

SOCIAL SERVICES' BLOCK GRANT/GENERAL REVENUE (SSBG/GR) FUNDING INFORMATION PACKET

To familiarize yourself with:

- Service authorization
- Billing and payment forms and procedures
- Reporting requirements

This information packet has been prepared specifically for the provider certification training attendee. It will be used as a guide for the SSBG/GR funding presentation at provider certification training.

Department of Health and Senior Services
Division of Senior and Disability Services
Section for Adult Protective and Community Services
April, 2008

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EXPLANATION OF LCDE CODES

LCDE	LTACS CLIENT DATA ENTRY	08/19/07
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Action fields: Initial, Correction, Update, Reassessment, Close/Reason, and Close Date. If services were closed there will be a reason (RSN) for closing noted.

INIT:	CORR:	UPD:	REASS:	CLOSE:	RSN:	CL DATE:	IM-XIX: R
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---REASON FOR CLOSING CODES---

- 01 client died
- 02 client entered/stayed nursing home
- 03 client no longer meets LOC (less than 18 points)
- 04 client entered/stayed RCF
- 05 client improved
- 06 client withdrew
- 07 client moved from county
- 08 other
- 10 client no longer meets LOC (equals 18 points)
- 11 client not (no longer) TXIX eligible
- 14 no provider available
- 19 client entered/stayed NF because after hours services needed but not available

---IM-XIX FIELD---

The data in this field reflects the client's current MO HealthNet status with Family Support Division's Income Maintenance records:

- 1 Active for Medical Assistance
- 2 Medicaid Spenddown
- 3 Non-Medicaid
- A Client in application status – eligibility undetermined
- R Client is active in a type of Medicaid other than Medical Assistance

SECTION A – CLIENT INFORMATION

NAME: ALPHABET, JOSEPH	TEL 5735550001	RACE 1	SEX: M
ADDR: 123 NORTH NUMBER STREET	ANYTOWN	61122	DOB: 01/02/43

---Client's name, telephone number, street address, city, zip code, and date of birth (DOB)

---RACE---

- 1 White
- 2 Black/African America
- 4 American Indian/Alaska Native
- 5 Asian
- 6 Native Hawaiian/Pacific Islander
- 7 Multi-racial
- 9 Unable to determine

---SEX---

M: Male

F: Female

CO	LA	REF	INC/TYPE	XIX	CRANE	MON	MED	TRT	RES	REH	PC	DIET	MOB	BEH	LOC
149	06	05	02 1	1	Y	0	3	0	3	3	6	3	3	3	24

---CO--- County code of residence, see FIPS county code sheet on page 9

---LA--- Living arrangements/Marital status

- 01 Never married, living alone
- 02 Never married, living with someone
- 03 Divorced, living alone
- 04 Divorced, living with someone
- 05 Widowed, living alone
- 06 Widowed, living with someone
- 07 Married, living with spouse
- 08 Married, separated from spouse, living alone
- 09 Married, separated from spouse, living with someone else
- 10 Unknown
- 12 Living in a nursing facility
- 13 Living in a residential care facility
- 14 Living in other facility

---REF--- Referral source; this code specifies who referred the client for services

- 01 Self or immediate family
- 02 Other family or friends
- 03 Provider
- 04 County nurse or home health agency
- 05 Hospital
- 06 Nursing home
- 07 Family Support Division
- 08 Other social service agency
- 09 DSDS worker
- 10 Area Agency on Aging
- 11 Other
- 12 Residential care facility

---INC/TYPE--- These two fields contain codes related to the clients income; information utilized by DSDS staff.

---**XIX**--- This field reflects the client’s MO HealthNet status at the time of data entry into LTACS. **Continued MO HealthNet eligibility is not guaranteed. It remains the responsibility of the provider to checked continued MO HealthNet eligibility.**

- | | | | |
|---|--------------------------|---|-----------------------|
| 1 | Active Medicaid | 6 | HCB Medicaid Eligible |
| 2 | Medicaid Spenddown | 7 | Active Medicaid PACE |
| 3 | Non-Medicaid | 8 | Non-Medicaid PACE |
| 4 | Applied for HCB Medicaid | | |

---**CRANE**--- This field indicates if the client is active in the CRANE system; Yes or No.

--- The next 10 fields reflect the client’s level of care (LOC) categories. All categories will have a score of 0, 3, 6, or 9, with 0 being the lowest and 9 being the highest.

- | | |
|------------------------------|---|
| MON --- Monitoring | PC --- Personal Care |
| MED --- Medications | DIET --- Dietary |
| TRT --- Treatments | MOB --- Mobility |
| RES --- Restorative Services | BEH --- Behavior/Mental Conditions |
| REH --- Rehabilitation | LOC --- Total Level of Care (LOC) Score |

ANE	CCC	ALZ	BLD	PRTY/RISK	DISASTER:	FROM	THRU
0	N	N	N	2			

---**ANE**--- Abuse, neglect, or exploitation indicator. A score, other than 0, identifies the client as having a protective services need.

---**CCC**--- Complex care client indicator; Yes or No.

---**ALZ**--- Alzheimer’s disease or other dementia indicator; Yes or No.

---**BLD**--- Blindness indicator; Yes or No.

---**PRTY/RISK**--- Priority/risk indicator. This indicator is to assist the provider in determining priorities when circumstances make it difficult to cover all services authorized to the provider.

- | | | | | | |
|----------|---------------|----------|-----------------|----------|--------------|
| 1 | High priority | 2 | Medium priority | 3 | Low priority |
|----------|---------------|----------|-----------------|----------|--------------|

---**DISASTER: FROM and THRU**--- These fields are to track any future disasters that have an impact on the client.

SECTION B – AUTHORIZED PROVIDER/VENDOR INFORMATION

This section will list the first 13 letters of the authorized provider(s) name plus the provider(s) number(s). If the entire or a portion of the services authorized are to be funded through MO HealthNet (Medicaid – MD), the ten (10) digits of the program specific provider number(s) will be listed. If the services are to be funded strictly through Social Services Block Grant/General

Revenue (BG), the entire 7-digit Social Services Block Grant/General Revenue (SSBG/GR) provider number will be listed.

B – VENDOR NAME	VENDOR #	VENDOR NAME	VENDOR #	VENDOR NAME	VENDOR #
(1) MISSOURI CARE	1010002221	(2) MISSOURI CARE	1010002222	(3)	
(4)		(5)		(6)	
(7)		(8)		(9)	

SECTION C: AUTHORIZED SERVICES

C – SERVICES														PACE-RSN-CL:			
RE	PA	FD	SV	RCF	UNIT	OPEN	CLOSE	VEN	RE	PA	FD	SV	RCF	UNIT	OPEN	CLOSE	VEN
A		MD	HC	N	046	081907	073108	1	A		MD	PC	N	092	081907	073108	2

---PACE-RSN-CL:--- This field is utilized to indicate the reason a PACE case is closed; does not have any bearing on in-home service authorizations.

---RE--- An indicator that is utilized in forwarding service authorizations (prior authorization) to the MO HealthNet fiscal agent.

---PA--- An indicator that is utilized in forwarding service authorizations (prior authorization) to the MO HealthNet fiscal agent.

---FD--- This field will reflect the funding source of the authorized service(s) which establishes the method by which the provider bills for reimbursement of services provided.

- MD** MO HealthNet (Medicaid-TXIX)
- BG** Social Services Block Grant/General Revenue (SSBG/GR)
- DU** Dual Authorized (both MO HealthNet and SSBG/GR)
- LF** Local Funds

---SV--- This field will inform provider of the services that are being authorized.

- | | |
|---|---|
| <ul style="list-style-type: none"> PC Personal Care AC Advanced Personal Care RN Authorized Nurse Visit HC Homemaker H2 Chore DC Day Care (full day) D2 Day Care (half day) C2 Semi-professional Counseling | <ul style="list-style-type: none"> RS Basic Block Respite (9-12 hours) R2 Basic Respite, 15-minute units R3 Advanced Respite, 15-minute units R4 Advanced Block Respite (6-8 hours) R5 Advanced Daily Respite (17-24 hours) R6 Nurse Respite (4 hour block) DM Home-delivered Meal C3 Professional Counseling |
|---|---|

---RCF--- An indicator that is utilized in forwarding service authorizations (prior authorization) to the MO HealthNet fiscal agent. A **Y** indicates the client resides in a residential care facility, with services provided by residential care facility staff; an **N** indicates the client resides in his/her own home, with services provided by an in-home provider.

---UNIT--- The maximum number of units authorized for the particular service that can be delivered in a 31-day month.

---OPEN--- The date services are to begin.

---CLOSE--- The last allowable date services can be delivered. For all authorizations, this date will not be more than 1 year from the open date indicated on that particular line.

---VEN--- The number(s) corresponding to the vendor number(s) assigned in Section B. If the funding code is **DU**, both the Mo HealthNet provider number and SSBG/GR provider number will be noted in this field.

SECTION D: MISCELLANEOUS

D - CO-PAY	EFF. DT	ASSESSMENT	FACE TO FACE	LOAD	CPR	DA-13 DATE	COPIES
\$000	0807	081607	081607	8104		081907	1

---COPAY--- The amount of copay to be paid by the client, if applicable, for each applicable unit of service.

---ASSESSMENT--- The date of the most recent assessment of the client.

---FACE TO FACE--- The date of the most recent face to face contact with the client.

---LOAD--- An identifying number of the staff that is authorizing services to this client.

---CPR--- Y or N

---DA-13 DATE--- The date of data entry

---COPIES--- The number of turnaround documents the worker is requesting.

SECTION E: COMMENTS

--- This section may contain comments to the provider

E - COMMENTS:

MESSAGE: ***NO ERRORS DETECTED – VERIFY INFORMATION***

FIPS COUNTY CODE SHEET

COUNTY NO.-NAME & REGION

001- ADAIR	5
003- ANDREW	4
005- ATCHISON	4
007- AUDRAIN	5
009- BARRY	1
011- BARTON	1
013- BATES	1
015- BENTON	4
017- BOLLINGER	2
019- BOONE	5
021- BUCHANAN	4
023- BUTLER	2
025- CALDWELL	4
027- CALLAWAY	5
029- CAMDEN	5
031- CAPE GIRARDEAU	2
033- CARROLL	4
035- CARTER	2
037- CASS	4
039- CEDAR	1
041- CHARITON	4
043- CHRISTIAN	1
045- CLARK	5
047- CLAY	4
049- CLINTON	4
051- COLE	5
053- COOPER	5
055- CRAWFORD	5
057- DADE	1
059- DALLAS	1
061- DAVIESS	4
063- DEKALB	4
065- DENT	5
067- DOUGLAS	1
069- DUNKLIN	2
071- FRANKLIN	5
073- GASCONADE	5
075- GENTRY	4

COUNTY NO.-NAME & REGION

077- GREENE	1
079- GRUNDY	4
081- HARRISON	4
083- HENRY	1
085- HICKORY	1
087- HOLT	4
089- HOWARD	5
091- HOWELL	1
093- IRON	2
095- JACKSON	4
097- JASPER	1
099- JEFFERSON	2
101- JOHNSON	4
103- KNOX	5
105- LACLEDE	5
107- LAFAYETTE	4
109- LAWRENCE	1
111- LEWIS	5
113- LINCOLN	5
115- LINN	5
117- LIVINGSTON	4
119- MCDONALD	1
121- MACON	5
123- MADISON	2
125- MARIES	5
127- MARION	5
129- MERCER	4
131- MILLER	5
133- MISSISSIPPI	2
135- MONITEAU	5
137- MONROE	5
139- MONTGOMERY	5
141- MORGAN	5
143- NEW MADRID	2
145- NEWTON	1
147- NODAWAY	4
149- OREGON	1
151- OSAGE	5
153- OZARK	1

COUNTY NO.-NAME & REGION

155- PEMISCOT	2
157- PERRY	2
159- PETTIS	4
161- PHELPS	5
163- PIKE	5
165- PLATTE	4
167- POLK	1
169- PULASKI	5
171- PUTNAM	5
173- RALLS	5
175- RANDOLPH	5
177- RAY	4
179- REYNOLDS	2
181- RIPLEY	2
183- ST. CHARLES	5
185- ST. CLAIR	1
187- ST. FRANCOIS	2
189- ST. LOUIS	3
193- STE. GENEVIEVE	2
195- SALINE	4
197- SCHUYLER	5
199- SCOTLAND	5
201- SCOTT	2
203- SHANNON	1
205- SHELBY	5
207- STODDARD	2
209- STONE	1
211- SULLIVAN	5
213- TANEY	1
215- TEXAS	1
217- VERNON	1
219- WARREN	5
221- WASHINGTON	5
223- WAYNE	2
225- WEBSTER	1
227- WORTH	4
229- WRIGHT	1
510- ST. LOUIS CITY	3

SSBG/GR IN-HOME SERVICE INVOICE FORMS

- Electronic versions of SSBG/GR In-Home Service Invoice Forms can be located at <http://www.dhss.mo.gov/HCBS/AppsForms.html>
- Invoices are to be submitted monthly for services delivered in the prior month
- **Provider Number:** The seven (7)-digit number shown on each SSBG/GR contract. This number will always have lead “0’s”.
- **Provider Name:** The provider name shown on your invoice must be identical to your SSBG/GR contract name. A name change requires a contract amendment.
- **Provider Address:** The address shown on your invoice must agree with your current address on file with the Division and the Office of Administration’s vendor file, or your check could be delayed or sent to the wrong address. Written notification must be sent to the HCS Provider Contracts Unit thirty (30) days in advance, if possible, regarding an address change.
- **Page:** Page numbers should be sequential throughout the entire invoice.
- **County Code and Name:** Use the “FIPS” county code as shown on the authorization document; use the code sheet on page 9 for the county name. Every county in which services are provided shall be submitted separately; services delivered in more than one (1) county shall not be submitted on the same invoice. The county code/name must be a county in which you are authorized to provide services as stated in your SSBG/GR contract. To add a new county to your contract area, a written request must be submitted to the HCS Provider Contracts Unit.
- **Invoice Date:** Enter the month, day, and year (MM/DD/YY) in which the invoices are completed.
- **Delivery Month and Year:** Enter the month and year (MM/YY) in which services were delivered. Each month in which services are provided shall be submitted separately; multiple months shall not be submitted on the same invoice.
- **Type of Invoice – Regular or Supplemental:** Every invoice must be identified as either a *regular* or a *supplemental* invoice. You have only *one (1)* regular invoice per month. Any client and/or units that were not billed on the *regular* invoice, as well as rebilling for denied units, must be submitted as a *supplemental* invoice. Do not hold *supplemental* invoices; submit them as soon as possible. This allows for more accurate, timely delivery rate reports.
- **Departmental Client Number (DCN):** The DCN on the invoice must be identical to the DCN shown on the authorization document.
- **Client Name:** The client’s name must be billed exactly as shown on the authorization document. If a client is denied on the invoice for an invalid DCN or name/number mismatch, only the first three (3) characters of the last name and the first character of the first name will be shown on the SSBG/GR Vendor Payment Summary.
- **Delivered Units:** Enter the number of units delivered for each service type. All services delivered to a client during the month must be listed on the same line. *Never bill partial units – bill whole units only.*
- **Signature/Date:** Each invoice page submitted for payment must be signed and dated (MM/DD/YY) by a designated provider representative. Failure to do so will result in payment denial due to lack of proper certification.

PROVIDER NUMBER: 0002221
 NAME: MISSOURI CARE
 ADDRESS: ANYTOWN, MO 61122

DIVISION OF SENIOR SERVICES
 IN-HOME SERVICES
 VENDOR PAYMENT SUMMARY

REPORT NO. NAPD0030-01 PAGE 1
 RUN DATE: 11/09/07
 RECEIVED: 11/05/07
 CONTRACT UNIT COST PC \$4.02
 HC \$4.02 RN \$39.97
 AC \$5.03 R2 \$3.56

COUNTY: OREGON
 FIPS: 149

INVOICE DATE: 11/02/07
 SERVICE DELIVERY MONTH: 10/07
 ICN: IH-R-071113-019-015
 DOCUMENT NO: E2104610519

BATCH NO: 339				C-PAY	SERV	UNITS	UNITS	UNITS	UNITS	DENIED	CODE	TOTAL	CLIENT	STATE
PAGE	DCN	CLIENT	DU	RATE	CODE	AUTH	AVAIL.	BILLED	PAID	UNITS	FOR	AMT.	C-PAY	AMT.
											DENIAL	DUE	DUE	DUE
001	21212121	SMITH HAZEL	N	\$.50	HC		92	92	80	80		321.60	40.00	281.60
002	12121212	WEST HAROLD	N		PC		60	40	40	00	11	0.00		0.00
COUNTY TOTAL				CLIENT TOTAL: 02			152	120	80	40		321.60	40.00	281.60

VENDOR TOTAL FOR ALL COUNTIES WILL BE NOTED ON THIS LINE

****DENIAL CODES****
 11 - NOT AUTHORIZED TO THIS PROVIDER

IN-HOME SERVICES VENDOR PAYMENT SUMMARY (PAGE 12)

Purpose: The In-Home Services Vendor Payment Summary is to inform the provider of the amount paid and any units that denied for each client billed on the invoice.

Explanation: All of the information contained on the Vendor Payment Summary form comes either from the invoice, the authorization, or the contract. Listed below is an explanation of each field on the summary and how the information contained therein is obtained.

Provider Number – Provider Number given on the invoice.

Provider Name and Address – Name and address of the provider agency will be printed from the HCS Provider Contracts Units' contract file based on the number entered from the invoice.

County – Based on the FIPS county code entered from the invoice.

FIPS – County code entered from the invoice.

Invoice Date – The invoice date from the invoice.

Service Delivery Month – The month and year of service delivery as shown on the invoice.

ICN – Computer assigned Internal Control Number (ICN). This number is assigned from the invoice. Example: IH-R-071113-019-015

→ Type of Contract:

- IH = In-Home
- AR = Advanced Respite
- NR = Nurse Respite
- CS = Counseling
- DC = Adult Day Health Care

→ Invoice Type:

- R = Regular
- S = Supplemental
- H = Spenddown (provider will not have submitted any invoices for this Vendor Payment Summary)

→ 071113 = The date the invoice was processed, or November 13, 2007

→ 019 = Batch number; number automatically assigned by computer

→ 015 = Number of pages in the batch

Report No. – Computer-generated report number.

Run Date – The date payment/summary was processed by the system.

Received – The date the invoices were received in the LTACS unit.

Contract Unit Cost – The contract unit cost for each type of service.

Batch Number – An internal identification number assigned by the LTACS unit.

Page Number – Page number from the invoice.

DCN – Departmental Client Number given on the invoice.

Client Name – Name as shown in the Department of Social Services' database, based on the DCN entered from the invoice.

DU Indicator – This is a dual-authorized indicator field. If a provider bills a dual-authorized client incorrectly, and payment was made with SSBG/GR funding, the money will be recouped and the provider required to bill MO HealthNet.

Client Co-Pay Rate – Computer-generated amount of co-payment per unit as designated on the authorization (LCDE).

Service Code – Type(s) of service billed on the invoice.

Units Authorized – Number of units client is authorized to receive.

Units Available – Units authorized minus any units that have been paid on a previous invoice.

Units Billed – Number of units billed on the invoice.

Units Paid – Number of units approved for payment.

Denied Units – All units billed that are not being paid will be shown in this field.

Code for Denial – A 2-digit numerical code will be used in this field to identify the reason for denial.

Total Amount Due – Units to be paid multiplied by the contract unit cost for that service.

Client Co-Pay Due – Amount due from the client if client is designated for co-pay on LCDE.

State Amount Due – Amount due from the state reimbursement less the amount due from the client.

County Column Totals – Column totals will be shown by county on the last page for each county.

Vendor Column Totals – Column totals will be shown by vendor on the last page for each invoice.

All reasons for denial will be explained on the last page of your summary.

Distribution: One copy is mailed to the provider, and one is kept on file in the LTACS unit.

**REPORT NUMBER: NAPD0050-03
LTACS UNIT**

RUN DATE: 11/09/07

**DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR SERVICES
P.O. BOX 570
JEFFERSON CITY, MO 65102**

**0002221
MISSOURI CARE
1 EAST MAIN STREET
ANYTOWN, MO 61122**

**SERVICE DATE: 10/07
SIGNATURE DATE: 11/01/07
RECEIVED BY DA: 11/05/07
ICN: IH-R-071113-019-015
DOCUMENT NUMBER: E2104610519**

STATE AMOUNT DUE TO VENDOR \$281.60

(This report coversheet will be sent out with the Vendor Payment Summary)

VENDOR PAYMENT SUMMARY DENIAL CODES
(For SSBG/GR [BG] Clients)

- 01 – INVALID PROVIDER NUMBER
- 02 – PROVIDER NUMBER AND NAME DO NOT MATCH
- 03 – INVALID COUNTY CODE. CONTACT THE HCS PROVIDER CONTRACTS UNIT
- 04 – INVALID MONTH OF SERVICE
- 05 – INVALID YEAR OF SERVICE
- 06 – DOES NOT HAVE PROPER CERTIFICATION
- 07 – INVALID DCN. CORRECT & REBILL ON A SUPPLEMENTAL INVOICE
- 08 – DCN AND NAME DO NOT MATCH. CORRECT & REBILL ON A SUPPLEMENTAL INVOICE.
- 09 – UNITS BILLED EXCEED MAXIMUM AUTHORIZED
- 10 – NOT AN AUTHORIZED BG SERVICE FOR THIS CLIENT
- 11 – NOT AUTHORIZED TO THIS PROVIDER
- 12 – NOT AUTHORIZED FOR SSBG. CHECK THE AUTHORIZATION.
- 13 – DUAL AUTHORIZED, BILL MEDICAID FIRST. DO NOT BILL ON A DA-215
- 14 – CLIENT BILLED IN WRONG COUNTY. CORRECT & REBILL ON A SUPPLEMENTAL INVOICE.
- 15 – CLIENT DOES NOT PARTICIPATE IN LTACS. CONTACT THE WORKER
- 16 – OA VENDOR NUMBER MISSING/INVALID
- 17 – SAME DCN BILLED TWICE ON THIS INVOICE

VENDOR PAYMENT SUMMARY DENIAL CODES
(For Dual Authorized [DU] Clients)

- 80 – SENIOR AND DISABILITY SERVICES WILL RECYCLE CLAIM THROUGH THE MEDICAID PAYMENT SYSTEM.
- 81 – CLIENT IS NOW MEDICAID ELIGIBLE. REBILL MEDICAID.
- 82 – CLIENT IS NOT DUAL AUTHORIZED. CONTACT THE REGIONAL EVALUATION TEAM.
- 83 – CLIENT IS NOT DUAL AUTHORIZED FOR THIS DATE OF SERVICE. CONTACT THE REGIONAL EVALUATION TEAM.
- 84 – THIS SERVICE TYPE IS NOT AUTHORIZED. CONTACT THE REGIONAL EVALUATION TEAM.
- 85 – UNITS BILLED EXCEED MAXIMUM UNITS AUTHORIZED.
- 86 – UNITS PAID BY MEDICAID PLUS UNITS REPORTED TO SSBG/GR EXCEED MAXIMUM.
- 87 – CLAIM PENDING: CLIENT IS CURRENTLY IN MEDICAID APPLICATION STATUS. WHEN RESOLVED, PAYMENT WILL BE MADE BY SSBG/GR OR RECYCLED THROUGH THE MEDICAID PAYMENT SYSTEM. DO NOT REBILL.
- 88 – CLIENT IS NOT AUTHORIZED TO YOUR AGENCY. CONTACT THE REGIONAL EVALUATION TEAM.
- 89 – THIS DATE OF SERVICE HAS ALREADY BEEN PROCESSED/PAID BY SSBG/GR. RESEARCH ALL PREVIOUS SSBG/GR VENDOR PAYMENT SUMMARIES.
- 90 – PAYMENT REVOKED. THIS DATE OF SERVICE HAS BEEN PAID BY MEDICAID.
- 91 – REVOKED: DIVISION OF SENIOR AND DISABILITY SERVICES ERROR.
- 92 – REVOKED: PROVIDER BILLED IN ERROR.
- 93 – PAYMENT REVOKED. CLIENT IS NOW ELIGIBLE FOR MEDICAID. DIVISION OF SENIOR AND DISABILITY SERVICES WILL RECYCLE CLAIM TO MEDICAID FOR PAYMENT.
- 94 – PAYMENT REVOKED. CLIENT IS NOW ELIGIBLE FOR MEDICAID. REBILL TO MEDICAID FOR PAYMENT.
- 95 – (OVERRIDE CODE) TO PAY ADDITIONAL UNITS FOR SERVICE DATE ALREADY PROCESSED.
- 96 – CLAIM PENDING: CLIENT IS NOT DUAL AUTHORIZED. LTACS UNIT IS CONTACTING THE REGIONAL EVALUATION TEAM.
- 98 – FUNDING SOURCE IS BG. REBILL ON A DA-215
- 99 – SPENDDOWN HAS BEEN MET. SEND INVOICE/BILL TO FSD BEFORE REBILLING MEDICAID.

BILLING INSTRUCTIONS FOR DUAL AUTHORIZED CLIENTS

(A dual authorized client is noted with DU as the funding source on the LCDE)

Claims for dual authorized clients must first be submitted to the MO HealthNet Division's (MHD) fiscal agent. All correctly billed MHD eligible dates of service prior authorized by the Division of Senior and Disability Services will pay; MJD ineligible dates of service will deny. The denials will be so noted on the remittance advices generated to providers by MO HealthNet. A report of these denials is also sent to the Division of Senior and Disability Services' LTACS Unit.

Claims that are denied on a provider's remittance advice from MO HealthNet Division with adjustment reason codes of 31, 142, 177, or B5 will be reported to the LTACS Unit. These are the only denial codes that are reported. The LTACS Unit reviews/processes the denials.

- All claims denied with adjustment reason code 142 (claims affected by spenddown liability) are reviewed/processed separately from the other denials. Providers are notified on an SSBG/GR Vendor Payment Summary of all clients and dates of service that were either:
 - Paid entirely by SSBG/GR, or
 - Had only a portion reimbursed, as full payment for that date(s) of service would cause SSBG/GR payment to be greater than the client's spenddown amount, or
 - Recycled (resubmitted) to the MO HealthNet Division's fiscal agent. These recycled claims can be identified on the MO HealthNet remittance advice with an ICN that begins with number '53', or
 - Put into pending status. The client is currently in Medicaid application status. Payment of these dates of service will be addressed when the application is resolved by the Family Support Division, or
 - Denied. If a client and/or service is not dual authorized and dates of service are denied, the funding source on the LCDE authorization should be checked. If the adjustment reason code on the MO HealthNet remittance advice was 31, 177, or B5, contact should be made with the Regional Evaluation Team so that verification of the client's eligibility can be done.
- The Vendor Payment Summary will note all service types and the dates of service that were denied by the MO Healthnet Division's fiscal agent.
- The key to connecting which MO HealthNet denials are being reimbursed on a particular Vendor Payment Summary is the "received" date noted in the upper right-hand corner of the Vendor Payment Summary. The "received" date will correspond to the date of the remittance advice on which the claim was denied.
- If a claim that is denied by MO HealthNet Division with the denial codes mentioned above does not appear on the corresponding Vendor Payment Summary, a copy of the applicable page of the remittance advice should be forwarded to the LTACS Unit.
- Billings to MO HealthNet for dual authorized clients should be submitted date specific, on separate lines of the claim, not on one line with from and through dates. If the client was not eligible for one of the dates encompassed within the from and through dates, the entire line will be denied. The denial reason will be : "Patient ineligible for portion of the claim, resubmit with services itemized by date." This denial reason is NOT reported to the LTACS Unit. These dates of service should be rebilled to MO HealthNet's fiscal agent date specific on separate lines.

- It should not be automatically assumed that all denials on a MO HealthNet remittance advice with the denial code of 31, 142, 177, or B5 will be paid with SSBG/GR funding. A provider will only be reimbursed with SSBG/GR funding if the client and service are dual authorized. Particular attention should be paid to denials with the denial code of 31. Even though this is an acceptable denial code for dual authorized clients, this will also be the denial code if a mistake was made in the client's DCN or name when the claim was submitted to MO HealthNet's fiscal agent.
- It is recommended that all denials be researched in a timely manner. If it is suspected that payment was denied because of an authorization problem or error, contact the appropriate Division of Senior and Disability Services Regional Evaluation team. The LTACS Unit may be contacted if the Regional Evaluation team cannot be reached.

NOTE: Clients may choose to pay in their spenddown amount to MO HealthNet in lieu of the SSBG/GR funding for ineligible dates of service. If a provider is aware of this client choice, please notify the LTACS Unit in writing.

SSBG/GR CLIENTS – CO-PAYMENT

Clients receiving in-home services funded by SSBG/GR monies shall be screened by Division of Senior and Disability Services' staff for possible co-payment of authorized services.

- Services subject to co-payment
 - Personal Care (PC)
 - Advanced Personal Care (AC)
 - Homemaker (HC)
 - Chore (H2)
 - Basic Respite, 15-minute units (R2)
 - Advanced Respite, 15-minute units (R3)

- Services NOT subject to co-payment
 - Authorized Nurse Visits (RN)
 - Counseling (C2 and C3)
 - All Block Respites, Basic, Advanced or Nurse (RS, R4, R5, and R6)

- Co-payment amounts are noted in Section D of the LCDE screen print and on the DA-3a, Care Plan Supplement for In-Home Services. Upon receipt of an authorization for service(s) that is subject to co-payment, both forms should be reviewed to make certain that the dollar amounts agree. If the amounts do not agree, the local Division of Senior and Disability Services worker should be contacted.

- When services are determined to be subject to co-payment, the co-payment amount noted on the LCDE is applicable to **all** delivered units of the service.

- Providers shall notify the Division of Senior and Disability Services any time co-payments are more than three months in arrears. Clients who are required, and subsequently refuse, to make mandatory co-payments shall be closed.

- In the event of death, the client's estate is liable for any co-payments incurred during the prior three months of service. The amount of unpaid co-payment shall be reported by the provider to the Division of Senior and Disability Services upon death of a client subject to co-payment.

SSBG/GR FUNDING – BILLING POINTS TO REMEMBER

- Use the provider number assigned by the Division of Senior and Disability Services (DSDS); it is always a seven-digit number, with lead “0”s.
- The provider name on the SSBG/GR invoice must be identical to the provider name on the SSBG/GR contract with DSDS. A change in a provider’s name requires a contract amendment to be processed.
- The address on the SSBG/GR invoice must agree with the current address on file with DSDS and the Office of Administration’s vendor file, or the reimbursement payment could be delayed or sent to the wrong address. Written notification is to be sent to DSDS 30 days in advance, if possible, of an address change.
- Page numbers should be sequential throughout the entire invoice.
- The correct three-digit county code must be used. The code used must be the FIPS code representing the county in which services were authorized and delivered. It must also be a county in which the provider is authorized to provide services, as stated in the SSBG/GR contract. To add a new county or counties to a contract, a written request must be submitted to the HCS Provider Contracts Unit.
- The invoice date, the date the invoice was completed, must be in MMDDYY format.
- The delivery month must be noted in MMY format.
- Each invoice must be identified as a regular or supplemental invoice. There is to be only one regular invoice per month. The supplemental invoice (s) per month will include and bill client and/or units that were not billed on the regular invoice, as well as rebilling for denied units.
- In the event of an overpayment to a provider, a supplemental invoice must be submitted showing the unit(s) as a negative amount; i.e., -2, under the appropriate service. **A check to settle the overpayment must not be sent to DSDS.**
- The Departmental Client Number (DCN) must be identical to the DCN shown on the LCDE authorization document. Occasionally the Family Support Division, due to assignment of duplicate DCNs, will change a client’s DCN. The provider will be notified of this change via a new LCDE authorization document. The provider will receive a closing for the old DCN and an initial authorization for the new DCN with a new effective date for its use.
- The client’s name must be billed as shown on the LCDE authorization document (always use last name first). However, since the DCN is the primary client identifier, only the first three letters of the client’s last name and the first letter of the client’s first name must match the name in the DSDS database. If a client is denied payment due to an invalid DCN or a name/number mismatch, only the first three letters of the last name and the first letter of the first name will be indicated on the Vendor Payment Summary.
- All services delivered to a client must be billed on the same line of the invoice. Partial units are not billable.
- Each invoice page must be signed and dated, or payment will be denied for lack of agency certification.
- All handwritten invoices must be legible.
- The **original invoice** must be submitted to: Division of Senior and Disability Services, Attn.: LTACS Units, PO Box 570, Jefferson City, MO 65102-0570. The provider must retain a copy of the invoice(s).

DIVISION OF SENIOR AND DISABILITY SERVICES - ASSISTANCE CONTACTS

Inquiries related to SSBG/GR invoices, Vendor Payment Summaries, authorizations, claims for dual authorized clients, and payment denials:

- Sarah Pape, LTACS Unit
- Phone: 573/526-8510
- Fax: 573/526-5047
- Email: Sarah.Pape@dhss.mo.gov

Requests for provider proposals, name/address/ownership changes, adding additional counties or services to contract, and problems in general with the contract process:

- HCS Provider Contracts Unit
- Email (**preferred method of contact**): ihcontracts@dhss.mo.gov
- Phone: 573/522-8689
- Fax: 573/522-3024

Inquiries relating to quality assurance reviews or processes; contact Assistant Regional Managers in each Region:

- Region 1, Robin Hibi, phone: 417/895-7728, fax: 417/895-1330
- Region 2, Karl Dambach, phone: 573/624-1495, fax: 573/624-3046
- Region 3, Ronda Sims, phone: 314/340-7353, fax: 314/340-3451
- Region 4, Bev Mosnick, phone: 816/889-2830, fax: 816/889-2004
- Region 5, Shomari Rozier, phone: 573/884-2310, fax: 573/884-4884

Inquiries related to program administration policies and procedures:

- HCS Program Oversight Unit
- Email (**preferred method of contact**): ProgramIntegrity@dhss.mo.gov
- Phone: 537/526-8557
- Fax: 573/522-3024

NOTE: WHEN CONTACTING ANYONE AT THE ABOVE-MENTIONED EMAIL ADDRESSES, DO NOT INCLUDE CLIENT IDENTIFYING INFORMATION.