

DDW PROVIDER RESPONSIBILITIES FOR THE OUTSIDE REVIEW PROCESS

NOVEMBER 3, 2016

10:AM TO 12:00 NOON AND

2:00 PM TO 4:00 PM

WELCOME

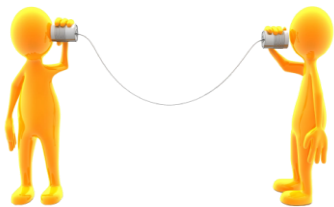
Objectives

- ▶ What to review that would prevent errors on BWS
- ▶ What is required to prevent (RFI'S) for clinical justification
- ▶ What timelines to meet to avoid RFI's or denials
- ▶ What you can do to avoid billing issues related to revisions

PROVIDER RESPONSIBILITY

IDT Meetings

Annual
Revisions



Budget Worksheets

Transitions meeting



Documentation

Clinical Criteria
Updated Information



BUDGET WORKSHEETS

WHAT IS THE PURPOSE OF THE BUDGET WORKSHEET



Budget WORKSHEETS

v. OR 2015 10-01	Developmental Disabilities		Name (Last, First, MI)		SSN	Date of Birth	County	Living and Care Arrangement (LCA):		Specify NM PA = NM grp		
	Waiver Budget				-		Bernalillo	1	Customized In-Home Supports-Indep.		Grp A or H A	
Client's Full ISP Year			This Prior Auth (PA) Budget Period (full or part of ISP Year)				Duration	First submittal date of this PA	TPA enters this code A1 into Omnicaid		Group H Status	
Start date	End date	PA Effective Date	Age at eff. dt	PA end date	Duration of budget	First submittal date of this PA	Suggested Budgets		This PA \$	Requires DOH approval	Not requested	
1/1/2015	12/31/2015	1/1/2015		12/31/2015	365 days	1/1/2015	Base	\$ 33,124	\$2,998.92	reserved for TPA:	TPA Column reserved for calculation messages.	
12 mos. (as tied to ISD review)		PA Effective Date based on		PA End Date based on		Revisions after first submittal date		Prof svc	\$ 17,374			\$0.00
<input type="radio"/> Initial ISP or ...transfer from Mi Via <input checked="" type="radio"/> Annual ISP		<input type="radio"/> start of client's ISP year <input checked="" type="radio"/> transfer from Mi Via during SSP yr <input type="radio"/> switch LCA/SIS/H during ISP yr		<input checked="" type="radio"/> End ISP year <input type="radio"/> transfer to Mi Via during ISP year <input type="radio"/> switch to next LCA/SIS during ISP		Revision date Rev# 		Other	\$0.00			
								Total:	\$2,998.92			
x_add a service row		-	-									
x_add a service row		-	-									

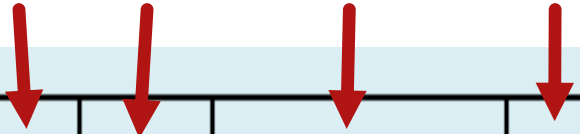
VERIFY BWS FOR ACCURACY

- ▶ SSN, DOB, and correct names (for example, using Samuel and not Sammy)
- ▶ Group assignment for correct correspondence with LCA
- ▶ Correct Provider number
- ▶ Correct Provider Agency name (please avoid acronyms)
- ▶ Correct billing code and modifiers
- ▶ Correct ISP effective dates
- ▶ Correct number of units

Client demographics in the header : SSN, DOB, and correct names, Group assignment for correct correspondence with LCA

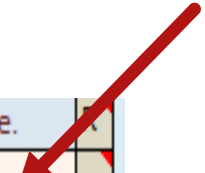
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						Revision date	Rev#	Total:	\$2,998.92

Correct Provider number
Correct Provider (avoid acronyms)
Correct billing code and modifiers



	Service (use drop down button)	Service Code	Modifiers	Provider Entry needed	Prov ID Entry	Svc-provider dates if other than 1/1/15 - 12/31/15		to the maximum limit.		Unit-rates are subject to change.		R	
						From	To	unit	# Of Units	First unit-rate for PA term	Paid rate depends on date service rendered.		Date revised if after orig
										rate chg	Budget value		
Case Mgmt	Case Mgt On-Going	T2022	HB					mth	12.00	\$249.91		\$2,998.92	
	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
Cust. In-Home Supports, Independ.	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
Customized Community Supports (CCS)	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
	x_add a service row	-	-					-					

Correct effective dates
Correct number of units
Date of Revision



	Service (use drop down button)	Service Code	Modifiers	Provider Entry needed	Prov ID Entry	Svc-provider dates if other than 1/1/15 - 12/31/15		unit	# Of Units	First unit-rate for PA term	Unit-rates are subject to change. Paid rate depends on date service rendered.		Date revised if after orig
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Cust. In-Home Supports, Independ.	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
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	x_add a service row	-	-					-					
Customized Community Supports (CCS)	x_add a service row	-	-					-					
	x_add a service row	-	-					-					
	x_add a service row	-	-					-					

PROVIDER RESPONSIBILITY WITH THE BWS

CONFIRMED

CM's send providers the BWS prior to submission to the OR.

PROVIDER RESPONSIBILITY WITH DOCUMENTATION



Everyone must work together. Remember details like required signatures, report dates, consistency with ISP.

Common Errors

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	Base Budget Services	BSC	OT	PT	SLP	RN	OTHER	Total
Budget worksheet Error: missing fields, incorrect data, missing data	173	3	2	3	1	0	0	182
Clinical Criteria/ Standards	3	3	0	0	1	1	2	10
Visions, Outcome, goals, Meaningful day, or Action Plan	7	6	1	2	0	0	0	16
Incorrect format: incorrect file type, bulk submissions, password protected	2	0	0	0	0	0	0	2
Mathematical error: related to SPAR, BWS, other documentation	1	10	4	3	6	3	3	30
Documentation: incorrect, incomplete, or missing information	49	26	14	17	40	10	5	161
Credentials/ Signature	0	2	5	4	5	6	0	22
Person Center Assessment	15	0	0	0	0	0	0	15
Total	250	50	26	29	53	20	10	438

PROVIDER RESPONSIBILITY WITH DOCUMENTATION

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- ▶ It is the responsibility of the provider to submit supporting documentation to the Case Manager that is relevant to support the clinical justification for the service(s) requested.
- ▶ Remember, the only information the OR has is what is provided to them with each request/submission.
- ▶ Remember to refer to the clinical criteria

PROVIDER RESPONSIBILITY WITH TIMELINES



Deadlines that Case Managers talk about are real.

The ISPs/budgets must be submitted to the Outside Review 60 days prior to the expiration.

Revisions must be submitted 30 days prior to date of service.

REVISION TIMELINES



- Revisions cannot occur until the CM has received the OR approved BWS
- Planning is required for revisions

REVISION TIMELINES

For changes to providers:

- ▶ Providers need to clearly have available what they have or will bill for, if a revision is needed.
- ▶ Number of units billed and those being transferred need to be agreed upon.
- ▶ The ending date and starting date needs to be agreed upon, to inform the last date of billing for the out-going provider.

LIVING CARE ARRANGEMENT REVISIONS



For LCA Changes the entire Prior Authorization needs to be closed and reopened.

IMMINENT REVIEWS



- Significant Life changes requiring immediate change to services
- Risk of significant harm to self or others
- Loss or death of a significant person to the individual
- Loss of a job or being at risk of losing a job
- Sudden relocation

PROVIDER BILLING RESPONSIBILITY WITH ANNUALS

- Communicate
- Cooperate
- Verify for approval of service before billing

PROVIDER RESPONSIBILITY REGARDING REVISIONS

- Important considerations
- Provider changes and proration of units
- Date services start and stop

PROVIDER RESPONSIBILITY REGARDING REVISIONS: LCA Changes

LCA Changes require a Prior Authorization change.

- Affects all providers
- Affects all services
- Affects billing for all services

PROVIDER RESPONSIBILITY REGARDING REVISIONS: Groups

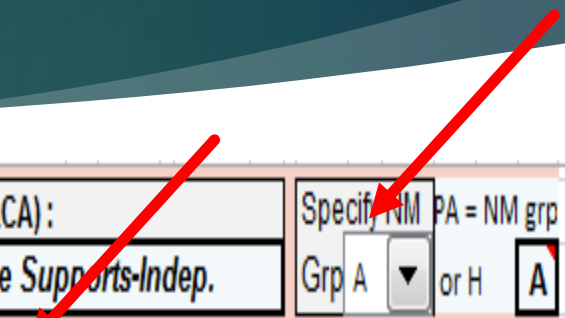
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Changing a Group Assignment

- Affects all providers
- Affects all services
- Affects billing for all services

PROVIDER RESPONSIBILITY REGARDING REVISIONS: Groups

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								TPA	Column reserved for calculation messages.	



Provider Responsibility Regarding Request for Information (RFI)

Documentation

Timelines

Signature

PROVIDER RESPONSIBILITY WITH BILLING



Billing errors can cause a lengthy void/adjust process and may affect other service providers as well

Provider Responsibility with Billing

- Submit your claims timely
- Only submit timely filing issues (exception code 0820) to HSD when it is caused by a delay in clinical approval and/or entry of the service.
- For other exception codes, or billing issues, please contact Xerox:

XEROX: 1-888-997-2583

IDT AND TRANSITION MEETINGS



FAIR HEARINGS



If a service has been denied, the individual has the right to request a fair hearing.

FAIR HEARINGS

- ▶ Fair Hearings are not to be requested by the Provider
- ▶ Providers should Talk to case manager to verify Continuation of Benefits (COB)
- ▶ Providers should Talk to case manager about the outcome of an Agency Conference or a Fair Hearing.

COOPERATION AND COMMUNICATION



APPENDIXES

Online Resources

Clinical Criteria

- ▶ <http://actnewmexico.org/case-managers.html>

DDW Rate Table

- ▶ <http://www.hsd.state.nm.us/providers/fee-schedules.aspx>

Link to Budget Worksheets

- ▶ <http://actnewmexico.org/case-managers.html>