

Topic	<i>Discussion and preliminary decisions and next steps.</i>	<i>Final decisions</i>
<p>Medicaid EI Provider Enrollment Status/ Concerns</p>	<ul style="list-style-type: none"> • All but one Local Lead Agencies are enrolled as Medicaid Early Intervention Providers. DBHDS will follow up with the one that is not. (Augusta/Valley) • 81 providers are enrolled (mostly agencies, some individuals) • The DMAS Provider Enrollment Unit does not routinely notify providers when they assign a new specialty cod. He advised that providers can use the specialty code even though they haven't heard back from the provider enrollment unit. Providers should contact the DMAS Provider Enrollment if they have questions. • The DMAS Provider Enrollment Unit has indicated that this enrollment process is one of the smoothest they've had. It is taking one to two days to turn around provider enrollment applications rather than the usual 15 days. 	
<p>Status of Certifications</p>	<ul style="list-style-type: none"> • Due to database challenges, the process for certification has been mostly manual, though some providers have been certified through the practitioner certification module. The Part C Office is in the process of merging the records from the two processes in order to determine how many providers and who still need(s) to be certified. 893 Certifications have been granted including: <ul style="list-style-type: none"> • Speech- Language Pathologist- 240 • Physical Therapists- 132 • Occupational Therapist- 110 • Educators (Including Early Childhood Special Education)- 99 • Family and Consumer Science Professionals- 20 • Nurse (Including Registered Nurse and Nurse Practitioner)- 16 • Physical Therapist Assistant- 16 • Social Worker (Licensed)- 12 • Occupational Therapy Assistant- 9 • Educator of the Hearing Impaired – 5 • Certified Therapeutic Recreation Specialist- 3 • Early Intervention Assistant- 2 • Family Therapist- 2 • Orientation and Mobility Specialist-1 • Counselor (Including Licensed Professional Counselor)- 1 • Music Therapist- 1 • Psychologist (Including Clinical Psychologist)-1 • Early Intervention Service Coordinator- 223 	<ul style="list-style-type: none"> • Providers with dual roles must apply for certification for each role. • Documentation that service coordinators meet the requirements (GED, HS diploma or college degree) is required to be sent to the Part C Office. Fax: 804-371-7959 • Questions about getting onto the application website or applying online should be directed to David Mills at 804-371-6593 or david.mills@dbhds.virginia.gov • Contact Tamara Wilder with questions about status of certifications: 804-786 0992 or tamara.wilder@dbhds.virginia.gov

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<p>Child Enrollment/ Eligibility Tracking</p>	<ul style="list-style-type: none"> • As of October 15, 1980 children were enrolled in the Medicaid EI program. Based on the DMAS-DBHDS data match, 2300 children were expected to be enrolled. Some of the reasons for discrepancy in numbers include <ul style="list-style-type: none"> ○ Medicaid eligibility ended for some of the children 9/30; ○ some of the children on the 2300 list aged out, ○ some of the children may be from the LLA that is not yet enrolled. • Work is in process to enroll the rest of the children. • Through this work, issues with inaccuracies in data entry have been identified including misspelled (or different) names, Medicaid numbers not matching, children listed as having private insurance rather than Medicaid. • Providers can check to see if children are enrolled through the ARS and MediCall systems. • Local System Managers/providers should provide DBHDS the names, SSN (if available) and Medicaid number of children they believe should be enrolled, but who are not showing that benefit through ARS or MediCall <p>Immediate Plan:</p> <ul style="list-style-type: none"> • DMAS-DBHDS will do internal comparisons of the lists. • DBHDS will continue to enroll children in the DMAS EI program • DBHDS will contact local systems when there are data issues • DBHDS will provide information about the enrollment/discharge “checks” in the individual child records in ITOTS. <p>Long Term Plan:</p> <ul style="list-style-type: none"> • A monthly enrollment report will be provided to DBHDS and from DBHDS to the local systems. This will list all of the children enrolled in the Medicaid EI Program 	
<p>Future Training and TA Topics</p>	<ul style="list-style-type: none"> • Web-Ex trainings of the September Trainings (Clinical and Billing) will be developed • Other suggestions included: <ul style="list-style-type: none"> ○ Service Coordination and Targeted Case Management (MH Targeted CM has been identified previously by the field) ○ Billing • Additional suggestions should be sent to Beth and Brian. 	

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<p>DMAS Early Intervention Manual/ Plans for Input and Revisions</p>	<ul style="list-style-type: none"> • DMAS is keeping a folder of edits/corrections suggested for the DMAS EI Manual. Corrections can be made to the DMAS manual at any time. Several corrections will be made to the billing chapter including the billing address and instructions for billing for developmental services. <ul style="list-style-type: none"> ○ The TPL edits (requirements to submit proof of billing commercial insurance if the client has Medicaid as secondary) have been removed for the following billing codes: T1023 and T1023 UI; T1024 and T1024 U1; T1027 and T1027 U1; and T1015 and T1015 U1. ○ DMAS will provide information via email about how to bill for these codes. • A global update will be done in several months (around December/January). This will allow time for input after the claims process has been in effect. • Suggestions for changes, clarification, etc. should be sent to Brian and Beth. 	
<p>Billing for “Evaluation/ Assessment”</p>	<ul style="list-style-type: none"> • For children who receive a combined evaluation for eligibility and assessment for service planning using the old process (as the transition is made between the old processes and the practices specified in the Infant & Toddler Connection of Virginia Practice Manual, the session can be billed to Medicaid only if the child is found eligible for Part C. 	
<p>Nursing and Developmental Services</p>	<ul style="list-style-type: none"> • A document articulating concerns related to having a different reimbursement rate for Developmental Services provided by different providers was sent to the Part C Office and to the task force members. • The Part C Office will work directly with the local system managers for whom this is an issue. This is an issue for Rockbridge, Harrisonburg-Rockingham, Alleghany Highlands and Mount Rogers, and also Cumberland Mountain. 	
<p>Billing Part C</p>	<ul style="list-style-type: none"> • A request was made for a standard form/format for providers to use to bill Part C, including what documentation is required. The Part C Office will consider this request. 	
<p>Reimbursing Providers for Participation in Eligibility Determination</p>	<ul style="list-style-type: none"> • Providers and System Managers reported that each locality is negotiating different rates for providers’ participation in eligibility determination. • A request was made that the Part C Office provide guidance in order to standardize reimbursement for this process. • The Part C Office will consider this request. 	
<p>Children For Whom Eligibility is Not Certain</p>	<ul style="list-style-type: none"> • A request was made that Local Systems consider strategies to minimize situations where providers are scheduled for a 2 hour block, but end up being needed for 15 – 30 minutes due to the child not being found eligible. • Discussion followed including possible strategies. • It is expected that as local systems become more experience with the service pathway and the new processes, this will become less of an issue. 	

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Referrals for Consult / Billing Different Payors	<ul style="list-style-type: none"> • A question was raised about the fact that billing requirements are different for different payors. • Providers should continue to bill commercial payors according to their instructions and bill Medicaid according to Medicaid's requirements. You may be billing two different codes for the same thing because the two different payors have different rules. • The example provided was consultation; questions were raised about when/how "consultation" should be used. • A request was made that consultation be more clearly defined when the Infant & Toddler Connection of Virginia Practice Manual is revised. 	
Physician Certification	<ul style="list-style-type: none"> • The physician signature is required for the initial and annual IFSP and every time there is a change in services. • A request was made that this be clearer in the Infant & Toddler Connection of Virginia Practice Manual when it is revised in 6 months. • For a child receiving services prior to October 1, 2009, the existing plan of care (POC) signed by the physician meets the requirement for physician certification. When that authorization expires, then the physician signature on the IFSP (or on letter accompanying the IFSP) must be obtained. If the child is receiving other services whose plans of care have not expired, it makes sense to authorize full IFSP at that time. 	
HealthNet	<ul style="list-style-type: none"> • Providers asked for guidance for situations where they are unable to obtain authorization for assessments (because MDs are not entering the authorization in the system). They cannot bill TRICARE without the authorization and cannot bill Medicaid as secondary because they haven't billed TRICARE (as the primary payor). Part C can be used to avoid a delay in services with the expectation that Part C be reimbursed when the other payor(s) pay. However in this situation, the lack of authorization for TRICARE stops the reimbursement from both TRICARE and Medicaid. <p>PLAN:</p> <ul style="list-style-type: none"> • Mary Ann has a meeting scheduled for Thursday to discuss the TRICARE issues. • Tammy and Brian will talk to the DMAS Billing unit about this issue. 	
State Agency Contacts by Topic	<ul style="list-style-type: none"> • Contact the Part C Office for questions about program issues such as eligibility determination, service planning, etc. • Contact DMAS for questions about billing or provider enrollment. 	

Next Meeting: December 7, 2009 from 1:00 – 3:00 PM

Location: VACSB Teleconference also available