



Wisconsin Medicaid Behavioral Treatment Provider Meeting

February 18, 2016

Wisconsin Department of Health Services
Division of Health Care Access and Accountability
Division of Long Term Care



Agenda

- Introduction and Welcome
- Provider Enrollment Update
- Claims Processing Update
- Common Resources and Best Practices
- Prior Authorization Process
- Transition from CLTS Waiver to Behavioral Treatment Benefit



ForwardHealth Coverage

Effective January 1, 2016, ForwardHealth began coverage of the behavioral treatment benefit.

Policy information regarding the benefit was published in the December 2015 *ForwardHealth Update* (2015-62), titled “New ForwardHealth Behavioral Treatment Benefit.”



Provider Enrollment Update



Enrolled Providers

Behavioral Treatment Provider Enrollments

| | | |
|--|--------------------------------------|------|
| Enrolled | Licensed Supervisors | 111 |
| | Treatment Therapists and Technicians | 2051 |
| Awaiting Additional Information | Licensed Supervisors | 10 |
| | Treatment Therapists and Technicians | 50 |

Information current as of February 17, 2016.



Enrolled Providers

Each professional or paraprofessional is encouraged to enroll in a single provider specialty but may enroll in two provider specialties to reflect his or her professional duties.

| Provider Specialty | Allowable Treatment Models | Billing Status |
|--|----------------------------|-----------------------|
| Behavioral Treatment Licensed Supervisor | Comprehensive and Focused | Billing and Rendering |
| Behavioral Treatment Therapist | Comprehensive and Focused | Rendering Only |
| Behavioral Treatment Technician | Comprehensive Only | Rendering Only |
| Focused Treatment Licensed Supervisor | Focused Only | Billing and Rendering |
| Focused Treatment Therapist | Focused Only | Rendering Only |



Enrollment Variance Requests

- Any provider who would like to enroll as a certain provider specialty but does not meet the published enrollment criteria for that specialty can submit a variance request to DHS
 - Contact Daniel Kiernan for required information
- A variance **may** be approved if:
 - The variance will not adversely affect the health, safety or welfare of a member.
 - Strict enforcement of the rule would result in unreasonable hardship on a member, **or** a proposed alternative to the rule is in the interests of better care or management.
 - The variance will comply with all state and federal statutes or regulations, Medicaid program requirements, or any other regulatory requirements for Medicaid coverage.



Claims Processing Update



Claims Processing

- As of February 17th, 2016, 21 providers have submitted claims for behavioral treatment services provided to 62 members under the behavioral treatment benefit.
- ForwardHealth is monitoring claims to identify common issues with submission and is addressing concerns through technical training sessions and planned outreach calls.



Addressing Claims Concerns

- ForwardHealth offered five provider training sessions throughout the state on the new behavioral treatment benefit in February 2016.
- All behavioral treatment- and focused treatment-licensed supervisors and their billing staff were invited to attend:
 - Madison – Tuesday, February 16
 - Pewaukee – Wednesday, February 17
 - Eau Claire – Tuesday, February 23
 - Green Bay – Wednesday, February 24
 - La Crosse – Thursday, February 25



Addressing Claims Concerns

Tips for claims submission

- Claims for behavioral treatment require a prescribing/referring/ordering provider. Please include this information when submitting a claim.
- Claims for behavioral treatment require a modifier to indicate the treatment modality. Please include this information when submitting a claim.
- Claims for members with other insurance must be billed to the primary payer first and the explanation of benefits (EOB) must be included on a claim submitted to ForwardHealth.



Coordination of Benefits

- Step 1: Verify member enrollment and look for the member's commercial health insurance information.
- Step 2: If the member has commercial insurance, invoice the commercial insurance with the *behavioral treatment code set used by the commercial insurance carrier*.



Coordination of Benefits

- Step 3: Submit a claim to ForwardHealth.
 - If the commercial insurance carrier **paid**, submit the Explanation of Medical Benefits form, F-01234, information received from the commercial insurance carrier on the Medicaid invoice with the *behavioral treatment code set used by the commercial insurance carrier*.
 - If the commercial insurance carrier **denied**, make sure the error received on the Explanation of Medical Benefits form is not one that needs to be fixed and resubmitted to the commercial insurance carrier. Once accurate, submit the Explanation of Medical Benefits form information received from the commercial insurance carrier on the Medicaid invoice with the *Medicaid-allowed behavioral treatment code set (T-code set)*.



Coordination of Benefits

Claims Submission Guidelines

- Indicate the other insurance information on the Explanation of Medical Benefits form for paper claims.
- Refer to the Wisconsin Provider Electronic Solutions (PES) Manual or the appropriate 837 Health Care Claim companion guide to determine the appropriate other insurance indicator for electronic claims.



Coordination of Benefits

Special Notes

- The American National Standards Institute claim adjustment reason code set is the standard used to explain the Explanation of Medical Benefits form information.
- Providers need to be within the commercial insurance carrier's network as well as Medicaid enrolled to submit an invoice to Medicaid for a member with commercial insurance. If the provider is not within the commercial insurance carrier's network, he or she must refer the member to an in-network provider.



Common Resources and Best Practices



CPT Codes

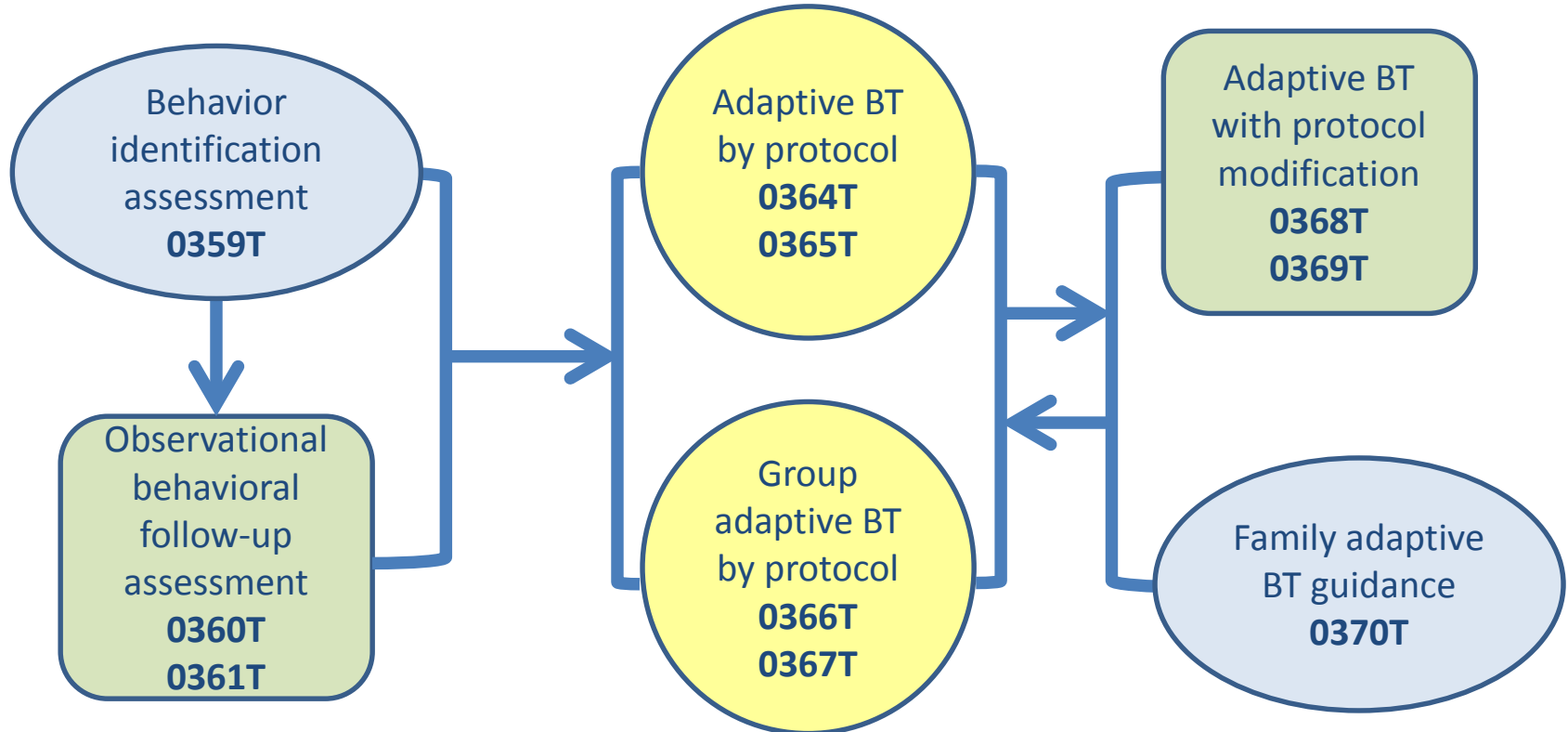
- ForwardHealth processes claims for behavioral treatment using the *Current Procedural Terminology* (CPT) temporary code set designed specifically for Adaptive Behavior Assessment and Treatment.
- ForwardHealth is required to follow the National Correct Coding Initiative guidelines.
- CPT codes are developed by the American Medical Association, which provides resources to better understand the codes.
- The American Academy of Professional Coders provides additional resources regarding medical coding.



CPT Codes for Behavioral Treatment

Assessment Codes

Treatment Codes





Collaborative Learning

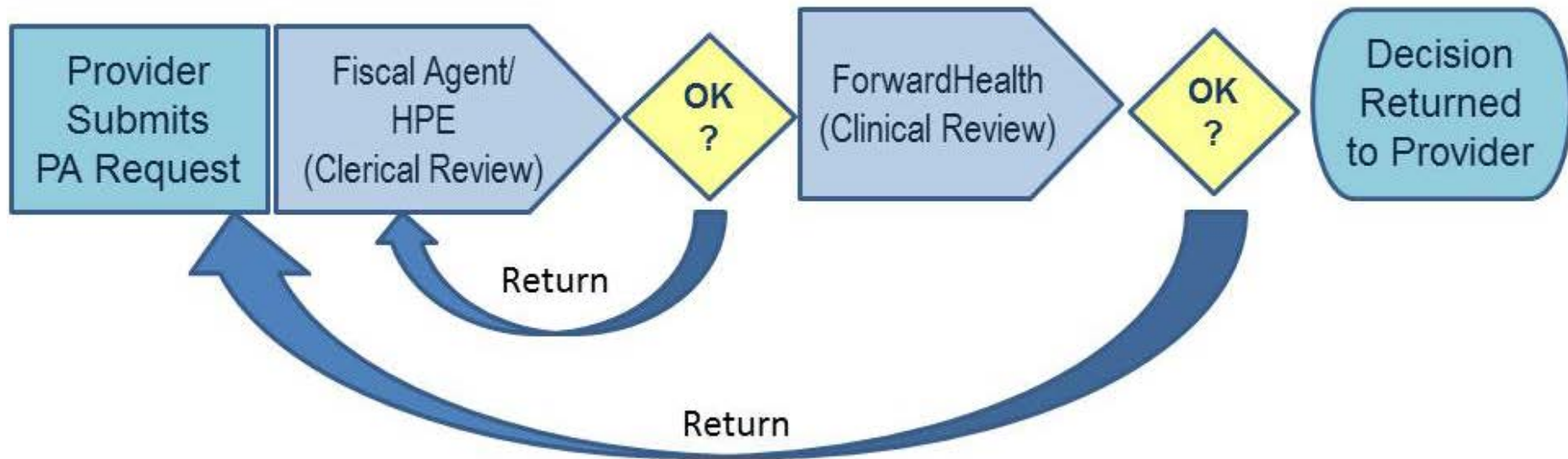
- What are the current methods for sharing best practices?
- Is there a need at this time for more formal collaboration?



Prior Authorization Process



Prior Authorization Review Process





Overview of Review Process: Clerical and Clinical

Clerical Review

- The first step of the review process includes the review of provider, member, diagnosis, and treatment information.
- Prior authorization (PA) requests completed on the ForwardHealth Portal have upfront edits for this information.
- Portal submission allows for fewer clerical errors due to upfront editing.
- Clerical errors and omissions are responsible for the majority of returned PA requests.
- PA requests returned for corrections or additional information can cause delays in PA approval and services to members.



Overview of Review Process: Clerical and Clinical

Clinical Review

- After verifying the completeness and accuracy of the Prior Authorization Request Form (PA/RF), F-11018, the PA request is reviewed to evaluate whether or not each service being requested meets Wisconsin Medicaid's definition of "medically necessary" as well as other criteria.
- Medical necessity is based on information submitted by the provider.
- Documentation must be complete and accurate.
- Providers are required to provide justification for the service.
- Information must be specific to the member's current condition and needs.



Prior Authorizations

| PA Processing Count | |
|---------------------|-----|
| Approved | 167 |
| Denials | 0 |
| In Process | 168 |

| PA Processing Time (average) | |
|--------------------------------|-----------|
| Fiscal Agent Review (clerical) | 1.9 days |
| State Review (clinical) | 5.3 days |
| Returned — Provider Review | 16.7 days |

Information current as of February 17, 2016.



Reasons for Clerical-Based Returns

- Incomplete/incorrect forms (clerical errors).
- Provider enrollment (EOB code 0172).
- Member is not enrolled for date of service (DOS) requested (EOB code 0D40).
- Provider taxonomy is missing or incorrect (EOB code 0B13).
- The modifier listed is not valid for the DOS (EOB code 0859).



Reasons for Clinical-Based Returns

- A signature is requested on attachments.
- Clinical information for services is requested.
- The provider is asked to document treatment goals and objectives.
- The provider is asked to document whether or not service was provided previously.
- The services do not match physician orders.
- The provider is asked to submit clinical information sufficient for the clinical request.



Transition from Children's Long-Term Support Waiver to Behavioral Treatment Benefit



Transition Plan Overview

- Each child is assigned a transition month between May and October 2016 by the Wisconsin Department of Health Services.
- Behavioral treatment providers should submit PA requests to ForwardHealth four months prior to the anticipated start date of treatment.

| If a child is scheduled to transition in: | The PA needs to be submitted by the end of: |
|---|---|
| May | January |
| June | February |
| July | March |
| August | April |
| September | May |
| October | June |

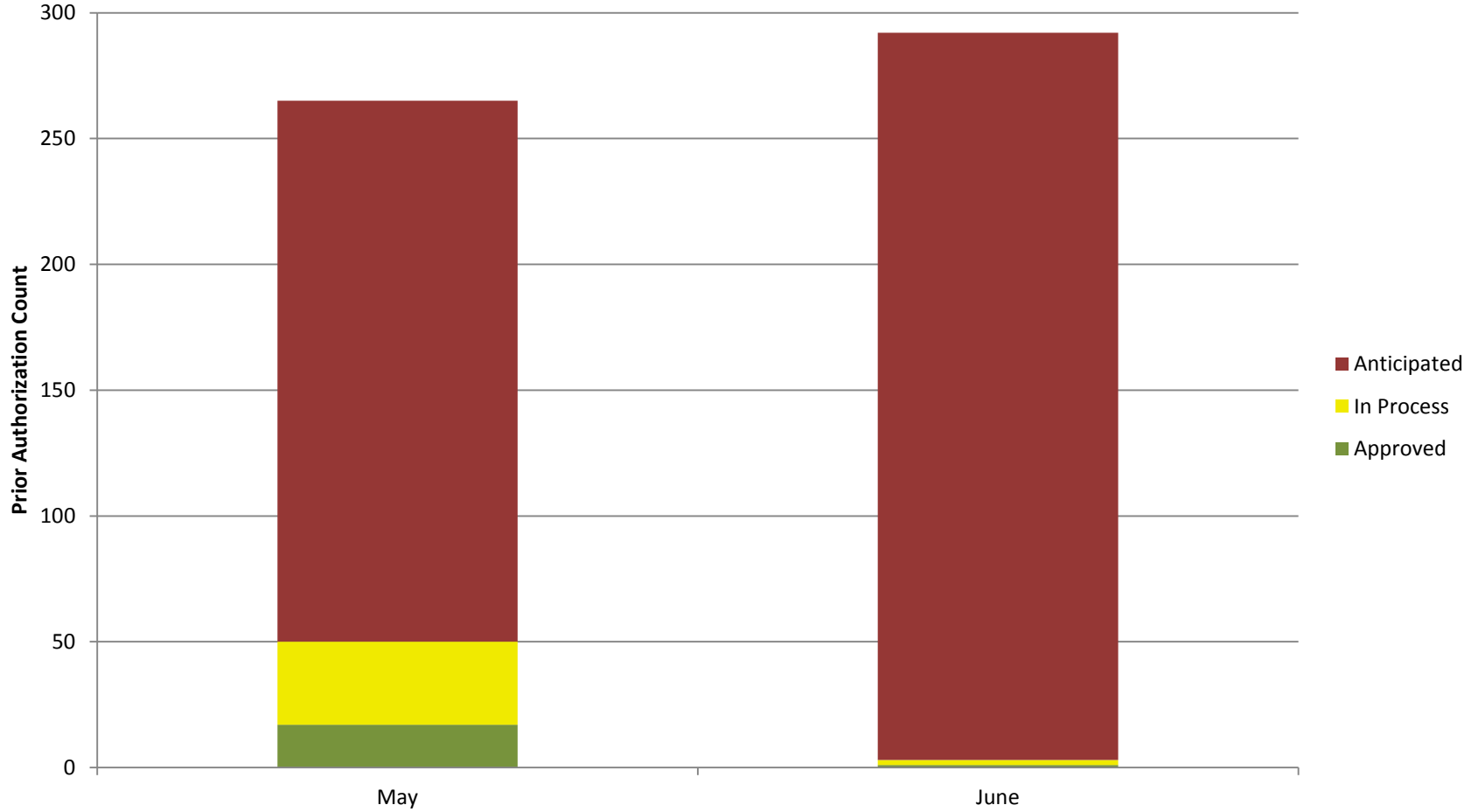


Provider's Role in the Transition

- Adhere to PA request timelines.
 - Notify waiver agency of concerns regarding the timeline for a particular child.
- Keep in contact with waiver agency and families regarding PA status.
- Keep in contact with the ForwardHealth PA review staff to address common issues across multiple PA requests.



Prior Authorization Transition Progress





Prior Authorization Transition Progress

Getting Back on Schedule

- Prescription and Health Screen
- Diagnostic
- Standardized Testing
- Treatment Plan
- Collaboration of Care



Questions?