



# Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)

January 5, 2016

# Today's Topic

- Background & Program Overview of IPSIDD
- Enrollment and Application Process
  - Group Practice (Professional Corporation) Creation
  - Medicare Enrollment (if needed)
  - Medicaid Enrollment
  - OPWDD IPSIDD Practitioner Approval
- Regulatory Changes
- Draft IPSIDD Fees
- Billing and Payment
- Next Steps



# Background -- Rationale for Changes

The Centers for Medicare and Medicaid Services (CMS) has directed **two fundamental changes** in the way that the Office for People with Developmental Disabilities (OPWDD) currently funds the delivery of direct clinical services (PT, OT, SLP, Psychology):

- 1. Article 16 Clinic Offsite Services:** Delivery of services may continue, but NYS **cannot** continue to bill these services as “clinic” services. These services must be provided in a certified main or satellite Article 16 clinic or via the IPSIDD State Plan Option.
- 2. Direct Clinical Services in Waiver Habilitation Rates**
  - Many Day and Residential Programs mix direct and indirect clinical staff duties within their rates to fund FTEs for clinical titles, **this cannot continue.**
  - Supervised IRA and Day Habilitation rates will be revised to remove funding of direct service FTAs from the rates (aka Survey D).



# Service Options for Continuity of Care

1. Provision of clinical services moves to certified on-site Article 16 clinic --satellite or main.
2. Provision of clinical services transitions to Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD), State Plan option.



# IPSIDD PROGRAM OVERVIEW

# Program Overview

- IPSIDD is a new Medicaid State Plan service (previously referred to as “Preventive Services”)
- Proposed regulations (14 NYCRR 635-13) establish this new service and define eligibility criteria, Independent Practitioner qualifications, settings where services can or cannot be provided, and limitations on the services
- Independent Practitioners must comply with the requirements of 14 NYCRR 635-13 in order to provide, and receive reimbursement for, IPSIDD services

# Program Overview

- IPSIDD services include the following clinical services, delivered by a clinician licensed in NYS or otherwise specified in the regulation, that are not delivered as part of an individual's residential and/or day habilitation service:
  - (1) Occupational therapy
  - (2) Physical therapy
  - (3) Speech and language pathology
  - (4) Psychology
  - (5) Social Work



# Program Overview

## Who can receive IPSIDD Services?

- Individuals who are determined by OPWDD to have a developmental disability as defined in MHL 1.03(22), **and**
- Individuals who are not enrolled at a facility or program that includes provision of the clinical services of OT, PT, SLP, Psychology or Social Work as part of its service model and reimbursement rates (e.g., developmental center, specialty hospital, intermediate care facility for individuals with intellectual/developmental disabilities, etc.)

# Program Overview

## Required Independent Practitioner Qualifications to provide and bill for IPSIDD:

- Must be a clinician licensed in NYS whose name and credentials have been submitted to and verified by OPWDD, **and**
  - Who has had specialized training and 2 years of experience treating individuals with developmental disabilities, **and**
  - Who has received approval from OPWDD to provide IPSIDD services to those individuals who meet the required eligibility criteria.
- In addition, an Applied Behavior Sciences Specialist (ABSS) may provide IPSIDD services *under the supervision of a licensed psychologist* who meets the qualifications specified above. The ABSS must have a Master's Degree in a clinical and/or treatment field of psychology and/or a NYS license in Mental Health Counseling and training in assessment techniques and behavioral program development.



# Program Overview

## Where can IPSIDD services be delivered?

- IRAs, CRs or Family Care homes certified by OPWDD, or private residences
- Certified day habilitation, pre-vocational and day training facilities
- Community settings as deemed appropriate by the clinician, including community settings where OPWDD services may occur, OR
- Clinician's private offices



# Program Overview

## **Are there locations where IPSIDD services cannot be provided?**

- Educational settings serving students from preschool through grade 12
- Private schools certified by OPWDD
- ICFs/IIDs
- Day treatment facilities
- Clinic Treatment facilities certified by OPWDD, DOH, OMH, and OASAS
- Hospitals (including OPWDD certified Specialty Hospitals)
- Other licensed or certified residential or day healthcare settings that include the clinical services of OT, PT, SLP, Psychology, or Social Work as part of its service model and reimbursement rates

# Program Overview

## **Are there any other limitations or restrictions on delivery of IPSIDD services?**

- IPSIDD cannot be provided to individuals receiving or eligible to receive similar clinical services from the Early Intervention Program
- IPSIDD must not duplicate/replace Preschool Supportive Health services or School Supportive Health services that are authorized through an approved IEP; however IPSIDD may address service needs of preschool/school aged children that are NOT addressed in the IEP and are not school-related as determined by the child's committee on special education

# Program Overview

## **Are there any other limitations or restrictions on delivery of IPSIDD services (continued)?**

- IPSIDD services must not duplicate or replace services available through the ICF/IID program, or OPWDD operated or certified residential or day programs
- IPSIDD services must not duplicate OPWDD funded HCBS services, including Intensive Behavioral Services, or services provided in clinic treatment facilities and hospital outpatient departments or services provided by Certified Home Health Agencies
- However, services described by the same clinical procedure code may be provided to address different clinical needs.
- Time spent receiving another Medicaid service cannot be counted toward IPSIDD billable service time in instances when the Medicaid service is received at the same time as IPSIDD services

# Program Overview

## Other Programmatic Considerations for IPSIDD

- IPSIDD providers are expected to deliver high quality, coordinated clinical services in keeping with the requirements of their discipline and the NYS Education Department Office of the Professions standards
- Supervision for “dependent” clinicians (OTAs, PTAs), must be provided in accordance with NYSED Office of the Professions
- Psychology Practice Alerts and Guidelines available on the NYSED Office of the Professions website further define supervision parameters for “unlicensed” clinicians (i.e., the ABSS as defined in 14 NYCRR 635-13)



# ENROLLMENT AND APPLICATION PROCESS

# Options for the Provision of IPSIDD

- Provision of Service by clinicians working as independent Practitioners – clinicians enroll in Medicaid and receive direct payment from Medicaid for services rendered
- Provision of service by clinicians who are employees, members or affiliates of a Group Practice – clinicians providing service are enrolled in Medicaid, but belong to a Group Practice that submits and receives payment for services rendered. There is no direct payment to the clinician

# Clinician Enrollment

Licensed Psychologist

[https://www.emedny.org/info/ProviderEnrollment/clin\\_psych/index.aspx](https://www.emedny.org/info/ProviderEnrollment/clin_psych/index.aspx)

Licensed Clinical Social Worker

<https://www.emedny.org/info/ProviderEnrollment/csw/index.aspx>

Physical Therapist / Occupational Therapist / Speech Pathologist

<https://www.emedny.org/info/ProviderEnrollment/ther/index.aspx>

# Clinician Enrollment

- Prior to enrollment in Medicaid, Licensed Clinical Social Workers and Licensed Physical Therapists must first enroll in Medicare

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/MedicareProviderSupEnroll/>

# Group Practice Enrollment

- Once a Group Practice is established as a separate Professional Corporation or a Professional Limited Liability Company (LLC), the entity can proceed with the Medicaid enrollment process

<https://www.emedny.org/info/ProviderEnrollment/practGroups/index.aspx>

- Prior to enrollment in Medicaid, the Group Practice must first enroll in Medicare if the Group Practice membership includes Licensed Clinical Social Workers and/or Physical Therapists

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/MedicareProviderSupEnroll/>

# Group Practice Enrollment

- Once the Group Practice Enrollment has been processed and a Medicaid Provider ID issued OPWDD will need to be informed
- When you receive notification that your enrollment has been processed, we ask that you email OPWDD with the name of the Group Practice and the Provider ID

[central.operations@opwdd.ny.gov](mailto:central.operations@opwdd.ny.gov)

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## Medicare Provider-Supplier Enrollment

[Advanced Diagnostic Imaging Accreditation](#)

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## Medicare Provider-Supplier Enrollment

This section is designed to provide Medicare enrollment information for providers, physicians, non-physician practitioners, and other suppliers. Please review the downloadable fact sheets below to learn more about Medicare provider and supplier enrollment.

CMS has established Internet-based Provider Enrollment, Chain and Ownership System (PECOS) as an alternative to the paper (CMS-855) enrollment process. Internet-based PECOS will allow physicians, non-physician practitioners and provider and supplier organizations to enroll, make a change in their Medicare enrollment, view their Medicare enrollment information on file with Medicare, or check on status of a Medicare enrollment application via the Internet.

For more information about the Internet-based PECOS, please select the "Internet-based PECOS" link to the left.

For information regarding Advanced Diagnostic Imaging Accreditation, please select the "Advanced Diagnostic Imaging Accreditation" link to the left.

For information regarding DMEPOS accreditation, please select the "DMEPOS Accreditation" link to the left.

For information regarding DMEPOS Competitive Acquisition, please select the "DMEPOS Competitive Bid" link from the "Related Links Inside CMS" section below.

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## Medicare Provider-Supplier Enrollment

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**Enrollment Applications**

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## Enrollment Applications

### Medicare Provider/Supplier Enrollment Applications

The Medicare enrollment application (CMS-855 or Internet-based Provider Enrollment, Chain and Ownership System (PECOS)) is an Office of Management and Budget approved form and is available in PDF fillable format. This format allows a user to complete an application using Adobe Acrobat and save this information on their personal computer or download the application. To access the applications, please refer to the CMS Forms List link below.

- CMS 855A--Medicare Enrollment Application for Institutional Providers
- CMS 855B--Medicare Enrollment Application for Clinics, Group Practices, and Certain Other Suppliers
- CMS 855I --Medicare Enrollment Application for Physicians and Non-Physician Practitioners
- CMS 855R--Medicare Enrollment Application for Reassignment of Medicare Benefits
- CMS 855O--Medicare Enrollment Application for Eligible Ordering and Referring Physicians and Non-physician Practitioners
- CMS 855S--Medicare Enrollment Application for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers



# Affiliation of Independent Clinicians with the Group Practice

- Clinicians providing service under a Group Practice will need to formally affiliate in order for the Group Practice to submit and receive payment for services rendered

[https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610202\\_REQGRPRT\\_Request\\_for\\_Medicaid\\_Participation\\_as\\_a\\_Group\\_Member.pdf](https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/610202_REQGRPRT_Request_for_Medicaid_Participation_as_a_Group_Member.pdf)

# Expedited Medicaid Enrollment Of Group Practices

- OPWDD has been in discussions with the Department of Health's Provider Enrollment Bureau about expediting enrollment of Group Practices in Medicaid and DOH has agreed to expedite the processing of these enrollments when they are received
- **The enrollment applications will need to be submitted with a copy of the December 17, 2015 memo that went out to the provider community – Subject matter “Provider Enrollment for Independent Practitioner Services for Individuals with Developmental Disabilities (IPSIDD)”**

# REGULATORY CHANGES

# Regulatory Changes

- Regulations are being revised to delay effective date of IPSIDD.
- Scheduled effective date is 4/1/16.
- Other changes are being made to the regulations in response to public comments received on the proposed regulations.
- The revised rulemaking will go back out for public comment for a period of 30 days.



# DRAFT IPSIDD FEES

# Draft IPSIDD Fees

- The titles slated to be a part of IPSIDD are OT, PT, SLP, Psychology, and Social Work.
- The rates will not contain capital.



# Fee Comparisons of the Most Commonly Used Procedure Codes

			What APG Would Pay		Medicare NYS Regional Fees				
Service Description	Procedure Code	CPT Description	Peer Grp A	Peer Grp B	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
PT	97110	Therapeutic exercises, 15 min	\$43.68	\$45.14	\$36.75	\$37.62	\$34.38	\$37.54	\$32.74
OT	97530	Therapeutic activities, 15 min	\$43.68	\$45.14	\$39.51	\$40.36	\$36.96	\$40.25	\$34.08

# Fee Comparisons of the Most Commonly Used Procedure Codes

		What APG Would Pay			Medicare NYS Regional Fees				
Service Description	Procedure Code	CPT Description	Peer Grp A	Peer Grp B	Locality 1	Locality 2	Locality 3	Locality 4	Locality 99
SLP	92507	Speech/ Hearing Therapy	\$119.79	\$123.79	\$89.03	\$90.71	\$83.66	\$90.62	\$78.03
Psych	90832	Psytx, 30 min	\$112.30	\$116.05	\$69.95	\$70.79	\$66.37	\$70.96	\$63.42

# Medicare NYS Localities

- Locality 1 - Manhattan
- Locality 2 – Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
- Locality 3 – Columbia, Delaware, Dutchess, Greene, Orange, Sullivan, Ulster
- Locality 4 - Queens
- Locality 99 – Remainder of the State



# Draft IPSIDD Fees – Next Steps

- Feedback on draft rates
- Work with DOH on evolution request to get billing requirements in place
- Finalize fees



# BILLING AND PAYMENT

# Billing and Payment

- IPSIDD services will be submitted to Medicaid using the **837P** (“Professional Claim”) transaction format.
  - This is different from all other OPWDD Medicaid services, which are submitted using the 837I (“Institutional Claim”) transaction format.
  - However, most Article 16 clinic providers will be familiar with the 837P format because this is the format most clinics use to submit services to Medicare.
  - The 837P format is also used by most private healthcare offices. Billing staff who formerly worked in such environments will likely be familiar.
  - Because IPSIDD service claims will be submitted to both Medicare and Medicaid using the same 837P transaction format, automated Medicare cross-over claiming will be possible.



# Billing and Payment

- OPWDD recommends providers interested in delivering IPSIDD services discuss the 837P transaction format with their billing software vendor.
  - Verify current software/web service supports the 837P transactions.
  - Identify instructional aides and resources available for billing personnel.
  - NYS Medicaid 837P companion guides available at:  
<https://www.emedny.org/HIPAA/5010/transactions/index.aspx>
- The eMedNY ePACES billing software, *available free of charge*, may be used to submit 837P transactions to eMedNY for IPSIDD services.
- Review proposed IPSIDD regulations and DOH Provider Manuals (available at: [www.emedny.org](http://www.emedny.org)) for the following provider types: Rehabilitation Therapy (OT, PT, SLP), Licensed Psychologist, Clinical Social Worker.

# Billing and Payment

## Differences between IPSIDD and Art. 16 Clinic Billing and Payment

- IPSIDD claims will have no rate codes.
- IPSIDD will not be processed through the 3M APG grouper-pricer.
  - No APG Base Rates and SIWs.
  - No APG discounting.
  - No APG consolidation.
  - No capital add-on.
- IPSIDD claims will be priced on based on the following factors:
  - CPT code describing the services rendered
  - Special IPSIDD regional fee assigned to the CPT code by MH Rate Setting
  - Where applicable, the CPT unit quantity
- Service claims will be submitted to Medicaid under the personal NPI of the rendering/ supervising licensed clinician. However, payment may be reassigned to a group practice by inserting the group practice's NPI in the "Pay to" Provider field of the claim.
  - All rendering/supervising clinicians must be enrolled provider of the NYS Medicaid program.



# Billing and Payment

- Providers will not be required to include any unique procedure codes, modifier codes or other special identifiers when submitting IPSIDD service claims to eMedNY.
  - Claims should be submitted in the same manner as outlined in the NYS Medicaid Provider Manual for the discipline providing services.
  - Note that the eMedNY Provider Manuals have not yet been updated to include the special IPSIDD fee schedule. This will happen in the future.
- eMedNY will identify IPSIDD claims automatically based on identifiers contained in Medicaid client and provider records at the time of claim adjudication.
  - The specific criteria used by eMedNY to identify IPSIDD claims are outlined in the following slide.



# Billing and Payment

- eMedNY will recognize an independent practitioner claim as “IPSIDD-qualifying” when **BOTH** of the following criteria are met:
  1. Patient is identified in eMedNY as eligible for OPWDD services. This means the patient:
    - **Has been assigned Restriction Exception code 95 (RE95) in eMedNY.**
      - Is registered in OPWDD TABS with up-to-date Medicaid information.
      - Has been formally determined eligible for OPWDD services or meets grandfathering criteria.

## **AND**

2. The billing clinician meets IPSIDD’s specialized experience requirement. This means the clinician:
  - **Has Specialty Code 979 assigned to his/her Medicaid provider enrollment record.**
    - The clinician has filed an application with OPWDD.
    - OPWDD has reviewed and approved such application and transmitted an authorization to DOH Provider Enrollment.



# Billing and Payment

- IPSIDD services will be processed by eMedNY in the same manner as “regular” independent practitioner services for therapy, psychology, and social work services, EXCEPT:
  1. All IPSIDD-qualified patients will remain exempt from the annual visit caps for OT, PT, and SLP services.
    - Without RE95, reimbursement of these services for adult patients would be limited to 20 visit per therapeutic discipline per year.
  2. IPSIDD services will be considered “carved-out” of Mainstream Medicaid Managed Care.
    - Similar Article 16 clinic services, you will be able to submit IPSIDD claims to FFS Medicaid even for individuals enrolled in Mainstream Medicaid Managed Care.
    - IPSIDD services will not be carved-out of specialty managed care products that include long-term care benefits (e.g., MLTC, FIDA, or FIDA-IDD plans).
  3. Medicaid reimbursement of LCSW “regular” independent practitioner services is currently limited to Medicare cross-over services. LCSWs will be permitted deliver IPSIDD services to both dual eligibles and Medicaid-only beneficiaries.
  4. IPSIDD services will be priced based on a special, enhanced fee schedule.



# Billing and Payment

## Dependent Clinicians

- IPSIDD Services may be delivered by clinicians licensed by NYS to practice in the following disciplines: OT, PT, SLP, LCSW, and clinical psychology.
- IPSIDD services may also be delivered by authorized dependent clinicians working under appropriate supervision.
  - An OTA working under the supervision of an licensed OT.
  - A PTA working under the supervision of a licensed PT.
  - A LMSW working under the supervision of an LCSW.
  - An ABSS or LMSW working under the supervision of a licensed psychologist.
- Standards and requirements of supervision vary by discipline and are defined in both statute and in regulations governing each profession. See SED Office of the Professions website for more information.

# Billing and Payment

## Dependent Clinicians

- **For eMedNY billing purposes, services of dependent clinicians will be submitted under the NPIs of their supervisors.**
  - Supervising clinicians and their group practices are accountable for all services submitted under their NPIs, including any services rendered by the dependent clinicians they supervise.
    - For example, if a Medicaid audit reveals that a dependent clinician had fraudulently documented services not actually rendered, a possible consequence might be that both the dependent clinician and the supervising clinician (and, possibly, the supervisor's group practice) are placed on excluded provider list for Medicaid.
  - Furthermore, evidence of poor or ineffective supervision of dependent clinicians is sufficient justification for the removal of OPWDD specialty designation. This would eliminate the clinician's access to the enhanced IPSIDD fee schedule and managed care carve-out.



# Next Steps

- Begin Enrollment and Application Process if have not already done so.
- Proposed IPSIDD Regulations will be revised to include a 4/1/16 effective date; 30 day public comment period.
- Work with DOH continues to finalize evolution request for billing/system changes.
- IPSIDD Fees will be finalized.



# Questions



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