Claim Correction Form (CCF) Training
MH and AOD Providers
June 2013
Training Topics

- Form Introduction
- CCF Purpose
- Instructions for Completion
- Rules and Regulations
  - Recoupment
- Tips and Tricks
  - INSYST Corrections
- Contact Information
- Questions
**CCF Purpose**

- The Claims Correction Form (CCF) is used to correct any INSYST input errors

- Examples:
  - Duplicate transactions
  - Change in client number
  - Change date of service
  - Change procedure code

- We will go into more detail later in the training
The CCF Form

**Alameda County Behavioral Health Care Services**

**Claims Correction Form (CCF)**

<table>
<thead>
<tr>
<th>Legal Entity No.:</th>
<th>1111</th>
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<tbody>
<tr>
<td>Legal Entity Name:</td>
<td>ABC Services</td>
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### ORIGINAL ENTRY (as shown by Analyst)

<table>
<thead>
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<th>Line #</th>
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<th>Client Last name &amp; First Initial</th>
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### Corrected Service Information

- Outpatient Services are measured in staff minutes only—include co-staff time
- Inpatient, Residential, Day Treatment and Dosing are measured in client day

### Additional Information

- Please send completed form via secure email to: CCFCoordinator@acbhcs.org
- Followed by the original signed form to: Behavioral Health Care Services 2000 Embarcadero Cove, Suite 101 Oakland, CA 94606 ATTN: CCF Coordinator
Completing the CCF

Alameda County
Behavioral Health Care Services
Claims Correction Form (CCF)

<table>
<thead>
<tr>
<th>Legal Entity No.</th>
<th>1111</th>
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<tbody>
<tr>
<td>Legal Entity Name</td>
<td>ABC SE</td>
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**ORIGINAL ENTRY (as shown in list)**

<table>
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<tr>
<th>Line #</th>
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<th>Proc Code</th>
<th>Units/Time (mn)</th>
<th>Staff #</th>
<th>Co-Staff (check box)</th>
<th># In Group</th>
<th>Comments</th>
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Please send completed form via secure email to:
CCFCoordinator@acbbcs.org
Followed by the original signed form to:
Behavioral Health Care Services
2000 Embarcadero Cove, Suite 101
Oakland, CA 94606
ATTN: CCF Coordinator
Completing the CCF cont’d

Alameda County
Behavioral Health Care Services
Claims Correction Form (CCF)

Legal Entity No.: 1111
Legal Entity Name: ABC Services

Reason Codes:
1. DUPLICATE SERVICE
2. INCORRECT PROCEDURE CODE
3. INCORRECT DATE OF SERVICE
4. INCORRECT UNIT TIME
5. INCORRECT CLIENT
6. INCORRECT STAFF #
7. SERVICE NEVER RENDERED
8. CLIENT NOT ELIGIBLE
9. NO MEDICAL NECESSITY
10. DOCUMENTATION ISSU
11. OPEN (Comments required)

*** All services may be eligible for recoupment. ***

ORIGINAL ENTRY (as shown in InSyst)

<table>
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<tr>
<th>Line</th>
<th>RU #</th>
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<th>Comments</th>
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- Outpatient Services are measured in staff minutes only include co-staff time
- Inpatient, Residential, Day Treatment and Dosing are measured in client day

Date: [ ]
Prepared by: [ ]
Contact Name: [ ]
Contact Phone: [ ]
Provider Approval: [ ]

Form no: 15-F-2868
Contact: [ ]
Form no: 15-F-2868
Contact: [ ]
Modified: 02/2013

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2013 CCF Provider Training 6
Rules and Regulations

- Please fill in all columns
- All forms must be submitted electronically followed by a signed printed copy
- All information for original services must exactly match data originally entered into INSYST
- CCF Forms Submitted Via Secure Email Will Only Be Accepted In Excel Format
- State timeliness deadlines still apply to these claim lines
  - The CCF must be submitted within 2 months of the service date
  - If the deadline has passed, you must still submit a CCF
  - Upon receipt of CCF, the coordinator will determine a plan of action
Rules and Regulations Cont’d

- **DO NOT:**
  - 1. Combine services from different fiscal years.
  - 2. Re-submit corrections previously submitted.
  - 3. Use CCF form in place of completing any DCR's sent to you.
  - 4. Combine AOD & MHS on the same CCF form.

**If the CCF form is not completed correctly, it will be returned for correction.**
Recoupment will be decided on a case by case basis
Reason Codes 1, 7, 9 are always eligible for recoupment
Tips and Tricks

- Make sure to review all reports sent to you
  - For MH
    - 442–Daily Service Audit Listing
    - 696– Monthly Client Service Listing
  - For AOD
    - 707– Service Audit (Daily)
    - 700– Service Detail Report (Monthly)
  - Two MediCal Test Claims
    - For AOD Only–
      - Signing Claim Certification Forms
Tips and Tricks Cont’d

- You can make changes to:
  - Modify Service
    - Up to 5 days (INSYST will not allow you to make changes if the service has posted)
    - Procedure Code
    - Client Number
    - Staff Number
    - Location
    - Duration
Tips and Tricks Cont’d (2)

- You can remove services:
  - Delete Service
    - Up to 30 days after service entered (as long as the service has not been claimed)
    - Always try to delete service before sending CCF, to avoid errant billing to the state
  - If you are able to make corrections, you do not need to submit a CCF to the MediCal Unit
Contact Information

- MediCal Unit (For CCF questions)
  - CCFCoordinator@acbhcs.org

- Provider Relations (For Billing questions)
  - 1(800) 878–1313

- IS (For reports and INSYST Support)
  - his@acbhcs.org
  - (510)567–8181

- Provider Website (CCF, Instructions, training)
  - www.acbhcs.org/providers
Questions
Helpful Resources

- Provider Website
  - [www.acbhcs.org/providers](http://www.acbhcs.org/providers)
    - Links to:
      - This Training
      - CCF Form and Instructions
Training Highlights

- Claim Correction Form (Slide 3)
- Changes to CCF (Slides 3)
- Sample completed CCF (Slides 4–5)
- Rules for Filling out CCF (Slides 6–7)
- Recoupment (Slide 8)

- Tips and Tricks
  - Reports to Review (Slide 9)
  - Modifying Services (Slide 10)
  - Deleting Services (Slide 11)
  - Contacts (Slide 12)
  - Helpful Resources (Slide 14)