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November 17, 2014

Providers of Ryan White Program-funded Ambulatory Outpatient Medical Services:

PROGRAM GUIDANCE 2014.4: NEW STREAMLINED INVOICING PROCESS FOR HIV/AIDS AMBULATORY OUTPATIENT MEDICAL SERVICES CONTRACTS

This guidance is to inform you of the new streamlined process for the submission and processing of invoices for HIV/AIDS Ambulatory Outpatient Medical (AOM) Services contracts with the Division of HIV and STD Programs (DHSP). As indicated in Program Guidance 2014.1, the new streamlined invoicing process will be mostly electronic, and will significantly reduce both the processing time and the amount of paper generated.

Key Changes

- AOM providers will only be required to submit 13 invoices annually: 12 monthly invoices, and one supplemental invoice 60 days following the end of the contract year.
- There will be a streamlined invoice adjudication, adjustment (if needed), and notification process.
- Overall, there will be a significant reduction in processing time and amount of paper generated.

Frequency of Invoices

Providers will only be required to submit 12 monthly invoices annually, and one supplemental invoice within 60 days following the end of the contract year. DHSP has worked with Automated Case Management Systems, Inc. (ACMS), to reprogram the way monthly invoices are compiled in Casewatch, thus eliminating the need for multiple monthly supplemental invoices. Under the new process, invoices will include services rendered during the month being billed, as well as any adjustments for services rendered in previous months within the contract year.

Adjustments may be the result of changes in the insurance status of a patient who previously accessed AOM services that were paid by the local Ryan White Program (RWP). In this case, the adjustments will be listed on the invoice as a reversal for the particular service component (i.e., medical visits, laboratory, radiology, prescription drugs, or ADAP enrollment), and the amount will be deducted from total amount to be billed. Adjustments may also result from a particular eligible service that was rendered but not included in the invoice for the month in which the service was delivered. In this case, the dollar value of the service will be part of the total monthly invoice. Attachments I and II show examples of monthly invoices with and without adjustments.

Providers must continue submitting monthly invoices within 30 days from the end of each month. Providers will be able to submit one year-end supplemental invoice within 60 days following the end of the contract year. This is the last opportunity that providers will have to invoice for services rendered in the contract year and include any adjustments to services billed to DHSP prior to submitting the Cost Report for the contract year in question, and prior to the subsequent fiscal audit. Attachment III shows a sample year-end supplemental invoice.

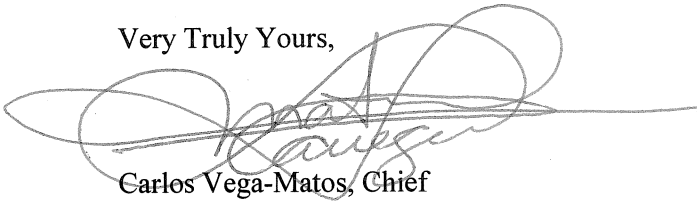
New Invoicing Process

- Step 1. At the end of each month, providers will compile, preview, and release invoices as they currently do in Casewatch (see attachments IV, V and VI: 'Compile Bills', 'Preview Bills' and 'Release Bills' screen shots). The only difference is that there will be a new *Monthly Summary Invoice Form* (see Attachment VII).
- Step 2. Providers will print invoices (see attachment VIII: 'Print Bills' screen shot), then sign each invoice and the *Monthly Summary Invoice Form*. Providers will mail the *Monthly Summary Invoice Form* with original signature from their authorized official to DHSP Finance – AOM Invoices (600 South Commonwealth Avenue, 10th floor, Los Angeles, California 90005). Providers are responsible for keeping copies of the signed invoices on record for auditing purposes.
- Step 3. Upon receipt of the *Monthly Summary Invoice Form*, DHSP Finance staff will log all invoices and route them to Care Services' Medical Services Section for final adjudication.
- Step 4. Upon receipt of the *Monthly Summary Invoice Form*, Care Services staff will sign into Casewatch, open the invoices for each associated service component, review each claim, and make any needed adjustments for any unallowable charges.
- Step 5. Care Services staff will finalize each invoice, including any adjustments made, associated with a *Monthly Summary Invoice Form*.
- Step 6. Care Services staff will print the invoices along with a *Summary of Adjustments Form* (see attachment IX), when applicable (i.e. adjustments were made), attach a copy of the *Monthly Summary Invoice Form*, and route them to Care Services leadership for final review and approval.
- Step 7. Upon approval, Care Services staff will forward a copy of the approved *Summary of Adjustments Form*, a copy of the related *Monthly Summary Invoice Form*, and invoices to DHSP Finance for payment to the submitted provider. At the same time, Care Services staff will send each partner agency an electronic copy of the *Summary of Adjustments Form* and related *Monthly Summary Invoice Form* for their records.

The new AOM billing process will be effective upon the submission of invoices for services rendered in November 2014.

DHSP greatly values the work and commitment of our partners, and will continue working with you to maximize effectiveness and efficiency in the administration of resources supporting the delivery of services to people living with HIV in Los Angeles County. If you have questions or require technical assistance related to invoicing through Casewatch, please contact ACMS, Inc. via phone at (323) 460-7700 extension 11. If you have additional general questions or need additional information regarding Casewatch, please contact Mike Janson, DHSP, at (213) 351-8189. Please address any questions related to your AOM contract to your designated DHSP Program Manager.

Very Truly Yours,



Carlos Vega-Matos, Chief
Care Services

CVM:MJ:el

c: Andy Corrigan (ACMS)
Dave Young (DHSP)

Mario J. Pérez (DHSP)
Mike Janson (DHSP)

DHSP MEDICAL

BILL RUN ID # 20140706
 BILL ID # 2014070017

PROVIDER Test Provider
 SERVICE CATEGORY Medical Visits
 REQUEST # 4
 CONTRACT TYPE Part A - Ryan White - DHSP (1218)
 CONTRACT NUMBER TEST SCHEDULE# 4
 REPORTING PERIOD 06/01/2014 - 06/30/2014
 BILL COMPILED 07/28/2014 03:17PM Test>User

ORIGINAL

PRINTED 11/07/2014 01:05PM

ITEM #	CIS #	CLIENT ID #	WITH	SERVICE DATE	SERVICE CODE	SERVICE NAME	UNITS	COST
1	CIS888888	8888888	208	06/09/2014	99202	Office/Outpatient Visit, New	1	330.12 R
2	CIS888887	8888887	208	06/30/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R
3	CIS888886	8888886	335	06/12/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
4	CIS888885	8888885	12929	06/23/2014	99213	Office/Outpatient Visit, Est	1	330.12 M
5	CIS888884	8888884	335	06/11/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
6	CIS888883	8888883	12927	06/12/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R
7	CIS888882	8888882	188	06/05/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R
8	CIS888880	8888880	208	06/25/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
9	CIS888879	8888879	208	06/04/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
10	CIS888878	8888878	12927	06/26/2014	99215	Office/Outpatient Visit, Est	1	330.12 R
11	CIS888877	8888877	335	06/19/2014	99215	Office/Outpatient Visit, Est	1	330.12 R
12	CIS888876	8888876	208	06/04/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
13	CIS888875	8888875	12927	06/12/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
14	CIS888874	8888874	12927	06/26/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
15	CIS888873	8888873	335	06/23/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
16	CIS888872	8888872	12927	06/26/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
17	CIS888871	8888871	208	06/16/2014	99212	Office/Outpatient Visit, Est	1	330.12 R
18	CIS888870	8888870	335	06/18/2014	99213	Office/Outpatient Visit, Est	1	330.12 R

PAGE SUBTOTAL
 GRAND SUBTOTAL

18
 5942.16
 5942.16

Sample Monthly Invoice with Previous Months Adjustments
DHSP MEDICAL

PROVIDER Test Provider
 SERVICE CATEGORY Medical Visits
 REQUEST # 6A
 CONTRACT TYPE Part A - Ryan White - DHSP (1218)
 CONTRACT NUMBER TEST SCHEDULE# 4
 REPORTING PERIOD 08/01/2014 - 08/31/2014
 BILL COMPILED 11/07/2014 12:27PM Parlow,Jonathan
 BILL RUN ID # 20141106
 BILL ID # 2014110014
 ORIGINAL
 PRINTED 11/07/2014 12:51PM

ITEM #	CIS #	CLIENT ID #	WITH	SERVICE DATE	SERVICE CODE	SERVICE NAME	UNITS	COST
1	CIS999979	9999979	208	06/25/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
2	CIS999980	9999980	335	06/11/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
3	CIS999981	9999981	335	06/18/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
4	CIS999982	9999982	208	07/07/2014	99202	Office/Outpatient Visit, New	1	330.12 R
5	CIS999983	9999983	208	05/28/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
6	CIS999984	9999984	208	06/25/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
7	CIS999985	0999985	208	07/21/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R
8	CIS999986	9999986	208	06/09/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
9	CIS999987	9999987	208	08/04/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R
10	CIS999988	9999988	208	06/02/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
11	CIS999989	9999989	208	08/07/2014	99212	Office/Outpatient Visit, Est	1	330.12 R
12	CIS999990	9999990	335	08/14/2014	99212	Office/Outpatient Visit, Est	1	330.12 R
13	CIS999991	9999991	208	06/09/2014	99215	Office/Outpatient Visit, Est	1	330.12 R
14	CIS999992	9999992	208	06/25/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R
15	CIS999993	9999993	335	06/11/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
16	CIS999994	9999994	335	06/18/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
17	CIS999995	9999995	335	06/12/2014	99213	Office/Outpatient Visit, Est	1	330.12 R
18	CIS999996	9999996	208	05/28/2014	99213	Office/Outpatient Visit, Est	1	330.12 R

PAGE SUBTOTAL 5942.16
 GRAND SUBTOTAL 5942.16

DHSP MEDICAL

PROVIDER Test Provider
 SERVICE CATEGORY Medical Visits
 REQUEST # 6A
 CONTRACT TYPE Part A - Ryan White - DHSP (1218)
 CONTRACT NUMBER TEST SCHEDULE# 4
 REPORTING PERIOD 08/01/2014 - 08/31/2014
 BILL COMPILED 11/07/2014 12:27PM Parlow,Jonathan
 BILL RUN ID # 20141106
 BILL ID # 2014110014
 ORIGINAL
 PRINTED 11/07/2014 12:51PM

UNITS COST
 1 330.12 R
 1 330.12 R
 1 330.12 R
 21 990.36
 6932.52

#	ID #	DATE	CODE	SERVICE NAME	UNITS	COST
19	CIS999997 9999997 12927	06/26/2014	99204	OFFICE/OUTPATIENT VISIT, NEW (Complex exam)	1	330.12 R
20	CIS999998 9999998 208	07/14/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R
21	CIS999999 9999999 208	07/07/2014	99214	OFFICE/OUTPATIENT VISIT, EST (Extended exam)	1	330.12 R

PAGE SUBTOTAL
 GRAND TOTAL

Authorized Signature
 R=Ryan White 6932.52

PROVIDER Test Provider
 SERVICE CATEGORY Medical Visits
 REQUEST # 6A
 CONTRACT TYPE Part A - Ryan White - DHSP (1218)
 CONTRACT NUMBER TEST SCHEDULE# 4
 REPORTING PERIOD 08/01/2014 - 08/31/2014
 BILL COMPILED 11/07/2014 12:27PM Farlow,Jonathan

DHSP MEDICAL

BILL RUN ID # 20141106
 BILL ID # 2014110014

ORIGINAL

PRINTED 11/07/2014 12:51PM

USERS THAT PROVIDED SERVICE

User # - Name Department
 208 - One, Provider Medical
 335 - Two, Provider Medical
 12927 - Three, Provider Medical

USERS THAT PROVIDED SERVICE BUT WERE EXCLUDED PER CONTRACT'S APPROVED PROVIDER LIST

User # - Name Department
 12929 - Six, Provider Medical

CONTRACT #: 1218, CONTRACT NAME: AOM Test Provider

SERVICE CATEGORY: DHSP Office Visit
 Contracted Amount: \$250,000.00
 Less Billed Amount: \$122,144.40
 Contract Balance: \$127,855.60

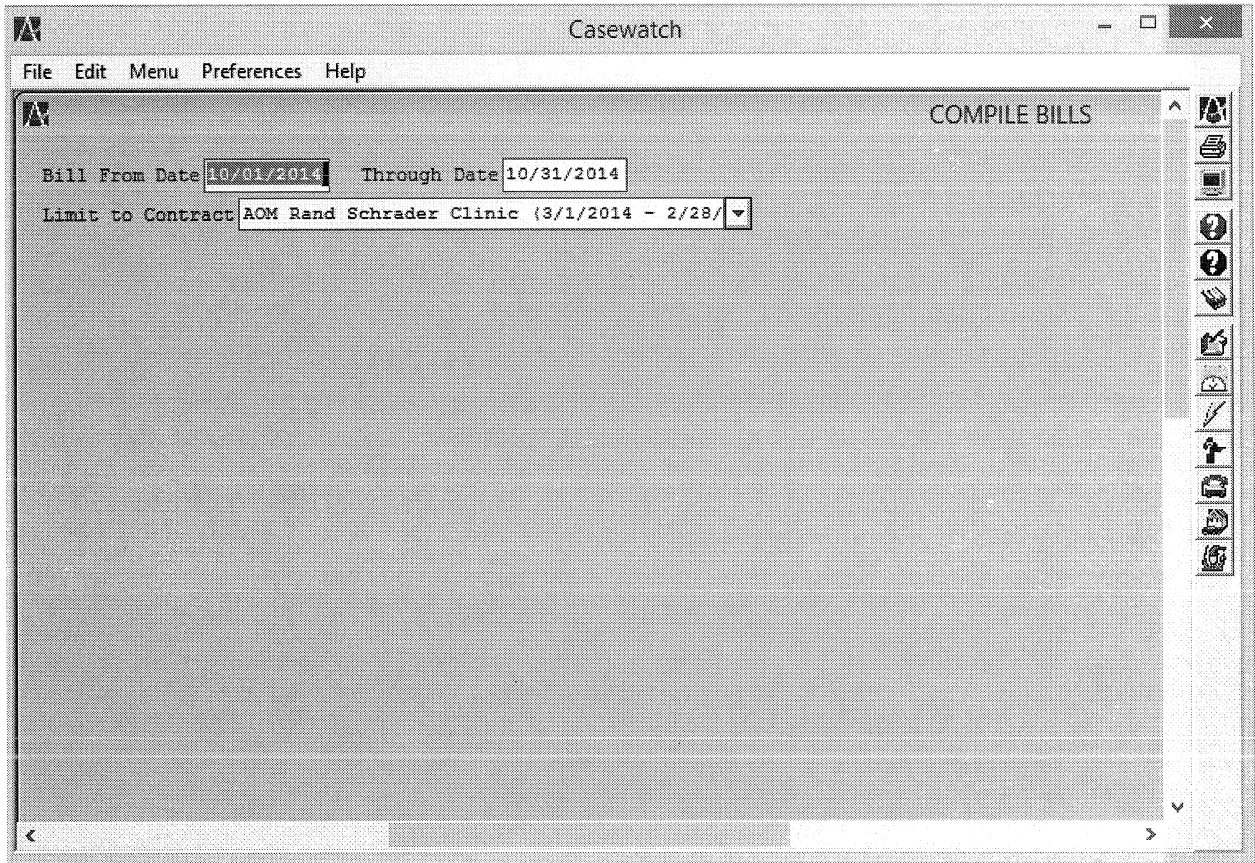
Sample Year-End Supplemental Invoice
DHSP MEDICAL-SUMMARY

PROVIDER Test Provider BILL RUN ID # 20141101
 CONTRACT TYPE Part A - Ryan White - DHSP (9999) SUPPLEMENTAL
 CONTRACT NUMBER SCHEDULE# 1
 REPORTING PERIOD 03/01/2014 - 02/28/2015
 BILL COMPILED 11/07/2014 10:33AM Parlow, Jonathan PRINTED 11/07/2014 10:35AM

MONTH	CATEGORY	CLIENTS	LINES	AMOUNT
March, 2014	DHSP Office Visit	5	6	1320.48
March, 2014	Lab Tests	17	17	1196.97
March, 2014	Prescription Drugs	2	8	-7.28
April, 2014	DHSP Office Visit	6	7	2310.84
April, 2014	Lab Tests	1	2	14.00
April, 2014	Prescription Drugs	2	7	-4.68
April, 2014	ADAP	1	1	40.00
May, 2014	DHSP Office Visit	4	5	990.36
May, 2014	Lab Tests	36	268	2827.37
May, 2014	Prescription Drugs	3	10	-7.29
May, 2014	ADAP	1	1	40.00
June, 2014	DHSP Office Visit	14	15	4291.56
June, 2014	Lab Tests	54	548	5794.73
June, 2014	Prescription Drugs	3	9	-11.82
June, 2014	ADAP	1	1	40.00
July, 2014	DHSP Office Visit	6	6	1980.72
July, 2014	Lab Tests	45	287	3795.77
July, 2014	Prescription Drugs	1	8	-5.96
July, 2014	ADAP	5	5	200.00
August, 2014	DHSP Office Visit	1	1	330.12
August, 2014	Lab Tests	223	2691	19576.90
August, 2014	Prescription Drugs	483	1560	3124.04
August, 2014	ADAP	3	3	120.00
September, 2014	DHSP Office Visit	262	297	98045.64
September, 2014	ADAP	80	80	3200.00
Total	DHSP Office Visit	282	337	109269.72
Total	Lab Tests	331	3813	33205.74
Total	Radiology	0	0	0.00
Total	Prescription Drugs	487	1602	3087.01
Total	ADAP	91	91	3640.00
Total for all categories		762	5843	149202.47

 Authorized Signature

COMPILE BILLS



PREVIEW BILLS

Casewatch

File Edit Menu Preferences Help

PREVIEW BILLS

Billing Site

Bill Run ID# For Date Range

Compiled Bill File Compiled

Billing Form Type(s)

Guarantor(s)

Bill ID#s

Print the Bill Totals Only? [Y/N] Summary Only?

Request#

Print on Device

RELEASE BILLS

Casewatch

File Edit Menu Preferences Help

RELEASE BILL RUN

Billing Site

Use .IM + the Contract ID for Master Bills

Bill Run ID# For Date Range

Compiled Bill File Compiled

Billing Form Type(s)

Guarantor(s)

Release this Bill Run?

Sample Monthly Summary Invoice Form
 DHSP MEDICAL-SUMMARY Page 1

PROVIDER Test Provider
 CONTRACT TYPE Part A - Ryan White - DHSP (1218)
 CONTRACT NUMBER TEST SCHEDULE# 4
 REPORTING PERIOD 08/01/2014 - 08/31/2014
 BILL COMPILED 11/07/2014 12:27PM Parlow, Jonathan PRINTED 11/07/2014 12:42PM

MONTH	CATEGORY	CLIENTS	LINES	AMOUNT
May, 2014	DHSP Office Visit	2	2	660.24
May, 2014	Lab Tests	2	19	354.72
June, 2014	DHSP Office Visit	12	12	3961.44
June, 2014	Lab Tests	1	1	3.49
July, 2014	DHSP Office Visit	4	4	1320.48
August, 2014	DHSP Office Visit	3	3	990.36
August, 2014	Lab Tests	0	0	0.00
August, 2014	Radiology	1	1	12.00
August, 2014	Prescription Drugs	1	1	1.25
August, 2014	ADAP	1	1	20.00
Total	DHSP Office Visit	21	21	6932.52
Total	Lab Tests	3	20	358.21
Total	Radiology	1	1	12.00
Total	Prescription Drugs	1	1	1.25
Total	ADAP	1	1	20.00
Total for all categories		22	44	7323.98

 Authorized Signature

PRINT BILLS

Casewatch

File Edit Menu Preferences Help

PRINT BILLS

Billing Site

Bill Run ID# For Date Range

Compiled Bill File Compiled

Billing Form Type(s)

Drug Reimbursement Form

Guarantor(s)

Bill ID#s

Print the Bill Totals Only? [Y/N] Summary Only?

Request#

Print on Device

Sample Summary of Adjustments Form
DHSP MEDICAL

PROVIDER Rand Schrader Clinic
 SERVICE CATEGORY Lab Tests
 REQUEST # 3
 CONTRACT TYPE Part A - Ryan White - DHSP (1224)
 CONTRACT NUMBER RAND SCHEDULE# 4
 REPORTING PERIOD 05/01/2014 - 05/31/2014
 BILL COMPILED 06/09/2014 12:22PM Jimenez,Christine PRINTED 11/10/2014 02:16PM

BILL RUN ID # 20140603
 BILL ID # 2014060011
 ORIGINAL

Line	Disposition	Reason	Units New	Date	User	
18	Denied	Service not covered by contract		07/22/14	9033	-84.56
33	Denied	Service not covered by contract		07/22/14	9033	-84.56
36	Denied	Service not covered by contract		07/22/14	9033	-84.56
53	Denied	Service not covered by contract		07/22/14	9033	-84.56
66	Denied	Service not covered by contract		07/22/14	9033	-84.56
137	Denied	Service not covered by contract		07/22/14	9033	-84.56
140	Denied	Service not covered by contract		07/22/14	9033	-84.56
163	Denied	Service not covered by contract		07/22/14	9033	-84.56
230	Denied	Service not covered by contract		07/22/14	9033	-84.56

Original Bill Amount: 5274.03
 Edited Bill Amount: 4512.99
 Difference: -761.04

DHSP Claims Processor

Manager, Medical Services