

Emergency Case Management for Home Stabilization Provider Billing Manual



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1. OVERVIEW

This billing manual is designed to be a reference document for consumers, family members, providers of Home Stabilization in delivering Emergency Case Management Services. This manual has been developed by the Rhode Island Executive Office of Health and Human Services (EOHHS), including Medicaid to guide service implementation and billing. For more information on Medicaid billing and claims processing, visit the Provider tab on the EOHHS website at: www.eohhs.ri.gov/ProvidersPartners/BillingampClaims.aspx.

2. GUIDELINES

Emergency Case Management for Medicaid beneficiaries who meet at least one risk-based criteria and at least one health-related criteria. Risk-based criteria include: residing in homeless shelters, outside, in places not meant for habitation, or otherwise housing insecure or at imminent risk of homelessness. Health-related criteria include: a mental health or substance use need, a complex physical health need (e.g., a chronic or acute health condition), or recent hospitalization.

Emergency Case Management is a service that supports homeless and housing insecure beneficiaries that are eligible under the state plan in preventing exposure to COVID-19, supporting those that are in quarantine or that have tested positive for COVID-19, and assisting organizations to receive supports for other health-related social needs (e.g., food insecurity, transportation) that may have been exacerbated by the COVID-19 pandemic.

Emergency Case Management will be provided to eligible Medicaid beneficiaries by homeless shelters and homeless service agencies, who specialize in assisting this unique and particularly vulnerable population.

3. ENROLLMENT

Emergency Case Management Services must be billed by a Medicaid-enrolled provider through standard claiming procedures. Providers can enroll in Medicaid electronically on the [Healthcare Portal](#).

Here are guidelines for the application process:
Choose Facility for Provider Enrollment Type
Choose Home Stabilization for Provider Type
Choose Case Management for Specialty
Choose either 251B00000X or 251K00000X for Taxonomy depending on your NPI letter.

For further enrollment assistance here is a [guide](#).

4. BILLING FOR EMERGENCY CASE MANAGEMENT SERVICES

Once enrolled, it is the provider's responsibility to ensure recipients are eligible for

Medicaid. Providers will need to confirm that recipient's coverage includes Benefit Plan Details that state Categorically or Medically Needy for the dates of service being searched. Emergency Case Management Services are considered out of plan services. If the Medicaid Beneficiary has a managed care plan, services will be billed to Fee for Service Medicaid, not the health plan.

Process for confirming Medicaid eligibility. Medicaid eligibility will be confirmed using the [Healthcare Portal](#) (HCP). To access the HCP, providers must obtain a Trading Partner ID (TP ID). Please visit the [HCP](#) page on the EOHHS website for more information on:

- Enrolling as a Trading Partner
- Registering a Trading Partner
- How to use the HCP

Providers are responsible for verifying the member's eligibility before submitting the bills for payment. The Home Stabilization provider shall submit claims for emergency case management services using the CMS-1500 Professional claim form or the standard electronic 837P format. Providers shall bill for Medicaid members only. The procedure code to bill is T1017 – Targeted Case Management, each 15 minutes and is billed at a rate of \$12.13/15-minute unit. Maximum daily units is 4 or 1 hour.

5. DOCUMENTATION REQUIREMENTS

Providers shall maintain all records for any follow up auditing upon the request of the State for a period of 10 years as dictated by State or Federal record retention policy, based on the statute of limitations as stated in RIGL § 9-1-13(a) and RIGL § 40-8.2-4. Patient records shall include documentation of services delivered, resources provided, and any follow-up indicated. This is to include but is not limited to:

1. Date, start time/end time of contact
2. Progress notes, dated and signed
3. Case management notes/referrals dated and signed
4. Reason for completion of services