

**Children's Long-Term Support (CLTS) Waivers
Foster Care Provider Data Information
Updated March 5, 2013**

The Centers for Medicare and Medicaid Services (CMS) required the Department to implement a Third Party Administration (TPA) claims process for the CLTS Waivers to ensure compliance with the federal Medicaid Management Information System (MMIS) requirements. MMIS requirements includes encounter level reporting that documents eligible services are authorized and delivered to an eligible participant by a qualified provider during an eligible period.

The purpose of this document is to provide updates and clarification regarding the Microsoft Excel provider file and foster care claim file procedures to increase consistency and reliability among county waiver agency claims

Reminder of previous guidance:

With a few exceptions, CLTS Waiver service providers need to submit their own claims to the TPA for processing. Foster care provider claims processing is one of those exceptions, and the procedure is described below. To maintain tax exempt status, the foster care provider must receive one check from the county child welfare agency, thus the appropriate procedure is for counties to pay foster care providers and then submit only CLTS waiver allowable expenses to TPA for reimbursement.

In order to accurately capture servicing provider information for foster care providers, the Microsoft Excel TPA provider file and the claim should contain the important information.

- Provider file to DHS:
 - The "billing provider" fields should contain county related information (e.g., W-9 name, Tax ID, Billing Address)
 - The "servicing provider" fields should include the foster care provider's information
 - All CLTS authorized foster care providers should be included on the Provider file

- Claim to WPS:
 - The foster care providers information should appear in the "Servicing Location" on the claim file.

- o Excel Format:

PROVIDER INFORMATION:			
Provider TAX ID/EIN/SSN:	123456789	Location # (reserved for WPS):	
Provider Billing NPI #:		Pend (reserved for WPS):	
Servicing or Business Provider Name:	Foster Care Provider	Billing or Pay-to Provider Name:	County Waiver Agency
Servicing or Business Provider Address:	123 Johnson Street	Billing or Pay-to Provider Address:	123 Oak Street
City:	Madison	City:	Madison
State:	WI	State:	WI
Zip Code:	53707	Zip Code:	53707

- o EDI Format: 837:

- PCACE Pro 32 for EDI Submissions
- The servicing address or the Foster Care Provider information should be loaded into the General Info tab in the highlighted fields shown below.
- The County Waiver Agency information should be loaded in the Extended Info tab in the highlighted fields below.

Professional Provider Information

General Info
Extended Info

Provider Type: Group Practice Individual in Group Solo Practice

Organization: [REDACTED]

Last/First/MI: [REDACTED] [REDACTED] [REDACTED]

Address: PHYSICAL ADDRESS HERE

City/St/Zip: [REDACTED] [REDACTED] [REDACTED]

Phone: [REDACTED] Fax: [REDACTED]

Contact: OFFICE CONTACT NAME HERE

Provider ID/No. TAX ID [REDACTED] LOB COM

Payer ID WPS Tag [REDACTED]

Group Label: [REDACTED]

NPI: SEE NOTE

Tax ID/Type: [REDACTED] E

UPIN: [REDACTED]

Specialty: [REDACTED] Type Org [REDACTED]

Taxonomy/Type: [REDACTED]

Accept Assign? A Participating? [REDACTED]

Signature Ind Y Date 12/01/2008

Provider Roles: Billing Y Rendering N

Remarks: [REDACTED]

Provider Associations: Select None

LOB	Provider ID	Provider/Group Name

Save Cancel

- Paper Format:

PROVIDER BUSINESS ADDRESS		PROVIDER BILLING ADDRESS <i>(PHYSICIANS OR SUPPLIERS BILLING ADDRESS)</i>	
7. Provider TAX/EIN/SSN:	123456789	11. Rendering Provider Name:	
8. Business Name:	Foster Care Provider	12. Billing Provider Name:	County Waiver Agency
9. Business Address:	123 Main Street	13. Billing Address:	123 Oak Street
10. City/State/Zip Code:	Madison, WI 53707	14. City/State/Zip Code:	Madison, WI 53707

Data Warehouse Implications:

- In the Claims Extract universe, the information under the “Billing Provider Name” is the “Servicing Provider or Place of Business” from the claim file; therefore it is important to identify this information correctly.
- With this updated data format, the Data Warehouse will display the “Servicing Provider or Place of Business” information under the “Billing Provider Name”, which will simplify the data retrieval process.

Submitter Org Name	Billing Provider Tax ID Number	Billing Provider Name	Sum Total Paid Amount
County Waiver Agency	County Tax ID	Johnson Foster Care	1,058.56

Next Steps:

- Update Provider files
 - Provider files that currently do not include foster care providers as the billing provider should be updated (using a change request) and re-submitted to DHS via the DHSPROVIDERREGISTRY@WISCONSIN.GOV, This action should be completed as soon as possible, but no later than May 31, 2013. This updated process will allow the Department and the county to access more reliable information regarding foster care providers for claims submitted by the county waiver agency.
- Update claim formats
 - All claims for foster care providers submitted to WPS after May 31, 2013 should include appropriately identified billing and servicing provider data.