



STATE OF MARYLAND

DHMH

Maryland Department of Health & Mental Hygiene
 Developmental Disabilities Administration (DDA)

Contract Services

Invoicing Instructions for One-Time-Only (OTO) Costs / Services, *Version 3*

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AUDIENCE

- DDA Contract Service Providers

PURPOSE

- Improve invoicing instructions and procedures for DDA one-time-only costs
- Enhance payment processing
- Improve tracking and documentation of service delivery for services and goods
- Clarify service categories, titles, and waiver eligibility

OVERVIEW

The Developmental Disabilities Administration (DDA) delivers and pays for long-term care services in home and community settings for individuals with developmental disabilities under the Medical Assistance program, through its 1915(c) Home and Community Based Waiver, Community Pathways. Medicaid is jointly funded by the federal government and states. The federal government pays states for a specified percentage of program expenditures, called the Federal Medical Assistance Percentage (FMAP). Maryland’s FMAP has been 50% for eligible waiver services, meaning the state has budgeted funds to pay for 50% of the cost of eligible services while the federal government pays the other 50% of the costs.

To obtain the federal funds, Medicaid claims must be submitted for services and goods. The state is able to pay providers their full cost of services if the designated forms used by the medical assistance program for federal fund participation are submitted correctly and timely. Recent audit reports found that these designated forms have not been submitted correctly or at all.

To improve the billing and claim processes, and to ensure that DDA captures all eligible federal funding, the DDA will implement the following changes that are summarized in the table below.

Table 1: Highlights of Key Changes		
	Current Process and Requirements	New Process and Requirements
1	No claim submission requirement for OTO costs or services	Claims must be submitted for all waiver eligible one-time-only costs or services
2	Inconsistent submission of service delivery spreadsheet	Spreadsheet of service delivery details are incorporated into invoice template
3	Word based invoice template	Excel based invoice template

MEDICAID WAIVER ELIGIBILITY

Services and goods defined in DDA’s Community Pathways 1915(c) Home and Community Based waiver are approved by Medical Assistance, and are referred to as “waiver eligible.” These services receive a FMAP. A list and the definitions of all DDA waived services are in the Community Pathways waiver, which is located on the DDA website under the “Services” tab, under “Type of Services,” and by choosing “Community Pathways Waiver” (<http://dda.dhmh.maryland.gov/SitePages/community%20pathways.aspx>). DDA also offers services and goods that are not approved by Medicaid, but are offered solely by the state of Maryland. These services and goods are defined as “waiver ineligible.” Waiver ineligible services receive no match and are paid with state only funds.

To receive services and goods from DDA, individuals should be Medical Assistance waiver eligible. DDA does make rare exceptions for individuals who have applied for the Medicaid waiver and were deemed waiver ineligible. It is important to note that there is no difference in the type of services received between waiver eligible individuals and waiver ineligible individuals. The only difference is the type of funding. Waiver eligible individuals receive FMAP, whereas waiver ineligible individuals receive state only funding.

For the DDA to receive FMAP from the federal waiver program, the individual and the service must be waiver eligible. If either the individual or the service is not waiver eligible, then the state pays with 100% state funds.

DDA SERVICES BY CATEGORY

Below you will find a list of the current service titles by category.

HOME AND COMMUNITY BASED SERVICES (HCBS)

Contract Services		Waiver Procedure Code
1	Family Support Services (FSS)	W2106
2	Shared Living (Formally IFC)	W2123
3	Individual Support Services (ISS)	W2106
4	Innovative Service Plan (ISP)	No Match

ONE-TIME-ONLY COSTS / SERVICES

One-Time-Only (OTO) Costs / Services		Waiver Procedure Code	Documentation need with Invoice
1	Adaptive Equipment and Assistive Technology	W2110	Receipt
2	Camp (Non-Respite)	No Match	Receipt
3	Camp (Respite Services: DHMH certified overnight camp)	W2105	Receipt
4	Environmental Accessibility Adaptations	W2104	Receipt
5	Environmental Assessment	W2127	Receipt
6	Expenses of Individual Vehicle	No Match	Receipt
7	Housing Cost	No Match	Receipt
8	Live-In Caregiver Rent	W2108	Receipt
9	Other Services	No Match	Receipt
10	Purchase of Care	No Match	Receipt
11	Respite Care Services	W2105	
12	Community Exploration (Community Acclimation)	W0215	
13	Transition Services (Habilitation Start-Up)	W2120	Receipt
14	Transportation (Not Add-On)	W2117	
15	Vehicle Modifications	W2132	Receipt

For the services that do not require receipts with the invoice, providers should maintain documentation of service provision. The DDA may conduct random audits of OTO invoices by requesting all detailed documentation such as timesheets, logs, case notes, payroll and other evidence to substantiate invoice data.

BILLING PREREQUISITES & REQUIREMENTS

DDA PROVIDER WAIVER STATUS

You must be an authorized DDA provider to provide DDA services, and you must be an authorized service provider on a participant’s service funding plan to bill for a participant. If you are NOT listed as the authorized provider for the service on the service funding plan, you may not provide or bill for the service.

DDA PARTICIPANT WAIVER STATUS

Providers should verify the participant's Medical Assistance eligibility prior to submitting an invoice and claim for the participant. An individual's waiver eligibility status can be located in PCIS2 under the "Consumer" module, under the "Waiver" tab. A provider can also verify the participant's Medical Assistance eligibility by calling the Eligibility Verification System (EVS) at 1-866-710-1447. EVS is an automated system that you can use 24 hours a day, 7 days a week. To use EVS, you will need your provider number and either the participant's medical assistance number or the participant's social security number and the date(s) of service. To retrieve an EVS Brochure call 410-767-6024 to request one or go to the website <https://encrypt.emdhealthchoice.org/emedicaid/>. The provider should notify the individual's resource coordinator or eligibility case manager to resolve any eligibility issues.

SERVICES ARE ON THE SERVICE FUNDING PLAN (SFP)

Prior to providing and/or billing for any waiver services, the provider should confirm that the services are on the SFP and that the providing agency is the authorized provider for those services. Services or costs should be billed according to the cost detail in the SFP. For instance,

- SFP that has a budget for \$1000 for assistive technology should be billed for no more than \$1000.
- SFP that has one time only respite services with an actual budget of 14 days at a rate of \$100 per day, should be billed using a daily unit with a rate of \$100 per day. A provider should not invoice for more than 14 days of respite.
- SFP that has one time only respite services with an actual budget of 112 hours at a rate of \$15 per hour, should be billed using an hourly unit with a rate of \$15 per hour. A provider should not invoice for more than 112 hours of respite.

If the service is NOT on the service funding plan, a provider may not be paid for that service. A provider may not bill for units or costs that exceed the budgeted or allotted units on the SFP. If a waiver participant has other insurance besides Medical Assistance, such as Medicare, private insurance, or other health insurance coverage, the participant's other insurance carriers should be contacted to verify if the waiver service is covered.

INVOICING INSTRUCTIONS

The procedures for the Vendor Invoice DHMH 400 forms are **not** affected. Please continue to use current procedures for invoicing and claiming on those forms. Providers of contract services should not use this invoice to bill for supplemental services. Supplemental services are included in the contract award, which are billed using the Vendor Invoice DHMH 437 form. The invoice template and procedures described in this guidance are only for one-time-only costs or services. In other words, this invoice should not be used for services or costs related to an individual's annualized budget. This invoice is only for services or costs under the OTO budget.

FREQUENCY AND TIMING

Effective July 1, 2015, one-time-only costs should be billed using the new invoice template based on the procedures outlined in this guidance.

A provider may submit an OTO invoice at any point during the state fiscal year. A provider has two months after the end of a fiscal year, September 1st, to submit invoices for that fiscal year. Charges incurred for the prior fiscal year will not be processed for payment after the two month deadline of September 1st.

INVOICING SUBMISSION REQUIREMENTS

The invoice must be completed accurately to process payment to the provider. For an invoice to be processed the provider will need to submit all of the following to their Regional Office:

1. An electronic copy of the invoice (excel file)
2. A printed copy of the cover page with the provider signature in blue ink
3. Corresponding Medical Assistance claims for all waived services for waived individuals or the Remittance Advice of claims that were submitted through eMedicaid
4. Receipts, if applicable

Electronic copies should be emailed to:

- Central Maryland Regional Office (CMRO): mathew.abraham@maryland.gov
- Eastern Shore Regional Office (ESRO): renee.benjamin@maryland.gov and copy eharris@maryland.gov
- Southern Maryland Regional Office (SMRO): terrie.logue@maryland.gov
- Western Maryland Regional Office (WMRO): wmro-supportinv@maryland.gov

INVOICE TEMPLATE INSTRUCTIONS

The OTO invoice is an excel workbook that is composed of four worksheets, identified by a tab and tab title at the bottom of the workbook. The instructions are organized by the tabs in the workbook. Please enter values into corresponding blank cells that can be selected. The spreadsheets include cells that automatically calculate values, which are identified by a grey coloring. Please refer to Appendix A and B for a visual example of how the template should be completed.

TAB A: COVER PAGE

The cover page consists of basic provider information necessary for the DDA to identify the provider agency and process payment. All fields must be completed.

More than one one-time-only costs or service may be billed on one invoice, so long as the HCBS service is the same. One invoice per one HCBS service, examples:

- A provider, who purchased an environmental accessibility adaption and assistive technology for an individual in ISS, may include all those costs on one invoice for ISS.
- A provider who purchased an environmental accessibility adaption for an individual in IFC, and purchased assistive technology for an individual in ISS, would need to have two invoices, one for IFC and one for ISS.

TAB B: CONSUMER BUDGET

Part B serves to monitor spending relative to the individual’s budget. The DDA will only pay up to the budgeted amount for the individual. In the spreadsheet insert the service by individual. If an individual has more than one one-time-only cost or service, then there needs to be a separate row for each service.

Below are explanations for the columns on the spreadsheet.

Col.	Column Title	Description	Calculation
A	Consumer Last Name	Input last name	
B	Consumer First Name	Input first name	
C	Consumer MA #	Input consumer’s medical assistance #	

D	Waiver Eligible (Yes/No)	Choose “Yes” or “No” from the dropdown list	
E	One Time Only Cost / Service	Choose the one-time-only cost or service from the dropdown list	
F	Service Funding Plan #	Inputs SFP #	
G	Actual Budget	Input the actual budget for the one-time-only costs / service	
H	Year-to-Date Paid Charges	Input the total amount paid for the service or cost for the year	
I	Remaining Budget	Excel automatically calculates	G - H
J	Requested Invoice Charges	Excel automatically calculates	The sum of charges for that individual for that service calculated on tab C column J
K	Amount to be Paid	Excel automatically calculates	If J > I, then K = I If J < I, then K = J
L	Unfunded Invoice Charges	Excel automatically calculates	If J > I, then L = I - J
M	Denied Claims	Excel automatically calculates	

TAB C: CONSUMER SERVICE DETAIL

This table certifies that the service and costs were provided to an individual on a specific date of service. The table has been formatted with the same required fields on the CMS 1500 claim form.

Col.	Column Title	Description	Calculation/Notes
A	Consumer MA #	Excel automatically populates	
B	Consumer Last Name	Input last name	
C	Consumer First Name	Input first name	
D	OTO Cost / Service	Choose the one-time-only cost or service from the dropdown list	
E	Description of Service or Good (if Column E is "Other Services")*	Describe the service or good that was provided	
F	Date of Service	Input date that service was provided or cost was incurred	
G	Unit Charge	Input the per unit cost in dollars	
H	Delivered Units	Input the total amount of units that were provided for the date of service. <ul style="list-style-type: none"> ▪ A unit is a determinate quantity (i.e. hour, day, week, month, year). The description of the unit should be located in an individual’s SFP ▪ If an OTO, input the number one 	
I	Total Charge \$	Excel automatically calculates	H * G
J	Waiver Procedure Code	Excel automatically populates	
K	Receipt Needed	Excel automatically populates. If column L is “Yes,” then a receipt and/or other documentation is needed to substantiate the cost or service	

L	Claim Needed	Excel automatically populates. If the column M is “Yes,” then the provider must submit a claim for the service or good	
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*DDA is unable to obtain Federal Medical Assistance Participation if a service is listed as “other.” The purpose of Column E is to gain a description of the services or goods being provided in order to help insure that all allowable federal claims are submitted for reimbursement.

MEDICAID CLAIMS SUBMISSION

Providers can submit a claim electronically or through paper format.

ELECTRONIC BILLING

Waiver providers may submit claims electronically directly to Medicaid. If a provider submits claims electronically, the remittance advice must be printed and submitted with the DDA invoice to process the invoice.

The Department of Health and Mental Hygiene (DHMH) does not provide software for electronic billing. Providers may consult with billing software vendors to learn about electronic billing. Contact Casey Brown in the DDA Federal Billing Unit at casey.brown@maryland.gov for more information on submitting claims electronically.

PAPER BILLING

Providers who choose to submit paper claims must use the CMS-1500 billing form version 02/12. A sample form has been posted to the DDA website, under the Provider tab (hyperlink to be included), that shows all of the required fields that must be filled out. It is the providers’ responsibility to acquire the form, as it is a federal form and is not distributed by DHMH. Make sure all information entered on the claim form is correct, including your Provider Number and the Participant’s Medical Assistance ID Number.

Under Maryland’s Medicaid billing protocol, each date of service must be detailed on the CMS 1500 form. Date ranges for services and/or costs are not accepted. For more instructions on federal billing, please visit the DDA website, under the “Provider” tab, under “DDA Forms for Providers,” under “Federal Billings Forms.”
<http://dda.dhmh.maryland.gov/SitePages/Federal%20Billing.aspx>

APPENDIX A: PART B TEMPLATE EXAMPLE

Consumer Budget Monitoring

Contracts Invoice for One Time Only Costs / Services

Part B

Provider Name	Co. XYZ
Provider #	252627

#	[A] Consumer Last Name	[B] Consumer First Name	[C] Consumer MA #	[D] Waiver Eligible (Yes/No)	[E] One Time Only Cost / Service	[F] Service Funding Plan #	[G] Actual Budget	[H] Year-to-Date Paid Invoice Charges	[I] = G-H Remaining Budget	[J] Requested Invoice Charges	[K] = J or I Amount to be Paid	[L] = K-J Unfunded Invoice Charges
1	Smith	John	123456789	Yes	Other Services	C13-9087	\$ 10,000.00	\$ 8,000.00	2,000.00	319.00	319.00	-
2	Doe	Jane	102030405	No	Respite Care Services	W10-2498	\$ 6,000.00	\$ -	6,000.00	961.20	961.20	-
3	Johnson	Clark	376476209	Yes	Other Services	W03-2937	\$ 5,749.00	\$ 285.00	5,464.00	351.00	351.00	-
4	Dawson	Brian	635274964	Yes	Environmental Accessibility Adaptations	C07-1284	\$ 58,476.00	\$ 4,746.00	53,730.00	1,917.25	1,917.25	-
5	Dawson	Brian	635274964	Yes	Transition Services	C07-1284	\$ 3,537.00	\$ 3,000.00	537.00	575.00	537.00	(38.00)
6	Alexander	Lauren	988768807	No	Other Services	C97-3742	\$ 8,736.00	\$ 4,622.00	4,114.00	289.80	289.80	-
7	Alexander	Lauren	988768807	No	Housing Cost	C97-3742	\$ 6,000.00	\$ 2,000.00	4,000.00	500.00	500.00	-
8	Johnson	Hank	758487398	Yes	Adaptive Equipment and Assistive Technology	C12-1932	\$ 879.00	\$ 799.00	80.00	145.84	80.00	(65.84)
9	Robertson	Lucy	323023456	Yes	Transportation	E15-0043	\$ 1,400.00	\$ -	1,400.00	3.20	3.20	-
10									-		-	
11									-		-	
12									-		-	
13									-		-	
14									-		-	
15									-		-	
16									-		-	
17									-		-	
18									-		-	

Note: This data is dummy data.

APPENDIX B: PART C TEMPLATE EXAMPLE

Service and Cost Breakdown

Contracts Invoice for One Time Only Costs / Services
Part C

Provider Name Co. XYZ
Provider # 252627

#	[A] MA#	[B] Consumer Last Name	[C] Consumer First Name	[D] One Time Only Cost / Service	[E] Description of Service or Good (if "Other Services")	[F] Date of Service (mm/dd/yyyy)	[G] Unit Charge \$	[H] Delivered Units	[I] = G*H Total Charge \$	[J] Waiver Procedure Code	[K] Receipt Needed?	[L] Claim Needed?
1	123456789	Smith	John	Other Services	Podiatry Services	2/1/2013	\$ 14.50	6	\$ 87.00	No Match	Yes	No
2	123456789	Smith	John	Other Services	Podiatry Services	2/4/2013	\$ 14.50	4	\$ 58.00	No Match	Yes	No
3	123456789	Smith	John	Other Services	Podiatry Services	2/5/2013	\$ 14.50	6	\$ 87.00	No Match	Yes	No
4	123456789	Smith	John	Other Services	Podiatry Services	2/6/2013	\$ 14.50	6	\$ 87.00	No Match	Yes	No
5	102030405	Doe	Jane	Respite Care Services		2/1/2013	\$ 17.80	9	\$ 160.20	W2105	No	No
6	102030405	Doe	Jane	Respite Care Services		2/4/2013	\$ 17.80	9	\$ 160.20	W2105	No	No
7	102030405	Doe	Jane	Respite Care Services		2/5/2013	\$ 17.80	9	\$ 160.20	W2105	No	No
8	102030405	Doe	Jane	Respite Care Services		2/6/2013	\$ 17.80	9	\$ 160.20	W2105	No	No
9	102030405	Doe	Jane	Respite Care Services		2/7/2013	\$ 17.80	9	\$ 160.20	W2105	No	No
10	102030405	Doe	Jane	Respite Care Services		2/8/2013	\$ 17.80	9	\$ 160.20	W2105	No	No
11	376476209	Johnson	Clark	Other Services	Dental Services	2/15/2013	\$ 19.50	6	\$ 117.00	No Match	Yes	No
12	376476209	Johnson	Clark	Other Services	Dental Services	2/16/2013	\$ 19.50	6	\$ 117.00	No Match	Yes	No
13	376476209	Johnson	Clark	Other Services	Dental Services	2/17/2013	\$ 19.50	6	\$ 117.00	No Match	Yes	No
14	988768807	Alexander	Lauren	Housing Cost		2/28/2013	\$ 500.00	1	\$ 500.00	No Match	Yes	No
15	988768807	Alexander	Lauren	Other Services	Dental Services	2/2/2013	\$ 12.60	4	\$ 50.40	No Match	Yes	No
16	988768807	Alexander	Lauren	Other Services	Dental Services	2/13/2013	\$ 12.60	8	\$ 100.80	No Match	Yes	No
17	988768807	Alexander	Lauren	Other Services	Dental Services	2/14/2013	\$ 12.60	5	\$ 63.00	No Match	Yes	No
18	988768807	Alexander	Lauren	Other Services	Dental Services	2/15/2013	\$ 12.60	6	\$ 75.60	No Match	Yes	No
19	635274964	Dawson	Brian	Environmental Accessibility Adaptations		2/7/2013	\$ 205.75	3	\$ 617.25	W2104	Yes	Yes
20	635274964	Dawson	Brian	Transition Services		2/8/2013	\$ 575.00	1	\$ 575.00	W2120	Yes	Yes
21	635274964	Dawson	Brian	Environmental Accessibility Adaptations		2/9/2013	\$ 1,300.00	1	\$1,300.00	W2104	Yes	Yes
22	758487398	Johnson	Hank	Adaptive Equipment and Assistive Technology		2/2/2013	\$ 18.23	8	\$ 145.84	W2110	Yes	Yes
23	323023456	Robertson	Lucy	Transportation		2/14/2013	\$ 1.60	2	\$ 3.20	W2117	No	Yes

Note: This is dummy data.