



**Hewlett Packard
Enterprise**

Rhode Island Medicaid Billing 101 – Part 1 *For Providers*

June, 2016

PR0042 V1.4 6/8/16



Agenda

**Overview of Hewlett Packard Enterprise
Your Role as a Billing Provider
Recipient Eligibility
Third Party Liability
Timely Filing
Prior Authorization
Electronic vs. Paper Claims
NPI and Taxonomy
Claim Forms
Provider Electronic Solutions (PES)**



Objectives

Providers will:

Know what eligibility information is available on the website

Know the guidelines for timely filing of claims

Understand the guidelines for claim submission



Hewlett Packard Enterprise Overview

Rhode Island Title XIX:

The Rhode Island Executive Office of Health and Human Services (EOHHS) contracts with Hewlett Packard Enterprise (HPE) 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.

HPE Operations Supporting RI Medicaid

Claims Processing

- 5.1 Million Claims Processed Annually
 - 256,875 Paper
 - 4,794,244 Electronic
 - 425,249 POS

Provider Services

- Customer Service Help Desk
 - Average 330 calls daily
- Provider Representatives
 - Provide policy education and training
- Electronic Data Interchange (EDI) Coordinator
 - Electronic billing support
- Surveillance Utilization Review
 - Fraud and abuse detection

MMIS Support

- Business Service Analysts/System Engineers
- Research and analyze business needs
- Develops/programs solutions
- Implements/Supports MMIS

Operations

- Support and maintain MMIS
- 24/7 POS online transaction processing
- Host EOHHS web site



Your Role As A Billing Provider

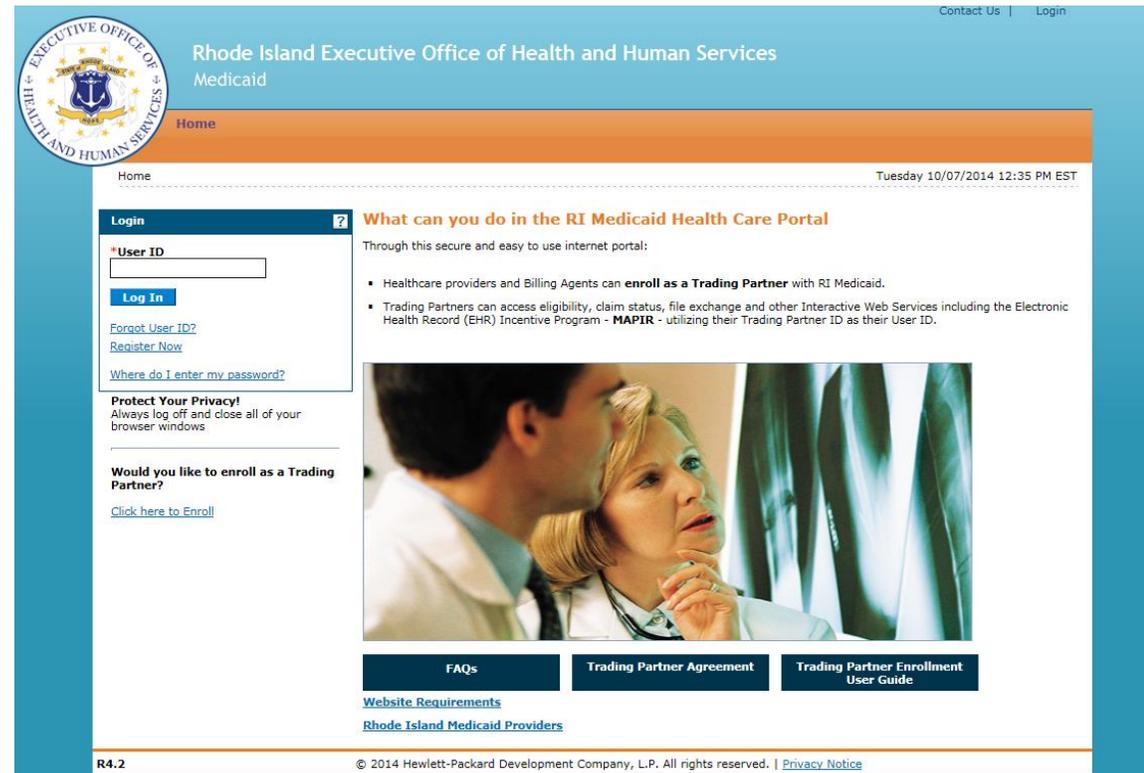
- Verify Beneficiary RI Medicaid Eligibility
- Confirm Third Party Liability (TPL)/ Other Insurance
- Determine Prior Authorization (PA) Requirements
- Adhere to Timely Filing Guidelines
- Complete Claim Forms



Recipient Eligibility

- **RI Medicaid Healthcare Portal**
<https://www.riproviderportal.org>
- Available 24/7
- Providers must enroll and register in the Healthcare Portal to access information
- **Healthcare Portal Resource Page**

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



The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid website. The header includes the state seal and navigation links for 'Home', 'Contact Us', and 'Login'. The main content area features a 'Login' section with a 'User ID' input field and a 'Log In' button. Below the login section, there are links for 'Forgot User ID?', 'Register Now', and 'Where do I enter my password?'. A 'Protect Your Privacy!' notice is also present. To the right, a section titled 'What can you do in the RI Medicaid Health Care Portal' lists services for Trading Partners, including enrolling as a Trading Partner and accessing eligibility and claim status information. A photograph of a doctor and a patient is shown below this text. At the bottom, there are buttons for 'FAQs', 'Trading Partner Agreement', and 'Trading Partner Enrollment User Guide', along with links for 'Website Requirements' and 'Rhode Island Medicaid Providers'. The footer contains the version number 'R4.2' and copyright information for Hewlett-Packard Development Company, L.P.

Recipient Eligibility

- Information Provided in the Healthcare Portal:
 - Aid Category Type
 - Managed Care
 - Vision/Dental Limits
 - Third Party (Other Insurance)
 - Rlte Share
 - Confirm Medical Identification Number (MID) and Spelling of Name

Customer Service Help Desk (CSDH)

Available from 8:00 AM- 5:00 PM

401-784-8100

for local and long distance

1-800-964-6211

for in-state toll and border communities

Remember:

***Eligibility should be verified
on the date of service
before services are provided***

Verify Eligibility



Once logged in, verify eligibility, by selecting the eligibility tab

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.

Enter the Recipient ID and the dates of service and submit.

Eligibility Thursday 08/14/2014 10:36 AM EST

Eligibility Verification Request

* Indicates a required field.

Please select Billing 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](#)

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

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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

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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.

Qualified Medicare Beneficiaries (QMBs)

QMBs are Medicare Beneficiaries who meet special income and resource requirements. Once qualified, Medicaid pays for their Medicare premiums, and pays deductibles and co-insurance up to the Medicaid allowable amounts for the Medicare-Covered services.

Medicare
Medicaid

Third Party Liability

- **Identification of TPL:**
 - Prior to billing RI Medicaid for services rendered to a recipient, providers are required to exhaust all other third party resources
- **To Determine Primary Coverage:**
 - Obtain information from a client at the time the service is provided
 - Verify third party coverage through the web site
 - Contact the CSHD for assistance
- **TPL Data Match Process:**
 - HPE electronically obtains third party coverage using data from Health Management Systems, matching commercial insurance for recipients

TPL Information For Claims Submission

After exhausting all third party resources, the following TPL information is required to appear on all paper or electronic claims billed to the Medicaid Program:

- Other Insurance Carrier Name
- Policy Number
- EOB from Primary Carrier
- Applicable TPL Carrier Code
 - Lists of carrier codes are found on the website on the TPL page under Billing and Claims
- The Payment Amount from Other Insurance



Prior Authorization

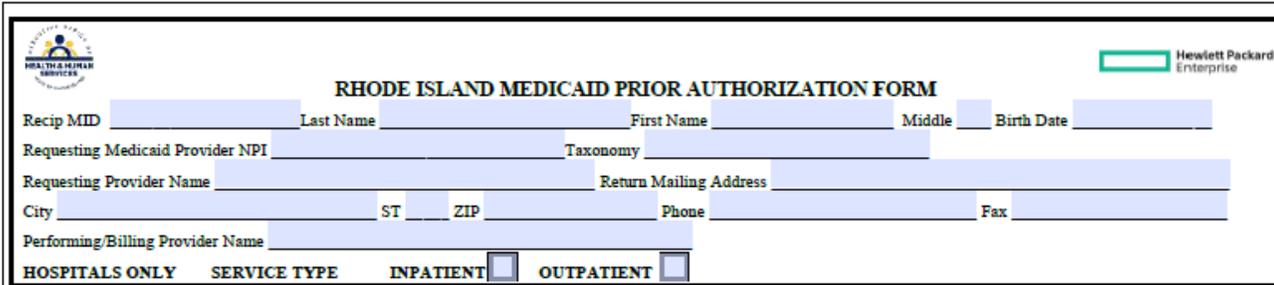
- A Prior Authorization (PA) is required for specific procedures, services and equipment as identified by the RI Medicaid Program
- The request is initiated by the provider
- Upon completion of the review, Prior Authorization status is available on the EOHHS website. Written notification of denials and incomplete requests are returned to the provider by mail



The Medicaid Program does not require providers to obtain prior authorization (PA) when Federal Medicare is primary, and there is a payment from Federal Medicare

Prior Authorization Form

Mail to:
 Hewlett Packard Enterprise
 Prior Authorization
 P.O. Box 2010
 Warwick, RI 02887-2010



RHODE ISLAND MEDICAID PRIOR AUTHORIZATION FORM

Recip MID _____ Last Name _____ First Name _____ Middle _____ Birth Date _____

Requesting Medicaid Provider NPI _____ Taxonomy _____

Requesting Provider Name _____ Return Mailing Address _____

City _____ ST _____ ZIP _____ Phone _____ Fax _____

Performing/Billing Provider Name _____

HOSPITALS ONLY SERVICE TYPE INPATIENT OUTPATIENT

The ICD TYP Values are defined as follows: 2=ICD-9, 3=ICD-10

EOHHS ONLY	BILLING PROV NPI	TAXONOMY	START DATE	END DATE	PROCEDURE OR REVENUE CODE/MOD	ADD MOD	TTH SRF	ICD TYP	DIAG CODE	UNITS/OCCUR	DOLLAR AMOUNT

(Reason service is required, diagnosis/prognosis and treatment described) _____

PERFORMING PROVIDER SIGNATURE AND TITLE _____

OFFICIAL USE DO NOT WRITE BELOW

EOHHS AUTHORIZED _____ EOHHS DENIED _____ DATE _____

NOTES _____

Timely Filing

The Rhode Island Executive Office of Health and Human Services has a claim submission restriction of twelve (12) months from the date the service was provided to Medicaid recipients.

HPE must receive a claim for services for Medicaid clients with no other health insurance and no previous denial from HPE within 12 months of the date of service in order to process claims for adjudication.



Timely Filing

- Claims with a date of service over one year with an involved third party insurance must be submitted within ninety (90) days from the process date of the other payer.
- Claims with a date of service over one year that had denied previously by HPE must be submitted within ninety (90) days from the date on the remittance advice, including denials resulting from processing and/or recoupment errors.
- Any claim with a service date over one year and a process date from another payer or a remittance advice date from HPE over ninety (90) days will be denied for timely filing.



Once the date of service is over 1 year old, the claim and supporting documentation to prove timely filing must be submitted on paper to your provider representative for approval.

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 Data Entry
- Requires an original signature
- Cost of postage and forms
- Claims with Manufacturer's Invoices, Consent Forms and Medical Records Require Paper Billing

National Provider Identifier (NPI)

“What is NPI”



- NPI is a 10 digit numeric, standard, unique health identifier/number established for health care providers.
- It is assigned by a CMS funded NPI “Enumerator”, FOX Systems, through the NPPES (National Provider and Plan Enumeration System) <https://nppes.cms.hhs.gov>.
- Any health care provider who transmits health information using the standard transactions must obtain an NPI.

RI Medicaid requires a copy of the original letter or e-mail received from FOX which shows your NPI and Taxonomy

Were You Denied?
Please forward the denial letter/information

Billing Guidelines Using NPI

The NPI will be used to identify the following:

- Billing Provider ID
- Attending/Rendering Provider ID
- Referring Provider ID
- Prescriber ID (NCPDP)

The NPI is required on all standard EDI transactions



- 837 Health Care Claims
- 277 Unsolicited Suspended Claims Response
- Recipient Eligibility Inquiry and Response
- 835 Remittance Advice (RA)
- NCPDP Pharmacy Transactions

Billing Guidelines Using NPI & Taxonomy



A Taxonomy code allows for specification of the provider's services

The 10 character alpha numeric identifier represents the provider type and specialty

Providers must choose taxonomies when applying for NPI

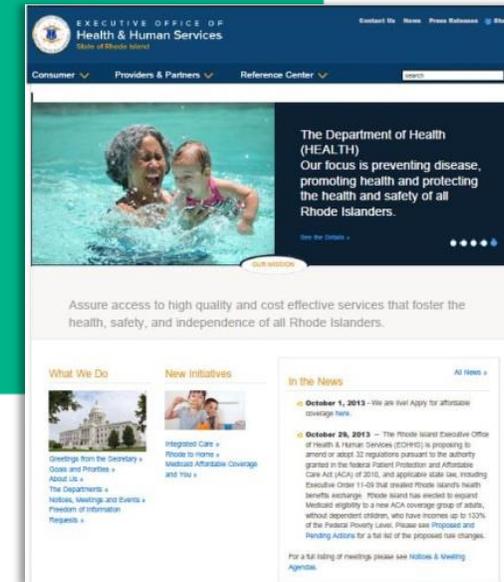
RI Medicaid requires taxonomy codes on paper claims and standard 837 electronic claims, except for Pharmacy (POS) claims.

Claim Form Instructions

The Executive Office of Health and Human Services website has resources for providers. Visit www.eohhs.ri.gov to access the following resources:

Links to the following forms and instructions are listed:

- CMS-1500 Claim Form and Instructions
- UB-04 Claim Form and Instructions
- Dental Claim Form and Instructions
- Pharmacy Claim Form and Instructions
- Waiver claim Form and Instructions
- NDC Attachment Form and Instructions



UB04 Claim Form

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210
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241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330
331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360
361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390
391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420
421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450
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511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540
541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570
571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600
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961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990
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Dental Claim Form

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION
 1. Type of Transaction (Mark all applicable boxes)
 Statement of Actual Services Request for Predetermination/Prior Authorization
 EPSDT / Title XIX

2. Predetermination/Prior Authorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION
 3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11, if none, leave blank)
 4. Dental? Medical? (If both, complete 5-11 for dental only)
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)
 6. Date of Birth (MM/DD/YYYY) 7. Gender M F 8. Policyholder/Subscriber ID (SSN or ID#)
 9. Plan/Group Number 10. Patient's Relationship to Person named in #5
 Self Spouse Dependent Child Other
 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)
 12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 13. Date of Birth (MM/DD/YYYY) 14. Gender M F 15. Policyholder/Subscriber ID (SSN or ID#)
 16. Plan/Group Number 17. Employer Name

PATIENT INFORMATION
 18. Relationship to Policyholder/Subscriber in #12 Above
 Self Spouse Dependent Child Other
 19. Reserved for Future Use
 20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code
 21. Date of Birth (MM/DD/YYYY) 22. Gender M F 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

24. Procedure Code (MM/DD/YYYY)	25. Area of Care (Tooth System)	26. Tooth Number(s) or Letter(s)	27. Tooth Surface	28. Procedure Code	29. Date of Service	30. Description	31. Fee
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33. Missing Teeth Information (Place an "X" on each missing tooth.)
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
 34a. Diagnostic Code(s) (ICD-9 = B; ICD-10 = AB)
 A. _____ B. _____ C. _____ D. _____
 (Priority diagnosis in "A")
 34b. Diagnostic Code(s) (ICD-9 = B; ICD-10 = AB)
 A. _____ B. _____ C. _____ D. _____
 (Priority diagnosis in "A")
 35. Other Fee(s)
 36. Total Fee

36. Remarks

AUTHORIZATIONS
 36. I have been informed of the treatment plan and associated costs. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan enabling all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.
 X Patient/Guardian Signature _____ Date _____
 37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.
 X Subscriber Signature _____ Date _____

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)
 46. Name, Address, City, State, Zip Code
 49. NPI 50. License Number 51. SSN or TIN
 52. Phone Number () - () - () 53a. Additional Provider ID
 54. NPI 55. License Number
 56. Address, City, State, Zip Code 56a. Provider Specialty Code

ANCILLARY CLAIM/TREATMENT INFORMATION
 38. Place of Treatment (e.g. In-office, 24-hour Urgent Care)
 (Use "Place of Service Codes for Professional Claims")
 40. Is Treatment for Orthodontics?
 No (Skip 41-42) Yes (Complete 41-42)
 41. Date Appliances Placed (MM/DD/YYYY)
 42. Months of Treatment 43. Replacement of Prosthesis
 No Yes (Complete 44)
 44. Date of Prior Placement (MM/DD/YYYY)
 45. Treatment Resulting from
 Occupational Injuries Auto accident Other accident
 46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION
 53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.
 X Signed (Treating Dentist) _____ Date _____
 54. NPI 55. License Number
 56. Address, City, State, Zip Code 56a. Provider Specialty Code
 57. Phone Number () - () - () 58. Additional Provider ID

© 2012 American Dental Association
 #400 (Same as ADA Dental Claim Form - #400, #401, #402, #403, #404) To reorder call 800.347.4746
 or go online at adaclaimlog.org

Ensure original signature is present

All EOB's should be included when necessary

All required fields are complete

Waiver Claim Form

RI MEDICAL ASSISTANCE PROGRAM WAIVER/REHAB CLAIM FORM														
PLEASE TYPE OR PRINT CLEARLY. ONLY BLACK OR BLUE INK CAN BE PROCESSED.														
LINE	RECIPIENT NUMBER	PRIMARY DIAGNOSIS	PROCEDURE CODE	LOC	PATIENT LIABILITY	FROM DATE	THRU DATE	DI IND	DI CODE	DI AMOUNT	UNITS	RATE	CHARGE	
	PATIENT NAME LAST FIRST	SECONDARY DIAGNOSIS	MODS 1 2 3											
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
										TOTAL DI				TOTAL CHARGE

BILLING PROVIDER NUMBER _____

BILLING PROVIDER NAME _____

BILLING TAXONOMY _____

PERFORMING PROVIDER NUMBER _____

PERFORMING PROVIDER NAME _____

PERFORMING TAXONOMY _____

ICD IND _____

RETURN ORIGINAL TO:
WAIVER/REHAB
HEWLETT PACKARD ENTERPRISE
P.O. BOX 2010 WARWICK, RI 02887

HPE COPY

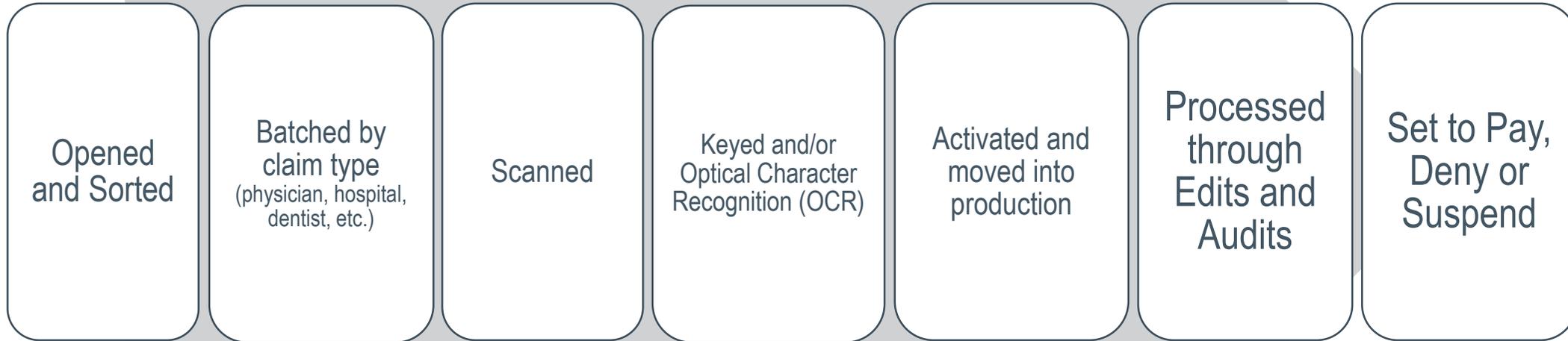
CERTIFICATION

THE I/WE CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OF THIS CLAIM WILL BE FROM FEDERAL AND STATE FUNDS AND THAT ANY FALSIFICATION OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER FEDERAL AND STATE LAWS.

PROVIDER SIGNATURE _____ DATE _____

INTERNAL CONTROL NUMBER MEDICAL ASSISTANCE USE ONLY

What Happens To My Paper Claim?



99% of all claims adjudicate under 30 days

Provider Electronic Solutions (PES)

PES software is available to support your HIPAA compliant electronic billing needs

A Trading Partner ID Number is necessary.
For support: Contact the EDI Coordinator at (401) 784-8014

PES can be accessed to download from the EOHHS website at www.eohhs.ri.gov

Download and Installation instructions are available on the website.



Helpful Phone Numbers

For Providers

- Customer Service Help Desk: 401.784.8100 or 1.800.964.6211 (In-state toll calls)
- Office of Managed Care: 401.462.5300
- Managed Care/United Health: 1.877.842.3210
- Managed Care/Neighborhood Health: 401.459.6020 (local)
or 1.800.459.6019
- Rhody Health Options 401.459.6601(local) or 1.855.996.4774
- Qualidigm 1.800.357.8417



Provider Representative	Contact Information	Focus Area
Sandra Bates	sandra.bates@hpe.com 401-784-8022	Ambulance, Dental Services, Dialysis Center, Federally Qualified Health Centers, Free Standing Ambulatory Surgical Centers, Independent Labs, Indian Health Services, Lifespan Hospitals and Physician Groups, Vision, Podiatry, Chiropractor, Certified Nurse Anesthetists
Marlene Lamoureux	marlene.lamoureux@hpe.com 401-784-3805	Durable Medical Equipment, Eleanor Slater Hospital, Home Health, Hospice, ICF-MR, Personal Care Aide/Assistant, Nursing Homes, Out of State Hospitals and Physician Groups, Independent Hospitals and Physician Groups, Audiologist, Nutrition
Karen Murphy	karen.murphy3@hpe.com 401-784-8004	Adult Day Care, Assisted Living, Care New England Hospitals and Physician Groups, Physicians, Physician's Assistant, Case Manager/Social Worker, CEDARR, Children's Services, Community Mental Health Centers, DCYF, Early Intervention, Free Standing Psychiatric Hospital, Lead Center, LEA, Licensed Therapist, MH Rehab, MR/DD, Other Therapies, Psychologist, Substance Abuse Rehab, Waiver Group Homes
Ann Bennett	Ann.bennett2@hpe.com 401-784-3840	Pharmacy
Mary-Jane Nardone	mary-jane.nardone@hpe.com 401-784-8014	EDI Coordinator
Deborah Meiklejohn	deborah.meiklejohn@hpe.com 401-784-3859	Training and Documentation Specialist

Kelly Leighton	kelly.leighton@hpe.com 401-784-8013	Provider Service Manager
Dorothy Pizzarelli	dorothy.pizzarelli@hpe.com 401-784-8012	Customer Service Supervisor
Customer Service Help Desk	401-784-8100 or Toll Free 1-800-964-6211	Monday through Friday 8:00 AM-5:00 PM



- Healthcare Portal
- ICD-10 Implementation
- Provider Training and Education
- General Information
- Certification, Licensing & Registration
- Provider Enrollment
- Electronic Health Records (EHR) Incentive Program
- Billing & Claims
- Provider Manuals & Guidelines
- Forms & Applications
- Program Tools & Resources
- Grant & Contract Opportunities
- Program Integrity

What We Do

New Initiatives and
Updates

In the News

Provider Training and Education

Providers & Partners > Provider Training and Education

Print

Provider Training and Education

Healthcare Portal

The Healthcare Portal is replacing Interactive Web Services (IWS). New Trading Partners are required to enroll through the Healthcare Portal and all existing Trading Partners are required to register to use the Healthcare Portal. Training sessions have been scheduled to support providers, clearinghouses, billing entities and all other users of IWS in this transition.

For more information, and to view the training schedule, visit the [Healthcare Portal](#) page on this website

Getting Ready for ICD-10 Webinar

HP and RI Medicaid hosted webinars titled "Getting Ready for ICD-10" in late February and early March, 2014, to help providers prepare for the upcoming transition to ICD-10. Although the implementation date has been delayed, providers are encouraged to continue preparation.

To view the presentation slides and the Question and Answer document from the live presentations, visit the [ICD-10 Implementation page](#).

Billing 101

Part 1 -The Basics

This following documents are for new providers seeking information on basic billing practices and processes.

[Presentation slides](#)

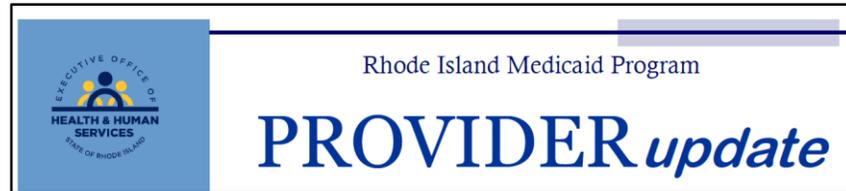
[Questions and Answers Document](#)

Monthly Provider Update

The monthly Provider Update delivers news and information to providers.

It is posted on the EOHHS website at:

<http://www.eohhs.ri.gov/News/ProviderNewsUpdates.aspx>



Or you can receive it electronically by subscribing. To subscribe, send an email to deborah.meiklejohn@hpe.com

Q and A

Thank you

