



March 2018

PROVIDER PARTNERS

Building vibrant and inclusive communities

Best Practice Reviews to Begin in April

Inclusa is committed to provider engagement and a proactive approach to quality services for our members. In support of that commitment, we will be engaging providers in our Best Practice Reviews beginning in April.

Each year we randomly select members and providers to conduct a Best Practice Review. The providers selected are reviewed by Community Resources/Provider Relations (CR/PR) staff in areas such as staff training, background checks, and provider quality concerns. The review is an interactive and proactive approach to meeting with providers outside of the normal quality review processes already in place.

An additional piece of the Best Practice Review is the feedback we receive from all parties involved in the review, which is a very interactive process. This feedback encompasses multiple parts:

- Member input about their experience (if member is able; if not the guardian or other representative may be contacted)
- Member Support team input about the provider and member experience
- Provider input, including any information they would like to provide

CR/PR staff will be reaching out to selected providers in the coming weeks to schedule reviews throughout 2018 and provide additional information about the process. Please do not hesitate to ask your reviewer if you have any questions during the review.

New Provider Training: Inclusa Provider Development, Contracting, and Credentialing Policies

We are excited to share a new training resource developed specifically for our valued providers. The training highlights two key processes: provider network development, and provider contracting and credentialing requirements.

We believe it is important that providers have access to these resources for transparency and to assure we are in compliance with the Department of Health Services and Inclusa Provider Subcontract expectations. The training is available on our website at www.inclusa.org/providers/contracting.

Clinical Practice Guidelines Now Online

Disease-specific resources are now available for providers in the [Providers/Resources](#) section of our website at www.inclusa.org. We will also be introducing various topics by spotlighting them in future issues of *Provider Partners*.

Inclusa refers to these disease-specific resources as “Clinical Practice Guidelines” (CPG), and the Prevention and Wellness program required by our contract with the Wisconsin Department of Health Services outlines how they are used.



CPGs assist staff in ongoing efforts to support positive outcomes for members through teaching, identification of health risks, and monitoring related

to chronic health conditions, all while applying evidence-based practice.

Inclusa’s Prevention and Wellness Program utilizes an inter-professional collaborative practice to assist in maintaining and improving quality of life for members. Our goal in sharing these resources with you is to ensure that you have access to the same tools we do when planning the care of individual members. CPGs include the following beneficial elements:

- Overview of condition/disease
- Information related to anticipating, recognizing, and responding to condition/disease related symptoms
- Information related to best-practice standards for prevention and management of condition/disease
- Information regarding negotiating the incorporation of a condition or disease prevention and management plan with the member into their plan of care

We are pleased to share the CPGs with you and hope you are excited to begin using these additional resources!

Provider Incident Reporting Policy Updated

Provider Attestation Required

Inclusa recently implemented an updated incident reporting policy as required by the 2018 Wisconsin Department of Health Services Managed Care Contract for all MCOs. Both Inclusa and contracted providers must comply with all state regulations and rules as outlined in this policy, which is documented in the ***Provider Incident Reporting Policy and Training***, available on our website at www.inclusa.org/providers/resources.

Please note that there is no standard form for reporting incidents to Inclusa. Incidents should be reported via the methods outlined in the training.

In order to verify that they have reviewed and will adhere to the information in the training, all providers contracted with Inclusa are required to sign and return the Incident Reporting Attestation Form at the time of initial contracting or contract renewal. This form is included as Appendix G with the Provider Subcontract Agreement.

For questions regarding incident reporting, contact Provider Relations at ProviderRelations@inclusa.org or 608-785-3623, and you will be directed to the appropriate Community Resources/Provider Relations representative.

Unified Business System Transition: CR/PR Update

Inclusa continues to work on our Unified Business System Transition project, which is scheduled for completion July 1, 2018. We are making great progress! This update from Community Resources/ Provider Relations (CR/PR) describes some of the items that may affect providers, along with timelines for when these changes will occur.

Service Code Alignment

Code alignment is completed. If any code changes impact your organization, we will send you an updated contract addendum along with a memo that outlines the changes to the service code(s). These updates will be occurring from now until we are fully aligned July 1.

Rate Alignment

Rate alignment for negotiated-rate (non-Medicaid) services will occur throughout 2018. Conversations will take place with providers prior to any rate changes or alignment, and addendums to update the services will be sent out as well.

Scope of Service Alignment

We are working to combine Scopes of Service from the three legacy MCOs into one Inclusa scope per

service type. The scope alignment will be completed over the next few months. Once the business system transition is completed, we will send providers an updated contract Appendix N for each applicable service they provide. The Appendix N contains the Scope of Service, and providers will need to sign and return this document to indicate their agreement to follow the scope and the standards it contains.

Training

In-person training will be offered to support providers as we transition into one business system and one provider portal. The portal training will be specific to those providers currently utilizing our Central Region business system, and will likely occur in the months of May and June. Look for upcoming communications with more details on when training will be available.

Inclusa values our providers and the relationship we have. We look forward to partnering with you throughout this process to ensure smooth transitions into the aligned business system. Updates will be available through this newsletter and on the [Business System Transition](#) page in the Providers section of our website at www.inclusa.org.



Provider Advisory Forums Coming This Spring

We are excited to announce the return of regular provider meetings. As part of our merger activities, we reviewed each legacy organization's venue for conducting provider meetings in order to establish the best venue for Inclusa to connect with providers. We will be contacting providers via email in the coming months about opportunities to engage with Inclusa and other providers through quarterly Provider Advisory Forums. We look forward to ongoing opportunities to work more closely with you, hear your feedback, and learn from each other.

Authorization Changes Coming July 1 for Central Region Providers

Inclusa Central Region providers were notified in early March that authorization changes will take place as part of the system alignment effective 07/01/2018, including the authorization number used for submitting claims.

For providers with authorizations in the Central Region (legacy CCCW/CareDirector) Portal:

- Current authorizations in CareDirector will end 06/30/2018 and new authorizations will be created in the Inclusa system with a start date of 07/01/2018. The new authorizations will have a new authorization number.
- Authorization information from the **CareDirector system** should be used for **dates of service prior to and including 06/30/2018** for claim submission to WPS.
- Authorization information from the **Inclusa system** (including new authorization number) should be used for **dates of service 07/01/2018 and forward** for claim submission to WPS. Remember that you must use the new authorization numbers on your claims for dates of service on and after 07/01/2018 or they will deny for payment.

Please note that the WPS claim submission process is *not* changing, and you will continue to use the same WPS claim submission method you are currently using. We are in the process of entering all CareDirector providers into the Inclusa system to ensure there will be a seamless transition for your organization.

2018 OTC Benefit Package Changes and Online Formulary

Providers of over-the-counter (OTC) products are reminded that some OTC products that were previously authorized for Inclusa members may no longer be covered due to changes in the 2018 Family Care benefit package.

For a listing of covered and non-covered products, see the [Inclusa Covered and Non-Covered OTC Products and SME](#) list on our website [Claims & Billing](#) page. It is highly recommended that you routinely reference the formulary for the most up-to-date information, as the formulary is subject to change.

If you have questions regarding coverage for specific products for members you serve, please contact the individual member's care team.

Note regarding OTC items prescribed by a member's physician: In order for Inclusa to pay for a product that is covered per the Inclusa formulary, the item must *also* be identified as a part of the member's long-term care outcome as determined by the member's Inclusa care team. In addition, as with *all* products and services for Inclusa members, prior authorization is required to allow for payment.

Transition Resources Online

Visit the Business System Transition page at www.inclusa.org for the latest updates and communications, training resources, and more.



www.inclusa.org/providers/business-system-transition/

Unified Business System Transition: Portal Questions & Answers

How can I tell which portal I am using?

You can identify which portal you are using by looking at the link you use to log in:

- Central Region (CareDirector) Portal:
<https://providerportalcccw.crmhosts.net>
- Inclusa Portal:
<https://providerportal.inclusa.org>

The legacy link “portal.wwcares.org” is currently still active, and will redirect your browser to the Inclusa Portal link above. Please update your bookmark to the Inclusa link if you have not done so already.

Will I have to change how I do my billing?

We are not changing our billing system, and your claims will continue to go to WPS as they do now. Just be sure you are using the correct authorization numbers for the dates of service you are billing.

How and when do I sign up for the new portal?

We will be sending providers a letter in April with information and sign-up instructions for the Inclusa Portal. You do not need to do anything before that time.

We have authorizations listed in both portals.

What do we need to do for this change?

- If your Inclusa Portal Administrator has not changed, you will not need to take any action.
- If you no longer have an Inclusa Portal Administrator for your business, you will need to submit a new application.
- We are asking that you review your Inclusa Portal users to ensure you have access set up for any locations added to the Inclusa Portal that are related to legacy CCCW services.
- If you need to add additional Inclusa Portal users, please contact the Portal Administrator for your organization.

Merging and Systems: A Bit of Background on Our Legacy Portals

The merger that formed Inclusa brought a need to align the business practices and systems of the three legacy MCOs: Community Care Connections of Wisconsin (CCCW), Western Wisconsin Cares (WWC), and ContinuUs.

- In 2017, legacy ContinuUs providers were transitioned to the legacy WWC business system and portal, and identified as the Western Region. The legacy WWC portal, also known as ProNet, is now called the “Inclusa Portal,” to reflect the name of our aligned business system.
- Legacy CCCW providers remained in the CCCW CareDirector system in 2017, identified as the Central Region.
- Our business system alignment will be completed when Central Region providers using the CareDirector system begin using the Inclusa system as of July 1.

During this transition period, some of our providers have had to use both portals due to serving members in more than one region. Although change can be difficult, having an aligned system will benefit providers and Inclusa staff alike, and we look forward to providing enhanced features and customer service with the efficiencies the aligned system will bring.

Claims & Billing Updates

Personal Care

Rate Increase

As you know, effective for dates of service on and after 07/01/2017, the maximum allowable reimbursement for Personal Care services increased by two percent. This rate will increase by another two percent effective for dates of service on and after 07/01/2018.

Codes affected:

- T1019 – Direct personal care services
- T1019 U3 – Travel time
- 99509 TD – Registered nurse supervisory visit

Inclusa has submitted retroactive adjustments to WPS for any paid claims for dates of service on and after 01/01/2018. As communicated to you in our January letter to Personal Care providers, we will be working with WPS in April 2018 to reprocess any paid claims for dates of service on and after 07/01/2017 through 12/31/2017.

See *ForwardHealth Update 2018-01* for more information regarding this reimbursement increase.

www.forwardhealth.wi.gov/kw/pdf/2018-01.pdf

Behavioral, Occupational, and Physical Therapy

Procedure Code Changes

Additions, deletions, and revisions to Behavioral, Occupational, and Physical Therapy codes went into effect 01/01/2018. See *ForwardHealth Update 2018-04* for information regarding these code changes.

www.forwardhealth.wi.gov/kw/pdf/2018-04.pdf

Durable Medical Equipment (DME)

Discontinued DME Adaptive Equipment Code and Other Code Additions/Revisions

Procedure code A9900 has been discontinued effective 12/01/2017. For dates of service on and after 01/01/2018, adaptive equipment authorized under A9900 with modifiers (listed below) are to be authorized using E1399, Durable Medical Equipment, Miscellaneous (must specify complete description of DME on claims).

Inclusa has terminated A9900 authorizations, and created new authorizations using E1399. Please review any affected authorizations for accurate billing to WPS.

Codes affected:

- A9900 U1 – Adaptive eating utensil, weighted handle
- A9900 U2 – Adaptive eating utensil, non-weighted handle
- A9900 U3 – Rocker knife
- A9900 U4 – Plate guard
- A9900 U5 – Scoop dish
- A9900 U6 – Universal cuff
- A9900 U7 – Dycem
- A9900 U9 – Sock/stocking aid
- A9900 UA – Dressing stick
- A9900 UB – Long-handled shoe horn
- A9900 UD – Adaptive hygiene aids

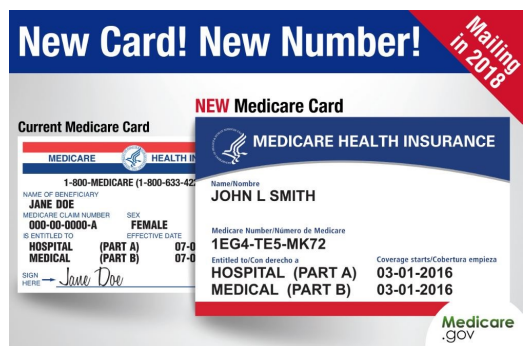
See *ForwardHealth Update 2018-04* for this and other code additions and revisions.

www.forwardhealth.wi.gov/kw/pdf/2018-04.pdf

New Medicare IDs and Cards Coming Soon

ID Number Change Does Not Affect Family Care Billing

As you are probably aware, the Centers for Medicare & Medicaid Services (CMS) is required to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new, unique Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number (HICN) on each new Medicare card. This change will apply to existing (currently active, deceased, and archived) and new beneficiaries.



New card distribution begins April 1, 2018, and current Wisconsin beneficiaries are scheduled to receive their new Medicare cards sometime after June 2018.

Please note that the new Medicare ID number (MBI) **affects provider claim submissions to Medicare**, and *not* your Inclusa Family Care claim submissions to WPS. The **member number used for Inclusa claim submissions to WPS is not changing**.

For detailed information, resources to help you get ready for the new cards, and any future updates, visit the CMS New Medicare Card page at www.cms.gov/medicare/new-medicare-card/nmc-home.html. An additional resource is the Wisconsin ForwardHealth Update 2018-09, *New Medicare Beneficiary Identifier*, available at www.forwardhealth.wi.gov/kw/pdf/2018-09.pdf.

Claim Payments:

Paper Checks vs. Direct Deposit

Signing up for direct deposit—also known as electronic funds transfer (EFT)—will assist you in getting paid more quickly. EFT and paper checks are released the day following the final processing of the claim in the WPS system. While EFT payments are generally deposited to your account within 1-2 business days, paper checks can take up to 4-6 days for delivery by the US Postal Service.

To receive payments in a more timely manner, contact WPS EDI today to sign up for direct deposit. Call 1- 800-782-2680 and follow the prompts.



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