Assisted Living Services



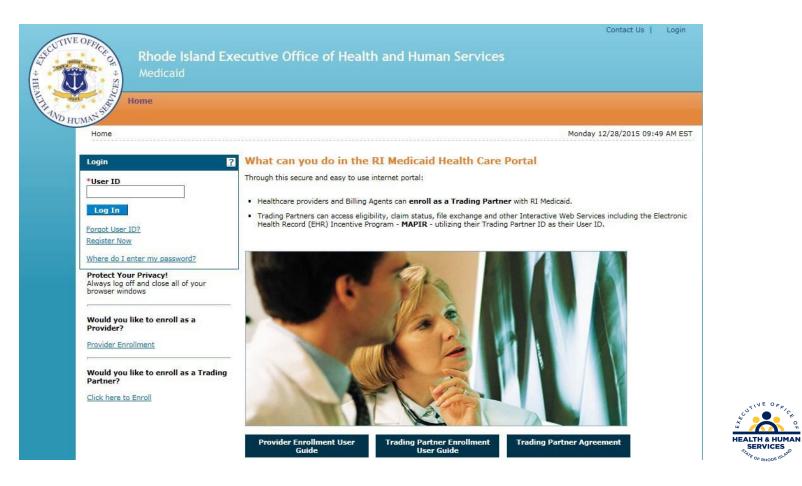


Agenda

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



Healthcare Portal Log in



SERVICES

On the Home page - Choose Eligibility on the Orange bar

	Claims Files Exchange	
My Home		Monday 12/28/2015 12:44 PM ES
User Details	Welcome Health Care Professional!	Contact Us
<u>My Profile</u> <u>Manage Accounts</u>		Interactive Web Services Approve Eligibility/TPL
Trading Partner Name KAREN MURPHY		<u>Check Debit Authorization</u> <u>Check Dental/Vision Limits</u>
Trading Partner 601000016 ID Trading Partner Profile		<u>Check Prior Authorization</u> <u>Enter Eliqibility</u> <u>Enter TPL (Third Party Liability)</u>
	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	EHR Incentive Program - MAPIR Message Center NDC Lookup



Eligibility Verification -

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

HEALTH AND HUN	Medicaid My Home Eligibility Cl	ecutive Office of Health	n and Human Serv	ices	Contact Us Logout
10	Eligibility			Monda	ay 12/28/2015 12:45 PM EST
	Eligibility Verification Request				?
	* Indicates a required field. Please select or enter valid Provider information NPI Billing Provider Rendering Provider	. Either a Billing Provider or Rendering Provide Provider Type	r can be specified. Status indicated	for the Billing Provider is based upo Taxonomy	n the current state.
	The Provider ID will only be used for atypical pr Provider ID	oviders who do not qualify for an NPI and Taxo	inomy.		
	Please enter Recipient ID. For CNOM Providers only: If the Recipient ID Recipient ID Last Name Payer	is not known, please enter the Recipient's Las	t Name, First Name, Middle Initial (if known), Birth Date, Effective From) Date, and Payer.
	Date range may be 12 months prior to today th *Effective From Date 9	rough the end of the current date, with a maxi	mum 3-month date span.		



Eligibility Search Verification Results – DEA Assisted Living Services

My Home Eligibility Claims	Files Exchange				
ity > Verify Eligibility Response				Frida	y 05/06/2016 03:02 PM E
ility Verification Response				Back to Eligibility	Verification Request
					Expand All Collapse A
rification Response ID 201612706245					
pient Information					
Recipient ID		Recipient Name			
Birth Date		Gender M	lale		
efit Plan Details					
Plan Name	Effective From Date	Effective To Date	Base Deductible	Me	essage
orically Needy Services	04/20/2016	05/06/2016	\$0.00	Limitations apply to Vi	ision and Dental services
Assisted Living	04/20/2016	05/06/2016	\$0.00	Refer to DEA policy for	r covered services
vice Type Code Details - Covered					+
					+
icare Details					
Icare Details Details					

& HUM

Eligibility Search Verification Results – RI Housing Assisted Living Services

Medicaid My Home Eligibility Clain	utive Office of He	alth and Huma	n Services	
Eligibility > Verify Eligibility Response				Friday 05/06/2016 03:16 PM EST
Eligibility Verification Response				Back to Eligibility Verification Request
Verification Response ID 201612706	386			Expand All Collapse All
Recipient Information				
Recipient ID Birth Date Date Of Death]	Recipient Name Gender Fi	emale	
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	· · ·		•	Ŧ
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 then 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



Questions

Please contact our Customer Service Help Desk at (401) 784-8100 for local and long-distance calls (800) 964-6211 for in-state toll calls.



