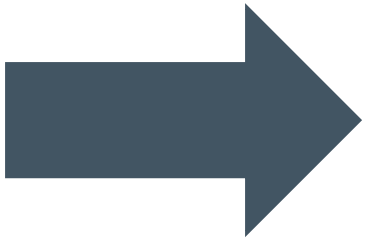
Access the Application

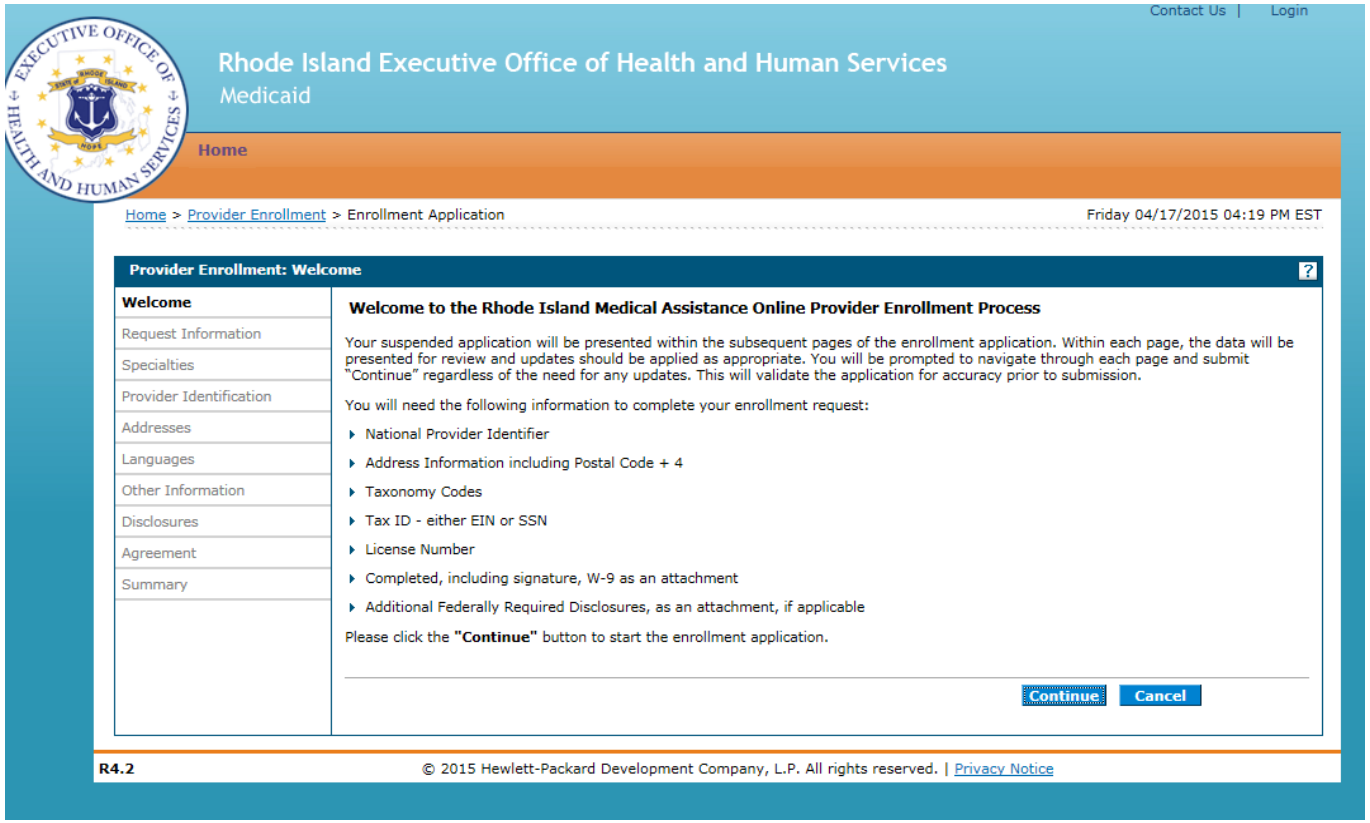
Select Enrollment Application



Welcome Screen

This screen is the starting point. On each of the following screens, you must complete the required information. You cannot advance to the next screen without completing the current one. You can go back by using the menu on the left. Review the list of items you will need to complete the process.

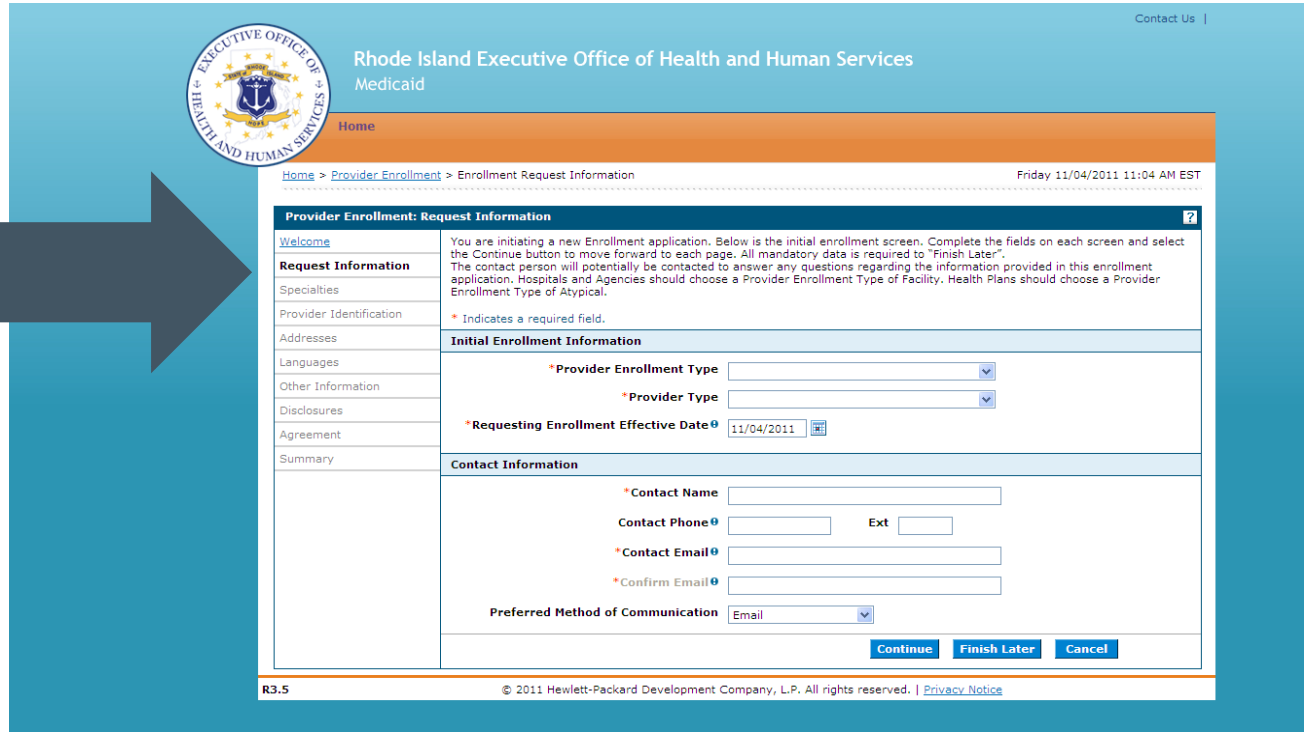




Provider Enrollment – Request Information Screen

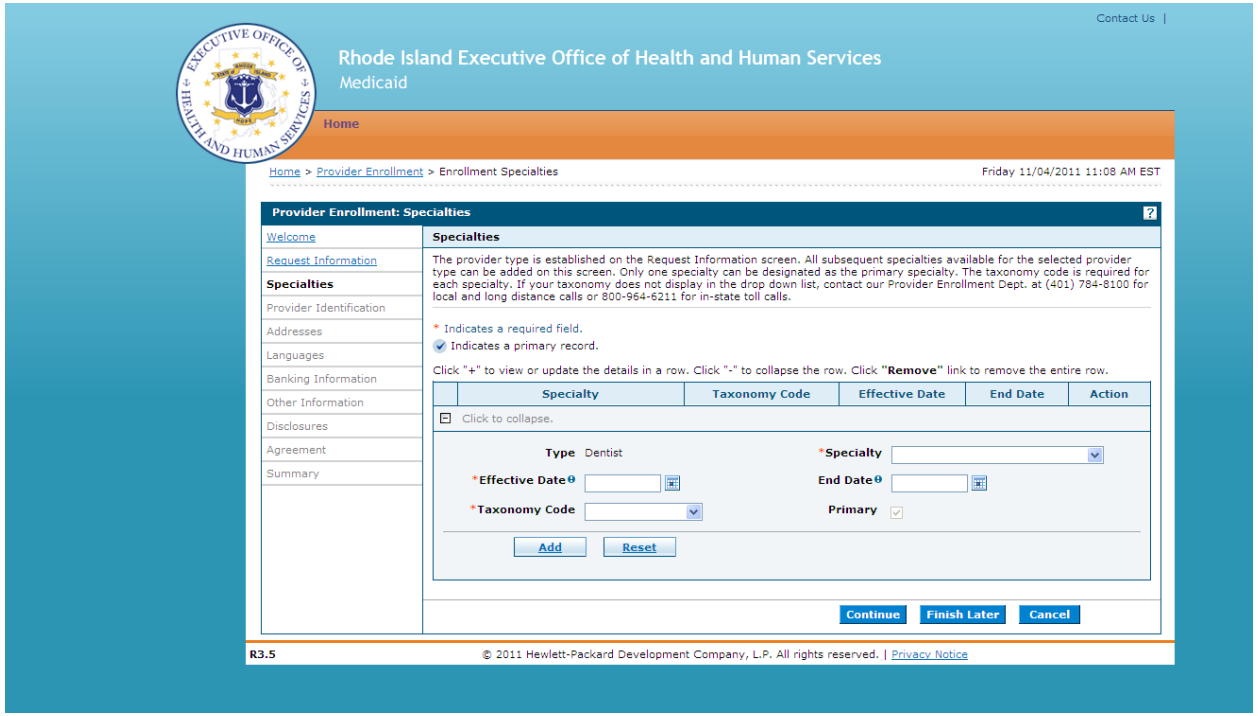
- **Provider Enrollment Type** – Select the type of enrollment as Facility
- **Provider Type** – Select provider type 107 (Home Stabilization) from the list.
- **Requesting Enrollment Effective Date** – March 1, 2020

- **Contact information** should be completed with the primary contact information for the provider.
- Select Continue or Finish Later.

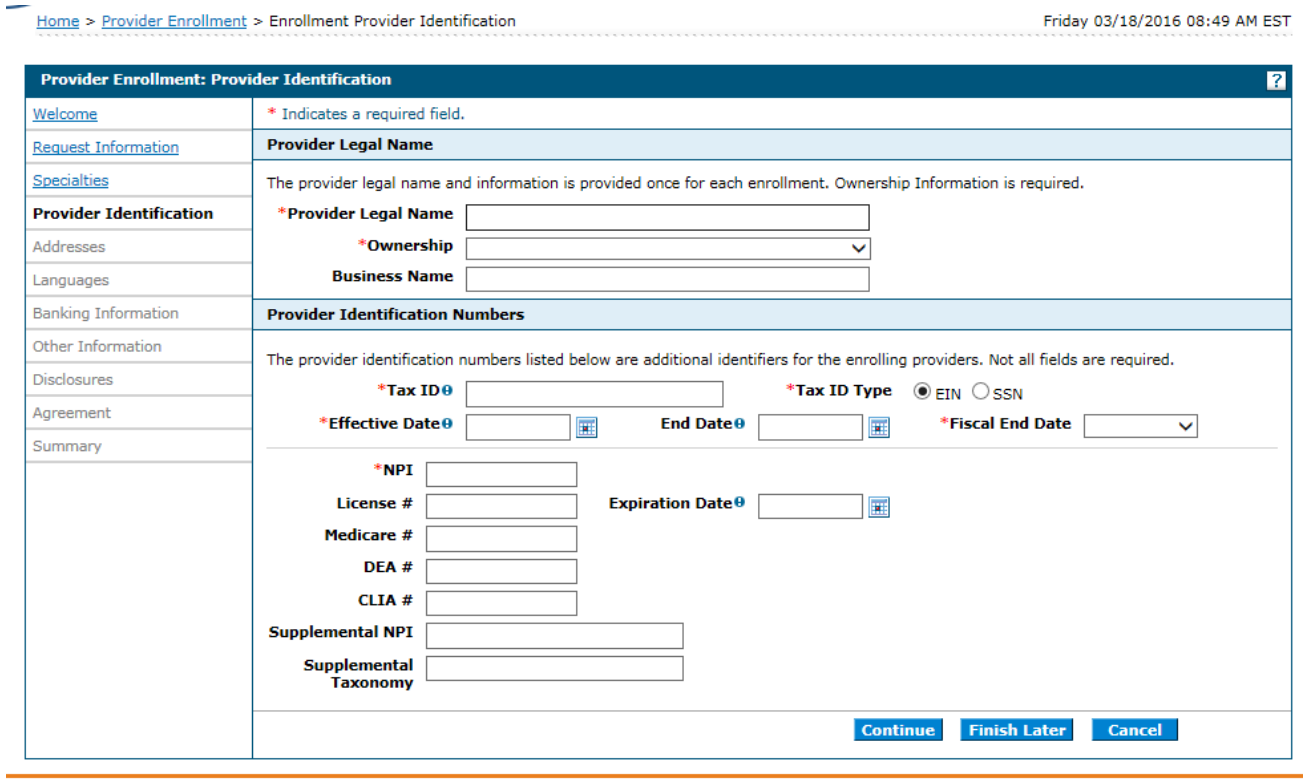


Enrollment Specialties

- **Specialty** – Select specialty 075 Case Management.
- **Effective Date** – March 1, 2020
- **End Date** – leave blank
- **Taxonomy Code** – Enter the taxonomy from your NPI letter, either 251B00000X or 251K00000X
- **Primary** – Select the checkbox if this specialty is the primary specialty.
- Click **Add** to add the specialty.
- Select continue or finish later to move to next screen.

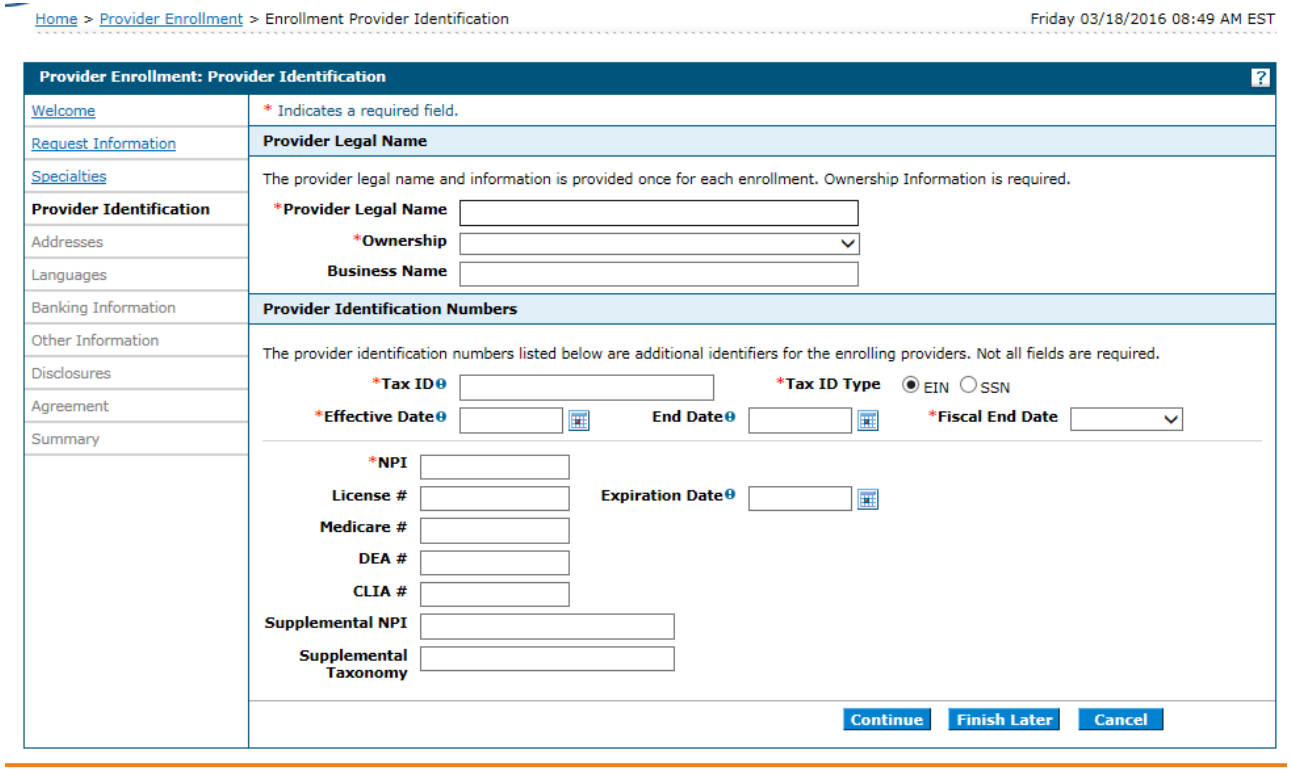


Provider Identification – Legal Name



- Enter the provider's **legal name** information.
- **Ownership** – Select the type of ownership as Corporation, Trust/Estate, or Government/Nonprofit Corporation, Individual, Legal Services Corporation, Medical Services Corporation, or Partnership.
- **Business Name** – Enter the business name.

Provider Identification – ID Numbers



- **Tax ID** – Enter the provider's tax ID. If the tax ID is the provider's Social Security Number, enter the 9-digit number without the dashes (-).
- **Tax ID Type** – Select the tax ID type as Employer Identification Number (EIN) or Social Security Number (SSN).
- **Effective Date** – Enter or select the effective start date for the tax ID.
- **End Date** – Enter or select the end date for the tax ID.
- **Fiscal End Date** – Enter the first letter of the month or select the month the fiscal year ends.
- **NPI** – Enter the provider's National Provider Identifier (NPI) number.
- **License** # - Enter the provider's license number.
- **Expiration Date** – Enter or select the date the license expires.
- **Medicare** # - Enter the provider's Medicare number.
- **DEA # , CLIA #, Supplemental NPI, and Supplemental Taxonomy** – Leave blank

W-9

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Ronald Green

Business name/disregarded entity name, if different from above
Rod V Drywall

Check appropriate box for federal tax classification:
☑ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
456 Flower Lane

Requester's name and address (optional)
J Builders
123 Maple Avenue
Oaktown, AL 00000

City, state, and ZIP code
Oaktown, AL 00000

List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number
1 2 3 - 0 0 - 4 7 8 9

Employer identification number
1 -

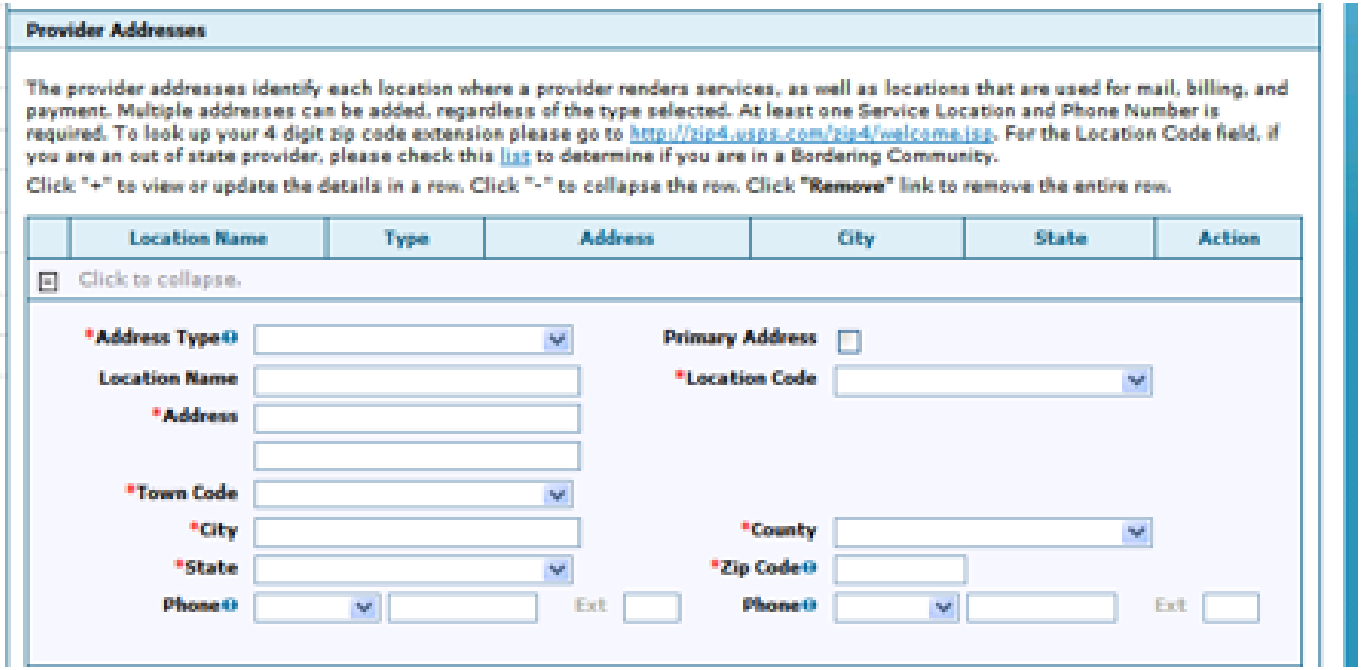
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

ALL providers must upload a new signed W-9 at the end of the revalidation process.

The business name entered on the W-9 must match the provider's legal name.

Addresses

- **Address Type** – Select the provider's address type as Billing Service, Mail To, Pay To, or Service Location.
- **Primary Address** – Select the checkbox if this is the provider's primary address.
  - Service Location must be checked as the primary address.
- **Location Name** – Enter the address' location name.
- **Location Code** – Select the address' location code as In State, Border, or Out of State.
- **Address** – Enter the address.
- **Town Code** – Select the address' town code.
- **City** – Enter the city name.
- **County** – Select the county.
- **State** – Select the state where the address is located.
- **Zip Code** – Enter the address' zip code.
- **Phone and Ext** – Select the phone number type as Phone, Fax, TeleTypewriter, or Telephone Device for Deaf; enter the phone number, and extension. Mandatory

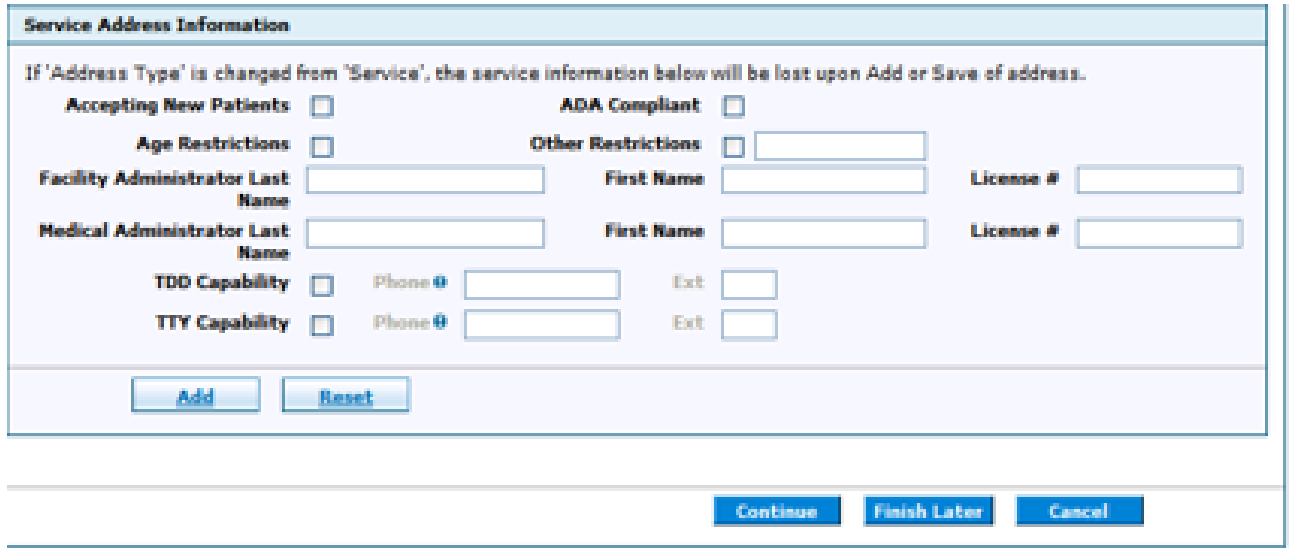


Service Addresses

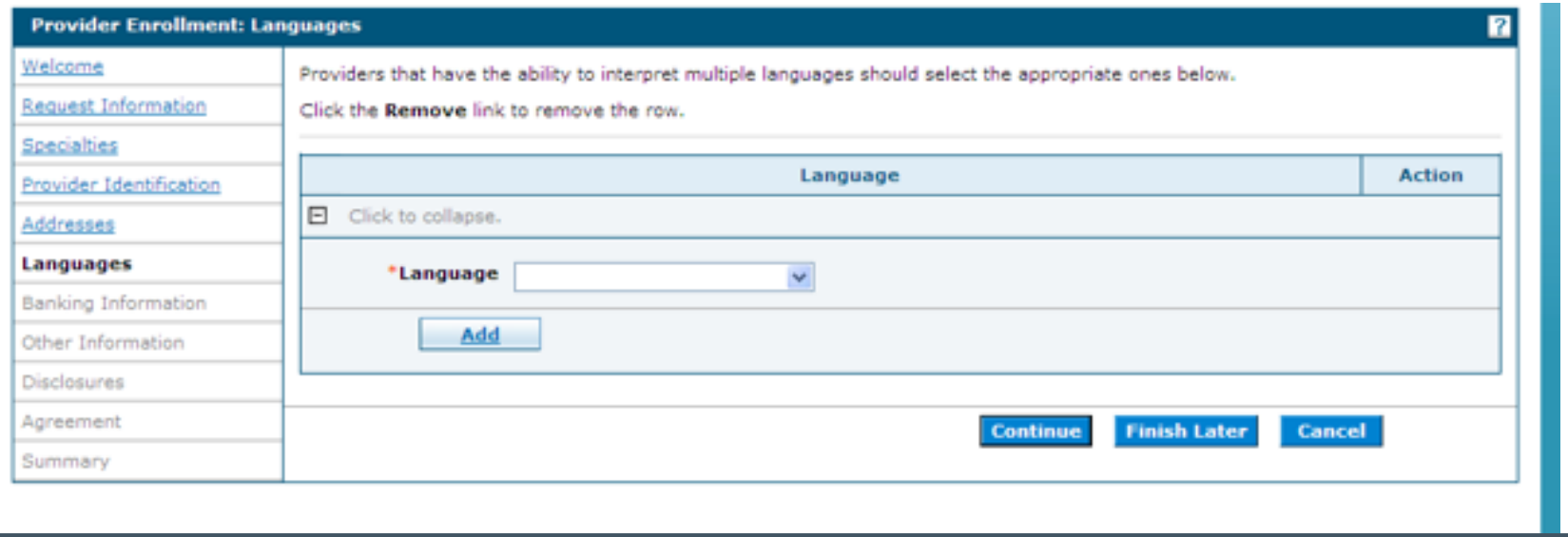
If the address selected was a Service Location, enter the service address information:

- **Accepting New Patients** – Select the checkbox if this service address is accepting new patients.
- **ADA Compliant** – Select the checkbox if this service address complies with the Americans with Disabilities Act (ADA).
- **Age Restrictions** – Select the checkbox if this service address has patient age restrictions.
- **Other Restrictions** – Select the checkbox if this service address has other restrictions and enter the restriction.
- **Facility Administrator Last Name, First Name, and License #** - Enter the facility administrator's last name, first name, and license number.
- **Medical Administrator Last Name, First Name, and License #** - Enter the medical administrator's last name, first name, and license number.
- **TDD Capability, Phone, and Ext** – Select the checkbox if the service address has telecommunication devices for the deaf (TDD), and enter the TDD's phone number and extension.
- **TTY Capability, Phone, and Ext** – Select the checkbox if the service address has a teletypewriter (TTY), and enter the TTY's phone number and extension.
- Click **Add** to add the address.

If you have more addresses to add, click + to add another service address.

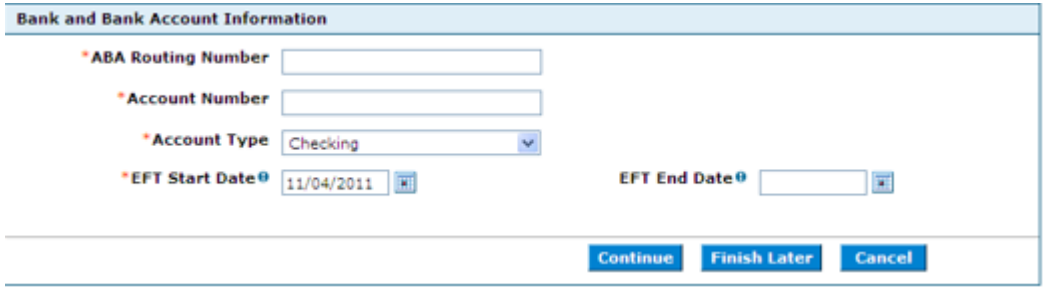


Languages



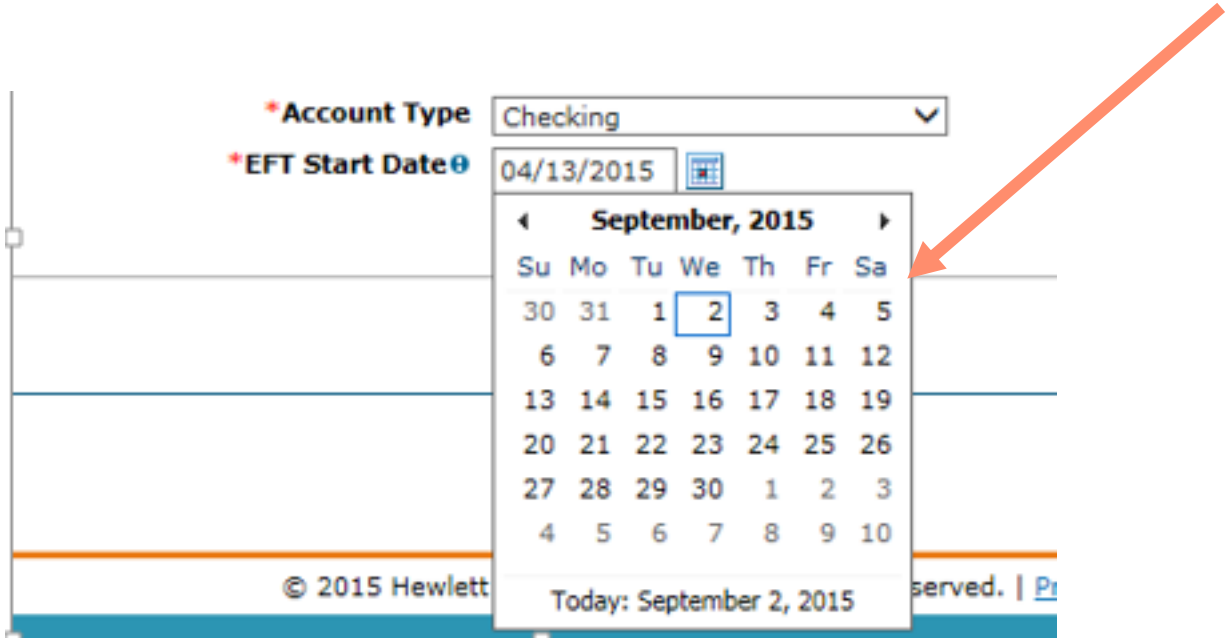
Providers that have the ability to interpret multiple languages should select the appropriate languages from the list.
Select the Add button after each language.
When finished, select continue.

Banking Information

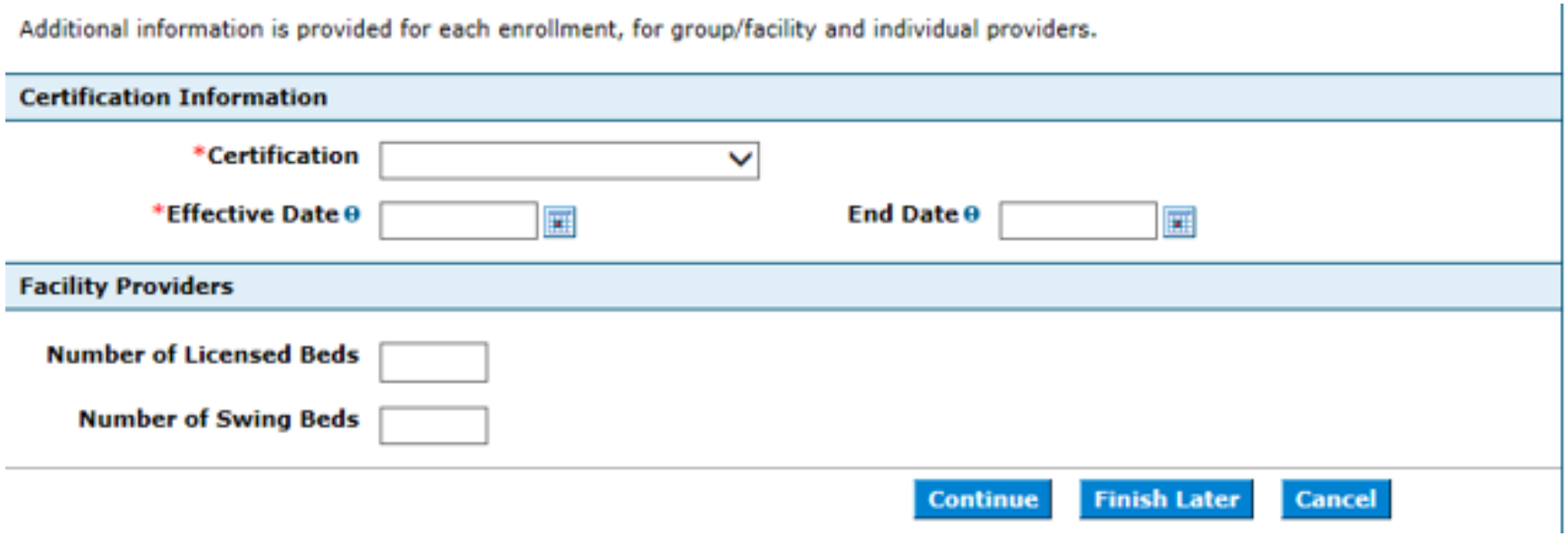


All providers must enroll in EFT for payment.

- Enter the routing number for your bank.
- Enter the account number.
- Select the account type.
- Select today's date on the calendar or enter today's date.
- End date not required.



Other Information – Group or Facility



Complete all information on this screen.
Items marked with (*) must have an answer selected.
If Not Applicable was selected, today's date should be entered for Effective Date.

Disclosures

IMPORTANT
Disclosures must be completed all at once. If you save your application, all prior work will be saved EXCEPT disclosures.
These must be completed when you are ready to submit.

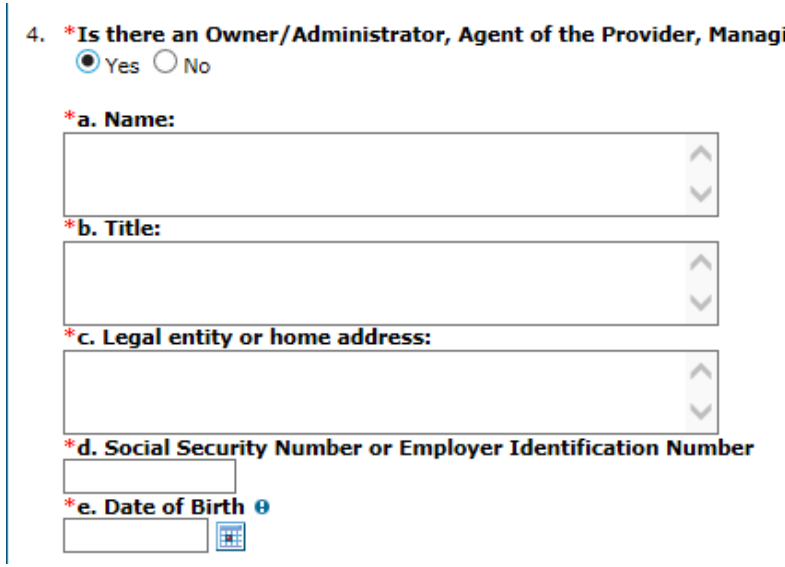
Disclosures

Answer Yes or No to each question.
If you answer Yes, answer any additional questions and enter an explanation. If the answer is Not Applicable, enter NA without a slash (/).

Remember, if you do not complete and confirm the application, the disclosure question responses will be lost.

The next few slides highlight a few of the disclosure questions.

Disclosure Question #4



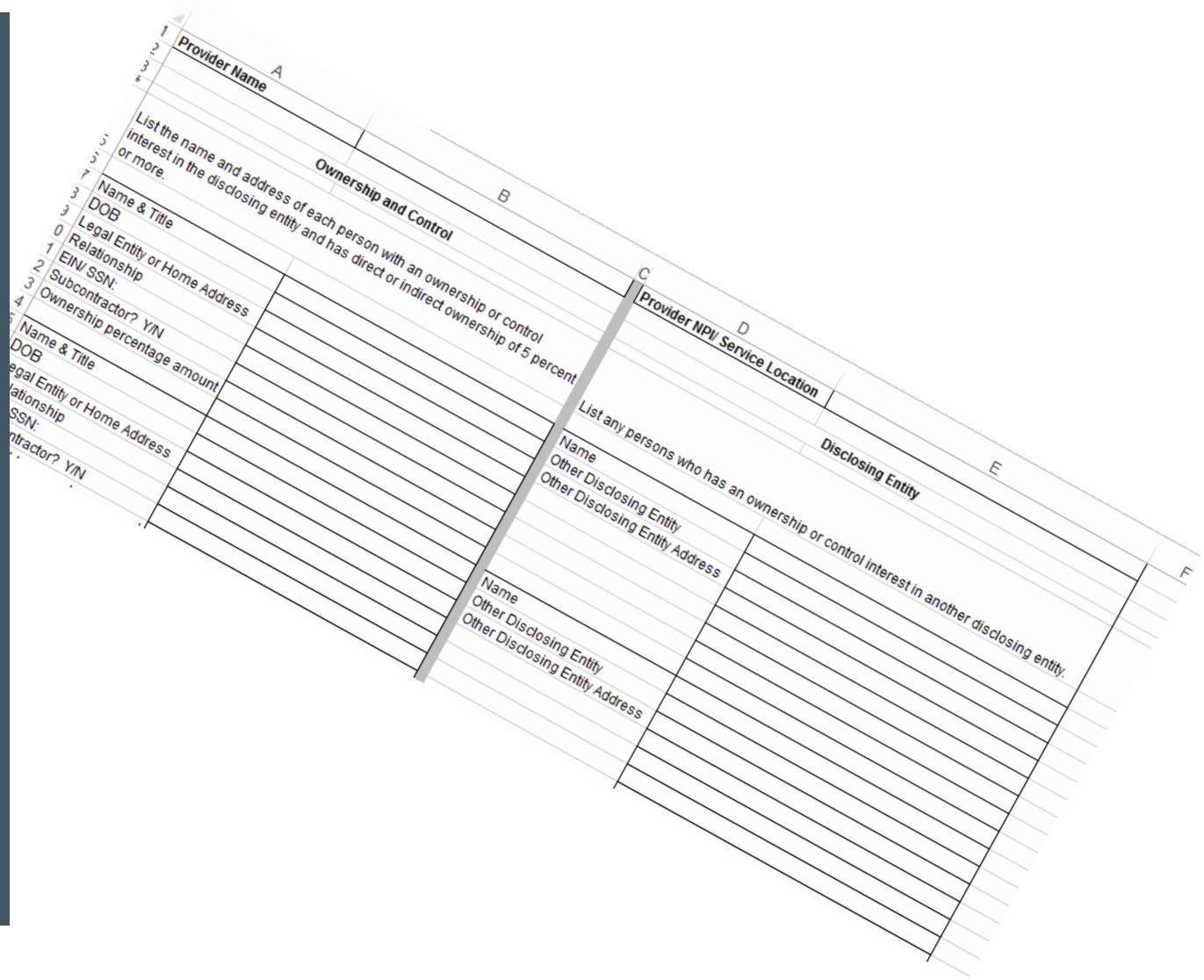
Important:
Question 4 requires the owner/administrator's name, title, and **home address**.

Also, the **Social Security number and date of birth** of the owner must be listed.

Disclosure Question #10

Question #10 asks if you have more than one individual to disclose for question 4, 5, 6, 7, and/or 9.
If the answer is yes, you MUST complete and upload the Additional Federally Required Disclosures form, found on the Agreement page, following the disclosures.

If controlled by a board of directors, information on all members must be completed.



Disclosure Question #12

12. List any outstanding balance owed to the RI Executive Office of Health and Human Services Medicaid Program by a previous provider.

_____

If the answer is no outstanding balance, enter 0.
Do not enter decimals or dollar signs.

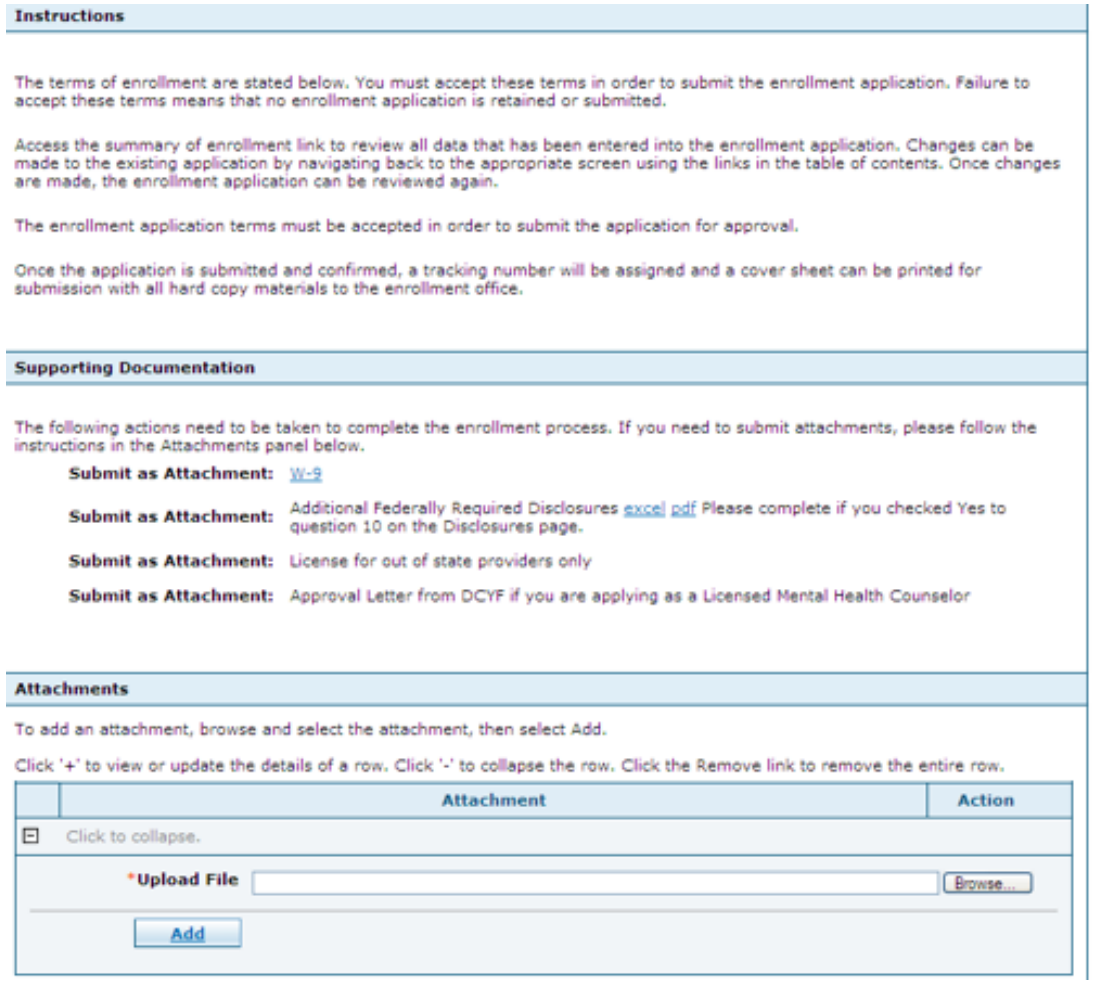
Agreement Screen – Supporting Documents

The Agreement screen enables you to submit supporting documents as attachments to your application.

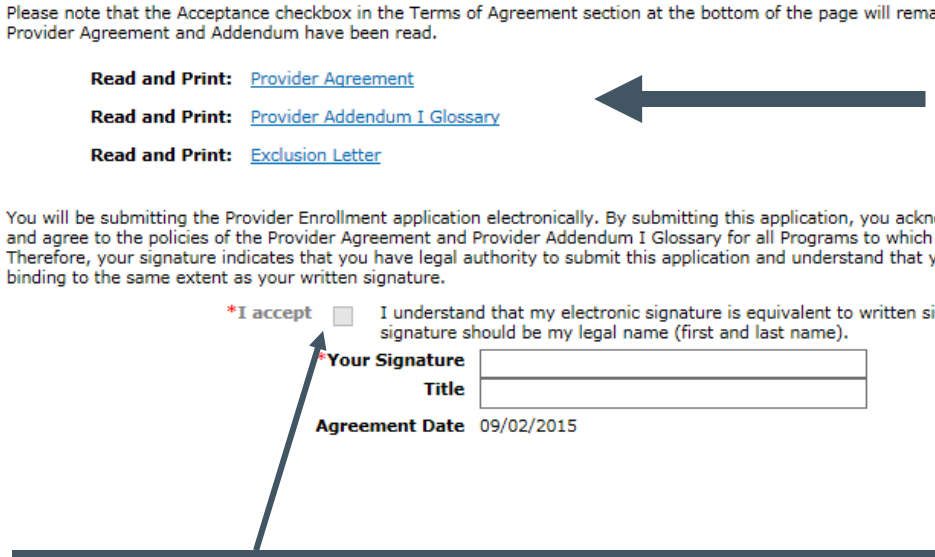
Use the browse button to find the file, and then upload to your application.

Documents can be loaded in the following formats: .jpg or.pdf

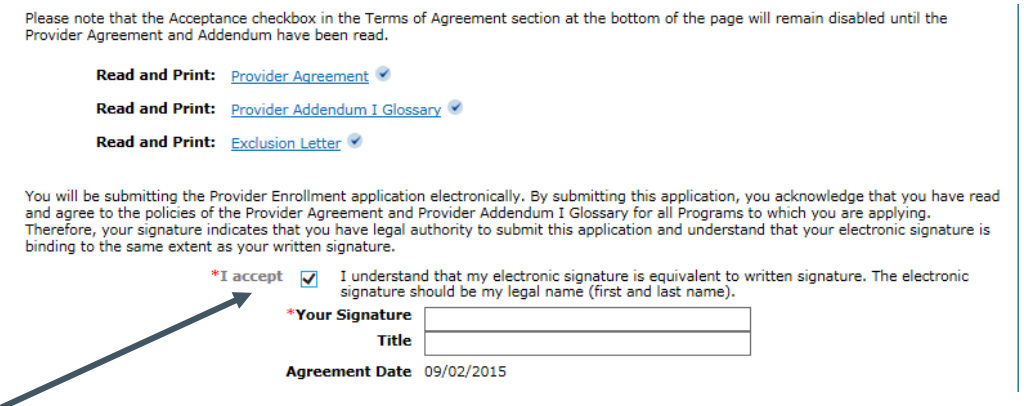
Files larger than 2MB should be faxed to 401-784-3892.



Signing your Application



You are unable to sign your document until you open and read each of the document links in blue: Provider Agreement, Provider Addendum and Exclusion Letter. Once you open each, the "I accept" box can be checked and the signature section will open.



Provider Agreements

Read and Print: Provider Agreement

Read and Print: Provider Addendum 1 Glossary

Read and Print: Exclusion Letter

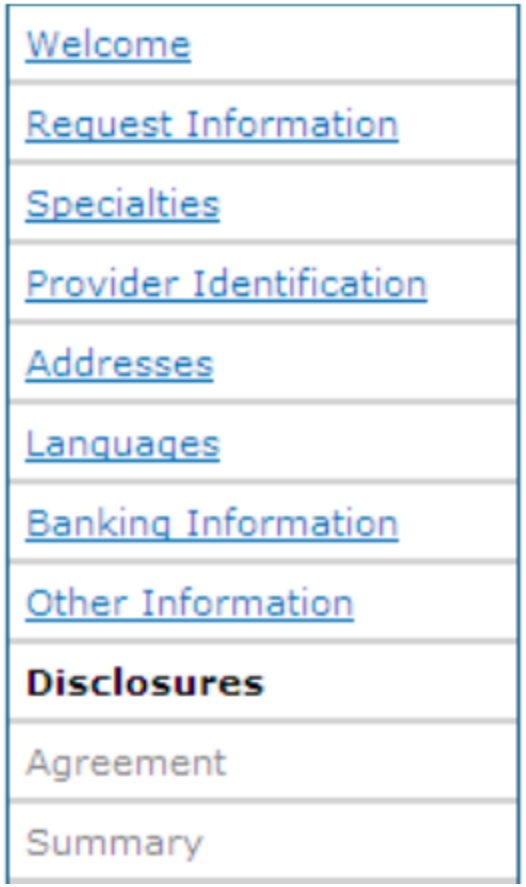
It is not necessary to sign and fax these documents. Signing the application electronically also signs these three documents.

Completing Application

After checking the "I Accept" box and entering your name and title, you have three choices:
Submit….Finish Later…..Cancel

- Submit – Brings you to your Summary Page. **You must confirm** the information on the Summary to complete application process
- Finish Later – Saves the information **EXCLUDING** Disclosure information
- Cancel – Erases all entered information

Summary Page

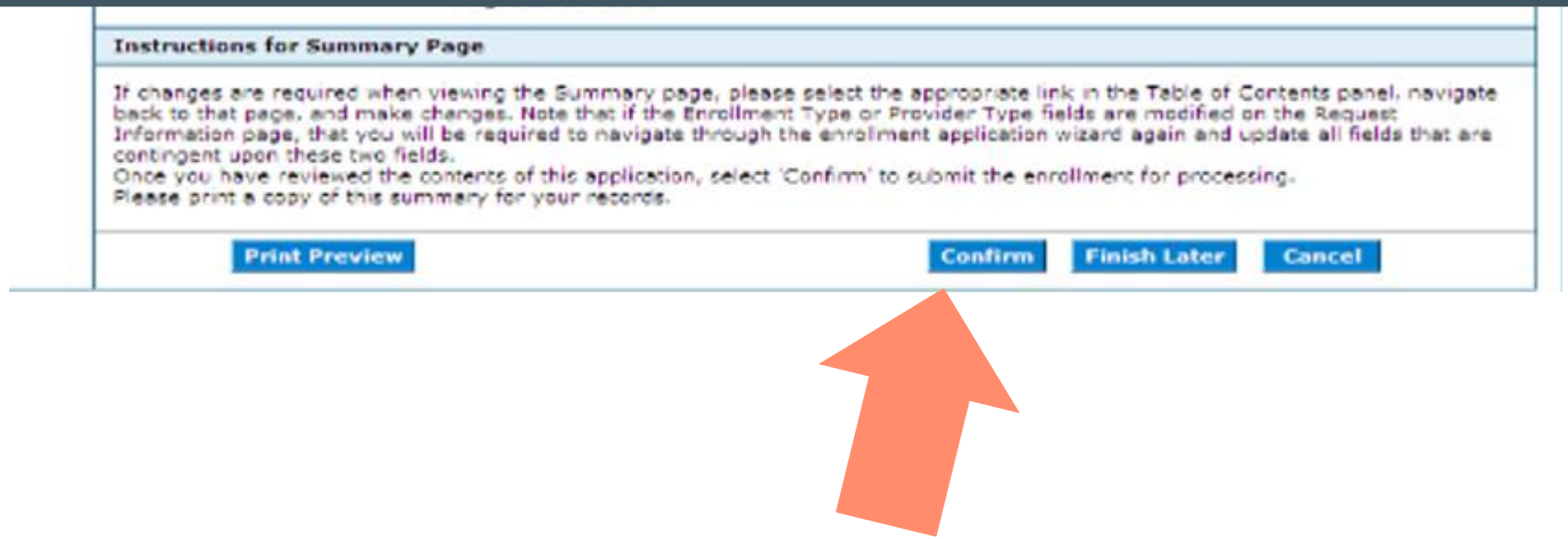


Your summary page allows you to print and review all information.

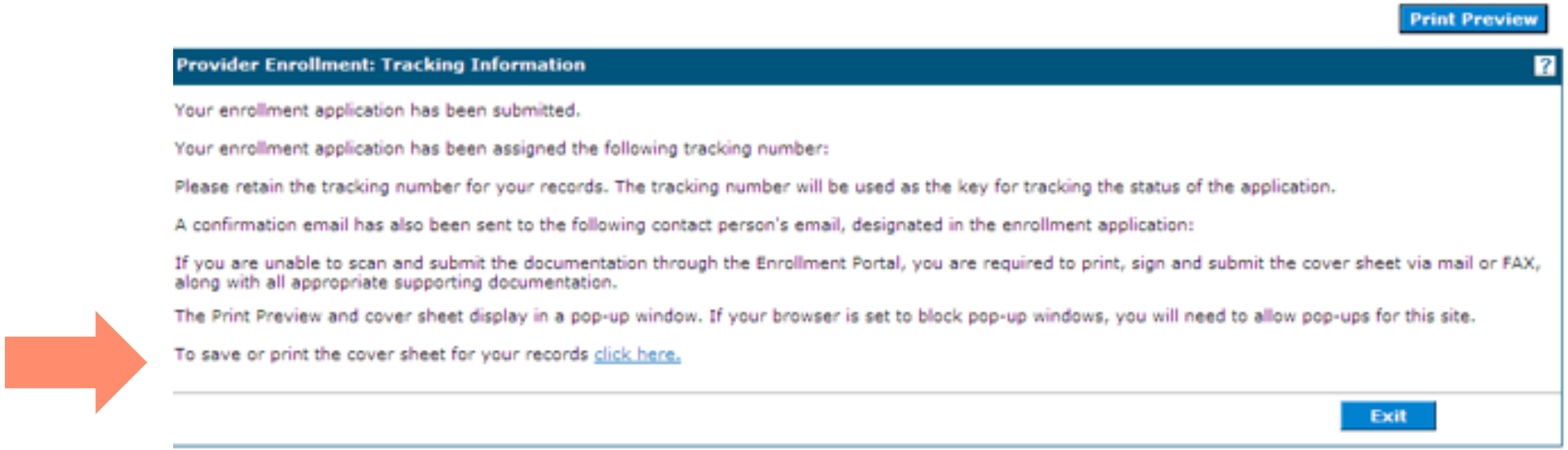
If changes are needed, you must return to the appropriate page, by clicking on the correct section in the table of contents on the left side of the screen.

Confirming Your Application

IMPORTANT:
Your enrollment application WILL NOT be submitted for processing until you click the confirm button.

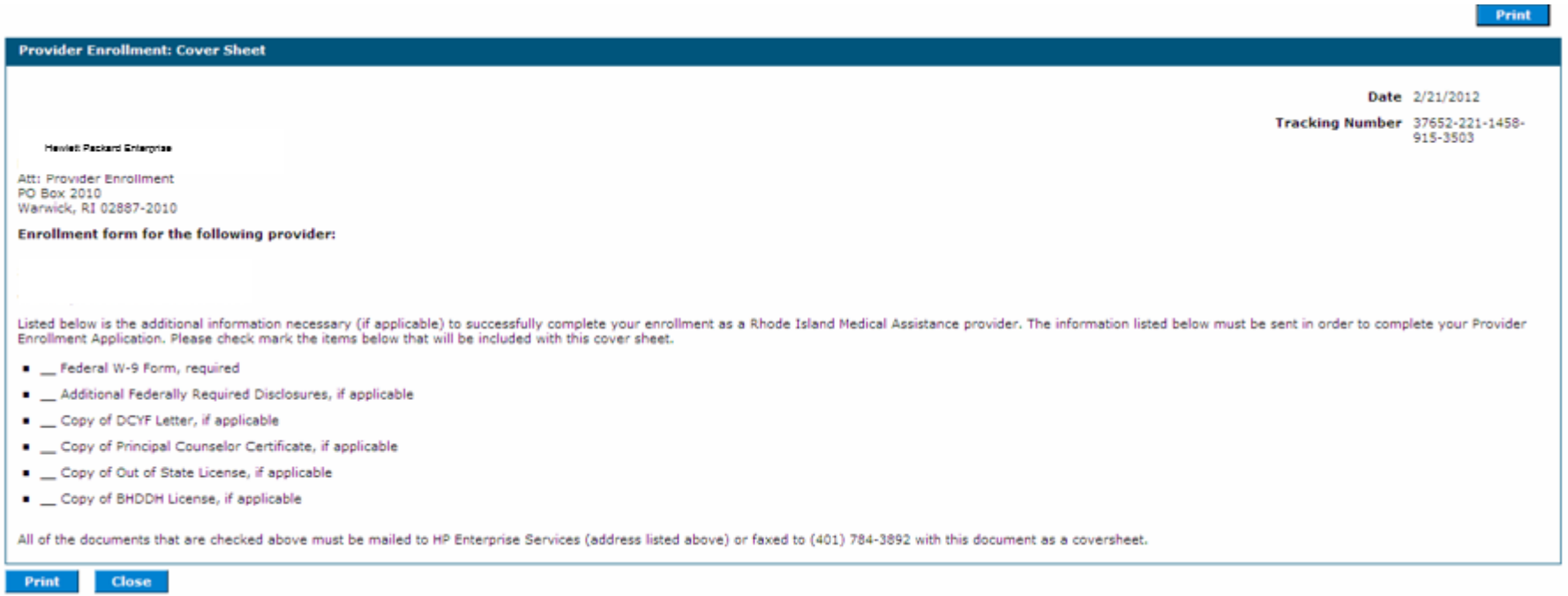


Tracking Information Page and Cover Sheet



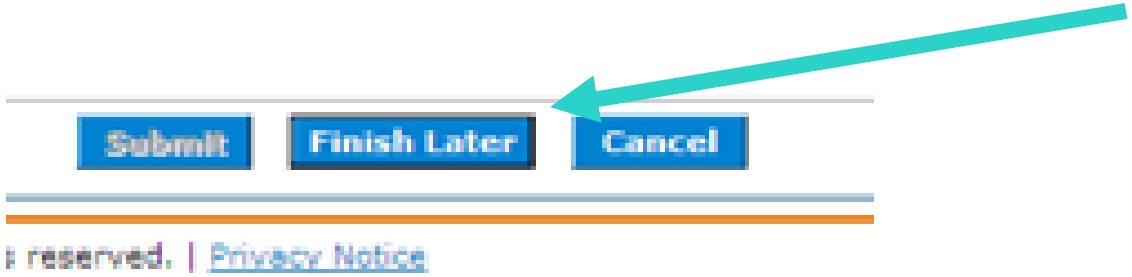
After selecting Confirm, you will receive a tracking number.
Make note of this number.
You are also able to print a cover sheet for your records,
or to attach to items you must mail or fax.

Printing the Cover Sheet



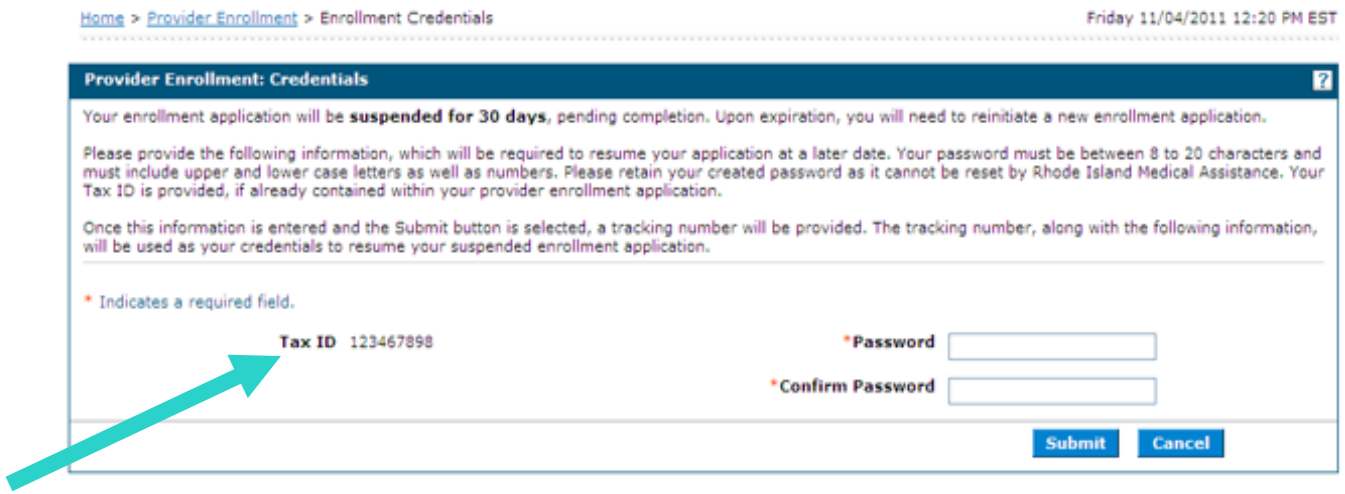
Use the Print button to print a copy of the Cover Sheet.
Select Close when completed.

Finish Application Later



- Once you have started the provider enrollment application process, you can save the enrollment application and finish it later. You must finish the enrollment process within thirty days or your data will be lost. Note: the responses to the disclosure questions will need to be re-entered when you resume your application.
- On any screen, click **Finish Later**. The Suspend Incomplete Application dialog box appears.
  - REMINDER: Any disclosures or attachments that have been included will not be saved until you complete your enrollment.
- Click **Yes** to finish the enrollment application within the next thirty days. The Provider Enrollment: Credentials page appears.

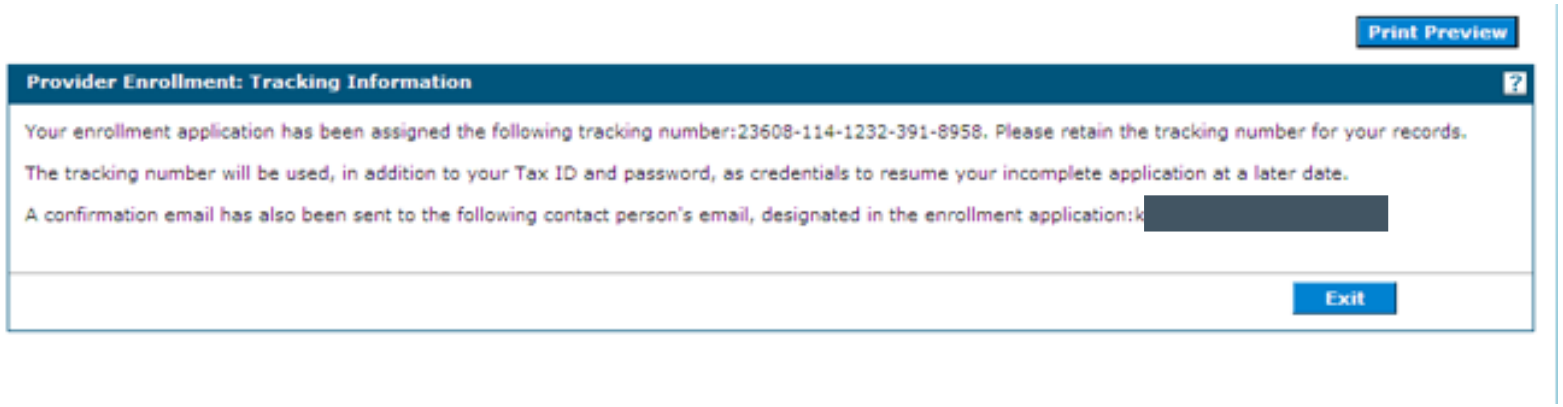
Credentials Page



- If you have entered your tax ID, it will appear on this screen. If not, enter it here.
- Enter a password. The password must contain 8 characters including upper and lower case letters as well as numbers. This will be the password you will use to resume your application.

- Select SUBMIT to submit the credentials.

Tracking Information – Incomplete Application

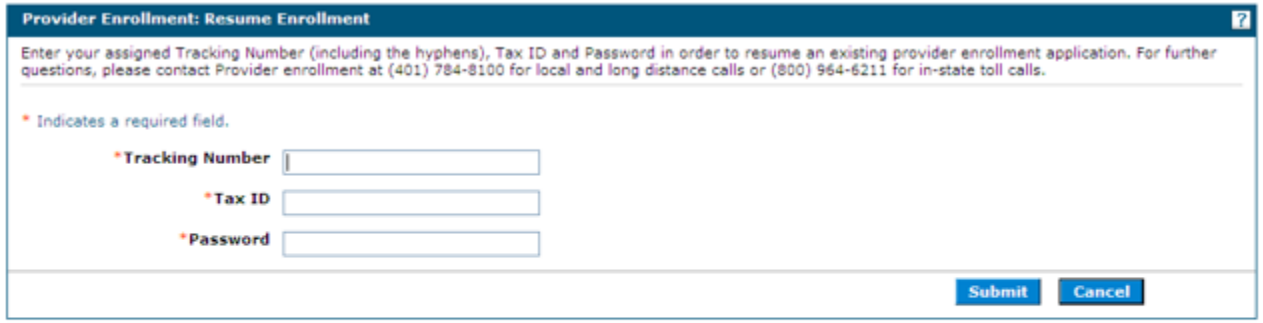


- You will receive a tracking number. Print or write this number in a secure place.
- This tracking number, with your password will allow you to resume your application.

Resume Enrollment

To resume an application:

- Enter the Healthcare Portal by clicking on Provider Enrollment (see slide 4)
- Select Resume Enrollment.



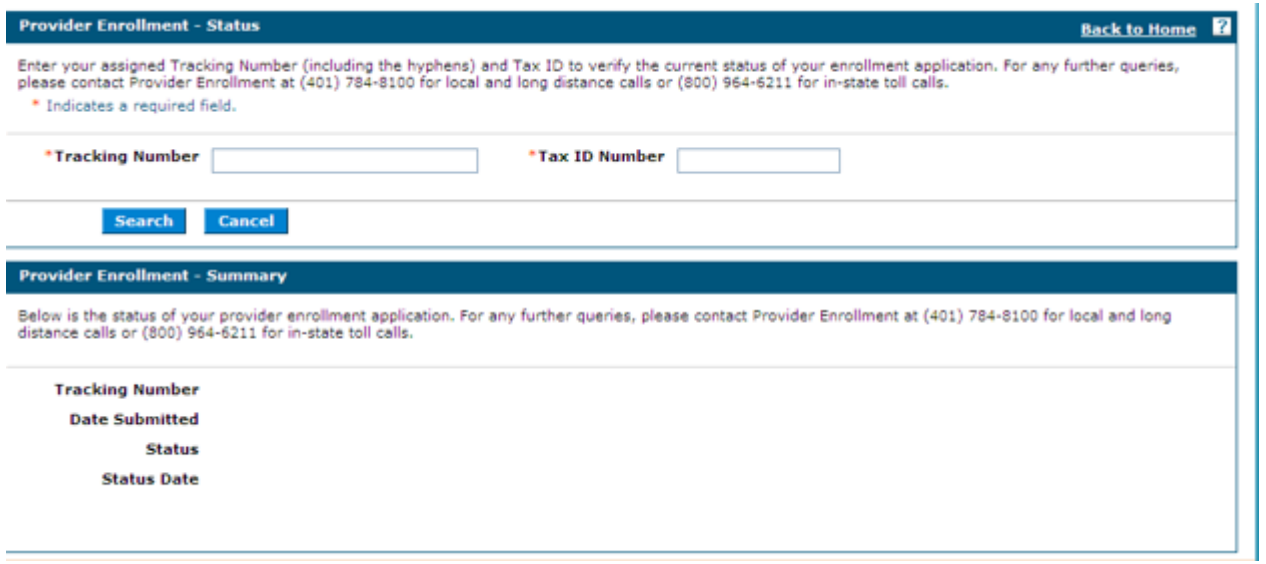
Enter the Tracking Number, Tax ID and Password to resume your application.
Reminder: Disclosure Question Responses are not saved on incomplete applications.

View Enrollment Status

To view enrollment status:

- Enter the Healthcare Portal by clicking on Provider Enrollment (see slide 4)
- Select Enrollment Status.

View Enrollment Status



- Enter your Tracking Number and Tax ID. Select Search.
- Any of the following statuses may appear:
  - **Approved** – The enrollment application has been approved for enrollment.
  - **Denied** – The enrollment application has been denied.
  - **Enrolled** – The enrollment application has been enrolled.
  - **Pending** – The enrollment application is waiting to be processed.
  - **Resubmit** – The enrollment application was incomplete, please resubmit

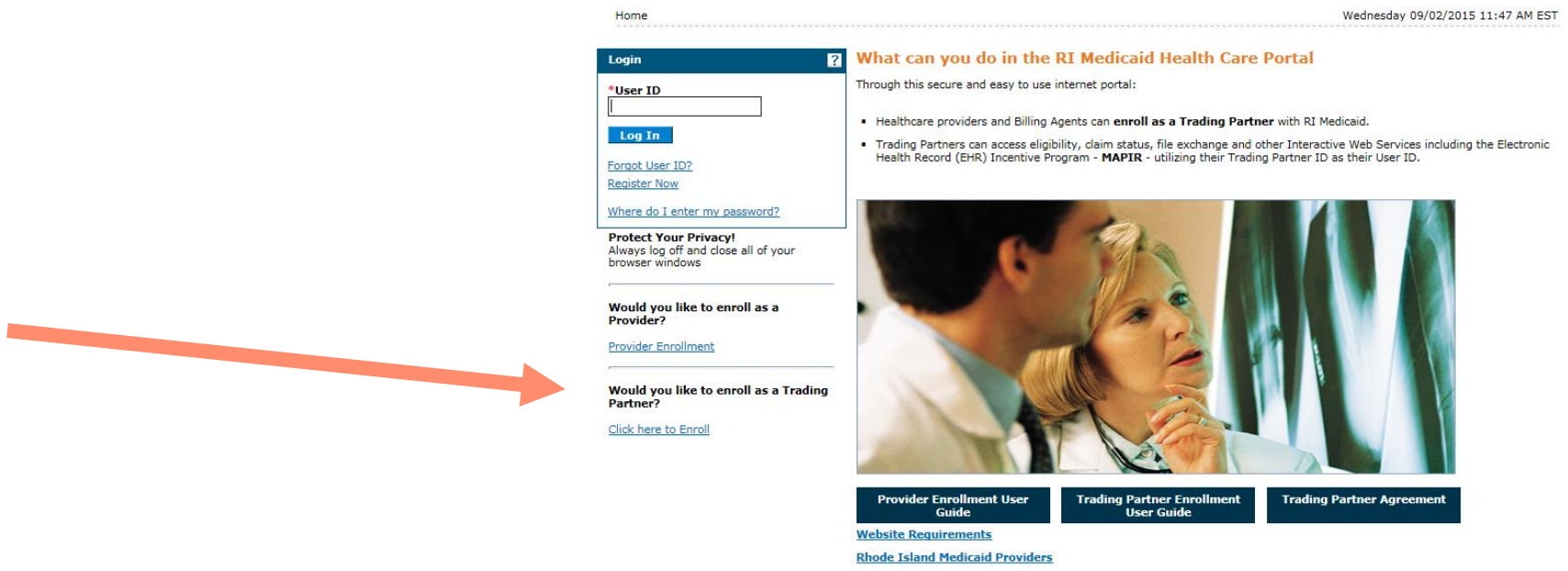
Time Out!

For security purposes, your session will time out after 30 minutes of inactivity. If you anticipate that your application will be idle for more than 30 minutes, save your work, exit, and enter the process again.

Remember: Your disclosure question responses WILL NOT be saved, so you need to allow time to complete these in their entirety and submit, or your responses will be lost.

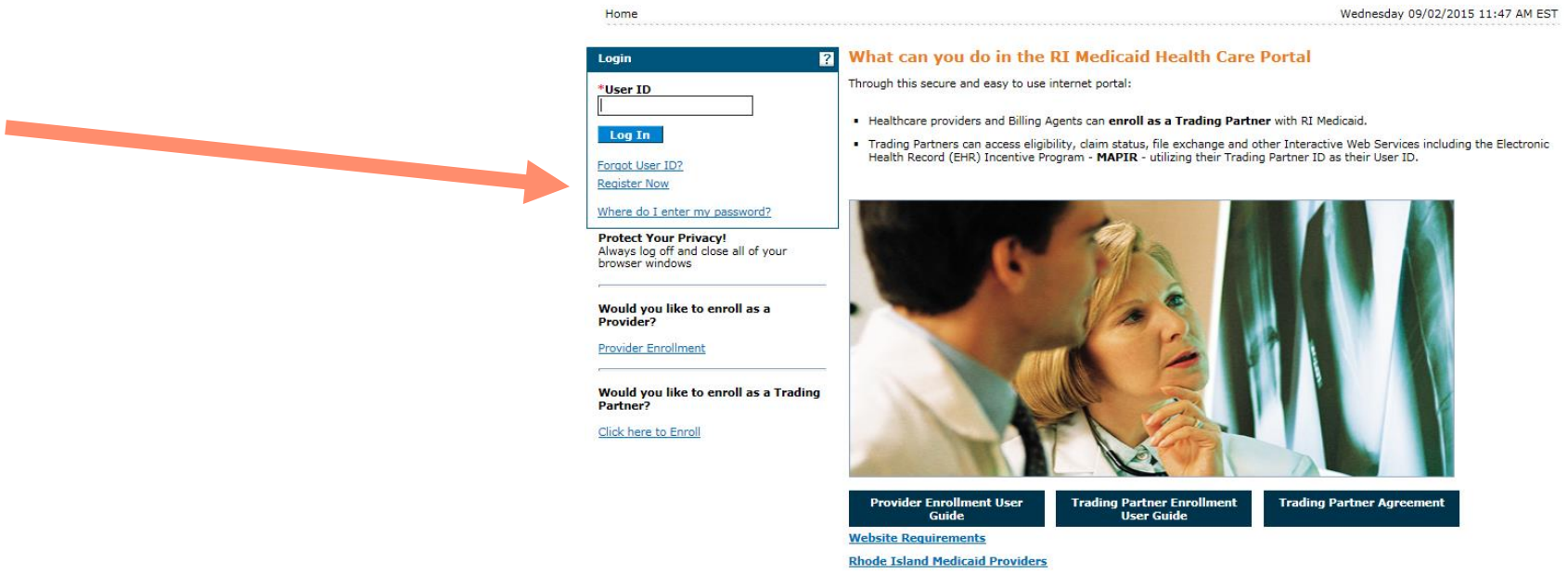
Next Steps

- After you receive confirmation that you are enrolled as a RI Medicaid provider, you must enroll as a Trading Partner in the Healthcare Portal. This allows you to exchange information electronically with RI Medicaid.
- From the Healthcare Portal homepage, select “Enroll as a Trading Partner” and complete the application.
- For additional help, review the instruction guide at : http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/HCP_Enrolling_as_TP.pdf



Next Steps

- Once you receive your Trading Partner number, you must register that Trading Partner number in the Healthcare Portal and set up your security credentials.
- From the Healthcare Portal homepage, select “Register Now” and complete the registration process.
- For additional help, review the instruction guide at : http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/HCP_Registering_to_use.pdf



Questions?

Please contact our Customer Service Help Desk at

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

Thank you