NOW & COMP Rate Increase Update Participant Directed Services

BED·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Ron Singleton DD Budget Manager Division of Intellectual & Developmental Disabilities November 1, 2024



DBHDD Provider Toolkit (Statewide Provider Meeting Slides)

https://dbhdd.georgia.gov/



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https://dbhdd.georgia.gov/

	An official website of the State of Ge	eorgia. How you know 🗸
	GEORGIA DEPARTMENT of BEHAVIORAL HEALTH and DEVELOPMENTAL DISABILITIES	
Û	Experiencing Emotional Distress? Call or Text 988 Free and confidential services and help, available 24/7.	÷
	Be Supported	

Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.

DBHDD Provider Toolkit (Statewide Provider Meeting Slides)

https://dbhdd.georgia.gov/

Developmental Disabilities Providers

All COVID-related Guidance/memos/presentations are located on the COVID-19 Info page.

Statewide Provider Meeting Slides

PDF October 2024 (video)

PDE Participant Directed (video)

https://mmis.georgia.gov

Provider Information > Provider Messages

Home Contact Information Member Information Provider Information Provider Enrollment Nurse Aide/Medication Aide EDI Pharmacy HFRD
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Subject: NOW/COMP 7/1/2024 Rate Increase – GAMMIS UPDATES COMPLETE

Provider (Banner) Message Key Points

- "System [GAMMIS] programming is now complete."
 - Two critical areas required updates that would allow for the billing of the applicable rate increase (rate table) and to increase the annual maximums for all applicable services (billing audits).
 - Medicaid reimbursement is based on the rates within the rate table, not the rates listed on the prior authorization in the web portal.

"System [GAMMIS] programming is now complete..."



Provider Rates - Pro	ocedure	Pricing
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Proc Code

[Search]

Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
S5151	UJ	UC			\$184.72	681 - COS 681	07/01/2024	12/31/2299
S5151	UJ	UC			\$164.52	681 - COS 681	07/01/2022	06/30/2024
T2025	UB	UC			\$1.00	681 - COS 681	07/01/2024	12/31/2299
T2025	UB	UC			\$1.00	681 - COS 681	07/01/2022	06/30/2024
T2025	U4	UC			\$1.00	681 - COS 681	07/01/2024	12/31/2299
T2025	U4	UC			\$1.00	681 - COS 681	07/01/2022	06/30/2024
S5165	UC				\$15,000.00	681 - COS 681	07/01/2024	12/31/2299
S5165	UC				\$11,138.00	681 - COS 681	07/01/2022	06/30/2024

Procedure/Modifier	Service Name
S5151-UJ-UC	Respite Daily (Overnight) Category 1 - Self-Directed
T2025-UB-UC	Community Access Individual - Self-Directed

Procedure/Modifier	Service Name
T2025-U4-UC	Community Living Support - Extended - Self-Directed
S5165-UC	Environmental Accessibility Adaptation - Self-Directed

"System [GAMMIS] programming is now complete..."



Community Living Support - COMP

Audit Error Code 6116 - COMMUNITY LIVING SUPPORTS SVCS MAX UNITS (AMOUNT) REACHED

Rule	Effective/End Dates	Money Limit	Time Unit	DBHDD Note
5000111	03/01/2017 - 02/28/2021	\$51,300.00	Member Rolling Birthday Period	Pre-Pandemic Maximum
5000222	03/01/2021 - 06/30/2021	\$56,430.00	Member Rolling Birthday Period	10% Increase - March 1, 2021
5000333	07/01/2021 - 06/30/2022	\$59,251.50	Member Rolling Birthday Period	5% Increase - July 1, 2021
5000444	07/01/2022 - 06/30/2024	\$60,436.53	Member Rolling Birthday Period	2% Increase - July 1, 2022
5000555	07/01/2024 - 12/31/2299	\$83,520.00	Member Rolling Birthday Period	Rate Study Increase - July 1, 2024

Provider (Banner) Message Key Points

- "*Effective immediately, providers should bill the higher rate for dates of service on or after 7/1/2024."
 - Please refer to the DCH Provider (Banner) Message for the location of the new rates.
 - Impacted Participant Directed Services
 - Respite Daily (Overnight) Category 1 Self-Directed
 - Respite Daily (Overnight) Category 2 Self-Directed

Provider (Banner) Message Key Points

"Providers [and the Participant Directed network] should check banner messages frequently, as any additional updates regarding the NOW/COMP rate increase will be shared there".

Note: DBHDD will also provide information regarding the NOW/COMP rate increase implementation project.

The Four Phases: Timeframes

- Phase 1: 11/6/2024 11/18/2024
- Phase 2: 12/4/2024 12/16/2024
- Phase 3: 1/8/2025 1/20/2025
- Phase 4: 1/22/2025 2/3/2025

Note: Timeframes for recipients of Participant Directed services are subject to change depending the success of the initial phase.

The Four Phases: The Initial Phase

- Phase 1: 11/6/2024 11/18/2024.
 - During the week beginning 11/9/2024 through 11/13/2024, providers are asked to withhold submitting new claims or claims adjustments so updates to PAs can occur. Note, any claims received during this window will be held in suspense and not released until 11/14/2024.

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
9	10	11	12	13	14
Withhold Claims	Submit Claims				

The Four Phases: Carelon, DCH & Gainwell Collaboration

- Phase 1: 11/6/2024 11/8/2024.
 - The dates of 11/6/2024 through 11/8/2024, will be used by Carelon to update prior authorizations and for DCH and Gainwell to prepare the Medicaid system for the reception of 5,000 NOW/COMP prior authorizations.

IDD Connects Update: Carelon

Individual Service Plan Update

On the evening of November 6, 2024, Carelon will update all the Individual Service Plans in IDD Connects, 20,000 in total. However, only 5,000 associated prior authorizations will be updated for Phase 1 of the Medicaid system update process as outlined in a previous slide.

To ensure that Phase 1 is successful without disruption, *no* prior authorizations in IDD Connects will be processed on November 6th – November 8th. Prior authorization processing will resume on Monday, November 11th.

IDD Connects System Update (PA) – Carelon

For the upcoming implementation, Carelon will add additional units/funding to the applicable existing PA service line. The original State Date and End Date will not change.

PRE-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
Community Living Supports - Self-Directed	60436	10/31/2023	10/30/2024	\$60,436.00	\$1.00	1

POST-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
Community Living Supports - Self-Directed	83520	10/31/2023	10/30/2024	\$83,520.00	\$1.00	1

Note: This process only applies to services with a unit rate of \$1.00 and an increase of the annual maximum amount.

The Four Phases: The Initial Phase

- Phase 1: 11/15/2024 & 11/18/2024.
 - On November 15th, the team, DCH & Gainwell (and DBHDD if needed) will review the claims for the financial cycle for a November 18th payout.

Friday	Monday
15	18
Financial Cycle Review	Provider Claims Payout

Claims Reprocessing – DCH & Gainwell: Services with \$1.00 Unit Rates

Services with unit rates of \$1.00 will not be reprocessed by Medicaid (DCH).

Traditional Medicaid service providers and fiscal agents, having been reimbursed for services from July 1, 2024, to the present, may **potentially** adjust and/or rebill claims as needed retroactively.

Please consult with your fiscal agent about the possibility of making payments retroactively. Factors that may determine if this possible include state and federal tax regulations, state and federal labor laws and/or potential fiscal agents' employee related processes.

The Georgia Collaborative Newsletter: October 8, 2024

RESOLVED

October 8, 2024

To: IDD Provider Network

Re: Prior Authorization updates

Dear provider,

On September 20, 2024, we identified an issue that started occurring with the IDD NOW & COMP authorization extract to GAMMIS. NOW & COMP authorizations contain all providers on a single authorization; however, this issue began separating provider authorizations onto individual authorizations.

On Friday, October 11, 2024, we will retransmit all files to GAMMIS, this will resolve the extract error. **Please note:** we have suspended the PA transmission extract as of October 3, 2024. We will resume regularly scheduled extract transmission when issue is resolved. If you have any new assigned authorizations, it is recommended that you not bill against them until this fix has occurred. That will prevent the updated authorizations from being rejected by GAMMIS. If authorization updates reject due to paid claims, the claims will need to be voided by the provider before the authorization can be fixed.

If you have questions or concerns, please reach out to Gacollaborativepr@carelon.com.

Thank – you, Georgia Collaborative ASO

October 8, 2024, Newsletter: "Layman's Terms"

Every individual in the NOW and COMP will have one prior authorization (PA) at a time, typically with a span of 365 days. Each PA has a unique number, and the PA will have one or more service lines associated.

STANDARD FORMAT				
Prior Authorization #	Line #	Service Name	Start Date	End Date
	1	Support Coordination	10/01/2024	09/30/2025
55555550000	2	Specialized Medical Supplies	10/01/2024	09/30/2025
55555556666	3	Supported Employment - Individual	10/01/2024	09/30/2025
	4	Community Access - Group	10/01/2024	09/30/2025

Several individuals had multiple PAs that were sent to Medicaid with overlapping dates. Each PA had one service line associated.

INCORRECT FORMAT				
Prior Authorization #	Line #	Service Name	Start Date	End Date
55555550000	1	Support Coordination	10/01/2024	09/30/2025
55555550010	1	Specialized Medical Supplies	10/01/2024	09/30/2025
55555550020	1	Supported Employment - Individual	10/01/2024	09/30/2025
55555550030	1	Community Access - Group	10/01/2024	09/30/2025

Thank You!

Questions

