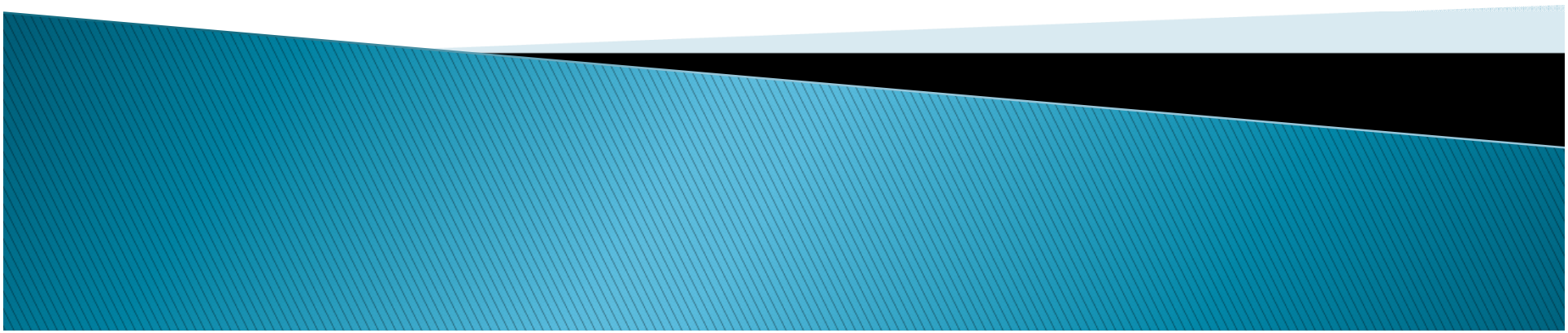
Claim Correction Form (CCF) Training

MH and AOD Providers

June 2013



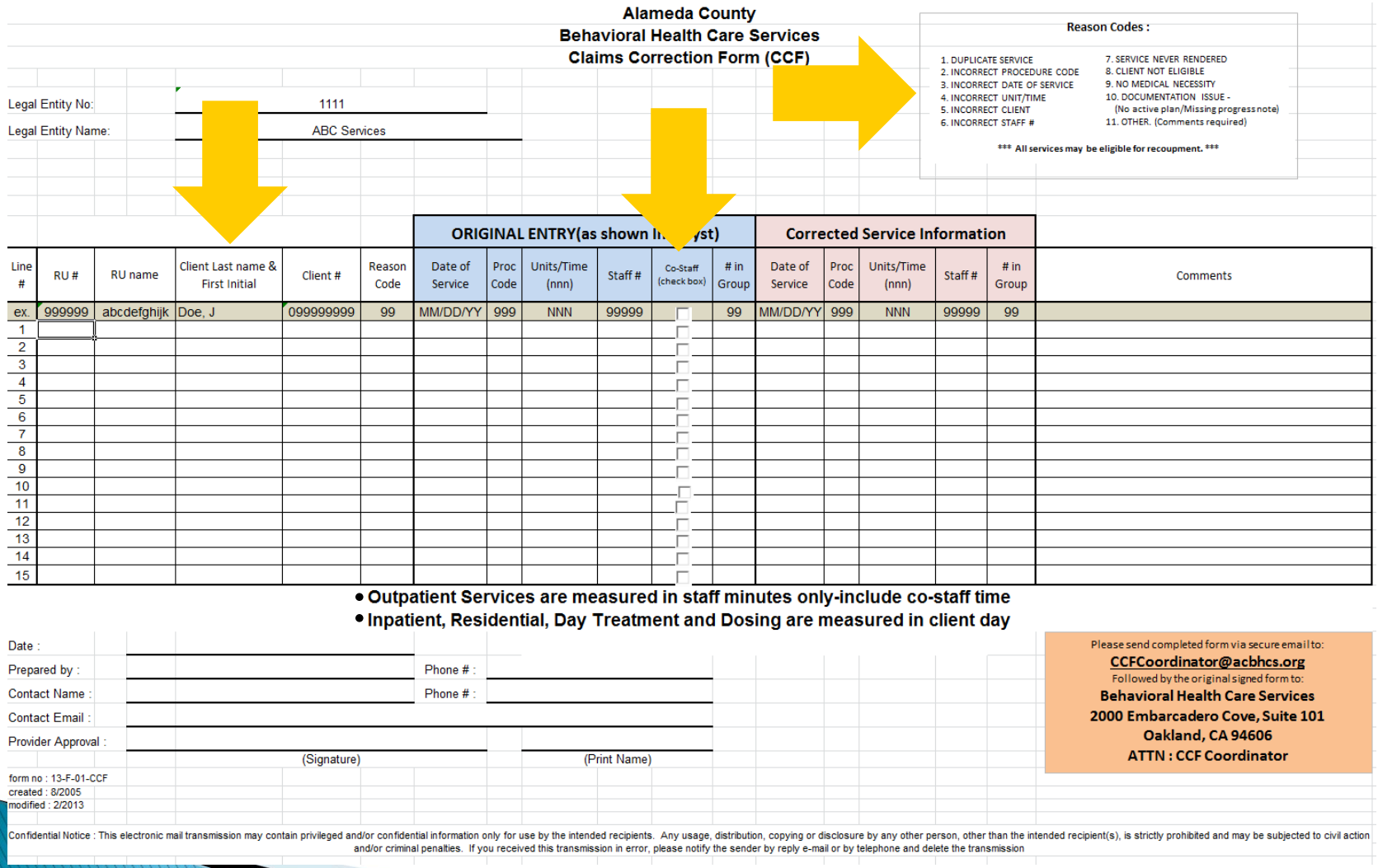
Training Topics

- Form Introduction
- CCF Purpose
- Instructions for Completion
- Rules and Regulations
  - Recoupment
- Tips and Tricks
  - INSYST Corrections
- Contact Information
- Questions

CCF Purpose

- The Claims Correction Form (CCF) is used to correct any INSYST input errors
- Examples:
  - Duplicate transactions
  - Change in client number
  - Change date of service
  - Change procedure code
- We will go into more detail later in the training

The CCF Form



Alameda County
Behavioral Health Care Services
Claims Correction Form (CCF)

Legal Entity No: 1111
Legal Entity Name: ABC Services

Reason Codes :

1. DUPLICATE SERVICE
2. INCORRECT PROCEDURE CODE
3. INCORRECT DATE OF SERVICE
4. INCORRECT UNIT/TIME
5. INCORRECT CLIENT
6. INCORRECT STAFF #
7. SERVICE NEVER RENDERED
8. CLIENT NOT ELIGIBLE
9. NO MEDICAL NECESSITY
10. DOCUMENTATION ISSUE - (No active plan/Missing progress note)
11. OTHER. (Comments required)

*** All services may be eligible for recoupment. ***

						ORIGINAL ENTRY(as shown in Avatar)						Corrected Service Information					
Line #	RU #	RU name	Client Last name & First Initial	Client #	Reason Code	Date of Service	Proc Code	Units/Time (nnn)	Staff #	Co-Staff (check box)	# in Group	Date of Service	Proc Code	Units/Time (nnn)	Staff #	# in Group	Comments
ex.	999999	abcdefghijk	Doe, J	099999999	99	MM/DD/YY	999	NNN	99999		99	MM/DD/YY	999	NNN	99999	99	
1																	
2																	
3																	
4																	
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6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	

- **Outpatient Services are measured in staff minutes only-include co-staff time**
- **Inpatient, Residential, Day Treatment and Dosing are measured in client day**

Date :
Prepared by : Phone # :
Contact Name : Phone # :
Contact Email :
Provider Approval :
(Signature) (Print Name)

form no : 13-F-01-CCF
created : 8/2005
modified : 2/2013

Please send completed form via secure email to:
CCFCoordinator@acbhcs.org
Followed by the original signed form to:
Behavioral Health Care Services
2000 Embarcadero Cove, Suite 101
Oakland, CA 94606
ATTN : CCF Coordinator

Confidential Notice : This electronic mail transmission may contain privileged and/or confidential information only for use by the intended recipients. Any usage, distribution, copying or disclosure by any other person, other than the intended recipient(s), is strictly prohibited and may be subjected to civil action and/or criminal penalties. If you received this transmission in error, please notify the sender by reply e-mail or by telephone and delete the transmission

Completing the CCF

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ex.	999999	abcdefghijk	Doe, J	099999999	99	MM/DD/YY	999	NNN	99999	☐	99	MM/DD/YY	999	NNN	99999	99	
1	11111	ABC Grp	Smith, J.	075757575	01	01/01/13	999	180	90909	☑	03						Please Delete Service- Duplicate
2										☐							
3										☐							
4										☐							
5										☐							
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Completing the CCF cont'd

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1	11111	ABC Grp	Smith, J.	075757575	01/01/13	999	180	90909	☑	03						Please Delete Service- Duplicate
2	11111	ABC Dosing	Jones, A	010101010	12/31/12	985	001	90909		01	12/29/12	985	001	90909	01	Please Change Client number to 011001010 and the date
3																
4																
5																
6																
7																
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Rules and Regulations

- Please fill in all columns
- All forms must be submitted electronically followed by a signed printed copy
- All information for original services must exactly match data originally entered into INSYST
- CCF Forms Submitted Via Secure Email Will Only Be Accepted In Excel Format
- State timeliness deadlines still apply to these claim lines
  - The CCF must be submitted within 2 months of the service date
  - If the deadline has passed, you must still submit a CCF
  - Upon receipt of CCF, the coordinator will determine a plan of action

Rules and Regulations Cont'd

- DO NOT:
  - 1. Combine services from different fiscal years.
  - 2. Re-submit corrections previously submitted
  - 3. Use CCF form in place of completing any DCR's sent to you.
  - 4. Combine AOD & MHS on the same CCF form.

** If the CCF form is not completed correctly, it will be returned for correction. **

Recoupment

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*** All services may be eligible for recoupment. ***

- Recoupment will be decided on a case by case basis
- Reason Codes 1, 7, 9 are always eligible for recoupment

Tips and Tricks

- Make sure to review all reports sent to you
  - For MH
    - 442–Daily Service Audit Listing
    - 696– Monthly Client Service Listing
  - For AOD
    - 707– Service Audit (Daily)
    - 700– Service Detail Report (Monthly)
  - Two MediCal Test Claims
    - For AOD Only–
      - Signing Claim Certification Forms

Tips and Tricks Cont'd

- You can make changes to:
  - Modify Service
    - Up to 5 days (INSYST will not allow you to make changes if the service has posted)
    - Procedure Code
    - Client Number
    - Staff Number
    - Location
    - Duration

Tips and Tricks Cont'd (2)

- You can remove services:
  - Delete Service
    - Up to 30 days after service entered (as long as the service has not been claimed)
    - Always try to delete service before sending CCF, to avoid errant billing to the state
  - If you are able to make corrections, you do not need to submit a CCF to the MediCal Unit

Contact Information

- MediCal Unit (For CCF questions)
  - CCFCoordinator@acbhcs.org
- Provider Relations (For Billing questions)
  - 1(800) 878-1313
- IS (For reports and INSYST Support)
  - his@acbhcs.org
  - (510)567-8181
- Provider Website (CCF, Instructions, training)
  - www.acbhcs.org/providers

Questions

Helpful Resources

- Provider Website
  - www.acbhcs.org/providers
    - Links to:
      - This Training
      - CCF Form and Instructions

Training Highlights

- Claim Correction Form (Slide 3)
- Changes to CCF (Slides 3)
- Sample completed CCF (Slides 4-5)
- Rules for Filling out CCF (Slides 6-7)
- Recoupment (Slide 8)
- Tips and Tricks
  - Reports to Review (Slide 9)
  - Modifying Services (Slide 10)
  - Deleting Services (Slide 11)
  - Contacts (Slide 12)
  - Helpful Resources (Slide 14)