

Early Intervention Targeted Case Management Task Force Meeting 1-26-2012

Present

Pam Park, Cori Hill, Jaylene Mooney, Mary Parke Holland, Linda McClary, Chris Gregory, Jennifer McElwee, Catherine Hancock, Beth Tolley, Tammy Whitlock, Bonnie Winn, Alison Standing, Carol Burke; Tim Capoldo, Sandra Church,

Medicaid Early Intervention Case Management Claims

Bonnie Winn reported the following:

- DMAS reviews all new codes each year and determines if the code might be covered by other health plans.
- Years ago, there was the assumption that only the Department of Medical Assistance Services (DMAS) pays for Case Management; however, it was learned a couple years ago that commercial health insurers had actually paid 1.5 million dollars for case management. Commercial payors are covering case management as part of disease management and long term care
- The decision was made that every provider would be required to either bill the other payors or provide an explanation that the other payor is not covering case management services.
- Bonnie reported that the Center for Medicaid and Medicare Services (CMS) wants DMAS to require submission of EOBs (Explanation of Benefits) be submitted and perhaps financial records (to show that any duplicate payment was paid back) for every child for children for whom Medicaid is secondary.

Current requirements for case management claims:

- Third Party Liability (TPL) procedures are required.
- The case management provider must include with each claim (for paper claims and for Data Direct Entry (DDE) claims) either a copy of the EOB showing the primary payor didn't cover the case management charge or a letter that either:
 - States that the case management provider does not participate in the primary insurance company's network, or
 - Documents communication with the primary insurance company that company does not cover case management. This documentation should include the name of the individual who provided the information and how long the child's insurance coverage is effective.
- Claims that are submitted electronically via EDI do not require submission of documentation, but the same documentation should be kept on file by the case management provider. See <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/EDISupport> for detailed information about requirements.

Discussion followed about possible options for streamlining the process and whether case management falls under the same regulations/requirements as early intervention assessment. Assessment cannot be billed to commercial insurance since families are not billed for this service. Case Management, just like assessments is a service that can not be billed to families per federal Individuals with Disabilities Education Act (IDEA).

Plan:

- Bonnie, Tammy and Jeff will research the issue to see if the same regulations apply to case management as apply to assessments. (If this is the case, an edit could be applied to the case management code to bypass the TPL requirement)
- If it is determined that TPL procedures will still be required, then Beth, Catherine and Jeff will develop a letter and process to obtain documentation from major commercial insurance companies that can be used by the Case Management Providers. (Local systems would be required to cosign the documentation).

Claims Processing Issues

Bonnie responded to individuals who indicated issues with claims denials that she would look into these and get back to them. Bonnie's fax number is 804-786-0414.

Timeline Requirements

DMAS and DBHDS staff reviewed the existing timeline data entry requirements and considered pros and cons of keep or changing the timelines. The 10 business day requirement for ITOTS data entry for children who have Medicaid/FAMIS when they come into the EI system will remain. The requirement for ITOTS data entry and/or notification to the Part C staff that a child already in the EI System has just obtained Medicaid/FAMIS coverage or has had coverage restored has been extended to 60 calendar days. Tammy explained that the timelines are necessary for data integrity and to support timely billing.

The group discussed mechanisms to provide this information and decided this information should be communicated in multiple ways including:

- Email this information to System Managers and ITOTS users
- Include in Infant & Toddler Connection of Virginia Technical Assistance Update
- Include in minutes from this meeting
- Update the timeline requirement information in the Infant & Toddler Connection of Virginia Practice Manual

Eligibility Verification

Jennifer and Alison reported that use of the Passport Health Communications vendor for monthly Medicaid/FAMIS eligibility verification has been very effective. It has been possible to check eligibility for 400-500 children at a time for less than \$100.

Part C staff are reviewing requirements and options for obtaining consent in order for local systems to be able to submit the names of all of the children in the system (not just those known to have Medicaid/FAMIS) to eligibility verification systems. The Part C Office is also considering adding a consent statement to the Family Fee Agreement form that parents could check to grant consent for the local system to check Medicaid/FAMIS eligibility. In the meantime, local systems can develop/use their own forms to obtain consent from parents for this purpose.

Service Coordination Documentation

A question was raised about what documentation elements will be considered retractable (if absent or incomplete). Jeff responded that the EI Transformation Task Force (which meets Feb. 16) will be looking at what will or will not result in retractions (based on Quality Management Review Findings). However, Targeted Case Management is not currently a part of QMRs; responsibility for conducting the EI TCM QMRs has not been determined, nor has a start date for these reviews.

A request was made for Part C staff to review real-life examples of local system Service Coordination Notes in order to provide feedback proactively (in advance of a QMR). Beth will take this request back to the Part C Office for discussion about how to make this a manageable process.

Part C Staff/System Manager Meeting

The group discussed the possibility of including EI TCM and/or Medicaid EI Services requirements as a topic for the upcoming Part C Staff/System Manager meeting planned for March. Beth suggested this topic since there continue to be errors and apparent lack of realization of new requirements as well as an absence of effective oversight mechanisms in some local systems. System Managers on the Task Force suggested that it might be beneficial to include an update on the October 2011 changes, but that detailed information and discussion about issues and errors should be addressed through targeted technical assistance to the local systems that are making lots of errors.

ITOTS Glitches

It was reported that there continue to be issues with ITOTS saving information that has been entered. Participants were asked to communicate all ITOTS issues to David Mills.

EI TCM Questions and Answers

Several questions were addressed at the meeting:

Question: For children with SC only, do we need to do monthly contacts? In this situation, we might communicate with the physician if a situation arises but other than

checking in with the family, we are not necessarily "coordinating" services. We are finding that we have many families that qualify under the preemie or NICU eligibility standard but are age appropriate in skills and are not getting additional services other than service coordination. Could these families be contacted at greater intervals than monthly?

Answer: Monthly contacts are not required as part of EI TCM. Family contacts every three months are required. The minimal (every three months) requirement was established based on the recognition that not all families will need monthly (or the same frequency of) contacts. If there is not a need and not an allowable activity during a particular month, you would simply not bill for that month.

Question: Is it essential that the preferred method of family contact be addressed and documented at the every three month family contact? This is awkward when the preferred method is via email. In addition, changes in preferences or needs are identified as they occur.

Answer: The Infant & Toddler Connection of Virginia Practice Manual states that the preferred method of contact should be addressed at each three month contact. This guidance reflects best practice, but will not result in a retraction if the family preference is not documented every three months.

Question: Could the option of texting be reconsidered as an acceptable mode of communication with families?

Answer: Texting is not an acceptable mechanism for the every three month family contacts. Not only are there confidentiality concerns about texting, but there is also a bigger issue that texts tend to be very short, sometimes using abbreviations, which allows a high chance for misunderstanding, thus impacting the ability of the Service Coordinator to have a real sense of how things are going. Texting is acceptable for interim communications if requested by the family and if documented in a service coordination note (just as a phone conversation would be documented).

Participants discussed the challenge of keeping up with information that has been provided since the Infant & Toddler Connection of Virginia Procedure Manual was last revised (August 2010). Information, including clarifications, has been provided through Question and Answer Documents, Infant & Toddler Connection of Virginia Technical Assistance Updates and individual responses to questions submitted to the Part C Office. The Practice Manual will be revised in the near future to incorporate changes resulting from the 2011 Part C Early Intervention regulations. Participants asked if all of the documents that provided clarification could be grouped together with the Practice Manual as is done by DMAS. Plan: Carol, as chair of the Part C/System Manager group addressing the web will take this recommendation to that committee. Beth and Catherine will work with the Part C staff to address this request.

Training Update

Cori provided the following information:

- 420 providers have successfully passed the Service Coordination/Early Intervention Case Management module
- Feedback at a recent ITC meeting was very positive. One member commented, “The Module has been very helpful in the transition.”
- KI and KII are currently being modified to reflect changes. These trainings will be held in March and April respectively

Task Force members discussed training and technical assistance needs and identified the following:

- Information about what will be included in Quality Management Reviews for EI TCM, including what will result in retractions
- Examples of allowable activities
- Consultation (technical assistance) about service coordination document
- Dissemination of questions (and corresponding answers) that have been sent individually to the Part C Office
- Consolidation of the information and clarifications about EI TCM in one place on the Web (with the Practice Manual)
- Dissemination of the information about the change in the Timeline Requirement for ITOTS data entry, including summary of all of the requirements in one place (and update to manual)

Billing for EI TCM

Tammy reported that not all systems are billing for EI TCM. According to the most recent DMAS report, only 28% of the children have had EI TCM claims for all three months.

Task Force members reported that the following factors have delayed billing:

- Staffing issues
- Systems not set up to bill (Local Lead Agencies that have not previously billed)
- Issues related to local systems’ electronic billing systems

Plan: DMAS will monitor billing, comparing the number of claims to the number of children enrolled in Medicaid EI and will determine if/what actions are needed based on the data. Actions may include targeted contacts with local systems. The reports that Jeff generates will include the reasons for denials of the EI TCM claims.

Next Meeting Date: To be determined