Mental Health - Targeted Case Management Claiming

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MH – TCM Overview and Introduction

Mental Health – Targeted Case Management (MH – TCM) claiming is done for time records meeting the MH-TCM criteria for eligible clients. MH-TCM potential claims can be generated and edited. Claim batches can be created and then submitted to the MN-ITS mailbox.

Step-by-Step Navigation

Claim Batch Search

Claim Batch Search

1. Click the Healthcare Claiming button on the Task Panel, then select **Claim Batch Search**. Alternatively: Access Searches/Logs on the Windows toolbar, select Healthcare Claiming, then select **Claim Batch Search**.

2. **Batch status**: Select from the drop-down list if applicable.
3. **Claim category**: Select **MH-TCM** from the drop-down list.

4. **Claiming county**: This field displays for counties that share a database. Select from the **Claiming county** drop-down list if applicable.

5. **Date type** defaults to **Batch Dates**. Select from the drop-down list if applicable.

6. **Date range** defaults to **Custom**. Select from the drop-down list if applicable.

7. **From** and **To** fields can either be left blank or entered with dates when the **Date range** is **Custom**.

8. **Owner**: Select a name from the field drop-down list, if applicable, or leave the field blank to search all batches.

9. **Claim batch #**: Enter a number if known and applicable.

10. **Description**: Enter a description if filtering by this field.

11. Click **Search**.

---

**Create New Claim Batch**

**Create New Claim Batch**

![Image of Claim Batch Search interface]

**Claim Batch Search**

- **Batch status**: Draft
- **Claim category**: MH-TCM
- **Claim batch #**: 184247300
- **From date**: 06/01/2008
- **To date**: 06/30/2008
- **Owner**: Pearson, Mark
- **Description**: 

**Claim Batch Search Results**

- **Claim Category**: MH-TCM
- **Batch Status**: Draft
- **Date Range**: Custom
- **From Date**: 06/01/2008
- **To Date**: 06/30/2008
- **Owner**: Pearson, Mark
- **Description**: 

**New Claim Batch**

- **Claim category**: MH-TCM
- **Batch start date**: 06/01/2008
- **Batch end date**: 06/30/2008
- **Owner**: Pearson, Mark
- **Description**: 

**Claim Batch Search Results**

- **Claim Category**: MH-TCM
- **Batch Status**: Draft
- **Date Range**: Custom
- **From Date**: 06/01/2008
- **To Date**: 06/30/2008
- **Owner**: Pearson, Mark
- **Description**: 

**New Claim Batch**

- **Save**: Ctrl+S
- **Cancel**: Ctrl+X
- **Delete**: Ctrl+Del
- **Generate**: Ctrl+G
- **Submit**: Ctrl+U

**Healthcare Claiming Batch**

- **Search**: Ctrl+F
- **Data Cleanup**: Ctrl+R
Create New Claim Batch

1. Access the **Action** menu from the Claim Batch Search.
2. Select **New Claim Batch**.
3. **Claim category**: Select **MH-TCM**.
4. **Included record types** defaults to **Time only** and is not editable.
5. **Claim batch #** is system generated.
6. **Batch start date** must be the first day of the month.
7. **Batch end date** must be the last day of the month.
8. **Owner** autofills with the logged on worker, but is editable.
9. **Claiming county** only displays for counties sharing a database.
10. **Description**: Enter a description if applicable.
11. **Batch status** defaults to **Draft** and is not editable.
12. Click the **Generate** button.

Healthcare Claim Search
Healthcare Claim Search

1. Click the **Healthcare Claiming** button on the Task Panel and select **Healthcare Claim Searches**. Alternatively; access Searches/Logs on the Windows toolbar, select **Healthcare Claiming**, and select **Healthcare claim searches**.
2. **Claim #:** Enter a number if searching for a specific claim.
3. **Claim category:** Select **MH-TCM** from the drop-down menu, or leave blank to search all categories.
4. **Claim status:** Select a status from the drop-down list if applicable.
5. **Claiming county:** This field only displays for counties sharing a database. Select from the drop-down list if applicable.
6. **Date type:** Defaults to **Generated Date**. Select from the drop-down list if applicable.
7. **Date range** defaults to **Custom**. Select from the drop-down list if applicable.
8. **From** and **To** fields can either be left blank or entered with dates when the **Date range** is **Custom**.
9. **Client first name:** Enter a Client’s first name if applicable.
10. **Client last name:** Enter a Client’s last name if applicable.
11. **County person #:** Enter County person # if known and applicable.
12. **SSIS person #:** Enter SSIS person # if known and applicable.
13. **Person Search** quick add button: Click to search for a Client to select if applicable.
14. **PMI #:** Enter PMI # if known and applicable.
15. **HCPCS/ modifiers:** Select from the drop-down list or use the type ahead feature, if applicable.
16. **Bill type:** Select from the drop-down list if applicable.
17. **TCN:** Enter a Transaction Control Number if applicable.
18. Click **Search**.
Complete Navigation

Introduction

MH-TCM claiming for eligible time records functions in a like manner with other Health Care claiming. For example, claim batches are created, invalid time records are proofed, claims are submitted to MN-ITS, and responses are processed.

The security function of Create Health Care Claims is assigned in SSIS Admin to allow creating and submitting Health Care Claims. The security function of Manage Claims is assigned in SSIS Admin to allow changing the Batch Owner of a Claim Batch.

The security function of Enter Supplemental Eligibility is assigned in SSIS Admin to allow creating, editing and deleting MH-TCM eligibility information needed for claiming that is not received through an interface with other systems such as MMIS.
Claim Batch Search

Search using as many filters as needed. Using several search filters together yields fewer search results than using a single search filter.

The Claim Batch Search fields include:

- Searches (A drop-down list of previously saved searches)
- Max results – Defaults to 500 and is editable
- Search on open – Check the check box to search a particular saved search automatically when selecting a new Claim Batch Search.
- Batch status:
  - Draft (Status when Batch is first created. The batch may be empty or it may contain claims. Status remains Draft until the Batch is Submitted.)
  - Submitted (Status when the Batch is Submitted. Neither the Batch nor the individual Claims are editable when the Status is Submitted.)
  - Transmitted (The Claim Batch is sent to the County MN-ITS mailbox.)
− Transmission error (An error occurred attempting to send the Claim Batch or MMIS sent a response indicating the MN-ITS mailbox could not process the Claim Batch.)
− Receipt acknowledged (MMIS sent an acknowledgement for all claims in the Batch, indicating all the claims were successfully retrieved from the County MN-ITS mailbox.)
− Partial transmission error (MMIS sent a response indicating that the MN-ITS mailbox could only retrieve and process some of the claims in the Batch.)

• Claim category:
  − CW-TCM (Child Welfare Targeted Case Management for possible reimbursement from Medical Assistance)
  − LTCC (Long Term Care Consultation includes a variety of services to help clients make decisions about long term care.)
  − MH-TCM (Mental Health Targeted Case Management for possible reimbursement from Medical Assistance)
  − RSC (Relocation Service Coordination is a Medical Assistance benefit to assist recipients with transition from institutions to the community.)
  − Rule 5 (Child Residential Treatment Facility is a residential treatment program for children with severe emotional disturbance.)
  − VA/DD-TCM (Vulnerable Adults/Developmental Disabilities Targeted Case Management for possible reimbursement from Medical Assistance.)
  − Waiver and AC (Waivered Medical Assistance or Alternative Care programs).

• Date type:
  − Batch Dates (Default)
  − Generated Date
  − Submitted Date.

• Date range:
  − Today
  − Yesterday
  − This Week
  − Last Week
  − This Month
  − Last Month
  − This Quarter
  − Last Quarter
- This Year
- Last Year
- This Period
- Last Period
- Week to Date
- Month to Date
- Quarter to Date
- Year to Date
- Period to Date
- 1 Month History
- 2 Month History
- 3 Month History
- 6 Month History
- Custom (Default).

- From (Enter a date or select the date picker from the drop-down list.)
- To (Enter a date or select the date picker from the drop-down list.)
- Owner (Use the type ahead feature or select from the drop-down list of worker names.)
- Claim batch # (Search for a specific Claim batch # if known and applicable.)
- Description (Search for descriptions if applicable.)
- Search button
- Clear button (Clears all entered search criteria).

Claim Batch Search Results
The Claim Batch Search Results display as separate lines in the grid. The preview panel displays below the grid results.

The grid columns include:
- Claim Category
- Batch Start Date
- Batch End Date
- Batch Status
- Generated Date
- Submitted Date
- Owner
- Claims Total (Total amount on all claims in the batch)
- # of Claims (Count of all claims in the batch).

The preview panel includes four tabs:
- Claim category
- Claims
- Time Proofing
- Payment Proofing.

The Owner field is the only editable field.
The Claims tab displays separate lines for each claim in the grid. The grid columns include:

- Glyph Indicator
- Claim Category
- Claim Status
- Client Name
- First Service Date
- Last Service Date
- Units (Total number of units claimed)
- Amount (Total amount claimed)
- Paid Units (Number of units paid or to be paid by MMIS)
- Paid Amount (The amount paid or to be paid by MMIS)
- Claim Detail (Enabled when Claim Category is Waiver and AC or blank).
  - AC
  - CAC
  - CADI
  - DD
  - EW
  - TBI.

**Customize Grid**

**Customize Grid Window**

Additional grid columns can be accessed from the Customize window by right-clicking on any grid column heading; selecting Grid Options, then selecting Choose Columns. The additional grid columns include:
• Bill Type
  – Original Claim
  – Replacement
  – Void.
• Claim # (System generated)
• Claim Batch # (System generated)
• Claiming County
  – The County assigned to the claim, visible only in multi-county regions
• Client Responsibility (The amount the client is responsible to pay)
• County Person #
• DOB
• Generated Date
• HCPCS/Modifiers (The HCPCS/Modifiers on the claim)
• ICD-9 Diagnosis
• Original Claim # (Only displays on Replacement Claims and Voids)
• Place of Service (The MMIS place of Service)
  – School
  – Office
  – Home
  – Inpatient hospital
  – Outpatient hospital
  – Nursing facility
  – Custodial care facility
  – Other unlisted facility.
• PMI # (Person Master Index number from MMIS)
• Prior Authorization number (From the MMIS Service Agreement and used only on Waiver claims)
• SSIS Person #
• Status Date (Date and time the current status was set)
• TCN (MMIS claim generated Transaction Control Number)
• Unit Type (HCPCS/Modifiers Unit Type).

### Healthcare Claiming Tab

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Svc Code</th>
<th>Service Start Date</th>
<th>Service End Date</th>
<th>Rate</th>
<th>Units</th>
<th>Amount</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bach Fatu</td>
<td>694</td>
<td>04/01/2007</td>
<td>04/30/2007</td>
<td>355.00</td>
<td>1.00</td>
<td>55.00</td>
<td>inpatient hospital</td>
</tr>
</tbody>
</table>

|  1          |         | 1.00              | 55.00            |      |       |        |                        |
Double-click on an individual line in the Claims tab grid to display the Healthcare Claiming tab, Time Records tab, and Payments tab associated with the Claim selected in the grid.

**Time Proofing Tab**

The Time Proofing tab includes a Search button, a Clear button, and nine filtering check boxes:
- Time record (Select to filter by Time records.)
- Attempted contact (Select to filter by Attempted contacts.)
- Diagnosis (Select to filter by Diagnosis.)
- Duplicate claim (Select to filter by Duplicate claims.)
- MA eligibility (Select to filter by MA eligibility.)
- Supplemental eligibility (Select to filter by Supplemental eligibility.)
- Client (Select to select by Client.)
- Do not claim (Select to filter by Do not claim.)
- Staff not qualified (Select to filter by Staff not qualified.)

Click the Search button and view the Time Proofing error(s) in the grid. The grid columns include:
- Client Name
- Activity Date
- Svc Code (Service Code from the associated time record)
- Activity (From the Time record Activity field)
- Regarding Duration (Min.) (Allocated Time in minutes from the Time record Regarding section)
- Method (From the Time record Method field)
- Status (From the Time record Status field)
- Location (From the Time record Location field)
• Worker (Name of staff who created the Time record).

The Claim Error(s) display under the Data Clean-up tab. Click on the individual Claim Error(s) to review and edit incorrect data.

Payment Proofing

Payment Proofing Tab

Payment proofing errors do not display when the Claim Category is MH-TCM.

MH-TCM Claim Batch
The MH-TCM Claim Batch tab, Action menu includes:

- Save
- Cancel
- Delete
- Generate
- Submit.

MH-TCM Proofing Reports

Time Proofing Tab Error Categories and Descriptions

<table>
<thead>
<tr>
<th>Error Category</th>
<th>Error Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time record</td>
<td>No Staff Claim Qualifications-</td>
</tr>
<tr>
<td></td>
<td>The staff person on the Time Record must have a Claim Qualification record for the appropriate Claim Category in effect on the Activity date of the Time Record.</td>
</tr>
<tr>
<td></td>
<td>No Staff-provided Rate for the HCPCS/Modifiers –</td>
</tr>
<tr>
<td></td>
<td>A Staff-provided Rate for the HCPCS/Modifier must be effective on the Activity date on the Time Record.</td>
</tr>
<tr>
<td></td>
<td>County of Service not in the region-</td>
</tr>
<tr>
<td></td>
<td>The County of Service must be a county in the region.</td>
</tr>
<tr>
<td></td>
<td>First claimable contact must be Face-to-Face-</td>
</tr>
<tr>
<td></td>
<td>One or more Phone contacts exist in a month where no Face-to-Face contacts exist for that month and no prior claims have been submitted during the Supplemental Eligibility span.</td>
</tr>
<tr>
<td>Attempted Contact</td>
<td>Attempted Contact is not claimable-</td>
</tr>
<tr>
<td></td>
<td>Contact Status must be Completed to claim.</td>
</tr>
</tbody>
</table>
| **Diagnosis**       | MH Diagnosis required-
The Diagnosis code must be between 290.0 and 302.99 or between 306.0 and 316.0 |
|--------------------|-----------------------------------------------------------------|
| **Duplicate Claim**| Claim would be a duplicate-
A claim with the same HCPCS/Modifier and the same or an overlapping date range already exists for the client. |
| **MA Eligibility** | Client must be MA Eligible to claim-
Client must have an MMIS eligibility span in effect from the Service Start Date through the Service End Date. |
|                    | **Invalid Major Program**-
The Major Program on the Recipient Eligibility Span in effect during the Service Dates must be valid for the Claim Category. |
|                    | **No MMIS Eligibility Information**-
Client must have MMIS eligibility information to claim. |
|                    | **IMD Facility – client must be under 21 or over 64**-
Clients in an IMD Facility must be under age 21 or over age 64 on the first of the month, and living in one of the following Living Arrangements:
- State sex offender and forensic programs
- RTC – MI psychiatric inpatient hospital
- Rule 31 CD
- Rule 36 MI
- Private psychiatric inpatient hospital
- RTC – CD psychiatric inpatient hospital
- Out-of-state SED Residential Treatment Facility for children. |
| **Supplemental Eligibility** | No Supplemental Eligibility-
Client must have a Supplemental Eligibility in effect from the Service Start Date through the Service End Date. |
<table>
<thead>
<tr>
<th>Client</th>
<th>Missing PMI#-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Client must have a PMI # to claim.</td>
</tr>
<tr>
<td></td>
<td>Estimated DOB-</td>
</tr>
<tr>
<td></td>
<td>Client must have an Actual DOB.</td>
</tr>
</tbody>
</table>

| Do Not Claim            | Client marked Do Not Claim- |
|-------------------------| Client has a Do Not Claim record in effect at any time during the service dates of the Payment or Time Record. |

| Staff not Qualified     | Staff Claim Qualifications, Qualified = No- |
|-------------------------| No- is on the Claim Qualification record in effect for the Worker on the Time Record. |

## MH-TCM Claiming Requirements

Managed Health – Targeted Case Management (MH – TCM) claiming is done for time records meeting the MH-TCM criteria for eligible clients. MH-TCM potential claims can be validated or corrected, claim batches created, claims submitted to the MN-ITS mailbox and process responses from MMIS in a like manner with other Health Care Claiming.

## Required Data Entry Information

Eligible Staff Activity Time Records include:

- Services
  - 490 Child Rule 79 Case Management
  - 491 Adult Rule 79 Case Management.
- Activity is Client contact
- Contact Status is Completed
- Contact Method.
  - Face to Face
  - Phone (If the Contact Method is Phone, the Client Age must be greater than or equal to 18 on the 1st of the month.).
MH-TCM Eligibility

MH-TCM Eligibility Folder

Supplemental Health Care / MH-TCM Eligibility Record:
- A saved MH-TCM Eligibility record in effect on the Billable Contact Date.

MMIS Recipient Information includes:
- Client must be MA Eligible or MNCare Eligible on the Billable Contact Date. The MA program codes include:
  - DM (Demonstration to Maintain Indep. & Employment ‘DMIE’)
  - EH (Federally paid Emergency Medicaid)
  - MA (Federally paid Medical Assistance)
  - LL (MinnesotaCare Citizen Kids/PWS).

- Eligibility Status includes:
  - Active
  - Closed.
- Billable Contact Date is within the Eligibility Start Date and the Eligibility End Date.

Client Information includes:
- Client Age
  - Client Age is determined as of the 1st of the month in which the service was provided.
  - If the Client is 17 on the 1st day of the month, the Client is considered a child for the entire month even if the child has turned 18 on or before the Billable Contact Date.
• Diagnosis Codes include (Only MH Diagnosis codes are included on the claim):
  − Diagnosis Codes greater than or equal to 290.0 and less than or equal to 302.99
  − Diagnosis Codes greater than or equal to 306.0 and less than or equal to 316.0.

Additional Requirements include:
• A maximum of one MH-TCM claim can be submitted for any given month per Client
• All eligible Time records in a month are linked to the claim.
• A separate claim is created for each MH-TCM eligible client listed in the Regarding section of the Time record.
• For a month in which both Phone and Face-to-Face contacts occur, the Face-to-Face contact is claimed even though it may occur after the Phone contact.
• A Phone claim is created for a month in which only Phone contacts occur.
• There can be no more than two consecutive monthly Phone claims. If a Face-to-Face contact has not occurred in one of the previous two months, the Phone contact is not claimed. The first Contact Method of the first claimable contact must be Face-to-Face.
• Clients in an IMD Facility on the 1st of the month must be under 21 or over 64 and include Living Arrangements of:
  − State sex offender and forensic programs – IMD
  − RTC – MI psychiatric inpatient hospital – IMD
  − Rule 31 CD – IMD
  − Rule 36 MI – IMD
  − Private psychiatric inpatient hospital – IMD
  − RTC – CD psychiatric inpatient hospital – IMD
• If the Living Arrangement Start Date of an IMD Facility is on or before the 1st of the month of the Billable Contact Date; the Client Age as of the 1st of the month must be less than 21 or greater than 64.
• If the End Date of one Living Arrangement and the Start Date of the next Living Arrangement is the 1st of the month, the Living Arrangement that starts on the first of the month is used.
Information Displayed on MH-TCM Claim Records

- HCPCS/Modifiers include:
  - T2023 HA HE (MH-TCM, Child, Face to Face)
    - Client is under age 18
  - T2023 HE (MH-TCM, Adult, Face to Face)
    - Client is age 18 or older
  - T2023 HE U4 (MH-TCM, Adult, Phone)
    - Client is age 18 or older.
- Units display 1.
- Amount is the Staff-provided Rate for HCPCS/Modifiers.
- First Service Date is the 1st of the month of the Billable Contact Date.
- Last Service Date is the 1st of the month of the Billable Contact Date.
- Diagnosis Codes display as entered.
- Additional Program Requirements and Policy Information that is not included in SSIS Processing includes:
  - Based on the Client’s Age, the Client must be eligible for SPMI or SED on the Service Date:
    - If the Client is under 18 years old, the Client must be SED.
    - If the Client is over 18 years old, the Client must be SPMI.
  - A written Service Plan for the Client is required prior to claiming.

DHS Best Practice includes:
- Services provided to a Client under age 18 include:
  - 490 Child Rule 79 Case Management.
- Services provided to a Client age 18 or over include:
  - 491 Adult Rule 79 Case Management.

Related Information
- MMIS includes MH-TCM expenses in a client’s MA Spenddown when determining MA eligibility.
- Claims for clients in a MA Funded Facility are limited to 180 days for MH-TCM, VA/DD-TCM and RSC combined. The beginning of the 180 days is the Service Date of the first paid claim for MH-TCM, VA/DD-TCM or RSC. MMIS enforces this rule.