RI Medicaid

Provider Enrollment and Billing for Doula Services

June 2022

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
- Billing for Doula Services

Getting Started

- Before completing the Medicaid Enrollment Application, Doulas will need to obtain a National Provider Identifier (NPI) from the Centers for Medicare and Medicaid (CMS)

    - NPI's can be obtained from the NPPES site.

    - You will be required to pick a taxonomy (specialty). Please chose:

        - The Doula Taxonomy is 374J00000X – Doula: Nursing Service-Related Providers

- 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

Wednesday 09/02/2015 11:47 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**

Website Requirements

Rhode Island Medicaid Providers

Click here for Provider Enrollment

More information found in User Guide

4

4

Access the Application

Select Enrollment Application

Home > Provider Enrollment

Wednesday 09/02/2015 11:46

Provider Enrollment

Enrollment Application
Initiate a new provider enrollment application.

Resume Enrollment
Resume an existing enrollment application that has not been submitted.

Enrollment Status
Check the current status of an enrollment application.

Customer Links

National Plan & Provider Numeration System
Apply or Verify your National Provider Identifier (NPI).

Trading Partner Enrollment
Enroll as a Trading Partner in the Healthcare Portal.

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

- **Type of Provider Enrollment –** Select either
  - RI Medicaid Provider – Billing Claims Directly to RI Medicaid or
  - MCO & RI Medicaid Provider – Billing Claims Directly to RI Medicaid and through an MCO

- **Provider Enrollment Type** – Select the type of enrollment as **Individual or Group**

- **Provider Type** – Select provider type Doula Services (provider type 119) from the list.

- **Requesting Enrollment Effective Date** – Enter 7/1/2021

- **Contact information -** should be completed with the primary contact information for the provider.

- Select Continue or Finish Later.

Enrollment Specialties

- **Specialty** – Select specialty Other

- **Effective Date** – Enter 7/1/2021

- **End Date** – leave blank

- **Taxonomy Code** – Enter the taxonomy from your
  NPI letter. The Doula Taxonomy is 374J00000X –
  Doula: Nursing Service-Related Providers

- **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

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

Bank and Bank Account Information

*ABA Routing Number

*Account Number

*Account Type   Checking

*EFT Start Date   11/04/2011   EFT End Date

Continue   Finish Later   Cancel

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.

*Account Type   Checking

*EFT Start Date   04/13/2015

September, 2015

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

© 2015 Hewlett   served. | P

Today: September 2, 2015

15

Other Information – Group or Facility

Additional information is provided for each enrollment, for group/facility and individual providers.

Certification Information

*Certification [▼]

*Effective Date ⊖ [   ] 🔲   End Date ⊖ [   ] 🔲

Facility Providers

Number of Licensed Beds [   ]

Number of Swing Beds [   ]

[Continue]   [Finish Later]   [Cancel]

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.
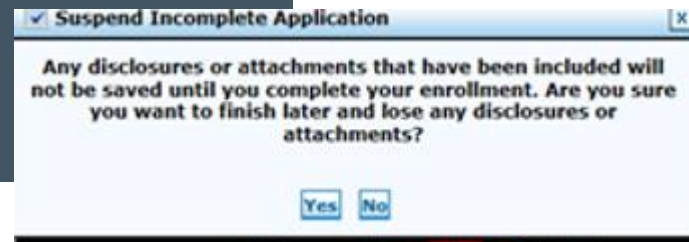
Suspend Incomplete Application

Any disclosures or attachments that have been included will not be saved until you complete your enrollment. Are you sure you want to finish later and lose any disclosures or attachments?

Yes   No

Rhode Island Medicaid Disclosure Questions

ALL PROVIDERS
1. Programs – Please check all other programs that you want to participate in, in addition to Medicaid:
☐ Behavioral Health, Developmental Disabilities, and Hospitals CNOM
☐ Community Medication Assistance Program (CMAP)
☐ Dept. of Corrections

Hewlett Packard
Enterprise

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.

Rhode Island Medicaid Disclosure Questions

ALL PROVIDERS
1. Programs – Please check all other programs that you want to participate in, in addition to Medicaid:
☐ Behavioral Health, Developmental Disabilities, and Hospitals CNOM
☐ Community Medication Assistance Program (CMAP)
☐ Dept. of Corrections

Hewlett Packard
Enterprise

Disclosure Question 12

4. ***Is there an Owner/Administrator, Agent of the Provider, Managing Employee or Officer for the Corporation?**
   ● Yes ○ No

   *a. Name:

   *b. Title:

   *c. Legal entity or home address:

   *d. Social Security Number or Employer Identification Number

   *e. Date of Birth ❶

Important:
Question 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 #11

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.

Instructions

The terms of enrollment are stated below. You must accept these terms in order to submit the enrollment application. Failure to accept these terms means that no enrollment application is retained or submitted.

Access the summary of enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Once changes are made, the enrollment application can be reviewed again.

The enrollment application terms must be accepted in order to submit the application for approval.

Once the application is submitted and confirmed, a tracking number will be assigned and a cover sheet can be printed for submission with all hard copy materials to the enrollment office.

Supporting Documentation

The following actions need to be taken to complete the enrollment process. If you need to submit attachments, please follow the instructions in the Attachments panel below.

Submit as Attachment:	W-9
Submit as Attachment:	Additional Federally Required Disclosures excel pdf Please complete if you checked Yes to question 10 on the Disclosures page.
Submit as Attachment:	License for out of state providers only
Submit as Attachment:	Approval Letter from DCYF if you are applying as a Licensed Mental Health Counselor

Attachments

To add an attachment, browse and select the attachment, then select Add.

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click the Remove link to remove the entire row.

Attachment	Action
⊟ Click to collapse.	
*Upload File [ ] Browse...	
Add	

Signing your Application

Please note that the Acceptance checkbox in the Terms of Agreement section at the bottom of the page will remain disabled until the Provider Agreement and Addendum have been read.

Read and Print: Provider Agreement
Read and Print: Provider Addendum I Glossary
Read and Print: Exclusion Letter

You will be submitting the Provider Enrollment application electronically. By submitting this application, you acknowledge that you have read and agree to the policies of the Provider Agreement and Provider Addendum I Glossary for all Programs to which you are applying. Therefore, your signature indicates that you have legal authority to submit this application and understand that your electronic signature is binding to the same extent as your written signature.

*I accept ☐ I understand that my electronic signature is equivalent to written signature. The electronic signature should be my legal name (first and last name).

*Your Signature [   ]
Title [   ]

Agreement Date 09/02/2015

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.

Please note that the Acceptance checkbox in the Terms of Agreement section at the bottom of the page will remain disabled until the Provider Agreement and Addendum have been read.

Read and Print: Provider Agreement ✔
Read and Print: Provider Addendum I Glossary ✔
Read and Print: Exclusion Letter ✔

You will be submitting the Provider Enrollment application electronically. By submitting this application, you acknowledge that you have read and agree to the policies of the Provider Agreement and Provider Addendum I Glossary for all Programs to which you are applying. Therefore, your signature indicates that you have legal authority to submit this application and understand that your electronic signature is binding to the same extent as your written signature.

*I accept ☑ I understand that my electronic signature is equivalent to written signature. The electronic signature should be my legal name (first and last name).

*Your Signature [   ]
Title [   ]

Agreement Date 09/02/2015

22

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

You will be submitting the Provider Enrollment application electronically. By submitting this application, you acknowledge that you have read and agree to the policies of the Provider Agreement and Provider Addendum I Glossary for all Programs to which you are applying. Therefore, your signature indicates that you have legal authority to submit this application and understand that your electronic signature is binding to the same extent as your written signature.

*I accept ☐ I understand that my electronic signature is equivalent to written sign... electronic signature should be my legal name (first and last ...ame)

*Your Signature [   ]

Title [   ]

Agreement Date 12/01/2011

Submit   **Finish Later**   **Cancel**

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

Welcome
Request Information
Specialties
Provider Identification
Addresses
Languages
Banking Information
Other Information
Disclosures
Agreement
Summary

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.

Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.
Once you have reviewed the contents of this application, select 'Confirm' to submit the enrollment for processing.
Please print a copy of this summary for your records.

| Print Preview | | Confirm | Finish Later | Cancel |

Tracking Information Page and Cover Sheet

Print Preview

Provider Enrollment: Tracking Information

Your enrollment application has been submitted.

Your enrollment application has been assigned the following tracking number:

Please retain the tracking number for your records. The tracking number will be used as the key for tracking the status of the application.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:

If you are unable to scan and submit the documentation through the Enrollment Portal, you are required to print, sign and submit the cover sheet via mail or FAX, along with all appropriate supporting documentation.

The Print Preview and cover sheet display in a pop-up window. If your browser is set to block pop-up windows, you will need to allow pop-ups for this site.

To save or print the cover sheet for your records click here.

Exit

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
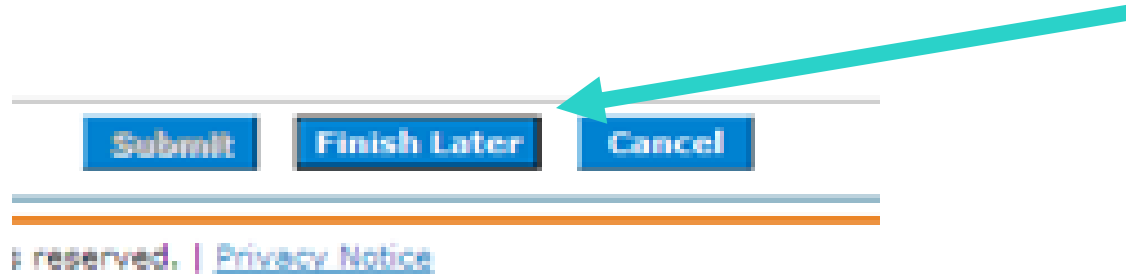
- Once you have started the provider enrollment application process, you can save the enrollment application and finish it later. You must finish the enrollment process within thirty days or your data will be lost. Note: the responses to the disclosure questions will need to be re-entered when you resume 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

Provider Enrollment: Credentials

Your enrollment application will be **suspended for 30 days**, pending completion. Upon expiration, you will need to reinitiate a new enrollment application.

Please provide the following information, which will be required to resume your application at a later date. Your password must be between 8 to 20 characters and must include upper and lower case letters as well as numbers. Please retain your created password as it cannot be reset by Rhode Island Medical Assistance. Your Tax ID is provided, if already contained within your provider enrollment application.
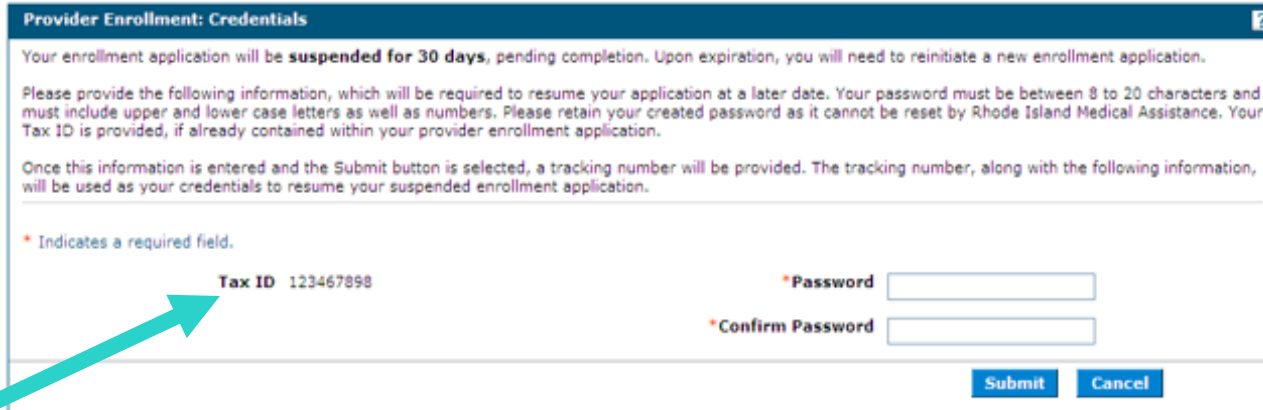
Once this information is entered and the Submit button is selected, a tracking number will be provided. The tracking number, along with the following information, will be used as your credentials to resume your suspended enrollment application.

* Indicates a required field.
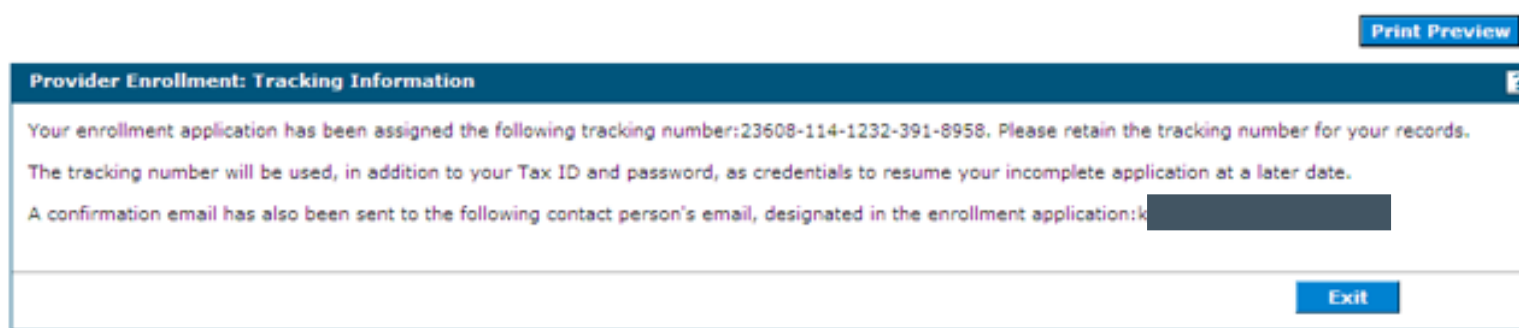
Tax ID   123467898   ***Password** [_____]

                                       *Confirm Password [_____]

                     Submit   **Cancel**

- 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.

30

Tracking Information – Incomplete Application

Print Preview

Provider Enrollment: Tracking Information

Your enrollment application has been assigned the following tracking number:23608-114-1232-391-8958. Please retain the tracking number for your records.
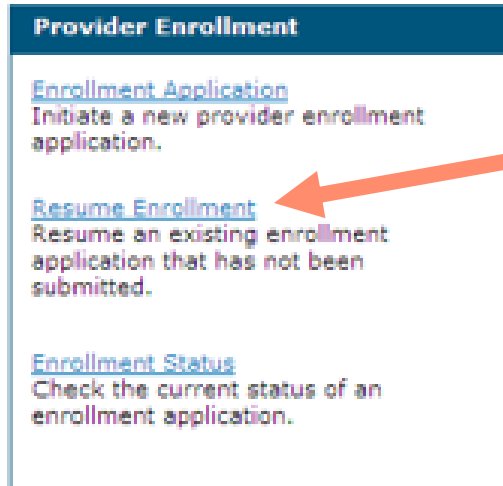
The tracking number will be used, in addition to your Tax ID and password, as credentials to resume your incomplete application at a later date.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:k█████████████

Exit

- 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.

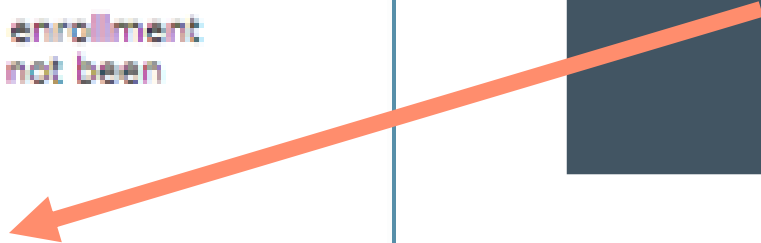# Resume Enrollment
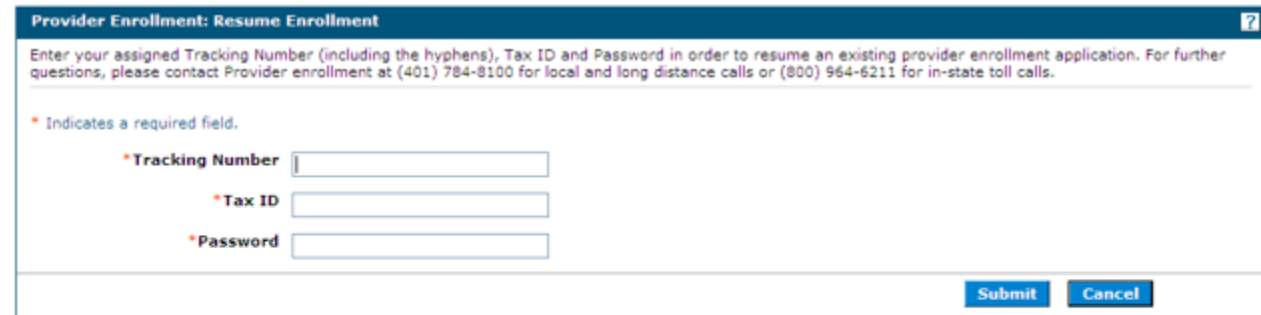
Provider Enrollment

Enrollment Application
Initiate a new provider enrollment application.

Resume Enrollment
Resume an existing enrollment application that has not been submitted.

Enrollment Status
Check the current status of an enrollment application.

To resume an application:
- Enter the Healthcare Portal by clicking on Provider Enrollment (see slide 4)
- Select Resume Enrollment.

Provider Enrollment: Resume Enrollment

Enter your assigned Tracking Number (including the hyphens), Tax ID and Password in order to resume an existing provider enrollment application. For further questions, please contact Provider enrollment at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls.

* Indicates a required field.

* **Tracking Number**
* **Tax ID**
* **Password**

Submit   Cancel

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

Provider Enrollment

Enrollment Application
Initiate a new provider enrollment application.

Resume Enrollment
Resume an existing enrollment application that has not been submitted.

Enrollment Status
Check the current status of an enrollment application.

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 for enrolling.

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 for registering.

Healthcare Portal (HCP)

- The Trading Partner ID you receive once you complete the steps on the previous two pages allows the user access to the Healthcare Portal. HCP is an interactive website used to:
    - Check recipient Medicaid eligibility
    - Check if the recipient is enrolled in a managed care plan
    - Check claim status
    - View, download and save the remittance advice.
    - Here is a link to a user guide for the HCP.

Billing

Eligibility Information

- Doula services are considered In Plan for recipients enrolled in:
  - Rhody Health Partners
  - Medicaid Expansion
  - Rite Care
  - ICI Demonstration
  - Rite Share
  - Medicare

Providers will need to be enrolled in the Managed Care Health Plans and bill the appropriate plan if a recipient is covered by one of the programs above.

Providers will use the Healthcare Portal to check recipient eligibility. See example on next page of an eligibility response.

Billing

Sample of an Eligibility Response

1. Benefit Plan Details box, you can see that the recipient is Medicaid eligible: Categorically Needy Services.

2. Medicare Details displays if the recipient is enrolled in Medicare A, B and/or D.

3. TPL Details displays if the recipient has commercial coverage or a managed care plan.

Rhode Island Executive Office of Health and Human Services
Medicaid

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

Eligibility > Verify Eligibility Response   Thursday 02/24/2022 11:19 AM EST

Eligibility Verification Response   **Back to Eligibility Verification Request**

Expand All | Collapse All

Verification Response ID 202205508448

Recipient Information

Recipient ID ▮▮▮▮   Recipient Name ▮▮▮▮
Birth Date   Gender Male
Date Of Death _

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	01/01/2022	02/24/2022	$0.00	Limitations apply to Vision and Dental services
DEA Assisted Living	01/01/2022	02/24/2022	$0.00	Refer to DEA policy for covered services
Coordinated Care	01/01/2022	02/24/2022	$0.00	Eligible for Coordinated Care Services

Service Type Code Details – Covered

Medicare Details

Carrier Name	Policy Number	Coverage	Effective From Date	Effective To Date
MEDICARE CLAIMS DEPT.	267396257M	Medicare B	02/01/2022	02/24/2022
PDP UNKNOWN	267396257M	MEDICARE PART D - GENERAL	02/01/2022	02/24/2022

TPL Details

Carrier Name	Policy Number	Coverage	Effective From Date	Effective To Date
NEIGHBORHOOD HEALTH PLAN OF RI - RHODY HEALTH		Rhody Health Partners	01/01/2022	02/24/2022

Premium Payment Details

Demographic Details

Electronic Vs Paper Claims

Claim Information

- Claim will be billed on the CMS 1500 paper claim form or electronically using the standard 837P (professional transaction)
    - Gainwell Technologies providers [free billing software](#) for Medicaid providers and training on how to use the billing software if needed.

Electronic	Paper
• Faster turnaround time • No original signature required • Quicker corrections • Free Provider Electronic Solutions (PES) Software for Billing • Cost savings	• Slower Turnaround Time due to Manual Data Entry • Requires an original signature • Cost of postage and forms • Claims with Manufacturer's Invoices, Consent Forms and Medical Records Require Paper Billing

Billing

Ensure original signature is present, Box 31

All required fields are complete

Claim form instructions can be found on the EOHHS website.

Billing

Billing Details

- Procedure Codes
  - S9445 – Patient education, not otherwise classified, non-physician provider (prenatal services, per 60 minutes). The rate per session is $100 and a maximum of 3 is allowed per pregnancy.
  - 59510 – Routine obstetric care including antepartum care, cesarean delivery, and postpartum care (labor & delivery doula services). The rate is $900 and a maximum of 1 is allowed per pregnancy.
  - 59400 – Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care.
  - S9446 – Patient education, not otherwise classified, non-physician provider (post natal services, per 60 minutes). The rate is $100 and a maximum of 3 is allowed per pregnancy.

Claim Edit Information

- Claims will suspend if more than 7 services are billed and paid.
  - The suspense edit is 103 – number of paid claims per recipient
- Claims that suspend with Edit 103 will deny with Explanation of Benefits (EOB) code:
  - 547 – Provider has exceeded the number of claims authorized.

Timely Filing

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of twelve (12) months from the date the service was provided to Medicaid recipients.

Medicaid must receive a claim for services for Medicaid clients with no other health insurance and no previous denial from Medicaid within 12 months of the date of service in order to process claims for adjudication.

Resources

- EOHHS website/Provider and Partners

- Link to Provider Enrollment User Guide

- Link to complete an Enrollment

- Information about the Health Care Portal

- Link to enroll as a Trading Partner

- Link to additional Medicaid Trainings

    - Recommended trainings: Welcome New Provider and Billing 101

- Link to Provider Electronic Solutions Software (PES) for billing

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.

Provider Representative

- Karen Murphy at (401) 784-8004 or

- karen.murphy3@gainwelltechnologies.com

Thank you