

MH-TCM Billing to Managed Care Organizations (MCOs)

Many MCOs have contracted with counties to provide the case management to clients. Billing to the MCO must be done outside of SSIS. MCOs may require additional data elements that are not available from SSIS. In addition, SSIS does not have the functionality to transmit claims to individual MCOs.

However, SSIS does have several reports to help gather information for possible claims. The following assumptions apply to each report option:

- Counties have identified MCO clients receiving MH-TCM.
- Do Not Claim Determinations records have been added with a Plan. Best practice is to select MH-TCM in the Claim Category field and the name of the MCO in the Plan field. Reports can be sorted or filtered by Claim Category and grouped by the Plan field. The Comments field can be used to add additional information needed for billing.
- Time Records have been entered:
 - When running reports, look at Re: hh:mm or Regarding Duration (Min.) for the amount of time spent.
 - Service must be 490 or 491.
 - Activity must be Client contact.
 - Status must be Completed.
 - If it was a telephone contact, was a face-to-face contact completed in the previous two months?
 - A face-to-face contact is required at least once every three months.

OPTION 1 - DO NOT CLAIM DETAIL REPORT AND OTHER HEALTHCARE ELIGIBILITY REPORT

- Choose this option if using a Do Not Claim record to identify MCO.

OPTION 2 - CLAIM PROOFING

- Choose this option if using County Sub-Service to identify MCO.

OPTION 3 – CLIENT TIME DETAIL REPORT

- Choose this option to get detailed Time Records, export to a spreadsheet and add additional information.

Scenario 1 – MCO information is documented as a Plan..

- Use Option 1 to find Client and MCO information.
- Use Option 3 to find Time Records. Group the report results by client.
- If billing Medica Tiered Rates, add together billable activities to determine Low, Intermediate or Intensive tier.

Scenario 2 – MCO information is documented using the selection of a County Sub-Service on the Time Record.

- Use Option 2. Filter Time Proofing for Do Not Claim records. Add County Sub-Service to the proofing grid. Sort by Client Name.
- If billing Medica Tiered Rates, use Option 3 to find additional Time Records. Group the report results by client. Add together billable activities to determine Low, Intermediate or Intensive tier.

OPTION 1 – DO NOT CLAIM DETAIL REPORT AND OTHER HEALTHCARE ELIGIBILITY REPORT

Run Do Not Claim Detail Report (Tools>General Reports>Healthcare Eligibility, Searches-Logs>Healthcare Claiming>Healthcare Eligibility Reporting, OR (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting).

- Suggested Do Not Claim Detail Report setup options:
- Date Range – select only the range currently under review.
 - Dept/Unit/Worker/All – selection is based on individual counties.
 - Select Address, Diagnosis Information, MMIS Recipient Eligibility, PPHP Data and Time for Claimable Services.
 - Claim Category – MH-TCM
 - Plan – MCO name
- Suggested report setup options Other Healthcare Eligibility Report:
- Date Range – select only the range currently under review.
 - Client search – enter if submitting for only one person.
 - Claim Category - MH-TCM.
 - Plan – MCO name.

Identify individual Time Records to be submitted.

Process claims outside of SSIS per MCO requirements.

OPTION 2 –HEALTHCARE CLAIM PROOFING

Run Other Healthcare Eligibility Report (Tools>General Reports>Healthcare Eligibility OR Searches-Logs>Healthcare Eligibility Reporting, OR (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting).

- Suggested report setup options:
- Main set up:
- Date Range – select only the range currently under review.
- Time Proofing:
- Check only Do Not Claim.
 - If the County Sub-Service is used to track a client’s health plan, add that optional column to the search results.

Run Time Proofing for MH-TCM claims).

Identify individual Time Records to be submitted.

Process claims outside of SSIS per MCO requirements.

OPTION 3 – CLIENT TIME DETAIL REPORT

Run Client Time Detail Report (Tools>General Reports>Healthcare Claims, OR Searches-Logs>Healthcare Claiming>Healthcare Claim Reporting, OR (Tree View) Healthcare Claiming>Healthcare Claim Reporting).

- Suggested report setup options:
- Date range – select the date range that you want to review for possible claims to be billed to the MCOs
 - Program – Select Adult or Children’s Mental Health
 - Service – leave blank
- If the County Sub-Service is used to track a client’s health plan, add that optional column to the search results.
- Group the report by Client Name.

Export the Search results.

Identify individual Time Records to be submitted.

Process claims outside of SSIS per MCO requirements.

- Add additional columns to gather and enter additional information needed to submit a claim.
- Arrange columns to follow the order of entry.
- If billing Medica Tiered Rates, sum time for billable activities.