

RI Medicaid Claims Submission for Home Care Providers

January 2023

Agenda

Waiver Services
included in the
Electronic Visit
Verification

Prior
Authorization

Saving files

Upload/Download
Function in the
Healthcare Portal

Waiver Services included in Electronic Visit Verification

Waiver Services	Procedure Codes
LTSS HCBS Community Services	S5125, S5125 U1, S5130, S5130 TE
OHA At Home Cost Share	S5125 U1
OHA Community Waiver Program	S5125, S5125 U1, S5130
Medicaid Preventive Services	S5125 U1, S5130
Habilitation Community Services	S5125, S5125 U1, S5130, T1000
BHDDH Community Support	S5125, S5125 U1, S5130

Prior Authorizations

- Prior Authorizations are required for home care services
- Prior Authorizations must be verified in the Healthcare Portal under Prior Authorizations

Welcome Health Care Professional!

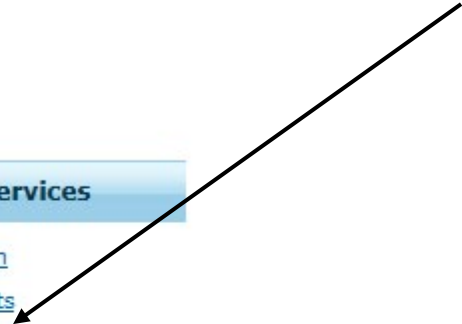


We are committed to make it easier for physicians and other providers to perform their business. Our secure site provides the ability to verify member eligibility, search for claims, and conduct electronic file exchanges (upload/download).

 [Contact Us](#)

 **Interactive Web Services**


- ▶ [Check Debit Authorization](#)
- ▶ [Check Dental/Vision Limits](#)
- ▶ [Check Prior Authorization](#)
- ▶ [EHR Incentive Program - MAPIR](#)
- ▶ [Message Center](#)
- ▶ [Medicaid ID Card](#)
- ▶ [NDC Lookup](#)
- ▶ [View Remittance Advice](#)
- ▶ [View Remittance Advice Payment Amt](#)



Searching for Prior Authorization

PRIOR AUTHORIZATION STATUS INQUIRY

If you are a covered entity with an NPI and taxonomy this information and provider type must be entered below. Provider ID will only be used for atypical providers who do not qualify for an NPI and taxonomy.

Please enter a valid NPI, Provider Type, and Taxonomy combination. 

NPI: Provider Type: Taxonomy:

Please select the appropriate combination to inquiry by.

Billing Name	Rendering Name	Status
<input checked="" type="radio"/> NEWCARE LLC	N/A	Active

Please select a provider number.

Provider ID:

Please select one of the following provider types.



Requesting Provider Supplying Provider

Please enter the recipient's identification number

Recipient's ID Number:

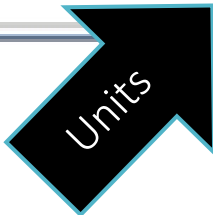
You may further tailor your request by entering any of the following

PA Number

Begin Date (MM/DD/YYYY)  End Date (MM/DD/YYYY) 

Prior Authorization Status Results

PRIOR AUTHORIZATION STATUS RESULTS							
PA Number	1608100001	External PA	0555999999	Item	1		
Begin Date	06/05/2016	End Date	06/11/2016	Revenue			
Procedure		Modifiers		Status	APPROVED	Status Date	03/21/2016
Units	Requested 10	Authorized 40	Used 0				
PA Number	1608100001	External PA	0555999999	Item	2		
Begin Date	06/12/2016	End Date	06/18/2016	Revenue			
Procedure		Modifiers		Status	APPROVED	Status Date	04/08/2016
Units	Requested 10	Authorized 40	Used 0				



The units are the total units approved for one week span Sunday through Saturday.
When billing, the dates of service cannot cross weeks.

No Prior Authorization in System

If there is no PA in the system when a claim is submitted, the claim will be placed in a Suspend status for 30 days.

If after the 30 days a PA has not been sent by the case worker, the claim will then be placed in a Denied status with EOB 063 (This service requires prior authorization).

The claim may be resubmitted once the PA is in the system, within timely filing guidelines.

Prior Authorizations should always be verified in the Healthcare Portal.

Saving Your Claim Files

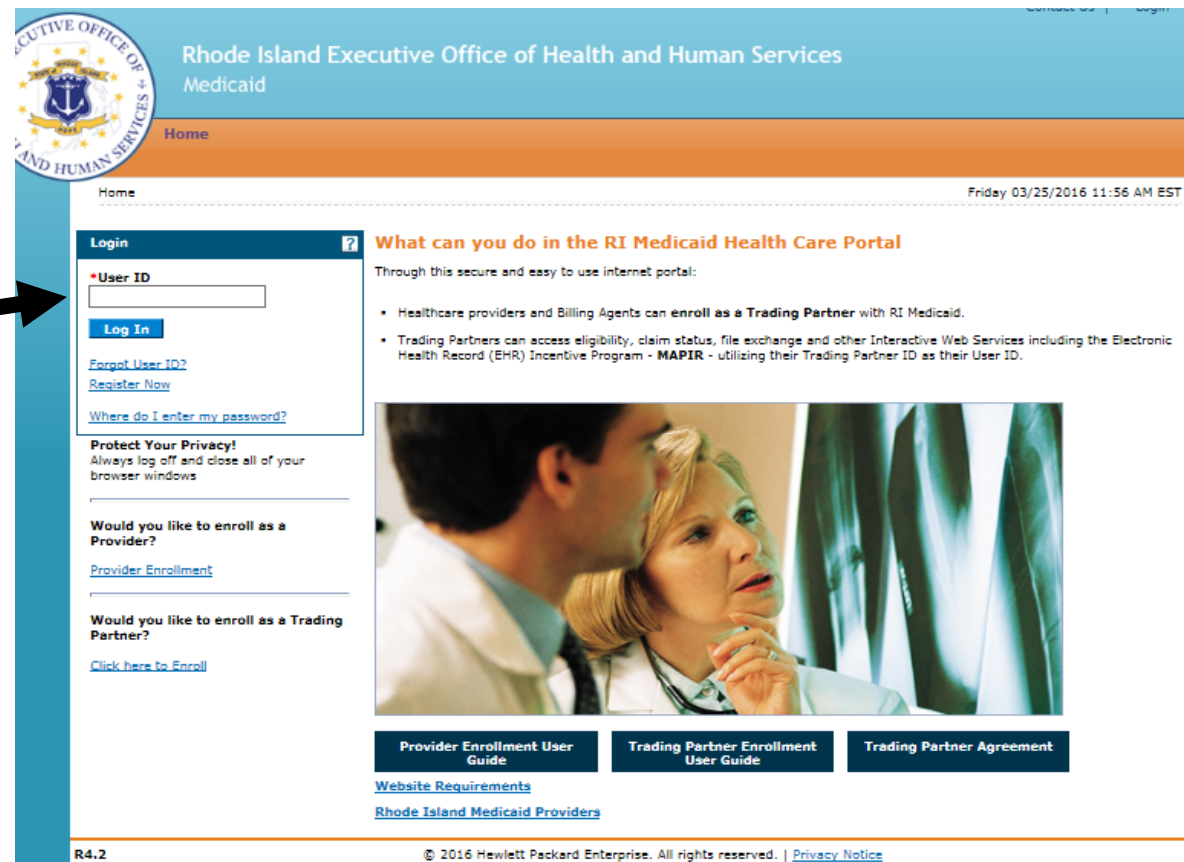
In the Sandata Provider Guide, on page 10 of the Billing Section, you are instructed to export your files to your computer.

On page 10, step 5 you will receive a prompt to save your file for upload through the Healthcare Portal.

It is recommended that you save the file, using the following naming convention:

HIPAA_(date of submission) EX. HIPAA_5.23.16

Log in to the Healthcare Portal to begin...



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

Home

Home Friday 03/25/2016 11:56 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 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 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](#)

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Upload/Download



To upload/download files, the user clicks the File Exchange tab on the tool bar on their home page.

This bring 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 protecting 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 establishes mandatory regulations that require extensive changes to the way that health providers conduct business. HIPAA seeks to establish standardized mechanisms for electronic data interchange (EDI), security, and confidentiality of all healthcare-related data. The Act mandates: 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 Trading Partner clicks BROWSE to locate the claim files on their computer. Once all files are selected, they click the upload button on the bottom left to upload each file. Up to 5 files may be uploaded.

After file is uploaded, the user will get a tracking number in a pop up box. You must make a note of this tracking number.

Download Files

The screenshot displays the Medicaid portal interface. At the top left is the logo for the Executive Office of Health and Human Services. The main header reads "Rhode Island Executive Office of Health and Human Services Medicaid". A navigation bar includes "My Home", "Eligibility", "Claims", and "Files Exchange". Below this, "Download Files" is highlighted, with "Upload Files" as an adjacent option. The page title is "Files Exchange > Download Files" and the date/time is "Monday 05/09/2016 10:03 AM EST".

The "File Download" section contains the following elements:

- A note: "* Indicates a required field."
- Instruction: "Enter your search criteria and click the **Search** button."
- A search input field.
- Two dropdown menus: "* File Status" (set to "All") and "* Category" (set to "All").
- A numeric dropdown: "* Max Files" (set to "10").
- A blue "Search" button.

A black callout box at the bottom of the screenshot contains the text: "The Trading Partner selects 'All' from both drop down boxes".

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.
Click Search.

Download Files

Rhode Island Executive Office of Health and Human Services
Medicaid

My Home | Eligibility | Claims | Files Exchange

Download Files | Upload Files

Files Exchange > Download Files Monday 05/09/2016 10:04 AM EST

File Download

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

*File Status: *Max Files:
*Category:

Search

Files Available for Download

To Download the file; click the File Name Total Records: 10

File Name	Create Date	Download Date	Category	Size	Compressed
00000572388.160509000000.999	05/09/2016		999 - X12-Func. Ack.	0.33 KB	Zip Format
00000572388.160509160509.ACK	05/09/2016	05/09/2016	ACK - REPT-Func. Ack.	2.28 KB	Zip Format
00000565011.160406160509.ACK	04/06/2016	05/09/2016	ACK - REPT-Func. Ack.	2.28 KB	Zip Format
00000565011.160406000000.999	04/06/2016		999 - X12-Func. Ack.	0.33 KB	Zip Format
00000565012.160406160406.ACK	04/06/2016	04/06/2016	ACK - REPT-Func. Ack.	1.80 KB	Zip Format
00000565012.160406000000.999	04/06/2016		999 - X12-Func. Ack.	0.29 KB	Zip Format
00000565012.160406160406.SUB	04/06/2016	04/06/2016	SUB - REPT-Claim Accept/Reject	2.43 KB	Zip Format
00000564993.160405160406.999	04/05/2016	04/06/2016	999 - X12-Func. Ack.	0.29 KB	Zip Format
00000564993.160405160509.ACK	04/05/2016	05/09/2016	ACK - REPT-Func. Ack.	1.80 KB	Zip Format
00000564993.160405160509.SUB	04/05/2016	05/09/2016	SUB - REPT-Claim Accept/Reject	2.43 KB	Zip Format

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This screen will show all of your submissions and dates they were created.

The list of File Names will be the tracking numbers received when you uploaded the files. Find the matching ACK and SUB files by looking at the number beginning with zeros, before the decimal point.

Click each file (ACK and SUB) to review.

ACK File

```
RI999ACK                                RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM                                PAGE 0
RUN DATE: 04/05/2016 10:45                                999 FUNCTIONAL ACKNOWLEDGEMENT REPORT
TRANSLATION DATA:
  File Sak: 564993      File Name: 000000564993.160405000000  Map Release: M11.03v01      Map Name: XRI_999_5010_REPORT
INTERCHANGE DATA:
  Control Number : 000000010      Date-Time : 20160405-104500      Receiver ID : 800000085      Sender ID : 056000522
FUNCTIONAL GROUP DATA:
  Control Number : 10      Date-Time : 20160405-10453354      Receiver ID : 800000085      Sender ID : 056000522
TRANSACTION SET DATA:
  Control Number : 10001
TRANSACTION SET ACCEPT/REJECT:
  Accept/Reject : A-Accepted      Control Number : 000000001      Identifier : 837
FUNCTIONAL GROUP ACCEPT/REJECT:
  Accept/Reject : A-Accepted      Control Number : 4      Identifier : HC
  Txns Included : 1      Txns Received : 1      Txns Accepted : 1
* * END OF REPORT * *
```

Review the run date to verify that it is the correct date for your submission.
Be sure that the file has been accepted (see arrow)
If the file shows as rejected on this report, it is for a national compliance issue. (ex. missing date of service, missing date of birth, typo of state abbreviation)

SUB Report

CLAR230I

RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 000001

RUN DATE: 04/05/2016 10:45

CLAIM ACCEPT / REJECT REPORT - 837 INSTITUTIONAL

INTERCHANGE DATA:

Control Number : 000000004
Date-Time : 20160405-104500
Receiver ID : 056000522
Sender ID : 800000085

FUNCTIONAL GROUP DATA:

Control Number : 4
Date-Time : 20160405-1045
Receiver ID : 056000522
Sender ID : 800000085

TRANSLATION DATA:

File SAK : good42263
File Name : good4226398.edi
Map Name : XRI_837II_5010_A2
Map Release : M11.03v01

TRANSACTION SET DATA:

Control Number : 000000001
Date-Time : 20160405-104500
Ver/Rel/Ind Co : 005010X223A2

BILLING PROVIDER:

Identifier : 1699772467
Last/Org Name : ODYSSEY HEALTHCARE

CLM SEQ # REJECTED CLAIM INFORMATION:

Claims Rejected: 000000000



TRANSACTION SET PROCESSING TOTALS:

Claims Received: 000000001 Claims Rejected: 000000000 Claims Accepted: 000000001

** END OF REPORT **

Review the run date to verify that it is the correct date for your submission.
Be sure that no files have been rejected. (see arrow)
If any files were rejected for RI Business Rules, they will be listed on this report

Resolution of Rejected Files

To resolve the rejected claims, please have your Trading Partner number and tracking number.

Contact your Provider Representative and/or the EDI Coordinator for assistance.

Marlene Lamoureux , Provider Representative 571-895-4938

Mary Jane Nardone, EDI Coordinator 571-895-4941

Questions

The background of the slide features a dense field of interlocking gears of various sizes and orientations, rendered in a light blue color that blends into the overall blue gradient background. The gears are positioned in a way that creates a sense of depth and mechanical complexity.

Thank You