Rhode Island
Executive Office of Health and Human Services
Medicaid Program

New Provider Introduction to
The Rhode Island Medicaid Program

January, 2016
PR0028 V2.5
Agenda

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Welcome To The Rhode Island Medicaid Program

• We appreciate your participation and support. We are committed to helping you every step of the way.

• As a dedicated medical professional, you are an integral part in our quest to ensure all Rhode Islanders have access to quality, affordable health care.
Commonly Used Terms And Abbreviations

- ADA – American Dental Association
- AMA – American Medical Association
- CMS – Centers for Medicare and Medicaid Services Formerly HCFA
- DCYF – Department for Children, Youth and Families
- DHS – Department of Human Services
- DME – Durable Medical Equipment
- DOB – Date of Birth
- DOS – Date of Service
- EDI – Electronic Data Interchange
- EFT – Electronic Funds Transfer
- EOB – Explanation of Benefits
- EOHHS – Executive Office of Health and Human Services
- EOMB – Explanation of Medicare Benefits
- EPSDT – Early and Periodic Screening, Diagnosis and Treatment
- FA – Fiscal Agent
- FFS – Fee–for–Service
- HCP – Healthcare Portal
- HCPCS – Common Procedure Coding System
- HPE – Hewlett Packard Enterprise
- ICD – 10 International Classification of Disease, new code set effective October 1, 2015
- ICN – Internal Control Number
- ID – Identification
- MA – Medicaid
- MC – Medicare
- MID – Recipient Medicaid Identification
- NDC – National Drug Code
- NPI – National Provider Identifier
- PA – Prior Authorization
- POS – Place of Service
- QMB – Qualified Medicare Beneficiary
- RA – Remittance Advice
- SLMB – Specified Low–Income Medicare Beneficiary
- TPA – Trading Partner Agreement
- TPL – Third Party Liability
- UCR – Usual and Customary Rate
- YTD – Year to Date
Most provider resources are available on the Providers and Partners tab. Click on the tab to see a drop down list of available resources.

For more detailed information on using the website, see the E-Learning training titled Navigating the EOHHS Website.
The Healthcare Portal provides access to information needed to conduct business with RI Medicaid, including:

- Eligibility verification
- Claim searches
- Remittance Advice
- Prior Authorization
- and many other business functions

You may log in to the Healthcare Portal to access information 24 hours per day, 7 days per week.
Providers and billing agents must enroll as a Trading Partner to conduct business electronically with RI Medicaid.

Note: Providers must first enroll as a Medicaid provider

Enrolling as a Trading Partner

- Enrollment is done electronically within the Healthcare Portal.
- To access the Healthcare Portal, go to www.ripolri.org
- A step by step user guide for Trading Partner enrollment can be printed from this page (see green arrow).
- To complete the on-line Trading Partner application, click the enrollment link, shown with the orange arrow.
Registering to Use the Healthcare Portal

Once a Trading Partner ID is obtained, you must register in the Healthcare Portal before you can access information.

- Return to the home page of the Healthcare Portal.
- Select the “Register Now” link and follow the instructions.
- On the bottom of the Healthcare Portal Resource page, you will find a user guide to help you through the registration process. Print this guide to help you enroll.

http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/HCP_Registering_to_use.pdf
Log In to the Healthcare Portal……..

After registering, you will be able to log in to the portal and select the function you need from a list of Business Actions.

Some actions are across the orange tool bar, and some are in a list on the right.
For an eligibility search, select the NPI, provider type, and taxonomy. Then select the billing provider.

Enter the recipient's ID number and from/to dates of service and click search.
Eligibility Response

The eligibility response will show the benefits for the recipient.

Selecting the plus sign in each section will expand that section to display more information.
To search for the status of a claim, select the NPI, provider type, taxonomy, and billing provider.

Then enter the ICN OR the recipient ID and the service from/to dates and select search.
Prior Authorization Status Inquiry

To search for the status of a Prior Authorization, complete the top section and search for provider name.

Be sure to select if you are the requesting or supplying provider.

Then complete as many fields as possible to narrow the search, but the minimum information is Provider information and Recipient ID number.
Locating Remittance Advice

Retrieve the last four Remittance Advice Reports by selecting the appropriate NPI, Provider Type and Taxonomy code.

After clicking search, click the circular button next to the correct billing name. In this example, there is only one choice.
Locating Remittance Advice

Only the four most recent will be accessible - download promptly.
Remittance Advice (RA)

- It is the provider’s responsibility to retrieve the RA from the EOHHS website after every financial cycle.
- The RA will provide the status of all claims you submitted to RI Medicaid. It will display information on paid, denied, and suspended claims.
- You must save or print for your records.
- There are only 4 historical RA’s available at a time.
- As new RA’s are generated, the oldest is deleted.
- Once the RA is deleted, it is not retrievable and will not be printed.
For a Remittance Advice Payment Account Inquiry, select the NPI, Provider Type and Taxonomy and hit search.

Then enter the start and end dates of your search.

Information is blocked for privacy.
Messages pertaining to website maintenance will be posted in the message section.
Provider Reference Guides

- Reference guides are available for general Medicaid information as well as provider specific information. Please refer to the Provider Guides when looking for information on:
  - Provider Participation
  - Covered and Non-Covered Services
  - Medical Necessity
  - Limitations and Special Requirements
  - Reimbursement Guidelines
  - Other Important Topics

*Please note coverage guidelines are subject to change. Please refer to your Provider Updates regularly for any changes regarding your provider type.*
Provider Guides can be found on the EOHHS website.

Click on the Providers and Partners tab, then Provider Manuals, then Medicaid Provider Manual. Click on your provider type to access the guide or view the RI Medicaid General Guidelines.
Recipient Eligibility Information – Recipient should present all active ID cards at all appointments.

- **Medicaid**
  - Each recipient is issued a Medicaid ID card, also known as the "Anchor Card".

- **RlteCare**
  - Recipients will also have a "Plan" ID card, issued by United Healthcare or Neighborhood Health.

- **RlteShare**
  - Recipients will also have a primary insurer commercial carrier ID card.

- **Connect Care Choice**
  - Each recipient is issued a Medicaid ID card, also known as the "Anchor Card".

- **RlteSmiles**
  - Recipients will also have an ID card issued by United Healthcare.

- **Rhody Health Partners**
  - Recipients will also have an ID card issued by United Healthcare or Neighborhood Health.

- **Rhody Health Options**
  - Recipients will also have an ID card issued by Neighborhood Health.

- **Connect Care Choice Community Partners**
  - Each recipient is issued a Medicaid ID card, also known as the "Anchor Card".
Identification Cards
Provider Responsibility

Your Role as a Rhode Island Medicaid Provider is to check eligibility for every date of service prior to delivery.

- Recipient Eligibility: Medicaid, Medicaid Long Term Care, RIteCare, RIteShare, RIteSmiles, Rhody Health Partners, Connect Care Choice, Rhody Health Options, Connect Care Choice Community Partners.

- Third Party Liability (TPL)

- Determine Prior Authorization (PA) service requirements.

All information is available when checking Eligibility in the Healthcare Portal. If you still have questions after verifying eligibility, you may contact our Customer Service Help Desk by calling 401-784-8100 for local and long distance calls, or 1-800-964-6211 for in-state toll calls.
Billing Rhode Island Medicaid Program

Electronic billing is always the preferred method of claim submission. When necessary, RI Medicaid does accept UB-04, CMS-1500, and the ADA 2012 standardized claim forms. Medicaid also utilizes its proprietary Waiver/Rehab claim form.

If circumstance requires the need for paper claim submission, please mail your claims to:

_Hewlett Packard Enterprise_
_Po Box 2010_
_Warwick, RI  02887-2010_

Access the EOHHS website “Forms and Applications” section to print the Waiver/Rehab claim form and for claim instructions for all claim types.
Paper Claims vs. Electronic Claims

**Electronic Claims**
- Cost savings
- Faster turnaround time
- Free software
- No original signature required
- Quicker connections
- Quicker reimbursement (usually next scheduled financial cycle.)

**Paper Claims**
- Higher costs (postage, forms)
- Longer reimbursement wait time
- Requires original signature
- Slower turnaround time due to manual data entry

For additional information about electronic claim submission and our free software, please visit the EOHHS website, click on the Providers and Partners tab, then Billing and Claims. On the right side of the page, select the Provider Electronic Solutions (PES) Software Link. You may also contact the Electronic Data Interchange Coordinator via email at mary-jane.nardone@hpe.com.
Timely Filing

Important Timely Filing Information
In order for a claim to be processed for adjudication, the Medicaid claim must:
• Be received within 12 months of the date of service (DOS) for services, or
• If the claim is over a year old, then within 90 days of the date of denial.

Any claim that does not meet these criteria will be denied for timely filing.

Adjustments to a paid claim, with a DOS over a year old, will be accepted up to 90 days from the remittance advice date for the original claim payment.
Claims over a year old, that involve a third party payer must be submitted:

- Within 90 days from the Explanation of Benefits (EOB) date from the other payer. The other insurance actual Explanation of Benefits must be attached to the claim.

Any claim with a DOS over 1 year old, received with a third party payer EOB date greater than the 90 days will be denied for timely filing.
Timely Filing – Exception

The criteria for overriding the 12 month timely filing limit are:
• Retroactive recipient or provider eligibility (within 90 days of claim submission),
• Previous denial (other than timely filing, within 90 days of claim submission)

Provider computer printouts are not considered acceptable proof of timely filing.

Claims submitted for the DOS over 1 year must be submitted on paper to the appropriate Provider Representative and must include the necessary documentation.
Claim Submission

Checking eligibility helps navigate where your claim should be sent for processing.

<table>
<thead>
<tr>
<th>Medicaid, Medicaid Long Term Care, Connect Care Choice, Connect Care Choice Community Partners</th>
<th>Submit claims to Hewlett Packard Enterprise</th>
</tr>
</thead>
<tbody>
<tr>
<td>RlteCare</td>
<td>Submit claims to insurer: either Neighborhood Health or United Healthcare</td>
</tr>
<tr>
<td>RlteShare</td>
<td>After primary payer, submit claims for co-insurance and deductible to Hewlett Packard Enterprise</td>
</tr>
<tr>
<td>RlteSmiles</td>
<td>Submit claims to United Healthcare</td>
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<tr>
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<tr>
<td>Rhody Health Options</td>
<td>Submit claims to Neighborhood Health</td>
</tr>
<tr>
<td>Out of plan benefits such as non-surgical dental procedures.</td>
<td>Submit claims to Hewlett Packard Enterprise</td>
</tr>
</tbody>
</table>
Claim Payment

- All providers are required to accept payment via Electronic Funds Transfer (EFT). Paper checks will not be issued.
- Each financial cycle is approximately 2 weeks. However, due to fiscal necessity, some cycles may be longer or shorter. For the claims processing and payment schedule visit the EOHHS website, click on the Providers and Partners tab, and then click on Billing and Claims.

Individual claim status is reported at the end of each financial cycle on the provider’s Remittance Advice (RA).
Each provider type has been assigned a Provider Representative to assist with any extraordinary claim issues, unique policy questions, general provider education or to navigate the Medicaid Program.

A listing of Provider Representative is found on the EOHHS website by clicking Providers and Partners. From the General Information page, click on Provider Representatives on the right.
<table>
<thead>
<tr>
<th>Provider Representative</th>
<th>Contact Information</th>
<th>Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra Bates</td>
<td><a href="mailto:sandra.bates@hpe.com">sandra.bates@hpe.com</a> 401-784-8022</td>
<td>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</td>
</tr>
<tr>
<td>Marlene Lamoureux</td>
<td><a href="mailto:marlene.lamoureux@hpe.com">marlene.lamoureux@hpe.com</a> 401-784-3805</td>
<td>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</td>
</tr>
<tr>
<td>Karen Murphy</td>
<td><a href="mailto:karen.murphy3@hpe.com">karen.murphy3@hpe.com</a> 401-784-8004</td>
<td>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</td>
</tr>
<tr>
<td>Ann Bennett</td>
<td><a href="mailto:Ann.bennett2@hpe.com">Ann.bennett2@hpe.com</a> 401-784-3840</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Mary-Jane Nardone</td>
<td><a href="mailto:mary-jane.nardone@hpe.com">mary-jane.nardone@hpe.com</a> 401-784-8014</td>
<td>EDI Coordinator</td>
</tr>
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<td>Deborah Meiklejohn</td>
<td><a href="mailto:deborah.meiklejohn@hpe.com">deborah.meiklejohn@hpe.com</a> 401-784-3859</td>
<td>Training and Documentation Specialist</td>
</tr>
<tr>
<td>Name</td>
<td>Email</td>
<td>Phone Number</td>
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<tr>
<td>Kelly Leighton</td>
<td><a href="mailto:kelly.leighton@hpe.com">kelly.leighton@hpe.com</a></td>
<td>401-784-8013</td>
</tr>
<tr>
<td>Dorothy Pizzarelli</td>
<td><a href="mailto:dorothy.pizzarelli@hpe.com">dorothy.pizzarelli@hpe.com</a></td>
<td>401-784-8012</td>
</tr>
<tr>
<td>Customer Service Help Desk</td>
<td>401-784-8100 or</td>
<td>Toll Free 1-800-964-6211</td>
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401-784-8100 or Toll Free 1-800-964-6211
Monday through Friday
8:00 AM-5:00 PM
Thank you for viewing this training.

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