The following notes are to be used in conjunction with the **FP HTW Billing Reporting Training** PowerPoint slides. This presentation was given by Kim Relph, a contract specialists for Women's Health & Education Services at the Health and Human Services Commission. She and Camille Laosebikan work with the Family Planning Program, Healthy Texas Women Program, and Breast and Cervical Cancer Services Program. Their presentation focused on Family Planning and Healthy Texas Women contracts and how to fill out the forms to get reimbursements.

## Fee for Service & Cost Reimbursement Contracts:

Both programs have a fee-for-service component, and an optional cost reimbursement component. Cost reimbursement contracts mean you must incur a cost or expense before we can reimburse you. Fee-for-service means you perform a service and we reimburse you a set fee for that service.

There is always a lot of questions about how cost reimbursement/categorical contracts and fee-for-service contracts work together. Which contract reimburses for which services?

For FP, the number 1 thing to remember, you must enter all claims for all services provided to FP eligible clients, except for the services and maybe some medications that won't be in the CPT code list at TMHP. This will also include services provided by your subcontractors as well. So for example, if you send a client to a subcontractor for a mammogram, you'll submit the claim for the mammogram through TMHP and then you will reimburse your subcontractor. Another example would be if you use an outside pharmacy like CVS or Walgreens. You will give the client a prescription, they will take it to the pharmacy and have it filled at no additional cost to them. The pharmacy will bill you for the medication, you will file a claim with TMHP, and then you reimburse the pharmacy. So the FP subcontractors will not be able to enter the claims, you will do that and reimburse them later, or whatever your agency's policy dictates, or whatever your agreement is with the subcontractor. Your subcontractors can not ask the client for any type of payment or co-payment.

Your cost reimbursement contract for both programs picks up the cost for services you can't enter into the TMHP system, and also the actual cost of providing services above the fee-for-service rates, up to your categorical election amount. For example, if you perform a procedure that actually costs you $75 and the rate of reimbursement from your fee-for-service claim is $50, then the cost reimbursement contract will pick up and pay the other $25. Also, if you incur expenses like travel or other administrative costs that you can't file a claim for, your cost reimbursement contract will pick up 100% of those costs up to your contract limit. I think this will be more clear when we go over the reimbursement forms.

In addition, the HTW categorical contract will pick up the costs for direct clinical care for women deemed presumptively eligible for the HTW FFS program. This is done by declaring the total expenses incurred for these women on the B-13H.

**FP/HTW Billing & Reporting Matrix:**

If you only have a FFS contract for the FP program, the only other document that is required is the end of the contract term FRR.

Categorical contracts for both programs require a monthly purchase voucher form, monthly backup form B-13X or B-13H, and quarterly FSR.

**Deadlines:**

All final voucher forms, B-13Xs, FSRs, and TMHP claims are **due no later than October 31, 2016**.

Effective dates: Effective dates for FP FFS and categorical, and HTW categorical contracts will vary depending on the HHSC signature date on your contracts. DSHS FP FFS contracts ended July 31, 2016 and HHSC FP FFS contracts start August 1st or the date of the HHSC signature, whichever is latest. DSHS FP categorical contracts end the day before your HHSC FP contract is signed. It is possible that a contractor might file a voucher on the DSHS and HHSC contracts for the same month of service. For example, if a contractor's HHSC FP categorical contract starts August 10th, they would capture and bill expenses from 8/1 to 8/9 to the DSHS contract, and also capture and bill expenses from 8/10 to 8/31 to the HHSC contract.

***There are no more retroactive effective dates***. The HHSC signature date is the effective date – PERIOD. Please don't bill for expenses prior to a contract's effective date. Also, please don't file claims for dates of service prior to a contract's effective date.

For FP claims filing – Do not file any FP claims into the TMHP system until the contractor receives an email from Kim Relph. TPI set up has to be completed with TMHP, and after that she will have to load the contractor's budget amount. After those steps are completed, Kim Relph will send an email, and only then should a contractor begin to file claims. If they file claims before that, the claims will not pay and they may have to re-enter them at a later date.

When a contract for HHSC FP and/or HTW is fully executed, the contractor will receive an email from Camille with a copy of the signature document. It will have the contract number (just one contract number for both FP FFS and categorical contracts), the number of clients to be served, total contract award, FFS election amount (FP only) and categorical election amount (if you chose to have a categorical contract). The contractor will also be able to see the date HHSC signed so they will know the effective date.

Deadlines for fiscal year 2017. Regardless of the effective date of the contracts, and they do vary, contracts will end **August 31, 2017.**

The monthly purchase voucher form 4116 and the supporting document B-13X and/or B-13H forms are due within 30 days after the end of the month of service. Final monthly forms are due 60 days after the end of the contract term. This 60 day

deadline is only waivable under extreme circumstances, and will only be considered on a case by case basis.

The financial status reports that are required for both the FP and HTW cost reimbursement contracts are due 30 days after the end of the quarter. And the final is also due within 60 days of the end of the contract term. Be sure those final FSRs are marked "Final". Everyone must turn in one FSR for each categorical contract, FP and HTW. So if a contractor has both FP and HTW categorical contracts, they must turn in 1 FSR for each contract, each quarter.

Fee For Service claims must be submitted to TMHP within 95 days of the date of service. Appeals must be filed with 120 days of denial. All Family Planning Fee For Service claims and appeals must be cleared thru TMHP within 60 days after the end of the contract term. HTW FFS claims follow Medicaid filing deadlines.

There are no other forms needed for the Fee For Service only contracts except for a very short, simple end of the year reconciliation report for Family Planning.

The contractor agency can file the Fee For Service claims anytime they'd like. They can be filed hourly or daily or weekly. However, the sooner a claim is entered, the better. The FP Fee For Service claims will batch weekly. So the contractor will see a weekly check on the Fee For Service contract if they filed claims and they are approved to pay. It is important that each contractor have a trained/professional coder to help decide which codes to use in the clinics.

## Family Planning Claims Lifecycle:

This is a chart of the flow of the Fee For Service claims. On the left is the word "provider". Provider is the contracting agency who enters claims into the TMHP system through TexMedConnect or through a 3rd party biller. TMHP then performs some edits and audits on the claims, and if they are approved to pay, they batch those claims weekly and send to HHSC over the weekend. On Monday, Kim Relph and Camille Laoesebikan review them and send them on to the Comptroller to be paid. The Comptroller sends a file back to TMHP with the warrant numbers, and deposits your reimbursements into your bank account or sends a paper check to HHSC for mail out. Then the provider downloads their remittance and status report, otherwise know as R&S report, to see what claims paid and if any were denied or rejected.

The HTW claims life cycle is very similar except those claims are actually paid by TMHP instead of the Texas Comptroller.

## Submitting Vouchers and Reports:

HHSC requires that all the monthly reimbursement forms, the voucher form 4116 and the B-13X or the B-13H be submitted together in the same email to only 1 email box.

A contractor must also submit all the forms in their original format. They should not be scanned. If they're not in their original format, they will be returned and your payment will be delayed.

The voucher form, the B-13X, and the B-13H are in Excel format.

The Financial Status Report (FSR) also in Excel format, is the only from that needs a signature on it. So that is the only form that can be signed, scanned and then emailed to us. You do not need to mail an original financial status report to HHSC. A signed and scanned form is just fine.

So for the cost reimbursement contracts, one must submit your voucher form and backup document every month, even if there's zero reimbursement to be requested. If the contract limit has been reached, a contractor will still be required to continue to report and submit your actual expenses. HHSC needs an email from the contractor with both forms attached every month for each program they participate in.

Submit all financial documents to: WHSFinance@hhsc.state.tx.us. This email address will be used for all financial documents for the Family Planning program, Healthy Texas Women program, and the Breast and Cervical Cancer Services program. Use this new email address immediately for FY17 FP and HTW categorical reimbursement requests. For remaining FY16 FP financial documents, begin using this new email address **effective August 22nd.**

The State Comptroller has a soft deadline of 30 days from the day of voucher receipt to pay. Sometimes the payments can get sent out within 10 to 15 days, sometimes it takes almost the whole 30 days. Please don't call HHSC less than 25 days from the date the voucher was sent to ask where the payment is because it will be too soon to have that information at that time. If it is after the 30 days, HHSC will be glad to follow-up on the payments and get them expedited.

Remember – if voucher corrections have to be requested, the 30 days starts over when the correction is received.

## **Monthly Voucher Form 4116:**

The following are required fields on the 4116 form:

- Block 9 is your 14 digit vendor ID number, otherwise known as VID number, VIN number, or TINS number.
- Block 13 is the amount of reimbursement being requested. This must match the figure in block #23. You will get this figure from the B-13X or B-13H.
- Block 14 is your name and address as set up with the Comptroller.
- Block 19 is the month and year of service. Only one month of service can be billed on the voucher form 4116.
- Block 20 needs your agency name, the start and stop date of your current contract, the HHSC contract or document number, and the type of your entity.
- Block 23 is the amount of reimbursement being requested. This must match the figure in block #13.

•Block 24 (underneath) need the person to contact if there are questions, along with that person's phone number and extension.

This form doesn't need to be signed by the contractor.
You may also choose to indicate in the top right hand corner when the voucher is a correction. You may also note this by including the work "correction" in the subject of your email.

**Form B-13- Family Planning:**

Most of this form is locked down with formulas. You will only need to fill out the cells that are white, but you must fill out ALL the white cells in the top portion. **This form is cumulative**. So you add to your figures each month.

- Your agency name goes at the top of this form.
- Line 1, column B- Enter the month and year of service. Make sure that matches what you enter on your voucher form 4116.
- Line 1, column C- Enter your **total allowable cumulative expenses incurred** to provide services to **all** HHSC FP eligible clients. This is where you list all of your actual cumulative costs, whether they are to be reimbursed partially by fee-for-service claims or not. **All of your actual cumulative expenses go here**. Please note that HHSC FP program is no longer going by the total budget concept and is only concerned about reporting expenses for HHSC FP clients only.
- Line 3 - Enter the cumulative reimbursements that you received from TMHP claims.
- Line 4 – Enter all the cumulative co-payments that you've collected from your FP clients, if any.
- Line 5 is your total cumulative program income.
- Line 6 is your gross cumulative HHSC FP reimbursable expenses.
- Line 7 - Enter the total award amount of your EPHC cost reimbursement contract.

Formula breakdown:

- Line 1 expenses minus line 5 total program income, gives you the cumulative gross FP reimbursable expenses on line 6.
- Line 7 to see what your total categorical award is, so that you don't go over contract. If your expenses are greater than your program income, and greater than your contract award, then the formula will automatically drop the extra non-HHSC funding into line 8.
- If your expenses are greater than your program income, then line 9 will show how much you are cumulatively eligible for reimbursement.
    - Line 10 – Enter the total cumulative reimbursements requested in previous months already submitted to HHSC. It doesn't matter if you have actually received this total amount or not, but that you have requested it on previous vouchers.
    - Line 12 & 13 – Enter any advance repayment or other adjustments. For example, if in one month your B-13X indicates a large payment for that month, and you want to spread that reimbursement out over more months, you can make an adjustment here to reduce your

requested reimbursement for that month. This scenario may happen if you don't get FFS payments the first month or two, or run into claims filing problems during the contract term and those FFS payments are delayed.

- Line 14- the form will automatically calculate the net reimbursement requested for that month's voucher. For some months, this may be a negative amount, and during the contract term, that is okay. It indicates that your reimbursements outweighed your expenses. If line #14 is a negative in August, that would indicate a refund to HHSC. So line 14 now is the amount that you put on your voucher form 4116 for that month – blocks #13 and #23. If line 14 on the B-13X is a negative amount during the contract term, just put a zero on voucher form 4116. There can't be any negative reimbursement amounts on the voucher form 4116.

If you make a mistake one month on the expenses or program income collected, since this form is cumulative, you can add to or subtract the expenses or program income figures the next month. This form comes with really great and very simple instructions within the form on a different tab.

**This form does NOT have to be signed.**

**B-13 H- Healthy Texas Women:**

The Healthy Texas Women program's B-13H is a lot like the FP B-13X. The difference is that you do not have to report HTW co-payments as program income because you cannot charge HTW clients a co-payment. The rest of the instructions and formulas are exactly the same.

**Financial Status Report**

This is the financial status report, or FSR. If you have FP and/or HTW cost reimbursement contracts, you'll need to submit one of these quarterly for each of those programs. The example here is the DSHS form. Kim Relph is still working on getting an HHSC specific form.

- A lot of this form is locked down. You will enter the information only in the cells that are in white.
- This is an Excel notebook with a tab for each quarter.
- Some of the information at the top and some of the figures in the body of this form will carry forward from one tab to the next, which is very helpful.
- The top part of this form is mostly the same type of information on your voucher form 4116.
- Your name, address, VID number, program name, contract number, contract begin and end dates, and the quarter covered by this report (which is usually 3 months).
- Depending on when your categorical contract comes into effect, will dictate the quarters. If your contract started 8/1/16, then your first quarter will be only one month, 8/1/16 through 8/31/16. The rest of the contract term will

be four-three month quarters: September 1st thru November 30th, December 1st thru February 28th, March 1st thru May 31st, and June 1st thru August 31st.

- You need to tell us whether your accounting method is cash or accrual. Checking both boxes indicated a modified accounting method using both cash and accrual methods.
- Next, you will enter the approved budget amounts from your fully executed contract. This includes both the FFS award and the categorical award.
- Each quarter you will fill in your current period costs in column 3.
- Columns 4 and 5 will automatically calculate.

You will see some numbers circled in red on this form. They must match the fields on the B-13X and B-13H that have the same numbers circled in red. You must look at those and match those up with your quarterly FSRs.

Please be aware that the equipment category is set in stone. If you don't have equipment in your budget, you cannot enter any equipment costs. If you do, this will indicate a refund to HHSC. If you do have money in your equipment category, and you don't spend all of it, you can't "use" that money in any other category without a formal contract budget amendment. I also want to mention here that if you do have equipment approved in your budget, you must purchase that equipment within 90 days after the contract start date.

The indirect cost category is almost as restrictive. The only way to cover an overage in the indirect cost category is with non-HHSC funding which would be noted on Line L. So if you do not have non-HHSC funding noted on your monthly reimbursement documents, please do not go over your indirect approved budget.

We ask that you review your FSRs to see if there are any negatives in column 5 which is the "Remaining Budget Balance". We have what we call the 25% rule. Contractors may shift up to 25% of their total FP or HTW categorical direct budget between categories, except for equipment and indirect, without prior approval. If the amount requested to shift is greater than 25% of the total direct budget, the contractor must receive prior approval from HHSC and possibly a contract amendment. Revised budget forms must be submitted for review in these cases. The way you can check this from the FSR form is you'll take 25% of your total direct charges in column 2 line "h" "Approved Budget", add to that figure any program income in column 4 line "k", and also add any non-HHSC funding in column 4 line "L" that is not used to cover an overage in Indirect Charges from column 5 line "I". For this example, we will call that figure #1. Now, add up all the negatives in column 5 that you may have in the 'Remaining Budget Balance", lines "A" through "G", and we'll call that figure #2. So if figure #1 is larger than figure #2, you're okay. If figure #2, your negative total, is larger than figure #1, then your agency may be in a refund situation. If that happens, we have several options. The best option is to revise your budget with a contract amendment. We usually don't request contract amendments within 90 days of the end of the contract term since we are then beginning to work on renewals. If you wait to address this type of budget issue until the 3rd quarter, which ends in May, it may be too late to do a

budget amendment. **Please watch this closely throughout the year and contact your Contract Manager for guidance on budget revisions**. The 25% rule doesn't apply to the equipment category or indirect charges category.

## Fee-for-Service TPI Numbers:

This is a direct quote from both the FP and HTW policy manuals. This isn't a new rule for FP. Some of you turned in clinic forms with the same TPI number (prefix and suffix) for multiple clinics. You will be contacted in the near future to see if your agency has applied for more TPI numbers in order to comply with this requirement.

## Common Billing Mistakes:

These are the type of errors we see most often that cause us to have to send back your forms and delay your reimbursements. In general, the number one error we find is that contractors are not filing a claim with TMHP for all FP and HTW services performed. All services performed for eligible clients must be filed as a claim with TMHP. For FP, this also applies to the services your subcontractors perform for you. The only exceptions are some services and some medications that don't have a CPT code in the TMHP system. If you don't file a claim, the client doesn't count in the family planning percentages or other client counts. The only way we get client counts is through the claims you file with TMHP.

Filing FP claims before I have loaded your budget at the beginning of the contract term. Until your agency gets an email stating that your TPI set up is done and your budget is loaded, you must not file claims. If you do, the claims go into never land. HHSC has to do a special process with TMHP to get those claims filed, and in some instances, the claims have to be re-entered. Mid-year adjustments are different. You are required to continue to submit claims even if your contract limit has been reached. Once your contract increase amendment is fully executed, Kim Relph will load that new funding in TMHP with a special code that will tell TMHP to pick up and pay all the funds gone claims, up to your new contract amount.

Skipping a month or more of reimbursement forms. For example, it you don't turn in a February voucher, Kim Relph will not be able to pay the March voucher until she receives the February one– even if February is a zero reimbursement voucher. ***You must turn in a voucher every month.***

More common mistakes include:

- Submitting forms not in the original format. If you send a form not in its original format, they will be returned.
- Not submitting all forms required for the month in 1 email to the correct email address. If you piece meal them to us it is too difficult to match them up. They will be sent back to you to be submitted correctly. Incorrect dates – service month, contract term, and months in the quarter. Dates must also match on all forms submitted for the month.
- Incorrect contract or HHSC document number.

- A negative reimbursement amount requested. This would indicate a refund situation and we don't want to collect refunds during the active contract term because we can't add those amounts back into your contract award. We only accept refunds after the end of the contract term.
- The #1 mistake we see on the B-13X or B-13H form is not understanding that this form is **CUMULATIVE. THE B-13X and B-13H FORMS ARE CUMULATIVE!!!!!**
- Not all of the white cells on the form are filled out. All white cells must be filled out, even if they are zero in your case. The yellow cells are all locked down formulas, but the white cells must be filled out by the contractor.
- Not reporting all Fee-For-Service payments from TMHP. Line #3 asks for reimbursements From TMHP. This is where you put the cumulative dollar amount that you have been paid for your FFS claims filed with TMHP. These reimbursements should be reported as you actually receive them, cumulatively.
- Red numbers in red circles must match between the FSRs and B-13X and B-13H.