

# Health Planning Council of Southwest Florida, Ryan White Part B Invoicing Process

Effective: 4/1/2008

The Health Planning Council of Southwest Florida is the fiscal and lead agency for the Ryan White Part B ( RW Part B) program in Area 8. As the lead agency, the HPCSWF is responsible for managing the funds within the program guidelines.

## Payer of Last Resort

All services paid under the RW Part B program must be services that are not covered under another payer source. If another payer source such as Medicaid has no convenient providers available, it is the responsibility of the client and the case manager to work with Medicaid to access that funding source for services. Other publicly-funded resources (i.e. SWFAS, Ruth Cooper Center, Public Hospitals, and Federally Qualified Health Centers) must be utilized first before accessing RW Part B. Most community resources have a sliding fee scale to accommodate uninsured low income clients. RW Part B is available to afford access to care for people with no other resource. Other resources may not be free but unless there is an unreasonable burden on the client financially or there is a barrier because of the timeliness of the care needed, RW Part B must be accessed as a LAST resort.

## Medical Services

Funding for outpatient medical care is allocated to seven (7) contracted Primary Care Provider agencies (PCP). Each agency is allocated an annual budget paid out monthly. The agencies make arrangements with specialty and ancillary providers in their communities, arrange referrals and receive the bills for services rendered to their clients. The PCP agencies submit the referral bills with a monthly invoice of primary care services to the HPC in a "super-bill". The super-bill detail (individual services by client by the PCP and all referrals) is entered by the PCP agency into a MS Excel file where calculations are performed automatically. The PCP agency prints the super-bill and sends the printout with the original referral bills to HPC for payment. HPC staff issues payment the referral providers in the amounts the PCP indicates on the super-bill with the PCP agency's monthly allotment. The remaining amount is used to pay up to \$200 per PCP visit included on the printout. At the end of the year, if there are funds available, the PCP agencies will be reimbursed for visits not paid at \$200 each up to the amount available.

Requirements:

- Referral services (specialty consults, radiology, laboratory testing, etc.) must have been performed in the current fiscal year and have documented evidence in the form of an invoice.
- Invoices for services must include the client ID (name blackened out and MIP written in), date of service, service description (i.e. CPT code), provider name, and billing address.
- All detail of individual services to individual clients must be entered onto the detail page of the super-bill (see sample)
- The amount to be paid to all referral providers must not exceed monthly allocation (unless rollover funds from previous month is available).

## Case Management

HPCSWF contracts with seven (7) PCP agencies for case management services as part of primary medical care and management. Clients select one PCP agency and receive both medical care and case management through that agency. HPCSWF contracts for case management services based on Full Time Equivalent (FTE) staffing. PCP agencies must submit a monthly Case Management FTE Verification as an invoice for payment. The form must include all staff paid under the RW Part B program (and HOPWA if combining the invoicing), the percentage allocations by program, and the total clients served during that reporting period (month).

There is one non-PCP case management agency (ICAN) contracted to provide case management and access to non-medical services (i.e. dental, copayment, prescription drugs) to clients seeking medical care and management at non-RW Part B primary care providers. Clients wanting to access medical funding for primary care, specialty care or ancillary care must go through a RW Part B-contracted PCP agency.

## Non-Medical Services

HPC must authorize all non-medical services prior to payment (see Authorization Policy). Invoices for non-medical services may be submitted to the HPC for payment. Invoices must be for dates of service in the fiscal year being paid from, have the client name and/or unique ID (MIP number), include a description of the services rendered (i.e. CPT codes), and the provider name and billing address. HPCSWF requires all vendors to be paid to have a W-9 on file at HPCSWF prior to payment.