

A photograph of three people sitting on a couch in a modern, brightly lit room, engaged in a conversation. The image is overlaid with a semi-transparent dark blue filter. The text is centered over the image.

Community Health Workers

RI Medicaid

July 3rd, 2023

Agenda

Section One

- **Introduction to Medicaid**
 - **Provider Enrollment**
 - **Steps You Take to Get Set Up**
 - **Enrolling for a Trading Partner number**
 - **Navigate the Health Care Portal**
 - **Questions and Answers**
-

Section Two

- **Reminder: Steps You Take to Get Set Up**
- **Overview of Billing and Payment Basics**
- **Billing Policy and Procedure**
- **Questions and Answers**

Gainwell Technologies Overview

The Rhode Island Executive Office of Health and Human Services (EOHHS) partners with Gainwell Technologies as its Fiscal Agent to process the state's Medicaid Program claims, to enroll and train providers, and perform other duties to fulfill State and Federal requirements. EOHHS has the sole responsibility for formatting program policy and procedures.

Community Health Worker (CHW)

Provider Enrollment

ENROLLMENT GUIDELINES

- Rhode Island Medicaid is currently accepting applications from Community Health Worker (CHW) Providers. This new provider type is considered Non-Medical.
- Active enrollment is required before a provider can begin seeing RI Medicaid members.
- Providers that currently participate with RI Medicaid and who want to become a CHW provider must perform a separate enrollment for CHW services.
- CHW's enrolling independently (not part of an agency) will be required to submit proof of CHW certification by the RI Certification Board. If the CHW is not yet certified, they may enroll as a provider but, the enrollment will be limited to an 18-month period. If proof of certification is not submitted before the end of the 18 months, the provider will be disenrolled.
- CHW certification is not required for agencies to enroll.

HOW TO ENROLL

Enrollment is completed using the RI Medicaid Healthcare Portal (HCP).

➤ RI Medicaid Healthcare Portal

<https://www.riproviderportal.org>

➤ Step-by-step enrollment instruction can be found on the portal home page.

➤ Healthcare Portal Resource Page

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

The screenshot shows the Rhode Island Medicaid Healthcare Portal home page. At the top left is the logo for the Executive Office of Health & Human Services, State of Rhode Island. The page title is "Rhode Island Executive Office of Health and Human Services Medicaid". The date and time are "Tuesday 02/15/2022 07:43 AM EST". The page is divided into several sections:

- Login:** A form with a "User ID" field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?".
- What can you do in the RI Medicaid Health Care Portal:** A section with the text "Through this secure and easy to use internet portal:" and a list of services:
 - 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.
- Protect Your Privacy!** A section with the text "Always log off and close all of your browser windows".
- Would you like to enroll as a Provider?** A section with a link for "Provider Enrollment" and a large grey arrow pointing to it.
- Would you like to change or add electronic funds transfer?** A section with a link for "Electronic Funds Transfer".
- Would you like to enroll as an Ordering, Prescribing or Referring (OPR) "Non-Billing" Provider?** A section with a link for "Enroll as an OPR Provider".
- Would you like to enroll as a Trading Partner?** A section with a link for "Click here to Enroll".

At the bottom of the page, there are three buttons: "Provider Enrollment User Guide", "Trading Partner Enrollment User Guide", and "Trading Partner Agreement". Below these are links for "Website Requirements" and "Rhode Island Medicaid Providers". The footer contains the text "R4.4.02" and "© 2022 Gainwell Technologies. All rights reserved. | Privacy Notice".

INFORMATION NEEDED TO ENROLL

- Address Information, including postal code + 4
- Tax ID – either EIN or SSN
- Completed W-9 as an attachment, including signature.
 - W9 needs to be dated for month/year application is being submitted
- You will need to complete the Federally Required Disclosures.

ADDITIONAL ENROLLMENT INFORMATION

Provider Enrollment: Request Information

Welcome

You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later".
The contact person will potentially be contacted to answer any questions regarding the information provided in this enrollment application.
Hospitals and Agencies should choose a Provider Enrollment Type of Facility. Health Plans should choose a Provider Enrollment Type of Atypical.

Request Information

Specialties

Provider Identification

Addresses

Languages

Other Information

Disclosures

Agreement

Summary

* Indicates a required field.

Type of Provider Enrollment

* Please select type of Provider Enrollment:

RI Medicaid Provider - Billing Claims Directly to RI Medicaid.

MCO (Managed Care Organization) Provider - Providing services to RI Medicaid recipients; billing claims through an MCO.

MCO & RI Medicaid Provider - Billing Claims Directly to RI Medicaid and through an MCO.

Initial Enrollment Information

*Provider Enrollment Type: Atypical

*Provider Type: Community Health Workers

*Requesting Enrollment Effective Date: 12/05/2022

Contact Information

*Contact Name: [Text Field]

*Contact Phone: [Text Field] Ext: [Text Field]

*Contact Email: [Text Field]

*Confirm Email: [Text Field]

Preferred Method of Communication: Email

Continue Finish Later Cancel

4.4.02

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- Because CHW services are only reimbursed through FFS Medicaid at this time, CHW Providers should select “RI Medicaid Provider – Billing Claims Directly to RI Medicaid” as the Type of Provider Enrollment
- Under “**Provider Enrollment Type,**” select “**Atypical**”
- CHW providers will **not** need to fill out fields for National Provider ID, License, or Taxonomy
- Under **Other Identifier** in the EFT section of the application, CHW Providers will need for registration either their 10-character Medicare number or SSN with leading 0s if necessary.

YOU'RE ENROLLED! WHAT NEXT?

- Once enrolled you will be receiving a letter with your seven-digit provider ID.
- Your provider ID is what you will use when billing for CHW services.

Revalidation

- Revalidation happens once every five years. When you will need to revalidate, we will be sending you a letter in the mail with all the information you need to complete this task.
- Failure to complete revalidation will result in termination of enrollment.

STEPS YOU TAKE TO GET SET UP

Step 1: Provider Enrollment

- *Enroll as a CHW provider*
- *Comply with revalidation*

*If you have questions reach out to our
Provider Enrollment Department*
rienrollment@gainwelltechnologies.com

Step 2: Health Care Portal

- *Enroll to receive a Trading Partner ID*
- *Register your Trading Partner ID*

*If you have questions reach out to our
EDI Department*
riediservices@gainwelltechnologies.com

Step 3: Billing

- *Download the PES (Provider Electronic Solutions) Billing software.*

*If you have questions reach out to your
Provider Representative*
Andrea.rohrer@gainwelltechnologies.com

ENROLLING FOR A TRADING PARTNER NUMBER

- What is a Trading Partner number?
 - A trading partner number is how you would conduct business to access eligibility, claim status, file exchange and other Interactive Web Services, by using their Trading Partner ID as your User ID
- Enroll to receive a trading partner number so that you can utilize the Health Care Portal
- The information you will need:
 - Your 7-digit provider ID
 - Your Tax-ID
 - Contact information

*Trading Partner/Billing Agency Full Name

*FEIN (Tax ID)

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

Identifier Type

Identifier

Taxonomy

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 change or add electronic funds transfer?

[Electronic Funds Transfer](#)

Would you like to enroll as an Ordering, Prescribing or Referring (OPR) "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, using their Trading Partner ID as their User ID.

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

OPR Provider User Guide

[Website Requirements](#)

[Rhode Island Medicaid Providers](#)

TRADING PARTNER NUMBER

- Once your trading partner application has been accepted. You will then receive your trading partner number through an email.
- **Register your Trading Partner Number**
- The information you will need
 - Trading Partner Number
 - Trading Partner Number Name
 - Tax-ID
 - ID- Type (MA Provider #)
 - Your 7-digit provider ID
- Your Trading Partner number will be your user ID that you use to log into the Healthcare Portal.
- You will be prompted on the next screen to pick your security questions and answer. It's very important that you write that information down.
- Your Password must be exactly 8 characters in length. At least one uppercase, one lowercase, and one number, and **no** special characters

Login

*User ID

[Log In](#)

[Forgot User ID?](#)
[Register Now](#) ←

[Where do I enter my password?](#)

Protect Your Privacy!
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Would you like to enroll as a Provider?
[Provider Enrollment](#)

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What can you do in the RI Medicaid Health Care Portal

Through this secure and easy to use internet portal:

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

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

RI HEALTHCARE PORTAL

Check Patient Eligibility

Check claim status

My Home **Eligibility** **Claims** Files Exchange Patient Share Assisted Living

My Home Wednesday 01/25/2023 10:30 AM EST

User Details
Welcome [REDACTED]
▶ [My Profile](#)
▶ [Manage Accounts](#)

Trading Partner
Name [REDACTED]
Trading Partner ID [REDACTED]
▶ [Trading Partner Profile](#)

Welcome Health Care Professional!

[Contact Us](#)

Interactive Web Services

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

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).

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View your remittance advice

BILLING AND PAYMENT BASICS



STEPS YOU TAKE TO GET SET UP

Step 1: Provider Enrollment

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*If you have questions reach out to
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Andrea.rohrer@gainwelltechnologies.com

YOUR ROLE AS A BILLING PROVIDER

Verify

Verify Beneficiary RI
Medicaid Eligibility

Adhere

Adhere to Timely
Filing Guidelines

Claims

Claim Submission

VERIFY ELIGIBILITY

- ❑ Member eligibility must be verified on each date of service
- ❑ Eligibility information is available 24/7 in the health care portal
- ❑ Access to the HCP is obtained as part of the enrollment process



TIMELY FILING GUIDELINES

- The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of **twelve (12)** months from the date the service that was provided to Medicaid recipients.
- Gainwell Technologies must receive a claim for services for Medicaid clients within 12 months of the date of service in order to process claims for adjudication.
- Any claim with a service date over one year and a remittance advice date from GWT over ninety (90) days will be denied for timely filing. Denials must be for reasons other than timely filing to be considered.
- e



ELECTRONIC VS. PAPER CLAIMS

Electronic

- Faster turnaround time
- No original signature required
- Quicker corrections
- Free Provider Electronic Solutions (PES) Software for Billing
- Cost savings

Paper

- Slower Turnaround Time due to Manual Processing
- Requires an original signature
- Cost of postage and forms

BILLING FORMATS

- Electronic claims are the preferred method for claim submission. CHW services are submitted using HIPPA compliant software and electronic claim type 837 professional.
- To submit claims electronically, providers have access to the free Provider Electronic Solutions (PES) software. The software along with written instructions for download and setup can be found on the EOHHS website.
- Paper claims are to be submitted using the 02/2012 version of the CMS-1500 professional claim form, which providers will need to purchase. Claim forms can be purchased at medical supply stores. Step-by-step instruction document for completing the paper claim form is available on the EOHHS website.

CMS 1500 Claim Form Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

FICA <input type="checkbox"/>																			
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA (ADW) <input type="checkbox"/> OTHER <input type="checkbox"/>																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)											
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)				8. RESERVED FOR NUCC USE									
CITY		STATE		CITY		STATE		CITY		STATE									
ZIP CODE		TELEPHONE (Include Area Code)		ZIP CODE		TELEPHONE (Include Area Code)		CITY		STATE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)		11. INSURED'S POLICY GROUP OR FECA NUMBER				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____									
4. OTHER INSURED'S POLICY OR GROUP NUMBER				b. RESERVED FOR NUCC USE		a. INSURED'S DATE OF BIRTH MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE				c. RESERVED FOR NUCC USE		5. OTHER CLAIM ID (Designated by NUCC)				6. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																			
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY				15. OTHER DATE QUAL. MM DD YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. NPI		17b. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Refer to service line below (24E) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____				22. SUBMISSION CODE ORIGINAL REF. NO.		23. PRIOR AUTHORIZATION NUMBER							
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DENT OR LENSES		H. IS FROM Part 406		I. \$ CHARGES		J. RENDERING PROVIDER ID #	
1																			
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX ID NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For prior auth. use only) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rsvd for NUCC Use					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()											
SIGNED _____ DATE _____		a- NPI		b-		c- NPI		d-		e-		f-							

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

PAYMENT

- Payment for services is made by EFT (electronic funds transfer) only. You will set this up during enrollment.
- Payment frequency is determined by the State Fiscal Year (SFY) Claims Payment and Processing Schedule. The schedule can be found [here](#) on the EOHHS website.
- Providers are required to retrieve the claims remittance advice from the Healthcare Portal (HCP) every payment date. “Claims remittance advice” is the explanation to the provider about status. For example, the claims remittance advice will tell you whether the claim was paid or denied; how much was paid if paid; reason for denial if denied.

MONTH	LTC CLAIMS Due at Noon	EMC CLAIMS Due by 5:00PM	EFT PAYMENT
July	7/07/2022	7/08/2022	7/15/2022
		7/22/2022	7/29/2022
August		8/05/2022	8/12/2022
	8/11/2022	8/12/2022	8/19/2022
		8/26/2022	9/02/2022
September			
	9/08/2022	9/09/2022	9/16/2022
		9/23/2022	9/30/2022
October			
	10/06/2022	10/07/2022	10/14/2022
		10/21/2022	10/28/2022
November			
	11/03/2022	11/04/2022	11/10/2022
		11/18/2022	11/25/2022
December			
		12/02/2022	12/09/2022
	12/08/2022	12/09/2022	12/16/2022
		12/23/2022	12/30/2022
January			
	1/05/2023	1/06/2023	1/13/2023
		1/20/2023	1/27/2023
February			
		2/03/2023	2/10/2023
	2/09/2023	2/10/2023	2/17/2023
March			
		2/24/2023	3/03/2023
April			
	3/09/2023	3/10/2023	3/17/2023
		3/24/2023	3/31/2023
	4/06/2023	4/07/2023	4/14/2023
		4/21/2023	4/28/2023

BILLING POLICY AND PROCEDURES



PROCEDURE CODE, MODIFIERS AND REIMBURSEMENT

CHW services will be billed using the Healthcare Common Procedure Coding System (HCPCS) procedure code;

T1016 – Case Management – Each Fifteen Minutes

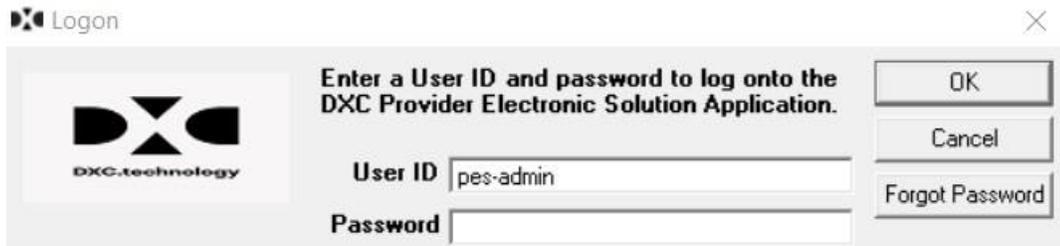
New Rates Effective 7/01/2023-Current

- T1016 – without a modifier will be used when billing for services rendered to an **established patient** - \$12.69
- T1016 – with the U3 Modifier will be used when billing for services rendered to a **new patient** - \$16.51
- T1016 – with HQ Modifier will be used when rendering services in a **group setting** - \$4.65 (each eligible Medicaid member)

GENERAL POLICY AND CLAIM GUIDELINES

- A provider enrolled both as a provider type other than CHW and as a CHW provider can submit claims for the provider's other services and for CHW services on the same day.
 - *Ex. A dental provider enrolls as a CHW provider. A member goes in for a cleaning by a hygienist. The dentist can bill for the cleaning using their dental provider number and also for a CHW that performed oral health coaching on the same date/visit, using their CHW provider number.*
- Each unit billed represents 15 minutes of time. Total amount of time spent with a member should be totaled and billed on one detail of the claim.
 - *Ex. One hour with a member should be billed on one line as 4 total units.*
- Diagnosis codes are required when submitting a claim. It is the provider's responsibility to determine the correct diagnosis code.
 - *Almost any diagnosis code for a chronic disease, including Behavioral Health (BH) conditions, may be used.*
 - *Providers may also use a "Z code" in the range Z55-65 to identify a social determinant of health as a diagnosis code.*
 - *One sources of ICD-10 diagnosis codes; [ICD10Data.com](https://www.icd10data.com). Printed versions of ICD-10 diagnosis code listings are also available.*
- You're limited to 96 units per day per member.
- There are no restrictions on the place of service for CHWs.

Filling Out a Claim in PES



Logon

DXC.technology

Enter a User ID and password to log onto the DXC Provider Electronic Solution Application.

User ID

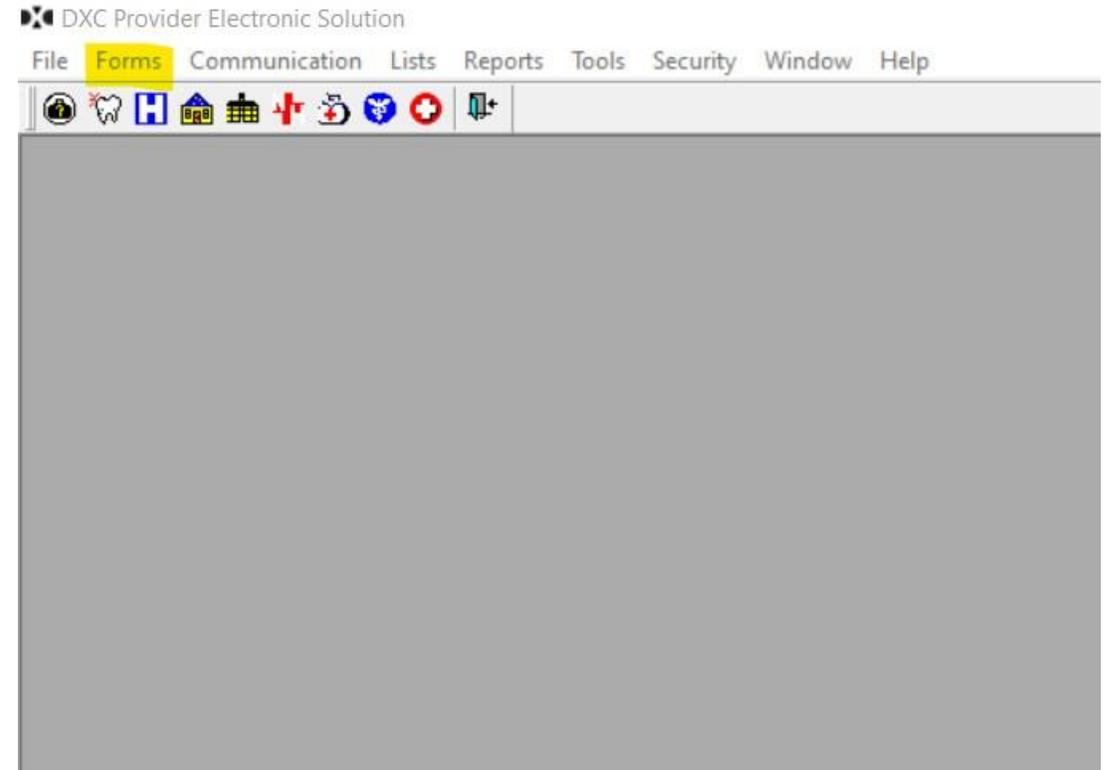
Password

OK

Cancel

Forgot Password

- Log into PES
- Click on Forms
- Then Click on 837 Professional



Filling Out a Claim in PES

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | Srv 1 | Srv 2

Claim Frequency 1 Original Claim #

Provider ID JDXXXXX Taxonomy Code

Last/Org Name DOE First Name JOHN

Client ID 1234567890 Account # 1234567890

Last Name JANE First Name DOE MI

Medical Record #

Release of Medical Data Y Signature on File Y

Benefits Assignment Y Report Type Code

Report Transmission Code Attachment Ctl

Add
Copy
Delete
Undo All
Save

837 Professional

Total Charge .00 OI Amount .00 Billed Amount .00 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | Srv 1 | Srv 2

Diagnosis Codes

Qualifier ICD-10 1 Z609 2 3 4

5 6 7 8

9 10 11 12

Referring Provider

SSN/Tax ID Provider ID

Last/Org Name First Name MI

Place Of Service Onset of Current Illness Date 00/00/0000

Special Program Code Admission Date 00/00/0000

EPSDT Referral

Add
Copy
Delete
Undo All
Save

Filling Out a Claim in PES

837 Professional

Total Charge 63.04 OI Amount .00 Billed Amount 63.04 Services 1

Hdr 1 | Hdr 2 | Hdr 3 | **Srv 1** | Srv 2

Diag Codes: 1 2 3 4 5 6 7 8

From DOS 12/01/2022 To DOS 12/01/2022 Place Of Service 12

Procedure T1016 Modifiers: 1 U3 2 3 4

Billed Amount 63.04 Diag Ptr: 1 1 2 3 4

Units 4 Basis of Measurement UN EPSDT N NDC Ind N

CLIA Number Emergency Ind Family Planning

Add Srv
Copy Srv
Delete Srv

Srv #	From DOS	To DOS	POS	Procedure	Units	Billed Amount
1	12/01/2022	12/01/2022	12	T1016	4	63.04

Add
Copy
Delete
Undo All
Save

R= Ready

I= Incomplete

F= Finalized

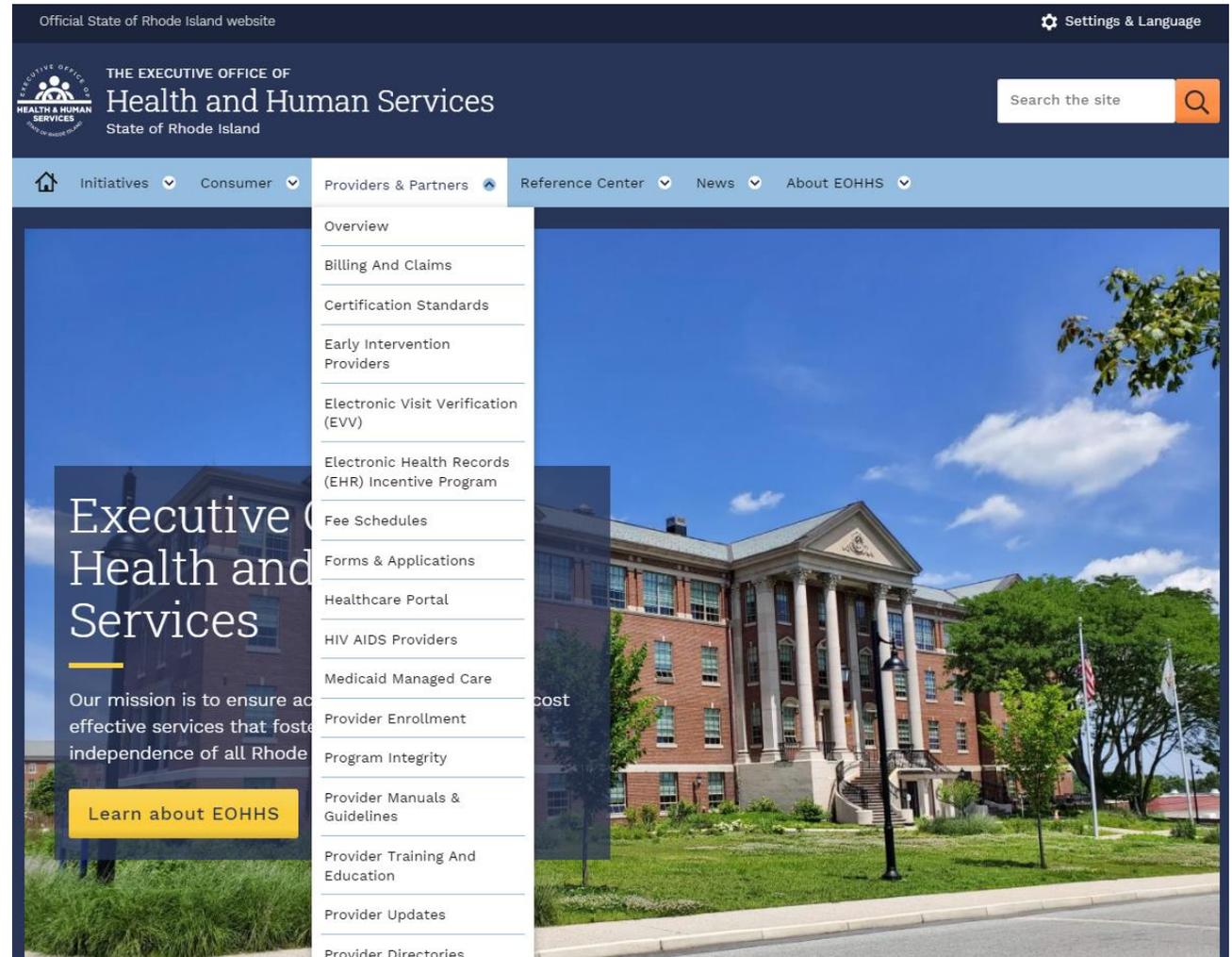
Report Transmission Code Attachment Ctl

Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status
1234567890	JANE	DOE	63.04		R



ADDITIONAL RESOURCES

- EOHHS Website
- Subscribe to receive the Provider Update
- Provider Reference Manual



TERMINOLOGY

- TPID- Trading Partner Number
- CHW- Community Health Workers
- HCP- Healthcare Portal
- CMS-Centers for Medicare & Medicaid Services
- PES-Provider Electronic Solutions
- NPI- National Provider Identification
- MCO- Manage Care Organization
- MID – Recipient Medicaid Identification
- POS –Place of Service
- RA –Remittance Advice
- DOB –Date of Birth
- DOS –Date of Service
- EDI – Electronic Data Interchange
- EFT –Electronic Funds Transfer
- EOHHS – Executive Office of Health and Human Services
- ICD – 10 International Classification of Disease, new code set effective October 1, 2014
- ICN –Internal Control Number
- ID –Identification

CONTACT INFORMATION

Provider Services	riproviderservices@gainwelltechnologies.com	
Provider Enrollment	rienrollment@gainwelltechnologies.com	
Customer Service Help Desk	401-784-8100 or Toll Free 1-800-964-6211	Monday through Friday 8:00 AM-5:00 PM
Andrea Rohrer	Andrea.rohrer@gainwelltechnologies.com 469-897-4389	Provider Representative

Questions ?

- Please raise your hand if you have a question.

