

AGING AND DISABILITY SERVICES DIVISION

Community Based Care Services Service Provider Billing Manual

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COMMUNITY BASED CARE SERVICE PROVIDER MANUAL

The billing procedures addressed in this manual refer to the following Community Based Care programs: Community Options Program for the Elderly (COPE), the Homemaker Program and the Personal Assistance Services (PAS) program. Providers must be contracted as providers through Medicaid before they can provide services for Community Based Care programs.

1.0 Service Authorization

- 1.1 Case managers will authorize all home and community based services (HCBS) to be provided for each program client. Aging and Disability Services Division (ADSD) will only reimburse providers for services authorized by agency case managers.
- 1.2 Once approved for one of the HCBS programs, the case manager will complete a service plan. The completed service plan will be faxed to the provider. The client cannot receive program services until the provider is in receipt of the approval.
- 1.3 The service provider will inform the case manager of any changes in the provision of services for each client. The case manager must approve any changes in the delivery of services to the client before the provider is eligible to be paid for the services. Significant changes to the client's assessed needs will require a new service plan.
- 1.4 All service plans have a start and end date. Service providers must be aware of the end date and be prepared to adjust services when case managers conduct reassessments. This typically occurs annually or sooner if a client's condition warrants a change.

2.0 Transportation

- 2.1 Providers are prohibited from transporting clients. ADSD will not reimburse any provider for the transportation of a client for any reason.
- 2.2 Providers may only accompany a client to medical appointments or shopping via public transportation.

3.0 Medical Services

- 3.1 HCBS programs provide non-medical services. ADSD will not reimburse a provider for any services not listed on the service plan; this includes medical services. The case manager should be contacted if there are any questions regarding the authorized tasks.

4.0 Cancellation of Services

Whenever possible, the client or case manager will cancel services by notifying the provider 24 hours in advance.

5.0 Client Not at Home/No Services

The provider will not be reimbursed for a visit if the client is not present in the home at the time of services.

6.0 Billing Procedures

6.1 Billing Format

- A. Bills must include a summary invoice listing all individual invoices that comprise the total.
- B. There must be a provider invoice for each client.
- C. There must be a client verification log for each client attached to the original provider invoice for the client. Copies of the client verification logs are acceptable, attached to original invoices.
- D. The billing summary and invoice must contain an original signature of the billing preparer and/or person authorized to represent the provider agency.

6.2 Provider Invoices

- A. A provider invoice must be completed monthly for each client.
- B. Invoices must be submitted by the 15th of the month following the month of service.
- C. Providers may computerize the form for their own convenience as long as the format remains intact.
- D. Invoices must be limited to a one-month period. Portions of prior or subsequent months may not be included on any invoice.
- E. Client verification logs (e.g., timesheets or attendance records) must be attached to the original provider invoice for each client.
- F. ADSD will not reimburse providers for service without client verification of the dates, amount and types of service provided.
- G. The provider name and address must be the same as listed with the State Controller's Office. ADSD must be notified in writing of any changes. The provider is also responsible for reporting any name and address changes or deletions to Vendor Services at the State Controller's office.

6.3 Client Verification Logs

- A. Providers are responsible for obtaining client verification of dates, times, amounts and types of services provided. Each document must contain original signatures that are entered on the date of service. Submitted timesheets may be copies.
- B. If a client has difficulty signing the service verification form, the client may sign his/her initials.
- C. If a client is unable to sign the service verification form, a designated representative for the client may sign the form.
- D. The case manager shall approve the use of an "X" if the client cannot sign his/her name or initials or no designated representative is available.

6.4 Secure Submission Procedures

Chapter 7 of the Department of Health and Human Services (DHHS) Aging and Disability Services (ADSD) HIPAA Policies and Procedures Manual requires business associates (including community based care providers) to use appropriate safeguards to prevent unauthorized use or disclosure of Protected Health Information (PHI). All service providers sign a Business Associate Addendum acknowledging HIPAA requirements before they are authorized to serve ADSD recipients. Service providers **must** utilize one of the following methods of submitting invoices and client verification logs.

- A. File Transfer Protocol (FTP) Site
 - i. Providers who wish to upload invoices, client verification logs and other back-up documentation to ADSD's secure FTP site should submit a request to their ADSD assigned billing contact for help in obtaining log-in credentials and instructions.
- B. Email
 - i. Providers who submit billing via email are required to use a software application that will encrypt the sender's email. Such an application requires the recipient to log in to the application to access messages and attachments.
- C. Thumb / Flash Drives / Memory Stick
 - i. Invoices, client verification logs and other back-up documentation may be submitted on a thumb drive, flash drive or memory stick only if the device is encrypted or password-protected.
 - ii. Decryption instructions or the password must be provided in a separate communication to the billing staff at ADSD.
 - iii. If the device is sent to ADSD via the U.S. Postal Service or another delivery service, the provider must follow the mailing instructions in Section 6.4(D).
- D. Standard Mail / United Parcel Service / Federal Express
 - i. PHI must be mailed via traceable means (i.e., certified mail, Federal Express, USPS delivery confirmation).
 - ii. Mail containing PHI must be accompanied by a cover sheet or other notification that contains the following message.

This information contains PHI that is intended for disclosure only to the authorized recipient. Unauthorized interception and/or disclosure are violations of the Health Insurance Portability and Accountability Act. Violations may result in administrative, civil, or criminal penalties. If this mail is received in error, please notify the sender

and/or return the mail immediately in a properly sealed envelope. Destroy any copies made in error.

E. Fax Machine

- i. The accuracy of the recipient's fax number must be verified before transmission.
- ii. Every fax transmission containing PHI must be accompanied by a confidential cover sheet or stamped with the following privacy warning.

This information contains PHI that is intended for disclosure only to the authorized recipient. Unauthorized interception and/or disclosure are violations of both the Electronic Communications Privacy Act and the Health Insurance Portability and Accountability Act. Violations may result in administrative, civil, or criminal penalties. If this document is received in error, please notify the sender immediately and destroy the document and any copies made.

- iii. No PHI may be included on the fax cover sheet.
- iv. Before transmitting PHI via fax, the sender must alert the billing staff at ADSD of the impending transmission.

7.0 Reimbursement

The reimbursement rate is based on a contracted rate which takes into consideration and includes the costs associated with doing business. Consequently, separate reimbursement is not available for the following.

- a. Time spent completing administrative functions such as supervisory visits, scheduling, chart audits, surveys, review of service delivery records, and personnel consultant;
- b. The cost of criminal background checks and TB testing;
- c. Travel time to and between a client's home;
- d. The cost of basic training, in service requirements, and the CPR and first aid requirements; and/or
- e. Routine supplies customarily used during the course of visits, including but not limited to non-sterile gloves.

8.0 Payment of Bills

- 8.1 Invoices, client verification logs and other back-up documentation will be reviewed for accuracy and compliance as to type and amount of services authorized.
- 8.2 Invoices reviewed and approved by the billing staff are then submitted to the ADSD fiscal unit for payment.
- 8.3 Payment is issued by the Controller's Office only via electronic funds transfer. (Paper checks are no longer issued.) The payment process may take up to 4 weeks after ADSD has received the complete and accurate bill.

9.0 Incorrect Bills

- 9.1 To the extent possible, ADSD billing staff will work with providers to correct errors without requesting complete revisions.
 - A. Some errors may be corrected by ADSD billing staff without provider consultation (for example, over-billing and under-billing). In this case, the provider will be notified of the correction.
 - B. Some errors may be corrected in coordination with providers (for example, missing documentation).
- 9.2 When substantial corrections are required, providers will be asked to revise and resubmit invoices.
- 9.3 Providers should be aware that any errors will delay payment. If asked by ADSD billing staff to make corrections, providers must respond within 5 working days. If corrections are not received within that timeframe, ADSD billing staff may disallow questioned costs in order to process the balance of the invoice in a timely manner. Any corrections received after such action is taken must be submitted as a new invoice and processed separately.

10.0 Stale-Dated Bills

- 10.1 Bills that are submitted more than 180 calendar days after services are provided are considered “stale-dated” claims.
- 10.2 ADSD will not reimburse providers for stale-dated claims unless documented good cause is shown why the bill was not submitted in a timely manner. An example of good cause would be an event or disaster that disrupts normal services.
- 10.3 ADSD operates on a fiscal year that begins July 1st and ends the following June 30th. Providers are normally required to submit bills by the 15th day of the month following the month of service (see Provision 6.2B). At the end of the fiscal year, timely submission is critical. Bills not submitted and processed before the Controller’s Office closes the books on the prior fiscal year become stale claims regardless of the service date. While payment is usually made, the process is very lengthy. Providers are cautioned to follow Provision 6.2B of this document to avoid stale claims.

11.0 Reconciliation of Past Bills

- 11.1 Either a provider or ADSD may initiate a reconciliation of past bills to verify that certain service units were submitted, processed and paid accurately.
- 11.2 Reconciliations are limited to specific bills that may be in question; not for all bills in a given date range.
- 11.3 Reconciliation requests must comply with the provisions of Section 10.0 regarding “Stale-Dated Bills.” Specifically, reconciliations will not be considered for service dates that exceed the 180-day window unless the provider can show good cause for the delay.
- 11.4 ADSD will issue an initial response to provider requests within 10 working days of submission. Likewise, providers will issue an initial response to ADSD requests within 10 working days of submission. Extensions of up to 10 working days are allowable if either party makes such a request before the initial 10 working day timeline has ended.
- 11.5 The length of time required to complete relevant research and issue a final response will be determined by ADSD and the provider, and will depend upon the volume of work required.
- 11.6 If a reconciliation requires payment from ADSD for services delivered in a prior fiscal year (July 1st through June 30th), the claims must be considered “stale-dated” regardless of the party responsible for any errors. This is because additional approvals are necessary to pay prior year bills from current funding.

12.0 Questions about Payment

Providers should direct all billing questions to their assigned ADSD billing contact.

13.0 Charges to the Client

The service provider must not bill any HCBS client directly for services delivered that were authorized under the HCBS program. Donations may not be solicited, nor additional fees levied against the client for services reimbursed by HCBS. Providers should not discuss payment or charges with the client.

14.0 Tips/Gifts

Providers must not accept tips or gifts from clients.

15.0 Record Retention

Providers are required to retain a client’s records for six (6) years.

Each provider agency must have a file for each client. In the client’s file, the agency must document the actual time spent providing services and the services provided. These records must be maintained by the provider for at least six years after the date the claim is paid.

16.0 Provider Accountability

Providers are expected to exercise their fiscal responsibilities as ADSD business associates with integrity and fidelity. Suspicion of fraud, waste and abuse will be investigated and acted upon in accordance with applicable sections of the Nevada State Administrative Manual (SAM), Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), and other relevant regulations, policies and procedures.

17.0 Home and Community Based Services (HCBS) Service Provider Manual Acknowledgement

Please sign below indicating that you have received and read this Service Provider Manual and agree to abide by the guidelines described therein.

The owner, administrator and primary billing staff (if different) should each sign on the lines provided. This page must be returned to your assigned ADSD billing contact by mail, fax or a scan attached to an email.

New providers must return this page with their initial application.

I have read and agree to the guidelines described in the Service Provider Manual.

Name of Agency: _____

Address: _____

Telephone: _____ Fax: _____

Owner's Name (Printed): _____

Owner's Signature: _____

Owner's Email: _____ Date: _____

Administrator's Name (Printed): _____

Administrator's Signature: _____

Administrator's Email: _____ Date: _____

Primary Billing Staff's Name (Printed): _____

Primary Billing Staff's Signature: _____

Primary Billing Staff's Email: _____ Date: _____