

Master•Care, Inc. Policies and Procedures Manual

Details	Related	Master Care Plan	More Information	Pinned Notes
> Demographic				
> Overview				
> Health Record				
> Medications and Treatments				
> Financial				
> Housing / Programs / Support				
▼ Personality / Psychosocial / Behaviors / Considerations				
Substance Use Disorder (SUD) Notes			Dementia Diagnosis	<input checked="" type="checkbox"/>
Requires "Twelve-Step" Call		<input type="checkbox"/>	Exhibits Behaviors	<input type="checkbox"/>
Co-Occurring SUD		<input type="checkbox"/>	Capacity / Dementia Notes	Needs cueing and redirection
Co-Occurring SUD Details			Behaviors: Mental Health / Dementia	Sun Downing;Awake at Night
Drinks Alcohol			Awake at Night	Do not allow patient to take naps in

BILLING

Managed Care Contracts and Claims Procedure

Purpose: To describe the relevance of managed care contracts to billing and claims submission.

Scope: This procedure applies to billing and accounting specialists and any contracted billing entities.

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Definitions:

HCFA/CMS-1500: a medical claim form used by non-institutional health care providers or medical professionals, such as individual doctors, nurses, and therapists.

UB-92: a medical claim form used by providers such as hospitals and nursing facilities.

EDI 837: the HIPAA-compliant format for electronic submission of healthcare claims. The electronic equivalent of the CMS-1500. The EDI 837 file typically includes a description of the patient and their condition related to the treatment provided.

EDI 835: also known as an Electronic Remittance Advice (ERA), it is the electronic transaction that provides claim payment information and documents the EFT (electronic funds transfer).

Procedure:

Master•Care contracts with several managed care plans. Each contract has specific terms and rates. Master•Care may have several county-level contracts with one managed care plan and each may have different terms and rates. Billing and accounting specialists are responsible for knowing the terms of the contracts they work with. Contracts define and dictate:

- Referral processes
- Authorization requirements
- Claim submission processes
- Reimbursement types (PMPM, FFS, etc.)
- Reimbursement rates

Billing and accounting specialists can access contract terms, requirements, and processes in the CareBook and use the CareBook to submit claims and perform their other duties.

Submitting Claims

Electronic claims will be submitted using EDI 837 to maintain HIPAA compliance and confidentiality. If a paper claim form must be used, the form the managed care plan designates will be used (the HCFA/CMS-1500 or the UB-92).

Remittance Advice

Notice of claim payment or claim transaction information will be received via EDI 835.

Managed Care Plan Compliance Program

Purpose: To describe the importance of the Company compliance program.

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Scope: This procedure applies to all executives, billing and accounting specialists, and any contracted billing entities.

Definitions:

Compliance: Complying with state and federal laws, regulations, and Company policies and procedures. Includes proper billing of provided services.

Procedure:

The Company compliance program incorporates practice-related state and federal laws, rules, and regulations and the identification of risks associated with coding and billing.

Inappropriate billing practices put the Company at risk and are grounds for immediate dismissal.

Inappropriate billing practices include the following:

- Billing for items or services not performed.
- Submitting claims for equipment, medical supplies, or services that are not reasonable and necessary.
- Duplicate billing.
- Billing for non-covered services.
- Misuse of the Company's Provider Identification Number.
- Billing individual services when those services should be bundled under one billing code.
- Upcoding a provided service.

