

## SECTION 17

# BILLING

### Learning Objectives

1. Identify which case management activities are billable to Medicaid, and which are not.
2. Identify the correct amount to bill for waiver supplies.
3. Identify the correct amount to bill for home modifications.

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## THE CAP-EFFECTIVE DATE

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The CAP effective date is the date on which billing can begin. It is the latest of the following dates:

- the date the FL-2 was approved
- the date of the Medicaid application, or
- the date of de-institutionalization.

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## CASE MANAGEMENT TIME

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Billable case management activities include the following:

- Assessing the client for participation
- Planning CAP/C services, including completing the Plan of Care and revising the plan as needed
- Locating care providers for approved CAPC services and ordering the services from those providers
- Locating and arranging informal support to support the client's needs
- Coordinating the provision of other Medicaid home care services

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## CASE MANAGEMENT TIME, CONT'D.

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- Monitoring CAP/C services, including observing the delivery of the service and reviewing claims and related documentation
- Monitoring the client's situation, including the continuing need for CAP/C participation, the level of care and the appropriate services as well as taking appropriate action on your findings
- Working with the client, family, and others involved in the client's care to assure the client's health, safety and well-being. This includes emergency planning and back-up planning activities.

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## CASE MANAGEMENT TIME, CONT'D.

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- Coordinating Medicaid eligibility issues with DSS, including those related to helping the client get information to DSS
- Arranging and coordinating activities related to the termination of CAP/C that occurs prior to the termination date. (Activities after discharge, termination, or client's death are not billable.)

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## CASE MANAGEMENT TIME, CONT'D.

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The following case management activities are NOT billable:

- travel time
- employee responsibilities such as attending training or completing time sheets
- billing Medicaid
- documenting case management activities
- gathering information to respond to quality assurance requests
- anything not directly related to the client's care

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## CASE MANAGEMENT TIME, CONT'D.

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Case managers are expected to use their time efficiently so as not to create unnecessary expense against the client's monthly budget.

If the amount of case management time claimed seems excessive, be prepared to present documentation (your case management notes) supporting the need for that amount of time.

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## CASE MANAGEMENT TIME, CONT'D.

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### Billing 'assessment only' claims

- Done when the initial assessment has been denied so that you may be reimbursed for your assessment time
- Client must have MAD, MAB, I-AS, or H-SF
- Submit claim to DMA Administrative Officer at CAP/C address
- If client does not have MAD, MAB, I-AS, or H-SF, defer to your agency's policy regarding if and how the family will be charged for the assessment

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If there is a possibility that the family may be charged for the assessment, this must be discussed **BEFORE** the assessment is completed.

## WAIVER SUPPLIES/ HOME HEALTH SUPPLIES

Bill the lower of:

- your cost for the item (what you pay the supplier, including delivery charges and taxes), plus 10% for overhead
- OR
- the Medicaid maximum rate on the applicable Medicaid fee schedule.

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Example:

The Medicaid maximum allowed amount for a diaper is 95¢.

Your cost for a diaper is 34¢. 10% overhead amounts to 3.4¢. Your total billable amount therefore, is 37¢ per diaper. You may not bill the 95¢.

## HOME MODIFICATIONS

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Bill your cost for the item (what you pay the supplier/installer, including applicable installation and delivery charges, taxes, and permit fees) up to the maximum allowed of \$1500 per fiscal year

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Home modifications must be paid through the case management agency. Families and/or contractors do not have Medicaid provider numbers, therefore they cannot receive payment directly from Medicaid.

## MORE INFORMATION

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For information about submitting, tracking, and adjusting claims; third-party reimbursement; and other Medicaid billing policies or procedures, please see the *Basic Medicaid Billing Guide* at <http://www.ncdhhs.gov/dma/prov.htm#pub>.

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## SUMMARY

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- Billable case management activities include only those directly related to the care of the client.
- Waiver supplies are billed at either the rate on the fee schedule or your actual cost plus 10% overhead, whichever is less.
- Home modifications are billed as the actual cost, up to \$1500 per fiscal year, and must be billed by the case management agency.
- The *Basic Medicaid Billing Guide* has much more information.

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## REVIEW QUESTIONS

Please make sure you can answer the following questions before proceeding to the next section.

1. True or False: Travel time to and from a client's house can be billed to Medicaid.
2. True or false: If you are providing oral formula, and your cost plus 10% is less than the maximum allowed on the fee schedule, you may bill the amount on the fee schedule.
3. True or False: The cost of installation of home modifications may be billed to Medicaid.
4. True or False: Family members can receive direct payment for home modifications.

## REVIEW ANSWERS

1. False. Travel time is not a billable case management activity.
2. False. You must bill the lesser of the two amounts.
3. True. The cost of home modifications includes the permit, installation, delivery charges, and taxes.
4. False. The case management agency must bill for it, as the family does not have a Medicaid provider number, and therefore has no way for Medicaid to issue them a check. (In addition, the family member who installed the home modification would have to be qualified to do so).