

IDD Waiver Billing/Technical Assistance Report (BTAR)

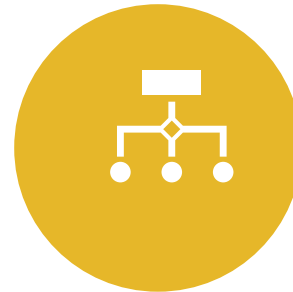
A COLLABORATIVE TRAINING BY DHCF AND DDS

SEPTEMBER 16, 2020

What is BTAR?



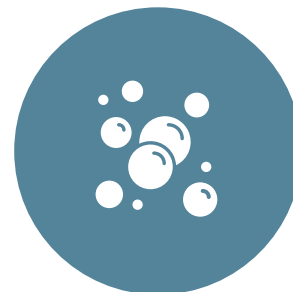
BTAR stands for Billing/Technical Assistance Report



DHCF and DDS created a more streamlined process to manage and track inquiries received from providers regarding their billing and Prior Authorization (PA) inquiries



The BTAR will replace the current email inquiry process



All inquiries **MUST** be submitted through the BTAR process. **No Exceptions!!!!**

Benefits of Automation



TRACK AND TREND BILLING
CONCERNS



IDENTIFY AND ADDRESS ROOT
CAUSE AND SYSTEMIC ISSUES
CAUSING BILLING CONCERNS



ASSESS TIMELINESS FOR
RESOLUTION

When does the BTAR start?



Effective October 1, 2020



ALL providers will be required to submit their inquiries through this new process



Failure to comply results in delayed resolution of inquiries


Have a billing or PA issue?....Here's where you start.....

From the URL link on MCIS, you will connect to open an inquiry form

Once in the form, simply follow each section and provide the requested information

Where's the URL link?....

You can find it on MCIS under
“Dashboard Notifications.”

Dashboard Notifications	
Billing and Prior Authorization (PA) Technical Assistance Guidance	Using_the_Web_Portal_to_Check_Claim_Status Using the Web Portal to Check Recipient Eligibility Xerox aka ACS instructions to obtain PA numbers
Billing and Prior Authorization (PA) Technical Assistance Guidance	Billing_and_PA_Technical_Assistance_2017
	URL LINK WILL BE HERE
Provider Dashboard	

Section 1:


Name of Individual

Enter the name of the person on your claim or PA in question



Section 2: Medicaid ID number

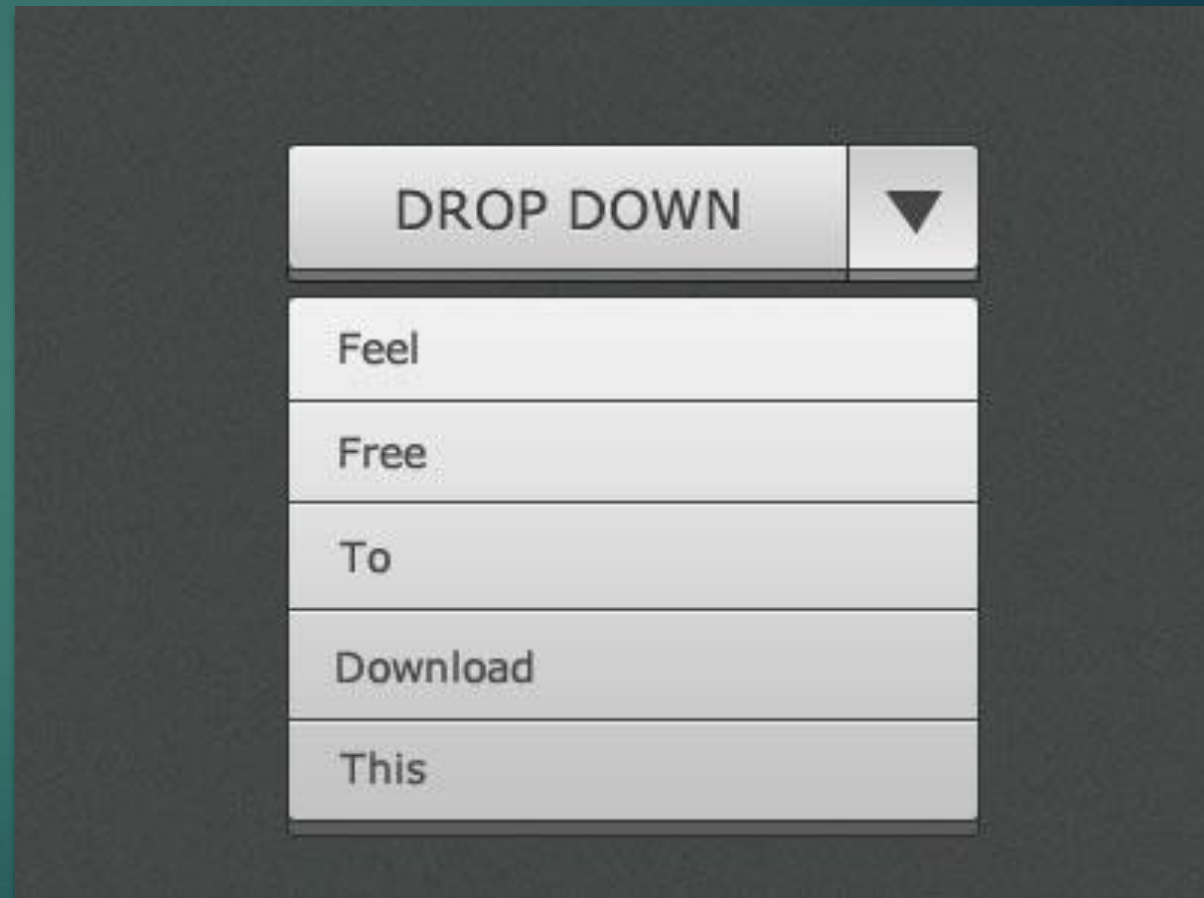
Enter the person's Medicaid ID number



It is an eight (8) digit number that begins with a "7" Can be found on the person's Medicaid insurance card or on the Service Authorization Form (SA) from DDS

Section 3: Name of Service

- ▶ Select a service from the drop-down list



A screenshot of a web form element. At the top, there is a button labeled "DROP DOWN" with a downward-pointing triangle icon to its right. Below this button, a list of options is displayed, each on a separate line: "Feel", "Free", "To", "Download", and "This".

Section 4: Provider



Select the name of your provider agency from the drop-down list



If your agency is not listed, select “OTHER” and write in the name

Section 5: Provider ID



ENTER YOUR AGENCY'S MEDICAID
PROVIDER ID NUMBER



THIS IS THE NUMBER THAT ALL ENROLLED
PROVIDERS ARE ISSUED WHEN THEY FIRST
ENROLL AND IS USED ON ALL CLAIMS

Section 6: Procedure Code/Modifier

01

Select the service procedure code/modifier that pertains to the inquiry being submitted

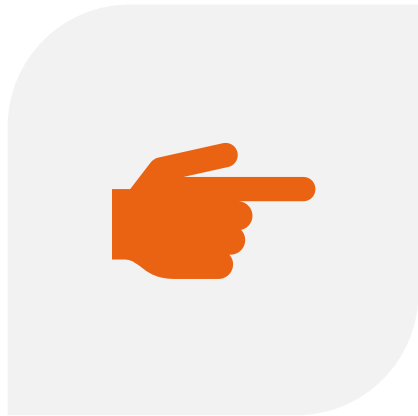
02

If the code/modifier is not listed, select "OTHER" and write in the procedure code/modifier

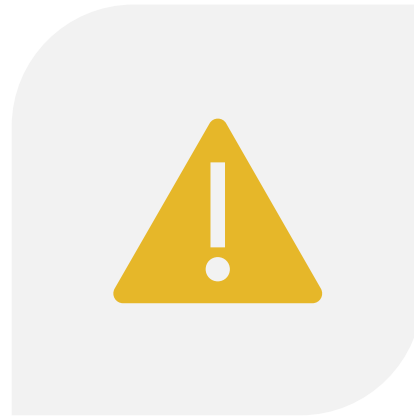
03

DO NOT enter the descriptive name of the service. It must be the procedure code and modifier

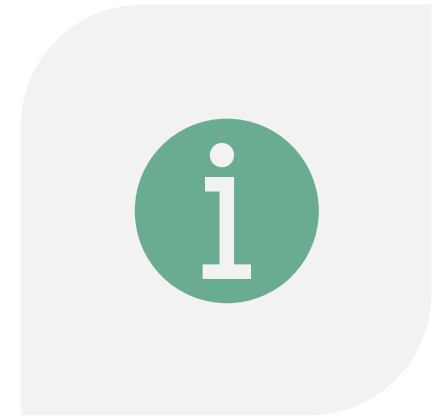
Section 7: Date Range of Service Auth (SA) – From Date



ENTER THE **START** DATE OF THE SERVICE
AS REFLECTED ON THE SA FORM



IF UNKNOWN, ENTER THE START DATE OF
THE ISP PERIOD THAT THE SERVICE OR
PROCEDURE CODE/MODIFIER EFFECTS



***NOTE: THIS IS NOT THE DATE YOUR
CLAIMS DENIED***

Section 8: Date Range of the Service Auth (SA) – To Date



Enter

Enter the **END** date of the service as reflected on the SA Form



Enter

If unknown, enter the end date of the ISP period that the service or procedure code/modifier effects

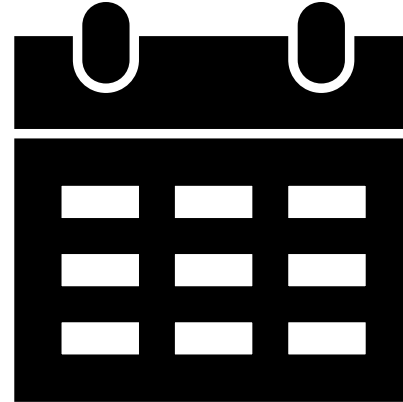


Note

This is **NOT** the date your claims denied

Section 9: Action Date

- ▶ Enter the date the SA was approved by the Waiver Unit staff
- ▶ **Note:** This is **NOT** the service period or date range that the service was effective. In some cases, a service may be approved and be effective the entire length of the ISP year
- ▶ This is the date from the SA Form where the Waiver staff signed their approval (See sample on next page)



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES



**Home and Community Based Waiver
RECORD OF REQUESTED SERVICES**
(ONLY PRIOR-AUTHORIZED SERVICE (S) WILL BE REIMBURSED)

Person Data

Person:

Medicaid #:

Address:

**DDS Service
Coordinator :**

Phone #:

As a certified Medicaid Provider for the Home and Community Based Waiver Services for people with Intellectual and Developmental Disabilities, you have been selected to provide the following services to the above named Person. Services are only prior authorized for up to one year, based upon the date of the plan of care.

Agency Data	Agency Address	Waiver Service(s)	status	Code	Units	Start Date	End Date	Approved date	Frequency Comments
		RW Parenting Supports Professional (1:1)	Approved	S9444-U4	4	8/7/20	9/7/20	08/04/2020	Assessment

All above authorized services must have an approved Plan of Care prior to service delivery. I certify that the above listed service(s) have been requested by the Department on Disability Services (DDS).

<i>Sample Signatures</i>	08/04/2020	Medicaid Waiver Specialist	202-730-1700
	Approved date	Title	Phone

A formal Prior Authorization with a Prior Authorization Number online claiming, based on this services request, will be forwarded to the District of Columbia's Medicaid agency.)



Sample SA Form – Approved Date

Section 10: PA



ENTER THE PA NUMBER FOR THE SERVICE



NOTE: PLEASE DOUBLE CHECK YOUR NUMBER TO ENSURE IT IS COMPLETE. *THIS IS AN 11-DIGIT REFERENCE NUMBER*

Section 11: TCN

ENTER YOUR TRANSACTION CONTROL NUMBER AKA TCN NUMBER. **(YOU WILL ONLY HAVE THIS IF YOU SUBMITTED A CLAIM)**



THE TCN IS A 17 NUMERIC CHARACTER REFERENCE FOUND ON EVERY CLAIM

IT CAN BE FOUND ALONG THE TOP OF THE CLAIM INQUIRY SCREEN ON THE MEDICAID PORTAL OR ON YOUR RA. IT WILL BE **LABELED "TCN"**

TCNS ARE ASSIGNED TO ALL ORIGINAL AND ADJUSTMENT CLAIM SUBMISSIONS

Section 12: Comments

Enter any additional information that is relevant to your inquiry

Note: This field is **NOT** a replacement or alternative to entering the required information from the previous fields

Only intended to inform the reviewer of additional information that supplements or supports what was entered in Sections 1-11



Completing the BTAR Form

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Questions and Answers

