Agreements For Today

- Stay present and listen openly
- Sit with discomfort
- Assume with good intent, acknowledge impact
- Listen with intent to learn
- Take space, make space
- Be brave with thinking big
- Respect Others
- Take care of yourself

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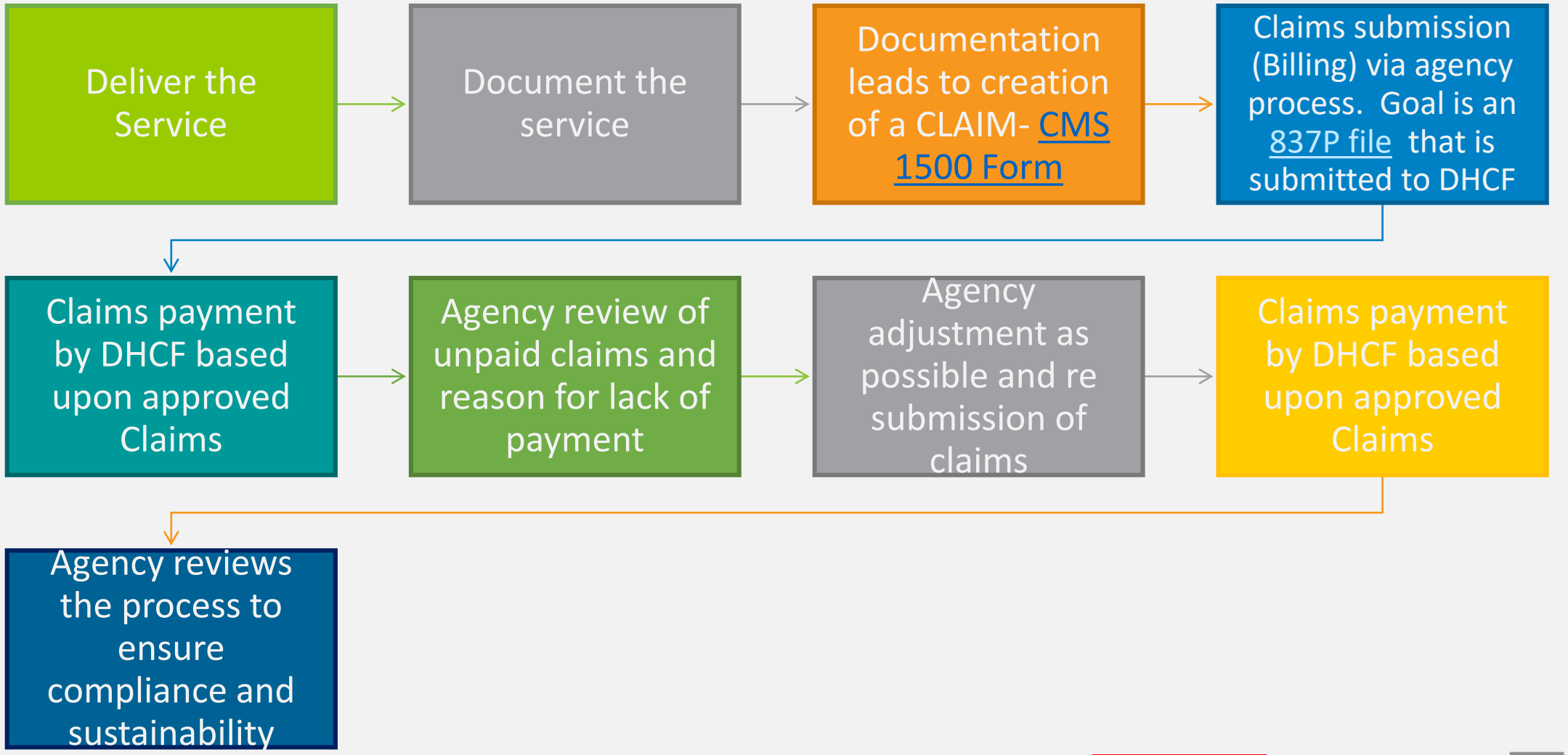
CSH

Billing & Payment Process



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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)
- ID Qualifier- NPI

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Electronic Claims Billing Options

- Electronic Health/Medical Record (EHR/EMR)
- Electronic Billing Systems-
  - Online Portal
  - The WINASAP system and its WINASAP User Manual
- Third Party Biller, meaning your agency pays another agency to do this work and they have the systems to do this for a fee.

These options are called EDI for Electronic Data Interchange

Preventing Fraud, Waste & Abuse – Provider Role

Conduct Regular Self-Audits

- Assists providers with prevention
- Identifies submission of erroneous claims
- Helps to prevent engaging in unlawful conduct involving the health care programs
- Aids in identifying inefficient business practices

https://dhcf.dc.gov/page/provider-self-audit

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Desk Audits and Reviews

- A **Desk Audit** is an audit or review conducted at the Division of Program Integrity.

- A notification letter with request for records may be sent to the provider and generally requires the provider to submit copies of the requested records.
  - Audit staff may conduct provider and/or provider personnel interviews by phone.
  - Some examples of desk audits and reviews are clinical reviews, pharmacy third party liability (TPL) audits, hospital outpatient claims audits, and hospital credit balance reviews.

- **Data mining/Algorithm Based Desk Audits and Reviews** are conducted by applying rules-based filters (called algorithms) to claims payment data to identify overpayments within the District of Columbia Medicaid program.

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Onsite/Field Audit

- The SURS team conducts an entrance conference with the providers designated personnel to:
  - Introduce each team member
  - Explain the nature and purpose of the utilization review
  - Request selected recipient medical records for the utilization review
  - Request all records, and items needed for the survey
  - Conduct the utilization review by following the survey tool which includes touring the facility to ascertain appropriateness of equipment and suitability of area for patient care and services
  - Conduct an exit conference to present tentative finding to provider
  - Have the provider representative sign the exit conference summation sheet indicating that they have had the opportunity the meet with the SURS team and was given an explanation of the tentative findings.

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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

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