

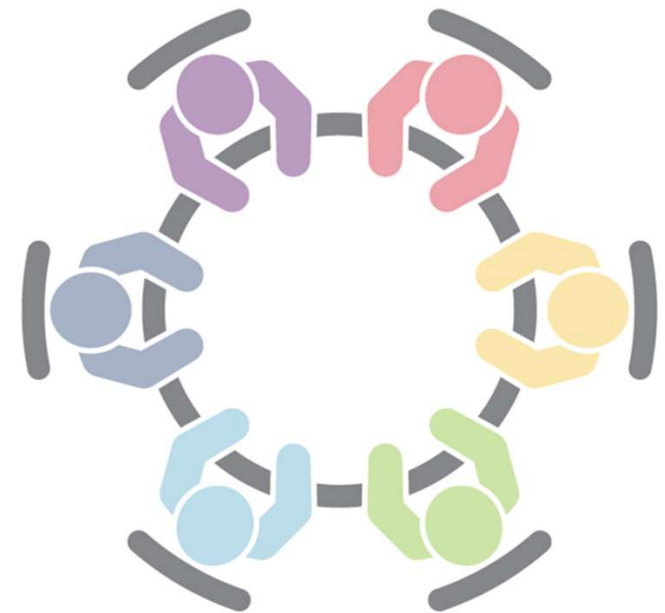
CLTS Program Third-Party Administrator (TPA) Transition



Department of Health Services (DHS)
Gainwell Technologies, LLC (GWT)
August 7, 2024

Agenda

- Welcome
- Project timeline
- Implementation dates
 - Claims
 - Prior authorizations (PAs)
- Summary of design changes
- Overpayment recovery process
- Payment method examples
- Duplicate PAs
- County waiver agency (CWA) ForwardHealth ID and provider Medicaid (MA) ID
- Discussion

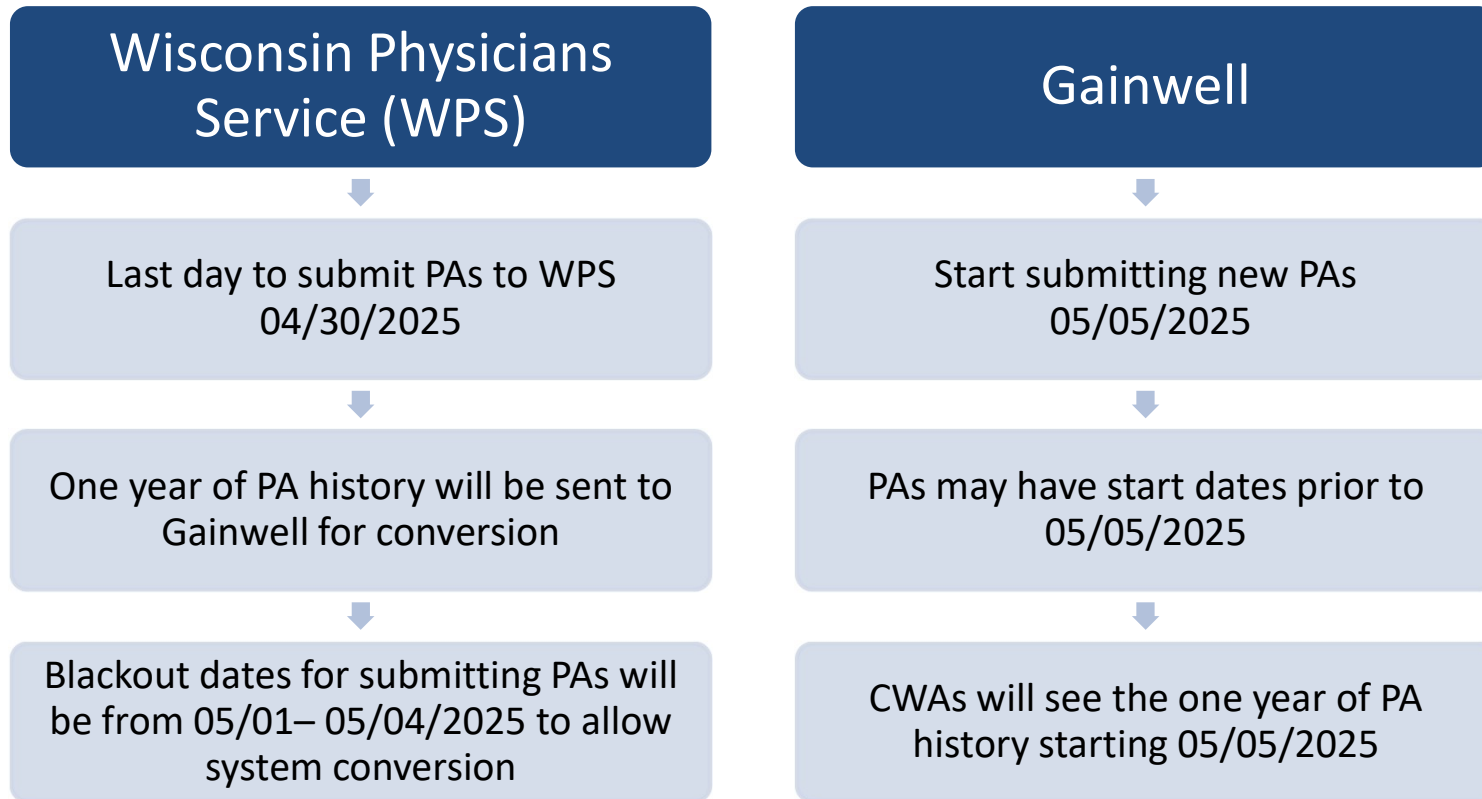


Project Timeline

- **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

Implementation Dates

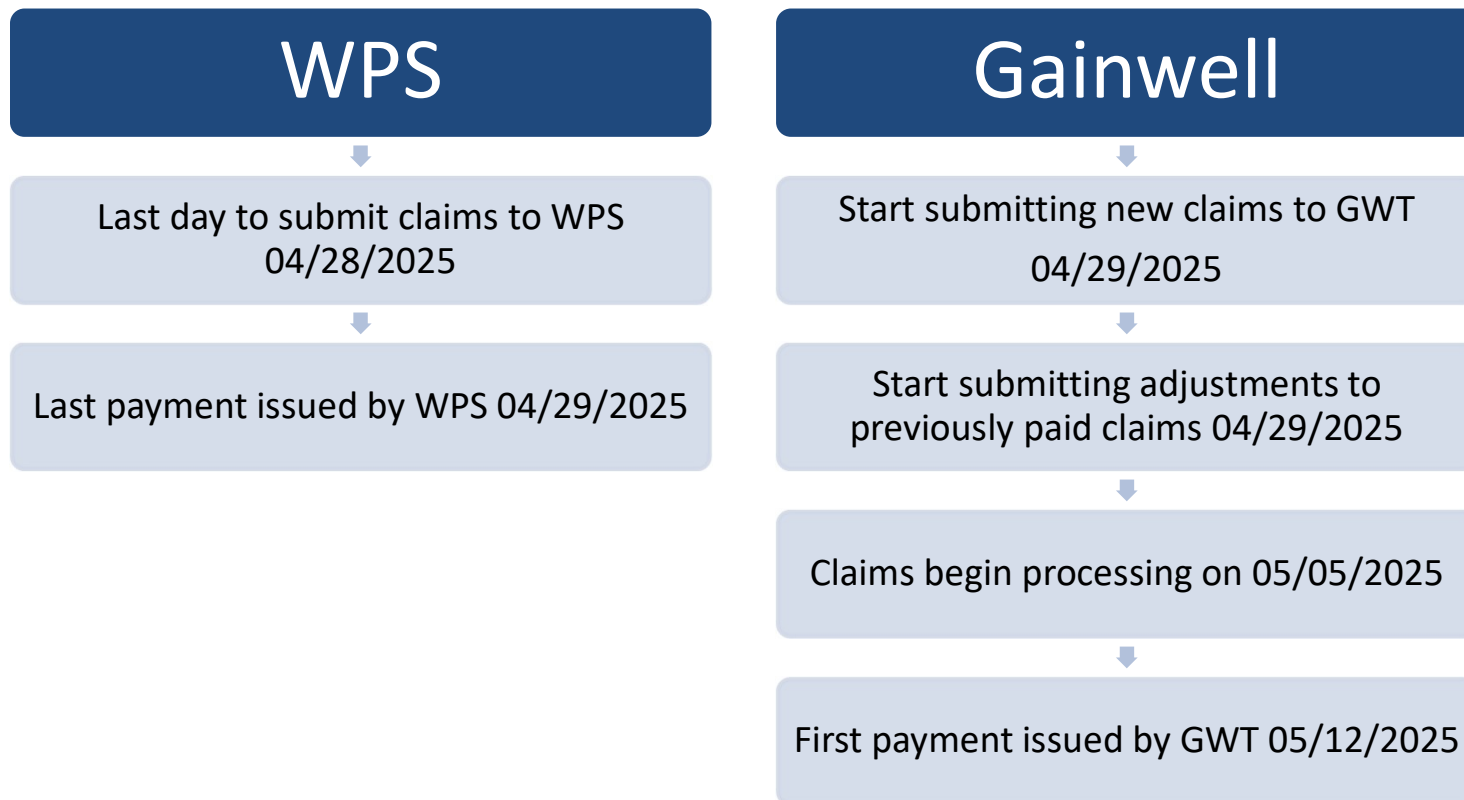
PA Overview



Historical PA Conversion

- Example: A PA with a start date of 02/01/2025 and an end date of 07/26/2025 is submitted to WPS.
- This PA will be sent to GWT.
- GWT will have the PA so they can process claims appropriately for the entire authorized timeframe.
- The CWA will have the ability to amend this PA with GWT, if necessary, after the 05/05/2025 implementation date.

Claims Overview



New Claims

New claims submission to Gainwell begins 04/29/2025. 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 GWT beginning 04/29/2025. 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 GWT.
- Dates of service 05/05/2025 and after processed by GWT.

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

Overpayment Recovery Process

Error In Claims Processing

Current process

WPS requires the provider to return the entire payment on the claim that the error was made. WPS then reprocesses the claim and issues the correct payment.

New process

GWT will recoup the overpayment from the next claim that is submitted by the provider. If there are no additional claims submitted by the provider, GWT will provide DHS with the information to pursue the recovery.

Identification of a Primary Insurance After Payment

Current process

WPS sends a letter asking the provider to bill the other insurance and return the overpayment. WPS makes three attempts and then sends to DHS for recovery.

Identification of a Primary Insurance After Payment

New process

GWT sends a letter asking the provider to bill the other insurance and return the overpayment within 120 days. If the provider does not contact GWT within 120 days, they will recoup the payment from the next claim the provider submits.

If the provider shows within the 120 days that they made two attempts to contact the insurance company with a 30-day lapse in between each request, the provider can resubmit the claim for reconsideration.

[ForwardHealth Provider Based Billing Chapter](#)

Payment Method Examples

Payment Method Examples

This portion of the presentation will be a screenshare.

Duplicate Prior Authorizations

Duplicate PAs

- In response to CWA feedback, GWT and DHS have been strategizing ways to create more flexibility with PAs that may appear to be duplicates.
- With GWT, PAs that have the same dates of service, MA ID, and service code, but have different rates, will no longer reject as a duplicate PA.

PA Submission Flexibility

- Greater flexibility in PA submission will assist in the following scenarios (this is a non-exhaustive list):
 - Market rate services, such as respite camps, that are authorized during the same time for the same participant, but at different rates.
 - Outliers that have approved rates for different caregivers under the same participant using a financial management service.
 - CWA purchases of items and supplies for the same participant on the same day no longer need to be lumped together.

PA Submission Flexibility

- Claiming to PAs that look like duplicates:
 - All claims will require the GWT authorization number and is unique to each PA.
 - Claims will match the PA on file with that authorization number.

CWA ForwardHealth ID and Provider MA ID

CWA ForwardHealth ID

- CWA users currently have a CWA ForwardHealth ID to perform CWA functions (i.e. eligibility and enrollment system, outlier rate application, reporting).
- GWT will create a new clerk role for PAs.
- Each CWA portal administrator will need to assign this new clerk role to all users who will submit PAs.
- The list of CWA portal administrators will be available on the transition webpage.

CWA ForwardHealth ID and Provider MA ID

CWA ForwardHealth ID

CWAs will use this ID to perform all PA-related functions in the ForwardHealth Portal.

- Submitting PAs
- Viewing PA file responses
- View historical PA submissions

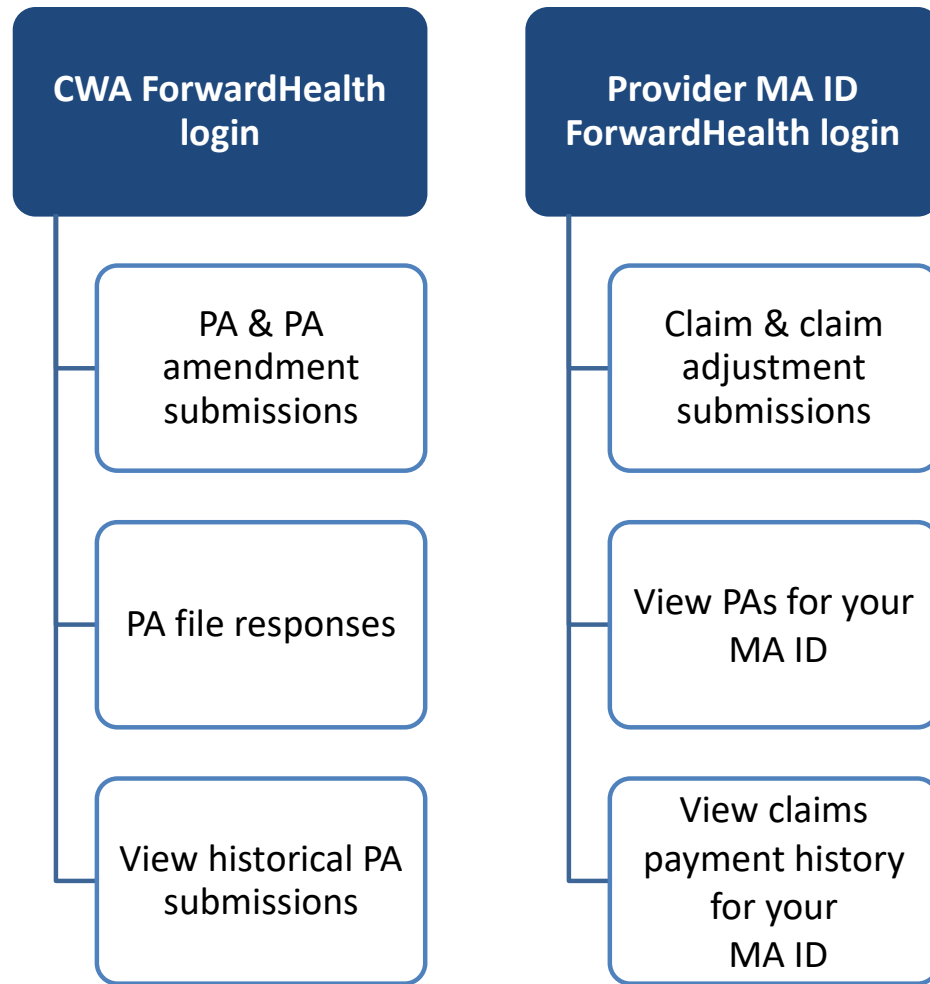
Provider MA ID

GWT will assign an MA ID to a provider in ForwardHealth. This includes a CWA or subcontractor CWA.

Provider MA ID

- CWAs will log in to the ForwardHealth Portal with their MA ID to perform claims activities.
 - Submitting claims for support and service coordination and other approved services
 - Viewing PAs for their MA ID
 - View claims payment history for their MA ID*
- The MA ID and PIN letter will be sent to the attention of the CWA portal administrator at the main organization address in the Children's Long-Term Support (CLTS) Provider Registry.

*Claims payment history for other providers will be obtained through SAS reporting as usual.



Summary of Design Changes

PA Submission Methods: Direct Portal Entry

- CWAs use this method for PA entry directly into the portal.
- This method is a one-at-a-time PA entry.
- The portal delivers real-time validation response.

Flat File Upload via ForwardHealth Portal

- CWAs use this method to upload a flat file (.xlsx) in a state-approved format to the portal.
 - The files must follow the PA file formatting [specifications](#).
- File upload has an initial validation in real-time for file structure and data integrity.
- In addition to the initial validation, the file upload will have an overnight batch validation.
 - A response file is returned to the CWA on the following day.

Flat File Upload via ForwardHealth Portal

- The portal accepts multiple submissions per day from each CWA Monday through Friday.
- Files may contain a mixture of new, amended (revised), and inactive reversal (cancelled) PAs.

Viewing a PA

- Will now show decremented values based on claim payments (i.e. will show authorized units/dollars, amounts used, and amounts remaining).
- Will include participant date of birth.

SSC PAs

- CWAs will not be required to submit their support and service coordination (SSC) rate on PAs.
- SSC rates will be uploaded in a table in the claim payment system for each CWA.

Diagnosis Code

- CWAs may use a participant-specific diagnosis code (DX code) or Z41.8 – “encounter for other procedures for purposes other than remedying health state, unspecified.”
- CWAs must recode any electronic health record (EHR) systems that are currently passing a different generic International Classification of Diseases (ICD)-10 code to WPS.
- Diagnosis codes will be required on the PA and the claim.

Internal CWA PA numbers

- CWAs may provide an internal PA number
- This number will be returned to the CWA in the response file.
- Internal PA numbers will be available and searchable on the ForwardHealth Portal.

Amending PAs

- Amending a PA is the same as revising a PA.
- CWAs can amend through the direct entry submission or through flat file upload.
- CWAs must use the ForwardHealth PA number on their amended PA for PA matching purposes.
- Fields on the PA that can be amended will vary depending on whether a claim has been submitted or not.

PA Automation Features

- Gainwell will automate all payment methods based on the procedure code, modifier, and number of units submitted on the PA.
- CWAs will no longer need to indicate a payment method on PAs.
- Case management rates for each CWA will be loaded in the Gainwell claims payment system and will no longer be required on PAs.

Medicaid ID requirement

- CWAs will receive a list of MA IDs for providers who are approved for their counties. The list will be emailed to the leads for that CWA before the transition date.
- Prior authorization will require the provider's MA ID. Tax IDs will not be accepted.
- CWAs will have their own unique MA ID for claims submission under the CLTS Program.
 - The waiver portal administrator will receive the PIN letter with their CWA's unique MA ID.

Frequency Types

- CWAs are familiar with the WPS frequency types as: member, total, rate, amount, and case management.
- Frequency types are called “payment methods” with Gainwell.
- Feedback from CWAs has been that WPS frequency types cause confusion and streamlining this process would be beneficial.

Payment Method

Payment Method	Frequency Types	Definition
Dollar limit	Amount	The dollar amount is approved with no (zero) units. System will pay until approved dollars have been decremented.
Pay unit fee price with unit limit	Member, total, rate, and case management	Units are approved with a certain dollar amount for each unit. The system will pay until approved units have been decremented.

Non-Healthcare Providers vs. Healthcare Providers

- Non-healthcare providers who do not have a National Provider Identifier (NPI) will submit claims using their MA ID with **all** claim submission methods.
- Healthcare providers who do have an NPI:
 - Must submit the NPI on claims if using the electronic 837 method.
Do not include the MA ID on 837 submissions.
 - Will use the MA ID to submit on all other claim submission methods. They can also include NPI.

Claims Submission Options

- Direct data entry (DDE)
Claim wizard allows providers to directly enter a claim into the ForwardHealth Portal.
- Copy a claim
The ForwardHealth Portal saves claim information and allows providers to copy a claim, in paid status, to a new claim for easy editing before submitting it as a new claim.
- Create a claim from a PA
Allows users to create a claim based on information from the PA, with information prepopulated on the claim.

EDI and Paper Claims Submission

- Electronic Data Interchange (EDI): 837 Healthcare Claim transactions
837 transactions will continue to be accepted
- Paper
 - Centers for Medicare and Medicaid Services (CMS)-1500
 - Uniform Billing (UB)-04

Place of Services Codes

- Will not be included on PA to continue to allow flexibility of service delivery.
- Guidance will be found in the ForwardHealth Portal in the CLTS max fee schedule.

CWA Claims Submission Limitations

- The Bureau of Children's Services (BCS) has reviewed all CLTS procedure codes and determined there are four categories of procedure codes when considering what is or is not allowable for CWAs to claim given the CLTS Program's conflict of interest and transitional support policies.
- With the transition to Gainwell, BCS will implement limitations on CWA claim submissions to align with policy.

Discussion



What's Next?

What's Next?

CWA Forums

- October 16, 10–11 a.m.
- December 12, 1–2 p.m.

Provider Webinars

- August 21, 10–11 a.m.
or August 28, 2–3 p.m.
- October 24, 10–11 a.m.
- December 17, 10–11
a.m.

Joint CWA & Provider 837 Submission Demonstration

- Presented by GWT
- Two offerings:
 - August 13, 1–2 p.m.
 - August 15, 10–11 a.m.

Questions?

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

**THANK
YOU**