

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 ID: _____ 1111
 Legal Entity Name: _____ ABC Services

Reason Codes:
 0 DUPLICATE SERVICE
 1 INCORRECT PROVIDER CODE
 2 INCORRECT DATE OF SERVICE
 3 INCORRECT CLIENT ID
 4 INCORRECT CLIENT NAME
 5 INCORRECT STAFF #
 6 INCORRECT STAFF #
 7 SERVICE NEVER RENDERED
 8 CLIENT NOT AUTHORIZED
 9 MEDICAL NCESSITY
 10 DOCUMENTATION ISSUE
 11 INCOMPLETE/MISSING INFORMATION
 12 OTHER (Specify in Remarks)
 *** Attention may be eligible for reimbursement ***

Line #	RUI #	Business	Client Last Name & First Initial	Client #	Reason Code	ORIGINAL ENTRY (as shown in list)				Corrected Service Information				Comments				
						Date of Service	Proc Code	Units/Time (min)	Staff #	Client Approved	# in Group	Date of Service	Proc Code		Units/Time (min)	Staff #	# in Group	
ex	999999	abcd5678	Doe, J	099999999	99	MMDDYY	999	1001	99999			00	MMDDYY	999	1001	99999	99	
1																		
2																		
3																		
4																		
5																		
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)

Please send completed form via email to:
CCF Coordinator @ acbhcs.org
 To receive the original spreadsheet:
Behavioral Health Care Services
2000 Embarcadero Cove, Suite 101
Oakland, CA 94606
ATTN: CCF Coordinator

Version: 12-01-CCF
 version: 02/03
 updated: 2013
 Confidential Notice: This electronic transmission may contain privileged and/or confidential information only for use by the intended recipients. Any usage, disclosure, copying or dissemination by any other person other than the intended recipient(s), is strictly prohibited and may be subject to civil and/or criminal penalties. If you receive this transmission in error, please notify the sender by e-mail by telephone and delete the transmission.

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- You can always access a copy of the Claim Correction Form (CCF) at the provider Website www.acbhcs.org/providers
- Changes to CCF
 - Reorganization of reason codes
 - Merging of client first and last name columns
 - Addition of co-staff checkbox (used to indicate co-staff time)

Completing the CCF

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

Reason Codes:

1. DUPLICATE SERVICE
2. INCORRECT PROCEDURE CODE
3. INCORRECT DATE OF SERVICE
4. INCORRECT PROVIDER
5. INCORRECT CLIENT #
6. INCORRECT STAFF #
7. SERVICE NOT PROVIDED
8. CLIENT NOT ENROLLED
9. NO MEDICAL NECESSITY
10. DOCUMENTATION NEEDED
11. OTHER (See next page for details)

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

Legal Entry No: 1111
Legal Entry Name: ABC Sr

Line #	RU #	RU name	Client Last name & First initial	Client #	Reason Code	Date of Service	Proc Code	ORIGINAL ENTRY (as shown in INSYST)		Co-Staff (checked)	# in Group	Corrected Service Information				Comments	
								Units/Time (min)	Staff #			Date of Service	Proc Code	Units/Time (min)	Staff #		# in Group
1	999999	abc@ghit	Doc J	000000000	01	MM/DD/YY	999	180	99999	<input checked="" type="checkbox"/>	09	MM/DD/YY	999	180	99999	09	Please Delete Service- Duplicate
2	11111	ABC Grp															
3																	
4																	
5																	
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)

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

Form No. 15-F-01 CCF
Version: 02/02
Revised: 2013/11

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- All information in the first two sections (Name and Original Entry) must exactly match INSYST
- Always check that the name matches to the client number
- Please include the preceding zeros when entering the client number
- Please be sure to choose the most appropriate reason code
 - If you have more than one change to make, please select "other" and provide additional information in the comments section
- If the service provided includes co-staff time, please be sure to check the box
 - This will assist BHCS in identifying the service you are requesting changes to

Completing the CCF cont'd

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

Legal Entry No: 1111
 Legal Entry Name: ABC Services

- Reason Codes:
- 1. DUPLICATE SERVICE
 - 2. INCORRECT ICD-9-CM CODE
 - 3. INCORRECT DATE OF SERVICE
 - 4. INCORRECT QUANTITY
 - 5. INCORRECT QUANTITY
 - 6. INCORRECT UNIT
 - 7. SERVICE NOT PERFORMED
 - 8. SERVICE NOT BILLABLE
 - 9. SERVICE NOT BILLINE
 - 10. UNRECORDED SERVICE
 - 11. UNRECORDED SERVICE
 - 12. UNRECORDED SERVICE
 - 13. UNRECORDED SERVICE

Line #	Adj #	Adj name	Client last name & First Initial	Client ID	ORIGINAL ENTRY (as shown in iSystem)					Corrected Service Information					Comments	
					Date of service	Proc Code	Units/Time	Staff #	Service #	Proc Code	Units/Time	Staff #	Service #			
1	111111	ABC Gp	Smith, J	015707875	11	01-01-13	609	100	60005	01	10-20-12	605	601	60009	01	Please Delete Service. Duplicate
2	111111	ABC Gp	Smith, J	015707875	11	10-31-12	605	001	60009	01						Please change client number to 01501910 and the date

- 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)

Revised and completed form available at:
CCFCoordinator@abhsct.org
 Behavioral Health Care Services
 2000 Embarcadero Cove, Suite 101
 Oakland, CA 94605
 ATTN: CCF Coordinator

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- Once again, if you have more than one revision to make to the same claim line, use reason code 11 "other"
- When entering information into the corrected services section (in pink) be sure to
 - Double check your corrected information is accurate
 - Fill in all columns (even if there is no change to that column)
 - When using code 11 provide detailed information on the corrections to be made

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

- We will not complete the Claim Correction process until we have the signed original.
- Check all of your data before submitting the CCF- These changes are **FINAL**
- Please be prompt in returning the CCF all state timeliness deadlines still apply

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. ****

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- Regarding #2- If you notice a mistake or further corrections that you would like made to a claim line that was previously submitted on the CCF:
-**immediately** contact the CCF coordinator at ccfcoordinator@acbhcs.org
- The CCF in no way replaces your obligation to complete any DCR's received by your organization, EVEN IF THE SERVICES ON THE DCR ARE REFLECTED ON A CCF YOU HAVE SUBMITTED
- As with all other claims, CCF claims are processed by type (either MH or AOD.) BHCS does not have the capabilities to combine fiscal years or types.

Recoupment

Reason Codes :

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

*** 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

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- Recoupment will be decided on a case by case basis dependent upon the information provided on the CCF – be sure to provide detailed reasoning
- Below, please find a detailed description of each reason codes those marked with an asterisk (*) are services that are always eligible for recoupment
 - #1*- Duplicate service- the service to be removed is a true duplicate service to one already reported (the service was never rendered)
 - #2- Incorrect Procedure Code- the service was reported with an incorrect procedure code that requires modification
 - #3- Incorrect Date of Service- the service was reported with an incorrect date of service
 - #4- Incorrect Unit/ Time- the service was reported with an incorrect number of units or time **BE SURE TO INCLUDE CO-STAFF TIME**
 - #5- Incorrect Client- the client listed did not receive the service, but another client did
 - #6- Incorrect Staff #- the staff # listed did not provide the service, but another staff at your sight did provide the service
 - #7*- Service Never Rendered- the service was never provided for the client and needs to be removed
 - #8- Client Not Eligible- the client was not eligible to receive services at the time of treatment
 - #9*- No Medical Necessity- the service was not medically necessary and needs to be removed
 - #10- Documentation Issue- there was no active treatment plan at the time of treatment or a missing progress note
 - #11- Other- there are multiple reasons for revision or the correction does not fall under any of the previous reason codes **COMMENTS REQUIRED**

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

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- Several reports that allow opportunities for self-correction are sent to your printer queue
- Reviewing these reports and making corrections should reduce errant billing to the state.
 - 442/707- a daily recap of all services entered the previous day
 - Can make changes to all parts of the claim line (until the claim line is posted)
 - 696/700- a monthly recap of all services entered
 - Can make deletions to claim lines until they post for billing
 - FOR AOD ONLY- test claims
 - By reviewing the test claim and signing the Claim Certification form, you are certifying that the information on the claim is accurate and true

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

- You have up to 5 CALENDAR days to modify services (as long as the service has not been claimed)
 - You can make the following changes without having to delete the record
 - Procedure Code
 - Client Number
 - Staff Number
 - Location

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

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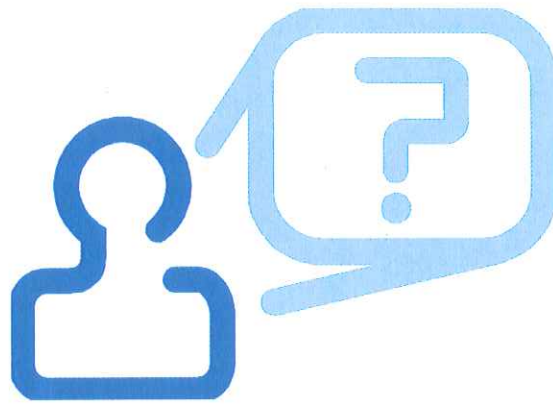
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- If you are unable to modify services you may still be able to delete the service and re-enter the corrected service as a new service- you have up to 30 CALENDAR days to do this
- INSYST will only let you delete services that have not been claimed
- **ALWAYS** try to delete a service and enter a new one before completing a CCF

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)