Georgia Department of Behavioral Health & Developmental Disabilities
Frank W. Berry, Commissioner

Office of Decision Support and Information Management
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October 28, 2016

To: Chief Executive Officer
Community Behavioral Health Service Provider

From: John Quesenberry, Director
Office of Decision Support and Information Management

Subject: Claims/Encounter Processes

The purpose of this memorandum is to notify you about upcoming changes to claims/encounters processes. This information is targeted to all behavioral health providers. State funded providers should familiarize themselves with the information in Attachments 1 and 2; Medicaid providers with Attachment 3.

These changes are described in the following attachments to this letter:

Attachment 1: State-Funded Claims/Encounter Processing
Attachment 2: State-Funded Claims/Encounter Reversal Process
Attachment 3: Medicaid Claims Adjustments

We request that you communicate the information in this letter as soon as possible to the appropriate personnel in your organization, including specifically: (a) clinical and utilization management staff and (b) billing managers, (c) any other staff responsible for authorizations and claims, and, if applicable, (d) your information system vendors.

Please direct questions concerning to the Georgia Collaborative ASO at GACollaborativePR@beaconhealthoptions.com. Should you have any other questions concerning this letter, please contact John Quesenberry at john.quesenberry@dbhdd.ga.gov.

As always, we appreciate your cooperation in providing complete, accurate, and timely data concerning the services you deliver.

c: Regional Coordinators
Melissa Sperbeck
Anna McLaughlin
Wendy Tiegreen
Elaine Danner
Mary Mastrandrea (Georgia Collaborative ASO)

ATTACHMENT 1 - FY17.Q2

The following changes are being implemented:

1. **STATE-FUNDED CLAIMS/ENCOUNTERS AUTHORIZED BY APS HEALTHCARE:**

   Effective 12/31/2016, DBHDD will no longer accept state claims/encounters for services that were authorized through APS Healthcare (i.e., authorizations that begin with the number '2'). All authorizations issued by APS Healthcare should have expired or will be expiring in the very near future. Providers should ensure that all individuals who are currently in services have an authorization via the Georgia Collaborative ASO's ProviderConnect system (i.e., authorizations that begin with the number '9') as soon as possible, but no later than 11/15/2016. Providers should ensure that all claims for services authorized by APS Healthcare are submitted to Georgia Collaborative ASO (Beacon Health Options) no later than 12/31/2016. Any claims submitted after 12/31/2016 that were authorized by APS Healthcare will be denied.

2. **STATE-FUNDED CLAIMS/ENCOUNTERS TIMELY FILING WAIVED:**

   DBHDD will be granting a temporary waiver to the timeliness standard of 180 days for state-funded claims. Through 12/31/2016, the timeliness standard will be modified to allow claims submitted with dates of service up to **365 days** from the date of service. Any claims that may have denied due to timeliness may be resubmitted for processing as long as it is within 365 days of the date of service. If providers have claims that have not been submitted and had previously exceeded the 180 day rule, providers should ensure they have been submitted prior to 12/31/2016. Effective 1/1/2017 the timeliness standard will revert to 180 days.

   NOTE: This **does not** impact Medicaid billing. Providers will continue to have 180 days from the date of service in which to bill Medicaid.

3. **STATE CLAIM/ENCOUNTER SUBMISSIONS:**

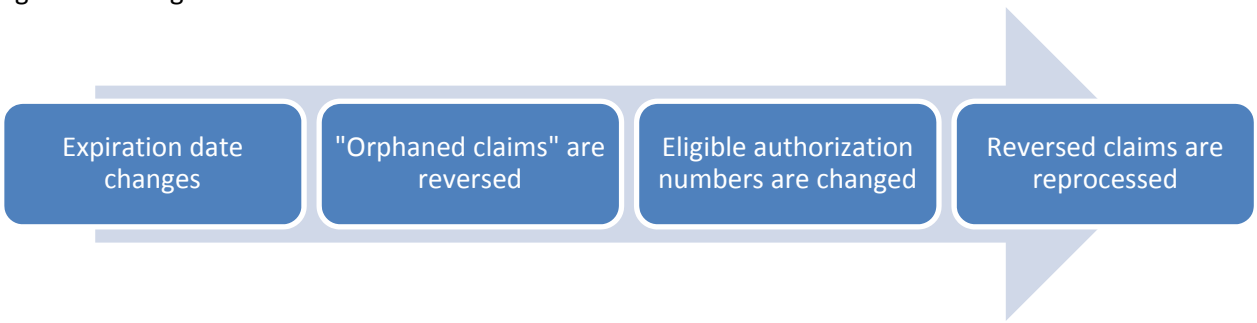
   The online ProviderConnect system's direct claims submission screen has been modified to include a field for authorization number. Providers submitting claims online should ensure they are entering the correct authorization number. Providers submitting claims via batch files should ensure the correct Georgia authorization number (i.e., authorization numbers beginning with '9') is submitted on the claim in the 837 file. Effective 1/1/2017, claims using a non-ASO authorization number will be denied (e.g. an APS Healthcare authorization number beginning with '2').

ATTACHMENT 2 - FY17.Q2

The following changes are being implemented:

STATE CLAIM/ENCOUNTER REVERSALS:

The following claims reversal process will become effective 1/1/2017. When the expiration date on an existing authorization changes (for example, because of a rollback or discharge), the system will reverse any existing Beacon claims where the date of service is after the new expiration date ("orphaned claims"). The system will then evaluate the reversed claims to determine if there is another existing authorization that could cover the claim and change the authorization number where possible. The system will then reprocess all reversed claims against existing claims rules.



Example 1: Rollback Scenario

In this example, an existing authorization for Non-Intensive Outpatient covers 1/1 - 5/30, and includes Individual, Group, and Family services. The provider submits another authorization (concurrent) for Non-Intensive Outpatient services starting 4/1, and includes Individual and Group services. This will roll back and change the expiration date of the original authorization to 3/31. The provider's previously-submitted claims for dates of service from 4/1 - 4/15 are no longer authorized under the original authorization, so the system reverses them. The system will identify if there is a new authorization that covers the service for the dates of service and will automatically update the claim with the new authorization number and reprocess the claim. In this example, the claims for Individual and Group are paid and the claims for Family are denied because the service is not covered.

Original Auth (NIO) 1/1 - 3/31 (was 5/30)	**New Auth (NIO)** 4/1 - 10/31	**Reversed Claims** 4/1 - 4/15	**Reprocessing Outcome**
Individual	Individual	Individual - 4/1, 4/8	PAID
Group	Group	Group - 4/3, 4/9	PAID
Family	- - - - -	Family - 4/1, 4/15	DENIED

Example 2: Discharge Scenario

In this example, there is an existing authorization for Non-Intensive Outpatient services covering 4/1 - 10/31, for Individual and Group. The provider submits a Discharge for 5/30. The provider's previously-submitted claims for dates of service from 6/1 - 6/30 are no longer covered by the original authorization, so the system reverses them. Because the individual was discharged, the system is unable to match to a different authorization for a period covering the dates of service, thus the reversed claims cannot be reprocessed and the payment reversed.

Existing Auth (NIO) 4/1 - 5/30 (was 10/31)	**Reversed Claims** 6/1-6/30	**Reprocessing Outcome**
Individual	Individual - 6/1	NOT REPROCESSED
Group	Group - 6/5, 6/9, 6/30	NOT REPROCESSED

Timing of Changes:

Each month, on or around the 5th, beginning in March 2017, the Beacon process will identify claims to be reversed and reprocessed. The process will retroactively look two months back to select claims to be reversed. Therefore, on 3/6/2017 the process will select any claims with dates of service during January 2017 that meet the criteria for reprocessing.

The following information regarding Medicaid claims is being provided.

MEDICAID CLAIMS:

DBHDD has been working closely with the Medicaid Authority (DCH) regarding issues related to the transition between APS Healthcare and the Georgia Collaborative ASO (Beacon Health Options). There are a number of issues related to service authorizations not being transmitted to GAMMIS in a timely manner. As such, DBHDD has requested a waiver to DCH's timely filing rules for services that may have been impacted during this time. DCH has approved a waiver to the timeliness standard and will perform a one-time mass adjustment to claims that denied due to the timely filing where:

a. Category of Service (020 – PRTF; 440 – Community Behavioral Health; 442 – CBAY)
b. Dates of Service between 10/1/2015 – 8/31/2016
c. Authorization was issued by Beacon Health Options (begins with '9')

Providers should ensure that all claims have been submitted to GAMMIS prior to this processing. Official notification of when this will occur will be posted to the GAMMIS portal with additional information.