

# RI Medicaid Healthcare Portal

*Registering to use the HCP – for Enrolled Trading  
Partners*



# What is the Healthcare Portal?

- The Healthcare Portal gives access to Trading Partners to do business electronically with RI Medicaid
- All enrolled Trading Partners need to register to use the portal
- They will need their existing Trading Partner ID number, tax ID (FEIN), and Trading Partner name as originally enrolled to complete the registration process
- Access to the Healthcare Portal is found at <https://www.riproviderportal.org/hcp/provider/Home/tabid/135/Default.aspx>



# How to use this guide:

- Each page will walk you through the steps to register to use the Healthcare Portal
- 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 register



# Register

Register to  
use the  
Healthcare  
Portal  
Here

The screenshot shows the homepage of the Rhode Island Medicaid Health Care Portal. The header includes the logo for the Executive Office of Health & Human Services, the text "Rhode Island Executive Office of Health and Human Services Medicaid", and navigation links for "Contact Us" and "Login". The main content area features a "Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?" and "Register Now?". Below this is a "Protect Your Privacy!" section with a link to "Provider Requirements?". There are also sections for enrolling as a "Provider" and a "Trading Partner", each with a "Click here to Enroll" link. A central image shows a man and a woman in a professional setting. To the right of the image, there are three buttons: "Provider Enrollment User Guide", "Trading Partner Enrollment User Guide", and "Trading Partner Agreement". At the bottom, there are links for "Website Requirements" and "Rhode Island Medicaid Providers".



# Registration Selector Screen

Select the appropriate role

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES  
Rhode Island Executive Office of Health and Human Services  
Medicaid

Home

Home > Registration Selector Tuesday 06/10/2014 11:42 AM EST

Registration

Select one of the following options that best describes your role.

 <b>Trading Partner</b> An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a trading partner with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.	 <b>Delegate</b> An individual designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.
 <b>Billing Agent</b> An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a billing agent for services.	 <b>Internal</b> Internal use only.



# Trading Partners

Trading Partners complete this screen. Enter TP ID. Your TP name must match the name originally enrolled with. ID type will be NPI in most cases\*. Provider ID is your NPI.

*\* Except for atypical providers*

[Home](#) > [Registration Selector](#) > Registration Tuesday 06/10/2014 11:43 AM EST

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**Registration Step 1 of 2 - Personal Information** ?

\* Indicates a required field.

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.

Please provide the following information to get started.

\*Trading Partner ID

\*Trading Partner Full Name

\*FEIN (Tax ID)

\*ID Type

\*Provider ID

Taxonomy



# Billing Agent Role

Billing Agents complete this screen with the Trading Partner Number, Name, and FEIN.

[Home](#) > [Registration Selector](#) > Registration Tuesday 06/10/2014 11:44 AM EST

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**Registration Step 1 of 2 - Personal Information** ?

\* Indicates a required field.

Please provide the following information to get started.

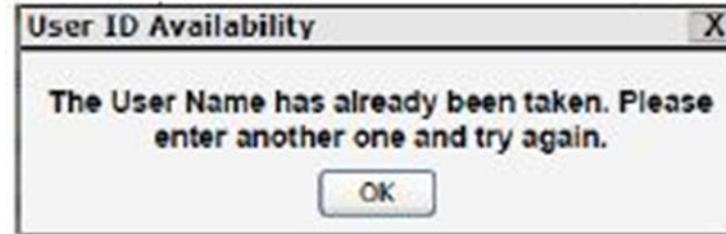
\*Trading Partner ID

\*Billing Agency Name

\*FEIN (Tax ID)



# Security Information

A screenshot of a web registration form titled "Registration Step 2 of 2 - Security Information". The form includes a legend for required fields, a password strength recommendation, and input fields for User ID, Password, Confirm Password, Display Name, Phone Number, Email, and Confirm Email. It also features a "Site Key" selection menu with options like Apple, Balloon, Billiards, and a "Passphrase" field. A red arrow points to the "Check Availability" button next to the User ID field.

**Registration Step 2 of 2 - Security Information**

\* Indicates a required field.

It is recommended that your Trading Partner ID be entered as your User ID. The User ID and Password cannot be the same and the password must be 8 characters in length, contain a minimum of 1 numeric digit, 1 uppercase letter, 1 lowercase letter and cannot contain any special characters (for example \$, @, \_ ...).

\* User ID  **Check Availability**

\* Password

\* Confirm Password

Please provide your contact information below.  
Use Provider Name, Billing Agency Name, or Delegate Name for Display Name.

\* Display Name

Phone Number

\* Email

\* Confirm Email

Please choose a personalized Site Key and enter a passphrase that will be used to verify your identity upon logging into the Provider portal.

\* Site Key: Apple Balloon Balloons Baseball Billiards

\* Passphrase



# Security – Part 2

Please select a unique challenge question and provide an answer for each of the question groups below.

\*Challenge Question #1

\*Answer to #1

\*Challenge Question #2

\*Answer to #2

**User Agreement**

I enter into this agreement to facilitate business transactions by electronically transmitting and receiving data in agreed formats in substitution for conventional paper-based documents and to assure that such transactions are not legally invalid or unenforceable as result of this use of available electronic technologies for mutual benefit of the Trading Partners.

By entering my full name in the space provided below and transmitting this form electronically, I state that I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform and the documents I will submit.

\*Please sign by typing your full name here:

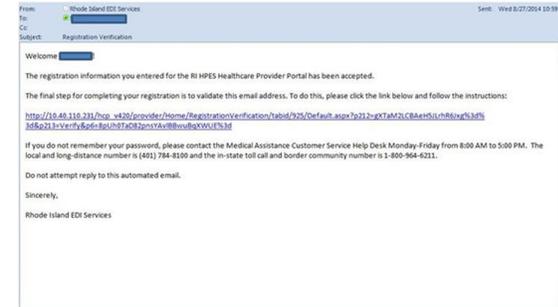
Provider ID



# Security



If completed correctly, you will receive this confirmation.

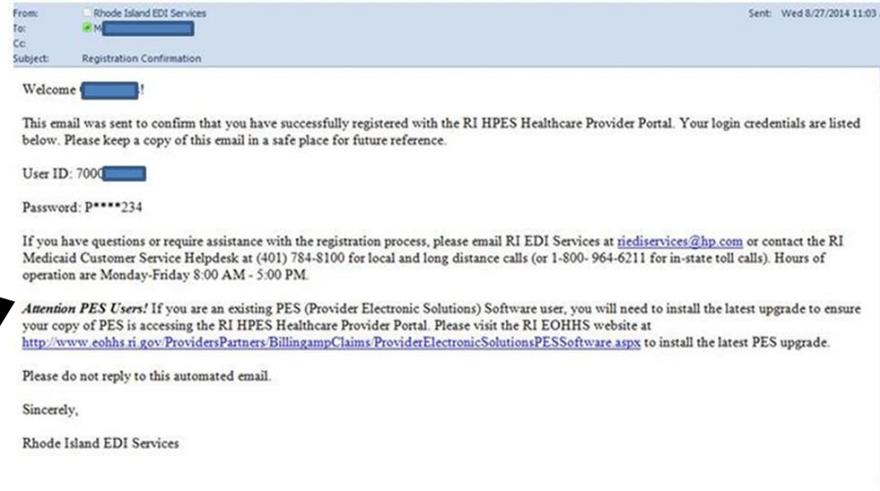


It will be followed by this email. You must click the link to verify that we have the correct email address for the account



# E-Mail Reference

Once you confirm the email address by following the directions, you will get another email, shown here. You should keep this email for reference to your user id and password.



# Log-In to HCP



Rhode Island Executive Office of Health and Human Services  
Medicaid

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:

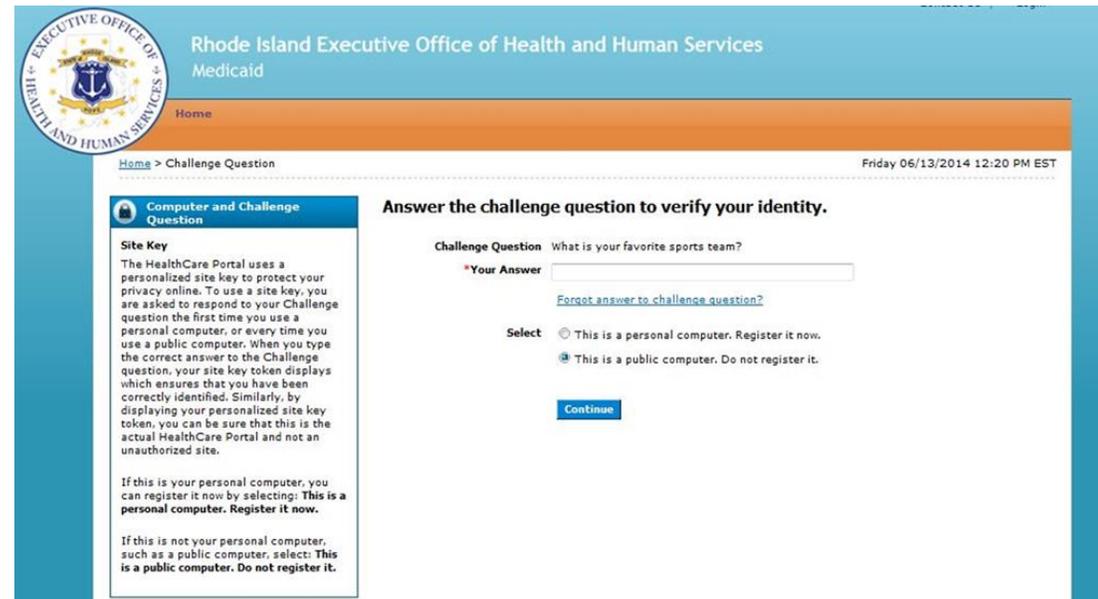
- Healthcare providers and Billing Agents can enroll as a Trading Partner with RI Medicaid.
- Trading Partners can access eligibility, claim status, file exchanges and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - MAPIR - Utilizing their Trading Partner ID as their User ID.

[Provider Enrollment User Guide](#) [Trading Partner Enrollment User Guide](#) [Trading Partner Agreement](#)

[Website Requirements](#)  
[Rhode Island Medicaid Providers](#)



# Challenge Question



The screenshot displays the Medicaid portal interface. At the top left is the logo for the Executive Office of Health and Human Services, State of Rhode Island. The header text reads "Rhode Island Executive Office of Health and Human Services" and "Medicaid". A navigation bar includes a "Home" link. Below the header, the breadcrumb trail shows "Home > Challenge Question" and the date/time "Friday 06/13/2014 12:20 PM EST".

The main content area is titled "Computer and Challenge Question" and contains the following text:

**Site Key**  
The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

If this is not your personal computer, such as a public computer, select: **This is a public computer. Do not register it.**

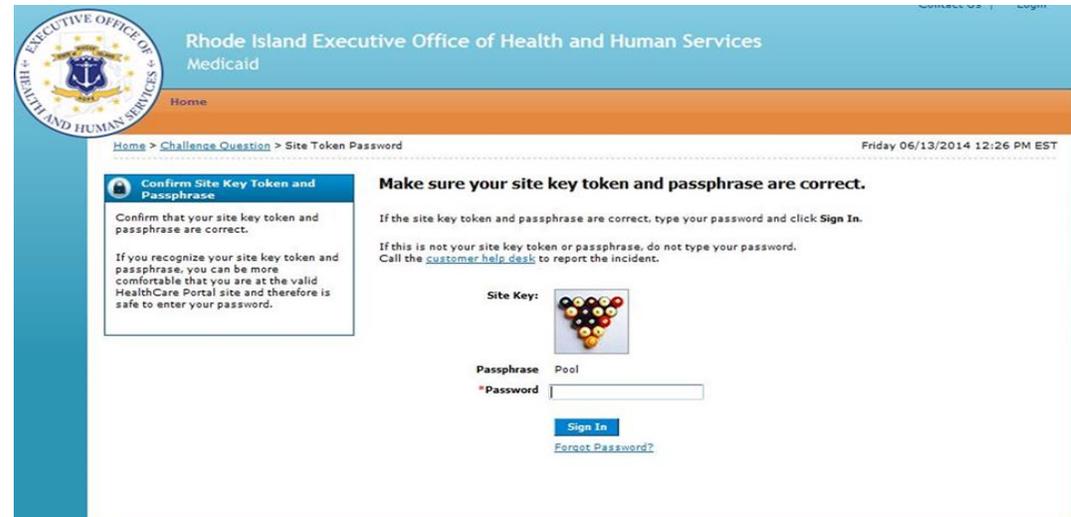
The right side of the interface is titled "Answer the challenge question to verify your identity." and contains the following form elements:

**Challenge Question** What is your favorite sports team?  
**Your Answer**   
[Forgot answer to challenge question?](#)

**Select**  This is a personal computer. Register it now.  
 This is a public computer. Do not register it.



# Site Key and Para-phrase



The screenshot shows the login page for the Rhode Island Executive Office of Health and Human Services Medicaid portal. The page title is "Confirm Site Key Token and Passphrase". It includes instructions for users to verify their site key token and passphrase before entering their password. The site key is represented by a cluster of colorful beads, and the passphrase is a pool of numbers. A password field and a "Sign In" button are also visible.

Rhode Island Executive Office of Health and Human Services  
Medicaid

Home

Home > Challenge Question > Site Token Password Friday 06/13/2014 12:26 PM EST

**Confirm Site Key Token and Passphrase**

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

**Make sure your site key token and passphrase are correct.**

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password. Call the [customer help desk](#) to report the incident.

Site Key: 

Passphrase Pool

\*Password

[Sign In](#)

[Forgot Password?](#)



# User's Homepage

My Home Thursday 06/26/2014 12:22 PM EST

Welcome Health Care Professionals!

**User Details**  
Welcome 100 CHAMBERS STREET

[My Profile](#)  
[Manage Accounts](#)

**Provider**  
Name 100 CHAMBERS STREET  
Provider ID 1891977625 (NPI)  
Location ID 100 CHAMBERS STREET

[Enrollment](#)

**Trading Partner**  
Name 100 CHAMBERS STREET OPERATIONS  
Trading Partner 700000240 ID

[Trading Partner Profile](#)

**Contact Us**

**Interactive Web Services**

- ▶ [Check Dental/Vision Limits](#)
- ▶ [Check Prior Authorization](#)
- ▶ [Check Debit Authorization](#)
- ▶ [View Remittance Advice Payment Amt](#)
- ▶ [NDC Lookup](#)
- ▶ [Enter Eligibility](#)
- ▶ [Enter TPI \(Third Party Liability\)](#)
- ▶ [View Remittance Advice](#)

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

[Help us provide better service to you! Click here to give us your feedback](#)

**Broadcast Messages**

This is a test message with URL that should display on both the Welcome and My Home pages. [more...](#)

This is a test message (with URL) that should display on JUST the My Home page. [more...](#)

**Two important screens  
My Profile  
Manage Account**



# My Profile

The screenshot shows a web interface for a user's profile. The page is titled 'My Profile' and includes a navigation breadcrumb 'My Home > My Profile'. The date and time are displayed as 'Friday 08/21/2015 04:06AM EDT'. The profile is organized into several sections, each with an 'Edit' button:

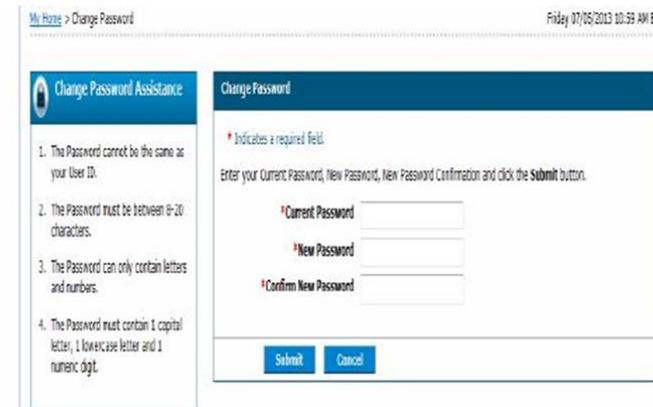
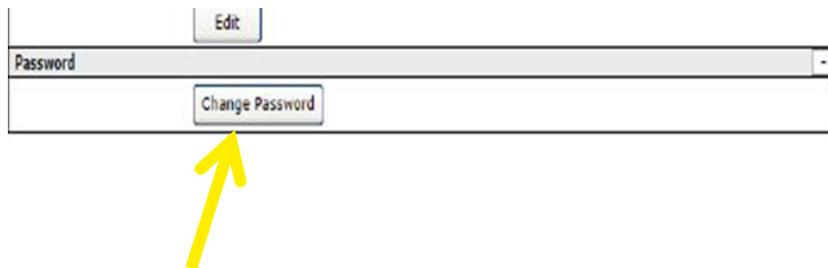
- Contact Information:** Fields include Display Name (John D. Smith), Phone Number (999-999-9999), and Current E-Mail Address (j.smith@ex.com). A yellow arrow points to the 'Edit' button.
- Roles:** Current Role is 'Provider Trading Partners'. An 'Add Role' button is visible.
- Preferences:** A field for 'Primary E-Mail Address' is shown. A yellow arrow points to the 'Edit' button.
- Challenge Questions:** Two questions are listed: 'Which school did you attend in your third grade?' (Answer: Small City Elementary) and 'In which city were you born?'. A yellow arrow points to the 'Edit' button.
- Site Key Token:** Fields for 'Site Key' (with a small image) and 'Password' (with the value 'Turtle') are shown. A yellow arrow points to the 'Edit' button.
- Password:** A 'Change Password' button is located at the bottom of the page. A grey arrow points to this button.

On this screen, you can edit your contact information, preferences, challenge questions, site key and password, by using the edit buttons.



# Change Password

- Users can change their password clicking the Change Password box on the bottom of the profile page which will open the box on the right



My Home > Change Password Friday 07/05/2013 10:59 AM EST

### Change Password Assistance

1. The Password cannot be the same as your User ID.
2. The Password must be between 9-20 characters.
3. The Password can only contain letters and numbers.
4. The Password must contain 1 capital letter, 1 lowercase letter and 1 numeric digit.

### Change Password

\* Indicates a required field.

Enter your Current Password, New Password, New Password Confirmation and click the Submit button.

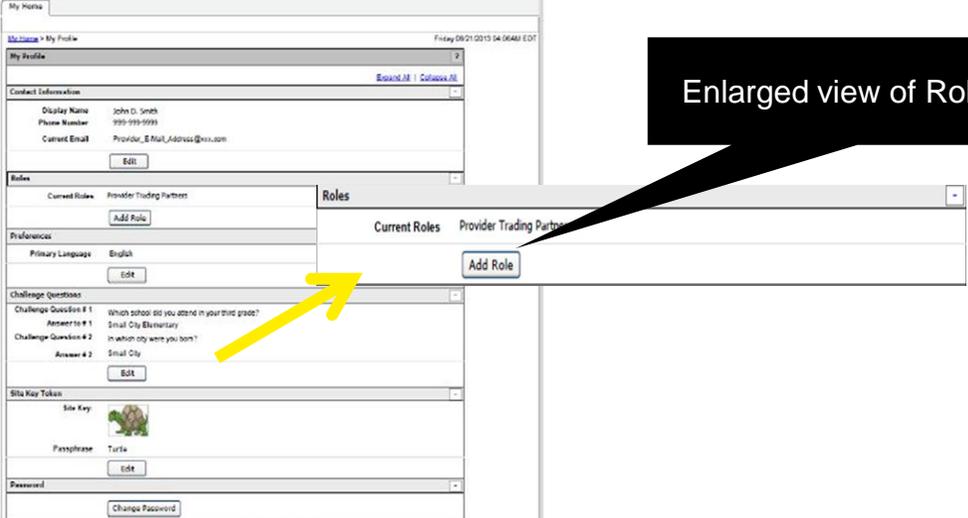
\*Current Password

\*New Password

\*Confirm New Password



# Add Role – Important!



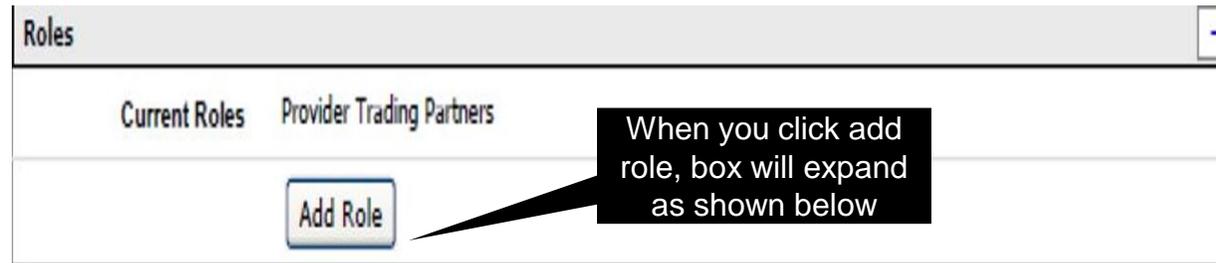
The image shows a screenshot of a user profile page. The main page is titled "My Profile" and includes sections for Contact Information, Roles, Preferences, Challenge Questions, Site Key Token, and Password. A yellow arrow points from the "Roles" section of the main page to an enlarged view of that section. The enlarged view shows a table with the following data:

Current Roles	Provider Trading Partners

Below the table is an "Add Role" button. A black callout box with white text says "Enlarged view of Roles section".



# Add Role



This screenshot shows the expanded "Roles" form. At the top, it displays "Current Roles" as "Provider Trading Partners". Below this, there is a dropdown menu for "Available Roles" with the text "Search Claims And Verify Eligibility". The form contains several required fields, each marked with a red asterisk: "Trading Partner ID", "Trading Partner Full Name" (with the value "LANDMARK MEDICAL CENTER"), "FEIN (Tax ID)", "ID Type", "Provider ID", and "Taxonomy". At the bottom of the form, there are two buttons: "Submit" and "Cancel".



# Add Role

Note that the  
“Search Claims and  
Verify Eligibility”  
role is now added

<a href="#">Edit</a>
<b>Roles</b>
<b>Current Roles</b> Provider Trading Partners Search Claims And Verify Eligibility
<b>Preferences</b>
<b>Primary Language</b> English (US)
<b>Challenge Questions</b>
<b>Challenge Question #1</b> In what city were you born? <b>Answer to #1</b> PROVIDENCE



# My Profile - *continued*

**Site Key Token** [-]

Site Key: 

Passphrase: SPORTS

[Edit](#)

---

**Password** [-]

[Change Password](#)

---

**Eligibility Verification Service Type Codes** [-]

Up to 35 service type codes can be selected for use with eligibility verification. Click **Edit** to add and/or modify service type codes.

Service Type Code #1

[Edit](#)

Select edit to  
add codes



# My Profile - *continued*

## Eligibility Verification Service Type Codes in edit mode

Eligibility Verification Service Type Codes

Select up to 33 Service Type Codes to be used as default search criteria.

Service Type Code #1	<input type="text" value="47 - Hospital"/>	Service Type Code #2	<input type="text" value="80 - Emergency Services"/>
Service Type Code #3	<input type="text"/>	Service Type Code #4	<input type="text"/>
Service Type Code #5	<input type="text"/>	Service Type Code #6	<input type="text"/>

[Show More Service Type Codes](#)

Click here to add additional codes



# Manage Account – Add delegates



Select Manage Account from home page to add delegates (subordinate users)

Delegate Assignment

Back to My Home

Add New Delegate | Add Registered Delegate

\* Indicates a required field.

Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

\*First Name

\*Last Name

\*Add Date

This is a unique 4 digit identifier to be assigned by you (i.e. employee/badge number, etc.)

\*Delegate PIN

Select the functions that the delegate is authorized to access.  
(At least one function must be selected)

\*Functions

- Check Debit Authorization
- Check Dental/Vision Limits
- Check Prior Authorization
- EHR Incentive Program - MAPIR
- Enter TPL (Third Party Liability)
- File Management (Upload / Download)
- Message Center
- NDC Lookup
- View Remittance Advice
- View Remittance Advice Payment Amt

**Submit** **Cancel**

No Delegates are assigned.

The User assigns the pin to the delegate.

The User selects the functions that the delegate should have access to.



# Manage Account – Add delegates *continued*

Delegate Assignment Back to My Home ?

Add New Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**First Name** Clark  
**Last Name** Kent  
**Add Date** 09/04/2014  
**Delegate PIN** 1234

---

**Functions**

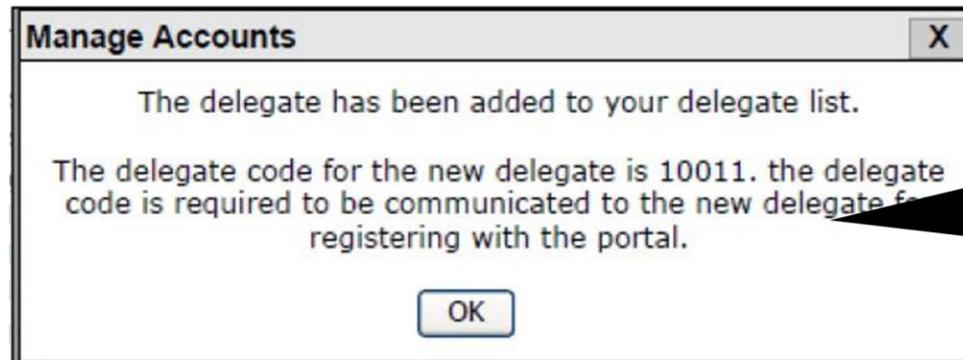
- Check Debit Authorization
- Check Dental/Vision Limits
- Check Prior Authorization
- EHR Incentive Program - MAPIR
- Enter TPL (Third Party Liability)
- File Management (Upload / Download)
- Message Center
- NDC Lookup
- View Remittance Advice
- View Remittance Advice Payment Amt

[Edit](#) [Confirm](#) [Cancel](#)

Review panel. User checks for errors and edits or confirms.



# Manage Delegates



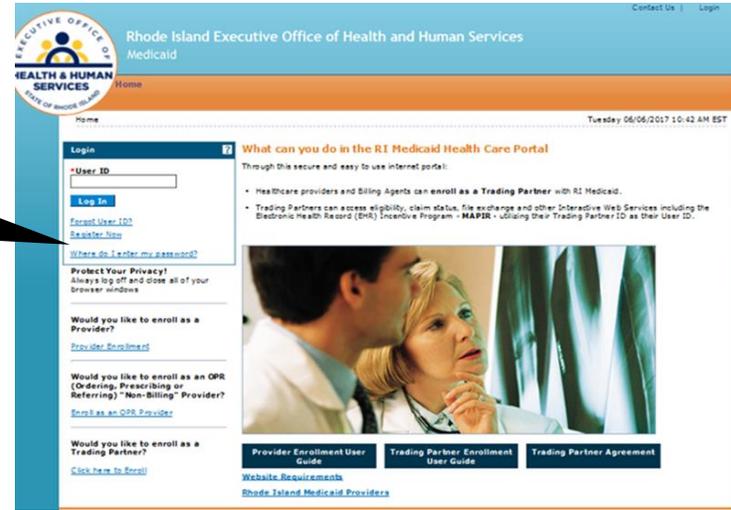
Important!  
You will get a confirmation with a delegate code. You must give this code and the pin to the delegate so that they can complete their registration.

Delegates						
Click the Delegate's <b>name</b> to change the status and/or the functions of the delegate.						
#	Name ▲	Display Name	Birth Date	Delegate PIN	Delegate Code	Status
1	<a href="#">kent, clark</a>	clark kent	09/04/2014	1234	10127	Active - Pending



# Completing Registration - Delegates

The delegate clicks here to register



# Delegate

Rhode Island Executive Office of Health and Human Services  
Medicaid

Home

Home > Registration Selector Tuesday 06/10/2014 11:42 AM EST

Registration

Select one of the following options that best describes your role.

 <b>Trading Partner</b> An entity with whom an organization exchanges data electronically. The trading partner may send or receive information electronically.	 <b>Delegate</b> An individual designated by the Provider for the sole purpose of performing clerical functions and is responsible for ensuring patient privacy information accessed via this website is to be used only for legitimate business reasons.
 <b>Billing Agent</b> An individual, state or local agency, corporate, or business entity that is enrolled in the Healthcare program as a billing agent for services.	 <b>Internal</b> Internal use only.



# Delegate Registration

[Home](#) > [Registration Selector](#) > Registration Thursday 09/04/2014 12:55 PM EST

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**Registration Step 1 of 2 - Personal Information** ?

\* Indicates a required field.  
Please provide the following information to get started. Delegate PIN and Delegate Code will be provided by your site's EDI Administrator.

\* **First Name**

\* **Last Name**

\* **Add Date**

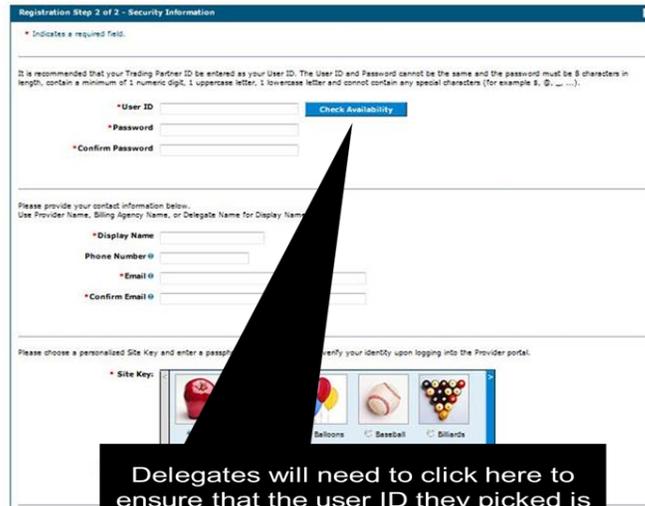
\* **Delegate PIN**

\* **Delegate Code**

Delegates enter name, date they were added, and the PIN and Delegate Code.



# Delegate Registration - *continued*



Registration Step 2 of 2 - Security Information

\* Indicates a required field.

It is recommended that your Trading Partner ID be entered as your User ID. The User ID and Password cannot be the same and the password must be 8 characters in length, contain a minimum of 3 numeric digit, 1 uppercase letter, 1 lowercase letter and cannot contain any special characters (for example \$, @, ~, ...).

\*User ID

\*Password

\*Confirm Password

Please provide your contact information below.  
Use Provider Name, Billing Agency Name, or Delegate Name for Display Name.

\*Display Name

Phone Number @

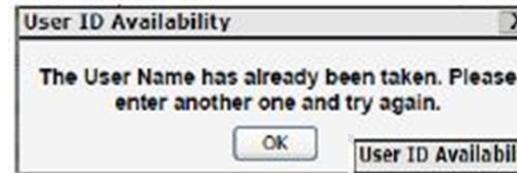
\*Email @

\*Confirm Email @

Please choose a personalized Site Key and enter a password to verify your identity upon logging into the Provider portal.

\* Site Key: 

Delegates will need to click here to ensure that the user ID they picked is available.



User ID Availability

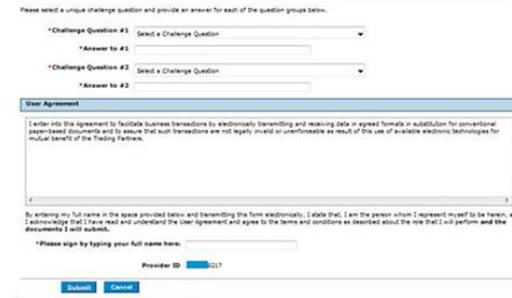
The User Name has already been taken. Please enter another one and try again.

or



User ID Availability

The User Name is available.



Please select a unique challenge question and provide an answer for each of the question groups below.

\*Challenge Question #1:  Select a Challenge Question

\*Answer to #1:

\*Challenge Question #2:  Select a Challenge Question

\*Answer to #2:

User Agreement

I enter into this Agreement to facilitate business transactions by electronically transmitting and receiving data in agreed formats in substitution for conventional paper-based documents and to ensure that such transactions are not legally invalid or unenforceable as a result of the use of available electronic technologies for mutual benefit of the Trading Partners.

By entering my full name in the space provided below and transmitting the form electronically, I state that I am the person whom I represent myself to be herein, and I acknowledge that I have read and understand the User Agreement and agree to the terms and conditions as described about the role that I will perform and the documents I will submit.

\*Please sign by typing your full name here:

Provider ID:



# Changing Status of Delegates

Once the delegate is registered, the user can go back to the Manage Account screen and either change their status or change their access.

The screenshot shows the 'Edit Delegate' form with the following fields and options:

- First Name:** lois
- Last Name:** lane
- Add Date:** 02/01/1980
- Delegate PIN:** 9876
- Delegate Code:** 10120
- \*Status:**  Active  Inactive
- \*Functions:**  Claim - Inquiry,  File Management,  Verify Eligibility

Callouts indicate that users would click on the 'Inactive' radio button to deactivate a delegate and on the 'Functions' section to change the delegate's access permissions. The form includes 'Submit' and 'Cancel' buttons at the bottom.

# Trading Partner Profile

My Home Thursday 06/26/2014 12:22 PM EST

**User Details**

Welcome 100 CHAMBERS STREET

[My Profile](#)

[Manage Accounts](#)

**Provider**

Name 100 CHAMBERS STREET  
Provider ID 1891977625 (NPI)  
Location ID 100 CHAMBERS STREET

[Enrollment](#)

**Trading Partner**

Name 100 CHAMBERS STREET OPERATIONS  
Trading Partner ID 700000240

[Trading Partner Profile](#)

**Welcome Health Care Professional!**



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

[Help us provide better service to you! Click here to give us your feedback](#)

**Broadcast Messages**

This is a test message with URL that should display Welcome and My Home pages. [more...](#)

This is a test message (with URL) that should display Home page. [more...](#)

[Contact Us](#)

**Interactive Web Services**

- ▶ [Check Dental/Vision Limits](#)
- ▶ [Check Prior Authorization](#)
- ▶ [Check Debit Authorization](#)
- ▶ [View Remittance Advice Payment Amt](#)
- ▶ [NDC Lookup](#)
- ▶ [Enter Eligibility](#)
- ▶ [Enter TPL \(Third Party Liability\)](#)
- ▶ [View Remittance Advice](#)

**Trading Partners change profile information here**



# Trading Partner Profile

Trading Partner Profile

Last Updated: 12/11/2008

Contact Information

Trading Partner Name: John D Smith  
 Address: 12345 Elm St  
 Suite 123A  
 City: Antown State: Pennsylvania ZIP Code: 17111-0111

Trading Partner ID: T1-3456789

Contact Name: John Smith  
 Contact Email: JohnDSmith@email.com  
 Contact Phone: (555) 555-5555 Ext: 1234

EDI Contact Name: Kevin Johnson  
 EDI Contact Email: KevinJohnson@email.com  
 EDI Contact Phone: (555) 555-5555 Ext: 5678

Transaction Sets

To request additional access, send an email request to the Rhode Island EDI Service at [ediserice@hhs.com](mailto:ediserice@hhs.com). Please include your Trading Partner ID, contact information, and the additional access you are requesting for your account. Transactions that you will be exchanging:

- 270 / 271 Healthcare Eligibility Benefit Inquiry / Response
- 277 Healthcare Unenrolled Claim Status Response
- ED4 Healthcare Benefit Enrollment (for Health Plans only)
- 835 Healthcare Renewal Advice

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 return the changes or click Cancel to go back. NPI and Taxonomy must be provided for all healthcare providers. If NPI and Taxonomy have not been assigned, please provide your Medical Assistance Provider Number.

Provider ID	ID Type	Taxonomy	Effective Date	End Date
1770728081	NPI		11/01/1998	12/31/9999
1776770669	NPI	207R00100K	11/01/1998	12/31/9999

Add

Confirmation

The changes to your Trading Partner Profile has been successfully submitted.

OK

Trading Partners can edit contact information here



# Covered Providers

### Add Covered Provider

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

Provider ID	ID Type	Taxonomy	Effective Date	End Date
+	1790728081	NPI	11/01/1993	12/31/9999
-	139679569	NPI	11/01/1993	12/31/9999

**Add**

Additional covered providers can be added here. This field is prepopulated with information added during enrollment



**Covered Providers**

Provider ID	ID Type	Taxonomy	Effective Date	End Date
+	1790728081	NPI	11/01/1993	12/31/9999
-	139679569	NPI	11/01/1993	12/31/9999

\* Indicates required field.  
Click 'Save' to save and review the changes or click Cancel to go back.

\*Provider ID: 222222222 \*ID Type: NPI Taxonomy: 207K30100K  
\*FEIN (Tax ID): 987654321 \*Effective Date: 01/01/2009 End Date: [calendar icon]

X12 Outbound Transactions: Check each transaction you will be exchanging.  
[Select All](#) | [Deselect All](#)

- 270 | 271 Healthcare Eligibility Benefit Inquiry / Response
- 277 Healthcare Unisolated Claim Status Response
- 824 Healthcare Benefit Enrollment (Health Plans only)
- 835 Healthcare Maintenance Advice

**Save** **Cancel**



# Forgot User ID

Click here for forgotten User ID

The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid portal. The page header includes the logo, the text "Rhode Island Executive Office of Health and Human Services Medicaid", and navigation links for "Contact Us" and "Login". The date and time "Tuesday 06/06/2017 10:42 AM EST" are displayed in the top right. The main content area is divided into a left sidebar and a main right section. The sidebar contains a "Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID", "Forgot Pass", and "Here to Enter my password?". Below this are sections for "Would you like to enroll as a Provider?" with a "Provider Enrollment" link, "Would you like to enroll as an OPR (Ordering, Prescribing or Referring) 'Non-Billing' Provider?" with an "Enroll as an OPR Provider" link, and "Would you like to enroll as a Trading Partner?" with a "Click Here to Enroll" link. The main right section features a heading "What can you do in the RI Medicaid Health Care Portal" and a list of services. A photograph of two healthcare professionals is shown below the text. At the bottom of the page, there are links for "Provider Enrollment User Guide", "Trading Partner Enrollment User Guide", "Trading Partner Agreement", "Website Requirements", and "Rhode Island Medicaid Providers".



# Forgot Password

The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid portal. The page title is "Rhode Island Executive Office of Health and Human Services Medicaid". The breadcrumb trail is "Home > Challenge Question > Site Token Password". The date and time are "Friday 06/13/2014 12:26 PM EST".

**Confirm Site Key Token and Passphrase**  
Confirm that your site key token and passphrase are correct.  
If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

**Make sure your site key token and passphrase are correct.**  
If the site key token and passphrase are correct, type your password and click **Sign In**.  
If this is not your site key token or passphrase, do not type your password.  
Call the [customer help desk](#) to report the incident.

Site Key: 

Passphrase Pool

\*Password

[Sign In](#) [Forgot Password?](#)

A large black arrow points to the "Forgot Password?" link.



# Forgot Password

**Forgot Password** ?

\* Indicates a required field.

Answer the following challenge question. We will use the answer to help authenticate your identity. If we find a match, an email will be sent to your email address on record.

**Challenge Question** What is your favorite sports team?

\*Your Answer

**Submit** **Cancel**



# Questions?

For questions, contact the  
Customer Service Help Desk  
Available Monday – Friday 8:00 AM – 5:00 PM  
(401) 784-8100  
For local and long distance calls  
(800) 964-6211  
For in-state toll calls



# Thank You

