

NC Department of Health and Human Services

Local Health Department Finance & Billing Principles

**Local Technical Assistance
and Training Branch
NC Division of Public Health
2023**

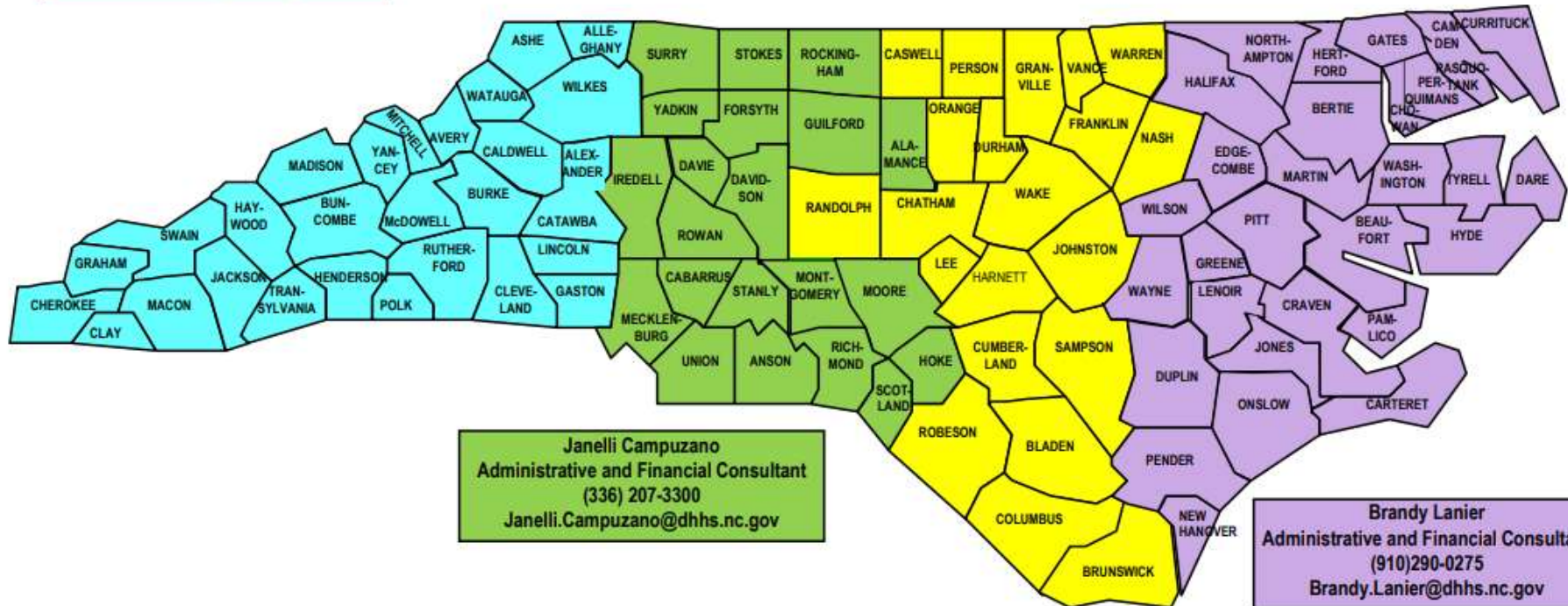
Local Technical Assistance and Training Branch

Administrative and Financial Consultants Map

05/12/2023

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Consolidated Agreement & Agreement Addenda

Consolidated Agreement



Contract between Local Health Department & DPH



Outlines requirements for Local Health Departments and NC Division of Public Health



It applies to all activities related to DHHS funding reimbursed through the ATC



Revised and Renewed Annually



[Consolidated Agreement FY 22](#)

Responsibilities of the LHD



Comply with all program rules in North Carolina Administrative Code, as well as all other federal/state regulations



Perform the activities specified in the Program Agreement Addenda



Report client, service, encounter, and other data as specified by applicable program rules into the HSA system



Enforce all rules adopted by the Commission for Public Health (GS 130A-29)



Provide formal training for Governing Boards

http://www.ncga.state.nc.us/enactedlegislation/statutes/html/bychapter/chapter_130a.html

Funding Stipulations



Funding is always based on availability of state and federal dollars



Supplanting is not allowed



Time records/sheets must be based on actual time worked in the activity



Complete a provider participation agreement with Medicaid



Establish one *charge/fee* for all payors (including Medicaid) based on related costs

Reimbursement for Public Health



Principles & Practices of Public Health Nursing



Management & Supervision for Public Health Professionals



Environmental Health Centralized Intern Training



See page 9 in the FY22 Consolidated Agreement for details

Fiscal Control

Health Departments shall retain copies of the following budgets & expenditure reports.

- All Funding Authorizations
- Monthly certified electronic printed screen of the Expenditure Reports with any amendments via ATC
- Consolidated Agreement
- Agreement Addenda

Records Disposition Schedule

- <https://archives.ncdcr.gov/government/local-government-agencies/local-health-departments-schedule>

Audit Requirements



The Department shall have an annual audit performed in accordance with “The Single Audit Act of 1984 (with amendment in 1996) and 2CFR Part 200.



All District Health Departments and Public Health Authorities must complete quarterly a Fiscal Monitoring Report

Confidentiality



All information regarding provision of services or other activity under this agreement shall be privileged and be held confidential



Information cannot be released without proper consent



All employees must sign confidentiality statements

Responsibilities of the State

Provide training and technical assistance





Questions?



Agreement Addenda

Agreement Addenda

Division of Public Health Agreement Addendum FY 21-22

Page 1 of 25

Master

Local Health Department Legal Name

151 Family Planning

Activity Number and Description

06/01/2021 – 05/31/2022

Service Period

07/01/2021 – 06/30/2022

Payment Period

☒ **Original Agreement Addendum**

☐ **Agreement Addendum Revision # _____**

Women's and Children's Health / Women's Health

DPH Section/Branch Name

Joseph Scott, 919-707-5696

joseph.scott@dhhs.nc.gov

DPH Program Contact

(name, telephone number with area code, and email)

DPH Program Signature

Date

(only required for a negotiable agreement addendum)

Scope of Work and Deliverables

III. Scope of Work and Deliverables:

The Activity 151 Family Planning Agreement Addendum requires further negotiation between the Women's Health Branch (WHB) and the Local Health Department.

For this Agreement Addendum, the Local Health Department shall complete the Family Planning Patients table (Attachment B), complete the TANF Out-of-Wedlock Birth Prevention Program Deliverables worksheet (Attachment D) and return both with the signed and dated Agreement Addendum. In addition, a detailed budget must be submitted, as described below in Paragraph A, with instructions provided in Attachment A.

The information provided by the Local Health Department will be reviewed by the WHB. When the WHB representative and the Local Health Department reach an agreement on the information contained in these Sections and the detailed budget, the WHB representative will sign the Agreement Addendum to execute it.

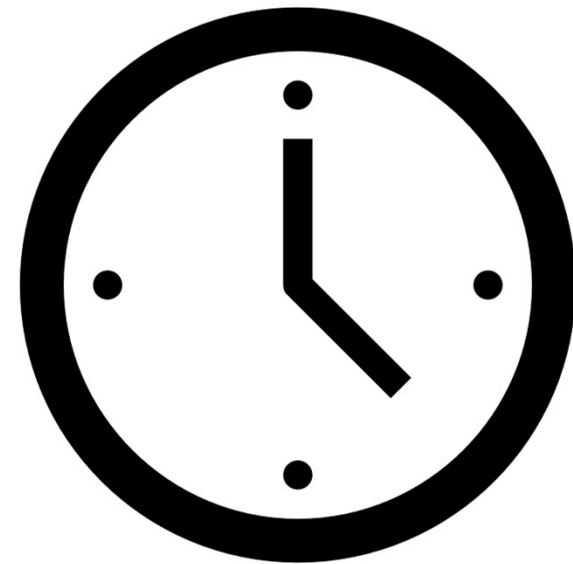
A. **Detailed Budget** (Instructions provided in Attachment A)

A detailed budget must be emailed to the DPH Program Contact to document how the Local Health Department intends to expend funds awarded in FY22. **The budget must equal the funds allocated to the Local Health Department.** (Refer to the FY 21–22 Activity 151 Budgetary Estimate, included with this Agreement Addendum, for the total funding allocation.) List only activities that are not Medicaid reimbursable. Billable items may include, but are not limited to Community Education, Patient Transportation, Staff Time, Equipment, Incentives, and Staff Development. (Staff Development must be prorated to percent of staff time assigned to Family Planning Clinic.)

B. **Family Planning Patients** (Attachment B)

Include on Attachment B the number of unduplicated patients to be served and the estimated percent of those patients that will be uninsured. Local Health Department–Health Services Analysis (LHD-HSA) service data or compatible reporting system, as of August 31, 2022, will provide the documentation to substantiate services that the Local Health Department has provided for this FY22 Agreement Addendum.

Time Sheets, Time Equivalencies & ATC Expenditure Report



Consolidated Agreement C.b.2

Signed employee time records

Actual work activity

Completed Daily

Computed at least monthly

Charged to Federal and State grants

Sample Time Equivalency

TIME STUDY - SALARIES															
COUNTY OF:															
EMPLOYEE		hrs paid	actual hrs wkcd	PRI CARE	OTHER SER	GEN - 5110	CD - 5120	STD	TB	FP - 5153	CH - 5160	IMMUN	MH - 5164	ADULT HLT	ADM - 5202
PHNI	HOURS:	160.00	160.00	0.00	20.00			10.00		40.00	10.00	0.00	40.00	40.00	
	PERCENTAGE:		1.00	0.00	0.13	0.00	0.00	0.06	0.00	0.25	0.06	0.00	0.25	0.25	0.00
	SALARY:		48,000.00	0.00	6,000.00	0.00	0.00	3,000.00	0.00	12,000.00	3,000.00	0.00	12,000.00	12,000.00	0.00
PHN Supervisor	HOURS:	160.00	160.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	50.00
	PERCENTAGE:		1.00	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.06	0.31
	SALARY:		58,000.00	3,625.00	3,625.00	3,625.00	3,625.00	3,625.00	3,625.00	3,625.00	3,625.00	3,625.00	3,625.00	3,625.00	18,125.00
Management Support Supervisor	HOURS:	160.00	160.00	20.00	15.00	15.00	10.00	10.00	10.00	20.00	20.00	10.00	20.00		10.00
	PERCENTAGE:		1.00	0.00	0.09	0.09	0.06	0.06	0.06	0.13	0.13	0.06	0.13		0.06
	SALARY:		37,500.00	0.00	3,515.63	3,515.63	2,343.75	2,343.75	2,343.75	4,687.50	4,687.50	2,343.75	4,687.50	0.00	2,343.75
TOTAL DIRECT SALARIES			143,500.00	3,625.00	13,140.63	7,140.63	5,968.75	8,968.75	5,968.75	20,312.50	11,312.50	5,968.75	20,312.50	15,625.00	20,468.75
Percentage by Program				0.06	0.28	0.16	0.13	0.19	0.13	0.44	0.25	0.13	0.44	0.31	0.38
Administrative Salaries															
Finance Officer		3,319.56	3,319.56												
Health Director		5,272.16	5,272.16												
Total Adm. Salaries		8,591.72	8,591.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GRAND TOTAL SALARIES			87,941.63	87,941.63	3,625.00	13,140.63	7,140.63	5,968.75	8,968.75	5,968.75	20,312.50	11,312.50	5,968.75	20,312.50	15,625.00
Total Fringes (if applicable)			26,521.05	26,521.05	1,388.47	5,791.98	3,194.80	2,592.69	3,891.28	2,592.69	8,991.27	5,095.50	2,592.69	8,991.27	6,582.83
TOTAL SALARIES & FRINGES			114,462.68	114,462.68	5,013.47	18,932.60	10,335.42	8,561.44	12,860.03	8,561.44	29,303.77	16,408.00	8,561.44	29,303.77	22,207.83
FRINGES BY PROGRAM															
FICA/Medicaid	% OF TOTAL FRINGE	0.25	6,727.53	277.31	1,005.26	546.26	456.61	686.11	456.61	1,553.91	865.41	456.61	1,553.91	1,195.31	1,565.86
INSURANCE		0.52	13,875.04	867.19	3,902.36	2,167.98	1,734.38	2,601.57	1,734.38	6,070.33	3,468.76	1,734.38	6,070.33	4,335.95	5,203.14
RETIREMENT		0.22	5,918.47	243.96	884.36	480.56	401.70	603.60	401.70	1,367.03	761.33	401.70	1,367.03	1,051.56	1,377.55
TOTAL FRINGES			1.00	26,521.05	1,388.47	5,791.98	3,194.80	2,592.69	3,891.28	2,592.69	8,991.27	5,095.50	2,592.69	8,991.27	6,582.83



Aid to County Expenditure Report

- Completed Monthly
- Draw Down State Funding
- Deadlines set by State Controllers Office



Aid-To-County Payment Schedule For Calendar Year 2022

Month	Counties/Expenditures start date	Last day LHD Expenditure Reports Due for pymnt in month	Payment Date	Budgetary estimate start date	Budgetary estimate end date
January	January 10th	January 18th	January 21th	January 25th	February 7th
February	February 8th	February 15th	February 18th	February 22th	March 7th
March	March 8th	March 15th	March 18th	March 22th	April 7th
April	April 8th	April 18th	April 21th	April 25th	May 6th
May	May 9th	May 16th	May 19th	May 23th	June 7th
June	June 8th	June 15th	June 20th	June 22th	July 8th
July	July 11th	July 15th	July 20th	July 22th	August 5th
August	August 8th	August 15th	August 18th	August 22th	September 8th
September	September 9th	September 15th	September 20th	September 22th	October 7th
October	October 10th	October 17th	October 20th	October 24th	November 7th
November	November 8th	November 15th	November 18th	November 22th	December 7th
December	December 8th	December 15th	December 20th	December 22th	January 6th

Please note that LHD expenditure report due date is not a consistent date. This schedule takes into account weekends and holidays.

* NCAS Changes for DPH include, but are not limited to, budget revisions via 606's, reclassifications of expenditures, and budget amendments to LHD contracts. These changes will not be reflected in the monthly payments to the counties until they have been submitted to the Aid-to-County web site and "State Admin. Certified".

ATC Expenditure Control Schedule

Preparing for Aid to County Expenditure Report



County Finance General Ledger Expenditure Report

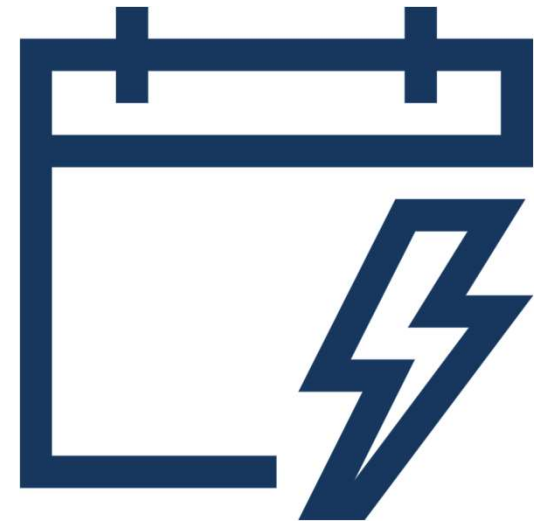


Time Equivalency Report

Drawing down State Program Funds

Refer to the Agreement Addendum for each program:

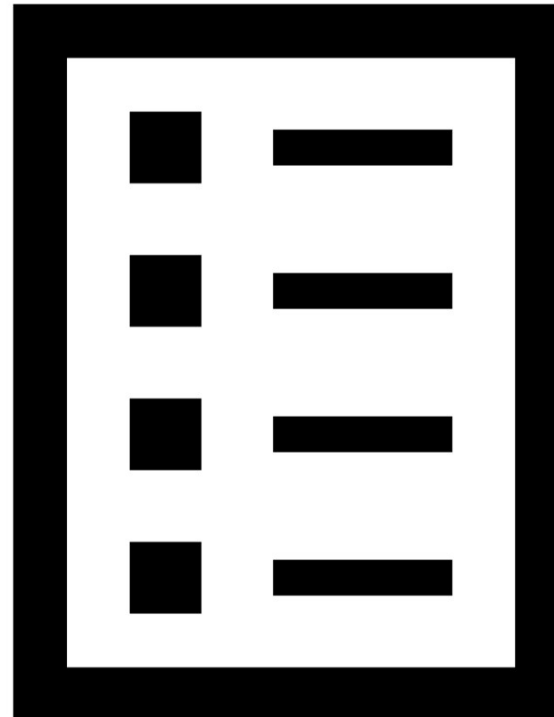
- Required Work Activity
- Funding Stipulations
- Prior Approval for Purchases
- Draw down by method other than expenditures





Questions?

Administrative Monitoring



Administrative Monitoring


Administrative Monitoring was developed to assure that Local Health departments are in compliance with the Consolidated Agreement, State Program Rules, Title X Requirements, and Local Policies.



Programs Reviewed


The following programs are reviewed
as a part of Administrative Monitoring

- Maternal Health
- Child Health
- Family Planning
- STD
- TB
- Immunizations



Areas Reviewed During Administrative Monitoring

- Staff Time Documentation
- Expenditure Reporting
- Revenue Management
- Patient Fee & Eligibility Policies
- Patient Financial Eligibility Screening
- Medicaid Eligibility
- Residency Requirements
- Billing



DPH Financial Checklist Requirements

- Contracts (Consolidated Agreement)
- Budgets
- Accounting Procedures
- Purchasing Policies and Procedures
- Internal Control Policies

Billing Policies and Procedures



Written policy should be in place addressing how denied claims are handled



Fee Schedule should reflect 340B pricing, and policy should state acquisition cost charged to Medicaid

Monitoring Process



Monitoring Results



Findings are in one of two categories:



Recommendations: Usually are issues identified that are considered to Best Practice.



Funding Conditions: Are any non-compliance issues identified r/t State or Federal program rules. A written CAP is required to address all Funding Conditions



Questions?

Fee Setting in the Local Health Department



Direct and Indirect Costs

Direct Costs may include:

- Salary and fringe -typically 75-80% of budget (or more)
- Supplies- band aids, table paper, forms, syringes, alcohol wipes, etc.
- Pharmaceuticals
- Travel
- Computer hardware & software

Indirect Costs may include:

- Facility costs (utilities, rent, insurance, cleaning contracts, etc.)

How do we set fees?

- Health Department fees should be set based on the cost to provide the service.
- Methodology for setting fees is a required piece of evidence for reaccreditation. This should include any minutes from meetings held during the process.

Non-Sliding Scale Fees

Also determined based
on the cost to provide
the service

No Sliding Fee Scale
required

Typically collected
prior to service

Reminder: WCH
program services are
required to slide on a
scale to 0% of poverty.

Do's of Setting Fees

- **Do-** Set fees based on the cost to provide each service.
- **Do-** Document your methodology for setting your fees in a policy or procedure.
- **Do-** charge Medicaid only your acquisition cost for all 340b drugs and devices

Don'ts of Setting Fees

- Do not- take your current fees and add a percentage, such as 5%.
- Do not- use the Medicaid rate as your reimbursement rate.



Questions?

Service Eligibility



Follow Your Policies

- Residency Requirements
- Method of Collecting Income Information
- Proof or Declaration of Income
- Formula for Calculating Income
- Sliding Fee Scale
- Applying Fees Based on % of pay

Sample Fee & Eligibility Policy

Located on the DPH/LHD website

<http://publichealth.nc.gov/lhd/>

- Template for your convenience
- Includes all components to meet Administrative Monitoring requirements
- If you use this be sure to change anything in **RED** font to reflect your own agency information.

Residency Requirements

Must serve anyone requesting services regardless of what county they live in for:

- Family Planning
- Communicable Disease
- Immunizations

Local Policy For Residency

It is a local policy decision as to whether or not you serve non county residents for:

- Adult Health
- Maternal Health
- Child Health

Proof of Identification

- A copy of the proof of identification may be placed in the medical record dated with the date obtained and initials of clerk.
- If no proof of identity is available due to theft, loss, or disaster, an individual is homeless, or a migrant, document the reason for no proof of identification on the Patient Registration .

Proof of Identification

- If the client refuses to provide picture ID for immunization, pregnancy prevention, sexually transmitted disease and communicable disease services then you may not require that they do so. Effective July 1, 2011 as per Consolidated Agreement.
- Document any “alias” names that the client may present with

Race & Ethnicity

- **Race Standards**(*Census.gov*)

Based on Self-identification:

- White, Black or African American, American Indian or Alaska Native, Asian, or other Pacific Islander

- **Ethnicity:** Ethnicity is a variable commonly used in studies on health disparities. Ethnicity is broken into two categories: Hispanic/Latino or Not Hispanic/Latino.



Questions?

Collection of Revenue



Computing Income

If a client states they have no income or a very low income:

Ask the client if they have worked in the last year.
If yes, when was their last day? Refer to Six
Month Formula

Computing Income

*If someone **outside** the home is providing food, clothing or if **pays utilities directly to utility company etc.**, make a note **but don't count as income.** (If the money is given to the client, to in turn pay their bills, you count as income. (refer back below)*

All other sources of **cash** income except those specifically excluded.

Regular monetary contributions from individuals not living in the household.

Family Planning: Confidential Contact

- Anyone requesting confidential services must have fees assessed based on their own income.
- Age is not an issue when determining confidentiality
- Count as family unit of one
- Document “No Mail” client

Financial Eligibility Documentation of Income

Failure to bring proof of income or Third Party Confirmation Letter will result in the individual being charged 100%. Charges will remain at 100% if proof of income is not presented within **30** days (or another timeframe)

*****Exception:** Effective November 8, 2021, self-reported income for family planning must be accepted.

Frequency of Financial Eligibility Screening

- Financial Eligibility is good for one year unless changes in employment or income occur
- May use reported income through other programs offered in the agency rather than re-verify income (within the 12 months)

Sliding Fee Scales

- Based on Federal Poverty Register
- FP requires 101%-250% scale be used
- CH and MH is local decision
- BCCCP requires 101%-250% scale be used

Presumptive Eligibility

In order for a pregnant woman to be authorized presumptively she must:

- A. Attest to pregnancy.
- B. Attest to North Carolina residency or intent to reside in North Carolina.
- C. Not be an inmate of public institution.

Presumptive Eligibility Continued

- D. Not be receiving Medicaid in another aid/program category, county, or state.
- E. Have household gross income equal to or less than 196% of the federal poverty levels.
- F. Presumptive eligibility is limited to one presumptive period per pregnancy.

How Can We Increase our Revenue?

- Establish Expectations for Payment
- Utilize Payment Plans
- Follow Billing Policies
- Send Statements on a Regular Basis
- Accept Credit/Debit Cards

General Billing Information

Revenue Sources may include:

- Company Billing
- NC Debt Set-Off Clearinghouse (debt over \$50.00)

General Billing Information

Medicaid is billed as the payer of last resort. Verification that Client is covered by Medicaid should be done at or before each visit. The health department bills Medicaid and accepts payment in full.



General Billing Information

You can bill client for Non-Medicaid covered services, but you must inform the client that they will be responsible **PRIOR** to the service being performed.

General Billing Information

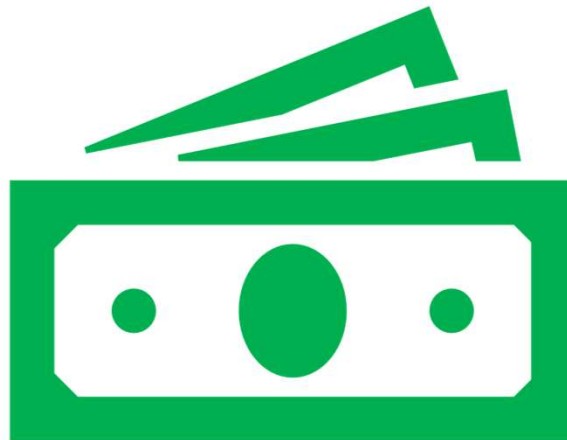
If unable to determine Medicaid eligibility (not covered during period of service) then the client should be billed based on SFS.

General Billing Information

If the client presents for services that are billable to insurance (BCBS-Immunizations, MNT), obtain all information necessary to submit a claim.

Collecting Co-Pays and Applying Sliding Fee Scales

Remember! Family Planning Clients should never pay more in copays, co-insurance and deductibles than what they owe based on the sliding fee scale.





Steps for Collecting Co-pays And Applying The Sliding Fee Scale

Determine client's eligibility for insurance/co-pays and/or Sliding Fee Scale

Women's Health Branch, Family Planning & Reproductive Health Unit												
Annual Gross Family Income												
Sliding Fee Scale --101% to 250% of Poverty												
Be Smart Family Planning Eligibility Included						Be Smart Family Planning						
							Eligibility*					
		Partial-Pay Bracket		Partial-Pay Bracket		Partial-Pay Bracket			Partial-Pay Bracket			
Family Size	Federal Poverty	Twenty From	Percent To	Forty From	Percent To	Sixty Percent			Eighty Percent		Full Pay	
						From		To	From	To		
1	\$12,760	\$12,761	\$17,545	\$17,546	\$22,330	\$22,331	\$24,882	\$27,115	\$27,116	\$31,899	\$31,900	
2	\$17,240	\$17,241	\$23,705	\$23,706	\$30,170	\$30,171	\$33,618	\$36,635	\$36,636	\$43,099	\$43,100	
3	\$21,720	\$21,721	\$29,865	\$29,866	\$38,010	\$38,011	\$42,354	\$46,155	\$46,156	\$54,299	\$54,300	
4	\$26,200	\$26,201	\$36,025	\$36,026	\$45,850	\$45,851	\$51,090	\$55,675	\$55,676	\$65,499	\$65,500	
5	\$30,680	\$30,681	\$42,185	\$42,186	\$53,690	\$53,691	\$59,826	\$65,195	\$65,196	\$76,699	\$76,700	
6	\$35,160	\$35,161	\$48,345	\$48,346	\$61,530	\$61,531	\$68,562	\$74,715	\$74,716	\$87,899	\$87,900	
7	\$39,640	\$39,641	\$54,505	\$54,506	\$69,370	\$69,371	\$77,298	\$84,235	\$84,236	\$99,099	\$99,100	
8	\$44,120	\$44,121	\$60,665	\$60,666	\$77,210	\$77,211	\$86,034	\$93,755	\$93,756	\$110,299	\$110,300	
9	\$48,600	\$48,601	\$66,825	\$66,826	\$85,050	\$85,051	\$94,770	\$103,275	\$103,276	\$121,499	\$121,500	
10	\$53,080	\$53,081	\$72,985	\$72,986	\$92,890	\$92,891	\$103,506	\$112,795	\$112,796	\$132,699	\$132,700	
11	\$57,560	\$57,561	\$79,145	\$79,146	\$100,730	\$100,731	\$112,242	\$122,315	\$122,316	\$143,899	\$143,900	
12	\$62,040	\$62,041	\$85,305	\$85,306	\$108,570	\$108,571	\$120,978	\$131,835	\$131,836	\$155,099	\$155,100	
							* at or below					
							195% of federal					
							poverty level					



Questions?

Managing Outstanding Accounts Receivable



Identifying Outstanding Accounts

- Aged Accounts Receivable Report
 - Procedure/Policy
 - Monthly Reports



In-Network/Credentialing

- Provider Enrollment Chain and Ownership System
 - <https://pecos.cms.hhs.gov>
- NCTracks
 - <https://www.nctracks.nc.gov>
- Council for Affordable Quality Healthcare
 - <http://www.caqh.org/solutions/caqh-proview>



How are you handling your denied claims?

Prepaid Health Plan (PHP-Medicaid) denials:

If you receive a denial from a PHP, please follow these steps to resolve:

- Contact the PHP you received denial from
- If the issues isn't resolved, contact the Medicaid Provider Ombudsman at: Medicaid.ProviderOmbudsman@dhhs.nc.gov
Phone: 1-866-304-7062
- You should also contact your Administrative Consultant and provide claim specific details encrypted via the provided spreadsheet.

<https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>

Important NC Medicaid Bulletins & Blogs

- Make sure you are reviewing your NC Medicaid Bulletins & Blogs.
- You will find Medicaid updates and billing guidelines.
- Keep up to date and on top of your billing.



Questions?

340B Drugs and Devices

- The 340B Federal Drug Pricing Program expands access to affordable medications to low-income populations by supporting the operations of healthcare safety net providers.
- Allows LHDs to purchase drugs and devices at a deeply discounted rate.

340B Drugs and Devices

Please see Amanda
Fuller Moore, State
pharmacist, memo
on next slide

To ensure your
agency will not be in
a payback situation
with Medicaid



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

TO: North Carolina Local Health Departments

FROM: Amanda Fuller Moore, PharmD, Division Pharmacist

DATE: March 5, 2020

SUBJECT: Billing Medicaid for use of 340b drugs/devices

In June 2008 a memo was issued by Dr. Joe Holiday, Women's Health Branch and Dr. Joy Reed, Local Technical Assistance & Training Branch to provide instruction related to averaging the cost of drugs, specifically birth control pills. This guidance was continued in the October 2015 memo issued by Belinda Pettiford of the Women's Health Branch. This memo, dated March 5, 2020, supersedes all previous guidance related to billing Medicaid for drugs/devices purchased under the 340b drug pricing program. This memo is not intended to address drugs/devices purchased outside the 340b drug pricing program.

In September of 2019, NC Medicaid issued clarification on their billing policy to reiterate that drugs/devices purchased under the 340b drug pricing program and billed to NC Medicaid must be submitted at the actual purchased drug/device price in the usual and customary charge field. Their statement can be found at: <https://medicaid.ncdhhs.gov/blog/2019/09/03/procedure-340b-drug-claim-submissions> - Procedure for 340B Drug Claim Submissions. The applicable Medicaid policies are 1B and 9 and can be found at the following links: Clinical Coverage Policy 1B: https://files.nc.gov/ncdma/documents/files/1B_5.pdf; Clinical Coverage Policy 9: https://files.nc.gov/ncdma/documents/files/9_9.pdf.

Because of the clarification from Medicaid that the only acceptable charge for a drug/device

Fees for 340B Drugs & Devices

- LHDs are required to bill **Medicaid** the acquisition cost of medication or devices purchased via the 340B drug program.
- UD Modifier
- LHDs are allowed to bill their usual and customary charges to all payors other than Medicaid (agency decision)

340B Reminders

- You must have a 340B policy within your agency.
- Annual recertification is required for continued participation in the 340B Program.



Bad Debt Write Off

Bad Debt Write-Off

- <https://publichealth.nc.gov/lhd/>
- **Balance must be less than \$50**

NC Debt Setoff Clearinghouse

North Carolina General Statutes Chapter 105A: Setoff Debt Collection Act

NC Income Tax Refund or Lottery (over \$600.00)

Mandated Fees (charged to individual)

Requires Name and SSN/ITIN

Not a breach of confidentiality since debt is listed as county, not Health Department

Requires Local Policy

NC Debt Setoff

Debt Can
Remain on File
with NC DOR
Until Paid

Balances are
NOT REMOVED
from the
Patient's Ledger

Transfer the
Balance to NC
Debt Setoff
Guarantor

Requirement for Debt Submission

- Must have SS# or ITIN
- Debt Must be at least 90 Days Old
- Amount Must be at least \$50.00
- Must Give Proper Notice of the Debt to the Debtor
- Must Give Rights of Appeal to Debtor
- <http://www.ncsetoff.org>

NC Debt Setoff

- **Leave on Ledger**
- **Patient Notified**
- **90 Days Old**

- **Requires Written Policy**

Bad Debt Write-Off

- **Remove from Ledger**
- **Patient Not Notified**
- **Age According to Policy**

- **Requires Written Policy**

Bankruptcy

- Legal notification from Bankruptcy court
- No further collection of outstanding account unless payment schedule is set up by Bankruptcy court
- Note or flag on patient's account
- Account may be written off if mandated by court
- Patient may volunteer to pay
- Additional visits are charged





Other Ways to Increase Revenue

Form an in-house Audit Committee

Form a committee and have a Lead identified

Audit each program and all payor sources

Review documentation and billing

Compile data and write report

Once you have reviewed all your records you can compile the data and identify areas that may need improvement

Compile a report of your findings so you will understand what improvements are needed.



Once the committee has reviewed the finding they can come up with a improvement plan.



Who receives this plan?

The Health Director

The DON

The supervisors in each clinic

The billing supervisor

The finance officer



Questions?



Coding & Billing The Basics

CPT & ICD-10: What's What?

- CPT codes = what you did
- ICD-10 codes = why you did it
- ICD-10 codes *justify* CPT codes

New vs Established

New

- Has **NOT** received “professional services” by physician/QHP (in the same group practice) within **last 3 years**
- Includes billable Preventive and E&M visits
- E/M codes 99202-99205

Established

- **Has** received “professional services” by physician/QHP (in the same group practice) within **last 3 years**
- May be “New” to program but established with agency
- E/M codes 99211-99215
 - 99211 may **not** require the presence of a physician/QHP

The Encounter

- Individual staff member's ID # or initials should be on the paper encounter form when a service is billed or reported.
- Paper encounter forms may be very useful when cross-checking services provided to services billed.

What are Modifiers?

A modifier provides the means to report or indicate that a service or procedure that has been performed has been altered by some specific circumstance, but not changed in its definition or code



How do I know which modifier to use?

Any CPT coding book will include a section on modifiers.

Each modifier description provides details on when it is appropriate to use.



Local Technical Assistance and Training Branch Office Hours

Local Technical Assistance and Training Branch Office Hours

- The purpose of the office hours series is to provide timely updates from the LTAT branch, gather and answer questions and concerns regarding billing and coding, Medicaid Managed Care, and LHD Clinical Issues.



Local Technical Assistance and Training Branch Office Hours



Clinical and administrative staff are encouraged to attend and bring your questions.



If you have topics that you would like to have presented, please let your nurse or admin consultant know.

Helpful Resources

- **For Local Health Department website**
<https://publichealth.nc.gov/lhd/>
- **NC Medicaid Bulletins and Blogs**
<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>
- **NC Medicaid Clinical Coverage Policies**
<https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies>
- **NC Medicaid Fee Schedule webpage**
https://ncdhhs.servicenowservices.com/fee_schedules

<https://publichealth.nc.gov/lhd/> and <https://medicaid.ncdhhs.gov/>



Questions?



We at LTATB would like to thank our local public health partners. Please reach out to your LTATB consultant with any questions.

**DPH Local Health
Department Website**

<https://publichealth.nc.gov/lhd/index.htm>