SECTION 3
BILLING PROCEDURES

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GENERAL INFORMATION

BILLING OVERVIEW

The S.C. Department of Health and Human Services (DHHS) strives to make billing as simple for providers as possible. This section is a "how-to" guide on billing procedures such as how to file a claim, what to do with a rejected claim, etc. You should direct any questions not addressed here to your program manager. Please see Section 4 for more detailed information on correspondence and inquiries.

The Department of Health and Human Services uses a computer-generated tally sheet referred to as a Turn Around Document (TAD) to process payment to providers of Optional State Supplementation (OSS) services. A monthly TAD for OSS and Integrated Personal Care (IPC) residents is used to enhance efficiency and decrease paperwork burden on providers.

The Community Residential Care Facility (CRCF) will receive a TAD each month listing all the OSS and IPC residents in the CRCF based on the previous month. This TAD must be corrected and returned along with a DHHS CRCF-01 for each change or addition made on the TAD for the month. The facility is required to confirm that all residents listed are still in the facility, add any new residents, verify the number of days that each resident was in the facility during the month, and indicate any discharges, transfers, terminations, or deaths that occurred during the month by following the administrative procedures detailed in this section.

Payment is made monthly by electronic funds transfer. The monthly Remittance Advice shows actions taken on all submitted claims.

The OSS payments made on behalf of residents to CRCFs are considered payment in full. Any differences caused by rounding in the payment system cannot be billed to the resident or deducted from the resident's personal needs allowance.

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TURN AROUND DOCUMENT (TAD)

During the first 10 days of each month, the CRCF will receive its TAD from the claims processing unit for the preceding month.

The facility's authorized representative must review the TAD and note any changes that occurred during the previous month, such as a transfer, termination, death, or a change in the number of days a resident was in the facility.

For each change or addition to the TAD, there must be a matching CRCF-01. Income changes and new admissions require the signature of the eligibility caseworker on the CRCF-01.

The CRCF mails the TAD and appropriate documentation to arrive by the 17th day of each month to:

Claims Receipt – CRCF
Claims Section
Post Office Box 67
Columbia, SC 29202-0067

A sample TAD can be found in Section 4. Below is an explanation of the various fields on the TAD.

Description of Fields

Field Title and Description

1 CRCF Number

The CRCF's six-digit ID number

2 Name and Address

The name and mailing address of the CRCF

3 Line Number

Self-explanatory

4 County

Beneficiary's county of residence by number

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Description of Fields (Cont'd.)

5 Recipient's Name

Resident's first name, middle initial, and last name

6 Recipient's Medicaid

Resident's 10-digit Medicaid ID number

7 Recipient's Monthly Income

Resident's countable income for the current month

8 Dates of Service

The month and year for which payment is being claimed. On a new admission, this is the Authorization to Begin Payment date or the admission date, whichever is later.

9 CRCF Days

Total number of days the resident resided in the facility during the billing month and did not receive IPC services

10 IPC Days

Total number of IPC Days

11 Changed CRCF Days

If the resident does not stay in the facility the entire month, indicate the number of days the resident was in the CRCF for the month here. Always count days on a calendar; subtracting from the number of days in a month does not work, since the day of admission is covered but the day of discharge is not.

12 Changed IPC Days

Total number of IPC Days for the month

13 Delete From Next Month's

Place an X in this space if the resident should not appear on the next month's TAD (*i.e.,* death, transfer, termination).

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Description of Fields (Cont'd.)

14 Signature, Title, Date

The authorized representative of the CRCF must add his or her signature and title here, and record the date of the signature.

Special Notes

- If a resident is discharged and readmitted during the same month, enter all days of residency on one line. Use a separate line for each month if changes occur in two successive months.
- All changes and additions must be supported by an attached CRCF-01.
- All CRCF-01s for transfer and new admissions must be signed and dated by county eligibility staff.
- Add new residents at the end of the TAD.
- A CRCF is not reimbursed for and may not request payment for the day of discharge, unless the resident entered and died on the same day. In this case, the CRCF may request payment for the day of discharge.
- The facility's authorized representative understands that the OSS payment is made from state and federal funds and any falsification or concealment of a material fact may be prosecuted under state and/or federal laws.
- If any of the residents listed will not be in the facility for the next month, enter an "X" in the column titled "Delete from next month's TAD."

CRCF-01

The Notice of Admission, Authorization, and Change of Status for Community Residential Care Facility (DHHS CRCF-01) is used by CRCFs, the DHHS Regional Office (DRO), and/or the eligibility office. The CRCF-01 authorizes DHHS to use OSS funds to reimburse CRCFs for services rendered to eligible OSS residents. A separate CRCF-01 must be prepared to initiate or change the payment for each eligible resident receiving services; that is, all changes made on a TAD must be authorized by an attached CRCF-01.

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CRCF-01 (CONT'D.)

The county eligibility worker must sign and date each form for all new admissions, including those admissions resulting from a resident transfer. This also applies to those transfers between facilities located on the same property or owned by the same operator. An eligibility worker signature is not required for most termination actions. However, the county eligibility office and the DRO must be informed of all terminations, transfers, discharges, and deaths within 72 hours of the action.

A sample CRCF-01 can be found in Section 4.

Description of Fields

Section I – Identification of Provider and Patient

Completed by the CRCF or eligibility office

Field	Title and Action
1	**Resident's Name** Enter the resident's first name, middle initial, and last name.
2	**Birth Date** Enter two digits each for the month, day, and year.
3	**Medicaid ID Number** Enter the 10-digit Medicaid ID number.
4	**Resident's Address** Enter the street name and number, the city, and the state in which the resident lives.
5	**County of Residence** Enter the county in which the resident resides.
6	**Social Security Number** Enter the resident's social security number.
7	**CRCF's Name and Address** Enter the name and address of the CRCF.

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Description of Fields (Cont'd.)

8 CRCF's ID Number

Enter the CRCF's six-digit identification number.

9 Date of Request

Enter the date the form was prepared.

Section II – Admission, Income, Transfer, Termination, Change of Status

Completed by the CRCF or county eligibility office

Item	Title and Action
A	**Admitted to this CRCF on** Enter the date the resident was admitted to the CRCF.
B	**Authorization to Begin Payment** County eligibility office enters appropriate date.
C	**Resident's Countable Income** County eligibility office enters effective date and appropriate amount of income and personal needs allowance.
D	**Transferred to another CRCF** Enter the date the resident transferred, and the name and county of the CRCF to which he or she transferred.
E	**Termination / Discharge** Enter the effective date of termination. If the patient died, enter the date of death. Specify the reason for termination or other change of status if not covered by the above. Enter any changes not listed above.

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Description of Fields (Cont'd.)

Section III – Medical Absences

Completed by the CRCF

Item	Title and Action
A	**Admitted to nursing facility** Enter the date the resident was admitted to the nursing facility and the name of the facility.
B	**Admitted to a medical institution, mental health facility or nursing facility** Enter the date the resident was admitted to the medical institution or mental health facility and the name of the facility.
C	**Readmitted from a medical institution, mental health facility or nursing facility** Enter the date the resident was readmitted to the CRCF from the medical institution, mental health facility, or nursing facility, and the name of the facility.
D	**Temporary Medical Absence** Enter the beginning date of the temporary medical absence and the expected ending date of the medical absence.
E	**Temporary Non-Medical Absence** Enter the beginning date of the temporary non-medical absence and the expected ending date of the non-medical absence. This must exceed one calendar day.

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REMITTANCE PACKAGE

If the TAD is received at the CRCF Claims Section by the 17th day of each month, the TAD will be processed, an electronic payment will be deposited, and a Remittance Advice will be generated. Remittance Advices and the TADs for the next month's billing will be mailed on the first Friday of the next month; receipt will depend on post office delivery. The electronic funds transfer will also be sent on this same date to the bank designated by the facility designee during enrollment.

Payment dates are subject to change. All providers will be informed of changes to the payment dates.

Remittance Advice

The Remittance Advice is an explanation of payments and action taken on all claim forms and adjustments processed. The information on the Remittance Advice is drawn from claims submitted for payment. After claims are processed by the system, a Remittance Advice is generated which reflects the action taken. This document is sent to the provider each month.

The numbered data fields on the Remittance Advice are explained below. A sample Remittance Advice can be found in Section 4.

Description of Fields

Field Title and Description

01 Date

The date the Remittance Advice was produced

02 CRCF No.

The CRCF's six-digit identification number

03 Check Date

The actual date of the electronic deposit

04 Check Number

The number of the electronic deposit

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Description of Fields (Cont'd.)

05 Check Amount

Total amount paid

06 Bank Name

Bank to which the EFT was sent

07 Bank Number

Number of bank to which the EFT was sent

08 Account Number

Provider's bank account number to which the EFT was sent

09 Recipient Name

Name of the OSS resident

10 Recipient ID Number

Resident's 10-digit Medicaid ID number

11 Date of Service

The first date of service during the month of residence under OSS

12 OSS/IPC Days

The number of days of residency under OSS and IPC being paid

13 Income

OSS resident's income used to calculate the OSS payment

14 OSS/IPC Payment

First line is the amount paid for OSS; second line is the amount paid for IPC

15 Status Code

An alpha character in this field indicates the present status of the claim.

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Description of Fields (Cont'd.)

P = Payment

R = Rejected

S = Suspended or in process

16 Edit Code

For each rejected claim designated by an "R" in the STATUS CODE field (item 15), an appropriate edit code will appear in this field. This code will indicate the reason the claim was rejected.

17 Claim Control Number

A computer-generated number unique to each line/claim on the TAD

Edit Resolution

If a Remittance Advice shows a rejected claim, the provider should call the OSS program manager for assistance at (803) 898-2590.

Some of the edit codes that can appear on an OSS/IPC Remittance Advice are:

007 Patient's daily recurring income is greater than the nursing facility's daily rate.

051 Date of death inconsistent with date of service.

509 Date of service over 2 years old.

510 Date of service over 1 year old.

852 Duplicate of previously paid procedure code for the same date of service.

858 Inpatient hospital and nursing facility billing conflict with allowed days for bed reserve.

866 Recipient receiving same or similar service from multiple providers for same date of service.

900 Provider ID is not on file.

902 Pay-to provider not eligible on date of service. Provider was not enrolled when service was rendered.

924 OSS recipient must be a pay category 85 or 86.

940 Billing provider is not the recipient's IPC physician.

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Edit Resolution (Cont'd.)

950 Patient ID is not on file.

951 Recipient not eligible for Medicaid on the date of service.

958 IPC days exceeded or not authorized on date of service.

959 Silvercard beneficiary, service not pharmacy.

Reimbursement Check

The reimbursement check represents an amount equaling the sum total of all claims on the Remittance Advice with status P.

Electronic Funds Transfer (EFT)

Electronic Funds Transfer (EFT) is mandatory for providers participating in the IPC and OSS programs. It allows the CRCF to receive monthly payments more rapidly.

The money is transferred to the facility's specified bank account on the first Friday of each month following TAD processing. The Remittance Advice mailed to the facility on the same day identifies payments by beneficiary, total of the deposit, bank name, and the account number where the payment was deposited.

When an authorized representative signs up for electronic deposits, a check may be received before the first automated deposit is made. Before direct deposits are made to a specified account, test deposits are made with the designated bank to ensure that there are no discrepancies between the information on the payment file and the facility's bank.

An Authorization Agreement for Electronic Funds Transfer must be completed and submitted along with a voided check to:

MCCS – OSS Enrollment
Post Office Box 8809
Columbia, SC 29202-8809

A copy of the authorization form can be found in Section 4. Only written payment requests will be accepted.

Implementation of the automated deposit system may take up to three payment runs.