KENTUCKY
AN INSTRUCTIONAL RESOURCE GUIDE FOR MEDICAID WAIVER REIMBURSEMENT

eBrief is committed to partnering with all of our customers and assisting them in providing supporting documentation required for participants using the eBrief insert to receive appropriate reimbursement through funding sources. This guide specifically marries details from the state resources of Kentucky Department for Medicaid Services (KDMS) along with our processes from eBrief to streamline obtaining assistive technology and specialized equipment for Medicaid Waiver eligible participants while reducing the financial burden to the participant or their caregivers as much as possible. ***This is not a KDMS document.***

PROVIDER ENROLLMENT

In order to bill Medicaid for Medicaid Waiver services (ie Assistive Technology, Specialized Equipment and Supplies, or home modifications) an organization must use the structured process outlined by the state of KY. An organization must first be enrolled in the Medicaid program in order to have authority to bill Medicaid for the waiver services. If you are interested in enrolling, review the KY **New Enrollment, Revalidation, or Maintenance website here. Kentucky uses the Kentucky Medicaid Partner Portal Application (KY MPPA)** for enrollment.

THIRD PARTY BILLING

If you are working with a "pass-through", "billing agent", or third party biller of Medicaid, then they must be enrolled in the program in the state in which the participant resides in to bill for services. Each state has it's own requirements for approving billers. If you are interested in working with one of our partners that bills in KY for you, please contact us **here.**

BILLING MEDICAID

If you are billing Medicaid directly, we have put together the below step by step instructions as a resource tool to assist you in streamlining the eBrief implementation process within the Medicaid Waiver Reimbursement Procedures for reference.

STEP BY STEP GUIDANCE

Step 1: ID PARTICIPANT
Identify participants using **eBrief's Potential Participant Checklist** found **here** to help your organization spot opportunities for enhanced incontinence care through technology.

Once 5 or more of your organization's participants are identified needing eBrief inserts, contact your Customer Success Manager or contact us **here,** in order to receive an individualized quote for the participants one-time and ongoing costs to utilize for the application for authorization to bill for such services. At this time you will start the process with eBrief's implementation team to develop a personalized implementation plan and schedule routine check-in's with your dedicated project manager.

Step 2: PARTICIPANT ELIGIBILITY
Once a participant is identified as potentially benefitting from the eBrief insert, then you must determine their status of eligibility with Medicaid Waiver services *if* you want to bill for reimbursement. Find eligibility information in the **KY Medicaid Management Information System (KYMMIS)** Find more information on the **Provider Information Resources page**

NOTE: If you are not interested in billing for reimbursement and the organization will be financially responsible for any and all charges, or if the person is not eligible and you still want to provide the participant the eBrief solution for improved well-being regardless of reimbursement, you can skip the below steps and communicate this to your Customer Success Manager in order to move your implementation timeline and plan forward as appropriate. Service Plans are still mandated for appropriate services being rendered.

Step 3: SERVICE PLAN DEVELOPMENT
Collaborate with the participant and case manager to develop a person-centered service plan outlining the needed services. In addition, obtain a Statement of Recurring Charges and Quote for One Time costs to participant from your **eBrief Customer Success Manager** or inquire **here** for these documents to outline the services requested and needed for your participant which will be required for submission with the authorization request.

Step 4: AUTHORIZATION
Obtain service authorization through the appropriate department before delivering services. Information on Prior Authorizations can be found **here.** Additional processes for P.A. can also be found at the **KY UM Learning Management system (LMS) portal**.

Waivers in KY identified to potentially reimburse for qualified individuals for AT, Specialized Equipment and Supplies, Home Modification, Supplemental Adaptive and Assistive Devices are:

- **Acquired Brain Injury (ABI) Acute and Long-Term Care Waivers**
  - For individuals who require acute rehabilitation or long-term support due to an acquired brain injury
- **Community Health for Improved Lives and Development (CHILD)**
  - For children and youth under age 21 who require stabilization support due to high-intensity behavioral health or developmental needs
- **Home and Community Based (HCB)**
  - For individuals age 65 or older and/or individuals with a physical disability
- **Model II Waiver (MIIW)**
  - For individuals who are ventilator-dependent for 12 or more hours per day or on an active weaning program
- **Michelle P. Waiver** (MPW) **and Supports for Community Living** (SCL)
  - For individuals with intellectual and/or developmental disabilities

More waiver information can be found at the following KY resources:

- **Choosing Your Path: Waiver Services Brochure**
- **Accessible Choosing Your Path: Waiver Services Brochure**
- **Medicaid Waiver 101**
- **Listing of all waivers and services**

Step 5: SERVICE DELIVERY AND DOCUMENTATION
Once a participant is authorized to receive services, eBrief will schedule the implementation of your participants and start dates. eBrief will provide documentation of the service delivery and billing each month as needed for routine billing practices. These records must be maintained for the state minimum requirements after the last date a claim was paid or denied in accordance with Medicaid rules.

Step 6: CLAIM SUBMISSION
All services must be delivered as specified in the individual service plan and authorized by the appropriate entity. Claims are submitted through the **KY HealthNet Portal.** Find additional Provider Resources **here.** Ensure that claims are submitted within appropriate deadlines in your state to avoid denials. The appropriate billing codes shall be used. KY **Provider Fee Schedules and Rates** can be found **here**.

NOTE: "Claims must be received the longer of either 12 months from the date of service or six months from the Medicare pay date or within 12 months from the last Kentucky Medicaid denial." (KY Medicaid)

Step 7: REMITTANCE AND RECONCILLIATION
As a best practice, it is important to access remittance advices to review claim statuses and reconcile payments made or due.

If a claim is denied, determine the reason (ie. missing documentation, incorrect codes) and make any adjustments or appeals within the required timeframes given by Medicaid.

APPEALS

For declinations of eligibility, each state handles the appeals process with each participant, however they do follow the federal Medicaid rules that exist for appeals. **A letter of declination** must be sent to the participant listing important information on why the claim was denied. **More information about denials can be found here.**

APPEAL DEADLINE:
File the appeal no later than the deadline listed in your **Medicaid Denial Letter**. Each state is different.

HOW TO FILE:
Whether or not required, you should file a written notice a request to appeal with a date with your Medicaid Agency office or caseworker. Keep any documentation of submission and receipt.

APPEAL HEARING:
Medicaid agency or a third party agency may conduct your hearing. Accept the offer to review your file they have prior to the hearing. Hiring a Medicaid Appeals lawyer is always suggested.

ADDITIONAL RESOURCES

KY Provider Directory

Search Provider Letters

Home and Community Based Provider Information

Acquired Brain Injury Provider Information

Contact Listing for Common Waiver Questions

Accessible Contact Listing for Common Waiver Questions

CHILD Provider Information

Model II Waiver Provider Information

Michelle P. Waiver and Supports for Community Living Provider Information

EBRIEF COMMUNITY RESOURCE PAGE

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