

Bulletin

February 27, 2006

Minnesota Department of Human Services □ 444 Lafayette Rd. □ St. Paul, MN 55155

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Alternative Care Program Administrators
- Tribal Agency Directors
- County Fiscal Administrative Staff
- Community Health Services

ACTION

Please use these procedures immediately for all AC clients.

DUE DATE

Effective immediately.

Alternative Care (AC) Program Billing Clarification and Changes

TOPIC

Provide updated information on the Departments' process for county and tribal agencies to record and bill AC premiums.

PURPOSE

This bulletin replaces bulletin 01-32-14. It includes:

- ✓ The role of the Long Term Care Consultation (LTCC) screening document to record the client's initial premium billing address.
- ✓ The role of the service agreement to record the premium and future effective date.
- ✓ The procedures to notify the Department of address changes; and past, current, and cancelled premium changes.
- ✓ Submitting payments.
- ✓ Premium refunds.

CONTACT

Questions regarding SRU Billing may be addressed to (651) 431-3205 or 1-800-657-3762.

SIGNED

BRIAN OSBERG
Assistant Commissioner
Health Care Administration

I. BACKGROUND

The 2001 legislative session approved changes to the Alternative Care (AC) premium billing and receipting process (see Minnesota Statutes, section 256.0913, subd. 12 and 14). After December 31, 2001, the department assumed partial responsibility for part of the technical portion of the process, namely generating monthly bills (invoices) and receiving payments from clients. The department began billing and collecting premiums for service months beginning with January 2002 through the department's Special Recovery units (SRU) billing unit.

The Medicaid Management Information System (MMIS) and the SRU system interface monthly to transfer and record AC premium information so that billing can occur. The accuracy and timing of the billing process is dependent on the MMIS data entered. The service agreement entered into MMIS identifies the premium amount and effective date but actual billing and collection is completed through SRU. This bulletin will update the technical aspects of the billing and receipting process.

II. ROLE OF THE LTCC SCREENING DOCUMENT (DHS 3427)

For the initial opening to the AC program, the LTCC screening document identifies the address where the premium invoice will be mailed. This address is recorded in Section H of the screening form which is data entered on the ALT6 screen of the MMIS. **NOTE:** while it is imperative that future address changes are recorded on the MMIS screen (for service agreement letter delivery), changes to the address on the MMIS screen will not change the billing address. Whenever the billing address changes, the local lead agency must use e-mail or FAX to note the change to the Department. MAXIS e-mail "MADE", internet e-mail DHS.MADE@state.mn.us or FAX 651 431-7431 may be used to submit the following information:

Subject: AC Premium Address Change
Message: Client's initials, PMI number, and corrected or new guardian address

III. ROLE OF THE SERVICE AGREEMENT (DHS 3070)

The dollar amount and billing date of the premium are recorded by the local lead agency on the ASA2 screen of the service agreement. These fields are mandatory for all AC clients and must be entered or updated whenever a client enters the program, a premium is initiated and/or the dollar amount changes, even when the value is "\$0".

The AC Premium Amount field records the dollar amount. If no premium is to be collected, the value entered is "\$0". If there is an amount, both dollars and cents must be recorded.

The Premium Date (MM/YY) field records only an effective date in the future that the premium amount will be invoiced. It must always be the month following the current month. An example is an MMIS entry made in the month of January will be shown as 02/06 in this field.

If the premium effective date begins earlier than the dates allowed in this field, then the lead agency must send a manual request to the billing department for those month(s) prior to the date entered in this field (this manual request is made in addition to MMIS entry for future dates - representing a two-part process).

IV. INACTIVE PERIOD FOR SERVICE AGREEMENT PREMIUM FIELDS

IMPORTANT: In order for a premium to be effective in the DHS billing system, changes to the service agreement fields must be completed prior to the 28th of the same month. **Changes made to the service agreement fields on the 28th to the 4th of the following month will not make any impact in the billing system and a separate notification to DHS by email or fax is required.**

- Adding a new service agreement. Since the AC Premium Amount and AC Premium Effective Date fields are mandatory, whenever a new service agreement is added during this period, new edit 943 will post explaining that the case manager must notify the department of the premium and effective date using one of the methods noted in section II. This edit will be forcible, but **if the user ignores these instructions, the changes to the fields will not take effect.**
- Changing an existing service agreement. For service agreements that are already saved in MMIS, these fields can not be changed during this period. A message will appear on the screen with instructions to make the necessary changes outside of this period in order for the changes to be effective. If you are making a change retroactively, you must contact the department in addition to changing the fields

V. CURRENT AND RETROACTIVE PREMIUM CHANGES

Premium changes effective for the current month or retroactively cannot be recorded on the service agreement. These changes, or cancelled premiums when an invoice was already mailed, must be submitted to the department by the local lead agency through one of three methods: MAXIS e-mail "MADE", internet e-mail DHS.MADE@state.mn.us or FAX 651 431-7431. Include the following information:

- 1) Client's initials
- 2) PMI number
- 3) Month(s) of service
- 4) Premium amount

Requests to cancel the premium must be received by the 3rd of the month to prevent an invoice from being mailed for the current month's bill. The effective date of premium cancellations can be no earlier than the previous month of service.

REFUNDS

When changes result in a reduced premium amount or payments to the department exceed the total amount owed by the client, the credited amount is remitted to future months of service, unless a refund request is made by the local lead agency.

Refunds are generated monthly and must be requested by the local lead agency through MAXIS e-mail "MADE", internet e-mail DHS.MADE@state.mn.us or FAX 651 431-7431. Include the following information:

- the month(s) of service to be refunded, and
- name and address where to send the refund

Note: Client inquires about refunds will be referred to the local lead agency.

VI. SUBMITTING PAYMENTS

The client will be instructed to make payments (via preprinted invoices and envelopes they receive in the mail) payable to, and remit payment to:

DHS – AC Premium 003
P.O. Box 64836
St. Paul, MN 55164-0836

Note: Refer to Attachment A.

VII. ARRANGEMENTS FOR REPRESENTATIVE PAYEE

If the local lead agency is receiving the billing invoice and is satisfying the payment on behalf of the client, the agency must:

- 1) Change the billing address by notifying the Department using MAXIS e-mail "MADE", internet e-mail DHS.MADE@state.mn.us or FAX 651 431-7431. Include the client initials, PMI number, the local agency address, the client's 13-digit invoice number (NNNNNNNNYYYYMM – 7 digit invoice # + year + month)
- 2) Make checks payable to the above address

VIII. SPECIAL NEEDS

This information is available in other forms to people with special needs by contacting us at (651) 431-2590 or 1-800-882-6262; or through the Minnesota Relay Service at 7-1-1 or 1-800-627-3529 (TDD) or 1-877-627-3848 (speech-to-speech relay service).

IX. ATTACHMENTS

- A. DHS 4639 – Minnesota's Alternative Care Program for Seniors about Your Monthly Premium Bill and Payment
- B. DHS 3389 - Automatic Withdrawal Program

These forms may be retrieved from the DHS website at

http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_000100.hcsp