



STATE OF MARYLAND

DHMH

Maryland Department of Health & Mental Hygiene
Developmental Disabilities Administration (DDA)

Residential Services

Invoicing Instructions for Uncollectible Client Fees, *Version 2* (Contribution to Cost of Care and Room & Board Costs)

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AUDIENCE

- DDA Residential Service Providers

PURPOSE

- Expedite provider reimbursement of uncollectible client fees
- Improve tracking and clarity of costs in provider payments
- Reduce complexity in the end of the year reconciliation
- Increase transparency in approved claims

OVERVIEW

Historically DDA has reimbursed providers for uncollectible cost of care and uncollectible room and board through the end of the year reconciliation process. This led to a significant time lag for providers to be reimbursed. It also created complexities in tracking payments related to prior year costs. To improve these issues, DDA will be implementing an

invoicing procedure and template for reimbursing providers for uncollectible client fees. Below is a table that highlights some key changes. The cost report will no longer include a reconciliation of client fees.

Table 1: Highlights of Key Changes		
	Current Process and Requirements	New Process and Requirements
1	Uncollectible Cost of Care and Room and Board are claimed together on the end of the year cost report	Invoice for uncollectible cost of care and uncollectible room and board
2	Cost report are submitted once at the end of the year	Quarterly invoices submitted throughout the year
3	No substantiation required	Substantiation required with invoices
4	DCAR and/or DDA approval for reimbursement	DDA approval for reimbursement
5	No documentation for reimbursement	Documentation for approval of reimbursement

INVOICING INSTRUCTIONS

INTERIM PROCEDURES

Since DDA will be implementing the new invoicing procedure for fiscal 2015 during the year, providers may submit one invoice for all of their FY15 uncollectible client fees by August 1, 2015 using the new template. After August 1, 2015, any invoices for prior year uncollectible client fees may not be reimbursed by DDA.

For FY16 and forward, uncollectible client fees should be invoiced on a quarterly basis using the template and guidelines described in this guidance.

FREQUENCY AND TIMING

By one month after each quarter, a provider may submit an invoice for the previous quarter’s uncollectible client fees. Approved claims will be paid on the following quarter’s payment.

- Quarter 1 Client Fee Reimbursement Invoice is due November 1st, and will be paid in the Quarter 3 prepayment
- Quarter 2 Client Fee Reimbursement Invoice is due February 1st, and will be paid in the Quarter 4 prepayment
- Quarter 3 Client Fee Reimbursement Invoice is due May 1st, and will be paid in next fiscal year’s Quarter 1 prepayment
- Quarter 4 Client Fee Reimbursement Invoice is due August 1st, and will be paid in next fiscal year’s Quarter 2 prepayment

A provider may submit claims for prior quarters within the current fiscal year on the next quarterly deadline. However any invoices submitted after August 1st for prior year uncollectible client fees may not be reimbursed by DDA.

INVOICING SUBMISSION REQUIREMENTS

The invoice must be completed accurately to process payment to the provider. For an invoice to be processed the provider will need to submit all of the following to their Regional Office:

1. An electronic copy of the invoice (excel file) and pdf file
2. A printed copy of the cover page with the provider signature in blue ink
3. An electronic copy of substantiation (in one pdf file)

To substantiate uncollectible funds, the provider should maintain documentation to demonstrate concerted attempts to collect funds from the individual and the refusal or lack of funding for the individual to pay the provider. Providers should provide any evidence they believe substantiates reimbursement of uncollectible cost of care and uncollectible room and board to the

DDA. DDA will determine whether to approve reimbursement of uncollectible funds for each submitted claim. Documentation includes but is not limited to the following:

- Timely communication to/from the individual and/or individual's representative payee for monthly costs
- Communication to/from the Social Security Administration
- Substantiation of income below \$450 monthly

Electronic copies should be emailed to:

- Central Maryland Regional Office (CMRO): mathew.abraham@maryland.gov and copy meera.makar@maryland.gov
- Eastern Shore Regional Office (ESRO): renee.benjamin@maryland.gov and copy eharris@maryland.gov
- Southern Maryland Regional Office (SMRO): terrie.logue@maryland.gov
- Western Maryland Regional Office (WMRO): wmro-supportinv@maryland.gov

If a provider receives payment from an individual after the provider has been reimbursed by DDA, then the provider must report that information to the DDA. There are two ways a provider may do this, depending on the timing.

- If the deadline for the fourth quarter client fee invoice has not passed, then the provider shall submit another invoice for the next or fourth quarter, reporting the collection of those funds. The invoice template is able to reconcile negative claim adjustments with reimbursement requests, if any, on the form.
- If the deadline for the fourth quarter client fee invoice has passed, then the provider shall report the collection of those funds through the end of the year cost report. The DDA plans to maintain Schedule H Client Fee Reconciliation in the provider cost report for only negative claim adjustments (DDA recoupments), meaning that the provider collected more funds from the individual than the individual's expected contribution.

UNCOLLECTIBLE CLIENT FEES AND OTHER RELATED GUIDANCE

On July 1, 2014, DDA published guidance on the Contribution to Cost of Care procedures and another guidance on Room and Board procedures. Providers should review these guidelines. The procedures can be found on the DDA website under the Provider tab, under DDA Forms for Providers, under Contribution to Care and Room and Board (<http://dda.dhmm.maryland.gov/SitePages/CTC.aspx>).

A provider may not collect more than the PCIS2 Contribution to Care amount on the CTC form. If a provider simply did not complete the PCIS2 CTC form or needs to update/edit information on the form, then an error update should be submitted to correct the PCIS2 Contribution to Care amount. The error update form can be found on the DDA website under the Provider tab, under DDA Forms for Providers, under Contribution to Care and Room and Board (<http://dda.dhmm.maryland.gov/SitePages/CTC.aspx>). If an error update is not submitted, then any funds collected that exceed the expected contribution amount calculated in PCIS2 must be returned to the individual.

A provider may not collect more than \$375 in room and board per month from individuals enrolled in the waiver.

INVOICING TEMPLATE

The client fees reconciliation invoice is an excel workbook that is composed of three worksheets, identified by a tab and tab title at the bottom of the workbook. The instructions are organized by the tabs in the workbook. Please enter values into corresponding blank cells that can be selected. The spreadsheets include cells that automatically calculate values, which are identified by a grey coloring.

TAB A: COVER PAGE

The cover page consists of basic provider information necessary for the DDA to identify the provider agency and process payment. All fields must be completed.

TAB B: UNCOLLECTIBLE CONTRIBUTION TO COST OF CARE FUNDS

Use this sheet to report any uncollectible contribution to cost of care funds. Below are explanations for the columns on the spreadsheet.

Col.	Column Title	Description	Calculation
A	Consumer Last Name	Input last name	
B	Consumer First Name	Input first name	
C	PCIS2 ID	Input individual's PCIS2 ID	
D	Month (MM/YYYY)	Input the month when funds were uncollectible	
E	Fiscal Quarter	Excel automatically calculates	
F	Expected Contribution	Input the PCIS2 calculated CTC amount. The line titled "Contribution to Care" on the PCIS2 CTC form	
G	Actual Collections	Input the amount collected from the individual	
H	Balance	Excel automatically calculates	F-G
I	Reason for Balance	Input the reason why the funds were uncollectible	
J	Attached Document	List the documents that are provided as substantiation	

TAB C: UNCOLLECTIBLE ROOM & BOARD FUNDS

Use this table to report any uncollectible room and board costs. Below are explanations for the columns on the spreadsheet.

Col.	Column Title	Description	Calculation/Notes
A	Consumer Last Name	Input last name	
B	Consumer First Name	Input first name	
C	PCIS2 ID	Input individual's PCIS2 ID	
D	Month (MM/YYYY)	Input the month when funds were uncollectible	
E	Fiscal Quarter	Excel automatically calculates	
F	Expected Contribution	Excel automatically calculates	Equal to \$375 for each individual
G	Actual Collections	Input the amount collected from the individual	
H	Balance	Excel automatically calculates	F-G
I	Reason for Balance	Input the reason why the funds were uncollectible	
J	Attached Document	List the documents that are provided as substantiation	