



# Hewlett Packard Enterprise

## RI Medicaid Claims Submission for Home Care Providers

Hewlett Packard Enterprise

June, 2016



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# Agenda

- Waiver Services included in the Electronic Visit Verification – Phase 1
- Prior Authorization
- Saving files
- Upload/Download Function in the Healthcare Portal

# Waiver Services included in Electronic Visit Verification – Phase 1

Waiver Services	Procedure Codes
Core Community Services	S5125, S5125 U1, S5130, S5130 TE
DEA Co-Pay	S5125 U1
DEA Waiver Services	S5125, S5125 U1, S5130
Preventive Services	S5125 U1, S5130
Habilitation Community Services	S5125, S5125 U1, S5130, T1000

# Prior Authorization – New Requirement

- Prior Authorization is required for dates of service June 1, 2016 and after
- Required for Core Services, DEA Services and DEA Co-Pay, Preventive Services, and Habilitation Community 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:

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Please select one of the following provider types.

Requesting Provider     Supplying Provider

Please enter the recipient's identification number

Recipient's ID Number:

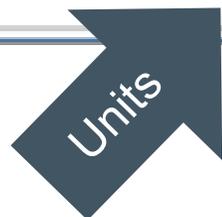
You may further tailor your request by entering any of the following

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				
<hr/>							
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.

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# No Prior Authorization in System

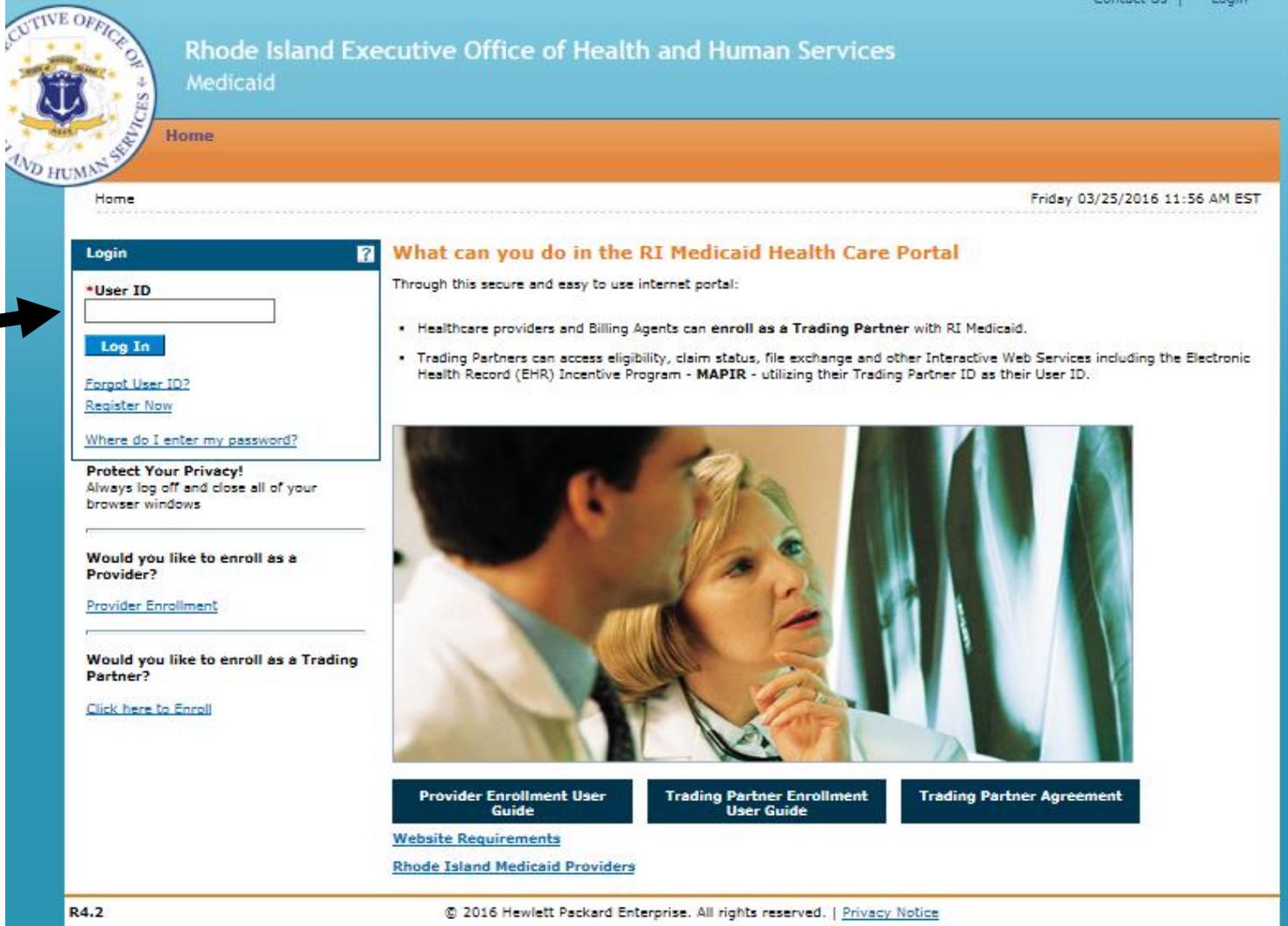
- If there is no PA in the system when a claim is submitted, the claim will be placed in a Suspend status for 30 days.
- If after the 30 days a PA has not been sent by the case worker, the claim will then be placed in a Denied status with EOB 063 (This service requires prior authorization).
- The claim may be resubmitted once the PA is in the system, within timely filing guidelines.
- Prior Authorizations should always be verified in the Healthcare Portal.

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# 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 & 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 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 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.

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**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

Executive Office of Health and Human Services  
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 10:03 AM EST

**File Download** ?

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

\* File Status  \* Max Files

\* Category

**Search**

R4.2.7

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.

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\*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
<a href="#">000000572388.160509000000.999</a>	05/09/2016		999 - X12-Func. Ack.	0.33 KB	<a href="#">Zip Format</a>
<a href="#">000000572388.160509160509.ACK</a>	05/09/2016	05/09/2016	ACK - REPT-Func. Ack.	2.28 KB	<a href="#">Zip Format</a>
<a href="#">000000565011.160406160509.ACK</a>	04/06/2016	05/09/2016	ACK - REPT-Func. Ack.	2.28 KB	<a href="#">Zip Format</a>
<a href="#">000000565011.160406000000.999</a>	04/06/2016		999 - X12-Func. Ack.	0.33 KB	<a href="#">Zip Format</a>
<a href="#">000000565012.160406160406.ACK</a>	04/06/2016	04/06/2016	ACK - REPT-Func. Ack.	1.80 KB	<a href="#">Zip Format</a>
<a href="#">000000565012.160406000000.999</a>	04/06/2016		999 - X12-Func. Ack.	0.29 KB	<a href="#">Zip Format</a>
<a href="#">000000565012.160406160406.SUB</a>	04/06/2016	04/06/2016	SUB - REPT-Claim Accept/Reject	2.43 KB	<a href="#">Zip Format</a>
<a href="#">000000564993.160405160406.999</a>	04/05/2016	04/06/2016	999 - X12-Func. Ack.	0.29 KB	<a href="#">Zip Format</a>
<a href="#">000000564993.160405160509.ACK</a>	04/05/2016	05/09/2016	ACK - REPT-Func. Ack.	1.80 KB	<a href="#">Zip Format</a>
<a href="#">000000564993.160405160509.SUB</a>	04/05/2016	05/09/2016	SUB - REPT-Claim Accept/Reject	2.43 KB	<a href="#">Zip Format</a>

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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      FUNCTIONAL GROUP DATA:
  Date-Time      : 20160405-104500      Control Number : 10
  Receiver ID    : 800000085      Date-Time      : 20160405-10453354
  Sender ID     : 056000522      Receiver ID    : 800000085
  Transaction Set Accept/Reject:
  Accept/Reject  : A-Accepted      Control Number : 000000001      Identifier     : 837
FUNCTIONAL GROUP ACCEPT/REJECT:
  Accept/Reject  : A-Accepted      Control Number : 4
  Txns Included  : 1               Txns Received  : 1               Identifier     : HC
  Txns Accepted  : 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 claims have been rejected. (see arrow)  
If any claims were rejected for RI Business Rules, they will be listed on this report.

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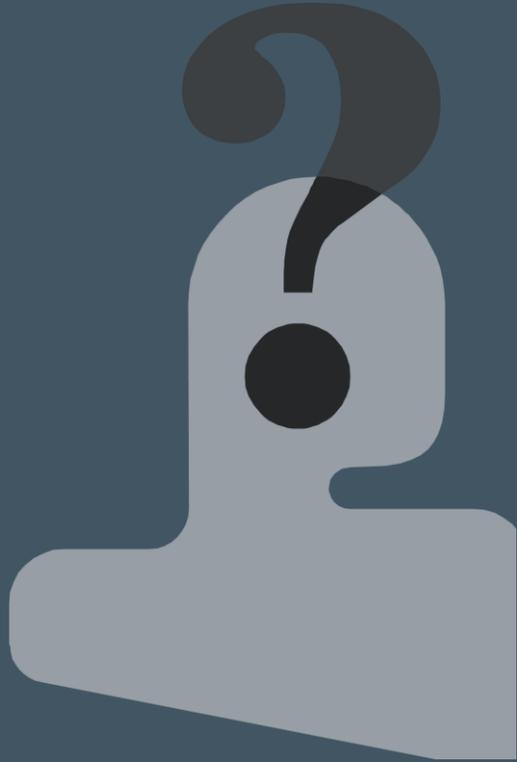
# Resolution of Rejected Files

- 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 401-784-3805

Mary Jane Nardone, EDI Coordinator 401-784-8014

# Questions?





**Hewlett Packard**  
Enterprise

**Thank you**

Contact information