



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

Contents

Ordering, Prescribing, Referring Provider Enrollment.....	4
Access Ordering, Prescribing, Referring (PR) Provider Enrollment	4
Healthcare Portal Home Page	4
Enter OPR Enrollment Application	5
OPR Enrollment: Request Information Page	6
OPR Enrollment: Specialties Page	7
OPR Enrollment: Provider Identification Page	8
OPR Enrollment: Addresses Page.....	10
OPR Enrollment: Disclosures Page	11
OPR Enrollment: Agreement Page.....	13
OPR Enrollment: Summary Page	15
OPR Enrollment: Tracking Information Page and Cover Sheet	17
OPR Enrollment: Cover Sheet Page.....	18
Finish enrollment application later	19
OPR Enrollment: Credentials Page	19
OPR Enrollment: Tracking Information Page.....	20
Resume Enrollment.....	21
OPR Enrollment: Resume Enrollment Page.....	21
View enrollment application status and print cover sheet.....	22
OPR Enrollment: Status Page	23
OPR Enrollment: Status and Summary Page	24

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.

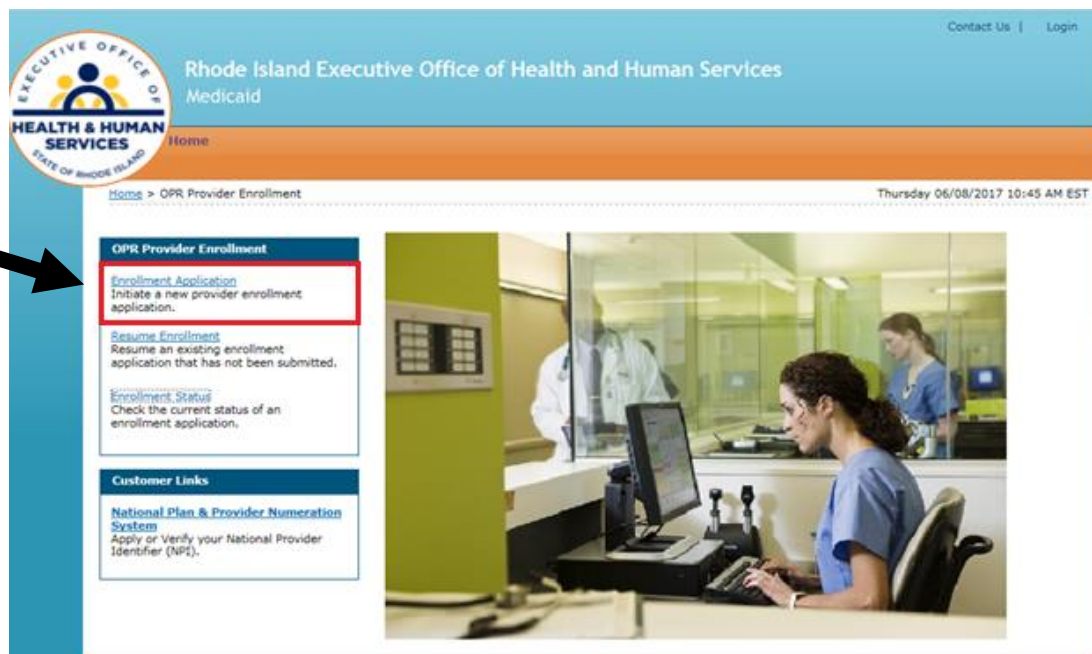
3. Access Provider Enrollment by selecting the **OPR Enrollment** link.

Healthcare Portal Home Page

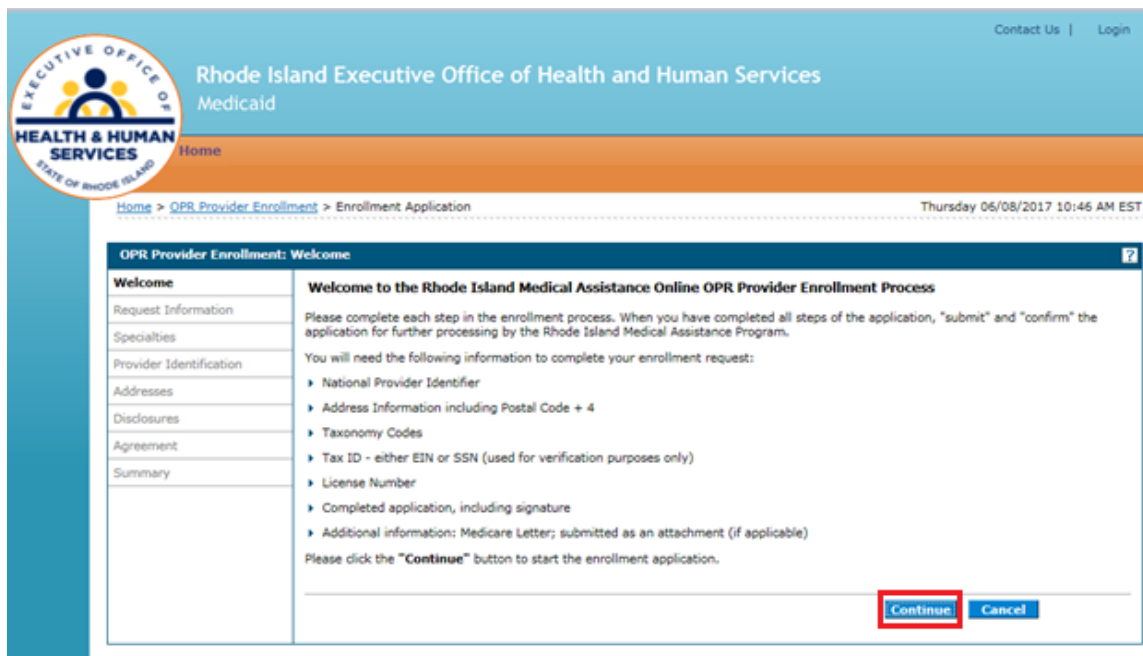
The screenshot shows the Rhode Island Medicaid Healthcare Portal Home Page. At the top, there is a navigation bar with "Contact Us" and "Login" links. Below this is the header for the "Rhode Island Executive Office of Health and Human Services Medicaid". The main content area is divided into several sections. On the left, there is a "Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". Below the login section, there are three enrollment options: "Would you like to enroll as a Provider?", "Would you like to enroll as an OPR (Ordering, Prescribing or Referring) 'Non-Billing' Provider?", and "Would you like to enroll as a Trading Partner?". The "Would you like to enroll as an OPR..." option is highlighted with a red box, and a black arrow points to it from the left. Below these options are links for "Provider Enrollment", "Enroll as an OPR Provider", and "Click here to Enroll". On the right side of the page, there is a section titled "What can you do in the RI Medicaid Health Care Portal - MO Environment" with a list of services: "Healthcare providers and Billing Agents can enroll as a Trading Partner with RI Medicaid." and "Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - HAPIR - utilizing their Trading Partner ID as their User ID." Below this text is a photograph of two healthcare professionals. At the bottom of the page, there are three buttons: "FAQs", "Trading Partner Agreement", and "Trading Partner Enrollment User Guide".

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

Executive Office of Health & Human Services
Medicaid

Home

Home > OPR Provider Enrollment > Enrollment Request Information Thursday 06/08/2017 10:46 AM EST

OPR Provider Enrollment: Request Information

[Welcome](#)
You are initiating a new Enrollment application. Below is the initial enrollment screen. Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later". The contact person will potentially be contacted to answer any questions regarding the information provided in this enrollment application.

Request Information
Specialties
* Indicates a required field.

Provider Identification
Addresses
Disclosures
Agreement
Summary

Initial Enrollment Information

* Provider Enrollment Type
* Provider Type
* Requesting Enrollment Effective Date 06/08/2017

Contact Information

* Contact Name
* Contact Phone Ext
* Contact Email
* Confirm Email
Preferred Method of Communication Email

[Continue](#) [Finish Later](#) [Cancel](#)

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

Executive Office of Health & Human Services
Medicaid

Home

Home > OPR Provider Enrollment > Enrollment Specialties

Thursday 06/08/2017 09:00

OPR Provider Enrollment: Specialties

[Welcome](#) | **Specialties**

[Request Information](#)

Specialties

Provider Identification

Addresses

Disclosures

Agreement

Summary

The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type added on this screen. Only one specialty can be designated as the primary specialty. The taxonomy code is required for each specialty your taxonomy does not display in the drop down list, contact our Provider Enrollment Dept. at (401) 784-8100 for local and long distance calls or 800-964-6211 for in-state toll calls.

* Indicates a required field.
 Indicates a primary record.

Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Specialty	Taxonomy Code	Effective Date	End Date	Action
Click to collapse.				
<p>Type: Ordering, Prescribing or Referring</p> <p>*Effective Date: <input type="text"/> <input type="button" value="..."/></p> <p>*Taxonomy Code: <input type="text"/></p> <p>*Specialty: <input type="text"/></p> <p>End Date: <input type="text"/> <input type="button" value="..."/></p> <p>Primary: <input checked="" type="checkbox"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p>				

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

Home > OPR Provider Enrollment > Enrollment Provider Identification Thursday 06/08/2017 09:35 AM E

OPR Provider Enrollment: Provider Identification

[Welcome](#) * Indicates a required field.

[Request Information](#) **Provider Legal Name**

[Specialties](#) The provider legal name and information is provided once for each enrollment. Ownership Information is required.

Provider Identification

Addresses

Disclosures

Agreement

Summary

*Last Name

*First Name

Middle Title

Gender Birth Date

*Ownership

Business Name

Provider Identification Numbers

The provider identification numbers listed below are additional identifiers for the enrolling providers. Tax ID is only used for verification purposes. Not all fields are required.

*Tax ID *Tax ID Type EIN SSN

*Effective Date End Date *Fiscal End Date

*NPI

License # Expiration Date

Medicare #

DEA #

CLIA #

Supplemental NPI

Supplemental Taxonomy

[Continue](#) [Finish Later](#) [Cancel](#)

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

OPR Provider Enrollment: Addresses

Welcome

Request Information

Specialties

Provider Identification

Addresses

Disclosures

Agreement

Summary

* Indicates a required field.
 Indicates a primary record.

Provider Addresses

The provider addresses identify each location where a provider renders services, as well as locations that are used for mail, billing, and payment. Multiple addresses can be added, regardless of the type selected. At least one Service Location and Phone Number is required. To look up your 4 digit zip code extension please go to <http://zip4.usps.com/zip4/welcome.jsp>. For the Location Code field, if you are an out of state provider, please check this [list](#) to determine if you are in a Bordering Community.
 Click "+" to view or update the details in a row. Click "-" to collapse the row. Click "Remove" link to remove the entire row.

Location Name	Type	Address	City	State	Action
<p><input type="checkbox"/></p> <p>*Address Type <input type="text"/> <input type="text"/></p> <p>Location Name <input type="text"/></p> <p>*Address <input type="text"/></p> <p>*Town Code <input type="text"/></p> <p>*City <input type="text"/></p> <p>*State <input type="text"/></p> <p>*Phone <input type="text"/> <input type="text"/> Ext <input type="text"/></p> <p>Primary Address <input type="checkbox"/></p> <p>*Location Code <input type="text"/></p> <p>*County <input type="text"/></p> <p>*Zip Code <input type="text"/></p> <p>Add'l Phone/Device <input type="text"/> <input type="text"/> Ext <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p>					

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.jsp> 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 --

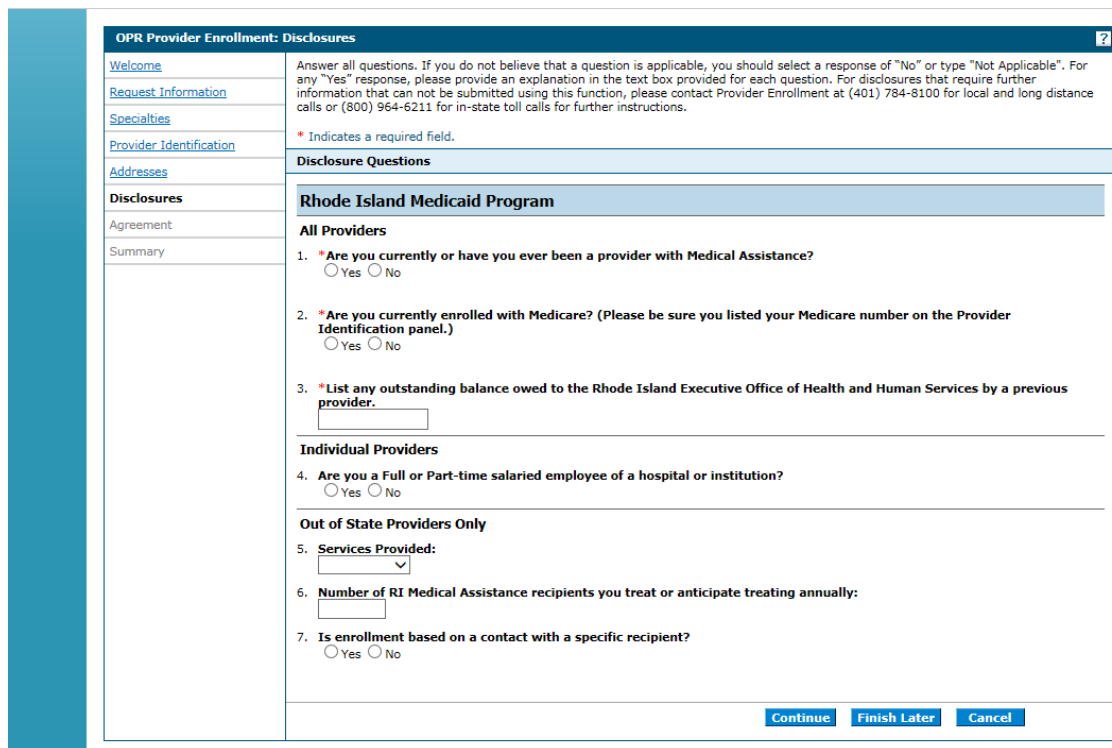
Click **Finish Later** to save and finish the enrollment application at a later date.

-- 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.



OPR Provider Enrollment: Disclosures

Welcome
Request Information
Specialties
Provider Identification
Addresses
Disclosures
Agreement
Summary

Answer all questions. If you do not believe that a question is applicable, you should select a response of "No" or type "Not Applicable". For any "Yes" response, please provide an explanation in the text box provided for each question. For disclosures that require further information that can not be submitted using this function, please contact Provider Enrollment at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls for further instructions.

* Indicates a required field.

Disclosure Questions

Rhode Island Medicaid Program

All Providers

1. *Are you currently or have you ever been a provider with Medical Assistance?
 Yes No
2. *Are you currently enrolled with Medicare? (Please be sure you listed your Medicare number on the Provider Identification panel.)
 Yes No
3. *List any outstanding balance owed to the Rhode Island Executive Office of Health and Human Services by a previous provider.

Individual Providers

4. Are you a Full or Part-time salaried employee of a hospital or institution?
 Yes No

Out of State Providers Only

5. Services Provided:
6. Number of RI Medical Assistance recipients you treat or anticipate treating annually:
7. Is enrollment based on a contact with a specific recipient?
 Yes No

[Continue](#) [Finish Later](#) [Cancel](#)

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


Home

Home > [OPR Provider Enrollment](#) > Enrollment Agreement Monday 06/27/2016 03:55 PM EST

OPR Provider Enrollment: Agreement
?

Welcome	Instructions
Request Information	The terms of enrollment are stated below. You must accept these terms in order to submit the enrollment application. Failure to accept these terms means that no enrollment application is retained or submitted.
Specialties	Access the summary of enrollment link to review all data that has been entered into the enrollment application. Changes can be made to the existing application by navigating back to the appropriate screen using the links in the table of contents. Once changes are made, the enrollment application can be reviewed again.
Provider Identification	The enrollment application terms must be accepted in order to submit the application for approval.
Addresses	Once the application is submitted and confirmed, a tracking number will be assigned and a cover sheet can be printed for submission with all hard copy materials to the enrollment office.
Disclosures	
Agreement	
Summary	

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:** NPPE Letter.

Attachments

To add an attachment, browse and select the attachment, then select Add.

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click the Remove link to remove the entire row.

Attachment	Action
Click to collapse.	
<div style="display: flex; align-items: center;"> *Upload File <input style="flex-grow: 1;" type="text"/> <input style="margin-left: 5px;" type="button" value="Browse..."/> </div>	<input type="button" value="Add"/>

Terms of Agreement

Provider Legal Name: FirstName M LastName	Tax ID Type: EIN
Primary Address: Address 1	Tax ID: [REDACTED]
City	NPI: [REDACTED]
Florida, 12345-1234	
Contact Name: Contact Name	
Contact Email: joe.smith@example.com	

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 the Exclusion Letter and print for your records; the Acceptance checkbox in the Terms of Agreement section 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:**

Title:

Agreement Date: 06/27/2016

12. Complete the agreement:

- **Instructions** – Read the instructions
- **Attachments** – Upload any attachments that are required.
 - Click **Browse** to locate the desired attachment on your computer and select it. Allowable file formats are .jpg and .pdf
 - 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.
 - 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.
 - Select the **I accept** checkbox to indicate that you accept the terms.
 - Enter your name as your electronic signature which is equal to your written signature.
 - 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



Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us | Login

Home > OPR Provider Enrollment > Enrollment Summary > OPR Enrollment Summary Print

Tuesday 06/13/2017 12:51 PM EST

[Print](#)

OPR Provider Enrollment: Summary

Request Information

Provider Enrollment Type: Individual Provider Type: Ordering, Prescribing or Referring

Contact Name: [Redacted] Ext: 1111

Contact Phone: [Redacted]

Contact Email: [Redacted]

Requesting Enrollment Effective Date: 06/13/2017 Preferred Method of Communication: Email

Specialties

Specialty: Certified Family Nurse Practitioner Taxonomy: 99.0305 Effective Date: 01/03/2017 - 12/31/9999

Provider Identification

Last Name: Brody
First Name: Jack
Middle: M Title: DR
Gender: Male Birth Date: 01/01/1967

Ownership: Individual
Business Name: Brody Inc

Tax ID: 22222222 Tax ID Type: EIN
Effective Date: 01/02/2017 End Date: 12/31/9999 Fiscal End Date: May

NPI: [Redacted]
Medicare #: [Redacted]
GSA #: [Redacted]
CLIA #: [Redacted]
Supplemental NPI: [Redacted]
Taxonomy: [Redacted]

Addresses [Expand All](#) | [Collapse All](#)

Type	Location Name	Address	City	State
<input checked="" type="checkbox"/> Service Location	Brody Inc	789 Broad Street	Providence	Rhode Island

Address Type: Service Location **Primary Address:**

Location Name: [Redacted] **Location Code:** In State

Address: [Redacted]

Town Code: [Redacted] **County:** Providence

City: [Redacted] **Zip Code:** 02908

State: Rhode Island

Email: [Redacted]

Phone: Phone 1-587-777-7777 Ext 1111 Phone 1-787-777-7888 Ext 1222

Disclosures

Rhode Island Medicaid Program

All Providers

- Are you currently or have you ever been a provider with Medical Assistance?
Yes
a. What is your status?
Active
b. What are your enrollment dates?
01/01/2017
c. What is your RI Medical Assistance ID Number?
855555555
- Are you currently enrolled with Medicare? (Please be sure you listed your Medicare number on the Provider Identification panel.)
No
a. If no, have you or will you enroll with Medicare?
No
- List any outstanding balance owed to the Rhode Island Executive Office of Health and Human Services by a previous provider.
0

Individual Providers

- Are you a Full or Part-time salaried employee of a hospital or institution?
Yes
a. Name of Facility:
Hospital inc

Out of State Providers Only

- Services Provided:
Elective
- Number of RI Medical Assistance recipients you treat or anticipate treating annually:
2

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?
 656255

c. What is the Recipient Medical Assistance Identification Number?
 44444444

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, EDHHS rules, Applicable State and Federal regulations, the False Claims Act, Title XIX of the Social Security Act, the American with Disabilities Act, EDHHS 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 [Redacted]

Title BA

Enrollment 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

Rhode Island Executive Office of Health and Human Services
 Medicaid

Home > OPR Provider Enrollment > Enrollment Tracking Information

Wednesday 08/10/2016 10:49 PM EST

OPR Provider Enrollment: Tracking Information

Your enrollment application has been submitted.
 Your enrollment application has been assigned the following tracking number: 4 [REDACTED].
 Please retain the tracking number for your records. The tracking number will be used as the key for tracking the status of the application.
 A confirmation email has also been sent to the following contact person's email, designated in the enrollment application: joe.smith@example.com.
 If you are unable to scan and submit the documentation through the Enrollment Portal, you are required to print, sign and submit the cover sheet via mail or FAX, along with all appropriate supporting documentation.
 The Print Preview and cover sheet display in a pop-up window. If your browser is set to block pop-up windows, you will need to allow pop-ups for this site.
 To save or print the cover sheet for your records [click here](#).

[Print Preview](#)

[Exit](#)

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.

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

EXECUTIVE OFFICE OF
HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us | Login

Home

Home > OPR Provider Enrollment > Enrollment Tracking Information > Enrollment Cover Sheet Print

Tuesday 06/13/2017 12:53 PM EST

Print

OPR Provider Enrollment: Cover Sheet

Date: 6/13/2017
Tracking Number: 715-899226-100

PO Box 2010
Warwick, RI 02887-2010

Enrollment form for the following provider:

Jack M Brody
789 Broad Street
Suite 1001
Providence, Rhode Island 06188-8888

Listed below is the additional information necessary (if applicable) to successfully complete your enrollment as a Rhode Island Medical Assistance provider. The information listed below must be sent in order to complete your Provider Enrollment Application. Please check mark the items below that will be included with this cover sheet.

- Copy of Out of State License, if applicable
- Copy of RI/ODH License, if applicable
- Additional Federally Required Disclosures, if applicable

All of the documents that are checked above must be mailed to HP Enterprise Services (address listed above) or faxed to (401) 784-3892 with this document as a coversheet.

Print Close

- 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.
- 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

The screenshot shows the 'OPR Provider Enrollment: Credentials' page. At the top, there is a blue header with the logo of the Executive Office of Health & Human Services, State of Rhode Island. Below the logo, the text reads 'Rhode Island Executive Office of Health and Human Services Medicaid'. There are links for 'Contact Us' and 'Login'. A breadcrumb trail shows 'Home > OPR Provider Enrollment > Enrollment Credentials'. The date and time are 'Thursday 06/08/2017 09:43 AM EST'. The main content area has a title 'OPR Provider Enrollment: Credentials' and a warning: 'Your enrollment application will be **suspended for 30 days**, pending completion. Upon expiration, you will need to reinstate a new enrollment application.' Below this, instructions state: 'Please provide the following information, which will be required to resume your application at a later date. Your password must be between 8 to 20 characters and must include upper and lower case letters as well as numbers. Please retain your created password as it cannot be reset by Rhode Island Medical Assistance. Your Tax ID is provided, if already contained within your provider enrollment application. Once this information is entered and the Submit button is selected, a tracking number will be provided. The tracking number, along with the following information, will be used as your credentials to resume your suspended enrollment application.' A legend indicates '* Indicates a required field.' The form contains a 'Tax ID' field with the value '111111111', a 'Password' field with a masked input, and a 'Confirm Password' field with a masked input. At the bottom right, there are 'Submit' and 'Cancel' buttons. The 'Submit' button is highlighted with a red box.

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

EXECUTIVE OFFICE OF
HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us | Login

Home

Home > OPR Provider Enrollment > Enrollment Credentials > Enrollment Tracking Information

Thursday 06/08/2017 09:44 AM EST

Print Preview

OPR Provider Enrollment: Tracking Information

Your enrollment application has been assigned the following tracking number: 215 [redacted] 47. Please retain the tracking number for your records.

The tracking number will be used, in addition to your Tax ID and password, as credentials to resume your incomplete application at a later date.

A confirmation email has also been sent to the following contact person's email, designated in the enrollment application: jim.glentz@hpe.com.

Exit

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.

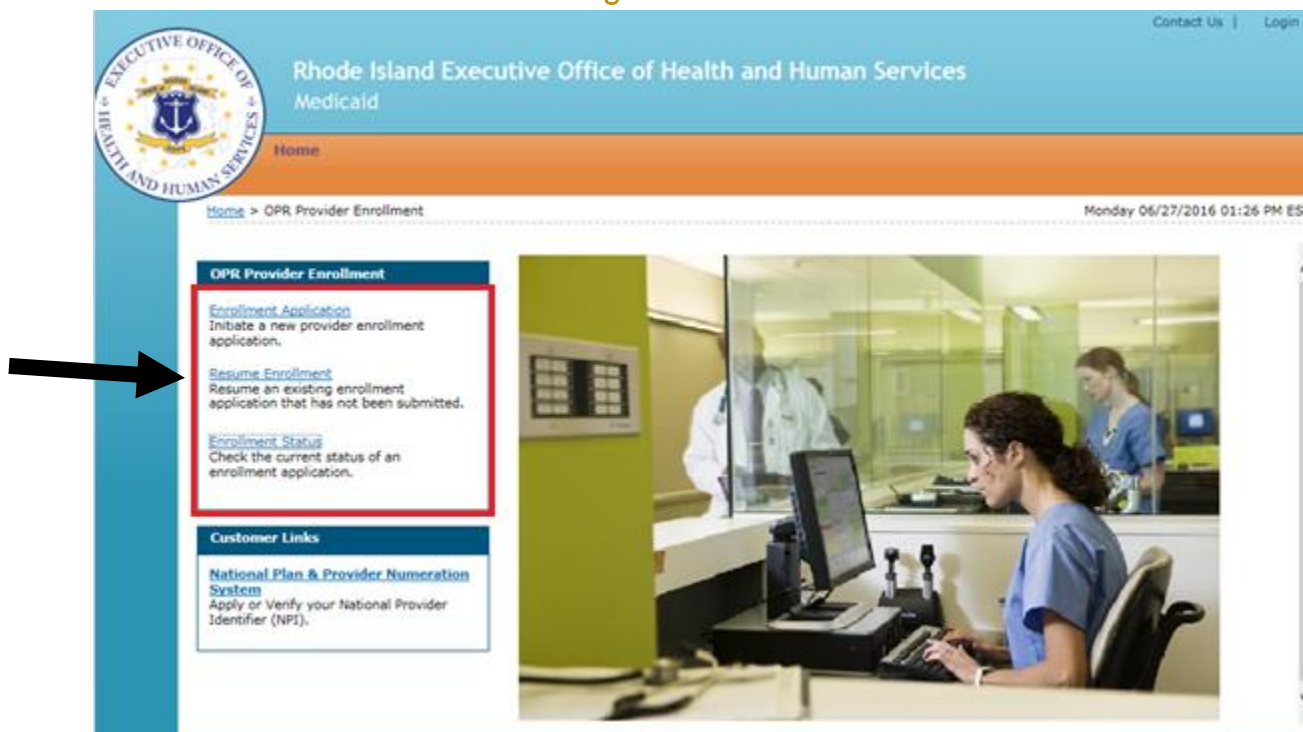
- Click **Print Preview** to view the summary information in print layout.
 - Click **Print** to select a printer and print options.
 - Click **Print** to print the summary of the enrollment application.
 - Click **Close** to close the Print Preview window.
2. Click **Exit** to exit the OPR Enrollment: 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



The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid portal. The page title is "Rhode Island Executive Office of Health and Human Services Medicaid". The breadcrumb trail is "Home > OPR Provider Enrollment > Resume Enrollment". The date and time are "Thursday 06/08/2017 09:50 AM EST". The form is titled "OPR Provider Enrollment: Resume Enrollment" and contains the following text: "Enter your assigned Tracking Number (including the hyphens), Tax ID and Password in order to resume an existing OPR provider enrollment application. For further questions, please contact Provider enrollment at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls." Below this text is a legend: "* Indicates a required field." and three input fields: "*Tracking Number", "*Tax ID", and "*Password". At the bottom right of the form are "Submit" and "Cancel" buttons.

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.

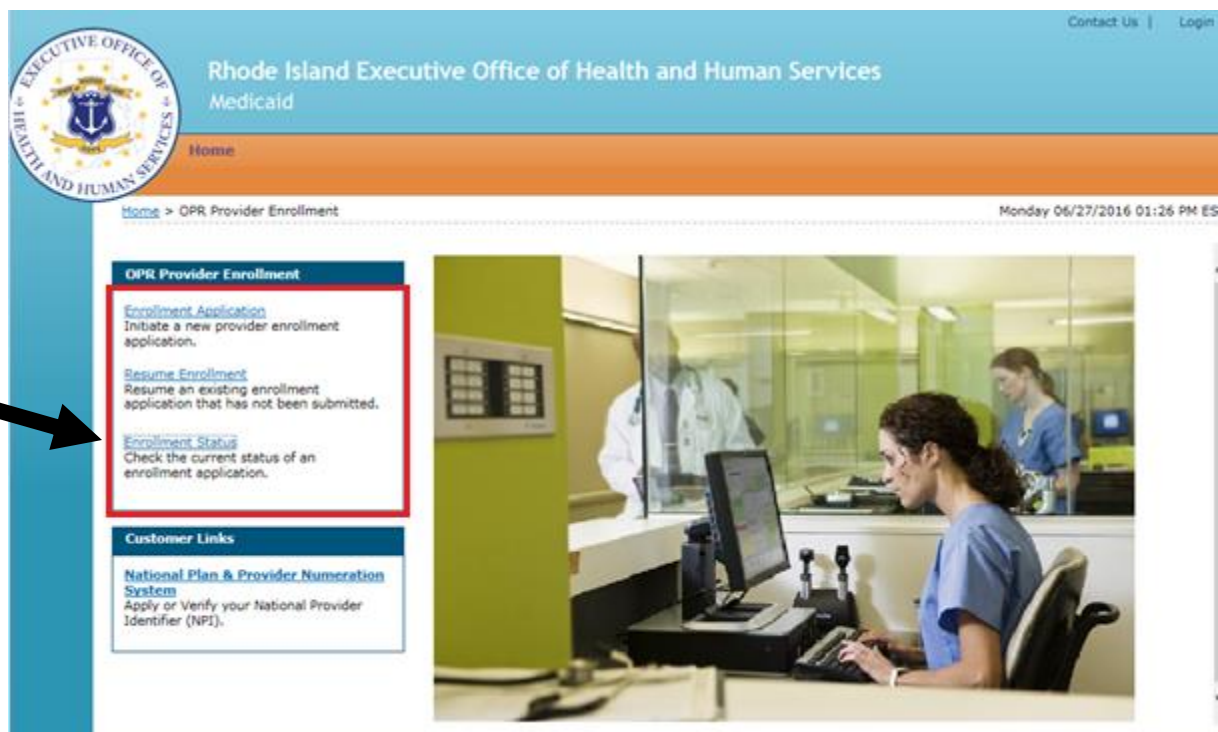
-- OR --

Click **Cancel** to cancel resuming the enrollment application.

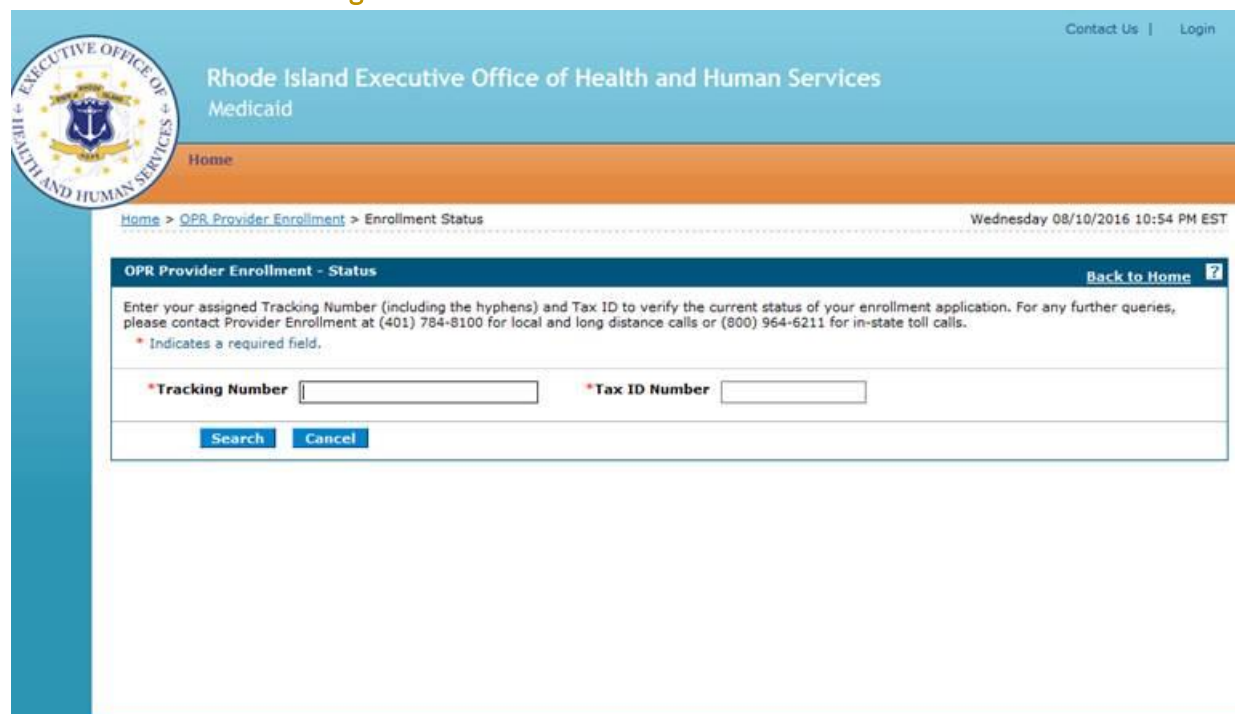
View enrollment application status and print cover sheet

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

[Home](#) > [OPR Provider Enrollment](#) > Enrollment Status Wednesday 08/10/2016 10:54 PM EST

OPR Provider Enrollment - Status [Back to Home](#)

Enter your assigned Tracking Number (including the hyphens) and Tax ID to verify the current status of your enrollment application. For any further queries, please contact Provider Enrollment at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls.

* Indicates a required field.

*Tracking Number *Tax ID Number

[Search](#) [Cancel](#)

OPR Provider Enrollment - Summary

Below is the status of your provider enrollment application. For any further queries, please contact Provider Enrollment at (401) 784-8100 for local and long distance calls or (800) 964-6211 for in-state toll calls.

Tracking Number	48-1
Date Submitted	08/13/2016
Status	Incomplete
Status Date	08/13/2016

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.