

Quality Checklist for Billing Home and Community-Based Services

The Centers for Medicare & Medicaid Services (CMS) continues to implement activities focused on reducing payment errors and fraud, waste, and abuse in the Medicaid program. Through analysis of data produced by the Payment Error Rate Measurement (PERM) program, CMS identified payment errors for Home and Community-Based Services (HCBS). CMS has developed educational materials for beneficiaries and providers to address the major causes of error.

Improper Payments for HCBS

Improper payments for HCBS may occur when Medicaid funds are paid to the wrong entity, are paid in the wrong amount, are used for services other than those identified in the person-centered plan, or are not supported by documentation or policy.

Conduct Your Own Quality Review

Most common payment errors could be reduced if providers conduct a simple yet effective quality review prior to billing. Use the Quality Review Checklist to conduct a quality review of billing information before submitting your paperwork.



Medical Payment System

Acct Number: 011011110101111 Statement Date: 12/18/2015

John Doe
1234 Any Street
Any City, 56789
(555) 555-5555
j.doe@anyemail.com

DATE	PATIENTS NAME	DESCRIPTION	CHARGE	PAYMENT	ADJUSTED	PAYMENT AMOUNT
4/01	John D.	Previous Statement Balance Est PT /Level3	160.00	PAYMENT		160.00
5/25	John D.	Influenza Immunization Administered	110.00	PAYMENT		110.00
5/25	John D.	Blood Draw	190.00	PAYMENT		190.00
5/25	John D.	Lab Workup	400.00	PAYMENT		400.00
5/25	John D.	Blood Glucose Test	210.00	PAYMENT		210.00
8/29	John D.	Pneumonia Conjunctivitis Vaccine	135.00	PAYMENT		135.00

Quality Review Checklist

Items for Review	Yes or No <input checked="" type="checkbox"/>
Is the beneficiary's name and Medicaid number correct?	Yes No
<p>Are the dates of service correct?</p> <ul style="list-style-type: none"> • Do you have documentation to support all the dates of service included on the claim? • Did you check all related documentation to see that the beneficiary was present (not an inpatient) on the date of service? • Have you verified that billing dates do not overlap with time periods in which the beneficiary was hospitalized or in an institution such as a nursing home (except for dates of admission or discharge when applicable)? 	Yes No
<p>Did you check for eligibility?</p> <ul style="list-style-type: none"> • Was the beneficiary eligible for Medicaid Long-Term Care Services and Supports on the dates of service delivery? • Has the Assessment/Reassessment been completed? • Is the person-centered plan in effect? 	Yes No
<p>Are the services billable?</p> <ul style="list-style-type: none"> • Does the person-centered plan authorize the services that were performed? • Are there current physician orders for the services? (State Medicaid Plan home health benefit) • Is there a prescription for the durable medical equipment (DME), supplies, devices, or environmental modification? (State Medicaid Plan home health benefit) • Is the person who provided the service licensed, certified, or otherwise meets qualifications to provide the services under the procedure code that is billed? 	Yes No
Did you check to make sure coding is correct?	Yes No
<p>Is the number of units correct?</p> <ul style="list-style-type: none"> • Did you check the calculations? • Did you check the records? 	Yes No
<p>Did you check to see if patient has other insurance?</p> <ul style="list-style-type: none"> • If yes, has a claim been submitted to other insurance for payment? • Was payment or partial payment received from other insurance? • Do you have documentation to support payment or denial of claim from other insurance? 	Yes No
Has supporting documentation been reviewed to ensure it is complete (for example, does it include specific times and dates of service, activities, signatures for validation; is the beneficiary identified on each page of the documentation)?[1, 2, 3]	Yes No

Providers can play a significant role in the fight against Medicaid fraud, waste, and abuse. For further information about how you can strengthen the integrity of the Medicaid Program and reduce improper payments made for HCBS, review the toolkits available at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

Additional Resources

The items for this quality review checklist are derived from Medicaid Provider Manual Sections that address documentation, recordkeeping, claims, and billing from the States of Utah, Vermont, and New Mexico. Check your State Medicaid provider manual for additional requirements.

Links to State Medicaid agency websites are available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html> on the Medicaid website.

Information about Medicaid HCBS is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Home-and-Community-Based-Services.html> on the Medicaid website.

Information about payment accuracy and improper payments is available at <https://paymentaccuracy.gov/about-improper-payments> on the Internet.

To see the electronic version of this job aid and the other products included in the “Home and Community-Based Services” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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References

- 1 Utah Division of Medicaid and Health Financing. (2015, January). Utah Medicaid Provider Manual. Section I: General Information. Part 10 Recordkeeping and Disclosure and Part 11 Billing Claims. Retrieved September 15, 2015, from <https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>
- 2 New Mexico Human Services Department. (2009, December). Medicaid Billing Instructions 8.315.4 Personal Care Option. Retrieved March 31, 2015, from <http://www.nmcpr.state.nm.us/nmregister/xv/xv15/8.315.4amend.pdf>
- 3 State of Vermont. (2015, October 15). Green Mountain Care Provider Manual. Section 3: Policies & Other Informational Resources. Retrieved October 21, 2015, from http://www.vtmedicaid.com/Downloads/manuals/New%20Consolidated%20Manual/ProvManual_Consolidated10-15-15.pdf

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