Vision: *Empowered people thriving in safe, just and caring communities.*

Mission*: Provide access to effective, innovative, and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds.*

CLTS Provider Tip Sheet

Thank you for contracting with Dane County Human Services for the Wisconsin Children's Long Term Support Medicaid program known as CLTS.

Now that you or your organization have become a Dane County CLTS service provider, your business will be known to over 60 Case Managers in Dane County who serve CLTS families. You can expect to be contacted by any one of these Case Managers about providing CLTS approved services to the children and families they support.

The purpose of this tip sheet is to help understand the Third Party Administrator (TPA) process for CLTS, including service authorizations and filing claims correctly in order to be reimbursed without errors and lengthy delay. Below are the topics covered:

1. Getting started on a child's CLTS plan
2. How to read an authorization
3. Submitting a claim to WPS and preventing common errors
4. Troubleshooting claim denials.

Before getting into those topics, here are a few important guidelines to remember:

- Dane County Department of Human Services (DCDHS) does not issue payment for CLTS services rendered. Payment comes from Wisconsin Physicians' Service (WPS) the State's CLTS Third Party Administrator.
- DCDHS generates the authorization using information from the child's CLTS case manager. You will receive the authorization from DCDHS via email. The information contained on the authorization is important for filing claims and is the same information WPS will have on file to compare the claim against the authorization.
- WPS requires the **claim to match** the authorization exactly. If your claim is missing any required data elements or the elements don't match the authorization, the claim will be denied. Each time a claim is submitted, WPS will issue a Provider Remittance Advice that will tell you the outcome of the claims submitted, i.e. what was paid and what was denied and why.
- Please start with the child's CLTS Case Manager to troubleshoot issues with a child's authorization, e.g. dates of service, service code, cost of service, etc.

- In addition to the CLTS case manager, DCDHS has a small unit who can assist with authorization errors and provide support around WPS claim denials. Dane County cannot help with CLTS issues related to other Wisconsin counties.
- Dane County does not have the ability to speed up your payment or intervene in WPS' payment process.
- WPS, WI DHS and Dane County each maintain CLTS provider websites with links to resources around the TPA process such as authorizations, submitting claims, understanding WPS denial codes, etc. You will find these links throughout this guide.

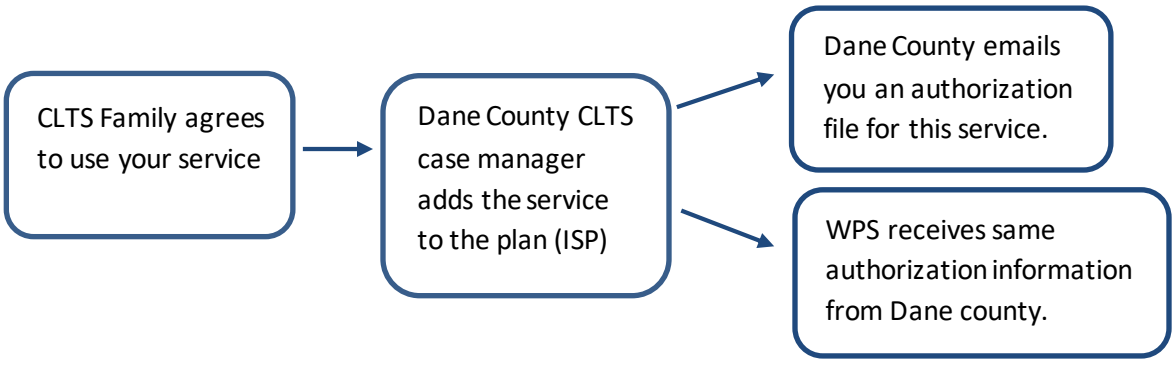
Summary of roles between County, WPS, and State of WI DHS

Dane County's role:	**WPS' role:**	**Department of Health Services (DHS) role:**
CLTS Case Manager puts your service on a plan, authorizing you to work with a family.	Receives your claim and pays you directly for the CLTS service you performed.	Maintains the CLTS statewide Medicaid registry. Registration is mandatory for providers in the CLTS program.
Creates and sends an authorization for your service to you and WPS.	Accepts paper and electronic claims, issues Provider Remittance Advice, can pay claims via paper check or EFT.	Oversees the CLTS program, determines allowable services, and sets statewide rates for some services.
Troubleshoots and corrects authorization errors that lead to claim denials.	Assists you with questions related to claiming and payments.	Develops and maintains CLTS TPA business rules in conjunction with WPS.
Markets your service to Dane County CLTS Case Managers and informs them how to reach you.	Maintains CLTS TPA provider webpages.	Maintains a CLTS Medicaid Waiver website.

First step- getting started on a child's CLTS plan

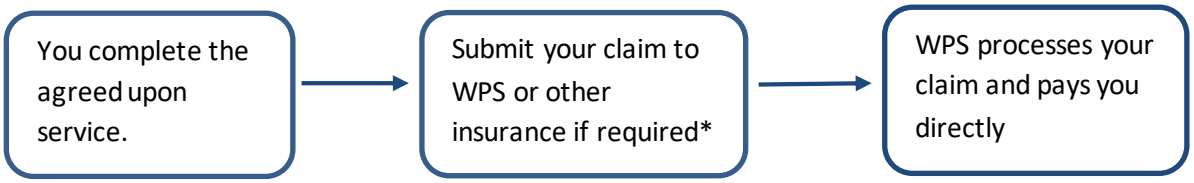
The first step to providing CLTS services is to get your service on the child's CLTS service plan, known as an ISP (Individual Support Plan) or simply, "the plan". The plan details **who** will provide the service, **what** is the service, **when** the service will be provided, **how** many hours or units the service provides, and the **cost** of the service. The CLTS Case Manager will collect this information from you as it relates to the needs of the child and the family and will record it on the child's CLTS service plan or ISP.

A chain of events is set into motion once the child's CLTS case manager adds your service to the ISP plan.



Authorizations are on an Excel Spreadsheet. When you receive your authorization from Dane County, please look it over to make sure the authorization matches your records for providing the service, i.e., the child's name, dates of services, units to be provided, the cost, etc.

Once ready to bill, you will submit a claim to WPS for payment. WPS will not pay claims before the service start date. WPS reimburses for services rendered, not services that will happen in the future.



! Dane County Dept. of Human Services markets your service to over 60 CLTS case managers through an email list serv and a CLTS directory listing a brief description of your service, web site, and contact information. Be sure to inform the County of changes to address, phone, web site, email and other contact information. Some of these changes need to be reported to WPS and DHS to keep payments flowing timely.

Second step- how to read an authorization

Dane County Dept. of Human Services emails the authorization spreadsheet containing the information needed for the WPS claim form. The information put on the claim must exactly match the information from the authorization. Here is an example of the spreadsheet authorization sent from Dane County:

Provider Name	Client Name	Date Of Birth	Start Date	End Date	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Authorization Status	Auth Amount	Amount Paid	Total Units	Units	MCI#
Your Company Name Here	Jones, Sally	10/30/2016	1/10/2020	6/30/2020	S5151	U2				Cancelled	2790	105	6	1	4437190826
Your Company Name Here	Miller, Bobby	1/22/2010	7/1/2020	9/30/2020	S5151	U2				Revised	1395	0	3	0	7437180815
Your Company Name Here	Little, Frank	6/15/2013	10/1/2020	12/31/2020	S5151	U2					1395	0	3	0	2497166824
Your Company Name Here	Johnson, Patty	5/25/2008	1/1/2021	9/30/2021	S5151	U2				New	4185	0	9	0	8438163821

Definition of authorization headers

1. The **Client Name** is the child's name, not the parent or guardian's name. Claims need to list the child's name and match the spelling on the authorization.
2. The authorization will always list the child's **date of birth**, which is required on the WPS claim form.
3. The **Start and End date** is the date range for which you are providing the service. If these dates need to be changed, please contact the CLTS case manager. WPS will not accept claims for services that have not happened yet, i.e., in the future. Authorizations for ongoing services will end either the day before the child's CLTS recertification date or 12/31 of the current year. The authorization will then resume using the recertification date or 1/1 of the following year.

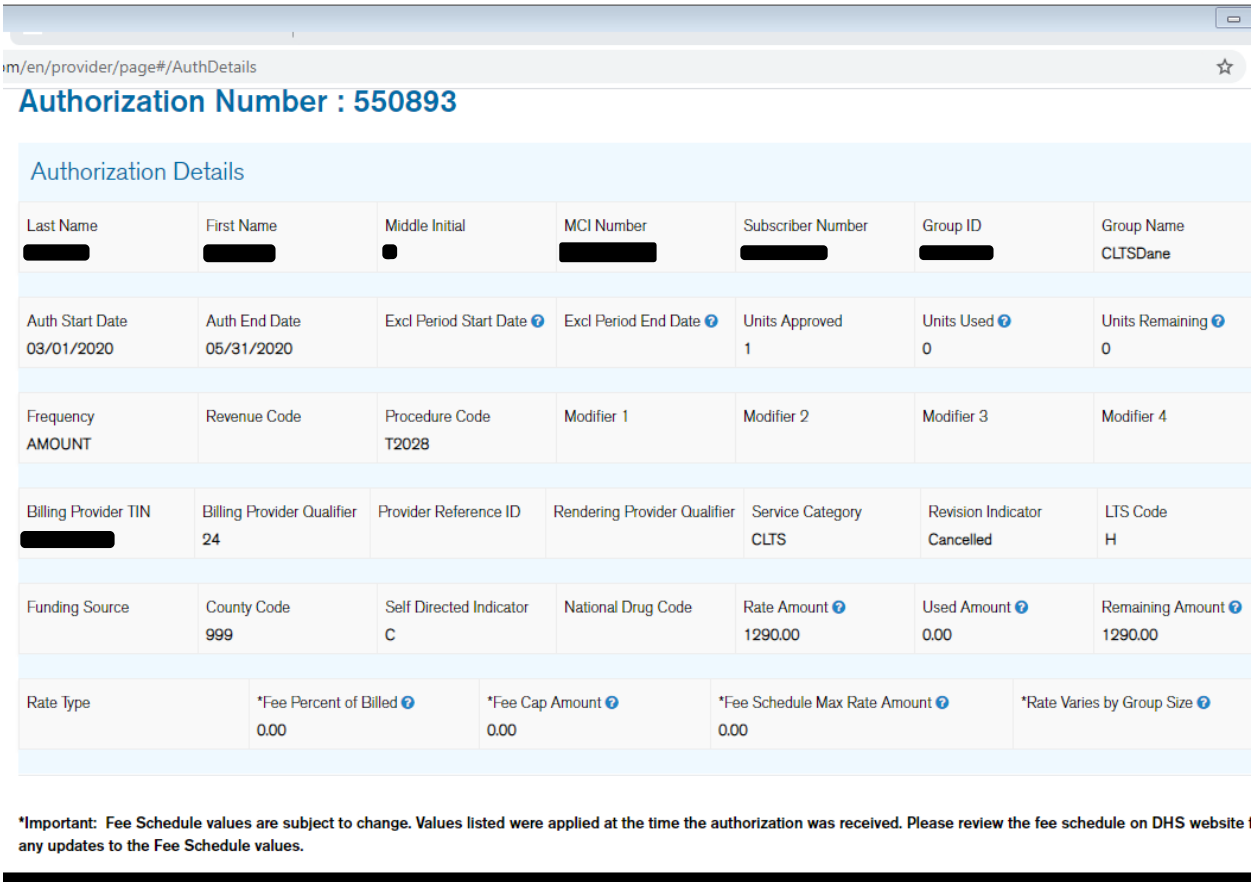
4. **HCPCS** or Procedure Code is the Medicaid Waiver code for the service you are providing.
5. **Modifiers** are additional codes that give more detail about a particular service. If your authorization includes a Modifier code, it must be included on the claim form. Some services can have up to four Modifier codes.
6. **Authorization Status** will alert you if a service is NEW, i.e. showing up for the first time on your authorization file, or if a service is REVISED, i.e., date was changed, units were added, or the amount was changed, or CANCELLED, i.e. the service didn't happen or won't happen and is being removed from the child's plan.
7. **Auth Amount** is the amount of money for this service.
8. **Amount Paid** is a running total of the claims paid on this service.
9. **Total Units** are how many units to be provided. If your program offers a Unit Rate, you can check if Unit rate is correct by dividing Auth Amount by Total Units to get the Unit Rate.
10. **Units** is how many units have been claimed under this service authorization.
11. **MCI #** is the child's CLTS waiver unique number identifier. It is also called the Participant ID # on the WPS claim forms.

IMPORTANT REMINDER! Make sure to review carefully the authorization to make sure it reflects the service you agreed to perform. **If any discrepancies, you will need to contact the CLTS Case Manager.** Authorization errors are different from claim errors or denials. CLTS Case Manager can fix authorization errors while WPS assists with claim errors or denials.

WPS has developed a Provider Portal, which is another place to see and get your authorizations. Dane County strongly suggest signing up and using the WPS Portal as another way to ensure proper authorizations.

WPS has a webcast that explains how to read authorizations from their Provider Portal, as well as, other information regarding the authorization process. Click here to view this WPS webcast.

On the next page, there is a screen shot of what an authorization looks like on the WPS Provider Portal.



m/en/provider/page#/AuthDetails

Authorization Number : 550893

Authorization Details

Last Name	First Name	Middle Initial	MCI Number	Subscriber Number	Group ID	Group Name
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	CLTSDane

Auth Start Date	Auth End Date	Excl Period Start Date	Excl Period End Date	Units Approved	Units Used	Units Remaining
03/01/2020	05/31/2020			1	0	0

Frequency	Revenue Code	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4
AMOUNT		T2028				

Billing Provider TIN	Billing Provider Qualifier	Provider Reference ID	Rendering Provider Qualifier	Service Category	Revision Indicator	LTS Code
[redacted]	24			CLTS	Cancelled	H

Funding Source	County Code	Self Directed Indicator	National Drug Code	Rate Amount	Used Amount	Remaining Amount
	999	C		1290.00	0.00	1290.00

Rate Type	*Fee Percent of Billed	*Fee Cap Amount	*Fee Schedule Max Rate Amount	*Rate Varies by Group Size
	0.00	0.00	0.00	

***Important: Fee Schedule values are subject to change. Values listed were applied at the time the authorization was received. Please review the fee schedule on DHS website f any updates to the Fee Schedule values.**

Before moving onto Step three- submitting claims and common errors, please watch the WPS 15 minute video that goes into more detail regarding CLTS authorizations and submitting claims for reimbursement. The video is a good summary of the guide to this point along with information for submitting claims.

Third step- Submitting a claim to WPS and preventing common claim submission errors

WPS allows you to file paper claims or electronic claims. Paper claims are mailed or faxed to their processing center in Eagan, MN. WPS' electronic claim process includes using their PC-ACE Pro 32 software or using a clearinghouse to submit claims on your behalf. The most common electronic process is uploading claims on an Excel Spreadsheet using their "MoveIT process." If you submit claims on a regular basis, you will find one of the electronic process more efficient. More information on claim submission types can be found here.

On the next page there are a few tips to help prevent denied claims and/or taking a longer time to be processed.

Date of service

- Services must be rendered within the dates specified on the service authorization. WPS will deny a claim that lists a date that is outside of the date range on the authorization.
- All CLTS claims must be submitted to WPS within 365 days from the date of service. Or within 365 days of the EOB date if first submitted to Medicare or private insurance. Claims submitted after 365 days from the end of service date, will-not-be paid unless they meet one of the allowable criteria. For more information see link here.
- Date spans are acceptable to use on your claim form when services are provided on consecutive days without interruption, e.g., 12/1, 12/2, 12/3.
- If services provided on different dates and do not follow suit, e.g., services performed on 12/1, 12/3, and 12/4, then you must claim using separate claim lines for each date.
- No future dates are accepted (cannot bill for services yet rendered) and WPS will return the provider to submit at the proper time.
- If your company provided the same service for the same child at different times on the same day, e.g. child received respite in the morning from one person then received respite from another worker later in the day, then you will need to "roll up" the time for those services and claim them on the same claim line.

HCPCS Modifiers

Some of the service or procedure codes (HCPCS) contain modifiers. Some HCPCS codes can have up to four modifiers. If the HCPCS on your authorization has modifiers, record them on the claim form in the same order as they are listed on the authorization.

! If you have questions on HCPCS codes or modifiers as it relates to the service code under which your business is operating, please see DHS code cross-walk here: DHS program codes cross-walk
Please be sure to reference most current version of the cross-walk

There are two modifiers that will not show up on an authorization but need to be recorded on the claim form. This relates to "group service" rates and telehealth.

1. If you are providing a "group service" your authorization will indicate a HQ modifier, however, what you will indicate on your claim is not the Modifier HQ, but a group size modifier of UN (two children) or UP (three children).
2. Effective January 2022, WPS and DHS made changes to telehealth services consistent with Medicaid billing rules. DHS created a slide deck on these changes, including claim examples, and examples on troubleshooting denials, click DHS slide deck on telehealth A video tutorial on the changes is available here: new modifier video tutorial

Filing a telehealth claim:

- Providers will need to include place of service (POS) code **02** on the claim form.
- Providers must also record the **GT** modifier to apply the remote service processing rules. The GT modifier would be placed in Modifier 1 field on the WPS claim form, followed by any additional modifiers included on the authorization.
- Telehealth claims without a **02** POS and **GT** modifier will be denied by WPS using denial code FA5.
- Providers will not see the place of service (POS) 02 or GT modifier that has been associated with remote services on the authorization.

Telehealth (remote), billing questions can be directed to the WPS/CLTS Contact Center: M-F 7:30 a.m.-5:00 p.m. (CT) @ 1-877-298-1258, or using the WPS CLTS webpage, WPS provider portal or by calling the WPS Provider Portal Contact Center : M-F 7:30 a.m.-5:00 p.m. (CT) @ 1-888-915-5477

Units

The total amount of funds for the service you are providing are broken into units. Units are specific to the type of service you perform. Some services are reported in 15-minute increments, others are hourly, or daily. The rate schedule from your Dane County contract can be a reference for how the service you provide is broken down into a specific unit quantity. A good way to confirm your authorization reflects the correct unit rate, would be to divide the Authorization amount by Total Units.

Maybe your service is to provide a product such as adaptive aid, a fence, or a training. Then you will probably see one unit on your authorization that denotes the product.

Claiming the correct amount

WPS only accepts claims that reflect Units as whole numbers. WPS will not accept claims if Units are recorded as fractions, percentages, or decimals. This means some providers might need to roll up the units in order to claim the full amount owed. For example, a provider's unit rate comes out to $10/unit, however, the provider provides $15 worth of service on a particular day. In this case, the provider would not record 1.5 for units, but rather round up the units to two to cover the $15 cost.

If you provide a "counseling and therapeutic" service under code G0176, Medicaid will only reimburse this service up to 85% of the provider's usual and customary rate. You will submit the claim at your usual and customary rate and WPS will cap the payment at 85%.

Other fields on a WPS CLTS claim form where mistakes can happen

CLTS WAIVERS CLAIM FORM -- PARTICIPANT INFORMATION			
1. **Participant Identification #:**	This is the same as the MCI number. Every CLTS child has a different MCI number.	4. **Participant Date of Birth:**	This is on the authorization file.
2. **Participant Last Name:**	This is the Child's Last Name. Make sure it's spelled exactly the same as on the Authorization.	5. **Participant First Name:**	This is the Child's First Name. Use the same name as on the Authorization.
3. **Primary Diagnosis Code (Optional):**	This is Optional field, Dane County does not use.	6. **Patient Account (invoice) #:**	This is an optional field if you want to list an invoice number for your records.
PROVIDER BUSINESS ADDRESS- This is business information for rendering services		**PROVIDER BILLING ADDRESS** *(PHYSICIAN'S OR SUPPLIER'S BILLING ADDRESS)* This is the billing address where payments are sent.	
7. **Provider TAX/EIN/SSN:**	Common error, listing a TAX ID from another business or entering in the wrong number.	11. **Provider Billing NPI #:**	A NPI number is required for providers claiming services under Medical HCPCS codes.
8. **Business Name:**	Please contact Dane County Human Services if your business name, or address changes: Miller.eric@countyofdane.com	12. **Billing Provider Name:**	Often Billing Provider name is same as Business name, although some companies may use a Corporate name.
9. **Business Address:**	If the address on your claim form doesn't match the one WPS has on file, your claim will be denied. Contact Dane Co when your business changes address.	13. **Billing Address:**	Sometimes providers have claims sent to their Corporate office or they may want to send payments to a PO Box.
10. **City/State/Zip Code:**	WPS must receive address, name, or TAX ID changes from the Waiver Agency, which is Dane County.	14. **City/State/Zip Code:**	

Business name, address, and tax ID

Common Errors: Your business name, address and tax ID need to match what you provided Dane County when going through the Contract or Agreement process. Sometimes providers have more than one tax ID number. Dane County collects the Business and Billing information, along with Tax ID from our CLTS provider information form and W9 and supplies that information to WPS. WPS expects the business information to match what is reported on the claim. WPS will issue 1099s to businesses for tax reporting purposes.

Businesses sometimes change addresses. You must inform Dane County Human Services of any address or business name changes well ahead of submitting your claim. Dane County will pass along these changes to WPS.

! IMPORTANT INFORMATION: Carefully review the authorization you receive from Dane County to make sure it reflects the service you agreed to perform. **If anything is amiss, you will need to get in touch with the Case Manager to clear up an issue.**

Step 4- Troubleshooting claim denials

After you submit a claim to WPS, the status of what has been paid or not been paid will be disclosed on the Provider Remittance Advice (PRA). The PRA is typically mailed. Any claims partially paid or denied will include a denial code or reason why the claim was not fully paid. A list of codes with their explanations is found on the WPS CLTS webpage.

WPS encourages providers to start with the call center 1-877-298-1258 or email WPS CLTS to begin the process of resolving claim denials. Please have the claim number handy to relay to the WPS representative.

Some denied claims will require intervention by either the child's Case Manager and/or county administrative staff.

If the claim was denied in full, submit the claim again as a new claim to WPS. If the claim was partially paid or partially denied, the claim will need to be submitted using a Corrected Claim. Use this link to learn more about submitting a Corrected Claim to WPS.

The process/time-frame from the point of an ISP being updated to reflect needed units or amount to seeing it on the authorization file can take time. Please be patient when expecting to see a revised authorization for the service in question. If you do not see it after two weeks, please contact the county for follow-up on the status of the revised authorization.

Here are some tips to start resolving denied claims using some common denial codes:

Denial Code	What it Means	How to Correct
FAE	The authorized number of units or amount for this service has been exceeded.	Contact the Case Manager because the number of units and/or dollar amount has been exhausted and will need to be increased. Please note authorizations will not automatically be increased. Providers and the Case Manager should be having ongoing conversations about the number of units and/or costs of the service.
FAB	There is no authorization on file for this participant for the dates of service, procedure code, modifier, or provider billed on the claim.	Review your authorization file to see if the claim submitted matches the information on the authorization file.
CDD	The claim is a duplicate of a previously submitted claim, i.e., when a provider submits more than one claim for the same child, on the same day, with the same procedure code.	Typically, respite providers encounter this denial when they submit a respite claim for services rendered in the morning and then again that afternoon. Please contact the county to help with this denial.
TFO	This claim was submitted after the 365 day claim filing limit.	Note late filings likely will result denied claims beyond the control of the County. See link for more information.

Who can help – Websites with additional information:

Dane County Dept of Human Services: https://providers.dcdhs.com/Reporting-Requirements/Children's-Long-Term-Support

The State of WI Dept of Health Services (DHS) "cross-walk" shows services by their type (adaptive aids, counseling and therapeutic services, etc) with their HCPCS codes and modifiers: https://www.dhs.wisconsin.gov/library/p-02283.htm

Looking for CLTS service rates established by DHS: https://www.dhs.wisconsin.gov/library/p-02184.htm

For additional information on CLTS services, in the event you wish to perform more CLTS services, view DHS' CLTS Supports and Services at a glance: https://www.dhs.wisconsin.gov/publications/p02570.pdf

Lastly, DHS publishes a manual that includes their requirements on "Allowable Services" for CLTS service providers. View chapter 4.06, "Allowable Services" for more in-depth descriptions on each service category. This covers Service Requirements, Service Limitations, Service Exclusions, Standards and Qualifications, and Service Documentation (if required). You can jump to 4.06 by clicking on that chapter in the table of contents: https://www.dhs.wisconsin.gov/publications/p02256.pdf