Providers Commended for Exceptional Member Care During Evacuation in Superior

As many of you are aware, there was a refinery explosion in Superior, Wisconsin, at the end of April. The City of Superior announced a mandatory evacuation order due to poor air quality and possible chemical exposure. As you can imagine, this caused a flurry of activity and stress for area Inclusa staff, providers, and more importantly, our members. Communication between Inclusa staff and providers on the status of our members in the evacuation zone was constant throughout the crisis. Because of this high level of communication and responsiveness, we were able to verify that all members in the evacuation zone were safe in other areas. It was a prime example of a community banding together for the good of everyone. We had many reports of providers dropping everything to assure member health and safety. This meant that many people were moving or assisting our members while their own families were also being impacted during the evacuation.

On behalf of all Inclusa staff, I would like to thank each and every one of you for all you do every day, and for putting member needs first in this situation.

~Erin Smith, Vice President Community Resources/Provider Relations

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SHC Mileage Reimbursement Changes and Simplified Authorization Process

We heard you! In February, Inclusa Community Resources/Provider Relations staff held provider forums with a group of Supportive Home Care (SHC) providers from across the state to learn more about what works and doesn’t work with the current authorization/billing process and to identify service cost drivers.

Based on that feedback, Inclusa has simplified the authorization process to use one general SHC code and has added reimbursement for mileage with or for the member during time of service. The code changes will be effective July 1, 2018. The mileage reimbursement will be effective July 1, 2018 for new referrals and will be implemented over the course of the next six months for existing authorizations.

Thank you to all providers that participated!
Unified Business System Transition Update

Inclusa continues to work on our Unified Business System Transition project as we near the July 1 implementation. Below are some of the items that may affect providers, along with broad timelines on when these changes will be occurring.

Service Code Alignment
Service code alignment is completed. Some organizations should have already received updated service addendums (rate sheets) along with a memo explaining the details of the change. If these generate questions, please let us know. The remainder of the updated service addendums will go out toward the end of May. These will also include services migrated from the Central (legacy CCCW/CareDirector) system into the Western (Inclusa) system, which will be effective as of 07/01/2018.

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
Scope of Service Alignment is nearly complete! In early August we will be sending out updated and aligned scopes to ALL providers in our network. Providers will be required to read their scope of service and return the signed Appendix N indicating understanding and agreement.

Training
In-person training is being offered during the weeks of June 4 and June 11 to support providers as we transition into one business system and one provider portal. See our Provider System Training page (short link: bit.ly/InclusaProviderTraining) for schedule and registration information. These trainings are specific to providers currently utilizing our Central (legacy CCCW/CareDirector) business system.

Our Providers/Business System Transition page contains transition resources and updates. Please visit this page regularly for the latest transition information.

Inclusa values our providers and the relationships we have. We look forward to partnering with you throughout this process to ensure smooth transitions into the aligned business system.

If you have questions or need assistance regarding the system transition, please contact Provider Relations at ProviderRelations@inclusa.org or 1-888-294-7451.

Provider System Training
For Providers Transitioning to the Inclusa System July 1

During the month of June, Inclusa staff will be holding training sessions for providers transitioning to the Inclusa System effective July 1, 2018. Topics that will be covered include:

- Inclusa Portal
- Process changes for transportation, therapies, and pharmacies
- Claims and Customer Service
- Time for questions and individual assistance with the portal application

See our Provider System Training page (short link: bit.ly/InclusaProviderTraining) for schedule and registration information. You can also download a printable flyer from the training page.

Note: These trainings are specific to providers currently utilizing our Central (legacy CCCW/CareDirector) business system.
Business System Transition Reminders

Central Region/CareDirector Portal Decommission
The CareDirector Portal will be decommissioned on 10/31/2018. Please download or print all authorization details needed for claim submissions prior to this date.

- Although you will be able to view information in the CareDirector portal until 10/31/2018, the information in this portal is only valid up to and including 06/30/2018. Any changes made after 06/30/2018 will not be reflected.

- As of 07/01/2018, providers will receive mailed updates for any changes to legacy authorizations with dates of service on or before 06/30/2018.

Please go to the Inclusa Portal for authorization information for dates of service 07/01/2018 and forward.

System Transition Does Not Impact Billing Method for Most Providers
The current method most providers use to submit claims will not change—you will continue to submit your claims as you are now. However, there are some changes for therapy, supported employment, and transportation services, and separate communication will occur with those providers.

Although your billing method may not change, all providers need to be aware that authorizations in the Central (CareDirector) system will end on 06/30/2018 and new authorizations will be created in the Inclusa system, effective for dates of service on and after 07/01/2018. You must use the new authorization numbers from the Inclusa Portal on your claims for dates of service on and after 07/01/2018 or they will deny for payment.

What’s in a Clinical Practice Guideline?
In the March issue of Provider Partners, we introduced Inclusa’s Clinical Practice Guidelines (CPGs). These guidelines are available on the Providers/Resources page at www.inclusa.org.

CPGs are condition-specific and/or disease-related and have a standard structure which includes:

- An Overview section with educational information specific to the CPG topic. Information can be used for education purposes.

- A Definitions section explaining common words and concepts about the topic.

- Assessment, Planning, and Intervention sections that provide information to Inclusa Teams. Knowing the expectations can allow providers to assist teams to apply the current best evidence and practices for prevention and management of the condition or disease and make decisions about the care of individual members who are impacted by the condition or disease.

- An Evaluation section outlining a plan for quality assurance monitoring of guideline effectiveness.

- An Additional Resources section and Reference List that provide links to resources you can access to learn more about the CPG topic and to evidence-based sources used to create the CPG.
Provider Outreach Improvements Under Way

Inclusa has identified the need to further improve and strengthen training, outreach, and support processes for authorization, claim, and provider portal assistance to ensure providers are submitting claims correctly and being reimbursed for services in a timely manner. To accomplish this, we are in the process of putting the following measures into place:

- Monitor claims payments/rejection reports and provider claim appeals on a regularly scheduled basis
- Identify providers who are having claim and/or authorization issues and offer training and assistance as needed
- Make available Inclusa cross-departmental provider support staff at local Inclusa offices for in-person meetings on a regularly scheduled basis
- Conduct provider satisfaction surveys

Our goals in providing this outreach include:

- To be proactive in training and supporting new and existing providers
- To identify trends related to billing processes and system issues (internal and external)
- To improve billing success rate and timeliness and accuracy of provider reimbursement

In the meantime, should you need assistance, please contact Provider Customer Service at customerservice@inclusa.org or 1-888-544-9353.

Changes to Authorization Print Options in Inclusa Portal

The PDF print option for authorizations will be changing June 1, 2018. When a provider portal user opts to print authorizations in pdf format, it will print one authorization per page. The Excel report option is still available from the portal and has not changed.

Transitioning July 1? Do Not Delay! Sign Up for the Provider Portal Now

This is a reminder for providers transitioning to the Inclusa System July 1. Please do not wait to submit your Inclusa Provider Portal Administrator Application. If you have not already done so, it’s important that you get signed up as soon as possible to allow for your organization to be set up in the portal.

For application options and additional information, see the Provider Portal page in the Providers section of our website. If you have questions or need assistance, please contact Inclusa Customer Service at 1-888-544-9353 (option 1), or customerservice@inclusa.org.

WPS MoveIT Spreadsheet Submitter Folder Name Change

Providers who utilize the MoveIT account submission process can combine all Inclusa claims on one spreadsheet. Providers that were submitting to the cli spreadsheet submitter folder will now see the folder name Inclusa Spreadsheet Submitter. WPS will continue to process all Inclusa claims that are uploaded to the Inclusa folder.

During the next few months, WPS will be removing the ContinuUs and Community Care Connections of Wisconsin (CCCW) spreadsheet submitter folders from your MoveIT account. Providers no longer need to separate any spreadsheets based on the CCCW, ContinuUs, and Western Wisconsin Cares (WWC) groups. Please send all claims for all Inclusa dates of service to the Inclusa Spreadsheet Submitter folder. For questions, please contact FCWPS@wpsic.com.
Residential Outcome Payments

Residential Outcome Payments are part of Inclusa’s Residential Rate Methodology (RRM). These outcomes allow residential providers to receive an additional payment when meeting certain criteria designed to promote member success. Payments are based on offering an additional level of care not captured within other areas of the RRM.

History
In 2015 Community Care Connections of Wisconsin (CCCW) began working with residential providers to build a reimbursement model to compensate for residential cares and create opportunities for providers who offered an additional level of care.

Based on provider feedback, outcome categories were developed in areas where many providers were already participating, and in areas seen to address high cost drivers in residential care.

These categories are comprised of Quality Improvement, Behavioral Health, and Health Promotion.

CCCW began incorporating Residential Outcome Payments into their rate methodology in 2016. When ContinuUs (CU), Western Wisconsin Cares (WWC), and CCCW merged in 2017 to become Inclusa, the legacy CU region adopted this methodology and began to pilot Residential Outcome Payments within the 2017 payment cycle.

With the successes seen in 2017 and the unification of practices across Inclusa, elements of the outcome payment program were incorporated into Inclusa’s 2018 Residential Rate Methodology. This now extends the opportunities to all residential providers who utilize the methodology to calculate residential rates!

2018 Residential Rate Methodology Recap

In the November 2017 issue of Provider Partners, we introduced you to our new Residential Rate Methodology (RRM), which went into effect January 1, 2018. The methodology is used to determine Residential Care and Supervision rates for Adult Family Home (AFH), Community Based Residential Facility (CBRF), and Residential Care Apartment Complex (RCAC) providers. The Inclusa RRM reflects the Wisconsin Department of Health Services’ 2017 regression model, accurately reflects the state’s updated scoring of the Long-Term Care Functional Screen (LTCFS), and is comprised of three components:

Member Acuity – Gives a holistic picture of the member based on target group, areas of the LTCFS, and determined cost drivers developed by the state.

Provider Level of Service – Gives the ability to build in services offered that are above and beyond what is required and not captured within the Acuity of the member.

Outcome Payments – Gives an additional payment opportunity for providers that meet established outcomes.

Visit inclusa.org/providers/resources to learn more about the RRM.
2017 Residential Outcome Successes

As we announce the 2018 Residential Outcome Payment opportunities, we wanted to take a moment to recognize some of the amazing work completed by the legacy CCCW and legacy CU-Pilot providers who participated in the program in 2017. Although we would have liked to showcase each and every project, as they all demonstrated what can be accomplished when a small group of people come together for a common good, here are a few highlights from 2017.

We want to thank all providers who participated in the 2017 Residential Outcome Payment opportunities!

2017 Quality Initiative: The 2017 Quality Improvement Outcome encouraged providers to implement a project to improve the quality of their services. As part of this quality initiative, providers were asked to design a project that aligned with Inclusa’s mission and values, promoted full citizenship, and had a positive impact on the member(s) they served.

Results: 72 facilities completed projects improving overall services for 318 members.

2017 Proactive Behavior Support Plans: The 2017 Behavioral Health Outcome focused on proactive behavior support plans to identify proactive approaches and responses to challenging communication strategies (targeted behaviors), and were useful tools for providers when working with members. When a plan had been successfully instituted, there typically was an observed reduction in the challenging communication strategies of members.

Results: 39 facilities supported 63 members in successfully implementing proactive behavior support plans.

2017 Influenza Prevention: The 2017 Health Promotion Outcome demonstrated providers’ commitment to ensuring residents received options and education for gaining access to flu clinics.

Results: 208 facilities supported 869 members to receive education and an opportunity to get their Influenza vaccination.
Residential Outcome Payments: Special Report

What’s New for Residential Outcomes in 2018?

When developing the annual Residential Outcomes we closely monitor trends that impact members. One trend we have been observing is the significant increase in the number of individuals diagnosed with dementia.

We have found that within Inclusa’s enrollment, approximately 16% have a diagnosis of Alzheimer’s. Of those individuals, 80% live in a residential setting. Residential care facilities are providing more long-term care and residential services to an increasing number of older adults living with dementia. In an effort to collaborate with residential providers and to positively influence the quality of life for these members, we have redesigned the Behavioral Health (Proactive Behavior Support Plan) outcome to allow us to recognize those providers that offer significant support to individuals diagnosed with dementia/Alzheimer’s.

Through the use of a specifically designed Dementia Care Toolkit, providers will gain knowledge that supports: (1) their continued improvement in the quality of the dementia care they provide, (2) the promotion of a dementia-friendly environment, and (3) ongoing efforts to address barriers they encounter when caring for those with dementia.

2018 Outcome Payment Opportunities

Inclusa is excited to announce the opportunities available for the 2018 Residential Outcome Payments, which eligible providers are able to receive as part of our current Residential Rate Methodology (RRM).

Quality Improvement

Focus: Quality initiative projects that will improve the quality of services currently offered and have a direct or indirect impact on current members.

Outcome: Inclusa will make an additional payment to eligible providers with innovative projects related to quality best practices.

Eligibility:

1. **Have one or more members residing in your facility** who currently have rates calculated through Inclusa’s 2018 Residential Rate Methodology.

2. **Submit application to participate** and agree to terms and conditions of outcome by **July 1, 2018**.

3. **Submit progress reports** by completing two questionnaires during the year via the online platform, by deadline dates of **September 5, 2018** and **December 5, 2018**.

(continued on page 8)
2018 Residential Outcome Payment Opportunities (continued from page 7)

**Behavioral Health**

**Focus:** Improving care for people with challenging behaviors or those who use behavior as a method of communication. With the state’s redesign plan we are aligning this outcome to better support those specifically diagnosed with a form of dementia. Efforts toward improvement include the development of a Dementia Care Toolkit.

**Outcome:** Inclusa will make an additional payment to eligible providers who promote improved quality of life for Inclusa members living with dementia by participating in educational webinars and completing the Dementia Care Toolkit for up to one member per residential facility.

**Eligibility:**
1. **Have at least one member residing in your facility** with a dementia target flag on the Long-Term Care Functional Screen (LTCFS), who currently has a rate calculated through Inclusa’s 2018 Residential Rate Methodology.
2. **Submit application to participate** and agree to terms and conditions of outcome by **July 1, 2018**.
3. **Review at least two webinars** and receive a passing score on the associated questionnaires.
4. **Submit completed Dementia Care Toolkit** by **December 1, 2018**.

**Health Promotion**

**Focus:** Influenza education and prevention. Seasonal influenza (commonly known as the flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. The single BEST way to prevent the flu is to get a flu vaccine EACH year.

**Outcome:** Inclusa will make an additional payment to providers who demonstrate a commitment to ensuring their residents are provided options for gaining access to flu clinics and influenza education.

**Eligibility:**
1. **Have one or more members residing in your facility** who currently have rates calculated through Inclusa’s 2018 Residential Rate Methodology.
2. **Accurately complete the entire spreadsheet** provided to you in the fall of 2018, keeping in mind that members still have the right to refuse the vaccination.
3. **Submit completed spreadsheet** and agree to terms and conditions of outcome by **December 1, 2018**. (Providers will still receive credit for members who refuse/decline the vaccination).

To learn more about 2018 Outcome Payment Opportunities, please visit bit.ly/InclusaOutcomes