



Rhode Island

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

Provider Enrollment User Guide

Version 2.1

Gainwell Technologies

Revision History

Version	Date	Sections	Reason for Revision
1.0	2012	All	Draft
1.1	April, 2015	All	Healthcare Portal
1.2	November, 2015	All	HPE
1.3	February, 2016	Submit/confirm buttons both new and revalidation	Clarify submission of application
1.4	June, 2017	All	DXC Conversion
1.5	July, 2017	Banking Information	New EFT enrollment form
2.0	November 2020	All	New Brand Gainwell
2.1	November 2023	HCP Home Page and Access Customer Links	Add "Not for MCO only providers" to all Trading Partner references

Contents

About this Guide	6
Objectives	6
Target Audience	6
Guide Organization	6
About this Guide.....	6
Chapter 1: Provider Enrollment	6
Chapter 2: Getting Started	6
Chapter 3: User Interface	6
Chapter 4: Procedures.....	6
Chapter 5: Provider Revalidation	6
Glossary	6
Document conventions used in this guide	7
Provider Enrollment	8
Overview.....	8
Features.....	8
Website requirements	8
Browser and screen resolution.....	8
Internet connection.....	8
Document viewing	8
Provider Enrollment	9
Access Provider Enrollment.....	9
User Interface.....	11
Key pages, navigation path, table of contents, buttons and links	11
Healthcare Portal Home Page	11
Provider Enrollment Navigation Path	12
Provider Enrollment table of contents navigation	12
Provider Enrollment Buttons and Links	13
Procedures	14
Enter provider enrollment application	14
Finish enrollment application later	38
Resume enrollment.....	40
View enrollment application status and print cover sheet	41

View website requirements and, download Adobe Reader and MS Office Viewer..... 43

Access Customer Links 44

View Online Help 45

Contact Us..... 46

View Privacy Notice..... 46

Provider Revalidation 47

 Access Provider Enrollment through Healthcare Portal 47

 For Revalidation- Select Resume Enrollment 48

 Special Circumstances..... 49

 Disclosure Questions 50

 Uploading Documents 50

 Summary Page..... 50

Glossary..... 52

Figures

Figure 1: Healthcare Portal Home Page9

Figure 2: Healthcare Portal Home Page 10

Figure 3: Healthcare Portal Home Page 11

Figure 4: Provider Enrollment Navigation Path 12

Figure 5: Provider Enrollment Table of Contents..... 12

Figure 6: Provider Enrollment Page..... 14

Figure 7: Provider Enrollment: Welcome Page..... 15

Figure 8: Provider Enrollment: Request Information Page..... 16

Figure 9: Provider Enrollment: Specialties Page 17

Figure 10: Provider Enrollment: Provider Identification Page (Individual) 18

Figure 11: Provider Enrollment: Addresses Page 20

Figure 12: Provider Enrollment: Languages Page..... 22

Figure 13: Provider Enrollment: Electronic Financial Transaction Enrollment 23

Figure 14: Provider Enrollment: Other Information Page (Individual) 25

Figure 15: Provider Enrollment: Disclosures Page..... 27

Figure 16: Provider Enrollment: Associated Providers Page - Summary Tab (Group) 28

Figure 17: Provider Enrollment: Associated Providers Page – Edit Tab (Group)..... 29

Figure 18: Provider Enrollment: Associated Providers Page – Edit Tab – Edit Mode (Group)30

Figure 19: Provider Enrollment: Associated Providers Page – Add tab (Group) 31

Figure 20: Provider Enrollment: Agreement Page (Individual) 32

Figure 21: Provider Enrollment: Summary Page (Individual)..... 34

Figure 22: Provider Enrollment: Tracking Information Page 36

Figure 23: Provider Enrollment: Cover Sheet Page 37

Figure 24: Provider Enrollment: Credentials Page..... 38

Figure 25: Provider Enrollment: Tracking Information Page 39

Figure 26: Provider Enrollment: Resume Enrollment Page 40
Figure 27: Provider Enrollment: Status Page..... 41
Figure 28: Provider Enrollment: Status and Summary Page 42
Figure 29: Website Requirements Page 43
Figure 30: Provider Enrollment Page..... 44
Figure 31: Provider Enrollment: Welcome Online Help (Example) 45
Figure 32: Contact Us Page 46
Figure 33: Healthcare Portal Home Page 47
Figure 34: Provider Enrollment: Resume Enrollment Page 48
Figure 35: Welcome Page..... 49

About this Guide

This chapter consists of helpful information for using this guide. It contains the objectives, identifies the target audience, and lists the guide organization, user guidelines, related publications, and document conventions.

Objectives

The objectives for this guide are to:

- Provide an overview of the Rhode Island Provider Enrollment functionality.
- Highlight the features of Provider Enrollment.
- Document all the Provider Enrollment procedures.

Target Audience

This user guide is intended for providers and their delegates. The instructions in this guide provide the information required to access the system, navigate the Provider Enrollment wizard, and perform the procedures. This guide assumes that all users have prior experience with computers, software, Web sites, and the Internet.

Guide Organization

This guide consists of the following chapters:

About this Guide

Includes helpful information for using this guide.

Chapter 1: Provider Enrollment

Provides an overview of the Provider Enrollment's functionality. It highlights the Provider Enrollment's features and benefits, defines key concepts, and lists the system requirements.

Chapter 2: Getting Started

Contains information on how to access Provider Enrollment.

Chapter 3: User Interface

Describes the key pages, links and buttons of Provider Enrollment.

Chapter 4: Procedures

Lists the step-by-step instructions to perform all the Provider Enrollment Procedures.

Chapter 5: Provider Revalidation

Contains information on how enrolled providers can complete the revalidation process.

Glossary

Lists the definitions of terms and acronyms used in the guide.

Document conventions used in this guide

Conventions are used throughout this document to make information easier for you to understand. These conventions and their descriptions are listed below.

Document Conventions

Convention	Description	Example
Bold text	Bold text in a procedure refers to a button that you click.	Click Continue .
Bold underlined blue text	Underlined blue text in a procedure refers to a link that you click.	Click Remove .

Chapter 1

Provider Enrollment

This chapter provides an overview of the Provider Enrollment functionality. It highlights the Provider Enrollment's features and lists the website requirements.

Overview

Provider Enrollment allows providers and authorized delegates to enter all pertinent enrollment information using a wizard. The enrollment wizard captures key provider information such as contact information, provider type, specialties, and provider demographics such as names, identifiers, locations, and languages.

The Provider Enrollment wizard allows you to navigate through each page of enrollment, from the contact information on the first page, to the final print and cover sheet on the last page. You can create a print file and cover sheet for future reference to use to submit an enrollment application or submit attachments manually. A tracking number is also provided so that providers can check the status of their enrollment application request.

Features

The features of Provider Enrollment are:

- Consists of a provider enrollment wizard which steps you through the provider enrollment application process.
- Contains an easy to use Table of Contents navigation for ease in returning to previous pages of the provider enrollment application.
- Allows providers to finish the provider enrollment application process at a later date.
- Contains links to important customer links.
- Allows providers to check the status of their provider enrollment application.

Website requirements

The website requirements to ensure an optimal user-experience while using the Provider Portal are categorized by Browser and Screen Resolution, Internet Connection, and Document Viewing.

Browser and screen resolution

- Microsoft Internet Explorer version 7.0 and later
- Mozilla Firefox version 2.0 and later
- Screen Resolution – 1024 x 768 pixels

Internet connection

- Dial-up users need a minimum modem speed of 64 Kbps

Document viewing

- Adobe Reader version 8.0 and later
- Microsoft Office Suite 2000 and later

Chapter 2

Provider Enrollment

This chapter contains information about how to access Provider Enrollment.

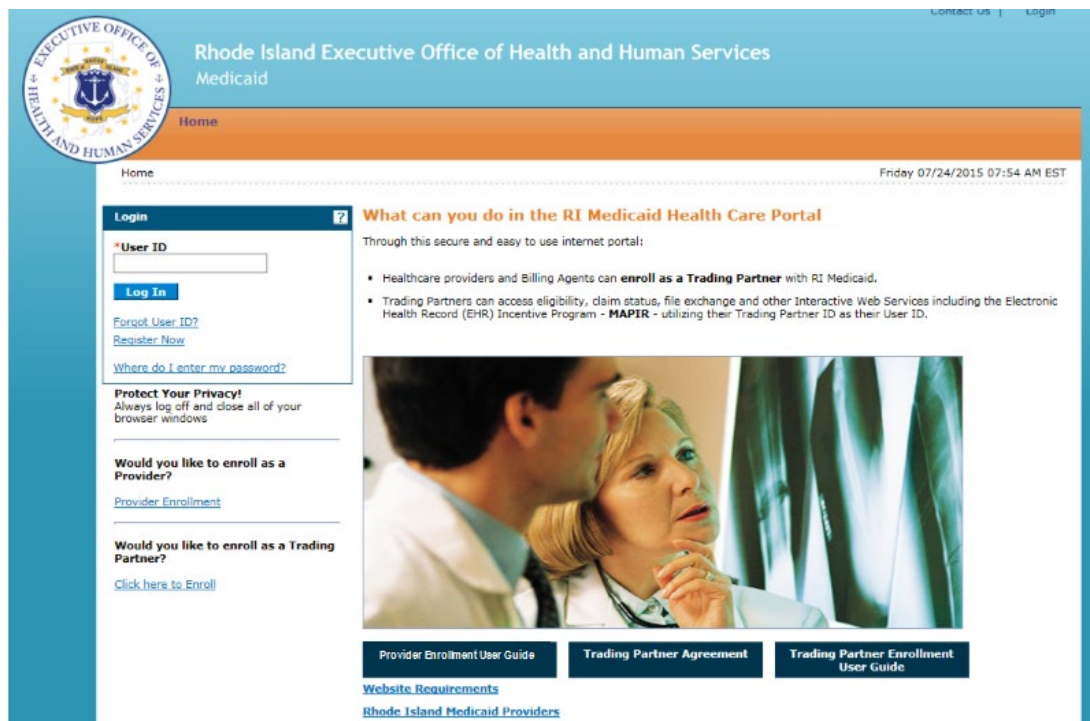
Access Provider Enrollment

You can access Provider Enrollment from a designated uniform resource locator (URL) for the Healthcare Portal. From the Healthcare Portal, you are able to access Provider Enrollment.

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.

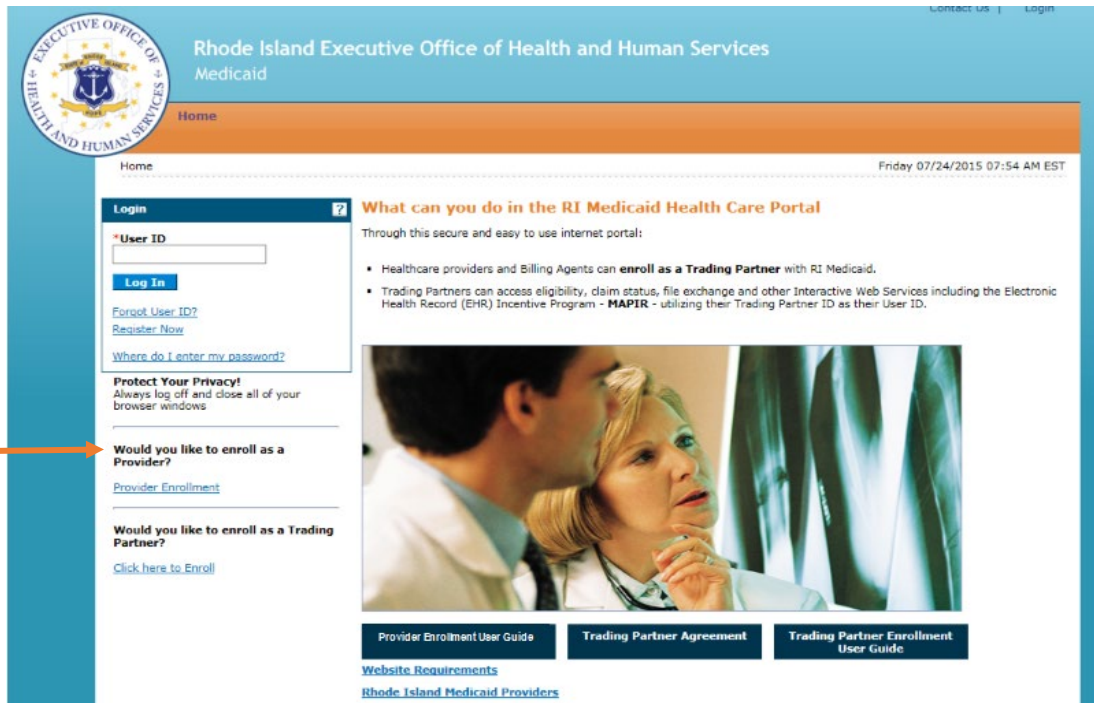
The Healthcare Portal Home page appears.

Figure 1: Healthcare Portal Home Page



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

Figure 2: Healthcare Portal Home Page



Chapter 3

User Interface

This chapter contains information about the user interface which describes the key pages, navigation path, table of contents, and buttons of the Healthcare Portal's Provider Enrollment wizard.

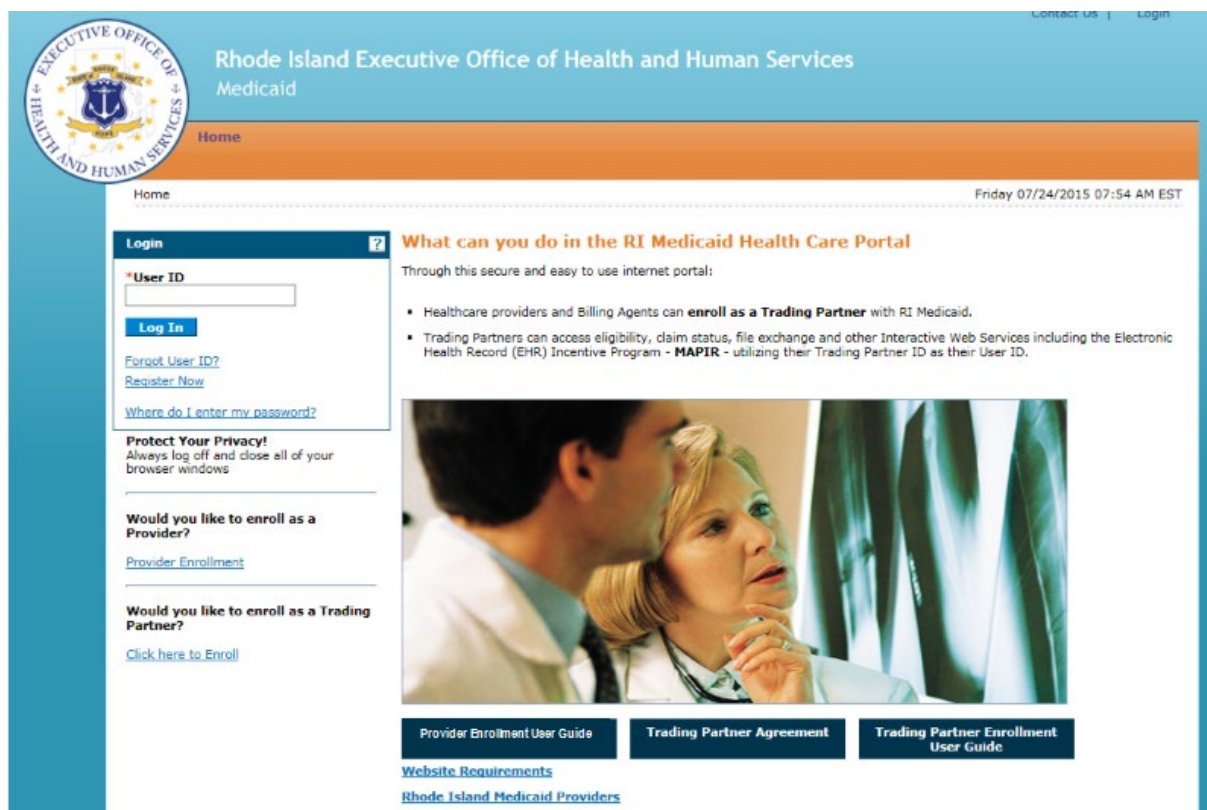
Key pages, navigation path, table of contents, buttons and links

The key pages, navigation path, table of contents, buttons and links for the Healthcare Portal's Provider Enrollment wizard are introduced in this section.

Healthcare Portal Home Page

The Healthcare Portal Home page contains the link to the Provider Enrollment wizard which guides you through the process of entering a provider enrollment application electronically. There are also links to the Rhode Island Provider Enrollment User Guide, Trading Partner Enrollment User Guide, Trading Partner Agreement, and the Website Requirements. In the lower portion of the page, you can view any broadcast messages from the Provider Portal.

Figure 3: Healthcare Portal Home Page



Provider Enrollment Navigation Path

A navigation path appears at all times during the enrollment process to show your current location in the enrollment wizard.

You can click the active links in the navigation path to access the previous page.

Figure 4: Provider Enrollment Navigation Path



Provider Enrollment table of contents navigation

A table of contents appears on the left at all times during the provider enrollment process to show your current location in the enrollment process.

As you navigate through each page of the provider enrollment wizard, all previous pages in the wizard are displayed in the table of contents as a link. You can navigate back to that link to apply changes, if needed. You cannot navigate forward within the table of contents, beyond the current page in which you are working. You can navigate back to a previous page, apply updates, and then return to the current page by using the table of contents.

You can enter a partial application and resume the enrollment process at a later date by clicking **Finish Later** on any page once you have entered the required information on the Request Information page.

You can cancel the provider enrollment process at any time, however, data that has been entered will be lost and you will be navigated out of the provider enrollment application









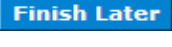



Figure 5: Provider Enrollment Table of Contents

Welcome
Request Information
Specialties
Provider Identification
Addresses
Languages
Other Information
Disclosures
Agreement
Summary

Provider Enrollment Buttons and Links

The following table displays the button/link graphic, the button/link text displayed in this guide, and the action it performs.

Provider Enrollment Button/Link Descriptions

Button/Link	Text Display	Action
		Collapses a table row's details. Decreases the online help text.
		Expands a table row's details. Opens a new table row where information can be added such as adding a provider address to the Provider Addresses table. Increases the online help text.
	Add	Adds the entered/selected information to a table such as adding a language to the Provider Enrollment: Languages page.
	Cancel	Cancels the provider enrollment process. You will lose all data entered up to this point if you cancel.
Contact Us	Contact Us	Displays the Contact Us page which contains the mailing address, and customer service phone number and fax number.
	Continue	Continues the enrollment process and displays the next enrollment page.
	Exit	Exits the provider enrollment application process such as the Provider Enrollment: Tracking Information page.
	Finish Later	Saves the provider enrollment application information you have entered so you can finish the enrollment application at a later date. Once clicked, the Provider Enrollment: Credentials page appears.
		Displays the online help for the current page.
Privacy Notice	Privacy Notice	Opens a new browser page which displays a Privacy Statement and a link to the U.S. Department of Human Services website where you can view the Health Information Privacy statement.
Remove	Remove	Deletes the current row in a table.
	Reset	Clears entered information on the current page.

Chapter 4

Procedures

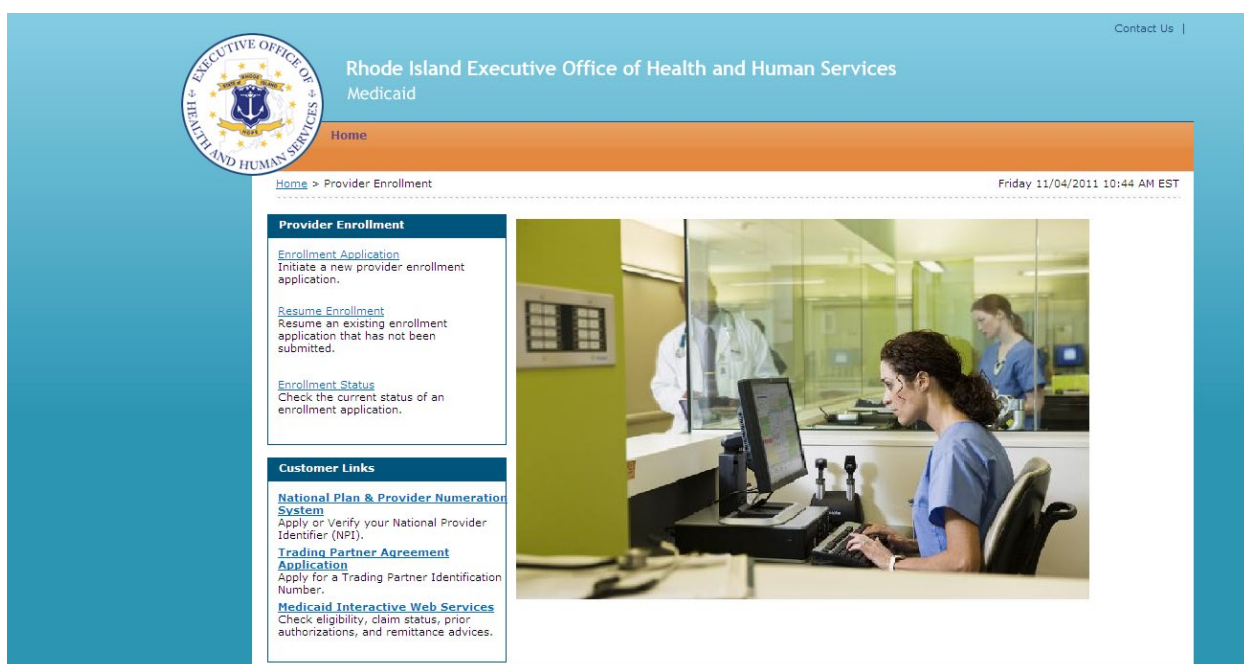
This chapter lists the step-by-step instructions to perform all the Provider Enrollment procedures.

Enter provider enrollment application

You can enter a provider enrollment application online. The provider enrollment application wizard displays the web pages based on your selections. You can enroll as an atypical, facility, group, or individual.

1. Access the Healthcare Portal. See [Access Provider Enrollment](#) for information.
2. On the Healthcare Portal Home page, click [Provider Enrollment](#). The Provider Enrollment page appears.

Figure 6: Provider Enrollment Page



3. Click [Enrollment Application](#). The Provider Enrollment: Welcome page appears.

Figure 7: Provider Enrollment: Welcome Page

Home > [Provider Enrollment](#) > Enrollment Application

Friday 11/04/2011 10:55 AM EST

Provider Enrollment: Welcome	
Welcome	Welcome to the Rhode Island Medical Assistance Online Provider Enrollment Process
Request Information	Please complete each step in the enrollment process. When you have completed all steps of the application, "submit" and "confirm" the application for further processing by the Rhode Island Medical Assistance Program.
Specialties	
Provider Identification	You will need the following information to complete your enrollment request:
Addresses	<ul style="list-style-type: none"> ▶ National Provider Identifier
Languages	<ul style="list-style-type: none"> ▶ Address Information including Postal Code + 4
Other Information	<ul style="list-style-type: none"> ▶ Taxonomy Codes
Disclosures	<ul style="list-style-type: none"> ▶ Tax ID - either EIN or SSN
Agreement	<ul style="list-style-type: none"> ▶ License Number
Summary	<ul style="list-style-type: none"> ▶ Completed, including signature, W-9 as an attachment ▶ Additional Federally Required Disclosures, as an attachment, if applicable
	Please click the " Continue " button to start the enrollment application.
	<input type="button" value="Continue"/> <input type="button" value="Cancel"/>

4. Read the Provider Enrollment Welcome page, gather the information listed, and click **Continue** to continue the enrollment process. The Provider Enrollment: Request Information page appears.

-- OR --

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

Figure 8: Provider Enrollment: Request Information Page

5. Select the initial enrollment information:

- **Provider Enrollment Type** – Select the type of enrollment as Atypical (for Conversion Waiver and Health Plans), Facility, Group, or Individual. Hospitals and Agencies should select Facility.
- **Provider Type** – Select the provider type from the list.
- **Requesting Enrollment Effective Date** – Enter or select the requested start date for this enrollment.

Note: If you later change the Provider Enrollment Type or Provider Type fields prior to submitting the final enrollment application request, you must navigate back through the entire enrollment wizard. Fields dependent on the Provider Enrollment Type or Provider Type values are reset to blank and must be re-entered. You must respond to a confirmation dialog prior to changing the Provider Type value.

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. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 9: Provider Enrollment: Specialties Page

The screenshot shows the 'Provider Enrollment: Specialties' page. The page title is 'Provider Enrollment: Specialties'. The main content area is titled 'Specialties' and contains the following text: 'The provider type is established on the Request Information screen. All subsequent specialties available for the selected provider type can be added on this screen. Only one specialty can be designated as the primary specialty. The taxonomy code is required for each specialty. If 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.' Below this text are instructions: '* Indicates a required field.' and 'Indicates a primary record.' There is a table with columns: Specialty, Taxonomy Code, Effective Date, End Date, and Action. Below the table is a form with the following fields: Type (Dentist), Specialty (dropdown menu), Effective Date (calendar icon), End Date (calendar icon), Taxonomy Code (dropdown menu), and Primary (checkbox). There are 'Add' and 'Reset' buttons below the form. At the bottom of the page are 'Continue', 'Finish Later', and 'Cancel' buttons.

6. 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. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 10: Provider Enrollment: Provider Identification Page (Individual)

The screenshot shows the 'Provider Enrollment: Provider Identification' page. The header includes the Rhode Island Executive Office of Health and Human Services logo and the text 'Rhode Island Executive Office of Health and Human Services Medicaid'. The page title is 'Provider Enrollment: Provider Identification'. The form is divided into two main sections: 'Provider Legal Name' and 'Provider Identification Numbers'. The 'Provider Legal Name' section includes fields for Last Name, First Name, Middle, Title, Gender, Birth Date, Ownership, and Business Name. The 'Provider Identification Numbers' section includes fields for Tax ID, Tax ID Type (EIN or SSN), Effective Date, End Date, Fiscal End Date, NPI, License #, Expiration Date, Medicare #, DEA #, CLIA #, Supplemental NPI, and Supplemental Taxonomy. At the bottom right of the form are buttons for 'Continue', 'Finish Later', and 'Cancel'.

7. Enter the provider's legal name information.

Note: The fields that are different for an atypical, individual, facility and group enrollment are noted in parenthesis.

- **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)

- **Provider Legal Name** – Enter the legal name of the provider facility. (Atypical, Facility, Group)
- **Ownership** – Select the type of ownership as Corporation, Trust/Estate, or Government/Nonprofit Corporation, Individual, Legal Services Corporation, Medical Services Corporation, or Partnership.
- **Business Name** – Enter the business name.

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. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 11: Provider Enrollment: Addresses Page

8. Enter the provider addresses where a provider performs services, as well as locations that are used for billing, mail, and payment:

- **Address Type** – Select the provider’s address type as Billing Service, Mail To, Pay 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.
9. If the address selected was a Service Location, enter the service address information:
- **Accepting New Patients** – Select the checkbox if this service address is accepting new patients.
 - **ADA Compliant** – Select the checkbox if this service address complies with the Americans with Disabilities Act (ADA).
 - **Age Restrictions** – Select the checkbox if this service address has patient age restrictions.
 - **Other Restrictions** – Select the checkbox if this service address has other restrictions and enter the restriction.
 - **Facility Administrator Last Name, First Name, and License #** - Enter the facility administrator's last name, first name, and license number.
 - **Medical Administrator Last Name, First Name, and License #** - Enter the medical administrator's last name, first name, and license number.
 - **TDD Capability, Phone, and Ext** – Select the checkbox if the service address has telecommunication devices for the deaf (TDD), and enter the TDD's phone number and extension.
 - **TTY Capability, Phone, and Ext** – Select the checkbox if the service address has a teletypewriter (TTY), and enter the TTY's 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. The Provider Enrollment: Languages page appears.

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 12: Provider Enrollment: Languages Page

Home > Provider Enrollment > Enrollment Languages

Friday 11/04/2011 12:10 PM EST

Provider Enrollment: Languages

Welcome
Request Information
Specialties
Provider Identification
Addresses
Languages
Banking Information
Other Information
Disclosures
Agreement
Summary

Providers that have the ability to interpret multiple languages should select the appropriate ones below.
Click the **Remove** link to remove the row.

Language	Action
<input type="checkbox"/> Click to collapse. * Language <input type="text"/>	

10. Select the languages used by the provider, facility, or group and click **Add**.
- If the provider uses more than one language, click to add another language.
 - In the Action column, click **Remove** to remove a language.

Once all of the languages are added, click **Continue** to continue the enrollment process. The Provider Enrollment: Banking Information page appears.

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 13: Provider Enrollment: Electronic Funds Transfer Enrollment

11. Enter the banking information:

- **Provider Name** – Will be prepopulated with legal name from Provider Identification page.
- **Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)** -This field will be prepopulated with your Federal Tax ID from the Provider Identification page.
- **National Provider Identifier (NPI)**
 - For new provider enrollment, this field will be prepopulated with your NPI from the Provider Identification page.
 - If you do not qualify for an NPI, leave blank.
 - For provider revalidation, this field will be prepopulated with your NPI from the Provider Identification page.
- **Other Identifier(s)**
 - For new enrollment, if you do not have an NPI, this field will be blank
 - For revalidation, enter your Medicaid ID.
- **Assigning Authority** – Check the box only if you do not have an NPI, and if you entered your Medicaid ID in the Other Identifier field.
- **Provider Taxonomy Code** - This field will be prepopulated with the taxonomy associated with your NPI. If you do not have an NPI this field will be blank.

Provider Contact Information:

- **Provider Contact Name** - Enter the name of the person who should be contacted with questions on the EFT form.
- **Title** - Enter the title of the contact person.
- **Telephone Number** - Enter the telephone number for the contact person including extension if applicable.
- **Email Address** - Enter the email address for the contact person.
- **Fax Number** - Enter the fax number for the contact person.

Financial Institution Information:

- **Financial Institution Name** - Enter the name of the financial institution where the bank account is held.
- **Financial Institution Address** - Enter the Street, City, State and Zip Code for the bank where the account is held.
- **Financial Institution Telephone Number** - Enter the bank phone number including extension if applicable.
- **Financial Institution Routing Number** - Enter the routing number for the bank account.
- **Type of Account at Financial Institution** - Check the type of bank account (Checking / Savings)
- **Provider's Account Number with Financial Institution** - Enter the account number of the bank account. Enter only numeric values; no hyphens, spaces or other special characters.
- **Account Number Linkage to Provider Identifier** - If you entered an NPI above, select NPI. If you did not enter an NPI, select TIN.
- **Submission Information:**
 - **Reason for Submission** - Select the appropriate reason for completing this form.
 - Select 'New Enrollment' for new applications
 - Select 'Change Enrollment' for revalidation

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

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 14: Provider Enrollment: Other Information Page (Individual)

12. Enter the certification information:

- **Certification** – Select the certification type.

Note: If the certification types do not apply, select 'Not Applicable.'

- **Effective Date** – Enter or select the certificate's effective start date. If 'Not Applicable' was selected, enter today's date.
- **End Date** – Enter or select the certificate's end date.

For an Individual provider, enter the individual providers' information:

- **Specialty Board** – Select the specialty board.

Note: If the specialty boards do not apply, select 'Not Applicable.'

- **Effective Date** – Enter or select the specialty board's effective start date.
- **End Date** – Enter or select the specialty board's end date.
- **Degree** – Enter the specific degree awarded.
- **School** – Enter the school name where the degree was awarded.
- **Year of Graduation** – Enter the graduation year for the degree awarded.

For an Atypical and Facility provider, enter the facility providers' information:

- **Number of Licensed Beds** – Enter the number of Medicaid-eligible or certified/licensed beds at the facility.
- **Number of Swing Beds** – Enter the number of swing beds at the facility.

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

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 15: Provider Enrollment: Disclosures Page

Provider Enrollment: Disclosures

1. **Programs:** Please check all other programs that you want to participate in, in addition to Medical Assistance:

- Community Health Improvement Program (CHIP)
- Community Health Assistance Program (CHAP)
- Dept of Corrections
- Dept of Health Services Program
- Office of Adult Services
- Pharmaceutical Assistance to the Elderly Program (PAEP)

2. **Are you currently or have you ever been a provider with Medical Assistance?**

Yes No

3. **What is your status?**

A. What is your enrollment dates? [Text Field]

C. What is your RI Medical Assistance ID Number (MID)? [Text Field]

4. **Are you currently enrolled with Medicare? (Please be sure you label your Medicare number on the Provider Identification page.)**

Yes No

5. **Do you, have you or will you enroll with Medicaid?**

Yes No

6. **Do you have an Owner/Administrator, Agent of the Provider, Managing Employee or Officer for the Corporation?**

Yes No

A. Name: [Text Field]

B. Title: [Text Field]

C. Legal entity or home address: [Text Field]

D. Social Security Number or Employer Identification Number: [Text Field]

E. Date of Birth: [Text Field]

7. **Are there any person(s) and their family relationship(s) with an ownership or control interest in the disclosure entity or any subcontractor during 12 or more months?**

Yes No

A. Name: [Text Field]

B. Title: [Text Field]

C. Legal entity or home address: [Text Field]

D. Social Security Number or Employer Identification Number: [Text Field]

E. Date of Birth: [Text Field]

F. Family Relationship: [Text Field]

8. **Are there any persons listed in response to questions 6 or 7, who have an ownership or control interest in another disclosure entity?**

Yes No

A. Name: [Text Field]

B. Other Disclosing Entity: [Text Field]

C. Other Disclosing Entity Address: [Text Field]

9. **Do you have an ownership of any subcontractor, as defined in 42 CFR § 405.101, with whom the provider has had between transactions totaling more than \$25,000 during the previous 12-month period?**

Yes No

A. Subcontractor: [Text Field]

B. Legal entity or home address: [Text Field]

C. Social Security Number or Employer Identification Number: [Text Field]

D. Name of Owner: [Text Field]

E. Legal entity or home address: [Text Field]

10. **Identify any significant business transactions between the provider and any wholly owned supplier or between the provider and any subcontractor during the four-year period.**

Yes No

A. Name: [Text Field]

B. Legal Entity or Home Address: [Text Field]

C. Relationship (check one below): [Text Field]

D. Contract Information: [Text Field]

E. Other: [Text Field]

F. Date of Termination: [Text Field]

11. **If you have more than one individual to disclose for questions 6, 7, 8, 9 and/or 10, please complete the Additional Family/Related Business Disclosure Attachment to the Agreement page and submit with your enrollment. Do you have additional individuals to disclose?**

Yes No

12. **Has this application due to a merger, buy out or take over?**

Yes No

13. **Has any outstanding balance owed to the Department of Human Services Medical Assistance Program by a previous provider?**

Yes No

14. **Do you have more than one individual to disclose for questions 6, 7, 8, 9 and/or 10, please complete the Additional Family/Related Business Disclosure Attachment to the Agreement page and submit with your enrollment. Do you have additional individuals to disclose?**

Yes No

15. **Has this application due to a merger, buy out or take over?**

Yes No

16. **Has any outstanding balance owed to the Department of Human Services Medical Assistance Program by a previous provider?**

Yes No

17. **Number of RI Health of Assistance recipients you treat or anticipate treating annually:** [Text Field]

18. **Is enrollment based on a contract with a specific recipient?**

Yes No

A. What is the Recipient Name? [Text Field]

B. What is the Recipient (OD-9) Code? [Text Field]

C. What is the Recipient Medical Assistance Identification Number? [Text Field]

D. What is the date(s) of Service? [Text Field]

E. What is the reason(s) for discontinuation if sought?

- Medical assistance only
- Health care
- Other (describe) [Text Field]
- Other (describe) [Text Field]

F. What is the name of the Other Insurer(s)? [Text Field]

13. 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.

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

Note: If this enrollment application is for a Group, the Provider Enrollment: Associated Providers page appears.

-- OR --

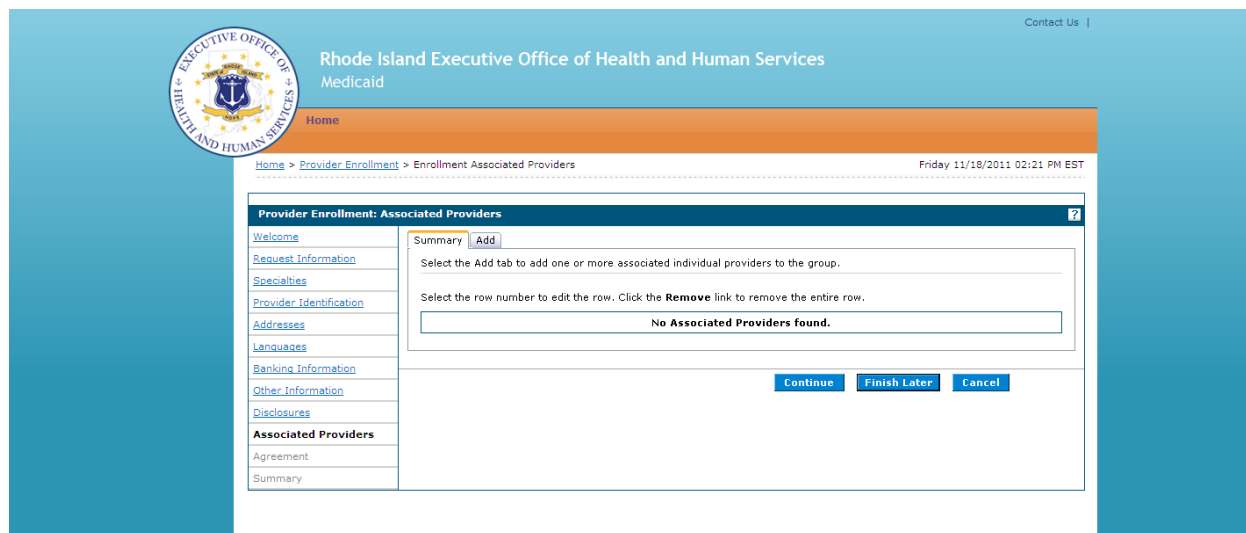
Click **Finish Later** to save and finish the enrollment application at a later date. See [Finish enrollment application later](#) for information.

-- OR --

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

Figure 16: Provider Enrollment: Associated Providers Page - Summary Tab (Group)

If this enrollment application is for a group and associated providers are found, the Provider Enrollment: Associated Providers page Summary tab appears.



14. Click the row number to edit the provider's information and add specialty and taxonomy codes. The Provider Enrollment: Associated Providers page - Edit tab appears.

Figure 17: Provider Enrollment: Associated Providers Page – Edit Tab (Group)

The screenshot shows the 'Provider Enrollment: Associated Providers' page in 'Edit' mode. The page header includes the Rhode Island Executive Office of Health and Human Services logo and the text 'Rhode Island Executive Office of Health and Human Services Medicaid'. The breadcrumb trail is 'Home > Provider Enrollment > Enrollment Associated Providers'. The date and time are 'Friday 11/18/2011 02:21 PM EST'.

The main content area has a title 'Provider Enrollment: Associated Providers' and tabs for 'Summary', 'Edit', and 'Add'. The 'Edit' tab is active. The instructions state: 'Edit the provider or update their specialties. At least one Specialty is required, but more than one can be entered. The values in the Specialty field are related to the Provider Type. A Taxonomy Code is required for each Specialty. If your taxonomy is not listed, please contact Provider Enrollment at (401) 784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls. Select the Summary tab to view the list of associated individual providers and continue to the next page. * Indicates a required field.'

The form fields are:

- Last Name
- First Name
- Middle
- Title
- License #
- Provider Type
- NPI
- Expiration Date
- Group Effective Date

Buttons for 'Edit' and 'Delete' are visible below the form fields.

Below the form is a table titled 'Specialties and Taxonomy Codes for Karen A Murphy':

Specialty	Taxonomy Code	Action
Click to collapse.		
*Specialty	*Taxonomy Code	

Buttons for 'Add' and 'Reset' are located below the table.

15. Enter the specialties and taxonomy codes.
 - Select a specialty.
 - Select the taxonomy code.
 - Click **Add** to add the specialty and taxonomy code or **Reset** to reset the field values.
16. Click **Edit** to edit the provider's information. The Provider Enrollment: Associated Providers page – Edit tab appears in Edit mode.

-- OR --

Click **Delete** to delete the associated provider. Click **OK** on the dialog box that appears to delete the record.

Figure 18: Provider Enrollment: Associated Providers Page – Edit Tab – Edit Mode (Group)

The screenshot displays the 'Provider Enrollment: Associated Providers' page in edit mode. The page header includes the Rhode Island Executive Office of Health and Human Services logo and the text 'Rhode Island Medicaid'. A navigation menu on the left lists various tabs: Welcome, Request Information, Specialties, Provider Identification, Addresses, Languages, Banking Information, Other Information, Disclosures, Associated Providers, Agreement, and Summary. The 'Associated Providers' tab is currently selected. The main content area shows the 'Edit' tab for a provider, with instructions to edit specialties and a list of required fields: Last Name, First Name, Middle, Title, License #, Expiration Date, NPI, and Group Effective Date. The form includes 'Save', 'Reset', and 'Cancel' buttons at the bottom.

17. Edit the fields as necessary.

- Click **Save** to save the changes.
-- OR --
- Click **Reset** to reset the field values.
-- OR --
- Click **Cancel** to not edit the information.

18. Click the **Add** tab to add an associated provider. The Provider Enrollment: Associated Provider page – Add tab appears.

Figure 19: Provider Enrollment: Associated Providers Page – Add tab (Group)

The screenshot shows the 'Provider Enrollment: Associated Providers' page in the 'Add' tab. The page header includes the Rhode Island Executive Office of Health and Human Services logo and the text 'Rhode Island Medicaid'. The breadcrumb trail is 'Home > Provider Enrollment > Enrollment Associated Providers'. The date and time are 'Friday 11/18/2011 02:21 PM EST'. The main content area has a 'Summary' tab selected and an 'Add' button. Below the tabs, there is a text box with instructions: 'Enter information for the individual being added. After adding the provider you will be redirected to add Specialties and Taxonomy Codes. At least one Specialty is required, but more than one can be entered. The values in the Specialty field are related to the Provider Type. A Taxonomy Code is required for each Specialty. If your taxonomy is not listed, please contact Provider Enrollment at (401) 784-8100 for local and long distance calls or 1-800-964-6211 for in-state toll calls. Select the Summary tab to return to view the list of associated individual providers and continue to the next page.' Below this is a legend: '* Indicates a required field.' The form fields are: '* Last Name' (text input), '* First Name' (text input), 'Middle' (text input), 'Title' (text input), '* NPI' (text input), '* License #' (text input), '* Expiration Date' (calendar icon), '* Provider Type' (dropdown menu), and '* Group Effective Date' (calendar icon). At the bottom are 'Save', 'Reset', and 'Cancel' buttons.

19. Enter the group's associated providers information:

- **Last Name** – Enter the provider's last name.
- **First Name** – Enter the provider's first name.
- **Middle** – Enter the provider's middle initial.
- **Title** – Enter the provider's title.
- **NPI** – Enter the provider's National Provider Identifier (NPI).
- **License #** - Enter the provider's license number.
- **Expiration Date** – Enter or select the expiration date of the license.
- **Provider Type** – Select the provider type.
- **Group Effective Date** – Enter or select the effective start date for the group.

Click **Save**. The Provider Enrollment: Associated Providers page refreshes and the Specialties and Taxonomy Codes panel appears at the bottom of the page.

-- OR --

Click **Reset** to reset the field values.

-- OR --

Click **Cancel** to cancel adding an associated provider.

20. When you have completed adding and editing the associated providers for the group, click **Continue** on the Provider Enrollment: Associated Providers page – Summary tab page to continue the enrollment process. The Provider Enrollment:

21. Agreement page appears.

Figure 20: Provider Enrollment: Agreement Page (Individual)

Contact Us |

Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Home > Provider Enrollment > Enrollment Agreement

Thursday 12/01/2011 03:52 PM EST

Provider Enrollment: Agreement

Welcome

Request Information

Specialties

Provider Identification

Addresses

Languages

Banking Information

Other Information

Disclosures

Agreement

Summary

Instructions

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.

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.

The enrollment application terms must be accepted in order to submit the application for approval.

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.

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: [W-3](#)
Additional Federally Required Disclosures [excel pdf](#) Please complete if you checked Yes to question 10 on the Disclosures page.

Submit as Attachment: License for out of state providers only

Submit as Attachment: Approval Letter from DCYF if you are applying as a Licensed Mental Health Counselor

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
<input type="checkbox"/>	Click to collapse.	
*Upload File: <input type="text"/> <input type="button" value="Browse..."/>		
<input type="button" value="Add"/>		

Terms of Agreement

Provider Legal Name **Tax ID Type**

Primary Address **Tax ID**

Contact Name **NPI**

Contact Email

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 for your records the Provider Agreement and the Provider Addendum I Glossary. The Provider Agreement applies to all Programs (i.e. Medical Assistance, Community Medication Assistance Program, Department of Health Pharmacy Program, and Rhode Island Pharmaceutical Assistance to the Elderly Program).

Please note that the Acceptance checkbox in the Terms of Agreement section at the bottom of the page will remain disabled until the Provider Agreement and Addendum have been read.

Read and Print: [Provider Agreement](#)

Read and Print: [Provider Addendum I Glossary](#)

You will be submitting the Provider Enrollment application electronically. By submitting this application, you acknowledge that you have read and agree to the policies of the Provider Agreement and Provider Addendum I Glossary for all Programs to which you are applying. Therefore, 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 12/01/2011

22. Complete the agreement:

- **Instructions** – Read the instructions
- **Supporting Documentation** – Complete the actions listed.
 - Read and print the [RI Medicaid Provider Agreement](#).
 - Read and print the [RI Medicaid Provider Addendum I Glossary](#).
 - Read and print the [RI Medicaid Exclusion Letter](#).

- Read and print any other supporting documentation.
- **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.
- **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. See [Finish enrollment application later](#) for information. 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.

Figure 21: Provider Enrollment: Summary Page (Individual)



Rhode Island Executive Office of Health and Human Services
Medicaid

Contact Us

Home > Provider Enrollment > Enrollment Summary
Friday, 12/02/2011 01:47 PM EST

Provider Enrollment Summary Print PDF

Request Information

Provider Enrollment Type	Provider Type
Contact Name	
Contact Phone	Fax
Contact Email	
Requesting Enrollment Effective Date	Preferred Method of Communication

Specialties

Specialty	Taxonomy	Effective Date
<input checked="" type="checkbox"/>		

Provider Identification

Last Name		Title	
First Name		Middle	
Gender	Birth Date		
Ownership			
Business Name			
Tax ID	Tax ID Type	EIN	
Effective Date	End Date	Fiscal End Date	
NPI	Expiration Date		
Medicare #			
Supplemental NPI			
Supplemental Taxonomy			

Addresses Expand All | Collapse All

Type	Location Name	Address	City	State
<input checked="" type="checkbox"/> Service Location				

Languages

No Languages exist for this application.

Banking Information

ABA Routing Number	
Account Number	
Account Type	Checking
EFT Start Date	EFT End Date

Other Information

Certification	Effective Date	End Date
Specialty Board	Effective Date	End Date
Degree	Year of Graduation	

Disclosures

Rhode Island Medical Assistance Program

All Providers:

1. Please check all other programs that you want to participate in, in addition to Medical Assistance.
2. Are you currently or have you ever been a provider with Medical Assistance?
3. Are you currently enrolled with Medicare? (Please be sure you listed your Medicare number on the Provider Identification page.)
4. Is there an Owner/Administrator, Agent of the Provider, Managing Employee or Officer for the Corporation?
5. Are there any person(s) and their family relationship(s) with an ownership or control interest in the disclosing entity or in any subcontractor holding 5% or more?
6. Are there any persons listed in response to questions 4 or 5, who have an ownership or control interest in another disclosing entity?
7. Is there an ownership of any subcontractor, as defined in 42 CFR § 455.103, with whom the provider has had business transactions totaling more than \$25,000 during the previous 12-month period?
8. Identify any significant business transactions between the provider and any wholly owned supplier or between the provider and any subcontractor during the five-year period.
9. Is there any documented information on any debarment, suspension, exclusion, or conviction of a criminal offense related to the provider(s) listed in question 4, 5, 6, and/or 7 above, from involvement in any Federal program (Contract, Medicare, or the Title X services program) since the inception of those programs?
10. Do you have more than one individual to disclose for questions 4, 5, 6, 7, and/or 8 above, consider the Additional Federally Required Disclosures Attachment on the Agreement page and upload with your application. Do you have additional individuals to disclose?
11. Is this application due to a merger, buy out or take over?
12. List any outstanding balance owed to the Department of Human Services Medical Assistance Program by a previous provider.
13. No business under 42 CFR and/or sections 11.208 and 15.02(d)(1) of the Social Security Act Prohibits you from (1) knowingly having a director, officer, partner, or person with a beneficial ownership of more than 5 percent of the entity's equity who is debarred, suspended, excluded, or has been convicted of a criminal offense related to that entity's participation in any Federal program, or (2) having an ownership, control, or other arrangement with such a person, or (3) having a subcontractor who is debarred, suspended, excluded, or convicted of a criminal offense related to that person's involvement in any Federal program. This applies to yourself and/or the entity(s).

Individual Providers

14. Are you a full or part-time salaried employee of a hospital or institution?

Out of State Providers Only

15. Reason for Enrollment:
16. Services Provided:
17. Number of RI Medical Assistance recipients you treat or anticipate treating annually:
18. Is enrollment based on a contract with a specific recipient?

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: Additional Federally Required Disclosures excel (if) Please complete if you checked "yes" to question 10 on the Disclosure page.

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

Submit as Attachment: Approval Letter from DCFP if you are applying as a Licensed Mental Health Counselor.

Attachments

No Attachments exist for this application.

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 for your records the Provider Agreement and the Provider Addendum 1 (Disclosure). The Provider Agreement applies to all Programs (i.e., Medicaid Assistance, Community Rehabilitation Assistance Program, Department of Health Pharmacy Program, and Rhode Island Pharmaceutical Assistance to the Elderly Program).

Please note that the Compliance checklist in the Terms of Agreement section at the bottom of the page will remain disabled until the Provider Agreement and Addendum 1 have been read.

Read and Print: [Provider Agreement](#) | [Disclosure](#)

You will be submitting the Provider Enrollment application electronically. By submitting this application, you acknowledge that you have read and agree to the policies of the Provider Agreement and Provider Addendum 1 (Disclosure) of all programs to which you wish to participate. If you are a full or part-time salaried employee of a hospital or institution, you must also read and understand the your employer's policies.

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



Agreement Date

Instructions for Summary Page:

If changes are required when viewing the Summary page, please visit the appropriate link in the Table of Contents panel (navigate to the appropriate page). Note that the disclosure type of provider type field is disabled on the disclosure information page, but you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon that type field.

Once you have reviewed the contents of this application, select "Confirm" to submit the enrollment for processing. Please print a copy of the summary for your records.

23. Review the summary information.

- **Addresses:** Click [Expand All](#) and [Collapse All](#) to expand and collapse the address detail information. You can also click  to expand one address type.
- **Associated Providers (Facility/Group):** Click [Expand All](#) and [Collapse All](#) to expand and collapse the associated providers detail information. You can also click the number to the left of the associated provider's name  to view the associated provider's detail information.
- If you need to make any changes to the enrollment application, click a link in the Table of Contents panel to return to the selected page and make a change.

Note: If you change the Enrollment Type or Provider Type, you will be required to navigate through the enrollment application wizard again and update all fields that are dependent upon these selections.

- Print the Provider Enrollment: Summary of the enrollment application for your records.

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.

Once you have reviewed the summary and made any additional changes, click **Confirm** to **submit the enrollment application for processing**. The Provider Enrollment: Tracking Information page appears.

-- OR --

Click **Finish Later** to save and finish the enrollment application at a later date. See [Finish enrollment application later](#) for information. If you select **Finish Later**, the answers 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.

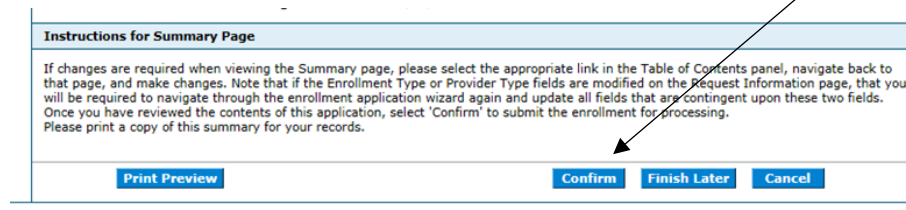
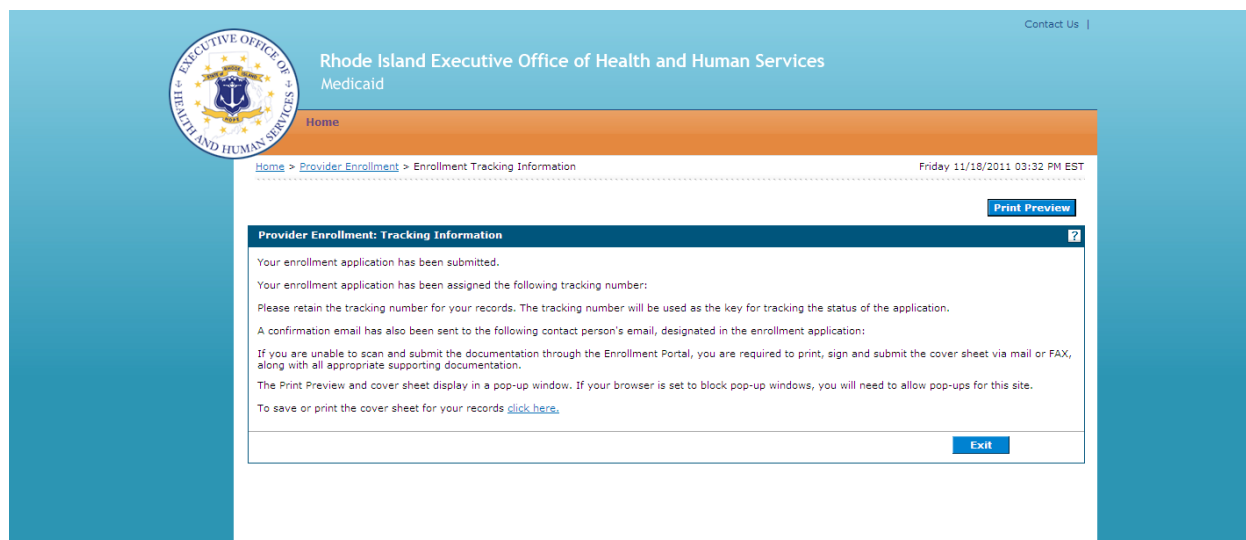



Figure 22: Provider Enrollment: Tracking Information Page and Cover Sheet

24. 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.

Figure 23: Provider Enrollment: Cover Sheet Page


Tuesday 02/21/2012 02:56 PM EST

[Print](#)

Provider Enrollment: Cover Sheet

Hewlett Packard Enterprise

Att: Provider enrollment
PO Box 2010
Warwick, RI 02887-2010

Enrollment form for the following provider:

Date 2/21/2012
Tracking Number 37652-221-1458-919-3503

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.

- Federal W-9 Form, required
- Additional Federally Required Disclosures, if applicable
- Copy of DCYF Letter, if applicable
- Copy of Principal Counselor Certificate, if applicable
- Copy of Out of State License, if applicable
- Copy of BHDDH License, 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 Provider 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

Once you have started the provider 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.

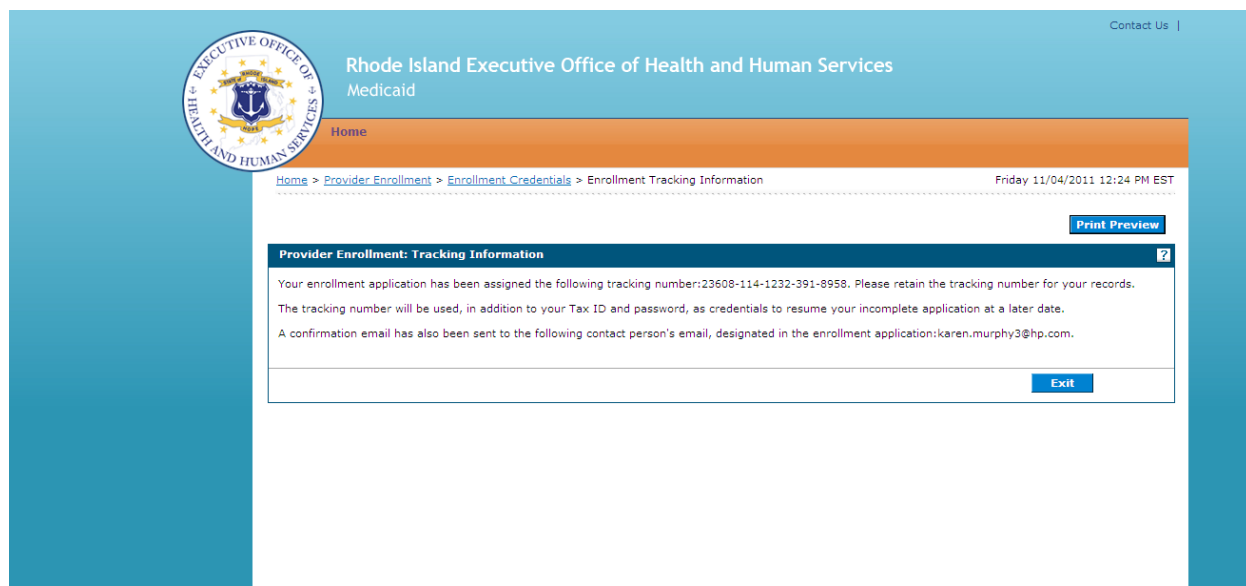
1. On a Provider Enrollment page, click **Finish Later**. The Suspend Incomplete Application dialog box appears.

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.

Figure 24: Provider 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.

Figure 25: Provider 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 Provider 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. See [Access Provider Enrollment](#) for information.
2. On the Provider Enrollment page, click **Resume Enrollment**. The Provider Enrollment: Resume Enrollment page appears.

Figure 26: Provider Enrollment: Resume Enrollment Page

Rhode Island Executive Office of Health and Human Services
 Medicaid
 Home
 Home > Provider Enrollment > Resume Enrollment
 Friday 11/04/2011 12:26 PM EST
Provider Enrollment: Resume Enrollment

Enter your assigned Tracking Number (including the hyphens), Tax ID and Password in order to resume an existing 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.

* Indicates a required field.

*Tracking Number
 *Tax ID
 *Password

Submit Cancel

3. 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. You can also view and print the enrollment application cover sheet.

1. Access the Provider Enrollment Portal through the Healthcare Portal. See [Access Provider Enrollment](#) for information.
2. On the Provider Enrollment page, click [Enrollment Status](#). The Provider Enrollment - Status page appears.

Figure 27: Provider Enrollment: Status Page

Home > Provider Enrollment > Enrollment Status

Friday 11/04/2011 12:28 PM EST

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

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

Figure 28: Provider Enrollment: Status and Summary Page

Rhode Island Executive Office of Health and Human Services
 Medicaid

[Home](#)

[Home](#) > [Provider Enrollment](#) > Enrollment Status Friday 11/04/2011 01:02 PM EST

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](#)

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	Date Submitted	Status	Status Date

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.

Select [click here](#) to view the enrollment application cover sheet. The Provider Enrollment: Cover Sheet page appears. See [Cover Sheet](#) for information about this page.

View website requirements and, download Adobe Reader and MS Office Viewer

You can view the requirements for the Healthcare Portal website. You can also download the Adobe Reader and MS Office Viewer applications.

1. Access the Healthcare Portal. See [Access Provider Enrollment](#) for information.
2. On the Home page of the Healthcare Portal, click [Website Requirements](#).
The Website Requirements page appears.

Figure 29: Website Requirements Page

The screenshot shows the 'Website Requirements' page for the Rhode Island Medicaid Healthcare Portal. The page features a blue header with the state seal and navigation links. The main content area is titled 'Website Requirements' and includes the following sections:

- Browser & Screen Resolution:**
 - ▶ Microsoft Internet Explorer version 7.0 and later
 - ▶ Screen Resolution - 1024 x 768 pixels
- Document Viewing:**
 - ▶ Adobe Reader version 8.0 and later
 - ▶ Microsoft Office Suite 2000 and later

If you do not have the software needed for document viewing, you can download them using the links provided below.

 - ▶ [Adobe Reader](#)
 - ▶ [MS Office Viewer](#)
- Internet Connection:**
 - ▶ Dial-up users need a minimum modem speed of 64Kbps.
- Important Registration Note:**

When registering as a portal user, you are asked if you are using a personal or a public computer. Please use caution while answering this question, as the security and the privacy required to protect the healthcare data relies on this step of the registration process.

3. View the website requirements.
4. If you do not have the Adobe Reader software used to view Adobe documents, click [Adobe Reader](#) in the Document Viewing panel to download the free Adobe Reader application.
5. If you do not have the MS Office Viewer software used to view MS Office documents, click [MS Office Viewer](#) to download the free MS Office Viewer.
6. Click [Home](#) to return to the Healthcare Portal Home page.

Access Customer Links

You can access customer links such as the National Plan & Provider Numeration System where you can apply or verify your National Provider Identifier (NPI), Trading Partner Agreement Application where you can apply for a Trading Partner Identification Number.

1. Access the Healthcare Portal.
2. On the Home page, click [Provider Enrollment](#).

The Provider Enrollment page appears.

Figure 30: Provider Enrollment Page



3. Select the customer link.
 - [National Plan & Provider Numeration System](#)– Apply or verify your National Provider Identifier (NPI).

View Online Help

You can view online help associated with each page in the Provider Enrollment Application.


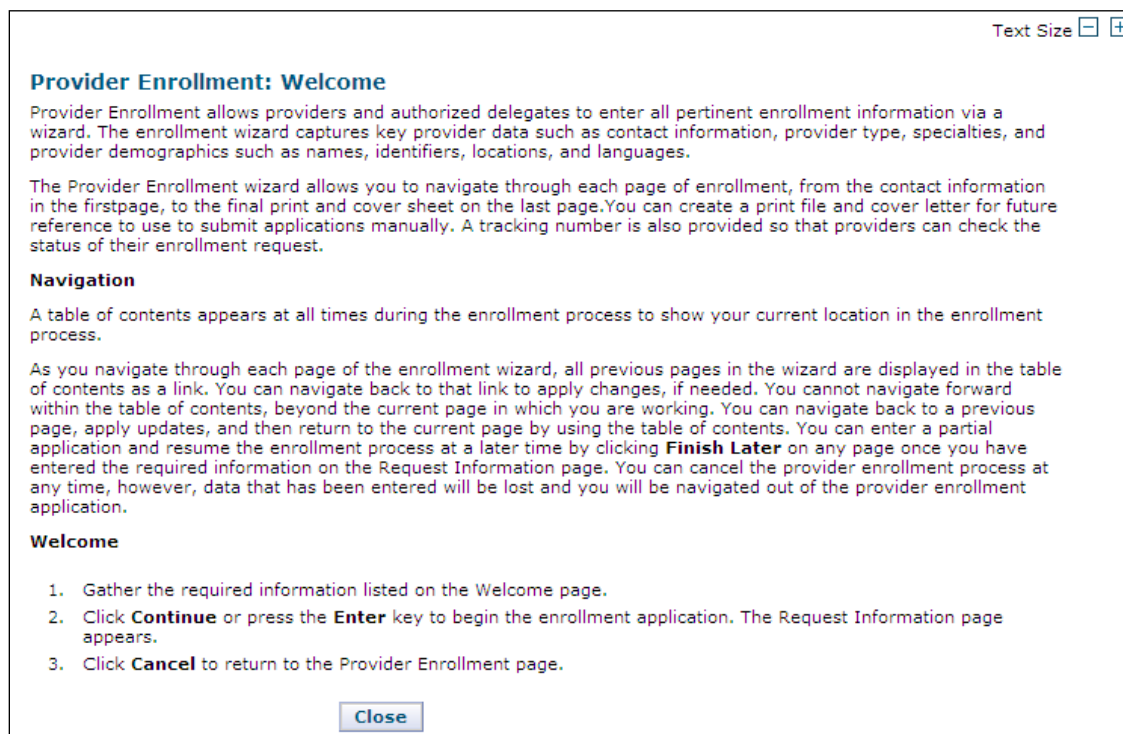
1. Click on .
The page's online help file appears.

Figure 31: Provider Enrollment: Welcome Online Help (Example)



Contact Us

For assistance, use the contact information available on the Contact Us page.

Figure 32: Contact Us Page



2. Read the contact information.
3. Click [Home](#) to return to the Home page.

View Privacy Notice

You can view the privacy notice.

1. On any of the Provider Portal pages, click [Privacy Notice](#) at the bottom of the page. The Privacy Notice page appears.
2. Read the privacy information.
3. Click [Home](#) to return to the Provider Portal Home page.

Chapter 5

Provider Revalidation

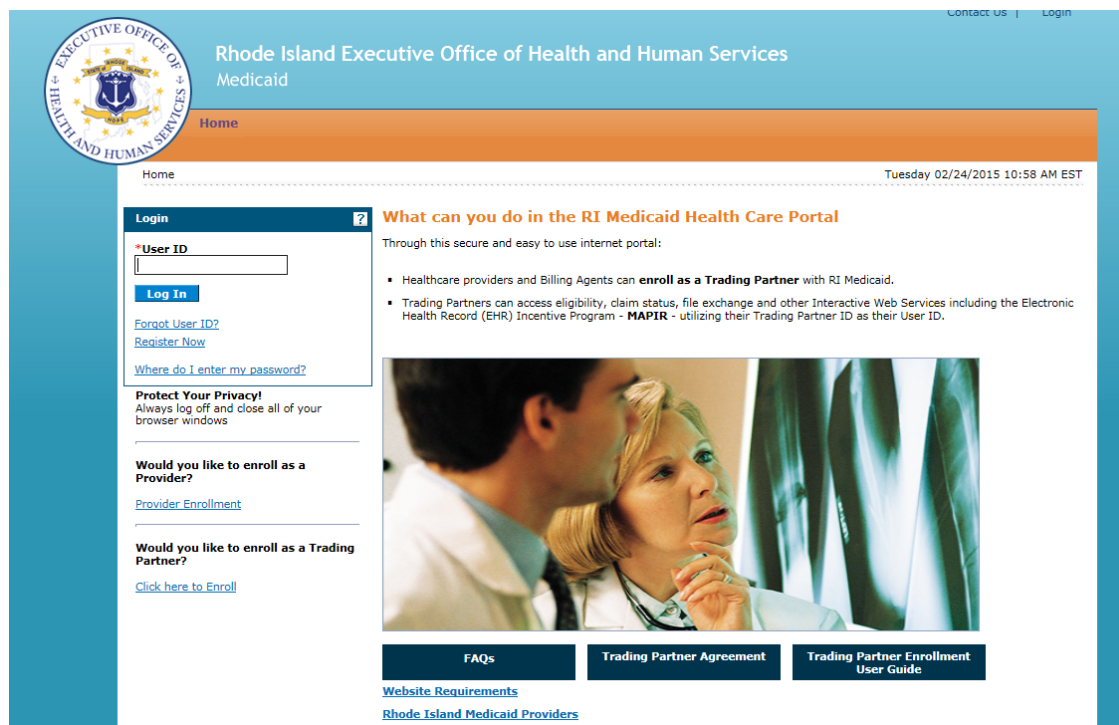
Enrolled providers must revalidate their enrollment information as required. Providers are contacted by mail and provided with a tracking number and password to validate their information in Provider Enrollment.

Access Provider Enrollment through Healthcare Portal

You can access Provider Enrollment from a designated uniform resource locator (URL) for the Healthcare Portal. From the Healthcare Portal, you are able to access Provider Enrollment.

1. Open your browser such as Internet Explorer or Firefox.
2. Access the Gainwell Technologies 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 **Provider Enrollment** link.

Figure 33: Healthcare Portal Home Page



For Revalidation- Select Resume Enrollment

Selecting **Resume Enrollment** will allow you to validate the information on file with RI Medicaid.

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

Figure 34: Provider Enrollment: Resume Enrollment Page

Executive Office of Health and Human Services
Rhode Island Executive Office of Health and Human Services
Medicaid

Home > Provider Enrollment > Resume Enrollment

Friday 11/04/2011 12:26 PM EST

Provider Enrollment: Resume Enrollment

Enter your assigned Tracking Number (including the hyphens), Tax ID and Password in order to resume an existing 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.

* Indicates a required field.

*Tracking Number

*Tax ID

*Password

Submit Cancel

1. Enter the **tracking number** that was received in the initial correspondence received from RI Medicaid.
2. Enter your tax ID.
3. Enter the **password** included in the second letter from RI Medicaid.
4. Click **Submit**.

You will be brought to the Welcome page.

Figure 35: Welcome Page

Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Home > Provider Enrollment > Enrollment Application

Friday 04/17/2015 04:19 PM EST

Provider Enrollment: Welcome

Welcome

Welcome to the Rhode Island Medical Assistance Online Provider Enrollment Process

Your suspended application will be presented within the subsequent pages of the enrollment application. Within each page, the data will be presented for review and updates should be applied as appropriate. You will be prompted to navigate through each page and submit "Continue" regardless of the need for any updates. This will validate the application for accuracy prior to submission.

You will need the following information to complete your enrollment request:

- ▶ National Provider Identifier
- ▶ Address Information including Postal Code + 4
- ▶ Taxonomy Codes
- ▶ Tax ID - either EIN or SSN
- ▶ License Number
- ▶ Completed, including signature, W-9 as an attachment
- ▶ Additional Federally Required Disclosures, as an attachment, if applicable

Please click the "**Continue**" button to start the enrollment application.

[Continue](#) [Cancel](#)

Read instructions and gather necessary information. Select **continue**.

The information on file with RI Medicaid will be listed on the subsequent screens. Carefully review all information and correct or update any information that is not accurate. If you have questions about specific sections in the application, please refer to the table of contents to find additional information for completing that section.

Note: On the **Request Information Page**, the original enrollment date will appear. Do not change this date for revalidation or claims processing will be affected.

Special Circumstances

There are some changes that cannot be made during revalidation. Please review the chart below before making changes:

Change Made	Action
Change in Provider Type	Returned to provider. Requires new enrollment application.
Change in Tax ID effective date	Returned to provider. Cannot change effective date without updating tax ID.
Change in NPI	Requires new enrollment application.
Non-acceptable characters in name	Acceptable characters include (a-z), (A-Z), (0-9), and these special characters (. ? ! () - _ + ` ; ; "). No other characters, such as &, are accepted.

Disclosure Questions

The disclosure questions must be completed to submit your revalidation application. Your responses to specific questions may require additional documentation.

Uploading Documents

Supporting documents must be submitted as attachments or sent by mail. Allowable file formats are .jpg and .pdf.

Follow the on-line instructions to upload documents as attachments.

In addition, you must read and review the listed documents:

- **Provider Agreement**
- **Provider Addendum – Glossary**
- **Exclusions**

Once all documents have been read, the **“I Accept”** box will open. Check that box and electronically sign your application, and list your Title. If you have completed the application, select the **Submit** button.

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 for your records the Provider Agreement and the Provider Addendum I Glossary. The Provider Agreement applies to all Programs (i.e. Medical Assistance, Community Medication Medicare, Department of Health Pharmacy Program, and Rhode Island Pharmaceutical Assistance to the Elderly Program).

Please note that the Acceptance checkbox in the Terms of Agreement section at the bottom of the page will remain disabled until the Provider Agreement and Addendum have been read.

Read and Print: [Provider Agreement](#) ✓

Read and Print: [Provider Addendum I Glossary](#) ✓

Read and Print: [Exclusion Letter](#) ✓

You will be submitting the Provider Enrollment application electronically. By submitting this application, you acknowledge that you have read and agree to the policies of the Provider Agreement and Provider Addendum I Glossary for all Programs to which you are applying. Therefore, 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 02/15/2016

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

Summary Page

Select the **Print Preview** button to view and review the summary information, and print a copy for your records. Select the **Close** button to close the Print Preview page.

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.

After reviewing the Summary Page, you must select the **Confirm** button. Only then will your application be submitted through the portal to RI Medicaid.

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 Preview](#) [Confirm](#) [Finish Later](#) [Cancel](#)

After you confirm, you will receive a message with your tracking number listed. 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.

Figure 36: Provider Enrollment: Tracking Information Page and Cover Sheet

Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Home > Provider Enrollment > Enrollment Tracking Information

Friday 11/18/2011 03:32 PM EST

[Print Preview](#)

Provider Enrollment: Tracking Information

Your enrollment application has been submitted.

Your enrollment application has been assigned the following tracking number:

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:

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](#).

[Exit](#)

Glossary

This glossary lists the definitions of terms and acronyms that are used within this user guide.

Glossary of Terms and Acronyms

Term	Definition
Agent	Any person who has been delegated the authority to obligate or act on behalf of a provider.
American Bankers Association (ABA)	An Industry trade group and professional association representing the United States' banking industry.
Americans with Disabilities Act (ADA)	A wide-ranging civil rights law that prohibits, under certain circumstances, discrimination based on disability.
Change in Owership	<p>In the case of a Provider, which is a partnership, the removal, addition, or substitution of a partner, which results in a new partner acquiring a controlling interest in the partnership:</p> <p>In the case of a Provider which is an unincorporated solo proprietorship, the transfer of the title and property to another person:</p> <p>In the case of a Provider which is a corporation:</p> <p>A sale, lease exchange, or other disposition of all, or substantially all of the property and assets of the corporation; or</p> <p>A merger of the corporation into another corporation; or</p> <p>The consolidation of two or more corporations, resulting in the creation of a new corporation; or</p> <p>In the case of a Provider, which is a business corporation, any transfer of corporate stock, which results in a new person acquiring a controlling interest in the corporation; or</p> <p>In the case of a Provider, which is a non-business corporation, any change in membership, which results in a new person acquiring a controlling vote in the corporation.</p>
Clinical Laboratory Improvement Amendments (CLIA)	Federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research.
Disclosing Entity	A Medicaid provider (other than an individual practitioner or group of practitioners) or a fiscal agent.

Term	Definition
Drug Enforcement Agency (DEA)	An agency responsible for enforcing the controlled substances laws and regulations of the United States.
EIN	Employer identification number.
Electronic Funds Transfer (EFT)	Electronic exchange or transfer of money from one account to another, either within a single financial institution or across multiple institutions, through computer-based systems.
Employer Identification Number (EIN)	Corporate equivalent to a Social Security Number, although it is issued to anyone, including individuals, who has to pay withholding taxes on employees.
Fiscal Agent	A contractor that processes or pays vendor claims on behalf of the Medicaid agency.
Frequently Asked Questions (FAQs)	A list of questions and answers, all supposed to be commonly asked in some context, and pertaining to a particular topic.
Furnished	Items and services provided directly by, or under the direct supervision of, or ordered by, a practitioner or other individual (either as an employee or in his or her own capacity), a Provider, or other supplier of services. For purposes of denial of reimbursement within this Part, it does not refer to services ordered by one party but billed for and provided by or under the supervision of another.
Group of Practitioners	Two or more health care practitioners who practice their profession at a common location (whether or not they share common facilities, common supporting staff, or common equipment).
Health Information Privacy	The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.
Indirect Ownership Interest	The amount of indirect ownership interest is determined by multiplying the percentages of ownership in each entity. For example, if A owns 10 percent of the stock in a corporation which owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership interest in the disclosing entity and must be reported. Conversely, if B owns 80 percent of the stock of a corporation, which owns 5 percent of the stock of the disclosing entity, B's interest equates to 4 percent

Term	Definition
	indirect ownership in the disclosing entity and need not be reported.
Managing Employee	A general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operation of an institution, organization, or agency.
National Provider Identifier (NPI)	A unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).
Other Disclosing Entity	Any other Medicaid disclosing entity and any entity that does not participate in Medicaid, but is required to disclose certain ownership and control information because of participation in any of the programs established under Title V, XVIII, or XX of the Act. This includes (a) any hospital, nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (Title XVIII); (b) any Medicare intermediary or carrier; and (c) any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under Title V or Title XX of the Act.
Ownership Interest	The possession of equity in the capital, the stock, or the profits of the disclosing entity.
Person	Any individual, trust or estate, partnership, corporation, (including associations, joint stock companies, and insurance companies) state, or political subdivision or instrumentality of a state.
Person with an Ownership or Control Interest	Has an ownership interest totaling 5 percent or more in a Provider or disclosing entity; Has an indirect ownership interest equal to 5 percent or more in a Provider or disclosing entity; Has a combination of direct and indirect ownership interests equal to 5 percent or more in a Provider or disclosing entity; Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest is at least 5 percent of the value of the property or assets of the Provider or disclosing entity;

Term	Definition
	<p>Is an officer or director of a Provider or disclosing entity that is organized as a corporation; or</p> <p>Is a partner in a Provider or disclosing entity that is organized as a partnership.</p>
Rhode Island Executive Office of Health and Human Services (EOHHS)	<p>An organization, working hand-in-hand with other resources in Rhode Island to offer a full continuum of services for families, adults, children, elders, individuals with disabilities and veterans.</p>
Significant Business Transaction	<p>Any business transaction or series of transactions that, during any one fiscal year, exceed the lesser of \$25,000 and five percent of a provider’s total operating expenses.</p>
Social Security Number (SSN)	<p>A nine-digit number issued to U.S. citizens, permanent residents, and temporary (working) residents under section 205©(2) of the Social Security Act.</p>
Subcontractor	<p>An individual, agency, or organization to which a Provider or disclosing entity has contracted or delegated some of its management functions or responsibilities of providing medical care to its patients; or</p> <p>An individual, agency, or organization with which a fiscal agent has entered into a contract, agreement, purchase order, or lease (or leases of real property) to obtain space, supplies, equipment, or services provided under the Medicaid agreement.</p>
Supplier	<p>An individual, agency, or organization from which a Provider purchases goods and services used in carrying out its responsibilities under Medicaid (e.g., a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm).</p>
Taxonomy Code	<p>National specialty codes used by providers to indicate their specialty at the claim level.</p>
Telecommunication Devices for the Deaf (TDD)	<p>Electronic device for text communication via a telephone line, used when one or more of the parties has hearing or speech difficulties.</p>
Teletypewriter (TTY)	<p>A now largely obsolete electromechanical typewriter that can be used to communicate typed messages from point to point and point to multipoint over a variety of communications channels that range from a simple electrical connection, such as a pair of wires, to the use of radio and microwave as the transmission medium.</p>
Uniform Resource Locator (URL)	<p>A Uniform Resource Identifier that specifies where an identified resource is available and the mechanism for retrieving it.</p>

Term	Definition
Wholly Owner Supplier	A supplier whose total ownership interest is held by a Provider or by a person, persons, or other entity with an ownership or control interest in a Provider.