

# **RI Medicaid Healthcare Portal**

*Enrolling as a Trading Partner*

PR0052 V1.5 November 3, 2022

# What is the Healthcare Portal?

- The Healthcare Portal allows enrolled Trading Partners to exchange information electronically with RI Medicaid.
- Providers who wish to become a Trading Partner must first enroll as a RI Medicaid Provider, through the Healthcare Portal.
- To enroll as a Medicaid provider, select the Provider Enrollment link on the homepage of the Healthcare Portal:  
<http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>
- If you are already enrolled as a Medicaid provider in RI, continue following the instructions in this guide.

# Instructions in this Guide

- This guide is for those who are ready to enroll as a Trading Partner.
- Enrollees need to complete the Trading Partner enrollment process to obtain a Trading Partner ID
- Trading Partners then use their Trading Partner ID to **register** to use the Portal.

Both Trading Partner Enrollment and Registration in the Healthcare Portal are required to exchange information electronically with RI Medicaid.

# How to use this guide:

- Each page will walk you through the steps to enroll as a Trading Partner with RI Medicaid
- The top of the page will show what you will see on the screen, and highlight important parts
- The bottom of the page gives more detailed instructions
- Print a copy of this guide to have on hand as you enroll

# **Enrollees access the login page for the Healthcare Portal from the EOHHS website**

<http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>

EXECUTIVE OFFICE OF  
HEALTH & HUMAN SERVICES  
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services  
Medicaid

Contact Us | Login

Home

Home Tuesday 06/06/2017 10:42 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 an OPR (Ordering, Prescribing or Referring) "Non-Billing" Provider?  
[Enroll as an OPR Provider](#)

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](#)

First:  
Enroll as a  
Trading  
Partner  
Here

# Enrollment Application



The screenshot shows the website header for the Rhode Island Executive Office of Health and Human Services Medicaid. The header includes the state seal and the text "Rhode Island Executive Office of Health and Human Services Medicaid". Below the header is a navigation bar with a "Home" link. The main content area shows a breadcrumb trail: "Home > Trading Partner Enrollment". Below this is a menu titled "Trading Partner Enrollment" with a help icon. The menu contains two links: "Trading Partner Enrollment Application" and "Trading Partner Enrollment Status".

EXECUTIVE OFFICE OF  
HEALTH AND HUMAN SERVICES

Rhode Island Executive Office of Health and Human Services  
Medicaid

Home

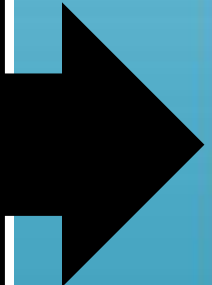
Home > Trading Partner Enrollment

Trading Partner Enrollment ?


[Trading Partner Enrollment Application](#)

[Trading Partner Enrollment Status](#)

Next  
click  
enrollment  
application



# Enrollment Process – Welcome Page




Rhode Island Executive Office of Health and Human Services  
Medicaid

Home

Home > Trading Partner Enrollment > Trading Partner Enrollment Welcome

Monday 08/25/2014 04:46 PM EST

**Trading Partner Enrollment: Welcome** ?

<b>Welcome</b>	<b>Welcome to the Online Trading Partner Enrollment Process</b>
Profile Information	<p>This online series will help you complete your Trading Partner Profile (TPP) and walk you through the enrollment process. Select the Continue button below when you are ready to move to the next page. You may also go back to previously viewed pages by selecting them from the page listings in the navigational menu to your left.</p> <ul style="list-style-type: none"><li>▶ This online form is intended for providers, clearinghouses, billing services, and software companies seeking to become Trading Partners. If you have previously received a Trading Partner ID and want to update your TPP, log on to your secure portal account.</li><li>▶ Personally identifiable information about providers is used for purposes directly related to health care program administration, such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested may result in denial of payment for the services.</li><li>▶ Trading Partners are required to complete a Trading Partner Profile containing specific transaction and contact information as the first step in the Electronic Data Interchange (EDI) enrollment process. The EDI Department must receive and process the profile request before Trading Partners may begin testing.</li><li>▶ Only one TPP needs to be completed for each Trading Partner, even if the Trading Partner represents multiple providers. Billing providers that have multiple billing provider numbers, or billing services and clearinghouses that exchange the electronic transactions on behalf of providers need only complete one profile form. Accurate and timely completion of the profile form will prevent delays in testing and approval for production processing.</li></ul> <p>Please click the "continue" button to start the enrollment application.</p> <hr/> <p> <input type="button" value="Continue"/> <input type="button" value="Cancel"/></p>
Transaction Sets	
Covered Providers	
Agreement	
Summary	



## Trading Partner Enrollment: Profile Information



[Welcome](#)

### Profile Information

[Transaction Sets](#)

[Covered Providers](#)

[Agreement](#)

[Summary](#)

Complete the fields in each section and select the Continue button to move forward to the next page.

The contact person will be contacted through the email address below to confirm the enrollment application. The contact person listed is also the person who can answer any questions regarding the information provided in this enrollment application and is the authorized Trading Partner representative.

\* Indicates a required field.

#### Initial Enrollment Information

\*Trading Partner/Billing Agency Full Name

\*FEIN (Tax ID)

NPI and Taxonomy must be entered for all healthcare providers. If NPI and Taxonomy have not been assigned, please provide your Medical Assistance Provider Number.

Identifier Type

Identifier

Taxonomy

#### For CNOM Program Providers Only

If you are currently working with an agency that provides CNOM (Cost Not Otherwise Match-able) program services, please indicate by checking the appropriate payer boxes below:

Office of Rehabilitation Services (ORS)

Department of Behavioral Healthcare, Developmental Disabilities & Hospitals (BHDDH)

Other

# Enrollment Contact Information

## Enrollment Contact Information

This information will help us contact you during enrollment processing.

\*First Name

\*Last Name

\*Address

\*City

\*State

\*Zip Code

\*Contact Email

\*Confirm Contact Email

Contact Phone

Ext

Specify Software:  Provider Electronic Services

Other

Vendor

Method of Transmission

# EDI Contact Information

EDI Information	
Please list the name, phone number, and email address of the person authorized to resolve problems regarding electronic transmissions.	
*EDI Contact Name	<input type="text"/>
EDI Contact Phone ⓘ	<input type="text"/>
	Ext <input type="text"/>
*EDI Contact Email ⓘ	<input type="text"/>
*Confirm EDI Contact Email ⓘ	<input type="text"/>
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	



**Trading Partner Enrollment: Transaction Sets**

[Welcome](#) | [Profile Information](#)

**Transaction Sets**

Covered Providers

Agreement

Summary

**X12 Transactions:** Check each transaction that you will be exchanging.

[Select All](#) | [Deselect All](#)

- 270 / 271 Healthcare Eligibility Benefit Inquiry / Response
- 277 Healthcare Unsolded Claim Status Response
- 277 Healthcare CA Managed Care Plans
- 834 Healthcare Benefit Enrollment (for health plans only)
- 835 Healthcare Remittance Advice
- 837D Healthcare Claim: Dental
- 837I Healthcare Claim: Institutional
- 837P Healthcare Claim: Professional
- 999 Functional Acknowledgement
- NCROR Point of Services (POS) Pharmacy

**Online Web Services:** Check each service that you will be using.

[Select All](#) | [Deselect All](#)

- Authorization Inquiry (for Developmental Disability Providers), BDDOH providers only
- Dental/Vision Limits
- Eligibility Approval
- Eligibility Entry
- Message Center
- NDC Lookup
- Prior Authorization (PA)
- Remittance Advice
- Remittance Advice Payment Amount
- TPL Entry

**For Medicaid EHR Incentive Payment program applicants only**  
If entering into a Trading Partner agreement for the sole purpose of acquiring a Trading Partner ID in order to apply for a Medical Electronic Health Record (EHR) incentive payment via the RI Medicaid EHR Incentive Payment application, please indicate by checking the box below.

- Access to RI Medicaid EHR Incentive Payment application

[Continue](#) [Cancel](#)

# Transaction Sets & Web Services

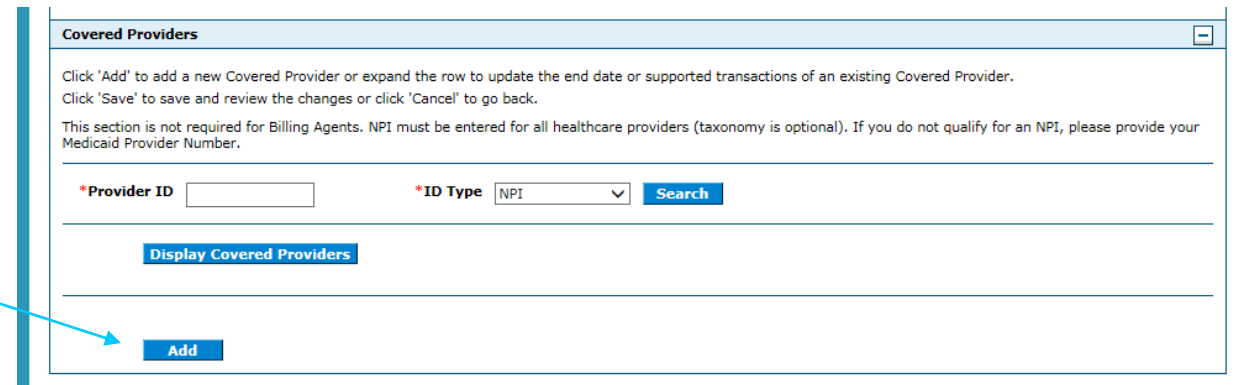
Transaction Sets

Online Web Services

# Adding a Covered Provider

To add a new covered provider:

- Select the “Add” button



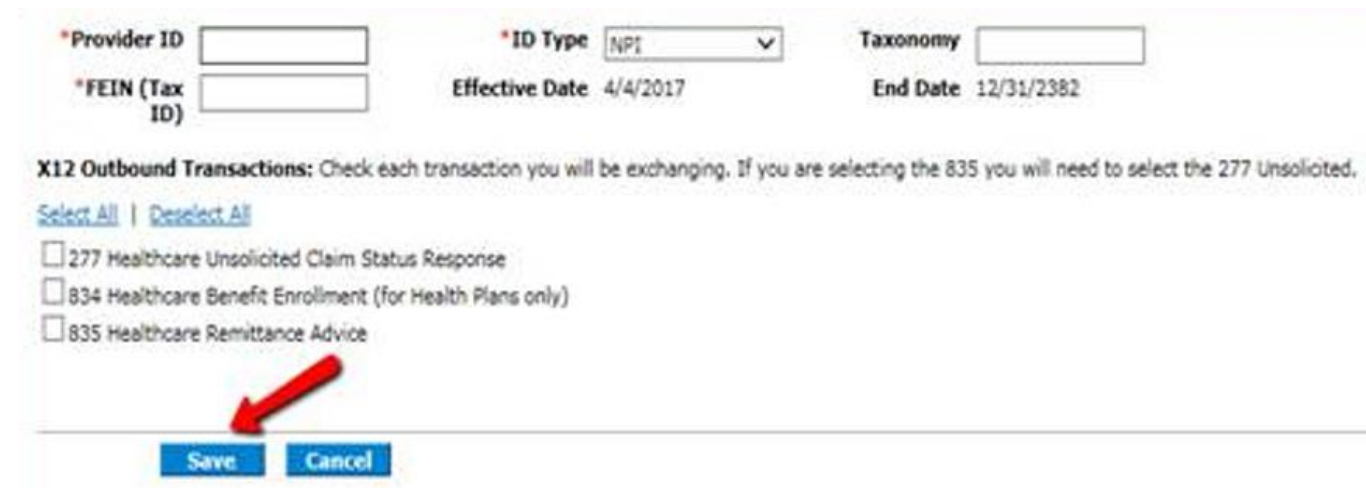
Covered Providers

Click 'Add' to add a new Covered Provider or expand the row to update the end date or supported transactions of an existing Covered Provider.  
Click 'Save' to save and review the changes or click 'Cancel' to go back.

This section is not required for Billing Agents. NPI must be entered for all healthcare providers (taxonomy is optional). If you do not qualify for an NPI, please provide your Medicaid Provider Number.

\*Provider ID  \*ID Type

- Enter the provider's information, select the 277 and 835 boxes and click Save.



\*Provider ID  \*ID Type  Taxonomy

\*FEIN (Tax ID)  Effective Date 4/4/2017 End Date 12/31/2382

**X12 Outbound Transactions:** Check each transaction you will be exchanging. If you are selecting the 835 you will need to select the 277 Unsolicited.  
[Select All](#) | [Deselect All](#)

277 Healthcare Unsolicited Claim Status Response  
 834 Healthcare Benefit Enrollment (for Health Plans only)  
 835 Healthcare Remittance Advice

# Unable to Add Provider

- If the provider was previously associated to another clearinghouse, you are unable to add the provider until that association is ended.
- The provider must contact the original clearinghouse, and ask them to disassociate.
- The clearing house would view the provider's information in their trading partner account and "uncheck" the boxes for the 835 and 277.
- The new clearinghouse is then able to add the provider to their account.

Uncheck  
these boxes

**X12 Outbound Transactions:** Check each transaction you will be exchanging. If you are selecting the 835 you will need to select the 277 Unsolicited.

[Select All](#) | [Deselect All](#)

- 277 Healthcare Unsolicited Claim Status Response
- 835 Healthcare Remittance Advice

[Save](#)

[Cancel](#)

# Covered Provider Already Listed

If the provider is already listed:

- Click “Display Covered Providers”
- Click the (+) sign to view the provider.
- Check the buttons for the 277 and 835
- Hit Save

**Covered Providers**

Click 'Add' to add a new Covered Provider or expand the row to update the end date or supported transactions of an existing Covered Provider. Click 'Save' to save and review the changes or click 'Cancel' to go back.

This section is not required for Billing Agents. NPI must be entered for all healthcare providers (taxonomy is optional). If you do not qualify for an NPI, please provide your Medicaid Provider Number.

\*Provider ID  \*ID Type

**Covered Providers**

To see Covered Providers Details, click on the '+' next to the Provider ID. Total Records: 2

	Provider ID	ID Type	Taxonomy	Effective Date	End Date
<input type="button" value="+"/>	13	NPI		10/06/2016	12/31/2382
<input type="button" value="+"/>	16	NPI	261QM2800X	09/05/2014	12/31/2382

**X12 Outbound Transactions:** Check each transaction you will be exchanging. If you are selecting the 835 you will need to select the 277 Unsolicited.

[Select All](#) | [Deselect All](#)

- 277 Healthcare Unsolicited Claim Status Response
- 835 Healthcare Remittance Advice

# Completing the ERA Application

When the 277 and 835 boxes are checked, and the user clicks SAVE, the ERA application will display.

\* Indicates a required field.

Provider ID	ID Type	Taxonomy	Effective Date	End Date	Action
<input type="text" value="1"/>	<input type="text" value="NPI"/>	<input type="text"/>	<input type="text" value="05/19/2017"/>	<input type="text" value="12/31/2382"/>	

**\*Provider ID**  **\*Provider ID Type**  **Taxonomy**   
**\*FEIN (Tax ID)**  **Effective Date** 05/19/2017 **End Date** 12/31/2382

**X12 Outbound Transactions:** Check each transaction you will be exchanging. If you are selecting the 835 you will need to select the 277 Unsolicited.  
[Select All](#) | [Deselect All](#)

277 Healthcare Unsolicited Claim Status Response  
 835 Healthcare Remittance Advice

Provider Identifiers Information

**\*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)**  **National Provider Identifier (NPI)**

**Other Identifier(s)**   
**Assigning Authority: Medicaid**

**Provider Taxonomy Code**

**\*Provider Name**

Provider Contact Information

**Provider Contact Name**  **Title**   
**Phone Number**  **Ext**   
**Email Address**



# ERA *continued*

Fax Number <input type="text"/>	
Clearinghouse Information	
Clearinghouse Name <input type="text"/>	Clearinghouse Contact <input type="text"/>
Clearinghouse Telephone Number <input type="text"/>	Ext <input type="text"/>
Clearinghouse Email Address <input type="text"/>	
Vendor Information	
Vendor Name <input type="text"/>	Vendor Contact <input type="text"/>
Vendor Telephone Number <input type="text"/>	Ext <input type="text"/>
Vendor Email Address <input type="text"/>	
Submission Information	
*Reason for Submission <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>	
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

After submission, an email will automatically be sent to the EDI department. There is no need for follow up email that was previously required.

# Instructions for Completion- ERA Application

FIELD	DESCRIPTION
<b>Provider Information</b>	
<b>Provider Name</b>	Enter the legal name of the provider to whom the Electronic Remittance Advice applies. This name should be the same as what is shown in the Remittance Advice and the Profile Information.
<b>Provider Identifiers Information</b>	
<b>Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)</b>	Enter the Tax ID of the provider for which the ERA Authorization Agreement applies.
<b>National Provider Identifier (NPI)</b>	Enter the NPI of the provider for which the ERA Authorization Agreement applies. If no NPI, complete the Other Identifier field.
<b>Other Identifier(s)</b>	If provider does not have an NPI, enter the unique Medicaid ID number.
<b>Assigning Authority</b>	If other than NPI is used, check Medicaid.
<b>Provider Taxonomy Code</b>	Enter the taxonomy code associated to the NPI for this provider. If there are multiple, enter one of the taxonomy codes.
<b>Provider Contact Name</b>	Enter the name of the person who should be contacted with questions on the ERA form.
<b>Telephone Number</b>	Enter the telephone number for the contact person including the extension, if applicable.
<b>Email Address</b>	Enter the email address for the contact person.
<b>Fax Number</b>	Enter the fax number for the contact person.

# Instructions for Completion *continued*

<b>Clearinghouse Name</b>	Enter the name of the Clearinghouse who may be working on behalf of the provider.
<b>Clearinghouse Contact Name</b>	Enter the name of the contact for the Clearinghouse previously mentioned.
<b>Telephone Number</b>	Enter the phone number of the Clearinghouse previously mentioned including the extension, if applicable. If a Clearinghouse contact is listed, this should be the phone number of the Clearinghouse contact.
<b>Email Address</b>	Enter the email address of the Clearinghouse previously mentioned. If a Clearinghouse contact is listed, this should be the email address of the Clearinghouse contact.
<b>Vendor Name</b>	Enter the name of the Vendor who may be working on behalf of the provider.
<b>Vendor Contact Name</b>	Enter the name of the contact for the Vendor previously mentioned.
<b>Telephone Number</b>	Enter the phone number of the Vendor previously mentioned including the extension, if applicable. If a Vendor contact is listed, this should be the phone number of the Vendor contact.
<b>Email Address</b>	Enter the email address of the Clearinghouse previously mentioned. If a Vendor contact is listed, this should be the email address of the Vendor contact.
<b>Reason for Submission</b>	Select a reason for which you are submitting the application.
<b>Electronic Signature of Person Submitting the Enrollment</b>	Typed name of authorized person.
<b>Printed Title of Person Submitting the Enrollment</b>	Enter title of the authorized person.
<b>Submission Date</b>	Enter the date in MM/DD/CCYY format for the date of submission.

# Trading Partner Agreement

Home > [Trading Partner Enrollment](#) > Trading Partner Enrollment Agreement

4:44PM CST

Trading Partner Enrollment: Agreement	
<a href="#">Welcome</a>	Please review the following Trading Partner Agreement (TPA).
<a href="#">Profile Information</a>	<a href="#">Trading Partner Agreement</a>
<a href="#">Transaction Info</a>	<b>Electronic Signature Agreement</b>
<a href="#">Covered Providers</a>	You will be submitting the Trading Partner Enrollment application electronically. Therefore your signature on this application will be electronic. By submitting this application electronically, you acknowledge that your electronic signature is binding to the same extent as your written signature.
<a href="#">Agreement</a>	I accept <input checked="" type="checkbox"/> I understand that my electronic signature is equivalent to written signature.
<a href="#">Summary</a>	Your Signature (Entering your name in the box to the right will constitute your electronic signature)
	John Doe
	Title CIO
	Signed Date 02/17/09
	<input type="button" value="Submit"/> <input type="button" value="Cancel"/>

You must click on this link to read, before you can accept

You may then check the box, sign by typing name and title

Print Preview

# Summary Page

**Trading Partner Enrollment: Summary** ?

[Welcome](#)  
 This is client configurable text. The text will say to review and make any revisions to previous pages as needed. Users may be requested to print a copy and then select the Confirm button below when ready - no more changes after Confirm has been selected.

[Profile Information](#)  
**Profile Information**

[Transaction Sets](#)

[Covered Providers](#)

[Agreement](#)

> **Summary**

**Provider's Full Name** Trading Partner Name  
**FEIN (Tax ID)** 123456789  
**Identifier Type** NPI  
**Identifier** 1234567890  
**Taxonomy** 267RG0100X  
**CNOM**  Office of Rehabilitation Services (ORS)  
 Department of Mental Health, Retardation and Hospitals  
 Other

**Enrollment Contact Information**

**First Name** John  
**Last Name** Smith  
**Address** 12345 Mill Creek Blvd  
 Suite 120, Bldg G  
**City** Plano  
**State** TEXAS **Zip Code**  
**Contact E-mail** JohnDSmith@email.com  
**Contact Phone** 555-555-5555 Ext.224  
**Specify Software:**  Provider Electronic Solutions  
 Other  
 Vendor - HP Enterprise Services, LLC  
**Method of Transmission** Web

**EDI Information**

**EDI Contact Name** Mary Jones  
**EDI Contact E-mail** MaryJones@email.com  
**EDI Contact Phone** 555-555-5555 Ext. 5678

This is the Table of Contents. Use for navigating between the sections

**Transaction Sets**

370 / 371 Healthcare Eligibility Benefit Inquiry / Response  
 NDC Lookup  
 Access to RI Medicaid EHR Incentive Payment application

**Covered Providers**

Name	Provider ID	ID Type	Taxonomy	Effective Date	End Date
Joseph Henderson DDC	100000000	NPI	267RG0100X	03/01/2014	12/31/2020
Doctors Associates of Angtown	123456789	GA Therap	-	04/01/2014	12/31/2014

**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.

Once the terms and conditions are accepted in the Agreement page, the contents of this page must be accepted by selecting **Confirm** below.

Please print a copy of this summary, for your records.

Instructions

# Trading Partner Enrollment Confirmation

Home > [Trading Partner Enrollment](#) > Trading Partner Enrollment Confirmation Thursday 03/20/2014 04:44PM CST

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**Trading Partner Enrollment: Confirmation**

Your Trading Partner Profile (TPP) application has been submitted.

You have been assigned the following tracking number: 123456789

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

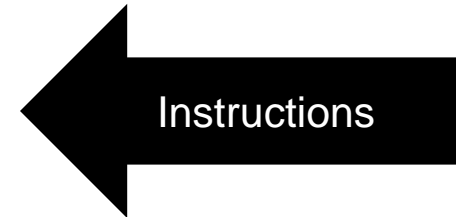
A confirmation e-mail has also been sent to the contact person's e-mail provided on the enrollment application: Kevin.Johnson@mail.com

---

What happens next?

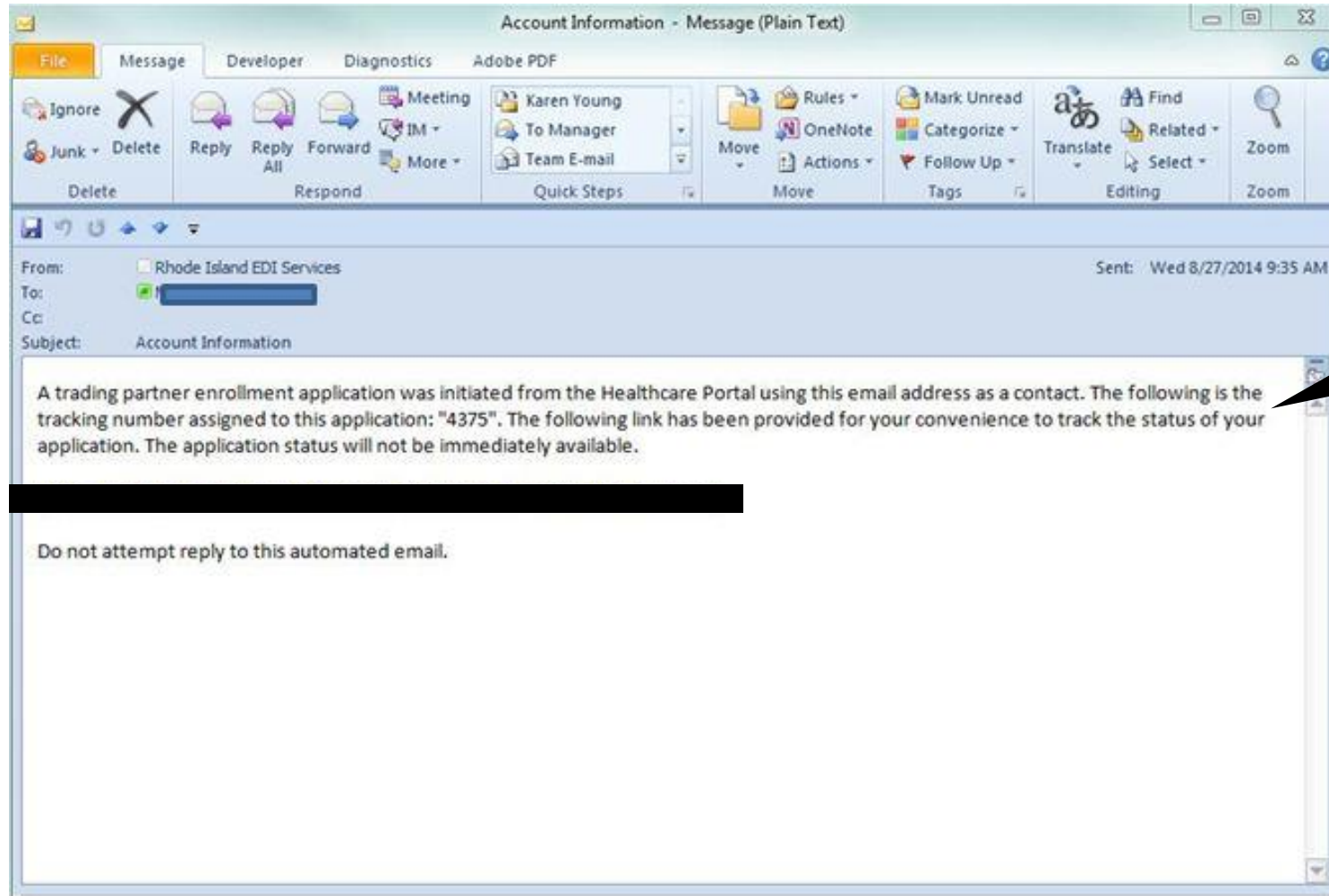
- After reviewing your Trading Partner Profile and enrollment application, an e-mail with confirmation of approval will be sent.
- If you are not already registered on the portal a new Trading Partner registration and log-on information email will be sent. For new Trading Partners, once registered and logged on as a Trading Partner, you can designate a representative to access account information. These representatives are called delegates.
- You may check your TPP status by logging on to the public Webex page, selecting the link for Trading Partner under Enrollment, and then selecting Enrollment Status.

---





# Confirmation Email



Tracking number and link to check status delivered in a confirmation email

Check status here



# Tracking Enrollment Status

**Trading Partner Enrollment Status** ?

Enter your assigned Tracking Number and Tax ID to verify the current status of your enrollment application. For any further queries, please contact the Medical Assistance Customer Service Help Desk 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.

\* Indicates a required field.

\*Tracking Number  \*FEIN (Tax ID)

Tracking Number is a required field.



# Enrollment Status

Home > Trading Partner Enrollment > Trading Partner Enrollment Status

### Trading Partner Enrollment Status

Enter your assigned tracking number and Tax ID to verify the current status of your enrollment application. For any further queries, please contact the Medical Assistance Customer Service Help Desk 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 1-800-984-8211.

\* Indicates a required field

\* Tracking Number:  \* FEIN (Tax ID):

### Trading Partner Enrollment Summary

Below is the status of your enrollment application. For any further questions, please contact Trading Partner enrollment at (401) 784-8100.

Tracking Number	ABC238514288884
Date Submitted	05/25/2013
Status	Pending
Status Date	06/18/2013
Reason	Need to add a covered provider.
Notes	Please update your application and resubmit using the supplied link.

[Revise Enrollment Application](#)

This is a sample status. It shows the tracking number, date submitted, status and the reason. It also gives instructions and a link to revise the application.

Link to revise application

# Application Approval

- When your application is approved, a system generated email will be sent to the contact person notifying them of the approval.
- The email will provide the new Trading Partner account holder with a link and instructions to register on the Healthcare Provider Portal.
- A second, encrypted email containing the TP ID will be sent as well. Be sure to keep this email.

Click here to begin the registration process

EXECUTIVE OFFICE OF  
HEALTH & HUMAN  
SERVICES  
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services  
Medicaid

Contact Us | Login

Home

Home Tuesday 06/06/2017 10:42 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 an OPR (Ordering, Prescribing or Referring) "Non-Billing" Provider?  
[Enroll as an OPR Provider](#)

Would you like to enroll as a Trading Partner?  
[Click here to enroll](#)

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**Provider Enrollment User Guide** **Trading Partner Enrollment User Guide** **Trading Partner Agreement**

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