

CLTS Program Third-Party Administrator (TPA) Transition

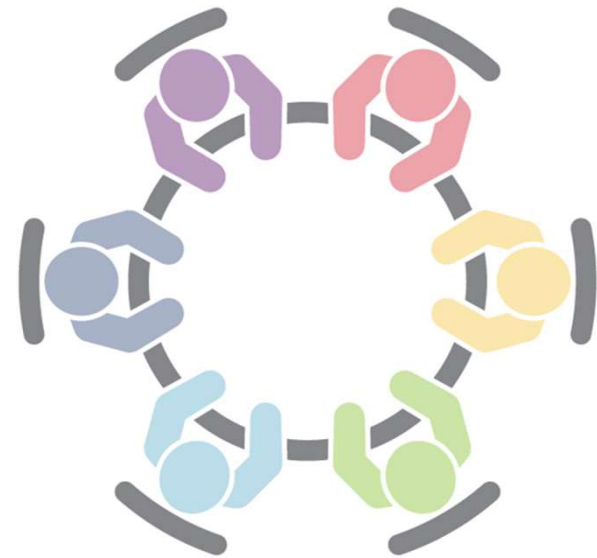


Department of Health Services
Gainwell Technologies, LLC

May 15, 2024

Agenda

- Welcome
- Medicaid IDs
- Prior Authorization Submissions
- Prior Authorization Flexibilities
- Claims Submissions
- CWA Claims Submission Limitations
- What's next



Project Timeline

- **Initiate:** May – Sept. 2023: Complete
- **Design:** Sep. 2023 – May 2024
- **Construct/Test for Gainwell:** 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.

Medicaid IDs

Medicaid IDs

- Non-Healthcare Providers who do not have a National Provider (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 submitted via the electronic 837 method.
 - Will use the MA ID to submit on all other claim submission methods. Can also include NPI.

Medicaid IDs

- CWAs and providers will all receive a new MA ID for the CLTS Program even if they have an MA ID they use for other programs.
- Each service location will have its own unique MA ID.
- Prior to the provider testing window, CWAs and providers will receive a letter containing a PIN to sign in to the ForwardHealth Portal. This letter will include your MA ID(s).
 - The letter is sent to the contact for the CLTS Registration.

Medicaid IDs

- The Wisconsin Department of Health Services (DHS) will share provider MA IDs with CWAs if the provider is fully approved to provide services in their county.
 - A report will be sent to the "Leads" at the CWA for the initial load of providers.
 - Now is the time to ensure that you have set all the providers you have authorized services for as "approved" in the CLTS Registry. If a provider is not set to "approved" by your CWA, they will not be included on your report.
 - CWAs will be able to view the MA ID in the CLTS Registry as well.

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 providers have one location:
 - Providers will enter this as their main **Business Name** and **Business Address**.
 - Providers will enter this as their **Directory Location**.
- If a provider has more than one location:
 - Providers will enter their main location as their **Business Name** and **Business Address**.
 - Providers will enter their main location as a **Directory Location**.
 - Providers will enter **all** other service locations as a **Directory Location**.

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. Can also include NPI.

Prior Authorization Submission

Prior Authorization Submission

Submission Methods

- Flat file (.csv file) submitted via the ForwardHealth Portal
- On demand/as needed direct entry into the ForwardHealth Portal

Spreadsheet PA File Validation

- Spreadsheet submission has a two-step validation process
 1. Real-time PA field validation
 2. Overnight batch validation

PA Spreadsheet Submission

1. Submission Validation – Real Time

- This validation checks for **data integrity**.
 - Member ID
 - Procedure/Revenue Code
 - Provider Medical Assistance (MA) ID
 - PA Start and End Date
- If a field is not valid, there will be a rejection reason for that line of the file shown within the portal.
- The portal will reject the entire file for the CWA to fix the rejection reasons.
- The CWA will correct the file on their local drives and re-upload.

PA Spreadsheet Submission

2. Submission Validation – Overnight Batch

- The ForwardHealth Portal has overnight batch PA validation
- This validation checks for **PA/Program logic**.
 - Duplicate PAs
 - PA on file for participant MCI
 - PA on file for dates of service
 - Correct Procedure Code/Modifier combination
- File validation returned next day

Prior Authorization File Submission Frequency

- The Portal accepts multiple file submissions per day from each CWA Monday - Friday.
- This gives you greater flexibility to submit files as needed during the day, as well as submit any amendments that may be required.
- Files can contain a mixture of new, amended, and inactive reversal PAs.
 - Amended = Revised
 - Inactive Reversal = Canceled

Amending Prior Authorizations

CWAs will have multiple options to amend their PA submissions.

- File upload submission
- Online amendments
 - ◆ Online amendments will be available regardless of submission method (file or direct entry).
 - ◆ This process will give you a real-time response as to the status of your amendment.

Viewing Prior Authorizations

The ForwardHealth Portal will provide you with a comprehensive view of all your submitted PAs to your CWA and to Providers.

Internal CWA Authorization Number

- If you provide us with an internal authorization number on the PA file, this number will be included in the response file.
- This number will be available as an additional search criteria within the ForwardHealth Portal.

Prior Authorization Flexibilities

Prior Authorization Amendments

- Gainwell will offer greater flexibility on fields that can be amended on a PA after submission.
- The PA fields that can be amended will be different depending on if a claim has been processed against that PA or not.

Claim Submissions

Claim Submissions

- In addition to accepting Health Information Portability and Accountability Act (HIPAA) compliant formats (837, paper Centers for Medicare & Medicaid Services (CMS)-1500, UB-04) the ForwardHealth Portal also allows for direct claims entry.
- Only HIPAA-standard submission methods will be accepted.
 - ◆ 837p and 837i
 - ◆ Direct entry into the ForwardHealth portal via the Claims Wizard, Claim Copy, and PA Wizard
 - ◆ Paper CMS-1500 or UB04

Claims Submission 837 Information

To assist you in getting your systems ready for 837 submission, we want to direct you to the companion guides available on the ForwardHealth Portal.

What are Companion Guides?

Companion guides offer payer specific requirements that supplement the overall 837 implementation guides.

- Every payer has these documents outlining what they require in addition to the standard 837 format.
- This will provide you with the information we discussed, including the sender/receiver ID as well as other elements.

Where to Find Companion Guides

These guides are public and currently available on the [ForwardHealth Portal](#):

- [P-00265](#): Instructions Related to 837 Health Care Claim: Professional (837P) Transaction Based on ASC X12 Implementation Guide
- [P-00266](#): Instructions Related to 837 Health Care Claim: Institutional (837I) Transactions Based on ASC X12 Implementation Guide

Companion Guides on the Portal

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Report Fraud

Welcome » March 13, 2024

Alerts

- Some disruption is still occurring due to the cyber security incident involving [Change Healthcare](#). Visit the ForwardHealth [Change Healthcare Service Interruption: Resources](#) page for more information.
- Multi-factor authentication (MFA) is now required for the secure ForwardHealth Portal. Providers are encouraged to refer to the [ForwardHealth Multi-Factor Authorization Instruction Sheet](#) for help setting up MFA preferences. Providers may contact their Portal account administrator or call the ForwardHealth Portal Help Desk at 866-908-1363. Note: This is a project-specific announcement and is not related to the Change Healthcare disruption.

Providers

- Provider-specific Resources
- Become a Provider
- Fee Schedules
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- ForwardHealth System Generated Claim Adjustments
- Health Care Enrollment
- Provider Revalidation
- Enrollment Tracking Search
- Bed Assessment e-Payment
- Medication Therapy Management Case Management
- Software

Acute and Primary Managed Care

- Related Programs and Services
- ForwardHealth Enrollment Data
- Health Care Enrollment

Welcome to the ForwardHealth Portal

[Resources Supporting Coverage of Over-the-Counter Oral Contraception Under State Standing Order](#)

[Resources for Child Care Coordination Services](#)

[COVID-19: ForwardHealth Provider News and Resources](#)

Attention: The information included on the ForwardHealth Portal is not intended for members enrolled or looking to enroll in Wisconsin Medicaid programs. Refer to the [Department of Health Services website](#) for member-specific information.

ForwardHealth Portal supports the following browsers: Edge, Chrome, Firefox, and Safari.

Members





- Find a Provider

Partners

- Find a Provider
- Related Programs and Services
- Express Enrollment for Children
- Express Enrollment Change Request
- Waiver Agencies
- Adult Incident Reporting System (AIRS) for MCO Reporting

Trading Partners

- Trading Partner Profile
- PES
- Companion Guides
- Medication Therapy Management Case Management Software
- Approval Process

Companion Guides

The screenshot shows the ForwardHealth website interface. At the top, there is a navigation bar with links for 'wisconsin.gov home', 'state agencies', and 'department of health services'. Below this is the ForwardHealth logo with the tagline 'Wisconsin serving you'. A section titled 'Alerts' contains two bullet points: one about a cyber security incident involving Change Healthcare and another about Multi-factor authentication (MFA) requirements for the ForwardHealth Portal. On the left side, there is a 'Trading Partner Public Links' menu with items like 'Trading Partner Profile', 'Provider Electronic Solutions', 'Companion Guides', 'Medication Therapy Management Case', and 'Management Software Approval Process'. The main content area features a heading 'HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet' followed by a paragraph explaining the purpose of these guides. Below this, there is a list of PDF links, with the last three highlighted in green: 'P-00262 Instructions Related to 820 Health Care Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Based on ASC X12 Implementation Guide (07/23)', 'P-00263 Instructions Related to 837 Health Care Claim: Dental (837D) Transactions Based on ASC X12 Implementation Guide (12/18)', 'P-00264 Instructions Related to 834 Benefit Enrollment and Maintenance (834) Based on ASC X12 Implementation Guide (03/19)', 'P-00265 Instructions Related to 837 Health Care Claim: Professional (837P) Transaction Based on ASC X12 Implementation Guide (12/18)', and 'P-00266 Instructions Related to 837 Health Care Claim: Institutional (837I) Transactions Based on ASC X12 Implementation Guide (07/16)'.

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Trading Partner Public Links

- Trading Partner Profile
- Provider Electronic Solutions
- Companion Guides
- Medication Therapy Management Case
- Management Software Approval Process

- ForwardHealth Updates
- Communications Home

HIPAA Version 5010 Companion Guides and NCPDP Version D.0 Payer Sheet

The purpose of the ForwardHealth companion guides and payer sheet is to provide trading partners and managed care organizations with ForwardHealth-specific information for successfully exchanging transactions electronically with ForwardHealth.

These publications are available only as PDFs. You will need Adobe Reader® to view these files.

[P-00262](#) Instructions Related to 820 Health Care Payroll Deducted and Other Group Premium Payment for Insurance Products (820) Based on ASC X12 Implementation Guide (07/23)

[P-00263](#) Instructions Related to 837 Health Care Claim: Dental (837D) Transactions Based on ASC X12 Implementation Guide (12/18)

[P-00264](#) Instructions Related to 834 Benefit Enrollment and Maintenance (834) Based on ASC X12 Implementation Guide (03/19)

[P-00265](#) Instructions Related to 837 Health Care Claim: Professional (837P) Transaction Based on ASC X12 Implementation Guide (12/18)

[P-00266](#) Instructions Related to 837 Health Care Claim: Institutional (837I) Transactions Based on ASC X12 Implementation Guide (07/16)

Copy Claim and Create a Claim Functionality

- Claim copy is available in the claims wizard. It allows the user to create an exact copy of a paid claim, and then providers may update details as necessary, such as date of service or units.
- Create a claim will exist in the Claim Home page. It will allow users to create a claim based on information from the PA, with some of that information prepopulated on the claim. Claims created with this functionality can also use claim copy once the claim is in a paid status.

CWA Claims Submission Limitations

Background

- The CLTS Waiver Program has limitations on what a CWA may provide as a service and therefore submit a claim for.
- The only services the CWA may deliver to a CLTS Waiver Program participant, in addition to support and service coordination, are:
 - ◆ Allowable services provided through foster care.
 - ◆ Purchased products and supplies from third-party entities and vendors (typically web-based vendors) for which the CWA receives no benefit from the vendor.

Transitional Supports

In addition, a variety of services may be provided as a transitional support prior to enrollment. CWAs can claim for these types of services.

For example, when a participant is determined functionally eligible for CLTS and indicates they intend to enroll in the program, services that support the participant in relocating from an ineligible setting to an eligible setting may be purchased up to 90 days (or longer with prior DHS approval) prior to the date the participant is enrolled in the CLTS Program. Transitional services are covered as an aggregate total on the date of the participant's enrollment in the CLTS Waiver Program.

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 be implementing limitations on CWA claim submissions to align with policy.

Procedure Code Categories: Products and Supplies

1. Procedure codes that meet the definition of “products and supplies.”
No limitations will be applied to these codes for CWA claims.
2. Procedure codes that meet the definition of “products and supplies” and are allowable for transitional supports, that are billed in aggregate upon participant enrollment.
 - ◆ No limitations will be applied to the product and supplies codes for CWA claims.
 - ◆ The limitation will be set that CWAs must use the newly created modifier on transitional supports.

Procedure Code Categories: Not Products and Supplies

3. Procedure codes that are allowable for transitional supports and are not considered “products and supplies.”

The limitation will be set that CWAs must use the newly created modifier on transitional supports.

4. Procedure codes that are not “products and supplies” and are not allowable transitional supports.

CWAs will not have the ability to claim for these procedure codes.

What's Next

User Group Forum

June 5, 2024, 10-11 a.m.

Provider Forums

May 16, 2024, 1-2 p.m.

August 21, 2024, 10-11 a.m.

August 28, 2024, 2-3 p.m.

Questions?

If you have questions regarding the TPA transition, please contact Jess Ford-Kelly at Jessica.FordKelly@dhs.wisconsin.gov

**THANK
YOU**