

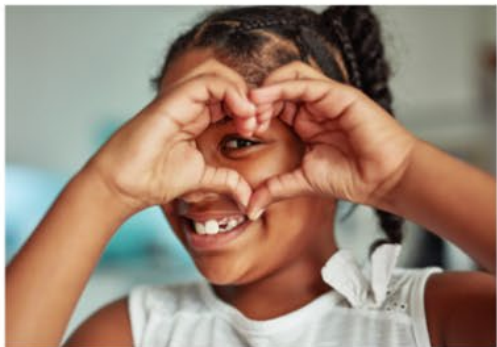
Homeless & Housing Service Providers'

Medi-Cal Academy

Session #7: Compliance and Claims, April 12, 2023

Link to recording





About CSH

CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.



csh.org

Your TA Team Today



Marcella Maguire

(she, her, hers)



Alison Niemi

(she, her, hers)



Ambrosia Crump

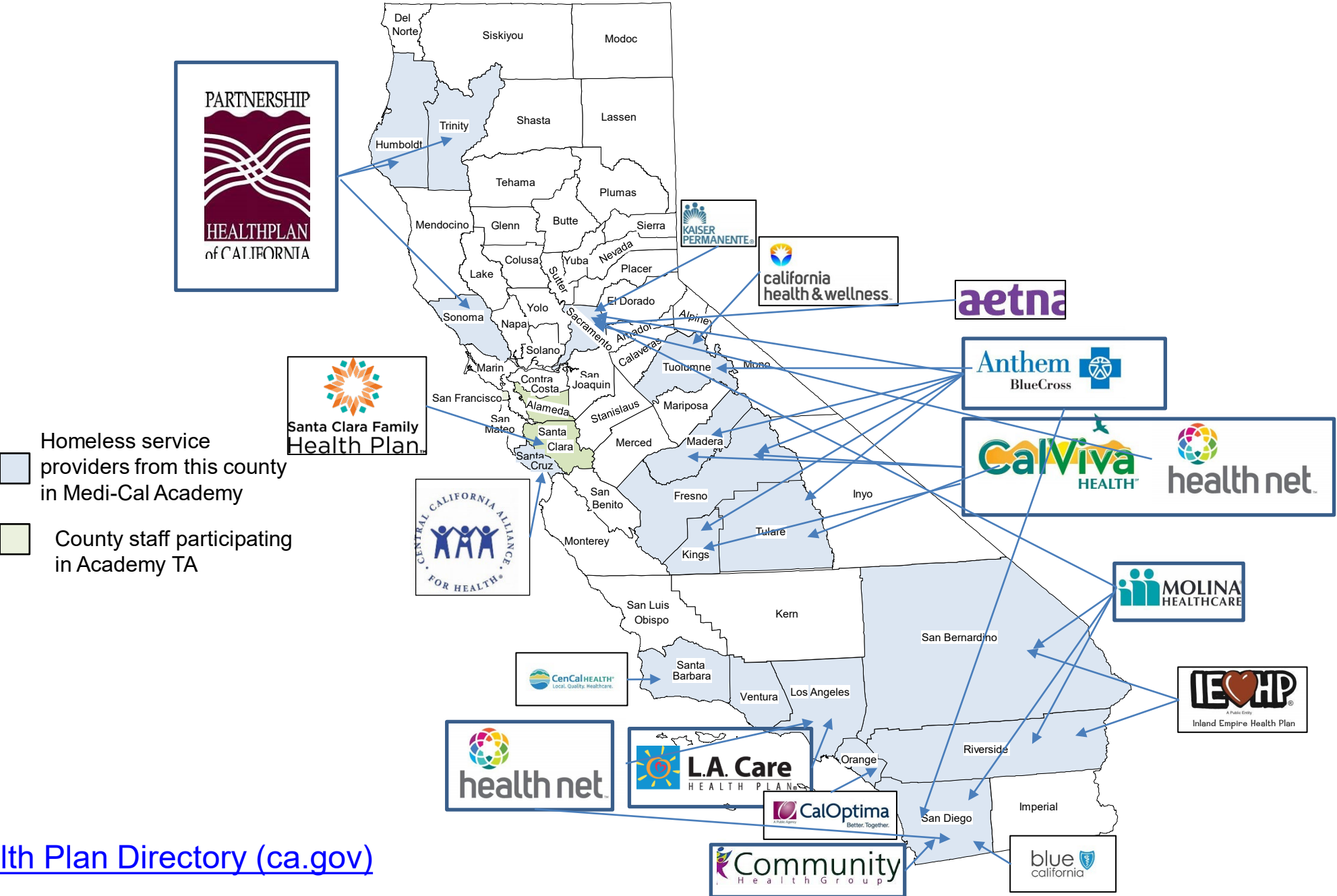
(she, her, hers)



Alison Klurfeld

(she, her, hers)

Medi-Cal Academy map of participating providers & counties, with MCPs (2023)



What content is covered?

Some Counties are holding contracts with MCPs and subcontracting to homeless service providers- in this case the sessions with the asterisks (*) will benefit providers most.

Topic	Audience	Timeline
Medicaid 101: Medicaid basics, including contracting, documentation, billing and CalAIM CS 101*	Providers, CoC, County Staff	January 11, 2023
Business Planning for Medi-Cal Housing-Related Community Supports	Providers	January 25, 2023
Evidence Based Practices in Housing-Related Community Supports and PSH*	Providers and MCPs	February 8, 2023
Money Matters 101: Services Costs, Cash Flow and Blended Funding	Providers	February 15, 2023
Money Matters 201: Tools for understanding Costs, Cash Flow and Blended Funding	Providers	March 8, 2023
Incorporating Community Health Workers and Peers into your Workforce*	Providers, County Staff and MCPs	April 5, 2023
<u>MCP and Medi-Cal Compliance Requirements and Claims Processes*</u>	<u>Providers, CoC and County staff</u>	<u>April 12, 2023</u>
Common Policies and Procedures for Medi-Cal Providers*	Providers and County Staff	April 26, 2023
Medi-Cal Documentation Standards and Processes*	Providers and County Staff	May 3, 2023
EHR Elements to Support Documentation, track funding source and medical necessity*	Providers, MCPs, CoC and County Staff	May 17, 2023

Learning Objectives

MCP Standard Provider
Requirements-
Contracting, Standards, Cr
edentialing and Audits

Invoices vs Claims- Basics
of Billing MCPs for CS

Ensuring Quality Services-
Internal Processes

Standard Health Care
Compliance Processes

MCP Provider Oversight



MCP Provider Requirements and Compliance

How do MCPs think about compliance?



- Violate laws or Medi-Cal regulations (e.g. hire someone barred from receiving federal payments)
- Share data outside of HIPAA or other privacy laws
- Charge Medi-Cal members for covered services (except for Share of Cost)
- Other items will likely be in your MCP contract...



- Provide high quality services that meet all DHCS CS requirements
- Achieve housing placement and stability for members
- Maintain accurate books & records
- Share required data and documentation (e.g. Housing Support Plans)
- Submit claims / invoices correctly & timely
- Communicate any issues / challenges
- Other items in your MCP contract...

Preparing to Demonstrate Compliance for MCP Contracting & Ongoing Oversight

Pursuing Contract

- Agency licensure if applicable
- NPI
- Medi-Cal Number if applicable
- Policies & Procedures / Workflows for CS services
- HIPAA & privacy compliance
- Ability to submit claims / invoices
- No agency, staff, or subcontractor exclusions on Federal OIG or SAM lists
- Nondiscrimination & equity focus
- Experience serving people experiencing / at risk of homelessness
- Other credentialing items if applicable (e.g. CLIA license, individual provider license)

Providing Services

- Confirming active MCP coverage for members
- Referral / authorization requests with all supporting documentation
- Housing Assessments
- Housing Support Plans
- Documentation of Services provided (e.g. case notes, dates of member contacts, receipts for housing deposit payments, etc.)
- Submission of claims / invoices
- Documentation of staff capacity to meet MCP case ratio (e.g. 1:20, 1:30)
- NEW: CS Member Information File (DHCS guidance forthcoming for July 2023)
- Attendance at required trainings if applicable
- Other reports

Audits / Periodic Oversight

- Detailed Chart Review
- Financial Records for a period of X years (often 10)
- Personnel Records (including OIG/SAM exclusion checks) for a period of X years
- HIPAA and other training records as applicable

Not a comprehensive list; check w/your MCP for specifics



Invoices vs Claims: What information are you collecting for billing purposes?

**Link to the
CMS 1500
Form**

© All rights reserved. No utilization or reproduction of this material is allowed without the written permission of CSH.

DHCS CS -Billing-and-Invoicing-Guidance

DHCS is
requiring:

MCPs to offer Training and Technical Assistance in this process

LA Care Quick Reference Guide

Health Net Training on CAL AIM

Santa Clara Family Health Plan CS provider User's guide

Partnership Health Plan of California CS web page

A quick google search should get you this info for the plans in your counties.

Check back regularly for updates. Plans are adding to these materials all the time.

CS -Billing-and-Invoicing-
Guidance

DHCS CS -Billing-and-Invoicing-Guidance

DHCS is
requiring or
recommending:

DHCS RECOMMENDS that MCPs in the same counties, work together to develop standard processes, create common templates and standardize billing

MCPs are required to accept standard invoices as well as claims

DHCS and MCPs are generally requiring all the same information as on claims, just not requiring that information be submitted in the same manner as health care providers. This is what distinguishes a claim from an invoice.

CS -Billing-and-Invoicing-
Guidance

DHCS Guidance on Billing

DHCS is requiring:

National Provider Identifiers or NPIs: DHCS on NPIs

That MCPs accept multiple claims with different procedure codes on a single day (p5)

That MCPs communicate Diagnosis to the ECM and Community Supports providers on referrals and authorizations

MCPs have an easily explainable process and communications for claims rejections and what providers need to do to submit clean claims

Providers and MCPs are HIPAA compliant in claims / invoice submissions, both transmitting and receiving; MCPs can support ECM and CS providers through this process.

CS -Billing-and-Invoicing-Guidance

DHCS Guidance on Billing

CS -Billing-and- Invoicing-Guidance

If your agency is billing Medi-Cal anywhere, your agency has:

- ✓ An NPI
- ✓ A CA Medicaid Provider ID, also called a ‘Rendering Provider ID’ number
- ✓ A process to check Medi-Cal enrollment for the people you serve (a.k.a. AEVS lookup or online Medi-Cal transaction services lookup)

If your agency is NOT billing Medi-Cal/ MCPs in any other program:

- ✓ You will need to get an NPI
- ✓ The MCP is required to give you a “Primary Payer Identifier” per P5 of the DHCS Billing Guidance. You need to submit this identifier on **EVERY INVOICE** you submit for payment.

What information is required on an invoice?

- P 3-7 of the DHCS Billing Guidance
- We will only review data fields that will be new to non-health care providers
- National Provider Identifier or NPI

These #s are now associated in data systems and must match agency submission on the invoice:

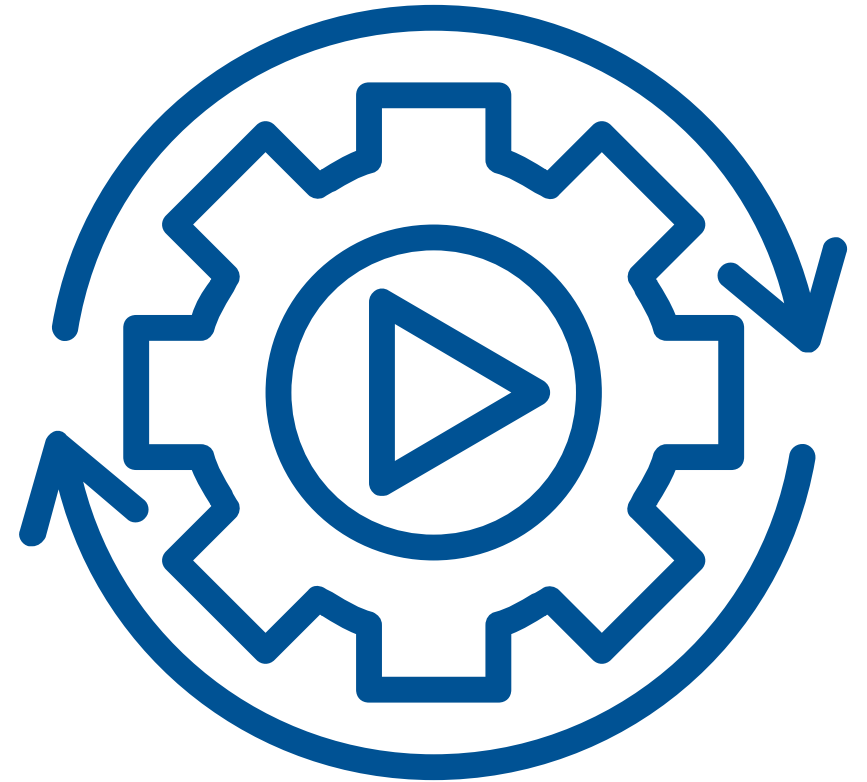
- Rendering Provider NPI
- Rendering Provider Tax ID
- Member Client Identification Number
- Primary Payer Identifier
 - If your agency is Medi-Cal enrolled this is our agency ID, if your agency is NOT Medi-Cal enrolled, the MCP assigns your agency a number
- Payer name





Helpful Hint!

All of these claims systems are **automated** and many are **connected**. Precision and careful review before submission are required for claims or invoices not to be rejected.





Helpful Hint!

The information you put on your NPI request (the start of the process) must match EXACTLY what is on all invoices or claims.

EXAMPLE:

Street / St / St./ ST. / Str. are *5 different answers* to these automated systems.



What Information is required on an invoice?

P 3-7 of the DHCS Billing Guidance

Procedure
Codes and
Procedure
Code Modifier

Service Unit
Counts- How
is the MCP
allowing billing

Per Member, Per Month- so how many months for this person are you requesting to be paid.

Per Diem- so how many days for this person are you requesting to be paid.

15-minute increments- so how many 15-minute increments for this person are you requesting to be paid.

Cost-based reimbursement – common for Housing Deposits

Place of
Service codes

CMS Code Set

Member
Diagnosis
Codes

Z codes are allowed per the DHCS All Plan Letter (APL) of 2/3/22

CMS on Z codes

What Information is required on an invoice?

P 3-7 of the DHCS Billing Guidance

Service Unit Cost

What is your rate for services, as contracted w/the MCP? DHCS Non Binding Pricing Guidance- 2021

Service Unit Charge

Total of your rate for services X how many Units of Services (how many months or days or 15-minute increments) are you submitting for payment

Authorization Number which is Optional- MCPs do not have to require Prior Authorization but can

When service agencies request that a person's MCP 'authorize' (e.g. agree with the provider that the person meets criteria for the service and would benefit from the service) the MCP gives the provider an AUTHORIZATION NUMBER that commonly is required for all claims or in this case invoices.

Health Care Common Procedure Coding Systems (HCPCS) Procedure Codes and Modifiers

Modifier

Procedure
Code

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
Housing Tenancy and Sustaining Services³			
T2040	Financial management, self-directed; per 15 minutes	U6	Used by Managed Care with HCPCS code T2040 to indicate Community Supports Housing Tenancy and Sustaining Services
(New) T2050	Financial management, self-directed; per diem	U6	Used by Managed Care with HCPCS code T2050 to indicate Community Supports Housing Tenancy and Sustaining Services
T2041	Support brokerage, self-directed; per 15 minutes	U6	Used by Managed Care with HCPCS code T2041 to indicate Community Supports Housing Tenancy and Sustaining Services
(New) T2051	Support brokerage, self-directed; per diem	U6	Used by Managed Care with HCPCS code T2051 to indicate Community Supports Housing Tenancy and Sustaining Services
Short-Term Post-Hospitalization Housing			
(New) H0043	Supported housing; per diem. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Transition/Navigation Services.	U3	Used by Managed Care with HCPCS code H0043 to indicate Community Supports Short-Term Post-Hospitalization Housing
H0044	Supported housing; per month. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Deposits.	U3	Used by Managed Care with HCPCS code H0044 to indicate Community Supports Short-Term Post-Hospitalization Housing
Recuperative Care (Medical Respite)			
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used by Managed Care with HCPCS code T2033 to indicate Community Supports Recuperative Care (Medical Respite)

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description
Housing Transition/Navigation Services			
H0043	Supported housing; per diem	U6	Used by Managed Care with HCPCS code H0043 to indicate Community Supports Housing Transition/Navigation Services
H2016	Comprehensive community support services; per diem	U6	Used by Managed Care with HCPCS code H2016 to indicate Community Supports Housing Transition/Navigation Services
Housing Deposits			
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.	U2	Used by Managed Care with HCPCS code H0044 to indicate Community Supports Housing Deposit

[DHCS Guidance on Coding Options](#)



Ensuring Quality Services: Developing your internal QI Plan

Compliance vs. Quality



Adhering to standards, regulations, and other requirements from regulatory bodies, including funders, local and state governments, and the federal government.



Ensuring that service participants receive the support they want to and need to live the life they envision for themselves.

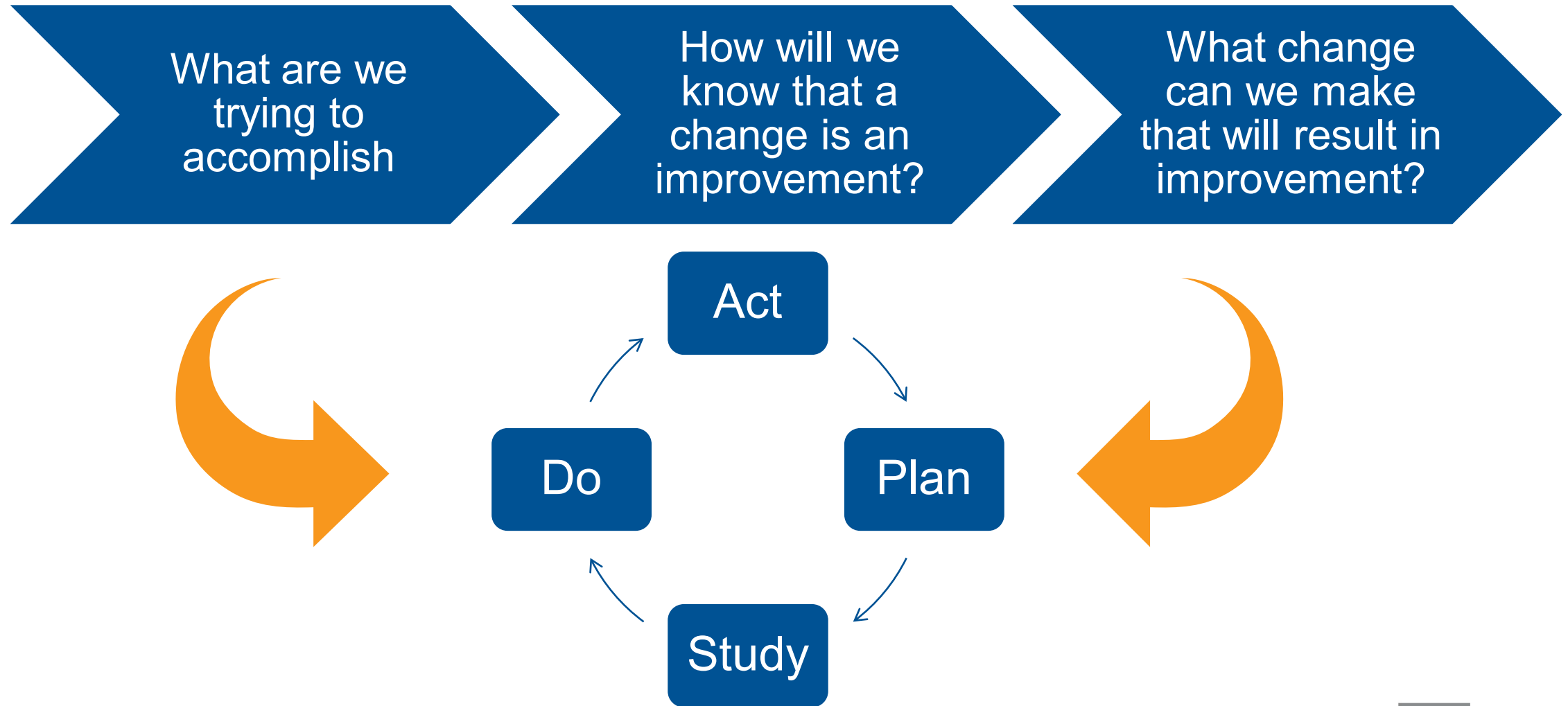


Both are important and need attention to ensure they are occurring!

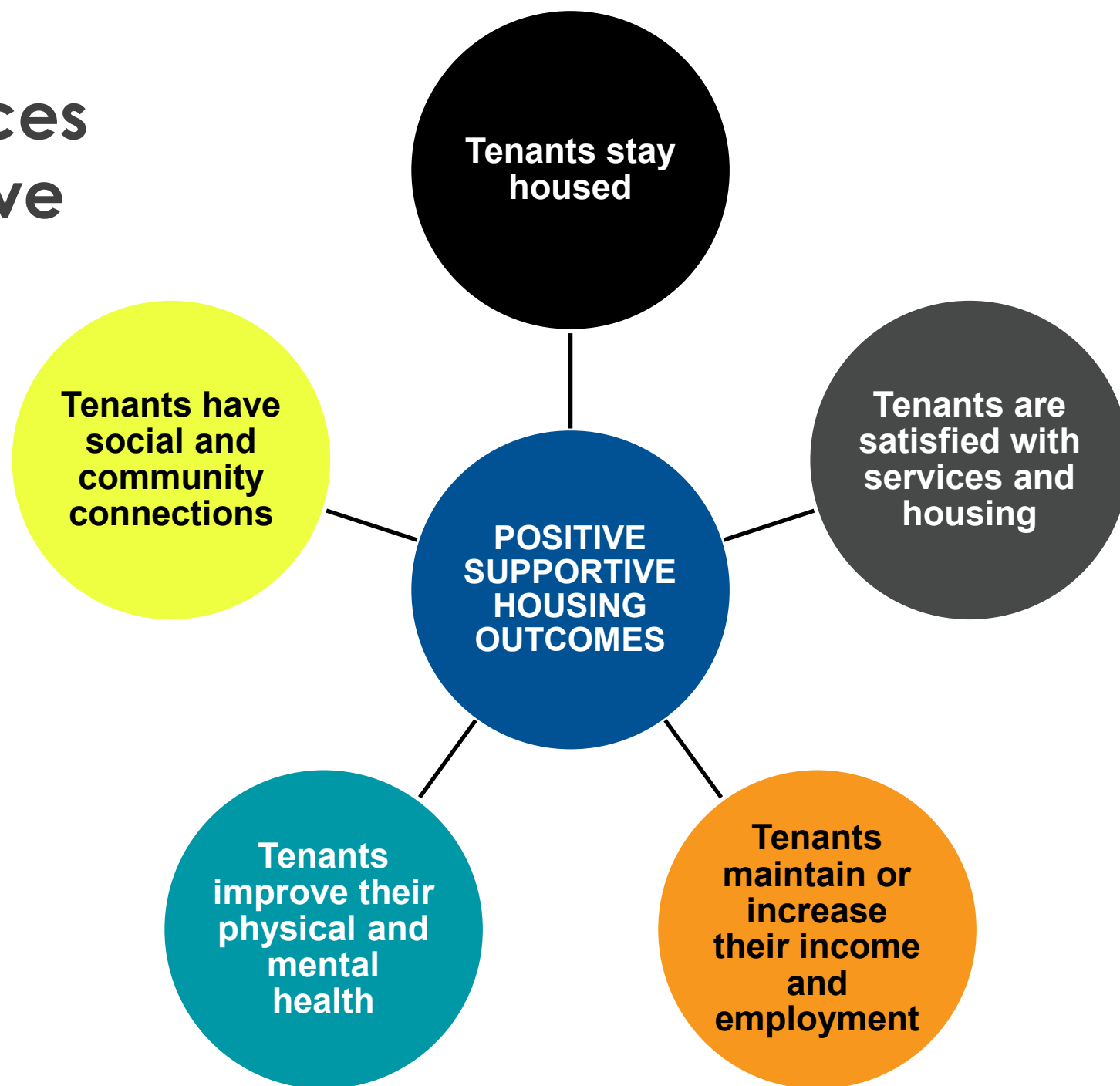
Taking a Quality Improvement Approach

Quality Assurance	Quality Improvement
Externally Driven	Internally Driven
Follows organizational structure	Follows systems and processes
Delegated to a few	Embraced by all → everyone's job!
Focused on individuals, outliers	Focused on processes
Works toward endpoints	Has no endpoints
Retrospective, detection	Proactive, preventive
Focuses on function	Client focus
Punishes/sanctions, finds blame	Rewards innovation, permits failure

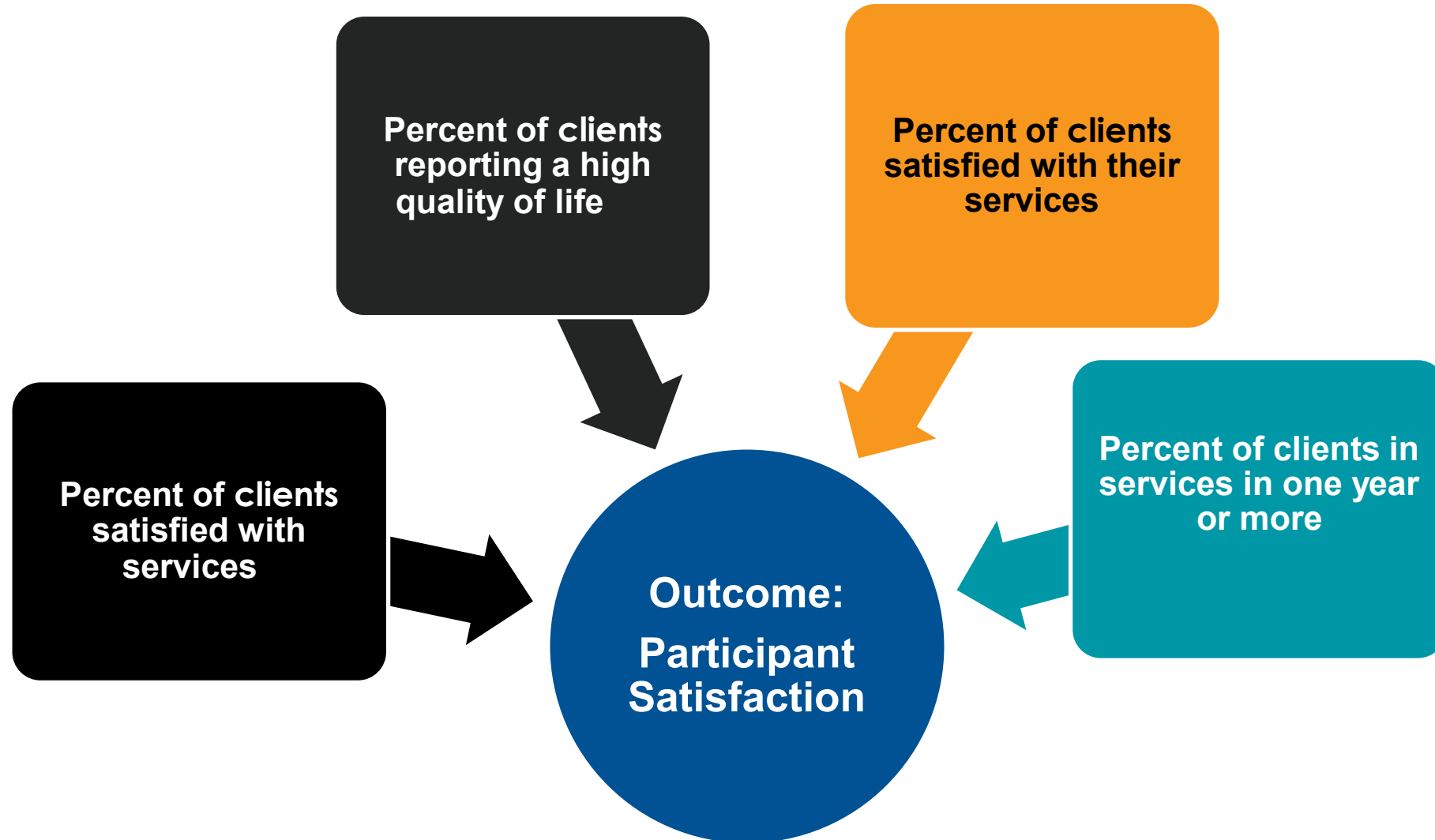
Model for Improvement



Quality Practices Result in Positive Outcomes



Outcomes – Client Satisfaction



CS Policy Guide: Can you provide every part of the service?

Housing Transition Navigation Services

- Tenant screening & housing assessment
- Individualized Housing Support Plan
- Searching for housing
- Assisting in securing housing (incl. application & documentation)
- Assisting w/benefits advocacy
- Identifying / securing resources to assist w/rent (e.g. voucher applications)
- Identifying / securing resources to cover expenses
- Assisting w/reasonable accommodation requests
- Landlord education / engagement
- Ensuring living environment is safe / move-in ready
- Communicating / advocating w/landlords
- Arranging for / supporting move-in
- Establishing housing retention plan, including crisis support plan
- Help w/non-emergency, non-medical transportation for transition / move-in
- Help w/securing environmental modifications

Housing Deposits

- Identifying, coordinating, securing, or funding one-time services and modifications to establish a basic household, such as:
- Security deposits
- Utility set up fees and/or arrears
- First month of utilities
- First month / last month's rent
- Services for health & safety (e.g. pest eradication, one-time cleaning)
- Goods and services to preserve health & safety in the home (e.g. AC, heater, hospital beds, Hoyer lifts, air filters)
- Cannot include payment of ongoing rental costs or "room and board."

Housing Tenancy and Sustaining Services

- Early identification / intervention for risks to housing stability
- Education / training on tenant / landlord roles
- Coaching to develop relationships w/landlords and/or property mgmt
- Coordination w/landlords / case managers to address housing issues
- Help resolving problems with landlords and/or neighbors
- Advocacy / linkage w/community resources to prevent eviction
- Assisting w/benefits advocacy
- Help w/annual housing recertification
- Regular updates to housing support & crisis plan
- Help w/lease compliance, including household mgmt.
- Health & safety visits (incl. Unit habitability inspections)
- Other prevention / early intervention activities as needed (e.g. help w/new reasonable accommodation requests)
- Help w/independent living and life skills (e.g. budgeting, financial literacy, community resource linkage)



Standard Health Care Compliance processes

Compliance is one small part of your Agency's Quality Improvement Overview



Growing your Compliance Program

Reviewing standards and how your program is meeting, or getting close to meeting, all standards

Staff Training

Documentation

Chart Reviews

Preparing for Audits

Compliance Plan

Program and
Services **Overview**

Program and
Compliance / QI
staff Responsibilities

Policy and
procedure review

Staff Training Plan

Reviews

- Client Chart
- Billing
- Medicaid Compliance
- Targeted

**Program Outcome
Measures and
Funder
Requirements**



MCP Oversight
How are MCPs measuring Quality? And
what will they require of your agency?

Quality and Compliance measurement for MCPs



Will differ from MCP to MCP

Your agency
will need to
track this
evolution

Be sure to sign up for your MCPs and DHCS list serves on topics relevant to your agency. And have a point person for being aware of changes that are made.



What DHCS
asks of MCPs
will likely be
passed unto
your agency as
an information
requirement

Ideally, MCPs include CS agencies in the dialogue, but that is a choice for the MCPs

Preparing to Demonstrate Quality for MCP Contracting & Ongoing Oversight

Pursuing Contract

- Historical housing placement / retention data for your agency
- Experience working with other MCPs / local programs for this service (e.g. COC contracts)
- Policies & Procedures / Workflows for CS services
- Nondiscrimination & equity focus
- Staff training requirements
- Hiring people w/lived experience

Providing Services

- Housing placement / retention data for MCP members receiving CS, including time to housing
- Member-specific detail in Housing Assessments, Housing Support Plans, and other Documentation of Services provided
- Frequency of services (as demonstrated by claims / invoices)
- Other reports

Audits / Periodic Oversight

- Detailed Chart Review
- Other quality metrics per MCP

Not a comprehensive list; check w/your MCP for specifics

Some examples we have seen

Note that MCPs had a LOT of work to do to set up these programs in the past year or so. Quality work on their part usually does not start till the program is up and running for a moment.

Partnership Health Plan (PHP)

- Provider Contract Standards including following all state and federal laws and HIPAA

Santa Clara Family Plan

Community Supports Provider Guide

Pay attention to page 6, Provider Credentialing and Oversight

Health Net and Cal Viva

Health Net resource page includes

- Community Supports Reference guide for each Health Plan
- P. 12-13 includes descriptions of monitoring that will be done by the health plan

Are the plans you work with not listed?

Ask your MCP provider relations rep or other plan contact what is in place around agency credentialing and monitoring and what you as an agency need to do to prepare.

What is DHCS requiring of MCPs? And therefore MCPs will require of your agency

- January 2023 update to the CS Policy Guide p68-74
- **Data**, that the MCPs will get from your agency's submitted claims and invoices, how many served? Whose being served? What services? What health outcomes? Equity analysis is included.
- Housing Support Plans- MCPs must require an active service plan and track
- p26 of the ECM & ILOS Contract Template
 - ILOS Provider Standard Terms and Conditions- p11
 - Providers have experience delivering these services and with the target population
 - Maintain staffing to respond quickly to referrals
 - Conduct outreach and engagement to assigned members
 - Be responsive to incoming calls for assistance
 - Coordinate with other providers serving the same member
 - Comply with culturally competency and linguistic requirements
 - Follow all federal anti-discrimination law

Resources

- January 2023 update to the Community Supports (CS) Policy Guide
 - Start here!
- Provider Terms & Conditions
 - What the state Medicaid office (DHCS) is requiring of Community Supports providers
- MCP Terms & Conditions
 - What the state Medicaid office (DHCS) is requiring of MCPs, who are contracting for Community Supports
- ECM & ILOS Contract Template
 - How MCPs prove to the state the MCPs have providers to offer Community Supports

Next Steps: R.E.A.C.H.



Read

- Read pages 12-16 for Community Supports providers [ECM and Community Supports Standard Provider Terms and Conditions \(ca.gov\)](#)

Explore

- Compliance Plans from other Medi-Cal providers- what can be borrowed and adapted?
 - [Compliance Policies and Procedures \(sandiegocounty.gov\)](#)
 - [Compliance-plan-guide-summary.pdf \(paramounthealthcare.com\)](#)
 - [Mental Health Quality Management - Compliance | Shasta County California](#)

Attend

- Next Training Session!
 - Common Policies and Procedures for Medi-Cal Providers, including HIPAA
 - 4/26/23 1-3PM:

Complete

- TA Marketplace [application](#)

Have ready

- List of existing Policies and Procedures and bring to next session

Next Academy Training

**Common Policies and Procedures for
Medi-Cal Providers, including HIPAA
for new providers**

4/26/23 1-3 p.m.

Thank you!

csh.org

