

COMMON ERRORS FOR BILLERS FY 2006-07:

- Watch your Billing Due Dates for Block-Grant, ABW, MI-Child, Medicaid Deductible, and Medicaid.
- Watch your Treatment Dates – **Anything over 30 days is past due.** Submit a delayed billing log prior to the unit expiring. Only those units on the delayed billing log will be considered for payment.
- Check **MEDIFAX** for **EVERY** client. This includes Block Grant, ABW, Medicaid, or Medicaid Deductible for verification.
- **ONLY CHANGE THE DEMOGRAPHIC PAGE IF THERE IS AN ADDRESS CHANGE.** Be sure to include all dates from one address link to the new one or you may be omitting dollars that should be paid to you on a particular bill from your county!
- **ONLY CHANGE THE INSURANCE PAGE IF THERE IS AN INSURANCE CHANGE.** Be sure to include all dates from one insurance link to the new one or your treatments will not submit to MSSAC properly, they will fall into the Unsubmitted Bills pool for ever until you correct the problem.
- When changing the Insurance Page **DO NOT** ignore the window that pops up that refers to billing corrections that need to be checked and processed. Pass this information onto the person who needs to make the proper adjustments. This will assure proper adjustments and minimal billing problems down the road. **See attachment “Insurance Check”.**
- **Before writing up any adjustments, RESEARCH first** to see that the insurance page has been corrected. Review the treatment history adjustments section to ensure adjustments have not already been applied. Be sure to send proper documentation (Medifax) to support the change.
- When billing current treatment dates; consider any adjustment units in process that may count against those units showing available. This is very important for therapists to consider for a new authorization unit may need to be requested.
- When submitting the **Add/Delete Treatment** form for adjustments, be sure to circle **add** or **delete** and have the reason in the notes section. These are two separate steps and require two separate forms. Be sure the Add treatment sheet states the correct funding source that the billing needs to be changed too. **Also, be sure to send the proof of eligibility.**
- Check the “**Unsubmitted Bills**” section regularly when submitting the bill treatments. If there are bills that have fallen into this you need to correct the problem and re-submit the bill properly. Refer to the Unsubmitted Bills document for detailed instructions.
- **RECONCILE** your bills with your payments regularly!
- **Medicaid-Medicare and Medicaid-Third Party Insurance clients CANNOT have treatment billed until after Medicare or Third Party insurance has been paid or rejected and a copy of EOB has submitted to MSSAC at time of billing.** These clients should be placed on the delayed billing log and submitted prior to the unit expiring.

Insurance Check

Mid-South CA

6/22/2004 1:47:28 PM

ATTENTION:

You have chosen to switch the funding source for this client, however the client has been authorized for treatment funded by another source.

Would you like to continue with this edit?

By clicking "Yes":

- The original funding source will change for these dates.
- Unbilled treatments will need to be deleted and re-added.
- Billed treatments will need to be adjusted off or denied.
- Adjudicated treatments for this client will remain funded by its original source.