



# PAYMENT METHODOLOGY AND BILLING CHANGES

NOVEMBER, 2018



## AGENDA:

1. Monthly Case rates
2. Prospective Payments
3. Billing Requirements



# MONTHLY CASE RATES

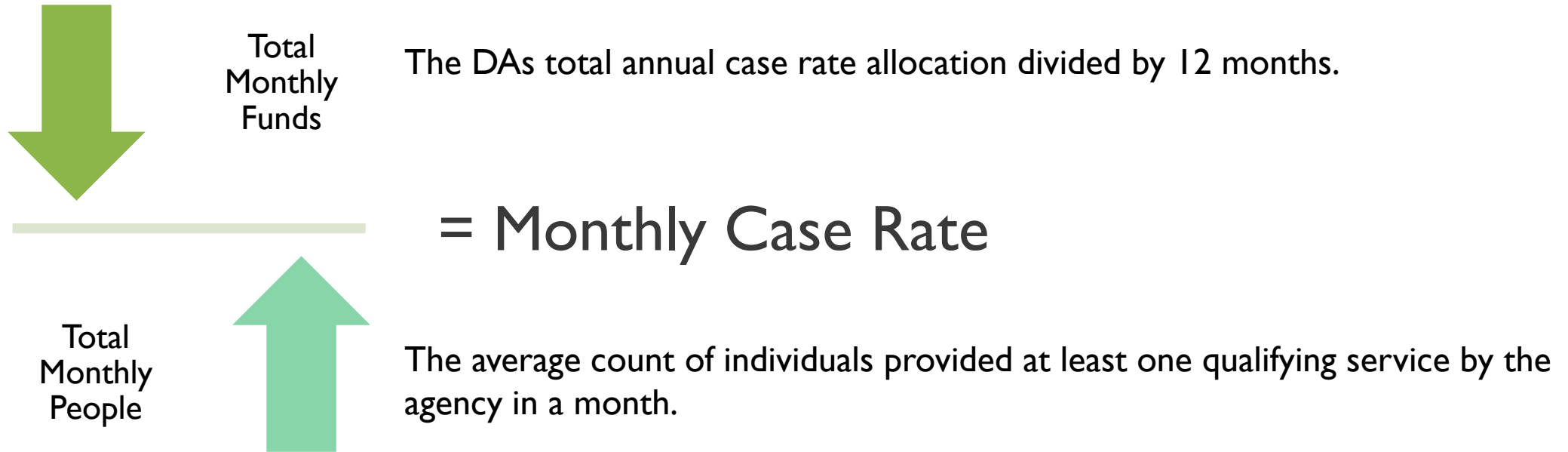
# WHAT'S IN THE CASE RATES?

Program	Fund Source
<b>CHILDREN</b>	
• Emergency Services (ACCESS)	Medicaid Program- DMH
• Enhanced Family Treatment (MH Waiver)	Medicaid Program- DMH Medicaid Program- DCF Transfer
• Jump On Board for Success (JOBS)	Medicaid Program- DMH
• All Fee for Service	Medicaid Program- DMH
• Outpatient Services	Medicaid Program- DVHA transfer
• Transitional Living Programs	Medicaid Program- DMH Medicaid Program- DCF Transfer
<b>ADULTS</b>	
• Emergency Services	Medicaid Program- DMH
• CRT (Community Rehabilitation and Treatment) <ul style="list-style-type: none"> <li>• Intensive Residential Recovery Facilities (Maplewood, Hilltop, Meadowview)</li> <li>• Other DA specific CRT related programs</li> </ul>	Medicaid Program- DMH Global Commitment Investment- DMH Global Commitment Designated State Health Program- DMH
• Outpatient Services	Medicaid Program- DMH
• Outpatient Services	Medicaid Program- DVHA transfer

# MONTHLY CASE RATES



Also known as:  
Per Member Per Month Rate (PMPM)



# MONTHLY CASE RATES

Example

<b>Adult Program/Service Area</b>	<b>"XYZ" DA</b>
Outpatient Services	\$110,000
Emergency Services	\$200,000
CRT	\$3,410,000
DVHA Outpatient Funds	\$320,000
<b>Adult Total Annual Allocation</b>	<b>\$4,040,000</b>
Average Monthly Adults	400
90% of Average Monthly Adult Caseload	360
Case Rate	\$935.19

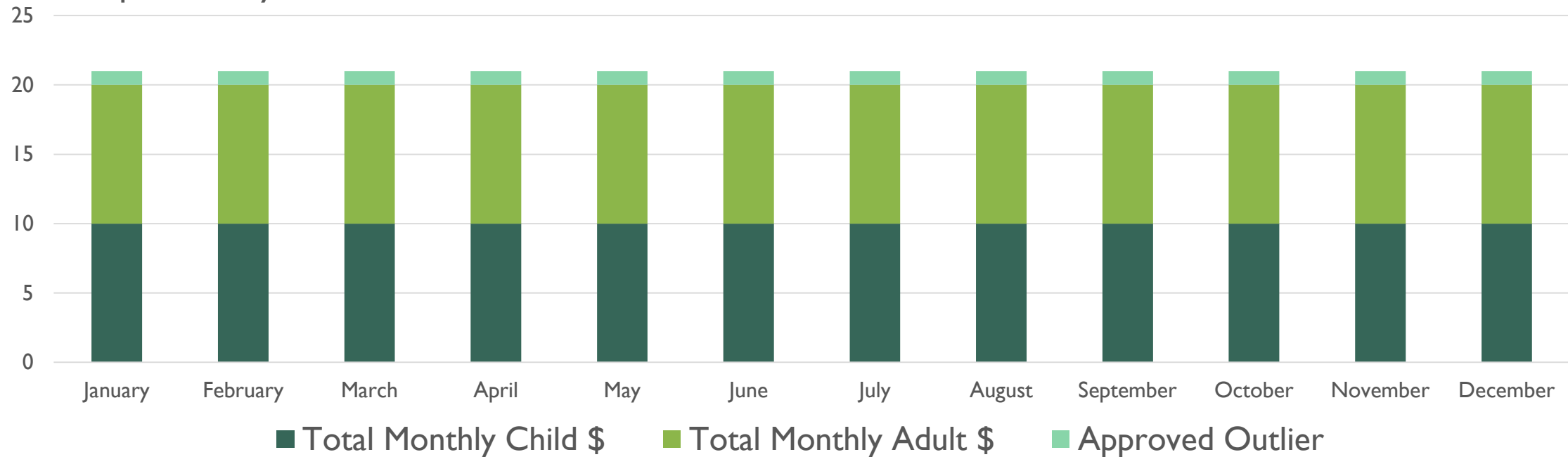


# PROSPECTIVE PAYMENTS

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- One monthly prospective payment for all case rate services.
- Paid in lump sum at same point each month. Entire allocation received through equal distribution over 12 months.

Prospective Payments





# CASELOAD VS. SERVICE VOLUME

Annual Caseload count:  $6 \times 12 = 72$

Number of Unique individuals served: Person A + B + C + D + E + F = 6

Total Service Volume:  $26 \times 12 = 312$

January												
Person	Encounters											
A	1	2	3	4	5	6						
B	1	2	3									
C	1	2	3	4								
D	1											
E	1	2										
F	1	2	3	4	5	6	7	8	9	10		
Caseload	6						Volume				26	

February												
Person	Encounters											
A	1	2	3	4	5	6						
B	1	2	3									
C	1	2	3	4								
D	1											
E	1	2										
F	1	2	3	4	5	6	7	8	9	10		
Caseload	6						Volume				26	

March												
Person	Encounters											
A	1	2	3	4	5	6						
B	1	2	3									
C	1	2	3	4								
D	1											
E	1	2										
F	1	2	3	4	5	6	7	8	9	10		
Caseload	6						Volume				26	

...												
Person	Encounters											
A	1	2	3	4	5	6						
B	1	2	3									
C	1	2	3	4								
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Caseload	6						Volume				26	

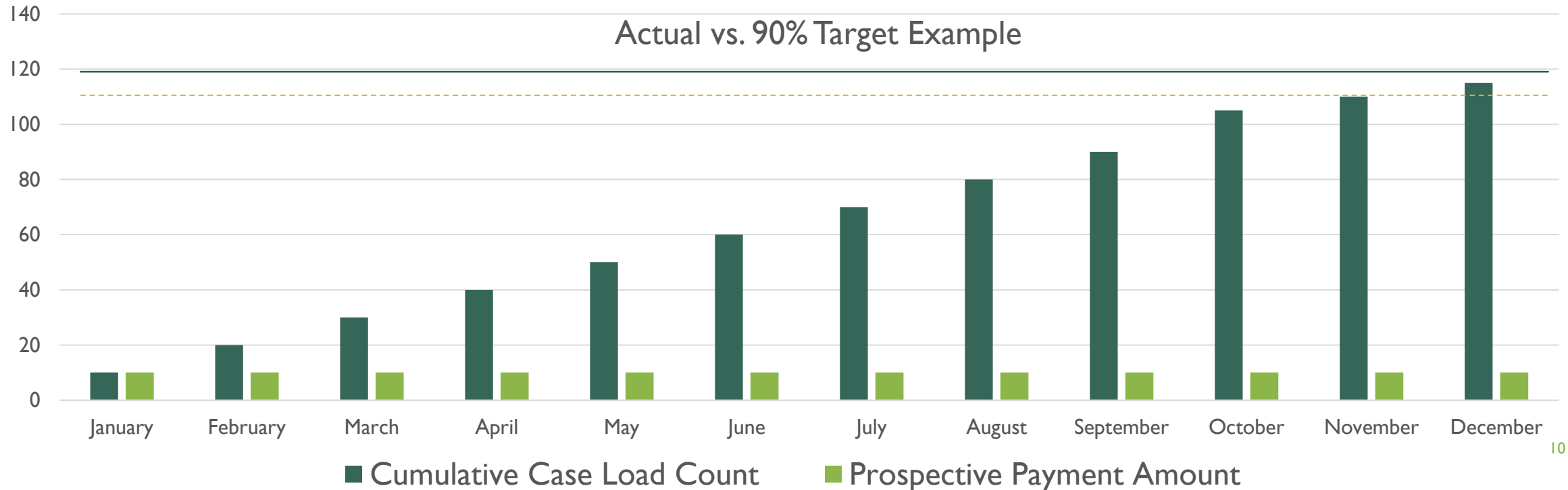
December												
Person	Encounters											
A	1	2	3	4	5	6						
B	1	2	3									
C	1	2	3	4								
D	1											
E	1	2										
F	1	2	3	4	5	6	7	8	9	10		
Caseload	6						Volume				26	

# END OF YEAR RECONCILIATION

- Entire allocation is earned if  $\geq 90\%$  of the annual caseload has been served
- Funds paid back or withheld from case rate if caseload target is not met

— Hx Caseload weighted Ave: 120  
 ■ Actual Caseload: 112  
 - - - Caseload target: 108

Actual vs. 90% Target Example





# BILLING REQUIREMENTS



## PROVIDER IDS

Agency provider IDs are being repurposed

- Only one provider ID will be used for the new case rates

**MH Clinic – Child → MH Case Rate**

- Used to bill the MH Case Rates and any related encounter data claims eff. 1/1/19.

**MH Clinic – Adult → Eldercare**

- Used to bill Eldercare claims eff. 1/1/19.

**MH Waiver → MH Reach-Up**

- Provider type and specialty changed to 037/S12 effective 1/1/2019

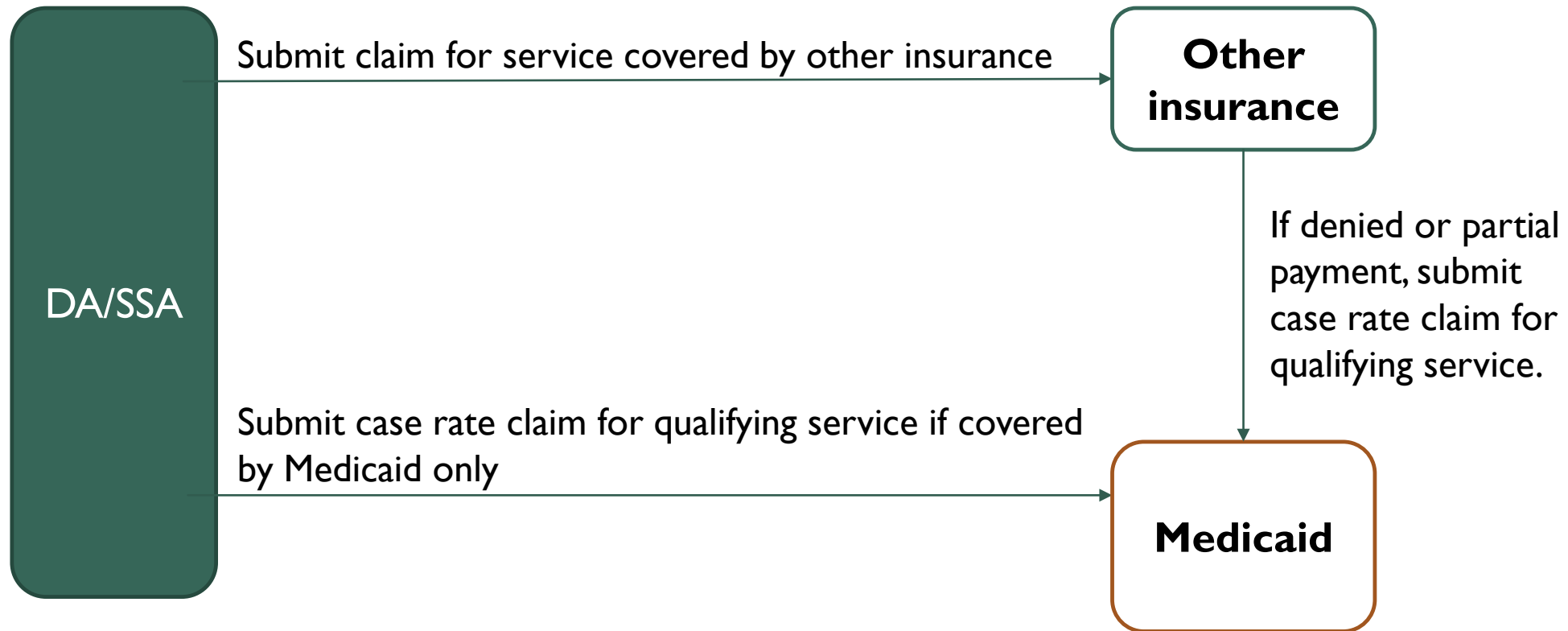
# ENCOUNTER DATA

- Encounter Claims will be submitted to the MMIS and “\$0.00” paid
  - WHY?
    - a) Single source of truth for Medicaid payments and Medicaid services
    - b) Justifies payments and creates caseload counts
    - c) Solves TPL issues
- Encounter data also submitted on the MSR (Monthly Service Report)
  - WHY?
    - Not all encounter types are able to be accepted by the MMIS
    - MSR contains information about services for non-Medicaid fund sources
    - MSR is used to support value-based payment measure calculations

# PROCEDURE CODES AND MODIFIERS

- New appendix of procedure codes and modifiers for encounter claims
- Modifier Updates!
  - New modifiers to identify which case rate:
    - HA- Child modifier
    - HB- Adult modifier
    - V1- Prior approved outlier modifier
  - Supervised billing modifiers are required- AH,AJ, HO, HN
  - DMH modifiers are allowed but not required- 76, 77, ET, GY, HF, HQ, HR, HS, UD

# THIRD PARTY CLAIMS FOR CASE RATE SERVICES



## WHY DO I CARE?

5 minutes at your tables

What about these changes -

- Excites you? Why?
- Scares you? What can you do about it?



# CONTACTS FOR QUESTIONS

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