

CLTS Program Third-Party Administrator Transition



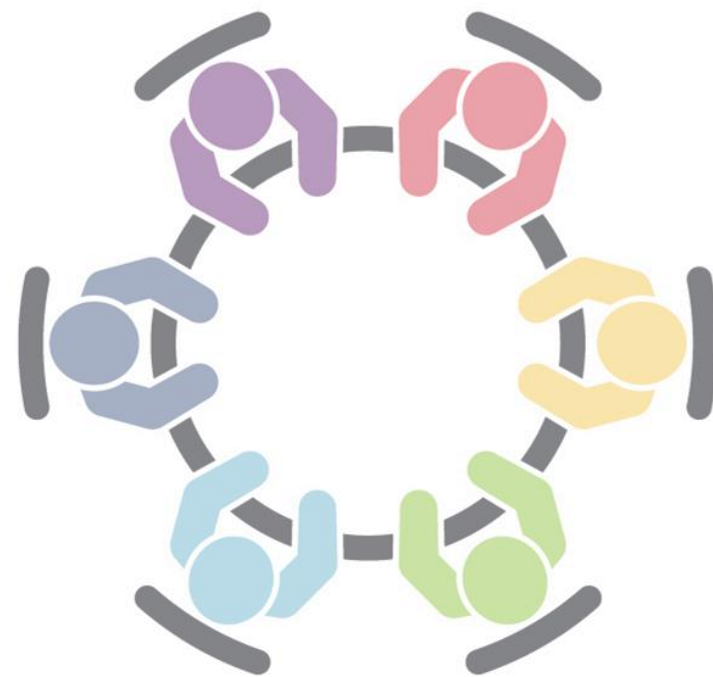
Department of Health Services (DHS)

Gainwell Technologies, LLC (GWT)

October 31, 2024

Agenda

- Project timeline
- Reminder DHS third-party administrator (TPA) transition webpage
- Provider Survey
- Reminder Implementation dates
- New Payment and Remittance Advice Schedules
- Reminder Medicaid IDs
- Date Span Billing
- Direct Data Entry Rejections
- Training Information
- **What's next**



Project Timeline

- Initiate: May–Sep. 2023
Complete
- Design: Sep. 2023–May 2024
Complete
- Construct/test for GWT: May 2024–Jan. 2025
- Pre-implementation & go live phase: Feb.–July 2025
 - ◆ Provider testing available with technical assistance from Feb.–May 2025
 - ◆ Go live: May 2025
 - ◆ Provider testing environment will remain available until July 2025

DHS TPA Transition Webpages

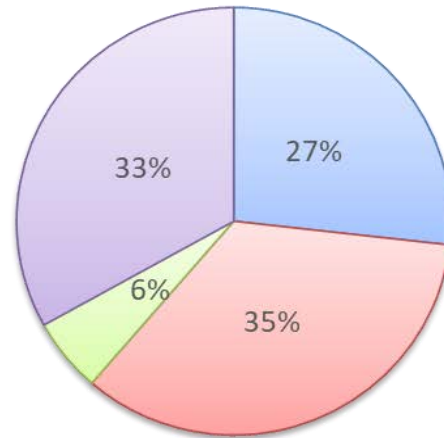
TPA Transition Webpage

- A [webpage](#) is available on the DHS website to support providers in this transition.
- This page includes:
 - ◆ A summary of information that has been shared in past forums and webinars.
 - ◆ Resource links to PowerPoints and recordings.
 - ◆ Important dates for upcoming testing and training.

Provider Survey Results

Provider Survey Results

- DHS sent a provider survey on September 12, 2024
- Response rate in relation to registered providers was very low
- Gathered data on which claim submission option providers plan to use after transition



- Direct data entry – includes entering in Claims Wizard, Copy a Claim from a PA
- Electronic submission via 837I or 837P
- Paper claim – CMS-1500 or UB-04
- Undecided

Provider Survey Results

- Gathered data on what additional support options providers would like:
 - Providers want a Claims Submission Overview
 - ✓ DHS/Gainwell Past Overview On [webpage](#)
 - ✓ Upcoming Claims Submission Demonstration 11/13/2024 10:00 am – 11:00 am
 - Providers want Step-by-Step Training
 - ✓ Group One – Technology Savvy
 - 01/22/2025 10:00 am & 01/30/2025 5:00 p.m.
 - ✓ Group Two – Less Technology Savvy
 - 01/23/2025 10:00 am & 01/29/2025 5:00 p.m.

Provider Survey Results

- Gathered data on what additional support options providers would like:
 - Providers want someone to contact directly with questions
 - ✓ Gainwell will have a CLTS-specific contact center open prior to and after the transition date. Phone line to open January 27.
 - Providers want a step-by-step written claims guide
 - ✓ There is a Claim Submission User Guide already available on ForwardHealth Portal: [ForwardHealth Communications \(wi.gov\)](https://www.wisconsin.gov/forwardhealth/communications)
 - ✓ This Claims Submission User Guide will be updated closer to transition to include CLTS-specific information regarding the PA field.

Provider Survey Results

- ✓ Additional General Provider Claims Instructions Sheets are available as well. You can find:

Provider Claims Submission User Guides

- [Institutional](#)
- [Professional](#)
- [Dental](#)
- [Compound/Noncompound Drug](#)

Provider Claims Instruction Sheets (all claims)

- [Claim Search](#)
- [Claim Status Information](#)
- [Resubmitting a Denied Claim](#)
- [Adjusting a Claim](#)
- [Voiding a Claim](#)
- [Copying a Claim](#)
- [Uploading Claim Attachments](#)

Provider Survey Results

- Gathered data on what additional support options providers would like (cont):
 - More Information on how to set up 837 claims submissions
 - ✓ There is an existing user guide available to help answer these questions: [837 Health Care Professional User Guide](#).
Note that CLTS will follow Medicaid & BadgerCare Plus instructions. This guide will be updated to include CLTS.
 - Potential 1:1 meetings
 - ✓ This will be available closer to implementation.

Implementation Dates

Implementation Dates

Implementation date: May 5, 2025

WPS

```
graph TD; A[WPS] --> B[Last day to submit claims to WPS 04/27/2025]; B --> C[Last payment issued by WPS 05/01/2025];
```

Last day to submit claims to WPS 04/27/2025

Last payment issued by WPS 05/01/2025

Implementation Dates

Implementation date: May 5, 2025

Gainwell Submission

Start submitting new claims to Gainwell 04/28/2025

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

Gainwell Processing/Payment

Gainwell processes new claims 05/05/2025
First payment issued 05/12/2025

Gainwell processes adjustments 05/19/2025
First payment issued 05/26/2025

New Payment and Remittance Advice Schedules

Payment and Remittance Advice Schedules

- Payments are made on Mondays
- Claims submitted by 3:00 p.m. Central Standard Time on Friday will be paid the following Monday.
 - Example – Claims submitted by 3:00 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.

Payment and Remittance Advice Schedules

- Electronic versions of Remittance Advices (ERAs) are available by 10:00 a.m. Central Standard Time Monday.
 - RAs are available to download in text or CSV format

Payment and Remittance Advice Schedules

Let's take a 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

MARSHFIELD, WI 54449

PAYEE ID MCD
 NPI
 CHECK/EFT NUMBER 000000000
 PAYMENT DATE 09/02/2024

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

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

EOB CODE 9918 DESCRIPTION Pricing Adjustment - Maximum allowable fee pricing applied.

Provider Remittance Advice

(Paid Original Claim w/ MRN Info)

THE MEDICAL COLLEGE OF
 BIN 88350
 WISCONSIN INC
 MILWAUKEE, WI 53288

PAYEE ID
 NPI
 CHECK/EFT M
 PAYMENT DAT

MEMBER NAME:	MEMBER NO.:	SERVICE DATES		BILLED AMT	OTH INS AMT	COPAY		
2224241001018	9010006554	FROM	TO	ALLOWED AMT	SPENDDOWN AMT	CO-INS		
0828 Provide	082824 082824	150.00	0.00	60.42	0.00	0.00		
PROC CD	MODIFIERS	FROM	TO	ALLW UNITS	RENDERING PROVIDER	PA NUMBER	DETAIL	EOBS
99213		082824	082824	1.00	MCD 32561300	9918		
				0.00	150.00	60.42		

Provider Remittance Advice

(Adjustment Example)

REPORT: CRA-HCAD-R
 RA#: 3623984
 PAYER: TXIX

FORWARDHEALTH INTERCHANGE
 WISCONSIN FORWARDHEALTH
 PROVIDER REMITTANCE ADVICE
 PROFESSIONAL SERVICES CLAIM ADJUSTMENTS

DATE: 08/07/2024
 PAGE: 7

WISCONSIN INC
 MILWAUKEE, WI 53288

PAYEE ID MCD
 NPI
 CHECK/EFT NUMBER 000078869
 PAYMENT DATE 08/12/2024

--ICN SEQ--	PCN	MRN	SERVICE DATES FROM TO	BILLED AMT ALLOWED AMT	INCENTIVES	OTH INS AMT SPENDDOWN AMT	COPAY AMT CO-INS CB	PAID AMT OUTPAT DED
MEMBER NAME: PRS CLTSPROGRAMTEST			MEMBER NO.:					
2224219001004	001	5006	070224 070224	(150.00) (74.38)	(0.00)	(0.00) (0.00)	(0.00) (0.00)	(74.38) (0.00)
5924220001003	002	5006	070224 070224	150.00 74.38	0.00	0.00 0.00	0.00 0.00	74.38 0.00

ADJUSTMENT EOB: 8000

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

Payment and Remittance Advice Schedules

Information about the MRN/PCN

- 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

Professional Claim

Required fields are indicated with an asterisk (*).

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

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>

Provider Medicaid I Ds

Provider ID Requirements

- Medicaid IDs (MA IDs) are required for the submission and processing of CLTS claims.
 - Tax IDs will no longer be accepted on claim submissions.
 - MA IDs will be on the PA.
- Prior to the provider testing window, around January 20, PIN letters will be sent. This PIN is to sign in to the ForwardHealth Portal. This letter will include your CLTS specific MA ID(s).
- DHS will share provider MA IDs with CWAs if the provider is approved to provide services in their county.

Provider Registrations and MA IDs

- Each service location/directory location will have a unique MA ID.
- Providers are encouraged to ensure their registration is up-to-date now.

The DHS [CLTS Provider Registry](#) **remains the “source of truth”** regarding provider information, meaning all changes must be made in this registry. DHS passes this information to Gainwell to upload to their provider file and ForwardHealth Portal.

Provider Registrations and MA IDs: Locations

- If you have one location:
 - Enter this as your main Business Name and Business Address.
 - Enter this as your Directory Location.
- If you have more than one location:
 - Enter your main location as your Business Name and Business Address.
 - Enter your main location as a Directory Location.
 - Enter all other service locations as a Directory Location.

Provider Registrations and MA IDs: Locations

- Make sure you have no duplicate locations for reasons such as:
 - 123 S. Main St. vs. 123 South Main Street
 - 456 W. Town Ave. vs. 456 W. Town Ave. Ste 78
- **Make sure to “Edit” the current location to make changes. Do not just “Add” a new location to make changes.**

Date Span Billing

Date Span Billing

- Bill dates of service when services were provided within the authorized date span.
- When to use a date span versus one day of service:
 - Services were performed on *consecutive dates*: Bill a date span
For example, Aug. 1–3, 3 units
 - Services were performed on two or more *non-consecutive dates*: Bill one date per *service line*
For example, Aug. 1, Aug. 3, and Aug. 7, 3 units

Example One
Consecutive
Dates of
Services

Professional Claim

Required fields are indicated with an asterisk (*).

ICN <input type="text" value="2224289001006"/> Provider ID <input type="text" value="NPI"/> Member ID* <input type="text" value="8209562983"/> Last Name <input type="text" value="CLTSCCLAIMSTEST"/> First Name, MI <input type="text" value="THIRD ONE"/> Date of Birth <input type="text" value="05/08/2019"/> Patient Account # <input type="text" value="1015 Test"/> Medical Record Number <input type="text"/> SOI Date <input type="text"/>	Rendering Provider <input type="text" value="NPI"/> NPI [Search] Referring Provider 1 <input type="text"/> [Search] Referring Provider 2 <input type="text"/> [Search] Medicare Disclaimer <input type="text" value="no disclaimer"/> Other Insurance Indicator <input type="text"/> Referral Number <input type="text"/> Total Charge* <input type="text" value="\$570.00"/> Other Insurance Amount <input type="text" value="\$0.00"/> Total Amount Paid <input type="text" value="\$84.90"/> Net Difference <input type="text"/>
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[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Diagnosis

Sequence Diagnosis 1 [Search]

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
M 1	08/01/2024	08/03/2024	92508					PAY	3.00	\$570.00

Type changes below.

Line Number <input type="text" value="1"/> From Date of Service* <input type="text" value="08/01/2024"/> To Date of Service* <input type="text" value="08/03/2024"/> Procedure Code* <input type="text" value="92508"/> [Search] Modifiers <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search] <input type="text"/> [Search] Diagnosis Code Pointers <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/> Units* <input type="text" value="3.00"/> Charge* <input type="text" value="\$570.00"/> Place of Service Code* <input type="text" value="11"/> [Search] Emergency <input type="text"/> Family Planning <input type="text"/> Notes <input style="width: 100%;" type="text"/>	Rendering Provider <input type="text" value="NPI"/> NPI [Search] Referring Provider 1 <input type="text"/> [Search] Referring Provider 2 <input type="text"/> [Search] Ordering Provider <input type="text"/> [Search] Status <input type="text" value="PAY"/> Allowed Amount <input type="text" value="\$84.90"/> CoPay Amount <input type="text" value="\$0.00"/> Professional Service Description <input style="width: 100%;" type="text"/>
--	---

Claim Status Information

Claim Status <input type="text" value="PAY"/> Claim ICN <input type="text" value="2224289001006"/> Paid Date <input type="text" value="10/15/2024"/> Paid Amount <input type="text" value="\$84.90"/>
--

EOB Information

Detail Number	Code	Description
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.

Example Two
Date Span
Not Equal

Professional Claim

Required fields are indicated with an asterisk (*).

ICN 5924285001011
 Provider ID [Redacted] NPI [Redacted]
 Member ID* 8209562983
 Last Name CLTSCLAIMSTEST
 First Name, MI THIRD ONE
 Date of Birth 05/08/2019
 Patient Account # Oct_11_Test1
 Medical Record Number [Redacted]
 SOI Date [Redacted]

Rendering Provider [Redacted] NPI [Search]
 Referring Provider 1 [Search]
 Referring Provider 2 [Search]
 Medicare Disclaimer no disclaimer
 Other Insurance Indicator [Redacted]
 Referral Number [Redacted]
 Total Charge* \$190.00
 Other Insurance Amount \$0.00
 Total Amount Paid \$0.00
 Net Difference [Redacted]

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Diagnosis

Sequence 1 Diagnosis 1 Z418 [Search]

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
M 1	08/22/2024	08/26/2024	97110	GP				PAY	3.00	\$190.00

Type changes below.

Line Number 1
 From Date of Service* 08/22/2024
 To Date of Service* 08/26/2024
 Procedure Code* 97110 [Search]
 Modifiers GP [Search] [Search] [Search] [Search]
 Diagnosis Code Pointers 1 [Search] [Search] [Search]
 Units* 3.00
 Charge* \$190.00
 Place of Service Code* 11 [Search]
 Emergency [Redacted]
 Family Planning [Redacted]
 Notes [Redacted]
 Rendering Provider [Redacted] NPI [Search]
 Referring Provider 1 [Search]
 Referring Provider 2 [Search]
 Ordering Provider [Search]
 Status PAY
 Allowed Amount \$51.87
 CoPay Amount \$0.00
 Professional Service Description [Redacted]

Claim Status Information

Claim Status DENY
 Claim ICN 5924285001004
 Denied Date 10/11/2024
 Paid Amount \$0.00

EOB Information

Detail Number	Code	Description
1	944	Quantity Billed is not equally divisible by the number of Dates of Service on the detail.

Example Three
Not
Consecutive
Separate Lines
of Service

Professional Claim

Required fields are indicated with an asterisk (*).

ICN 2224260001062 Rendering Provider 1013003060 NPI [Search]
 Provider ID 1013003060 NPI Referring Provider 1 [Search]
 Member ID* 8209562983 Referring Provider 2 [Search]
 Last Name CLTSCLAIMSTEST Medicare Disclaimer no disclaimer
 First Name, MI THIRD ONE Other Insurance Indicator
 Date of Birth 05/08/2019 Referral Number
 Patient Account # 09162024 Test Total Charge* \$570.00
 Medical Record Number Other Insurance Amount \$0.00
 SOI Date Total Amount Paid \$51.87
 Net Difference

[Diagnosis](#) [Condition](#) [Medicare](#) [Anesthesia](#) [Other Insurance](#)

Diagnosis

Sequence 1 Diagnosis 1 M5451 [Search]

Detail

Line Number	From Date of Service	To Date of Service	Procedure Code	Mod1	Mod2	Mod3	Mod4	Status	Units	Charge
1	07/22/2024	07/22/2024	97110					PAY	1.00	\$190.00
2	07/24/2024	07/24/2024	97110					PAY	1.00	\$190.00
3	07/26/2024	07/26/2024	97110					PAY	1.00	\$190.00

Select row above to update -or- click Add button below.

Line Number Rendering Provider [Search]
 From Date of Service Referring Provider 1 [Search]
 To Date of Service Referring Provider 2 [Search]
 Procedure Code [Search] Ordering Provider [Search]
 Modifiers [Search] [Search] [Search] [Search]
 Diagnosis Code Pointers
 Units
 Charge Status
 Place of Service Code [Search] Allowed Amount
 Emergency CoPay Amount
 Family Planning
 Notes Professional Service Description

Delete Add

[NDCs for JCode](#)

Attachments

*** No rows found ***

Select row above to update -or- click Add button below.

Attachment Control Number
 Description

Delete Add

Claim Status Information

Claim Status PAY
 Claim ICN 2224260001062
 Paid Date 09/16/2024
 Paid Amount \$51.87

EOB Information

Detail Number	Code	Description
1	9918	Pricing Adjustment - Maximum allowable fee pricing applied.

Direct Data Entry Rejections

Direct Data Entry Rejections

Direct Data Entry is a new option for providers. What happens if the claim is rejected: Immediate Response:

Claim Status Information		
Claim Status	DENY	
Claim ICN	2224241001017	
Denied Date	08/28/2024	
Paid Amount	\$0.00	

EOB Information		
Detail Number	Code	Description
1	0175	Rendering Provider indicated is not certified as a rendering provider.

Direct Data Entry Rejections

Direct Data Entry is a new option for providers. What happens if the claims is rejected: Remittance Advice

--ICN--		PCN	MRN	SERVICE DATES		BILLED AMOUNT	OTH INS AMOUNT	SPENDDOWN AMOUNT
				FROM	TO			
MEMBER NAME: FIRST ONE CLTSCLAIMSTEST				MEMBER NO.: 9010006554				
2224241001017		0828	Provide	082824	082824	150.00	0.00	0.00
PROC CD	MODIFIERS	ALLW UNITS	SERVICE DATES		RENDERING PROVIDER	PA NUMBER	BILLED AMT	DETAIL EOBS
99213		0.00	082824	082824	MCD 32739000		150.00	0175
EOB CODE	DESCRIPTION							
0175	Rendering Provider indicated is not certified as a rendering provider.							

Discussion



Training Information

Claims Training

- Topics
 - Accessing ForwardHealth Portal
 - Direct Data Entry
 - ◆ Claims Wizard
 - ◆ Copy a claim from a paid claim
 - ◆ Create a claim from a PA
 - How to upload attachments
 - How to submit the claim
 - Understanding claim status
 - Adjusting a claim
 - Resources

Prior Authorization and Electronic Funds Transfer Training

- Topics
 - Accessing ForwardHealth Portal
 - Viewing PAs
 - How to sign up for electronic funds transfer (EFT)

What's Next?

What's Next

Provider Webinars

Claims Submission Demonstration

November 13, 10-11 a.m.

Provider Webinar

December 17, 10–11 a.m.

What's Next

Provider Training

Group One (Self-Identified: Technology Savvy)

January 22, 2025 10:00-11:30 a.m.

January 30, 2025 5:00-6:30 p.m.

Group Two (Self-Identified: Less Technology Savvy)

January 23, 2025 10:00-11:30 a.m.

January 29, 2025 5:00-6:30 p.m.

Questions?

If you have questions regarding the TPA transition, please contact dhscltsproviderrelations@dhs.Wisconsin.gov.

**THANK
YOU**