




DDSN Executive Memo

**TO: EXECUTIVE DIRECTORS, DSN BOARDS
CEOS, CONTRACTED SERVICE PROVIDERS
FINANCIAL MANAGERS
CASE MANAGEMENT SUPERVISORS**

FROM: ASSOCIATE STATE DIRECTOR SUSAN BECK 

DATE: JULY 26, 2019

RE: MEDICAID INELIGIBLE BILLINGS AND NON-PAID UNITS IN THE NEW FEE-FOR-SERVICE INVOICES

The purpose of this memo is to set forth DDSN's strategy to address "Medicaid Ineligible Billings" (MIB) and "Non-Paid Units" (NPU) on the new fee-for-service (FFS) invoices for Waiver Case Management (WCM), Medicaid Targeted Case Management (MTCM), and Early Intervention (EI). These new FFS invoices will be processed for July 2019 billing activity and scheduled to be available to providers through DDSN's portal on August 8, 2019.

In preparation, DDSN tested April, May, and June billings using DDSN's new FFS billing logic. All MIBs and NPUs were reviewed for accuracy and resolution. This review determined:

- There were very few NPUs on all invoices. NPUs generally pertained to billing for services outside of the pre-certification range or services reported 12 months after date of service.
- There were very few waiver participants for whom Medicaid eligibility had lapsed.
- More MIBs were found in the MTCM group, but still a relatively small number. DDSN resolved all Medicaid ineligibles caused by data entry errors. For consumers with lapsed Medicaid eligibility, DDSN sent an email notification to each consumer's respective Case Manager and their supervisor. During this test review, consumers with lapsed Medicaid eligibility, issues were able to be resolved and they will become Medicaid eligible the following month. This is indicative that a more pro-active approach using these trigger points will yield better results regarding issues impacting Medicaid eligibility.

DDSN's strategy to minimize the burden on providers and to develop an effective, long-term process to address MIBs and NPUs is as follows:

- DDSN will take 100% responsibility to research and resolve all MIBs and NPUs on all providers' July billings to be processed on August 8, 2019. DDSN will contact each provider's identified point of contact for MIB/NPUs with its resolution and coordinate follow-up to resolve if needed. As a reminder, DDSN pays all MIBs and will work with providers to track, resolve, and re-bill as set forth in the DDSN Executive Memo, dated May 17, 2019
<https://ddsn.sc.gov/sites/default/files/Documents/Exec%20Memo%20July%201st%20Fee-for-Service%20Change%20Summary%2005172019.pdf>.
- DDSN will add to its understanding of the MIB/NPU issue by gleaning lessons learned during the review of invoices mentioned above. Then, DDSN will create written guidance to providers to efficiently conduct their own follow-up for MIBs and NPUs for the August billings available to the providers on or about September 9, 2019. This written guidance will be forwarded to providers no later than August 27, 2019.
- DDSN will have a dedicated employee assist providers resolving MIBs/NPUs, particularly the challenging cases to re-establish Medicaid eligibility.

The greatest challenge anticipated in the new FFS invoices will be mitigating the risk of Case Managers using the wrong case note template for a specific service provided. This will create a non-paid unit. Template errors are correctable, but payment will be delayed until the next month's billing cycle. To assist providers in identifying these template issues, as well as to provide training feedback, Attachment A to this memo is a document titled, "Spot Checking Template Errors in Case Notes." It sets out a step-by-step process to spot check case notes for template errors. DDSN recommends providers use this tool prior to the end of July to minimize these template billing errors on July FFS invoices.

Attachment B to this email contains sample FFS invoices for WCM, MTCM, and EI, which will be used for July billings. These invoices will be available to providers for the July FFS billings on August 8, 2019.

Director of Case Management Lori Manos is DDSN's point of contact on the MIB/NPU issue. She can be reached by email at lmanos@ddsn.sc.gov or (803) 898-9715. Lori will be out of the office until Monday, August 5, 2019, so Director Ben Orner (borner@ddsn.sc.gov or (803) 898-3520) will handle all questions or concerns from the date of this memo through August 4, 2019.

REQUEST FOR EACH PROVIDER: No later than August 5, 2019, please send your agency's point of contact (name and email address) for all MIB/NPU resolutions on the FFS invoices to Yolanda Goodwin (ygoodwin@ddsn.sc.gov). This will permit efficient communications between DDSN and providers on this issue going forward and direct follow-up by DDSN after it reviews all MIB/NPU instances in the July FFS invoices which will be available on August 8, 2019.

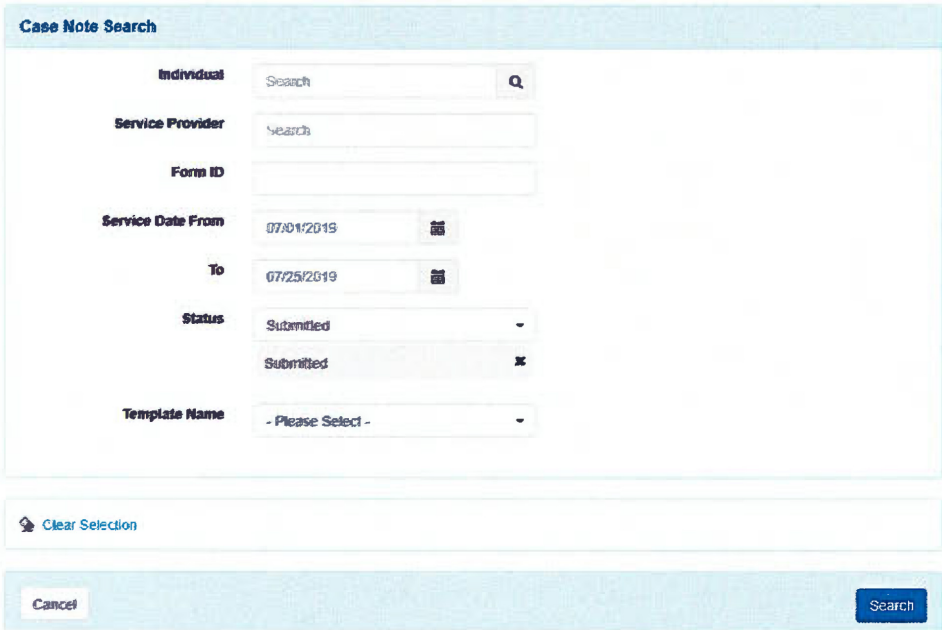
Spot Checking Your Case Notes to Find Notes on the Wrong Template

In order to quickly review your case notes for a timeframe to determine if there are any that are potentially on the wrong template follow the following steps:

- 1. In Therap conduct a "Search" for Case Notes



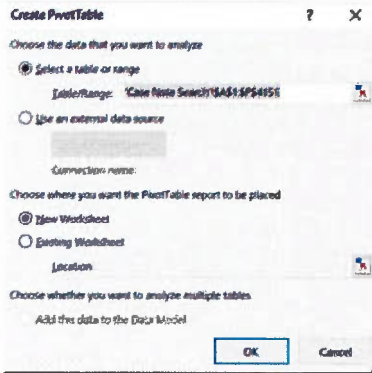
- 2. In the search criteria enter your desired service date (no earlier than 7/1/19) and set the Status to "Submitted".



- 3. Download the search results to Excel (detail or not, it does not matter).
- 4. Open the downloaded Excel File.
- 5. In the Insert Tab, select "Pivot Table" on the far left.

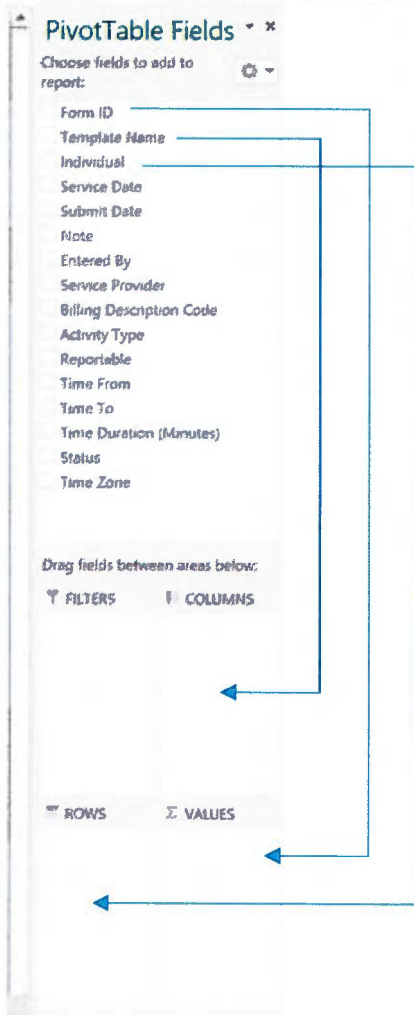


6. In the box that pops up just click “OK”.



7. A new sheet opens. In this sheet on the far right are the Pivot Table options. Drag and drop the following:

- a. Drag “Template Name” down to the Columns Box.
- b. Drag “Individual” down to the Rows Box.
- c. Drag “Form ID” down to the Values Box.



8. This will result in a table that lists each consumer in your data and the Templates that were used for that consumer. Use this to identify individuals who have Case Notes on both templates. Remember that individuals who are ENROLLED in a waiver should be on the WCM 2019.1 Template and Individuals who are NOT Enrolled should be on the Case Management 2017/11/01 Template. If that person was recently enrolled or disenrolled they may have notes on both templates. If the person has been consistently enrolled in the waiver or not enrolled in the waiver and you see notes on both templates then you will need to check the notes for that individual to be sure you didn't accidentally put a note on the wrong template.
9. (FOR MANAGERS) – If you drag and drop the "Service Provider" into the "Rows" column above "Individual" then it will separate the consumers by Case Manager.

ROWS	VALUES
Service Pr... ▼	Count of F... ▼
Individual ▼	

(Service Notes) Invoice for Waiver Case Management

Invoice Month/Year: July, 2019

Invoice Creation Date: 8/6/2019

Service Provider: 392-Union DSN Board

Caseload:(1234) JoAnn Beach

***** WCM No Travel *****

Rate: \$20.00/unit (eff. 7/1/2018-6/30/2019)

<u>Consumer Name</u>	<u>Waiver</u>	<u>Client id</u>	<u>Total</u>		<u>NonMedicaid</u>		<u>NonMedicaid</u>		<u>Total Paid Amt (Includes NonMedicaid and Paid)</u>
			<u>Reported Units</u>	<u>Non-paid Units</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	
Jones, John	CSW	xxx-xx-1234	8	1	7	\$140.00	0	\$0.00	\$140.00
Buck, Dee	ID/RD	xxx-xx-2345	26	2	5	\$100.00	19	\$380.00	\$480.00
			34	3	12	\$240.00	19	\$380.00	\$620.00

***** WCM Travel*****

Rate: \$25.00/unit (eff. 7/1/2019-Current)

<u>Consumer Name</u>	<u>Waiver</u>	<u>Client id</u>	<u>Total</u>		<u>NonMedicaid</u>		<u>NonMedicaid</u>		<u>Total Paid Amt (Includes NonMedicaid and Paid)</u>
			<u>Reported Units</u>	<u>Non-paid Units</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	
Smith, Joy	CSW	xxx-xx-1234	25	1	3	\$60.00	21	\$420.00	\$480.00
Zien, Lin	HASCI	xxx-xx-2345	48	3	4	\$100.00	41	\$1,025.00	\$1,125.00
			79	4	2	\$50.00	73	\$1,445.00	\$1,495.00
Caseworker Total			220	14	33	690	173	\$3,650.00	\$4,340.00

Service provider totals

{Service Notes} Invoice for Waiver Case Management
Invoice Month/Year: July, 2019
Invoice Creation Date: 8/6/2019
Service Provider: 392-Union DSN Board

Service Provider Total Dollar Amount	<u>Total</u>						<u>Total Paid Amt</u>
	<u>Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>NonMedicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>(Includes NonMedicaid and Paid)</u>
WCM No Travel	506	44	0	\$0.00	462	\$9,240.00	\$9,240.00
WCM Travel	1895	75	75	\$1,875.00	1745	\$43,625.00	\$45,500.00
			<u>ID/RD</u>				
WCM No Travel	315	2	0	\$0.00	313	\$6,260.00	\$6,260.00
WCM Travel	950	38	35	\$875.00	877	\$21,925.00	\$22,800.00
							\$29,060.00
			<u>HASCI</u>				
WCM No Travel	44	1	0	\$0.00	43	\$860.00	\$860.00
WCM Travel	300	7	15	\$375.00	278	\$6,950.00	\$7,325.00
							\$8,185.00
			<u>CSW</u>				
WCM No Travel	147	41	0	\$0.00	106	\$2,120.00	\$2,120.00
WCM Travel	645	30	25	625.00	590	14,750.00	\$15,375.00
							\$17,495.00
			<u>Grand Total</u>				
	2401	119	75	1,875.00	2207	52,865.00	54,740.00

CERTIFICATION

We Union DSN Board certify that all services listed above have been provided to the consumers named.
 Documentation of service delivery is available through the Service Provider named above

Detail

Invoice Month/Year: July, 2019

(Service Notes) Invoice for MTCM

Invoice Creation Date: 8/6/2019

Service Provider: 392-Union DSN Board

Caseload:(1234)JoAnn Beach

***** MTCM Office Visit/ No Contact *****

Rate: \$20.00/unit (eff. 7/1/2018-6/30/2019)

<u>Consumer Name</u>	<u>Client id</u>	<u>Total Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>NonMedicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Total Paid Amt</u>
								<u>(Includes NonMedicaid and Paid)</u>
Doe, John	xxx-xx-1234	10	1	7	\$140.00	2	\$40.00	\$180.00
Cattail, Dee	xxx-xx-2345	26	2	5	\$100.00	19	\$380.00	\$480.00
		36	3	12	\$240.00	21	\$420.00	\$660.00

***** MTCM Home / Residential*****

Rate: \$25.00/unit (eff. 7/1/2019-Current)

<u>Consumer Name</u>	<u>Client id</u>	<u>Total Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>NonMedicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Total Paid Amt</u>
								<u>(Includes NonMedicaid and Paid)</u>
Doe, John	xxx-xx-1234	25	1	3	\$75.00	21	\$525.00	\$600.00
Cattail, Dee	xxx-xx-2345	48	3	4	\$100.00	41	\$1,025.00	\$1,125.00
		73	4	7	\$175.00	62	\$1,550.00	\$1,725.00

***** Home / Residential*****

Rate: \$25.00/unit (eff. 7/1/2019-Current)

<u>Consumer Name</u>	<u>Client id</u>	<u>Total Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>NonMedicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Total Paid Amt</u>
								<u>(Includes NonMedicaid and Paid)</u>
Forest, Rain	xxx-xx-1234	30	30	0	\$0.00	0	\$0.00	\$0.00
Desert, Sand	xxx-xx-2345	25	25	0	\$0.00	0	\$0.00	\$0.00
		55	55	0	\$0.00	0	\$0.00	\$0.00

Caseworker Total 164 62 19 \$415.00 83 \$1,970.00 \$2,385.00

Service provider totals

(Service Notes) Invoice for MTCM
Invoice Month/Year: July, 2019
Invoice Creation Date: 8/6/2019
Service Provider: 392-Union DSN Board

Service Provider Total Dollar Amount	Total Units Reported	Non-paid Units	NonMedicaid Paid Units	NonMedicaid Paid Amount	Paid Units	Paid Amount	Total Paid Amt (Includes NonMedicaid and Paid)
MTCM Office Visit/ No Contact	506	44	1	\$20.00	461	\$9,220.00	\$9,240.00
Office Visit/ No Contact	45	45	0	\$0.00	0	\$0.00	\$0.00
MTCM Home / Residential	1895	75	75	\$1,875.00	1745	\$43,625.00	\$45,500.00
Home / Residential	58	58	0	\$0.00	0	\$0.00	\$0.00
ID/RD							
MTCM Office Visit/ No Contact	315	2	1	\$20.00	312	\$6,240.00	\$6,260.00
Office Visit/ No Contact	25	25	0	\$0.00	0	\$0.00	\$0.00
MTCM Home / Residential	950	38	35	\$875.00	877	\$21,925.00	\$22,800.00
Home / Residential	31	31	0	\$0.00	0	\$0.00	\$0.00
Total ID/RD	1321	96	36	\$895.00	1189	\$28,165.00	\$29,060.00
HASCI							
MTCM Office Visit/ No Contact	44	1	0	\$0.00	43	\$860.00	\$860.00
Office Visit/ No Contact	10	10	0	\$0.00	0	\$0.00	\$0.00
MTCM Home / Residential	300	7	15	\$375.00	278	\$6,950.00	\$7,325.00
Home / Residential	11	11	0	\$0.00	0	\$0.00	\$0.00
Total HASCI	365	29	15	\$375.00	321	\$7,810.00	\$8,185.00
Autism							
MTCM Office Visit/ No Contact	147	41	0	\$0.00	106	\$2,120.00	\$2,120.00
Office Visit/ No Contact	10	10	0	\$0.00	0	\$0.00	\$0.00
MTCM Home / Residential	645	30	25	\$625.00	590	\$14,750.00	\$15,375.00
Home / Residential	16	16	0	\$0.00	0	\$0.00	\$0.00
Total Autism	818	97	25	\$625.00	696	\$16,870.00	\$17,495.00
Grand Total							
	2504	222	76	\$1,895.00	2206	\$52,845.00	\$54,740.00

CERTIFICATION

We Union DSN Board certify that all services listed above have been provided to the consumers named.
 Documentation of service delivery is available through the Service Provider named above

(Service Notes) Invoice for Early Intervention

Invoice Month/Year: July, 2019

Invoice Creation Date: 8/6/2019

Service Provider: 392-Union DSN Board

Caseload:[1234]JoAnn Beach

*****FT/SC*****

Rate: \$20.00/unit (eff. 7/1/2018-6/30/2019)

<u>Consumer Name</u>	<u>Client_id</u>	<u>Total Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>NonMedicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Total Paid Amt (Includes NonMedicaid and Paid)</u>
Doe, John	xxx-xx-1234	8	1	7	\$140.00	0	\$0.00	\$140.00
Cattail, Dee	xxx-xx-2345	26	2	5	\$100.00	19	\$380.00	\$480.00
Caseworker Total		34	3	12	\$240.00	19	\$380.00	\$620.00

*****EI*****

Rate: \$25.00/unit (eff. 7/1/2019-Current)

<u>Consumer Name</u>	<u>Client_id</u>	<u>Total Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>NonMedicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Total Paid Amt (Includes NonMedicaid and Paid)</u>
Doe, John	xxx-xx-1234	25	1	3	\$75.00	21	\$525.00	\$600.00
Cattail, Dee	xxx-xx-2345	48	3	4	\$100.00	41	\$1,025.00	\$1,125.00
Caseworker Total		79	4	2	\$50.00	73	\$1,550.00	\$1,600.00

*****EI Service Coordination*****

Rate: \$25.00/unit (eff. 7/1/2019-Current)

<u>Consumer Name</u>	<u>Client_id</u>	<u>Total Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>NonMedicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Total Paid Amt (Includes NonMedicaid and Paid)</u>
Doe, John	xxx-xx-1234	75	5	6	\$150.00	64	\$1,600.00	\$1,750.00
Cattail, Dee	xxx-xx-2345	98	9	3	\$75.00	86	\$2,150.00	\$2,225.00
Caseworker Total		173	14	1	\$25.00	158	\$3,750.00	\$3,775.00

*****ISP Development*****

Rate: \$25.00/unit (eff. 7/1/2019-Current)

Service provider totals

(Service Notes) Invoice for Early Intervention

Invoice Month/Year: July, 2019

Invoice Creation Date: 8/6/2019

Service Provider: 392-Union DSN Board

Service Provider Total Dollar Amount	<u>Total Units Reported</u>	<u>Non-paid Units</u>	<u>NonMedicaid Paid Units</u>	<u>Non Medicaid Paid Amount</u>	<u>Paid Units</u>	<u>Paid Amount</u>	<u>Total Paid Amt</u>
							<u>(includes NonMedicaid and Paid)</u>
FT/SC	400	95	10	\$200.00	295	\$5,900.00	\$6,100.00
FT	350	21	29	\$725.00	300	\$7,500.00	\$8,225.00
Service Coordination	506	44	40	\$1,000.00	422	\$10,550.00	\$11,550.00
FSP Development	421	15	32	\$800.00	374	\$9,350.00	\$10,150.00
Grand Total	1677	175	111	\$2,725.00	1391	\$33,300.00	\$36,025.00

CERTIFICATION

We Union DSN Board certify that all services listed above have been provided to the consumers named. Documentation of service delivery is available through the Service Provider named above