



RI Medicaid

Provider Reference Manual

Home Stabilization

Version 1.0
October, 2016

Revision History

Version	Date	Sections Revised	Reason for Revisions
1.0	October, 2016	All sections	Implementation

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INTRODUCTION

The Rhode Island Executive Office of Health and Human Services (EOHHS), in conjunction with Hewlett Packard Enterprise Services (HPE), developed provider manuals for all RI Medicaid Providers. The purpose of this guide is to assist Medicaid providers with Medicaid policy, coverage information and claim reimbursement for this program. General information is found in the [General Guidelines Reference Manual](#). The HPE Customer Service Help Desk is also available to answer questions not covered in these manuals.

Hewlett Packard Enterprise can be reached by calling:

- 1-401-784-8100 for local and long distance calls
- 1-800-964-6211 for in-state toll calls or border community calls

Provider Participation Guidelines

To participate in the Medicaid program, providers must be located and performing services in Rhode Island.

The EOHHS will certify qualified Home Stabilization providers who offer a range of time-limited flexible services to coach individuals in maintaining successful tenancy. Providers must have approval from EOHHS before enrolling as a Medicaid Provider. The certification process is defined on the [EOHHS website](#). A certification letter will be issued to the provider upon approval.

Provider Enrollment

Providers who wish to enroll with RI Medicaid, should view the instructions in the [General Guidelines Reference Manual](#). Enrollment is completed electronically through the [Healthcare Portal](#). Providers must send a copy of the certification letter to the HPE Enrollment Unit, when completing their application for enrollment. The form may be uploaded as part of the electronic application process, faxed to HPE at (401) 784-3892, or mailed to the Enrollment Unit at Hewlett Packard Enterprise, PO Box 2010, Warwick, RI 02887.

Reimbursement of Claims

Claims Billing Guidelines

Claims should be submitted electronically.

Providers may download free claims billing software, [Provider Electronic Solutions](#) (PES) from the EOHHS website. Instructions for using the software are available on the PES webpage.

If a paper claim must be submitted, it should be billed on the CMS 1500 claim form. Instructions for completing the CMS 1500 claim form are located on the [Claims Processing](#) page.

Reimbursement Guidelines

Prior Authorization

All Home Stabilization services will require a Prior Authorization (PA) Form and the Home Stabilization Referral Form. The PA is limited to one member of each household. The Home Stabilization providers should use the standard [Prior Authorization form](#) along with the [Home Stabilization Referral Form](#). Both forms should be faxed to the attention of the Prior Authorization Unit at HPE at 401-784-3892. Prior Authorization forms without the Referral Form will not be reviewed. The diagnosis code for the Prior Authorization request is Z59.9.

Prior Authorization status is verified within the [Healthcare Portal](#). Written notification of incomplete requests are returned to the provider by fax. A prior authorization will allow a provider to bill up to 6 months of service for each eligible Medicaid beneficiary. Based on re-evaluation of need, additional prior authorizations may be requested.

Covered and Non-Covered Services

Covered Services

Home Stabilization is designed to provide supports to Medicaid beneficiaries so that they can continue to live in their home. Home Stabilization services are established as Medicaid services which are eligible for reimbursement for Medicaid eligible beneficiaries who do not receive home-based case management services through another federally-funded program administered by the State. Services included are intended to be broad, flexible, and promote community integration and independence in housing.

The Medicaid Program covers services provided by certified providers for home stabilization. Providers must use procedure code H0044, Supported Housing per month. The reimbursement rate is \$145.84 per member per month. Claims will only be

processed if a prior authorization is present. The diagnosis codes for home stabilization services is Z59.9.

This service is out of plan for RIte Care, Rhody Health Options, Rhody Health Partners, PACE, and Medicaid Expansion. Payment will be the lesser of billed or Medicaid’s allowed amount.

Recipient Eligibility

When verifying eligibility in the Healthcare Portal, individuals who are eligible for Categorically or Medically Needy Services may be entitled to Home Stabilization services. In addition, there may be a Coordinated Care Message in the eligibility response as shown below.

Benefit Plan Details				
Plan Name	Effective From Date	Effective To Date	Base Deductible	Message
Categorically Needy Services	01/01/2016	03/31/2016	\$0.00	Limitations apply to Vision and Dental services
Coordinated Care	01/01/2016	03/31/2016	\$0.00	Eligible for Coordinated Care Services

Coordinated Care indicates that the beneficiary is enrolled in one of three programs:

- Integrated Health Home (IHH)
- Opioid Treatment Plan (OTP)
- Assertive Community Treatment (ACT)

Beneficiaries enrolled in IHH or OTP are eligible for Home Stabilization services. Beneficiaries enrolled in ACT are not eligible.

After verifying that the Coordinated Care message is on the eligibility response in the Healthcare Portal, call the Customer Service Help Desk at 401-784-8100 to confirm if the beneficiary is eligible for the Home Stabilization services.

Instructions for enrolling as a Trading Partner and using the Healthcare Portal are found at: <http://www.eohhs.ri.gov/ProvidersPartners/HealthcarePortal.aspx>.

Appendix

Claim Preparation Instructions

[CMS 1500 Form Filing Instructions](#) 

[CMS 1500 Claim Form](#) 

Prior Authorization

[Prior Authorization Form](#) 

[Home Stabilization Referral Form](#) 

Error Status Codes

[ESC Code List \(English\)](#) 

Explanation of Benefits (EOB) Codes

[EOB Codes and Messages List \(English\)](#) 

[EOB Codes and Messages List \(Spanish\)](#)