



Contracting, Billing, & Reporting Training Breast & Cervical Cancer Services Program

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Health and Human Services Commission

August 11, 2016

Breast & Cervical Cancer Services

Agenda

- FY 2016 Deadlines
- Financial Reconciliation Report
- Claims Reconciliation Spreadsheet
- Funding & Balance Reports
- Q & A

Claims Entry

All claims for dates of service from 9/1/2015 through 8/31/2016 should be entered into Med-IT within 30 days of the date of service. End of year deadline for claims entry is no later than 60 days after the end of the contract term, October 31, 2016.

Financial Reconciliation Report (FRRs)

Are due no later than 90 days after the end of the contract term, November 30, 2016.

Claims Reconciliation Spreadsheet - optional

CRS are due no later than 90 days after the end of the contract term, November 30, 2016.

Match Reports

Final match reports are due no later than 60 days after the end of the contract term, October 31, 2016.

Financial Reconciliation Report

| HEALTH & HUMAN SERVICES FINANCIAL RECONCILIATION REPORT (FRR) Fee-For-Service Contracts for Direct Client Services Medical & Social Services Division | |
|--|---|
| <i>Fill in all white cells</i> | |
| 1 | Contractor Name: |
| 2 | Payee Name: |
| 3 | Address: |
| 4 | Address: |
| 5 | City, State, Zip: |
| 6 | Vendor ID #: |
| 7 | HHSC Program: CHS/BC |
| 8 | DSHS Document #: 2015- |
| 9 | Contract Begin Date: 9/1/2015 |
| 10 | Contract End Date: 8/31/2016 |
| 11 | PQ Number: 0000408200 |
| | |
| 12 | Enter total cost of providing BCCS program services: |
| 13 | Enter total program income collected (co-payments & donations from clients): |
| 14 | Enter total reimbursement received from HHSC for your fee-for-service contract: |
| 15 | *Total: \$ - |
| | |
| 16 | Prepared by: |
| 17 | Title: |
| 18 | Telephone #: |
| CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | |
| 19 | Signature: |
| 20 | Date Signed: |
| 21 | Printed Name: |
| 22 | Telephone #: |
| <p>* A negative amount indicates a refund owed to HHSC. Please do not send in a check with this form. A letter and remittance notice will be sent to you after review of this form.</p> | |
| <p>Scan signed form and email to: WHSFinance@hhsc.state.tx.us Revised 8/2016</p> | |

Claims Reconciliation Spreadsheet

Breast & Cervical Cancer Services - FY 2016 Reconciliation

CONTRACTING AGENCY OVER BILLED INCORRECTLY

| Med-IT ID Number | Date of Service | Date Paid by BCCS | Incorrect CPT | BCCS Paid | Correct CPT | Correct Amount BCCS Should Have Paid | Overpayments Payments To Contractor |
|----------------------------|-----------------|-------------------|---------------|-----------|-------------|--------------------------------------|-------------------------------------|
| | | | | | | | \$0.00 |
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| | | | | | | | \$0.00 |
| | | | | | | | \$0.00 |
| Amount Owed to HHSC | | | | | | | \$0.00 |

Claims Reconciliation Spreadsheet

| OTHER MISC | | | | | | | |
|---|-----------------|-------------------|----------|---------------|--------------------------------------|---------------------------|---|
| Med-IT ID Number (If applicable) | Date of Service | Date Paid by BCCS | CPT Code | BCCS Paid | Correct Amount BCCS Should Have Paid | Over/Under Payment Amount | Comments (i.e. Duplicate payments by BCCS, other funding source paid, claims paid over approved amount, etc.) |
| | | | | | | \$0.00 | |
| | | | | | | \$0.00 | |
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| | | | | | | \$0.00 | |
| | | | | | | \$0.00 | |
| Amount Owed to HHSC | | | | | | \$0.00 | |
| TOTAL OWED TO HHSC | | | | \$0.00 | | | |
| <p>Negative amount indicates a refund due to HHSC. DO NOT send in a refund check with this form. A letter and remittance notice will be sent to you after review of this form and Financial Reconciliation Report (FRR).</p> | | | | | | | |
| <p>Email this form to: WHSFinance@hhsc.state.tx.us</p> | | | | | | | |

Funding & Balance Reports

ACA 2 month/6 month/10 month??????

Title V changes to Dysplasia funding for 2017.

Funding loaded in Med-IT when FY 2017 contracts are fully executed - signed by contractor and HHSC.

Check Med-IT balance reports often during the contract term for funding balances.

New Email Box

For now, continue to send your BCCS match reports to the CDSB@dshs.state.tx.us email box.

On and after September 1, 2016, send your match reports and FRRs and CRSs to our new email box.

WHSFinance@hhsc.state.tx.us

Questions?