# Medi-Cal

# Targeted Case Management

# Provider Manual

# SECTION 8

# Claiming for TCM Services in the TCM System

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## I.     OVERVIEW

This section presents the steps involved in entering TCM encounter data into the TCM System, and creating and submitting the TCM summary invoice. The TCM System is a web-based application which the Local Governmental Agency (LGA) may access via the internet.

The TCM System may be used to:

- Verify Medi-Cal eligibility for individuals to whom TCM Services have been provided.
- Submit claims
- Create and submit invoices for claiming federal reimbursement.
- Monitor performance
- Approve payments
- Record receipt of payments by the LGA
- Create statistics regarding the overall TCM program
- View encounter rate, target population information, and LGA profile

## II.     TCM SYSTEM REQUIREMENTS AND SECURITY

LGAs participating in the TCM program can access the application using a browser that has the following capacities:

- Minimum Browser Requirements
    - Firefox 3.0
    - Internet Explorer 8
    - Chrome 14.0

- Recommended Browser Requirements
    - Firefox 35
    - Internet Explorer 11
    - Chrome 40

- Minimum Hardware Requirements
    - 64 Megabyte of Ram
    - 233 Megahertz Processor

The TCM System meets requirements under the Health Insurance Portability and Accountability Act (HIPAA).

All information entered into the TCM System is considered Medi-Cal data. Medi-Cal confidentiality requirements as defined in the TCM Provider Participation Agreement (PPA) and in Welfare and Institutions Code (WIC) section 14100.2 must be met. Any

information printed from the TCM System must be kept confidential and must be shredded when it is no longer needed.

### III.    LGA REQUIRED DOCUMENTATION FOR ACCESS TO THE TCM SYSTEM

Each LGA user of the TCM System must complete and submit the following required documentation before accessing the TCM System:

1. LGA Profile Request Form
2. National Provider Identifier Application
3. Invoice Signature Authority Form
4. LGA MAA/TCM Coordinator Change of Information Form

### 1.  LGA Profile Request

Before LGA staff access the TCM System, the LGA TCM Coordinator must establish an LGA Profile by completing the "LGA Profile Request" Form annually. The form must be e-mailed to dhcs-tcm@dhcs.ca.gov.

### 2.  National Provider Identifier (NPI) Application

The Administrative Simplification provisions of the HIPAA mandated adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of electronic transmission of health information. The Centers for Medicare and Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. The NPI is a HIPAA Administrative Simplification Standard. The identifier is a unique 10-digit number for covered health care providers. This number is intelligence-free, that is, it does not contain any information about the health care provider.

### a.  NPI Number Background Information

Case management is considered a health care service under the HIPAA Standards for Privacy of Individually Identifiable Health Information (the Privacy Rule). See, 45 Code of Federal Regulations (CFR) parts 160 and 164. Medi-Cal is a health plan as defined in 45 CFR part 160.103. TCM is part of the State Medicaid Plan (Medi-Cal), and as such, it is covered by HIPAA.

Health care providers are defined in 45 CFR part 160.103:

> "Health care provider is defined as a provider of services (as defined in section 1861(u) of the [Social Security] Act [SSA], 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the [SSA], 42 U.S.C. 1935x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business."

    b.  <u>The NPI Number and the TCM Program</u>

LGAs must enter the NPI of the TCM Case Manager in the designated space provided on the "Add Encounter" screen for each new TCM encounter entered into the TCM System. When new TCM encounters are provided to DHCS by means of an electronic file transfer, the NPI of the case manager must be included in the designated space on the file submitted to DHCS as referenced below.

TCM encounters entered into the TCM System without valid case manager NPIs will be assigned the status of "Pending." Encounters may not be invoiced until valid NPI numbers are entered. Encounters may be updated with valid case manager NPI numbers through "Encounter Modify" process.

The NPI provided must be assigned to the case manager who provided the TCM services. This includes case managers employed by either the LGA or by any LGA sub-contractor.

All case manager NPIs entered into the TCM System will be validated. This includes using the NPI check-digit algorithm. Each TCM encounter requires a valid NPI to be accepted into the TCM System.

The TCM System will automatically use the LGA NPI and the case manager NPI as appropriate when generating all LGA invoices and all DHCS claims submitted to CMS.

    c.  <u>How to Create an NPI Number</u>

NPI numbers must be created for Individual Providers and Healthcare Provider Organizations (i.e., LGAs). Below are the instructions on how to apply for an NPI number:

To apply for an NPI number, go to the [NPPES website](#) and follow the instructions on how to apply.

<u>Individual Providers</u>: An Individual Provider may only have a single NPI, which will be associated with their unique individual information.

1. Create a Username and Password for the NPI for which you are applying.
2. Complete the NPI application.

<u>Healthcare Provider Organizations</u>: Healthcare Organizations are currently required to have a separate username and password for each NPI associated with the organization.

1. Create a Username and Password for the NPI for which you are applying.

2.    Complete the NPI application.

d.  NPI Verification Procedures for LGA Coordinators

CMS conducts a Payment Error Rate Measurement audit for the TCM program every three years to verify that DHCS has valid NPI records for each LGA that received Federal Financial Participation (FFP) and each LGA TCM case manager who provided the TCM services. If the LGA does not comply with the following NPI verification process, DHCS will withhold processing all invoices for payments until the LGA has verified the NPIs for the LGA and/or its case managers.

 Quarterly, the LGA Coordinator must:

1.  Access the NPPES NPI Registry online webpage located at https://npiregistry.cms.hhs.gov.
2.  Search for the LGA and individual TCM case managers by their NPI.
3.  Click on the result to show the "Provider Information" page.
4.  Generate a date stamped screenshot of each "Provider Information" page for each NPI searched, and name the file as the LGA name or TCM case manager name.
    For best practice, please follow these steps on how to save a screenshot with a date stamp:
    a.  Right-click on the "Provider Information" page and click "Print."
    b.  On the print page, change the destination of the document to "Save as PDF."
    c.  Click "More Settings" to ensure that the "Headers and footer" option has a blue checkmark next to it, and then click "Save."
5.  Once the files are ready to be sent to DHCS, create a ZIP folder to include all files and send them in one email. To create a ZIP file, please follow these steps:
    a.  Select the file(s) to include in the ZIP folder.
    b.  Right-click on the file(s), then point to "Send to" and select "Compressed (zipped) folder."
    c.  Name the **ZIP** file with the LGA name.
6.  Email the NPI verification results in a ZIP folder to DHCS at dhcs-tcm@dhcs.ca.gov.

Please follow the following table for submission deadlines:

| Quarter | Period Covers | Submission Due Date |
|---------|---------------|---------------------|
| 1 | July 1st to September 30th | September 20th |
| 2 | October 1st to December 31st | December 20th |
| 3 | January 1st to March 31st | March 20th |
| 4 | April 1st to June 30th | June 20th |

e.   TCM NPI Number Form

After completing the required paperwork and receiving an NPI number, complete and submit the TCM LGA NPI Submission Form. This form is only used for the LGA provider NPI number; it is not used for the TCM Case Manager's NPI number. Email the electronic copy of the form to your TCM analyst.

Keep a copy of the form for your records. Once the form is received, TCM staff will use the form to enter the NPI number into the "LGA Profile" in the TCM System.

### 3.   LGA Invoice Signature Authority Request

The LGA Signature Authority Request Form provides the names of any and all individuals authorized to review, approve, and sign on behalf of the LGA when submitting TCM invoices. This form is due before July 1st of every State Fiscal Year (SFY). The completed form must be e-mailed to dhcs-tcm@dhcs.ca.gov. The Signature Authority Request form can be found on the TCM website in the TCM Forms section under the Tools & Templates section.

### 4.   LGA MAA/TCM Coordinator Change of Information Form

This form allows the Department of Health Care Services (DHCS) to update the LGA MAA/TCM Coordinator Roster with current information about LGA MAA/TCM Coordinators and Alternate Coordinators. This information is also used as a directory by DHCS.

This form must first be submitted to the host county, who will then submit it to DHCS. Once the completed form is received by DHCS the LGA MAA/TCM Coordinator Roster will be updated.

For information regarding the host county or this form, and to request the form, contact DHCS at dhcs-tcm@dhcs.ca.gov.

## IV.   MOVEit

DHCS, in the past, released data through a secure email file transfer to all participating LGAs and applicable Managed Care Plans (MCP) coordinators to ensure non-duplication of services through coordination of care between LGAs and MCPs.

DHCS replaced the secure email file transfer procedure with a robust Enterprise Identity and Access Management solution that addresses DHCS' need to manage identity and access by enabling authorized individuals to only have access to the correct resources through the Microsoft Azure - MOVEit File Transfer Application, also known as MOVEit. MOVEit went live for the TCM Program on July 1, 2019, and allows for the merging of file transfer activities between and within organizations, as well as between groups and individuals using a common shared folder with simple browser access for users.

MOVEit is the required platform in which DHCS, LGAs, and MCPs transfer data for the TCM program.

For details on creating/accessing the account, please request the MOVEit User Manual from your TCM Analyst.

1. **Data Release Process Now Includes Alternate Format Selection (AFS)**

To comply with federal law and DHCS policy regarding alternate formats, LGAs must utilize the MOVEit eTransfer System to confirm whether TCM beneficiaries make AFS requests via DHCS' online Alternative Format Selection Application (AFSA). DHCS recently amended its data release agreement to permit the exchange of AFS information with LGAs via the MOVEit eTransfer System. As such, if an LGA provides TCM services to a beneficiary who made an AFS, the beneficiary's AFS data elements will be placed in the LGA's TCM MOVEit folder, providing LGA MOVEit users access to AFS information on billed encounters, including the data elements below:

1. Last Name
2. First Name
3. Middle Name
4. Date Of Birth
5. Sex
6. MEDS ID
7. LGA Name
8. Program Type
9. Encounter Number
10. Date Of Service
11. MCO Name (Most recent MCO that Participant is/was enrolled in)
12. California ID Number
13. AFS Description
14. Format ID

LGAs will not need to create new or additional user accounts for MOVEit. On a monthly basis, the current accounts for each LGA will be updated to contain the AFS data.

2. **Reporting and Ongoing Requirements**

AFS requests are recorded in the [AFSA system](#) and the following methods can be used to record requests:

1. Medi-Cal beneficiaries can input their AFS request directly into the AFSA system.
2. Medi-Cal beneficiaries can report their request to LGAs or their subcontractors' staff, who must input the beneficiaries' requests into the AFSA system.
3. LGAs, their subcontractors' staff, and beneficiaries, can call 1-833-284-0040 and follow the prompts to input the AFS requests.

Medi-Cal beneficiaries and their representatives may only request one alternative format per beneficiary. Additionally, a provider can search for a Medi-Cal beneficiary's alternative format selection in DHCS' online AFSA system by providing the beneficiary's name, Benefits Identification Card number, and date of birth.

## V.   ADMINISTRATIVE AND USER ACCESS TO THE TCM SYSTEM

Each TCM System user must complete and submit the TCM System User ID Request Form with the requested level of access clearly stated. The levels of access available in the TCM System are "LGA Administrator" and "User."

Note: "User" access can be deactivated by the "LGA Administrator" by placing an end date within the user's profile in the TCM system. To deactivate a staff member's LGA Administrator access, contact DHCS at dhcs-tcm@dhcs.ca.gov. In compliance with HIPPA regulation, it is the LGAs responsibility to notify DHCS when an employee is no longer employed with the LGA or no longer needs access to the TCM system. The TCM System User ID Request form can be found on the TCM website in the TCM Forms section under the Tools & Templates section.

### 1.  LGA Administrator

The LGA must designate at least one individual with LGA Administrator access. The LGA Administrator downloads and uploads the LGA TCM encounter data, modifies TCM encounters, creates, submits and cancels invoices, enters receipt of payment, and assigns the TCM System User IDs and passwords. LGA Administrator access allows them to:

- Limit an LGA User logon by program and subprogram type(s).
- Terminate a User's TCM System access by entering an End Date on the TCM System's "Add User ID" screen.
- Ensure that TCM encounters have been entered correctly into the TCM System, and are responsible for creating and submitting the invoice to DHCS for reimbursement.

DHCS recommends that LGA Coordinators have LGA Administrator access. DHCS requires that each LGA has no more than three LGA Administrators. If an LGA needs more than three LGA Administrators, please contact DHCS at dhcs-tcm@dhcs.ca.gov.

2. **LGA User**

The LGA has the ability to designate as many individuals as they see fit to obtain LGA User access. Access to the TCM System under the LGA User access is limited to entering and modifying TCM encounter data within the TCM System.

LGA User grants access to manually enter, modify, and view TCM encounter data.

3. **TCM System User ID Account Creation Guidelines**

The following guidelines regarding the TCM System Request for User ID Forms and passwords must be adhered to:

- The LGA User ID should consist of the first initial of the user's first name and up to the first seven letters of the LGA User's last name.
- The LGA passwords must contain at least five characters.
- Each LGA User ID Request Form must be kept on file with the LGA TCM Coordinator for each LGA User who is granted access to the system.
- The LGA Administrator <u>must</u> terminate an LGA User's TCM System access by entering an End Date on the "TCM System's Add User ID" screen when the LGA User no longer needs access to the TCM System.

Note: The LGA must resubmit an updated TCM System User ID Request form to DHCS prior to the expiration date of the LGA Administrator User ID to prevent the user from losing access to the TCM System. Once the form has been resubmitted with an updated expiration date, DHCS will update the user's account in the TCM System to allow the user to continue accessing the TCM System. The LGA Coordinator or the designated LGA TCM System Administrator is responsible to monitor and maintain all non-Admin TCM System User IDs for their LGA.

VI. **ENTERING, UPLOADING. AND DOWNLOADING THE TCM ENCOUNTER DATA**

There are two ways to enter TCM encounters into the TCM System:

1. Individually entering them into the TCM System.
2. Uploading multiple TCM encounters at one time.

Note: LGA Administrators and LGA Users must ensure that the total TCM encounters submitted into the TCM System equal the number of encounters on the TCM encounter log.

## 1. Entering TCM Encounters into the TCM System Individually

The procedures for entering TCM encounters individually into the TCM System:

1.  On the left side of the screen, there is a column of folders (Encounters, Invoice, Report, etc.). Click on the "Encounters" folder and then click on the "Add" button.
2.  On the encounters page enter the following <u>required</u> information into the blank fields:

   *   Program Type (Target Population) - Select an option from the drop-down menu. This may be restricted according to your user ID permissions.
   *   Case Manager ID - Use either the last name or county code to identify the person who provided the TCM service.
   *   Case Manager NPI - The NPI is a unique 10-digit number.
   *   Location - Select Home, Office, or Other from the drop-down menu.
   *   Date of Service - The TCM System will calculate if the 12-month invoicing limit has been exceeded.
   *   Date of Birth (DOB) - The Medi-Cal Eligibility Data System (MEDS) match cannot be performed without the client ID and DOB.
   *   Client ID - beneficiary Social Security Number, Medi-Cal ID number, Benefits Identification Card (BIC) number, or Client Identification Number (CIN) number.
   *   First Name
   *   Last Name
   *   Newborn Date of Birth - If applicable (for more information review the newborn claiming requirements listed below).

3.  To complete the TCM encounter, the following options are available:

   *   "Save" - To submit the entered data on the "Add Encounters" page for processing, click the "Save" button at the bottom of the page.
       o   Once the TCM encounter data has been submitted for processing, the TCM System assigns the TCM encounter data a random Encounter ID number. This number appears at the top of the "Add Encounter" page to notify you of the TCM encounter status for the data you submitted.
   *   "Reset" - To erase data entered but not yet saved, click the "Reset" button at the bottom of the page.
   *   "Back" - To return to the prior screen, click the "Back" button at the bottom of the page. Any data entered not saved will be erased after the "Back" button is clicked.
   *   "Default" - All fields with a * will stay the same during entering TCM encounters.

Note: Additional Buttons Used in the TCM System include:

   *   "View" - To access the "Encounter View" page, and to review or modify the TCM encounter data just entered, click the "View" button at the bottom of the page.

- "Modify" - This button will open the "Encounter Modify" page. LGA staff can enter information in any of the TCM encounter data fields. When finished making entries on the "Encounter View" page, click one of the three options at the bottom of the page ("Save & Process", "Save as Inactive", or "Save as Hold"). The "Encounter View" page displays the TCM encounter data you entered and TCM encounter status, beneficiary eligibility, and TCM encounter duplicate information.
    - TCM System checks for potential duplicates within the LGA using Client ID, Program Type, Date of Service and Newborn Date of Birth, giving the duplicate TCM encounter a "Y" indicator.
- "Show Matches" - If the TCM encounter on the "Encounter View" page has a "Y" as a Duplicate Indicator, click the "Show Matches" button to review TCM encounters that have been flagged as duplicates.

Note: The TCM System experiences a system error when an Invoice exceeds 1900 Encounters. Do not include more than 1900 Encounters per invoice because the TCM System will not be able to process the invoice.

## 2. TCM System Upload Function

TCM encounters from an electronic file can be uploaded from the LGA's computer system into the TCM System. A request may be made to DHCS for the "File Format for Uploaded TCM Encounter Record" template by sending an e-mail to dhcs-tcm@dhcs.ca.gov.

The upload function is located on the TCM System in the "Data Transfer" folder on the left margin of the screen.

### a. Requirements for Uploading

Below is additional general information related to the uploading of encounters into the TCM System:

- Data fields must match the layout described in the following pages "File Format for Uploaded TCM Encounter Record." There can be no deviation from this format.
- Files uploaded without all the required information will be given a status of "Pending," and will not be included on an invoice until the missing information is provided.

### b. Upload Instructions

Data must be in a "Fixed Block Text" format. Data fields must match the layout described in the "File Format for Uploaded TCM Encounter Record" (see the exemplar template on the next page).To upload data in the TCM System:

1. On the "Menu Bar", click on "Data Transfer" folder and then click on "Upload."

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2. Once the "Upload" page appears, click on the "Browse" button.
3. A popup window titled "Choose File to Upload" will appear. Select the file you want to upload and then click on "Open." Remember it must be a "text" file.
4. After the file has been selected, click on "Submit."
5. The TCM System will display the results of the upload so you can determine whether or not to proceed.
6. If there are duplicates, research the duplicates to prevent uploading them.
7. The TCM System will provide a summary of the results of the upload process.

    c.  <u>Upload Template</u>

| File Format for Upload TCM Encounter Record | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Field Name** | **Start Pos** | **End Pos** | **Length** | **Type** | **Format** | **Option** | **Permitted Values** | **Notes** |
| Case Manager ID | 001 | 009 | 09 | AN | | Required | | |
| Client ID | 010 | 018 | 09 | AN | | Optional | | Required if Client Last Name blank. |
| Date of Service | 019 | 028 | 10 | Date | MM/DD/CCYY | Required | | Must be equal to or greater than 07/01/2000. |
| Date of Birth | 029 | 038 | 10 | Date | MM/DD/CCYY | Required | | |
| Client Last Name | 039 | 058 | 20 | AN | | Optional | | Required if Client ID blank. |
| Client First Name | 059 | 073 | 15 | AN | | Optional | | |

| Client Middle Initial | 074 | 074 | 01 | AN | | Optional | | |
|---|---|---|---|---|---|---|---|---|
| Program Type Code | 075 | 076 | 02 | N | | Required | 14<br><br>15<br><br>16<br><br>17<br><br>18 | 14 = Children<br><br>15 = Fragile Adults<br><br>16 = Institutional Risks<br><br>17 = Negative Outcomes<br><br>18 = Communicable Diseases |
| Location | 077 | 082 | 06 | AN | | Optional | Office<br><br>Home<br><br>Other | *Spaces* will be permitted on an upload, but actual value is needed prior to invoicing. |
| Newborn Date of Birth | 083 | 092 | 10 | Date | MM/DD/CCYY | Optional | | |
| Optional Field 1 | 093 | 102 | 10 | AN | | Optional | | Defined by the LGA. If not used the field should be equal to spaces |
| Optional Field 2 | 103 | 112 | 10 | AN | | Optional | | Defined by the LGA. If not used the field should be |

| | | | | | | | | equal to spaces |
|---|---|---|---|---|---|---|---|---|
| Optional Field 3 | 113 | 122 | 10 | AN | | Optional | | Defined by the LGA. If not used the field should be equal to spaces |
| Sub Program | 123 | 126 | 04 | AN | | Required | | Permitted Values defined by the LGA |
| Filler | 127 | 146 | 20 | AN | | Optional | | Should be set to spaces |
| Case Manager National Provider Identifier (NPI) | 147 | 156 | 10 | AN | | Required | | Valid NPI |

**Record Format: Fixed Block (FB) 156 Characters record length**

**Record Length: 166**

### 3. TCM System Download Function

The DHCS and LGA Administrators may download their TCM encounter data from the TCM System. Downloading data may be a useful tool in performance monitoring. TCM encounter data may be downloaded by program type, within a certain date range, or from the date of the last download. The download function is located within the TCM System in the "Data Transfer" folder on the left margin of the screen.

a. Requirements for Downloading

- Only LGA Administrators have the ability to download TCM encounter data for their LGA.
- Data is downloaded in a "Fixed Block" text file. "File Format for Download TCM Encounter Record Data – Release 2" in the following pages.
- A WinZip program is required on the LGA's computer. If WinZip is unavailable, it can be downloaded from the TCM System training website.

Once the data for download is created, the text file is compressed into a WinZip file to accommodate various file sizes. The downloaded file may then be imported into any database program as a "fixed length text file."

More information on how to download a file can be found on the TCM website in the TCM System FAQ section under the Manuals & Training section.

b. Download Instructions

In the TCM System follow the steps below to download data:

- Download WinZip®
- On the "Menu Bar", click on the folder next to "Data Transfer", and then click on "Download."
- Selecting data to download:
    o "Program Type" - select a specific program or "all"
    o "Quarter" - optional
    o Select either a Fiscal Year, a Date Range, or last download time stamp
- Click on the "Submit" button.
- Once the data for download is created, the text file is compressed to a ZIP file to accommodate any size file desirable.
- When the download results page appears, to save the ZIP file click on the "click here" link. Decide whether to open or save the file, then save the file in the desired location.
- Select "OK".

c. How to Use the Downloaded File

Using the downloaded file:

- The downloaded file can be imported into any database program as a "fixed length text file" (use the template on the next page).
- The file may be opened in a spreadsheet application using screen prompts to specify the correct column widths.
- The file can be exported from the spreadsheet application and imported into a database application.

See the file format for downloaded TCM encounter record.

| File Format for Downloaded TCM Encounter Record | | | | | |
|---|---|---|---|---|---|
| Field Name | Start Position | End Position | Length | Type | Format | Notes |
| Encounter ID | 001 | 007 | 07 | AN | | |
| LGA Code | 008 | 009 | 02 | AN | | |
| Invoice Number | 010 | 020 | 11 | AN | | Position 1 – 2: LGA Code<br>Position 3 – 4: Begin SFY<br>Position 5: /<br>Position 6 – 7: End SFY<br>Position 8: –<br>Position 9: Quarter of SFY<br>Position 10: Alpha character<br>Position 11: Alpha character |
| Case Manager ID | 021 | 029 | 09 | AN | | |
| Client ID | 030 | 038 | 09 | AN | | Client Identification Number<br>BIC Number<br>Social Security Number<br>MEDS ID |
| Case Manger NPI | 039 | 047 | 09 | AN | | Valid NPI |
| Date of Service | 048 | 057 | 10 | AN | MM/DD/CCYY | |
| Date of Birth | 058 | 067 | 10 | AN | MM/DD/CCYY | |

| Last Name | 068 | 087 | 20 | AN | | |
|---|---|---|---|---|---|---|
| First Name | 088 | 102 | 15 | AN | | |
| Middle Initial | 103 | 103 | 01 | AN | | |
| Program Type Code | 104 | 105 | 02 | AN | | 14 = Children<br>15 = Fragile Adults<br>16 = Institutional Risks<br>17 = Negative Outcomes<br>18 = Communicable Diseases |
| Location | 106 | 111 | 06 | AN | | |
| Newborn Date of Birth | 112 | 121 | 10 | AN | MM/DD/CCYY | |
| Optional Field 1 | 122 | 131 | 10 | AN | | |
| Optional Field 2 | 132 | 141 | 10 | AN | | |
| Optional Field 3 | 142 | 151 | 10 | AN | | |
| Sub Program | 152 | 155 | 04 | AN | | Permitted Values defined by the LGA |
| Encounter Status | 156 | 159 | 04 | AN | | CLAM = Claimable<br>CNCL = Canceled<br>DENY = Denied<br>DUPE = Duplicate<br>ENDP = End Program<br>EXCD = Exceeded<br>EXPD = Expired<br>HOLD = Hold<br>INAC = Inactive<br>INVC = Invoiced<br>NELG = Not Eligible<br>PAID = Paid<br>PEND = Pending |
| Filler | 160 | 160 | 01 | AN | | Previously Duplicate Override Flag |

| Duplicate Encounter | 161 | 161 | 01 | AN | | |
|---|---|---|---|---|---|---|
| MEDS Eligibility | 162 | 162 | 01 | AN | | |
| MEDS Failure Reason | 163 | 242 | 80 | AN | | |
| Encounter Rate | 243 | 252 | 10 | N | 999999.99 | |
| Invoice Deny Reason | 253 | 256 | 04 | AN | | 0001 = Invoice not on LGA letterhead<br>0002 = Signature requirements not met<br>0003 = All encounters are questionable<br>0004 = All encounters exceed the remaining cap<br>0005 = LGA request |
| Entry Date-Time Stamp | 257 | 282 | 26 | AN | | |
| Entry User ID | 283 | 290 | 08 | AN | | |
| Last Update Date-Time Stamp | 291 | 316 | 26 | AN | | |
| Last Update User ID | 317 | 324 | 08 | AN | | |
| Invoice Status | 325 | 328 | 04 | AN | | CNCL = Cancel<br>CREA = Created<br>SUBM = Submitted<br>APPR = Approved<br>ADJU = Adjusted<br>DENY = Denied<br>PAID = Paid<br>OFFS = Offset<br>VOID = Void |
| Invoice FMAP | 329 | 338 | 10 | N | 999999.99 | |
| Reimbursement Rate | 339 | 344 | 06 | N | 999.99 | |

| Valid Encounter Reason Code | 345 | 346 | 2 | AN | | 01 = Same Day Service<br>02 = Multiple Births<br>00 = Other<br>CV = Converted |
|---|---|---|---|---|---|---|
| Valid Encounter Reason | 347 | 376 | 30 | AN | | |

## VII.   TCM ENCOUNTER STATUS CODES

**Claimable** (CLAM)       MEDS eligibility verified, time limits met, not a duplicate. All requirements for federal reimbursement are met, can be claimed**.**

**Denied** (DENY)       TCM encounter has been denied by DHCS during the invoice review process.

The common reasons for TCM encounter denials are:

- 0001 – Questionable duplicate exists
- 0002 – Questionable number of TCM encounters by Case Manager ID
- 0003 – Lack of documentation
- 0004 – Inappropriate encounter
- 0005 – LGA request
- 0006 – TCM encounter exceeded Capitated Limit Amount (CAP)
- 0007 – TCM encounter Older than 12 Months

**Duplicate** (DUPE)       TCM encounter is identical to another TCM encounter based on: LGA Code, Program Type Client ID, Date of Service, and Newborn Date of Birth.

**End Program** (ENDP)       TCM encounters with dates of service after June 30, 2011, and associated with Program Types Codes 06, 07, 09, 10, 11, and 13.

**Exceeded** (EXCD)       Due to an exceeded Capitated limit amount, reimbursement cannot be claimed.

**Expired** (EXPD)       Date of service is greater than 12 months after the month of service, or the newborn date of birth is after the month following the month of service for claiming on the mother's Medi-Cal number, or the time limit for verifying Medi-Cal eligibility is past.

**Hold** (HOLD)          TCM encounter is being held by the LGA for further research before invoicing.

**Inactive** (INAC)          TCM encounter has been saved as inactive by the LGA.

**Invoiced** (INVC)          Reimbursement has been claimed for this TCM encounter. This does not mean that the invoice has been submitted, approved or paid.

**Not Eligible** (NELG)          Unable to verify Medi-Cal eligibility.

The TCM System automatically checks the eligibility status of every beneficiary nightly against MEDS, thereby enabling the LGA to enter TCM encounter data for a beneficiary whose Medi-Cal eligibility may change. This "nightly MEDS sweep" results in many TCM encounters becoming eligible for invoicing months after they were entered into the TCM System.

Common MEDS match codes and descriptions are:

| Code | Description |
|------|-------------|
| 00 | Eligible |
| 11 | Date of Birth does not match MEDS |
| 22 | Date of Service exceeds 12 months |
| 33 | CIN not found |
| 44 | No record found on MEDS |
| 55 | Client not eligible on MEDS for Date of Service |
| 66 | Client has unmet Share of Cost* |
| 67 | Non-federal Aid code |
| 68 | 6X & 6Y Not Eligible |
| 69 | Ineligible for FFP |
| 70 | Client Not Eligible for TCM on Date of Service |
| 77 | Client in Long Term Care status |
| 90 | TCM System error reading CASXREF |
| 91 | TCM System error reading CINXREF |
| 92 | TCM System error reading MEDS |
| 99 | MEDS Region Unavailable |
| - | MEDS Deny Reason Not Found |

*Medi-Cal beneficiaries with a share of cost must pay a portion of the cost of their health care each month before Medi-Cal coverage becomes effective. The amount of out-of-pocket share of cost varies depending on the beneficiary's income and resources. Before claiming TCM services under the Medi-Cal program, the Medi-Cal beneficiary with a share of cost must have met their share of cost for the month. If the Medi-Cal beneficiary's monthly share of cost is not met, a TCM Claim Denial Registrar Report listing this reason for claim rejection will be sent to the LGA.

**PAID** (PAID)                     Federal Reimbursement for the TCM encounter has been received. LGA will change the status in the TCM System (refer to item XIX "Entering Receipt of Payment" within this Section).

**Pending** (PEND)             Additional necessary information is needed to determine if this TCM encounter is claimable for reimbursement (e.g., Client ID, date of birth, location, NPI, Subprogram code).

## VIII.    TCM ENCOUNTERS REQUIRING MODIFICATION PRIOR TO INVOICING

TCM encounters with the following status codes must be modified before being submitted to DHCS:

- Denied
- Duplicate
- Not Eligible
- Inactive
- Pending
- Expired

Failure to modify TCM encounters with these status codes before creating an invoice could result in denied TCM encounters.

### 1.  Identifying Encounters That Require Modification

The TCM encounter statuses are identified when the "Invoice Create" function is performed. Before submitting the invoice, the following steps must be performed to ensure that all claims submitted are valid and accurate.

- On the "Menu Bar" on the left side of the TCM website, click on "Encounter Search."
- Select a status on the Encounter Status Field by using the drop down menu.
- The search may be narrowed further by entering additional information to any other field.
- When submitted, a list of TCM encounters based on searched status category will appear.
- Click on each TCM encounter to find the reason for the encounter status.
- The TCM System will give the reason for such status.

Note: The search limit is 1,900 TCM encounters.

### 2.  Modify Buttons

There are three buttons on the Encounter Modify page:

- "Save & Process" button - This button will save the TCM encounter modification.
- "Save as Inactive" button - This button is used by the LGA when no action is being taken on resolving questions regarding the TCM encounter.
- "Save as Hold" button - This button is used by the LGA to change the TCM encounters status to hold while researching the TCM encounter.

### IX. NEWBORN CLAIMING REQUIREMENTS

All LGAs are advised in accordance with California Code of Regulations (CCR), title 22, section 50733(c), that a mother's Medi-Cal coverage shall be authorization for services for her newborn child during the month of birth and the month following the month of birth. However, subsequent to the time period, TCM services provided to the infant must be claimed using the infant's own Medi-Cal beneficiary identification (i.e. BIC, Social Security Number or MEDS ID number) and the infant's date of birth.

Note: For claiming FFP for encounters for newborns in the TCM System, the first and last name fields need to be completed with the newborn's first and last name, even if using the mother's Client ID.

An infant beneficiary is considered a newborn from birth until the end of the month following the month of birth. This period is referred to as the Newborn Date-Range. TCM encounters with a Newborn Date of Birth and with a date of service beyond the Newborn Date-Range will have a status of "EXPIRED" in the TCM System.

To claim for services for a newborn infant using the infant's Medi-Cal Client ID number or for an infant after the Newborn Date-Range, the following information must be entered into the TCM System:

- The infant's date of birth,
- The infant's Medi-Cal Client ID number, and
- The newborn date of birth field (Newborn DOB) must be left blank. (Failure to do so will result in the TCM System modifying the TCM encounter status to "EXPIRED" when the date of service is after the Newborn Date-Range.)

Note: In the event of a delay in the issuance of the infant's Medi-Cal Client ID Number, the LGAs are advised to withhold claims until the Medi-Cal Client ID Number is issued. In instances where TCM case file documentation and subsequent payment records indicate duplicate claims have occurred, the LGA may be subject to an audit exception.

### 1. How to Modify Expired TCM Encounter Status Codes for Newborns in the TCM System

An "EXPIRED" status will appear if TCM services were claimed for a newborn under the mother's Medi-Cal Client ID number past the allowed date. The allowed time period for

a newborn to claim under the mother's Medi-Cal Client ID number is the month of birth and the month following birth.

Prior to submitting the TCM encounter with the "Expired" TCM encounter status to DHCS, complete the following steps to modify the TCM encounter:

1. In the TCM System, select "Encounter" from the menu bar.
2. Click on "Search."
3. Select "Expired" status.
4. The search may be narrowed by entering additional information such as "Client ID" or "Date of service" or "Encounter ID."
5. From the list, select the TCM encounter.
6. At the bottom of the "Encounter information" page, click on "Modify."
7. Change the "Client ID" and "Date of Birth" from the Mother's information into the Infant's information. Remove the date of birth in the Newborn Date of Birth field.
8. Click on the "Save" button.
9. A new TCM encounter status will be determined accordingly.

## X.    DUPLICATE TCM ENCOUNTERS

Potential duplicate TCM encounters appear on the "Encounter View" page with the status "DUPE." The data used to determine potential duplicates are:

- LGA,
- Program Type,
- Client ID,
- Date of Service, and
- Newborn Date of Birth, if applicable.

When a potential duplicate TCM encounter is identified, the TCM System identifies all matching TCM encounters. The LGA must review each TCM encounter (click the "Show Matches" button) to determine the cause of the duplication. The duplicate status of a TCM encounter may be overridden/modified by selecting a "Valid Reason" from the pull-down menu in the "Valid Reason" field. If "Other" is selected as a valid reason, immediately provide a description of what "Other" means and supporting documentation to your TCM analyst, and document the duplication reason in the beneficiary's record.

These valid reason codes are discussed in depth below and are:

- Significant Additional Visit (01)
- Multiple Births (02)
- Other (00)

1. **Duplicate TCM Encounter Reason Code (01): A Significant Additional Visit**

The valid reason code 01 will occur when a beneficiary had a compelling need for TCM services on the same day another TCM service had already been provided. This compelling factor can be for services that were not provided by the same TCM Case Manager earlier that day or that could not be provided by the same case manager. Documentation is required to support the claim for multiple TCM encounters on the same day.

The best way to prevent duplication of services is to have a single TCM Case Manager responsible for providing the whole range of TCM services to one beneficiary. A TCM encounter conducted by one case manager should consider and/or provide a range of TCM services, from assessment to periodic review. When a case manager makes multiple referrals or provides multiple TCM services during a single visit; the referrals or services cannot be billed as separate encounters.

Instances of possible duplicate TCM encounter reason code (01) significant additional visits:

- A beneficiary may have an immediate need requiring a significant additional visit from the same case manager. The significant additional visit may not constitute a continuation of an earlier TCM encounter; it must be a separate service for a separate reason. The case manager must document in the client case records the reason for the significant additional visit.

- Circumstances occur where the first TCM Case Manager may not have the specialized skills required to provide the additional TCM services, when multiple TCM Case Managers interact directly with a beneficiary to provide different TCM services. Each TCM Case Manager can claim TCM encounters. When TCM Case Managers provide services to the same beneficiary, the LGA must determine which individual is the lead case manager. The beneficiary case records must indicate the specialized skills (e.g., nursing, social service) possessed by the additional TCM Case Manager (s) that justified the additional TCM encounter. The lead TCM Case Manager must coordinate with the other TCM Case Managers who provided services to the beneficiary in order to prevent duplication of services (e.g., assessment, developing a service plan) among those TCM Case Managers.

2. **Duplicate TCM Encounter Reason Code (02): Multiple Births**

The valid reason code 02 will occur when two or more children share the same Newborn Date of Birth and the mother's Medi-Cal ID Number. Entering a TCM encounter for a single newborn will not result in a duplicate flag if the Newborn Date of Birth is entered. Be sure to enter the Newborn Date of Birth. Newborns have presumptive Medi-Cal eligibility until the end of the month following the month in which

they were born. After that time, TCM encounters for children must use each child's own Medi-Cal ID number. The child(ren) must be present for the TCM encounter to be claimed.

### 3. Duplicate TCM Encounter Reason Code (00): Other

The valid reason code 00 will occur when some other compelling reason which has caused the duplicate TCM encounter. When using this code, the compelling reason must be stated in the "Valid Reason Other" space. DHCS may request additional documentation for this duplicate TCM encounter reason code.

### 4. Modifying Duplicate TCM Encounter Status Codes in the TCM System

The TCM System identifies duplicate TCM encounters based on Date of Service, TCM Case Manager, and Client ID. Duplicate TCM encounters must be modified.

A duplicate TCM encounter can be modified as follows:

- On the "Menu Bar" in the TCM System click on the Encounters folder and then click search.
- On the "Encounter" search page select "duplicate" in the encounter status drop down box and click the submit button.

Note: To limit your search, use the date range or program type filters.

- The TCM System will provide a list of all information regarding "Dupe" (duplicate) encounters.
- From the list, select the encounters that need to be modified.
- Research those TCM encounters by going back to the program in which the service was provided and inquire why there are multiple visits for the same beneficiary for the same day.
- The LGA will need to verify that the encounter is not a duplicate and then select the duplicate encounter "Valid Reason" in the drop down box.
- Then click on "Save & Process" button.
- Within the TCM System the "Dupe" status will change into another status (such as claimable) once the valid reason has been entered.

### XI. DENIED TCM ENCOUNTERS DUE TO UNSATISFACTORY IMMIGRATION STATUS (UIS)

Section 1903(v)(2) of the Social Security Act prohibits states from claiming FFP for non-emergency and non-pregnancy related services for individuals without a satisfactory immigration status (including both undocumented immigrants and lawfully present immigrants subject to a five year waiting period). TCM is not provided in emergencies

nor is an emergency related service. As such, TCM services provided to beneficiaries with an UIS are ineligible for FFP, with the exception being pregnancy related services, and any claims for such services will be denied. LGAs must adequately document the pregnancy related TCM services provided to a UIS beneficiary to properly claim FFP for those services.

### 1. UIS Beneficiary Claims

As of January 1, 2021, LGAs must cease submitting improper claims to the DHCS for TCM services provided to UIS beneficiaries. LGAs are solely responsible for funding these improper services and claims; the claims will be ineligible for both FFP and state general fund (SGF). DHCS is currently updating to the TCM System to ensure that claims ineligible for FFP or SGF for the UIS beneficiaries are denied.

UIS beneficiaries are individuals who fall into at least one of the following groups:

1. "Qualified" Non-Citizen (QNC) beneficiaries who are subject to and have not met the five-year bar.
2. Individuals who are Permanently Residing Under Color Of Law (PRUCOL).
3. Senate Bill 75 (Chapter 18, Statutes of 2015) beneficiaries.
4. Young Adult Expansion (YAE) beneficiaries (ages 21 through 25).
5. Trafficking and Crime Victims Assistance Program (TCVAP) beneficiaries. The TCVAP program is a cash and medical assistance program for eligible non-citizen victims of trafficking and other crimes. TCVAP beneficiaries are in the following aid codes: 2V, 4V, 5V and 7V. TCVAP beneficiaries in aid code 2V and 4V are 100 percent State funded. For individuals in aid codes 5V or 7V, FFP is available only for emergency and pregnancy related services.
6. Effective May 1, 2022, Older Adult Expansion (OAE) beneficiaries (50 years of age or older).

DHCS will take the following steps to ensure that LGAs do not receive FFP for improper claims for services provided to UIS beneficiaries:

- Underpayment - DHCS will not draw down FFP to pay any underpayment resulting from improperly claiming and providing services to UIS beneficiaries.
  - DHCS will continue to draw down FFP for any underpayments of claims not attributable to UIS beneficiaries.
- Overpayment – DHCS will continue to recoup all overpaid funds to LGAs, overpayments related to improver TCM services provided to UIS beneficiaries.

Ensuring fiscal integrity is a DHCS priority. As such, DHCS will provide separate and additional guidance for identifying UIS beneficiaries and reporting non-claimable encounters.

Note: Denied encounters cannot be modified.

## XII.   NOT ELIGIBLE TCM ENCOUNTERS

"Not Eligible" encounter status is for TCM encounters that have the below listed issues.

- The TCM System cannot verify the beneficiary's Medi-Cal eligibility at the time of the TCM encounter was entered into the TCM System.
- The TCM encounter goes beyond the Newborn mark.
- The TCM encounter goes beyond the 12-month mark.
- The TCM encounter is in "Dupe" status.
- Beneficiary has unmet share of cost.
- Beneficiary is listed within long term care status.

When the TCM encounter fulfills all requirements, the status will become claimable.

### 1.   Modifying Not Eligible TCM Encounter Status Codes in the TCM System

Certain "Not Eligible" TCM encounter statuses can be modified to become claimable:

- <u>The beneficiary not eligible on MEDS for Date of Service</u>: The TCM System will automatically process this TCM encounter once MEDS determines eligibility. Perform an Invoice Create periodically to cover those TCM encounters that become claimable. The invoice must be created within the 12-month period from the date of service; otherwise this TCM encounter will expire. The system does not create the invoice automatically.
- <u>The DOB does not match Client ID</u>: These types of TCM encounters may be fixed by correcting the appropriate DOB on the TCM encounter information page, click on the "Modify" button, and enter the appropriate information. Then click on the "Save & Process" button. The status will change accordingly.
- <u>The TCM encounter is in "Dupe" status</u>:
  o   On the "Menu Bar" in the TCM System click on the "Encounters" folder and then click search.
  o   On the "Encounter search" page select duplicate in the encounter status drop down box and click the submit button.
  o   The TCM System will provide a list of all information regarding "Dupe" encounters.
  o   From the list select the encounters that need to be modified.
  o   Research those TCM encounters by going back to the program in which the service was provided and inquire why there are multiple visits for the same beneficiary for the same day.
  o   The LGA will need to verify that the encounter is not a duplicate and then select the duplicate encounter "Valid Reason" in the drop down box.

- o Then click on "Save & Process" button.
- o Within the TCM System the "Dupe" status will change into another status (such as claimable) once the valid reason has been entered.
- o

## XIII.    CREATING AND SUBMITTING THE TCM SUMMARY INVOICE

To claim for federal reimbursement for TCM encounters, an LGA must submit a summary invoice generated by the TCM System. An invoice is a summary of claims for TCM encounters from one of the five program types that have service dates within the SFY (July 1 through June 30). The TCM System produces separate invoices per county by fiscal year, program type, and quarter.

Only an LGA Administrator can create an invoice in the TCM System. The LGA Administrator is responsible for ensuring that all TCM encounters included on the invoice are eligible for claiming federal reimbursement.

Per WIC section 14115, TCM program invoices must be postmarked to DHCS within 12 months from the end of the month in which the service was provided. DHCS considers the invoice submittal date to be the date the invoice is postmarked. TCM invoices postmarked after the 12-month limit will not be reimbursed.

For online training and detailed information about the TCM System, please visit the TCM Website: http://www.dhcs.ca.gov/provgovpart/Pages/TCM.aspx

## XIV.    GENERATING THE TCM SUMMARY INVOICE

The procedures on how to create the TCM summary invoice are as follows:

1. Log onto the TCM System, click on the "Invoice" folder icon on the "Menu Bar"
2. Click on the "Create" icon (beneath the invoice folder icon). On the "Create Invoice" page, choose one of the options below:

        Option 1: Enter program type and a claimable timeframe selected using the drop down menu:
- a) Up to current date – this will capture TCM encounters entered into the TCM System that are claimable up to the date you are creating the invoice for.
- b) Up to start of the month – this will capture TCM encounters entered into the TCM System that are claimable up to the first day of the month you are creating the invoice for.
- c) Up to start of a quarter – this will capture TCM encounters entered into the TCM System that are claimable up to the beginning of the quarter you are creating the invoice for.

- o Option 2: Enter program type and enter a range of dates of TCM encounters that will be included in the invoice.

3. Click on the "Create" button at the bottom of page (use the "Reset" button to start over). The results will be a list of invoices that are ready to be created.
4. Select one invoice at a time to create the summary invoice. Invoices that can be created will have an invoice number and a "View" hyperlink next to them.
5. Click on "View" and it will show the invoice with a list of encounters that are included within the invoice. At this point you have options to save and to submit the invoice later (If the LGA finds errors within the created invoice the LGA can cancel the invoice).
6. Click on "Submit", you will be taken to the next page where you will be able to print your created invoice.
7. Click on "Print."
8. Print the invoice on your LGA letterhead, sign the invoice in blue ink, and submit the invoice to DHCS.

The TCM System automatically includes all "Claimable" TCM encounters on the created invoice up to the time frame chosen.

In some cases, DHCS will request additional information on specific TCM encounters by following the below steps:

1. DHCS will notify the LGA Coordinator and request an explanation. The LGA Coordinator has 10 business days to reply.
2. If DHCS does not receive a response, DHCS will make a second request for an explanation for the flagged encounter(s). The LGA Coordinator has seven (7) additional days to respond.
3. If DHCS still does not receive a response, DHCS will deny the encounter(s). The number of encounters and total/federal share will be adjusted to reflect the denied encounters.

If the unexplained encounter(s) is given a valid explanation by the LGA coordinator within the allotted time frame, the encounter will be processed as normal by DHCS.

## XV.   INVOICE STATUS CODES

To locate invoices in the TCM System that have different status codes:

- On the "Menu Bar" of the TCM System home page, click on the "invoices" folder and click "Search".
- Select a status on the "Invoice Status" field by using the drop down menu.
- The search can be narrowed by entering additional information to any other field.
- When submitted, a list of invoices based on searched status category will appear.
- Click on each invoice to find out the reason for the invoice status.
- The TCM System will give the reason for each status.

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TCM invoice status codes are listed below:

**CREATED**          The invoice has been created in the TCM System.

**SUBMITTED**          The invoice has been submitted to DHCS.

**APPROVED**          The invoice has been approved in the TCM System by DHCS.

**ADJUSTED**          The invoice has been adjusted or the amount of TCM encounters has been altered in the TCM System.

**DENIED**          The invoice is denied in the TCM System.

**PAID**          Receipt of payment has been entered into the TCM System by the LGA.

**CANCEL**          The invoice has been canceled by the LGA.

**VOID**          The invoice has been voided in the TCM System. The invoice can be corrected and resubmitted to DHCS if needed.

## XVI.    PREPARING THE TCM SUMMARY INVOICE FOR PRINTING AND SUBMITTING

The invoice must be printed on official county letterhead and signed by an authorized signer. The LGA Authorized Signer must either sign the invoice in blue ink only or scan the invoice in color, or sign by any electronic method. Examples of possible electronic signing methods include DocuSign, Adobe, scanned Adobe PDF, etc. If the LGA chooses to utilize the DocuSign method, the LGA Authorized Signer's initiation of the DocuSign invoice must include a location designation on each invoice for the signature, date, and title for the LGA Authorized Signer, the TCM analyst, and the TCM unit manager.

Helpful tips for submitting invoices to DHCS prior to being submitted:

Type or print the full name and title of the person signing the invoice. The individual who signs must be on file with DHCS as an authorized signor. The Signature Authority Request form can be found on the TCM website in the TCM Forms section under the Tools & Templates section.

- Whiteout is prohibited; corrections must be made by striking/lining through the error, writing in the correction, and initialing it.

- Send a cover letter along with the invoice. The letter should identify the invoice(s) enclosed and any special instructions. This will allow DHCS to verify the number of invoices have been sent and to identify any missing invoices.
- Do not send encounter data. Only a scanned color copy of an invoice or an electronically signed invoice submitted via e-mail will be accepted by DHCS.

## XVII.    ELECTRONICALLY SUBMITTING THE INVOICE FOR REIMBURSEMENT

After the LGA Authorized Signer has created a TCM invoice, the invoice(s) and cover letter may be signed by any electronic method. Examples of possible electronic signing methods are DocuSign, Adobe, scanned Adobe PDF, etc. If the LGA chooses to utilize the DocuSign method, the LGA Authorized Signer's initiation of the DocuSign invoice must include a location designation on each invoice for the signature, date, and title for the LGA Authorized Signer, the TCM analyst, and the TCM unit manager.

Upon completion on electronic invoice(s), the LGA Authorized Signer will submit the cover letter and signed invoice(s) via e-mail to their TCM analyst. The signature on the invoice(s) must match the signature provided on the LGA Signature Authority Request Form.

Note: Hard copies of invoices are not accepted and will not be processed for payment if they are mailed to DHCS.

## XVIII.    DHCS INVOICE PROCESSING

### 1.  Invoice Approval

Invoices shall be approved when:

- Submitted on official LGA/County letterhead.
- Scanned in color and signed with blue ink or electronically signed.
- Within the 12-month limitation.
- Potential duplicate encounters have been researched.

Invoices that have been approved by DHCS will be submitted to DHCS Accounting for payment. DHCS Accounting will process the payment and will enter the claim schedule paid date into the TCM System. Once the LGA receives the payment from DHCS, the LGA will enter the paid date into the TCM System.

It is very important for LGAs, once they receive payment for invoices, to log into the TCM System and enter the payment information for each invoice which will change the status to "PAID."

### 2. Denied Invoices

Invoices shall be denied when DHCS reviews invoices and the following reasons apply:

- 0001 – Invoice not on LGA letterhead
- 0002 – Signature requirements not met
- 0003 – All TCM encounters are questionable
- 0004 – All TCM encounters exceed the remaining CAP
- 0005 – LGA request for Denial
- 0006 – TCM encounters older than 12 months

### 3. Voided Invoices

Invoices will only be voided when requested by an LGA. Invoices can be voided for the following scenarios:

- If an LGA submits an invoice with an expired but not valid newborn TCM encounter. The LGA may request for DHCS to void the invoice. After the invoice has been voided, the TCM encounter may be corrected to include the child's correct Medi-Cal number (rather than the mother's number) and take out the DOB (if the DOB remains in the TCM System, the TCM System will assign the TCM encounter as an expired newborn).
- If an LGA has an invoice with a TCM encounter that was incorrectly billed, they can request for DHCS to void the invoice. Once the invoice has been voided, the TCM encounter status may be changed to "INACTIVE" by the LGA. The LGA can then re-invoice for the rest of the TCM encounters on the original invoice and re-submit the invoice to DHCS, within the 12-month time frame.
- If an LGA billed a TCM encounter under the wrong target population, they can request that DHCS to void the invoice. Once the invoice has been voided the error may be resolved.

## XIX.   ENTERING RECEIPT OF PAYMENT

### 1. Importance of "Paid" Invoice Status

After an LGA receives payment for their invoices, the TCM invoice is considered "Paid." The LGA Coordinator must then ensure that the receipt of payment is entered into the TCM System and the status of the invoice is updated from "Approved" to "Paid." This updating process is relied on to ensure that payment has been received for the appropriate corresponding invoice.

Additionally, DHCS issues monthly activity reports to LGAs depicting the invoice status. It is DHCS' expectation that LGAs review their activity reports to confirm invoice payments were received. This procedure acts as a safeguard for DHCS and LGAs to ensure that all invoices have been processed and paid.

Further, DHCS requests FFP from CMS on a quarterly basis. To properly budget the FFP needed for the TCM program, TCM staff account for paid and outstanding invoice amounts. This function cannot be completed properly without the LGAs updating their TCM invoice status appropriately.

## 2. Instructions to Change Invoice Status from "Approved" to "Paid"

Follow the steps outlined below to enter the receipt of payment into the TCM System for the invoice(s):

1. Login to the TCM System (https://tcm.dhcs.ca.gov/tcm/login.html). On the "Menu Bar" of the  TCM System home page:
    a. Click on "Invoice" folder
    b. Click on "Search" to search for the invoice to apply the payment

2. Perform one of the following options under "Invoice Search", either:
    a. Enter the invoice number indicated on the check or warrant received
        i. Enter the payment date, which is the date on the check received, in the "Paid Date" field
        ii. Click on "Paid" button at the bottom of the page
    b. Enter Fiscal Year and then click on "Submit" button under "Invoice Search"
        i. A list of invoices will appear for that fiscal year
        ii. Select the invoice indicated on the check or warrant received
        iii. Enter the payment date in the "Paid Date" field
        iv. Click on "Paid" button at the bottom of the page

3. Once the payment is entered into the TCM System, the status of the invoice will change from "Approved" to "Paid."

4. Complete this process for each received payment.

## XX. RECONCILING THE TCM ENCOUNTER LOG WITH TCM SYSTEM GENERATED REPORT

It is best practice to reconcile the encounter log with the TCM System generated report. This ensures the TCM encounters in the LGA's TCM encounter log are accurately billed in the TCM System to properly secure payments from DHCS. The LGA's TCM encounter log is also utilized to ensure that the TCM encounters reported in the TCM Cost Report are correct.

## 1. How to Reconcile

An LGA is to reconcile the TCM encounters reported in the TCM System against their encounter log for claims and payments received. This is done by running a report from the TCM System using the LGA User report summary that includes:

- TCM encounters entered and invoiced
- Invoices submitted and approved
- Summary totals

The TCM encounters entered and invoiced must match the claimable TCM Medi-Cal only encounters in the TCM encounter log. The total amount received and recorded in the accounting system must equal the amount of invoices submitted and approved in the TCM System.

For the LGA User report to reflect accurate payment information, the LGA must enter the payment information of an invoice into the TCM System and change status to "Paid." Once this process is completed, then the payment records must match the payment information in the TCM System.

To enter the TCM encounter into the TCM System and the following must be followed:

1. It is best practice if all TCM Encounters are uploaded into the TCM System, then all TCM encounters included in the encounter log must reconcile to what was entered into the TCM System. In addition, the total Claimable TCM Medi-Cal Only Encounters in the log must match with what was invoiced and paid. An LGA may use this report as their encounter log because it includes all the TCM encounters.

TCM encounters submitted in the TCM System can be downloaded into a report in Excel format to summarize the different encounter categories: Claimable TCM Medi-Cal Only Encounters, Non-claimable TCM Medi-Cal Only Encounters, and TCM Non-Medi-Cal Encounters (refer to Section 5, Worksheet F regarding the TCM Cost Report Instructions to distinguish the different TCM encounter categories). This report is only available if the LGA uploads all encounters into the TCM System. The categorization of TCM encounters are reported in the TCM Cost Report.