# Rhode Island

**Executive Office of Health and Human Services
Medicaid**

# Ordering, Prescribing, Referring Provider User Guide

**Version 2.0**

**Gainwell Technologies**

**Revision History**

| Version | Date | Sections | Reason for Revision |
|---|---|---|---|
| 1.0 | June, 2017 | All | New guide |
| 2.0 | November 2020 | All | Gainwell Brand |
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# Contents

# Ordering, Prescribing, Referring Provider Enrollment

## Access Ordering, Prescribing, Referring (PR) Provider Enrollment

You can access OPR enrollment from a designated uniform resource locator (URL) for the Healthcare Portal.

1. Open your browser such as Internet Explorer or Firefox.

2. Access the Gainwell Technologies Healthcare Portal website URL by entering **https://www.riproviderportal.org** in the address bar.

    The Healthcare Portal Home page appears.

3. Access Provider Enrollment by selecting the **OPR Enrollment** link.
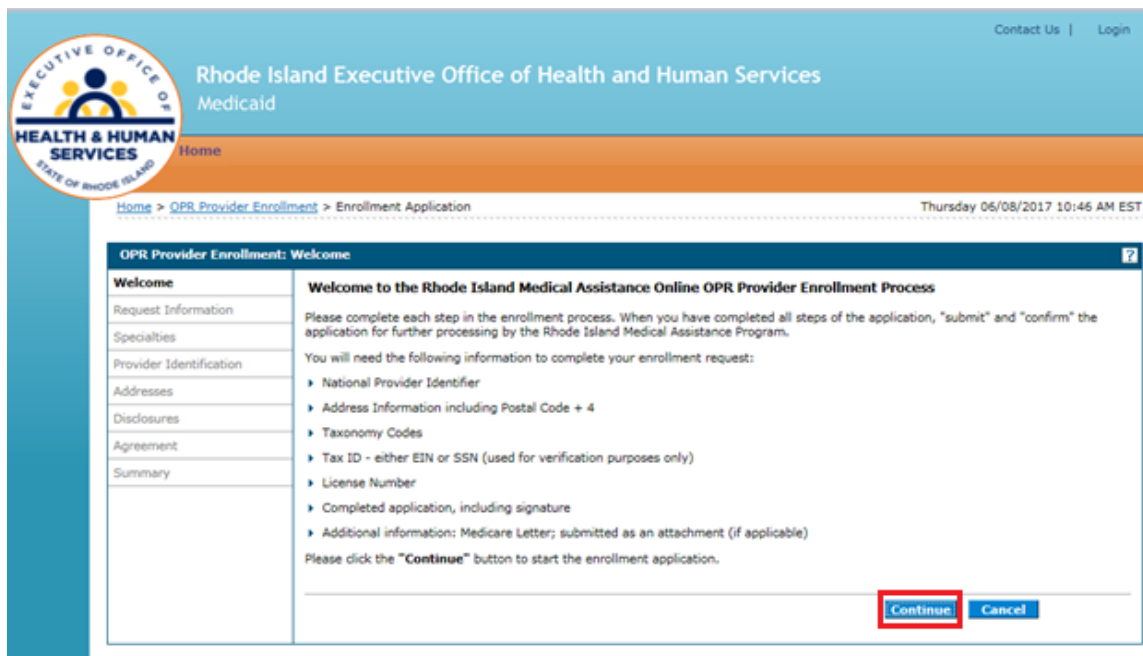
### Healthcare Portal Home Page

## Enter OPR Enrollment Application

4.  Click Enrollment Application.
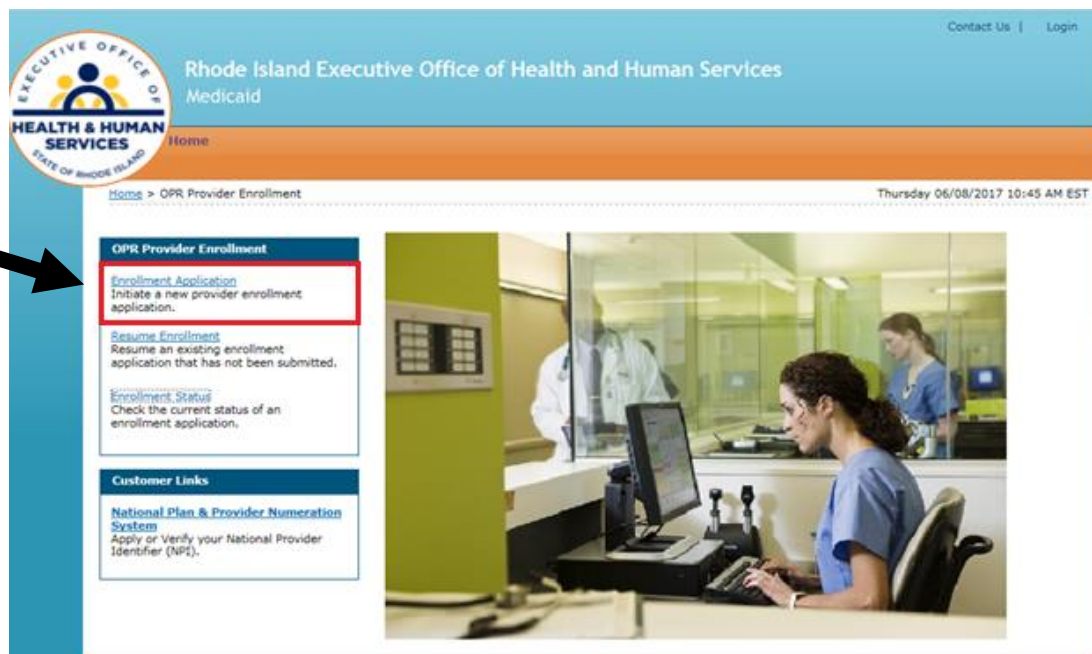


5.  Read the Welcome page, gather the information listed, and click **Continue** to continue the enrollment process or click **Cancel** to cancel the enrollment application.

## OPR Enrollment: Request Information Page



6. Select the initial enrollment information:

- **OPR Enrollment Type** – Only individual may be selected.

- **Provider Type** – Only Ordering, Prescribing, and Referring Provider may be selected.

- **Requesting Enrollment Effective Date** – Enter or select the requested start date for this enrollment.

Enter the contact information:

- **Contact Name** – Enter the person's name who can be contacted with questions about this enrollment application.

- **Contact Phone and Ext** – Enter the contact's phone number and extension.

- **Contact Email** – Enter the contact's email address.

- **Confirm Email** – Enter the contact's email address again for confirmation purposes.

- **Preferred Method of Communication** – Select the preferred method of communication as email, phone, or mail.

Click **Continue** to continue the enrollment process. The Provider Enrollment: Specialties page appears.

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date.

-- OR --

Click **Cancel** to cancel the enrollment application and lose all the information you have entered.

## OPR Enrollment: Specialties Page



7. Select the specialties information:

- **Specialty** – Select the provider's medical specialty. If there is not a specialty listed that applies, select 'Not Applicable' or 'No Provider Specialty Designation.'

- **Effective Date** – Enter or select the start date for the selected specialty.

- **End Date** – Enter or select the end date for the selected specialty.

- **Taxonomy Code** – Select the taxonomy classification code.

- **Primary** – Select the checkbox if this specialty is the primary specialty.

Click **Add** to add the specialty.

- If you have more than one specialty, click ➕ to add another specialty.

- To remove a specialty, click **Remove** in the Action column for the specialty row you need to remove. Click **Yes** on the confirmation dialog box. The specialty is removed.

Once all the specialties have been added, click **Continue** to continue the enrollment process. The Provider Enrollment: Provider Identification page appears.

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date.

-- OR --Click **Cancel** to cancel the enrollment application and lose all the information you have entered.

# OPR Enrollment: Provider Identification Page



8. Enter the provider's legal name information.

- **Last Name** – Enter the provider's last name. (Individual)

- **First Name** – Enter the provider's first name. (Individual)

- **Middle** – Enter the provider's middle name initial. (Individual)

- **Title** – Enter the provider's title. (Individual)

- **Gender** – Select the provider's gender. (Individual)

- **Birth Date** – Enter or select the provider's birth date. (Individual)

- **Ownership** – Only Individual may be selected.

- **Business Name** – Enter the business name if applicable.

Enter the provider identification numbers:

- **Tax ID** – Enter the provider's tax ID. If the tax ID is the provider's Social Security Number, enter the 9-digit number without the dashes (-).

- **Tax ID Type** – Select the tax ID type as Employer Identification Number (EIN) or Social Security Number (SSN).

- **Effective Date** – Enter or select the effective start date for the tax ID.

- **End Date** – Enter or select the end date for the tax ID.

| Note: | When no tax ID end date is provided, the date automatically defaults to the Portal high date when the application is submitted. |
|---|---|

- **Fiscal End Date** – Enter the first letter of the month or select the month the fiscal year ends.

- **NPI** – Enter the provider's National Provider Identifier (NPI) number.

- **License #** - Enter the provider's license number.

- **Expiration Date** – Enter or select the date the license expires.

- **Medicare #** - Enter the provider's Medicare number.

- **DEA #** - Enter the provider's Drug Enforcement Agency (DEA) number.

- **CLIA #** - Enter the provider's Clinical Laboratory Improvement Amendments (CLIA) number.

- **Supplemental NPI** – Enter the provider's supplemental NPI number.

- **Supplemental Taxonomy** – Enter the provider's supplemental taxonomy code.

Click **Continue** to continue the enrollment process. The Provider Enrollment: Addresses page appears.

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date.

-- OR --

Click **Cancel** to cancel the enrollment application and lose all the information you have entered.

## OPR Enrollment: Addresses Page



9.  Enter the provider addresses where a provider performs services, as well as locations that are used for mailing:

    - **Address Type** – Select the provider's address type as Mail To or Service Location.

      **Note:** If Service Location is selected, the Service Address Information panel displays below the Provider Addresses panel.

    - **Primary Address** – Select the checkbox if this is the provider's primary address.

      **Note:** Service Location must be checked as the primary address.

    - **Location Name** – Enter the address' location name.

    - **Location Code** – Select the address' location code as In State, Border, or Out of State.

      **Note:** To determine your Location Code, click list in the first paragraph.

    - **Address** – Enter the address.

    - **Town Code** – Select the address' town code.

    - **City** – Enter the city name.

    - **County** – Select the county.

- **State** – Select the state where the address is located.
- **Zip Code** – Enter the address' zip code.

  **Note:** To look up your 4-digit zip code extension, click http://zip4.usps.com/zip4/welcome.isp in the first paragraph.

- **Phone and Ext** – Select the phone number type as Phone, Fax, TeleTypewriter, or Telephone Device for Deaf; enter the phone number, and extension.
- **Phone and Ext** - Select the phone number type as Phone, Fax, TeleTypewriter, or Telephone Device for Deaf; enter the phone number, and extension.

Click **Add** to add the address.

- If you have more addresses to add, click + to add another provider address.
- In the Action column, click **Remove** to remove an address.

Once all of the provider addresses are entered, click **Continue** to continue the enrollment process.
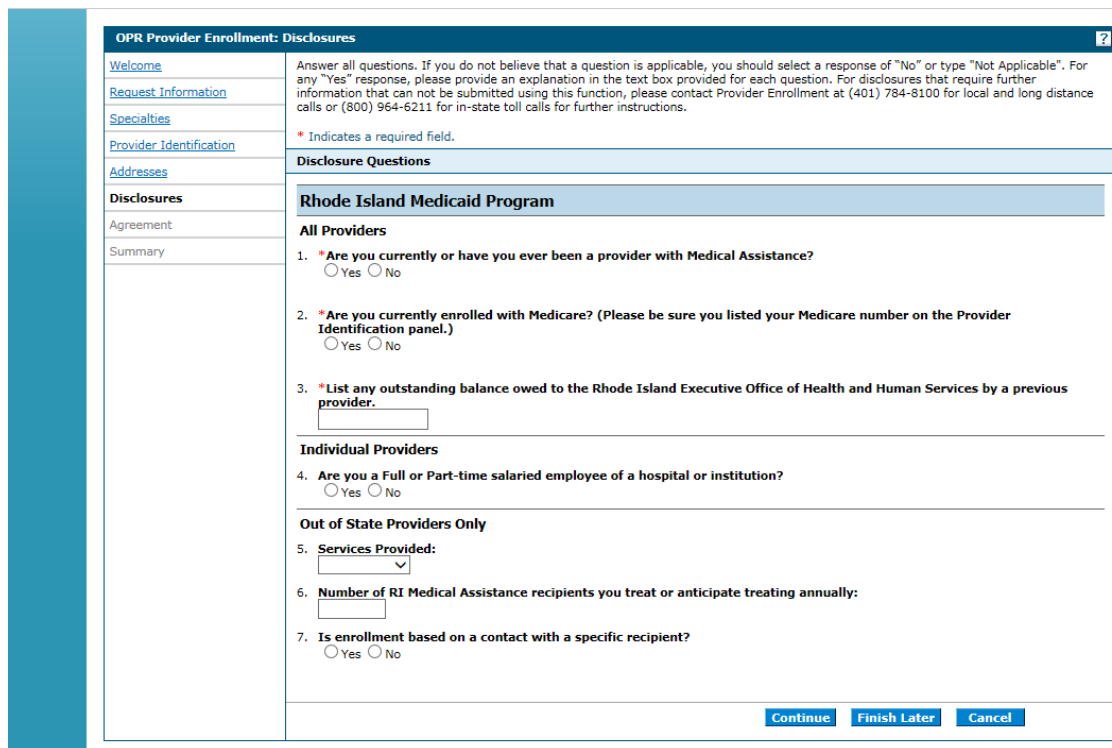
-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date.

-- OR --

Click **Cancel** to cancel the enrollment application and lose all the information you have entered.

## OPR Enrollment: Disclosures Page

10. Answer the disclosure questions by selecting Yes or No or by entering information in the text box. If you answer Yes to a question, answer any additional questions and enter an explanation.

11. Once all questions are answered, click **Continue** to continue the enrollment process. The Provider Enrollment: Agreement page appears.

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date. Important, if you select Finish Later, you will lose the responses to the disclosure questions.  Disclosure questions cannot be saved.

-- OR --

Click **Cancel** to cancel the enrollment application and lose all the information you have entered.

## OPR Enrollment: Agreement Page

12. Complete the agreement:

- **Instructions** – Read the instructions

- **Attachments** – Upload any attachments that are required.

    o Click **Browse** to locate the desired attachment on your computer and select it. Allowable file formats are .jpg and .pdf

    o Click **Add**. The file selected will appear in the Attachment table. Continue adding the necessary attachments until they have all been successfully added. You can also click **Remove** to remove an attachment.

- **Supporting Documentation** – Complete the actions listed.

    o Read and print the **RI Medicaid Exclusion Letter**.

- **Terms of Agreement**: Verify the information listed and read the statements, accept the terms, and sign the agreement.

    o Select the **I accept** checkbox to indicate that you accept the terms.

    o Enter your name as your electronic signature which is equal to your written signature.

    o Enter your title.

Click **Submit** to enter the enrollment application. The Provider Enrollment: Summary page appears. **Your application has not yet been submitted.**

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date. Note: If you select **Finish Later**, the responses to the Disclosure questions will need to be re-entered when you resume your application.

-- OR --

Click **Cancel** to cancel the enrollment application and lose all the information you have entered.

# OPR Enrollment: Summary Page

7. **Is enrollment based on a contact with a specific recipient?**
Yes
**a. What is the Recipient Name?**
JOANNE
**b. What is the Diagnosis (ICD-10) Code?**
6665656
**c. What is the Recipient Medical Assistance Identification Number?**
4444444444
**d. What is the date(s) of Service?**
02012016

**Supporting Documentation**

The following actions need to be taken to complete the enrollment process. If you need to submit attachments, please follow the instructions in the Attachments panel below.

**Submit as Attachment:**  Medicare Letter; please complete if you checked Yes to question 3 on the Disclosures page.

**Submit as Attachment:**  License for out of state providers only

**Submit as Attachment:**  Medical License

**Submit as Attachment:**  NPPES Letter

**Attachments**

**Attachment**  Testing Attachments.pdf

**Terms of Agreement**

I certify that the foregoing information is true, accurate, and complete with the understanding that any falsification or concealment of a material fact may be prosecuted under Federal and State Laws.

Please read and print the Exclusion Letter for your records; the Acceptance checkbox in the Terms of Agreement at the bottom of the page will remain disabled until the Exclusion Letter has been read.

**Read and Print:**  Exclusion Letter

You will be submitting the Provider Enrollment application electronically. By submitting this application, you are subject to and will follow all applicable Federal and RI General laws, EOHHS rules, Applicable State and Federal regulations, the False Claims Act, Title XIX of the Social Security Act, the American with Disabilities Act, EOHHS policies and amendments. Your signature indicates that you have legal authority to submit this application and understand that your electronic signature is binding to the same extent as your written signature.

**I accept**  ☑

I understand that my electronic signature is equivalent to written signature. The electronic signature should be my legal name (first and last name).
**Your Signature** [          ]2
**Title** BA
**Agreement Date** 06/13/2017

**Instructions for Summary Page**

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.
Once you have reviewed the contents of this application, select 'Confirm' to submit the enrollment for processing.
Please print a copy of this summary for your records.

Print    Close

13. Review the summary information. Use the **Print Preview** button to print a copy.

14. If changes are required, you can return to the appropriate page by using the navigation pane on the left.

15. If the application is ready to be transmitted, you must click the **Confirm** button.  If you do not click the **Confirm** button, Medicaid will not receive your application.

## OPR Enrollment: Tracking Information Page and Cover Sheet



16. Read the tracking information, print the tracking number, and print the cover sheet if you need to mail or fax attachments to the Provider Enrollment Department.

- Click **Print Preview** to view the page in print layout mode and print it.

    **Note:** The Print Preview window is a pop-up and if your computer is set to block pop-ups, then you will need to temporarily disable the block pop-ups function.

    - o Click **Print** to display the Print window.
    - o Select the desired printer, print options, and click **Print**. The page prints at the selected printer.
    - o Click **Close** to close the window.

- Select **click here** to print the cover sheet and save it for your records. The Provider Enrollment: Cover Sheet page appears.

## OPR Enrollment: Cover Sheet Page



    o   Click **Print** to print the cover sheet for your records. The Print window appears.

> **Note:** The Print Preview window is a pop-up and if your computer is set to block pop-ups, then you will need to temporarily disable the block pop-ups function.

        ▪   Select the desired printer, print options, and click **Print**. The page prints at the selected printer.

    o   Click **Close** to close the Provider Enrollment: Cover Sheet page.

On the OPR Enrollment: Tracking Information page, click **Exit** to close the provider enrollment application.

A confirmation email containing the Tracking Number and link to the Provider Portal is sent to the contact email address entered on the enrollment application.

## Finish enrollment application later

At any point during the enrollment application process, you can save the enrollment application and finish it later. You must finish the enrollment process within thirty days or your data will be lost. Note: the responses to the disclosure questions will need to be re-entered when you resume your application.

1. On a OPR Enrollment page, click **Finish Later**. The Suspend Incomplete Application dialog box appears.

   **Note:** Any disclosures or attachments that have been included will not be saved until you complete your enrollment.

2. Click **Yes** to finish the enrollment application within the next thirty days. The Provider Enrollment: Credentials page appears.

### OPR Enrollment: Credentials Page



3. If you had entered your Tax ID on the application, then it will appear in the Tax ID field. If you had not entered your Tax ID, then enter your Tax ID.

4. Enter a password. The password must contain 8 characters including upper and lower case letters as well as numbers. This will be the password you will enter when you want to resume filling out the enrollment application.

5. Enter the password again for confirmation purposes.

6. Click **Submit** to submit your credentials. The Provider Enrollment: Tracking Number page appears.

   -- OR --

   Click **Cancel** to not submit your credentials.

## OPR Enrollment: Tracking Information Page



1. Print the assigned tracking number for your records. You will need the tracking number along with your tax ID and password, when you resume filling out the enrollment application.

   **Note:** The Print Preview window is a pop-up and if your computer is set to block pop-ups, then you will need to temporarily disable the block pop-ups function.
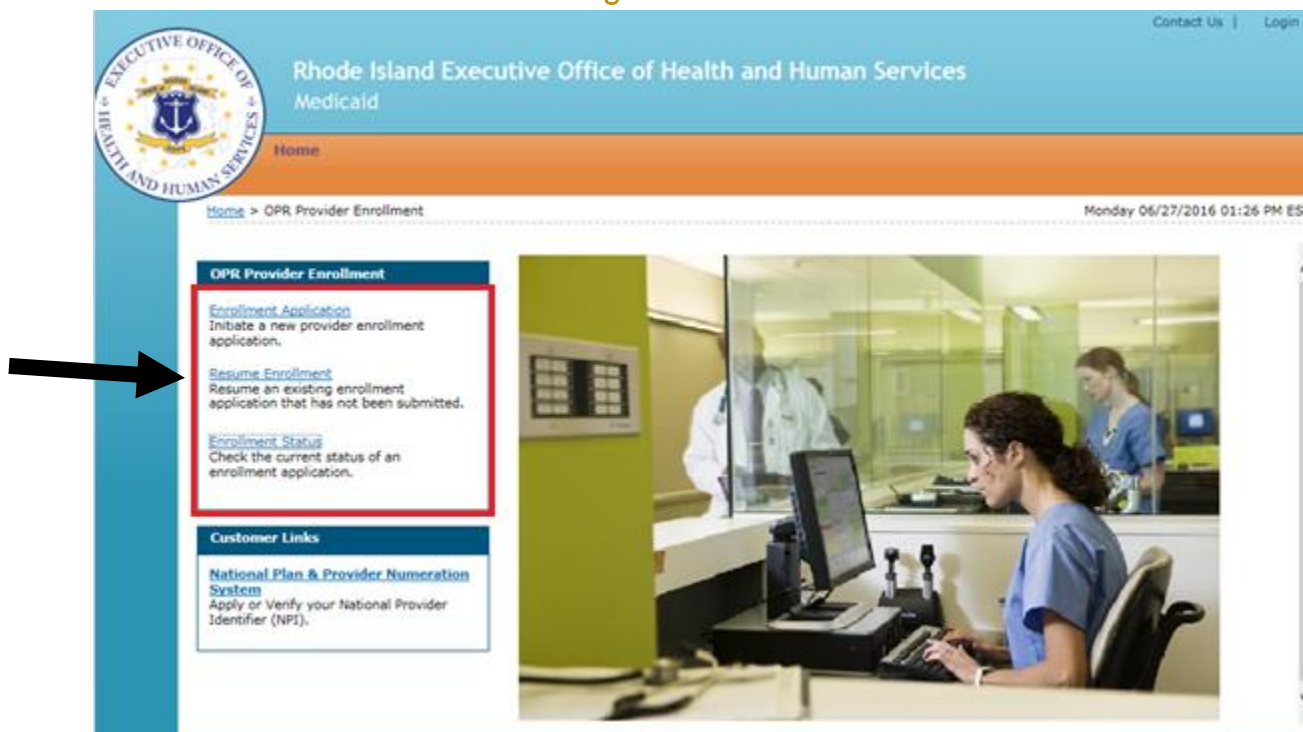
   - Click **Print Preview** to view the summary information in print layout.
   - Click **Print** to select a printer and print options.
   - Click **Print** to print the summary of the enrollment application.
   - Click **Close** to close the Print Preview window.

2. Click **Exit** to exit the OPR Enrollment: Tracking Information page.

## Resume Enrollment

You can resume the enrollment process for an enrollment application that you started and saved to finish later.

1.  Access the Provider Enrollment through the Healthcare Portal.

2.  On the Provider Enrollment page, click **Resume Enrollment**. The Provider Enrollment: Resume Enrollment page appears.

OPR Enrollment: Resume Enrollment Page

Enter your tracking number, tax ID, password, and click **Submit**.

> The next enrollment application page where you clicked **Finish Later** appears. Enter the enrollment application information to continue the enrollment process.
>
> -- OR --
>
> Click **Cancel** to cancel resuming the enrollment application.

## View enrollment application status and print cover sheet

Once you have submitted an enrollment application, you can view the status of the application.

1. Access the OPR Enrollment Portal through the Healthcare Portal.
2. On the Provider Enrollment page, click **Enrollment Status**. The Provider Enrollment - Status page appears.
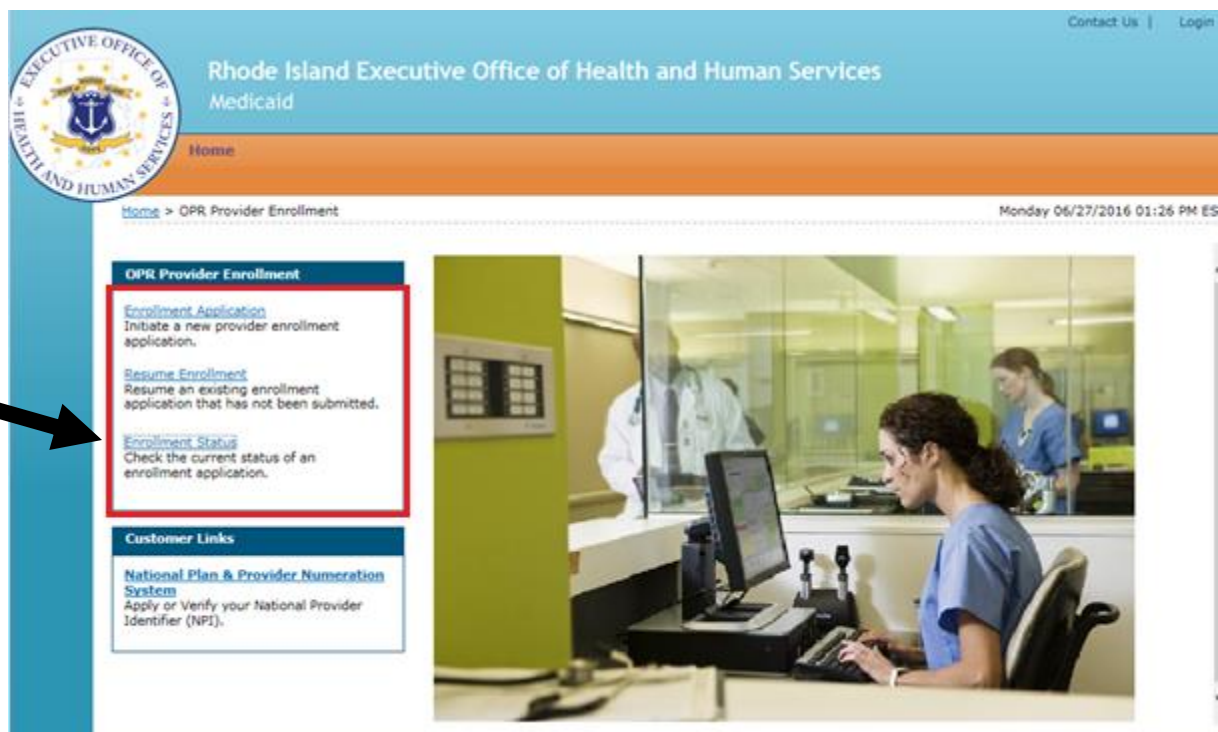
## OPR Enrollment: Status Page
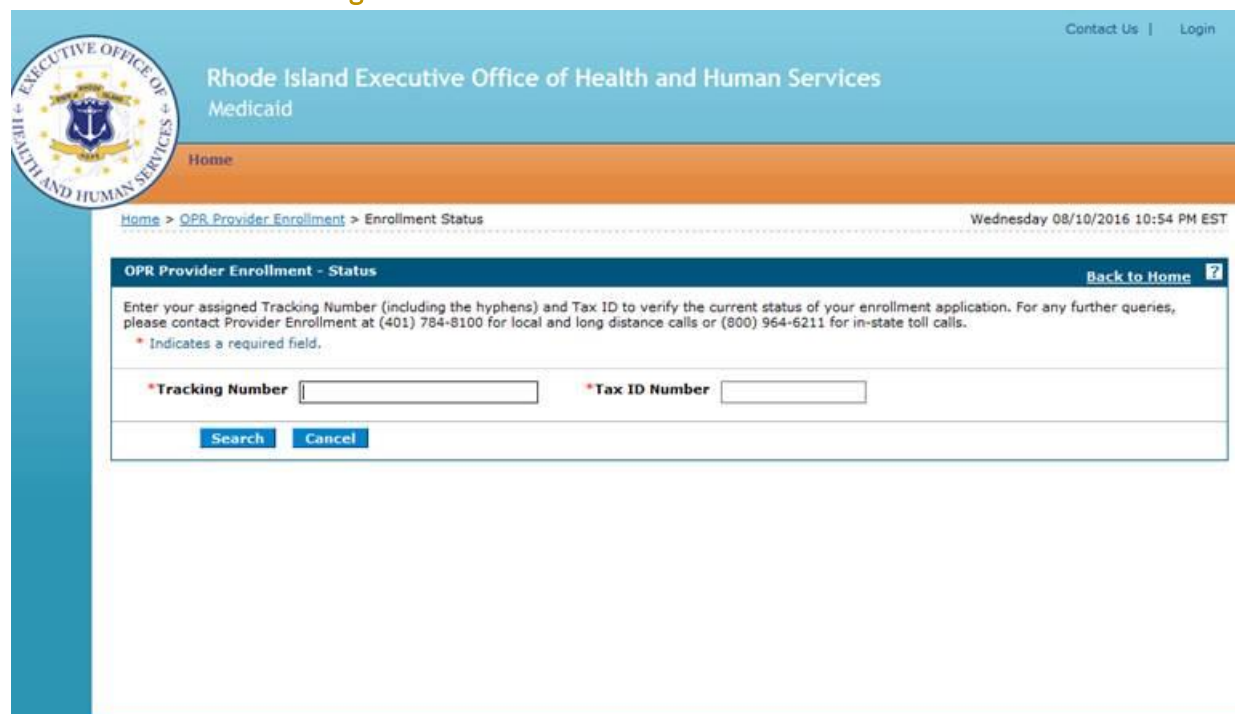


3. Enter your tracking number, tax ID number, and click **Search**. The Provider Enrollment: Summary page appears below the Provider Enrollment: Status page.

## OPR Enrollment: Status and Summary Page



View the summary information which includes the status of the enrollment application.

Any of the following statuses may appear:

- **Approved** – The enrollment application has been approved for enrollment.
- **Denied** – The enrollment application has been denied.
- **Enrolled** – The enrollment application has been enrolled.
- **Pending** – The enrollment application is waiting to be processed.
- **Resubmit** – The enrollment application was incomplete, please resubmit.