



DIANA M. BONTÁ, R.N., Dr. P.H.
Director

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor

September 10, 2003

PPL No. 03-009

TO: All Local Governmental Agencies (LGAs)
Targeted Case Management (TCM) Coordinators

SUBJECT: TCM INVOICE DUE DATES FOR FISCAL YEAR 2003/2004

The purpose of this transmittal is to inform each LGA of the due dates for TCM encounters and invoices for fiscal year (FY) 2003/2004.

Pursuant to Welfare and Institutions (W&I) Code Section 14115, to be eligible for full reimbursement, an original invoice shall be submitted not more than six months after the month in which the service is rendered. To meet the six-month deadline, encounters must be entered into the TCM System and invoices must be postmarked to the California Department of Health Services (DHS) within six months from the end of the month in which the service was provided. DHS considers the submittal date to be the date the invoice is postmarked. Invoices postmarked after the six-month limit will be reduced in reimbursement.

Reimbursement for invoices submitted between seven and twelve months after the month of service shall be reduced as follows:

- The amount of reimbursement shall be reduced by 25 percent for invoices postmarked to DHS during the seventh through the ninth month after the month of service.
- The amount of reimbursement shall be reduced by 50 percent for invoices postmarked to DHS during the tenth through the twelfth month after the month of service.

Invoices postmarked to DHS later than the end of the twelfth month following the month of service are not eligible for reimbursement.

To be eligible for the full Medi-Cal reimbursement, invoices must be postmarked to DHS no later than the end of the sixth month following the month of service. To satisfy the invoice submittal requirement, invoices must be postmarked according to the enclosed invoice postmark schedule.



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www.consumerenergycenter.org/flex/index.html

1501 CAPITOL AVENUE, MS 4600, P.O. BOX 942732, SACRAMENTO, CA 94234-7320

TELEPHONE: (916) 552-9797 FAX: (916) 552-9572

INTERNET ADDRESS: www.dhs.ca.gov

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Pursuant to W&I Code Section 14115(a)(b) and (f), reductions to invoices submitted between the seventh and the twelfth month after the month of service will apply, except as follows:

- A patient does not identify himself or herself to the provider as a Medi-Cal beneficiary within four months after the month in which the service was rendered.
- The Director of DHS finds that a delay in the submission of invoices was caused by circumstances beyond the control of the LGA.
- A state of emergency has been declared by either the President of the United States, the Governor, or the Director, due to destruction, loss, or inaccessibility of data as a result of the emergency situation.

If the reason for the late invoice meets one of the preceding exceptions, and the LGA chooses to appeal, the LGA coordinator must submit a written request to:

Department of Health Services
Medi-Cal Benefits Branch
Local & Schools Services Unit
Attn: Elizabeth Touhey, Chief
1501 Capitol Avenue, MS 4603
P.O. Box 942732
Sacramento, CA 94234-7320

Because the invoice deadlines are based on the month of service, DHS recommends that invoices be submitted on a monthly basis.

If you have any questions, please contact Ms. Elizabeth Touhey, Chief of the Local & Schools Services Unit, at (916) 552-9616 or by email at etouhey@dhs.ca.gov.

Sincerely,

Original signed by Mary Lamar-Wiley

Mary Lamar-Wiley, Acting Chief
Medi-Cal Benefits Branch

Enclosure

cc: See Next Page

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cc: Ms. Susan Ruiz
Health Insurance Specialist
Centers for Medicare & Medicaid Services
75 Hawthorne Street, Fifth Floor
San Francisco, CA 94105

Mr. Brian Burdullis, Accountant
Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health
801 I Street, Room 210
Sacramento, CA 95814

Ms. Cathleen Gentry
MAA/TCM Consultant
Local Governmental Agency
455 Pine Avenue
Half Moon Bay, CA 94109

TCM Invoice Postmark Dates

Fiscal Year 2003/2004			
Period of Service	6-month Postmark Date No Reduction	7- to 9-month Postmark Date 25% Reduction	10- to 12-month Postmark Date 50% Reduction
1st Quarter			
7/1/03–7/31/03	January 31, 2004	April 30, 2004	July 31, 2004
8/1/03–8/31/03	February 29, 2004	May 31, 2004	August 31, 2004
9/1/03–9/30/03	March 31, 2004	June 30, 2004	September 30, 2004
2nd Quarter			
10/1/03–10/31/03	April 30, 2004	July 31, 2004	October 31, 2004
11/1/03–11/30/03	May 31, 2004	August 31, 2004	November 30, 2004
12/1/03–12/31/03	June 30, 2004	September 30, 2004	December 31, 2004
3rd Quarter			
1/1/04–1/31/04	July 31, 2004	October 31, 2004	January 31, 2005
2/1/04–2/29/04	August 31, 2004	November 30, 2004	February 28, 2005
3/1/04–3/31/04	September 30, 2004	December 31, 2004	March 31, 2005
4th Quarter			
4/1/04–4/30/04	October 31, 2004	January 31, 2005	April 30, 2005
5/1/04–5/31/04	November 30, 2004	February 28, 2005	May 31, 2005
6/1/04–6/30/04	December 31, 2004	March 31, 2005	June 30, 2005