

Adult Day Care Services

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December 2020

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Agenda

- Overview of Adult Day Care Changes
- Healthcare Portal Eligibility Verification
- Billing Adult Day Care
- Question and Answers

Overview of Adult Day Care Changes

- Effective 2/1/2016
- Must meet at a minimum the Preventive level of care
- Must be eligible for Medicaid or in Waiver programs
 - Preventive
 - Core Community Services
 - DEA Community Services
 - Habilitation Community Services
 - Intellectual Disabilities Waiver
 - Shared Living
 - Self Direction/Personal Choice
- Access to Healthcare Portal Web Transactions at:
 - <https://www.riproviderportal.org>
 - Log in with Trading Partner ID

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Overview

- **Half and Full day**

- Half day is a minimum of 3 1/2 hours but less than 5 hours
- Full day is 5 or more hours

- **Two levels – Basic and Enhanced**

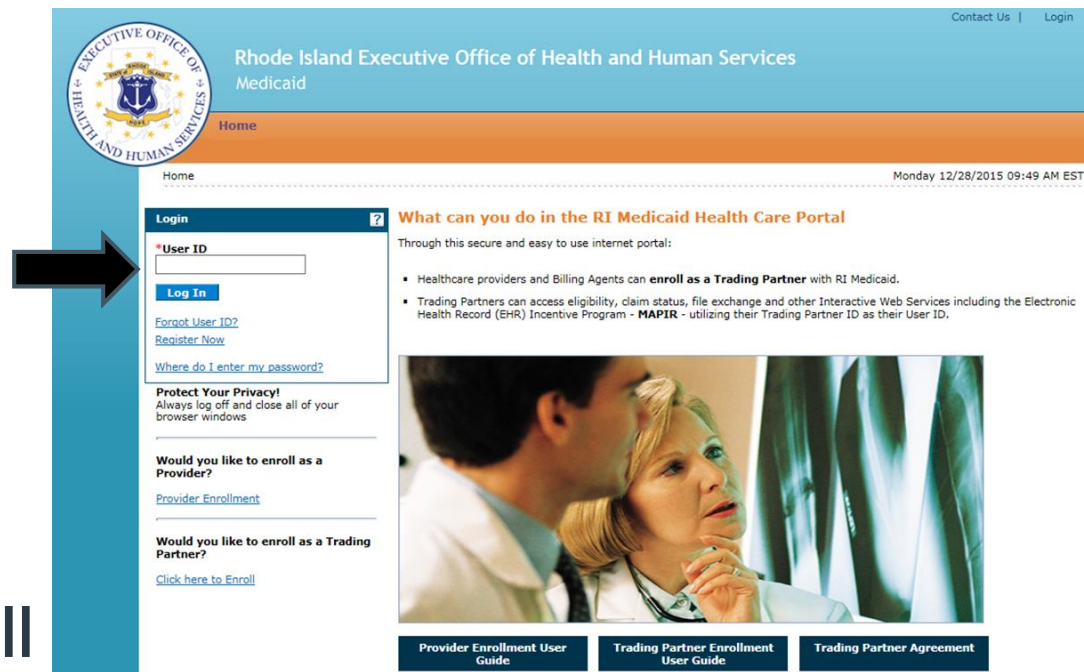
- **Basic** – Provision of services by the ADC provider of an organized program of supervision, health promotion, and health prevention services that include the availability of nursing services and health oversight, nutritional dietary services, counseling, therapeutic activities and case management.

Overview

– Two levels – Basic and Enhanced, continued

- **Enhanced** – Provision of services by the ADC provider when the participant meets as **least one** of the five requirements
 - Daily assistance, on site in center, with at least two activities of daily living
 - Daily assistance, on site in center, with at least one skilled service, by registered professional (RN) or Licensed Practical Nurse (LPN)
 - Daily assistance, on site in center, with at least one ADL which requires a two-person assist to complete
 - Daily assistance, on site in center, with at least 3 ADL's when supervision and cueing are needed to complete
 - Individual diagnosed with Alzheimer's or other related dementia, or mental health diagnosis, as determined by a physician, and, requires regular staff interventions due to safety concerns related to elopement risk or other behaviors and inappropriate behaviors that adversely impact themselves or others.

Healthcare Portal Log in



The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid portal. The page features a blue header with the state seal and navigation links. A central login form includes a 'User ID' input field and a 'Log In' button. To the right, there is a section titled 'What can you do in the RI Medicaid Health Care Portal' with a list of services. At the bottom, there are three buttons: 'Provider Enrollment User Guide', 'Trading Partner Enrollment User Guide', and 'Trading Partner Agreement'.

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

Home

Monday 12/28/2015 09:49 AM EST

Login

User ID

Log In

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?
[Provider Enrollment](#)

Would you like to enroll as a Trading Partner?
[Click here to Enroll](#)

What can you do in the RI Medicaid Health Care Portal
Through this secure and easy to use internet portal:

- Healthcare providers and Billing Agents can **enroll as a Trading Partner** with RI Medicaid.
- Trading Partners can access eligibility, claim status, file exchange and other Interactive Web Services including the Electronic Health Record (EHR) Incentive Program - **MAPIR** - utilizing their Trading Partner ID as their User ID.

[Provider Enrollment User Guide](#) [Trading Partner Enrollment User Guide](#) [Trading Partner Agreement](#)

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On the Home Page – Choose Eligibility in the orange bar

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Medicaid

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My Home Eligibility Claims Files Exchange

My Home Monday 12/28/2015 12:44 PM EST

User Details
Welcome KAREN MURPHY
▶ [My Profile](#)
▶ [Manage Accounts](#)

Trading Partner
Name KAREN MURPHY
Trading Partner ID [REDACTED] 16
▶ [Trading Partner Profile](#)

Welcome Health Care Professional!

We are committed to make it easier for physicians and other providers to perform their business. Our secure site provides the ability to verify member eligibility, search for claims, and conduct electronic file exchanges (upload/download).

Contact Us

Interactive Web Services


- ▶ [Approve Eligibility/TPL](#)
- ▶ [Check Debit Authorization](#)
- ▶ [Check Dental/Vision Limits](#)
- ▶ [Check Prior Authorization](#)
- ▶ [Enter Eligibility](#)
- ▶ [Enter TPL \(Third Party Liability\)](#)
- ▶ [EHR Incentive Program - MAPIR](#)
- ▶ [Message Center](#)
- ▶ [NDC Lookup](#)
- ▶ [View Remittance Advice](#)
- ▶ [View Remittance Advice Payment Amt](#)

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Eligibility Verification –

Enter Provider fields, Recipient ID, and dates of service.
Click Search at the bottom

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 Rhode Island Executive Office of Health and Human Services
Medicaid

[My Home](#) | [Eligibility](#) | [Claims](#) | [Files Exchange](#)

Eligibility Monday 12/28/2015 12:45 PM EST

Eligibility Verification Request

* Indicates a required field.
Please select or enter valid Provider information. Either a Billing Provider or Rendering Provider can be specified. Status indicated for the Billing Provider is based upon the current state.

NPI Provider Type Taxonomy

Billing Provider

Rendering Provider

The Provider ID will only be used for atypical providers who do not qualify for an NPI and Taxonomy.

Provider ID

Please enter Recipient ID.
For CNOM Providers only: If the Recipient ID is not known, please enter the Recipient's Last Name, First Name, Middle Initial (if known), Birth Date, Effective From Date, and Payer.

Recipient ID

Last Name First Name MI Birth Date

Payer

Date range may be 12 months prior to today through the end of the current date, with a maximum 3-month date span.

* Effective From Date Effective To Date

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Eligibility Search Verification Results – Medicaid

The screenshot shows the Rhode Island Executive Office of Health and Human Services Medicaid Eligibility Verification Results page. The page header includes the logo and navigation links: My Home, Eligibility, Claims, Files Exchange, and Patient Share. The main content area displays the following information:

Eligibility Verification Response [Back to Eligibility Verification Request](#) [Expand All](#) | [Collapse All](#)

Verification Response ID 202108411747

Recipient Information

Recipient ID	[REDACTED]	Recipient Name	[REDACTED]
Birth Date	[REDACTED]	Gender	Female
Date Of Death	_		

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	01/01/2021	02/28/2021	\$0.00	Limitations apply to Vision and Dental services

Service Type Code Details - Covered

Medicare Details



Eligibility Search Verification Results – Core Community Services

Executive Office of Health and Human Services
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Medicaid

My Home | Eligibility | Claims | Files Exchange

Eligibility > Verify Eligibility Response | Wednesday 01/20/2016 12:04 PM EST

Eligibility Verification Response | Back to Eligibility Verification Request

Verification Response ID 201602006027 | Expand All | Collapse All

Recipient Information

Recipient ID	[REDACTED]	Recipient Name	[REDACTED]
Birth Date	[REDACTED]	Gender	Female
Date Of Death			

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	10/01/2015	12/31/2015	\$0.00	Limitations apply to Vision and Dental services
Core Community Services	10/01/2015	12/31/2015	\$0.00	Recipient may be subject to cost for patient share

Service Type Code Details - Covered

Medicare Details

Demographic Details

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Eligibility Search Verification Results – DEA Community Services

Executive Office of Health and Human Services
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Medicaid

My Home | Eligibility | Claims | Files Exchange

Eligibility > Verify Eligibility Response Wednesday 01/20/2016 11:53 AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) [Expand All](#) | [Collapse All](#)

Verification Response ID 201602005872

Recipient Information

Recipient ID [REDACTED] Recipient Name [REDACTED]
Birth Date [REDACTED] Gender Female
Date Of Death _

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	10/01/2015	12/31/2015	\$0.00	Limitations apply to Vision and Dental services
DEA Community Services	10/01/2015	12/31/2015	\$0.00	Refer to DEA policy for covered services

Service Type Code Details - Covered

Medicare Details

Demographic Details

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Eligibility Search Verification Results – Habilitation Community Services

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

Contact Us | Logout

My Home | Eligibility | Claims | Files Exchange

Eligibility > Verify Eligibility Response Monday 01/25/2016 09:00 AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) [Expand All](#) | [Collapse All](#)

Verification Response ID 201602502261

Recipient Information

Recipient ID [REDACTED] Recipient Name [REDACTED]
Birth Date [REDACTED] Gender Female
Date Of Death _

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	12/01/2015	12/31/2015	\$0.00	Limitations apply to Vision and Dental services
Habilitation Community Services	12/01/2015	12/31/2015	\$0.00	Recipient may be subject to cost for patient share

Service Type Code Details - Covered

Medicare Details

TPL Details

Premium Payment Details

Demographic Details

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Eligibility Search Verification Results – Intellectual Disabilities

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

My Home | Eligibility | Claims | Files Exchange

Eligibility > Verify Eligibility Response Monday 01/25/2016 08:54 AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) [Expand All](#) | [Collapse All](#)

Verification Response ID 201602502151

Recipient Information

Recipient ID	[REDACTED]	Recipient Name	[REDACTED]
Birth Date	[REDACTED]	Gender	Male
Date Of Death	_		

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	12/01/2015	12/31/2015	\$0.00	Limitations apply to Vision and Dental services
Intellectual Disability Services (BHDDH)	12/01/2015	12/31/2015	\$0.00	BHDDH Auth required/ Recipient may be subject to cost for patient share

Service Type Code Details - Covered [+](#)

TPL Details [+](#)

Demographic Details [+](#)

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Eligibility Search Verification Results – Preventive aka Self Direction Community Services

Executive Office of Health and Human Services
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Medicaid

My Home | Eligibility | Claims | Files Exchange

Eligibility > Verify Eligibility Response Monday 01/25/2016 09:05 AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) ?

Verification Response ID 201602502356 [Expand All](#) | [Collapse All](#)

Recipient Information

Recipient ID	[REDACTED]	Recipient Name	[REDACTED]
Birth Date	[REDACTED]	Gender	[REDACTED]
Date Of Death	[REDACTED]		

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	12/01/2015	12/31/2015	\$0.00	Limitations apply to Vision and Dental services
Self-Direction Community Services	12/01/2015	12/31/2015	\$0.00	Recipient may be subject to cost for patient share

Service Type Code Details - Covered

Medicare Details

TPL Details

Demographic Details

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Eligibility Search Verification Results – Shared Living

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

Contact Us | Logout

My Home | Eligibility | Claims | Files Exchange

Eligibility > Verify Eligibility Response Monday 01/25/2016 09:08 AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#) [Expand All](#) | [Collapse All](#)

Verification Response ID 201602502414

Recipient Information

Recipient ID	[REDACTED]	Recipient Name	[REDACTED]
Birth Date	[REDACTED]	Gender	Female
Date Of Death	-		

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	12/01/2015	12/31/2015	\$0.00	Limitations apply to Vision and Dental services
Shared Living	12/01/2015	12/31/2015	\$0.00	Recipient may be subject to cost for patient share

Service Type Code Details - Covered

Medicare Details

Demographic Details

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Notes

- Adult Day Care is an In Plan service
 - If client has Neighborhood Health Plan, United Healthcare or Tufts, you must bill the respective plan

Eligibility > Verify Eligibility Response

Monday 01/25/2016 09:25 AM EST

Eligibility Verification Response [Back to Eligibility Verification Request](#)

Verification Response ID: 201602502706 [Expand All](#) | [Collapse All](#)

Recipient Information

Recipient ID	[REDACTED]	Recipient Name	[REDACTED]
Birth Date	[REDACTED]	Gender	[REDACTED]
Date Of Death	[REDACTED]		

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	12/01/2015	12/31/2015	\$0.00	Limitations apply to Vision and Dental services
Shared Living	12/01/2015	12/31/2015	\$0.00	Recipient may be subject to cost for patient share

Service Type Code Details - Covered

Medicare Details

TPL Details

Carrier Name	Policy Number	Coverage	Effective From Date	Effective To Date
NEIGHBORHOOD HEALTH PLAN RHODY HEALTH OPTIONS		RHODY HEALTH OPTIONS	12/01/2015	12/31/2015
BLUE CHIP - MEDICARE HMO	ZBM801059014	HMO	12/01/2015	12/31/2015

Billing Adult Day Care

- Billed on the Waiver claim form or the 837 Professional Waiver
 - Billed as a per diem for either a ½ or full day
 - Billed as 2 different levels: Basic or Enhanced
 - Billing can be done daily, weekly, or monthly with the units representing the numbers of days the client attended
-
- **Basic**
 - Half day is S5102 reimbursed at \$22.50
 - Full day is S5102 U2 reimbursed at \$45.00
 - **Enhanced**
 - Half day is S5102 U1 reimbursed at \$32.50
 - Full day is S5102 U1 U2 reimbursed at \$65.00

Billing Adult Day Care

- In order to bill Rhode Island Medicaid for the Enhanced Level, the adult day care must document they are providing the services required for the level as outlined in the care plan which must be signed by the participant or legal guardian or representative as well as completion of the service documentation form.
- OHHS will complete site visit audits which will include a case record audit review to ensure that the services being billed are outlined in the care plan, the care plan is signed, and that attendance for those days is accounted for.
- Please note at this time the procedures for DEA Co-Pay clients has not changed.

Contact Information

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