THE DURHAM CENTER
Managing Behavioral Health & Disability Services

BILLING MANUAL FOR FISCAL YEAR 2012

Revised 3/29/12

TABLE OF CONTENTS

Introduction

Welcome to fiscal year 2012. Much like the billing manuals from previous years, this manual will be the means of communicating any changes related to billing. It will be posted on our website www.durhamcenter.org under I am a Provider, Publications and updates will be posted there as well.

We hope that this manual allows you to clearly understand the billing requirements for The Durham Center as well as give you insight to the entire billing process and available reports. This manual is only a reference for claims that are billed to The Durham Center. This manual DOES NOT provide instructions on how to bill Medicaid or Health Choice.

The prompt pay guidelines state that the LME has 18 days to approve a claim and 30 days to pay it after approval allowing a total of 48 days for processing. The goal of the Finance Department is to not allow this entire process to take more than 30 days.

Please remember when communicating with your Billing Coordinator not to include consumer identifying information. Send your information password protected with your Durham Center provider #.

Please feel free to email Sara Pacholke or your Billing Coordinator with any questions. Contact information is on page 25 of this manual. If at any time, you would like individual training, please contact either your Billing Coordinator or Sara Pacholke.

Non Direct Enrolled Medicaid Services

Certain Medicaid services cannot be billed directly to Medicaid by the providers. The services must be billed using The Durham Center's provider number. In September 2007, we began allowing providers to bill directly to Medicaid using our number. Approval was granted to specific providers. The applicable services are: provisionally licensed outpatient treatment using codes H0001, H0031, H0005, and H0004 (with and without modifiers), level II residential S5145, and case management T1017HE.

Approval must be granted by the Finance Director. Please contact Sara Pacholke at (919) 560-8954 or spacholke@durhamcountync.gov for more information.

When billing Medicaid using The Durham Center's provider number please make sure you put your agency initials in front of the Patient Account # so that identification can be made for payment processing. i.e. TDC123456.

Explanation of Denial codes will be sent with each password protected excel spreadsheet but in some cases where there are multiple issues you may want to contact EDS Provider Services at 1-800-688-6696 or Automated Voice Response (AVR) System 1-800-723-4337.

In the event there is an error with payment, please do not send a paper check to us, the County or HP. You MUST send an electronic void/adjustment to HP.

Electronic Claim Submission (ECS) Agreement

Durham County requires an attestation for electronic claims. The Durham Center has created an Electronic Claims Submission (ECS) agreement for this purpose. Using the ECS agreement that is used by HP for the Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities, and Substance Abuse as a guide, we have created a similar format to use at The Durham Center. All providers must sign this agreement. The original agreement will be maintained at The Durham Center. A copy with appropriate signatures will be mailed back to the Provider. The agreement needs to be signed only once for the fiscal year. It will be in effect for the entire fiscal year or until the provider makes changes to addresses, contacts, etc. The contract change of address form must be filled out and submitted to the Contracts Department when any change of address occurs.

Please note that this agreement will be sent with your contract. Please sign and return it with your contract. If you do not receive an agreement or misplace it, please obtain it from our website www.DurhamCenter.org Please note that we cannot release a check to your agency unless we have this agreement on file for ***both IPRS and Medicaid Services****.*

ELECTRONIC CLAIMS SUBMISSION (ECS) AGREEMENT
FISCAL YEAR 2012

Carefully read the ECS agreement in its entirety. The signature of the provider constitutes acceptance of the conditions for electronic submission of claims. This agreement is not transferable from one provider to another. The Agreement may not be altered in any way. Photo or fax copies are not accepted.

1. Type or print in black ink and return to The Durham Center.

2. Type the provider name as stated on provider contract.

3. State the address for receipt of checks.

4. List the main contact person, title, and applicable contact numbers.

5. List The Durham Center provider number.

6. Original signatures must be on form. The contact name should be the same as the authorized agent.

7. List other contacts that can answer billing questions should the main contact not be reached. If at any time during the course of the year this information changes, please send an updated form to The Durham Center Finance Department.

8. Return the completed agreement to:
   The Durham Center
   Attention: Finance
   414 East Main Street
   Durham, NC 27701

9. Upon The Durham Center approval by the Finance Director, a signed copy will be returned to the provider. A copy will also be maintained in the County Finance office.

ELECTRONIC CLAIMS SUBMISSION (ECS) AGREEMENT
FISCAL YEAR 2012

The Providers contracting with The Durham Center to provide services in fiscal year 2012 in consideration of the right to submit claims by paperless means rather than by, or in addition to, the submission of paper claims agrees that it will abide by the following terms and conditions:

1. The Provider shall abide by all Federal and State statutes, rules, regulations and policies (including, but not limited to: the Medicaid State Plan, Medicaid Manuals, and Medicaid bulletins published by the Division of Medical Assistance (DMA) and/or its fiscal agent) of the Medicaid Program, and the conditions set out in any Provider Participation Agreement entered into by and between the Provider and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (the Division) and/or DMA.

2. Provider's signature electing electronic filing shall be binding as certification of Provider's intent to file electronically and its compliance with all applicable statutes, rules, regulations, and policies governing electronic claims submission. The Provider agrees to be responsible for research and correction of all billing discrepancies. Any false statement, claim or concealment of or failure to disclose a material fact may be prosecuted under applicable federal and/or state law and such violations are punishable by fine, imprisonment and/or civil penalties as provided by law.

3. Claims submitted in electronic format for processing shall fully comply with applicable technical specifications of The Durham Center as stated in the **Billing Manual for FY12**. The Durham Center may reject entire claims submission at any time due to provider's failure to comply with the specifications stated in the manual.

4. The Provider shall furnish, upon request by the Division or its agents, documentation to ensure that all technical requirements are being met, including but not limited to requirements for program listings, file descriptions, accounting procedures, and record retention.

5. The Provider shall have on file at any time of a claim's submission and for five years thereafter, all original source documents and medical records relating to that claim, (including but not limited to the provider's signature), and shall ensure the claim can be associated with and identified by said source documents. Provider will keep for each recipient and furnish upon request to The Durham Center, a file of such records and information as may be necessary to fully substantiate the nature and extent of all services to have been provided to Medicaid, IPRS, or County funded recipients. The failure of Provider to keep and/or furnish such information shall constitute grounds for the disallowance of all applicable charges or payments.

6. The provider and any entity acting on behalf of the provider shall not disclose any information concerning a Durham Center recipient to any person or organization, except DMA and/or the Division and/or its contractors, without the express written permission of the recipient, his parent or legal guardian, or where required for the care and treatment of a recipient who is unable to provide written consent, or to bill other insurance carriers or Medicare, or as required by State of Federal law.

7. Sufficient security procedures must be in place to ensure that all transmissions of documents are authorized and protect recipient specific data from improper access.

8. Provider must identify and bill third party insurance and/or Medicare coverage prior to billing Medicaid or IPRS.

9. Either the Provider or The Durham Center has the right to terminate this agreement by submitting a thirty (30) day written notice to the other party; that violation by Provider or Provider's billing agent(s) of the

terms of this agreement shall make the billing privilege established herein subject to immediate revocation by The Durham Center; that termination does not affect provider's obligation to retain and allow access to and audit of data concerning claims. This agreement is cancelled if the provider's contract with The Durham Center is terminated.

10. No substitutions for or alterations to this agreement are permitted.

11. Provider is responsible for ensuring that electronic billing software purchased from any vendor or used by a billing agent complies with billing requirements of The Durham Center as stated in the **Billing Manual for FY12** and shall be responsible for modifications necessary to meet electronic billing standards.

12. To the extent permitted by applicable law, Provider will hold harmless the Durham Center and its agents from all claims, actions, damages, liabilities, costs and expenses, which arise out of or in consequence of the submission of billings through paperless means. Erroneously submitted claims include duplicates and other claims resubmitted due to Provider error.

The undersigned having read this agreement for billing claims electronically through The Durham Center and understanding it in its entirety, hereby agree(s) to all of the stipulations, conditions, and terms stated herein.

Provider Name: ______________________________
(Must match name on contract)

Site Address: ______________________________

Billing/Mailing Address: ______________________________

Contact Person: ______________________________

Title: ______________________________

Phone Number: ______________ Fax Number: ______________

Email: ______________________________

______________________________ ______________
Signature of Authorized Agent Date

List of Additional Contacts:

Name	Phone Number	Fax Number	Email address

To be used by The Durham Center only

Date received by The Durham Center: ______________

Approval by The Durham Center: ______________________________

Billing Deadlines in FY 2012

The deadlines as stated in your contract for FY 2012 are as follows:

Please note that Medicaid non direct enrolled services must be billed directly to EDS using The Durham Center provider number. Please see page 4 for more information.

<u>For All IPRS, Non-UCR, and County funded services</u>:
Services provided July 1, 2011 through June 30, 2012
Due by the last day of the following month or the next business day thereafter
Example: July 1, 2011 through July 31, 2011 would be due by August 31st

Other Important Notes:

a. **Denials/Errors must be resubmitted within twenty (20) business days of the received error report.**
b. **If an IPRS claim cannot be submitted by the deadline due to an authorization delay, the claim must be submitted within ten (10) business days of the approval. You will need to send an email to your billing coordinator alerting them to the reason why the claim is being submitted past the billing deadline.**
c. **Any rate changes will be communicated via email.**
d. **Please let your billing coordinator know when you have a new billing person so that guidance can be provided if needed.**

**********Please remember that it is imperative to our IPRS funding that claims be submitted on time. Your submission of claims has a direct impact on how soon we draw down our funds. If we do not draw down our IPRS funds, the state ***will*** reduce our funding which could impact your agency************

Provider Connect Claims Processing

In September 2009, The Durham Center implemented a new system called Avatar. The provider interface to that system is Provider Connect. Provider Connect is a web based tool that allows providers to submit authorizations and billing online, all of which feeds into our system. Service authorizations are currently stored in Provider Connect and are five (5) digits.

When claims are submitted in Provider Connect by the provider, they are placed into a batch which the Billing Coordinators process every day. The claims are processed for payment or denial. Electronic claims that are received by Wednesday at 5 pm could be eligible for the check run that Friday. Files received after that time may not be eligible until the check run on following Friday.

If the claims are "payable", they will be held until we run an internal check print process. This process creates an Explanation of Benefits (EOB) that we send to the County for a check request. The EOB is explained in detail on the following page.

Explanation of Benefits (EOB)

The EOB is a report that details your claims for every payment that is made. This EOB will be mailed with every check. If you do not receive an EOB with your check, please contact your Billing Coordinator to have one sent to you. The EOB is a good tool to use when reconciling your records. The features on this report are as follows:

Header

- The provider Name, Number and amount paid is listed in the top left corner.
- The date listed at top on the right hand side is the date that we printed the EOB
- The EOB number listed to the left is the Provider Connect check number. If you are inquiring about information on an EOB, please refer to this EOB number.
- The check date is the date that we printed the RA. This date will be close to the date that we sent the check request to the County. Most of the time it will be a Thursday date which could mean we sent the check request to the County on the very next day.

Detail

This segment is broken down into 3 parts –

Denied
Approved (separates Adult and Child)
Adjustments

Fields Include:

- Member name – this is the client's name.
- Client # - this is the client's ID
- Age Category – Adult or Child
- Date of Birth
- Age
- Dates of Service – this column will list the date of service billed
- Procedure Code
- Claim Code – A (Approved) D (Denied)
- Total Fee Table
- Expected Disburse(ment)
- Member Copay
- Member Deductible
- Amount Billed
- Auth Number –this is the authorization number that was billed for the applicable claim

Footers Include:

- Retro Adjudication Code Legend
- Denied Claim Code Legend

As a reminder, reason codes for denials can be found in Provider Connect.

Denial reasons can be found by clicking on the treatment under the individual client's history. The user will see a numerical code which will indicate the denial reason. The reasons are:

1 Bill Person Not Site
2 Bill Site Not Person
3 Consumer Has Medicaid
4 Past Billing Deadline
5 Units Adjusted to Max Amount
6 Consumer has been discharged
7 Under Wrong Funding Source
8 No LCAD
9 Non Billable Service
10 Duplicate Claim
11 Cannot Blend Services

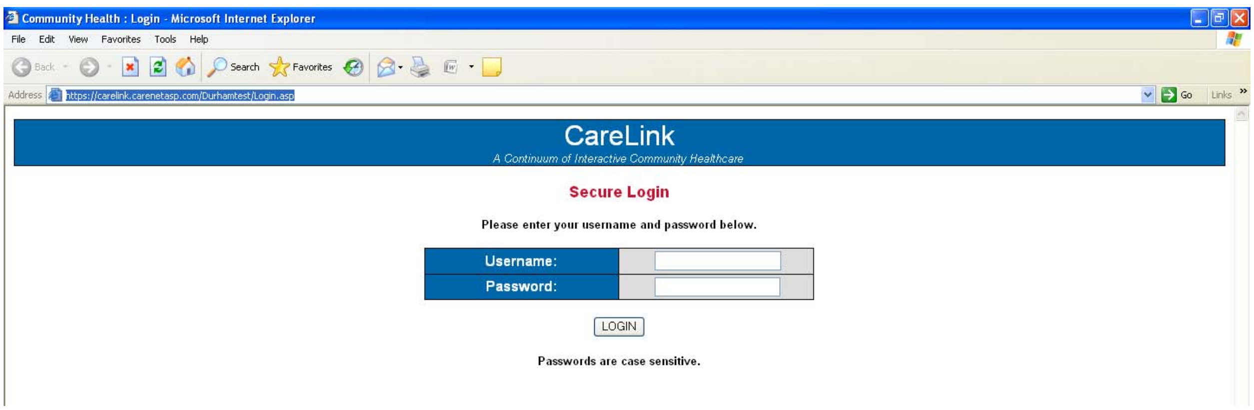
Recoupment reasons can also be found at the bottom of your EOB. These codes are as follow:

1 LME Correction to Claim
2 Retro Active Medicaid
3 Prov Request – Billed Wrong Units
4 Prov Request-Billed Wrong Code
5 Client Discharged
6 State Paid Amount Different
7 Maximum Benefit Reached
8 Prov Request-Billed Wrong DOS
9 Provider Request
10 Duplicate Claim
11 Consumer has Health Choice
12 No LCAD
13 Client Had Medicaid

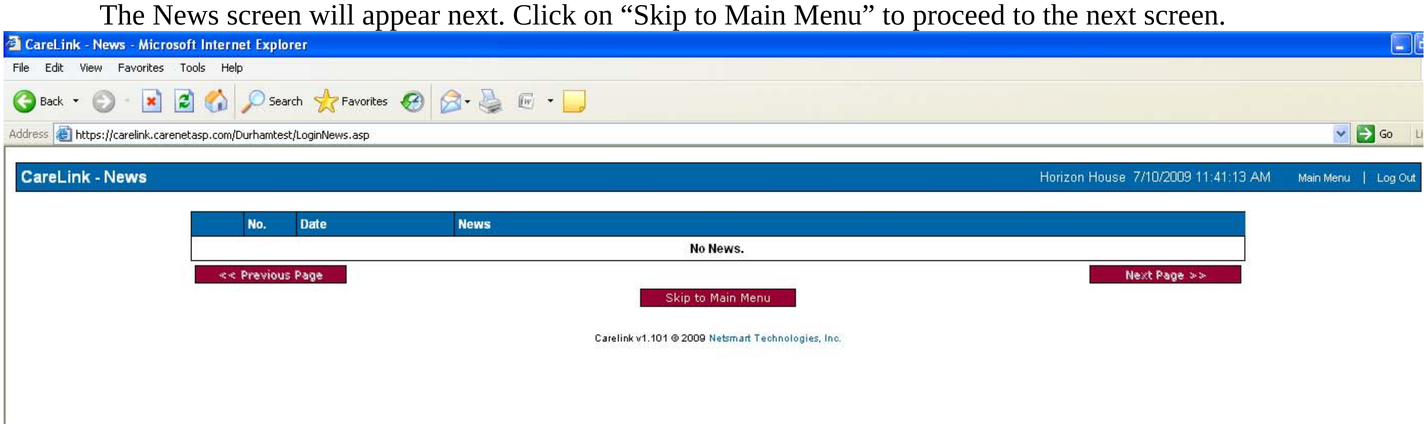
Provider Connect Instructions

Signing On to Provider Connect

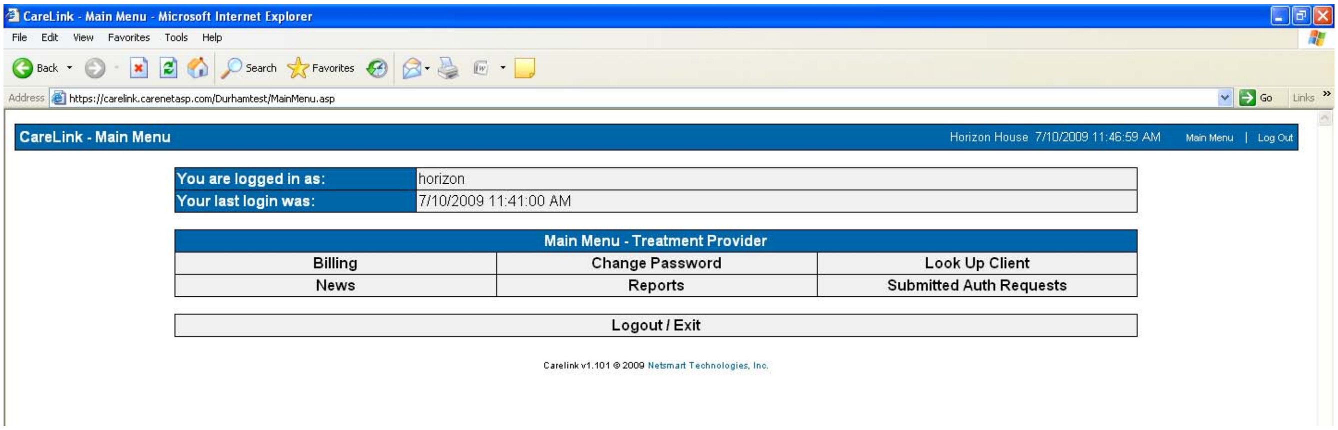
The website link is https://carelink.carenetasp.com/DurhamPC/login.asp. Each provider will be given their own password and user ID. The Utilization Management Department will assign each provider their user ID and password. You can contact Tasha Jennings at (919) 560-7220 or at tjennings@durhamcountync.gov . Please include your agency name in your email.
At the login screen, enter username and password. Username and passwords are case sensitive. Enter into Provider Connect exactly as it was issued. If an incorrect username and password is entered three (3) times, the system will lock the user account. After 15 minutes, the user can attempt to login again. If your password expires, please contact Tasha Jennings through the information above. After logging in, the user will see the security page. Continue through this page.



The News screen will appear next. Click on "Skip to Main Menu" to proceed to the next screen.



Main Menu



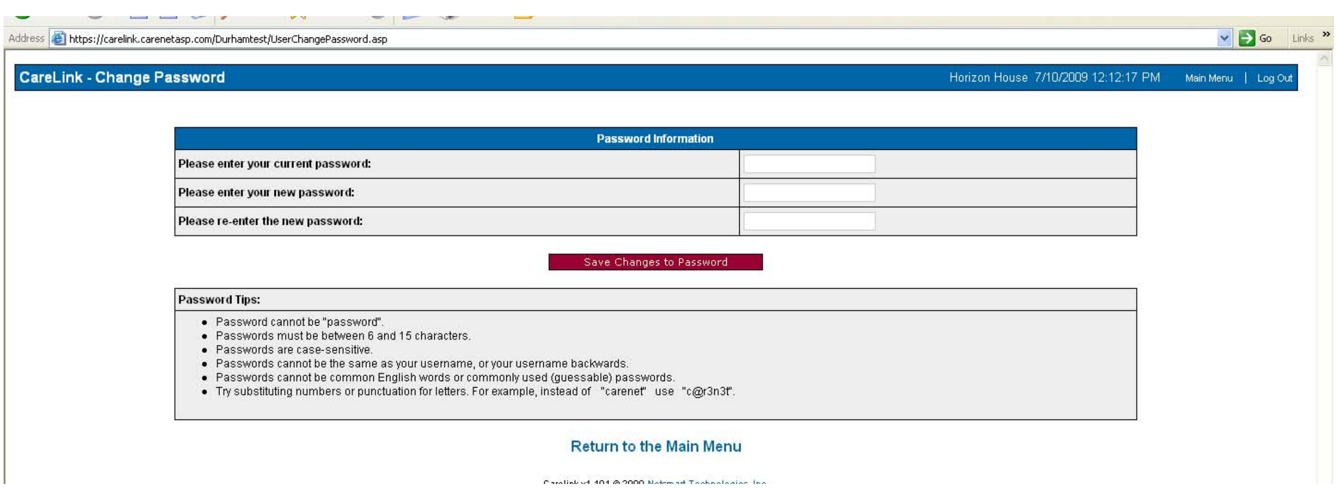
Navigating the Main Menu

This is the main screen. From this screen, there are several options:

- Billing – this option will allow the user to bill for all the services that have been entered through Provider Connect. Only one person in your agency needs to be responsible for using this option.
- Change Password – this option allows the user to change their password. If there is the potential for a security threat, passwords should always be changed.
- Look Up Client – this option allows the user to search for a client that has been assigned to their agency in the system.
- News – this option takes the user back to the news page.
- Reports
- Submitted Auth Requests – this option allows the user to look at all consumers assigned to their agency that have been authorized by the LME for their agency to provide services. It will list the authorization information for each consumer.

Changing your password

If you need to change your password at any time, click on "Change Password" on the main menu. You will see the screen below. The screen will require your old password followed by the new one. The new password must be entered twice for verification.



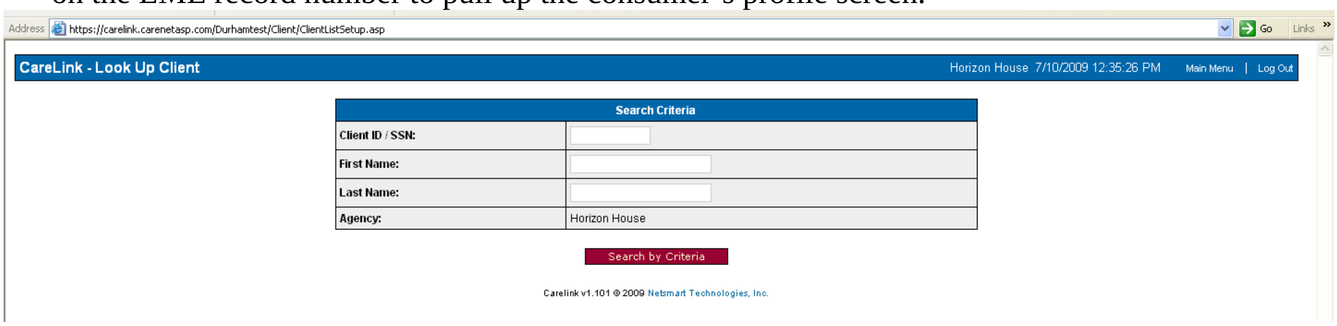
Provider Connect requires users to change their password every 90 days but users may also change their password at any time. Remember that passwords are case sensitive. **If you need assistance with your password reset please call Tasha Jennings at (919) 560-7220.**

Look up Client

In order to request authorizations or enter treatment information for a consumer, you will need to work from the consumer's profile screen. In order to access this screen, follow the steps below:

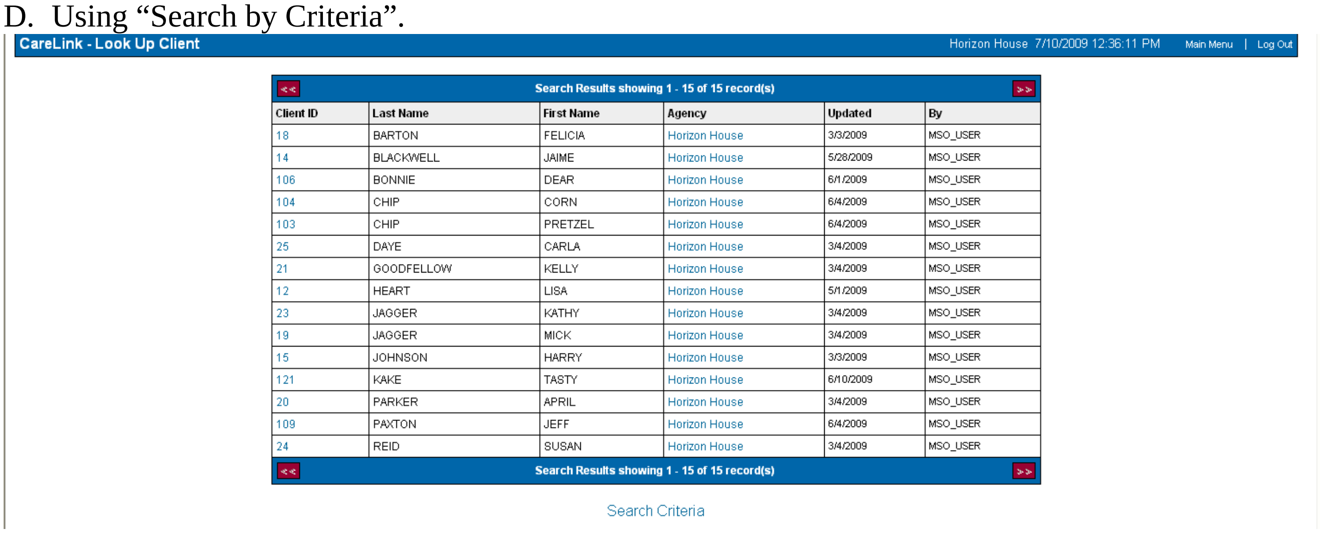
A. Choose "**Look Up Client**" from the main menu.

B. You may enter the consumer's **LME consumer record number** or you may look the consumer up by name. If you want to view all the consumers you can click on "Search by Criteria". The system will list all the consumers assigned to your agency. You can click on the LME record number to pull up the consumer's profile screen.



C. Search by specific consumer.

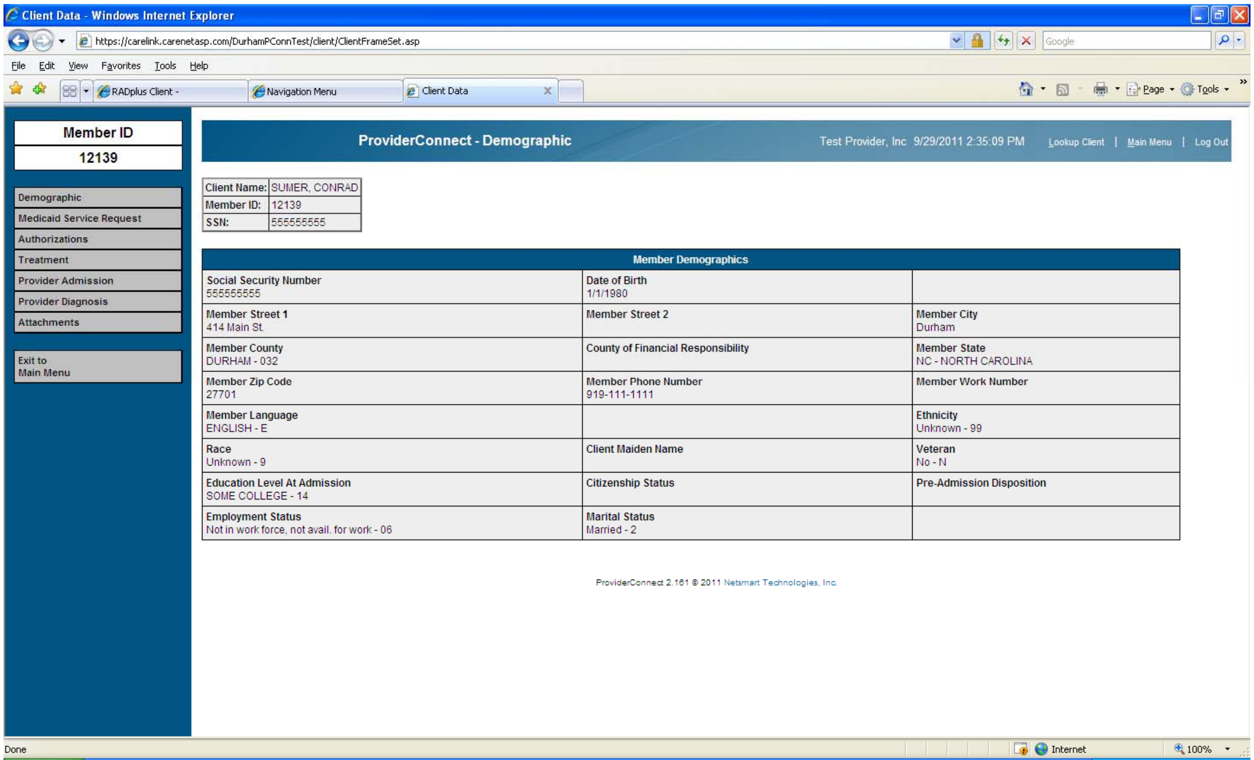
D. Using "Search by Criteria".



Client ID	Last Name	First Name	Agency	Updated	By
18	BARTON	FELICIA	Horizon House	3/3/2009	MSO_USER
14	BLACKWELL	JAIME	Horizon House	5/28/2009	MSO_USER
106	BONNIE	DEAR	Horizon House	6/1/2009	MSO_USER
104	CHIP	CORN	Horizon House	6/4/2009	MSO_USER
103	CHIP	PRETZEL	Horizon House	6/4/2009	MSO_USER
25	DAYE	CARLA	Horizon House	3/4/2009	MSO_USER
21	GOODFELLOW	KELLY	Horizon House	3/4/2009	MSO_USER
12	HEART	LISA	Horizon House	5/1/2009	MSO_USER
23	JAGGER	KATHY	Horizon House	3/4/2009	MSO_USER
19	JAGGER	MICK	Horizon House	3/4/2009	MSO_USER
15	JOHNSON	HARRY	Horizon House	3/3/2009	MSO_USER
121	KAKE	TASTY	Horizon House	6/10/2009	MSO_USER
20	PARKER	APRIL	Horizon House	3/4/2009	MSO_USER
109	PAXTON	JEFF	Horizon House	6/4/2009	MSO_USER
24	REID	SUSAN	Horizon House	3/4/2009	MSO_USER

Navigating the Client Profile Screen

On the left side of the Client Profile screen, several options are listed. The profile screen automatically defaults to the demographic page when the consumer record is accessed.

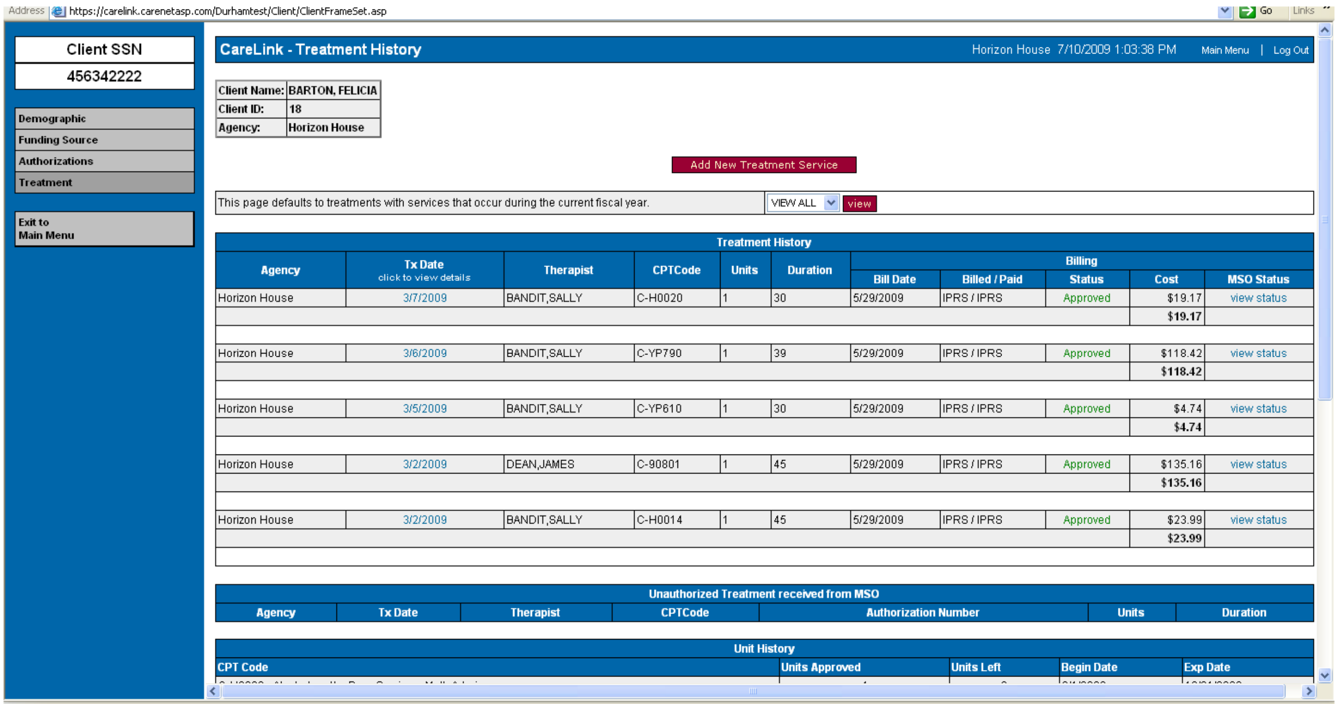


Billing IPRS Services to The Durham Center

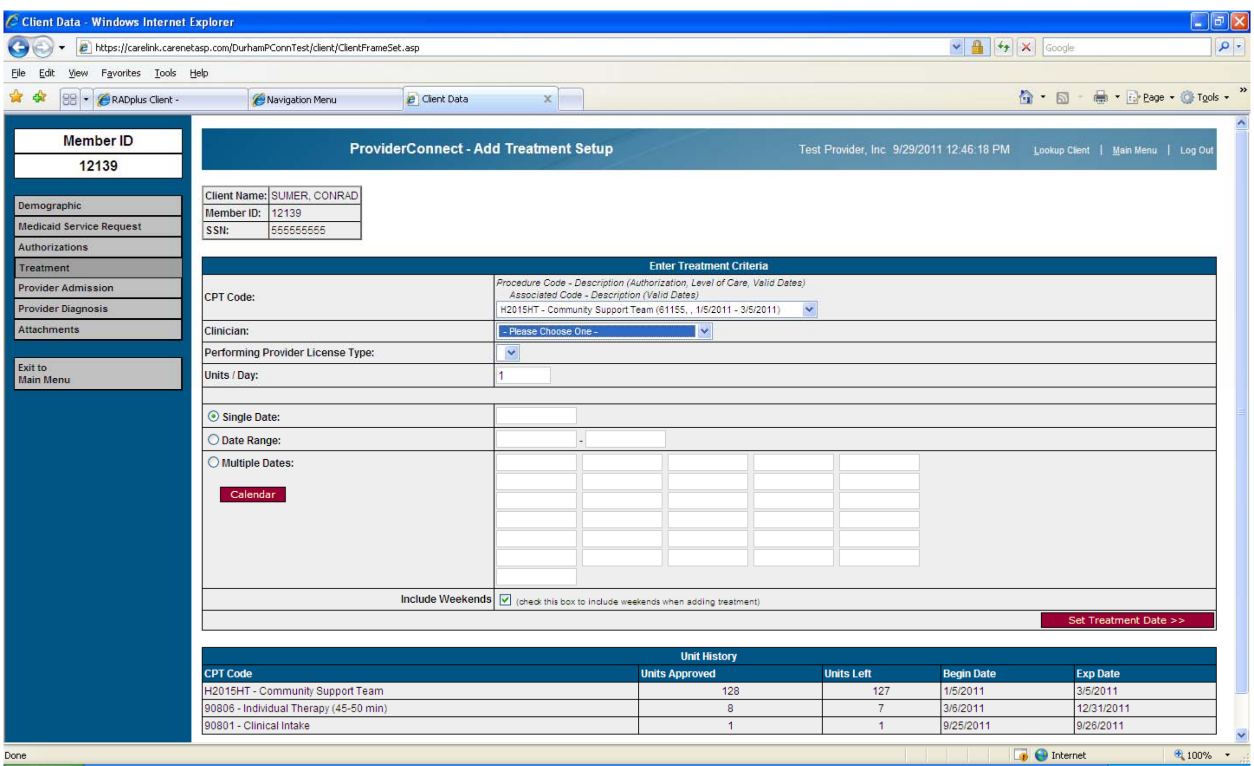
If your agency has not been approved for 837 submissions, all services must be billed through Provider Connect using the following steps:

A. Click on the "**Treatment**" Link in the Client Profile screen. The user will see past claim history for the consumer.

B. To add treatment for a consumer, click on "**Add New Treatment Service**" button at the top of the page.



New Treatment prior to entry



C. When entering the treatment, **first choose the appropriate CPT (or billing) code from the drop down box.**

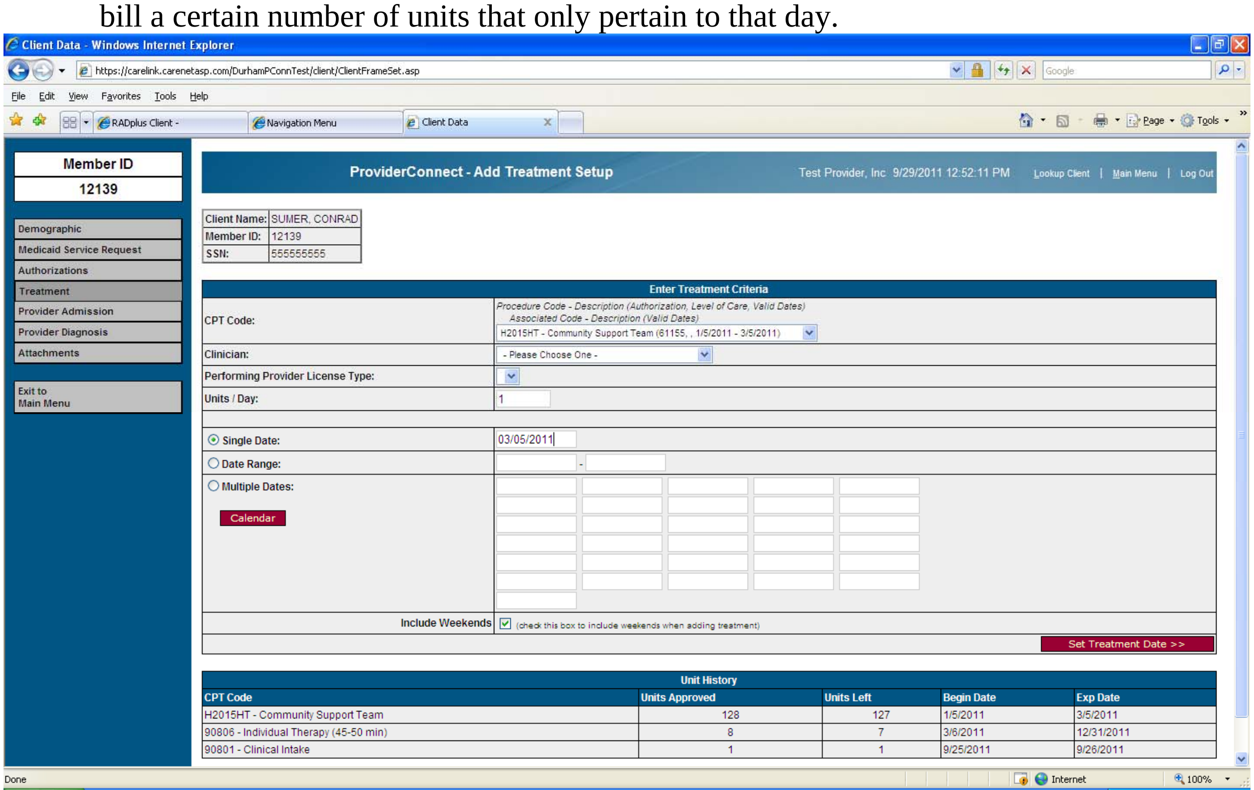
D. Enter the **correct clinician/agency** (attending provider) that rendered the service. You will need to select the appropriate clinician (attending provider) based on the type of service being billed. Please see Appendix A for guidance on choosing the appropriate attending provider. **If you do not see an option for clinician and one should be there please send an email to your Billing Coordinator prior to entering claim information.**

When billing CPT codes and other services you must submit the procedures separately as some require a person as other require a site i.e. 90862 and 96372.

E. **Performing Provider License Type -** You will only have one choice available and it must be chosen to move forward with billing. This is a required part of our set up in order to bill the claims to the State.

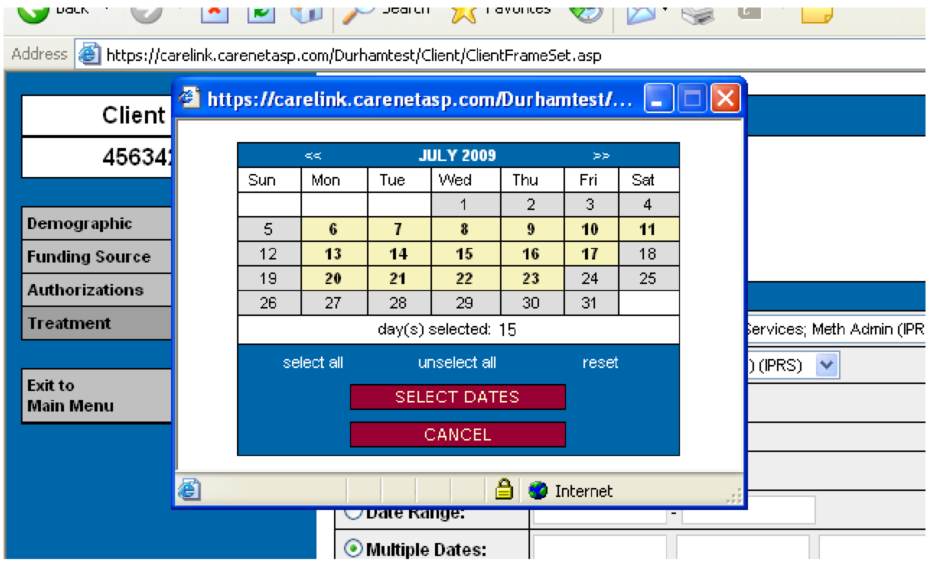
F. **Enter the number of units**. Make sure the correct number of units are entered based on the service being provided. See page 24 for service limits. Remember that rounding up is not allowed. 15 minutes is billed as 1 unit, 14 minutes cannot be billed.

G. **Enter the date of service**. There are three ways to enter the date of service:
   a. A single date - This is useful when you have only one date to bill or your have to bill a certain number of units that only pertain to that day.

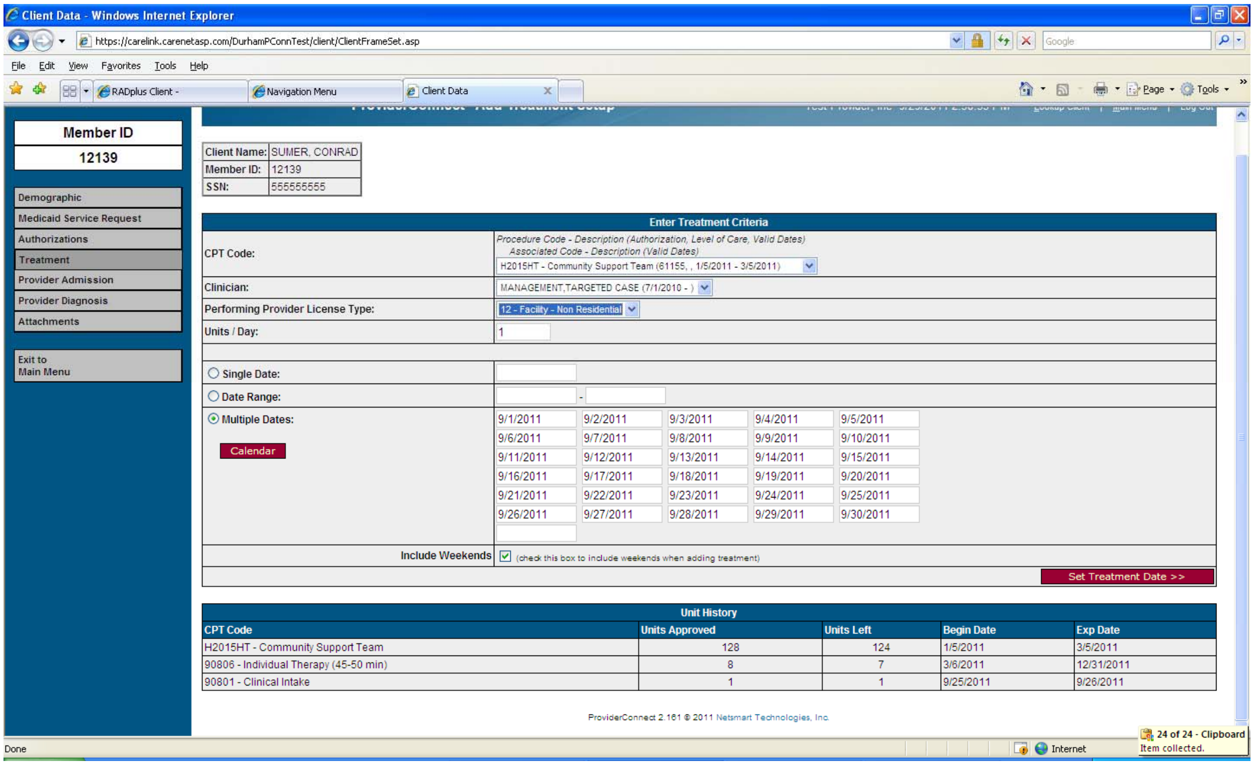


b. Date Range – Field is useful when you have a certain range of dates of service, with no lapse, for the same units. An example of this would be any residential service. If a client is in the home from July 1, 2009 – July 31, 2009 and each day is one unit, the range could be entered. If the client is not in the home at any point during this range, the full range cannot be entered. If the client was not there on July 15, 2009, a treatment can be entered for July 1, 2009 – July 14, 2009 then another new treatment can be entered for July 16, 2009 – July 31, 2009.
c. Multiple Dates – This field will work much like the date range in that it is useful if the units are the same for each date. This can work with CPT codes, residential codes, ACTT, Methadone, etc. The calendar feature can be accessed to choose the dates.

Notice that the dates in yellow are selected. Once complete, choose Select Dates.



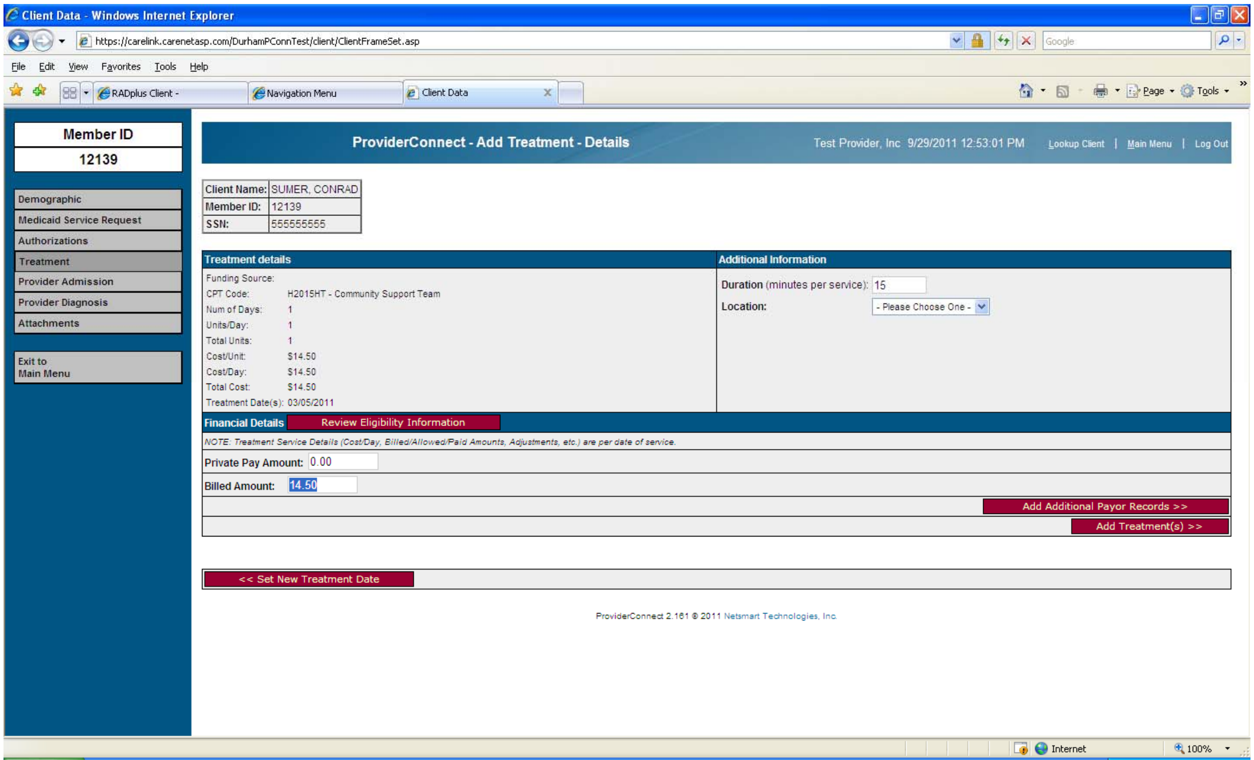
The dates are automatically populated in the date fields.



Below the entry fields, the user can see past services billed for the consumer as well as the number of units left on the authorization and expiration date.

NOTE: If your agency submits an 837, the authorized units will be not be updated in Provider Connect.

H. When finished, click on "**Set Treatment Date**" to continue.



I. On the next screen, enter the number of minutes in "**Duration**". For Duration, even daily services require the number of minutes. For example, a residential service would require 1,440 minutes. Other units are recorded as 15, 30, 45, 60, 75, etc.

J. **Location** – this is actually a new field in Provider Connect and will not be utilized by the Durham Center. It was a field set up for other LMEs using Provider connect. You can leave this field blank.

K. **Private Pay Amount** – this field is required. Enter $0.00.

L. **Billed Amount –** this field is required and will **automatically calculate** when the private pay amount is entered.

M. When finished, click on "**Add Treatment**".

**************PLEASE DO NOT ENTER DIAGNOSIS*********

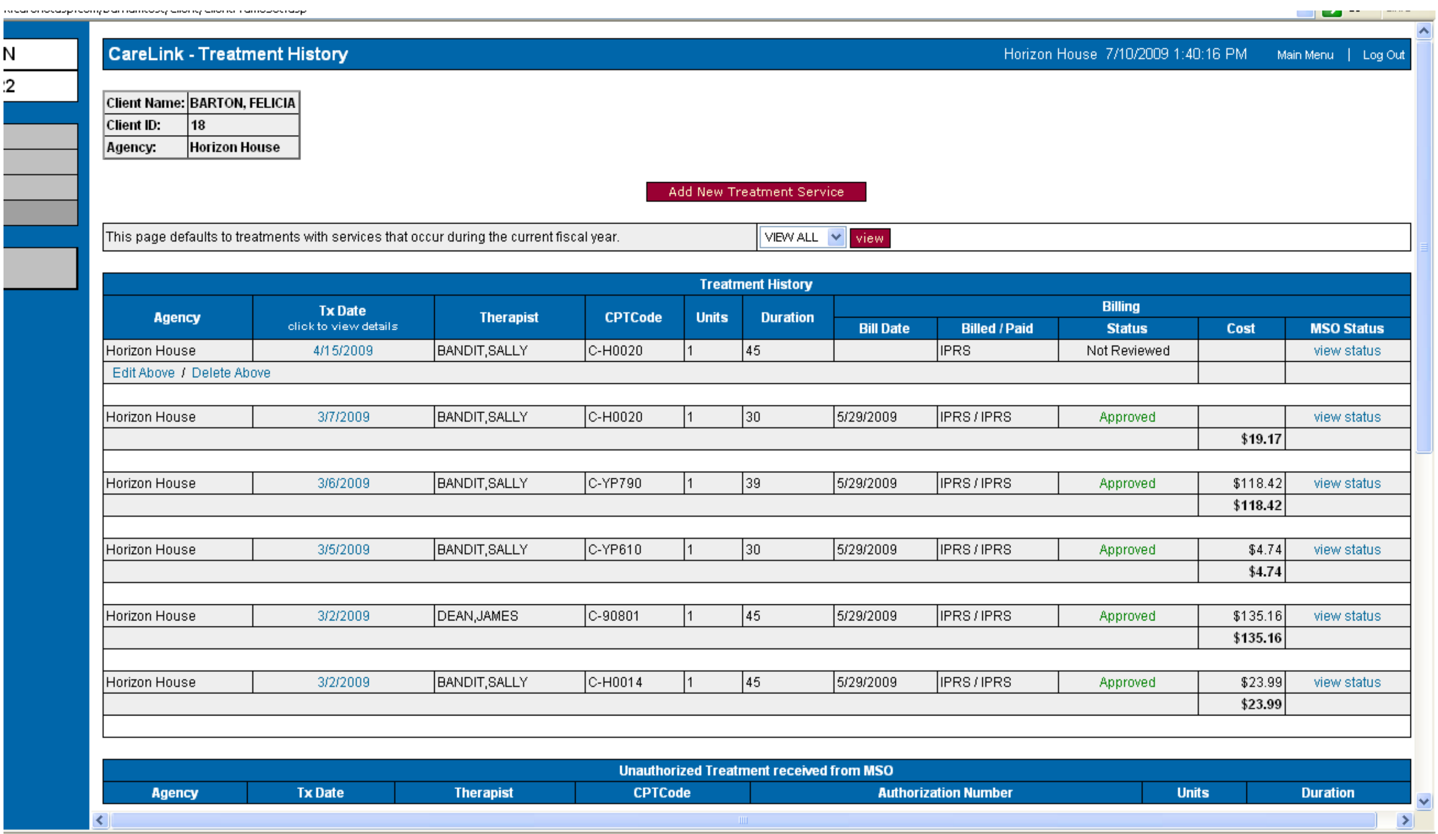
Entering diagnosis will potentially cause your claim to deny or cause the claim to deny at the State level. The Durham Center will already have the diagnosis on file from the opening paperwork your agency submitted.

**************PLEASE DO NOT ENTER DIAGNOSIS*********

N. Once the treatment has been added/saved to Provider Connect, it will appear in the Treatment History on the Treatment page. At this stage, it still **<u>has not</u>** been billed to The Durham Center.
   a. Until the treatment is billed by the provider, the unit of treatment may be edited or deleted by clicking on the "Edit Above/Delete Above" link under the treatment.

Once the treatment is billed by the provider, it can no longer be editable and also cannot be deleted.

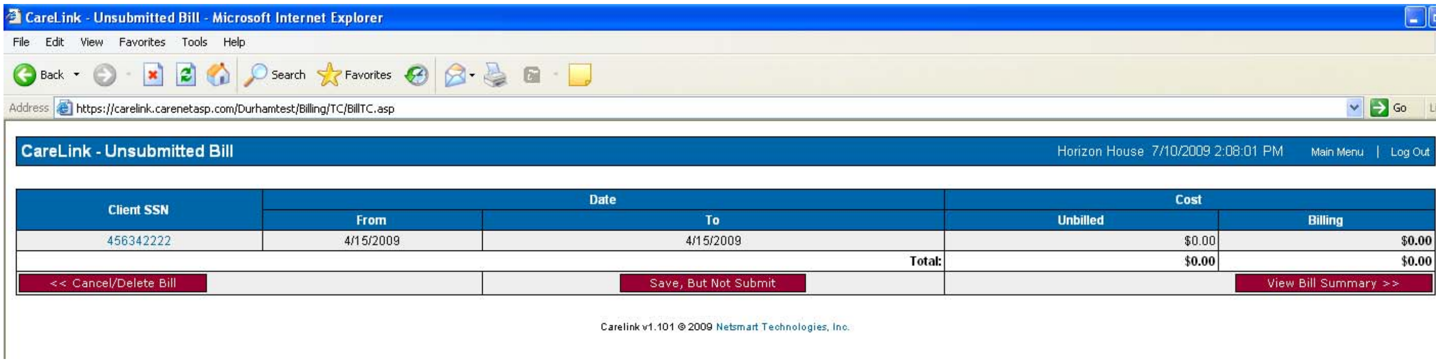
b. If the treatment is billed by the provider, the Bill Date column will contain the date on which the treatment was placed on a bill to be sent to the Durham Center.
c. Much like authorizations, the Billing Status column will say "Not Reviewed" until The Durham Center determines to pay or deny the treatment.
d. The cost column will remain blank until the LME completes the EOB for that week.



Agency	Tx Date click to view details	Therapist	CPTCode	Units	Duration	Billing: Bill Date	Billed / Paid	Status	Cost	MSO Status
Horizon House	4/15/2009	BANDIT,SALLY	C-H0020	1	45		IPRS	Not Reviewed		view status
Edit Above / Delete Above										
Horizon House	3/7/2009	BANDIT,SALLY	C-H0020	1	30	5/29/2009	IPRS / IPRS	Approved		view status
									$19.17	
Horizon House	3/6/2009	BANDIT,SALLY	C-YP790	1	39	5/29/2009	IPRS / IPRS	Approved	$118.42	view status
									$118.42	
Horizon House	3/5/2009	BANDIT,SALLY	C-YP610	1	30	5/29/2009	IPRS / IPRS	Approved	$4.74	view status
									$4.74	
Horizon House	3/2/2009	DEAN,JAMES	C-90801	1	45	5/29/2009	IPRS / IPRS	Approved	$135.16	view status
									$135.16	
Horizon House	3/2/2009	BANDIT,SALLY	C-H0014	1	45	5/29/2009	IPRS / IPRS	Approved	$23.99	view status
									$23.99	

O. Once services are entered for all consumers, the services are saved but not submitted to The Durham Center yet. When you are ready to bill, proceed to the Billing Section which can be accessed from the Main Menu. Services should be billed weekly or monthly. Services should not be billed daily for ease of processing on both the provider and LME side. Follow the steps below to submit a bill:

a. From the Billing screen, click on "**Generate New Bill**". This will pull all services that have been added to the system on the Treatment page that have not been associated with a bill.

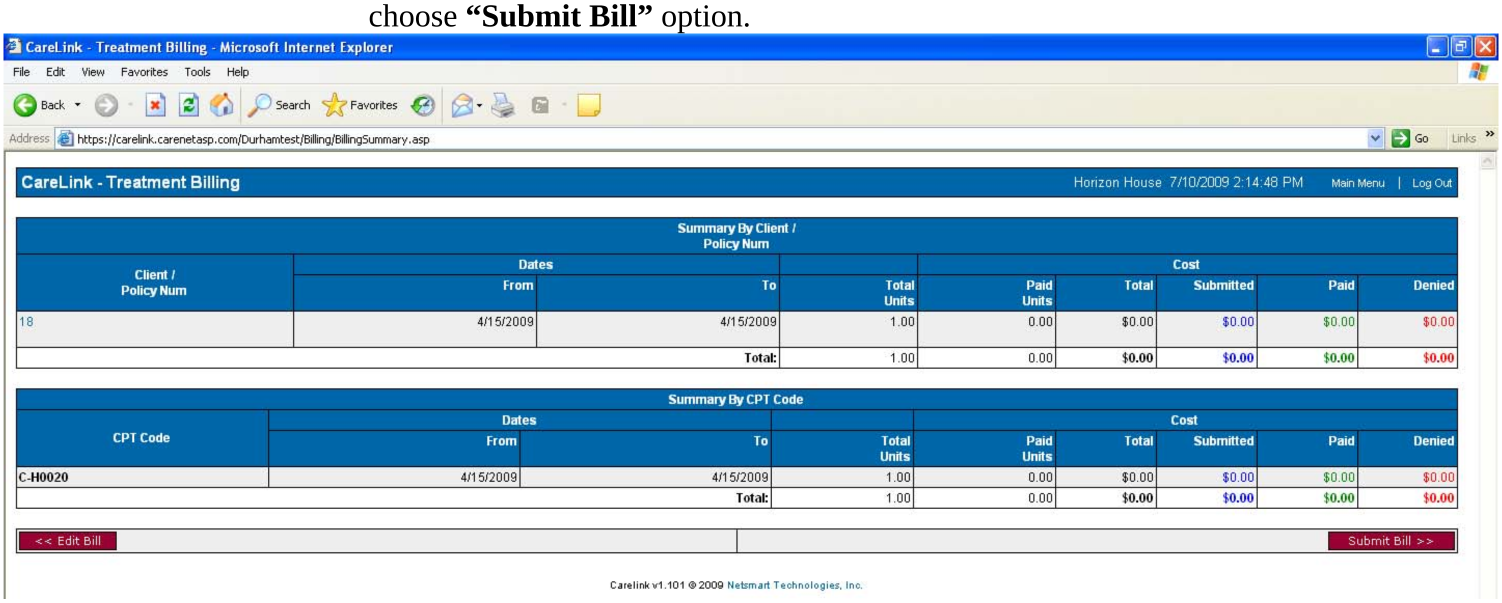


b. Select an action:

   i. Cancel/Delete Bill – after generating the bill, if the provider decides the bill needs to be removed, the cancel/delete bill function will keep the services listed on the newly generated bill but it will remain in an unbilled status.

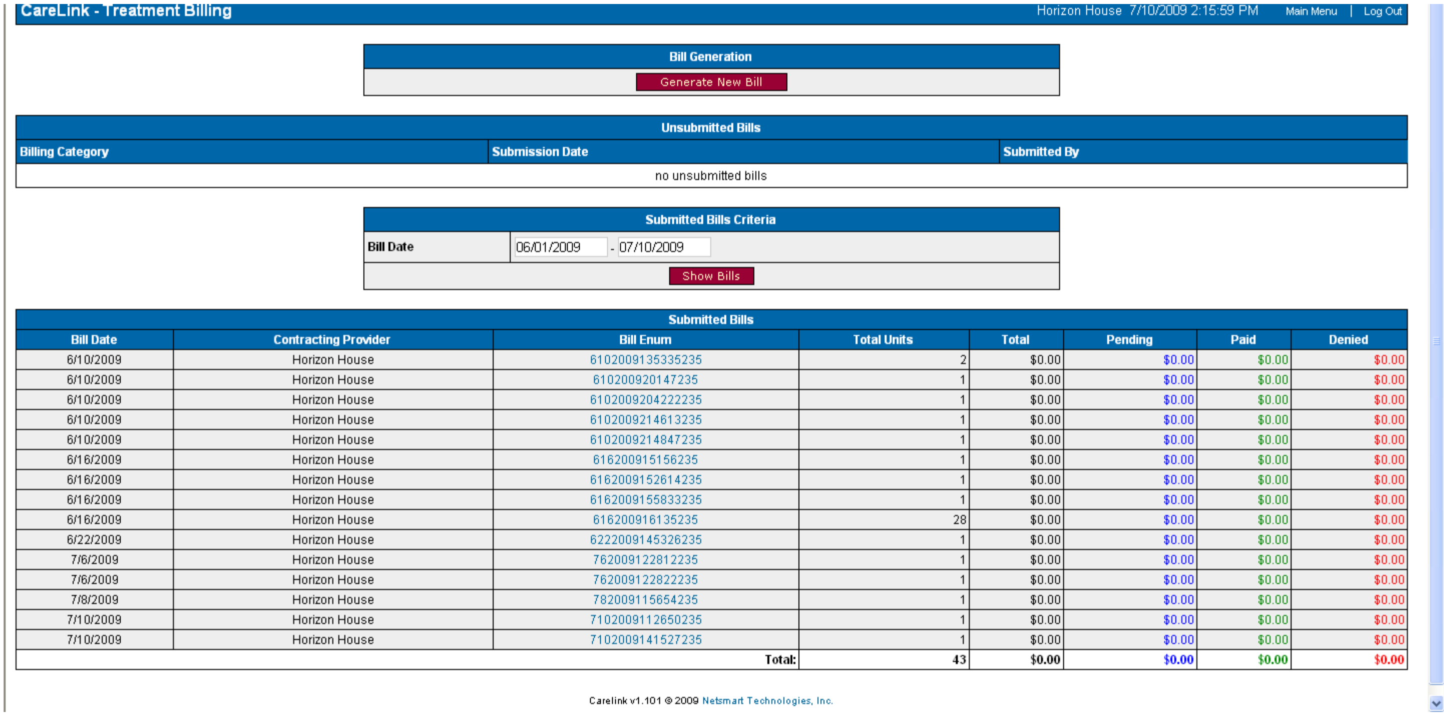
   ii. Save, But Not Submit – This allows the provider to place the bill in a holding status. The provider has not yet submitted the bill to be a part of the batch process that sends the claims to The Durham Center for payment. If the provider selects this option, they can view the bill at a later time by clicking the link in the Unsubmitted Bills list. Treatment services associated with bills in the state of "Save But Not Submit" cannot be rebilled. The provider must choose to Cancel/Delete the bill for the units to be re-billed or continue to submit the bill.

   iii. View Bill Summary – This is the next step to submit the bill. The provider will be shown a summary of what is being submitted to The Durham Center for payment. If they decide to not submit the bill, the provider can select the "Edit bill" option which will take them back to the previous page. In order to finalize the submission of the bill, the provider must choose **"Submit Bill"** option.



c. Once the provider has submitted the bill, it will appear on the list of Submitted Bills and the billed treatment data is put in the queue to be sent to The Durham

Center for adjudication. Once the bill has been adjudicated, the status of each service (paid or denied) will be displayed on the billing page and in the client’s treatment record.



CareLink - Treatment Billing   Horizon House 7/10/2009 2:15:59 PM   Main Menu | Log Out

Bill Generation

Generate New Bill

Unsubmitted Bills		
Billing Category	Submission Date	Submitted By
	no unsubmitted bills	

Submitted Bills Criteria	
Bill Date	06/01/2009 - 07/10/2009
	Show Bills

Submitted Bills

Bill Date	Contracting Provider	Bill Enum	Total Units	Total	Pending	Paid	Denied
6/10/2009	Horizon House	6102009135335235	2	$0.00	$0.00	$0.00	$0.00
6/10/2009	Horizon House	610200920147235	1	$0.00	$0.00	$0.00	$0.00
6/10/2009	Horizon House	6102009204222235	1	$0.00	$0.00	$0.00	$0.00
6/10/2009	Horizon House	6102009214613235	1	$0.00	$0.00	$0.00	$0.00
6/10/2009	Horizon House	6102009214847235	1	$0.00	$0.00	$0.00	$0.00
6/16/2009	Horizon House	616200915156235	1	$0.00	$0.00	$0.00	$0.00
6/16/2009	Horizon House	6162009152614235	1	$0.00	$0.00	$0.00	$0.00
6/16/2009	Horizon House	6162009155833235	1	$0.00	$0.00	$0.00	$0.00
6/16/2009	Horizon House	616200916135235	28	$0.00	$0.00	$0.00	$0.00
6/22/2009	Horizon House	6222009145326235	1	$0.00	$0.00	$0.00	$0.00
7/6/2009	Horizon House	762009122812235	1	$0.00	$0.00	$0.00	$0.00
7/6/2009	Horizon House	762009122822235	1	$0.00	$0.00	$0.00	$0.00
7/8/2009	Horizon House	782009115654235	1	$0.00	$0.00	$0.00	$0.00
7/10/2009	Horizon House	7102009112650235	1	$0.00	$0.00	$0.00	$0.00
7/10/2009	Horizon House	7102009141527235	1	$0.00	$0.00	$0.00	$0.00
		Total:	43	$0.00	$0.00	$0.00	$0.00

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d. Un-submitted Bills – If you “save but not submit” bills the bill will show up under the “Un-submitted Bills” section. Please make sure to keep this section checked. If there is billing under this section it means that the billing was not submitted to the LME and is waiting for the provider to submit it. To submit the un-submitted bills you should click on the blue link under the column called “Submission Date”. You will then be able to go through the process of submitting the bills to the LME.

Other Billing Information

- The billing cycle will run continue to run on the same timely schedule. Claims submitted between 5 pm Wednesday and 5 pm Wednesday the following week, will be part of the check run on the second Wednesday with payment the following Friday. For example, claims submitted from 5 pm July 21st to 5 pm July 28th will be on the July 28th check run payable on August 6th.
- We will no longer be sending email confirmation of files as the confirmation can be seen in Provider Connect. For the 837 files, we will test the confirmation of receipt and ensure an efficient method of communication to your agency.
- We will no longer be sending adjudication reports as approved/denied status can be seen in Provider Connect. For the 837 files, we will be testing the communication of adjudicated claims.
- **Recoupments** will continue to be handled by The Durham Center. There is no method in Provider Connect that will allow providers to adjust or refund a claim. In addition, there is no way of seeing this action in Provider Connect.

Recoupments will be reflected at the end of your EOB along with the code (found at the bottom of the page) as to the reason why.

-
- In the event a recoupment needs to be done due to incorrect units, procedure code, etc. please email your Billing Coordinator with the consumer #, service, code, date of service and unit(s) billed as well as details as to what it should have been.
- **It is critical that your service notes reflect the service you are billing. If your agency is audited and the claims submitted do not match the service notes, a payback will be required.**
- Claims will still be paid by check. This is handled by the County and there is no word on moving to electronic payment.
- Denials can be viewed by clicking on the claims denied and an explanation should appear.
- Adjudication Reports - Go to Main Menu, Choose Billing, Go to Submitted Bills – click on the light blue Bill Enum, Click on Red box at the bottom of screen (Bill Details), Cut and paste into excel. Choose Red box bottom (Bill Summary), Choose Red box (Back to Bill list)

Choosing the Right Attending Provider (clinician/agency)

The services being billed dictate what Attending Provider you choose. The rules are set up based on IPRS billing rules required of the LME.

Each agency has been set up in the system with different sites and different licensed staff. When billing Enhanced Services or IPRS Only Service (see table below), your agency site must be selected. If you do not see your agency site in the drop down box, please contact Sara Pacholke at spacholke@durhamcountync.gov . When billing CPT outpatient codes, the clinician who provided the service must be selected. If you do not see your clinician in the drop down box, please contact Sara Pacholke at spacholke@durhamcountync.gov. In order to enroll your clinician with The Durham Center, please send Sara the clinician's name, Medicaid provider number and license type.

Type of Service	**Enhanced Services**	**IPRS Only**			**Doc Only**	**Non Doc**
Attending Provider	**Agency name**	**Agency name**			**Doctor's Name**	**Clinician's Name**
List of Applicable Services	H0010	H0001	YA269	YP760	90801	90801
	H0012 HB	H0004	YA323	YP770	90802	90802
	H0013	H0004 HQ	YA324	YP780	90804	90804
	H0014	H0004 HR	YA325	YP790	90805	90805
	H0015	H0004 HS	YM050	YP830	90806	90806
	H0020	H0005	YM645	YP831	90807	90807
	H0032	H0031	YM645	YP832	90811	90811
	H0035	S5145	YM686	YP833	90812	90812
	H0040	YA125	YM700	YP834	90813	90813
	H2011	YA213	YM812	YP835	90814	90814
	H2012 HA	YA232	YM813	YP851	90815	90815
	H2015 HT	YA233	YM814	YP852	90846	90846
	H2017	YA234	YM815	H0019	90847	90847
	H2022	YA235	YM816	H0046	90849	90849
	H2033	YA236	YP010	H2020	90853	90853
	H2035	YA237	YP011	H2014	90862	90862
	S9484	YA238	YP020	H2014HQ	96101	96101
	T1017 HE	YA254	YP230	H2014HM		
	T1023	YA255	YP610	H2014U1		
	H2036	YA256	YP620	H2034		
		YA257	YP630	99201		
		YA258	YP640	99202		
		YA259	YP650	99203		
		YA263	YP660	99204		
		YA264	YP692	99205		
		YA265	YP710	99211		
		YA266	YP720	99212		
		YA267	YP730	99213		
		YA268	YP740	99214		
			YP750	99215		
				96372		

Maximum units

CPT codes	1 unit per day	(Doc and Non Doc)
96101	6 units	
H0001	8 units per day	
H0004	4 units per day	
H0004HR	4 units per day	
H0004HS	4 units per day	
H0004HQ	6 units per day	
H0005	6 units per day	
H0031	8 units per day	
H0032	1 unit per day	
H2014HM	16 units per day	
H2022	1 unit per day	
S9484	16 units per day	
T1017HE	1 unit per week	
YA324	23 units per day	
YM812	1 unit per day	
YP620	32 units per day	
YP830	8 units per day	
YP831	4 units per day	
YP832	6 units per day	
YP833	4 units per day	
YP834	4 units per day	
YP835	6 units per day	

Important Contacts

Provider Connect Password Issues
Tasha Jennings – (919) 560-7220 **tjennings@durhamcountync.gov**

Computer Technical Support
Jeanette Williams – (919) 560-7226 jwilliams@durhamcountync.gov

Authorization Questions
Tasha Jennings – (919) 560-7220 **tjennings@durhamcountync.gov**

You can also contact your Care Manager as stated on your authorization

Billing Questions
Sara Pacholke, Finance Director – 919-560-8954 spacholke@durhamcountync.gov

Billing Coordinators:
Kim Willman – 919-560-7360 kwillman@durhamcountync.gov
Sadaya Johnson – 919-560-7372 sajohnson@durhamcountync.gov

Billing Coordinators

On the next page is a list of providers and the responsible Billing Coordinator. Your Billing Coordinator can assist you with all your billing and payment issues. If you do not see your name listed AND you bill directly to The Durham Center, please contact Sara Pacholke at (919) 560-8954 or spacholke@durhamcountync.gov . Fax # (919) 560-7250 is used for all of the Finance Department. The Durham Center Billing Coordinators are:

Kim Willman	(919) 560-7360	kwillman@durhamcountync.gov
Sadaya Johnson	(919) 560-7372	sajohnson@durhamcountync.gov
LaKrystal Sanders	(919) 560-8935	lsanders@durhamcountync.gov

Provider Assignment List

PROVIDER ASSIGNMENT LIST					
Sadaya Johnson (919) 560-7372		Kim Willman (919) 560-7360		LaKrystal Sanders (919) 560-8935	
1	Achievable Dreams	1	ACI Support	1	Arc of Durham
2	Advanced Health Resources	2	Alexander Youth Network	2	Arc of NC (NON-UCR)
3	Alberta Professional Services	3	Alpha Management Community	3	BAART Programs (NON-UCR)
4	B&D Behavioral	4	Alpha Management Services	4	Behavioral Health Management
5	Caring Hands	5	Arc of NC	5	Carolina Outreach (NON-UCR)
6	Center for Child and Family Health	6	Autism	6	Communities in School
7	Community Alternatives dba Community Choices	7	BAART Programs	7	Community Choices (NON-UCR)
8	Community Partnerships Inc	8	Carolina Behavioral	8	Community Partnerships (NON-UCR)
9	Comprehensive Community Care	9	Carolina Outreach	9	Compuware
10	Duke FCP	10	CNC Access (Rescare)	10	Duke University
11	Duke University-Inpatient	11	DCCLP	11	Easter Seals UCP (NON-UCR)
12	Easter Seals	12	DCCJRC	12	El Futuro (NON-UCR)
13	El Futuro	13	DECI	13	Exchange Clubs' Family
14	Firm Foundation	14	Freedom House	14	First in Families
15	Healing with CAARE	15	KidsPeace National Centers	15	Freedom House (NON-UCR)
16	House of Care	16	New Destinations	16	Gurley's Pharmacy
17	Housing for New Hope	17	OE Enterprises	17	Healing with CAARE
18	Living Well Centre	18	Omni Visions	18	Housing for New Hope (NON-UCR)
19	Maxim Healthcare	19	Thompson Child and Family	19	NAMI Durham
20	Methodist Home for Children	20	Touchstone	20	NAMI NC
21	MHS Unlimited	21	Triumph	21	Netsmart Technologies
22	Psychotherpeutic Comm Svcs	22	TROSA	22	NC Council of Comm. Progms
23	Rainbow 66	23	Youth Quest	23	NC Families United
24	Recovery Center of Durham	24	Youth Villages	24	OE Enterprises (NON-UCR)
25	RHD	25		25	Omni Visions (NON-UCR)
26	SRFC			26	Partnership for a Drug-Free NC
27	Telecare ACTT			27	Pitney Bowes
28	Threshold			28	PROUD
29	Vision Quest			29	Psychotherapeutic Services Inc. (PSI)
30				30	Recovery Innovations

				31	RHD (NON-UCR)
				32	Southern Regional AHEC
				33	Therapeutic Alternatives, Inc.
				34	UNC Chapel Hill
				35	UNC Greensboro
				36	Vision Quest (NON-UCR)
				37	Voices Together