

A close-up photograph of a yellow pushpin pinned to a document. The background is a blurred blue and white, suggesting a calendar or a document with text. The pushpin is the central focus, with its sharp point and metallic base visible. The lighting is soft, highlighting the texture of the pushpin's plastic head.

Admission & Discharge Slips

ON THE HEALTHCARE PORTAL JUNE 2025

Agenda

- ▶ Overview
- ▶ Health Care portal functions
- ▶ Enrolling/Registering as a Trading Partner
- ▶ Verifying Eligibility
- ▶ Adding an Admission/Discharge Form
- ▶ Provider Dashboard
- ▶ Editing a Form
- ▶ Questions



Overview

Currently, Admission/Discharge slips are entered by nursing homes, hospice and RICLAS providers using the Community Supports Management (CSM) system

Users will now enter slips in the Healthcare portal instead of CSM

The Healthcare portal will be used by both case workers and providers for the management of admission/discharge slips

A Trading Partner number will be needed to sign into the Healthcare portal and access the Admission/Discharge Dashboard and Forms

CSM will be shut down on 06/20/2025 and providers can begin adding slips in the Healthcare portal on 06/23/25. The last day to enter slips in CSM will be 6/18/25

Providers will have “view only access in CSM after 06/19/25

For new applications, the providers have the responsibility to mark the admit date on the application/cover letter and PM-1 for every case. They also are responsible for requesting retro months they would like determined by DHS when applicable.

Healthcare Portal

Providers use the Healthcare Portal for access to information including:

Eligibility Verification

Remittance Advice

Claim Status

Files Exchange

New Business Function: Admission/Discharge Slips

Enrolling as a Trading Partner

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 Trading Partner, go to www.ri.providerportal.org and select "Click Here to Enroll". You must remember to register the TP ID as well. Instructions to complete both steps are found in self paced user guides

Enrolling for a Trading Partner Number go to www.ri.providerportal.org

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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](#)

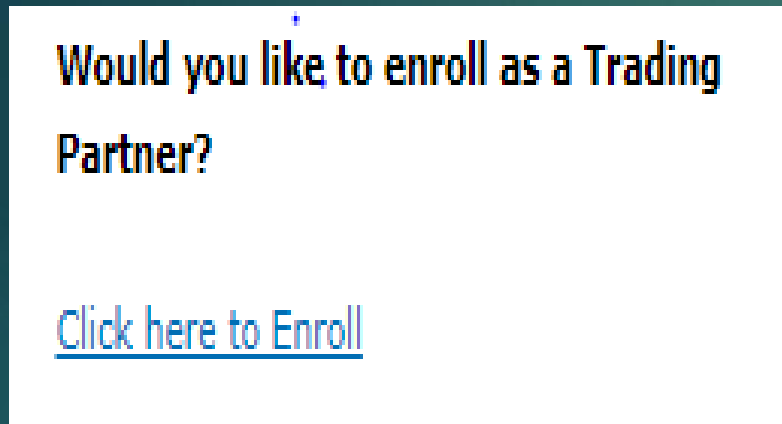
[Trading Partner Agreement](#)

[OPR Provider User Guide](#)

[Website Requirements](#)

[Rhode Island Medicaid Providers](#)

If you need to enroll as a trading partner, please follow the link shown in the previous slide then navigate to the bottom of the page as shown below and select 'click here to enroll'. You will need the NPI and tax-id to complete enrollment.



Welcome	Complete the fields in each section and select the Continue button to move forward to the next page.
Profile Information	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.
Transaction Sets	
Covered Providers	
Agreement	* Indicates a required field.
Summary	
	Initial Enrollment Information
	*Trading Partner/Billing Agency Full Name <input type="text"/>
	*FEIN (Tax ID) <input type="text"/>

All trading partners of the portal can add delegates by selecting manage accounts and checking off the box for the new function. Trading partners are responsible for managing all their delegates. This involves inactivating the delegates when they are no longer employed by the organization.

Once your trading partner application has been approved you will need to register your trading partner enrollment information.

To begin the registration process, select “Register Now”.

To register as a trading partner, select Trading partner and create your security profile.

To register as a delegate, select Delegate and add the information you were given by the master user.



The screenshot shows a web page titled "Login" with a blue header and a white background. It features a text input field labeled "*User ID" with a yellow and black patterned icon on the right. Below the field is a blue "Log In" button. Underneath the button are three links: "Forgot User ID?", "Register Now", and "Where do I enter my password?". A large red arrow points from the right towards the "Register Now" link.



To search eligibility on members you must add the eligibility role to your profile.

Add Role – Important!



There will be a one-time update for those providers that enter slips today in CSM if they can be matched to a Trading Partner number as a Master User.

If you are not already a provider and need access to the Nursing Home Admission/Discharge forms, you must check off Admission/Discharge Forms under "Online Web Services" when you apply for your Trading Partner number.

Trading Partner Enrollment: Transaction Sets

[Welcome](#)
[Profile Information](#)
Transaction Sets
[Covered Providers](#)
[Agreement](#)
[Summary](#)

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

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

- 270 / 271 Healthcare Eligibility Benefit Inquiry / Response
- 277 Healthcare Unsolicited 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
- NCPDP Point of Services (POS) Pharmacy

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

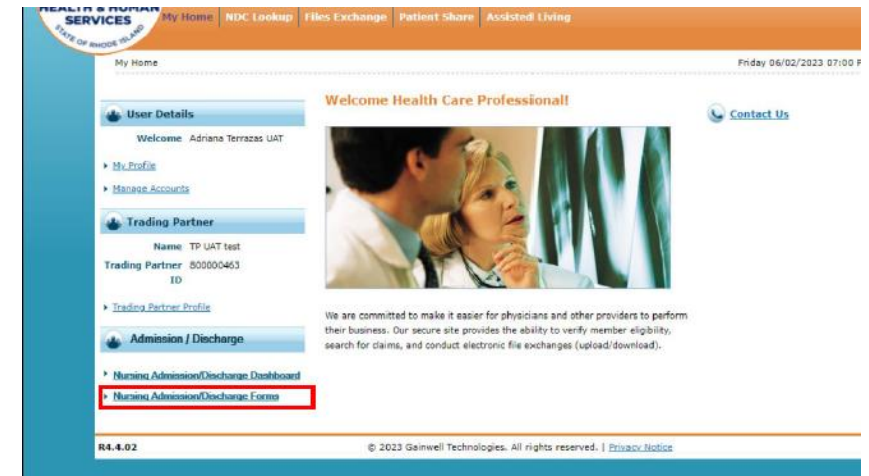
[Select All](#) | [Deselect All](#)

- Authorization Inquiry (For Developmental Disability Providers), BHDDH providers only
- Dental/Vision Limits
- Eligibility Approval
- Eligibility Entry
- Message Center
- NDC Lookup
- Prior Authorization (PA)
- Remittance Advice
- Remittance Advice Payment Amount
- Admission /Discharge Forms

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

I have a Trading Partner number, but I don't see the links on my home page for the slips.

- ▶ Please email riproviderservices@gainwelltechnologies.com
- ▶ Include your Trading Partner number (User ID) and the NPI of the facility with a request to have the links added.



Where are the forms (slips) located?

- ▶ Select Nursing Home Admission/Discharge Forms and you will be brought to the screen on the next slide

EXECUTIVE OFFICE OF
HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services
Medicaid

My Home | NDC Lookup | Files Exchange | Patient Share | Assisted Living

My Home Friday 06/02/2023 07:00 PM EST

User Details
Welcome Adriana Terrazas UAT
[My Profile](#)
[Manage Accounts](#)

Trading Partner
Name TP UAT test
Trading Partner ID 800000463
[Trading Partner Profile](#)

Admission / Discharge
[Nursing Admission/Discharge Dashboard](#)
[Nursing Admission/Discharge Forms](#)

Welcome Health Care Professional! [Contact Us](#)

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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Nursing Home Admission/Discharge Form ?

Provider Information

* Indicates a required field.

* NPI * Provider Type * Taxonomy

* Facility

Add provider information

CHOOSE YOUR NPI, PROVIDER TYPE, TAXONOMY AND FACILITY

Entering an Admission/Discharge Slip

- ▶ Select Admission or Discharge “Form Type” as applicable
- ▶ All fields that have a red asterisk are required fields
- ▶ Some fields as indicated by a down arrow will contain information that you can select

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

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Medicaid

My Home | Eligibility | Claims | NDC Lookup | Files Exchange | Patient Share | Assisted Living

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My Home > Nursing Home Admission/Discharge Form

Nursing Home Admission/Discharge Form

Provider Information

* Indicates a required field.

* NPI: 1437157898 * Provider Type: Nursing Home * Taxonomy: 314000000X

* Facility: SCALABRINI VILLA INC - Inactive

Client Information

* Form Type: Admission Discharge

* MID:

* Last Name: * First Name: Middle Initial:

* Birth Date: * Admission Date:

* Type of Insurance: * Current Acuity Level:

* Person Filling out Form: * Phone:

* DHS LTC Office:

Admission/Discharge Information

* Admitted From: * Facility Name:

Street 1: Street 2:

City: State: Zip Code:

Comments:

Save Return

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The screenshot displays the Medicaid portal interface. At the top left is the logo for the Executive Office of Health & Human Services, State of Rhode Island. The header includes the text "Rhode Island Executive Office of Health and Human Services" and "Medicaid". A navigation bar contains links for "My Home", "Eligibility", "Claims", "NDC Lookup", "Files Exchange", "Patient Share", and "Assisted Living". The main content area is titled "Welcome Health Care Professional!" and features a "User Details" section with "Welcome ST ELIZABETH HOME". A "Provider" section lists "Name: ST ELIZABETH HOME", "Provider ID: 1053428185 (NPI)", and "Location ID: ONE SAINT ELIZABETH WAY". A "Trading Partner" section shows "Name: ST ELIZABETH HOME" and "Trading Partner ID: 800000529". A "Nursing Home Admission/Discharge" section is visible at the bottom. A red arrow points from the "Trading Partner" section to a modal dialog box that reads: "Nursing Home Admission/Discharge Form Information has been successfully saved." with an "OK" button. The date and time "Wednesday 11/27/2024 08:42 AM EST" are shown in the top right corner.

You will receive a message when your form has been saved successfully.

1 & HUMAN SERVICES My Home Eligibility Claims NDC Lookup Files Exchange Patient Share Assisted Living
RHODE ISLAND

Nursing Home Admission Monday 12/09/2024 08:38 AM EST

Error
The Provider is Inactive for the specified Admission or Discharge Date Please re-enter Date.

Nursing Home Admission/Discharge Form

* Indicates a required field.

Provider Information

*NPI 1093840258 *Provider Type RICLASS *Taxonomy 320900000X
*Facility RICLAS DDD-MHRH COLLEGE PARK APARTMENTS - Inactive

Client Information

*Form Type Admission Discharge
*MID [REDACTED]
*Last Name [REDACTED] *First Name [REDACTED] Middle Initial
*Birth Date [REDACTED] *Admission Date 11/01/2024
*Type of Insurance United Healthcare *Current Acuity Level Hospice
*Person Filling out Form Gainwell Testing *Phone 5555555555
*DHS LTC Office Newport

Admission/Discharge Information

*Admitted From Hospital *Facility Name RI HOSPITAL, IP
Street 1 593 EDDY STREET Street 2 [REDACTED]
City PROVIDENCE State Rhode Island Zip Code 029034923
Comments Gainwell Testing

Save Cancel

Admission/Discharge forms can only be saved for dates of service that the provider was actively enrolled.



Nursing Home Admission/Discharge Form

* Indicates a required field.

Provider Information

*NPI *Provider Type *Taxonomy
NPI is a required field. Provider Type is a required field. Taxonomy is a required field.
*Facility
Facility is a required field.

Client Information

*Form Type Admission Discharge
*MID
MID is a required field.
*Last Name *First Name Middle Initial
Last Name is a required field. First Name is a required field.
*Birth Date *Admission Date
Birth Date is a required field. Admission Date is a required field.
*Type of Insurance *Current Acuity Level
Type of Insurance is a required field. Current Acuity Level is a required field.
*Person Filling out Form *Phone
Person Filling out Form is a required field. Phone is a required field.
*DHS LTC Office
DHS LTC Office is a required field.

Admission/Discharge Information

*Admitted From
Admitted From is a required field.
Street 1 Street 2
City State Zip Code
Comments

Save Cancel

If any field that has an asterisk is left blank below are the error messages that apply to the field. Only those fields left blank will display the error.

The 10 digit MID is required when completing the forms. If it is missing, you will see an error that the MID is a required field.

The screenshot shows a web-based form titled "Nursing Home Admission" from the Rhode Island Executive Office of Health and Human Services. The form is divided into several sections: "Provider Information", "Client Information", and "Admission/Discharge Information".

- Provider Information:** Includes fields for NPI (1053428185), Provider Type (Nursing Home), Taxonomy (315P00000X), and Facility (ST ELIZABETH HOME - Active).
- Client Information:** Includes Form Type (Admission selected), Last Name, Birth Date, Type of Insurance (Medicare Gap Policy), Person Filling out Form (Gainwell Testing), DHS LTC Office (Newport), First Name, Middle Initial, Admission Date (11/01/2024), Current Acuity Level (Hospice), and Phone (5555555555).
- Admission/Discharge Information:** Includes Admitted From (Group Home), Facility Name (EASTER SEALS RHODE ISLAN), Street 1 (150 MAIN STREET), City (PAWTUCKET), State (Rhode Island), and Zip Code (02850-4125).

Two red boxes with arrows point to error messages:

- One error message is located at the top left of the form area, stating "Error MID is a required field." with an arrow pointing to the "MID" field.
- Another error message is located directly below the "MID" field, also stating "Error MID is a required field." with an arrow pointing to the field.

At the bottom of the form, there are "Save" and "Cancel" buttons. The footer contains the text "R4.4.02 © 2024 Gainwell Technologies. All rights reserved. | Privacy Notice".

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Medicaid

My Home | Eligibility | Claims | NDC Lookup | Files Exchange | Patient Share | Assisted Living

Nursing Home Admission Wednesday 12/11/2024 09:01 AM EST

Error
Recipient Information do not match. Please re-enter Recipient Information.

Nursing Home Admission/Discharge Form

* Indicates a required field.

Provider Information

*NPI 1053428185 *Provider Type Nursing Home *Taxonomy 314000000X
*Facility ST ELIZABETH HOME - Active

Client Information

*Form Type Admission Discharge
*MID [REDACTED]
*Last Name [REDACTED] *First Name [REDACTED] Middle Initial [REDACTED]
*Birth Date [REDACTED] *Admission Date 12/01/2024
*Type of Insurance Medicare *Current Acuity Level Skilled
*Person Filling out Form Gainwell Testing *Phone 5555555555
*DHS LTC Office Cranston

Admission/Discharge Information

*Admitted From Home
Street 1 [REDACTED] Street 2 [REDACTED]
City Providence State Rhode Island Zip Code 027230000
Comments [REDACTED]

Save Cancel

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If the MID and the member's name does not match you will get an error "Recipient Information does not match. Please re-enter Recipient Information".

To verify eligibility, select the Eligibility tab in the orange bar.



Verifying Eligibility

Eligibility using the SSN or MID

- This page will allow you to verify eligibility.
- The user will select NPI/Provider Type/ and Taxonomy.
- The user then selects the Billing Provider from a prepopulated list.
- Provider ID section is only for providers who do not qualify for an NPI.
- Enter the Recipient ID and the dates of service and submit.

The screenshot shows a web form titled "Eligibility Verification Request" with a timestamp of "Thursday 08/14/2014 10:36 AM EST". The form includes several sections: "Provider Information" with dropdowns for NPI, Provider Type, and Taxonomy; "Billing Provider" with a dropdown; "Provider ID" section with a note that it is only for non-NPI providers; "Recipient Information" with fields for Recipient ID, Last Name, First Name, MI, and Birth Date; "Payer" dropdown; "Effective Dates" with "Effective From Date" and "Effective To Date" dropdowns; and "Service Type Code" section with six input fields for codes #1 through #6. A link "Show More Service Type Codes" is visible at the bottom right.

EXECUTIVE OFFICE OF
HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us | Logout

My Home | Eligibility | Claims | NDC Lookup | Files Exchange | Patient Share | Assisted Living

My Home > Nursing Home Admission/Discharge Form

Nursing Home Admission/Discharge Form

Provider Information

* Indicates a required field.

* NPI: 1710087127 * Provider Type: Inpatient Facility * Taxonomy: 282NC2000X

* Facility: CHILDREN'S HOSPITAL BOSTON - Active

Client Information

Form Type: Admission Discharge

* MID:

* Last Name: * First Name: Middle Initial:

* Birth Date: * Discharge Date:

* Current Acuity Level:

* Person Filling out Form: * Phone:

* DHS LTC Office:

Admission/Discharge Information

* Discharge Due to Death: Yes No Date Of Death:

* Discharged To: * Facility Name:

Street 1: Street 2:

City: State: Zip Code:

Comments:

Save Cancel

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Discharge Form

Nursing Home Admission/Discharge Dashboard

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Executive Office of Health & Human Services
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us | Logout

My Home | NDC Lookup | Files Exchange | Patient Share | Assisted Living


My Home Friday 06/02/2023 07:00 PM EST

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

Trading Partner
Name: TP UAT test
Trading Partner: [REDACTED]
ID:
▶ [Trading Partner Profile](#)

Admission / Discharge
▶ [Nursing Admission/Discharge Dashboard](#)
▶ [Nursing Admission/Discharge Forms](#)

Welcome Health Care Professional! [Contact Us](#)



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).

View of Provider Dashboard

My Home > Nursing Home Admission/Discharge Dashboard Tuesday 5/23/2023 03:07 PM EST

Nursing Admission/Discharge Dashboard

* Indicates a required field.
Please select or enter valid Provider information. Status indicated for the Provider is based upon the current state.

NPI **Provider Type** **Taxonomy**
Facility

Field Office: **MID:** **Type:**
Status: **Start Date:** **End Date:**

[Filter](#)

Client Information

	Client Name	MID	Submission Date	Effective Date	Type	Status	Field Office	Facility
+	██████████	██████████	05/15/2023	04/20/2023	Admission	New	Cranston	MOUNT ST RITA HEALTH CENTRE

Dashboard Notes

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- ▶ The Dashboard will allow you to see your own historic forms that you have submitted
- ▶ It will be loaded in alphabetical order with the most recent 3 months of Admission and Discharge Slips (can be edited) for any NPI's associated with the Trading Partner that the user is signed into the Healthcare portal with
- ▶ No more than 25 Forms will appear on the screen at one time
- ▶ Providers can filter their results by NPI, Field Office, Type of Form, Status, and/or MID
- ▶ To see the details of an existing form select the plus (+) sign to the left of the client's name
- ▶ Providers can update all fields except for the client information

Status Types

- ▶ NEW
- ▶ Incorrect
- ▶ Not Necessary
- ▶ Pending Intake
- ▶ Processed
- ▶ Transferred

Users Can Correct/Edit an Existing Form

- ▶ Select the record to be updated by clicking on the + sign to the left of the client's name
- ▶ Select the "Edit" button
- ▶ All Fields except the client information on the forms can be updated
- ▶ Then select "Save" and the corrected slip will be saved as New and show a check mark next to Corrected Form

* Indicates a required field.
Please select or enter valid Provider information. Status indicated for the Provider is based upon the current state.

NPI: 1093966608
Facility: 735 PUTNAM PIKE OPERATIONS LLC - Active

Provider Type: Nursing Home
Taxonomy: 314000000X

Field Office: Cranston
Status: New

MID:
Start Date:

Type:
End Date:

[Filter](#)

	Client Name	MID	Submission Date	Effective Date	Type	Status	Field Office	Facility
+	[REDACTED]	[REDACTED]	05/15/2023	04/20/2023	Admission	New	Cranston	735 PUTNAM PIKE OPERATIONS LLC
-	[REDACTED]	[REDACTED]	04/13/2023	03/26/2023	Admission	New	Cranston	735 PUTNAM PIKE OPERATIONS LLC

Client Information

MID: 1093966608
Last Name: [REDACTED]
Birth Date: [REDACTED]
Corrected Form:

Form Type: Admission
First Name: [REDACTED]
Middle Initial: E
Admission Date: 03/26/2023

Facility: 735 PUTNAM PIKE OPERATIONS LLC
NPI: 1093966608
Person Filling out Form: John Doe

Type of Insurance: Neighborhood Health Plans
Current Acuity Level: Skilled
Phone: (999)999-9999

Admission/Discharge Information

Admitted From: Hospital
Street 1: 25 Roberts Way
City: NORTH KINGSTOWN
DHS LTC Office: Cranston

Facility Name: BUTLER HOSPITAL, FS
Street 2: Suite 302
State: RI
Status: New
Zip Code: 02852-0000

Comments:

[Edit](#) [Save](#) [Cancel](#)

Contact Information

Customer Service Help Desk	First line of contact for eligibility or claims inquiry that you were not able to determine after consulting the website.	401-784-8100 (For local and long distance calls) 800-964-6211 (in-state toll calls)
Marlene Lamoureux	Provider Representative	571-895-4938 Marlene.Lamoureux@gainwelltechnologies.com
Kelly Leighton	Provider Services Manager	571-348-5975
EDI Questions	EDI department	riediservices@gainwelltechnologies.com
CSM	Password Resets	Rixix-ticket-systems@gainwelltechnologies.com
DHS	LTC Eligibility Issues	Help Line 401-574-8474 DHS.NursingHomeInquiries@DHS.RI.gov
OHHS LTSS Escalation Team	Eligibility Issues greater than 1 Year old	OHHS.LTSSescalation@ohhs.ri.gov

Questions

