

Assisted Living Services

Karen Murphy
May 2022




Agenda

- Healthcare Portal Eligibility
- Billing Assisted Living
- Billing Issues and Resolutions
- Question and Answers

Healthcare Portal Log in

[Contact Us](#) | [Login](#)



Rhode Island Executive Office of Health and Human Services
Medicaid

Home

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



On the Home page - Choose Eligibility on the Orange bar



The screenshot shows the home page of the Rhode Island Executive Office of Health and Human Services Medicaid portal. The page has a blue header with the state seal on the left and the text "Rhode Island Executive Office of Health and Human Services Medicaid" on the right. Below the header is an orange navigation bar with links: "My Home", "Eligibility", "Claims", and "Files Exchange". The "Eligibility" link is highlighted. The main content area is divided into three columns. The left column contains "User Details" for Karen Murphy and "Trading Partner" information. The middle column features a "Welcome Health Care Professional!" message with a photo of two healthcare workers and a commitment statement. The right column has a "Contact Us" link and a list of "Interactive Web Services" including "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", and "View Remittance Advice Payment Amt".

Executive Office of Health and Human Services
Medicaid

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 601000016
▶ [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).

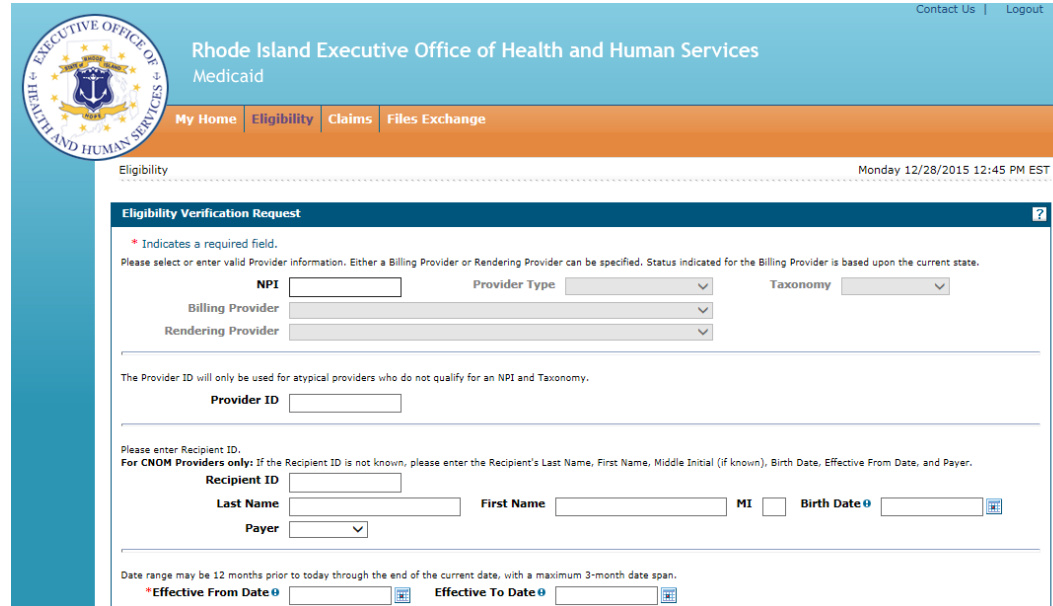
Interactive Web Services

- ▶ [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](#)



Eligibility Verification -

- Enter Provider fields, Recipient ID, and Dates of Service. Click - Search at the bottom



The screenshot shows the 'Eligibility Verification Request' form on the Rhode Island Executive Office of Health and Human Services website. The form is titled 'Eligibility Verification Request' and includes a header with the state seal and navigation links. The form fields are organized into sections: Provider Information (NPI, Provider Type, Taxonomy, Billing Provider, Rendering Provider, Provider ID), Recipient Information (Recipient ID, Last Name, First Name, MI, Birth Date, Payer), and Dates of Service (Effective From Date, Effective To Date). A search button is located at the bottom right of the form.

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



Eligibility Search Verification Results – DEA Assisted Living Services



Rhode Island Executive Office of Health and Human Services
Medicaid

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

Contact Us | Logout

[Eligibility](#) > Verify Eligibility Response

Friday 05/06/2016 03:02 PM EST

Eligibility Verification Response

[Back to Eligibility Verification Request](#) ?

Verification Response ID 201612706245

Expand All | Collapse All

Recipient Information

Recipient ID 035248255

Birth Date 10/31/1934

Date Of Death _

Recipient Name CARL R. TRACY

Gender Male

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	04/20/2016	05/06/2016	\$0.00	Limitations apply to Vision and Dental services
DEA Assisted Living	04/20/2016	05/06/2016	\$0.00	Refer to DEA policy for covered services

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	04/20/2016	05/06/2016



Eligibility Search Verification Results – RI Housing Assisted Living Services



Rhode Island Executive Office of Health and Human Services
Medicaid

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

Contact Us | Logout

[Eligibility](#) > Verify Eligibility Response

Friday 05/06/2016 03:16 PM EST

Eligibility Verification Response

[Back to Eligibility Verification Request](#) ?

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

Verification Response ID 201612706386

Recipient Information

Recipient ID 035269839

Birth Date 06/22/1938

Date Of Death –

Recipient Name MARY LOU SCHLIP

Gender Female

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	04/20/2016	05/06/2016	\$0.00	Limitations apply to Vision and Dental services
RI Housing Assisted Living	04/20/2016	05/06/2016	\$0.00	Recipient may be subject to cost for patient share

Service Type Code Details - Covered

Medicare Details

Demographic Details



Billing Assisted Living

- Billed on the paper Waiver claim form or the 837 Professional Waiver
- Procedure Code:
 - T2031 (no modifier) for Tier A
 - T2031 UB for Tier B
 - T2031 UC for Tier C
- Reimbursement is
 - Tier A - \$78.00 per day
 - Tier B - \$113.00 per day
 - Tier C - \$136.00 per day
- Billing is done monthly with the units representing the numbers of days the client attended



Common Billing Issues and Resolutions

- **RECIPIENT INELIGIBLE FOR DATES OF SERVICE** – Client is not Medicaid eligible for the dates of service billed
 - Use the Healthcare Portal's Eligibility Search to ensure the client is enrolled in Medicaid and the Waiver
 - Check your dates of service on the claim to ensure they were keyed correctly
 - Contact Case Manager
- **SERVICE DENIED; NOT COVERED BY RHODE ISLAND MEDICAL ASSISTANCE PROGRAM** - Either the procedure code (T2031) on the claim was incorrect or the client is not enrolled in the Waiver
 - Use the Healthcare Portal's Eligibility Search to ensure the client is enrolled in Medicaid and the Waiver
 - Check the remittance advice to verify the procedure code is correct
- **CLAIM DENIED. EXACT DUPLICATE OF SERVICE PREVIOUSLY PAID, OR CURRENTLY SUSPENDED --**
Claim for the same dates of service has already been paid
 - Check previous Remittance Advices or use the Claim Search function on the Healthcare Portal to determine the paid date
 - Contact Gainwell Technologies



Common Billing Issues and Resolutions

- **PROCEDURE EXCEEDS MAXIMUM UNITS ALLOWED** — For the date range on the claim there are too many units billed.
 - On the Remittance Advice or in your software, verify the dates of service billed and the units
 - Contact Gainwell Technologies
- **SPLIT MONTH BILLING/LIABILITY DECREMENTED TWICE** —client discharged, waiver updated to reflect gap; provider bills for the month but splits the claim so liability is deducted twice
 - If client discharges for less than 30 days, let the case manager know but do not discharge with LTC
 - Then there won't be a gap in the client's waiver eligibility
 - Provider can bill the whole month (1/1/16 – 1/31/16) with the units reflecting only the days the client was present
 - Liability is only decremented once



Contact Information

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