

Documenting CPR, CSTAR, and TCM for Spend Down

There are two ways to document CPR, CSTAR, and Targeted Case Management (TCM) services that are billable to DMH rather than the consumer to meet a consumer's MO HealthNet spend down:

1. An invoice indentifying the services as CPR, CSTAR, or TCM with the cost of the service.
2. Completing the MO HealthNet (MHN) Spend Down Provider form, and submitting it without additional documentation.

Invoice of services

A document or report produced from the CMHC or CSTAR provider's computer can be submitted without completing the MHN Spend Down Provider form if it is labeled as an invoice somewhere on the document and has the following information that is outlined in FSD memorandum IM-27 (March 16, 2012):

- Name and DCN of the MO HealthNet participant
- Name of service provider. This is the name of the CMHC or CSTAR provider. The name of the individual staff person proving the service may be included, but is not required.
- Provider type (First two digits of the provider number, 87 for CPR, 86 for CSTAR, 15 for TCM). The full provider number may be included, but is not required. It is easier for FSD to recognize the provider type if it is labeled as such on the invoice, rater than just included as part of the provider number.
- Date the service was provided.
- A service description of the service identifying the service as CPR, CSTAR, or Targeted Case Management (TCM). It is acceptable to include the specific service name or procedure code, but this is not required. Due to the large number of services and procedure codes FSD staff are not available to identify a service as CPR, CSTAR, or TCM unless it is labeled as such.
- Charge for service on the date it was provided.

Documentation that none of the costs will be paid by Medicare or other insurance is not required, FSD Eligibility Specialists know based on memorandum IM-27 that CPR, CSTAR, and TCM are not covered by Medicare or other insurance. Attached are samples of 2 CMHC invoices that meet the above requirements.

Completing the MHN Provider Spend Down form

CMHCs and CSTAR providers that cannot produce an invoice with the required information, must use the MHN Provider form to document expenses to meet the consumer's spend down. Complete the MHN Provider form as follows:

- Type the information in the fillable version of the form or print it and complete it by hand.
- Enter your agency's name as the provider since the agency is the billing provider. It is not necessary to identify name of the individual staff member providing the service.
- All CPR services for a day may be combined on a single line.
- All CSTAR services for a day may be combined on a single line.
- Procedure codes for CPR, CSTAR, or Targeted Case Management (TCM) do not have to be entered, but it may be helpful to do so.
- Enter DMH in the Liabile 3rd party column for CPR, CSTAR, or TCM. Memorandum IM-27 states those services are not covered Medicare or other insurance.
- For CPR, CSTAR, and TCM services enter \$0.00 as the amount owed by the participant (since the consumer is not billed for these services) and enter the cost of the service in the last column, "Total Amount Billable to State Only Funds".
- For CPR, CSTAR, and TCM services enter \$0.00 in the "Write off or Other Discount" column (since the services are billable to DMH) and enter the cost of the service in the last column, "Total Amount Billable to State Only Funds".
- If other services other than CPR, CSTAR, and TCM were provided include a description of the service and the procedure code.
- For other services enter Medicare or the name of the other insurance in the Liabile 3rd party column, or "none" or "n/a" if there is no coverage for the service. In the "amount owed by the 3rd Party column" enter the amount you anticipate Medicare or the other insurance paying based on your past experience in billing for the service. Do not wait to see what Medicare actually pays. Enter the amount the consumer will owe after Medicare or the other insurance pays in the "amount owed by the participant" column.
- The amount entered in either of the last 2 columns should be allowed towards the spend down.
- If all of the above information is completed, other documentation does not need to be attached.