



DDSN Executive Memo

**TO: EXECUTIVE DIRECTORS, DSN BOARDS
CEOS, CONTRACTED SERVICE PROVIDERS
CHIEF FINANCIAL OFFICERS, DSN BOARDS AND PROVIDERS**

FROM: ASSOCIATE STATE DIRECTOR-POLICY, SUSAN KREH BECK

A handwritten signature in black ink, appearing to be "SKB", written over the name "SUSAN KREH BECK".

DATE: SEPTEMBER 9, 2019

RE: Invoice Report Analysis Guidance Document

As indicated in the July 26, 2019, memo regarding Medicaid Ineligible Billings and Non-Paid units, DDSN recently completed a review of your organizations case management fee-for-service invoices for the month of July 2019. Via Therap SComm from Mrs. Lori Manos, Interim Case Management and Waiver Administration Director, you should have received a detailed analysis with specific instructions for corrections to ensure that your organization maximizes all revenue in case management. As a reminder, DDSN pays all Medicaid Ineligible Billings (MIBs) and "Non-Paid Units" (NPU) and will work with providers to track, resolve, and re-bill as set forth in the DDSN Executive Memo, dated May 17, 2019 (<https://www.ddsn.sc.gov/sites/default/files/Documents/Exec%20Memo%20July%201st%20Fee-for-Service%20Change%20Summary%2005172019.pdf>).

DDSN created the attached written guidance for providers to efficiently conduct independent follow-up for MIBs and NPUs for the August billings available to the providers on or about September 10, 2019. As this guidance is used please provide feedback to Ms. Lori Manos (lmanos@ddsn.sc.gov or (803) 898-9715). Mrs. Manos is also available to assist providers with resolving MIBs/NPUs and particularly the challenging cases to re-establish Medicaid eligibility.

Attachment

Case Management Invoice Analysis Guide

Case Management Providers should run all case management invoices and error reports on the 6th working day of the month.

Reports are located on R2D2 in the folder: DDSN > DDSN Reports > Logs > Service Notes

Reports to run include:

- (Service Notes) Invoice for Waiver Case Management.
 - (Service Notes) Invoice for MTCM.
 - (Service Notes) Invoice for SFCM.
 - (Service Notes) Non-Billable Activity and Over the Unit Limit History.
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WCM Invoice

For Non-Medicaid Eligible Paid Units:

- Indicated on Invoice.
- Includes the name of the consumer and number of units paid for the month.

The following action should be taken to reconcile the invoice:

Reason: *Consumer is enrolled in a Waiver but CDSS indicates he/she has no Medicaid on Activity Date.*

Corrective Action Needed: Research the consumer's Medicaid status by using the DHHS Webtool, contacting the consumer/family, or contacting the DHHS Out stationed worker assigned to the applicable county.

- If the consumer's Medicaid number is inaccurate on CDSS, it should be corrected immediately.
- If the consumer's Medicaid has been reinstated with no break in service, no further action is needed.
- If the consumer continues to be ineligible for Medicaid, determine if application/recertification has been submitted and if any items are needed to re-establish eligibility.
- If application has been submitted and you have evidence that Medicaid will be reinstated without a break in service, no action is needed.
- If application has not been submitted or you have reason to believe that Medicaid will not be reinstated or there will be a break in service, you should dis-enroll the consumer from the Waiver immediately using the date of ineligibility as the disenrollment date.
- If Medicaid is not reestablished retroactively with no break in service within the next four to six (4-6) months, your organization will be responsible for repayment of these units.

For Non-Paid Units:

- Invoice indicates consumer's name and number of non-paid units.

- “(Service Notes) Non-Billable Activity and Over the Unit Limit History Report” lists dates of service and reason that unit(s) was not paid.

The following action should be taken to reconcile the invoice:

Reason: *Consumer not enrolled in Waiver on incorrect template (Consumer was not enrolled in Waiver on activity date but note was entered on WCM template).*

Corrective Action Needed:

- Delete the case note completed on WCM template.
 - Create a note for the activity date on the “Case Management” template. Refer to the original note that was completed and/or attach a copy of the original note. Enter the note as “reportable” IF the original note was completed within the required seven (7) day timeframe and submit the note.
 - If the consumer is approved for Non-Waiver CM, the note will be processed, billed and paid with the next invoice run.
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Reason: *Activity Date was before July 1, 2019.*

Corrective Action Needed:

- Delete the case note completed on the WCM Template.
 - Create a note for the activity on the “Case Management” template. Refer to the original note that was completed and/or attach a copy of the original note. Enter the note as “reportable” IF the original note was completed within the required seven (7) day timeframe and submit the note.
 - The note will be processed and billed but it will not be paid to the provider as the provider was previously paid a prospective payment for all Waiver consumers prior to July 1, 2019 implementation.
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Reason: *Activity Date too old (the activity date is over 365 days old and cannot be billed).*

Corrective Action Needed:

- Check the activity date to ensure it was entered correctly.
 - If a typo was made, correct the note with the correct activity date. Therap will include a history to support reporting if the original note was entered within seven (7) working days.
 - If the activity date was truly over 365 days old, the note is not able to be billed and will not be paid.
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Reason: *Case closed (Activity date was after case closure date).*

Corrective Action Needed: This error is not correctable and cannot be billed or paid to the provider.

MTCM Invoice

For Non-Medicaid Eligible Paid Units:

- Indicated on Invoice.
- Includes the name of the consumer and number of units paid for the month.

The following action should be taken to reconcile the invoice:

Reason: *Consumer was approved for MTCM, but CDSS indicates he/she has no Medicaid on Activity Date.*

Corrective Action Needed: Research the consumer's Medicaid status by using the DHHS Webtool or contacting the consumer/family.

- If the consumer's Medicaid number is inaccurate on CDSS, it should be corrected immediately.
- If the consumer's Medicaid has been reinstated with no break in service, no further action is needed.
- If the consumer continues to be ineligible for Medicaid, determine if application/recertification has been submitted and if any items are needed to re-establish eligibility.
- If application has been submitted and you have evidence that Medicaid will be reinstated without a break in service, no action is needed.
- If application has not been submitted or you have reason to believe that Medicaid will not be reinstated or there will be a break in service, you can request approval of State Funded Case Management services by sending a Therap S-Comm to "DDSN, CM Referral" that includes the following information:
 - The name of the person;
 - Social Security Number (SSN);
 - Date of birth (DOB);
 - A description of the need for the services, including why the person is no longer Medicaid eligible.

If Medicaid is not reestablished retroactively with no break in service within the next four to six (4-6) months, your organization will be responsible for repayment of these units.

For Non-Paid Units:

- Invoice indicates consumer's name and number of non-paid units.
- "(Service Notes) Non-Billable Activity and Over the Unit Limit History Report" lists dates of service and reason that unit(s) was not paid.

The following action should be taken to reconcile the invoice:

Reason: *Waiver Consumer on Incorrect Template (Consumer was enrolled in the Waiver on the activity date and case note was completed on the Case Management Template).*

Corrective Action needed:

- Delete the case note completed on Case Management template.
 - Create a note for the activity date on the WCM template. Refer to the original note that was completed and/or attach a copy of the original note. Enter the note as “reportable” IF the original note was completed within the required seven (7) day timeframe and submit the note.
 - The note will be processed, billed and paid with the next invoice run.
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Reason: *Activity Date too old (the activity date is over 365 days old and cannot be billed).*

Corrective Action Needed:

- Check the activity date to ensure it was entered correctly.
 - If a typo was made, correct the note with the correct activity date. Therap will include a history to support reporting if the original note was entered within seven (7) working days.
 - If the activity date was truly over 365 days old, the note is not able to be billed and will not be paid.
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Reason: *Case closed (Activity date was after case closure date).*

Corrective Action Needed: This error is not correctable and cannot be billed or paid to the provider.

SFCM Invoice

For Non-Paid Units:

- Invoice indicates consumer's name and number of non-paid units.
- "(Service Notes) Non-Billable Activity and Over the Unit Limit History Report" lists dates of service and reason that unit(s) was not paid.

The following action should be taken to reconcile the invoice:

Reason: *No Precertification Date Range found (Consumer was not approved for MTCM or SFCM on the date of service).*

Corrective Action Needed:

If CM is needed, request for approval of active Case Management services should be initiated by sending a Therap S-Comm to "DDSN, CM Referral" that includes the following information:

- The name of the person;
- Social Security Number (SSN);
- Date of birth (DOB);
- A description of the need for the services;
- An indication of whether the person is receiving MTCM from another provider; and
- An indication of whether the person is enrolled in an HCB Waiver operated by SCDHHS.

Reason: *Waiver Consumer on Incorrect Template (Consumer was enrolled in the Waiver on the activity date and case note was completed on the Case Management Template).*

Corrective Action needed:

- Delete the case note completed on Case Management template.
- Create a note for the activity date on the WCM template. Refer to the original note that was completed and/or attach a copy of the original note. Enter the note as "reportable" IF the original note was completed within the required seven (7) day timeframe and submit the note.
- The note will be processed, billed and paid with the next invoice run.

Reason: *Activity Date too old (the activity date is over 365 days old and cannot be billed).*

Corrective Action Needed:

- Check the activity date to ensure it was entered correctly.
- If a typo was made, correct the note with the correct activity date. Therap will include a history to support reporting if the original note was entered within seven (7) working days.
- If the activity date was truly over 365 days old, the note is not able to be billed and will not be paid.

Reason: *Case closed (Activity date was after case closure date).*

Corrective Action Needed: This error is not correctable and cannot be billed or paid to the provider.