



# Hewlett Packard Enterprise

RI Medicaid

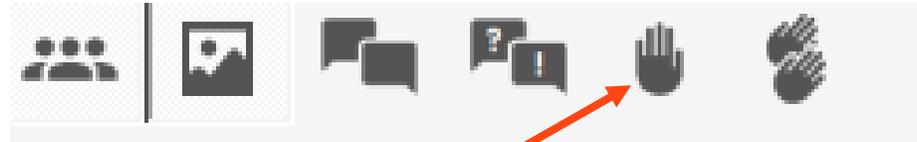
# New Integrated Eligibility System

August, 2016



# Reminders:

- The audio for the presentation is through your telephone.
  -  To connect, dial: 1-866-409-2889 and enter Conference code 480463283
- Please MUTE your telephone by pressing \*6. This will eliminate any background noise and allow everyone to hear the presentation.
- During the Q&A portion of the presentation, please indicate that you would like to ask a question by raising your hand. You can do this by clicking the hand icon on the top left of your screen.



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# New Integrated Eligibility System

## RI Bridges

- The new integrated eligibility system is part of UHIP (Unified Health Infrastructure Project)
- It will improve the way the State of RI delivers health and human service benefits to Rhode Islanders
- Beneficiaries complete one application to be considered for health coverage, and other programs
- Allows more efficient sharing of information across health and human service programs
- Will improve experience for beneficiaries and health care providers
- The new system gives beneficiaries convenient, 24/7 online access to their account.
- Launch date: **September 13, 2016**



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# New Integrated Eligibility System

## RI Bridges

- The new system is linked to HealthSource RI
- Beneficiaries will access the system through a Customer Portal
- The individuals account information for all programs will be stored in one place
- The system is available for beneficiaries in English, Spanish, and Portuguese
- Eligibility rules for each program are not changing



# Programs and Services

## Health Coverage Programs

- Medicaid (Rlte Care, Rhody Health Partners)
- Medicaid Long Term Services and Supports
- Medicaid for children and adults with disabilities/chronic conditions
- Rlte Smiles
- Rlte Share
- Medicare Premium Payment Program
- Katie Beckett
- Qualified Health Plan with federal subsidies (tax credit) [annual income under 400 % FPL]
- Qualified Health Plan [annual income over 400% FPL]
- Sherlock Plan

## Human Services\*

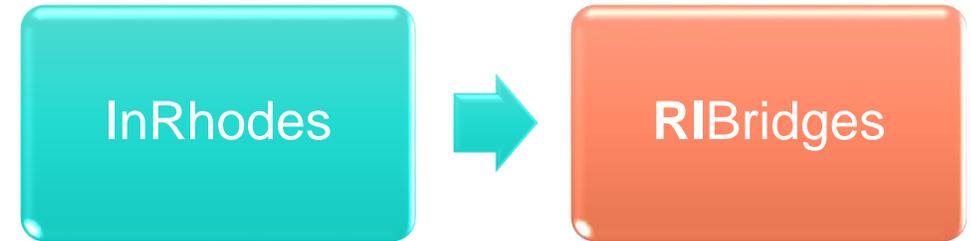
- Child Care Assistance Program
- SNAP (Supplemental Nutrition Assistance Program)
- GPA (General Public Assistance)
- RI Works Program (cash assistance)

*\*Child Support Services is currently not available on the new eligibility system. Please see [Office of Child Support Services](#) for more information.*

# Converting to the New System

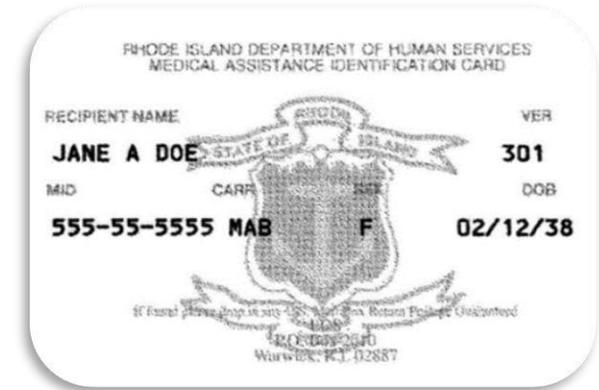
## – Transition Period

- September 8 through September 12
  - Will not be able to determine any new Medicaid eligibility
  - Existing Medicaid beneficiary information should not be impacted.
  - Existing eligibility will still be confirmed through Healthcare Portal and POS system for pharmacies
  - The POS system will be offline for a period of 8 hours from 10:00 PM Sunday, September 11 through early Monday, September 12.
- Starting September 13, newly-eligible clients who applied during transition days will have retro-active coverage to September 1 in Medicaid Fee-for-Service
- Managed Care enrollment should not be impacted.



# Member ID Conversion

- Member Identification Numbers will be changing
  - Currently beneficiary's Social Security Number
  - Will change to randomly generated 10 digit number
- Cards will be distributed in waves, beginning in October, 2016.
- The new cards will still have the anchor logo
- The name and new ID number will be on the left, but date of birth is replaced with card issue date.



# Verifying Eligibility

- Providers may still use the social security number to verify eligibility in the Healthcare Portal
  - The social security number will crosswalk to the new ID number
  - The eligibility response will display the new ID
- Provider's should make note of this new number
- Beneficiaries should be encouraged to produce the new card, once it is received.

Eligibility Verification Request

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 (Physician), Taxonomy (207V00000X)

Rendering Provider: [Dropdown]

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

Provider ID: [Text Box]

Please enter 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 Payor.

Recipient ID: 123456789

Last Name, First Name, MI, Birth Date, Payor

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 through #6

Show More Service Type Codes

Submit, Reset

Eligibility Verification Response				
Verification Number 2013099012345				
Recipient Information				
Recipient ID	9876543210	Recipient Name	John Doe	
Birth Date	/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				

# Claim Submission

- Dual Processing Window
  - Claims may be submitted with either the social security number or the new MID for processing
  - The dual processing window is temporary – duration has not yet been determined
  - Providers are reminded to capture the new ID when providing services so they are prepared when the dual processing window closes

## UB04 Institutional Form

837 Institutional Outpatient

Total Charge 0.00 OI Amount 0.00 Billed Amount 0.00 Services 1

Hdr 1 | Hdr 2 | Addl E-Codes | Hdr 3 | Hdr 4 | Hdr 5 | Srv

Type Of Bill | Original Claim # | Taxonomy Code

Provider ID | Account # | MI

Last/Org Name | First Name

Client ID | Last Name

From DOS 00/00/0000 To DOS 00/00/0000 Medical Record #

Patient Status | Benefits Assignment | Release of Medical Data Y

Report Type Code | Report Transmission Code

Attachment Ctl

Client ID | Last Name | First Name | Billed Amount | Last Subm

Add  
Copy  
Delete  
Undo All  
Save

STATE OF PAT. CIVIL #

STATE OF BILL

STATEMENT COVERS PERIOD FROM THROUGH

PATIENT ADDRESS

ADA American Dental Association® Dental Claim Form

1. Type of Transaction (Mark all applicable boxes)

Statement of Actual Services

EPSDT / Title XDX

Request for Predetermination/Preauthorization

2. Predetermination/Preauthorization 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.)



**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE  (Medicare#) MEDICAID  (Medicaid#) TRICARE  (ID#/DoD#) CHAMPVA  (Member ID#) GROUP HEALTH PLAN  (ID#) FECA BLK LUNG  (ID#) OTHER  (ID#)

1a. INSURED'S I.D. NUMBER

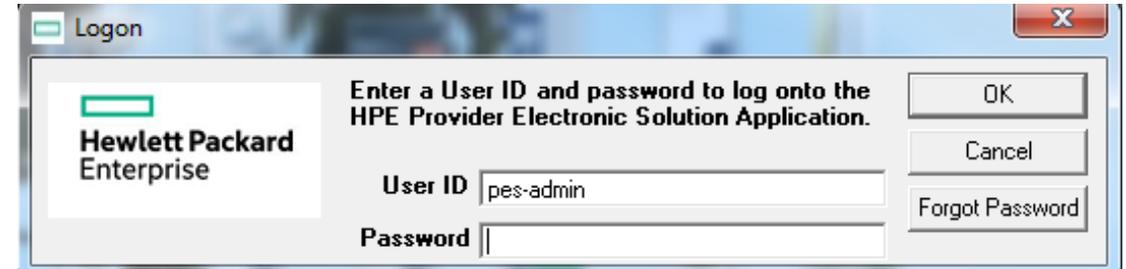
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM | DD | YY SEX

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

# PES Users

- To accommodate the new 10 digit ID and process claims, providers using PES must ensure they are using the current version- 2.09
- Upgrades must be done sequentially, so if providers are using 2.07, they should upgrade to 2.08 before 2.09
- Upgrades can be accessed on the PES page of the EOHHS website, and not through the software.



<http://www.eohhs.ri.gov/ProvidersPartners/BillingampClaims/ProviderElectronicSolutionsPESSoftware.aspx> HHS website

# X12 Transactions

- MID field will be increased to 10 digits in all X12 files
- Trading Partners must ensure that they have the ability to download files such as the 271 and the 835 with the expanded field.
- Non-PES users who want information on testing should send an email to: [riediservices@hpe.com](mailto:riediservices@hpe.com).

LOOP ID	2010BA SUBSCRIBER NAME	
Segment	NMI Subscriber Name	
NM102	Name	Rhode Island Requirements
NM108	Entity Type Qualifier	Populate with '1' for person.
NM109	Identification Code	Populate with 'MI'.
	Qualifier	At this time, RI Medicaid expects 9 characters for MID. Upon UHIP implementation this field will expect 10 digit RI Medicaid Recipient Identification Number (MID).
	Identification Code	

# Questions?



To ask a question, please select the “raise hand” icon on the upper left side of your screen.



When your name is called, please unmute your phone by pressing #6. Otherwise, please leave your phone on mute.

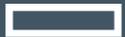
# Thank you for participating.

For additional information and Frequently Asked Questions document, visit the EOHHS website:

<http://www.eohhs.ri.gov/Home/IntegratedEligibilitySystem.aspx>

For additional questions, please contact the Customer Service Help Desk at:

401-784-8100 for local and long distance calls or  
1-800- 964 -6211 for in-state toll calls.



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Enterprise

