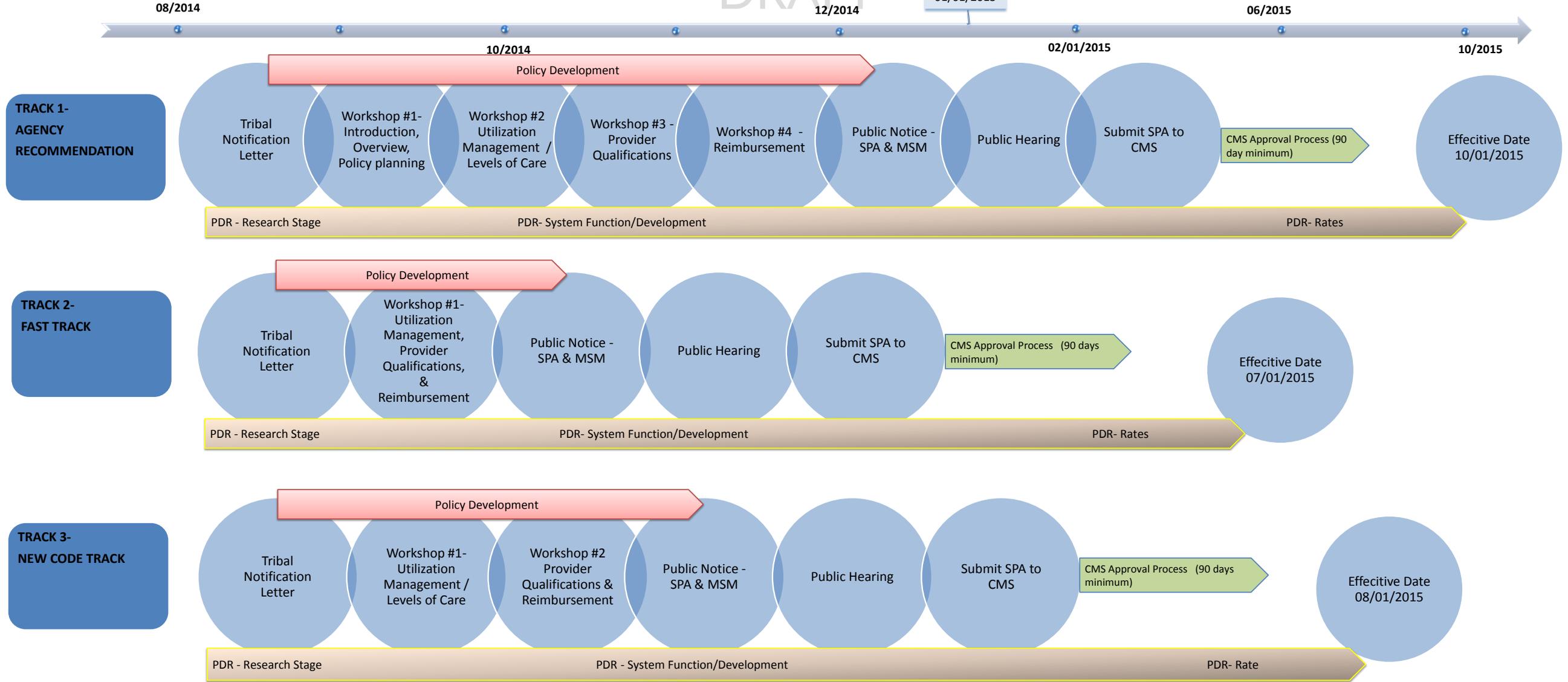


DRAFT

New Codes
01/01/2015

Legislative Process



Note:

- * The timeline representation for 2014 is broken down by every other month and scales to 4 month increments beginning in 2015, all activities are approximates.
- * CMS approval is estimated at the minimum of 90 days. Historically this process can take anywhere up to 180 days.
- * New codes will be effective 01/01/2015, in the Fast Track this would require a second SPA for the rate change with the implementation of new codes.
- * The timeline provides consideration for appropriate posting timeframes on public notices for workshops and SPA's for Rates and Chapter.
- * Scaling could be skewed by print size.

TRACK	BENEFIT	RISK
1 – Agency Recommended	<ul style="list-style-type: none"> • Provides sufficient time for stakeholder input • Provides time to evaluate other States programs successes and challenges • Provides sufficient time for CMS input and review • Ensures system development, testing and implementation can meet timeline with little or no error • Agency Requested Budget • Allows for provider enrollment and training 	<ul style="list-style-type: none"> • Prolonged service delivery • Increased workshops could lend to increased changes in policy drafts • Competing resources with other priority projects (e.g., Procurement of Vendor, ICD 10)
2 – Fast Track/Current Codes	<ul style="list-style-type: none"> • Accelerated service delivery 	<ul style="list-style-type: none"> • Fiscal impact on current budget • Potential system limitations or errors (high) • Could create gaps in policy or utilization management (high) • Admin overrides, PPD's, and claim recycles resulting in a cost to DHCFP • Lack of provider training resulting in unpaid/delayed claims reimbursement (high) • Will require amendments to policy, and MMIS to implement new codes (cost efficiency) • Potential delay due to CMS approval (high) • Could result in PDR's for corrections (high) • Creates a need for a second SPA for the new codes and new rates associated with codes • Potential for fraud, waste, and abuse
3 – New Codes	<ul style="list-style-type: none"> • Reasonable time for policy development • Provides time to evaluate other States programs successes and challenges • Time for System development, testing, and implementation is obtainable • Allows for provider enrollment and training • Able to use new ABA codes 	<ul style="list-style-type: none"> • Fiscal impact on current budget • Potential system limitations errors (medium) • Could result in PDR's (medium) • Admin overrides, PPD's, and claim recycles resulting in costs to DHCFP • Could result in delay due to CMS approval (low)