

OPWDD Guidance Documents with Payment Standards

This guidance document contains payment standards, with all payment standards shaded in grey. Any requirement in this guidance document which is not shaded in grey is a program standard or an explanation, illumination or illustration to aid auditors in interpreting the documents. Please note that there may be instances where materials may be partially shaded in a sentence, paragraph or beneath a header. It is OPWDD's intent that only those words that are shaded shall be considered part of a payment standard and any other words within a sentence or paragraph or below a header that are not shaded should be construed to be a program standard or an explanation, illumination or illustration to aid auditors in interpreting the document.



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OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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February 15, 2008

Executive Director
MSC Vendor Agency

Dear Executive Director:

Subject: Medicaid Service Coordination (MSC) Billing for Individuals in a Hospital

This letter is to clarify the rules regarding billing of Medicaid Service Coordination (MSC) services for individuals who are hospitalized. MSC is a Medicaid State Plan targeted case management service and as such is governed by the DOH *Comprehensive Medicaid Case Management Policy Guidelines (2006)*. The *CMCM Policy Guideline* states that:

When the admission is initially expected to last 30 days or less, the case manager/client relationship may be continued, and Medicaid billing is allowed for CMCM services provided in the first 30 days of hospitalization. The basis for this initial expectation should be documented in the CMCM record for audit purposes. (*CMCM Policy Guideline* Page 22, July 13, 2006 version.)

For the purpose of MSC billing, a face-to-face visit that is conducted during the person's first 30 days in the hospital can be "counted" toward the minimum billing requirement of one face-to-face visit per month. After the first 30 days of hospitalization, face-to-face visits can no longer be counted toward the MSC minimum billing requirement.

Copies of the *CMCM Policy Guideline* are available on line at www.eMedNY.org/providermanuals/index.html. Programmatic questions regarding this matter can be addressed to Ms. Carol Kriss, Statewide Coordinator for MSC Services, at (518) 474-4904. Questions related to fiscal documentation requirements can be addressed to Kate Marlay, of OMRDD Medicaid Standards, at (518) 408-2096.

Thank you for your attention to this matter.

Sincerely,

James F. Moran
Deputy Commissioner
Division of Fiscal and Administrative Solutions

JFM/kim

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