



PAYMENT METHODOLOGY AND BILLING CHANGES

NOVEMBER, 2018



AGENDA:

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



MONTHLY CASE RATES

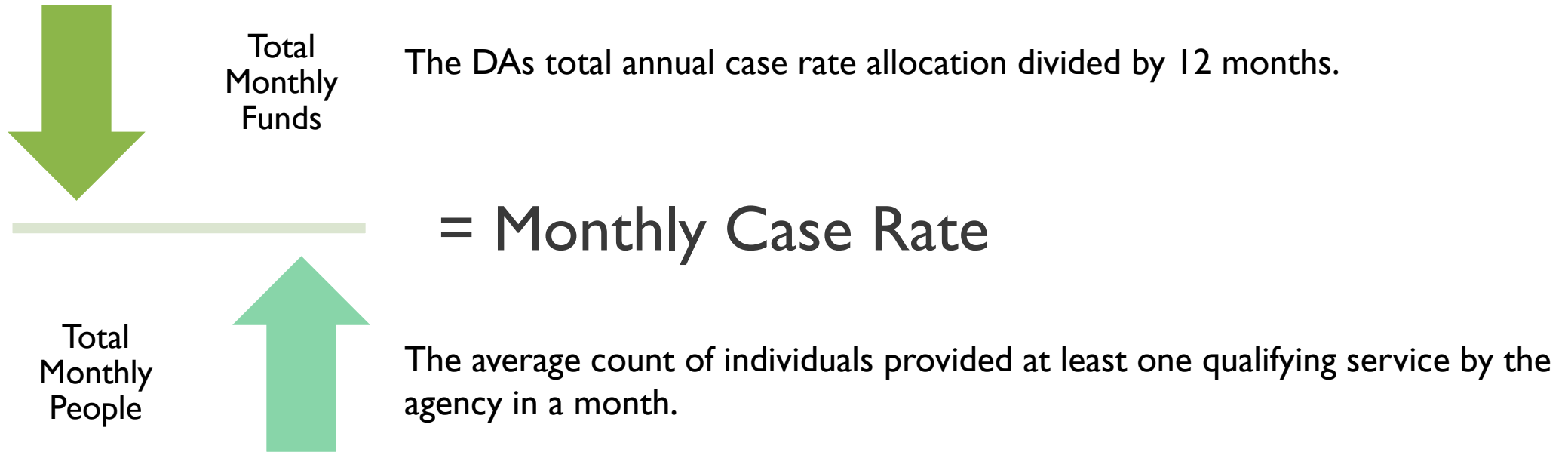
WHAT'S IN THE CASE RATES?

Program	Fund Source
CHILDREN	
• 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
ADULTS	
• Emergency Services	Medicaid Program- DMH
• CRT (Community Rehabilitation and Treatment) <ul style="list-style-type: none"> • Intensive Residential Recovery Facilities (Maplewood, Hilltop, Meadowview) • Other DA specific CRT related programs 	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

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

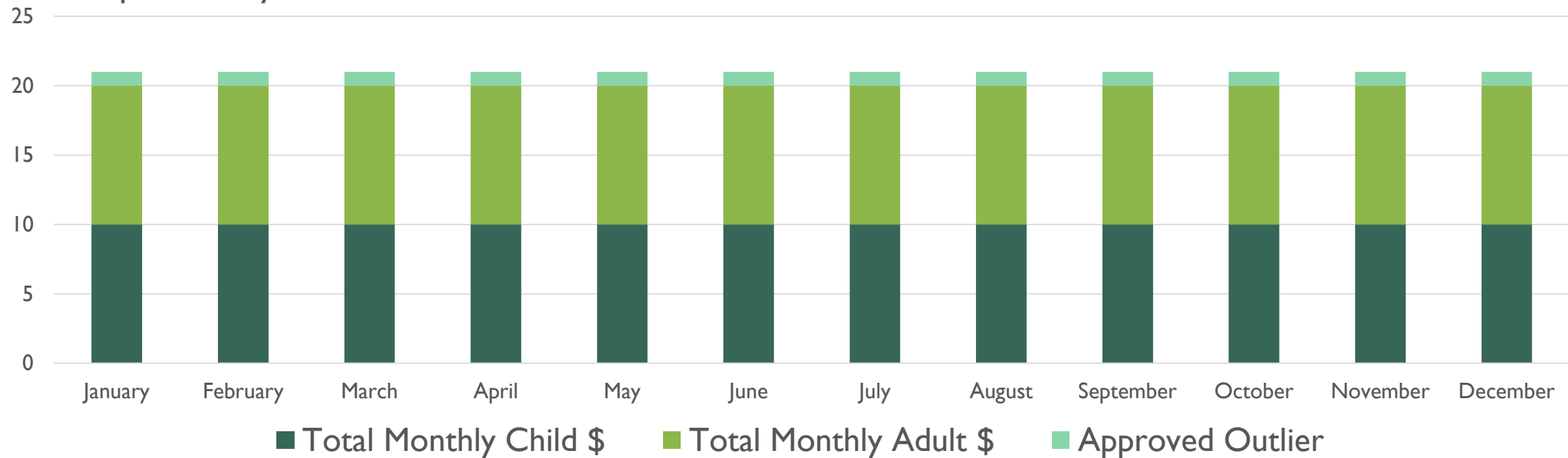


PROSPECTIVE PAYMENTS

PROSPECTIVE PAYMENTS

- 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									
D	1												
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Caseload	6						Volume						26

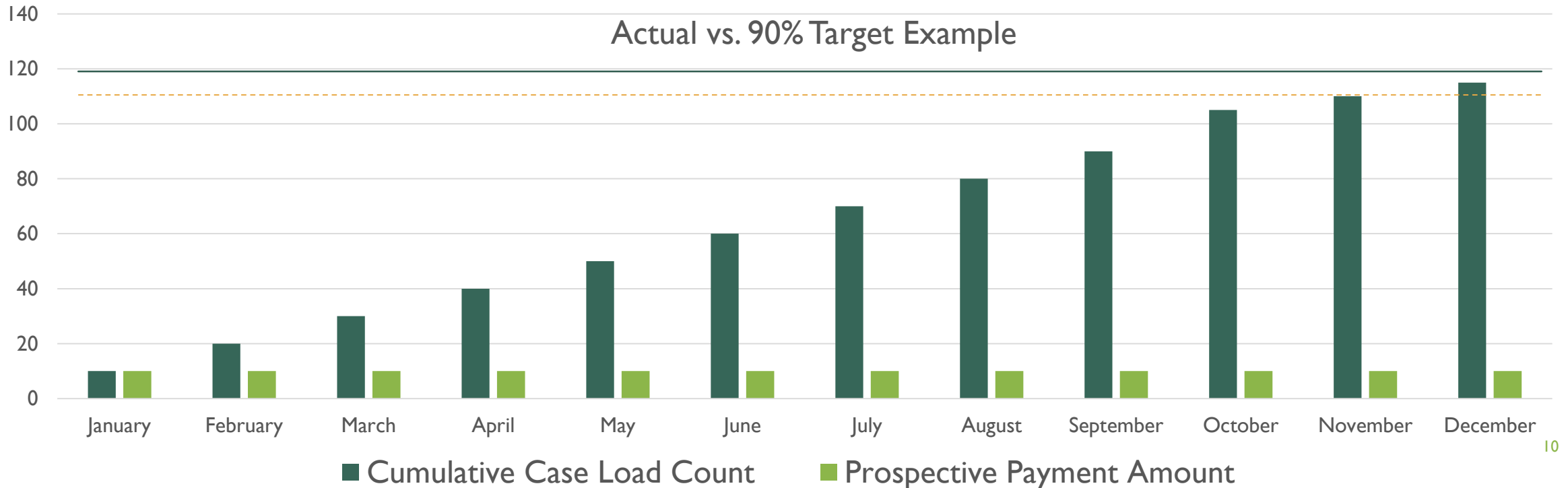
December													
Person	Encounters												
A	1	2	3	4	5	6							
B	1	2	3										
C	1	2	3	4									
D	1												
E	1	2											
F	1	2	3	4	5	6	7	8	9	10			
Caseload	6						Volume						26

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

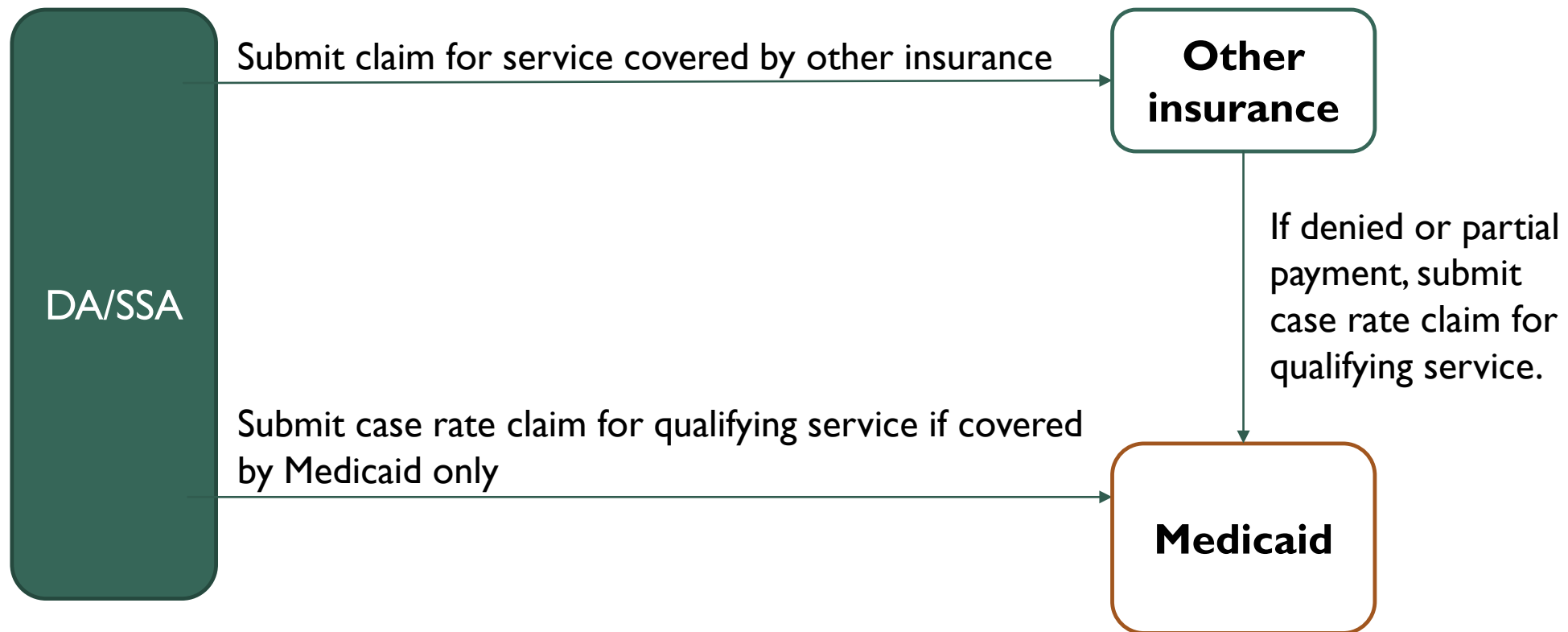
ENCOUNTER DATA

- 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

- Shannon Thompson- DMH Fiscal shannon.thompson@vermont.gov
- Cara McSherry- DMH Fiscal Cara.McSherry@vermont.gov
- Selina Hickman- DMH Policy Selina.Hickman@vermont.gov
- Laurel Omland- DMH Children's Unit Laurel.Omland@vermont.gov
- Patricia Singer- DMH Adult Unit Patricia.Singer@vermont.gov
- Frank Reed- MH Services frank.reed@vermont.gov