

## CHANGES TO PAWS and CLAIM SUBMISSION

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## Payment Authorization for Waiver Services

### PAWS

The mechanism that ODMRDD uses to collect information pertaining to HCBS waiver services authorized through the ISP planning process

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## ODMRDD Medicaid Billing System

### MBS

The mechanism that ODMRDD uses to reimburse providers for HCBS waiver services

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## PAWS & MBS INTERFACE

MBS utilizes information from PAWS in order to comply with the assurance to the federal government that ODMRDD will only pay for waiver services that are identified in each waiver enrollee's individual service plan (ISP).

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## New Waiver Reimbursement Methodology includes:

- ♦ Utilization of the ODDP to establish funding ranges for certain Individual Options (IO) waiver services
- ♦ Statewide reimbursement rates for waiver services
  - Base rates increase as multiple individuals are served at the same time (up to 4)
  - Rates vary based on 8 Cost of Doing Business (CODB) categories
  - Rate modifications for individuals who meet certain medical and/or behavioral criteria
- ♦ No daily rates for homemaker/personal care services

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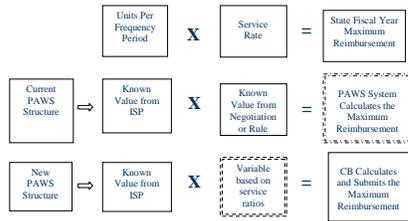
## Implementation Concern

Since services delivered in different service delivery patterns (ratios) are reimbursed at different rates, a separate PAWS entry is required for each potential ratio. This makes the PAWS completion more cumbersome than in the current system. The OACBMRDD and OPRA submitted a joint proposal to ODMRDD in an effort to facilitate the successful implementation of the waiver reimbursement methodology .

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## The Redesigned PAWS



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## Changes to the PAWS format

- ◆ Begin using the revised format March 2, 2006
- ◆ Group Size field no longer included on the form
- ◆ Service County field no longer included on the form
- ◆ FY1 Amount & FY2 Amount fields added to the form
- ◆ DDP Funding Range fields no longer on form

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## Service Code Modification

In order to implement this structure, the three services that currently include service codes to represent service provision by multiple staff are being modified for PAWS purposes only. These services are:

- ◆ Homemaker/Personal Care – Routine,
- ◆ Homemaker/Personal Care – On-site/On Call
- ◆ Supported Employment

The codes used to authorize these services in PAWS do not replicate any of the actual service codes that are found in Appendix A of OAC 5123:2-9-06. It will be important that providers understand that these service codes are only for service authorization purposes only and NOT for billing purposes.

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## PAWS Completion

### Individuals who have not transitioned to the new reimbursement methodology:

- ◆ Service codes do not change – continue to use “old” codes (ADR, AHP, ATR, etc.)
- ◆ Service Rate continues to be required – rate arrived at through negotiation with provider
- ◆ FY1 and FY2 Amounts are not required – PAWS continues to calculate the maximum reimbursement for each state fiscal year

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## PAWS Completion continued

### Individuals enrolled on or after 7/1/05 or already transitioned to the new reimbursement methodology:

- ◆ Service Rate is no longer required – rate varies based on service delivery ratios
- ◆ FY1 and FY2 Amounts are required
- ◆ Group Size is no longer required
- ◆ Service County is no longer required
- ◆ New codes must be utilized to represent the following services:
  - Homemaker/Personal Care – Routine
  - Homemaker/Personal Care – On Site/On Call
  - Supported Employment

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## Practical Application

MBS will utilize the *Maximum Number of Units per Frequency Period* in conjunction with the *FY 1 and FY 2 Amounts* as claims are processed for payment.

- The *Maximum Number of Units per Frequency Period* shall continue to be monitored by MBS at the specified *Frequency Period* just as it has been in the past.
- The *FY 1 and FY 2 Amounts* will be monitored by MBS over the period covered from the *Service Period Begin Date* through the *Service Period End Date* entered for that line and NOT at the *Frequency Period* level.

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## Practical Application continued

The following examples illustrate how various authorizations in PAWS will be utilized by MBS for claims processing purposes:

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## Example

It is anticipated that an individual will utilize 100 units of service each month for a total cost of \$1,000 per month from January 1, 2006 through December 31, 2006, the PAWS could be submitted as follows:

Provider Billing Number	Service Period Begin Date	Service Period End Date	Service Code	Service Title	Units Per Freq Period	Freq Period	FY1	FY2
							Amount	Amount
1234756	01/01/06	12/31/06	A22	HPC Routine	100	Month	\$6,000	\$6,000

MBS will pay up to 100 units of routine homemaker/personal care service per month from January 1, 2006 through June 30, 2006, so long as no more than \$6,000 has been expended for that time period. This allows fluctuations in dollars spent on a monthly basis up to the \$6,000 maximum limit for the six month period. In this example, depending on the service delivery patterns (ratios), there could be \$1,500 spent for services in January, \$1,200 spent for services in February, etc. until such time that the \$6,000 limit is reached. This same structure exists from July 1, 2006 through December 31, 2006.

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## Example continued

If there is a desire to maintain a more even distribution of dollars each month, which is \$1,000 per month in this example, the PAWS could be completed as follows:

Provider Billing Number	Service Period Begin Date	Service Period End Date	Service Code	Service Title	Units Per Freq Period	Freq Period	FY 1	FY 2
							Amount	Amount
1234756	01/01/06	01/31/06	A22	HPC Routine	100	Month	\$1,000.00	\$0.00
1234756	02/01/06	02/28/06	A22	HPC Routine	100	Month	\$1,000.00	\$0.00
1234756	03/01/06	03/31/06	A22	HPC Routine	100	Month	\$1,000.00	\$0.00
1234756	04/01/06	04/30/06	A22	HPC Routine	100	Month	\$1,000.00	\$0.00
1234756	05/01/06	05/31/06	A22	HPC Routine	100	Month	\$1,000.00	\$0.00
1234756	06/01/06	06/30/06	A22	HPC Routine	100	Month	\$1,000.00	\$0.00
1234756	07/01/06	07/31/06	A22	HPC Routine	100	Month	\$0.00	\$1,000.00
1234756	08/01/06	08/31/06	A22	HPC Routine	100	Month	\$0.00	\$1,000.00
1234756	09/01/06	09/30/06	A22	HPC Routine	100	Month	\$0.00	\$1,000.00
1234756	10/01/06	10/31/06	A22	HPC Routine	100	Month	\$0.00	\$1,000.00
1234756	11/01/06	11/30/06	A22	HPC Routine	100	Month	\$0.00	\$1,000.00
1234756	12/01/06	12/31/06	A22	HPC Routine	100	Month	\$0.00	\$1,000.00

With the PAWS completed in this manner, MBS will pay up to 100 units of routine homemaker/personal care service each month so long as no more than \$1,000 is spent each month.

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## Example continued

If there is a desire to incorporate more flexibility into the service delivery from month to month, while continuing to distribute dollars in a fairly predictable manner, the PAWS could be completed as follows:

Provider Billing Number	Service Period Begin Date	Service Period End Date	Service Code	Service Title	Units Per Freq Period	Freq Period	FY 1	FY 2
							Amount	Amount
1234756	01/01/06	03/31/06	A22	HPC Routine	300	Span	\$3,000.00	\$0.00
1234756	04/01/06	06/30/06	A22	HPC Routine	300	Span	\$3,000.00	\$0.00
1234756	07/01/06	09/30/06	A22	HPC Routine	300	Span	\$0.00	\$3,000.00
1234756	10/01/06	12/31/06	A22	HPC Routine	300	Span	\$0.00	\$3,000.00

With the PAWS completed in this manner, MBS will pay up to 300 units of routine homemaker/personal care service every three months so long as no more than \$3,000 is spent every three months. This would allow for 110 units of service in one month, 120 in another month leaving a balance of 70 units of service for the remaining month of the span.

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## Implementation

- ◆ Individuals not yet transitioned to the new reimbursement methodology:
  - No action required
  - Any PAWS currently in the system with Day Habilitation or Level One Supported Employment will have the rate, group size, and county of service information removed, and FY Amounts determined by the PAWS system

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## Implementation

- ◆ Revisions to PAWS or submissions of PAWS for redetermination for individuals not yet transitioned to the new reimbursement methodology:
  - Rate still required for all services except Day Hab & Level One Supported Employment
  - Day Hab & Level One Supported Employment do not require rates but do require FY1 & FY2 Amounts

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## Implementation continued

- ◆ Individuals enrolled on or after 7/1/05 or already transitioned to the new reimbursement methodology:
  - ODMRDD is currently working to automate the creation of new PAWS that meet the March 2, 2006 requirements
  - Changes are effective for service dates 7/1/05 and later
  - It is possible that county board staff may be asked to submit revised PAWS that meet the March 2, 2006 requirements for some individuals
  - County boards should advise providers of any changes made to PAWS

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## Transitioning

- ◆ At the time of transition to the new reimbursement methodology, if the transition does not coincide with an individual's current waiver year, two (2) PAWS will be required:
  - 1) Waiver Year Plan Period (Span) using "old" codes to cover pre-transition period
  - 2) Waiver Year Plan Period (Span) using "new" codes to cover post-transition period

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## Additional Points

- ◆ What about PAWS that have been completed, but are not in the system yet?
  - ◆ If group size for all services is "1", and multiple staff codes are not used, PAWS may be entered through March 1, and converted on March 2
  - ◆ PAWS with multiple group sizes or multiple staff codes CANNOT be entered after March 1 – you may want to begin utilizing the new form and codes now

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## Additional Points

- ◆ Units on PAWS should be authorized in accordance with the ISP
- ◆ Services on PAWS will still need to be suspended in cases of hospitalizations, admissions to NFs, etc.
- ◆ Utilization reports, which will aid in tracking service utilization and billing, are being developed

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## Provider Billing Changes

For individuals who have not yet transitioned to the new reimbursement methodology:

- Staff size accepted but not required on claim submission
- Group size continues to be accepted but not required for claim submission
- Rate accepted but not required on claim submission

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## Provider Billing Changes

For individuals who have transitioned to the new reimbursement methodology:

- Staff size added to claim submission requirements
- Group size continues to be required for claims submission

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## Provider Billing Changes

For individuals who have transitioned to the new reimbursement methodology:

- Usual & Customary Rate (UCR) for service added to claim submission requirements
  - The rate on the claim should be the per person rate, not the group rate, if serving more than one individual
  - Including any medical and/or behavioral add-ons for the individual served and CODB adjustments

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## Provider Billing Changes

- Claims are paid at the lower of the rate included on the claim or the rate established in rule (5123:2-9-06 Appendix A and Application of Appendix A)
- Rule rates vary based on staff size, group size, county of service, and provider type (agency/individual)

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## Provider Billing Changes

- Providers continue to bill using all service codes identified in the rule
  - A22, F22, E22, A44, F44, E44, A88 and F88 are for authorization purposes ONLY.
  - Other service codes, such as ATN, ASN, etc., remain unchanged

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## Where to Get More Information

- ◆ Additional information can be found at the following web link:
  - <http://odmrdd.state.oh.us/WaiverReimbursement/WaiverReimbursement.htm>
- ◆ As additional information becomes available, it will be posted to the ODMRDD website.

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