

COUNTY INDIGIENT HEALTH CARE PROGRAM

Billing & Claims Payment





- 1. For claim payments to be considered, a claim should be received by the county within:
 - 95 days from the date of service, for services provided after the date of approval,
 - Or, 95 days from the date of approval, for services provided before the household was approved.
- 1. Use the payment standard that is in effect on the day the claim is paid.





Claim Forms

CMS-1500 FORM

- Physician Services
- Advanced Practice Nurse Services
- Laboratory and X-ray Services
- Freestanding Ambulatory Surgical Centers
- Federally Qualified Health Centers



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NUCC Instruction Manual available at: www.nucc.org	PLEASE PRINT OR TYPE	APPROVED OMB-0038-0999 FORM CMS-1500 (08-05)			
		()			



Claim Forms

UB 04 FORM

- Hospital (Inpatient and Outpatient)
- Rural Health Clinics (Freestanding and Hospital-based)
- Hospital-based Ambulatory Surgical Centers
- Federally Qualified Health Centers



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Non-covered CIHCP Benefits

- 1. A web link is provided in Section 4 of the CIHCP Handbook.
 - a. The link provides a list of services, supplies, and expenses that **MAY NOT** be a CIHCP benefit.

2. The correct web link is:

http://www.tmhp.com/Pages/Medicaid/Medicaid/Medicaid/Medicaid/Medicaid Publications Provider manual.aspx

Section 1 Provider Enrollment and Responsibilities in Texas Medicaid Limitations & Exclusions of the Medicaid Provider Manual.



Non-covered CIHCP Benefits

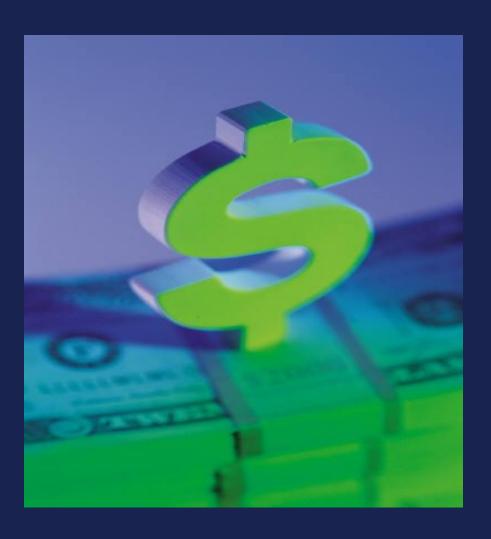
*How do you determine if a request is a "covered" benefit of the CIHCP?

Your initial questions should be:

- ✓ Can it be billed as a physician service; hospital service; a medical screening, etc.? If yes, then it is a covered benefit.
- ✓ But if you still have questions, you may refer to the web link listed on the previous slide?









Payment standards for services are established in accordance with Medicaid programs. Payment standards and rates are located at:

- Texas Medicaid Health Partnership (TMHP) Website
- CIHCP Website
- CIHCP Handbook
 - Section Four, Service Delivery
- Health and Human Service
 Commission (HHSC) website



Where to Find Payment Rates





You may utilize the <u>Static Fee</u>
<u>Search</u> or the <u>Online Fee</u>
<u>Lookup</u>.



TMHP Fee Schedules

The online fee lookup and static fee schedules <u>displays</u> rates <u>after the applicable rate reductions have been</u> <u>applied.</u>

- 1. If reductions have been applied they will be located in the "Adjusted Fee for Report Date Column."
- 2. TMHP has also revised the fee schedules to include "Non-Facility and Facility" rates.
- 3. The CIHCP Handbook has been updated to identify the applicable services.



Hospital Rates

Inpatient hospital services

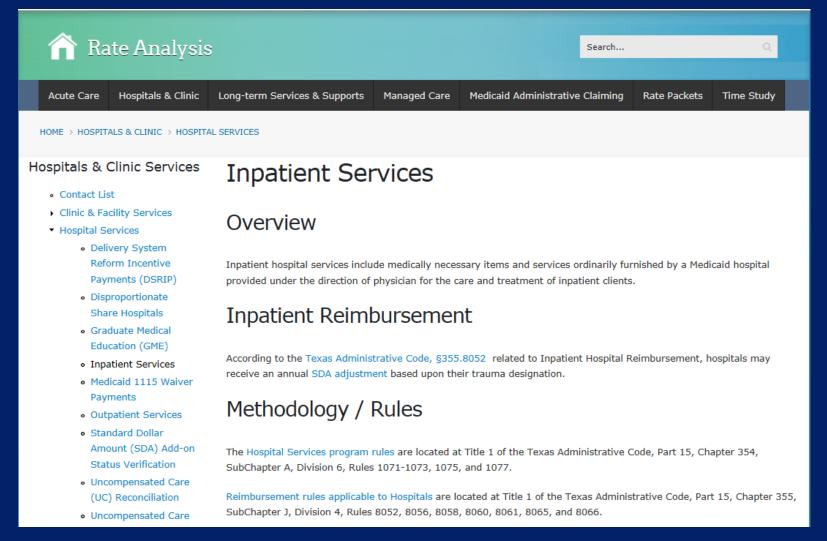
There are lists that you could use when determining the correct inpatient hospital payment rate.

- a. Urban, Rural, & Children's Hospital Prospective SDA
- b. Texas APR-DRG Grouper
- c. ***Inpatient RCC Rates

Each list serves a specific purpose. So, you will not always have to access each list each time you process an inpatient hospital claim.



Hospital Rates



http://rad.hhs.texas.gov/hospitals-clinic/hospital-services/inpatient-services

Hospital Rates

TEFRA Payment Methodology

Medicaid providers that are cost-reimbursed according to the TEFRA reimbursement principles on a reasonable cost basis are subject to cost reporting, cost reconciliation, and cost settlement processes. This includes state-owned teaching hospitals.

Additional information is available on the Texas Medicaid & Health Partnership (TMHP) website.

Payment Information

Hospital Inpatient Payments

FY 2018 Urban Hospital Prospective Standard Dollar Amount (SDA) with Add-on (.pdf)

FY 2018 Rural Hospital Prospective Standard Dollar Amount (SDA) (.pdf)

FY 2018 Children's Hospital Prospective Standard Dollar Amount and Rate for Labor and Delivery Services provided to Adults (SDA) (.pdf)

Texas APR-DRG Grouper current version (.pdf)

Current and previous versions of all SDA rates and APR DRG Grouper information are available on the TMHP website.

Inpatient Ratio of Cost to Charges (RCC Rates) - effective 09/01/17

Previous Inpatient Ratio of Cost to Charges (RCC Rates)

FY 2017 Psychiatric Hospital (Per Diem Rates) (.pdf)

Cost Report Requirements

Inpatient RCC Rates

RCC = Ratio Cost to Charges. The hospitals located on this listing will be paid using the percent (%) payment standard.



*Use the percent rate that is available on the day you pay the claim. The rate & effective date are based on when HHSC receives/processes the facility's "cost reports."



Inpatient RCC Rates

Inpatient Ratio of Cost to Charges Effective 9/1/2017

TPI	NPI	Provider Combined Name	Provider Street Address	City, S tate and Zip	County	Rate Effective Date	Inpatient Rate (September)
017624011	1396748430	EAST TEXAS MEDICAL CENTER QUITMAN-	117 N WINNSBORO ST	QUITMAN, TX 75783	WOOD	05/01/2017	27%
020811801	1447228747	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION-CHRISTUS SPOHN HOSPITAL BEEVILLE	1500 E HOUSTON ST	BEEVILLE, TX 78102	BEE	07/01/2017	38%
020812601	1235256884	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM AVE	TYLER, TX 75701	SMITH	11/01/2016	11%
020812603	1619092780	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM 5TH FLOOR	TYLER, TX 75701	SMITH	09/01/2006	31%
020817501	1174576698	CHCA BAYSHORE LP-BAYSHORE MEDICAL CENTER	4000 SPENCER HWY	PASADENA, TX 77504	HARRIS	01/01/2017	17%
020834001	1730132234	MEMORIAL HERMANN HEALTH SYSTEM-MHHS THE WOODLANDS HOSPITAL	1635 NORTH LOOP W	HOUSTON, TX 77008	HARRIS	07/01/2017	33%
020841501	1962455816	CHCA CONROE LP-CONROE REGIONAL MEDICAL CENTER	504 MEDICAL CENTER BLVD	CONROE, TX 77305	MONTGOMERY	01/01/2017	18%
020844901	1194787218	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHRISTUS SANTA ROSA HOSPITAL	2827 BABCOCK RD	SAN ANTONIO, TX 78229	BEXAR	07/01/2017	38%
020844903	1821004151	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHILDRENS HOSPITAL OF SAN ANTON	I 333 N SANTA ROSA ST	SAN ANTONIO, TX 78207	BEXAR	06/01/2017	34%
020860501	1467403477	COLLEGE STATION MEDICAL CENTER	1604 ROCK PRAIRIE RD	COLLEGE STATION, TX 77845	BRAZOS	09/01/2017	21%
020908201	1396779948	TEXAS PRESBYTERIAN HOSPITAL OF DALLAS	8200 WALNUT HILL LN	DALLAS, TX 75231	DALLAS	02/01/2017	31%
020930601	1679526982	BROWNWOOD REGIONAL MEDICAL CENTER	1501 BURNET RD	BROWNWOOD, TX 76801	BROWN	09/01/2017	24%
020934801	1740233782	MEMORIAL HERMANN HOSPITAL SYSTEM-MHHS MEMORIAL CITY HOSPITAL	921 GESSNER RD	HOUSTON, TX 77024	HARRIS	07/01/2017	37%
020943901	1689628984	COLUMBIA HOSPITAL MEDICAL CITY DALLAS, SUBSIDIARY-MEDICAL CITY DALLAS HOSPITAL		DALLAS, TX 75230	DALLAS	07/01/2016	12%
020947001	1043267701	COLUMBIA VALLEY HEALTHCARE SYSTEMS LP-VALLEY REGIONAL MEDICAL CENTER	100A E ALTON GLOOR BLVD	BROWNSVILLE, TX 78526	CAMERON	04/01/2017	11%
020950401	1134172406	COLUMBIA MEDICAL CENTER OF ARLINGTON SUBSIDIARY LP-MEDICAL CENTER OF ARLINGTO	3301 MATLOCK RD	ARLINGTON, TX 76015	TARRANT	05/01/2017	15%
020957901	1649223645	ROUND ROCK HOSPITAL-ROUND ROCK MEDICAL CENTER	2400 ROUND ROCK AVE	ROUND ROCK, TX 78681	WILLIAMSON	08/01/2017	23%
020966001	1205018439	LAKE POINTE MEDICAL CENTER	6800 SCENIC DR	ROWLETT, TX 75088	DALLAS	05/01/2017	18%
020967802	1003883158	TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON-	3000 I 35 NORTH	DENTON, TX 76201	DENTON	05/01/2017	29%
020973601	1508810573	BAY AREA HEALTHCARE GROUP, LTD-CORPUS CHRISTI MEDICAL CENTER	7101 S PADRE ISLAND DR	CORPUS CHRISTI, TX 78412	NUECES	08/01/2017	15%
020976902	1295736734	CHRISTUS HEALTH ARK LATEX-	2600 SAINT MICHAEL DR	TEXARKANA, TX 75503	BOWIE	06/01/2017	29%
020977701	1134166192	ORTHOPEDIC HOSPITAL LTD-TEXAS ORTHOPEDIC HOSPITAL	7401 MAIN ST	HOUSTON, TX 77030	HARRIS	01/01/2017	14%
020979302	1902857766	COLUMBIA MEDICAL CENTER OF LAS COLINAS, INC-LAS COLINAS MEDICAL CENTER	6800 N MACARTHUR BLVD	IRVING, TX 75039	DALLAS	07/01/2017	18%
020981901	1891718789	VISTA COMMUNITY MEDICAL CENTER HOSPITAL LLP-SURGERY SPECIALTY HOSPITAL OF AME	4301 VISTA RD	PASADENA, TX 77504	HARRIS	05/01/2011	41%
020982701	1548291883	TEXAS HEALTH PRESBYTERIAN HOSPITAL ALLEN-	1105 CENTRAL EXPY N	ALLEN, TX 75013	COLLIN	02/01/2017	52%
020988401	1023011657	SWEENY COMMUNITY HOSPITAL	305 N MCKINNEY	SWEENY, TX 77480	BRAZORIA	08/01/2017	100%
020989201	1205837770	NORTH RUNNELS COUNTY HOSPITAL-	7821 STATE HIGHWAY 153	WINTERS, TX 79567	RUNNELS	06/01/2017	100%
020990001	1780731737	MADISON ST JOSEPH HEALTH CENTER	1101 WEST CROSS ST	MADISONVILLE, TX 77864	MADISON	07/01/2017	33%
020991801	1942240189	REFUGIO COUNTY MEMORIAL HOSPITAL DISTRICT	107 SWIFT ST	REFUGIO, TX 78377	REFUGIO	01/01/2017	100%
020992601	1083612121	STONEWALL MEMORIAL HOSPITAL DISTRICT-STONEWALL MEMORIAL HOSPITAL	821 N BROADWAY	ASPERMONT, TX 79502	STONEWALL	10/01/2016	100%
020993401	1174522494	BAYSIDE COMMUNITY HOSPITAL-	200 HOSPITAL DRIVE	ANAHUAC, TX 77514	CHAMBERS	11/01/2015	100%

Outpatient Hospital Services

Outpatient hospital services

There is only 1 location that you go to for determining the correct outpatient hospital percent rate.

a. Outpatient RCC Rates



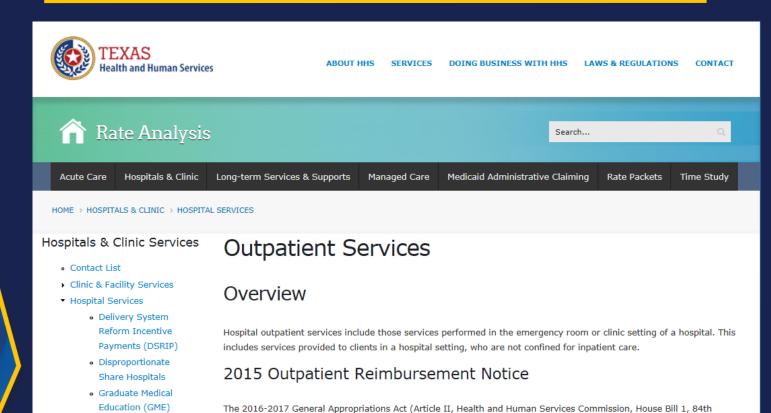
Outpatient Hospital Services



Inpatient Services

Payments

Medicaid 1115 Waiver



http://rad.hhs.texas.gov/hospitals-clinic/hospital-services/outpatient-services

for rural hospitals to ensure access to critical services.

Legislature, Regular Session, 2015, Special Provisions Relating to all Health and Human Services Agencies, Section 58)

directed HHSC to expend certain funds to provide increases in, or add-ons to, Medicaid outpatient provider reimbursement

Outpatient Hospital Services



Methodology / Rules

The Hospital Services program rules are located at Title 1 of the Texas Administrative Code, Part 15, Chapter 354, SubChapter A, Division 6, Rules 1071-1073, 1075, and 1077.

Reimbursement rules applicable to Hospitals are located at Title 1 of the Texas Administrative Code, Part 15, Chapter 355, SubChapter J, Division 4, Rules 8052, 8056, 8058, 8061, 8065, and 8066.

Payment Information

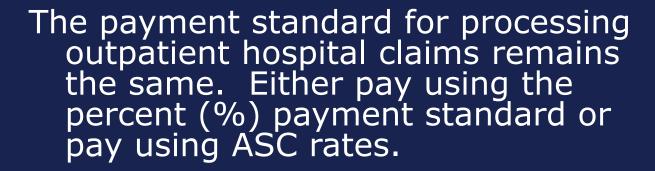
Hospital Outpatient Payments

Outpatient Ratio of Cost to Charges (RCC Rates) - effective 09/01/17

Previous Outpatient Ratio of Cost to Charges (RCC Rates)

Cost Report Requirements

Outpatient Hospital Services



*Use the percent rate that is available on the day you pay the claim. The rate & effective date are based on when HHSC receives/processes that facility's "cost reports."



Outpatient RCC Rates

Outpatient Ratio of Cost to Charges Effective 9/1/2017

TPI	NPI	Provider Combined Name	Provider Street Address	City, State and Zip	County	Rate Effective Date	Outpatient Rate (September)
017624011	1396748430	EAST TEXAS MEDICAL CENTER QUITMAN-	117 N WINNSBORO ST	QUITMAN, TX 75783	WOOD	05/01/2017	19%
020811801	1447228747	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION-CHRISTUS SPOHN HOSPITAL BEEVILLE	1500 E HOUSTON ST	BEEVILLE, TX 78102	BEE	07/01/2017	13%
020812601	1235256884	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM AVE	TYLER, TX 75701	SMITH	11/01/2016	11%
020812603	1619092780	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM 5TH FLOOR	TYLER, TX 75701	SMITH	07/01/2016	34%
020817501	1174576698	CHCA BAYSHORE LP-BAYSHORE MEDICAL CENTER	4000 SPENCER HWY	PASADENA, TX 77504	HARRIS	01/01/2017	8%
020834001	1730132234	MEMORIAL HERMANN HEALTH SYSTEM-MHHS THE WOODLANDS HOSPITAL	1635 NORTH LOOP W	HOUSTON, TX 77008	HARRIS	07/01/2017	17%
020841501	1962455816	CHCA CONROE LP-CONROE REGIONAL MEDICAL CENTER	504 MEDICAL CENTER BLVD	CONROE, TX 77305	MONTGOMERY	01/01/2017	9%
020844901	1194787218	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHRISTUS SANTA ROSA HOSPITAL	2827 BABCOCK RD	SAN ANTONIO, TX 78229	BEXAR	07/01/2017	21%
020844903	1821004151	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHILDRENS HOSPITAL OF SAN ANTONIO	333 N SANTA ROSA ST	SAN ANTONIO, TX 78207	BEXAR	06/01/2017	25%
020860501	1467403477	COLLEGE STATION MEDICAL CENTER	1604 ROCK PRAIRIE RD	COLLEGE STATION, TX 77845	BRAZOS	09/01/2017	9%
020908201	1396779948	TEXAS PRESBYTERIAN HOSPITAL OF DALLAS	8200 WALNUT HILL LN	DALLAS, TX 75231	DALLAS	02/01/2017	18%
020930601	1679526982	BROWNWOOD REGIONAL MEDICAL CENTER	1501 BURNET RD	BROWNWOOD, TX 76801	BROWN	09/01/2017	13%
020934801	1740233782	MEMORIAL HERMANN HOSPITAL SYSTEM-MHHS MEMORIAL CITY HOSPITAL	921 GESSNER RD	HOUSTON, TX 77024	HARRIS	07/01/2017	20%
020943901	1689628984	COLUMBIA HOSPITAL MEDICAL CITY DALLAS, SUBSIDIARY-MEDICAL CITY DALLAS HOSPITAL	7777 FOREST LN	DALLAS, TX 75230	DALLAS	07/01/2016	11%
020947001	1043267701	COLUMBIA VALLEY HEALTHCARE SYSTEMS LP-VALLEY REGIONAL MEDICAL CENTER	100A E ALTON GLOOR BLVD	BROWNSVILLE, TX 78526	CAMERON	04/01/2017	8%
020950401	1134172406	COLUMBIA MEDICAL CENTER OF ARLINGTON SUBSIDIARY LP-MEDICAL CENTER OF ARLINGTON	3301 MATLOCK RD	ARLINGTON, TX 76015	TARRANT	05/01/2017	8%
020957901	1649223645	ROUND ROCK HOSPITAL-ROUND ROCK MEDICAL CENTER	2400 ROUND ROCK AVE	ROUND ROCK, TX 78681	WILLIAMSON	08/01/2017	10%
020966001	1205018439	LAKE POINTE MEDICAL CENTER	6800 SCENIC DR	ROWLETT, TX 75088	DALLAS	05/01/2017	11%
020967802	1003883158	TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON-	3000 I 35 NORTH	DENTON, TX 76201	DENTON	05/01/2017	13%
020973601	1508810573	BAY AREA HEALTHCARE GROUP, LTD-CORPUS CHRISTI MEDICAL CENTER	7101 S PADRE ISLAND DR	CORPUS CHRISTI, TX 78412	NUECES	08/01/2017	8%
020976902	1295736734	CHRISTUS HEALTH ARK LATEX-	2600 SAINT MICHAEL DR	TEXARKANA, TX 75503	BOWIE	06/01/2017	11%
020977701	1134166192	ORTHOPEDIC HOSPITAL LTD-TEXAS ORTHOPEDIC HOSPITAL	7401 MAIN ST	HOUSTON, TX 77030	HARRIS	01/01/2017	8%
020979302	1902857766	COLUMBIA MEDICAL CENTER OF LAS COLINAS, INC-LAS COLINAS MEDICAL CENTER	6800 N MACARTHUR BLVD	IRVING, TX 75039	DALLAS	07/01/2017	9%





Payment rates

1.Skilled nursing facility services payment rate is \$118.00 per day.



Ambulatory Surgical Centers

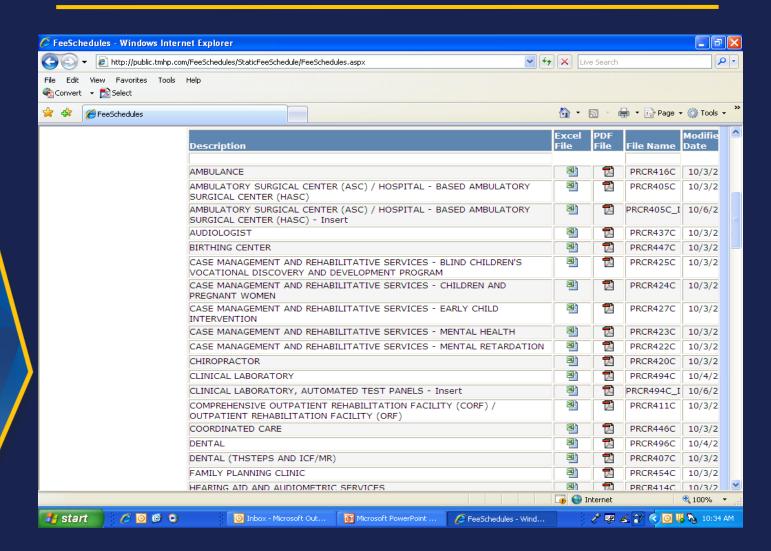
ASC covered services are billed as one inclusive charge. All facility services provided in conjunction with the surgery (for example, lab, radiology, anesthesia supplies, and medical and other necessary supplies) are considered part of the inclusive charge and must not be itemized or billed separately.

ASC Hints

- Was there an emergency room visit billed.
- ➤ What was the service? Check to see if the service performed is included in the ASC list of services.



Ambulatory Surgical Centers





Ambulatory Surgical Centers

Free Standing vs. Hospital Base

- a. This designation is not based on the "physical location of the ASC." ... I know, right...
- b. It is based on the **ASC's affiliation or non- affiliation to a hospital.**
- **c.** Hospital based ASC services are a CHICP Basic Service.
- **d. Free standing** ASC services are a CIHCP Optional Service.

THE AFFILIATION DETERMINES IF YOU ARE REQUIRED TO COVER AN ASC SERVICE.



Ambulatory Surgical Centers

- 1. <u>Hospital-based</u> ambulatory surgical centers submits bills using the **UB-04.** This is a Basic CIHCP Health Care Service.
- 1. <u>Freestanding</u> ambulatory surgical centers submits bills using the **CMS-1500**. This is an Optional Health Care Service.

Both are paid according to the TMHP ASC / HASC Fee Schedule and Insert.

The physicians involved in the surgery will bill separately on a CMS-1500 using their own National Provider Identifier (NPI).





Thank you

Liz.gregg@hhsc.state.tx.us -SSI Reimbursements, Claims Rosa.Voss@hhsc.state.tx.us

10/18/2018