DEPARTMENT OF HEALTH SERVICES

MEDI-CAL BENEFITS BRANCH MEDI-CAL POLICY DIVISION 714 P Street, Room 1640 P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-1460



July 6, 2001

TO: All Local Governmental Agencies (LGAs)

PPL No. 01-008

Targeted Case Management (TCM) Coordinators

SUBJECT: SUBMITTAL REQUIREMENTS FOR TCM ENCOUNTERS AND INVOICES

The purpose of this transmittal is to inform each LGA of the submittal requirements for TCM encounters and invoices.

Pursuant to Welfare and Institutions (W & I) Code section 14115, reimbursement for 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 as well as invoices submitted to the Department, within six months after the month of service. **Effective 7/31/01**, invoices submitted past the six-month limit will be subject to a reduction in reimbursement.

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

- The amount shall be reduced by 25 percent for invoices submitted during the seventh through the ninth month after the month of service.
- The amount shall be reduced by 50 percent for invoices submitted during the tenth through the twelfth month after the month of service.
- Invoices submitted after the twelfth month after the month of service are not eligible for reimbursement.

The TCM System allows encounters to be entered up to six months after the month of service. Encounters entered after six months are coded as "expired", and are not claimable through the TCM System. To be reimbursed for encounters that weren't entered into the TCM System within six months after the month of service, the LGA must submit the encounters on a disk under the old system, using the old file format, along with a hard copy of the invoice. To maximize federal reimbursement, it is important to research ineligible and pending encounters within the six-month billing period.

To be eligible for the full Medi-Cal reimbursement, invoices must be submitted not more than six months after the month of service. The Department considers the submittal date to be the date the invoice is postmarked. To satisfy the invoice submittal requirement, invoices must be postmarked according to the enclosed invoice postmark schedule.

All Local Governmental Agencies (LGAs)
Targeted Case Management (TCM) Coordinators
Page 2

Pursuant to W & I Code section 14115(a)(b) and (f), reductions to invoices submitted between the 6th and the 12th 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 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 or the Governor, or the director, due to destruction, loss, or inaccessibility of data as a result of the emergency situation.

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

If you have any questions, please contact Ms. Elizabeth Touhey, Chief of the Administrative Claiming Policy and Systems Unit, at (916) 657-0716 or by email at etouhey@dhs.ca.gov

Sincerely,

Original Signed by P. Morrison

Patricia L. Morrison, Chief Administrative Claiming and Support Section

Enclosure

cc: See next page

All Local Governmental Agencies (LGAs)
Targeted Case Management (TCM) Coordinators
Page 3

cc: Ms Linda Minamoto
Associate Regional Administrator
Department of Health and Human Services
Health Care Financing Administration
Division of Medicaid, Region IX
75 Hawthorne Street, Fourth Floor
San Francisco, CA 94105-3903

Mr. Larry Lee, Accountant Division of Medicaid 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

Current Fiscal Year			
	6-month	7-9 month	10-12 month
Period of Service	Postmark Date	Postmark Date	Postmark Date
	No Reduction	25% Reduction	50% Reduction
7/1/00-7/31/00	July 31, 2001	NA	July 31,2001
8/1/00 - 8/30/00	July 31, 2001	NA	August 31, 2001
9/1/00 - 9/30/00	July 31, 2001	NA	September 30, 2001
10/1/00 - 10/31/00	July 31, 2001	July 31, 2001	October 31, 2001
11/1/00 - 11/30/00	July 31, 2001	August 31, 2001	November 30, 2001
12/1/00 - 12/31/00	July 31, 2001	September 30, 2001	December 31, 2001

Starting Fiscal Year 2001-02 and Beyond				
Period of Service	6-month Postmark Date	7-9 month Postmark Date	10-12 month Postmark Date	
	No Reduction	25% Reduction	50% Reduction	
1/1/01-1/31/01	July 31, 2001	October 31, 2001	January 31, 2002	
2/1/01-2/28/01	August 31, 2001	November 30, 2001	February 28, 2002	
3/1/01-3/31/01	September 30, 2001	December 31, 2001	March 31, 2002	
4/1/01-4/30/01	October 31, 2001	January 31, 2002	April 30, 2002	
5/1/01-5/31/01	November 30, 2001	February 28, 2002	May 31, 2002	
6/1/01-6/30/01	December 31, 2001	March 31, 2002	June 30, 2002	
7/1/01 - 7/31/01	January 31, 2002	April 30, 2002	July 31, 2002	
8/1/01 - 8/31/01	February 28, 2002	May 31, 2002	August 31, 2002	
9/1/01 - 9/30/01	March 31, 2002	June 30, 2002	September 30, 2002	
10/1/01 - 10/31/31	April 30, 2002	July 31, 2002	October 31, 2002	
11/1/01 - 11/30/01	May 31, 2002	August 31, 2002	November 30, 2002	
12/1/01 - 12/31/01	June 30, 2002	September 30, 2002	December 31, 2002	
1/1/02 - 1/31/02	July 31, 2002	October 31, 2002	January 31, 2003	
2/1/02 - 2/28/02	August 31, 2002	November 30, 2002	February 28, 2003	
3/1/02 - 3/31/02	September 30, 2002	December 31, 2002	March 31, 2003	
4/1/02 - 4/30/02	October 31, 2002	January 31, 2003	April 30, 2003	
5/1/02 - 5/31/02	November 30, 2002	February 28, 2003	May 31, 2003	
6/1/02 - 6/30/02	December 31, 2002	March 31, 2003	June 30, 2003	