

Affected Programs: BadgerCare Plus Standard Plan, BadgerCare Plus Benchmark Plan, Medicaid

To: Advanced Practice Nurse Prescribers, HealthCheck “Other Services” Providers, Intensive In-Home Mental Health and Substance Abuse Services for Children Providers, Master’s Level Psychotherapists, Nurse Practitioners, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, Substance Abuse Counselors, HMOs and Other Managed Care Programs

Changes for Master’s-Level Psychotherapists

As a result of the 2009 Wisconsin Act 28 (the Budget Act), beginning in January 2011, the following types of Medicaid-certified licensed mental health professionals will be allowed to render and bill for mental health services provided outside a Medicaid-certified clinic:

- Licensed clinical social workers.
- Licensed professional counselors.
- Licensed marriage/family therapists.

In addition, Wisconsin Medicaid has established a new mental health and substance abuse specialty, which will allow Master’s-level psychotherapists with a substance abuse certification to be certified as such. Only psychotherapists with a substance abuse specialty certified by the Wisconsin Department of Regulation and Licensing will be allowed to be reimbursed for both outpatient mental health services and outpatient substance abuse services.

Overview

For Medicaid reimbursement prior to January 2011, all Master’s-level psychotherapists were required to work in a Medicaid-certified mental health clinic and were not allowed to bill Medicaid independently. As a result of the 2009 Wisconsin Act 28 (the Budget Act), Master’s-level psychotherapists will be split into two groups: licensed and certified.

Licensed Psychotherapists

Beginning in January 2011, the following types of Medicaid-certified, licensed psychotherapists will be

allowed to render and submit claims to Medicaid independently for mental health services provided outside a Medicaid-certified outpatient mental health clinic:

- Licensed clinical social workers.
- Licensed professional counselors.
- Licensed marriage/family therapists.

Licensed clinical social workers, licensed professional counselors, and licensed marriage/family therapists who may render and submit claims independently for services will now be referred to as “licensed psychotherapists” by Wisconsin Medicaid.

All licensed psychotherapists are required to be licensed by the Wisconsin Department of Regulation and Licensing (DRL). Any licensed psychotherapist who wishes to render and submit claims for substance abuse services must also be Wisconsin DRL certified as a substance abuse counselor or have a substance abuse specialty attached to his or her psychotherapist license.

Licensed psychotherapists who work in Medicaid-certified outpatient mental health clinics must continue to follow the policies and procedures for those clinics.

Certified Psychotherapists

For Medicaid reimbursement, the following mental health professionals will continue to be certified as

rendering-only providers and must continue to practice within a Medicaid-certified outpatient mental health clinic:

- Certified advanced practice social workers.
- Certified independent social workers.
- Registered nurses (RNs) with a Master's degree in psychiatric-mental health nursing or community mental health nursing.
- Other mental health practitioners, as defined by DHS 35.03(10), Wis. Admin. Code.

Note: All three of the above provider types *must* have 3,000 hours of post-Master's supervised clinical experience and *must* have an individual provider status approval letter issued by the Department of Health Services (DHS) Division of Quality Assurance (DQA) verifying that this requirement is met.

The clinic is responsible for billing for all services rendered by these providers. Policies and procedures for certified psychotherapists and other treatment professionals have not changed.

Certified advanced practice social workers, certified independent social workers, RNs with a Master's degree in psychiatric-mental health nursing or community mental health nursing, and other mental health practitioners who can render services only will now be referred to as "certified psychotherapists" by Wisconsin Medicaid.

New Mental Health and Substance Abuse Specialty for Master's-Level Psychotherapists with a Substance Abuse Certification

Wisconsin Medicaid has established a new mental health and substance abuse provider specialty, which will allow Master's-level psychotherapists with a Wisconsin DRL substance abuse certification (SAC) to be reimbursed for both outpatient mental health services and outpatient substance abuse services.

This new specialty is referred to as a licensed psychotherapist with SAC or certified psychotherapist with SAC in the mental health and substance abuse certification materials.

Licensed Psychotherapists with Substance Abuse Certification

Licensed psychotherapists with SAC will be able to render and submit claims to Medicaid for outpatient mental health services and/or outpatient substance abuse services in their private practice. Licensed psychotherapists with SAC may also render services in an outpatient mental health and/or outpatient substance abuse services clinic. Services rendered in an outpatient mental health and/or outpatient substance abuse clinic must be billed by the clinic.

Certified Psychotherapists with Substance Abuse Certification

Certified psychotherapists with SAC will be able to render both outpatient mental health services and outpatient substance abuse services in a Medicaid-certified outpatient mental health and/or outpatient substance abuse clinic.

Border Status Providers

A provider whose practice address is in one of the states that border Wisconsin is considered a border-status provider. For a licensed psychotherapist to be eligible as a border-status provider with Wisconsin Medicaid, the provider is required to hold a current Wisconsin DRL license that permits the provision of psychotherapy and applicable credentials to practice psychotherapy in the border state. For a licensed psychotherapist or licensed psychotherapist with SAC to be eligible as a border-status provider with Wisconsin Medicaid, the provider is required to hold a current Wisconsin DRL license that permits the practice of psychotherapy, a Wisconsin SAC certification, and applicable credentials to provide psychotherapy and substance use treatment services from the border state. For Wisconsin, the SAC can be

attached to the DRL psychotherapist license or be a separate license from Wisconsin DRL.

For a certified psychotherapist or a certified psychotherapist with SAC to be eligible as a border-status provider with Wisconsin Medicaid, the provider is required to have a provider status approval letter issued by the Wisconsin DHS DQA, a DRL certification as a substance abuse counselor, and applicable credentials from the border state in which he or she is rendering services for psychotherapy and substance abuse.

Wisconsin Medicaid Will Recertify All Master's-Level Psychotherapists

As a result of 2009 Wisconsin Act 28, all Master's-level psychotherapists will need to be recertified beginning in January 2011. This recertification will allow providers to update their information and provider specialty with Wisconsin Medicaid.

Providers who were newly certified by Wisconsin Medicaid prior to the recertification in January 2011 will also be required to recertify.

To maintain Wisconsin Medicaid certification, providers are required to recertify online via the ForwardHealth Portal. For many providers, recertification is approved immediately upon completion of the ForwardHealth Portal recertification process.

Providers can prepare for the recertification by reviewing Attachment 1 of this *ForwardHealth Update*, which lists information that must be supplied or verified during the recertification process.

Notification Letters Required for Recertification

Providers undergoing recertification will receive two important letters in the mail from ForwardHealth in January:

- The Provider Recertification Notice. This is the first notice to providers. The Provider Recertification

Notice contains identifying information about the provider who is required to complete recertification, the recertification deadline, and the application tracking number (ATN) assigned to the provider. The ATN is used when logging in to the ForwardHealth Portal to complete recertification and also serves as the tracking number when checking the status of the provider's recertification.

- The personal identification number (PIN) letter. Providers will receive this notice a few days after the Provider Recertification Notice. The PIN letter will contain a recertification PIN and instructions on logging in to the ForwardHealth Portal to complete recertification.

The letters are sent to the mailing address on file with Wisconsin Medicaid. Providers should read these letters carefully and keep them for reference. The letters contain information necessary to log in to the secure Recertification area of the ForwardHealth Portal to complete recertification. If a provider needs to replace one of the letters, the recertification process will be delayed.

Logging in to the Secure Recertification Area of the ForwardHealth Portal

Once a provider has received the Provider Recertification Notice and PIN letter, the provider may log in to the Recertification area of the Portal at www.forwardhealth.wi.gov/ to begin the recertification process.

The Recertification area of the Portal is not part of a secure Provider Portal account. Providers do not need a secure Provider Portal account to participate in recertification via the Portal. Providers are not able to access the Recertification area of the Portal by logging in to a Provider Portal account; providers are required to use the ATN from the Provider Recertification Notice and the PIN from the PIN letter to log in to the Recertification area of the Portal.

Completing Recertification on the ForwardHealth Portal

The Portal will guide providers through the recertification process. On each screen, providers are required to complete or verify information. Many of the fields, such as the provider's address or National Provider Identifier (NPI), will display the information currently on file with Wisconsin Medicaid. Some of the fields are new since the implementation of ForwardHealth interChange, and providers will be required to supply the new information.

Providers are required to complete all of the recertification screens in a single session. The Portal will not save a provider's partial progress through the recertification screens. If a provider does not complete all of the recertification screens in a single session, the provider will be required to start over when logging in to the Recertification area of the Portal again.

It is important to read the final screen carefully and follow all instructions before exiting the recertification process. After exiting the recertification process, providers will not be able to retrieve the provider recertification documents for their records.

The final screen of the recertification process gives providers the option to print and save a Portable Document Format (PDF) version of the recertification information submitted to ForwardHealth. Providers whose recertification is approved immediately will also be able to print a copy of the approval letter and the Provider Agreement signed by the DHS.

In other cases, the final screen will give providers additional instructions to complete recertification, such as the following: "The recertification application requires review. Providers are mailed the approval letter and other materials when the application is approved."

Date of Approval

Reimbursement for services under a new provider specialty will not occur until recertification for the new provider specialty has been approved. Therefore, services rendered before the provider's recertification is approved will not be reimbursed by Wisconsin Medicaid.

Providers Without Internet Access

Providers who do not have Internet access or who are not able to complete recertification via the Portal should contact Provider Services at (800) 947-9627.

Requesting Initial Medicaid Certification

Providers not currently Medicaid certified may apply for Medicaid certification directly through the Portal.

Important Information for Licensed Psychotherapists Practicing Independently

Below is some important information for licensed psychotherapists practicing independently.

Providers are reminded that they are responsible for all information included in the *Updates* and in the Online Handbook for the areas in which they are providing services. For detailed information regarding certification, claims submission, prior authorization (PA) requests, reimbursement, member information, and more, providers should access the Online Handbook for their benefit area. The Online Handbook is located on the Portal at www.forwardhealth.wi.gov/ and includes the most up-to-date policy and program information.

Additionally, providers are encouraged to read all relevant *Updates*, which summarize all changes in Medicaid policy. *Updates* can be accessed by going to the Portal and selecting the "Online Handbooks" link in the Providers sidebar and then clicking "Updates and handbooks."

Providers who have established a ForwardHealth Portal account will automatically receive notification of *Updates* and the monthly *Update Summary* in their Portal message

box. Providers may also sign up on the Portal to receive e-mail notifications of new provider publications.

Enrollment Verification

It is imperative that providers verify a member's Medicaid enrollment to determine if the member is covered and in which plan he or she is enrolled. Providers are reminded to *always* verify a member's eligibility *before* providing services to determine enrollment for the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System.

Prior Authorization

Licensed psychotherapists who are billing independently must follow all PA policies and procedures.

Covered and Noncovered Services

Providers should be certain of what outpatient mental health services and outpatient substance abuse services are covered under BadgerCare Plus and Wisconsin Medicaid.

The policy in this *Update* applies to the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and Medicaid. Outpatient mental health and outpatient substance abuse services are not covered under the BadgerCare Plus Core Plan or the BadgerCare Plus Basic Plan.

Self-Referral

"Self-referral" means that a provider refers a member either to an agency in which the provider has a direct financial interest or to himself or herself acting as a practitioner in private practice. Wisconsin Medicaid will not reimburse for services rendered to any such members.

Documentation Requirements

Refer to Attachment 2 for documentation requirements for all mental health and substance abuse service providers, including licensed mental health professionals practicing outside a Medicaid-certified clinic.

Records must be kept where the member receives services and must follow Medicaid guidelines. All services must be medically necessary to qualify for Medicaid reimbursement. Documentation for medical necessity should follow department guidelines.

Coordination of Benefits

Except for a few instances, Wisconsin Medicaid is the payer of last resort for any Medicaid-covered service. Therefore, the provider is required to make a reasonable effort to exhaust all existing commercial health insurance sources before submitting claims to ForwardHealth.

Dual Eligibles — Medicare

Dual eligibles are members who are eligible for coverage from Medicare (either Part A, Part B, or both) *and* Wisconsin Medicaid or BadgerCare Plus. Providers *are required* to be Medicare certified to provide outpatient mental health services to dual eligibles and *are required* to submit claims to Medicare *before* submitting a claim to ForwardHealth.

Claim Submission

Licensed and certified psychotherapists will continue to be reimbursed at the Master's degree level (modifier "HO") for outpatient mental health and outpatient substance abuse services.

Place of Service Code

The only allowable place of service (POS) code is POS 11 (office). Services rendered in any other POS and claims submitted with any other POS code will be denied.

Electronic Claim Submission

Licensed psychotherapists are encouraged to submit claims electronically, since electronic claims submission usually reduces claim errors and expedites reimbursement.

Electronic claims for outpatient mental health or outpatient substance abuse treatment services must be submitted using the 837 Health Care Claim: Professional (837P) transaction.

Licensed psychotherapists should use the companion document for the 837P transaction when submitting these claims.

Paper Claim Submission

Paper claims for licensed psychotherapists must be submitted using the 1500 Health Insurance Claim Form. Claims for licensed mental health professionals submitted on any other claim form will be denied.

ForwardHealth does not provide the 1500 Health Insurance Claim Form. The form may be obtained from any federal forms supplier.

Deduction for Paper Claim Submissions

Providers are encouraged to submit claims electronically, as claims submitted to ForwardHealth on paper will be subject to a \$1.10 reimbursement reduction per claim.

Remittance Advices

Newly Medicaid-certified providers will receive their first four Remittance Advices (RAs) on paper but will need to obtain subsequent RAs via the Portal. To access electronic RAs, a provider is required to have a provider Portal account. Provider Portal accounts give providers secure access to claims, PAs, and member enrollment information, in addition to RAs.

Supervision

Per 2009 Wisconsin Act 28, effective for dates of service on and after January 1, 2011, licensed mental health professionals are no longer required to be supervised when practicing outside a Medicaid-certified clinic or program. If working in a Medicaid-certified clinic or program, the provider is required to follow all supervision requirements that are part of that clinic or program.

Resources

In addition to the Online Handbook, for more information or questions, providers may use the following resources:

- Provider Services — Providers may call Provider Services at (800) 947-9627 to answer enrollment, policy, and billing questions.
- Provider Relations representatives — Providers are encouraged to initially obtain information through the ForwardHealth Portal, WiCall, and Provider Services. If these attempts are not successful, Provider Relations representatives, also known as field representatives, may be contacted for the following types of inquiries:
 - ✓ Claims, including discrepancies regarding enrollment verification and claim processing.
 - ✓ Provider Electronic Solutions (PES) claims submission software.
 - ✓ Claims processing problems that have not been resolved through other channels (e.g., telephone or written correspondence).
 - ✓ Referrals by a Provider Services telephone correspondent.
 - ✓ Complex issues that require extensive explanation.
- Trainings page — The Trainings page of the Portal, contains training events provided to providers, managed care organizations (MCOs), members, trading partners, and ForwardHealth partners. Users can use this page to access the training registration site and the Webcast site.

- Resources Reference Guide — The Resources Reference Guide lists services and resources available to providers and members with contact information and hours of availability. The guide is available in the Online Handbook.
- Electronic Data Interchange Helpdesk — The Electronic Data Interchange (EDI) Helpdesk assists anyone interested in becoming a trading partner get started and provides ongoing support pertaining to electronic transactions. Providers, billing services, and clearinghouses are encouraged to contact the EDI Helpdesk at (866) 416-4979 for test packets and/or technical questions.
- WiCall — WiCall is an Automated Voice Response system that allows providers with touch-tone telephones direct access to enrollment information. Providers can access WiCall by calling (800) 947-3544. A WiCall Quick Reference Guide for Enrollment Inquiries is available in the Online Handbook.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate MCO. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements. Providers who provide services to managed care members, including Family Care members, must be part of a network.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT 1

2011 Psychotherapist Recertification Information

- National Provider Identifier (NPI). Required for all providers. Visit the following Web site, <https://nppes.cms.hhs.gov/NPPES/Welcome.do>, to obtain an NPI.
- Medicare Part B Provider Enrollment Information. All providers are required to indicate whether they are enrolled with Medicare Part B and the enrollment effective date.
- License number. Required. Provider licensing information will be verified with the appropriate licensing agency.
- Social Security number (SSN) and date of birth. Individual providers will be asked to verify their SSN on file with Medicaid and supply their date of birth.
- Address and contact information. All providers will be asked to verify existing address information on file with Medicaid and to supply any missing information. The following are the type of addresses and related information requested:
 - ✓ Practice location address and related information. This is the street address where the provider's office is physically located and where records are normally kept. Additional information for the practice location includes the provider's office telephone number, contact person (for Medicaid use), and telephone number for members to use.
 - ✓ Mailing address. This address is where general information and correspondence is sent.
 - ✓ Prior authorization (PA) address. This address is where PA information is sent.
- Financial Information. Licensed psychotherapists (licensed clinical social workers [LCSW], licensed professional counselors [LPC], licensed marriage/family therapists [LMFT]) will be asked to provide the Tax Identification Number (TIN) and taxpayer name that Wisconsin Medicaid should use when reporting income (i.e., claim payments) to the Internal Revenue Service (IRS). Wisconsin Medicaid uses this information to generate the IRS Form 1099. It is important that this information matches what is on file with the IRS to ensure accurate income reporting.
- Financial Addresses. Licensed psychotherapists (LCSW, LPC, LMFT) will be asked to provide financial address information. The following are the types of financial addresses requested:
 - ✓ Checks and Remittance Advice (RA) address. This address is where checks and RAs are sent.
 - ✓ 1099 Mailing Address. This address is where IRS Form 1099 is sent.

ATTACHMENT 2

Mental Health and Substance Abuse Services Documentation Requirements

Providers are responsible for meeting medical and financial documentation requirements. Refer to DHS 106.02(9)(a), Wis. Admin. Code, for preparation and maintenance documentation requirements and DHS 106.02(9)(c), Wis. Admin. Code, for financial record documentation requirements.

The following are the medical record documentation requirements (DHS 106.02[9][b], Wis. Admin. Code) as they apply to all mental health and substance abuse services. In each element, the applicable administrative code language is in parentheses. The provider is required to include the following written documentation in the member's medical record, as applicable:

1. Date, department or office of the provider (as applicable), and provider name and profession.
2. Presenting problem (chief medical complaint or purpose of the service or services).
3. Assessments (clinical findings, studies ordered, or diagnosis or medical impression).
 - a. Intake note signed by the therapist (clinical findings).
 - b. Information about past treatment, such as where it occurred, for how long, and by whom (clinical findings).
 - c. Mental status exam, including mood and affect, thought processes — principally orientation X3, dangerousness to others and self, and behavioral and motor observations. Other information that may be essential depending on presenting symptoms includes thought processes other than orientation X3, attitude, judgment, memory, speech, thought content, perception, intellectual functioning, and general appearance (clinical findings and/or diagnosis or medical impression).
 - d. Biopsychosocial history, which may include, depending on the situation, educational or vocational history, developmental history, medical history, significant past events, religious history, substance abuse history, past mental health treatment, criminal and legal history, significant past relationships and prominent influences, behavioral history, financial history, and overall life adjustment (clinical findings).
 - e. Psychological, neuropsychological, functional, cognitive, behavioral, and/or developmental testing as indicated (studies ordered).
 - f. Current status, including mental status, current living arrangements and social relationships, support system, current activities of daily living, current and recent substance abuse usage, current personal strengths, current vocational and educational status, and current religious attendance (clinical findings).
4. Treatment plans, including treatment goals, which are expressed in behavioral terms that provide measurable indices of performance, planned intervention, mechanics of intervention (frequency, duration, responsible party[ies]) (disposition, recommendations, and instructions given to the member, including any prescriptions and plans of care or treatment provided).
5. Progress notes (therapies or other treatments administered) must provide data relative to accomplishment of the treatment goals in measurable terms. Progress notes also must document significant events that are related to the person's treatment plan and assessments and that contribute to an overall understanding of the person's ongoing level and quality of functioning.