

“As Is” DBH Billing Process Steps

The State contracts individually with each Region for services to be provided. Service Providers submit their billing documents to the Region, which then summarizes those requests and submits a summary to the State for payment.

The following items occur at the Regions before the information is sent to DBH for payment processing.

- P-x1 Provider enters data into Magellan creating a TAD.
1. At the end of the billable month, the Provider accesses the ASO web-site and enters encounter data.
 2. The Provider prints the TAD.
 3. Medicaid Rehab Option Services, and Out Patient Services should be broken out by Yes and No.
 - a. The Provider will indicate on TADs for Substance Abuse Waiver services all consumers who are on Medicaid Managed Care and not bill for these individuals.
 - b. Providers must check existing resources and identify those that are Medicaid eligible on the TAD. In the event that information is incorrect on a TAD, the Provider must complete an Authorization Modification Form and submit it to the ASO for correction. The Provider may NOT bill for additional Units of service for any individual with incorrect information on the TAD.
 4. Handwritten corrections of names or alterations which add Units on TADs will not be accepted and payment will not be processed for any Units claimed as such. Handwritten corrections which decrease the number of Units billed may be made, but the Provider must file appropriate documentation with the ASO to initiate permanent change of the record.
 5. Providers should review TADs and verify discharges. Failure to do timely discharges on-line will result in TADs indicating numbers in excess of agency capacity. Division should monitor TADs for discharges quarterly
- P-x2 Provider attaches the TAD to billing documents summarizing funds requested and Units provided; and submits to Region.
- P-x3 Region summarizes the Provider information, groups documents by Provider, and forwards to DBH by the 12th of each month. [Each Region Submits a Regional Roll up including a BH 1, 2 and 3 for all Services billed, indicating source of funds requested for each service.]
- BH-1 is the summary billing form. This form is submitted to reflect all payment requested from the Region.
 - BH-2 is the form for Fee-For-Service (FFS) billings. The form reflects current NBHS rates and the number of units provided in each service for which payment is requested.
 - BH-3 is the form used for Non-Fee-For-Service (NFFS) billings. This document reflects requested payment based upon expenditures and unit or case rate.
- Supporting documentation includes TAD (generated by the service Provider in Magellan), CAG, CAD... [and a variety of other forms found in the “Payment and Billing Basics” document].

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- On the BH1, Regions assign the State/Federal funding split. Providers don't always differentiate in their documentation, so the supporting docs have to be reviewed carefully (with a little grain of salt) for the State/Federal mix.
- On the BH2, the Categories occasionally do change based on the actual services provided.
 - In the BH2 you have to 'do the math' to determine what the State amount actually is.

The following steps represent the DBH Billing process carried out in Lincoln.

STEP 1:

- P-1 DBH receives forms from Regions by the 12th.
1. DBH receives the paper BH 1,2,3 and supporting documentation from the Regions.
- P-2 Verification
1. Verification includes confirming that the detailed costs and Units (in the supporting documents) add up to the totals shown (on the BH 1,2,3). It also includes insuring that the requested expenditures are allowable within the contract. [NOTE: A billing that has incorrect or incomplete information will not be accepted or processed until such time that the information is accurate and complete.]
- P-3 Request Clarification
1. If errors are discovered during verification, request corrections from the Region.
- P-4 Region supplies corrected data
1. If errors were found, the requested correction is supplied by the Region.
 2. The new numbers are re-verified.

STEP 2:

- P-5 BH 1,2,3 and supporting information is entered into the Region FY13 Billing template.
1. Details are copied from the supporting documents into service type groups (or Categories) by Provider and Units on the Billing template. Any service for which Federal money is being requested is entered/designated.
- There are three primary purposes for the data entry during **Step 2:**
 1. Capture, regroup, and summarize data for use in the remaining numbered billing process steps.
 2. Capture, regroup, and summarize data for use in reporting.
 3. Capture, regroup, and summarize data for analysis by other applications
 - On the **FFS** tab they fill in the Units, Totals, and Block Grant info; then validate each row against a TAD Summary Total.
 - They separate the FFS / NFFS and MH / SA, entering Units & Providers for each service.
 - They also validate that the number of Units equals what is totaled up from the supporting documents.

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- They capture 13 months each year due to offset of service provided date from service paid date.
- On **NFFS** tab they don't have to fill in the Units, but generally do if the information is provided. Sometimes the information comes in from the Region in 3 different types and they have to manually sum the information into one line.
 - **NOTE:** On the **NFFS** tab after the main Categories are several rows used to compare and cross check totals against the BH1. The many items below those rows aren't used by Cody.
- **NOTE:** The main Categories (left hand column) of the **FFS** and **NFFS** sheets basically stay the same over time.
- **NOTE:** Items in the Service column change by what is actually delivered. If a given service isn't provided during a given month, that service won't show up in the Service column.
- The Service groupings by Category don't change unless something like a new Pilot Program is added.
- The **FFS** and **NFFS** tabs auto populate the **YTD** tab.
- After the **YTD** tab are a number of 'lettered' tabs (**FFS-MH, FFS-SA, NFFS-MH, NFFS-SA**) that are summed (auto populated) into the **Reg. Coordination** and **Combined2** tabs.
- **NOTE:** The 'lettered' tabs are built to accommodate further analysis by other applications such as Stata, SPSS, and SAS.
- **NOTE:** Two tabs not used but still maintained:
 - **Monthly Expenditures by Service**
 - **Block Grant Monthly by Service**
 - Also **Combined** tab had a bug, so using **Combined2** now.

The remaining steps further breakdown and regroup the information in preparation for creating the PO Form for payment .

STEP 3:

- P-6 Complete the Billing Breakdown Spreadsheet.
1. Realignment/grouping of expenditures into like types of funding sources.
 2. Information from the Billing Sheet is summarized into monthly totals on the Billing Breakdown Spreadsheet.

STEP 4:

- P-7 Complete the Region Funding Brkdown for Billing spreadsheet.
1. Information from the Billing Breakdown Spreadsheet is realigned by higher level service groupings and funding sources for transfer to Business Units.

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STEP 5:

- P-8 Complete the **Regional Billing Document** tab of the Regional Billing form-Regional Billing Document-PO Form spreadsheet.
1. Information from the Region Funding Brkdown for Billing spreadsheet is further summarized and entered into the **Regional Billing Document** tab. This step auto-generates the **PO Form** tab for the next step. During this process, additional processing occurs:
 - a. Information/amounts in each business unit is compared to available money by business unit left in the contract.
 - b. Moneys are adjusted in business units as needed.

STEP 6:

- P-9 Enter a PO Request in OnBase.
1. Information from the **PO Form** tab is entered into OnBase to create the PO Request.
- P-10 Correlation
1. After the billing process is completed, the forms are sorted/correlated, 3-hole punched, and placed into binders for reference and storage.

REPORTING

- Reports are created for:
 - SAMHSA – Block Grant and other types.
 - Revenue Report showing a statewide total of all regions.
 - There is also some Ad Hoc reporting.
- YTD is the monthly report that Cody creates.
 - The majority of this tab auto generates, so anytime a change is made to the FFS or NFFS tabs, YTD automatically updates.
 - This creates the issue of how to maintain version control.
 - The YTD tab is primarily used for ‘visual reporting’; that is people get the information they need from it, but it is not set up to specifically provide all of the data for any single purpose.