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Georgia Department
of Behavioral Health
& Developmental
Disabilities

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- BE RESPECTFUL**
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- BE EXCEPTIONAL**
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IDD ALL – STATE PROVIDER MEETING

5% Rate Increase Billing Information

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Georgia Department of Behavioral Health & Developmental Disabilities

Ron Singleton

IDD Budget Manager

Division of Intellectual & Developmental Disabilities

July 14, 2022



Vision

Easy access to high-quality care that leads to a life of recovery and independence for the people we serve

Mission

Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment

The History and Origin of the 5% Rate Increase

The 5% rate increase for all intellectual and developmental disabilities services came as a result of **HB 81 (House Bill) for Fiscal Year (FY) 2022**. The rate is expected to be effective with an approval by the Centers for Medicare and Medicaid Services (CMS) within the NOW and COMP waivers.

To ensure the provider network receives the rate increase as soon as possible, the 5% rate increase was temporarily authorized by way of an Appendix K amendment, with a retro effective date of July 1, 2021. The Appendix K is temporary up to six months after the federal PHE ends. The 5% will then be placed in a future NOW and COMP renewals/amendments.

5% Rate Increase for State Funded Services

The 5% rate increase as a result of **HB 81 (House Bill) for Fiscal Year (FY) 2022** included State Funded Services. Unlike the NOW and COMP waivers, implementing the rate increase didn't require an approval from the Centers for Medicare and Medicaid Services (CMS).

Implementing the 5% rate increase for State Funded Services was exactly like the process used for the NOW and COMP except for Medicaid related updates and processes.

5% Increase Implementation

Implementing the 5% rate increase required four primary stages and included DBHDD staff, the Department of Community Health (DCH) and the Georgia Collaborative ASO (Beacon Health Options). Guidance and support for all rate increase information was provided by DBHDD staff.

- **Stage 1**
 - IDD Connects Service Rate Increase Update (Beacon) – July 2022 **(Completed)**
- **Stage 2**
 - GAMMIS/Medicaid System Fee Schedule Update (DCH) – July 2022 **(In Process)**
- **Stage 3**
 - IDD Connects Prior Authorization Update & Submission to Medicaid (Beacon) August 2022
- **Stage 4**
 - IDD Connects Prior Authorization Claims Reprocess (DCH) August 2022

5% Increase Implementation: Stage 1

IDD Connects was updated to reflect rates with the 5% increase for ISPs and prior authorizations newly generated (NOW, COMP and State Funded). These prior authorizations will be submitted to Medicaid for approval. Upon approval by Medicaid, the services will be billable at the higher rate.

These updates will not include services with \$1.00 unit rates. ISPs and prior authorizations with services authorized with \$1.00 per unit will be updated next month (Stage 3) by Beacon. For example, below is a prior authorization service line for Special Medical Supply Services, one of several services with a rate of \$1.00. One line reflects the prior authorization's current status while the other reflects the service line after the Beacon update.

Current Status

Service Name	Procedure Code	Units	Start Date	End Date	Authorized Amount	Rate
Specialized Medical Supplies	T2028	3800	3/5/2022	3/4/2023	\$3,800	\$1.00

Beacon Update (Stage 3)

Service Name	Procedure Code	Units	Start Date	End Date	Authorized Amount	Rate
Specialized Medical Supplies	T2028	3990	3/5/2022	3/4/2023	\$3,990	\$1.00

5% Increase Implementation: Stage 2

Historically, NOW and COMP services were reimbursed based on the service/procedure code and rate listed on the prior authorization. For example, Community Access Group Services (CAG), with a current rate of \$3.41 per unit (Appendix K [3/1/2021]), would be the reimbursement rate if this rate was listed and approved on the prior authorization.

Within the Medicaid system is a Fee Schedule (Rate Table) which contains the service/procedure code and associated rate. Providers approved for CAG have the service procedure code and rate(s) linked to the active Medicaid provider number.

The Medicaid system can be configured to allow for reimbursement based on the **Prior Authorization** rate or by the rate listed in the **Fee Schedule (Rate Table)**.

Fee Schedule (Rate Table)

Procedure	Modifier	Rate	Effective Date	End Date
T2025	HQ	\$3.04	11/01/2008	12/10/2014
T2025	HQ	\$3.10	12/11/2014	02/28/2021
T2025	HQ	\$3.41	03/01/2021	06/30/2021
T2025	HQ	\$3.58	07/01/2021	12/31/2299

5% Increase Implementation: Stage 2 (Continued)

DCH is updating the Medicaid system to reimburse NOW and COMP providers based on the rates listed within the Fee Schedule (Rate Table). The rate listed on the prior authorization will no longer be the basis for reimbursement.

For example, the prior authorization service line below is approved with a rate of \$3.41 per unit. The rate will also be reflected as the Authorized Rate in the Medicaid system. However, the Fee Schedule indicates a rate of \$3.58 per unit, effective July 1, 2021. As a result, a claim submitted would reimburse at \$3.58 per unit. See Stage 3 for details regarding an update to the prior authorization.

Prior Authorization

Service Name	Procedure Code	Start Date	End Date	Rate
Community Access Group	T2025-HQ	3/5/2022	3/4/2023	\$3.41

Fee Schedule (Rate Table)

Procedure	Modifier	Rate	Effective Date	End Date
T2025	HQ	\$3.04	11/01/2008	12/10/2014
T2025	HQ	\$3.10	12/11/2014	02/28/2021
T2025	HQ	\$3.41	03/01/2021	06/30/2021
T2025	HQ	\$3.58	07/01/2021	12/31/2299

5% Increase Implementation: Stage 2 (Continued)

Providers who opt to bill using the higher rates should pay close attention to the **Allow Amount (Authorized Amount)** for each service line. This amount will not change until the update and transmission of prior authorizations to Medicaid by the Beacon (Stage 3).

There is a possibility, particularly for prior authorizations that are within weeks of expiring, that some claims may not pay fully or will deny due to a lack of funding authorized. These claims will be paid as billed when Medicaid reprocesses all claims (Stage 4). No specific date has been provided at this time by the Department of Community Health (DCH) as when they will begin reprocessing the claims, but we anticipate that it will be shortly after all the prior authorization have been updated in the Medicaid system.

5% Increase Implementation: Stage 2 (Continued)

Billing Example: Community Access Group

Allowed Amount

Figure 1

Service Name	Units	Start Date	End Date	Authorized Amount	Rate
Community Access - Group	5760	7/26/2021	7/25/2022	\$19,641.60	\$3.41

Figure 1 – Displays an example of a service line for Community Access Group Services. The line is authorized at the annual unit maximum of 5760 units and an Authorized (Allowed) Amount of \$19,641.60. If authorized all units were billed to Medicaid using the rate \$3.41 per unit, the reimbursement amount would be \$19,641.60.

Note: The Authorized (Allowed) Amount in the Medicaid system (web portal) cannot be exceeded.

5% Increase Implementation: Stage 2 (Continued)

Figure 2

Units Total - 5723

Total Amount - \$19,638.34

Service Name	Units	Start Date	End Date	Authorized Amount	Rate
Community Access - Group	5000	7/26/2021	6/30/2022	\$17,050.00	\$3.41
Community Access - Group	723	7/1/2022	7/25/2022	\$2,588.34	\$3.58

Figure 3

Units Total - 5760

Total Amount - \$19,770.80

Service Name	Units	Start Date	End Date	Authorized Amount	Rate
Community Access - Group	5000	7/26/2021	6/30/2022	\$17,050.00	\$3.41
Community Access - Group	760	7/1/2022	7/25/2022	\$2,720.80	\$3.58

Figure 2 – Displays an example of two service lines for Community Access Group Services. The prior authorization service line was not adjusted prior to July 1, 2022, and still displays a unit rate of \$3.41 per unit with an Allowed Amount of \$19,641.60.

The first line, ending on 6/30/2022 indicates the utilization of 5000 units billed using a rate of \$3.41 with a reimbursement amount of \$17,050. The second line, starting on 7/1/2022 indicates the utilization of 723 units billed using a rate of \$3.58 with a reimbursement amount of \$2,588.34. The total amount of both lines, \$19,638.34, does not exceed the Allowed Amount of \$19,641.60.

In the example in **Figure 3**, an attempt to bill all the authorized units using both the \$3.41 and \$3.58 unit rates would exceed the \$19,641.60. Medicaid will not reimburse for funding that exceeds the Allowed Amount approved in the system (web portal).

5% Increase Implementation: Stage 3

Prior authorizations with active dates from July 1, 2021, will be updated with a 5% rate increase. This will include those service rates currently reflecting the 10% rate increase approved in the March 1, 2021, Appendix K and the addition rate increases to Support Coordination Services, LPN Nursing Services and Financial Support Services approved in the March 1, 2020, Appendix K.

Beacon will systematically update these prior authorizations and transmitted them Medicaid for approval. All of the associated ISPs for these prior authorizations will also be updated by Beacon.

5% Increase Implementation: Stage 3 (Continued)

The Medicaid system accepts a limited number of prior authorizations each day for processing (2,000). Due to the volume of prior authorizations with active dates from July 1, 2021, it will take nearly three weeks before all prior authorizations are updated. As July 12, 2022, over 28,000 NOW and COMP prior authorizations exist in IDD Connects. This number includes individuals who are no longer receiving services but were service recipients from July 1, 2021, up until the day they no longer were enrolled in the NOW or COMP.

When the initial group of prior authorizations are sent to Medicaid, you will be notified. There isn't a specific order or service that will be sent to Medicaid, so it's recommended that you check the web portal every other day for potential updates. You will be able to bill for the higher rate once the PA has been approved so it will not be necessary to wait until all the prior authorizations are approved. A notification will be sent when all prior authorizations have been submitted and approved by Medicaid.

5% Increase Implementation: Stage 4

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, 2021, 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 2021 claim for Community Access Group Services. The original paid amount of the claim, based on a rate of \$3.41 per unit, was \$341.00. The claim will be reprocessed based on a rate of \$3.58 per unit which will total \$358.00. The billing provider will receive the difference of the paid amounts as shown below.

ORIGINAL CLAIM						
Service Name	Procedure Code	Units Paid	Amount Paid	Start Date	End Date	Unit Rate
Community Access - Group	T2025-HQ	100	\$341.00	7/12/2021	7/16/2021	\$3.41

REPROCESSED CLAIM						
Service Name	Procedure Code	Units Paid	Amount Paid	Start Date	End Date	Unit Rate
Community Access - Group	T2025-HQ	100	\$358.00	7/12/2021	7/16/2021	\$3.58

Difference	\$17.00
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5% Increase Implementation: Stage 4 (Continued)

Below is an example of a July 2021 claim for Specialized Medical Services. The original reimbursement (paid) amount of the claim, based on a rate of \$1.00 per unit, was \$1,000.00. The claim will be reprocessed based on a rate of \$1.00 per unit but with an additional 5%. The total will increase to \$1,050.00. The billing provider will receive the difference of the paid amounts as shown below. All services that are authorized using a rate of \$1.00 will be reprocessed in this manner, including the services for Participant Direction.

ORIGINAL CLAIM						
Service Name	Procedure Code	Units	Amount Paid	Start Date	End Date	Unit Rate
Specialized Medical Supplies	T2028	1000	\$1,000.00	7/12/2021	7/16/2021	\$1.00
REPROCESSED CLAIM						
Service Name	Procedure Code	Units	Amount Paid	Start Date	End Date	Unit Rate
Specialized Medical Supplies	T2028	1050	\$1,050.00	7/12/2021	7/16/2021	\$1.00
Difference			\$50.00			

5% Increase Implementation: Current Status & Recommendations (1)

Billable conditions to capture the 5% rate increase for the NOW and COMP:

- Prior authorizations created on or after July 6, 2022, will reflect rate increases that will be billable upon approval by Medicaid. The example below displays two prior authorizations (PA).
 - The PA in **Figure 1** was created on July 13, 2022. All services approved on the PA, except for those services with a unit rate of \$1.00, will have a rate with the 5% increase.
 - The PA in **Figure 2** was originally created on May 1, 2022, with Support Coordination and Community Access Group services. Both services were approved at the rate in place at that time. As a result of a Version Change, the PA was updated with a new line for Additional Staffing Services on July 13, 2022. The new line will capture the rate with the 5% increase. The previous two lines will be updated by Beacon next month (Stage 3).

Figure 1						
Service Name	Units	Start Date	End Date	Authorized Amount	Unit Rate	Date Updated
Support Coordination	12	7/26/2022	7/25/2023	\$2,388.75	\$183.75	7/13/2022
Community Access - Group	5760	7/26/2022	7/25/2023	\$20,624.38	\$3.58	7/13/2022

Figure 2						
Service Name	Units	Start Date	End Date	Authorized Amount	Unit Rate	Date Updated
Support Coordination	12	5/15/2022	5/14/2023	\$2,100	\$175.00	5/1/2022
Community Access - Group	5760	5/15/2022	5/14/2023	\$19,641.60	\$3.41	5/1/2022
Additional Staffing - Basic	3000	8/1/2022	4/5/2023	\$14,700.00	\$4.90	7/13/2022

5% Increase Implementation: Current Status & Recommendations (2)

Billable conditions to capture the 5% rate increase for the State Funded Services:

- Prior authorizations created on or after July 6, 2022, will reflect rate increases that will be billable upon approval by DBHDD. The example below displays two prior authorizations (PA).
 - The PA in **Figure 1** was created on July 14, 2022. The service, Community Access Group, has the rate with the 5% increase.
 - The PA in **Figure 2** was originally created on February 25, 2022, with Community Access Group. The service was approved at the rate in place at that time. As a result of a Version Change, the PA was updated with a new line added for Community Residential Alternative Services on July 14, 2022. The new line will capture the rate with the 5% increase. The previous line (CAG) will be updated by Beacon next month (Stage 3).

Figure 1						
Service Name	Units	Start Date	End Date	Authorized Amount	Unit Rate	Date Updated
Community Access - Group - State Funded	5760	7/15/2022	7/14/2023	\$18,777.60	\$3.26	7/14/2022

Figure 2						
Service Name	Units	Start Date	End Date	Authorized Amount	Unit Rate	Date Updated
Community Access - Group - State Funded	5760	3/4/2022	3/3/2023	\$17,856.00	\$3.10	2/25/2022
Community Residential Alternative - State Funded	274	7/15/2022	4/14/2023	\$44,755.16	\$163.34	7/14/2022

5% Increase Implementation: Current Status & Recommendations (3)

Reminders and recommendations for the 5% rate increase:

- Upon completion of the Medicaid system update for the Fee Schedule (Rate Table), providers will be able to bill at the higher rate regardless of the original and existing rate approved.
- As previously noted on slide 12, providers could experience issues with reimbursements due to the Allowed Amount approved for each service if they opt to bill at the higher rate (prior to Beacon update).
- For those PAs not reflecting the 5% rate increase, it is recommended that you continue to bill using the rates approved on the PA until it is updated by Beacon.
- NOW and COMP PAs will be submitted to Medicaid for approval by Beacon after all updates are made.
- State Funded PAs do not required submission to Medicaid and will be billable at the higher rate immediately after the Beacon update.

5% Increase: Troubleshooting for Billing

If you experience billing difficulties, 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/>

For general questions about the 5% increase, please contact the DBHDD Provider Issue Management System (PIMS) at:

[Provider Issue Management System \(PIMS\)](#)



BE HERE

Thank you!

Questions

