

**Connecticut Mental Health Group Home
Billing**

Residential Rehabilitation Billing

Connecticut Mental Health Group
Homes
December 8, 2004

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Connecticut Mental Health Group Home Billing

Overview

- Getting ready to bill
- Staff responsibilities
- Timing
- Collecting billing data
- Reconciliation of amounts received
- Correction of operational flows

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Getting Ready to Bill

- Complete EDS/Medicaid provider application
 - Obtain Medicaid provider number
- Download EDS billing software
 - Minimum hardware needs met
- Development of plan/curriculum to meet minimum of 40 hours of residential rehab per month

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Billing**

Staff Activities/Assignments

- Documentation of rehab activities in case record
- Calculation and recording of daily/weekly rehab time
- Collection of weekly/month-end billing data
- Submission of claim
- Problem solving manager

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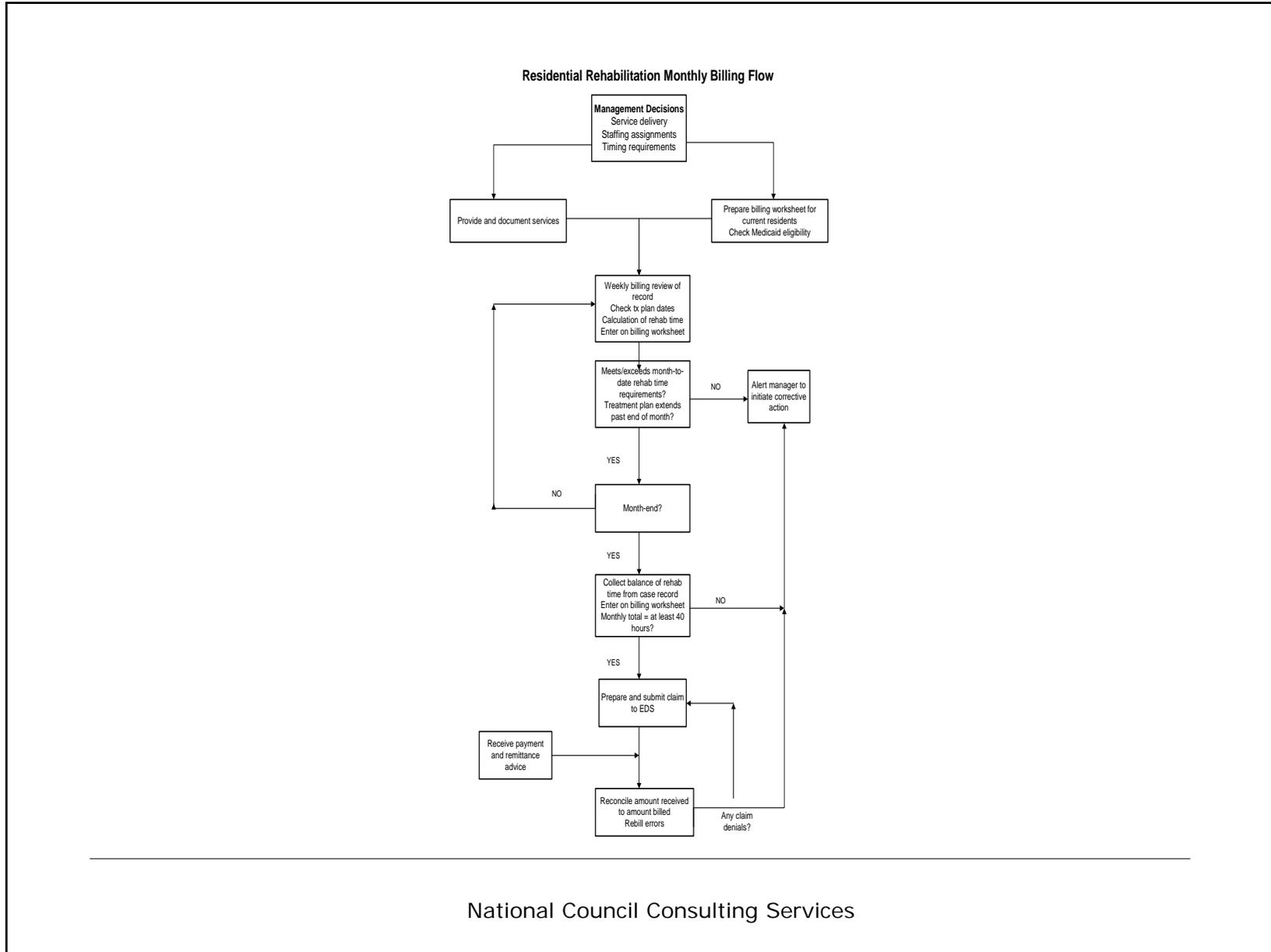
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Timing Requirements

- Documentation of interventions
 - Prior to end of shift
- Weekly/month-end collection of billing data
 - Regular day of the week
 - 3 – 4 days after end of the month
- Billing date by 8th of the following month
- Reconciliation of remittance advice
 - Within 5 business days of receipt
 - Rebilling (if needed) within 5 days of reconciliation

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Collection of Billing Data

- Set up billing worksheet for month
 - Enter/update client census at 1st of month
 - Review Medicaid eligibility for each client
 - Can change monthly
 - Determine reason for eligibility change/
initiate re-application if appropriate
 - Remove weekly amounts from prior month
 - Enter weekly review dates in headings

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Sample Group Home Name

Monthly Billing Worksheet

January

Name	Medicaid #	Admit Date	Expiration Date		Fridays				End of Month	Month-to-Date Rehab Hours	Billed Date	Payment Received	
			Master Tx Plan	Rehab Tx Plan	1st	2nd	3rd	4th				Date	Amount
					1/7/05	1/14/05	1/21/05	1/28/05	1/31/2005				

Expiration dates for tx plans in group home case record

Enter date in title--enter

Enter date

Group hm admission date

Select day that will be used to measure weekly time--Friday in example. Enter date for each Friday in the month. In each column, enter the total amount of rehab hrs documented in case record for the week

time for last few days of the month Automatic-- must equal at least 40 hrs to bill at end of the month

Columns A - E should be entered/updated at the beginning of the month

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Collection of Billing Data

- Weekly review of case record
 - Treatment plan expiration within next 30 days—enter dates on billing worksheet
 - Total rehab hours documented in prior week—enter time in hours on billing worksheet
 - Compare actual time month-to-date to target and alert manager of shortfalls
 - Must have procedures to identify and capture time from late documentation
 - For example, circle in red or use green paper for encounter notes
 - Important to enforce documentation timing requirements to avoid confusion/missed/ duplicated billable rehab time

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Connecticut Mental Health Group Home Billing

Sample Group Home Name

Monthly Billing Worksheet

January

Name	Medicaid #	Admit Date	Expiration Date		Fridays				End of Month 1/31/2005	Month-to-Date Rehab Hours	Billed Date	Payment Received	
			Master Tx Plan	Resid Rehab Tx Plan	1st 1/7/05	2nd 1/14/05	3rd 1/21/05	4th 1/28/05				Date	Amount
Chris	12345	11/1/04	2/28/05	2/28/05	9.00	9.00							
Jerry	23456	11/2/03	3/5/05	3/9/05	10.00	11.00							
Andy	34567	3/5/03	3/10/05	3/14/05	8.50	9.00							
Bob	45678	5/7/02	3/15/05	3/19/05	11.00	12.00							
Sally	56789	8/13/01	3/20/05	3/24/05	12.00	12.00							
Ann	67890	5/31/02	3/25/05	3/29/05	4.00	10.00							
Beth	78901	9/24/00	3/30/05	4/3/05	9.00	11.00							
John	89012	8/2/04	2/1/05	2/5/05	10.00	11.00							
Jim	90123	1/1/00	1/15/05	1/19/05	3.00	6.00							
Lynn	11234	4/16/02	1/20/05	1/24/05	10.00	9.00							

*Bold/italics indicates
need for tx plan
update*

*Bold/italics
indicates
MTD billing
shortfall*

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See Billing Table

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Collection of Billing Data

- Within 3 – 4 days of month end
 - Collect final rehab time from case record
 - Capture time associated with late documentation
 - Update billing worksheet for all time and identify billable/non-billable clients
 - Obtain any approvals for billing

Connecticut Mental Health Group Home Billing

Sample Group Home Name

Monthly Billing Worksheet

January

Name	Medicaid #	Admit Date	Expiration Date		Fridays				End of Month	Month-to-Date Rehab Hours	Billed Date	Payment Received	
			Master Tx Plan	Rehab Tx Plan	1st 1/7/05	2nd 1/14/05	3rd 1/21/05	4th 1/28/05				Date	Amount
Chris	12345	11/1/04	2/28/05	2/28/05	9.00	9.00	11.00	12.00	1.00	42.00	2/8/05		
Jerry	23456	11/2/03	3/5/05	3/9/05	10.00	11.00	10.00	10.00	0.00	41.00	2/8/05		
Andy	34567	3/5/03	3/10/05	3/14/05	8.50	9.00	8.00	7.00	2.00	34.50	No		
Bob	45678	5/7/02	3/15/05	3/19/05	11.00	12.00	11.00	13.00	2.00	49.00	2/8/05		
Sally	56789	8/13/01	3/20/05	3/24/05	12.00	12.00	9.00	9.00	0.00	42.00	2/8/05		
Ann	67890	5/31/02	3/25/05	3/29/05	4.00	10.00	9.00	10.00	0.00	33.00	No		
Beth	78901	9/24/00	3/30/05	4/3/05	9.00	11.00	9.00	11.00	1.00	41.00	2/8/05		
John	89012	8/2/04	2/1/05	2/5/05	10.00	11.00	10.00	9.00	2.00	42.00	2/8/05		
Jim	90123	1/1/00	4/15/05	4/19/05	3.00	6.00	5.00	11.00	4.00	29.00	No		
Lynn	11234	4/16/02	4/20/05	4/24/05	10.00	9.00	10.00	10.00	10.00	49.00	2/8/05		

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Submit Claim

- Submit claims for each billable Medicaid client to EDS
- By 8th of the following month
 - Consider EDS weekly cut-offs
 - Delays affect cash flow
 - Weekly review/data capture should facilitate rapid billing after close of month

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Reconcile Amount Received

- Review EDS remittance advice and deposit or check within 5 days of receipt
 - Record revenue/cash receipt per organization policy
 - Determine if matches claim submitted and identify differences/reasons—record on billing worksheet
 - Correct and re-bill as needed (i.e. typo in Medicaid number)—continue to track on billing worksheet until payment received
 - Notify manager of billing failures to allow operational corrective action

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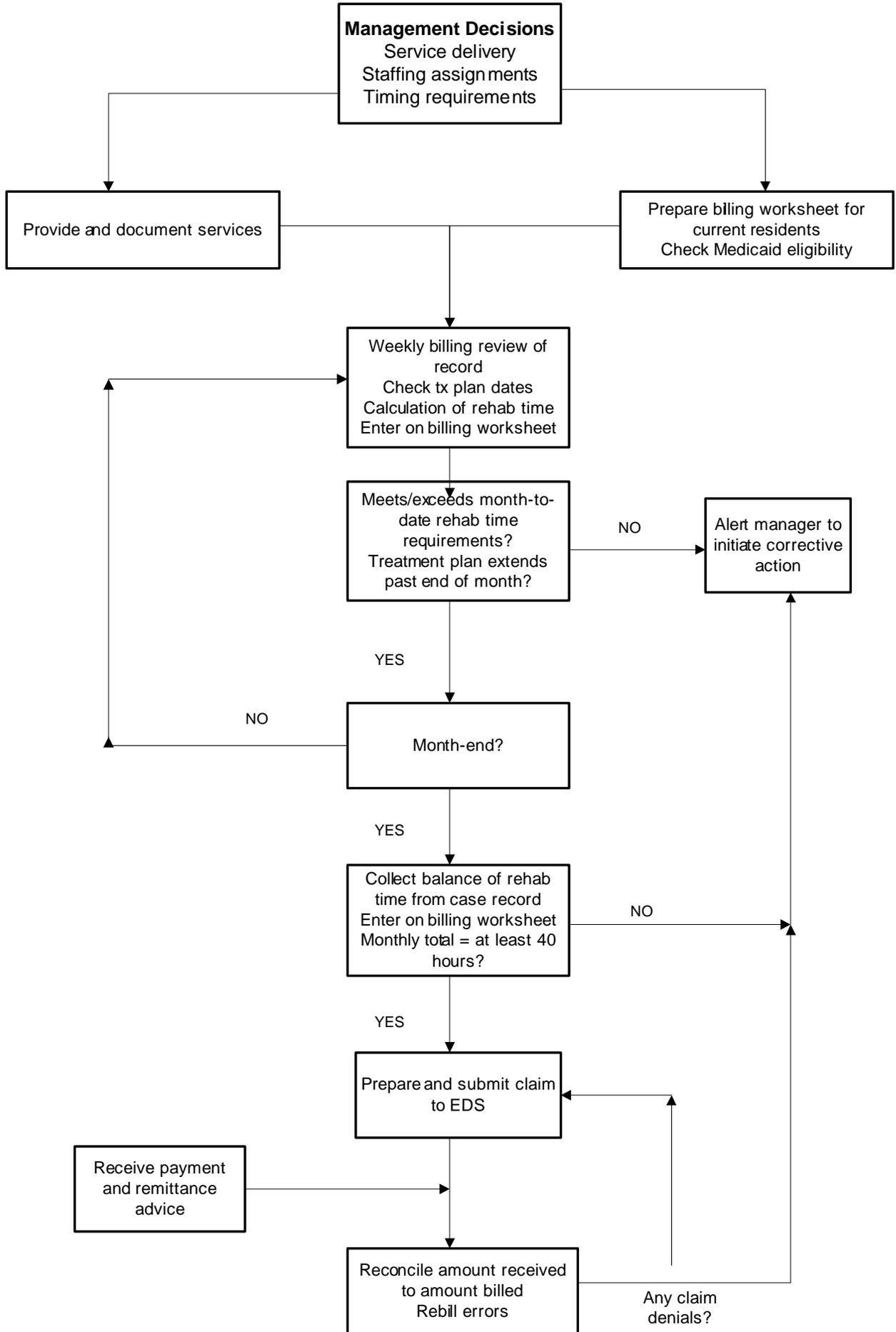
See Jan/Feb calendar example

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Correct Operational Flows

- Billing problems/failures can be indicator of other problems
 - Insufficient rehab time (<40 hrs)
 - Late documentation
 - Expired treatment plans
 - Change in Medicaid eligibility
- Monitor performance, identify problem/underlying cause and initiate corrective action

Residential Rehabilitation Monthly Billing Flow



Residential Rehabilitation Hours per Month

	30-Day Month	31 Day Month	28 Day Month	29 Day Month
Days in Group Home	Total Hours Needed to Bill			
1	1.33	1.29	1.43	1.38
2	2.67	2.58	2.86	2.76
3	4.00	3.87	4.29	4.14
4	5.33	5.16	5.71	5.52
5	6.67	6.45	7.14	6.90
6	8.00	7.74	8.57	8.28
7	9.33	9.03	10.00	9.66
8	10.67	10.32	11.43	11.03
9	12.00	11.61	12.86	12.41
10	13.33	12.90	14.29	13.79
11	14.67	14.19	15.71	15.17
12	16.00	15.48	17.14	16.55
13	17.33	16.77	18.57	17.93
14	18.67	18.06	20.00	19.31
15	20.00	19.35	21.43	20.69
16	21.33	20.65	22.86	22.07
17	22.67	21.94	24.29	23.45
18	24.00	23.23	25.71	24.83
19	25.33	24.52	27.14	26.21
20	26.67	25.81	28.57	27.59
21	28.00	27.10	30.00	28.97
22	29.33	28.39	31.43	30.34
23	30.67	29.68	32.86	31.72
24	32.00	30.97	34.29	33.10
25	33.33	32.26	35.71	34.48
26	34.67	33.55	37.14	35.86
27	36.00	34.84	38.57	37.24
28	37.33	36.13	40.00	38.62
29	38.67	37.42		40.00
30	40.00	38.71		
31		40.00		

January

Sun

Mon

Tue

Wed

Thu

Fri

Sat

1

2

3

**Format monthly
billing worksheet**

4

5

6

7

8

9

10

**Documentation
complete**

11

**Collect weekly
billing data**

12

13

14

15

16

17

**Documentation
complete**

18

**Collect weekly
billing data**

19

20

21

22

23

24

**Documentation
complete**

25

**Collect weekly
billing data**

26

27

28

29

30

31

**Documentation
complete**

2005

February

Sun

Mon

Tue

Wed

Thu

Fri

Sat

1

2

3

4

5

Collect weekly
billing data

Collect month-end
billing data

6

7

8

9

10

11

12

Submit claims

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

2005