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Michelle Baass | Director

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SPEAKERS

Becky Normile
Michael Jordan
Adrienne McGreevy
Kathy Nichols
Scott Robinson
Wendy Magnacca

Becky Normile:

We can go ahead and get started. So, hi everyone. I'm Becky Normile and we want to thank you for taking the time to join today's ICF/DD Carve-In Billing and Payment webinar. This is the fourth webinar in our educational series about the ICF/DD Carve-In and we would like to note that we are recording today's webinar and we'll be making the recording and slides available on the ICF/DD Carve-In webpage afterwards. Next slide.

Becky Normile:

So, a few housekeeping items before we begin. We would like to ask folks to take a moment to add your organization to your Zoom name. That'll just help us track if there's any questions that we need to follow up on. You can add your organization to your Zoom name by clicking on the participant icon at the bottom of the window. If you hover over your name in the participant list, you'll see three little dots. If you click those select “Rename”, you'll be able to update your name and add your organization as you would like it to appear. Next slide.

Becky Normile:

As I already mentioned, this webinar is being recorded and we'll be making, again, the recording slides available on the ICF/DD Carve-In webpage following the webinar, participants are currently in listen only mode, but you can be unmuted during Q&A. We would encourage folks to submit their questions using the chat feature throughout the webinar, and then if you need to ask any follow-up questions or provide some clarifying detail, we would just ask that you raise your hand and someone from our team will unmute you. Next slide. So just taking a quick look at what we’ll be covering today. So, we'll start off with a brief overview of what the ICF/DD Carve-In is and then we'll take a closer look at the ICF/DD Carve-In payment policies and requirements. And then we'll have our first Q&A opportunity. From there we'll discuss how Homes and plans can prepare for billing and payment under the Carve-In, as well as talk a little bit more about what Homes can expect when working with plans on billing and payment.

Becky Normile:

Then we'll have our second Q&A period before we wrap up with some next steps. Next slide. And we can go to the next slide where we'll start with our overview of what the ICF/DD Carve-In is. So, for those who might just be joining this webinar series for the first time, starting on January 1st, 2024, all managed care plans will be responsible for covering ICF/DD services for members who are residing in one of the following types of Home. So, ICF/DD, ICF/DD-Habilitative and ICF/DD-Nursing. The one type of Home that's not included in the Carve-In is the ICF/DD-Continuous Nursing Care Homes. And so this means that all ICF/DD members who are residing in one of those three types of Homes will be mandatorily enrolled in a Medi-Cal managed care plan. Next slide.

Becky Normile:

So the goal of the Carve-In is really to standardize ICF/DD benefits and coverage under managed care statewide. And the standardization will help ensure that members receive more consistent and integrated services under managed care regardless of

which county they live in. And most importantly, the transition to managed care should be seamless. So this means that members should not experience any disruptions in their access to care or services, and it's also intended to maintain the existing infrastructure that's supporting individuals with developmental disabilities. So this includes the Lanterman Act protections and the roles and responsibilities of the Regional Centers. So if we go to the next slide, I'll hand it off to Michael who's going to kick off our closer look at the payment policies.

Michael Jordan:

All right, thank you, Becky. And hello everyone. We're going to start with an overview of ICF/DD Home payment rates. So as it says on the top of this slide here, managed care plans must reimburse network providers furnishing these ICF/DD services to a member, the payment amount that the network provider would be paid for those services in the Fee-for-Service delivery system. And each network provider of ICF/DD Home Services must also accept the amount that they would have been paid for those services under Fee-for-Service. So really this means that ICF/DD Home providers will not experience any decreases in the payments that they receive. So, only ICF/DD Home Services or those services included in the ICF/DD per diem, are subject to the state directed payment requirement. And I do want to call out a slight difference in this policy as you'll see on the slide here, based on whether the county is newly transitioning.

Michael Jordan:

And so, in counties where ICF/DD Home Services benefit coverage is newly transitioning to managed care effective 1/1/24 MCPs must reimburse network providers of these ICF/DD Home Services for those services at exactly the Medi-Cal Fee-for-Service per diem rates. So newly transitioning counties, these services must be reimbursed at no more and no less than Fee-for-Service. However, in counties where ICF/DD Home Services are already carved into managed care, so existing benefit prior to 1/1/24 MCPs must reimburse network providers of these ICF/DD Home services for those services at no less than the Medi-Cal Fee-for-Service per diem rates. So essentially there's a floor at the Fee-for-Service per diem but not a ceiling above. The last thing that's important to note is all other services outside of the per diem rate are not subject to the state directed payment. Instead, they are payable by MCPs based on negotiated rates with the provider. And that concludes the slide. I will turn it over to Adrienne for the next slide. Thanks everyone.

Adrienne McGreevy:

Thanks Michael. Now we'll cover what is, excuse me, covered under the state-directed payment rate. As previously mentioned, the state-directed payment applies to services that are included in the ICF/DD per diem rate, such as active treatment programming, administrative services, health support, excuse me, food, nutritional, and pharmacy services and social services. Some of the examples I just included, there should also be noted there's some variation in inclusive services by ICF/DD Home type. There are more details included about the included and excluded services in the APL as well as in the California Code of Regulations listed on the side of this slide. Excuse me, next slide.

Adrienne McGreevy:

And now for per diem excluded services. As Michael already covered, services excluded from the per diem are not subject to the state-directed payment arrangement. These excluded services are payable by MCPs based on the rates negotiated between the MCP and provider. The list of excluded services can also be found in APL 23-023 and they include services and supplies such as durable medical equipment, allied health services ordered by the attending physician, laboratory services and dental services. We also want to note that services and supplies billed separately are subject to the general provisions and billing limitations set forth in state regulations that are also listed at the bottom of the slide. Next slide please.

Adrienne McGreevy:

Additional service coverage. So, pharmacy, we also wanted to provide some details on coverage, some additional services, starting with pharmacy. ICF/DD Carve-In does not make any changes to the coverage policies for pharmacy benefits coverage or to Medi-Cal Rx. Currently, Medi-Cal Fee-for-Service ICF/DD Home per diem rate does not include legend drugs or prescription drugs. This means that for MCPs newly covering ICF/DD Home Services effective January 1st, 2024, the financial responsibility for prescription drugs is determined by the claim type on which they are billed. So if drugs are dispensed by a pharmacy and they're billed on a pharmacy claim, they're carved out of the managed care benefit and are covered by Medi-Cal Rx. If the drugs are provided by the Home and are billed on a medical or institutional claim, then they are covered by the managed care plan. We've listed some additional resources at the bottom of this slide for any stakeholder seeking additional information about Medi-Cal Rx. Next slide please.

Adrienne McGreevy:

Additional service coverage, transportation. So we also wanted to give a brief overview of transportation, since transportation services will be coordinated between the MCP and the ICF/DD Home once the Carve-In takes effect this January. Under this coordination effort, managed care plans are responsible for providing both Non-Medical Transportation and Non-Emergency Medical Transportation. So Non-Medical Transportation includes round trips for members to receive medically necessary services, pick up drug prescriptions that cannot be mailed, pick up medical supplies, prosthetics, orthotics, and other equipment. As for Non-Emergency Medical transportation, this includes medical transportation covered only when the recipient’s medical or physical condition does not allow them to travel by bus, passenger car, or taxi cab, or other form of public or private conveyance. And additionally, one note that ICF/DD Homes will continue to be responsible for transportation to and from the day programs that they arranged and part of care plans, which are programs that provide social, habilitative, adaptive, development or learning services to individuals on a less than 24 hour basis. Next slide please.

Adrienne McGreevy:

Now we'll provide a brief overview of the requirements related to billing and payment processes. To ensure ICF/DD Homes are paid in a timely manner, MCPs must provide payment processes for ICF/DD Homes to bill claims and invoices. So first we'll take a look at the requirements for the payment processes. MCPs must provide processes for Homes to submit electronic claims and receive payments electronically. Likewise, managed care plans must also allow for invoice processing for ICF/DD Homes that are unable to submit electronic claims. The Billing and Invoice Guidance available on DHCS ICF/DD Carve-In webpage outlines the minimum required fields that managed care plans must accept for proper payment and we'll provide greater detail on claims and invoice submissions in the next part of our presentation. So, in terms of ensuring timely payments, MCPs are highly encouraged to pay claims and invoices at the same frequency in which they are received, whether electronic or paper claims. However, they must pay claims as soon as practicable, but no later than 30 days after receipt of the clean claims.

Adrienne McGreevy:

And MCPs must also provide training on how to submit claims and provide sufficient detail if additional information is needed to process the claims for providers. Next slide please. Other billing and payment requirements. There are additional requirements related to billing and payment processes that can be found in the Requirements For Timely Payment APL 23-020 and the ICF/DD Long-Term Care Benefits Standardization APL 23-023 which we also wanted to briefly touch on here. So first, MCPs must ensure ICF/DD Homes are provided education and training on their billing, invoicing, and claims submission protocols.

Adrienne McGreevy:

I don't know how many times we've probably said that over the last three slides. Please train providers, and providers make sure that you receive that information from the managed care plans you contract with. Managed care plans must also have a formal procedure to accept, acknowledge and resolve ICF/DD Home providers' disputes, including disputes related to provider claims and payments. And finally, for members with other health coverage, managed care plans are required to coordinate these benefits with other health coverage programs and entitlements. This coordination must recognize that other health coverage as the primary payer while Medi-Cal serves as of course the payer of last resort. Excuse me. And I will now turn it back over to Becky.

Becky Normile:

Thanks Adrienne and thanks Michael. So now we'll have about 10 minutes for some Q&A. And I'll say there's been some great questions already coming in the chat, but I would like to start with a few that we actually had submitted to us ahead of the webinar, as folks were registering. So the first one, actually, I think we have Bambi on now. So, Bambi, we'll direct this one to you, but we did have a provider who had a question related to billing for foster care clients. So, they indicated that their Home does serve some foster care children and youth. And so they were wondering if they would bill Medi-Cal Fee-for-Service for the foster care residents and the plans for their other residents. Wondering if you could take or speak to that one, Bambi.

Bambi Cisneros:

Thank you Becky and thanks everyone for your time in joining us this afternoon. So all of the policies that we're talking about today in regards to the Carve-In are for members who are going to be enrolled in a managed care plan. There is a small segment of the population that's still not required to be mandatorily enrolled in managed care and one of those populations is the foster kids. So, the foster care children and youth in a non-COHS county will still remain in Fee-for-Service. And so the policies and processes that we're talking about on this call would not apply. So in that particular case you would still be billing and working with Fee-for-Service as you do today. So hopefully that helps to address.

Becky Normile:

Thanks Bambi. And then one other one we got ahead of time, Adrienne I'll direct to you. So how should providers do billing and payment with plans while they're still working to get the contract executed? So again, before that contract is in place, will the providers be able to bill plans?

Adrienne McGreevy:

And yes, of course under continuity of care you can still get the same Fee-for-Service rates you were getting prior to the Carve-In through the continuity of care period. And hopefully you are already in touch with the managed care plans in your area. And to bill with them, we will be... I'm not sure if the guidance has been released yet, but we do have guidance on initial credentialing items that plans will need to require in order, the information they'll need in order to receive billing from you, they need certain information for their systems. So that would include W-9s, disclosure of ownership, business licenses and certification and the like. And so there is a minimum amount of documentation that will need to be submitted to the plans before you can actually bill prior to having a contract with them.

Becky Normile:

Thanks Adrienne. Like Adrienne mentioned, we'll provide some of those details later in the presentation, but if there's additional questions, again we can take them in the second half of this webinar. So then we have another question related to excluded services. So Adrienne I might keep this one with you, but if you need to pull in others definitely feel free. But it was from Greg who was asking about the excluded services such as DME and dental and, Greg was asking if they're going to be billed to the plans?

Adrienne McGreevy:

If it is a plan's service and for instance, dental services, if dental services are usually carved out of managed care and are done separately. But things such as durable health equipment that are medically necessary. So like medically necessary services that are covered under Medi-Cal contract can be billed separately directly to the managed care plan.

Becky Normile:

Great. Thanks Adrienne. And then I will say we're getting a handful of questions related to contracting. I think it might be helpful to address those, but I'll say for the rest of the Q&A period here we are going to try to focus on questions specific to billing and payment. We'll make sure that everyone has information about where they can submit questions after the fact, but there are just a variety of questions related to some Homes haven't heard from plans yet about contracting. A few were asking if they should be contracting with multiple plans. I wonder, Adrienne if you wouldn't mind just briefly speaking to contracting and where Homes and plans should be.

Adrienne McGreevy:

Well because continuity of care only lasts for a certain amount of period, we highly encourage Homes to contract with every plan that has a member within your Home. Plans are also required to attempt to contract with all Homes where their residents reside. So that kind of goes to that question. So usually that might entail multiple plans, especially in larger areas such as Sacramento and LA.

Becky Normile:

Thanks Adrienne. Taking us back to some of our billing and payment questions. So I have a question that I'm hoping Christie of FFSRDD might be able to answer. So we just got a question from someone who is wondering when DHCS is going to post the 2024 rates.

Christie Hansen:

Yeah, thank you Becky. Hi everyone, this is Christie Hansen, Department of Healthcare Services and I'm in the Fee-for-Service Rates Development Division. We are targeting to publish those rates by the end of this calendar year. So prior to the beginning of the next rate cycle for calendar year 2024, I will need to take back the question on the code conversion and how that will be reflected in the updated rate file.

Becky Normile:

Thanks, Christie. And I'll say in the appendix of the slide deck, we do include some resources related to the conversion so folks will be able to access those after the webinar to know where to go for some additional resources. We got a lot of questions coming in. So I think we have one that I'm wondering if our DDS colleagues can speak to. So, Caroline or Jim. Came in from Susan who is requesting written instructions for how an ICF/DD provider will be able to request payment from a Regional Center due to potential payment delays. And just noted that Regional Centers are committed to assisting financially if needed in 2024. I wonder maybe Caroline if you're able to comment on that?

Caroline Castaneda:

Hi, yes. DDS has committed to putting out the draft letter to Regional Centers for comment by the end of this week. We know it's Friday, but the step-by-step on that will be included in that letter. So some more to come on that.

Becky Normile:

Thanks Caroline. And then we just had one come in. Adrienne might see if you're able to comment on this one from Sunny. So, noting that they're contracting with multiple plans but none has done any electronic billing testing yet. So is there a requirement for them to have something that they're working on with the providers?

Adrienne McGreevy:

Those kind of requirements usually aren't something that we place on the plans. Usually the whole payment process is negotiated and determined between plans and providers. But it is commonplace for some plans to do some testing that I'm aware of, but not all plans are required to.

Becky Normile:

Thanks Adrienne. And I'm just taking a look at some of the questions that are coming in. So we are getting some, it looks like a good number, that aren't necessarily specific to billing and payments. So I will start to take those because I think we've gotten through a number. I wonder if we have a colleague from MCOD who's on. We do have a couple questions just about the enrollment packets and it sounds like some are saying that their clients haven't received them yet. I wonder if we have someone from MCOD, if you could just speak a little bit to the Medi-Cal Choice Packets, who should be receiving those and when they could expect to receive them?

Tuyen Tran:

Hi everyone, this is Tuyen with MCOD. So Choice Packets were mailed to the member on November 3rd, and so they should be in the mail right now. Members should receive them soon. If they did not receive the choice packet, they should receive a 30-day member notice, which will be slated to be mailed at the end of the month. And then for any questions they can visit the Health Care Options website and enroll in a plan.

Becky Normile:

Great. And, Tuyen, if you wouldn't mind, have we got one more in just asking if or how they can access the Choice Packets if they have not received them?

Tuyen Tran:

They can also contact Health Care Options. I will enter in the website and then they can also call to request them.

Becky Normile:

Great. Okay, great, thanks. And I will say we're dropping some resources in the chat as well. So we did have someone who was asking about the plan contacts for their county, so did drop in a link to a resource that lists the plans by county. And I do see we have one hand raised, so we can go ahead and unmute Rick.

Rick Hodgkins:

Hello. My video is off because I've been multitasking all day. In fact, I jumped from one webinar to this one. So what I would like to know, I pretty much know what the managed care plans are going to pay for, but that what will the Regional Center pay for? For those of you that who are new to this, I would like to note and report just as DDS colleagues will tell you. Well first off, first thing you should know about me, is I'm a self-advocate. Second, I would like to note report that the Regional Centers are used as the payer of last resort. Thank you.

Becky Normile:

Thanks for that question, Rick. I wonder Caroline if you might be able to kick off a response to that one?

Caroline Castaneda:

Yeah. Hi, Rick. Thank you for reminding us of that important information. And yes, what the Regional Center pays for will continue to be the same as whatever is in your IPP. So, no change to that. Thank you.

Becky Normile:

Thanks, Caroline. All right, I think we will move on now to the second half of our presentation to make sure we can cover the rest of the content, but again, we'll have another opportunity for Q&A before we wrap up. So please do continue to submit your questions. If we go to the next slide, I will transition to Kathy who will discuss more about how plans and Homes can prepare for billing and payment under the transition.

Kathy Nichols:

Thanks Becky. So next we'll discuss how to best prepare for billing and payment, as you noted. So, if we look at this slide, DHCS has recently released Billing and Invoicing Guidance, which can be found on the DHCS ICF/DD Carve-In website. And the purpose of this guidance is to standardize invoicing and claiming processes, minimize the ICF/DD Home and MCP burden, and promote data quality to support accuracy and timely payments. The guidance document defines the necessary data elements required for invoicing, including information about the member, the services rendered, the ICF/DD Home and other administrative details. It also defines file formats, transmission methods, timing and adjudication for claims and invoicing processes. And we will take a look at those over the next few slides, but it's going to be very important to double down on what Adrienne had been speaking to earlier that the MCPs provide training to providers because clean claims will equate to helping to process timely payments.

Kathy Nichols:

So, it's very important to understand these elements and get them so that we can get them correct in the billing process. If we look at the next slide, we have been told that not all ICF/DD Homes are able to submit electronic claims. So MCPs will also allow an invoicing process in addition to having a process for the Home to submit electronic claims. So an overview of some of the submission options is to include submitted claims

digitally using an electronic data interchange as well as submission of claims using other nationally accepted electronic file format standards. Homes also have the option for submitting manual invoices using a paper form of the UB-04. If a Home and MCP agree to an invoicing process, the MCP must allow the Homes to transmit invoices involving one of the following methods: either a web-based portal, which is the most preferred, a secure file transfer protocol, an FTP upload, or a secure email, which is the least preferred option. For... If we move on to the next slide.

Kathy Nichols:

For billing and invoicing adjudication, the MCPs will need to process invoices and provide feedback to submitters in alignment with regulations as well as with contractual requirements and other requirements detailed in the ICF/DD APL. So this includes always providing confirmation of receipt after an ICF/DD Home submits a claim or invoice. And it's also important to note that this receipt does not signify approval of the claim or invoice, just an acknowledgement of receipt. If the submission requires error resolution, the MCP must provide an error file that includes actionable guidance. And additionally for instances where an ICF/DD Home may be required to resubmit a claim, the MCPs must provide clear instruction and training on the resubmission process. Homes will have access to the LTSS liaison who can support the provider in addressing issues with claims and payment, but it will be really important that there is very strong training ahead of time to prevent or reduce the need for reprocessing and resubmission of claims and invoices.

Kathy Nichols:

On slide 21, we talk about share of cost. And one additional item related to the billing process that we wanted to highlight is the share of cost. Share of cost will continue to apply even after the Carve-In takes effect. Share of cost is a monthly dollar amount that some Medi-Cal members must pay towards their medical expenses before they qualify for their Medi-Cal benefits. A member's share of cost is based on their monthly family income and it only applies that the family income amount is in excess of maintenance needs levels. The ICF/DD Home will continue to be responsible for collecting the share of cost and deducting that from the services provided. And that is what is occurring today and that share of cost will still apply. The ICF/DD Home will bill MCPs for the net of the total charge minus the share of cost. And the ICF/DD Home must report the share of cost when submitting claims and invoices to the member's MCP.

Kathy Nichols:

If we move to slide 22, we can talk about some promising practices for clean claim submissions. Many of the ICF/DD Home providers are new to billing managed care plans for services provided to members and are going to require support as they build their knowledge of MCP submission protocols and their clean claim requirements. MCPs will need to work collaboratively with the Homes to ensure alignment and understanding claims resolutions and the submission process. We want to provide a few tips to help Homes and MCPs prepare. So ICF/DD Homes should take the opportunity to familiarize themselves with and leverage available MCP resources, including the Provider Manual, trainings, and connecting with the LTSS liaisons.

Building this knowledge base will be important to facilitating claim invoice submissions, timely payments and resolving issues that may arise. MCPs should consider offering office hours and open door outreach approaches if claims issues arise.

Kathy Nichols:

MCPs can also provide ICF/DD Homes with the opportunity to test electronic claim submission to help them understand the process and iron out any issues in advance of the Carve-In. This is a best practice for all kinds of transitions and claiming systems, both from when a new system goes in at the statewide level or in this case a change is occurring in the claim submission process. The more you can get ahead of things, the easier it will be to ensure a smooth flow of claims after transmission. And finally, the MCPs and the ICF/DD Homes should discuss error resolution processes during the onboarding process prior to the first claim submissions.

Kathy Nichols:

So, if we could move on, we've mentioned clean claims several times throughout this presentation and we wanted to clarify that clean claims, the definition of a clean claim [Audio cuts out from 00:32:16 to 00:32:23] from the service provider or from a third party. They do not include claims from a provider under investigation for fraud or abuse or claims under review for medical necessity. There are several general steps that Homes can take to help ensure they're submitting clean claims. First, they should validate the billing codes with the MCPs to ensure that the appropriate codes are being utilized. Homes should also confirm that certain elements line up. This includes verifying that dates of service on the claim reflect only the dates for services rendered. If those don't match up, the claim is going to deny. And the dates of service on the claim should match the approved dates within the authorization. Again, if the dates do not match, a reauthorization may be required.

Kathy Nichols:

The patient status code should also agree with the accommodation code. For example, if the status code indicates leave days, the accommodation code should also indicate leave days. For bed holds, the Home should check regularly for residents on leave at an acute hospital or transferred to another Long-Term Care Facility. If the member was transferred to another facility, the Home should verify that the facility to which the resident was transferred is billed correctly. To continue with promising practices and prompt claims and payments, we just wanted to close out this section with some additional promising practices for prompt claims and payments. It is important to recognize that the ICF/DD Homes are very different from other healthcare providers and often do not have the financial reserves or as diverse a payer mix as Medicare and other payers do not pay for these Homes. So the ICF/DD Home providers rely on prompt payment from Medi-Cal Fee-for-Service and from the MCPs.

Kathy Nichols:

While MCPs are required to pay clean claims within 30 days, we wanted to note that they're not precluded from advancing payments to Homes and reconciling paid amounts

based on provider's appropriate billing to support providers as they get accustomed to the new billing processes during the Carve-In transition. To help expedite the payment process, ICF/DD Homes and the MCP should work closely together to ensure that the ICF/DD Homes are set up to receive payment via an electronic funds transfer or an EFT, if the EFT is requested by the Home. MCPs are encouraged to provide shorter payment timeframes for clean claims as a promising practice to support provider operations in the ICF/DD Homes.

Kathy Nichols:

And as we continue in this section, many ICF/DD Homes and MCPs are progressing in their contracting efforts, establishing contracts can help to ensure that the ICF/DD Homes will continue to receive the Fee-for-Service per diem rate discussed previously, and timely payments from their MCP partners. DHCS will soon be releasing an updated APL, which includes information about the attestation process that MCPs will use to credential Homes. As Homes are working with MCPs on contracting and credentialing, it's important that they work on submitting the initial credentialing documentation as shown on this slide. Homes will continue to be reimbursed by MCPs during the continuity of care period as long as they provide the MCPs with these initial documents. Since these documents contain the necessary business information such as the tax identification number, the plans will need to have payment profiles for Homes in their systems. ICF/DD Homes will also be required to submit an attestation to MCPs for credentialing, but that is not necessary for payment purposes. So, I am going to turn this back over to Becky for some questions in the next phase of our presentation.

Becky Normile:

Thanks Kathy, and I'm thrilled that we'll be having two guest speakers from CalOptima joining us today. So, we have Scott Robinson, who's the Director of Long-Term Services and Supports, and Wendy Magnacca who is the Health Claims Manager at CalOptima. So if we move to the next slide, we'll get to hear a little bit about Wendy and Scott's insights in terms of how they've been working with ICF/DD Home providers as a COHS County on billing and payment and some on-the-ground tips from them. And then I'll say we have a few discussion questions that we'll tee up with Wendy and Scott and then we're going to open it back up for Q&A so you'll have the opportunity to ask additional questions of Wendy and Scott and as well as our subject matter experts from DHCS and DDS. So, if we go to the next slide.

Scott Robinson:

Thank you, Becky. Thanks for having us today.

Becky Normile:

Okay.

Scott Robinson:

Let me just kick it off and then I'll turn it over to Wendy on the claim submission questions. But we've had a nice long relationship with the Regional Center and many

ICF/DDs in Orange County through CalOptima Health for many years. We have a very smooth process whereby the Regional Center does the assessment and identifies, excuse me, the appropriate ICF/DD and then the paperwork, the HS-231, and the authorization request form is submitted to CalOptima Health. We process the authorization and approve it for two years and then the ICF/DD admits the member. And the claims process has been relatively seamless that although we haven't been contracted with ICF/DDs, they're actually registered in our system into facets and then they submit their claims directly to us and then we pay very timely.

Scott Robinson:

So, from that perspective, it's been a great relationship. We have about 500 plus members in ICF/DDs in Orange County. And it's worked very well in coordinating with all of our different departments like Case Management, Customer Service. We have a very robust grievance and appeals process if there's ever a claims issue that they're, ICFs, are more than welcome to engage in. So with that, I'll turn it over to Wendy and she's our Manager of Claims and handles ICF/DDs and knows a lot more about the claims process than I do.

Wendy Magnacca:

Thank you, Scott. Hi, I'm Wendy Magnacca. I am one of five claims managers. I specifically am responsible for working with ITS on configuring the system for claims adjudication payment and working with contracting directly and with our operational teams such as Scott and in building out provider manuals that house a lot of this information that you use in order to submit claims correctly. So I can tell you that because we have been working with ICF/DD claims in the past, although not with the direct contract as coming on 1/2024, we did go back and review those processes and it looks like everything does run pretty well. So thank you Scott. I would agree with you on that. Regarding the submission of claims for those providers that... And we do currently have some providers that don't have a means to go electronically or transmit electronically. We work with Office Ally as one of our electronic transmission vendors and they have opened up the ability for those who don't have the ability to transmit large numbers of files back and forth to actually go in and upload their claim information directly into Office Ally.

Wendy Magnacca:

They actually build out a form for that and then it electronically transfers into us. And what we find from a lot of these vendors is that the rate error goes down of information coming in and the claims get adjudicated quicker, right? So whether you are thinking about typing it into a spreadsheet, if that's something you're thinking about doing or into a manual sheet, do reach out to the contracting person that you're working with. We can definitely be brought in and show you what Office Ally offers. It's a great alternative for those who don't have the means to do large transfers. As far as any claims adjudication issues or practices, I agree with Scott, there is a very good provider dispute process or grievance process.

Wendy Magnacca:

It is something that we partner with our grievance team in looking at. We partner quite a bit with both our operations and with our contracting team because it takes all three of us to make sure that we're getting any type of issue you may have resolved and make this as seamless as possible so that you're getting the payments accurately and timely because it really comes back to making sure that member's cared for. Other than that, we are... We too, from a claims perspective, I have been into the DHCS website for ICF/DD quite a bit. I check out all the updates, I follow the protocols, the provider guidance, review them consistently to make sure that we are following because that for us is also our guidance to make sure we're in sync with what the ICF/DD providers will be billing. So, I would say to any of you that are starting out thinking on how to work with an MCP, pull those documents down, look at the DHCS provider guidelines frequently for any changes. We too are following that as well as any updates in APLs. So any questions?

Becky Normile:

Get us started. Thanks Wendy, and thanks Scott so much for sharing a little bit more about how billing and invoicing has worked under or at CalOptima. So I would actually... Just, you touched a little bit on this throughout what you just shared. You touched on, for example, the provider manual and some of the supports. But I wonder if you could, again just to drive the point Home a little bit, talk specifically about the types of supports you provide to providers throughout the billing and payment process. So what else you do in addition to providing the provider manual?

Wendy Magnacca:

Well, from a claims perspective, we actually are brought in through either provider relations or through the business, to partner. We ourselves do not lead training or put together any training for providers directly, that's in partnership. Usually Provider Relations will take lead in pulling that information together. We come in and advise and then we will join training sessions with them as part of the panel or part of the presentations. So, I apologize, I was not prepared to speak on their behalf, but I can take that back and find out from the Provider Relations rep, unless Scott, you know of anything other than that to find out if they are planning or what they are planning to do around training.

Scott Robinson:

Yeah, thanks Wendy. No, I don't have any more specifics, but we can certainly, as Wendy said, go back to the team. We do have an ICF Workgroup and we can present that to the Workgroup and get some answers that we can feed back to DHCS.

Becky Normile:

Thanks so much. It does sound like there are a variety of supports in place, though. So you have provider manuals, you have the whole Provider Relations team. So it is a comprehensive approach to making sure folks have the information they need for your billing and payment processes. So thank you so much for sharing those. And then before we open it up for some Q&A, again, just want to see Scott and Wendy if you

have any other general advice for Homes, particularly those who are new to working with managed care plans for the first time, or any tips or recommendations you can share that might help facilitate smooth billing and payment in the long run?

Scott Robinson:

And Wendy could certainly speak to claims, but just from an operational perspective, as most everybody knows, managed care plans have many layers to them. And I think it's very important to understand where your key points of contact are. I know for our area it's your LTSS liaison. So when you do the onboarding through contracting, you want to certainly ask about key contacts, how do you escalate an issue and develop a relationship with your LTSS liaison and any other key contacts that you want to get to know better.

Scott Robinson:

So, the bottom line is communication. We're here to help make the process as seamless as possible for all the providers because the number one goal is to provide the care to the members, and we can't do that if we don't have good communication along those lines. So that's my primary advice is... I hate saying “be patient”, but you do need to have some patience as we're very large organizations, and I know ICF/DDs are much smaller and not used to working in an environment like this, but we're there to help and the intentions are good. And please get your key contact and pick up the phone or an email and reach out when you have concerns or issues.

Becky Normile:

Great, thanks so much, Scott and Wendy for those. All right. So I know we’ve been getting quite a few, again, questions and discussion in the chat. So I'll try to start going through some of them that have come in and again, we'll try to start with some of the billing and payment related ones. But we did have a question. Bambi, I think I'm going to start with you. And I also see we have a few hands raised, but do you want to address this one? It seemed pretty important. But there was a question around whether providers have the option to opt out of the transition and continue in Medi-Cal Fee-for-Service. So I wonder Bambi if you could address that.

Bambi Cisneros:

Yeah, thank you Becky. I think I’m trying my best to go through the chats, but it’s coming fast and quick. So there are some exceptions for members to be opted out of managed care, but it’s pretty rare. So really it’s dependent on aid codes that would be transitioning to managed care. And some of those exceptions are American Indian, Alaska Native members and then the foster kids that I had mentioned earlier. And if a member has an approved medical exemption request. So, typically, most individuals will end up being mandatorily enrolled in managed care.

Becky Normile:

Great, Thanks Bambi. And then, Susan, I know you've had your hand up, so we'll have someone from our team unmute you and we'd love to hear your question.

Susan LaPadulla:

Thank you Becky and Bambi. I love your Christmas tree in the background, how festive.

Bambi Cisneros:

Thanks. It's past November one, so that's okay.

Susan LaPadulla:

Oh, of course. So I have two questions, Becky, my first one's for Wendy and Scott. At CalOptima, the Office Ally for ICF/DD claims are they going to accept the UB-04, or are they accepting our previous form, the 25-1?

Wendy Magnacca:

Right now we're in transition. My understanding is transitioning over to the UB-04 is not effective until I believe February 1st, 2024. We have received some UB-04s for these types of services. And we are manually looking at those claims. If they're complete, we're adjudicating them through. If they're not complete then we are rejecting them back out to the provider. But currently from an Office Ally perspective, they're still accepting the older version because the new version is not going live till 2/1/2024.

Susan LaPadulla:

Yes, and for the MCP plans that have not had experience that are on our call today, many of their questions have been how do they implement an old form for one month, January, 2024, and then a new form for the month of February? So, it's not an easy task. Perhaps they can reach out to you for some assistance?

Wendy Magnacca:

I want to help the best I can. Please note I am not a certified biller in any way, and I would hate to give somebody the wrong information on that. That's why I myself keep going back to the guidelines to see exactly what the provider guidelines are telling us, as far as how to submit and how to make sure we accurately submit. So, I can take that back and see if there's somebody else who's better suited in CalOptima to put something together from that perspective. But no, I would not probably be your best with coding and or the billing side. So let me see if I can-

Susan LaPadulla:

It'd be wonderful if we can collaborate because we're all in this together and we're going to try our best to make as little of issues or hurdles in the future. So whatever you can do, we would appreciate that.

Wendy Magnacca:

Yeah, I agree. I know for other benefits that have come through on DHCS that are new to everybody, we do partner with some coding and again with provider relations and we do put items together to help. Especially when it comes to billing, whether there's a clean claim, whether they're required filled, I think I can take that. We still have a work

group who is working on the ICF/DD that includes all those key departments. I will take this back, see who's got lead, and absolutely make sure we've got the right people in to help put something together because I agree with you, I think we've got to make sure it's smooth.

Wendy Magnacca:

And we all need to be consistent on that because we don't want you guys billing one way for one vendor and another way for another vendor. The regulations and the guidelines I've read are pretty consistent on what is required. And I think we should... We intend to, at least at CalOptima, from meetings I've attended, it's to stay within those guidelines so it's consistent and easier for the vendor.

Susan LaPadulla:

Thank you so much, Wendy. Truly appreciate it. Becky, may I ask my other question of Kathy, or the group?

Becky Normile:

Yes, please go ahead, Susan.

Susan LaPadulla:

Okay. It has to do with the ICF/DD Homes and payment of the claims. Will the Homes be paid daily or weekly?

Kathy Nichols:

The Homes will not be paid daily. They're paid a per diem rate. So they're paid an all-inclusive rate, but they will be paid as... They're required to be paid within 30 days and are highly encouraged to be paid on the same cadence that the claims are submitted. So in many cases I think, I believe that we've heard that they are bi-weekly.

Susan LaPadulla:

So, Kathy the 30 days, is it calendar days or business days? Because that's really an important point.

Kathy Nichols:

Oh, let me double check. I believe it is calendar, unless one of my colleagues can say for sure.

Eva Velez:

Hi. This is Eva from Mercer. It is calendar days.

Kathy Nichols:

Thanks, Eva.

Susan LaPadulla:

Wonderful. So if we can incorporate that in our slides and our outreach, that's going to help all of us. And as far as the daily payments, some of the plans have the ability to write checks daily. So if the claims are in the hopper or the system, they're clean, they've been adjudicated, they've passed edits, they can actually get claims more frequently than weekly or bi-monthly. So, it may depend on the plan.

Kathy Nichols:

Yeah, I would say that that is true. Most providers aren't going to bill daily in my experience, for a service like this, but they may. But that would be an arrangement and a discussion with a plan. Yes.

Susan LaPadulla:

Okay, wonderful. Last but not least, I'd like to quantify the number of ICF/DD Homes at a local level. Can we eventually get down by county how many ICF/DD Homes are in this transition? And I'll tell you why. With the Matching Plan Policy being expanded, January 1st, we'll have 17 counties that'll be in the Matching Plan Policy system, which is almost 29% of the total counties. So if we could narrow down locally how many ICF/DD Homes per county, that would help us monitoring the transition as we go forward. So if you can take that back to the team, it would be wonderful.

Kathy Nichols:

Will do.

Susan LaPadulla:

Thank you, Kathy. Thank you, Becky.

Becky Normile:

Thank you, Susan. And I think with that we definitely want to make sure folks know where to find resources and information about our upcoming events as well as where they can direct questions. I know we got a lot of activity in the chat today and we definitely weren't able to get to all questions, but we can at least point you to where you can reach out if you would like a written response. So, if we go to the next slide. And go once more. So we did just want to mention that you can find the policy guidance and resources mentioned throughout today's webinar on the ICF/DD Carve-In webpage, which we'll put the link in the chat. And so there you can find fully this Model Contract, the All Plan Letter and also Billing and Invoicing Guidance document, which was referenced during today's webinar.

Becky Normile:

And then you'll also have access to the link to the member information page where you can find copies of the member notices as well as the notice of additional information, which includes a little more details in an FAQ format in terms of how will the transition impacts members. So if we go to the next slide. And as I mentioned at the start of this webinar, so this is part of... Today's webinar is part of an educational series. So you can see our next webinar that we have coming up, it's actually an Office Hour, so that's

taking place on December 1st. And that's a forum where you can again engage directly with DHCS and DDS to ask additional questions. So we would say that you can save the dates, especially if you didn't get to the questions that you had today. And then if you want to find materials from past webinars and information about upcoming webinars, you can find all of that on the ICF/DD Carve-In webpage. Next slide.

Becky Normile:

Great. And then, like I said, I know we didn't get to all the questions that were coming in during today's webinar, so if you would like a written response to any questions that we didn't have a chance to go to or get to, rather, you can reach out to us at LTCTransition@dhcs.ca.gov. So again, you can find that email in the chat as well. Definitely feel free to reach out if you, again, would like a written response to questions that we didn't get to today. So thank you again, first and foremost to our guest speakers, so Scott and Wendy for participating in today's webinar. And thanks to all of the attendees and the great engagement in the chat that we had today. Thanks so much and we hope everyone has a good afternoon.