TCM MISSING DATA REPORT USER GUIDE

TCM Missing Data Report EDW User Guide

This guide covers the following components:

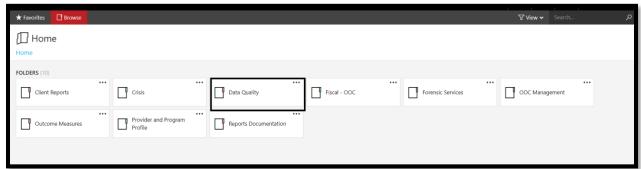
- Purpose of the TCM Missing Data Report
- How to run the TCM Missing Data Report
- Different Reason codes i.e., fixable & non-fixable
- DMHAS Contact info

Introduction:

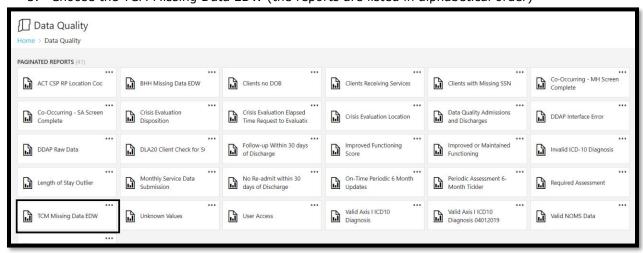
The TCM Missing Data Report identifies reasons that prevented TCM service from being billed. Some of these reasons are fixable, while some are not fixable. Providers are advised to address those fixable reasons. This report will help the providers to accomplish clean billing extracts and ensure that the Department of Mental Health and Addiction Services (DMHAS) billing unit is receiving accurate service and client information. This report is located on the Enterprise Data Warehouse (EDW) portal. The following steps describe how to access this report through EDW.

Steps to find and use the report in the EDW:

- 1. Open the EDW portal (http://mhavgdbcv134/reports/browse/)
- 2. Choose the 'Data Quality' folder on the home screen



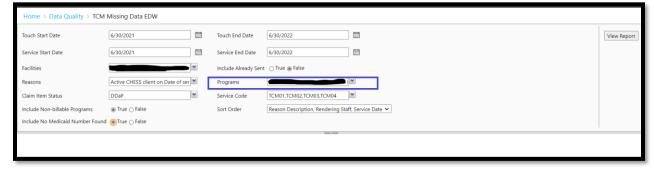
3. Choose the TCM Missing Data EDW (the reports are listed in alphabetical order)



4. Once in the desired report, fill out all data elements

Home > Data Quality > TCM Missing Data EDW											
Touch Start Date			Touch End Date			View Report					
Service Start Date		献	Service End Date		a						
Facilities		~	Include Already Sent	↑ True False							
Reasons		~	Programs		<u> </u>						
Claim Item Status		~	Service Code		M						
Include Non-billable Programs	○ True @ False		Sort Order	Reason Description, Rendering Sta	ff, Service Date 🗸						
Include No Medicaid Number Found	○ True ⑥ False										

Home > Data Quality > TCM Missing Data EDW												
Touch Start Date	6/30/2021	iii	Touch End Date	6/30/2022		69	View Report					
Service Start Date	6/30/2021	ΠÜ	Service End Date	6/30/2022		葡						
Facilities		~	Include Already Sent	○ True ⑥ False								
Reasons		~	Programs			v						
Claim Item Status	☑(Select All) ☑ Active CHESS client on Date of	service	,		M04	w.						
Include Non-billable Programs	☑ Duration less than 8 minutes ☑ Invalid ICD-10 Diagnosis (Non-	ТСМ Аррі	roved Diagnosis)		ering St	itaff, Service Date 🗸						
Include No Medicaid Number Found	Invalid Medicaid # (Not 9 digits											
	✓ Invalid Medicaid # (Prefix not ") ✓ Invalid Service Location	00")			-							
	Missing ICD-10 Diagnosis											
	☑ Missing Medicaid #											
	☑ Missing or Invalid TCM Code ☑ No Medicaid Insurance											
	No Medicaid Insurance Non TCM Program											
	Overlapping TCM and BHH serv	vice										
	Service Date more than 730 day											
	Service name and Service locati	ion misma	atch.									
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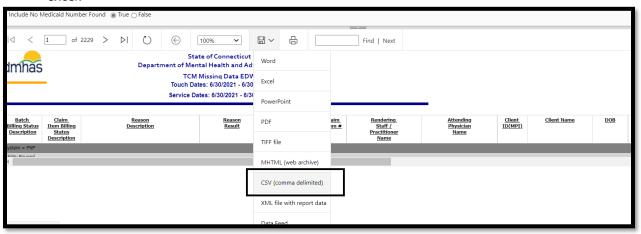


- a. **Touch Start Date** and **Touch End Date** represent the latest date a change has been made to the service. These dates are usually broader than the service start and end date. It is recommended to use the earliest date of services you want to see as the start date and the day you are running the report (today) as the end date.
- b. **Service Start Date** and **Service End Date** represent the date of the service. If you are running this for a month, a quarter, or a year, use this field as your date parameters for dates of service that you want to see.
- The **Facilities** that you are granted permission on viewing data for will be the only options.
- d. Choose false for Include Already Sent
- e. Choose a specific **Reason** that needs to be addressed, or you have the option of choosing all **Reasons**, or a combination of different reasons (see screen shot 4)
- f. Choose which programs at your facility you are interested in seeing reasons for (see screen shot 5)
- g. Choose DDaP for Claim Status
- h. Choose "Select All" for Service Code

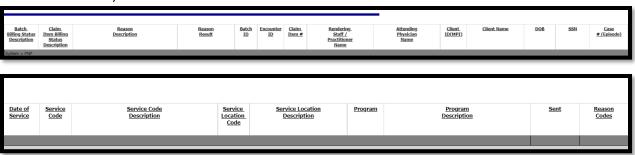
- i. Choose true for **Include Non-Billable Programs**, this will show you reasons for clients who received services in a non-billable program. If you do not want to see these reasons, choose false.
- j. Choose how you would like the report to be sorted through the **Sort Order** option
- k. Choose true for **Include No Medicaid Number Found**, this will show you reasons for clients who received services that do not have Medicaid insurance in DDaP system.
- 5. Click 'View Report' to run the report



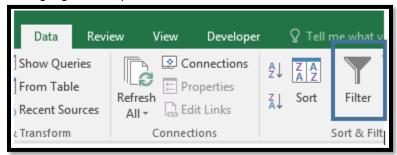
Once the report has loaded download the report to CSV to view and manipulate the data in excel.



7. The report headings are standard on the TCM Missing Data reports and some fields will be left intentionally blank



- 8. Once the report in downloaded to CSV, apply a filter to the top row
 - a. Highlight the top row and then on the Data tab of the ribbon choose Filter



9. Review "Reason_Description" column to see the description of the reason. Please refer to the Fixable Reason Description & codes below to make corrections.

TCM Missing Data EDW report reasons

Fixable Reasons Description & codes

- a. Client Medicaid # data overflow (4976)
 - a. This reason will occur with the Medicaid ID has an unknown or extra character in it.
- b. Invalid ICD-10 diagnosis (Non-TCM Approved diagnosis) (4140)
 - a. This reason will occur if the client has a diagnosis that is not on the approve TCM diagnosis list set by the Department of Social Services (DSS) Approved ICD-10 Diagnoses for TCM Billing (refer to Table 17). This table is updated every year in October.

https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/Fee Sc hedule Instructions.pdf

Note: Please note that we are not asking agencies that they have to diagnose clients in a certain way so that the TCM services get billed. We are requesting agencies to work with their diagnosing providers to update their client's diagnosis to be most up to date and specified. If your diagnosis provider thinks the client's diagnosis is accurate, you don't have to address this reason code.

- c. Invalid Medicaid # (4230)
 - a. This reason will show any client whose Medicaid number doesn't begin with 001, 002, 003, 004, 8, or 10.
- d. Invalid Medicaid # (not 9 digits) (4240)
 - a. This reason will show any client whose Medicaid ID is not 9 digits long.
- e. Missing ICD-10 diagnosis (4130)
 - a. This reason will show any clients who have a blank ICD 10 diagnosis.
- f. Missing Medicaid # (4210)
 - a. This reason will show any client who received a TCM service but does not have Medicaid as a payor.
- g. Missing or Invalid TCM code (4410)

a. This reason will show any provider that used a TCM code but is not a TCM designated provider.

Note: If you are a TCM provider and see this reason code please reach out to the DMHAS billing unit.

- h. No Medicaid Insurance (4020)
 - a. This reason will show any clients who received TCM services but do not have Medicaid listed as an insurance payor.

Note: TCM is Medicaid reimbursable service. If the client truly has Medicaid and that info is missing in WITS or DDaP, agencies need to put Medicaid IDs into WITS or DDaP. Please note that agencies will provide TCM services to all clients who need these services regardless of insurance status.

- i. Service name and Service location mismatch (4873)
 - a. This reason code will show when TCM 04 Audio & Visual with client use with location other than Audio and Visual.
- j. Note type & Service location mismatch (4870)
 - a. This reason will show any client who received TCM service and note type does not match service location (for State Operated Facilities only).
- k. Service name & Note type mismatch (4871)
 - a. This reason will show any client who received TCM service and service name does not match note type (for State Operated Facilities only).
- I. E&M Note type not used with E&M service (4872)
 - a. This reason will show when E&M note type is not used with E&M service (for State Operated Facilities only).

Non Fixable Reasons Codes & Description:

- m. Invalid Service location (4820)
 - a. This reason will show any clients who received services in non-billable service locations (i.e., prison, Inpatient, nursing home).
 Note: Review the TCM services, it can be fixable in a few instances. For example,

when someone accidentally chooses prison instead of office from the drop drown menu for TCM service can be corrected. Also, if service location "Unknown" is selected; it is fixable if it is updated to the correct service location.

- n. Non TCM Program (4420)
 - a. This reason will show any clients who received TCM services in a program that is not designated to be a TCM billable program.

Note: If clients need TCM services, they will receive the TCM services in non-billable programs. TCM services are rendered to any clients needing TCM services regardless of the Program status (TCM or non TCM program) These services will show up on the missing data report and DMHAS will not bill for these services. The facilities do not need to address this reason code.

- o. Overlapping TCM and BHH service (4510)
 - a. This reason code will show any client who received a TCM service and a BHH service in the same month. DMHAS chooses to bill the service through BHH instead of TCM and therefore this reason code will stop the TCM service from being billed.

Note: Overlapping TCM and BHH Service on the missing data report is for informational purposes, agencies don't have to address this missing data element.

- p. Service date more than 365 days old (4225)
 - a. this reason will show any service that is greater than 365 days old which is the timely filing limit per the Department of Social Services (DSS).

- q. Multiple Services in a Week (4005)
 - a. DMHAS can only bill for one TCM service a week per client. This reason will show when a client has had multiple TCMs in a week.
- r. Active CHESS on Date of service (4500)
 - a. This reason will show when an Active CHESS (Connecticut Housing Engagement and Support Services) client receives a TCM service within the same timeframe that the client is Active in CHESS.
 - Note: Active CHESS on Date of service on the missing data report is for informational purposes, agencies don't have to address this missing data element.
- s. Duration less than 8 minutes (4350)
 - a. This reason will show any services where the duration is less than 8 minutes. DMHAS do not send services for reimbursement if the duration is less than 8 min. Note: We want to see the true duration of services without rounding it. We ask agencies to provide all services without filtering it & the billing unit has a validation process in place which will take care of it.

 Note: Review the TCM services, it can be fixable in a few instances, if the duration
 - Note: Review the TCM services, it can be fixable in a few instances, if the duration is entered incorrectly.

Reminders:

- Providers are advised not to filter any services prior to sending it to the DMHAS Billing unit. The billing unit wants to see all the TCM services and there is a logic in place that determines billable and non-billable services.
- ♣ Don't round service durations, document the true duration of all TCM services.
- If the TCM services are entered accurately and match the reasons, please don't delete those accurate services unless the services were not truly TCM services or were entered incorrectly.
- Emphasis should be placed on fixable reasons e.g., no Medicaid insurance, invalid ICD-10 diagnosis, missing ICD-10 diagnosis, service name and service location mismatch

DMHAS Contact Information

For any question related to this guide, contact Faaiza Manzoor (DMHAS- OOC Billing and Revenue Enhancement Unit) at Faaiza.Manzoor@ct.gov