Minnesota Housing Stabilization Services (HSS) Medicaid Academy

Session 5: Medicaid Documentation, Compliance and Billing

December 14th 12 p.m.-2 p.m. CT

CSH

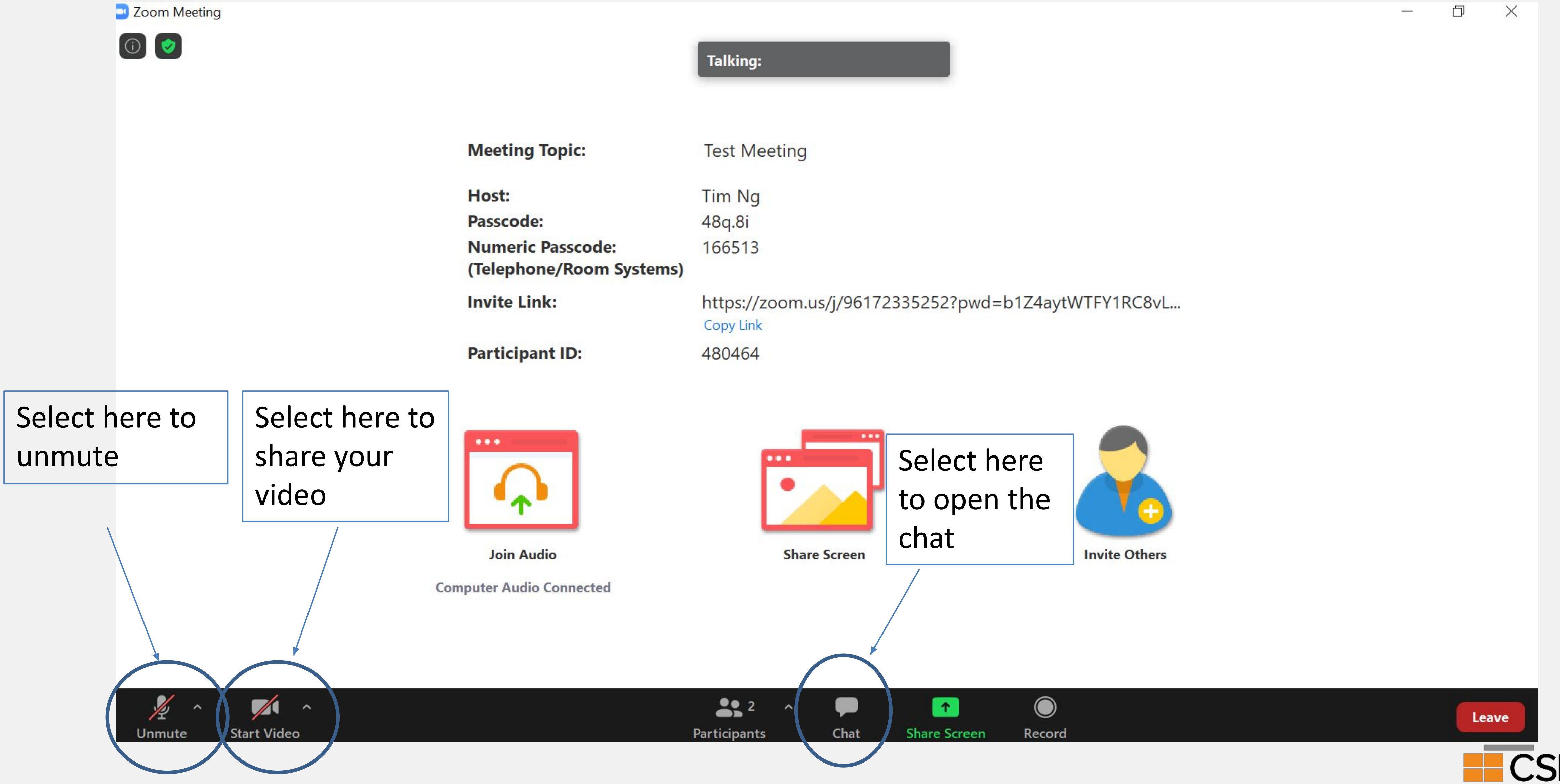
Ei-Consultants

MESH

North Star Policy Consulting

Welcome! We'll Begin Shortly

You are muted to reduce background noise



Terri Power

Ali Niemi

Skye Hart

Today's Facilitators

Tim Ng

Marcella Maguire

WELCOME!

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Which Skill or Talent Would you Love to Have?

Swimming

Waking Up at or Before 5 AM

Cooking

Drawing

Writing

Mind Reading

Socializing

Speaking Medicaid

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Purpose of Learning Sessions

DHS provides the WHAT

Housing Stabilization Services 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

Agency work plan creation

Opportunities for sharing experiences across agencies

Coaching for your agency

DHS HSS Training Materials at https://www.edchunk.com/HSS/HSSTraining.html

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Introducing Medicaid to your Agency: The Four Lenses

Programmatic

Strategic

Logistical

Analytical

Today we will...

1

Review key elements of Medicaid compliant documentation

2

Review the MCOs that cover your tenants and how to bill them for HSS

3

Practice internal audit review of documentation from your agency

4

Identify themes and areas needing improvement and create next steps in workplan

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Seven elements of effective compliance programs:

- →Compliance Officer
- →**Internal Monitoring and Audits**
- →Written Standards and Policies
- →Training and Education Programs
- →Open Lines of Communication
- →**Respond to Detected Problems**
- →Disciplinary Standards

http://oig.hhs.gov/compliance/provider-compliance-training/files/Compliance101tips508.pdf

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Important Documentation Considerations

- Current state of client charts
- Location and security of client charts
- Revisions needed for forms
  - Agency intake/assessment examples here.
  - Individualized service plans examples here.
  - Progress note templates here.
  - Quality Review outline here.

Medical Assistance recipient who is 18 years old or older

Disability or disabling condition + **Housing instability** + **Need for services due to limitations caused by the individual's disability**

Eligibility for Housing Stabilization Services

What elements make up a high quality individualized service plan at your agency now?

Service Plan Quality – Best Practice

- 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
- Client's voice is reflected in their service plan
- Goals are created *with* client and reflect client's own recovery goals
- Goals are reviewed with progress and barriers noted and new goals established

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Service Plan elements – best practice

- Goals formed from assessment
- Diagnosis/functional criteria
- Problem to be addressed
- Measureable and clear goals
- Smaller objectives to reach goal
- Strengths of client linked to the goal
- Timelines
- Roles and responsibilities
- Service type / intervention
- Progress and update

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Documentation: connect back to eligibility and needs/person centered plan

Eligibility and needs through person centered plan

Individual service plan goals

Progress notes

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Technical Elements of a Billable Progress Note

*red: not required but best practice

May be electronic or paper

- Date of entry
- Date the service was provided
- Start and End Times with am and pm designation/length of service in minutes
- Location/type of contact
- Client Name and ID#
- Service name and description
    - Client response, progress, changes
    - Next steps/appointment date and time
- Name, signature and title of service provider
- Service is linked back to goals in service plan

Writing the Progress Note Narrative

Focus on the service related to the housing instability

Relate service to needs assessed and service plan goals

Include direct client quotes but avoid unnecessary "he said" "she said"

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

Demonstrate "sufficient duration to accomplish the intent/goal"

Include the progress and plan for next steps (use helpful techniques like the SOAP note guidelines)

Justifying time spent

Demonstrate "sufficient duration to accomplish the intent and goal."

- Consider issues and challenges present at time of service
- Document best practice approaches used
- Note any functioning limitations that would cause session to be longer
- Document impact service had on client

*Use caution to not pressure staff for "productivity" that could lead to fraudulent note stretching (i.e. making a 2-minute call last 8 minutes in order to bill, even though extra time not medically necessary).

EXAMPLES

Subjective	Objective
“The apartment was a mess.”	Writer observed food, garbage, clothing and papers blocking walkways and vents.
“”Client was out of control and kicked out of the store.”	“Client was experiencing active paranoia and persecutory thoughts. Client began to scream at other shoppers. Security was called and escorted client out.
Client is doing much better living indoors.	“Client appeared calm, confident and in good health. Client showed writer how she stores her meds in her weekly pillbox. When asked how she is liking her new unit, client reported “I like this place, I mean I can’t stop smiling. I love it. Especially the A/C unit.”

Objective writing

Focus on the facts of what happened, avoid being too subjective or opinionated. Write notes knowing that these are the legal medical record or your client.

Connecting the note to the goals

Assessment

- Included diabetes

Service Plan

- Included goal of improving health, specifically diabetes A1c.

"Observed client had no food when conducting a home visit. Client stated that he was asking neighbors for food which resulted in complaints to property management. Accompanied client to grocery store. During the trip, discussed several important items with client. First, the importance of buying healthy food to help with diabetes. Second, discussed how to alert the housing case manager if he needs food instead of asking neighbors. Third, provided resources for healthy meals and diabetes information."

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Housing Stabilization Services Individualized Service Plan example

Person Centered plan developed by housing consultation agency

- I don't want to be evicted but want to stay in my apartment
- I want to learn how to get along with my neighbors

Recommendation – Client needs housing stabilization services – sustaining services because she is at risk of eviction due to continued negative interactions with neighbors and complaints by neighbors

Individualized Service plan developed by the housing stabilization services provider

- I will engage in anger management interventions to try to learn how to communicate better
- I will find productive things to do so I don't have too much time on my hands with nothing to do.

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Progress Note

- Met with client to discuss her housing issues regarding a potential eviction. This writer offered a non judgmental approach which allowed client to be open and honest. We discussed strategies she could look into utilizing to better resolve conflicts so she doesn't get evicted and possibly become homeless again.
- She agreed to attending anger management sessions to find new ways of resolving conflicts and communicating more positively with neighbors.
- We will meet twice weekly for 3 weeks and then weekly, after things get more stabilized. Client is hopeful about this plan and keeping her housing. This writer offered much support and encouragement to client.

Services Review

ELIGIBLE SERVICES

- Housing Consultation
- Housing Transition
  - Applying for benefits
  - Housing search activities
  - Understanding the lease and negotiating with landlords
  - Developing a budget
  - Ensure safety of new house
  - Remote support

DHS on Services

- Housing Stabilization
  - Housing support and crisis plan
  - Prevention/early identification of behaviors that could jeopardize housing
  - Rights/responsibilities of a tenant
  - Advocacy activities
  - Applying for/maintaining benefits/maintain income
  - Assistance in building natural supports/community resources
  - Remote support

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Services do not cover

- Deposits
- Food
- Furnishings
- Rent
- Utilities
- Room and board
- Moving expenses
    - Documentation
    - Travel without the client

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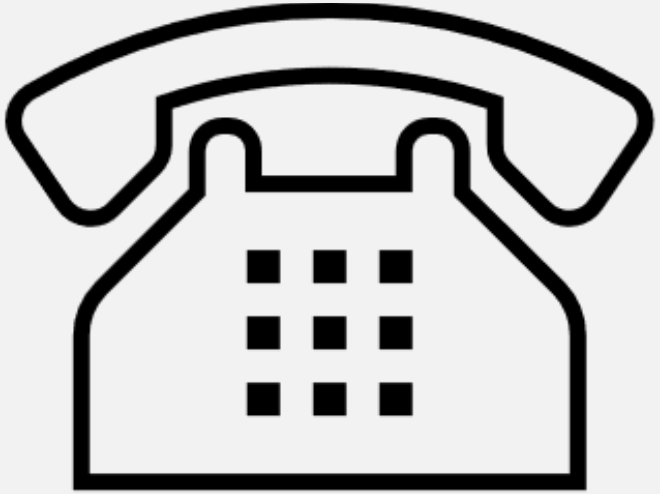
Remote support

- Services provided while not physically with the client
  - Includes phone, video conferencing and text messaging
  - Does NOT include email or fax or leaving a voicemail
- Limited to 20% of total services provided per month
  - Example: Billed 10 total hours, only 2 hours can be remote support
  - Limit waived during COVID
- Document and track in case notes
- Can request exception to 20% limit

- DHS policy on remote support



Indirect services

- Tasks performed on behalf of a client
- Service categories listed on the DHS policy site with an asterisk MAY be provided indirectly
- Must be documented in case notes
- Remote support limits do not apply; there are no limits on indirect services, although best practice is to provide services directly to the extent possible
- HSS team on the Remote and Indirect Support

Indirect v. direct services: Examples

- May be provided indirectly: “Supporting the person to apply for benefits to retain housing”
  - Indirect: You call client’s county financial worker from your office to follow up on a Housing Support application
  - Direct: While at a home visit, you and the client call the client’s county financial worker on speakerphone to follow up on the application
- Cannot be provided indirectly: “Developing, updating and modifying the housing support and crisis/safety plan on a regular basis”
  - Person needs to be involved in developing plan
- What if you are providing an indirect service on behalf of more than one client? e.g., calling a landlord about unit openings
  - Cannot bill the same 15 minute unit to multiple clients
  - Choose one and alternate which person you bill to
  - Must be calling about specific clients; general outreach is not billable

Team Break out

Practice writing progress notes

Stretch Break

BILLING

Tool Alert:
Billing Guide

DHS Support

- Billing Policy Overview
  - Claims must be submitted electronically

Service Description	Rate	Procedure Code	Unit
Housing Consultation	$174.22	T2024 U8	Per session
Housing Transition	$17.17	H2015 U8	Per 15-minute unit
Housing Sustaining	$17.17	H2015 U8/TS	Per 15-minute unit

DHS HHS Billing

- MHCP Billing Resources
- MN-ITS is Claim Submission for tenants who are covered under Fee for Service and DO NOT have an MCO

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Billing in 15 Minute Increments

You bill for 1 Unit when you see a person for	You bill for 2 Units when you see a person for	You bill for 3 Units when you see a person for
• 8 minutes to 22 minutes • 15 minutes (1X15) plus 7 minutes	• 23 minutes to 37 minutes • 30 minutes (2X15) plus 7 minutes	• 38 minutes to 52 minutes • 45 minutes (3X15) Plus 7

Basic Process: Billing MCOs

Service Activity

Complete CMS Form 1500

Medical Billing Software creates a claim

Claim Sent to the Clearinghouse that the MCO your are billing works with

Claim is accepted or rejected by the payer; Payer informs clearinghouse who informs the agency

Depending upon the reason for the rejection, the agency can re submit when corrected

Agency receives payment, depending upon how that was set up with the MCO

WITH Medical Billing Software, also called an Electronic Health Record

Tool Alert:

MCO Enrollment Guide

MCO Enrollment Guide for Housing Stabilization Services (HSS) Providers

Last Revised: May 27, 2021

This guide is not a substitute for official guidance from the Minnesota Department of Human Services or any Minnesota Medicaid Health Plan.

Table of Contents

PrimeWest

To enroll with PrimeWest, you must submit the following forms available on their New Facility Claim Requirements page:

- Non-Contracted Facility Information Form
- Electronic Funds Transfer (EFT) Authorization Agreement
  - Will need to submit either a **voided check** or **bank letter** with EFT Authorization Agreement
- Electronic Remittance Advice (ERA) Authorization Agreement
- W-9
- Recommended: Service approval confirmation letter from DHS

The New Facility Claim Requirements page states, "The EFT Authorization Agreement must be mailed or submitted via the provider web portal. Please return all other completed forms by fax to 1-320-762-1805, by email to claims@primewest.org, or by mail to:
Claims Department – Accounts Payable Coordinator
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308"

The EFT Authorization Agreement can be submitted via the provider web portal, but you cannot complete the registration process for the portal until PrimeWest reviews your application. Therefore, we recommend that you mail the EFT Authorization along with a voided check or bank letter when setting up an agreement with PrimeWest.

PrimeWest requires providers to use a clearinghouse for ERA. You must register with a clearinghouse before enrolling with PrimeWest. The clearinghouses available to submit claims electronically to PrimeWest are:

- Availity
- ClaimLynx
- EDS
- Waystar
- eProvider Solutions
- TriZetto
- HealthEC (MN E-Connect)
- PNC
- Office Ally
- Change Healthcare (RelayHealth)
- Change Healthcare (Emdeon)
- Tesia
- TruBridge
- Other

HealthEC (MN E-Connect) and Office Ally are free to use. More information about those tools are available from PrimeWest's Free Online Claims Submission Tools page.

Providers should contact the clearinghouse of their choice directly to register. If you are using an Electronic Health Records (EHR) software that offers billing services, contact your software's representative to determine

Non-Contracted Facility Information Form

PrimeWest HEALTH

Non-Contracted Facility Information Form

Facility name (legal) Sampleville Community Resource Center
Enter the business name you use to file income to the IRS (from the first line of the W-9 form)

Facility DBA name
Enter the business name you use to file income to the IRS (from the second line of the W-9 form)

Federal tax identification number 123456789 NPI/UMPI 111111111 Use the NPI or UMPI associated with your HSS provider enrollment.

Physical address 1234 Main Street
No PO Boxes

City Sampleville State MN Zip 50000

Phone # (612) 555-5555 Website address samplevillecrc.org

Pay-to address 1234 Main Street
Street address or PO Box

City Sampleville State MN Zip 50000

Mailing address 1234 Main Street
Street address or PO Box

City Sampleville State MN Zip 50000

Address where 1099 should be sent (select one):

- [x] Physical address
- [ ] Mailing address
- [ ] Pay-to address

Type of facility (check one)

- [ ] Community Mental Health Center – established under MN Stat. secs. 245.61 – 245.69 and enrolled with Minnesota Health Care Programs (MHCP) with provider type 10
- [ ] Rural Health Clinic – ***include a copy of the CMS All-inclusive Rate (AIR) for your facility***
  Medicare Online Survey, Certification, and Reporting (OSCAR) # __________
- [ ] Indian Health Service (IHS)
- [ ] Skilled Nursing Facility (SNF) – Medicare OSCAR # __________
- [ ] Federally Qualified Health Center (FQHC) – ***include a copy of FQHC rates for your facility***
  Medicare OSCAR # __________
- [ ] Critical Access Hospital (CAH) – ***include a copy of CMS CAH rates with this form and DHS CAH rates (if applicable)***
  Medicare OSCAR # __________
- [ ] General Acute Care Hospital – Medicare OSCAR # __________

Only list the HSS services you will be providing.

- [x] Other (describe) Housing Stabilization Services - (1) Consultation (2) Transition and Stabilization Services

No balance billing the member. By accepting PrimeWest Health payments, you agree to only bill or attempt to collect from the member any unpaid amounts on any remittance indicated as "member responsibility." JD (initial)

Name of person completing form Jane Doe

Phone # (612) 555-5555

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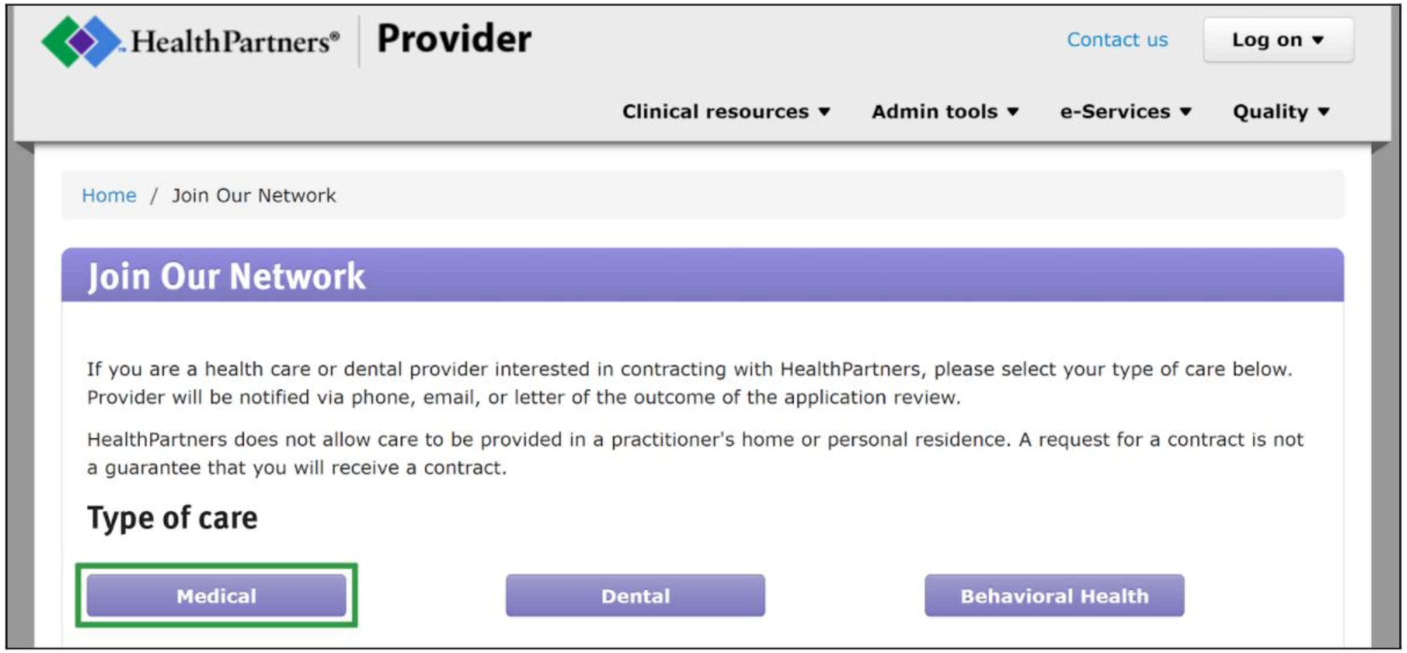
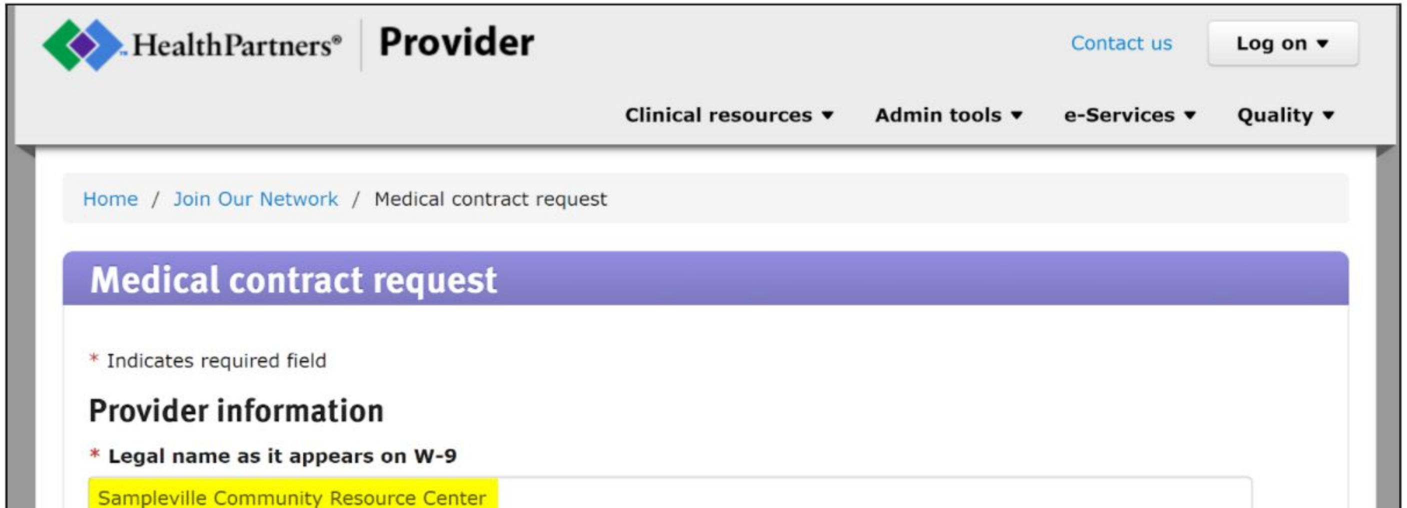
HealthPartners

To enroll with HealthPartners, fill out their Contract Inquiry online form as a medical provider.



Complete the form as shown below.



Tool Alert:
MCO Enrollment Guide

Getting set up in the MCOs' systems

Blue Plus

- If you don't go through contracting, you are being set up as an out of network provider and must complete a Contract Request Form
- If you do set up a contract, email form and DHS provider enrollment letter to Provider.Data@bluecrossmn.com
- Takes around 90 days to complete the process
- Details at HSS site
- Ben Waltz 651-662-2144 benjamin.waltz@bluecrossmn.com

Hennepin Health

- Submit Provider Information Form for Non-Contracted Providers (includes W-9), Automated Clearinghouse (ACH) Enrollment, voided check, and service approval confirmation letter from DHS to Kue Yang Thao
- Details at HSS site.
- Need to get set up in the HH Claims System
- For assistance, contact Kue Yang Thao at kue.yangthao@hennepin.us

Tool Alert:
MCO Enrollment Guide

Getting set up in the MCOs' systems

Health Partners

- Complete the Contract Inquiry online form as a medical provider
- Provider Relations page including instructions on claim submission
- Working to determine if there is another process
- Patricia Carter
  952-883-5492 patricia.a.carter@healthpartners.com

IM Care

- Submit Non-Contracted Facility Information Form, Electronic Funds Transfer (EFT) Authorization Agreement with either voided check or bank letter, Electronic Remittance Advice (ERA) Authorization Agreement, W-9; recommended: service approval confirmation letter from DHS
- IM Care's Provider Manual for HSS
- Contact is Celeste Tarbuck, celeste.tarbuck@co.itasca.mn.us

Tool Alert:
MCO Enrollment Guide

Getting set up in the MCOs' systems

Medica

- Need to set up as an Out Of Network provider and complete a form found here.
- FAQ
- Becky Bills
  952-992-2603, rebecca.bills@medica.com

PrimeWest

- Need to complete the New Facility Claim Requirements forms except Practitioner NPI/UMPI Notification/Request form
- PrimeWest HSS site
- Becky Walsh becky.walsh@primewest.org

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Tool Alert:
MCO Enrollment Guide

Getting set up in the MCOs' systems

South Country Health Alliance

- Submit Non-Contracted Facility Information Form, Electronic Funds Transfer (EFT) Authorization Agreement with either voided check or bank letter, Electronic Remittance Advice (ERA) Authorization Agreement, W-9; recommended: service approval confirmation letter from DHS
- Details at South Country Health Alliance Provider Manual
- Contact is Melissa Campbell
  507-431-6935 mcampbell@mnscha.org

UCare

- Complete the Facility Location Add Form (online form)
- Register in UCare Provider Portal to access and complete the EFT and ERA forms
- Details at UCare HSS site
- Contact is Mika Baer mbaer@ucare.org

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Electronic Health Records

TIPS & QUESTIONS TO CONSIDER:

- Talk through your internal process from service to documentation to billing
- Discuss with your team what you want the end result to be in a EHR
- Think big and scale back as needed
- Schedule meetings with agencies who already use a EHR to discuss the pros and cons and cost
- What does the software do without any individualized tailoring (i.e.: what was it meant for)
- What about ongoing support?
- Get three estimates and schedule test runs
- Get references
- Compare what you get for the cost

TOOL ALERT

HSS TA Team's HIPAA Guidance

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ClearingHouses

- The Role of a Clearinghouse is to aggregate electronic claim information via an electronic hub.

- This hub also works to ensure that claims information is submitted securely and accurately

Clearinghouses Used by the MCOs

Clearinghouse	**MCO**							
	Blue Plus	HealthPartners	Hennepin Health	Medica	UCare	PrimeWest	IMCare	South Country Health Alliance
Availity	✓	✓	✓	✓	✓	✓	✓	✓
Change Healthcare		✓	✓	✓	✓	✓	✓	✓
Claim Lynx		✓	✓		✓	✓	✓	✓
COBA							✓	
Cortex EDI					✓			
EDS						✓	✓	
eProvider Solutions					✓	✓		✓
HFMI					✓			
MN E-Connect		✓	✓	✓	✓	✓	✓	✓
Office Ally						✓	✓	✓
PNC					✓	✓		✓
PNT Data		✓						
Relay Health			✓					
Rycan							✓	✓
SSI Group					✓			
Tesia						✓		
TriZetto						✓		✓
TruBridge					✓	✓	✓	
Waystar					✓	✓		✓
Other			✓		✓	✓		✓

MCO Processes leading to Payment

Blue Plus

- Uses Availity as their Clearinghouse
- Provider Relations for HSS

Hennepin Health

- Uses multiple clearinghouses including Claim Lynx, Change Healthcare, Infotech Global akaMN E-Connect, and Availity
- Provider Relations for HSS

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MCO Processes leading to Payment

Health Partners

- Uses multiple clearinghouses including Claim Lynx, Change Healthcare, Infotech Global akaMN E-Connect, Availity and PNT Data
- Provider support is here.
- Helpful Claim Submission Guide
- Other Forms for Providers

IM Care

- Clearinghouses used include Infotech Global akaMN E-Connect, and Office Ally. Both are free.
- County Based Purchasing entity
- Forms needed before they process claims
- Billing Guidance

MCO Processes

Provider type is

18-HSS-HCBS

Medica

- HSS FAQ
- Clearinghouses include Availity and Infotech Global akaMN E-Connect,
- Claim Tool page- Use the "out of network provider set up form" to create an agreement between your agency and Medica, so they can pay you. They need a W-9 as well. Medica will asign your agency a unique Provider Identifier
- For additional questions, please contact the Provider Service Center at 1-800-458-5512.

Prime West

- HSS Page
- Requires Agencies to enroll with Prime West . To enroll agencies have 5 forms to complete found here.
- Uses multiple Clearinghouses including Claim Lynx, Change Healthcare, Infotech Global akaMN E-Connect, Availity E Provider Solutions and Office Ally
- Details on Billing Requirements

MCO Processes

Provider type is
18-HSS-HCBS

South Country Health Alliance

- County Based Purchasing Entity
- Provider Manual Details on HSS
- Provider Billing page
- Clearinghouse is Infotech Global akaMN E-Connect
- Non contracted providers must complete the following forms
- All claims must include the https://Claims Attachment Cover Sheet

UCare

- UCare Provider Relations
-

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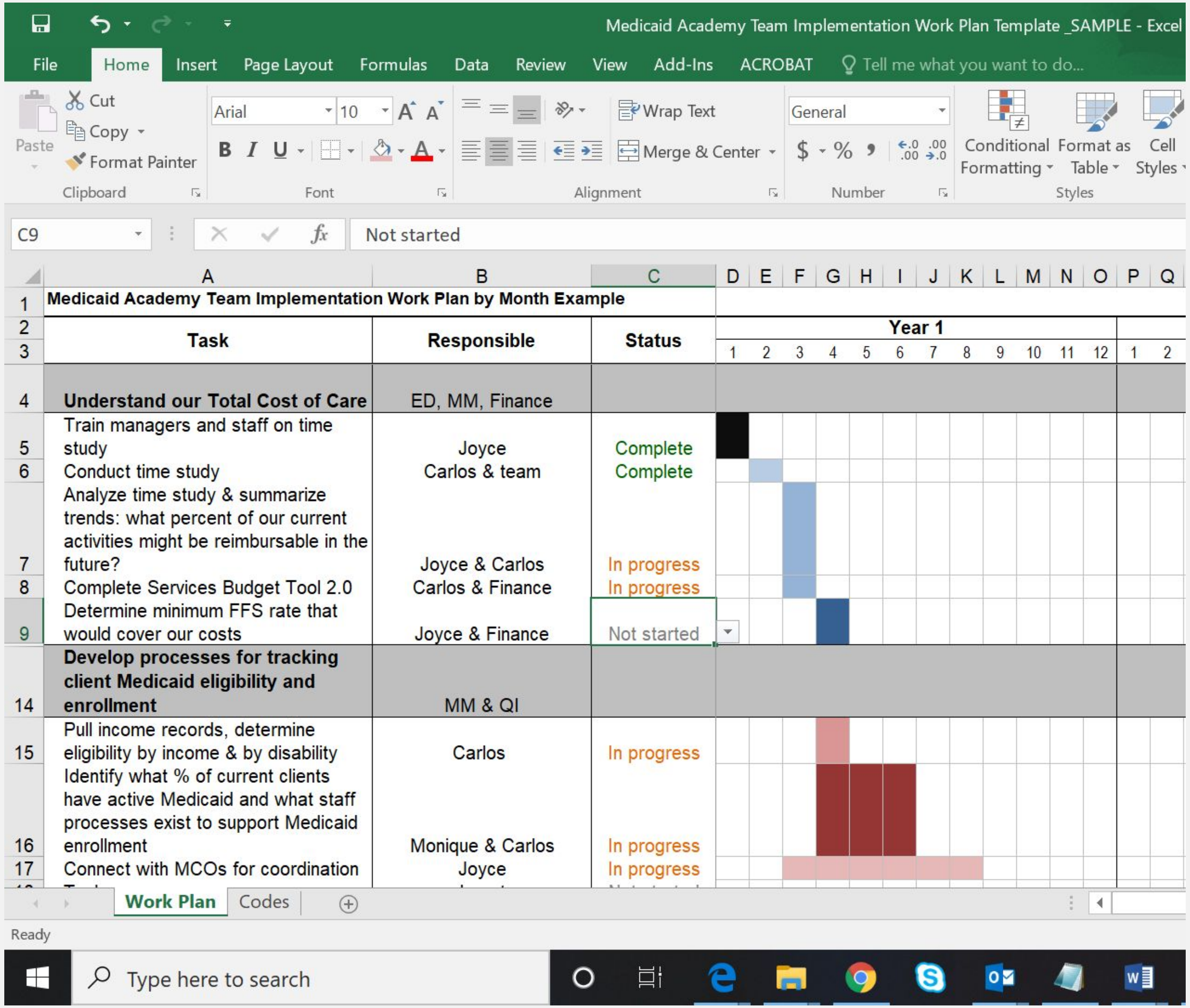
Agency Work Planning

Team Workplan Template Example



Medicaid Academy Team Implementation Work Plan Template _SAMPLE - Excel

Medicaid Academy Team Implementation Work Plan by Month Example

	Task	Responsible	Status
4	**Understand our Total Cost of Care**	ED, MM, Finance	
5	Train managers and staff on time study	Joyce	Complete
6	Conduct time study	Carlos & team	Complete
7	Analyze time study & summarize trends: what percent of our current activities might be reimbursable in the future?	Joyce & Carlos	In progress
8	Complete Services Budget Tool 2.0	Carlos & Finance	In progress
9	Determine minimum FFS rate that would cover our costs	Joyce & Finance	Not started
14	**Develop processes for tracking client Medicaid eligibility and enrollment**	MM & QI	
15	Pull income records, determine eligibility by income & by disability	Carlos	In progress
16	Identify what % of current clients have active Medicaid and what staff processes exist to support Medicaid enrollment	Monique & Carlos	In progress
17	Connect with MCOs for coordination	Joyce	In progress

Year 1: 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2

Work Plan | Codes

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Report Out: As a team, what to do items and timelines did you add to your work plan?

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Wrap Up and Reflection

Up Next:

Session 6: Thursday December 16th, 12-2 p.m. CT

Planning ahead for Session 6: Quality Assurance

Who needs to attend: Quality Improvement and Middle Management

What do you need to gather and have access to during Session 6: Current policy manual and any accompanying procedures and work plan

THANK YOU

Please join us again for one of our many course offerings.

Visit **www.csh.or/training**