

West Virginia Birth to Three Practitioner Billing Manual



November 11, 2022

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1. Introduction

1.1 WV Birth to Three

The West Virginia Department of Health and Human Resources is the lead agency responsible for assuring that needed early intervention services are available to all eligible infants and toddlers, birth to 36 months of age, and their families, under Part C of the Individuals with Disabilities Education Act (IDEA). This statewide system of early intervention services is provided through WV Birth to Three. Using a Central Finance Office (CFO) structure, WV Birth to Three gathers critical information for implementing and monitoring the system of early intervention services. An integrated child data system is the core component of the CFO. Regional Administrative Units (RAUs) use the child data system, known as System Point of Entry (SPOE) software, to enter data during the referral, eligibility, and Individualized Family Service Plan (IFSP) process. Data entered by the RAU generates authorizations through the CFO for needed evaluation, assessment or IFSP services.

1.2 Gainwell Technologies LLC

In 2003, WV Birth to Three formed a working partnership with PDA, Inc (now Gainwell Technologies, LLC) for implementation of the integrated data system and operation of the Central Finance Office. The CFO coordinates practitioner enrollment and coordination of available funding sources. The SPOE software application enables the system to capture information related to child eligibility determination, IFSP services, and selection of qualified enrolled practitioners to provide authorized WV Birth to Three services. The CFO coordinates the use of a variety of funding sources to reimburse practitioners according to established reimbursement rates. In October 2020, DXC was acquired by Gainwell Technologies LLC.

1.3 Practitioner/Service Coordinator Enrollment in the Central Finance Office

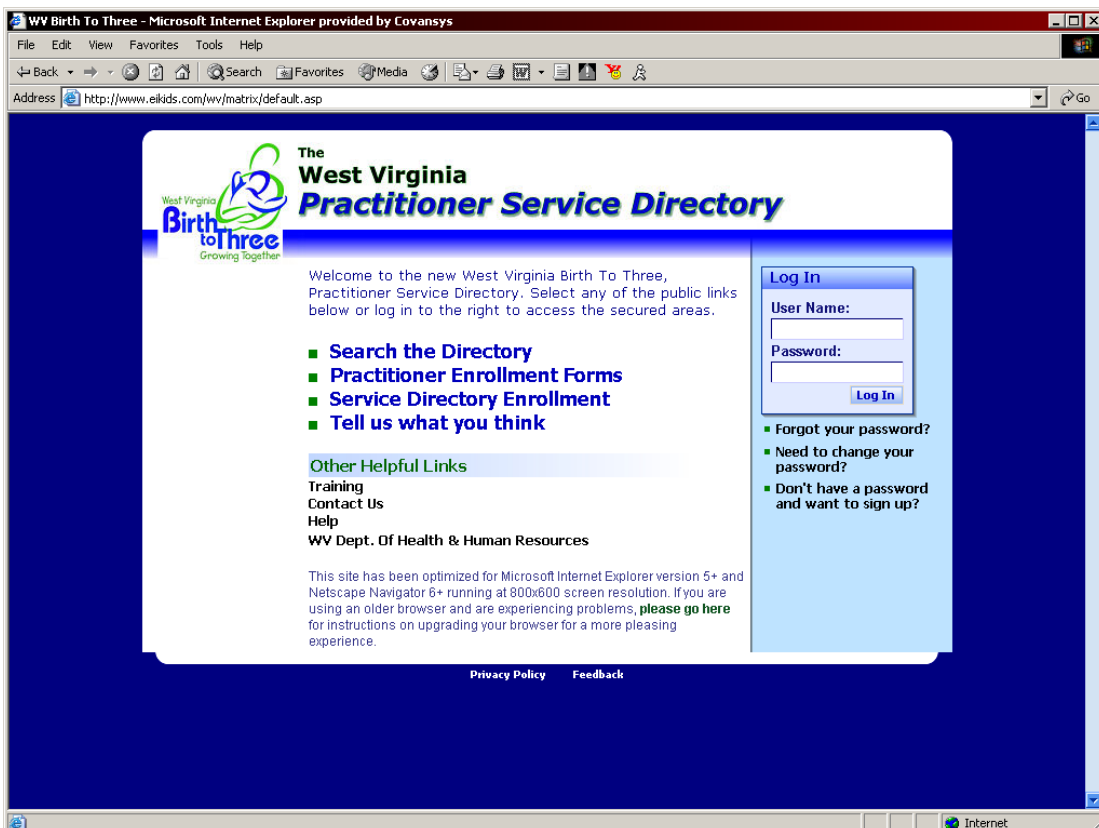
WV Birth to Three services are authorized for payment only to enrolled practitioners/service coordinators. Enrollment through the CFO assures that practitioners/service coordinators meet the personnel standards and credential requirements of WV Birth to Three. Practitioners/service coordinators must enroll through the CFO by completing and submitting all required enrollment forms for review and approval. The CFO will notify applicants of successful enrollment in the CFO.

Practitioners/service coordinators/payees that want to communicate electronically with the CFO must also complete the Certification Statement for Practitioners Submitting Claims and the Trading Partner Agreement. The TPA document outlines the practitioner/service coordinator's choices on how they will communicate information with the CFO. Standardized file formats must be followed when sending or receiving communications electronically. These agreements are available on the website at <http://www.eikids.com/wv/matrix/>. The confidentiality of all data and communications is protected in accordance with the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA).

1.4 Web Access to CFO Forms

The Central Finance Office web page at <http://www.eikids.com/wv/matrix/> provides access to forms utilized by the CFO. Forms can be downloaded from the website. The website also provides links to the WV Birth to Three home page with information on policies, service definitions, TA bulletins, and other resources.

Web Access to Practitioner Enrollment Forms



This page provides links to all the documents and forms needed to enroll as a practitioner or to update practitioner information as a Birth to Three practitioner.

A practitioner may enroll through a Payee organization or independently as a Practitioner/Payee. All forms necessary for practitioner enrollment or enrollment updates are available for download at the CFO web page at <http://www.eikids.com/wv/matrix/>. To access practitioner enrollment forms, select the link for Practitioner Enrollment as shown below.

Included in the enrollment forms for download in pdf format is the enrollment checklist that provides an overview of enrollment requirements. For information regarding practitioner enrollment, contact Gainwell toll free at 1-866-639-2916 option 2 or by email at wvbttenroll@gainwelltechnologies.com.

Submitting Claims for Authorized Services

All authorized WV Birth to Three services are reimbursed through the Central Finance Office. Practitioners/Payees bill directly to the CFO regardless of a child/family's eligibility for various fund sources. The CFO reimburses enrolled practitioners for authorized services delivered in accordance with WV Birth to Three policies and procedures. The CFO then seeks reimbursement from the appropriate fund sources, using a hierarchy including Medicaid, Title V, State Part C funds and Federal Part C funds as appropriate.

Practitioners/Payees may contact the Central Finance Office for billing questions at 1-866- 639-2916, Monday through Friday, 8:00am to 5:00 pm Eastern Time. Claim Submissions are submitted either by use the WV Online Claims System (OCS), submission of an EDI file, or use of the third-party client application.

****IMPORTANT NOTE****

Practitioners must be enrolled prior to being authorized to deliver services.



WV Birth to Three Central Finance Office
 Practitioner Enrollment
 C/O Gainwell Technologies
 Post Office Box 29134
 Shawnee Mission, Kansas 66201-9134

Payee
 Payee Contact
 Address 1
 Address 2
 City, State Zip

RE:

To Whom It May Concern:

The enrollment packet for the above practitioner has been received and the individual is approved for enrollment in the West Virginia Birth to Three System. The practitioner's name will be added to the RAU database for statewide use within 5-7 days. In order for the practitioner to be available for selection to provide WV Birth to Three services for an eligible child/family, the payee organization will need to enter practitioner information online on the WV Birth to Three Service Directory.

The aforementioned practitioner has been provisionally credentialed in the following discipline(s):

Specialty

If the practitioner has applied for additional disciplines not cited above, it means that the documentation as submitted, did not meet discipline requirements as defined by West Virginia Birth to Three.

The provisional credential is valid for one year from enrollment date. The enrolled practitioner must complete credential requirements during the first year of enrollment in order to be eligible for continued enrollment. **Professional licensure and liability insurance must be in place during the full period of enrollment. Lapses in professional licensure and/or liability insurance will result in immediate inability to provide WV Birth to Three services.**

It is important to keep the following information for Service Directory entries, enrollment updates and billing purposes.

Enrollment Date	Tax ID Number	Practitioner ID

Please follow the steps below to obtain the Username and Password needed to enter and maintain the online Service Directory information.

Step #1: Go to www.eikids.com/wv/matrix/default.asp

Step #2: Click on 'Service Directory Enrollment'

Step #3: The 'Enrollment Wizard' will appear. Click on the link for the type of Practitioner.

- Independent Practitioner
- Agency
- Practitioner with an Agency

Step #4: Please enter the requested information in the six-step process.

- First Name
- Last Name
- Email Address
- Where Authorizations are Mailed
- Phone Number
- Tax ID Number

Step #5: Click 'Submit'.

The CFO will email the needed username and password within three days depending on the volume of requests submitted at that time.

The WV Birth to Three System website provides information regarding training, policy, technical assistance and where you will find the **WV Birth to Three Practitioner Handbook**. Visit www.wvdhhr.org/birth23 for this information. If you have questions regarding practitioner enrollment, please contact the Central Finance Office at wvbttenroll@GainwellTechnologies.com or toll free at 1-866-639-2916, Option 2.

Welcome to the West Virginia Birth to Three System.

Should this practitioner discontinue employment with your agency, it is important that the Central Finance Office is notified in writing immediately and that the procedures found on this link be completed to disenroll the practitioner in good standing:

http://www.wvdhhr.org/birth23/tabulletins/tab_Elective_Practitioner_Disenrollment_Process.pdf. This option does not apply to practitioners who are disenrolled by WV Birth to Three.



WV Birth to Three Central Finance Enrollment
 C/O Gainwell Technologies
 Post Office Box 29134
 Shawnee Mission, Kansas 66201-9134

Payee
 Payee Contact
 Address
 City, State Zip

Date: 02/03/2022

RE:

To Whom It May Concern:

The above practitioner has submitted an enrollment packet to become a West Virginia Birth to Three service practitioner in the following disciplines:

Specialty

We are unable to approve his/her enrollment because we are missing the required document(s) listed below:

W-9 – Wet or Digital Signature	Diploma; High School / GED / College
CFO Agreement - Wet or Digital Signature	Diploma/College Transcript; <u>official copy</u>
Enrollment Application Form	Orientation Training Certificate
Rider A - Wet or Digital Signature	Intro to SC / ISC Training Certificate
Rider B - Wet or Digital Signature	COSF Training Certificate
Assurance Form - Wet or Digital Signature	Creating IFSP Training Certificate
Confidentiality Agreement - Wet or Digital Signature	Transition Training Certificate
Supervision Documentation Form	Competency Test Certificate
e-Vendor Agreement / Voided Check	License – Pocket Card with expiration date
E-mail Address Verification	WV State Police Check Results
Parent Exception Form	Online Access Form
Professional Liability Insurance - minimum \$1,000,000 per event	

Enrollments cannot be processed until these items are received.

If the necessary forms have not been received or you have not contacted us within 30 days, your enrollment packet will be mailed back to you. If you wish to enroll after that time, you may resubmit your enrollment packet.

If you have questions or comments, you can email us at wvbtenroll@gainwelltechnologies.com or call us at 1-866-639-2916.

2. Service Authorizations

Authorized services reflect the commitment as established through the WV Birth to Three process for evaluation and assessment, or for provision of services necessary to achieve outcomes identified on the child/family Individual Family Service Plan (IFSP). Service authorizations identify the frequency/intensity of service and the time period that has been identified through related source documents.

Service Authorizations are initiated through the Regional Administrative Unit (RAU) based on receipt of related source document(s). The system relies on prompt receipt of source documents from interim or service coordinators. Source documents related to authorization of services include:

- Practitioner Confirmation Form
- Notice of Eligibility Determination
- An Individualized Family Service Plan or IFSP
- Service Authorization Request Form
- IFSP Review Page

Upon receipt of a source document the RAU promptly enters the information into the BTTOOnline, which captures sufficient information to generate authorizations for WV BTT services. Once the Authorization is entered by the RAU, it becomes visible to the practitioner and is used to provide services to the child.

For Electronic Authorizations check the File Distribution System (FDS) website, BTTOOnline or the Online Claims System before calling the CFO. The FDS is the website where electronic files are posted for the CFO. It can be accessed from the Service Directory page after a successful login. BTTOOnline is the online application used to view the child record information (<https://www.wvbttonline.com/>) and the Online Claims System (OCS) is used to enter claims for the child (<https://www.wvbtt.com/>).

Authorizations reflect the services identified on an Individualized Family Service Plan (IFSP). Authorizations will reflect the services specified on the IFSP including the dates of service, frequency, intensity, location, and duration. Authorization start dates will be consistent with the start date identified on the IFSP even if processed after service has started.

Authorizations that are inconsistent with the IFSP should be discussed with the Service Coordinator immediately. The child's Service Coordinator is identified on the IFSP and the authorization. Practitioners should pay close attention to the end dates of the IFSP and authorization and should not extend services beyond the end dates if no new IFSP or authorization has been received. Services not authorized through the CFO are not reimbursable by WV Birth to Three.

Practitioners should refer to the WV BTT Service Definitions document for specific descriptions and requirements for billable activities under each WV Birth to Three Early Intervention Service. Services are authorized for the period of time that actual face-to-face or telehealth services are to be provided to the eligible child and/or family, and do not include time spent in travel to or from the setting. WV Birth to Three has established a reimbursement policy that reflects a higher rate of reimbursement for services provided in the child's natural environment. WV Birth to Three reimbursements are paid on a face-to-face or telehealth/virtual basis at rates that are calculated to include the total cost of delivering the face-to-face or telehealth/virtual service including training, preparation, documentation, and travel. The only exceptions to this requirement are identified in the WV Birth to Three Service Definition document.

When changes to frequency, intensity or location of services are made through the IFSP process, previous authorizations will be discontinued, and a new authorization will be generated. Authorizations are found on the BTTOOnline or OCS applications. Always verify that the authorization used for billing has not been cancelled or discontinued.

Notes: (1) WV Birth to Three reimburses only for services in the intensity, frequency and location as identified on the child/family source documents. Service authorizations do not allow for billing of services at a higher intensity or frequency than identified on the source documents used to develop the authorizations. The authorization process does however allow for realistic flexibility in the delivery of identified services. For example, if a child/family's IFSP calls for 1 hour two times per month of a physical therapist's time to provide training and support to a child/family in their home, this frequency (2xmonth) and intensity (60 minutes or 4 units) multiplied by the length of the IFSP (12 months) will provide the total number of units of service that can be billed under the authorization. This process allows for some flexibility from visit to visit (i.e., one visit of 45 minutes and one visit of 75 minutes) but will not allow additional units over the time span of the authorization.

Notes: (2) Families in the WV Birth to Three System will receive a monthly Explanation of Benefits (EOB) that lists claims paid for authorized services.

3. Billing Instructions

Enrolled practitioners submit claims using the Online Claims System (OCS) for authorized services provided in accordance with WV Birth to Three policies and procedures. Claims for all services authorized through the Regional Administrative Unit (RAU) must be submitted using OCS or electronically using an EDI file. The CFO will pay the claim, determine the appropriate funding source, and in turn seek reimbursement. The Central Finance Office (CFO) is the only practitioner "payer" for any service authorization generated for the WV Birth to Three System. **In accordance with CFO Payee Agreements, practitioners are not to bill Medicaid, private insurance, DHHR, families or any other source for WV Birth to Three services authorized through the RAU/CFO.**

3.1 CFO Standard Timelines/Deadlines

Claims Processing Turnaround:

Claims are submitted using OCS. Once a claim is entered it is marked for payment on the next scheduled payment processing day.

Claim Filing Deadline:

Claims must be submitted within 60 calendar days of the date of service.

Claim Resubmission Filing Deadline:

Previously submitted and rejected claims must be resubmitted within 180 days of the date of service.

Claim Resubmission (Incorrect Authorization) Filing Deadline:

Previously submitted and rejected claims can be resubmitted only after a corrected authorization is issued and must be resubmitted within 60 calendar days of the issue date of the corrected authorization.

Claim Overpayment Automated Refund Deadline:

In cases of overpayment, **practitioners will not routinely refund payments manually through submission of checks.** The adjustments will be entered in the system against individual claims and the system will deduct the amount of overpayment on subsequent claim(s) payments processed. In cases of underpayments, adjustments will be entered in the system against individual claims and the system will augment the amount of the underpayment on the next claim payments processed.

Claim Overpayment Manual Refund Deadline:

Only when automated claims adjustment/offset is not a viable alternative, the practitioner will be mailed two written notices (at 30 and 90 days from original overpayment date), to manually refund an overpayment discovered by CFO. All manual refunds must be made to CFO no later than 180 days from original overpayment date.

Automated Payment Adjustments/Offsets:

The CFO has a system of automated claims adjustments/offsets to address practitioners for overpayments and /or underpayments caused by various procedures. When errors are discovered, adjustments will be entered on the system after receipt of proper documentation from practitioners.

3.1.1 Option 1: Online Claims System (OCS)

Choosing this billing option provides a reliable billing choice since the practitioner (user) has access to authorization via OCS.

Date of service should be in the mm/dd/ccyy format (04/01/2004) and must be on or after April 1, 2004. The CFO cannot pay claims for services that occurred prior to April 1, 2004.

Charges may not exceed the rates established by WV Birth to Three. Charges must reflect the total charges for each service encounter. For example, if the charge for a 15-minute unit of service is \$17.70 and 60 minutes (or 4 units) of service was provided, the billed charge should be 4 units, totaling no more than \$70.80.

The Telehealth questions is a required field indicating the service was delivered remotely either by phone call or video conference.

Billing in Units

Services billed by time must be billed for the period of time that actual face-to-face or telehealth/virtual services were provided to the eligible child and/or family and should not include time spent in travel to or from the setting. WV Birth to Three service reimbursement is paid on a face-to-face or telehealth/virtual basis at rates that are calculated to include the total cost of delivering the face-to-face or telehealth/virtual service including training, preparation, documentation, and travel. The only exceptions to this requirement are identified in the WV Birth to Three Service Definition document.

Intensity refers to the number of units provided. The West Virginia Birth to Three System requires that services be billed on a unit basis. A unit is a measure of time – for most authorizations each unit will be composed of 15 minutes. Services are recorded for the child's educational record using the WV Birth to Three Intervention, Service Coordination or Teaming Activity notes, including the actual minutes of face-to-face or telehealth/virtual service. However, for billing/claims purposes the service must be billed in units. Minutes of service are rounded by the following rule to identify the appropriate number of units for billing: 8 minutes and up round to 1 unit and 7 minutes or less round down to zero. For example, 35 minutes of service would be rounded to 2 units.

Patient account number is an optional field and is used at the practitioner's discretion. If included, this information will be returned on the Explanation of Practitioner Payment for ease in linking back to your accounts receivable system or practice management system.

3.1.2 Option 2. Electronic Billing & Claims Certification Statement

The *Certification Statement for Practitioners Submitting Claims* is to be used by practitioners/payee organizations with large batches of claims. It documents that the practitioner/payee organization certifies the accuracy of claims information submitted in batches whether paper or electronic.

If this signed and completed form is placed on file with the Central Finance Office, the practitioner or authorized official within a payee organization no longer has to sign each individual paper claim.

Note: All practitioners/payee organizations intending to bill electronically are required to submit a signed, completed *Certification Statement for Practitioners Submitting Claims*.

Instructions:

1. Fill in the practitioner/payee organization name.
2. Fill in the name of the practitioner or the official within the organization who has the authority to sign on behalf of the individual practitioner.
3. Fill in the title of the above individual.

4. Sign and date the signature.
5. Complete the Tax ID number of the practitioner/payee organization.
6. Place an "X" in the appropriate box to indicate if the certification form is being filed to cover batch submissions of paper and/or electronic claims.
7. If being filed to submit electronic claims, please fill in the name and phone number of the contact person responsible for the submission of electronic claims.

Submit this signed and completed certification form to:

Central Finance Office
c/o Gainwell Technologies
PO Box 29134
Shawnee Mission, KS 66201-9134
866.639.2916

Details regarding submitting claims electronically are found in the Companion Guide that is located on <https://www.eikids.com/wv/matrix/>. To activate the electronic billing option please read the Companion Guide, complete and mail the Trading Partner Agreement and the certification statement. After receipt of this information, contact the CFO about testing transmissions.

CERTIFICATION STATEMENT FOR PRACTITIONERS SUBMITTING CLAIMS

This is to certify that any and all information contained on any WV BTT billings submitted on my behalf by electronic, telephonic, and/or mechanical means of submission, shall be true, accurate, and complete. I accept total responsibility for the accuracy of all information contained on such billings, regardless of the method of compilation, assimilation, or transmission of the information (I. e. either by myself, my staff, and/or a third party acting in my behalf, such as a service bureau). I fully recognize that any billing intermediary or service bureau that submits billings to the Department of Health and Human Resources (DHHR) or its Fiscal Agent Contractor is acting as my representative and not that of WV BTT or it's Fiscal Agent Contractor. I further acknowledge that any third party that submits billings on my behalf shall be deemed to be my agent for purposes of submission of WV BTT Central Finance Office claims.

I understand that payment and satisfaction of any claims that shall be submitted on my behalf will be from Federal and State funds, and that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and/or State law. The payee will hold harmless and indemnify WV BTT from any and all claims, actions, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses, which arise out of or are alleged to have arisen out of or as a consequence of the submission of WV BTT Central Finance Office billings by the payee through electronic, telephonic, and/or mechanical means of submission unless the same shall have been caused by negligent acts or omissions of WV BTT.

I further acknowledge that submitting claims by means other than standard paper does not alter my continuing obligation to comply with all applicable requirements of the Central Finance Office Service Payee Agreement and Riders which I have signed including but not limited to those requirements pertaining to payments, billing timelines, records and records retention.

I understand that WV BTT or its designees are prepared to provide necessary technical assistance to assist new payees, or to correct technical problems which existing payees may experience. I realize that all communications regarding electronic, telephonic, or mechanical submission of claim shall be between the payee in whose name the claim is submitted and WV BTT or its Fiscal Agent Contractor. I further understand that this technical assistance shall consist of:

- identification of data element requirements
- identification of record layouts and other electronic specifications
- identification of systematic problem areas and recommended solutions

I agree to notify either WV BTT or its Fiscal Agent Contractor of any changes in my payee name or address. Further, I agree to comply with such minimum substantive and procedural requirements for claims submission as may be required by or its Fiscal Agent Contractor.

I certify that I am in compliance with the Central Finance Office Service Practitioner Agreement and Riders.

Further I understand that violation of any of the provisions of this Certification Statement shall subject me to the actions set out in the WV BTT Policy on Central Finance Office Payee Dis-enrollment and shall make the billing privilege established by this document subject to immediate revocation at WV BTT's option.

THE UNDERSIGNED HAVING READ THIS CERTIFICATION STATEMENT AND UNDERSTANDING IT IN ITS ENTIRETY DOES HEREBY AGREE TO ALL OF THE STIPULATIONS, CONDITIONS AND TERMS STATED HEREIN.

Practitioner/Payee Organization Name		
Practitioner/Authorized Official	Title	
Practitioner/Authorized Official Signature	Date	Practitioner/Payee Organization Tax ID

Place an "X" in the appropriate box below:

- This certification is being filed to cover the submission of unsigned batches of paper claims.
- This certification is being filed to cover the submission of electronic claims.

Name: Electronic Claims contact: _____ Phone No: _____

3.1.3 Trading Partner Agreement General Information

The *Gainwell* Trading Partner Agreement (TPA) establishes a formal relationship that allows *Gainwell* and its trading partners to exchange electronic transactions. The TPA outlines the roles and responsibilities that bind both *Gainwell* and its trading partner, to ensure secure electronic transmissions.

Any WV BTT practitioner that is a direct sender of batch electronic transmissions to *Gainwell* must complete the *Gainwell* Trading Partner Agreement. Trading partners must also complete the Certification Statement for Practitioners Submitting Claims by Means Other than Standard Paper form as part of this agreement. Copies of the Certification Statement for Practitioners Submitting Claims by Means Other than Standard Paper forms and instructions for their completion are found in the West Virginia WV BTT Practitioner Billing Manual.

After *Gainwell* receives an original copy of the TPA, contact will be made with information about testing transmissions.

Gainwell requires the execution of its own TPA with all entities that are sending us direct transmissions. The *Gainwell* Trading Partner Agreement is comprehensive and should address any issues or legal concerns of our trading partners.

Gainwell will accept up to 5000 claims per 837 batch file. The creation of this limitation to avert circumstances where file size management may become an issue.

Gainwell has determined the Electronic Transmitter Identification Number (ETIN) to be the WV BTT Practitioner number that was established at the time of credentialing.

Birth to Three Practitioners may send to *Gainwell* the following files/transactions:

Transaction Set Number	Document Name/ Description	Version Release
837	Health Care Claim: Professional	5010
276	Health Care Claim Status Request	5010

Gainwell is prepared to send the following files/transactions to Birth to Three Practitioners:

Transaction Set Number	Document Name/ Description	Version Release
835	Health Care Claim Payment/Advice	5010
277	Health Care Claim Status Response	5010
278	Health Care Services Review Response	5010

The following files/transactions will not be used at this time:

- 837 Health Care Claim: Institutional
- 837 Health Care Claim: Dental
- 834 Benefit Enrollment and Maintenance
- 820 Premium Payment for Insurance Products
- 278 Health Care Services Review Request
- 270 Health Care Eligibility Inquiry
- 271 Health Care Eligibility Response

Practitioners will see the following table in the Trading Partner Agreement. This allows a Birth to Three Practitioner to choose the transaction they will send electronically.

Transaction Set Number	Document Name/ Description	Version Release	Method (Paper/electronic)
837	Health Care Claim: Professional	5010	
276	Health Care Claim Status Request	5010	

Practitioners will see the following table in the Trading Partner Agreement. This allows a Birth to Three Practitioner to choose the transaction they will receive electronically.

Transaction Set Number	Document Name/ Description	Version Release	Method (Paper/electronic)
835	Health Care Claim Payment/Advice	5010	
277	Health Care Claim Status Response	5010	
278	Health Care Services Review Response	5010	

3.2 Explanation of Practitioner Payment

The CFO generates an Explanation of Payment (EOP) detailing the information on the claims submitted and processed. The EOP includes the claim number assigned to a particular claim processed as well as amounts paid or not covered. When claims are rejected in part or in full the EOP will include a rejection code for the practitioner information in taking corrective action. Please see an example of an EOP on the last page of this section.

The standard 835, remittance advice, is also available for the practitioners who elect to communicate electronically.

Claim Rejection/Denial Reasons

1. Authorization number not provided	14. Offset for previously paid claim
2. Charges exceed program allowance	15. No intensity provided in units
3. Duplicate Charge	16. No procedure code provided
4. Not authorized on dates indicated	17. No charges provided
5. Child not eligible for program	18. Practitioner no longer actively enrolled
6. Authorization has been canceled	19. Practitioner not on authorization
7. Practitioner number not given	20. Refund for over billing
8. Claim form not signed	22. Practitioner insurance refund
9. Service dates more than 60 days old	23. Practitioner Medicaid refund
10. Freeform comments	24. DOB on claim not same as DOB on file
11. Procedure code given not authorized	25. No response to duplicate request
12. Authorized procedure limit exceeded	26. Over resubmission filing limit
13. Practitioner not properly credentialed	99. Tracking of services (used by system)

Resubmission of Rejected/Denied Claims

Resubmission of a previously denied or rejected claim should be submitted on the "Application for Override Denied Claim" document located on the Service Matrix under Practitioner Information/Billing Information. This form should be submitted to the director for approval.

Claims Corrections

Corrections to previously submitted and paid claims should be submitted on the "Application for Claim Correction" document located on the Service Matrix under Practitioner Information/Billing Information. This form should be submitted to the Central Finance Office.

3.3 *Billing Examples*

Example # 1- Not enough service billed:

Practitioner bills and receives payment for services that represent 4 units when **actual services for that day were 6 units**. Practitioner submits an additional claim, marked as "correction" on the face of the claim form, for the incremental 2 units of service. In addition, please place an X in the "yes" block indicating this is a resubmission of a claim and make a note on the face of the claim form indicating this is for additional minutes.

Example # 2- Too much service billed:

Practitioner bills and receives payment for services that represent 4 units when **actual services for that day were 2 units**. Practitioner submits an additional claim, marked as "correction" on the face of the claim form for the reduction of 2 units of service. The reduction should be noted with a minus sign or in brackets for both the time and the charges. In addition, please place an X in the yes block indicating this is a resubmission of a claim. Make a note on the face of the claim form indicating the minutes billed and this needs to be set up as an overpayment.

Automated Payment Adjustments/Offsets:

CFO has implemented a system of automated claims adjustments/offsets to address practitioner overpayments/underpayments caused by various improper/erroneous billing procedures. When errors are discovered, adjustments will be entered on the system after receipt of proper documentation from practitioners.


Manual Overpayment Refund:

Only when automated claims adjustment/offset is not a viable alternative the practitioner will be mailed two written notices (at 30 and 90 days from original overpayment date) to refund an overpayment discovered by CFO. All manual refunds must be made to CFO no later than 180 days from original overpayment date.


When submitting manual claims corrections for overpayment please make the refund check out to:

Central Finance Office
c/o Gainwell Technologies
and mail to:
Central Finance Office
c/o Gainwell Technologies
PO Box 29134
Shawnee Mission, KS 66201-9134

Explanation of Practitioner Payment (EOP) Example

Central Finance Office c/o Gainwell PO Box 28134 MISSION, KS 66201-9134		Explanation of Practitioner Payment					
This EOP does not indicate payment. Payment will be made on the standard WV BTT schedule. Refer to the e-mail dated 3/3/2008 for explanation.							
Payee Payee First Name Last Name Street Address City, State, Zip	Date: 5/12/2022 Payment Reference #: 220764 Statement Date: 5/12/2022	Amount: \$88.50					
Practitioner ID: ***-**-2270 0000 Practitioner Name: First Name Last Name Program: Early Intervention							
Service Category	Service Dates	Amount Billed	Amount Denied	See Note	Amount Disallowed	Paid Previously	Amount Paid
Child: child last name, first name Account: Parent/Guardian: First Name Last Name			Claim: 220508-5177-XXXX ID: 2015-####				
Special Instruction	5/6/2022	88.50	0.00		0.00	0.00	88.50
Sub-Totals		\$88.50	\$0.00		\$0.00	\$0.00	
						Paid to	\$88.50
Provider Totals		\$88.50	\$0.00		\$0.00	\$0.00	
						Total Paid to	\$88.50

Explanation of Benefits - Example

Central Finance Office c/o Gainwell Technologies P.O.Box 29124 Shawnee Mission, KS 66201-9134		Explanation of Benefits				
Child ID No.	Child's Name	Dates				
****	Child First Name Child Last Name	02/01/2004 To 02/29/2004				
Primary Contact						
Primary Contact First & Last Name						
This is NOT a Bill						
Primary Frst & Last Name Street Address Charleston, WV 25326		For inquiries regarding information please call: (866) 639-2916				
Claim No. Practitioner Name Service Category	Service Dates	Units Billed	Amount Billed	Amount Denied	Amount Disallowed	Amount Paid
Claim: 040225-3-1 Practitioner: Last name, First name						
Family Train./Coun./Home	02/01/2004	1	100.00	0.00	91.03	8.97
			\$100.00	\$0.00	\$91.03	\$8.97
Claim: 040225-3-6 Practitioner: Last name, First name						
Audiology	02/01/2004	4	100.00	0.00	10.00	90.00
			\$100.00	\$0.00	\$10.00	\$90.00
Claim: 040226-3-2 Practitioner: Last name, First name						
Family Train./Coun./Home	02/21/2004	4	100.00	0.00	29.20	70.80
			\$100.00	\$0.00	\$29.20	\$70.80
Benefit Totals:			\$300.00	\$0.00	\$130.23	\$169.77
This area can be used to send messages to parents. "One unit equals fifteen minutes of service"						

4. Calculation of Encumbered Units

This document is provided to assist practitioners with the management of services delivered and billed.

It is the responsibility of practitioners to monitor the utilization of services they have been authorized to deliver and it is essential that they receive information on the process by which the total units on an authorization are calculated.

The majority of authorization types are addressed by the information below. However, in the case of Assistive Technology, authorizations are based on fixed dollar amounts for specific items.

Background

The CFO Claims system determines the maximum usage of many types of authorization based on a calculated number of units authorized. For example, an authorization for a service to be rendered 3 times for 1 hour each time would have a total "units authorized" of 12 units (4 15-minute units x 3 visits).

Once all units authorized have been paid, claims are denied with reason code 12, "authorized limit exceeded." The total number of units authorized, and the number of units paid to date is available to practitioners in the Online Claims System (OCS) using the Unit Summary button on the Authorization Detail page or by calling the CFO to determine how many more units are available for payment for a particular authorization.

The BTTOOnline software has enormous flexibility in the specification of an authorization's number of units. An authorization can be written for x units, y times per z time period, from a start date to an end date. This flexibility adds a great deal of complexity when calculating the maximum number of units intended to be authorized.

Most of the calculation is simple. Some differences in total units authorized result from a variance of plus or minus a week or month and is relatively minor. In some cases, the difference can be quite large, particularly when the authorization is written on a per-month, per-quarter or per-year basis.

Examples:

4 units, 8 times per month from 3/10/22 to 5/25/22 totals

- 96 units, if the date range is rounded to 3 months
- 64 units, if the date range is rounded to 2 months
- 48 units, if the date range is prorated to 1.5 months

2 units, 52 times per year from 2/1/21 to 1/12/22 totals

- 104 units, if rounded to 1 year
- 208 units, if rounded to 2 years
- 99 units, if prorated to 0.95 years

Solution

An algorithm for converting a specified date range into a number of weeks, months or years was implemented. An effort was made to keep the algorithm as simple as possible, because the number of units authorized must be calculated each time a claim

is edited to determine whether it can be paid.

To address the above requirements and considerations the following algorithm has been implemented in the claims system:

Two intermediate values are coded.

U = the number of units authorized per single time period. In example A, above, U = 32 (4 units x 8 times per single month). In example b, U = 104 (2 units x 52 times per single year). In finding U, the start and end dates of the authorization and the exact time period specified are ignored. For any authorization, U is an integer that is easily determined.

T = the number of time periods falling between the authorization start date and end date. It is not rounded, and it is determined as follows:

If start date = end date or the time period is "per auth," then T = 1.

Else T = the number of days between start date and end date, inclusive, divided by 1, 7, 30, 90, or 365, for authorizations per day, per week, per month, per quarter and per year, respectively.

Total Units Authorized = U x T. The number of units per time period multiplied by the number of periods between the start date and end date gives the final answer. When any remainder exists, the number of units is always rounded up to the next whole number. For instance, 14.01 units should be paid up to 15 units.

This algorithm effectively prorates the units authorized according to the number of days in the authorization's date range, giving the third answer in the previous examples.

In Summary:

The last section above describes the calculation, which simply put is this:

$U \times T$

where U = the number of units per time period (per auth, per week, per year,...) and T = the number of time periods during the auth, based on the number of days from start date to end date, divided by 7, 30, 90, or 365 to determine weeks, months, quarters, or years, as appropriate.

If the result of U x T is not an integer (0 to the right of the decimal), the value is always bumped up to the next whole unit.

The following are examples:

A. 45 minutes 2 times **per week**, from April 1 to May 31 U = 6 (3 units x 2 times per)
T = 8.7142857... (61 days / 7 days per week) U x T = 52.2857 ...
Units Authorized = 53

B. 60 minutes 2 times **per month**, from February 1 to May 31 U = 8 (4 units x 2 times per) T = 4.0 (120 days / 30 days per month)
U x T = 32.0
Units Authorized = 32

C. 30 minutes 5 times **per auth**, from January 1 to December 31 $U = 10$ (2 units x 5 times per)

$T = 1.0$ (time period is per auth) $U \times T = 10.0$

Units Authorized = 10

D. 90 minutes 1 time **per quarter**, from January 1 to January 31 $U = 6$ (6 units x 1 time per) $T = 0.34444\dots$ (31 days / 90 days per quarter)

$U \times T = 2.06666\dots$

Units Authorized = 3

To calculate how many units, you have for a given authorization, you can find an Encumbered Units Calculator at this link <http://www.eikids.com/wv/matrixp> and click "Help". The required information for the Encumbered Units Calculator may be found by information obtained from the authorization. The calculator will display the total number of units for that given authorization.