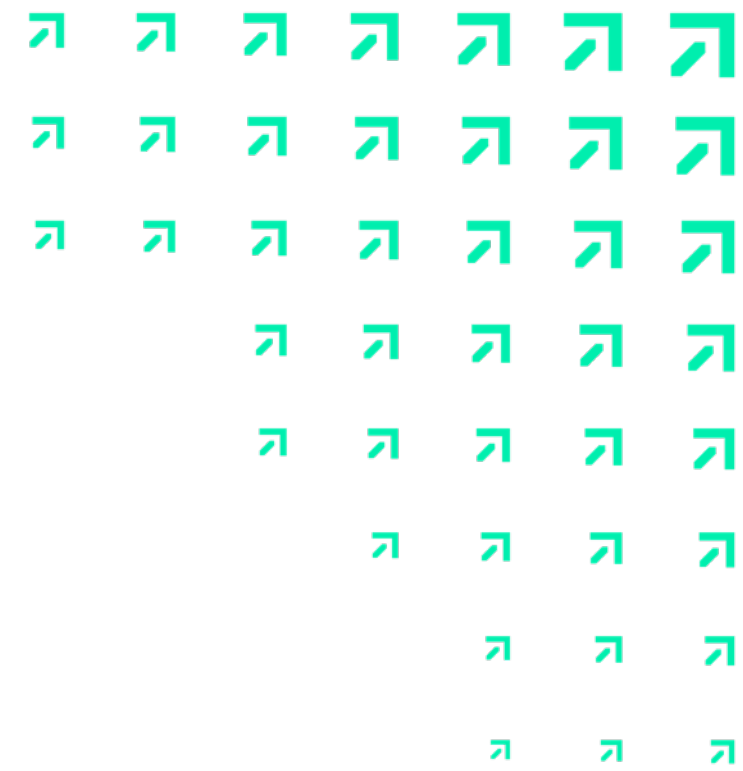


Assisted Living Billing

September 2024



Agenda


01 Healthcare Portal Eligibility

02 Billing Assisted Living

03 Billing Issues and Resolutions

04 Questions

Healthcare Portal Log in



Rhode Island Executive Office of Health and Human Services
Medicaid

Home

Home

Friday 08/30/2024 04:46 PM 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 change or add electronic funds transfer?

[Electronic Funds Transfer](#)


Would you like to enroll as an Ordering, Prescribing or Referring (OPR) "Non-Billing" Provider?

[Enroll as an OPR Provider](#)

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, using their Trading Partner ID as their User ID.



[Provider Enrollment User Guide](#)

[Trading Partner Enrollment User Guide](#)

[Trading Partner Agreement](#)

[OPR Provider User Guide](#)

[Website Requirements](#)

From the Home page use the tabs (arrows) to determine the following

Eligibility - recipient eligibility for base Medicaid and Assisted Living waiver

Patient Share - recipient liability or cost of care

Assisted Living-recipient tier

EXECUTIVE OFFICE OF
HEALTH & HUMAN
SERVICES
STATE OF RHODE ISLAND

Rhode Island Executive Office of Health and Human Services
Medicaid

My Home Eligibility Claims NDC Lookup Files Exchange Patient Share Assisted Living

My Home Friday 08/30/2024 04:42 PM EST

User Details

Welcome Fidelia Williams-Edward

My Profile
Manage Accounts

Trading Partner

Name FIDELIA WILLIAMS-EDWARD

Trading Partner ID 710001475

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)
- Message Center
- Referral List
- Roster Billing
- View Remittance Advice
- View Remittance Advice Payment Amt

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Eligibility Verification

Enter Provider fields, Recipient MID,
Dates of Service and select Search



Rhode Island Executive Office of Health and Human Services
Medicaid

My HomeEligibilityClaimsNDC LookupFiles ExchangePatient ShareAssisted Living

Eligibility

Tuesday 09/03/2024 04:23 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 36 months prior to today / 2 months into the future, with a maximum 3-month date span.

*Effective From Date

Effective To Date

Service Type Code

Service Type Code #1

Service Type Code #2

Service Type Code #3

Service Type Code #4

Service Type Code #5

Service Type Code #6

Show More Service Type Codes

Submit


Reset

R4.4.02

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Eligibility Search Verification Results



Rhode Island Executive Office of Health and Human Services

Medicaid

[My Home](#) | [Eligibility](#) | [Claims](#) | [NDC Lookup](#) | [Files Exchange](#) | [Patient Share](#) | [Assisted Living](#)

[Eligibility](#) > Verify Eligibility Response

Tuesday 09/03/2024 04:27 PM EST

Eligibility Verification Response

[Back to Eligibility Verification Request](#)

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

Verification Response ID 202424709993

Recipient Information

Recipient ID [REDACTED]

Birth Date [REDACTED]

Date Of Death _

Recipient Name [REDACTED]

Gender Male

Benefit Plan Details

Plan Name	Effective From Date	Effective To Date	Renewal Date	Base Deductible	Message
Categorically Needy Services	08/01/2024	09/30/2024	11/30/2024	\$0.00	Limitations apply to Vision and Dental services
Conflict Free Case Management	08/01/2024	09/30/2024	N/A	\$0.00	Enrolled in Conflict-Free Case Management - LTSS
OHA Assisted Living	08/01/2024	09/30/2024	N/A	\$0.00	Refer to OHA policy for covered services

Service Type Code Details - Covered

Medicare Details


Premium Payment Details

Demographic Details

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Patient Share



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Medicaid

Contact Us | Logout

My Home

Eligibility

Claims

NDC Lookup

Files Exchange

Patient Share

Assisted Living

Patient Share

Tuesday 09/03/2024 04:34 PM EST

Provider Patient Share

Patient Share Liability

* Indicates a required field.

Recipient Information

*Recipient ID

Date Range

Date Range may be 12 months prior to today/2 months into the future, with a maximum 3 month date span.

*Start Date

08/01/2024

*End Date

09/30/2024

Share Type

*Share Type

Assisted Living

Search

Reset

Recipient ID

1000671965

Last Name

TIMMINS

First Name

STEVEN

Middle

J

Birth Date

1/9/1956

Share Type

Assisted Living

Start Date

8/1/2024

End Date

9/30/2024


Search Results

Start Date	End Date	Cost of Care
08/01/2024	09/30/2024	\$299.00

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Assisted Living Tier



Rhode Island Executive Office of Health and Human Services
Medicaid

My HomeEligibilityClaimsNDC LookupFiles ExchangePatient ShareAssisted Living

Assisted LivingTuesday 09/03/2024 04:42 PM EST

Assisted Living

* Indicates a required field.

Provider Information

*NPI 1326267063

Recipient Information

*Recipient ID [REDACTED]

Date Range

Date range may be 36 months prior to today / 2 months into the future, with a maximum 3-month date span.

*Start Date 08/01/2024 *End Date 09/30/2024

Search Reset

Recipient ID [REDACTED]
Last Name [REDACTED] First Name [REDACTED]
Middle J Birth Date [REDACTED]
Start Date 8/1/2024 End Date 9/30/2024

Search Results

Start Date	End Date	Level
04/05/2024	12/31/2382	Assisted Living Level A

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Billing

- Billing on the paper Waiver claim form or the 837 Professional Waiver
- Billing is done monthly with the units representing the number of days the client attended.



Procedure Code

- T2031 (no modifier) for Tier A
- T2031 UB for Tier B
- T2031 UC for Tier C



Reimbursement

- Tier A-\$78.00 per day
- Tier B-\$113.00 per day
- Tier C-\$136.00 per day

Common Billing Issues and Resolutions

- **PROCEDURE EXCEEDS MAXIMUM UNITS ALLOWED**-For the date range on the claim here 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 MONTHLY BILLING/LIABILITY DECREMENTED TWICE**-client discharged, waiver updated to reflect gap; provider bills for the month but splits the claim so the liability is deduced twice
 - If client discharges for less the 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 entire month (1/1/2024-1/31/2024) with the units reflecting only the days the client was present
 - Liability is only decremented once

Common Billing Issues and Resolutions

- PROVIDER ASSISTED LIVING LEVEL NOT ON FILE-

- All Assisted Living facilities are certified by the state and will be either Tier A, B or C. If provider tier is missing (uncommon), outreach must be made to OHHS.OCP@ohhs.ri.gov

- PROCEDURE CODE MISSING OR INVALID

- Usually reported if there is no Assisted Living waiver on file for the recipient. Provider must reach out to the recipients CFCM agency

- RECIPIENT ASSISTED LIVING LEVEL NOT ON FILE

- Reported when there is no Assisted Living tier for the recipient. Outreach to provider representative along with copy of LTSS turnaround form.

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.

Thank you.



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