

	County of Sacramento Mental Health Division Adult Mental Health Services	Policy No.	02-06
		Issued Date	06-12-08
		Revision Date	
AREA:	TITLE:		
Contract Administration	CATS Cost Center Setup		
Approved by:	Approved By:		
David Goold Administrative Services Officer II	Sandy Damiano, PhD Chief		

I. POLICY

Each Adult Mental Health program whose services are tracked in the Client Activity Tracking System (CATS) requires a CATS cost center number in order to enter service information into the system. CATS combines the requirements of the Sacramento County Division of Mental Health with the requirements of the California Department of Mental Health to create a billing and reporting system that is intended to provide an integrated system.

II. PROCEDURE

A. The CATS cost center number is comprised of the following three components:

1. The four character State Provider Number -- assigned by the State of California Department of Mental Health (State DMH). This number is the same for all programs operated by the provider at the address of the Service Site.
2. The two digit Mode of Service, as described in the State Provider System Documentation Manual.
3. A two character code, sequentially generated by the Sacramento County DHHS Information Technology Services (ITS), that identifies the specific Cost Center.

B. Program Coordinator

The Program Coordinator identifies the following:

1. Legal Entity Name, which for a corporation, is the name registered with the Secretary of State of the state of incorporation. Other organizations will generally use the name under which the Federal Taxpayer Identification Number is registered.
2. The Federal Taxpayer Identification Number, as registered with the Internal Revenue Service.
3. The National Provider Identification (NPI) Number

The Program Coordinator should request that the Adult Administrative Services Officer (ASO) verify if a Legal Entity Number exists on the State DMH Online Provider System (formerly known as the State Provider File database). Any provider who has performed services in the Mental Health and/or Alcohol and Drug systems in the State of California will already have a Legal Entity Number.

The Program Coordinator should be simultaneously working with the QM ASO that provides Site Certifications for all sites that provide Medi-Cal eligible services. The following steps are required for Site Certification:

1. Completion of the Sacramento County Mental Health Medi-Cal Provider Certification Application.
2. Fire clearance, obtained from the local fire department.
3. Program description.
4. Copy of IRS 501 (c)(3) Determination Letter (if applicable).
5. Copy of "Designated Head of Service" license.

C. Adult Administrative Services Officer (ASO)

The ASO requires access to the Online Provider System area on the State Information Technology Web Services (ITWS) system. These privileges are granted by completing the County Approver Certification Form (MH 3273) provided on the ITWS system and having this form signed by a designated approver. A list of current approvers is available on the ITWS.

The ASO checks the Online Provider System and proceeds as follows:

1. If the provider does not have a Legal Entity Number, the ASO provides the Program Coordinator with a Legal Entity File Update (MH 3840) Form to complete and return. The same form can be used to update other information on the Legal Entity File. A new Taxpayer Identification Number requires a NEW Legal Entity Number. The ASO should always check first to see if another County has entered updated information. The ASO faxes the completed form to the State DMH. The State DMH generally responds by telephone within 1-2 business days with a four digit Legal Entity Number.
2. If a Legal Entity Number has been assigned, but the provider is not currently providing services at the address of the Service Site, the ASO provides the Program Coordinator (PC) with a State Provider File Update (MH 3829) Form for the PC to complete and return. The PC furnishes the NPI number, the Service Site name and address, the modes and service function codes of services that will be provided and the effective date of services. The ASO faxes the completed State Provider File Update Form (MH 3829) to State DMH. State DMH generally responds by telephone within 1-2 business days with a four character State Provider Number.
3. If the Service Site Address is already entered in the Online Provider System for the Legal Entity, do not obtain a new State Provider Number. The currently listed name, address and State Provider Number should be used if they are still correct. Errors should be corrected through the Update option of the MH 3829.

4. The ASO uses the State Provider Name, Address and Number to prepare the Cost Center form, using information provided by the Program Coordinator in C below. The ASO sends the Cost Center form to ITS for processing.

D. Program Coordinator

The Program Coordinator (PC) prepares a Treatment Code List, which indicates the Treatment Codes that the Service Site will provide. If provisional unit rates have been agreed to, these rates should be included. The PC should also provide the ASO with the site contact name, the site address and the telephone and fax numbers. The effective date of any activity should also be included. If the professional classifications that are eligible to bill for services in a given Treatment Code differ from the standard setup (see below), this information should be furnished to the ASO.

E. Cost Center Set Up Forms

1. The ASO should first verify that the desired Modes and Service Function Codes have been set up in the State Provider/Legal Entity database.
2. A separate Cost Center Setup Form that includes the indicated Treatment Codes, Payor Strings, Professional Classifications and Rates for each Mode of Service is completed by the ASO and forwarded, with a Routing Slip, to IT for processing. IT notifies the ASO when the cost center setup is complete, and also furnishes Quality Management with a copy of the completed cost center setup forms.
3. The order of billing is an important component of the cost center setup. If a Mode 15 or Mode 05 Treatment Code is eligible to be billed to Medi-Cal, the Medi-Cal indicator "3" must be first in the payor string. For MHSA programs, Payor Code 15 is used as the secondary Payor Code. For non-MHSA programs, Payor 16 is the secondary Payor Code. The Medi-Cal indicator code "3" is not used for Mode 45 or 60.
4. Mode 60 is used only for Full Service Partnership MHSA programs. Only Payor Code 15 should be used for these programs.
5. The standard Professional Classifications for Case Management, Mental Health Services and Crisis Intervention are;
 - (1) Psychiatrist
 - (2) Psychologist
 - (3) Registered Nurse
 - (4) Licensed Clinical Social Worker
 - (5) ASW/MFTI -- Waiver Eligible (#5)
 - (6) ASW/MFTI -- Waiver Ineligible
 - (7) Psychiatric Technician
 - (8) Mental Health Worker
 - (9) Student
 - (11) Mental Health Rehabilitation Specialist (MHRS)
 - (12) Physician (not Psychiatrist)
 - (13) Marriage and Family Therapist (MFT)
 - (14) Licensed Vocational Nurse (LVN)
 - (16) Physician Assistant (PA)

The exceptions to this standard are Treatment Codes 97010 (Individual Therapy) and 96510 (Group Therapy), in which Professional Classifications 7, 11 and 14 are not used.

5. Most Mode 15 services will also require “lockout” codes. The lockout codes apply when a client is receiving Mode 15 services when simultaneously receiving Mode 5 (residential, or 24-hour) services. The lockout codes allow Mode 15 services to be tracked but not billed, as Mode 15 services are “locked out” to preclude double billing. Per Quality Management, Case Management services are an exception, because they can be billed while a client is receiving Mode 5 services, and therefore should not be checked on the lockout code form.
6. The Adult MH ASO should periodically check with the QM ASO in charge of Site Certifications for Provider’s Department of Mental Health (DMH) Medi-Cal certification status. When the Medi-Cal certification status is approved, the QM ASO will notify the Adult ASO, who will:
 - a. Notify the Program Coordinator (PC) that the MH Provider may begin billing; and
 - b. Notify the Adult ACCESS Team the cost center is set up and ready for authorization.

F. Cost Center Changes

Changes to Cost Centers require a new Cost Center Setup Form and Routing Slip, marked “update”. The Payor String, Professional Classifications and Rate for each Treatment Code that is to be changed must be included. The QM ASO should be included in the routing.

G. Inactivate Cost Center

When a program has been closed or is no longer being tracked in CATS, the Program Coordinator should verify with the provider that all services have been entered. This information should be conveyed to the Adult ASO, who will complete a Cost Center setup form to inactivate the cost center. When completing this form, the ASO must include all treatment codes that are included in the Current Fee Schedule. “Inactivate Cost Center” should be noted on the form and it should be forwarded to IT with a Cost Center Form Routing Slip. The QM ASO should be included in the routing.

If services will no longer be provided at a given location, the State Provider Number can be inactivated. For Medi-Cal programs, QM will complete a Medi-Cal Certification and Transmittal Form and send it to the State DMH.

H. Program Coordinator (PC) Provider Notification and Confirmation of Responsibilities

The PC will contact the Provider and confirm the following:

1. The Provider has sent a copy of the NPI letter to MH Quality Management (QM).
2. Provider employees who need access to the CATS network have scheduled and attended CATS training. Each employee who attends CATS training must be accompanied by a CATS Password Action Form signed by a supervisor. Access to CATS is through a Virtual Private Network (VPN). This access is granted as part of the training. Site-specific software is no longer required.

3. If a new CATS Cost Center is set up for an existing provider, all provider personnel who will be entering data into the new CATS Cost Center will need to update their passwords by completing an “update” version of the CATS Password Action Form. It is the duty of the Program Coordinator to remind the provider to perform this function.
4. The Provider has scheduled QM documentation training.
5. The Cost Center is completely set up, the Service Site is certified and the Provider has been authorized to begin providing billable services.

References

[Attachment I: State DMH Legal Entity File Update \(MH 3840\) Form](#)

[Attachment II: State Provider File Update \(MH 3829\) Form](#)

[Attachment III: Treatment Code List](#)

[Attachment IV: Cost Center Setup Form](#)

[Attachment V: Cost Center Routing Form](#)

[Attachment VI: CATS Password Action Form](#)

IV. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	X	X
V. CONTACTS	Name	E-mail
	David Goold	gooldd@saccounty.net
VI. SCOPE	<input checked="" type="checkbox"/> Mental Health Staff <input type="checkbox"/> Mental Health Treatment Center <input type="checkbox"/> Specific grant/specialty resource	<input type="checkbox"/> Adult Contract Providers <input type="checkbox"/> Children’s Contract Providers