Working with Kentucky Medicaid

Kentucky Board of Alcohol and Drug Counselors

July 20, 2016

Veronica Judy Cecil, JD
Deputy Commissioner
Medicaid at a Glance

• 1.3 Million Members
• $9 Billion Budget
• Managed Care Delivery System
• ACA Changes
  ✓ Medicaid Expansion
  ✓ Behavioral Health Delivery System
  ✓ Expanded Provider Network
  ✓ Streamlined Eligibility and Enrollment
BEHAVIORAL HEALTH SERVICES
Rehabilitation Services

- Screening
- Assessment
- Psychological Testing
- Crisis Intervention
- Mobile Crisis
- Residential Crisis Stabilization
- Day Treatment (Kids only)
- Peer Support
- Parent/Family Peer Support
- Intensive Outpatient Program
- Individual Outpatient Therapy
- Group Outpatient Therapy
- Family Outpatient Therapy
- Collateral Outpatient Therapy (Kids only)
- Partial Hospitalization
- Service Planning (MH only)
- Residential Services for Substance Use Disorders
- Screening, Brief Intervention and Referral to Treatment (SU only)
- Assertive Community Treatment (MH only)
- Comprehensive Community Support Services (MH only)
- Therapeutic Rehabilitation Program (MH only)
Behavioral Health Services

Court ordered services are not covered.

Services must be medically necessary as determined by a medical or behavioral health professional as indicated in Medicaid’s State Plan and regulations.
THE “OLD” NEW PROVIDER TYPES
Provider Network Expansion

Behavioral Health Services

Prior to January 1, 2014

Community Mental Health Center (CMHC)

After January 1, 2014

CMHC

Licensed Practitioner

Licensed Organization

Provider Group
Provider Network Expansion

New individual and group provider types specific to Medicaid covered Behavioral Health Services include:

**Individual Provider Types**
- Licensed Clinical Social Worker (LCSW)*
- Licensed Psychologist (LP)*
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Psychological Practitioner (LPP)
  - Certified Psychologists with Autonomous Functioning
- Licensed Professional Art Therapist
- Licensed Behavior Analyst

**Group Provider Types**
- Behavioral Health Multi-Specialty Group (MSG)

**Licensed Organizations**
- Behavioral Health Services Organization (BHSO)

* Previously limited to QMB
Provider Network Expansion

Providers who can perform services under supervision of a Medicaid-enrolled licensed practitioner:

- Licensed Professional Counselor Associate
- Marriage and Family Therapist Associate
- Certified Social Worker – Master’s Level
- Licensed Psychological Associate
- Licensed Professional Art Therapist Associate
- Licensed Assistant Behavioral Analyst
Provider Network Expansion

Non-licensed professionals, including:

- Targeted Case Managers
  - Individual, provider group and licensed organization

- Community Support Associates
  - Licensed organization

- Peer Support Specialists
  - Provider group and licensed organization

- Certified Alcohol and Drug Counselors**
  - Licensed organization

** 2015 General Assembly
    House Bill 92
The “New” New Provider Types

Changes for Alcohol and Drug Counselors
State Plan and LCADCs, LCADCAAs, Registered Alcohol and Drug Peer Support Specialists

Submitted a State Plan Amendment to CMS in late June that adds:

- LCADCs as independent practitioners (the current state plan only authorizes LCADCs to work for licensed organizations)
- Substance Use Peer Support Specialists in licensed organizations only
Alcohol and Drug Counselor Expansion

Kentucky Medicaid continues to develop its enrollment policies for Certified Alcohol and Drug Counselors (CADC) and Licensed Clinical Alcohol and Drug Counselors (LCADC).

### LCADC Medicaid Enrollment Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2014</td>
<td>CADCs added as practitioners in Behavioral Health Services Organization (BHSO) settings</td>
</tr>
<tr>
<td>August 2016</td>
<td>LCADCs enrolled for services at CMHC, CDTC, Level I/II PRTF, Outpatient Hospital &amp; Outpatient Psych Hospital</td>
</tr>
</tbody>
</table>

1. The timing of LCADC enrollment for all settings depends on the Cabinet’s decision to implement this change with an emergency regulation or an ordinary regulation.

### Timeline for Regulation to take Effect After Filing

<table>
<thead>
<tr>
<th>Type of Regulation</th>
<th>Time to Effect After Filing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Regulation (E-reg)</td>
<td>Immediately after Governor signature</td>
</tr>
<tr>
<td>Ordinary Regulation (O-reg)</td>
<td>6-7 months</td>
</tr>
</tbody>
</table>
Alcohol and Drug Counselor Expansion

Regulations that **do** include LCADCs and LCADCAAs include:

- Community Mental Health Center (CMHC)
- Chemical Dependency Treatment Center (CDTC)
- Level I and II PRTF
- Outpatient Hospital
- Outpatient Psychiatric Hospital

Regulations that **do NOT** include LCADCs and LCADCAAs but will be amended:

- Individual BH provider/BH provider groups
- Behavioral Health Service Organization (BHSO)
- Residential Crisis Stabilization Unit (RCSU)

LCADCAAs do not enroll – must provide services under supervision by an approved behavioral health services provider.
Registered Alcohol & Drug Peer Support

Regulation that **does** include registered alcohol and drug peer support specialists (licensed organizations only)
- Outpatient Psychiatric Hospital

Regulations that do **NOT** include registered alcohol and drug peer support specialists (licensed organizations only) but will be amended:
- Community Mental Health Center (CMHC)
- Chemical Dependency Treatment Center (CDTC)
- Level I and II PRTF
- Outpatient Hospital
- Behavioral Health Service Organization (BHSO)
- Residential Crisis Stabilization Unit (RCSU)

Peer Supports do not enroll – must provide services under supervision by an approved behavioral health services provider
HELPFUL HINTS

WORKING WITH KENTUCKY MEDICAID
Provider Enrollment

http://www.chfs.ky.gov/dms/provEnr/

Provider Type Summary

Welcome to the Kentucky Medicaid provider enrollment website.

Thank you for participating in the Kentucky Medicaid Program. The Kentucky Medicaid Program appreciates your interest and welcomes the opportunity to work with you to provide health care services to Kentucky Medicaid members.

- If you want to learn about KY Medicaid Provider, refer to What is a KY Medicaid Provider?
- If you are a new provider, refer to the Application Information and Provider Type Summaries.
- If you are an existing provider and need to make changes, refer to Maintenance Information.
- If you need to update your License, refer to Update Your License Information with KY Medicaid.
- Read provider enrollment updates New Information.

If you have any further questions or need assistance, please either email us or call toll free: 877-838-5065 Monday to Friday 8 a.m. - 4:30 p.m. ET.

Note: Please read the Important Provider Enrollment Information regarding new phone hours and email address.

Provider Enrollment Updates

Attention Providers

(May 28, 2015) - Starting July 1st providers will no longer be required to file an Annual Disclosure of Conflicts (ABQ). This is for FY 2016/17.
Provider Enrollment

Provider Type Summaries

67 – Licensed Clinical Alcohol and Drug Counselor

NOT YET POSTED
Provider Enrollment

Provider Type Summary

Licensed Clinical Alcohol and Drug Counselor (LCADC)
Provider Type 67
ENROLLMENT LIMITED TO LCADCs PROVIDING SERVICES IN A
COMMUNITY MENTAL HEALTH CENTER (CMHC) (907 KAR 1:04),
CHEMICAL DEPENDENCY TREATMENT CENTER (CDTC) (907 KAR 15:080),
LEVEL 1 OR LEVEL II PSYCHIATRIC RESIDENTIAL TREATMENT
FACILITIES (PRTF) (907 KAR 9:015),
OUTPATIENT HOSPITALS (907 KAR 10:014),
OUTPATIENT PSYCHIATRIC HOSPITALS (907 KAR 10:020)
UNTIL REGULATIONS ARE FILED AND APPROVED FOR OTHER SETTING S

Information about the program:
- Provider must be an individual
- Only in-state providers may enroll
- Provider must have a permanent physical address/location
- Provider must be providing services at a CMHC, CDTC, Level I or II
  PRTF, Outpatient Hospital, or Outpatient Psychiatric Hospital

Application Information and Supporting Documentation required for processing:
- Map-811 (Enrollment) application
- Map-811 Addendum E and verification of bank account/routing number such as
  voided check or bank letter if provider chooses to enroll in direct deposit
- Map-347 (CDTC setting only)
- Copy of the provider's Social Security Number. No other forms of verification will
  be accepted. If applicant has a Social Security Card stating "valid for work only"
  with DHS/INS Authorization, please refer to additional requirements by clicking on
  the following link: DHSS/INS Documentation. Social Security Cards with moniker "not
  valid for employment" will be accepted.
- LCADC License (current and reflecting requested enrolment date)
- NPI and Taxonomy Code Verification
- Letter signed by the provider attesting services provided as an LCADC
  are limited to a specifically identified CMHC, CDTC, PRTF, Outpatient
  Hospital or Outpatient Psych Hospital

Submit the completed MAP-811 (Enrollment) application and supporting
documentation to:
KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602

Important Address:
For Licensure, contact
Kentucky Board of Alcohol and Drug Counselors
911 Leawood Drive
P.O. Box 1360
Frankfort, Kentucky 40602
Phone: 502-782-3814

Provider Type Summary Revised July 2016
# Provider Enrollment

## Forms

**Welcome to the Kentucky Department of Medicaid Services Provider Enrollment forms webpage.**

If you are a new provider, refer to the **enrollment forms** listed below.

If you are an existing provider and need to make changes, refer to the **maintenance forms** listed below.

### Attention Providers - MAP-811 Form Launch Delayed

(May 5, 2015) - An April 26, 2015 letter sent to providers regarding 2015 legislative changes to provider enrollment included the statement, "In addition, effective May 1, 2015, all applications must be submitted on the revised MAP-811 in order to be processed. Otherwise, the application will be returned."

Due to technical difficulties launching the new MAP-811 form, DMS advises providers this change will not take effect until July 1, 2015. You may submit either version of the MAP 811 application until July 1, 2015.

### Enrolment Forms

- **MAP-811 (Enrollment) (rev. May 2015)** New (with MAP-811 Addendum F - Direct Deposit Authorization/Cancellation Form - and verification of bank account/router number such as voided check or bank letter if provider chooses to enroll in direct deposit)
- **MAP-900 (Revalidation) (rev. May 2015)** New
- **MAP 347 - Statement for Authorization of Payment**
  - **MAP-347 Group Linkage New**
- **MAP 572A - Private Auto Provider**
- **MAP 572B - Foster Parent Provider Agreement**
- **MAP-612 - Statement for Authorization of Payment (Physician Assistant)**
Provider Enrollment

Map-811 Checklist

NOTICE: Pursuant to 302 KAR 1:632, Section 2 160 (1), you must be enrolled as a participating provider prior to being eligible to receive reimbursement. Enrollment in the program is not a guarantee; therefore, providing services to Kentucky Medicaid enrollees prior to your effective date is at your own financial risk.

A complete list of enrollment requirements for each provider type can be found on our website at the following link: http://www.medicaid.ky.gov/Enroll/Enroll-Website.html

Did you:

☐ Complete all questions? Questions not applicable should be completed with “NA”.

☐ Appoint one and only one Provider Type. (Applications will be rejected for any questions left blank.)

☐ Sign and date signature page (page 13). Electronically or stamped signatures are not accepted.

☐ Attach appropriate licenses and/or certifications and all other required documents for requested effective date as well as current?

☐ Attach verification documentation for NPI and Taxonomy Code(s) from CMS NPI vendor or NPPES.

☐ Attach a MAP-347 if individual wants to be linked to group KY Medicaid provider number.

☐ Attach a copy of your Social Security card if you are enrolling as an individual. Attach your IRS verification letter if you are applying with a FEIN.

☐ If you are subject to an application fee, please attach a check payable to the KY State Treasurer. For more information on the application fee, please refer to your Provider Type Summary at http://www.medicaid.state.ky.us/pages/Enroll/Provider-Type-Summaries.html.

☐ Keep a copy of the application for your records.

Not completing these reminders will delay the processing of your application. Please ensure that all reminders above are completed. Other information not mentioned above may be requested during the processing of your application.

If you are completing this application for ENROLLMENT and you will not be participating with a MCO, please send this application to the following address:

Kentucky Medicaid
P.O. Box 2110
Frankfort, KY 40602

If you are completing this application for ENROLLMENT and you will be participating with a MCO, you will need to submit this application to the MCO of your choice. Please do not send the application directly to the Department for Medicaid Services. This will delay the processing of your application.

If you have any questions regarding your enrollment, please call Kentucky Medicaid toll-free at (877) 838-5085. A provider enrollment specialist will be available to help you between the hours of 8 am and 4:30 pm EST, Monday through Friday.

MAP-811 ENROLLMENT APPLICATION
Provider Enrollment

ANSWER ALL QUESTIONS ON THE FORM!

- If it does not apply, be sure to indicate N/A. Many of the questions do not apply to an individual.
- Do not answer a question and check N/A.
- We cannot assume the answer. It must be complete.
- Clock starts with a correct and complete application.

Common issues:

- Ensure the entire legal name is entered – no initials.
- Ensure the number listed is the Medicaid provider number for the provider that the form pertains to.
- Do not put NPI or Tax ID if it asks for Medicaid provider number.
- If an attachment is needed, make sure the attachment is clearly labeled with the question number and the question indicates “see attached”.
- Ensure the correct taxonomy is listed.
- Sign the form
Provider Enrollment & Maintenance

Enrollment versus Credentialing

• Medicaid
  - Meet enrollment requirements

• Managed Care Organizations
  - NCQA Accredited
  - Meet Credentialing Requirements
  - Agree to Contract
Provider Enrollment & Maintenance

REVALIDATION

- All providers every five years
- Screening criteria according to risk level
  - Limited, Moderate, High
- Certain providers require Application Fee
- Medicare participating waives state requirements in certain circumstances
- Wait to receive a notification letter.
Provider Enrollment & Maintenance

For more information or to subscribe to a Listserve, please visit:

http://www.chfs.ky.gov/dms/provEnr/

CONTACT INFORMATION:
Provider Licensing and Certification Branch
1-877-838-5085
program.integrity@ky.gov
PROVIDER AUDITS
Provider Audits

- Document, Document, Document
- Not changing diagnosis
  - Reviewing documentation to support what was billed
- Top Billing Errors
  - Claims did not follow CPT Coding Guidelines, NCCI edits, regulation limits
  - Duplication of service
  - Billing add-on codes without primary code
  - Billing Medicaid as primary when Medicare or Third Party Insurance liable
Provider Audits

- Written dispute within 30 days of receipt. Calls to the Recovery Audit Contractor or KY Medicaid do not preserve the provider’s right to appeal.

- Send complete documentation according to instructions.

- Payment Plan.
The Future

- Partner Portal – Kentucky Online Gateway

Kentucky Medicaid Partner Portal Application Information

Welcome to the Kentucky Medicaid Partner Portal Application Information Web page. This page will serve as a one-stop resource for the latest information related to the Medicaid Partner Portal Project and its implementation.

More Information:
- What is the Medicaid Partner Portal Application?
- What is the project Focus and benefit?
- When will the Medicaid Partner Portal be implemented?
- Additional Questions?
- Additional Resource Links

Please be sure to visit this page periodically as content will be updated on an ongoing basis.
QUESTIONS

Veronica Cecil
Veronica.Cecil@ky.gov