

ATTACHMENT B - FISCAL ISSUES

The guidelines outlined in this bulletin establish criteria for payment for blended case management services under provisions of 55 PA Code §4300 (the County MH/MR Fiscal Manual). Providers who serve eligible fee-for-service recipients shall bill the Medical Assistance Program via PROMISe™ for eligible services. Payment for a 15 minute unit of service will be made by a department established fee. Billable services include the activities listed in *Attachment D Section V: Blended Case Management Activities*. Activities such as staff meetings, attending training, and completing paperwork are not billable as units of service. Providers who serve eligible HealthChoices recipients will work with the Behavioral Health Managed Care Organization (BH-MCO) with whom they have contracted to receive payment for services rendered.

The maximum number of units that may be billed during a 15 minute period shall equal the number of staff persons involved or the number of consumers being served, whichever is smaller. For payment for services rendered to Fee-For-Service recipients, the reimbursement rate for blended case management will be the same as the rate for Intensive Case Management (ICM) as determined by the Department. For payment for services rendered to HealthChoices recipients, the rates are determined by the BH-MCO with which the provider has contracted.

Blended Case Management services provided to consumers residing in inpatient settings are not eligible for Medicaid reimbursement except under the circumstances outlined in OMHSAS Policy Clarifications TCM – 01 dated February 26, 2007, and ICM-04/RC-01/FBMHS-09 dated November 6, 1995. Justified non-Medicaid reimbursable services provided to consumers in inpatient facilities may be billed to the County for reimbursement from state funds.

The Centers for Medicare and Medicaid Services (CMS) requires OMHSAS to affirm the availability of state funds prior to submitting invoices to Medical Assistance for federal reimbursement. This requirement will remain in effect and will continue to be the responsibility of the county. All documentation to support the reimbursement of services should be maintained at the provider level.

Effective July 2003, OMHSAS has enforced a Department established fee for each service. Providers who render services to Medicaid eligible consumers will receive reimbursement of the federal share per the department established fee through PROMISe™. For more billing related information, please refer to The PROMISe™ Provider Handbook and Billing Guides available at:

<http://www.dpw.state.pa.us/PartnersProviders/PROMISe/003675041.htm>.