

Kenosha County Department of Human Services Medicaid Newsletter

“A Newsletter intended for all Contracted Providers of Medicaid services for
Kenosha County Department of Human Services”

January 2017

Volume 15, Issue 1

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CCS (Comprehensive Community Services)

We continue to review service arrays within CCS. The previous Medicaid Newsletters addressed Screening and Assessment, Service Planning and Service Facilitation and Diagnostic Evaluations. The next service array to be highlighted is Medication Management.



Medication Management can be performed in two different ways, prescriber and non-prescriber. What services each type can perform is:

Prescribers:

- Diagnose and specify target symptoms
- Prescribe medication to alleviate the identified symptoms
- Monitor changes in the member's symptoms and tolerability of side effects

- Review data, including other medications, used to make medication decisions
- Provide all of the services listed under the non-prescriber as indicated below

Non-prescribers:

- Supporting the member in taking his or her medication
- Increasing the member's understanding of the benefits of medication and the symptoms it is treating
- Monitoring changes in the member's symptoms and tolerability of side effects



TCM Tips and Reminders

- Assessments and Plans of Care can only be billed to Medicaid once a calendar year; all updates are billed as ongoing.
- Use caution when correcting errors, cross-out and initial and date the change.
- Bill reasonably in relation to effort.



Medicaid Program FAQ's

Q: If a client qualifies for Medicaid **after** the initiation of the Assessment but **before** the completion, can we still bill for the Assessment?

A: Yes, however we can only bill the Assessment time that occurred after the Medicaid coverage began.

Q: Can I bill for leaving a message for a client?

A: No, leaving messages cannot be separately billed; it is part of conducting business.

Q: We did not bill the TCM Assessment or Plan of Care... Can we still provide the client with Ongoing services and bill those services?

A: Yes, as long as there is a completed Assessment and Plan of Care in the file. While Medicaid requires an Assessment and Plan of Care in the file (and completed in the correct order), they do not require that every phase be billed in chronological order. Medicaid allows up to 365 days to bill each date of service so if these documents were completed and the billing was missed or the client got backdated Medicaid, we can go back and submit billing for those services.

Additional Questions?

If you have any questions regarding the information in this newsletter or have any other questions feel free to contact me.

