

MH-TCM Billing to MCO Options

SSIS cannot submit claims to Managed Care Organizations (MCOs). However, there are features and reports in SSIS that can assist in gathering the required information to bill the MCOs. Agencies may select as many of the following options to meet their billing needs.

The basic steps to enter a Do Not Claim Determination and adding a County Sub-Service are listed below. Instructions are also included for running the Do Not Claim Detail Report, Do Not Claim Determination Report, and the Other Healthcare Eligibility Report.

Enter a Do Not Claim Determination for a Client

Entering a Do Not Claim Determination record for a client prevents claims from being generated in SSIS.

1. Search and select the client that should not have claims generated in SSIS.
2. Expand the **Client's** node.
3. Expand the **Supplemental Healthcare Eligibility** folder.
4. Select the **Do Not Claim Determination** folder.
5. Access **Action** and select **New Do Not Claim Determination** or right click on the node and select **New Do Not Claim Determination**.
6. Select the **Claim** category of MH-TCM.
7. Enter **Start date** and **End date** if applicable.
8. Select the MCO from the Plan drop-down menu.
10. Enter an Individual Policy Number and Group Policy Number
11. Add additional **Comments**, e.g., the patient account number. The comments field displays on some reports and can be used to list other information required by the MCO that is not otherwise available in SSIS. This eliminates having to look those pieces up each time a claim is submitted to the MCO. Corresponding Start and End dates provide historical information as the situation changes.
12. Select the **Workgroup** which includes the client for this Claiming Category.
Note: Workgroup is an optional field that is used for generating eligibility reports by Department, Unit or Worker
13. **Save**.

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Supplemental Eligibility – Do Not Claim Determination Screen

| Claim Category | Reason | Plan | Start Date | End Date | Comments |
|----------------|--------|------|------------|----------|----------|
| MH-TCM | Other | | 10/01/2007 | | |

Enter a County Sub-Service

Defining and entering County Sub-Services allows the counties to select Sub-Services on Time Records and Payments. Time Records and Payments can then be sorted by Sub-Service, to identify records that pertain to MCOs. A Sub-Service can be added for each MCO with whom you are contracting.

1. From **SSIS Administration**, select **Tools>Programs and Services**.
2. Expand the **Services** folder in the tree view.
3. Expand the Service to add a Sub-Service.
4. Right-click on **Cnty Sub-Svcs** tab, or click **Action** and select **New County Sub-Service**.
5. Enter the **County Sub-Service Number**, **County Sub-Service Description**, **Start Date** and **End Date** (if applicable).
 - **HINT:** For more accurate selection from drop-downs, keep County Sub-Service Descriptions concise and short.
6. **Save**.

****HINT:** County Sub-Services can be required for individual BRASS codes. Click on the Cnty Settings tab to add/update the County Sub-Service.

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****HINT:** You must log off SSIS Administration and Worker applications for added County Sub-Services to be available for selection in SSIS Worker.

Screenshot of Service Information, Cnty Sub-Svcs

490 - Child Rule 79 case management

BRASS Program Area: 4 - Mental Health

Service Number: 90

Service Information

Summary | Cnty Settings | Svc Details | Assoc Programs | Cnty Sub-Svcs | WG Types | Assoc HCPCS/Mods

| Number | County Sub-Service Description | Start Date | End Date |
|--------|--------------------------------|------------|----------|
| SUB 59 | Katrina Assistance | 09/01/2005 | |
| SUB 01 | UCARE | 07/01/2009 | |

Service: 490 - Child Rule 79 case management

County Sub-Service Number: 01

County Sub-Service Description: UCARE

Start Date: 07/01/2009 End Date:

Action ▾

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Screenshot of Time Record with County Sub-Service

Date: 01/14/2014 12:00 AM

Activity

Workgroup: Mary's CW Case Management 10/24/2007 Caseload

Program: 420 - Children's Mental Health ^{a/} No. of Persons: 1

Service: 490 - Child Rule 79 case management

County sub-service: 01 - UCare

Activity: Client contact

Duration: Hr. 1 Min. 0

Cnty Acctg: []

Regarding:

- Grape Suppelig Cwtcm
- Mango Suppelig Cwtcm
- Papaya Suppelig Cwtcm
- Delrae CWTCM
- Ralph Proofing CWTCM
- Herb SuppElig Cwtcm
- Sandy Proofing Cwtcm
- May AARF CWTCM

Allocate Time

Note:

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Instructions for the Do Not Claim Determination Report

This report lists the clients that have a Do Not Claim Determination record. The report can be sorted by the Plan selected on the record. Agencies using the Claim Category of MH-TCM can filter this report to find clients whose claims need to be submitted directly to the MCO.

The report can be run by Department, Unit, Worker or All. The Current Primary Worker printed on the report is the one listed as the current Primary Worker for the workgroup. The Unit and Department are determined by the Unit to which the Workgroup is assigned. The Workgroup is determined by the Workgroup selected on the Do Not Claim Supplemental Healthcare Eligibility record. If a Workgroup is not selected on the Do Not Claim Determination record, it is not included in the report if it is run by Worker, Department or Unit. The All report on category lists all records selected regardless of whether there is a Workgroup selected on the Do Not Claim Determination record.

1. From the Task Panel, select **Healthcare Claiming>Healthcare Eligibility Reporting**;
or from **Tools>General Reports** expand the **Healthcare Eligibility** folder.
2. Select **Do Not Claim Determination**.
3. Select the **Date Range**.
4. Select **Report on** search criteria: **Department, Unit, Worker** or **All**.
5. Select **MH-TCM as the Claim Category Filter**.
6. Click **Search**.

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Setup Screen for the Do Not Claim Determination Report

Setup **Do Not Claim Determination**

Date Range
 Period: This Period
 From: 01/01/2014 To: 01/31/2014

Report on:
 Department Unit Worker All

Include
 Plan Prior Authorizations

Claim Category Filter

- CW-TCM
- DD Screening
- LTCC
- MH-TCM
- RSC-TCM
- Rule 5
- VA/DD-TCM

Screenshot of the Do Not Claim Determination Report

Setup **Do Not Claim Determination**

Current Primary Worker ▲

| Name | Start Date | End Date | Claim Category | Reason |
|---------------------------------------------|------------|----------|----------------|--------|
| ▶ Current Primary Worker : | | | | |
| Claiming, Kevin Richard Jr | 04/15/2006 | | MH-TCM | |
| Mhtcm, Banana Time #18 | 10/01/2007 | | MH-TCM | Other |
| Mhtcm, Dagger Proofing #18 | 01/01/2007 | | MH-TCM | Other |
| Mhtcm, George Proofing #18 | 01/01/2007 | | MH-TCM | Other |
| Mhtcm, Izzie Proofing #18 | 03/01/2007 | | MH-TCM | Other |
| Mhtcm, Marti Proofing #18 | 01/01/2007 | | MH-TCM | Other |
| Mhtcm, Valentine Dnc #18 | 10/01/2007 | | MH-TCM | Other |
| Mhtcm, Veteran Dnc #18 | 10/01/2007 | | MH-TCM | |
| Mhtcm, Walnut Time #18 | 06/01/2005 | | MH-TCM | Other |
| Stockton, Sally Maria #117 | 10/01/2006 | | MH-TCM | |
| Vadd, Betty Donotclaim # | 04/01/2007 | | MH-TCM | |
| □ Current Primary Worker : Desaer, Ruth | | | | |
| Rule, Puppy #184275579 | 11/01/2007 | | MH-TCM | Other |
| □ Current Primary Worker : Klinghagen, Mary | | | | |
| Rsc-Eh, Claim Icf-Mr Less Tl | 04/15/2006 | | MH-TCM | |
| Rsc-Nm, Claimicf-Mr #1187 | 02/01/2006 | | MH-TCM | |

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Instructions for the Do Not Claim Detail Report

This report lists Do Not Claim Supplemental Healthcare Eligibility information for clients who have a Do Not Claim record for the selected Date Range and the selected Claim Category. The user can Include Address (displays only physical location) information, Diagnosis Information, MMIS Recipient Eligibility, PPHP Data, and Time Records For Claimable Services for the Claim Category of the Do Not Claim record. The MMIS Recipient Eligibility information and the PPHP data will display all of the records for the client. It is not limited by the Date Range.

The Do Not Claim section will display under each person by Claim Category. The Payments and Time Records sections will display after the Do Not Claim records.

All Payments and Time Records for the Claim Category selected within the Date Range selected display.

The report is available to run by Worker, Unit, Department or All. If the report is run by Unit, Worker or Department, the appropriate Unit, Worker or Department is determined by the Workgroup that is selected on the Do Not Claim record. All records display for the All category regardless of whether there is a Workgroup selected on the Do Not Claim Supplemental Healthcare Eligibility record.

1. From the Task Panel, select **Healthcare Claiming>Healthcare Eligibility Reporting**; or from **Tools>General Reports**, expand the **Healthcare Eligibility** folder.
2. Select the **Do Not Claim Detail Report**.
3. Select the **Date Range**.
4. Select **Report on**. Options include: **Department, Unit, Worker and All**.
5. **Include in the report**, by default, **All** criteria is selected. Uncheck Include Payments for Claimable Services since Payments are not included for MH-TCM. Select **MH-TCM as the Claim Category**.
6. Select the appropriate MCO in the Plan drop down menu.
7. Click **Search**.

****HINT:** In order for the Address to display on the report, a Physical location address must be entered for the client.

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Do Not Claim Detail Report Setup Screen

Setup Preview

Date Range
Period: Full Year
From: 01/01/2014 To: 12/31/2014

Report on:
 Department Unit Worker All

Include in Report
 Include Address Include Payments For Claimable Services
 Include Diagnosis Information Include Time Records For Claimable Services
 Include MMIS Recipient Eligibility Include TPL Policies
 Include PPHP Data

Claim Category

 CW-TCM
 DD - Screening
 LTCC
 MH-TCM
 RSC-TCM
 Rule 5
 VA/DD-TCM

Do Not Claim Reason

 County Use 1
 County Use 2
 MH-TCM (MCO)
 MNDHO
 MSC+
 MSHD
 No MA eligibility

Plan

 No Plan Selected
 Blue Plus
 First Plan Blue
 Health Partners
 Hennepin Health
 Itasca Medical Care
 Medica

Screenshot of Do Not Claim Detail Report

Report header information, found at the top of page one of the report, lists report criteria selections.

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Do Not Claim Detail

Date Range: Custom (01/01/2014 - 01/10/2014)
 Report on: All
 Include Address: Yes
 Include Diagnosis Information: Yes
 Include MMIS Recipient Eligibility: Yes
 Include PPHP Data: Yes
 Include Payments For Claimable Services: Yes
 Include Time Records For Claimable Services: Yes
 Include TPL Policies: Yes
 Claim Category: MH-TCM

Claiming, Kevin Richard JR

| Person Information | | | | |
|-------------------------------------------------------|------------------------|------------------------------------------------|----------------|------------------|
| Date of Birth: 03/12/1998 | Age: 15 | Gender: Male | Date of Death: | SSN: 022-33-3333 |
| SSIS Person #: 129701034 | County Person #: | PMI #: 01968239 | SWNDX #: | |
| MMIS Recipient Eligibility | | | | |
| Major Program: MA - Federally-Paid Medical Assistance | | Eligibility Type: CK - Children Ages 2 thru 18 | | |
| Status: Active | Begin Date: 12/01/2005 | End Date: | | |
| PPHP Data | | | | |
| Product: - | | | | |
| Begin Date: 01/01/2006 | End Date: | | | |
| Provider Name: UCARE | NPI/UMPI: A565813600 | | | |
| Provider County: Hennepin | Other Insurance: | | | |
| Do Not Claim | | | | |
| Claim Category: MH-TCM | Start Date: 04/15/2006 | End Date: | | |
| Reason: | | | | |
| Plan: | | | | |
| Individual Policy Number: | | Group Policy Number: | | |
| Comments: | | | | |
| Worker: | Workgroup Name: | | | |
| Workgroup Status: | Workgroup Open Date: | Workgroup Close Date: | | |

****HINT:** For MCOs using tiered rates, add together billable activities to determine the appropriate tier to be billed. Not all Activities are billable. The following document link will help you to determine what activities are billable. *SSIS Reporting Guidance for Tiered Reimbursement in Prepaid Minnesota Health Care Programs (MHCP)*
http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_146448.pdf

****HINT:** If a person changes from MCO to Fee For Service, or vice versa, a face-to-face visit is required for each initial contact.

Instructions for the Client Time Detail Report

This report displays 'On behalf of' Time Records entered in Staff Activity for a time period specified by the user. (It includes Client Specific time only.) This report includes a column indicating whether a claim has been generated for the Time Record.

This report can be used to determine client-specific Time Records that are potentially billable. The Claimed column lists a Y for those records for which a claim has been generated and is blank for those not yet

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generated. Claims submitted manually or in another system, such as MN-ITS, will display as blank.

The report results can be grouped to meet your needs. For example, grouping the report by Client Name would list alphabetically the time for each client.

****HINT:** This report should be run for Service Codes 490 – Children’s MH-TCM and 491 – Adult MH-TCM.

1. From the Task Panel, select **Healthcare Claiming>Healthcare Claim Reporting**, or from **Tools>General Reports** expand the **Healthcare Claims** folder.
2. Select **Client Time Detail Report**.
3. Select the **Date Range**.
4. Select the **Program** of 410 – Adult Mental Health or 420 – Children’s Mental Health.
5. Select the **Service** of 491 – Adult Rule 79 case management or 490 – Child Rule 79 case management.
6. Click **Search**.

Setup Screen for the Client Time Detail Report

Setup | Client Time Detail

Max results: 500 0.15 Secs, 0 Results

Date range: From: 01/01/2008 To: 12/31/2008

Date range: Last Year

Program: 410 - Adult Mental Health

Service: 491 - Adult Rule 79 case management

Search

Clear

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Screenshot of the Client Time Detail Report

| Client Time Detail | | | | | | | | | |
|--------------------------------------|----------|---------|--------------|----------------|-----------|--------------|------------|---------|-----------------|
| Client Name <input type="text"/> | | | | | | | | | |
| Date | RE: HH:M | Svc Cnt | Cnty Sub-Svc | Activity | Status | Method | Location | Claimed | Worker |
| Client Name : Allen, Lucy | | | | | | | | | |
| 05/20/2008 | | 26 | 491 | Client contact | Completed | Face to face | Field/home | | Nelson, Sue |
| 06/17/2008 | | 26 | 491 | Client contact | Completed | Face to face | Field/home | | Contractor, Cor |
| Client Name : Brand, Felicity | | | | | | | | | |
| 04/17/2008 | | 26 | 493 | Client contact | Completed | Face to face | Field/home | | Contractor, Cor |
| Client Name : Douglas, Humphrey Cofr | | | | | | | | | |
| 02/08/2008 | | 29 | 491 | Client contact | Completed | Face to face | Field/home | | Nelson, Sue |
| 04/08/2008 | | 61 | 446 | Client contact | Completed | Face to face | Field/home | | Nelson, Sue |
| Client Name : Fmregion, Lyon Cos | | | | | | | | | |
| 02/01/2008 | | 47 | 408 | Client contact | Completed | Face to face | Field/home | | Nelson, Sue |
| Client Name : Johnson, Henriette | | | | | | | | | |
| 06/17/2008 | | 31 | 431 | Client contact | Completed | Face to face | Field/home | | Contractor, Cor |
| 03/08/2008 | | 25 | 491 | Client contact | Completed | Face to face | Field/home | | Nelson, Sue |
| 03/01/2008 | | 13 | 493 | Client contact | Completed | Face to face | Field/home | | Contractor, Cor |
| 03/02/2008 | | 16 | 493 | Client contact | Completed | Face to face | Field/home | | Contractor, Cor |
| 02/17/2008 | | 26 | 446 | Group time - 1 | Completed | Face to face | Field/home | | Contractor, Cor |
| Client Name : Mercer, Geoff Cmhrs | | | | | | | | | |
| 04/23/2008 | | 136 | 408 | Client contact | Completed | Face to face | Field/home | | Nelson, Sue |
| 06/23/2008 | | 5 | 431 | Client contact | Completed | Face to face | Field/home | | Maker, Ross |
| 06/26/2008 | | 5 | 431 | Client contact | Completed | Face to face | Field/home | | Maker, Ross |
| 06/16/2008 | | 5 | 431 | Client contact | Completed | Face to face | Field/home | | Maker, Ross |
| 06/19/2008 | | 5 | 431 | Client contact | Completed | Face to face | Field/home | | Maker, Ross |

The Cnty Sub-Svc column can be added if you are using this method to track the MCO to be billed. For MCOs with tiered rates, add up the billable activities to determine total hours and the appropriate tier to be billed. Not all Activities are billable. The following document link will help you to determine what activities are billable. *SSIS Reporting Guidance for Tiered Reimbursement in Prepaid Minnesota Health Care Programs (MHCP)*

http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_146448.pdf

Columns can be added or removed from this report to pull together information available within SSIS. For example, add Client Name and PMI, remove Worker.

From the Action menu, grid reports can be exported to Excel to create customized reports. Data can be exported as Raw data, which exports all default and optional columns available on the report, or as Data which exports the information exactly as it displays in the report. When exporting, remember to change the Save as type to Excel. Once in Excel, columns needed for billing can be added; i.e., Relationship to insured or HCPCS. Report subtotals can also be added. Other information needed can be added to the spreadsheet and then used to submit claims, outside of SSIS, to the MCO.

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Instructions for the Other Healthcare Eligibility Report

This report displays clients that have a PPHP span, a Recipient Eligibility span and a Do Not Claim Determination for the requested dates. If the client has a waiver in effect on the Date Range, that information is printed, but it is not used as selection criteria.

The report setup specifies the records to include on the report based on the Do Not Claim Reason. The report setup includes a Do Not Claim reason filter. If the user selects a Do Not Claim Reason on the report setup, only clients that meet the criteria and have a Do Not Claim Determination record with a Reason selected are included in the report. Do Not Claim Determination records with no Reason selected are displayed when the checkbox for No Reason is selected. If no check boxes are selected, all records that meet the criteria are returned regardless of the Reason selected on the Do Not Claim record.

1. From the Task Panel, select **Healthcare Claiming>Healthcare Eligibility Reporting**;
or from **Tools>General Reports**, expand the **Healthcare Eligibility** folder.
2. Select **Other Healthcare Eligibility Report**.
3. Select the **Date Range** and enter client information to run report for one client,
or leave blank for all clients.
4. Select **MH-TCM** as the Claim Category.
5. Click **Search**.

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Setup Screen for the Other Healthcare Eligibility Report


Setup Preview

Date Range

Period: Year to Date

From: 01/01/2014 To: 01/14/2014

Client

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

Do Not Claim Reason

- No Reason Selected
- County Use 1
- County Use 2
- MH-TCM (MCO)
- MNDHD
- MSC+
- MSHO

Plan

- No Plan Selected
- Blue Plus
- First Plan Blue
- Health Partners
- Hennepin Health
- Itasca Medical Care
- Medica

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Screenshot of the Other Healthcare Eligibility Report

| Other Healthcare Eligibility | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|---------------------|------------|
| Date Range: Custom (01/01/2014 - 01/10/2014) | | | | |
| Note: Report displays clients that have a PPHP span, a Recipient Eligibility span and a Do Not Claim Determination for the requested dates. | | | | |
| Name: Claiming, Cinderella | | | | |
| Date of Birth: 03/12/1995 | Age: 18 years | Date of Death: | | |
| SSIS Person #:129701040 | County Person #: | SSN: 022-33-3333 | | |
| SWNDX #: | PMI #: | 01966533 | | |
| Recipient Eligibility Spans | | | | |
| Major Program | Status | Begin Date | End Date | |
| Federally-Paid Medical Assistance | Active | 08/01/2005 | | |
| Federally-Paid Medical Assistance | Closed | 10/01/2003 | 07/31/2005 | |
| PPHP | | | | |
| Begin Date | End Date | Product | Other Insurance | |
| NPI/UMPI | | Provider Name | Provider County | |
| 01/01/2006 | | | | |
| A565813600 | | UCARE | Hennepin | |
| 11/01/1997 | 12/31/2005 | | | |
| A565813600 | | UCARE | Hennepin | |
| Do Not Claim Determination | | | | |
| Claim Category | Reason | | Start Date | End Date |
| Plan | Individual Policy Number | | Group Policy Number | |
| Comments | | | | |
| RSC-TCM | | | 04/10/2006 | |
| Do Not Claim Determination | | | | |
| Claim Category | Reason | | Start Date | End Date |
| Plan | Individual Policy Number | | Group Policy Number | |
| Comments | | | | |
| MH-TCM | | | 03/01/2006 | 04/09/2006 |

Overall suggestions:

****HINT:** Review the proofing for a MH-TCM claim batch to do preliminary edits before submitting claims outside of SSIS. It is not necessary to generate the batch in order to view proofing records. Select the proofing for Do Not Claim records only. Only activities that are billable to MH-TCM are displayed.

****HINT:** Run the Client Time Detail report to provide a listing of all activities provided to a client that are not claimable for MH-TCM, but are billable to the MCOs for tiered billing.

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****HINT:** In SSIS Admin, agencies can remove non-billable activities to limit the Activities available on a Time Record for selection under each BRASS service.