

RI Medicaid Healthcare Portal

Using the Healthcare Portal

PR0054 V1.5 11/03/2022



What is the Healthcare Portal?

- Trading Partners and their delegates access business actions through the Healthcare Portal
 - Verifying eligibility
 - Access to Remittance Advice
 - Prior Authorization status
 - Claims searches
- All Trading Partners must first complete the registration process in the Portal to gain access (Instructions for registering in the Portal are posted on the [Healthcare Portal](#) page of the EOHHS website). www.riproviderportal.org

Enter your User ID here and click Log In

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

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

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.



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) "New Billing" Provider?

Provider Enrollment User Guide

Trading Partner Enrollment User Guide

Trading Partner Agreement

If you have not registered your computer, you will need to answer a challenge question

The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid portal. The header includes the state seal and the text "Rhode Island Executive Office of Health and Human Services Medicaid". A navigation bar contains a "Home" link. Below the header, a breadcrumb trail shows "Home > Challenge Question" and the date "Friday 06/13/2014 12:20 PM EST".

The main content area is titled "Answer the challenge question to verify your identity." and contains the following elements:

- Computer and Challenge Question**: A section with a lock icon and a title bar.
- Challenge Question**: "What is your favorite sports team?"
- Your Answer**: A text input field.
- [Forgot answer to challenge question?](#): A link below the answer field.
- Select**: Radio button options:
 - This is a personal computer. Register it now.
 - This is a public computer. Do not register it.
- Continue**: A blue button at the bottom of the form.

On the left side of the page, there is a text box explaining the challenge question process:

...protect your... 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.**



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 [redacted] 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?](#)

Confirm that your Site Key and Passphrase are correct. If they are, then enter your Password.

If password is forgotten, click here to reset.


Healthcare Portal

Password Issues – Self Help

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 coffee

*Password

[Sign In](#)

[Forgot Password?](#)

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

[Submit](#) [Cancel](#)

Customer Service Help Desk

(401) 784-8100 for local and long-distance calls

(800) 964-6211 for in-state toll calls

Forgot/Re-set Password

If you forget or need to re-set your password, select the “Forgot Password” link on the password page. You will be asked to verify your identify with a security question. You will receive a temporary password by email. Log in with that password and immediately change to a new permanent one.

Change Password

To change your password, you need to know your current password. From your Healthcare Portal User Homepage, select the “My Profile” link. Complete the change password page (see image above)

Passwords expire every 90 days and you cannot repeat any of the 6 previous passwords.

Locked Out

If you enter the wrong password too many times, you will receive a message that you are locked out.

Please contact the Customer Service Help Desk who will unlock your account and send a temporary password- if needed.

REMINDER:

Passwords must be **exactly** 8 characters: At least one upper case letter, one lower case letter, one number and no special characters. Passwords cannot be changed more than once per day.

User's Homepage

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

My Home | Eligibility | Claims | Files Exchange

My Home Friday 07/25/2014 10:14 AM EST

User Details
Welcome [Redacted]

My Profile
[Manage Accounts](#)

Provider
Name [Redacted] NC
Provider ID [Redacted] 117 (NP1)
Location ID [Redacted] MB1A

Enrollment

Trading Partner
Name [Redacted] NC
Trading Partner ID [Redacted] 5

[Trading Partner Profile](#)

Welcome Health Care Professional!

[Contact Us](#)

Interactive Web Services

- [Approve Eligibility/TPL](#)
- [Check Dental/Vision Limits](#)
- [Enter Eligibility](#)
- [Enter TPL \(Third Party Liability\)](#)
- [Message Center](#)
- [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

You are brought to the User Homepage

Access to My Profile is here

From this page, you will select the business action. Some business actions will be on the list on the left, and some are across the top of the screen.

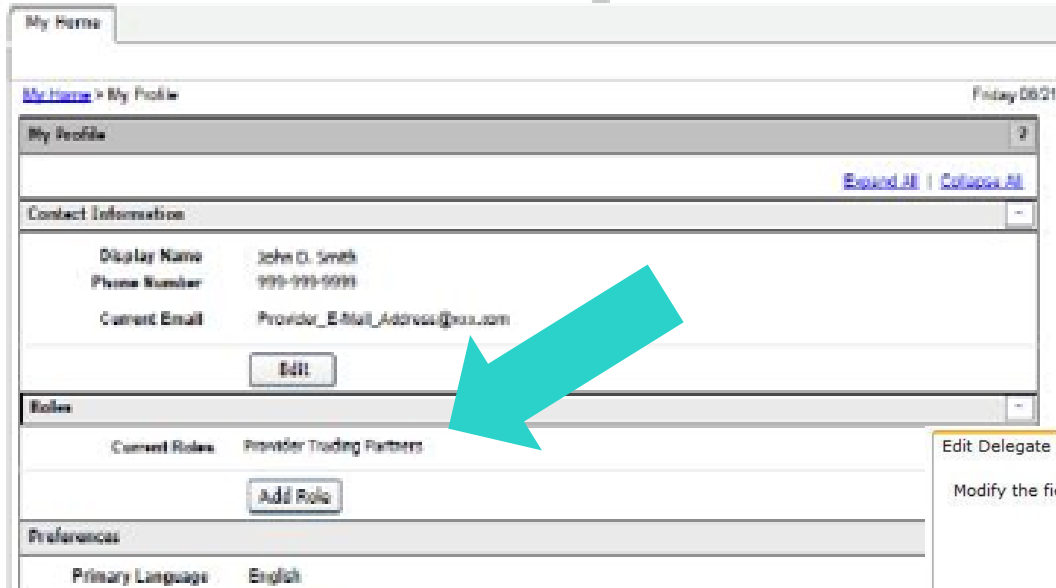
Verify Eligibility



To verify eligibility, select this tab

If link for eligibility is missing, go to the User Homepage and click “My Profile” .

Select “Add Role” and complete this section. This will add access to eligibility and claims search.



My Profile

My Profile > My Profile Friday 06/21

My Profile

Expand All | Collapse All

Contact Information

Display Name John D. Smith
Phone Number 999-999-9999
Current Email Provider_Email_Address@pou.com

Edit

Roles

Current Roles: Provider Trading Partners

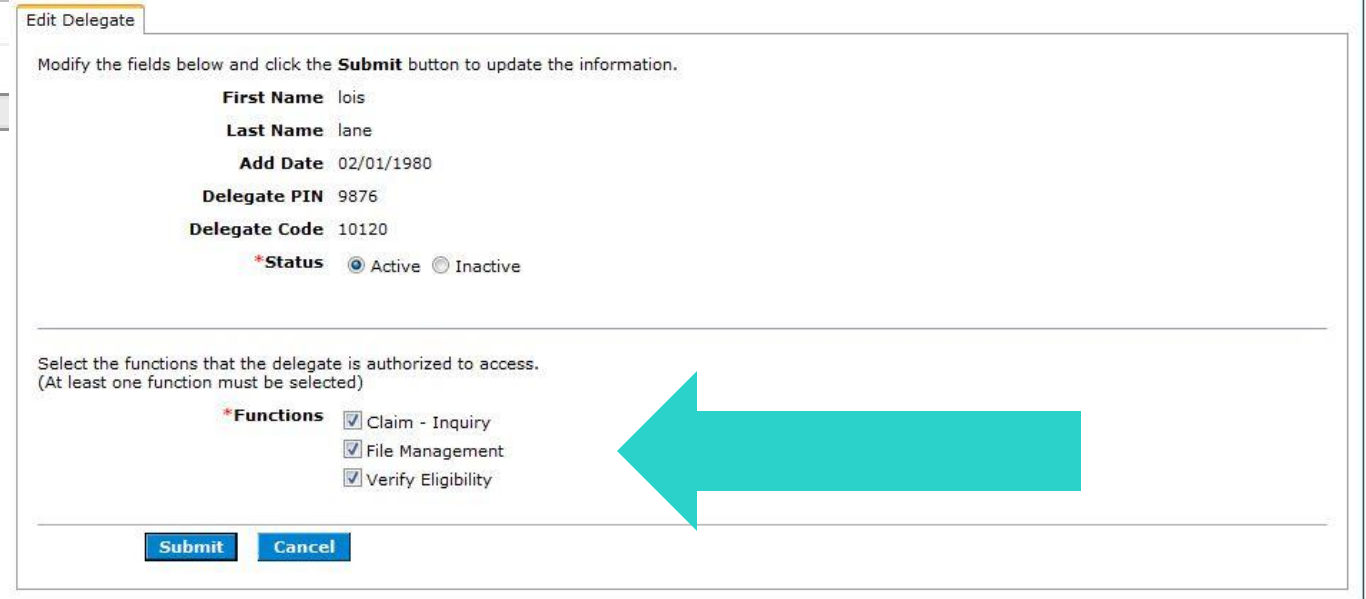
Add Role

Preferences

Primary Language: English

If your delegate does not have access to check eligibility be sure it is on the account (see previous step)

From the “Manage Accounts” page, select the delegate’s name, and then the “edit” tab. Be sure the function is checked. See image at right.



Edit Delegate

Modify the fields below and click the **Submit** button to update the information.

First Name lois
Last Name lane
Add Date 02/01/1980
Delegate PIN 9876
Delegate Code 10120
***Status** Active Inactive

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

***Functions** Claim - Inquiry
 File Management
 Verify Eligibility

Submit Cancel

Eligibility

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.

Eligibility

Thursday 08/14/2014 10:36 AM EST

Eligibility Verification Request

* Indicates a required field.

Please select Billing and Rendering Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI Provider Type Taxonomy

Billing Provider

Rendering Provider

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

This section only for atypical providers

Please enter in Recipient ID. For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name First Name MI Birth Date

Payer

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

*Effective From Date Effective To Date

Service Type Code

Service Type Code #1 <input type="text"/>	Service Type Code #2 <input type="text"/>
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](#)

Verify Eligibility *continued*

Eligibility

Thursday 08/14/2014 10:36 AM EST

Eligibility Verification Request ?

* Indicates a required field.

Please select or enter valid Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI Provider Type Taxonomy

Billing Provider

Rendering Provider

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Please enter in Recipient ID. For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name First Name

Payer

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

*Effective From Date Effective To Date

Service Type Code

Service Type Code #1 <input type="text"/>	Service Type Code #2 <input type="text"/>
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](#)

User then enters
Recipient ID,
and From and To
dates of service.
Then click
Submit

*Please note: Date range
may be 12 months prior
to today's date, with a
maximum 3-month date
span.*

*CNOM provider instructions
are on screen*

Member ID Conversion

Eligibility Searches in the Healthcare Portal

Eligibility Friday 03/25/2016 11:17 AM EST

Eligibility Verification Request

* Indicates a required field.

Please select or enter valid Provider information. Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

Billing Provider NPI Provider Type Taxonomy
 Rendering Provider

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Please enter Recipient ID.
For CNDM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID
 Last Name First Name MI Birth Date
 Payer

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

*Effective From Date Effective To Date

Service Type Code

Service Type Code #1 Service Type Code #2
 Service Type Code #3 Service Type Code #4
 Service Type Code #5 Service Type Code #6

[Show More Service Type Codes](#)

Eligibility > Eligibility Verification Response Friday 08/07/2013 04:1

Eligibility Verification Response [Back to Eligibility Verification](#)

[Expand All](#)

Verification Number 2013099012345

Recipient Information

Recipient ID 9876543210 Recipient Name John Doe
 Birth Date 11/21/1986 Gender Male
 Date of Death

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorical and Fee for Service	08/15/2012	08/15/2012	\$0.00	Message Text

Service Type Code Details - Covered

Service Type Code Details - Not Covered

Managed Care Details

Managed Care Service Type Code Details - Covered

Lock-in Details

Eligibility Response

[Eligibility](#) > Eligibility Verification Response Friday 06/07/2013 04:18AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) ?

[Expand All](#) | [Collapse All](#)

Verification Number 2013099012345

Recipient Information

Recipient ID 0132546789 Recipient Name John Doe
Birth Date 08/21/1986 Gender Male
Date of Death -

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorical and Fee for Service	08/15/2012	08/15/2012	\$0.00	Message Text

Service Type Code Details - Covered +

Service Type Code Details - Not Covered +

Managed Care Details +

Managed Care Service Type Code Details - Covered +

Lock-in Details +

Medicare Details +

TPL Details +

Premium Payment Details +

Long Term Care Details +

After clicking submit, this eligibility response will be returned.

For more details, click "expand all" or click the plus sign next to the specific information you require.

My Home | Eligibility | Claims | File Exchange

Eligibility > Eligibility Verification Response Friday 08/07/2013 04:18AM EST

Wire frame continued from previous page.

Service Type Code Details - Covered

Service Type Code	Description	Effective From Date	Effective To Date	Copay	Coinsurance
1	Medical Care	08/15/2012	11/01/2012	\$0.00	0%
36	Dental Care	08/15/2012	11/01/2012	\$0.00	0%
47	Hospital	08/15/2012	11/01/2012	\$0.00	0%
AL	Vision (Optometry)	08/15/2012	11/01/2012	\$0.00	0%

Service Type Code Details – Not Covered

Service Type Code	Description	Effective From Date	Effective To Date	Copay	Coinsurance
33	Chiropractic	08/15/2012	11/01/2012	\$0.00	0%

Managed Care Details

Plan Name	Phone	Effective From Date	Effective To Date
United Health Plan	866 573-2451	08/15/2012	09/30/2012
Neighborhood Health Plan	866 222-3333	10/01/2012	11/01/2012

Managed Care Service Type Code Details - Covered

Service Type Code	Description	Effective From Date	Effective To Date
1	Medical Care	08/15/2012	09/30/2012
1	Medical Care	10/01/2012	11/01/2012
47	Hospital	08/15/2012	09/30/2012
47	Hospital	10/01/2012	11/01/2012
88	Pharmacy	08/15/2012	09/30/2012
88	Pharmacy	10/01/2012	11/01/2012

Wire frame continued on next page...

This screen shows the expanded version of the Service Type Code details.

Note: Dental and Vision coverage limits should always be verified. Return to the User homepage and select dental/vision limits from the IWS links on the right.

My Home Eligibility Claims File Exchange

Eligibility > Eligibility Verification Response Friday 06/07/2013 04:18AM EST

Wire frame continued from previous page.

Managed Care Service Type Code Details - Covered

Lock-In Details

Lock-In Type	Effective From Date	Effective To Date	Lock-In Provider	Lock-In Provider Phone
Pharmacy	08/15/2012	11/01/2012	Walgreens	555-549-2222
Physician	08/15/2012	11/01/2012	Dr John Doe MD	333-444-5555

Medicare Details

Carrier Name	Policy Number	Coverage	Effective From Date	Effective To Date
Medicare Claims Dept.	123456789A	MedicareA	08/01/2012	11/01/2012
Medicare Claims Dept.	123456789A	MedicareB	08/01/2012	11/01/2012
Blue Cross & Blue Shield of Rhode Island	123456789A	MedicareB	08/01/2012	11/01/2012

TPL Details

Carrier Name	Policy Number	Coverage	Effective From Date	Effective To Date
Healthmate Claims Dept.		RiteShare Basic	08/01/2012	11/01/2012
Harvard Community Health Plan	89384	HMO/Dental/Drug	08/01/2012	11/01/2012

Premium Payment Details

Carrier Name	Effective From Date	Effective To Date
Connect Care Choice	08/01/2012	11/01/2012

Long Term Care Details

Plan Name	Effective To Date	Effective To Date
Nursing Facility Per Diem	08/01/2012	11/01/2012

This screen shows expanded versions of the remaining details.

If the recipient is not eligible for the date(s) of service, this will be returned.

Eligibility > Eligibility Verification Response Friday 06/07/2013 04:18AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) ?

Verification Number 2013099012345
 Response Text The recipient is not eligible.

Recipient ID [REDACTED] Recipient Name [REDACTED] N
 Birth Date 03/19/2014 Gender Male
 Date Of Death _

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	04/01/2014	05/30/2014	\$0.00	Limitations apply to Vision and Dental services

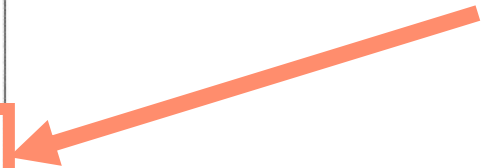
Service Type Code	Description	Effective From Date	Effective To Date	Copay	Coinsurance
1	Medical Care	04/01/2014	05/30/2014		
35	Dental Care	04/01/2014	05/30/2014		
47	Hospital	04/01/2014	05/30/2014	\$0.00	0%
48	Hospital - Inpatient	04/01/2014	05/30/2014	\$0.00	0%
50	Hospital - Outpatient	04/01/2014	05/30/2014	\$0.00	0%
51	Hospital - Emergency Accident	04/01/2014	05/30/2014	\$0.00	0%
52	Hospital - Emergency Medical	04/01/2014	05/30/2014	\$0.00	0%
53	Hospital - Ambulatory Surgical	04/01/2014	05/30/2014	\$0.00	0%
67	Smoking Cessation	04/01/2014	05/30/2014		
86	Emergency Services	04/01/2014	05/30/2014	\$0.00	0%
88	Pharmacy	04/01/2014	05/30/2014		
98	Professional (Physician) Visit - Office	04/01/2014	05/30/2014	\$0.00	0%
AL	Vision (Optometry)	04/01/2014	05/30/2014		
MH	Mental Health	04/01/2014	05/30/2014		
UC	Urgent Care	04/01/2014	05/30/2014	\$0.00	0%

Plan Name	Phone	Effective From Date	Effective To Date
[REDACTED]		04/11/2014	05/30/2014

Service Type Code	Description	Effective From Date	Effective To Date
1	Medical Care	04/11/2014	05/30/2014
47	Hospital	04/11/2014	05/30/2014
48	Hospital - Inpatient	04/11/2014	05/30/2014

This recipient qualifies as Categorically Needy from 4/1 to 5/30. However, in the box below, they are enrolled in managed care from 4/11-5/30.

Claims from 4/1-4/11 are submitted to Medicaid. 4/11-5/30 should be submitted to the Managed Care plan.



Claims Search

Click on the
Claims Tab for
a Claims
Search



Claims Search

The screenshot shows a web application interface for searching claims. At the top left is the logo for "STATE OF MICHIGAN AND HUMAN SERVICES". A navigation bar contains links for "My Home", "Eligibility", "Claims", and "Files Exchange". The page title is "Claims" and the date/time is "Friday 07/25/2014 11:01 AM EST".

The main section is titled "Search Claims" and includes a "All Claims" tab. It is divided into three main sections:

- Covered Provider Information:** Contains fields for "NPI", "Provider Type", "Taxonomy", and "Billing Provider". A note states: "Please select or enter valid Provider information. Status indicated for the Billing Provider is based upon the current state."
- Claim Information:** Contains an "ICN" field. A note states: "ICN will override other search parameters". A "Provider ID" field is also present with a note: "The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy." and a tooltip that says "For atypical providers only".
- Recipient and Service Information:** Contains fields for "Recipient ID", "Service From", "To", "Original Billed Amount", and "RX Number". A note states: "Recipient ID and Service From and To dates are required fields for the search when ICN information is entered."

At the bottom are "Search" and "Reset" buttons.

To begin a search, the user must enter the NPI/Provider Type/Taxonomy submitted on the claim.

The Billing Provider must be selected from the prepopulated drop down.

User then enters either the ICN, or the Recipient Information: Recipient ID, and Service From and To dates

Claims Search Response

Search Claims

All Claims

Covered Provider Information

Please select or enter valid Provider information. Status indicated for the Billing Provider is based upon the current state.

NPI 16 Provider Type S Taxonomy 261QM2800X

Billing Provider C

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Claim Information

ICN will override other search parameters.

ICN

Recipient and Service Information

Recipient ID and Service From and To dates are required fields for the search when ICN information is not entered.

Recipient ID 03

Service From 11/03/2013 To 11/09/2013

Original Billed Amount RX Number

Search Results

To see the Claim Detail and Claim Line Item Details, click on the '+' next to the ICN.

Total Records: 1

	ICN	HIPAA Status Category	HIPAA Status Code	HIPAA Entity Code	Service Date	Total Charges	Paid Amount
<input type="button" value="+"/>	4 <input type="text"/>	F1-Finalized Payment			11/03/2013 - 11/09/2013	\$70.00	\$70.00

This screen shows a sample claims search response. Clicking the plus sign (+) next to the claim, will expand that line for more details.

Claims Search Response

	ICN	HIPAA Status Category	HIPAA Status Code	HIPAA Entity Code	Service Date ▼	Total Charges	Paid Amount
[-]	4 [REDACTED]	F1-Finalized Payment			11/03/2013 - 11/09/2013	\$70.00	\$70.00

Claim Detail

MMIS EOB/ESC Code _

HIPAA Status Category F1-Finalized Payment

HIPAA Status Code _

HIPAA Entity Code _

ICN 4 [REDACTED]

Recipient ID 0 [REDACTED]

Recipient Name [REDACTED]

Payer Control Number [REDACTED]

Bill Type _

Dates of Service 11/03/2013 - 11/09/2013

RX Number _

Total Charge Amount \$70.00

Total Paid Amount \$70.00

Check Number _

Remittance Date 11/29/2013

Claim Line Item Detail

Line Item	MMIS EOB/ESC Code	HIPAA Status Category	HIPAA Status Code	HIPAA Entity Code
1		F1-Finalized Payment		

Line Item Control

Procedure Qual/Ident [REDACTED] Procedure Mods -

Dates of Service 11/03/2013 - 11/09/2013 Units of Service 1.000

Claim Amount \$70.00 Paid Amount \$70.00

Revenue Code _ Status Date 11/29/2013

This screen shows a sample of the claim detail when expanded

Upload/Download



To upload/download files, the user clicks the File Exchange tab on their home page. This brings a choice of upload or download

Upload Files

Files Exchange > Upload Files Thursday 08/14/2014 10:51 AM EST

File Upload

* Indicates a required field.
Transactions uploaded here must be in a HIPAA format -- Health Insurance Portability and Accountability Act.

HIPAA is the United States Health Insurance Portability and Accountability Act of 1996. There are two sections to the Act. HIPAA Title I deals with health insurance coverage for people who lose or change jobs. HIPAA Title II includes an administrative simplification section which deals with the standardization of healthcare-related information systems. In the information technology industries, this section is what most people mean when they refer to HIPAA. HIPAA seeks to establish standardized mechanisms for electronic data interchange (EDI), security, and confidentiality of all healthcare-related data. HIPAA Title II includes: standardized formats for all patient health, administrative, and financial data; unique identifiers (ID numbers) for each healthcare entity, including individuals, employers, health plans and healthcare providers; and security mechanisms to ensure confidentiality and data integrity for any information that identifies an individual.

Authorized users can upload files containing HIPAA transactions in X12

Note that a tracking number will be displayed on the screen for each uploaded file.

Transaction Type 270 Healthcare Eligibility Benefit Inquiry
834 Healthcare Benefit Enrollment (for Health Plans only)
837D Healthcare Claim - Dental
837I Healthcare Claim - Institutional
837P Healthcare Claim - Professional

* Upload File #1

Upload File #2

Upload File #3

Upload File #4

Upload File #5

The transaction types previously selected on registration will be listed here.

The Trading Partner clicks BROWSE on each line to select the files to upload and clicks the upload button – bottom left. Up to 5 files may be uploaded.

After file is uploaded, the user will get a tracking number in a pop-up box.

Download Files

[Files Exchange](#) > Download Files

Thursday 08/14/2014 10:52 AM EST

File Download ?

* Indicates a required field.
Enter your search criteria and click the **Search** button.

*File Status *Max Files

*Category

The Trading Partner selects the status of the files they wish to download from the drop-down box by clicking the arrow

Download Files

[Files Exchange](#) > Download Files

Thursday 08/14/2014 10:52 AM EST

File Download ?

* Indicates a required field.
Enter your search criteria and click the **Search** button.

*File Status

*Category

*Max Files
10
50
100
200
400

The number of files is then selected.

Download Files

Files Exchange > Download Files Wednesday 08/27/2014 12:35 PM EST

File Download ?

* Indicates a required field.
Enter your search criteria and click the **Search** button.

*File Status *Max Files

*Category ▼

- All
- 999 - X12-Func. Ack.
- ACK - REPT-Func. Ack.
- EXT - Data Extracts
- RPT - Reports
- SUB - REPT-Claim Accept/Reject
- TA1 - Interchange Acknowledgement
- 835 - X12-Remittance Advice
- 277 - X12-Unsolicited Claims
- 834 - X12-Benefit Enrollment
- 277 - X12-Claim Status
- 271 - X12-Eligibility
- 277 - X12-Claim Status - Health Plans ONLY

R4.2 Insurance Company, L.P. All rights reserved. | [Privacy Notice](#)

Finally, the type of file is selected, then click the search button



Rhode Island Executive Office of Health and Human Services Medicaid

Contact Us | Logout

My Home | Eligibility | Claims | File Exchange

My Home

Friday 07/25/2014 10:14 AM EST

User Details

Welcome [Redacted]

My Profile

Manage Accounts

Provider

Name [Redacted]

Provider ID [Redacted]

Location ID [Redacted]

Enrollment

Trading Partner

Name [Redacted]

Trading Partner ID [Redacted]

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.](#)

Contact Us

Interactive Web Services

- Approve Eligibility/TPL
- Check Dental/Vision Limits
- Enter Eligibility
- Enter TPL (Third Party Liability)
- Message Center
- View Remittance Advice

Other functions selected on registration will appear here.

If you use one of these functions,
select close to return to the
homepage.

Close



DENTAL/VISION CLAIMS SEARCH

Please enter the recipient's ID number.

Recipient's Identification Number:

Search

Clear

