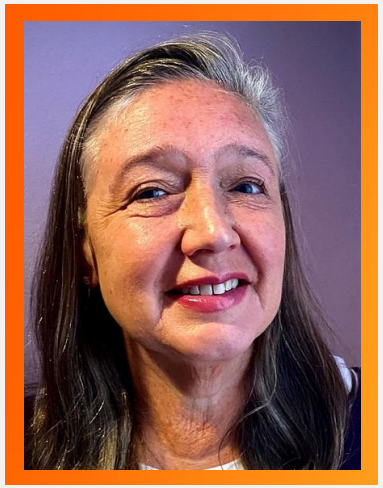
Welcome to the Washington, DC Medicaid Academy

Meet Our Training Team



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Your Agency's Team Includes:

Executive Lead

Program Lead

Fiscal Lead

Quality Lead

How is everyone doing today?

Purpose of Medicaid Academy Learning Sessions

DHCF and DHS provides the WHAT/ Policy requirements

The TA Team helps with HOW so you can develop a plan for your agency

Each session will include:

Helpful tips and tools provided by the TA team

Opportunities for sharing experiences across agencies

Coaching for your agency

DHS on PSH

The approved State Plan Amendment

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Plan for Today: Session 5

- ✓ Review the process for billing and payment
- ✓ Review key elements of Medicaid Compliant Documentation and look at documentation examples
- ✓ Learn about how DHCF will communicate with you regarding submitted claims
- ✓ Identify themes and areas needing improvement and create next steps for your work plan to maximize billing revenue

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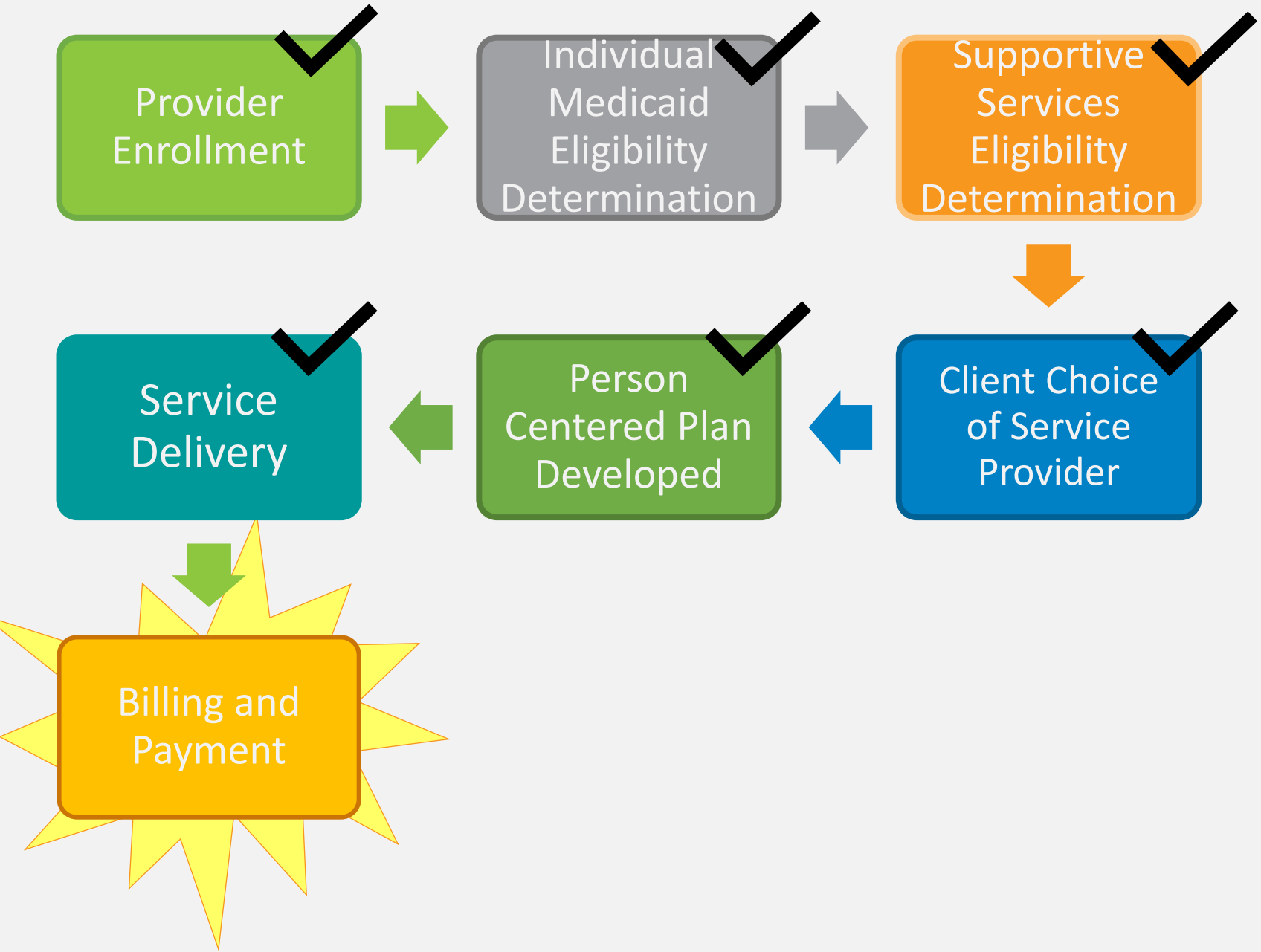

Medicaid Housing Supportive Services Process

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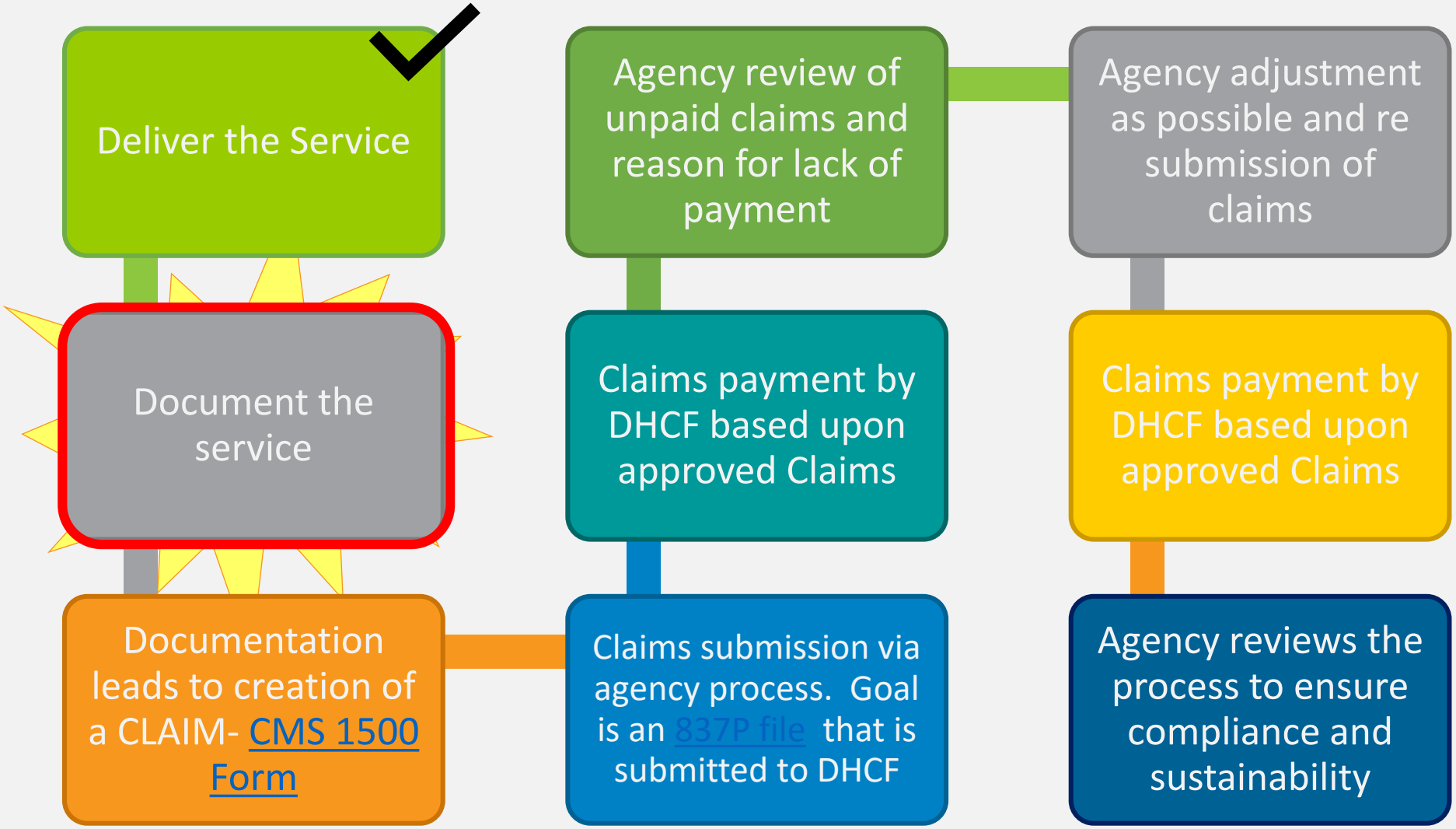
Billing & Payment Process



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Documentation

Medical Necessity

What is Medical Necessity?

Provision of services that is consistent and necessary with improving symptoms of a diagnosis or functional deficit

- Based on Medicaid as “insurance”
- Begins with a diagnosis of a functional deficit
- A clear individualized service plan with relevant and appropriate goals needed to improve functioning
- There is a reasonable expectation that providing the intervention will improve level of functioning
- Documentation follows the golden thread

Important Documentation Considerations

- Current state of client charts
- Location and security of client charts
- Defining medical necessity
- Golden thread
- Review forms for needed revisions
  - Agency intake/assessment
  - Individualized service plans
  - Progress note templates
  - Quality Review forms and tools

Documenting Medical Necessity

- Client needs the service based on a diagnostic or other assessment
- Clear connection of service plan goals to the diagnosis and/or assessment
- Writer must explain the rationale and "tell the story"
- Reader must understand the service rationale
- Progress notes are tied to service plan goals
- Type and frequency of services is appropriate to imitations and goals

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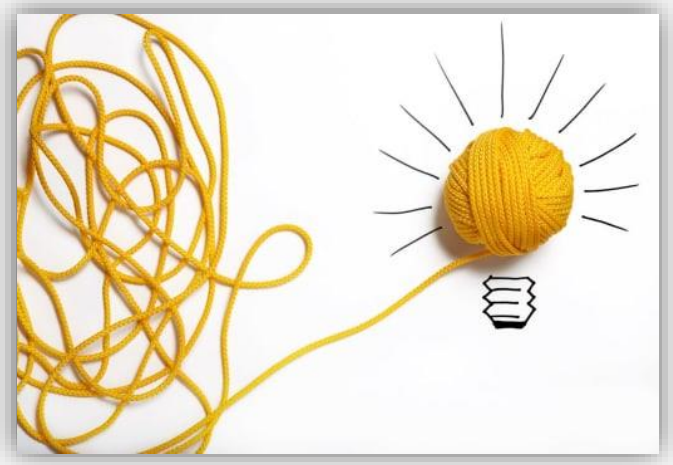
Documentation Compliance: The Golden Thread



- DHS Assessment and Plan of Care (POC) Development
- Individualized Service Plan created by the PSH agency based upon the POC
- Service Delivery
- Progress Note
- Claim Creation

Documentation

Assessments and Service Plans

Service Plan Compliance

- Demonstrates need based on the assessment
- Services client needs to improve symptoms and functioning
- Problems/barriers to be addressed
- Measurable and clear goals related to symptoms
- Smaller objectives to reach goal
- Strengths of client linked to the goal
- Timelines
- Roles and responsibilities
- Interventions
- Progress and update

Service Plan Quality

- Housing stability and eviction prevention included in goals
- Services are coordinated with other providers to avoid duplication and re-traumatization
- Service plan goals are a living breathing *used* document that sets the framework for services
- Service plans are strengths-based
- Services are voluntary and reflect client's own recovery goals
- Client's voice is reflected in their service plan
- Goals are created *with* client
- Goals are reviewed with progress and barriers noted and new goals established

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Individualized Service Plan

Client Name:				Client #:	
Recommendations from the Person Centered Plan/assessment					
Goal #1					
Desired Results in Client's Words:					
Strengths/Abilities and how they will be used to meet the goal:					
Effective Date:				Review Date:	
Measurable Objectives	**Intervention**	**Service Type**	**Person Responsible**	**Frequency**	**Target Date**

TOOL ALERT- CSH TO LINK TO A BLANK EXAMPLE SERVICE PLAN THAT AGENCIES CAN COPY

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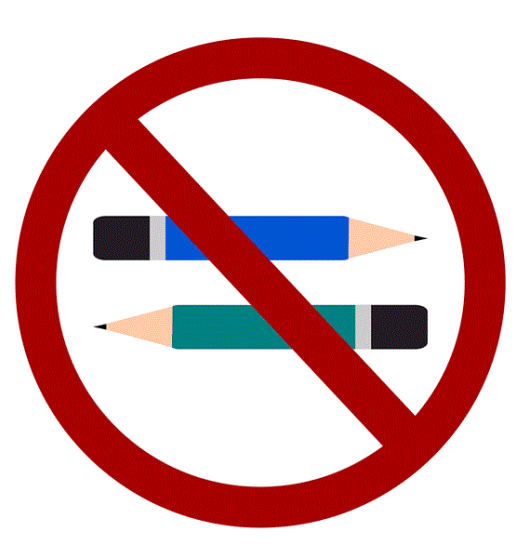
Good Documentation

- A description of the services or items provided
- Appropriate authorizations
- Supporting diagnosis
- Provider signatures and attestations
- Treatment Plans
- Progress Notes
- Patient Assessments and Recommendations
- Patient History as appropriate
- Documentation should be legible

Bad Documentation



- Missing Service descriptions
- Invalid Authorizations
- Lack of supporting Diagnosis
- Missing provider signatures and identification
- Missing treatment plans and progress notes
- Incomplete patient assessments
- Cloned or copied documentation elements
- Illegible documents
- Pre-signed or preprinted documents

Elements of a Billable Progress Note

- Date of service
- Start and End Times (SE)
- Total time (SH)
- Location
- Client Name
- Goal service relates to
- Description of service/intervention provided, client response and progress, next steps
- Dated Signature and title of service provider
- Service is medically necessary
- Service date is within approved and valid service plan dates.

Writing the Progress Note Narrative

Focus on the "intervention/service" as it relates to the goal

Include client's response

Summarize the intervention succinctly but thoroughly

Focus on the facts of what happened, avoid being too subjective or opinionated

Demonstrate "sufficient duration to accomplish the therapeutic intent"

Include the progress and plan for next steps

Progress Note Example

Assessment:

Client has limitations around her daily living skills, specifically regarding regular eating and nutrition

Service Plan goal:

To improve ability to maintain proper nutrition resulting in better health and housing stability

Spent 2 hours with client. May 10, 2022

Went to client's home as a result of neighbor complaint. Client stated that she was asking neighbors for food which resulted in complaints to property management. Observed client had no food. Assisted client in writing a grocery list and accompanied client to grocery store to show how to shop for food. During the trip, we discussed the importance of buying healthy food and how to plan for easy meals. Case Manager also emphasized that client should contact case manager if she is running out of food instead of asking neighbors.

Client stated that she felt more positive about how to plan for meals and grocery shop. Case manager will follow up at next appointment to continue assisting client with appropriate eating in order to maintain housing stability and health. Client agreed that she would call case manager if she is running out of food or needs help maintaining regular eating.

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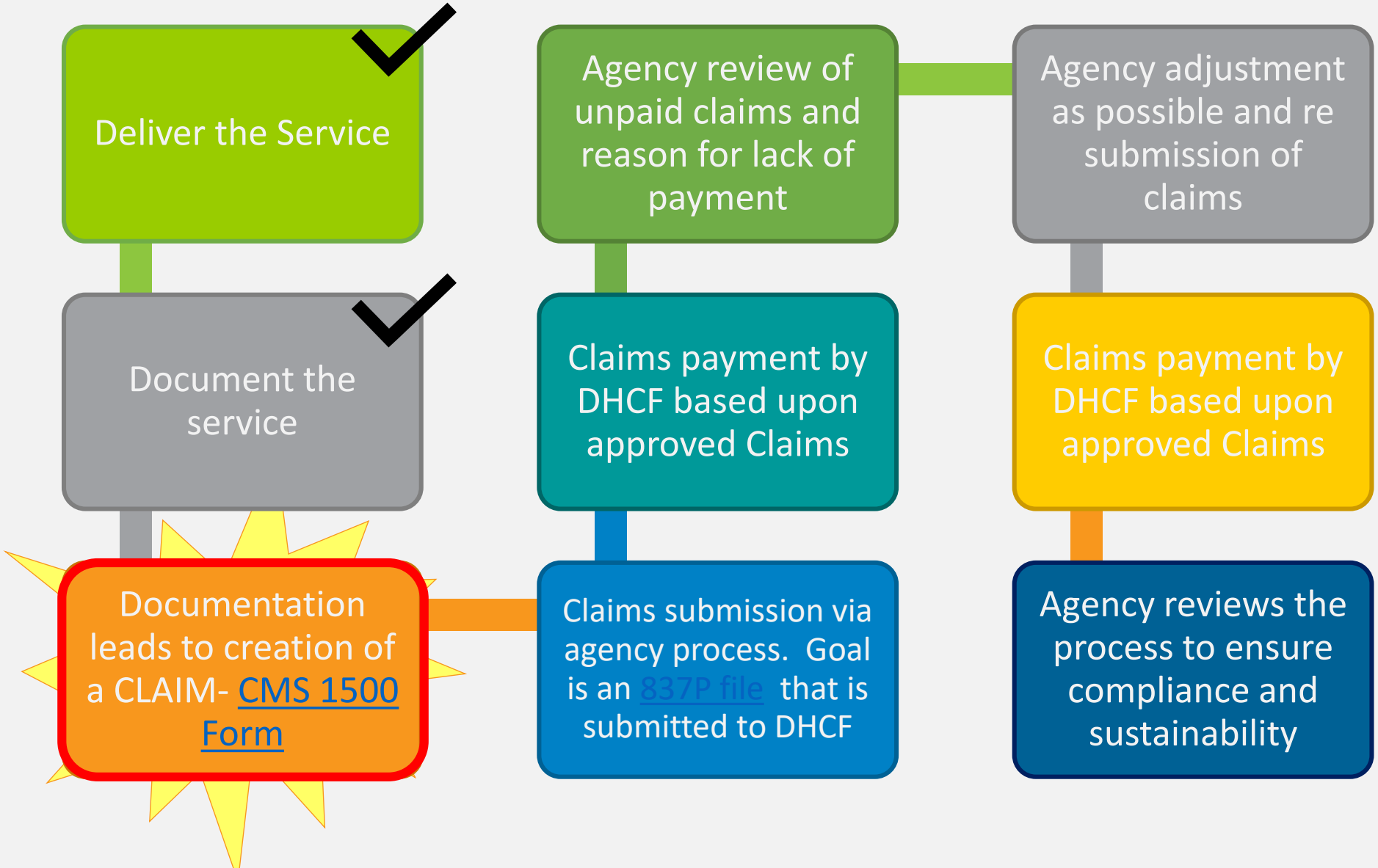
Breakout Room Questions
Add to your **Agency's Work Plan** based on what you have learned so far

- **Review current documentation requirements for staff- what needs to be revised**
- **What training and support do staff need to make this shift**

15 minutes for teams to consider

Billing and Claims Submission

Billing & Payment Process



CMS 1500 Form

Your documentation is the foundation for your billing claim using the CMS 1500 form.

The **CMS-1500 form** is the standard claim form used by a non-institutional provider or supplier to bill Medicare carriers and durable medical equipment regional carriers (DMERCs) when a provider qualifies for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. DHCF uses this form as record of billing for Medicaid services in the District.

CMS 1500 Form

- Demographics- Name, DOB, **1a** is the participant's Medicaid #, Address, etc.
- Date of current illness- date that you were authorized to provide the service
- Agency's Medicaid provider #
- Agency's NPI #
- Diagnosis Code- Z59
- *Resubmission Code- if you are re submitting a rejected claim, you reference that prior claim and what you have changed*
- Prior Authorization Number- You get this from DHS, annually. You need a new one when someone shifts from Housing Navigation to Housing Stabilization Services and reach out to DHS for this.

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CMS 1500 Form

- Dates of Service
  - For Housing Navigation, at least four lines should be populated to meet to reimbursement threshold of a service delivered at a minimum frequency of once per week within the month being billed.
  - For Housing Stabilization, at least two lines should be populated to meet to reimbursement threshold of a service delivered at a minimum frequency of twice a month, within the month being billed.

- Place of Service- “99 other” because you will have seen them in multiple places over the month

CMS 1500 Form

- Procedure codes with modifiers

Housing Navigation	$755.21	H0044 U1	Monthly Reimbursement (PMPM) for delivering a minimum of weekly contact and at least 2 face to face a month.
Housing Stabilization	$755.21	H0044 U2	Monthly Reimbursement (PMPM) for delivering at least 1 face to face engagement and 1 remote engagement with the beneficiary monthly

- Charges- $755.21
- Days or Units- 1 (for 1 month)

CMS 1500 Form

- Rendering Provider Id- this is your agency's Medicaid #. It MUST be linked to the NPI provided in 17a or the claim will be rejected.
- Federal tax ID
- Total charge- so if you billing for one person for one full month this is $755.
- Wet signature required on paper claims; Electronic signatures allowed able for electronic systems.
- Provider Billing Info:
  - Address (must match what is on file for this Medicaid ID# and this NPI#
  - Taxonomy code 251B00000X for case management

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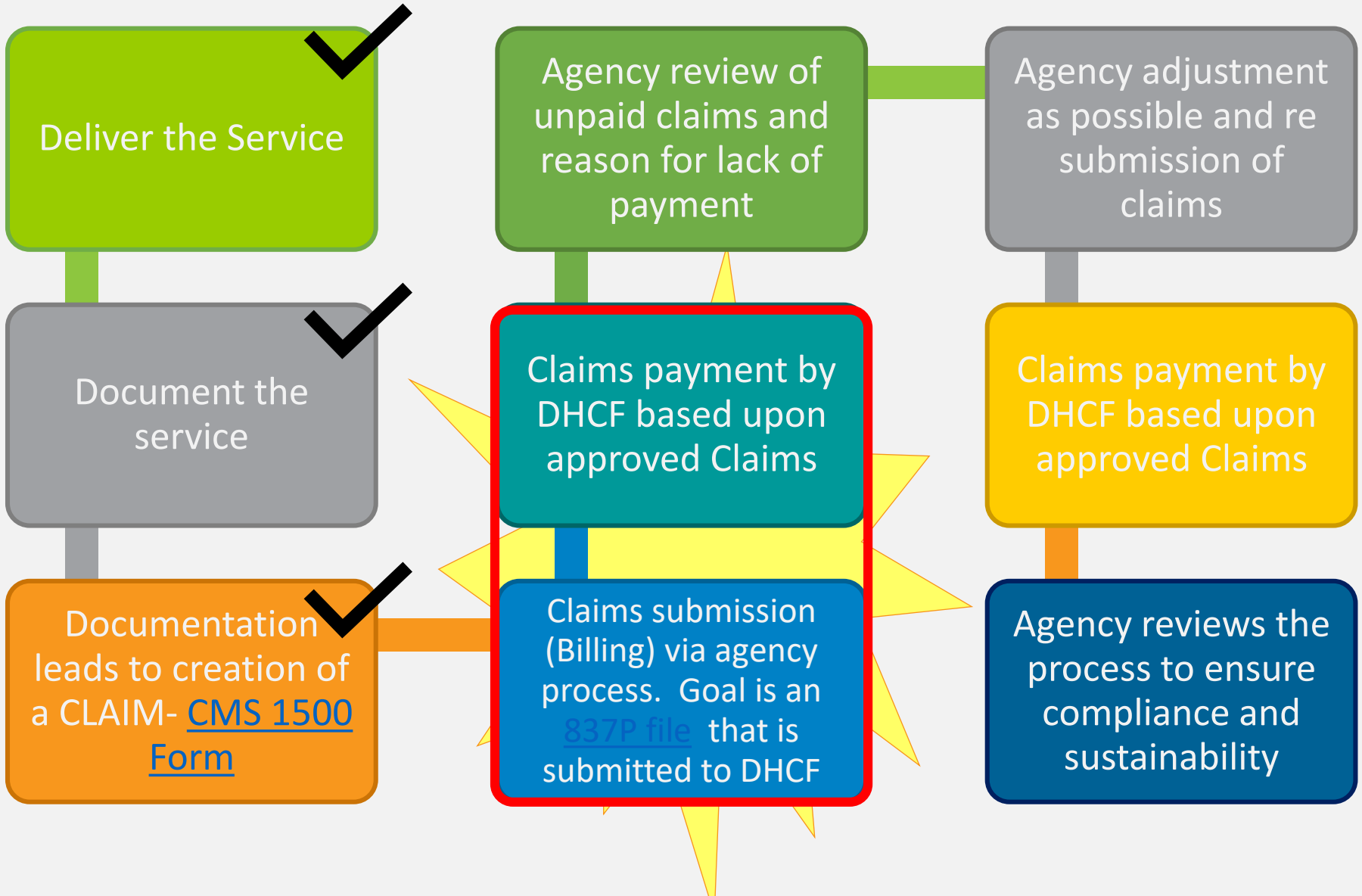
Billing & Payment Process



Remember, your agency needs to decide how they will submit claims and inform DHCF about that choice.

DC Medicaid Academy Schedule

Up Next

Q&A on today's session
Thursday, August 25th 12 PM about what we learned today.

Session 6: Quality Standards
Tuesday, August 30, 2022
3 PM -5PM EST

Planning ahead for Session 6

Who needs to attend:
Executive Director, Program Lead and QI

What do you need to gather and have access to during Session 6:

- ❑ Have your team workplan out and ready
- ❑ Have access to current policy manual and Quality Improvement Section
- ❑ Progress case notes from 2-Clients
- ❑ Client File

THANK YOU

Please join us again for one of our many course offerings.
Visit **www.csh.or/training**