



August 8, 2013

Dear OPWDD Executive Director:

This message contains information on two topics associated with OPWDD service reimbursement – **please share with appropriate staff**. The topics covered in this message are:

1. OPWDD Prompt Billing Rule Change – Rule change will be applied to claim submissions received by OPWDD on or after October 1, 2013.
2. Medicaid Provider Enrollment Application Fee – Medicaid enrollment fee is applicable for several OPWDD programs such as ICFs, Care At Home and Waivered Services (OPWDD).

OPWDD Prompt Billing Rule Revision

In 2012, the New York State Department of Health (DOH) announced it would be enforcing edits to bring Medicaid providers into compliance with prompt billing rules. Medicaid prompt billing rules require initial claims to be submitted within 90 days of the date of service. Initial claims that are not submitted within 90 days of the date of service require an appropriate delay reason, and claims with a delay reason code must be submitted within two years of the date of service. In extremely rare instances a provider may submit a request to Medicaid for a claim that is more than two years after the date of service. Following the DOH announcement OPWDD initiated several actions in 2012, including:

1. OPWDD web applications were revised to shorten the amount of time providers had to record initial services. This impacted Respite and Supported Employment (SEMP) services, plus the Options for People Through Services (OPTS), Enhanced Supported Employment (ESEMP) and Intensive Behavioral (IB) Services contracts.
2. OPWDD also revised program edits to require an additional check when program removals (deletions) of more than 30 days were initiated for individuals enrolled in Respite, SEMP, OPTS, ESEMP or IB Services.

To bring OPWDD voucher paid services consistent with DOH billing timeframes, OPWDD is now revising the OPWDD “Two Year Billing Rule” communicated to providers on June 13, 2007 to only allow providers three months to submit claims for “state paid services.” As used in this document, “state paid services” include services comparable to waiver services but the individual does not have HCBS enrollment, Willowbrook Case Services, Willowbrook Service Coordination, services billed as “Assistive Supports” identified by the third letter “S” in the billing price ID. Since state paid services are billed at the conclusion of a month, to meet the timely billing of the “OPWDD Three Month Rule” a provider has three months from the conclusion of the service month to submit the claim for reimbursement.

Executive Office

- 44 Holland Avenue, Albany, NY 12229-0001, TEL: 518-473-1997 FAX: 518-473-1271
 - 75 Morton Street, New York, NY 10014, TEL: 212-229-3231 FAX: 212-229-3234
 - 101 West Liberty Street, Rome, NY 13440, TEL: 315-336-2300 x246 FAX: 315-571-7118
 - 500 A Balltown Road, Schenectady, NY 12304 TEL: 518-381-2110 FAX: 518-381-2190
- TTY: 866-933-4889, www.opwdd.ny.gov

For instances:

- A claim for July 2013 services must be submitted to OPWDD by October 31, 2013.
- A claim for August 2013 services must be submitted to OPWDD by November 30, 2013.
- A claim for January 2014 services must be submitted to OPWDD by April 30, 2014.

The OPWDD Billing Forms (available on the OPWDD website) identify the address provider agencies should use when submitting claims. If a DDRO has instructed a provider to submit claims to the DDRO for review first, it is the provider's responsibility to submit claims promptly to the DDRO so review can be completed and claims submitted to the OPWDD Payment Processing Unit within the allowed three month period.

If a provider is unable to submit claims within the timeframe allowed by the "OPWDD Three Month Rule" the claim submission must include a transmittal explaining why the claim was not able to be submitted timely. OPWDD Central Office will consider these claims on a case-by-case basis. A DDRO cannot give a provider assurance of payment on a claim outside the "OPWDD Three Month Rule" but the DDRO may be asked to confirm information the provider includes in the transmittal letter as OPWDD Central Office reviews the late submission.

OPWDD currently requires agencies providing PCSS to individuals who are simultaneously enrolled in the HCBS Wavier and Early Intervention (EI) to bill eMedNY (Medicaid) and have the claim denied before submitting the claim to OPWDD. As of September 1, 2013, OPWDD will be changing this billing requirement and the "OPWDD Three Month Billing Rule" will be applied. Exceptions to the "OPWDD Three Month Billing Rule" for PCSS EI individuals will only be considered for services **prior to** August 31, 2013 if the agency met the Medicaid prompt billing requirement and promptly submitted the denial to OPWDD.

Questions on OPWDD revised prompt billing rule can be directed to Cheryl Stoll at (518) 402-4333.

Medicaid Provider Application Fee

42 CFR, Part 455.460 mandates the collection of an application fee. The application fee for 2013 is \$532. Per updated Instructions for Completing the NY Medicaid Enrollment Form, DOH has begun requiring payment of the fee when providers submit a Medicaid Enrollment application.

In anticipation of the fee being requested by DOH with provider enrollment applications, OPWDD initiated actions to minimize the number of Medicaid Provider IDs used for billing OPWDD services. Recently OPWDD informed providers that instead of a Provider ID per Consolidated Supports and Services (CSS) individual, a Provider ID would be obtained per Financial Management Service (FMS) agency, with a locator code assigned per individual with an approved CSS plan. Additionally, transition to a single MSC Provider ID per provider is anticipated, instead of getting a Provider ID per MSC Contract. If additional Home and Community Based Services (HCBS) under OPWDD's 1915(c) Agreement are implemented, OPWDD will attempt to minimize requiring new Medicaid provider enrollments.

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As providers consider expanding the services they offer, if a new Medicaid application is required, the fee must be paid or the issuance of the Provider ID will be delayed and impact the provider's ability to receive reimbursement.

Sincerely,

A handwritten signature in purple ink that reads "Kevin M. Valenchis". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kevin M. Valenchis
Acting Deputy Commissioner
Division of Enterprise Solutions

cc: DDSOO and DDRO Directors and Deputies
Provider Associations
K. Delaney
H. DeSanto
J. Gentile
J. Gleason
J. Pettinger
M. O'Connor
J. Huber
J. Smith
K. Smith