



**RHODE ISLAND MEDICAL  
ASSISTANCE PROGRAM**

**PROVIDER UPDATE**

**ALL PROVIDERS**

**NEW ADDRESS FOR THE RHODE ISLAND DEPARTMENT OF  
HUMAN SERVICE (DHS)**

Correspondence that was previously sent to Aime Forand Building, 600 New London Avenue, Cranston, RI 02920 should now be mailed to the following address:

Hazard Building  
74 West Road  
Cranston, RI 02920

**FILING CLAIMS TO MEDICAL ASSISTANCE WITH OTHER INSURANCE  
PAYMENTS AND DENIALS**

When a Medical Assistance Client has other health insurance coverage the provider must bill that health insurance carrier prior to billing the Medical Assistance Program.

EDS provides instructions to bill your secondary claims electronically. A three digit carrier code is required. See the HIPAA Companion Guides on the Department of Human Services web site: [http://www.dhs.ri.gov/dhs/hipaa/comp\\_guide](http://www.dhs.ri.gov/dhs/hipaa/comp_guide)

837 Professional – Loop 2330B (Other Payer Name) / Segment NM1 (Other Payer Name)

837 Institutional – Loop 2330B (Other Payer Name) / Segment NM1 (Other Payer Name)

Continued...

TABLE OF CONTENTS	PAGE
ALL PROVIDERS	1-3

**FILING CLAIMS TO MEDICAL ASSISTANCE WITH OTHER INSURANCE  
PAYMENTS AND DENIALS**

Continued...

The following information must be visible on the EOB for the claims to be processed in a timely manner.

Name of Primary Insurance

Date that the Primary Insurance paid or denied the claim

Patient's/Client's name and Identification number

Date of Service

Appropriate procedure codes according to your provider type

Total charge/deductible and coinsurance/allowed amounts/paid amounts (must be visible)

Explanation of Primary Insurance denial codes

If you should drop your claims to paper, the Primary Insurances provide you with the ability to print an Explanation of Benefit (EOB) from their web site.

Due to optical scanning solutions, please do not highlight or mark up the EOB.

Professional claims – include the correct carrier code in box 9D and check yes in box 11D.

Institutional claims – include the three digit carrier code in box 50, Payer.

The most current carrier code listing can be found on the Department of Human Services web site:  
<http://www.dhs.ri.gov/dhs/heacre/prosvcs/manuals/carrmain.htm>

**ELECTRONIC FUNDS TRANSFER (EFT) MANDATED FOR  
REIMBURSEMENT OF RHODE ISLAND MEDICAL ASSISTANCE  
PROGRAM SERVICES**

The Department of Human Services (DHS) has mandated EFT for all providers enrolled into the Rhode Island Medical Assistance Program effective May 20, 2009. Several notices, including final notices have been mailed to all billing providers. Failure to respond to these notices by August 20, 2009, will result in this provider being end dated with the Rhode Island Medical Assistance Program as of August 21, 2009.

In order to enroll in EFT, providers must submit an “An Authorization for Direct Deposit” form with a copy of a voided check for a checking account, a deposit slip for a savings account, or documentation from your bank institution confirming the bank account and routing number that will be utilized for the EFT deposit. The EFT form must be returned to EDS the below address.

Providers must inform EDS of any changes to their bank account (i.e. account number, ABA/Routing Number) by submitting an updated Authorization for Direct Deposit form which can be downloaded from the Rhode Island Department of Human Services website [www.dhs.ri.gov](http://www.dhs.ri.gov). From the home page, click on Medical Assistance Provider Services → Forms → Authorization for Direct Deposit.

Please mail to the following address:

EDS  
P.O. Box 2010  
Warwick, RI 02887  
ATTN: Financial Department

Failure to inform EDS of a change to your bank account information may result in a delay in receiving your payment.

We appreciate your cooperation as DHS and EDS, an HP Company, move toward a more efficient and cost effective means of reimbursement for Rhode Island Medical Assistance Program Services. If you have any questions, please free to contact Donna Almeida at 401-784-3854.