

SECTION 3
BILLING PROCEDURES

TABLE OF CONTENTS

GENERAL INFORMATION	1
<hr/>	
BILLING OVERVIEW	1
CLAIM FILING	3
<hr/>	
TURN AROUND DOCUMENT (TAD).....	3
Description of Fields	3
Special Notes	4
Temporary Absences.....	5
CRCF-01	6
Description of Fields	6
CLAIM PROCESSING	9
<hr/>	
REMITTANCE PACKAGE.....	9
Duplicate Remittance Package.....	9
Remittance Advice.....	10
Description of Fields	10
Edit Resolution	11
Reimbursement Check	12
Electronic Funds Transfer (EFT).....	12

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

BILLING OVERVIEW

The S.C. Department of Health and Human Services (SCDHHS) strives to make billing as simple for providers as possible. This section contains a “how-to” manual on billing procedures such as how to file a claim, what to do with a rejected claim, etc. You should direct any questions not addressed here to your program manager. Please see Section 4 for more detailed information on correspondence and inquiries.

SCDHHS uses a computer-generated tally sheet referred to as a Turn Around Document (TAD) (See the Forms section) to process payment to providers of Integrated Personal Care (IPC) services. Optional State Supplementation (OSS) policies and procedures must be adhered to and followed in the billing process. A monthly TAD for OSS and Integrated Personal Care (IPC) residents is used to enhance efficiency and decrease paperwork burden on providers.

The CRCF will receive a TAD each month listing all the OSS and IPC residents in the CRCF based on the previous month. This TAD must be corrected and returned along with a Notice of Admission, Authorization & Change of Community Residential Care Facility (CRCF-01) (See the Forms section) for each change or addition made on the TAD for the month. The facility is required to confirm that all residents listed are still in the facility, add any new residents, verify the number of days that each resident was in the facility during the month, and indicate any discharges, transfers, terminations, or deaths that occurred during the month by following the administrative procedures detailed in this section.

Payment is made monthly by electronic funds transfer. The monthly Remittance Advice shows actions taken on all submitted claims.

SECTION 3 BILLING PROCEDURES

GENERAL INFORMATION

This page was intentionally left blank.

SECTION 3 BILLING PROCEDURES

CLAIM FILING

TURN AROUND DOCUMENT (TAD)

During the first 10 days of each month, the CRCF will receive its TAD from the claims processing unit for the preceding month.

The facility's authorized representative must review the TAD and make any changes that occurred during the previous month, such as a transfer, termination, death, or a change in the number of days a resident was in the facility.

For each change or addition of a resident on the TAD, there must be a matching CRCF-01. Income changes and new admissions require the signature of the eligibility caseworker on the CRCF-01.

The CRCF mails the TAD and appropriate documentation to arrive by the 17th day of each month to:

Claims Receipt – CRCF
Claims Section
Post Office Box 67
Columbia, SC 29202-0067

See the Forms section for a sample TAD. Below is an explanation of the various fields on the TAD.

Description of Fields

Field Title and Description

- | | |
|----------|---|
| 1 | CRCF Number
The CRCF's six-digit ID number |
| 2 | Name and Address
The name and mailing address of the CRCF |
| 3 | Line Number
Self-explanatory |
| 4 | County
Resident's county of residence by number |
| 5 | Recipient's Name
Resident's first name, middle initial, and last name |
| 6 | Recipient's Medicaid
Resident's 10-digit Medicaid ID number |

SECTION 3 BILLING PROCEDURES

CLAIM FILING

Description of Fields
(Cont'd.)

<u>Field</u>	<u>Title and Description</u>
7	<p>Recipient's Monthly Income</p> <p>Resident's countable income for the current month</p>
8	<p>Dates of Service</p> <p>The month and year for which payment is being claimed. On a new admission, this is the Authorization to Begin Payment date or the admission date, whichever is later.</p>
9	<p>CRCF Days</p> <p>Total number of days the resident resided in the facility during the billing month and did not receive IPC services</p>
10	<p>IPC Days</p> <p>Total number of IPC days</p>
11	<p>Changed CRCF Days</p> <p>If the resident does not stay in the facility the entire month, indicate the number of days the resident was in the CRCF for the month here. Always count days on a calendar; subtracting from the number of days in a month does not work, since the day of admission is covered, but day of discharge is not.</p>
12	<p>Changed IPC Days</p> <p>Total number of IPC days for the month</p>
13	<p>Delete From Next Month's</p> <p>Place an X in this space if the resident should not appear on the next month's TAD (<i>i.e.</i>, death, transfer, termination).</p>
14	<p>Signature, Title, Date</p> <p>The authorized representative of the CRCF must sign, document title, and record the date of signature here.</p>

Special Notes

- If a resident is discharged and readmitted during the same month, enter all days of residency on one line. Use a separate line for each month if changes occur in two successive months.

SECTION 3 BILLING PROCEDURES

CLAIM FILING

Special Notes (Cont'd.)

- All changes and additions must be supported by an attached CRCF-01. In the case of a resident newly authorized for IPC services, a copy of the service authorization form must be attached to the TAD used for the initial IPC billing.
- All CRCF-01s for transfer and new admissions must be signed and dated by county eligibility staff.
- Add new residents at the end of the TAD.
- A CRCF is not reimbursed for and may not request payment for the day of discharge, unless the resident entered and died on the same day. In this case, the CRCF may request payment for the day of discharge.
- The facility's authorized representative understands that the IPC payment is made from state and federal funds and any falsification or concealment of a material fact may be prosecuted under state and/or federal laws.
- If any of the residents listed will not be in the facility for the next month, enter an "X" in the column titled "Delete from next month's TAD."

Temporary Absences

In the event that an IPC resident is temporarily absent from the CRCF, the CRCF must reduce the number of IPC days and claim only CRCF days for the period of absence. A CRCF-01 must be attached to the TAD for each period of absence.

For any resident absence from the CRCF, including a non-medical absence, reimbursement for IPC services will not be allowed and payment reverts to the OSS daily rate for any days away from the facility.

The facility must attach a CRCF-01 to the TAD for any absence of a resident during the reporting month. Each absence episode must be reported on a separate CRCF-01. The absence will also be recorded on the Daily Census Log and faxed/mailed to the regional DHHS nurse on or before the 10th of the following month.

SECTION 3 BILLING PROCEDURES

CLAIM FILING

CRCF-01

The Notice of Admission, Authorization, and Change of Status for Community Residential Care Facility (DHHS CRCF-01) is used by CRCFs, DHHS Regional Office (DRO), and/or the eligibility office. The CRCF-01 authorizes DHHS for OSS reimbursement of CRCF services rendered to eligible OSS residents. A separate CRCF-01 must be prepared to initiate or change the payment for each eligible resident receiving services; that is, all changes made on a TAD must be authorized by an attached CRCF-01.

The county eligibility worker must sign and date each form for all new admissions, including those admissions resulting from a resident transfer. This also applies to those transfers between facilities located on the same property or owned by the same operator. An eligibility worker signature is not required for most termination actions. However, the county eligibility office and the DRO must be informed of all terminations, transfers, discharges, and deaths within 72 hours of the action.

Please see the OSS Manual for a sample CRCF-01.

Description of Fields

Section I — Identification of Provider and Patient

Completed by the CRCF or eligibility office

<u>Field</u>	<u>Title and Action</u>
1	Resident's Name Enter the resident's first name, middle initial, and last name.
2	Birth Date Enter two digits each for the month, day, and year.
3	Medicaid ID Number Enter the 10-digit Medicaid ID number.
4	Resident's Address Enter the street name and number, the city, and the state in which the resident lives.
5	County of Residence Enter the county in which the resident resides.

SECTION 3 BILLING PROCEDURES

CLAIM FILING

Description of Fields (Cont'd.)	6	<p>Social Security Number Enter the resident's social security number.</p>
	7	<p>CRCF's Name and Address Enter the name and address of the CRCF.</p>
	8	<p>CRCF's ID Number Enter the CRCF's six-digit identification number.</p>
	9	<p>Date of Request Enter the date the form was prepared.</p>

Section II — Admission, Income, Transfer, Termination, Change of Status

Completed by the CRCF or county eligibility office

<u>Field</u>	<u>Title and Action</u>
A	<p>Admitted to this CRCF on Enter the date the resident was admitted to the CRCF.</p>
B	<p>Authorization to Begin Payment County eligibility office enters appropriate date.</p>
C	<p>Resident's Countable Income County eligibility office enters effective date and appropriate amount of income and personal needs allowance.</p>
D	<p>Transferred to another CRCF Enter the date the resident transferred and the name and county of the CRCF to which he or she transferred.</p>
E	<p>Termination / Discharge Enter the effective date of termination. If the patient died, enter the date of death. Specify the reason for termination or other change of status if not covered by the above. Enter any changes not listed above.</p>

SECTION 3 BILLING PROCEDURES

CLAIM FILING

Description of Fields
(Cont'd.)

Section III – Medical Absences

Completed by the CRCF

A Admitted to nursing facility

Enter the date the resident was admitted to the nursing facility and the name of the facility.

Field Title and Action

B Admitted to a medical institution, mental health facility or nursing facility

Enter the date the resident was admitted to the medical institution or mental health facility and the name of the facility.

C Readmitted from a medical institution, mental health facility or nursing facility

Enter the date the resident was readmitted to the CRCF from the medical institution, mental health facility, or nursing facility, and the name of the facility.

D Temporary Medical Absence

Enter the beginning date of the temporary medical absence and the expected ending date of the medical absence.

E Temporary Non-Medical Absence

Enter the beginning date of the temporary non-medical absence and the expected ending date of the non-medical absence. Must exceed one calendar day.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

REMITTANCE PACKAGE

If the TAD is received at the CRCF Claims Section by the 17th day of each month, the TAD will be processed, an electronic payment will be deposited, and a Remittance Advice will be generated. TADs for the next month's billing will be mailed on the first Friday of the next month; receipt will depend on post office delivery.

SCDHHS only distributes remittance advices electronically through the Web Tool. **All providers must complete a TPA in order to receive these transactions electronically.** Providers that currently use the Web Tool do not need to complete another TPA. Providers who have previously completed a TPA, but are not current users of the Web Tool, must register for a Web Tool User ID by contacting the EDI Support Center via the SCDHHS Provider Service Center at 1-888-289-0709.

Providers must access their remittance packages electronically through the SC Medicaid Web-Based Claims Submission Tool (Web Tool). Providers can view, save, and print their remittance advice(s), but not a Remittance Advice belonging to another provider. Electronic remittance packages are available on Friday for claims processed during the previous week. Remittance advices and associated ECFs for the most recent 25 weeks will be accessible.

The electronic funds transfer will be sent on this same date to the bank designated by the facility designee during enrollment

Payment dates are subject to change. All providers will be informed of changes to the payment dates.

Duplicate Remittance Package

Effective December 2010, SCDHHS will charge for requests of duplicate Remittance Advice(s) including ECFs. Providers must use the Remittance Advice Request Form located in the Forms Section of this provider manual. Providers will have the option of requesting the complete remittance package, the remittance pages only, or the ECF pages only. The charges associated with the request will be deducted from a future Remittance Advice and will appear as a debit adjustment.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Remittance Advice

The Remittance Advice is an explanation of payments and action taken on all claim forms and adjustments processed. The information on the Remittance Advice is drawn from claims submitted for payment. After claims are processed by the system, a Remittance Advice is generated which reflects the action taken. This advice is available to the provider each month on the Web Tool.

The numbered data fields on the Remittance Advice are explained below. A sample Remittance Advice may be found in the Forms section.

Description of Fields

Field Title and Description

01 Date

The date the Remittance Advice was produced

02 CRCF No.

The CRCF's six-digit identification number

03 Check Date

The actual date of the electronic deposit

04 Check Number

The number of the electronic deposit

05 Check Amount

Total amount paid

06 Bank Name

Bank to which the EFT was sent

07 Bank Number

Number of bank to which the EFT was sent

08 Account Number

Provider's bank account number to which the EFT was sent

09 Recipient Name

Name of the OSS resident

10 Recipient ID Number

Recipient's 10-digit Medicaid ID Number

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Description of Fields
(Cont'd.)

<u>Field</u>	<u>Title and Description</u>
11	Date of Service The first date of service during the month of residence under OSS
12	OSS/IPC Days The number of days of residency under OSS and IPC being paid
13	Income OSS resident's income used to calculate the OSS payment
14	OSS/IPC Payment First line is the amount paid for OSS; second line is the amount paid for IPC
15	Status Code An alpha character in this field indicates the present status of the claim. P = Payment R = Rejected S = Suspended or in process
16	Edit Code For each rejected claim designated by an "R" in the STATUS CODE field (item 15), an appropriate edit code will appear in this field. This code will indicate the reason the claim was rejected.
17	Claim Control Number A computer-generated number unique to each line/claim on the TAD

Edit Resolution

If a Remittance Advice shows a rejected claim, the provider should call the IPC program manager for assistance at (803) 898-2590.

Some of the edit codes that can appear on an OSS/IPC Remittance Advice are:

007 Patient's daily recurring income is greater than the nursing facility's daily rate.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Edit Resolution (Cont'd.)	<p>051 Date of death inconsistent with date of service.</p> <p>509 Date of service over two years old.</p> <p>510 Date of service over one year old.</p> <p>852 Duplicate of previously paid procedure code for the same date of service.</p> <p>858 Inpatient hospital and nursing facility billing conflict with allowed days for bed reserve.</p> <p>866 Recipient receiving same or similar service from multiple providers for same date of service.</p> <p>900 Provider ID is not on file.</p> <p>902 Pay-to provider not eligible on date of service. Provider was not enrolled when service was rendered.</p> <p>924 OSS recipient must be a pay category 85 or 86.</p> <p>940 Billing provider is not the recipient's IPC physician.</p> <p>950 Patient ID is not on file.</p> <p>951 Recipient not eligible for Medicaid on the date of service.</p> <p>958 IPC days exceeded or not authorized on date of service.</p> <p>959 Silvercard beneficiary, service not pharmacy.</p>
Reimbursement Payment	<p>SCDHHS no longer issues paper checks for Medicaid payments. Providers receive reimbursement from SC Medicaid via electronic funds transfer.</p> <p>The reimbursement represents an amount equaling the sum total of all claims on the Remittance Advice with status P (paid) will be enclosed.</p> <p>Note: Newly enrolled providers will receive a hard copy check until the Electronic Funds Transfer (EFT) process is successfully completed.</p>
Electronic Funds Transfer (EFT)	<p>Electronic Funds Transfer (EFT) is a more cost effective and secure manner for providers to receive payments. SCDHHS requires providers to register for EFT in order to receive reimbursement from SC Medicaid. Providers must</p>

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

Electronic Funds Transfer (EFT) (Cont'd.)

complete and return the EFT Authorization Agreement.

- Go to:
<http://www.scdhhs.gov/openpublic/hipaa/webfiles/EFT%20Agree%20for%20Provider%20Enrollment.pdf> to access the form

OR

- Contact Medicaid Provider Enrollment via the SCDHHS Medicaid Provider Service Center at 1-888-289-0709.

The EFT process takes approximately three weeks to successfully complete. During this time, the provider will continue to receive hard copy checks. On the fourth week, the reimbursement payment will be deposited directly into the provider's account.

Providers may view their Remittance Advice on the Web Tool for a detailed explanation of the claims and adjustments associated with the reimbursement payment.

SECTION 3 BILLING PROCEDURES

CLAIM PROCESSING

This page was intentionally left blank.