Autism Spectrum Disorder Services

April 3, 2017

Objectives

- Provide an overview of Autism Spectrum Disorder (ASD) services in the SC State Medicaid Plan.

- Provide information on provider enrollment process
  - NPI
  - Taxonomy
  - Provider approval by SCDDSN
  - Step-by-step process

- Outline process similarities and differences between fee-for-service (FFS) and managed care for ASD services.

Upcoming Changes

- Effective with dates of service on or after July 1, 2017, ASD services will be part of the SC State Medicaid Plan.
    - Pervasive Developmental Disorder (PDD) Waiver will continue operating through future date, to be determined.
    - Current Early and Periodic Screening, Diagnostic and Treatment (EPSDT) interim process will end June 30, 2017.
- ASD will be covered by both FFS and managed care organizations (MCOs).
- ASD providers must enroll with SCDHHS as Medicaid ASD providers.
- ASD providers must contract with each member's MCO if they wish to continue providing services to those members.

Upcoming Changes

- Effective with dates of service on or after July 1, 2017, claims must be submitted to the MCOs for MCO-enrolled members.

- Beginning July 1, 2017, for FFS beneficiaries:
  - Request Authorizations through Phoenix.
  - Submit claims to SCDHHS through traditional channels.

- Providers will use the same billing codes and fees across MCO and FFS.

- Check SCDHHS website over the coming weeks for additional information.

Eligibility Overview

FFS, MCO Comparison

- FFS is commonly referred to as traditional Medicaid.
  - Beneficiaries may receive services from any provider who is enrolled in Medicaid.
  - Claims are submitted to SCDHHS for adjudication.
- MCOs are fully-capitated, risk-based managed care models (think of a commercial HMO).
  - Network of providers (PCP, specialist, hospitals, pharmacy, DME, behavioral health, etc.).
  - Enrolled members receive treatment from contracted, or participating, providers.
  - All MCO providers are required to be a Medicaid enrolled provider.
  - MCO authorizes services and adjudicates claims.

FFS, MCO Comparison

- Five MCOs participate in SC Healthy Connections Medicaid:
  - Absolute Total Care/Centpatico
  - BlueChoice HealthPlan Medicaid
  - First Choice by Select Health
  - Molina HealthCare
  - WellCare
- Medicaid members enrolled with any of these MCOs will follow the MCO's authorization and payment rules.

FFS, MCO Comparison

- Not all Medicaid beneficiaries may participate in managed care.

- Most beneficiaries are required to participate and may select an MCO.
  - Failure to select a plan results in assignment for this population.

- MCO enrollment always begins on the first of the month and ends on the last day of the month.

Managed Care Eligibility and Eligibility Categories

Eligible for Mandatory Assignment Requires Participation MCO

11	MAO (Extended/Transitional)
12	OCWI (Infants)
16	Pass Along Eligibles
17	Early Widows/Widowers
18	Disabled Widows/Widowers
19	Disabled Adult Children
20	Pass Along Children
32	Aged, Blind Disabled (ABD) (Over Age 18)
40	Working Disabled
59	Low Income Families
71	Breast and Cervical Cancer
80	SSI (Over Age 18)
81	SSI w/Essential Spouse (Over Age 18)
87	OCWI Pregnant Women/Infants
88	OCWI Partners for Healthy Children
91	Ribicoff Children

Voluntary Enrollment Only Choice of Managed Care or Fee For Service

13	MAO (Foster care/Adoption)
31	Title IV-E Foster Care
32	Aged, Blind Disabled (ABD) (Under Age 19)
51	Title IV-E Adoption Assistance
57	Katie Beckett/TEFRA
60	Regular Foster Care
61	Adult Former Foster Care
80	SSI (Under Age 19)
81	SSI w/Essential Spouse (Under Age 19)
85	Optional Supplement
86	Optional Supplement & SSI

RSP	Description
ISED	Interagency Sys. Of Care for Emotionally Disturbed Children
CHPC	Children's Personal Care
MCPC	Intergrated Personal Care Services
FOST	Foster Care Children
	Members who are indians and part of a federally recognized tribe

Not Eligible to Participate in Managed Care

10	MAO (Nursing Home)
14	MAO (General Hospital)
15	MAO (Waivers-Home and Community)
33	ABD Nursing Home
48	Qualified Individuals (QI)
50	Qualified Disabled Working Individual
52	SLMB
54	SSI Nursing Home
55	Family Planning
70	Refuge Entrant
90	Qualified Medicare Beneficiary

Limited Benefit Indicators: E, I, C, D, J, P, A

RSP	Description
MCSC	Program For All Inclusive Care for the Elderly (PACE)
AUTW	Pervasive Developmental Disorder Waiver
CLTC	Community Choices Waiver
CSWE	Community Supports Waiver-Est.
CSWN	Community Supports Waiver-New
DMRE	Intellectually Disabled/Related Disability Waiver-Est.
DMRN	Intellectually Disabled/Related Disability Waiver-New
HSCE	Head and Spinal Cord Waiver-Est.
HSCN	Head and Spinal Cord Waiver-New
HIVA	HIV/AIDS Waiver
TBRS	Tuberculosis Program
VENT	Mechanical Ventilator Dependent Waiver
PRTF	Psychiatric Residential Treatment Facility
MCHS	Hospice
	Dual Eligibles (Medicare/Medicaid)
	Beneficiaries who have private managed care insurance (HMO)

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Eligibility

- FFS Medicaid eligibility may be made retroactive up to three months and always begins on the first of the month.

- Enrollment into a MCO will not be retroactive and will be made effective the first of the month following member choice or assignment.

- If a member loses and regains Medicaid eligibility, the gap will be FFS.

Eligibility

- All Medicaid beneficiaries are issued a SC Healthy Connections Medicaid ID card.

- MCO enrolled members will also have an MCO-specific card.

- Having a SC Healthy Connections Medicaid and/or MCO issued card does not guarantee eligibility.

- **GOLDEN RULE: ALWAYS CHECK ELIGIBILITY ON THE DATE OF SERVICE.**

FFS Beneficiary

Beneficiary Data

Name:	ADRIAN S	**ID Number:**	
Gender:	MALE	**Birth Date:**	03/27/1998
Address:	319 YOUNG	**City/State/Zip:**	ROCK HILL, SC 29730

Eligibility or Benefit Information

Beneficiary is:	ELIGIBLE	**Qualified Medicare Beneficiary:**	N/A
Payment Catagory:	CHILDREN UNDER POVERTY	**Home visits remaining:**	50
CoPay Exempt:	YES	**Ambulatory visits remaining:**	N/A
Limited Benefit:	N/A	**Chiropractic visits remaining:**	6
Qual. Catagory:	AFDC AND AFDC RELATED GROUPS	**Mental Health services remaining:**	12
		Rehabilitative services remaining:	420

Beneficiary Special Programs Data

Description:	N/A
Message:	N/A

TPL - Third Party Liability

Medicare A: N/A   **Medicare B:** N/A   **Medicare ID:** N/A

MCO Member

Beneficiary Data

Name: ANNA M

Gender: FEMALE

Address: 1982

ID Number:

Birth Date: 09/25/1991

City/State/Zip: ROCK HILL, SC 29730

Eligibility or Benefit Information

Beneficiary is: ELIGIBLE

Payment Catagory: PREGNANT WOMEN UNDER POVERTY

CoPay Exempt: YES

Limited Benefit: N/A

Qual. Catagory: AFDC AND AFDC RELATED GROUPS

Qualified Medicare Beneficiary: N/A

Home visits remaining: 50

Ambulatory visits remaining: 12

Chiropractic visits remaining: 6

Mental Health services remaining: 12

Rehabilitative services remaining: N/A

Beneficiary Special Programs Data

Description: MCHM, MCO

Message: NOTE! BENEFICIARY(-IES) WITH A MGD CARE INDICATOR PARTICIPATE IN A MANAGED CARE PLAN. MOST SERVICES REQUIRE PRIOR AUTHORIZATION FROM THE PROVIDER OR HMO LISTED BELOW.

Anniversary Date: 05/01/2013

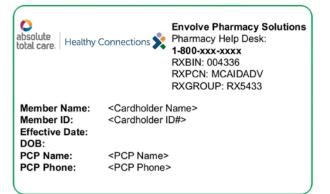**Provider ID:** HM3200

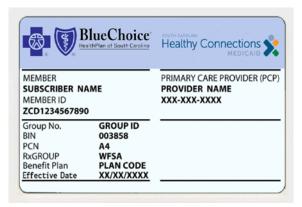**Organization:** BLUECHOICE HEALTHPLAN SC

Address: PO BOX 100124

City/State/Zip: COLUMBIA, SC 29202-3124

Telephone: 866-757-8286

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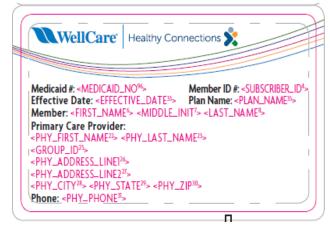
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MCO Member ID Cards

Provider Enrollment

Provider Enrollment

- ASD providers are currently enrolled as waiver based providers.

- ASD providers will need to enroll with SCDHHS and MCOs before July 1, 2017.

- This re-enrollment will ensure that correct billing and reimbursement can proceed after July 1, 2017.

ASD Enrollment Process

1. Prep for enrollment (National Provider Identifier (NPI) taxonomy, gather documentation, etc.).

2. Submit SCDHHS online enrollment application.
   - SCDHHS provider enrollment screens application.
   - SCDHHS forwards application to SCDDSN for review.

3. SCDHHS will finalize enrollment and inform providers.

4. Providers will receive Phoenix credentials.

5. Contracting and credentialing can be completed through MCOs.

Provider Enrollment Prep

- Apply for individual NPI number at
  https://nppes.cms.hhs.gov/NPPES/Welcome.do.

- Proper enrollment is reflected in the table below:

Individual Enrollment

Enrollment Type	Provider Type Description	Specialty Description	Taxonomy Code
Individual	Other Medical Professionals	Board Certified Behavioral Analyst	103K00000X
Individual	Other Medical Professionals	Board Certified Assistant Behavioral Analyst	106E00000X

Group Enrollment

Enrollment Type	Provider Type Description	Specialty Description	Taxonomy Code
Organization	Single Specialty Group	Single Specialty Group	193400000X
Organization	Multi Specialty Group	Multi Specialty Group	193200000X

One NPI/Many Medicaid Legacy IDs Issue

- If you have one NPI group but several billing entities and or multiple Medicaid legacy provider IDs (six digit SCDHHS-issued ID) you will need additional group NPIs in order to enroll/contract with SCDHHS and the MCOs and bill for services.

- If you need additional NPIs you will need to apply for those at NPPES, https://nppes.cms.hhs.gov/NPPES/Welcome.do.

MCO Enrollment Contracting and Billing

MCO Contracting and Enrollment

- Currently Medicaid enrolled providers will need to reach out to each MCO to begin the process of contracting and enrolling.

- Freedom of choice applies to enrollment and contracting with MCOs.

  - Providers may choose to contract with some MCOs but not others.

  - MCOs may choose to contract with some providers and not others.

- Start the contracting and enrollment process early so you know which plans you will be working with in the future.

  - Familiarize yourselves with MCO contracts and terms before July 1.

  - The MCOs will need the same information used to enroll with SCDHHS.

  - Begin communicating with the MCOs now!

MCO Contact List

Managed Care Organization (MCO)	Phone Number for Providers	Website Address
Absolute Total Care/Cenpatico	1-877-730-2117	Absolute Total Care: https://www.absolutetotalcare.com/ Cenpatico: http://www.cenpatico.com/providers-states/south-carolina/?state=South-Carolina
BlueChoice Healthplan Medicaid	1-866-757-8286	http://www.bluechoicescmedicaid.com/
First Choice by Select Health	1-800-575-0418	https://www.selecthealthofsc.com/
Molina Health Care of South Carolina	1-855-237-6178	http://www.molinahealthcare.com/members/sc/en-US/Pages/home.aspx
WellCare of South Carolina	1-888-588-9842	https://www.wellcare.com/South-Carolina

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Billing for Medicaid Managed Care Members

- Services should be billed on the CMS 1500 claim form.

- All MCOs can accept either hardcopy or electronic billing.

- Average claim turnaround time can vary by MCO but is normally around 30 days from the filing date.

- All the MCOs have a website. Make sure to access the site often as these sites normally have the most recent policy information.

Billing for Medicaid FFS

- Services should be billed through the provider webtool or on the CMS 1500 claim form.

- At a later date (TBD) providers will utilize Phoenix for billing.

  - Additional training will be provided.

- Standard claim turnaround time should be the same as today.

Questions?

- For Additional information please refer to provider communications on the SCDHHS website, https://msp.scdhhs.gov/autism.

- Inquiries can be sent to asdprovider@scdhhs.gov.