EXECUTIVE OFFICE OF
HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

RI Medicaid

Managing Covered Providers
ERA Enrollment

DXC.technology

Version 1.0
July, 2017

Revision History

Version	Date	Reason for Revisions	Areas Revised
1.0	July, 2017	New manual	New manual

Table of Contents

INTRODUCTION

This guide is to help providers, clearinghouses, and vendors navigate the process of adding covered providers to their Trading Partner account as well as enrolling to receive the 835/277U Electronic Remittance Advice (ERA).

Adding covered providers to the Trading Partner account, as well as ERA enrollment is completed in the RI Medicaid Healthcare Portal. This guide outlines the process for completing both.

For assistance, contact the Customer Service Help Desk at:

- 1-401-784-8100 for local and long distance calls

- 1-800-964-6211 for in-state toll calls or border community calls

Or by email: riediservices@dxc.com.

New Trading Partner Enrollment

New providers or clearinghouse/vendors must enroll as a Trading Partner in the RI Medicaid Healthcare Portal. Select the Trading Partner enrollment link from the homepage to complete the online Trading Partner enrollment application.

Transaction Sets

After completing the Profile Information for your facility, you will be brought to the Transaction Sets screen. On this screen, you must select all of the transactions that you will be exchanging electronically with RI Medicaid. If you would like to receive the 835, Electronic Remittance Advice, you should select both the 835 checkbox and the 277 checkbox, as well as the other transactions you will exchange. **Important:** If you are a provider whose clearinghouse or vendor will receive the 835 on your behalf, **do not** check the 835 and 277 boxes.

Adding Covered Providers

After adding the transaction sets for the Trading Partner account, the covered provider screen will open. On this screen, all providers who are part of the office, facility or group, for whom you may bill, must be listed.

Select "add" to enter the identifying information for each provider to be listed.

Note: The effective date is the date that you are completing this application. The end date will prepopulate.

If you wish to receive the 835 ERA for that provider, select the 835 and 277 checkboxes.

When you select the 835/277 checkboxes for any provider, the ERA enrollment form will display. This form must be fully completed for **each** provider listed in the covered provider section, when the 835/277 boxes are checked.

When all information is completed, select the "save" button. To add additional providers, select the add button again, or continue to move to the next screen.

ERA Enrollment Form

The ERA Enrollment Form must be completed for **each** provider for whom you wish to receive the 835. The form must be fully completed for the ERA enrollment to be processed.

For instructions, see Appendix.

Missing Transaction

If the applicant fails to select the 835/277 transactions for the Trading Partner account, and the application is submitted, the transaction can only be added by sending an email to riediservices@dxc.com and requesting the transaction be added. Please include your Trading Partner ID number, contact information, and the additional access you are requesting in the email request.

Note: This is only for the transaction set selection for an existing Trading Partner account as a whole. ERA enrollment for providers, by NPI, is completed by following the steps below.
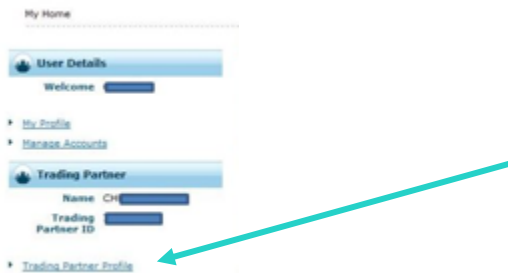
Existing Trading Partners

Existing Trading Partners may need to complete one or more of the following actions:

- Add a new covered provider
- Complete ERA enrollment
- Cancel ERA enrollment

Adding Covered Providers

To add a covered provider, log into the Healthcare Portal, using your existing User ID and password. On the User Homepage, select Trading Partner Profile screen.

On the Trading Partner Profile screen, scroll to the Covered Provider section and select "add". Enter the identifying information for that provider.

Note: The effective date is the date that you are completing this application. The end date will prepopulate.

If you wish to receive the ERA for that provider, select the 835 and 277 checkboxes.

When you select the 835/277 checkboxes for any provider, the ERA enrollment form will display. This form must be fully completed for **each** provider listed in the covered provider section, when the 835/277 boxes are checked.

When all information is completed, select the "save" button. To add additional providers, select the add button again, or continue to move to the next screen.

Important: If you are a provider whose clearinghouse or vendor will receive the 835 on your behalf, **do not** check these boxes.

Note: If a clearinghouse/vendor is attempting to add a provider for the purposes of receiving the ERA, and that provider was previously enrolled with another clearinghouse/vendor, the association to the original entity must first be cancelled. See Cancelling an ERA Enrollment below.

ERA Enrollment for an Existing Covered Provider

If the provider is already listed as a covered provider, but you would like to complete the enrollment form to receive the 835 ERA, select the plus sign (+) next to the NPI of the provider. Select the 835 and 277 checkboxes. When you select the 835/277 checkboxes for any provider, the ERA enrollment form will display. This form must be fully completed for **each** provider listed in the covered provider section, when the 835/277 boxes are checked.

When all information is completed, select the "save" button. To add additional providers, select the add button again, or continue to move to the next screen.

Cancelling an ERA Enrollment

Providers Receiving ERA

Providers who no longer wish to receive the 835 ERA, may cancel enrollment through the Healthcare Portal.

Under the Covered Provider section of the Trading Partner Profile screen, access the details for a specific provider by either clicking Display Covered Providers, which will display all, or search for a specific provider using the Provider ID and ID Type.

Select the plus sign (+) next to the NPI of the provider.

Uncheck the boxes for the 835 and 277 and select the save button.

ERA Received by Clearinghouse/Vendors

Providers who have moved their business to a new clearinghouse/vendor will need to contact the original clearinghouse/vendor to be removed as a covered provider, before the new enrollment can be completed. The provider must contact the existing clearinghouse/vendor and ask them to remove the association.

The original clearinghouse/vendor should log into the Healthcare Portal. Under the Covered Provider section of the Trading Partner Profile screen, access the details for a specific provider by either clicking Display Covered Providers, which will display all, or search for a specific provider using the Provider ID and ID Type.

Select the plus sign (+) next to the NPI of the specific provider. Uncheck the boxes for the 835 and 277 and select the save button.

Once this is completed, the new clearinghouse/vendor may complete the process to add the covered provider, and select the 835/277 transactions. They will then complete the ERA enrollment form.

Note: To ensure continuous receipt of the 837/277U, the new billing entity must add the provider as a covered provider and complete the ERA enrollment form before the cut-off date of the financial cycle.

Appendix
ERA Enrollment Form -Field by Field Instructions

FIELD	DESCRIPTION
Provider Information	
Provider Name	Enter the legal name of the provider to whom the remittance advice applies. This name should be the same as what is shown in the remittance advice and the provider file.
Provider Identifiers Information	
Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)	Enter the Tax ID of the provider for which the ERA Authorization Agreement applies.
National Provider Identifier (NPI)	Enter the NPI of the provider for which the ERA Authorization Agreement applies.
Other Identifier(s)	If provider does not have an NPI, enter the unique Medicaid ID number.
Assigning Authority	If other than NPI is used, check Medicaid.
Provider Taxonomy Code	Enter the taxonomy code(s) associated to the NPI for this provider.
Provider Contact Name	Enter the name of the person who should be contacted with questions on the ERA form.
Telephone Number	Enter the telephone number for the contact person.
Email Address	Enter the email address for the contact person.
Fax Number	Enter the fax number for the contact person.
Clearinghouse Name	Enter the name of the Clearinghouse who may be working on behalf of the provider.
Clearinghouse Contact Name	Enter the name of the contact for the Clearinghouse previously mentioned.
Telephone Number	Enter the phone number of the Clearinghouse previously mentioned. If a Clearinghouse contact is listed, this should be the phone number of the Clearinghouse contact.
Email Address	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.
Vendor Name	Enter the name of the Vendor who may be working on behalf of the provider.
Vendor Contact Name	Enter the name of the contact for the Vendor previously mentioned.
Telephone Number	Enter the phone number of the Vendor previously mentioned. If a Vendor contact is listed, this should be the phone number of the Vendor contact.
Email Address	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.
Reason for Submission	Select a reason for which you are submitting the application.

Electronic Signature of Person Submitting the Enrollment	Typed name of authorized person. (not on new Trading Partner applications)
Printed Title of Person Submitting the Enrollment	Enter title of the authorized person. (not on new Trading Partner applications)
Submission Date	Enter the date in MM/DD/CCYY format for the date of submission. (not on new Trading Partner applications)