RI Medicaid

Front Office Staff Training



PR0110 V2.0 December 2020

Purpose of This Training

• This training is designed for new staff members or staff members assuming new roles in RI Medicaid provider offices and facilities. It will help staff members understand the basics of conducting business with RI Medicaid.

Topics covered in this training:

- Navigating the EOHHS website
- Billing and Claim Submission
- Provider Manuals
- Forms and Applications
- Using the Healthcare Portal



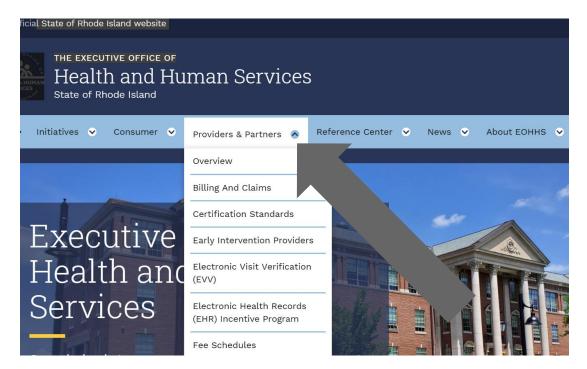


Your Starting Point -

Executive Office of Health and Human Services (EOHHS) Website

> The EOHHS website contains many resources for Medicaid providers. www.eohhs.ri.gov

- Provider resources can be accessed from the Providers and Partners tab.
- > Hover your cursor on the Providers and Partners tab to see a list of available resources.





Provider Update

The *Provider Update* is a monthly bulletin with the latest information from RI Medicaid. Billing or coverage guideline changes are communicated to providers through this publication.

Providers are able to view the *Provider Update* online, or subscribe to receive it by email.

To subscribe to the monthly *Provider Update*, send a request to: celine,johnson@gainwelltechnologies.com

Provider Updates	
To receive the <i>Provider Update</i> by email, send a request to [™] celine.johnson@gainwelltechnologies.com Please include your National Provider Identifier (NPI) and the primary type of services you provide. In addition to the <i>Provider Update</i> , you will also receive updates related to the services you provide.	
🛨 2022 Provider Updates	
= 2021 Provider Updates	
• December 2021	
November 2021	
October 2021	
September 2021	
• August 2021	
July 0004	



Provider Training and Education

Providers & Partners 🗸

Reference

Healthcare Portal

Electronic Visit Verification (EVV)

ICD-10 Implementation

Provider Training and Education

General Information

From the Providers & Partners tab, you can access the Provider Training and Education page.

This page gives access to training materials for providers. These training presentations may be helpful to you in your new role. Training presentations are updated frequently.

Provider E-Learning Center

Welcome to the Provider E-Learning Center. This section will be updated with new training modules as they become available.

Self-Paced E-Learning This presentation helps familiarize providers with key RI Medicaid information and processes.

Welcome New Provider 🐔

Billing 101

RI Medicaid provides resources for providers seeking information on billing Medicaid claims.

Part 1 -The Basics To view presentation slides, click here: Billing 101 Part 1

Part 2 - Understanding Remittance Advice To view presentation slides, click here: Billing 101 Part 2

Part 3 - Adjustments, Recoupments and Refunds To view presentation slides, click here: Billing 101 Part 3

Provider Specific Training

Nursing Home - Helpful Hints for Billing 🕄

Hospice Providers - Payment Methodology Changes 🚺

Adult Day Care Services 🚺 🛛 Adult Day Care - Q&A 🕄

Billing Tips for Dental Providers 🕄

Billing Tips for Federally Qualified Health Centers 🕄

Billing Tips for Home Care Providers Submitting Claims through the Healthcare Portal - For Home Care Providers 🕄



Billing and Claims

The Billing and Claims page provides information on Eligibility, Third Party Insurance, Prior Authorization, and general information about claims submission.

From this page, you are able to access the Payment and Processing Schedule.

This calendar lists cut off dates for claim submission and the date of the EFT payment. Providers & Partners > Billing & Claims

🔒 Print

Billing and Claims

Welcome to the RI Medicaid Program! We are committed to helping you every step of the way. This section explains the basic standards required for billing and claims processing. If you are a new provider check out the Welcome to Medicaid - New Provider e-Learning.

Recipient Eligibility Verification

Recipient Eligibility Verification: What needs to be verified and tools that can be used to verify a recipient's eligibility.

Third Party Insurance

Third Party Insurance: Third party insurance codes, forms, and requirements for billing RI Medicaid.

Prior Authorization

Prior approval (PA) may be required for some services, products or procedures to verify documentation for medical necessity. Read more about Prior Authorization.

Submitting Claims to Medical Assistance

Claims: Time limits, claims payment, adjustments, and other topics of interest to providers and billers.





Billing and Claims

From the index on the right side of the Billing and Claims page, provider have access to claim submission information.

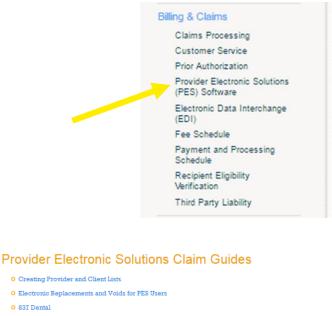
Your office or facility may be using free software provided by RI Medicaid – Provider Electronic Solutions (PES)

If your office uses this software for billing, you may see an icon on your computer desktop:

This is how you access PES.



The PES webpage (on the Billing and Claims tab) has access to claim guides, that can assist you as you learn how to use the software. The image at right show some, but not all, of the claim guides.



o 837 Professional

o 837 Dental

- o 837 Institutional Home Health
- o 837 Institutional Hospice
- o 837 Institutional Nursing Home



Provider Manuals

The **Medicaid Provider Manual** contains a General Guidelines Manual that has information applicable for all providers, as well as a separate manual outlining coverage guidelines for each provider type.

These manuals are helpful resources on both coverage and billing guidelines.

RI Medicaid General Guidelines Manual - for all Providers

o Ambulance

To view provider information specific to your provider program or service type, select the appropriate manual from the alphabetical listing below.

O Clinical Laboratory O Dental O Durable Medical Equipment Early Intervention o Home Health O Hospice REALTH & HUM o Hospital Local Education Agency O Long Term Care ovider Reference Manual O Pharmacy eral Guia Version 1.2 January, 2016 O Physician o Podiatry o Rehabilitative Service o Vision Waiver Services

Forms and Applications

The Forms and Applications page gives providers access to all of the forms needed to conduct business with RI Medicaid.

Each gray pane, shown at right, expands by clicking the + sign.

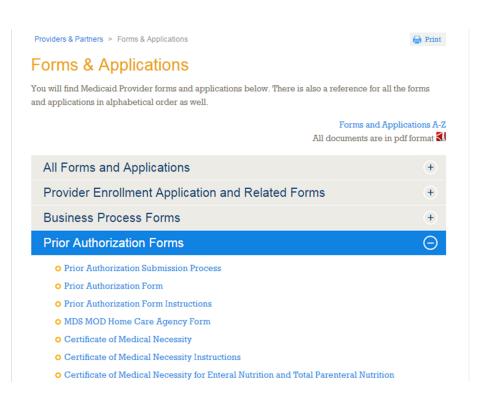
The first list is a master list of all forms in alphabetical order.

The lists below filter forms for one topic.

Providers & Partners > Forms & Applications	🖶 Print
Forms & Applications	
You will find Medicaid Provider forms and applications below. There is also a r and applications in alphabetical order as well.	eference for all the forms
All de	Forms and Applications A- ocuments are in pdf format
All Forms and Applications	÷
Provider Enrollment Application and Related Forms	÷
Business Process Forms	÷
Prior Authorization Forms	÷
Claims Forms and Instructions	÷



Forms and Applications



This slide shows what an expanded tab looks like.

By clicking the + sign, providers have access to Prior Authorization forms, Certificates of Medical Necessity, and instructions for completion.



Healthcare Portal

The Healthcare Portal is a secure, interactive website that gives providers access to RI Medicaid information, such as:

- Beneficiary eligibility
- Claim status
- View and download remittance advice
- Prior authorization status

From the Providers and Partners tab, you can access resources related to the Healthcare Portal such as User Guides and Quick Reference Guides.

You can also click the link to go to the Healthcare Portal, or enter the address:

https://riproviderportal.org

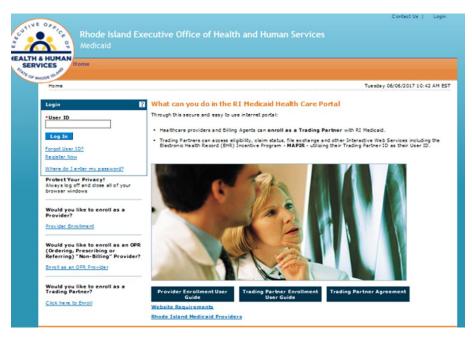
Providers & Partners > Healthcare Portal A Print Healthcare Portal Providers must use the Healthcare Portal for access to information, including eligibility verification remittance advice, prior authorization, claim status. Providers must enroll as a Trading Partner and then register to use the Healthcare Portal. For more information, read the monthly Provider Undate To go directly to the Healthcare Portal, click here, New Trading Partners Enrollment as a new Trading Partner is completed electronically through the Healthcare Portal. No paper documents needed. For enrollment instructions, see the user guide on the bottom of this page New Providers must enroll to become a Trading Partner on the Healthcare Portal **Existing Trading Partners** Existing Trading Partners are required to register in the Healthcare Portal. All providers, clearinghouses, and billing entities must register to have access to information needed to conduct business Existing Trading Partners/Users must register now on the new Healthcare Portal Self-Paced User Guides The following User Guides will walk you through the process of enrolling as a new Trading Partner, registering to use the Healthcare Portal, and using the Healthcare Portal to conduct business Enrolling as a New Trading Partner Registering to Use the New Healthcare Portal Using the Healthcare Portal These guides answer frequently asked questions and offer tips to providers on using the Healthcare Portal. Quick Reference Guide - Password Help Ouick Reference Guide - Registration Tips Quick Reference Guide - Access to Web Services Onick Reference Guide - 838/27711 Transactions



Healthcare Portal

This image shows the homepage of the Healthcare Portal.

Users must enter a User ID and password to enter the secure site.





Access to the Healthcare Portal – Overview

There are two levels of access to the Healthcare Portal: as the Trading Partner or as a Delegate

Trading Partner (Master User)

Providers must enroll as a Trading Partner to conduct business with Medicaid.

- The Trading Partner (or master user) uses the Trading Partner ID number as the User ID to access the Portal.
- This user maintains the account, and controls the delegate user's access to information.

Delegate users are enrolled by the master user.

Delegate User

- The master user determines the information that the delegate user will have access to.
- Delegate users select their own user ID and do not use the Trading Partner number.



Access to the Healthcare Portal – Step 1

First you will need to determine who the Master User is, in your office/facility, and what your role will be.

You are the new Master User

- If you are replacing the previous Master User you must establish yourself in that role.
- You must send an email from a company based email address. State that you are the new master user and need to reset the account.
- Send the email to:

riediservices@gainwelltechnologies.com

You are a new Delegate User

- Delegate users are enrolled by the master user.
- The master user at your facility will initiate your registration as a new delegate user.
- You must complete your registration in the Healthcare Portal.



Access to the Healthcare Portal – Step 2

You are the new Master User

- After you are granted access to the Portal, you must reset your profile.
- Log into the Portal and select "My Profile" on the left.
- Change the name, email address, password, site key, and security questions.
- If you are the billing contact, also change your name on the "Trading Partner Profile"

You are a new Delegate User

Complete your registration by following these instructions:

http://www.eohhs.ri.gov/Portals/0/Uploads/Do cuments/HCP_Registering_to_use.pdf

 The master user at your facility will grant access to the information you need for your job functions.



Delegate Registration

To register, delegate users will need the following information to complete registration: Name as registered Delegate pin Delegate code

Only the master user can give you this information.

Home > <u>Registration Selector</u> > Reg	istration		Thursday 09/04/2014 12:55 PM ES
Registration Step 1 of 2 - Person	nal Informatio	n	
* Indicates a required field.			
Please provide the following informa	tion to get start	ed. Delegate PIN	d Delegate Code will be provided by your site's EDI Administrator.
*First Name	Clark		
*Last Name	Kent		Delegates enter
*Add Date 9	09/04/2014		
*Delegate PIN	1234		name, date they were added, and
*Delegate Code	10127		the PIN and Delegate Code.
Continue Cancel			



Security Information

Both Master Users and Delegate Users will set up security information:

- User ID
 - Trading Partner number for Master User
 - Select a name for Delegate User
- Password see criteria on screen, shown with arrow
- Display name
 - Trading Partner Name (company name) for Master User
 - Your full name for Delegate user
- Be sure to type email address carefully!
- Select a site key
- Enter a passphrase different from password

 Indicates a required field. 							
is recommended that your Trading Par							
ngth, contain a minimum of 1 numeric	digit, 1 uppercas	e letter, 1 lowerd	ase letter and co	nnot contain any	special charact	ters (for example	= \$, @, _,).
•User ID			Check A	vailability			
*Password			-				
*Confirm Password			7				
ease provide your contact information							
ease provide your contact information re Provider Name, Billing Agency Name	, or Delegate Na	me for Display N	ame.				
*Display Name							
Phone Number 9							
*Email O							· · · · · · · · · · · · · · · · · · ·
*Confirm Email 0							
ease choose a personalized Site Key a	d enter a passpi	hrase that will be	used to verify yo	our identity upon	logging into the	e Provider portal	L
• Site Key:							
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	Apple	C Balloon	C Balloons	C Baseball	C Billiards		
*Passphrase			-			1000	



Security – Part 2

- Select and answer two security questions
- Click submit to select your changes

*Answer to #1	
*Challenge Question #2 Select + Challenge Question	
"Answer to #2	



Change Password

 Users can change their password at any time by clicking the Change Password box on the bottom of the My Profile page which will open the box on the right. You must know your existing password to change to a new one.

	Edit	
Password		•
	Change Password	

Change Password Assistance	Change Password
. The Password cannot be the same as your User ID. . The Password must be between 8-20 characters. . The Password can only contain letters and numbers.	Indicates a required field. Enter your Current Password, New Password Confirmation and click the Submit button. Current Password New Password *Confirm New Password *Confirm New Password
I. The Password must contain 1 capital letter, 1 lowercase letter and 1 numenc digit.	Submit Cancel

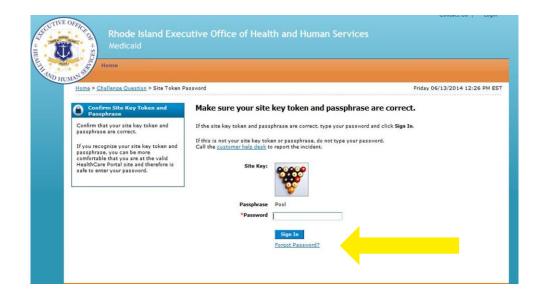


Forgot Password

If you forget your password, click the forgot password link, when you try to login.

This will email a temporary password to you.

Login with the temporary and then change to a new permanent password.





Verify Eligibility

The Healthcare Portal is used to verify eligibility before providing services to a beneficiary.

Click on the eligibility tab to begin.

If you are a Trading Partner, and the eligibility tab is missing, follow the instructions here: <u>http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/</u> <u>Access_to_Web_Services.pdf</u>

If you are a delegate user, the master user must grant you access.





Eligibility Tab

To verify eligibility, you must select the NPI, Provider Type, and Taxonomy.

Next select the correct billing provider.

Enter the recipient's Medicaid ID number.

Finally enter the effective from and to dates of service. You are able to search back one year but with a maximum 3 month interval.

To finish, select submit.

My Home Eligil					Wed	Inesday 12/03/2014 12:27 F
gibility					wed	inesday 12/03/2014 12:27 F
igibility Verification Requ	est					
Indicates a required field.						
ase select or enter valid Provide	r information. Either	a Billing Provider o	or Rendering Provide	r can be specified. Status indi	cated for the Billing Provider is base	ed upon the current state.
NPI			Provider Type		✓ Taxonomy	~
Billing Provider					\sim	
Rendering Provider					~	
Recipient ID			First Name		itial (if known), Birth Date, Effectiv	
			First Name		MI Birth Date	θ 🕱
Last Name						
Payer	~					
Payer			and the second			
Payer						
Payer e range may be 12 months prio *Effective From Date 0			nt date, with a maxi tive To Date 0	mum 3-month date span.		
Payer e range may be 12 months prio *Effective From Date 0						
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Payer e range may be 12 months prio *Effective From Date 0 rvice Type Code			tive To Date 9			
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Payer te range may be 12 months prio *Effective From Date 0 ervice Type Code Service Type Code #1 0 Service Type Code #3 0			tive To Date 0	ce Type Code #2 θ		au



Eligibility Response

An eligibility response will be returned.

Demographic information is followed by Benefit plan information.

The dark gray sections can be expanded by clicking the plus sign. This is display more details on the beneficiaries benefits.

ty Home Eligibility Claims	File Exchange					
igibility > Eligibility Verification Respon	50			F	Friday 06/07/2013 04:18	AM EST
Eligibility Verification Respons	e			Back to	Eligibility Verification F	Request ?
Verification Number 20130990123	15				Expand All	Collapse A
Recipient Information						-
Recipient ID	0132546789	F	ecipient Name	John Doe		
Birth Date	08/21/1986		Gender	Male		
Date of Death						
Benefit Plan Details	in an					-
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 - Covere	d					+
Service Type Code Details - Not Co	vered					+
Managed Care Details						+
Managed Care Service Type Code D	etails - Covered					+
Lock-in Details						+
Medicare Details						+
TPL Details						+
Premium Payment Details						+
Long Term Care Details						+



Claims Search

You can search for a specific claim by selecting the claims tab.

After entering the provider information, you can enter either the claim number (ICN) or the recipient's Medicaid ID number and service dates.

Select search to find the claim status.

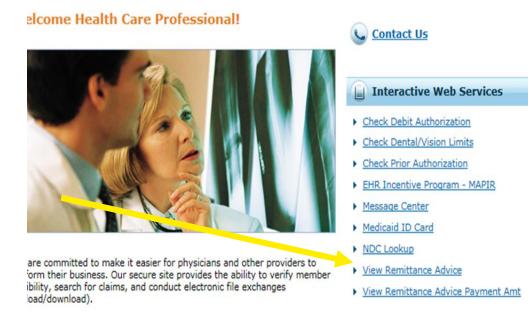
UTITE	OFFICE OF Rho	ode Island Executive Office of Health and
1.	Med 🕺	licaid
ND HU	My Hon	ne Eligibiliti Claims Files Exchange
ND HU	MAD	My Home Eligibility Claims Files Exchange
	My Home	MMAT My Home Eligibility Claims Files Exchange
		Claims Monday 09/26/2015 12:23 f
		Search Claims
	🔔 User Details	All Claims Covered Provider Information
	S User Details	Please select or enter valid Provider information. Status indicated for the Billing Provider is based upon the current state.
	Welcome co	NPI Provider Type Taxonomy Billing Provider V
		The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.
		Provider ID
		Claim Information
		ICN will override other search parameters ICN
		Recipient and Service Information
		Recipient ID and Service From and To dates are required fields for the search when ICN information is not entered.
		Recipient ID Service From 0 To 0
		Service From 0 To 0
		Search Reset
		HEALTH & HUMAN SERVICES
		The OF RHODE ISLAND

Remittance Advice

If you have been assigned access to view remittance advice documents, access will appear on your home page.

ase enter a valid NPI, Provider Typ		tered below. Provider ID will only be used for atypical providers who do n	- ,- ,- ,- ,- , [
NPI: Go	Provider Type:	Taxonomy: V	1
Search Clear			
ease select a provider number.			
Provider ID:			

Select the provider information (NPI, Type, and Taxonomy) and click search. Select the provider from the list and click search again.





View and Download Remittance Advice

The available Remittance Advice documents will be listed. Only four documents can be accessed. Once a new one is available, the oldest is dropped.

It is critical that providers save or print a copy of the remittance advice in a timely manner.

Old remittance advice documents are not available.

REMITTANCE ADVICE FILES AVAILABLE VIA THE WEB		
	Remittance Date	
	20160819	
	20160902	
	20160916	
	20160930	



Suggested Trainings:

Visit the Provider Training and Education Page on the EOHHS website: http://www.eohhs.ri.gov/ProvidersPartners/ProviderTrainingandEducation.aspx

Helpful Trainings for all Providers: Billing 101





QUESTIONS?



Thank You

