

Promoting Effective and Efficient Fiscal Management

PART 2

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Understanding Your Part C Budget

Part 1 Participant take aways:

- Better understanding of billing with a Temp FCS
- Awareness of when insurance allowable rate exceeds EI rate
- Better understanding of flexible spending accounts



Relationship building with internal fiscal personnel

Purpose

For Local System Managers to share their expertise and knowledge of effective fiscal practice through interactive activities and receive suggestions from the facilitators on ways to monitor and track fiscal data and use the information for budgetary planning.



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Anticipated Outcome

Local System Managers will identify key elements to successfully billing Medicaid and expand knowledge of essential components to working with internal fiscal personnel to process insurance claims, appeal denials, and develop budgets.



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Topics to cover today:

- Working with internal fiscal personnel
- Issues related to billing Medicaid
- Local Budget

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Who approves and processes billing invoices?

- a. Local Systems Manager
- b. Part C staff member
- c. Lead Agency Billing personnel
- d. Other (if selected please explain in the chat)



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How do you ensure that the person billing understands Part C billing practices?



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What mechanisms do you use to ensure that services are billed accurately?

- a. Electronic Health Record (EHR) Reports
- b. Reports from billing office
- c. Excel Spreadsheet or other reports created internally
- d. Other (if selected please explain in the chat)

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Issues that need to be resolved PRIOR to billing Medicaid

- EI Providers must be enrolled with DMAS as EI Providers
- EI Providers must maintain current discipline qualifications and EI certification
- If children are dually enrolled and the family decline access to private insurance for covered EI services then a signed *Declining to Bill Private Insurance* form must be on file and submitted with claim to DMAS

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Issues that need to be resolved PRIOR to billing Medicaid

- Include the NPI # of a Medicaid Ordering/ Referring/ Prescribing (ORP) Physician on claims.
- DMAS allows only one case management program to be billed during the same time period.
- When a child transitions from one local system to another and both systems provide service coordination during that month, only one of the local systems can bill for EI TCM.

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When is it NOT okay to bill Medicaid?

- EI TCM may not be billed for any month in which the child was hospitalized for the entire month;
- EI SC Plan or IFSP is expired;
- No allowable EI TCM activity has occurred;
- No family contact has occurred within the last 3 months;
- Face to face with the child did not occur during the calendar month that the initial IFSP or Annual IFSP meeting was held;
- There has been no request to the physician within the past 7 months for health status indicator info.



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What other challenges have you encountered in billing Medicaid?



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What were some of the solutions you came up with?



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Who is responsible for insurance pre-authorizations?

- a. Lead Agency Billing personnel
- b. Local Systems Manager/ Part C staff member
- c. Contract provider
- d. Contract provider and Lead Agency Billing personnel or LSM/ Part C staff member
- e. Other (if selected please explain in the chat)



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Who is responsible for insurance pre-authorizations?

What “ah-ha” moments have you had related to insurance claims and pre-authorizations?



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Do you know when and why claims are denied?


- Who files appeals? How do you know the result?
- Who handles corrections if needed and ensures rebilling?
- Are diagnosis codes verified when denials are received?



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Who develops your local budget?

- a. Local System Manager
- b. Agency fiscal staff
- c. Collaboration of both
- d. Other (if selected please explain in the chat)



**A LOOK
at the
BUDGET**

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When is your local budget developed?


Before projected allocations	After projected allocations

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Consider this.....

It's fiscal year end and your Local Lead Agency (LLA) budget shows a balance of Part C State funds designated for contracted services. Your agency fiscal staff is proposing ways to utilize these funds in the upcoming fiscal year. If you have encountered this situation what did you do?



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What are some other implications for you as a Local System Manager related to developing and implementing the local budget?

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Part 3: Monitoring services/ Maximizing revenue and minimizing expenses

Outcomes: Local System Managers will increase their understanding of components included in effective service cost monitoring tools, manage physician certification to prevent loss of revenue and inappropriate use of Part C funds, and develop effective strategies for processing invoices to maximize reimbursement and minimize program expenses.

Topics covered:

- Monitoring direct services and staff productivity
- Monitoring projected and actual costs of contracted services
- Knowing program revenue and expenditures (Actual and Projected)
- Implications of Physician Certification
- Maximizing Insurance Reimbursement
- Invoice practices

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