Credentialed Provider Meeting

Welcome & Introductions

Credentialing Update

- School of Origin Transportation converted to Contract.
- New contract will be ready to begin service delivery for summer school and for start of new school year.
- One aspect of new contract is that invoicing will be completed by contractor.
- Will reduce on average 400 invoices per month that Area Office's process.

Fiscal Services Update

- Added 6 new Financial Clerk Positions, 1 in each Region working for G & C Specialists.
- Will be involved in Accounts Payable process and working on Aging Statements.
- Grants and Contracts Specialists will be approving ALL WAF's.
- Region 4 will be obtaining invoice mail box.

Fiscal Services Update

- Within the next month, DCM will be establishing a standardized invoicing and payment system across all 6 Regions / 14 Area Offices and will provide information on that system as it is finalized.
- Over the Summer, the Financial Clerks and GCS' will be committed to reviewing all Aging Statements submitted on June 1 and getting outstanding invoices paid.

Invoicing Process

- By June 1, 2019 Providers are required to submit ALL past due invoices and an Aging Statement that identifies all outstanding invoices that have not been paid.
- After July 1, 2019 only invoices from the month of June will be accepted.
- All the outstanding invoices will be added to an aging statement.

Invoicing Process

- Provider is required to submit all invoices once per month no later than 10 days after the month ends. Provider must request read receipt.
- Provider is required to submit corresponding aging statements with each monthly invoice, detailing any outstanding invoice older than 30 days.

Invoicing Process

- After July 1, 2019 a provider can submit previously un-submitted invoices for up to 1 year from date of service, although Providers who are routinely more than 2 months behind in billing will be subject to a moratorium on service provision: Credentialed status will be put on hold.

False Claims Act

- Connecticut False Claims Act ("CT FCA"). All providers must follow the "CT FCA" – Connecticut General Statutes Chapter 55e- Section §4-274 through §4-289. The C.G.S section §4-275 False claims and other prohibit acts regarding state-administered health or human services program refers to individuals who present a false or fraudulent claim for payment or approval (e.g. double billing; billing for services not being provided; billing for excessive or unnecessary services, etc.). Note: Definition C.G.S. §4-274(1) – An act is also done "knowingly" if the Individual: a) Acts is deliberate ignorance of the truth or falsity of information or; b) Acts in reckless disregard to the truth or falsity, regardless of whether the person intends to defraud. Any person who violates this provision shall be liable to the state. The Attorney General may investigate any violation of the C.G.S. Section §4-275 (a).

What To Look For – Potential CT False Claims Act Violations

1. Double billing.

• When a provider provides only one service, but bills twice for that same service.

2. Billing for services not being provided.

• Besides the obvious, reds flags can include: (a) billing 1 hour each way for a 15 minute each way transport. (b) billing for an absent client.

3. False information (or omitted information) on a provider application, contract, grant, or any other document that would allow an individual to receive money / property from a state program.

4. False credentials/billing for services rendered by unlicensed individuals.

• Example: Allowing an unlicensed person to provide counseling services, and then seeks payment that would have been allowed if the therapist had performed the counseling.

What To Look For – Potential CT False Claims Act Violations

5. Up coding.

• A provider submits payment for a service that overstates the service preformed.

• Example: A counselor seeks payment for a detailed and comprehensive session when, in reality, brief (and less expensive) session was actually performed.

6. Unbundling.

• Billing separate services—which are usually billed together—in order to increase the total payment to the provider.

• Example: A lab performs 3 tests that are supposed to be “bundled” (billed together) for a total of $75, but instead seeks payment for each of the tests separately, for a total of $100.

7. Billing for excessive and/or unnecessary services

Aging Statements

- An Aging Statement is a report that lists outstanding invoices by date ranges.
- The Aging Statement is the **primary** tool used to determine which invoices are overdue for payment. The report shows the relationship between a Provider's invoices and their respective due dates.
- DCF is now requiring Aging Statements because it helps us understand your outstanding receivables.

Aging Statements

CLEAN INVOICES

- The clock for counting days for the aging statement begins upon submission to the Department. (Request Read Receipt)
- If an Invoice is returned due to incomplete or wrong information the clock STOPS.
- Provider must then re-submit the invoice with a new submission date.

Aging Statements

- **Fields that every aging statement submitted must contain:**
- Name of Provider
- Provider ID
- Provider Address
- Aging Statement Date
- Date of Invoice, Invoice Number, Dates of Service, Invoice Amount, Office Location, Name of Child, DCF Case Number, Name of DCF SW and Aging Days.

Aging Statements

- Sample Aging statement:

Vendor Name:								
Vendor Address:								
Statement Date:								
Date of Invoice	Invoice Number	Dates of Service	Invoice Amount	Office Location	Name of Child	Case #	Name of Social Worker	Aging Days
12/1/17	1234	11/1/17 to 11/30/17	$500.00	Middletown	John Smith	123456	Jane Jones	-43070

Questions?