

XXXX Agency
CAP/C Case Management Policies and Procedures

Policy Number:

Subject: Billing Practices

I. PURPOSE

As a provider of Case Management Services for CAP/C, this agency will be billing Medicaid for case management services, waiver supplies, home health supplies, and home modifications. Additionally, this agency will be reviewing the claims of other agencies for nurse and nurse aide services for CAP/C recipients.

II. POLICY

XXX Agency's billing practices will be in accordance with all policies and procedures outlined in the Basic Medicaid Billing Guide and by CAP/C.

III. PROCEDURE:

| <u>Procedure</u> | <u>Responsible Party</u> |
|---|--|
| 1. Services for Case Management are billed at XXX Agency's usual and customary rate and are based on total minutes of billable activity as reflected in the case management notes and according to section 11.10 of the CAP/C Manual, 'Billable Case Management'. | 1. Division of Finance Case Manager |
| 2. Waiver supplies are billed as the cost the agency pays the supplier, including delivery charges and taxes and 10% for overhead, up to the Medicaid maximum rate on the CAP/C fee schedule. | 2. Division of Finance |
| 3. Home mobility aids are billed as this agency's cost for the item, plus applicable installation and delivery charges, taxes, and permit fees, up to the Medicaid maximum rate on the Home Health fee schedule. | 3. Division of Finance |
| 4. Home health supplies are billed as the cost the agency pays the supplier, including delivery charges and taxes and 10% for overhead, up to the Medicaid maximum rate on the CAP/C fee schedule. | 4. Division of Finance |
| 5. Copies of invoices and claims are kept in each recipient's file for each service or supply billed by XXX agency. If items are ordered in bulk from a supplier and then distributed among | 5. Division of Finance |

recipients, the invoice/claim is copied (and other recipient's names blacked out), and the cost for that particular recipient's share of the payment is indicated.

- 6. Claims submitted to XXX agency by providers of in-home nurse, nurse-aide, and respite care are reviewed in accordance with the standards set forth in Policy XXX, Monitoring and Visits, and Policy XXX, Documentation.
- 6. Case Manager

SAMPLE

| Effective Date | Revision Date | Reviewed By |
|----------------|---------------|-------------|
| | | |