



MH-TCM Healthcare Claiming

Presenter – Mary Klinghagen



Fiscal Mentor Manual

- SSIS Claiming Helpful Hints and Proofing Messages
- Overview flow chart
- Hints for each Healthcare Claim Category
 - Claims for clients in a MA Funded Facility are limited to 180 days for VA/DD-TCM, MH-TCM and RSC-TCM combined. The beginning of the 180 days is the Service Date of the first paid claim for VA/DD-TCM, MH-TCM or RSC-TCM. MMIS enforces this rule and no editing is done in SSIS.
- Listing of Proofing Messages for each claim category
- Fiscal Reports and Descriptions



MH-TCM Claiming Requirements

MH-TCM claiming is done for Time Records meeting the MH-TCM criteria for eligible clients.



Eligible Staff Activity Time Records

- Services
 - 490 – Child Rule 79 Case Management
 - 491 – Adult Rule 79 Case Management
- Activities
 - Client contact
- Contact Status
 - Completed
- Contact Method
 - Face to face
 - Phone (valid only if the client is 18 or over)

Supplemental Healthcare Eligibility

SSIS Worker/Fiscal - 17.3.2.9 - [Freddy ILinc]

File View Searches/Logs Tools Window Help Testers

Searches

- MNYTD Se...
- Chart of Ac...
- Service Att...
- Payments
- Healthcare
 - Claim Batch Search
 - Healthcare Claim Searches
 - Healthcare Claim Reporting
 - Healthcare Eligibility Reporting
- State Reports

Freddy ILinc

- Address/Phone/Email/State Detail
- Adolescent Services
- Name/Race
- Relationship
- Education
- Employment
- Disability/Diagnosis/Substance
- Health/Insurance
- Medication/Checkup
- CWB/Infant and Toddler Intervention
- CMH Screenings and Assessments
- Court Actions
- Permanency
- MAPCY/DOC Assessments
- Workgroups & Intakes
- Client Eligibility Log
- Healthcare Eligibility from MMIS
- Housing Outcomes
- Employment Outcomes
- Supplemental Healthcare Eligibility
 - CW-TCM Eligibility
 - DD Screening
 - Do Not Claim Determination
 - LTC Screening
 - MH-TCM Eligibility
 - Revenue Account
 - Rule 5 Eligibility
 - VA/DO-TCM Eligibility
- Fiscal Details
- Special Studies
- Attached Files
- Documents

MH-TCM Start Date: 01/01/2017

MH-TCM End Date:

Person meets the legal criteria for SED or SPMI and has a current written Service Plan.

MH-TCM Start Date: 01/01/2017 MH-TCM End Date:

Workgroup: ILinc George AS Case Management 01/25/2010

MH-TCM Eligibility

- New MH-TCM Eligibility
- Print (Print)
- Save (Ctrl+S)
- Cancel
- Delete (Ctrl+Del)
- Print (Print)
- Print (Ctrl+P)
- Data Cleanup (F8)

MH-TCM Supplemental Healthcare Eligibility must be entered

(H950CT:08) Logged On: H950SSISQAAPP02QAC\May NUM 8/14/2017 10:49:29 AM 10%



MMIS Recipient Information

- Must be MA or MNCare Eligible
 - Major Program – MA Eligible
 - MA – Federally-Paid Medical Assistance
 - GM – General Assistance Medical Care (GAMC)
 - IM – IMD – Inst. for Mental Disease
 - NM – State Paid Medical Assistance
 - RM – Refugee
 - Major Program – MNCare Eligible
 - LL – MinnesotaCare Citizens Kids/PWS
 - BB – MinnesotaCare Adults = <175% FPG
 - FF – MinnesotaCare Parents = <275% FPG
 - JJ – MinnesotaCare Noncitizen Parents = <275% FPG
 - KK – MinnesotaCare Noncitizen Kids/PWS



MMIS Recipient Information cont.

- Eligibility Status must be
 - Active
 - Closed
- Billable Contact Date must be within the Eligibility Start Date and Eligibility End Date



Client Information

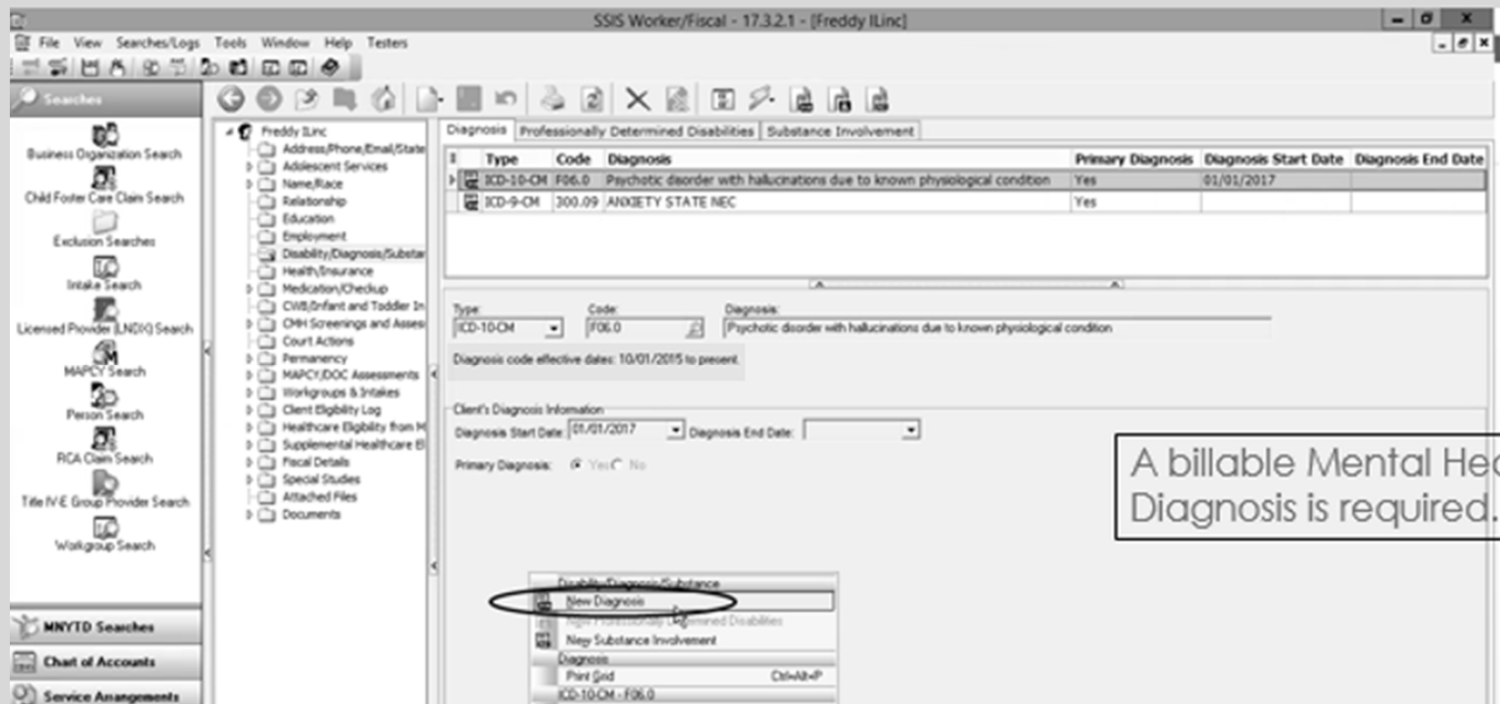
- Client age is determined as of the Billable Contact Date
- If the Contact Method = Phone, Client Age must be ≥ 18 on the Billable Contact Date



Diagnosis Codes

- SSIS Diagnosis Codes are included on the claim
 - ICD-10 Codes must be entered for Service Dates on or after 10/1/15
 - The ICD-10 Code must be a Mental Health specific code

Diagnosis Entry Screen



SSIS Worker/Fiscal - 17.3.2.1 - [Freddy ILinc]

File View Searches/Logs Tools Window Help Testers

Searches

- Business Organization Search
- Child Foster Care Claim Search
- Exclusion Searches
- Intake Search
- Licensed Provider (LNDQ) Search
- MAPCY Search
- Person Search
- RCA Claim Search
- Title I/VE Group Provider Search
- Workgroup Search

Freddy ILinc

- Address/Phone/Email/State
- Adolescent Services
- Name/Race
- Relationship
- Education
- Employment
- Disability/Diagnosis/Substan
- Health/Insurance
- Medication/Checkup
- CWIS/Infant and Toddler In
- OH Screenings and Asses
- Court Actions
- Permanency
- MAPCY/DOC Assessments
- Workgroups & Intakes
- Client Eligibility Log
- Healthcare Eligibility from M
- Supplemental Healthcare B
- Fiscal Details
- Special Studies
- Attached Files
- Documents

Type	Code	Diagnosis	Primary Diagnosis	Diagnosis Start Date	Diagnosis End Date
ICD-10-CM	F06.0	Psychotic disorder with hallucinations due to known physiological condition	Yes	01/01/2017	
ICD-9-CM	300.09	ANXIETY STATE NEC	Yes		

Type: ICD-10-CM Code: F06.0 Diagnosis: Psychotic disorder with hallucinations due to known physiological condition

Diagnosis code effective dates: 10/01/2015 to present.

Client's Diagnosis Information:

Diagnosis Start Date: 01/01/2017 Diagnosis End Date:

Primary Diagnosis: Yes No

New Diagnosis

New Professionally Determined Disabilities

New Substance Involvement

Diagnosis

Print Grid Ctrl+Alt+P

ICD-10-CM - F06.0

A billable Mental Health Diagnosis is required.



Additional Rules

- Maximum of one MH-TCM claim can be submitted per 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 a Phone and Face to face contact occur, the Face to face contact is claimed even though it may occur after the Phone contact



Additional Rules cont.

- A telephone contact is claimed for a month in which only a Phone contact occurs
- A Face to face contact must occur at least once every three months. There can be no more than two consecutive monthly Phone claims. If a Face to face claim does not exist in the previous two months, the Phone contact is not claimed.
- The Contact Method of the first claimable contact must be Face to face



Claim Record

- HCPCS/Modifiers
 - Client Age < 18
 - T2023 HA HE – MH-TCM, child, face-to-face
 - Client Age > 18
 - T2023 HE – MH-TCM, adult, face-to-face
 - T2023 HE U4 – MH-TCM, adult, telephone
- Units = 1
- First Service Date = Billable Contact Date
- Last Service Date = Billable Contact Date
- Diagnosis Code = SSIS Billable Diagnosis Code




Additional Edits NOT in SSIS – Eligibility

- Based on the client's age, the client must be eligible for SPMI or SED on the Service Date
 - If the client's age is under 18, the client must be SED eligible
 - If the client is between 18 and 21 and has received continuous MH-TCM services since before turning 18, the client can remain SED eligible or can be SPMI eligible
 - Otherwise, if the client is 18 or over, the client must be SPMI eligible
- Client must have a written service plan prior to claiming



Additional Edits NOT in SSIS – Eligibility cont.

- MMIS Exception code 758 displays when Waiver Case Management and MH-TCM were performed for the same client on the same date of service and you have determined that both services are billable. The claim must be resubmitted via MN-ITS with modifier '59' added to the denied service. See SSIS Update #380 for additional details.



Additional Edits NOT in SSIS – County Practice

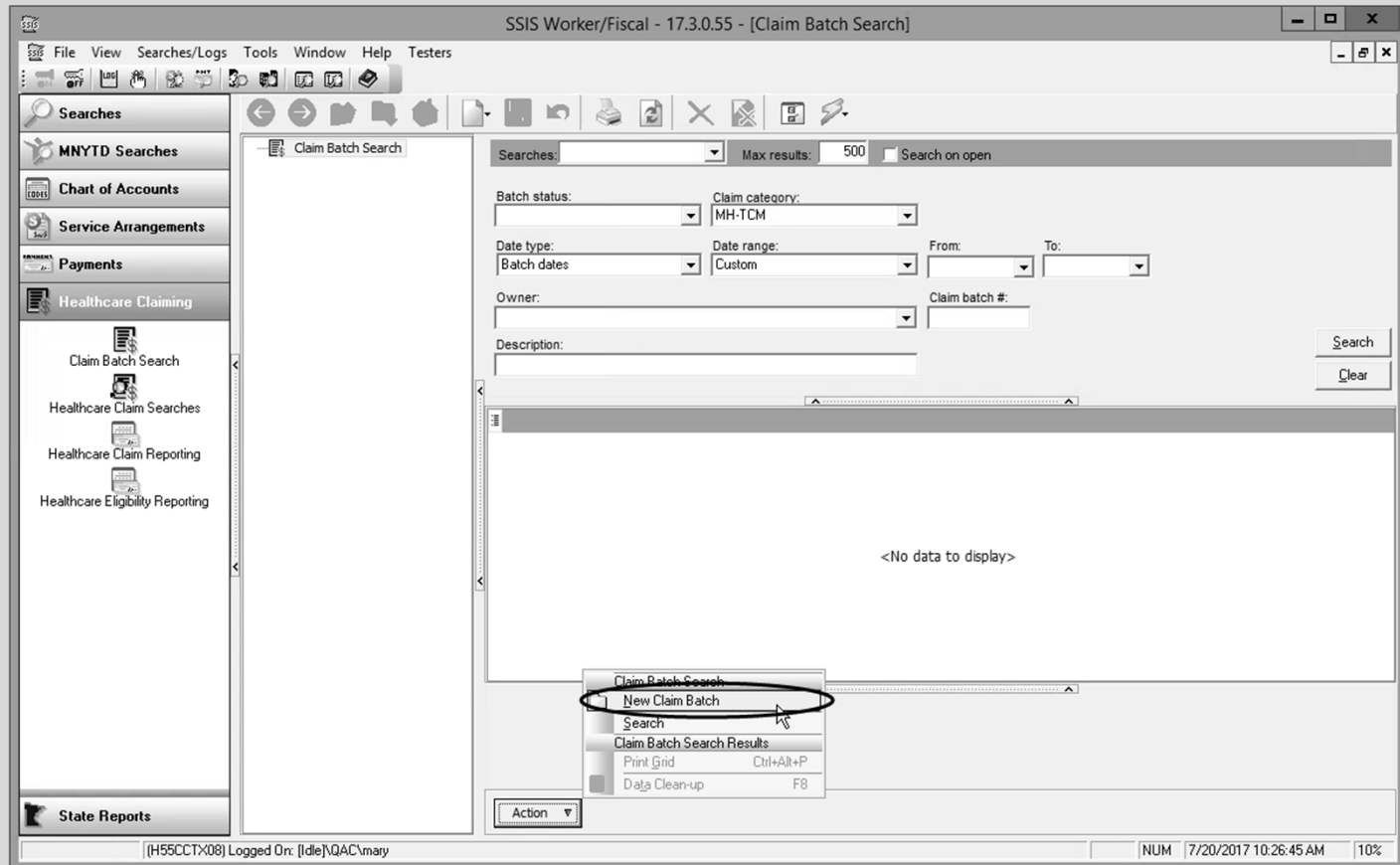
- Services provided to a client under age 18, should be recorded as
 - 490 – Child Rule 79 Case Management
- Services provided to a client age 18 or over, should be recorded as
 - 491 – Adult Rule 79 Case Management



Misc. Notes

- MH-TCM expenses are included as a part of a person's spenddown for MA eligibility
- Claims for clients in a MA Funded Facility are limited to 180 days for VA/DD-TCM, MH-TCM and RSC-TCM combined. The beginning of the 180 days is the Service Date of the first paid claim for VA/DD-TCM, MH-TCM or RSC-TCM. MMIS enforces this rule

Creating a MH-TCM Claim Batch



Generating a MH-TCM Claim Batch

SSIS Worker/Fiscal - 17.3.2.9 - [Claim Batch Search]

File View Searches/Logs Tools Window Help Testers

Searches

MNYTD Se...

Chart of Ac...

Service Arr...

Payments

Healthcare ...

Claim Batch Search

Healthcare Claim Searches

Healthcare Claim Reporting

Healthcare Eligibility Reporting

State Reports

Claim Batch Search

- MH-TCM (Draft) 07/01/2017 - 07/31/2017
- MH-TCM (Draft) 10/01/2016 - 10/31/2016
- MH-TCM (Submitted) 03/01/2010 - 03/31/2010
- MH-TCM (Submitted) 03/01/2009 - 03/31/2009
- MH-TCM (Submitted) 02/01/2008 - 02/29/2008
- MH-TCM (Submitted) 10/01/2007 - 11/30/2007
- MH-TCM (Submitted) 10/01/2007 - 10/31/2007
- MH-TCM (Submitted) 10/01/2007 - 10/31/2007
- MH-TCM (Submitted) 03/01/2007 - 05/31/2007
- MH-TCM (Receipt acknowledged) 01/01/2007 - 01/31/2007
- MH-TCM (Draft) 08/01/2006 - 08/31/2006
- MH-TCM (Submitted) 05/01/2006 - 05/31/2006
- MH-TCM (Submitted) 03/01/2005 - 04/30/2005

MH-TCM (Draft) 07/01/2017 - 07/31/2017 Claims Time Proofing

Claim category: MH-TCM Included record types: Time only Claim batch #: 195019554

Batch start date: 07/01/2017 Batch end date: 07/31/2017

Owner: Klinghagen, Mary

Description: Fiscal Mentor Meeting Batch - MH-TCM

Batch status: Draft Generated date: 07/20/2017 10:34:59 AM Submitted date:

Claims total: \$75.00 # of claims: 1 Generate

Action

(H55CCTX08) Logged On: H55CSSISQAAPP02\QAC\Mary NUM 8/14/2017 9:07:06 AM 8%

MH-TCM – Claim Tab

The screenshot displays the SSIS Worker/Fiscal software interface. The title bar reads "SSIS Worker/Fiscal - 17.3.0.55 - [Claim Batch Search]". The menu bar includes File, View, Searches/Logs, Tools, Window, Help, and Testers. A sidebar on the left contains various search and reporting options under "Searches", "MNYTD Searches", "Chart of Accounts", "Service Arrangements", "Payments", and "Healthcare Claiming".

The main window shows a table of claims with the following data:

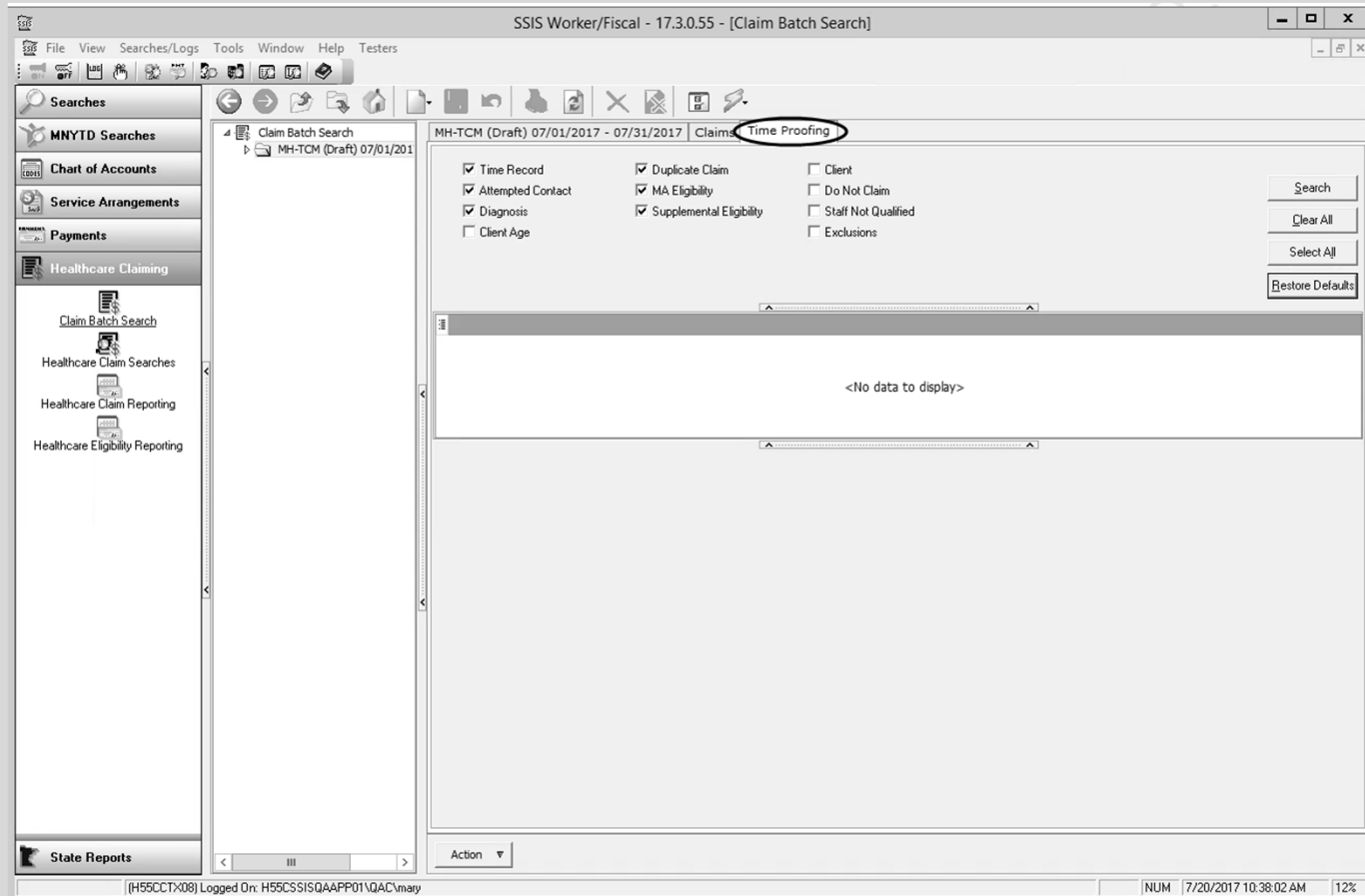
Claim Category	Claim Status	Disposition	Client Name	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Claim Detail
MH-TCM	Draft	Open	ILinc, Freddy	7/11/2017	7/11/2017	1	\$75.00			

Below the table, the "Healthcare Claim" tab is active, showing a detailed form for claim # 196398933. The form includes fields for:

- Claim #: 196398933
- Claim category: MH-TCM
- Claim detail: (dropdown)
- Generated date: 07/20/2017 10:34:59 AM
- First service date: 07/11/2017
- Last service date: 07/11/2017
- Claim status: Draft
- Status date: 07/20/2017 10:34:59 AM
- Bill type: Original claim
- Original claim #: (empty)
- Disposition: Open
- Disposition date: 07/20/2017 10:34:59 AM
- Units: 1
- Amount: \$75.00
- TCN: (empty)
- Allowed units: (empty)
- Paid amount: (empty)
- Client responsibility: (empty)
- Unit type: Month
- Client name: ILinc, Freddy
- SSIS person #: 188923681
- PMI #: 03169727
- HCPCS/modifiers: T2023 HA HE - MH-TCM, child, face-to-face
- Diagnosis: F06.0 - Psychotic disorder with hallucinations due to known physiological condition
- Place of service: Home
- Prior authorization number: (empty)
- Rule 5 facility name: (empty)
- Rule 5 provider number: Rule 5 NP/UMPL

The status bar at the bottom shows "(H55CCTX08) Logged On: H55C5SISQAAPP01\QAC\mary" and "NUM | 7/20/2017 10:36:41 AM | 12%".

MH-TCM – Time Proofing Tab



MH-TCM – Time Proofing Results

SSIS Worker/Fiscal - 17.3.0.55 - [Claim Batch Search]

File View Searches/Logs Tools Window Help Testers

Searches

MNYTD Searches

Chart of Accounts

Service Arrangements

Payments

Healthcare Claiming

Claim Batch Search

Healthcare Claim Searches

Healthcare Claim Reporting

Healthcare Eligibility Reporting

State Reports

Tree Data Clean-up

ILinc, Rodney - 07/11/2017

Claim Errors

Client: No PMI #

MH-TCM (Draft) 07/01/2017 - 07/31/2017 Claim: Time Proofing

Time Record Duplicate Claim Client

Attempted Contact MA Eligibility Do Not Claim

Diagnosis Supplemental Eligibility Staff Not Qualified

Client Age Exclusions

Search

Clear All

Select All

Restore Defaults

Svc Code	Activity Date	Activity	Regarding Duration (Min)	Method	Status	Location	Worker
Client Name : Ilinc, Rodney							
490	07/11/2017 12:00:00 AM	Client contact	20	Face to face	Completed	Field/home	Klinghagen, Mary
Client Name : Ilinc, Sandy							
490	07/11/2017 12:00:00 AM	Client contact	20	Face to face	Completed	Field/home	Klinghagen, Mary

Date: 7/11/2017 12:00 AM

Activity

Workgroup: ILinc George AS Case Management 01/25/2010 Caseload

Program: 420 - Children's Mental Health

Service: 490 - Child Rule 79 Case Management

County sub-service:

Activity: Client contact

Duration: Hr: 1 Min: 0

Cnty Acctg:

Regarding:

No. of Persons: 3

Mary LeadingZerosTest

Lynn LeadingZerosTest

Skye LeadingZerosTest

Kenneth LeadingZerosTest

Sandy ILinc

Rodney ILinc

Elizabeth ILinc

George ILinc

Freddy ILinc

Allocate Time

Note:

Home visit with Freddy to talk about his counseling and how his new medications are working for him. Things are going well he will continue with his care plan.

Action

[H55CCTX08] Logged On: H55CSISQAAPP01\JAC\mary NUM 7/20/2017 10:40:21 AM 13%



Time Proofing – Time Record Category

- No Staff Qualification
- No Staff-provided Rate for the HCPCS/Modifiers
- County of Service not in the region
- First claimable contact must be “Face to face”
- “Face to Face” contact required every 3 months

2003 – No MH-TCM Staff Qualifications for the worker on the activity date

SSIS Administration 17.3.2.9 - [User Search]

Searches: [] Max results: 500 Search on open 0:07 Secs, 1 Results

First name: [] Last name: [Klinghagen] Active workers only [Search] [Clear]

Name	Employee Type	County Entity	Role
Klinghagen, Mary	County/Tribal employee	Social Services	Mary

Klinghagen, Mary | Program restrictions | Department Assignments | Unit Assignments | Units supervised | **Qualifications** | Special Studies

Type	Claim Category	Qualified	Start Date	End Date
Healthcare claiming	Waiver and AC	Yes	01/01/2005	
Healthcare claiming	LTCC	Yes	01/01/2003	
Healthcare claiming	CW-TCM	Yes	01/01/2004	
Healthcare claiming	MH-TCM	Yes	01/01/2004	

Type: [Healthcare claiming] Qualified: Yes No

Claim Category: [] Start Date: [] End Date: []

- Name Search
- New User
- Open in New Window
- User
- Print Grid Ctrl+Alt+P
- Qualifications
- New Qualification**
- Qualification
- Save Ctrl+S
- Cancel
- Delete Ctrl+Del
- Search
- Data Cleanup F8

Qualified to claim must = Yes

(H5SCCT008) Logged On: H5SC525QAAPP01\QAC\Mary 8/14/2017 11:06:17 AM

2004 – No Staff-provided Rate for the HCPCS/Modifiers on the activity date

SSIS Administration 17.3.0.55 - [Programs and Services Administration]

HCPCS/ Modifier	HCPCS/Modifier Description	Start Date	End Date	HCPCS Unit Type
T2023 HA HE	MH-TCM, child, face-to-face	1/1/2004		Month
T2023 HE	MH-TCM, adult, face-to-face	1/1/2004		Month
T2023 HE HW	MH-TCM, adult, face-to-face by state staff	1/1/2004	12/31/2007	Month
T2023 HE HW U4	MH-TCM, adult, telephone by state staff	1/1/2004	12/31/2007	Month
T3033 ME U4	MH-TCM, adult, telephone	1/1/2004		Month

T2023 HA HE - MH-TCM, child, face-to-face

HCPCS: T2023 Mod 1: HA Mod 2: HE Mod 3: Mod 4:

HCPCS/Modifier description: MH-TCM, child, face-to-face

HCPCS unit type: Month

Start date: 1/1/2004 End date:

Claim category: MH-TCM Diagnosis required: Yes

Include time: Yes No Include payments: Yes No

Billing information: Client must be less than 18 years of age as of the 1st of the month. Client cannot receive MH TCM in the same calendar month as RSC TCM.

HCPCS/ Modifier Information

Claimable Services | Self-provided Rates

Code	Service Description	Assoc Start	Assoc End
490	Child Rule 79 Case Management	1/1/2004	
491	Adult Rule 79 Case Management	1/1/2004	

Action

SSISCT008 Logged On: [User] 7/20/2017 1:41:32 PM

A rate must be in effect for the HCPCS/Modifier.

Staff-provided Rates Tab

The screenshot displays the SSIS Administration interface for HCPCS/Modifier management. The main window shows a list of modifiers and a detailed view for the selected modifier, T2023 HA HE. The 'Staff-provided Rates' tab is active, showing a table with one row: Rate \$75.0000, HCPCS Unit Type Month, Rate Start Date 01/01/2004, and Claim Detail. A context menu is open over the table, with 'New Staff-provided Rate' circled in red.

HCPCS/ Modifier	HCPCS/Modifier Description	Start Date	End Date	HCPCS Unit Type
T2023 HA HE	MH-TCM, child, face-to-face	1/1/2004		Month
T2023 HE	MH-TCM, adult, face-to-face	1/1/2004		Month
T2023 HE HW	MH-TCM, adult, face-to-face by state staff	1/1/2004	12/31/2007	Month
T2023 HE HW U4	MH-TCM, adult, telephone by state staff	1/1/2004	12/31/2007	Month
T2023 HE U4	MH-TCM, adult, telephone	1/1/2004		Month

T2023 HA HE- MH-TCM, child, face-to-face

HCPCS: T2023 Mod 1: HA Mod 2: HE Mod 3: Mod 4:

HCPCS/Modifier description: MH-TCM, child, face-to-face

HCPCS unit type: Month

Start date: 1/1/2004 End date:

Claim category: MH-TCM Diagnosis required: Yes

Include time: Yes No Include payments: Yes No

HCPCS/ Modifier Information

Claimable Services Staff-provided Rates

Rate	HCPCS Unit Type	Rate Start Date	Rate End Date	Claim Detail
\$75.0000	Month	01/01/2004		

Context Menu:

- Print Grid (Ctrl+Alt+P)
- HCPCS/ Modifier Information
- New Claimable Service
- New Staff-provided Rate**
- Rate 1/1/2004
- Save (Ctrl+S)
- Cancel
- Delete (Ctrl+Del)
- Data Clean-up (F8)

Action

(H5SCCTX08) Logged On: H5SCSSISQAAPP02\QAC\mary 7/20/2017 1:44:18 PM

2014 – County of Service not in the region

Tree Data Clean-up

MHtcm, Amos Regions - 02/15/20

Claim Errors

- Time Record: County of Service (Alfkin) is not in the region.

Error Help

Help Description

The County of Service must match the Claiming County on the Claim Batch. Record is not valid for any county in this region. (Message #2014)

Date: 2/15/2006 05:21 PM

Activity

Workgroup: MHtcm Not in Region AMH Case Management 12/06/2007 Caseload

Program: 410 - Adult Mental Health No. of Persons: 1

Service: 491 - Adult Rule 79 Case Management

County sub-service:

Activity: Client contact

Duration: Hr: 0 Min: 30

City Accty:

Allocate Time

Regarding:

- Thea Regions MHtcm
- Amos Regions MHtcm
- Randy Region MHtcm
- Caleb Regions MHtcm

Note

E

Contact

Purpose:

Status: Completed Attempted

Method: Face to face

Location: Field/home

Contact With:

- Thea Regions MHtcm
- Amos Regions MHtcm
- Randy Region MHtcm
- Caleb Regions MHtcm

REGIONS ONLY:
County of Service
on the Workgroup
Setup must be within
the Region.

2203 – First claimable contact must be “Face to face”

Date: 8/15/2006 12:00 AM

Activity

Workgroup: VOID MH-TDM WG AMH Case Management 10/22/2008

Program: 410 - Adult Mental Health No. of Persons: 1

Service: 491 - Adult Rule 79 Case Management

County sub-service:

Activity: Client contact

Duration: Hr: 1 Min: 0

City Acctg:

Regarding:

- Quilan Beth Mhlcn
- Rachel Beth Mhlcn
- Ralph Beth Mhlcn
- Randolph Beth Mhlcn
- Raven Beth Mhlcn
- Sabastine Beth Mhlcn
- Sabrina Beth Mhlcn
- Sade Beth Mhlcn
- Calux Beth Mhlcn

Note:

E

Contact:

Purpose: Scenario 235 add phone contact for month 3

Status: Completed Attempted

Method: Phone

Location: Office

Contact With:

- 1 Quilan Beth Mhlcn
- Rachel Beth Mhlcn
- Ralph Beth Mhlcn
- Randolph Beth Mhlcn

The first claimable contact for the client must be Face to face.

2204 – “Face to face” contact required at least once every 3 months

Date: 8/6/2006 07:53 AM

Activity

Workgroup: Primary Testing AMH Case Management 12/04/2007 Caseload

Program: 410 - Adult Mental Health No. of Persons: 1

Service: 431 - Adult Rule 79 Case Management

County sub-service:

Activity: Client contact

Duration: 0 Hr. 25 Min.

Only Accty:

Regarding:

- Cora Pooling MHTCM
- Cooley Pooling MHTCM
- Ivan Pooling MHTCM
- Irene Pooling MHTCM
- Woody Pooling MHTCM
- Wilma Pooling MHTCM
- Holly Pooling MHTCM
- Sammie Mhtcm
- Marilyn Pooling MHTCM

Allocate Time

Note:

E

Contact:

Purpose:

Status: Completed Attempted

Method: Phone

Location: Field/home

Contact With:

- Cora Pooling MHTCM
- Cooley Pooling MHTCM
- Ivan Pooling MHTCM
- Irene Pooling MHTCM

Action

A Face to face visit is required at least once every 3 months. No more than 2 consecutive phone contacts can be claimed.



Time Proofing – Attempted Contact Category

- Attempted Contact is not claimable

2202 – “Contact Status” (Attempted) is not claimable

Date: 7/1/2005 03:12 PM

Activity

Workgroup: Beth's MH-TCM Time AMH Case Management 12/05/2007 Caseload

Program: 410 - Adult Mental Health No. of Persons: 1

Service: 491 - Adult Rule 79 Case Management

County sub-service:

Activity: Client contact

Duration: 1 Hr 0 Min

Only Acctg:

Note:

E

Contact:

Purpose: M768

Status: Completed Attempted

Method: Face to face

Location: Field/home

Contact With:

Action

Time Record: 1 of 14

NUM 8/14/2017 11:16:09 AM 11%

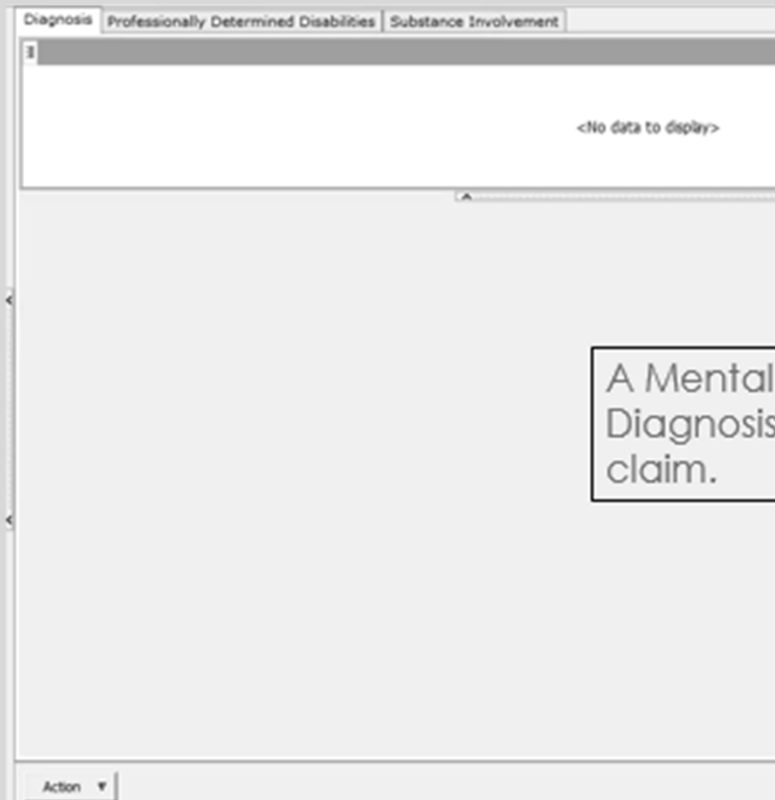
Only Completed contacts are claimable



Time Proofing – Diagnosis Category

- MH Diagnosis is required

2020 – A Mental Health Diagnosis is required



A Mental Health
Diagnosis is required to
claim.




Time Proofing – Client Age Category

- Phone contact – client must be 18 or over

2211 – “Contact Method” (Phone) requires Age (17) on the service date to be 18 or over

Name / Status / Gender				
Prefix	First name	Middle name	Last name	Suffix
Legal Name:	Caren	Poolong	MHTCM	<input type="checkbox"/> Unknown
Clearing Status:	Uncleared Client		Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female
Birth/Death Information				
Date of birth:	2/12/1990	Age:	27 years	Date of death:
Est. date of birth:		Est. Age:		
Birth location:	County	State	Country	
Person numbers				
County Person #:		SSIS Person #:	185569221	SWNDX #:
SSN:		PMI #:	01052872	SMI #:
US Citizenship				
US citizenship status:		Verification method:		
US citizenship date:		Date verified:		
Other				
Primary Language:		Interpreter Needed:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Hispanic heritage:		Qualifies under ICWA:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Marital Status:				

Phone contacts are only claimable for clients 18 years old or over.



Time Proofing – Duplicate Claim Category

- Claim would be a duplicate

2017 – One or more claims already exist during the service dates

Claim Category	Claim Status	Disposition	Client Name	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Claim Detail
MH-TCM	Submitted	Open	Mhtrcn, Cottonwood Suppl	05/01/2007	05/01/2007	1	\$75.00			
CW-TCM	Submitted	Open	Mhtrcn, Cottonwood Suppl	05/01/2007	05/01/2007	1	\$115.00			

Count: 2 2 190.00 0 \$0.00

Claim # 194329827 Claim category: MH-TCM Claim detail: Generated date: 12/18/2007 11:35:20 AM

First service date: 05/01/2007 Last service date: 05/01/2007 Claim status: Submitted Status date: 12/18/2007 11:36:38 AM

Bill type: Original claim Original claim #: Disposition: Open Disposition date: 12/18/2007 11:35:20 AM

Units: 1 Amount: \$75.00 TCN: Unit type: Month

Allowed units: Paid amount: Client responsibility: SSS person #: 104258999 PMI #: 03001597

Client name: Mhtrcn, Cottonwood Suppl

HCPCS/Modifiers: T2023 HA HE - MH-TCM, chld, face-to-face

Diagnosis: 300.09 - ANXIETY STATE NEC

Place of service: Other unlisted facility Prior authorization number:

Rule #, facility name: Rule #, provider number: Rule #, NPI#:

Action

RCCY:088 Logged On: H95C5515QAAPP02/QAC/May NUM 8/14/2017 11:25:45 AM 12%



Time Proofing – MA Eligibility Category

- Client must be MA Eligible to claim
- Invalid Major Program
- No MMIS Eligibility Information

2010 – No Eligibility Span exists for the service dates

Major Program Code	Major Program	Eligibility Type	Status	Begin Date	End Date	MMIS Case Number
LL	MinnesotaCare Citizen Kids/PWS	MinnesotaCare Children Group 2	Closed	07/01/2005	11/30/2006	

Major Program:

Eligibility Type:

Status: MMIS Case Number:

Begin Date: End Date:

A valid MMIS Eligibility Span must exist for the service dates.

2011 – The Major Program is not valid for MH-TCM

Major Program:	<input type="text" value="NM - State-Paid Medical Assistance"/>	<input type="button" value="v"/>
Eligibility Type:	<input type="text" value="CK - Children Ages 2 thru 18"/>	<input type="button" value="v"/>
Status:	<input type="text" value="A - Active"/>	<input type="button" value="v"/>
MMIS Case Number:	<input type="text"/>	
Begin Date:	<input type="text" value="03/01/2006"/>	<input type="button" value="v"/>
End Date:	<input type="text"/>	

The Major Program in effect must be valid.



MA Eligible - Valid Major Programs

MA Eligible

- MA – Federally-Paid Medical Assistance
- GM – General Assistance Medical Care (GAMC)
- IM – IMD – Inst. For Mental Disease
- NM – State-Paid Medical Assistance
- RM - Refugee



MNCare Eligible – Valid Major Programs

MNCare Eligible

- LL – MinnesotaCare Citizen Kids/PWS
- BB – MinnesotaCare Adults = <175% FPG
- FF - MinnesotaCare Parents = <275% FPG
- JJ - MinnesotaCare Noncitizen Parents = <275% FPG
- KK - MinnesotaCare Noncitizen Kids/PWS

2021 – The client has no Healthcare Eligibility from MMIS

Date: 9/5/2007 10:43 AM

Activity

Workgroup: Primary Testing AMH Case Management 12/04/2007 Caseload

Program: 410 - Adult Mental Health No. of Persons: 1

Service: 431 - Adult Rule 79 Case Managemen

County sub-service:

Activity: Client contact

Duration: Hr: 0 Min: 20

City Accty:

Note:

Contact:

Purpose:

Status: Completed Attempted

Method: Phone

Location: Office

Regarding:

- Nut Pooling MHTCM
- Mick Pooling MHTCM
- Mudock Pooling MHTCM
- India Pooling MHTCM
- Red Pooling MHTCM
- Runion Pooling MHTCM
- Cab Pooling MHTCM
- Kath Pooling MHTCM
- Menden Pooling MHTCM

Allocate Time

Contact With:

- 1 Mick Pooling MHTCM
- Mudock Pooling MHTCM
- India Pooling MHTCM
- Red Pooling MHTCM

The client must have MMIS Eligibility information



Time Proofing – Supplemental Eligibility Category

- No Supplemental Eligibility

2015 – No MH-TCM Supplemental Eligibility Exists for the service dates



The client must have a MH-TCM Supplemental Healthcare Eligibility record.


MH-TCM Supplemental Eligibility Entry Screen

MH-TCM Start Date	MH-TCM End Date

Person meets the legal criteria for SED or SPMI and has a current written Service Plan.

MH-TCM Start Date: MH-TCM End Date:

Workgroup:



Time Proofing – Client Category

- Missing PMI#
- Estimated DOB

1018 – No PMI

Name / Status / Gender						
Legal Name:	Prefix: <input type="text"/>	First name: <input type="text" value="Beatrice"/>	Middle name: <input type="text"/>	Last name: <input type="text" value="Bear"/>	Suffix: <input type="text"/>	<input type="checkbox"/> Unknown
Clearing Status:	<input type="text" value="Client"/>		Gender:	<input type="radio"/> Male <input checked="" type="radio"/> Female		
Birth/Death Information						
Date of birth:	<input type="text"/>	Age:	<input type="text" value="39 years"/>	Date of death:	<input type="text"/>	
Est. date of birth:	<input type="text" value="2/20/1978"/>	Est. Age:	<input type="text" value="39"/>			
Birth location:	County: <input type="text"/>	State: <input type="text"/>	Country: <input type="text"/>			
Person numbers						
County Person #:	<input type="text"/>	SSIS Person #:	<input type="text" value="89140489"/>	SWNDX #:	<input type="text" value="29482897"/>	
SSN:	<input type="text" value="234-56-7899"/>	PMI #:	<input type="text"/>	SMI #:	<input type="text"/>	
US Citizenship						
US citizenship status:	<input type="text"/>		Verification method:	<input type="text"/>		
US citizenship date:	<input type="text"/>		Date verified:	<input type="text"/>		
Other						
Primary Language:	<input type="text"/>					
Hispanic heritage:	<input type="text" value="No"/>		Interpreter Needed:	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Marital Status:	<input type="text"/>		Qualifies under ICWA:	<input type="radio"/> Yes <input checked="" type="radio"/> No		

The client must have a PMI #

107 – Est. date of birth

Name / Status / Gender

Legal Name: Prefix: First name: Middle name: Last name: Suffix: Unknown

Clearing Status: Client Gender: Male Female

Birth/Death Information

Date of birth: [] Age: 39 years* Date of death: []

Est. date of birth: 2/20/1978 Est. Age: 39

Birth location: County: State: Country:

Person numbers:

County Person #: SSI Person #: 00140409 SWNDX #: 29482007

SSI #: 234-56-7899 PMI #: SMI #:

US Citizenship

US citizenship status: Verification method:

US citizenship date: Date verified:

Other

Primary Language:

Hispanic heritage: No Interpreter Needed: Yes No

Marital Status: Qualifies under ICWA: Yes No

Action

The client must have an actual Date of birth.



Time Proofing – Do Not Claim Category

- Client marked “Do Not Claim”

2008 – A Do Not Claim Determination is in effect on the service dates

Do Not Claim Determination | Plan Prior Authorization

Claim Category: MH-TCM

Start Date: 12/01/2006 End Date: 12/31/2006

Reason: Other


Plan:

Individual Policy Number: Group Policy Number:

Comments:

Workgroup:

A Do Not Claim Determination record is in effect.



Time Proofing – Staff Not Qualified Category

- Staff Claim Qualifications, Qualified = No

2018 – “Qualified” = “No” on the MH-TCM Staff Qualifications for the worker on the activity date

Date: 9/1/2007 03:26 PM

Activity

Workgroup: Mhrcm-January ClaimQual AMH Assessment 10/01/2007

Program: 410 - Adult Mental Health

Service: 491 - Adult Rule 79 Case Management

County sub-service:

Activity: Client contact

Duration: 0 Hr 25 Min

City Acctg:

Note:

Regarding:

- January ClaimQual Mhrcm
- February ClaimQual Mhrcm
- March ClaimQual Mhrcm
- April ClaimQual Mhrcm
- May ClaimQual Mhrcm
- June ClaimQual Mhrcm
- August ClaimQual Mhrcm
- September ClaimQual Mhrcm

Allocate Time

Contact:

Purpose:

Status: Completed Attempted

Method: Face to face

Location: Field/home

Contact With:

- January ClaimQual Mhrcm
- February ClaimQual Mhrcm
- March ClaimQual Mhrcm

Qualified to claim must = Yes.

Staff Qualifications Entry

Searches: Max results: Search on open 0.08 Secs, 1 Results

First name: Last name: Active workers only

Name	Employee Type	County Entity	Role
> Mhtcm, Openno Claimqual	County/Tribal employee	Social Services	Deanna's role

Mhtcm, Openno Claimqual | Program restrictions | Department Assignments | Unit Assignments | Units supervised | **Qualifications** | Special Studies

Type	Claim Category	Qualified	Start Date	End Date
Healthcare claiming	CW-TCM	Yes	09/01/2007	
> Healthcare claiming	MH-TCM	No	09/01/2007	

Type: Qualified: Yes No

Claim Category:

Start Date: End Date:



Time Proofing – Exclusions Category

- Exclusions Exist – Time Records

2051 – An Exclusion for Healthcare Claiming exists

Mhtcm, Sleepyeye Suppl - 01/15/2008 Exclusions

Exclude From	Reason	Create Date	Additional Information
Healthcare Claiming	Other	10/02/2013	Test Exclusions test scenario 1060

Exclude From: Healthcare Claiming Create Date: 10/02/2013

Reason: Other

Additional Information: Test Exclusions test scenario 1060

Submitting the batch

MH-TCM (Draft) 07/01/2017 - 07/31/2017 Claims Time Proofing

Claim category: MH-TCM Included record types: Time only Claim batch #: 195019554

Batch start date: 07/01/2017 Batch end date: 07/31/2017

Owner: Klinghagen, Mary

Description: Fiscal Mentor Meeting Batch - MH-TCM

Batch status: Draft Date: Generate

Claims total: Generate

Context Menu:

- Claim Batch Search
- New Claim Batch
- Claim Batch Search Results
- Print Grid Ctrl+Alt+P
- MH-TCM (Draft) 07/01/2017 - 07/31/2017
- Save Ctrl+S
- Cancel
- Delete Ctrl+Del
- Generate
- Submit Ctrl+U**
- Search
- Data Clean-up F8

Action ▼

Updates to the Submitted Batch

MH-TCM (Submitted) 10/01/2007 - 10/31/2007 Claims Time Proofing

Claim category: MH-TCM Included record types: Time only Claim batch #: 184315740

Batch start date: 10/01/2007 Batch end date: 10/31/2007

Owner: Klinghagen, Mary

Description:

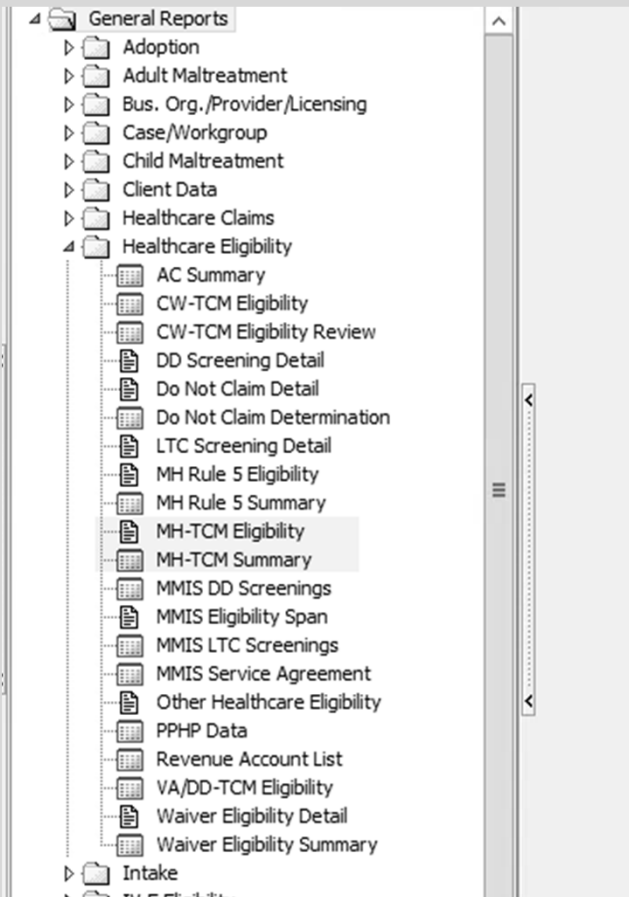
Batch status: Submitted Generated date: 12/17/2007 10:25:21 AM Submitted date: 12/17/2007 10:29:28 AM

Claims total: \$55.00 # of claims: 1

MH-TCM (Submitted) 10/01/2007 - 10/31/2007 Claims Time Proofing

Claim Category	Claim Status	Disposition	Client Name	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Claim Detail
MH-TCM	Submitted	Open	Mhtcm, Filbert Time	10/1/2007	10/1/2007	1	\$55.00			

MH-TCM Reports



MH-TCM Eligibility Report

Setup Preview

Date Range

Period: Custom

From: To:

Report on:

Department Unit Worker All

Include in Report

Include Diagnosis Information

Include Living Arrangement Information

Include MMIS Recipient Eligibility

Client

First Name: Last Name: County Person #: SSIS Person #:

Page Break on New Client

Search

Clear

MH-TCM Eligibility Report Results

Setup Preview

80 1

MH-TCM Eligibility

Date Range: Custom (01/01/2017 - 06/30/2017)
 Report on: All
 Include Diagnosis Information: Yes
 Include Living Arrangement Information: Yes
 Include MMIS Recipient Eligibility: Yes

Use this report: This report can be used to view supplemental eligibility information for MH-TCM clients.
 Description: The report lists clients with MH-TCM eligibility that is open any day during the date range selected on the report setup screen. Options are available to include Diagnosis Information, Recipient Eligibility Span history or Living Arrangement history.
 Note: Estimated date of birth prints with an asterisk.

Name	SSIS Person #	PMI #	Date of Birth	Gender
Bubblehead, Billy Bob	110968017		04/12/1987	MALE

MH-TCM

Start Date	End Date	Current Primary Worker	Workgroup	Workgroup #
04/25/2006		J - Judd, Dan	Bubblehead Billy Bob ALS Assessment 12/01/2003	110968011

Diagnosis

Type	Code	Diagnosis	Primary	Start Date	End Date
DSM-IV	290.11	Dementia of the Alzheimer's type, with early onset, with delirium	Yes	08/08/2001	
DSM-IV	290.13	Dementia of the Alzheimer's type, with early onset, with depressed mood	No	08/10/1993	

Name	SSIS Person #	PMI #	Date of Birth	Gender
Carlson, Connie	89138471		09/01/1978	FEMALE

MH-TCM

Start Date	End Date	Current Primary Worker	Workgroup	Workgroup #
01/01/2007		Zinda, Maureen S	Carlson Connie CP Assessment 07/02/2001	101678535

MH-TCM Summary Report

Setup MH-TCM Summary

Date Range

Period: Custom

From: To:

Report on:

Department Unit Worker All

Search

Clear

MH-TCM Summary Report Results

Setup MH-TCM Summary

Current Primary Worker Name - SSIS Person #

PMI #	Start Date	End Date
<input type="checkbox"/> Name - SSIS Person # : Cwtcm, Cabbage Suppelig #183709372		
03204403	07/01/2007	
<input checked="" type="checkbox"/> Name - SSIS Person # : Cwtcm, Spinich Suppelig #183709392		
<input checked="" type="checkbox"/> Name - SSIS Person # : Huffman, Julie Marie #115036037		
<input checked="" type="checkbox"/> Name - SSIS Person # : Ilinc, Elizabeth #188923586		
<input checked="" type="checkbox"/> Name - SSIS Person # : Knack, Barbara L #118858609		
<input checked="" type="checkbox"/> Name - SSIS Person # : Merge, Sally #155675314		
<input checked="" type="checkbox"/> Name - SSIS Person # : Mhtcm, Acorn Time #184266952		
<input checked="" type="checkbox"/> Name - SSIS Person # : Mhtcm, Adair Imd #184064147		
<input checked="" type="checkbox"/> Name - SSIS Person # : Mhtcm, Adam Proofing #184157718		
<input checked="" type="checkbox"/> Name - SSIS Person # : Mhtcm, Agnes Imd #184234601		
<input checked="" type="checkbox"/> Name - SSIS Person # : Mhtcm, Alberta Proofing #184157705		



QUESTIONS???