
Assisted Living Reimbursement Overview

Long-term Care Supports and Services
Division of Provider Enrollment, Claims, and
Compliance

Assisted Living Billing

- Billing Process/eMedicaid
- Assisted Living Payment
- Payment Process
- Payment Delays
- Payment Discrepancies

eClaim

To submit claims electronically:

Register to submit claims at:

<https://encrypt.emdhealthchoice.org/emedicaid/>

eClaim

- **eMedicaid User Guide**
- **eClaim Tutorials available at:**

<https://encrypt.emdhealthchoice.org/emedicaid/>

Maryland MEDICAL PROGRAMS Web Services


... brought to you by the Maryland
Department of Health


Welcome to our site!

If you are not a Maryland Medicaid provider or their representative, please visit our [home page](#).

Healthcare Professionals:

This site provides secure online services for Maryland Medicaid Providers where you can verify recipient eligibility, obtain payment information and Remittance Advice (RA).

Step 1: Apply to participate in Maryland's Medicaid Program as a Medical Care Provider through ePREP, please select 'go!' next to Step 1. 

Step 2: If you already have a Medicaid Provider Number, Register to use this  site. Check [eMedicaid User's guide](#) for help.

Step 3: Sign In!

[eMedicaid User's guide](#)

[EVS Help](#)

[eClaim Overview](#)

[eClaim Tutorial](#)

[eClaim Part B Tutorial](#) 

[New Password Info](#)

MAINTENANCE

Due to maintenance, this site may be unavailable every Sunday from 6:00 AM to 10:00 AM.

Sign In

User ID:

Password:

[Forgot Your Password?](#)

For best results when using this site, do not use your browser's "Back" button for navigation.

!!! WARNING !!! This system may contain U.S. Government and Maryland State Government information, which is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in the transit to from this system constitutes a violation of Title 18, United States Code, Section 1030, and may subject the individual to Criminal

Required Information

- Attendance Sheet
- Participant Plan Of Service (POS)
- Current CO Waiver Rates

Payments & Medical Day Care

- Code and rates accurate & consistent with approved Plan of Service
- *Keep attendance records if participant is attending MDC*
- Bill according to attendance record
- Let supports planner know if participant wants to change their schedule.

Assisted Living Payments

- **1 year claims filing limit**
- **Cannot bill for overnight hospital stays**
- **Facility name must be listed in the services section of an active Plan of Service**
- **Participant must be enrolled in Medicaid AND the Home and Community Based Options Waiver**

Assisted Living Rates

July 2022

- **W0226 = AL Level II, no MDC: \$81.57**
- **W0228 = AL Level II with MDC: \$61.21**
- **W0227 = AL Level III, no MDC: \$102.94**
- **W0229 = AL Level III with MDC: \$77.18**
- **W0221 = Respite Services: \$102.94/day**

Payments: Residents

Resident Payments

Room and Board = \$420.00 - ALL Waiver enrolled Residents

Contribution to Care (CTC) - Not all Waiver enrolled Residents

will have one

Division of Eligibility Waiver Services (DEWS) Letter

Outlines payments to be made directly

to ALF by the Resident

Division of Eligibility Waiver Services (DEWS)

6 St. Paul Street, Suite 306
Baltimore, Maryland 21202

Date: 09/13/06

MA No. _____

Dear _____:

You are eligible for Medical Assistance under the Home and Community-Based Services Waiver for Older Adults.

Your Medical Assistance eligibility:

- began on _____
- is re-approved and will continue unless you receive a cancellation notice.

You are:

- eligible to begin receiving waiver services on _____
- re-approved for waiver eligibility and will continue to receive these services unless you receive a cancellation notice.

This decision is based on COMAR 10.09.54.03. If you do not agree with this decision, you have the right to request a Fair Hearing within ninety (90) days of the date of this notice. Further details are on the last page of this letter.

You are required to contribute a portion of your monthly income to the assisted living facility for services you receive under the waiver. This is known as the "cost of care". The "cost of care" does not include your room and board payment, which you must also pay to the facility. Pay your cost of care and room and board directly to your facility. Please contact the facility to establish the time and manner of payment.

A copy of this letter is being forwarded to your authorized representative (if you designated one on your Medical Assistance application) and your Area Agency on Aging. The first page of this letter is being sent to your facility in order to notify them of your total monthly contribution to the cost of care and room and board, which you are to pay directly to your facility.

This is the amount of your monthly contribution to your cost of care and your room and board:

	Effective: 10/06	Effective: _____
* Contribution towards cost of care due to facility:	\$ 376.00	\$ _____
Cost of Room and Board due to facility (Maximum \$420.00):	\$ 420.00	\$ _____
Total you are to pay directly to the facility:	\$ 796.00	\$ _____

* Assisted Living Provider receives a copy of this page only



Payments: Facility

MDH payment to the provider

- Total claim amount minus Cost To Care amount
- CTC deducted from claims first
- Provider will be reimbursed by the State after CTC equals \$0

Payments: Facility

Provider Payments

Room and Board = \$420.00

Paid to facility by Resident

Contribution to Care (CTC)

Paid to facility by Resident

Medicaid: daily rate x days in the month minus Contribution to Care (CTC)

Check will be for balance after the CTC has been deducted

Remittance Advice

Review Remittance Advice

- Reconcile accounts
- Denied claims including Error Codes (ex. 377, 301, 425, etc.)

When can I view it? Monday after you submit a claim.

Sign in with your user id to the emedicaid website below:

<https://encrypt.emdhealthchoice.org/emedicaid/>

Partial Assisted Living Claims

Resident enters facility or moves out between the 1st and end of month:

- Provider may not receive any payment from Medicaid because they received payment from participant only
- If participant moves before CTC balance equals \$0, you may have to refund part of CTC to participant to pay new provider

Check Your Remittance Advice!!!!

When can I expect payment?

- Claims submitted by Thursday at 1 PM are processed for payment on Saturday.
- Paper checks printed and mailed the following Wed.
- Providers receive checks between Friday and Monday
- EFT: Deposits made between Wednesday and Friday
- Direct Deposit: 410-260-7375
- Provider Information Call Center
at 410-767-5503 or 1-800-445-1159

What if I Do Not Receive a Check?

- Wait 14 days past the invoice date of the check.
- Email mdh.medicaidchecktracing@maryland.gov

Provider Name

Tax EIN

Provider MA Number

Check Date (s)

Remittance Advice Number

Payment Delays

- Claims improperly completed
- State holidays
- Delay in processing by MDH and/or Comptroller's Office
- Postal delay due to Federal holidays, weather, or unforeseen issues

Payment Discrepancies

Adjustments to payments

- Take 8-10 weeks
- Level Changes, Wrong Rates, Wrong Procedure Codes

For information on Adjustments contact:

- Courtney Barno- courtney.barno@maryland.gov
- Denay Fields - denay.fields@maryland.gov

Questions or Comments

