Take Charge!
Program
Invoice and Billing Training
Things to Know Before You Begin

• This is a self-directed training with no audio

• Have your Take Charge! Invoice Template and contract in front of you for easy reference

• Allow approximately 30 minutes for training
Who should take the Take Charge! Invoice Training?

The following individuals (who work with the Take Charge! program) must complete the training:

- Billing staff
- Administrative assistant(s)
- Any staff involved in preparing and submitting the invoice

Please note: If third party billing services are being used, **it is the contractor’s responsibility to train the third party billing company** because Take Charge! does not have a contract with the third party.
Goal and Objective

Goal

Provide an opportunity for participants to gain knowledge and skill in completion of the Breast and Cervical Cancer Invoice Template

Objective

Upon completion of this self-study training, participants will be able to correctly complete the Breast and Cervical Cancer Invoice Template
Take Charge! Contract Review Reminder

At least annually, review the following sections in your contract:

- Purpose of the contract
- Duties of the contractor
- Screening provision
- Service provision
- Billing
  - Reimbursement of services
- Invoicing

Many programmatic items are listed in the contract. It is imperative every one who works with the Take Charge! program have a copy of the contract.
Items Needed to Prepare a Take Charge! Invoice

• In order to prepare a Take Charge! invoice, collect the following items:
  o Current fiscal year Breast and Cervical Cancer Invoice Template
  o Completed program data collection forms (274A, 274CD, ODH Form 833)
  o Eligibility letters or the centralized eligibility form
  o Medical documentation related to the Take Charge! service(s) provided
Preparing a Take Charge! Invoice

After collecting the items mentioned on the previous slide:

1. Review each data collection form for missing information
   a. Review the instructions for form completion at least once a month to assure data collection forms are completed correctly
   b. Data collection forms must be completed in their entirety in order to process for reimbursement
   c. Refrain from sending duplicate data collection forms and medical records
   d. Pathology contractors will not have a data collection form
2. Attach the related medical record and the eligibility letter/centralized eligibility form to a completed data collection form
   a. Review the medical record to ensure you are providing documentation about the service provided
   b. Review the eligibility letter to ensure it is current for the date of service
   c. Pathology contractors must attach laboratory results to the Breast and Cervical Cancer Invoice Template
3. If you are a Medicaid contractor check to see if the client is enrolled in Medicaid by checking eligibility on the Oklahoma Health Care Authority (OHCA) website at [www.ohcaprovider.com](http://www.ohcaprovider.com)

   a. If the client is enrolled in Oklahoma Cares, review the charges to see if they are initial diagnostic services or further diagnostic services.

   b. If they are initial diagnostic services, bill Take Charge!; if they aren’t initial diagnostic services, bill Medicaid for the service(s)
4. Prepare a client log that contains client’s first name, last name, date of birth, date of service and Current Procedural Terminology (CPT®) code(s)

a. This log can be mailed in with your invoice. It is not required, but highly recommended
Preparing a Take Charge! Invoice (Cont.)

Please ensure you are using the correct invoice template.
5. Complete the top section of the invoice template (enlarged for your convenience)
Preparing a Take Charge! Invoice (Cont.)

5. Complete the top section of the invoice template
   a. Contractor name
5. Complete the top section of the invoice template

b. Billing contact

(contact’s name, billing address, city, state, zip, phone, fax)
5. Complete the top section of the invoice template

c. Billing email address
5. Complete the top section of the invoice template

d. Purchase order number
5. Complete the top section of the invoice template

e. FEI number
5. Complete the top section of the invoice template

f. Invoice number

(This number must change each month and is used to track payment)
5. Complete the top section of the invoice template

g. Billing date
5. Complete the top section of the invoice template

h. Month of service
6. Calculate the quantity of each CPT® code that you are seeking payment for and enter the quantity on the invoice template (enlarged for your convenience)
7. The form will calculate the subtotal for you. Ensure you press “Enter” after entering the quantity of the CPT® codes (enlarged for your convenience)
8. The form will automatically add up the charges for each column.

(enlarged for your convenience)
9. The form will calculate the grand total automatically. However, if you change any of the quantities in either column, you will need to clear the “Grand Total” box & press “Enter”.

(ENLARGED FOR YOUR CONVENIENCE)
10. Sign and date invoice
11. Mail the invoice and the data collection forms to:

Oklahoma State Department of Health
Center for Chronic Disease Prevention & Health Promotion
Attn: Take Charge!
1000 NE 10th Street
Oklahoma City, OK 73117
PLEASE NOTE:

• Pathology results must be attached to invoices in order to receive payment

• This includes cervical biopsies, Pap results, HPV results, breast biopsies
Invoice Process at Oklahoma State Department of Health (OSDH)

It is important to note:

• All invoices are date-stamped upon receipt

• Invoices go through a multiple step process before being sent to Accounts Payable.
Invoice Process at Oklahoma State Department of Health (OSDH)

Multi-Step Invoice Processing:

1. A patient log is created for each invoice which contains CPT® codes
2. Determine if client is already insured by Medicaid
3. Determine if client received services during the timeline of her current TC! eligibility letter
Invoice Process at Oklahoma State Department of Health (OSDH)

4. All data collection forms with each invoice are reviewed for the following:
   • Clarity
   • Completeness
   • Ability to data entry
   • Did the client have an abnormal finding
     o Data collection forms that appear to be in need of patient navigation services are copied and given to the patient navigator
   • Level of service provided (CPT® code)
5. The invoice is checked for mathematical errors

6. Any notes about corrections or questions are typed into the patient log

7. Invoices that contain errors/missing information or calculation errors will be mailed back to the contractor along with OSDH created patient log with errors and questions to be clarified
8. Upon receipt of correct invoice and data collection forms, data collection forms are given to data entry staff to be entered into the CaST database.

9. Once the data collection forms are entered, the invoice is logged into a tracking system and sent to Accounts Payable (Phase 2).
Billing Cycle

Submit billing on a monthly basis. Itemize each service provided during the month on one invoice.

• Utilize the invoice schedule as indicated on the following slide

• Invoice must be submitted within 30 days of the end of the month in which services were delivered
# Invoice Schedule

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>Month of Service</th>
<th>Billing Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>July 2018</td>
<td>August 31, 2018</td>
</tr>
<tr>
<td>2</td>
<td>August 2018</td>
<td>September 30, 2018</td>
</tr>
<tr>
<td>3</td>
<td>September 2018</td>
<td>October 31, 2018</td>
</tr>
<tr>
<td>4</td>
<td>October 2018</td>
<td>November 30, 2018</td>
</tr>
<tr>
<td>5</td>
<td>November 2018</td>
<td>December 31, 2018</td>
</tr>
<tr>
<td>6</td>
<td>December 2018</td>
<td>January 31, 2019</td>
</tr>
<tr>
<td>7</td>
<td>January 2019</td>
<td>February 28, 2019</td>
</tr>
<tr>
<td>8</td>
<td>February 2019</td>
<td>March 31, 2019</td>
</tr>
<tr>
<td>9</td>
<td>March 2019</td>
<td>April 30, 2019</td>
</tr>
<tr>
<td>10</td>
<td>April 2019</td>
<td>May 31, 2019</td>
</tr>
<tr>
<td>11</td>
<td>May 2019</td>
<td>June 30, 2019</td>
</tr>
<tr>
<td>12</td>
<td>June 2019</td>
<td>July 31, 2019</td>
</tr>
</tbody>
</table>
Helpful Hints

• Use the current Take Charge! template

• Submit billing on a monthly basis

• Maintain a current tracking system that includes award amount and expenditures
  - A tracking system template is available upon request

• Take Charge! is the payer of last resort
Helpful Hints

• If a mistake is made on the form, draw a line through the mistake, make the correction, and initial it.

• White-out or correction tape should not be used on medical documentation.

• Invoices, data collection forms, and back up documentation must be received together.
Helpful Hints

• A Take Charge! letter of eligibility/eligibility form is required to receive services in the program

• Take Charge Screening and Diagnostic Services Coupon (Form 833) is required to request and receive breast and/or cervical services
When Should Forms be Submitted for Billing

274A

• When the form is complete, the client may not be finished with course of screening(s)/care
When Should Forms be Submitted for Billing

274CD

• When the form is complete, the client should be finished with receiving final diagnosis
  o If the recommendation is for 2 or more months follow up, the form is complete
  o The form is complete once a final determination has been made (cancer or not cancer diagnosed)

• If a woman has an abnormal finding that was paid by Take Charge! funds, CDC requires follow-up information (regardless of the payer source)
When Should Forms be Submitted for Billing

833

• When the service has been provided (monthly billing). The client may not be finished with course of screening(s)/care
## Proper Paperwork to Attach to Forms

<table>
<thead>
<tr>
<th>Form Number</th>
<th>Paperwork that must be attached with form or coupon</th>
<th>Facilities with Sub-contracts</th>
</tr>
</thead>
<tbody>
<tr>
<td>274A</td>
<td>Take Charge! letter/Centralized Eligibility Form</td>
<td>Pathology report for Pap and HPV, mammogram report and coupon</td>
</tr>
<tr>
<td>274CD</td>
<td>Take Charge! letter/Centralized Eligibility Form, Surgical pathology report if woman diagnosed with cancer</td>
<td></td>
</tr>
<tr>
<td>833</td>
<td>Take Charge! letter/Centralized Eligibility Form, Radiology report for breast imaging, pathology report for biopsies, cervical diagnostic reports, specialist consultant progress report</td>
<td></td>
</tr>
</tbody>
</table>
For Additional Information

Website
http://takecharge.health.ok.gov

Toll Free Number
1.888.669.5934

Email
TiaY@health.ok.gov
Cancerpcp@health.ok.gov