

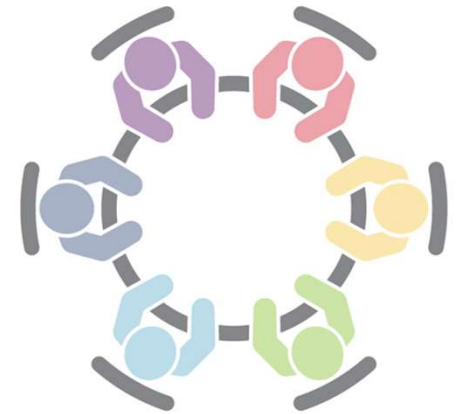
CLTS Program Third-Party Administrator (TPA) Transition



Department of Health Services (DHS)
Gainwell Technologies, LLC (GWT)
October 16, 2024

Agenda

- Welcome
- Project timeline
- Webpage
- ForwardHealth county waiver agency (CWA) user roles
- Date span billing
- Medicaid IDs
- Ending prior authorizations (PAs)
- Prior authorization uploads
- Payment schedules and remittance advice (RA) schedules
- Support and service coordinator (SSC) case management rates
- Financial management services (FMS)
- 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

DHS TPA Transition Webpage

TPA Transition Webpage

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

ForwardHealth CWA User Roles

ForwardHealth Portal

- Reminder that CWAs will have access to two areas on the Portal:
 - ◆ Secure Waiver Agency Tab
 - ◆ Claims Tab
- Accessing these sections requires CWAs to have a portal account administrator and for CWA staff to be granted user access.

ForwardHealth CWA User Roles

- Portal account administrator
 - Required for all portal accounts
- Clerk administrators
 - ◆ Optional role
 - ◆ Can grant access to other clerk roles
- Clerk

Portal Administrator Responsibilities

- Portal administrators are responsible for requesting, creating, and managing user accounts to access portal features for their organization.
- Responsibilities of the portal administrator include ensuring:
 - ◆ The security and integrity of all user accounts associated with their portal account.
 - ◆ User accounts are given appropriate access to perform their functions.
 - ◆ User accounts are removed/deleted promptly when the user leaves the organization.
 - ◆ All users know and follow security and guidelines as required by the Health Insurance Portability and Accountability Act (HIPAA).

Portal Administrators

- On September 10, DHS emailed CWA leads and portal administrators with instructions to review and make changes to the portal administrator if the identified person was incorrect.
- DHS has already received eight requests from CWAs to update their portal administrator.
- If your portal administrator was correct, no further action is needed.
- If you believe you should have received the email and did not, email dhscltsproviderrelations@dhs.wisconsin.gov.

Clerk Administrators

- A portal administrator may choose to delegate user management to a clerk administrator. A clerk administrator can create, modify, manage or remove clerks for a portal account. A clerk administrator can only grant permissions that they themselves have.
- Even if a portal administrator chooses to create a clerk administrator, the portal administrator is still responsible for ensuring the integrity and security of the portal account.

Clerks and Clerk Roles

- Access is setup by the portal administrator or the clerk administrator.
- Clerks can perform all roles assigned to them but do not have any admin privileges.
- Clerk roles:
 - ◆ Portal administrators and clerk administrators must assign specific roles to each clerk.
 - ◆ Roles allow for clerks to perform certain functions or access certain wizards.
 - ◆ Clerk roles can be a “view only” role or a role that allows clerks to perform tasks.

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 2224289001006
 Provider ID [redacted] NPI [Search]
 Member ID* 8209562983
 Last Name CLTSCCLAIMSTEST
 First Name, MI THIRD ONE
 Date of Birth 05/08/2019
 Patient Account # 1015 Test
 Medical Record Number [redacted]
 SOI Date [redacted]

Rendering Provider [redacted] NPI [Search]
 Referring Provider 1 [redacted] [Search]
 Referring Provider 2 [redacted] [Search]
 Medicare Disclaimer no disclaimer
 Other Insurance Indicator [redacted]
 Referral Number [redacted]
 Total Charge* \$570.00
 Other Insurance Amount \$0.00
 Total Amount Paid \$84.90
 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	08/01/2024	08/03/2024	92508					PAY	3.00	\$570.00

Type changes below.

Line Number 1
 From Date of Service* 08/01/2024
 To Date of Service* 08/03/2024
 Procedure Code* 92508 [Search]
 Modifiers [Search] [Search] [Search] [Search]
 Diagnosis Code Pointers 1 [Search] [Search] [Search]
 Units* 3.00
 Charge* \$570.00
 Place of Service Code* 11 [Search]
 Emergency [redacted]
 Family Planning [redacted]
 Notes [redacted]
 Professional Service Description [redacted]

Rendering Provider [redacted] NPI [Search]
 Referring Provider 1 [redacted] [Search]
 Referring Provider 2 [redacted] [Search]
 Ordering Provider [redacted] [Search]

Status PAY
 Allowed Amount \$84.90
 CoPay Amount \$0.00

Claim Status Information		Claim Status Information	
Claim Status	PAY	Claim Status	PAY
Claim ICN	2224289001006	Claim ICN	2224289001006
Paid Date	10/15/2024	Paid Date	10/15/2024
Paid Amount	\$84.90	Paid Amount	\$84.90

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

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 H5451 [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 [Search] Rendering Provider [Search]
 From Date of Service [Search] Referring Provider 1 [Search]
 To Date of Service [Search] Referring Provider 2 [Search]
 Procedure Code [Search] Ordering Provider [Search]
 Modifiers [Search] [Search] [Search] [Search]
 Diagnosis Code Pointers [Search] [Search]
 Units [Search]
 Charge [Search] Status [Search]
 Place of Service Code [Search] Allowed Amount [Search]
 Emergency [Search] CoPay Amount [Search]
 Family Planning [Search]
 Notes [Search] Professional Service Description [Search]

Delete Add

[NDCs for JCode](#)

Attachments

*** No rows found ***

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

Attachment Control Number [Search]
 Description [Search]

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.

Example Three:
 Not
 Consecutive
 Separate Lines
 of Service

Medicaid IDs

Provider Medicaid IDs

- For the transition, CWAs will receive a list of Medicaid (MA) IDs for providers who are fully approved for their counties in the Children's Long-Term Support (CLTS) Provider Registry. Providers who are not fully approved by the county will not be on the list for that CWA. The list will be emailed to the leads for that CWA before the transition date.
- Prior authorizations (PAs) will require the provider's MA ID. CWAs will need to use provider MA IDs when submitting PAs to Gainwell. Tax IDs will not be accepted.

CWA Medicaid IDs

CWAs will have their own unique MA ID for claims submission under the CLTS Program.

The ForwardHealth Portal Administrator will receive the PIN letter with their CWA's unique MA ID.

Medicaid IDs and Provider Registry

- All provider MA IDs will be stored in the CLTS Provider Registry.
- After the transition, when a new provider registers, and a CWA's county is chosen as a service area, the CWA can obtain the MA ID from the CLTS Provider Registry when they approve the provider.

Ending Prior Authorizations

Ending Prior Authorizations

- Prior Authorizations (PAs) do not need to be end-dated because of this transition.
- If the CWA needs to end-date a PA for reasons other than the transition, they can still do so.
- We do not anticipate CWAs will need to do anything as it relates to current PAs on file with Wisconsin Physicians Service (WPS). Those will systematically be converted to GWT for continued claims processing after the transition date.

Diagnosis Codes

Diagnosis Codes

Current State:

- CWAs are not required to place diagnosis codes on prior authorizations and providers do not have to bill with a diagnosis code when submitting a claim to WPS.
- If a provider or submits a claim with a diagnosis code, WPS will accept that code and processes the claim.
- If a provider or a CWA does not submit a diagnosis code, WPS will auto-assign a code of R68.89 - Other General Symptoms & Signs, and process the claim.

Diagnosis Codes

Future State:

- New requirement to submit International Classification of Diseases (ICD)-10th Revision Clinical Modification (CM) codes **on prior authorizations and claims.**
- CWAs may use a participant-specific diagnosis code or Z41.8 – “encounter for other procedures for purposes other than remedying health state, unspecified.” on new PAs.
- When historical authorizations from WPS are converted to Gainwell, they will automatically be assigned an ICD-10 code of Z41.8.

Prior Authorization Uploads

Flat File PA Uploads

- Supports large file submissions
- Can be uploaded numerous times per day
- Two types of validation:
 - ◆ Real-time data validation: checking for file structure, valid procedure code length, valid start dates/end dates, length of Member ID and Provider MA ID correct, etc.
 - ◆ Batch-file validation: checking for details in the PA such as eligible participant, accurate Provider MA ID, valid procedure code and modifier.

Real-Time Validation

CWAs will receive an immediate response during this upload in the portal indicating any errors.

- If an error occurs, the full file fails, and a new file will need to be uploaded with corrections.
- If there are no errors, the file will be held until the batch-file validation occurs.

Batch File Validation

- Batch file validation process will occur two times a day.
 - ◆ 12 p.m.
 - ◆ 7 p.m.
- The original messaging was that the batch file validation would occur overnight, like WPS. Gainwell can complete batch file validation two times a day.

Batch File Validation Timing

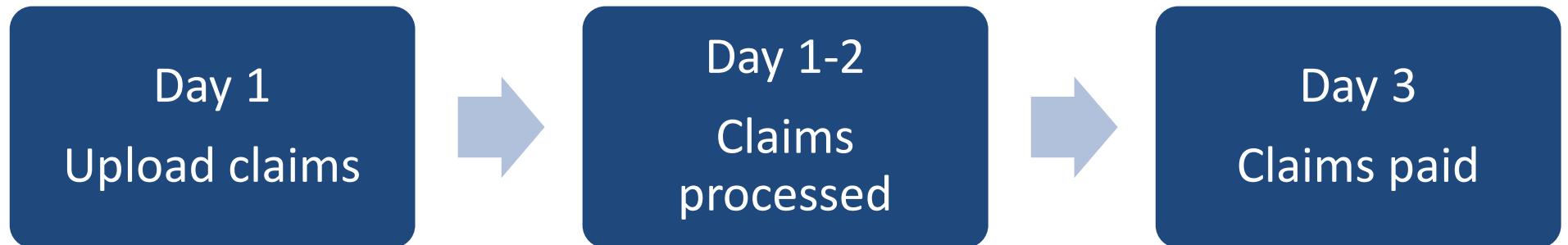
- Any PA files uploaded after real-time validation before 12 p.m. that day will go through batch file validation, and a full response file will be available for the CWA.
- Any PA files uploaded between 12:01 p.m. and 6:59 p.m. that day will go through a batch file validation, and a full response file will be available for the CWA.

Direct Entry PAs

- Direct entry PAs are single entry PAs into the ForwardHealth Portal (not a flat file).
- This process performs real-time validation described in the earlier slides, during the direct entry process.
- Batch validation is not needed for direct entry as direct entry provides real-time feedback.

Payment Schedules and Remittance Advice Schedules

Payment Schedule: Current State



Future State Payment Schedules and Remittance Advice Schedules

A few notes before we get started:

- You can start submitting claims and adjustments on Monday, April 28, 2025.
This includes adjustments for claims that were processed by WPS and within the timely filing period, meaning all CLTS claims must be submitted within 365 days from the date of service.
- Claims payment will begin on Monday, May 5, 2025.
- Payments are made on Mondays, and electronic versions of RAs are available by 10 a.m. (Central time) Monday.

Payment Schedules and Remittance Advice Schedules

- Claims submitted by 3 p.m. on Fridays will be paid the following Monday.
 - ◆ Example: Claims submitted by 3 p.m. on Friday, May 9, will be paid on Monday, May 12.
 - ◆ Online versions of RA will be available on the ForwardHealth portal by 10 a.m. on that Monday as well.

RA's are available to download in text or CSV format.
- Claim adjustments will follow the same processing and payment schedule.

Claim Adjustments on Claims Processed by WPS

Providers can start submitting these on Monday, April 28, 2025.

- Processing will begin on Monday, May 19, 2025.
- Payments for these adjustments will begin showing up on Monday, May 26, 2025, for adjustments completed by 3 p.m. on Friday, May 23, 2025.

Payment Cycle Details

- Providers who have signed up for electronic funds transfer (EFT) will see payments in their accounts by Thursday of the week of claim payment.
- Paper checks are printed and mailed by Tuesday of the week of claim payment.

Payment Schedules and Remittance Advice Schedules

Let's take a look at a few RA examples

Prior Authorization Remittances

(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	00000000			
				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 OUTPAT DED
MEMBER NAME: STRAWBERRY PUGNIN			MEMBER NO.: 060124 060124	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 9918
95990		060124 060124	1.00 0.00	MCD 200.00	54.86	0.00	54.86	
EOB CODE	DESCRIPTION							
9918	Pricing Adjustment - Maximum allowable fee pricing applied.							

Prior Authorization Remittances

(Paid Original Claim w/ MRN Info)

REPORT: CRA-HCPD-R	FORWARDHEALTH INTERCHANGE				DATE: 08/28/2024			
RA#: 3698168	WISCONSIN FORWARDHEALTH				PAGE: 1			
PAYER: TXIX	PROVIDER REMITTANCE ADVICE							
	PROFESSIONAL SERVICES CLAIMS PAID							
WISCONSIN INC MILWAUKEE, WI 53288					PAYEE ID MCD NPI CHECK/EFT NUMBER 000078936 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 OUTPAT DED
MEMBER NAME: FIRST ONE CLTSCLAIMSTEST			MEMBER NO.:					
2224241001018	0828	Provide	082824 082824	150.00 60.42	0.00	0.00 0.00	0.00 0.00	60.42 0.00
PROC CD	MODIFIERS	SERVICE DATES	ALLW UNITS	RENDERING PROVIDER	PA NUMBER			
99213		082824 082824	1.00	MCD	9918			
			0.00	150.00	60.42	0.00	60.42	
TOTAL PROFESSIONAL SERVICE CLAIMS PAID:				150.00 60.42	0.00	0.00 0.00	0.00 0.00	60.42 0.00
TOTAL NO. PAID:	1							

Prior Authorization Remittances

(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						
WISCONSIN INC					PAYEE ID		
MILWAUKEE, WI 53288					NPI		
					CHECK/EFT NUMBER 000078869		
					PAYMENT DATE 08/12/2024		
					MCD		
--ICN SEQ--	PCN	MRN	SERVICE DATES	BILLED AMT	OTH INS AMT	COPAY AMT	PAID AMT
			FROM TO	ALLOWED AMT	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)
5924220001003 002	5006		070224 070224	150.00	0.00	0.00	74.38
				74.38	0.00	0.00	0.00
ADJUSTMENT EOB: 8000							
PROC CD	MODIFIERS	SERVICE DATES	ALLW UNITS	RENDERING PROVIDER	PA NUMBER		
		FROM TO	COPAY AMT	BILLED AMT	PAID AMT	DETAIL	EOBS
99203		070224 070224	1.00	MCD	74.38	9918	
			0.00	150.00	74.38		
					0.00		
					74.38		

MRNs and Patient Account Numbers

- The RA reports the first 12 characters of the Medical Record Number (MRN) and/or a Patient Account Number submitted on original claims. The MRN and Patient Account Number 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 Patient Account Number on claims may assist providers in identifying the claims reported on the RA.

Payment Schedules 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"/>	

Remittance User Guides

Remittance user guides are available on the ForwardHealth Portal.

- General RA User Guide:
<https://www.dhs.wisconsin.gov/publications/p00961.pdf>
- CSV specific user guide:
<https://www.dhs.wisconsin.gov/publications/p00962.pdf>

SSC Case Management Rates

SSC Case Management Rates

- After DHS establishes the approved CLTS SSC rate for a CWA, the rate will be stored in Gainwell's system and associated with the CWA's MA ID.
- As a result, CWAs will no longer need to enter a rate amount on SSC PAs.
- There are no changes to current CLTS SSC rate-setting policies or the types of allowable costs that may be included in the rate.

Subcontracted SSC Rate

If the SSC service is delivered by a non-CWA subcontracted provider, the SSC PA will now require including a U5 modifier to indicate subcontracted SSC services by a non-CWA subcontracted provider. PAs for subcontracted SSC services require manual entry of a rate amount.

SSC Rate Updates

- CWAs will continue to have the option to rebuild their SSC rates at any point during the year to account for changing program circumstances.
- Once a CWA receives their updated approved rate, it will be loaded into Gainwell's system and will be associated with the CWA's MA ID.
- For SSC rate updates made effective retroactively, Gainwell will refresh existing SSC PAs to display the new rate and adjust the claims to ensure CWAs are retroactively reimbursed at the new rate for any SSC claims that were previously paid at the old rate.

Financial Management Services

FMS: Current State

- CWAs are required to identify provider type 24 (individual) or 34 (agency) on their prior authorizations.
- WPS pays the claim based on the indicator on the prior authorization.

FMS: New State

- CWAs will not have to identify if a provider is an individual or agency type on the PA (24/34).
- FMS agencies will have their own provider type, and Gainwell will program in the correct fee schedule (individual or agency), based on procedure code, behind the scenes.

Discussion



What's Next?

What's Next?

CWA Forums

- December 12, 1–2 p.m.

Provider Webinars

- October 31, 1–2 p.m.
- December 17, 10–11 a.m.

Claim Submission Demonstration

- Presented by GWT
- November 13, 10-11 a.m.

Questions?

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

**THANK
YOU**