Overview

- Contractor Inquiry
- Billing Bits
- Type in questions
  - Will answer if time allows
  - Will put into Q&A

Contractor Inquiry

OAC12-253 dated 11/29/11

- Send billing, Medicaid, FCS questions to Ask ECI mailbox
- Template & instructions
- Workgroup fusses and discusses
- Response back to contractor
Contractor Inquiry

- Delay in response time
  - Policy decision
  - Change in TKIDS
  - Making sure all onboard
- “Billing” folder
  http://dars0emoss/askeci/default.aspxksdhgl
- Basis of Billing Guidelines manual
- Limited to our purview

Billing bits

Basics for Better Billing

ECI Rules and Contract Requirements

- Establish Third Party Billing Systems
  40 TAC §108.1613
  - Claims submission and revenue collection
  - Ongoing client eligibility determination
- Enroll as Texas Medicaid Provider
  - Texas Medicaid Healthcare Partnership (TMHP)
- Secure Provider Agreements with:
  - Medicaid Managed Care Plans
  - CHIP Managed Care Plans
Specialized Rehabilitative Services

- Developmental Rehabilitative Services (DRS) has become Specialized Rehabilitative Services (SRS):
  - Specialized Skills Training (SST)
  - Occupational Therapy (OT)
  - Physical Therapy (PT)
  - Speech Therapy (ST)

Federal oversight of Medicaid = Centers for Medicare and Medicaid Services (CMS)

Texas contract with CMS = Medicaid State Plan
  - [http://www.hhsc.state.tx.us/medicaid/StatePlan.html](http://www.hhsc.state.tx.us/medicaid/StatePlan.html)

DRS => SRS per CMS directive to “unbundle”

Paid through State’s claim administrator (TMHP)

Must be enrolled ECI provider
- Clinically different from other providers of OT, PT, ST
- Different requirements from other providers of OT, PT, ST

Submit to TMHP under ECI entity TPI/NPI
- IFSP as authorization
- DARS ECI billing caps
- TKIDS & TMHP data
Specialized Rehabilitative Services

- If submit under other TPI/NPI
  - IFSP is not accepted as authorization
- HHSC billing caps apply
  - Impact of other providers
- TMHP data will not collaborate TKIDS data
  - Not billing Medicaid as required
- OT, PT, ST go to MCOs on 3/1/12, not before.

Evaluations

- Not Specialized Rehabilitative Services
- Not reimbursable under ECI TPI/NPI
  - Individual practitioner
  - Group practice

When Other Provider Types Bill

- Ongoing therapies (OT, PT, ST)
  - Independent authorizations
  - Independent provider types
  - Independent billing limits
When Other Provider Types Bill

- Evaluations
  - Evals once every 180 days
  - Re-evals once every 30 days
  - Can appeal as new provider & new course of treatment
    - TMPPM Section 7.3.1
  - Required to provide regardless
    - ECI program funds

Location/ POS

- OAC12-258 dated December 6, 2011

Home Definition

The principal residence of the child’s family or caregivers. This may include the home of a grandparent or other relative if the child is staying there on a regular basis. It does not include a registered family day home, group home or day care center.
Community-based Setting

Settings where children without disabilities typically are found. These settings include but are not limited to:
- child care centers (including family day care)
- preschools, regular nursery schools
- libraries, grocery stores, parks, restaurants
- group foster homes, children’s homes, or emergency shelters for CPS placements
- community centers (e.g., YMCA, Boys and Girls Clubs).

Other Location

The term “other” includes the following choices for Places of Service:
- Service Provider Location (office or clinic)
- Program Designed for Children with Developmental Delay or Disabilities
- Residential Facility
- Hospital (inpatient)

Location/POS Crosswalk

<table>
<thead>
<tr>
<th>IFSP and TKIDS</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>Home</td>
</tr>
<tr>
<td>Community-based setting</td>
<td>Other</td>
</tr>
<tr>
<td>Other—Service Provider Location</td>
<td>Office</td>
</tr>
<tr>
<td>Other — program designed for children with developmental delay or disabilities</td>
<td>Other</td>
</tr>
<tr>
<td>Other — residential facility and</td>
<td>ECI providers cannot receive Medicaid reimbursement at this POS</td>
</tr>
<tr>
<td>Other - hospital (inpatient)</td>
<td></td>
</tr>
</tbody>
</table>
### IFSP as Authorization

<table>
<thead>
<tr>
<th>Medicaid Terms</th>
<th>IFSP Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Amount</td>
<td>Frequency</td>
</tr>
<tr>
<td>□ Duration</td>
<td>Intensity</td>
</tr>
<tr>
<td>□ Scope of services</td>
<td>Service</td>
</tr>
</tbody>
</table>

- Exceeding authorization
  - Denial
  - Recoupment

### Time for Polling

### TCM Billing

**After Eligibility and Prior to IFSP**

- Case management services performed after ECI eligibility and prior to the IFSP are billable to TCM if they meet the criteria for a billable event.

(Provider Notification “Early Childhood Intervention (ECI) Services Correction” posted on 9/29/2011 on TMHP website, 4th bulleted correction.)
Routine Caregiver

- 40 TAC §108.405(b)(1)
  - Billing restricted to contact with parent or routine caregiver
- OAC12-247
  - Participates in daily routines
  - Knows the child and what works
  - Provides care on a regular basis

TCM Documentation

- For billing purposes - Length of time does not include travel or documentation time
- For billing purposes - Must use correct codes for TCM or will be denied

For more information on requirements for TCM documentation:
- 40 TAC, Subchapter D
- Family Centered Case Management Module, Ongoing Services and Documentation section
TMHP and “lesser of billed charges”

TMHP will always pay the lesser of billed charges.

Example:
1002 payments of $141.38? Keystroke error as the rate was $141.83 ($450)

Also applies to:

- Rate reductions (PO12-329)
- Partial insurance payments

95 Days Regardless

- Once the private insurance company has paid or rejected the claim:
  - Provider has 95 days from the action date to file the claim with Medicaid
  - Provider should verify “other insurance” benefits when filing claims and verifying eligibility
  - TMHP edits in place to capture “other insurance” benefits
Claims Deadlines

Special Circumstances

- **New Medicaid providers**
  - 95 days from the date the new provider identifier is issued (TPI number)
  - 365 days from date of service

- **Medicaid clients**
  - 95 days from the date the eligibility was added to the TMHP eligibility file (add date)
  - 365 days from the date of service

Appeals

- **Due date for appeals:**
  - 120 days of disposition date on the R&S Report on which claims appear

- **Claims denied due to Client Medicaid eligibility**
  - Initial claims will be rejected electronically
  - Providers can use TMHP rejection report as proof of meeting the 365-day federal filing deadline
  - Provider can submit administrative appeals to TMHP

NCCI Audits

**National Correct Coding Initiative (NCCI) Audits**

- **What** – Federal coding policies and edits which are applied against filed claims
- **Why** – Prevent improper payments when incorrect code combinations are reported
- **When** – Beginning February 25, 2011
- **How** – Policies and edits address procedures/services performed by the same provider for the same beneficiary on the same date of service
NCCI Audits

Coding Rule Categories – Two types of coding rules:

1. **NCCI** – procedure-to-procedure edits that define pairs of procedure codes that should not be reported together for a variety of reasons
2. **Medically Likely Edits (MUE)** – per code, number of units of service beyond which the reported number of units of service is unlikely to be correct

NCCI Audits

- List of NCCI and MUE at: www.cms.gov/MedicaidNCCI Coding/06 NCCIandMUEEdits.asp
- MUEs can be appealed

Billing Musts

- Keep up with changes:
  - TMHP Provider Notifications
  - Texas Medicaid Bulletin articles
- For children with Medicaid and private insurance, bill Medicaid if private insurance denies or sends a partial payment.
- Follow up on denials and partial payments to find out what the problem was, then resubmit.
Things to Watch for

- Note in child’s record supports code used
  - Supports higher paying modifier
    - Face to face
    - Individual
- Signature includes required credential for service
- EIS credentialed by service date
- License current at time of service

Things to Watch for

- LPHA signature on IFSP
  - Wet (no stamps, no electronic)
  - Date prior to service provision
- Everything is in compliance with State Regulation (40 TAC, Chapter 108)
  - Not just Subchapter D & E

Time for Polling
Fraud Defined

- Fraud
  - State proposed rules
    - Title 1, Part 15, Chapter 371, Subchapter G

- Felony
  - Recoupment of payments
  - Fines
  - Imprisonment
  - Banned

- Service provision
  - Intentionally false or misleading information

- Knowledge of
  - Felony or misdemeanor
Abuse Examples

- Abuse
  - Failure to follow good practice
    - Qualified staff
  - Improper payment
    - Wrong code
    - Wrong modifier
    - Wrong POS
    - Documentation does not support
      - Duration
      - Quality

Abuse Examples

- Child is not eligible for ECI per rule
- Services not medically necessary
  - No documented need
  - No LPHA signature
  - No 6 month review

Abuse Examples

- Not billing private insurance prior to Medicaid
  - TCM Exception
  - Do not rely on TMHP edits
  - TMHP's Third Party Resources Unit
    - 1-800-846-7307
- Not returning Medicaid if insurance pays
Fraud & Abuse

Who’s watching?
- Federal Office of Inspector General (OIG)
- State OIG
- Texas Department of Insurance
- State Comptroller
- HHSC
  - TMHP
  - MCO
  - DARS

Recoupment
- Provider corrected errors
- Audit findings
- DARS monitoring
- Check or claim adjustments

Obligation to report
https://oig.hhsc.state.tx.us/Fraud_Report_Home.aspx

Recommended practices:
- Staff providing indicate service, POS, etc.
- Frequent QA of BDI-2
- Frequent QA of progress notes
  - Accuracy to billing
  - Quality of narrative content
Resources

- TMHP trainings (www.tmhp.com/Pages/Education/Ed_Home.aspx)
  - Self-paced
  - Webinar
  - Regional
- ECI Family Centered Case Management module
  - Billing section
  - Ongoing Services and Documentation section
- ECI Extranet
  - Numbered Documents (PO 11-311 and PO 11-257, in addition to those cited earlier in this webinar)
  - Case Management Q&As
  - Ask ECI Q&As
  - Archived Webinars

Questions?

Submit any additional questions to:

Ask ECI