

# NOW & COMP Rate Increase Update

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**BE D·B·H·D·D**

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# DBHDD News Release: July 11, 2024

<https://dbhdd.georgia.gov/press-releases/2024-07-11/historic-medicaid-provider-rate-increase>

JULY 11, 2024

## **DBHDD, DCH Announce Approval of Historic Medicaid Provider Rate Increases Under NOW & COMP Waiver Amendments**

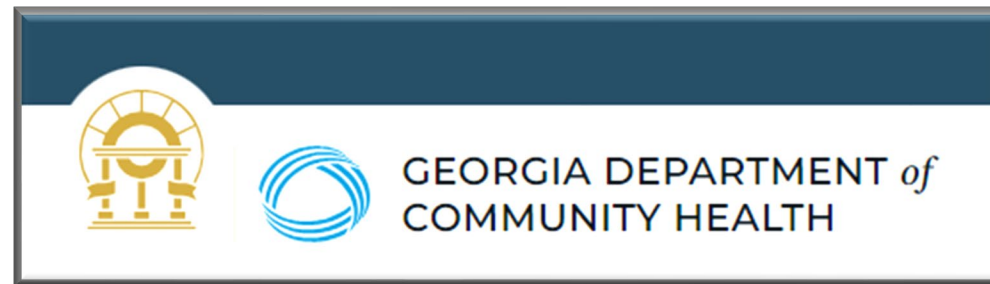
*“The rate increases will be retroactive to July 1, 2024...”*, DBHDD Press Release

# NOW & COMP Rate Increase

## Implementation Overview

# Rate Increase Implementation

Implementing the increases will require system updates by both the Department of Community Health (DCH) and the Georgia Collaborative ASO (Carelon Behavioral Health). Guidance and support for all rate increase information will be provided by DBHDD staff.



# DCH System Update – GAMMIS Web Portal – Part 1

## GAMMIS – Georgia Medicaid Management Information System

Every approved Medicaid provider number for the NOW and COMP has an associated Fee Schedule (Rate Table) within the Medicaid system. The Fee Schedule (Rate Table) contains the billable procedure codes, applicable modifiers, associated rates, the category of service (rate type) and an effective and end date.

Provider Rates - Procedure Pricing								
Proc Code	<input type="text"/>	[ Search ]						
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2033	U1	UP			\$294.16	681 - COS 681	07/01/2024	12/31/2299
T2033	U1	UP			\$210.32	681 - COS 681	07/01/2022	06/30/2024

Fee Schedule - **Community Residential Alternative – Category 1 – 3 Person**

# Medicaid PA & Provider Rate Table Review

Medicaid reimbursement rates are based on Provider Rate Tables, not the Authorized Rate listed on the PA.

## Medicaid Prior Authorization

Line Items			
PA Line Item	10	Status	APPROVED
		COS Code	681
From DOS	07/01/2024		
Through DOS	06/30/2025		
Most Recent DOS Paid			
Units Allowed	344	Amount Allowed	\$72,350.08
Units Used	0	Amount Used	\$0.00
Max Monthly Units	0	Max Monthly Amount	\$0.00
Max Daily Units	0	Authorized Rate	\$210.32

Amount Allowed cannot be exceed.

Rate can be exceed (up to the rate listed in the Provider Rate Table).

## Provider Rate Table

Provider Rates - Procedure Pricing								
Proc Code <input type="text"/> [ Search ]								
Procedure	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Rate	Rate Type	Effective Date	End Date
T2033	U1	UP			\$294.16	681 - COS 681	07/01/2024	12/31/2299
T2033	U1	UP			\$210.32	681 - COS 681	07/01/2022	06/30/2024

# PA Transmission – Authorized (Allowed Amount) Increase

For the upcoming implementation, Carelon will split the existing PA service line. The original service line will remain in place and will have an end date, one day prior, to the rate increase effective date. The new line will start on the rate increase effective date.

Service Name	Units	Start Date	End Date	Rate	Authorized Amount	
Community Residential Alternative - Category 1 - 3 Person	344	07/01/2024	06/30/2025	\$210.32	\$72,350.08	<b>Pre-CMS Approval Rate</b>

Service Name	Units	Start Date	End Date	Rate	Authorized Amount	
Community Residential Alternative - Category 1 - 3 Person	344	07/01/2024	06/30/2025	\$294.16	\$101,191.04	<b>CMS Approval Rate</b>



Difference
\$28,840.96

# IDD Connects System Update (PA) – Carelon

For the upcoming implementation, Carelon will split the existing PA service line. The original service line will remain in place and will have an end date, one day prior, to the rate increase effective date. The new line will start on the rate increase effective date.

PRE-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
CRA - Category 1 - 3 Person	344	1/1/2024	12/31/2024	\$72,350.08	\$210.32	1

POST-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
CRA - Category 1 - 3 Person	181	1/1/2024	6/30/2024	\$38,067.92	\$210.32	1
CRA - Category 1 - 3 Person	163	7/1/2024	12/31/2024	\$47,948.08	\$294.16	2



**Note:** The service line updates will be visible in the GAMMIS web portal including the rates. Carelon will use paid claims and/or unique percent based on a date range to determine the number of units to remain on the original line. The balance of the authorized units will be placed on the new line.



# DCH System Update – GAMMIS Web Portal – Part 2

The Medicaid system has several service audits that are in place to ensure compliance with authorized and/or annualized waiver service limitations. Each impacted audit will need to be adjusted by DCH such as the example below.

<b>Community Living Support - COMP</b>				
<b>Audit Error Code 6116 - COMMUNITY LIVING SUPPORTS SVCS MAX UNITS (AMOUNT) REACHED</b>				
<b>Rule</b>	<b>Effective/End Dates</b>	<b>Money Limit</b>	<b>Time Unit</b>	<b>DBHDD Note</b>
5000111	03/01/2017 - 02/28/2021	\$51,300.00	Member Rolling Birthday Period	<b>Pre-Pandemic Maximum</b>
5000222	03/01/2021 - 06/30/2021	\$56,430.00	Member Rolling Birthday Period	<b>10% Increase - March 1, 2021</b>
5000333	07/01/2021 - 06/30/2022	\$59,251.50	Member Rolling Birthday Period	<b>5% Increase - July 1, 2021</b>
5000444	07/01/2022 - 06/30/2024	\$60,436.53	Member Rolling Birthday Period	<b>2% Increase - July 1, 2022</b>
5000555	07/01/2024 - 12/31/2299	\$83,520.00	Member Rolling Birthday Period	<b>Rate Study Increase - July 1, 2024</b>

# Prior Authorization Error Code: 084

## General Description

The error code will appear when the user attempts to change a PA service line detail date when a claim has been billed against it and the detail date change conflicts with the paid claim date(s).

PRE-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
CRA - Category 1 - 3 Person	344	1/1/2024	12/31/2024	\$72,350.08	\$210.32	1

POST-UPDATE						
Service Name	Units	Start Date	End Date	Authorized Amount	Rate	Line Number
CRA - Category 1 - 3 Person	181	1/1/2024	6/30/2024	\$38,067.92	\$210.32	1
CRA - Category 1 - 3 Person	163	7/1/2024	12/31/2024	\$47,948.08	\$294.16	2



# Prior Authorization Error Code: 085

## General Description

The error code will appear when the user attempts to add an additional service line if an existing service line has the **same category of service, same rendering provider number and same or overlapping date of service for any matching procedure code/modifier combination** between both service lines.

Service Name	Units	Start Date	End Date	Rate	Authorized Amount
Community Residential Alternative - Category 1 - 3 Person	344	07/01/2024	06/30/2025	\$210.32	\$72,350.08

Service Name	Units	Start Date	End Date	Rate	Authorized Amount
Community Residential Alternative - Category 1 - 3 Person	344	07/01/2024	06/30/2025	\$294.16	\$101,191.04

# DCH Claims Voiding

DCH will not void claims for the following:

- Services with a unit rate of \$1.00.
- Services that did not receive a rate increase.
- Service lines with an effective date of July 1, 2024, or after.

The processes above will likely occur over a 3-week period which will impact provider payments. During this period, providers will be asked to withhold submission of new claims and adjustments to avoid impacting the update process. Following the voiding of claims, the claims will be reprocessed, and providers will receive the difference in payment.

# IDD Connects System Update (ISP) – Carelon

Carelon will make IDD Connects updates in two areas of the system which includes the ISP Service Summary.

The screenshot shows the 'Service Summary' form. At the top right, there are icons for 'Refresh', 'Download', and 'Print'. Below these are four input fields: 'Status' (In-Progress), 'Assessment Level' (4), 'Modified Date' (09/27/2022), and 'Date Completed' (empty). Below the input fields is a table with three columns: 'Detailed Service Description', 'Recommendation From/Date', and 'Amount'. The table contains one row with the following data: 'CRA - Category 1 - 3 Person', an empty field, and '344.00'. Below the table is a pagination bar with a '1' in a circle and a '10' in a box. At the bottom left, there are two buttons: 'Remove Service' and 'Add New Service'. At the bottom right, there is a dropdown menu for 'Minimum FTF Visit Frequency' set to 'Monthly'.

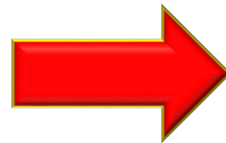
Detailed Service Description	Recommendation From/Date	Amount
CRA - Category 1 - 3 Person		344.00

**Note:** Service rates are not visible to viewers. However, the rates are updated within the system and includes an increase the annual maximums (dollars) for selected services as noted in Appendix 'A' part III the NOW & COMP policy manuals.

# PA Transmission – IDD Connect to GAMMIS

Carelon will transmit (send) the updated prior authorizations to Medicaid (GAMMIS) for processing.

The Medicaid system currently accepts a limited number of prior authorizations each day for processing (5,000). Over 18,500 prior authorizations currently exists. Prior authorization processing occurs Monday-Friday.



# Claims Reprocessing – DCH & Gainwell

Upon approval of the prior authorizations within the Medicaid system, DCH will be notified. Shortly after, all paid claims for the impacted services with an effective date July 1, 2024, or after will be reprocessed systematically by DCH. No actions will be needed from the approved billing providers.

Below is an example of a July 1, 2024, claim for Community Residential Alternative Services (Category 1 – 3 Person). The original paid amount of the claim, based on one unit (day), was \$210.32. The claim will be reprocessed based on a rate of \$294.16 per unit (day). Providers will receive the difference of the paid amounts as shown below.

ORIGINAL CLAIM				
Service Name	Procedure Code	Units Paid	Service Date	Amount Paid
Community Residential Alternative - Category 1 - 3 Person	T2033-U1-UP	1	07/01/2024	\$210.32

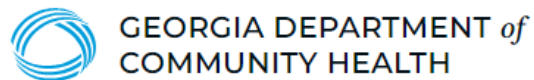
REPROCESSED CLAIM				
Service Name	Procedure Code	Units Paid	Service Date	Amount Paid
Community Residential Alternative - Category 1 - 3 Person	T2033-U1-UP	1	07/01/2024	\$294.16

Difference	<b>\$83.84</b>
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# Guidance and Troubleshooting for Billing & Claims

If you have any questions regarding the billing process or experience billing difficulties with NOW and/or COMP services, please be sure to reach out to your Gainwell Representative for assistance. Information and guidance for contact information can be found at:

<https://www.mmis.georgia.gov>



Gainwell Technologies is the fiscal agent for Georgia Medicaid and PeachCare for Kids®.



# The Georgia Collaborative Newsletter: October 8, 2024

October 8, 2024

**RESOLVED**

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](mailto: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
55555550000	1	Support Coordination	10/01/2024	09/30/2025
	2	Specialized Medical Supplies	10/01/2024	09/30/2025
	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!

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