CLTS Program
Third-Party Administrator (TPA)
Transition
Provider Webinar

Department of Health Services (DHS)

Gainwell Technologies, LLC (GWT)

April 16, 2025

Protecting and promoting the health and safety of the people of Wisconsin

Agenda

- Welcome
- Project timeline
- Implementation dates
- Finding your Medicaid ID
- Multiple dates of service
- Code crosswalk
- Place of service codes
- Payment and remittance advice schedules
- Outstanding checks and recovery
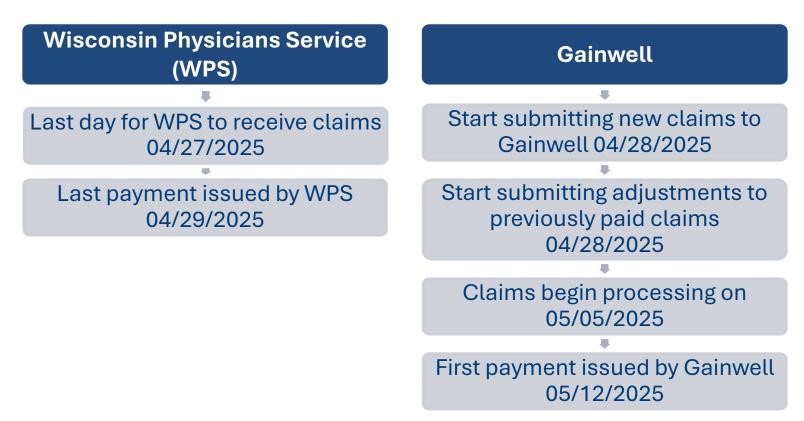- What's next?

Project Timeline

- **Initiate:** May–Sep. 2023

    Complete

- **Design:** Sep. 2023–May 2024

    Complete

- **Construct/test for Gainwell:** May 2024–Jan. 2025

    Complete

- **Pre-implementation & go live phase:** Feb.–July 2025

    o Testing available in the Submission Sandbox (SETE) as of Feb.

    o Go live: May 2025

Implementation Dates

Claims Overview

Wisconsin Physicians Service (WPS)

Last day for WPS to receive claims 04/27/2025

Last payment issued by WPS 04/29/2025

Gainwell

Start submitting new claims to Gainwell 04/28/2025

Start submitting adjustments to previously paid claims 04/28/2025

Claims begin processing on 05/05/2025

First payment issued by Gainwell 05/12/2025

New Claims

New claims submission to Gainwell begins 04/28/2025. This applies to new claims for **all** dates of service within the timely filing period:

- Dates of service from 05/04/2024–05/04/2025 that were not yet claimed to WPS

- Dates of service 05/05/2025 and after

Adjustments to Previous Claims

Adjustments to claims must be submitted to Gainwell beginning 04/28/2025. This applies to **all** claims for dates of service within the timely filing period:

- Dates of service 05/04/2024–05/04/2025 originally processed by WPS or Gainwell

- Dates of service 05/05/2025 and after processed by Gainwell

Note: Adjustments include any changes to previously submitted claims, overpayment recoveries, and requests for timely filing exceptions.

Finding Your Medicaid ID

DHS CLTS Provider Registry

- All Children's Long-Term Support (CLTS) providers can find their provider Medicaid ID (MA ID) in the CLTS Provider Registry.

- To find your MA ID:
  - Go to the CLTS Provider Registry and log into your registration
  - Once you are logged into your registration under "My Registration," select your current Registration ID.
  - You should be able to see a Directory Location section at the bottom right of your screen.
  - Click on the location to view the MA ID.

- Screenshot highlights the "Directory Locations."

- Example shows the provider has two locations.

Each directory location will display the assigned Provider MA ID.

Multiple Dates of Service

Multiple Dates of Service

- Providers may submit multiple dates of service on one claim if allowable based on the prior authorization.

- Multiple dates of service on a claim is done in two ways:
  - Adding more than one detail line on the claim for non-consecutive dates
  - Appropriately date span billing for consecutive dates

Non-Consecutive Dates

Services were performed on two or more non-consecutive dates:

For example, April 5th, April 12th, April 14th, the provider will claim **one date of service per detail line**.

Detail										
Line Number	**From Date of Service**	**To Date of Service**	**Procedure Code**	**Mod1**	**Mod2**	**Mod3**	**Mod4**	**Status**	**Units**	**Charge**
1	04/05/2025	04/05/2025	97164	GP				PAY	1.00	$100.00
2	04/12/2025	04/12/2025	97164	GP				PAY	1.00	$100.00
3	04/14/2025	04/14/2025	97164	GP				PAY	1.00	$100.00

Select row above to update -or-

Line Number		Rendering Provider	
From Date of Service		Referring Provider 1	
To Date of Service		Referring Provider 2	
Procedure Code		[Search]	Ordering Provider	
Modifiers		[Search]	[Search]	[Search]	[Search]

Consecutive Dates

Services were performed on consecutive dates:

For example, March 10th, 11th, and 12th the provider will claim **3 units in one detail line** for the date span.

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
1	03/10/2025	03/12/2025	97164	GP				PAY	3.00	$300.00

Select row above to update -or

Line Number		Rendering Provider
From Date of Service		Referring Provider 1
To Date of Service		Referring Provider 2
Procedure Code	[Search]	Ordering Provider
Modifiers		

Code Crosswalk

Remote and Group Services

Remote Services

- Providers claiming remote services must use modifier GT (and place of service code 02).
- Prior authorizations do not have the GT modifier.

Group Services

- Prior authorization will have an HQ modifier.
- Providers claiming group services must claim with modifier HQ and UN for group of 2 or UP for group of 3.

Place of Service Codes

Prior Authorizations and Claims

- Prior authorizations (PAs):

  Place of service (POS) codes will not be included on the PA to continue to allow flexibility.

- Claims:

  o New requirement to submit POS code on claims.

  o Claims will reject if a POS code is used that is not allowable for that procedure code and modifier.

New POS Document

Category	Standard Program Category Code	Federal Procedure Code	Modifiers[1]	Place of Service Code[2]
Empowerment and Self-Determination Supports (formerly Consumer Education and Training)	113.00	S9445	U7, U8, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Family/Unpaid Caregiver Supports and Services, per session (formerly Training for Unpaid Caregiver/Family)	113.2	S5111	UK, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Family/Unpaid Caregiver Supports and Services (formerly Training for Unpaid Caregiver/Family)	113.2	S5110	UK, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Financial Management Services—Basic	619.00	T2040	U7, 22, U4, U5, GT	02, 11, 99
Financial Management Services; Rep Payee	619.00	T2041	22, U7, U4, U5, GT	02, 11, 12, 99
Grief and Bereavement Counseling, Tier 1	507.02	H0046	U1, U2, U3, U4, U5, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Health and Wellness	609.30	S5190	U4, U5, GT, HQ, UN, UP	02, 11, 12, 49, 99
		S5190	U7, U4, U5, GT	01, 02, 03, 04, 11, 12, 13, 14, 15, 18, 21, 31, 33, 34, 49, 51, 54, 99
Home Modifications	112.56	S5165	UA–UD, GT	02, 12

A new document has been created to support operationalizing POS codes.

Code Descriptions

The place of service document also includes code descriptions.

Place of Service Code Definitions

Code	Description
01	Pharmacy
02	Telehealth Provided Other than in Patient's Home
03	School
04	Homeless Shelter
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
18	Place of Employment—Worksite
21	Inpatient Hospital
31	Skilled Nursing Facility
33	Custodial Care Facility
34	Hospice
49	Independent Clinic
51	Inpatient Psychiatric Facility
54	Intermediate Care Facility/Individuals with Intellectual Disabilities
99	Other Place of Service

Resources

POS table can be found here on both webpages:

- [Children's Long-Term Support: Third Party Administration Transition for County Waiver Agencies](#)

- [Children's Long-Term Support Program: Third-Party Administration Transition](#)

Payment and Remittance Advice Schedules

Payment Schedule

- Payments are made on Mondays.

- Claims submitted by 3 p.m. Central Standard Time (CST) on Friday will be paid the following Monday.

    Example: Claims submitted by 3 p.m. on Friday, 05/09/2025, will be paid on Monday, 05/12/2025.

- Paper checks – Checks are printed and mailed by Tuesday of the week the payment is made.

- Providers who have electronic funds transfer (EFT) will see the payment in their accounts by Thursday of the week of payment.

Remittance Advice Schedules

Electronic versions of remittance advices (ERAs) are available by 10 a.m. CST on Monday.

ERAs are available to download in text or CSV format.

Let's look at a few remittance advice examples. ➡️

Provider Remittance Advice

(Paid Original Claim)

```
REPORT:    CRA-HCPD-R                        FORWARDHEALTH INTERCHANGE              DATE:  08/28/2024
  RA#:     3698172                            WISCONSIN FORWARDHEALTH              PAGE:         1
PAYER:     TXIX                              PROVIDER REMITTANCE ADVICE
                                           PROFESSIONAL SERVICES CLAIMS PAID

                                                                    PAYEE ID                    MCD
                                                                    NPI
MARSHFIELD, WI 54449                                                CHECK/EFT NUMBER       000000000
                                                                    PAYMENT DATE          09/02/2024


 --ICN--          PCN          MRN        SERVICE DATES    BILLED AMT             OTH INS AMT     COPAY AMT      PAID AMT
                                          FROM    TO       ALLOWED AMT  INCENTIVES SPENDDOWN AMT  CO-INS CB     OUTPAT DED
MEMBER NAME: STRAWBERRY PUGNIN                     MEMBER NO.:
2224241001022                             060124 060124     200.00                    0.00          0.00         54.86
                                                            54.86        0.00         0.00          0.00          0.00

                         SERVICE DATES ALLW UNITS RENDERING PROVIDER                PA NUMBER
PROC CD  MODIFIERS       FROM    TO      COPAY AMT   BILLED AMT  ALLOWED AMT  INCENTIVES  PAID AMT  DETAIL EOBS
 95990                   060124 060124    1.00    MCD                                               9918
                                          0.00        200.00      54.86        0.00       54.86
EOB CODE     DESCRIPTION

9918         Pricing Adjustment - Maximum allowable fee pricing applied.
```

Patient Account Number and Medical Record Number (MRN)

Professional Claim

Required fields are indicated with an asterisk (*).

ICN		Rendering Provider		[Search]
Provider ID	1699770115 NPI	Referring Provider 1		[Search]
Member ID*		Referring Provider 2		[Search]
Last Name		Medicare Disclaimer	no disclaimer	
First Name, MI		Other Insurance Indicator		
Date of Birth		Referral Number		
Patient Account #		Total Charge*	$0.00	
Medical Record Number		Other Insurance Amount	$0.00	
SOI Date		Total Amount Paid	$0.00	
		Net Difference		

Provider Remittance Advice

(Paid Original Claim w/ MRN Info)

```
THE MEDICAL COLLEGE OF                                              PAYEE ID
BIN 88350                                                          NPI
WISCONSIN INC                                                      CHECK/EFT N
MILWAUKEE, WI 53288                                               PAYMENT DAT


 --ICN--          PCN         MRN        SERVICE DATES    BILLED AMT            OTH INS AMT    COPAY
                                         FROM    TO       ALLOWED AMT  INCENTIVES  SPENDDOWN AMT  CO-IN

MEMBER NAME: FIRST ONE CLTSCLAIMSTEST          MEMBER NO.: 9010006554
2224241001018  0828 Provide             082824 082824        150.00                    0.00
                                                              60.42      0.00           0.00

                SERVICE DATES ALLW UNITS RENDERING PROVIDER            PA NUMBER
PROC CD  MODIFIERS   FROM    TO    COPAY AMT    BILLED AMT  ALLOWED AMT  INCENTIVES  PAID AMT  DETAIL EOBS
 99213              082824 082824   1.00   MCD 32561300                              9918
                                    0.00       150.00        60.42      0.00         60.42
```

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Provider Remittance Advice

(Adjustment Example)

```
REPORT:   CRA-HCAD-R                        FORWARDHEALTH INTERCHANGE                 DATE:  08/07/2024
  RA#:    3623984                            WISCONSIN FORWARDHEALTH                   PAGE:        7
PAYER:    TXIX                              PROVIDER REMITTANCE ADVICE
                                        PROFESSIONAL SERVICES CLAIM ADJUSTMENTS

                                                                     PAYEE ID              MCD
                                                                     NPI
WISCONSIN INC                                                        CHECK/EFT NUMBER    000078869
MILWAUKEE, WI 53288                                                  PAYMENT DATE        08/12/2024


  --ICN SEQ--        PCN         MRN       SERVICE DATES    BILLED AMT            OTH INS AMT     COPAY AMT       PAID AMT
                                           FROM    TO       ALLOWED AMT  INCENTIVES SPENDDOWN AMT  CO-INS CB      OUTPAT DED

MEMBER NAME: PRS CLTSPROGRAMTEST                       MEMBER NO.:
2224219001004 001 5006                    070224  070224     (150.00)                 (0.00)         (0.00)         (74.38)
                                                             (74.38)     (0.00)       (0.00)         (0.00)         (0.00)
5924220001003 002 5006                    070224  070224      150.00                   0.00           0.00           74.38
                                                              74.38       0.00         0.00           0.00           0.00

ADJUSTMENT EOB:  8000

                 SERVICE DATES ALLW UNITS RENDERING PROVIDER                    PA NUMBER
PROC CD  MODIFERS  FROM    TO    COPAY AMT   BILLED AMT    ALLOWED AMT  INCENTIVES  PAID AMT   DETAIL EOBS
99203              070224 070224   1.00    MCD                                                 9918
                                   0.00       150.00         74.38       0.00        74.38
```

EOB CODE   DESCRIPTION

9918   Pricing Adjustment - Maximum allowable fee pricing applied.

Medical Record Number and Patient Control Number

- The RA reports the first 12 characters of the Medical Record Number (MRN) and/or a Patient Control Number (PCN) submitted on the original claims. The MRN and PCN fields are located beneath the member's name on any section of the RA that reports claims processing information.

- Providers are strongly encouraged to enter these numbers on claims. Entering the MRN and/or the PCN on claims may assist providers in reconciling the claims reported on the RA.

Payment and Remittance Advice Schedules

Remittance user guides are available on the ForwardHealth Portal. These are guides that can be used by CLTS providers, there will be no CLTS-specific user guides created.

- General RA user guide: https://www.dhs.wisconsin.gov/publications/p00961.pdf

- CSV specific user guide: https://www.dhs.wisconsin.gov/publications/p00962.pdf

Outstanding Checks and Recovery

Outstanding Checks From WPS

- As part of this conversion, we want to make sure all providers have any past payments fully reconciled to avoid confusion.

- DHS is directly emailing impacted providers with outstanding check numbers and encouraging them to contact WPS to reissue any outstanding payments, as necessary.

  If you receive this email, please contact WPS directly via phone (877-298-1258) or their provider portal (www.wpshealth.com/providers/index.shtml) as soon as possible.

Outstanding Recoveries of Past Claims With WPS

- DHS also wants to ensure that any outstanding amounts owed on claims previously processed by WPS are received in a timely fashion to avoid confusion.

- We are directly emailing impacted providers regarding outstanding amounts owed and encouraging them to contact WPS to return any outstanding funds, as necessary.

Outstanding Recoveries of Past Claims With WPS

- If you receive this email, please contact WPS directly via phone (877-298-1258) or their <u>provider portal</u> as soon as possible.

- Please arrange for repayment to WPS by 4/27/25 to prevent the debt from being transferred to our new fiscal agent. If the balance is not received by WPS by this date, Gainwell Technologies and DHS will assume responsibility for the collections.

Questions and Answers

What's next?

- Provider refresher trainings:
  - April 17, 2–3 p.m.
  - April 22, 10–11a.m.
  - April 22, 4–5 p.m.
- If you are unable to attend a provider refresher training, slides and recordings are available on the ForwardHealth CLTS TPA webpage.

Contact Us

- Gainwell CLTS Operations Team:
  - 844-942-5870
  - cltsoperations@gainwelltechnologies.com
- DHS Provider Relations:
  - dhscltsproviderrelations@dhs.wisconsin.gov

Thank you!

Protecting and promoting the health and safety of the people of Wisconsin

WISCONSIN DEPARTMENT *of* HEALTH SERVICES