Building vibrant and inclusive communities

INCLUSA

Provider Partners

November 2018

System Transition Thank You

A big shout out to all our providers for your patience and understanding as we worked through the process of transitioning to the new unified business system. While there were challenges along the way, we appreciate your willingness to partner with us to accomplish this huge task. We look forward to directing our energies in 2019 toward creating additional opportunities to engage with providers on the topics that are important to you.

New Face-to-Face Visit Requirement for Home Health, DME and DMS

In response to the federal Medicaid Home Health Final Rule, ForwardHealth announced a new requirement in 2018 that impacts home health services and certain durable medical equipment (DME) and disposable medical supplies (DMS). The following is an excerpt from ***ForwardHealth Update 2018-10****. Please refer to the full memo for more detail.*

Effective for dates of service **on and after July 1, 2018**, a member is required to have a face-to-face visit with a physician or authorized non-physician provider* (NPP) for the initial prescription of:

- Home health nursing services
- Home health aide services
- Home health therapies (occupational therapy [OT], physical therapy [PT], and speech-language pathology [SLP])
- Certain DME and DMS **as defined by Centers for Medicare and Medicaid (CMS)**. [Refer to **CMS.gov** for additional/updated information. –ed.]

Note: Home health therapies are therapy services billed by a home health agency under the home health benefit.

Documentation of the face-to-face visit must explain how the individual's observed health status relates to the primary reason that the member requires home health service or impacted DME or DMS.

If a member's medical condition changes and this results in the need for changes to their home health services, the home health provider is required to communicate the need with the ordering physician and revise the plan of care and/or prescription accordingly. An additional face-to-face visit is not required.

The face-to-face visit must occur within the following timeframes:

- **For home health services** — no more than 90 days before or 30 days after the start of services for initial ordering
- **For impacted DME and DMS** — no more than six months before the dispense date for initial orders (the written prescription must be received prior to dispensing impacted DME or DMS)

*e.g., physician's assistant, nurse practitioner, or clinical nurse specialist

Therapy Providers – Change in Process Reminder

PRIOR AUTHORIZATION WAIVED FOR INITIAL ASSESSMENT

In early November we sent a notice to Medicaid therapy providers regarding a change in the therapy authorization process as indicated in Inclusa's updated scopes of service. Effective November 1, 2018, prior authorization is waived for the initial assessment and treatment provided on the **same day** for physical, occupational, and speech therapy as well as mental health and AODA services. The provider must notify Inclusa within three days of the initial assessment by submitting a *Therapy Cover Sheet Form*, along with the plan of care.

Requests for ongoing therapy as identified in the form will follow Inclusa's customary authorization process. The provider will receive confirmation of authorization via Inclusa's referral process. The provider will receive phone notification if ongoing treatment is declined by the member or denied by the Inclusa care team.

The **Therapy Cover Sheet Form** is available on the **Providers/Resources** page at www.inclusa.org. The form and plan of care should be submitted, via secure email, to **therapyrequests@inclusa.org** or faxed to 866-672-6648.

If a provider chooses to not use the *Therapy Cover Sheet Form*, the waiver of prior authorization for initial assessment and treatment provided on the same day will be denied. All subsequent therapy services must be prior authorized through the member's Inclusa care team.

For any questions regarding this new process, please contact Inclusa Community Resources/Provider Relations at 1-888-294-7451 or **ProviderRelations@inclusa.org**. The **Physical Therapy, Occupational Therapy, and Speech & Language Pathology**, and **Mental Health-AODA** scopes of service are available on our **Providers/Contracting** page.

Member Absence Reporting – AFH, CBRF, RCAC, CSL, and SHC-Days

Information about the Inclusa Member Absence Policy was included in a letter about process changes sent last May to providers involved with our business system transition. Due to questions that have come up recently, we are sharing this information again as a review for all residential providers.

Inclusa residential providers are required to submit a *Member Absence Notification Form – Residential Care* to notify care managers when a member is temporarily away from a residential facility or not receiving residential services. This applies to Adult Family Home (AFH), Community-Based Residential Facility (CBRF), Residential Care Apartment Complex (RCAC), Community Supported Living (CSL), and Supportive Home Care-Days providers.

Providers were requested to start using the *Member Absence Notification Form - Residential Care* as of 07/01/2018.

- A temporary absence is defined as an absence that occurs when the member does not return/resume services within 24 hours. Exceptions to reporting an absence include visits with family, vacations, or camp attendance that is less than 14 calendar days in length.
- When a member is temporarily away from an AFH, CBRF, or RCAC facility, Inclusa will end the residential care and supervision authorization the day prior to the date of discharge. The room and board authorization will expire at the end of the current calendar month. If the member absence continues into a new calendar month, the facility may work directly with the member or legal decision maker to continue the bed hold. The negotiated rate shall not exceed the current rent amount at the facility. Payments to retain the placement will be paid directly to the facility by the member or legal decision maker.
  - For example, if a member is hospitalized on 05/04/2018, the room and board authorization will end on 05/31/2018. If the member wishes to retain their room after 05/31/2018, they will pay the facility directly to hold the room.

The **Member Absence Notification Form - Residential Care** is available on the **Providers/Resources** page at www.inclusa.org. Please ensure that this information is shared with facility managers and billing staff in your organization.

Get Faster Claim Payments with Electronic Filing and Direct Deposit

Inclusa continually looks for ways to improve our providers' claim processing and payment experience. If you are not already doing so, we encourage you to take advantage of electronic filing and payment options to improve claim accuracy, reduce the chance your paper claim will get "lost in the mail," and decrease the length of time between submitting a claim and receiving the payment.

ELECTRONIC FILING

With the collaboration of WPS, we offer a variety of electronic submission methods to accommodate the various types of providers in our network.

- **PC-Ace Pro 32 –** WPS offers and supports this free software that you can use to submit claims electronically and also view your Electronic Remittance Advice (ERA).
- **WPS Excel Claim Spreadsheet –** All you need is Microsoft Excel, a computer, and access to the internet for this submission method.
- **Clearinghouse or Billing Service –** For this option you would need to contact a Clearinghouse or Billing Service to submit claims on your behalf.

TIME TO GET STARTED!

- For PC-Ace Pro 32 or a Clearinghouse or Billing Service signup assistance, please contact the WPS EDI department at 1-800-782-2680, Option 2, or **edi@wpsic.com**.
- For Excel submission, see the MOVEit Instructions for Excel Submissions and WPS Spreadsheet Submitter Internet Agreement on the **Providers/Claims & Billing** page at www.inclusa.org. For questions regarding Excel Claim Form submission and data requirements, contact WPS Claims Operations at 608-226-2611 or **FCWPS@wpsic.com**.

DIRECT DEPOSIT (ELECTRONIC FUNDS TRANSFER)

If you are still receiving paper checks, you can get paid more quickly by signing up for direct deposit to your bank account, also known as Electronic Funds Transfer (EFT). To sign up, see the EFT Agreement and EFT Instructions on our **Providers/Claims & Billing** page.

For more information about electronic options for your Inclusa claims, go to the **WPS website page for Family Care providers** and click on Inclusa.

Provider Claim Submission – Timely Filing Reminder

Providers must submit claims no later than 90 days from: 1) the time services are provided, or 2) the time of the Medicare or other insurance remittance date, unless a different, provider-specific timeline has been approved and established for you.

Inclusa understands that there may be circumstances beyond your control that may necessitate an extension of the 90-day filing limit; staff turnover and billing system changes are common examples. If you think you will need additional time to prepare and submit your claims, please contact Inclusa Provider Claim/Customer Support as soon as you realize you may not be within the 90-day filing limit requirement—**prior** to becoming untimely. We are happy to work with you so that you are reimbursed for the authorized services you have provided. You can reach Inclusa Provider Claim/Customer Support at 1-888-544-9353 or **customerservice@inclusa.org**.

Authorization Timelines

All open authorizations are reviewed every six months at the time of the member's care plan review. Authorizations that will be renewed will typically have a seven-month authorization period. Authorizations are set up to expire one month after the next care plan review date to allow time for renewal of the authorization and to ensure that there is no lapse in service coverage. There are several exceptions to this practice as indicated in the list below:

- **DME Rentals –** Authorized for the term of the rental if known at the time the authorization is set up (e.g., 13-month capped rentals).
- **Nursing Homes –** Authorized for a 12-month period from July 1 to June 30. This mirrors the rate periods used by the Wisconsin Department of Health Services (DHS) for resource utilization group (RUG) rates.
- **Residential –** Authorized for the 12-month calendar year. Member-Centered Plan (MCP) reviews will continue to occur every six months even though a residential authorization is set up for a 12-month period. The authorization will be updated if there is a change in condition that warrants a different rate.

Patient Liability Billing for Members in Nursing Homes

Patient liability is any member income in excess of the personal needs allowance and is used to cover some of the member's medical costs if they are institutionalized for 30 or more days. When an individual is residing in a nursing home and enrolls in Family Care in the middle of a month, there is often confusion over which entity should bill for and receive the member's patient liability: the nursing home or the Family Care managed care organization (MCO).

As was announced in the Wisconsin ForwardHealth system, a patient liability fix has been implemented for nursing home and hospital claims with dates of service on or after April 1, 2018. The patient liability will be assigned to either the MCO capitation payment or the nursing home claim for each capitation month, regardless of the initial date of MCO enrollment or admission date into the nursing home.

ForwardHealth will automatically deduct the appropriate monthly patient liability amount from the FIRST nursing home, hospice, long-term inpatient hospital claim, OR capitation payment received for the member. Nursing homes need to work with managed care organizations to transfer patient liability when appropriate. See the **ForwardHealth Online Handbook for Nursing Homes – topic #3188**, for updated information regarding the interplay between capitation information and cost share assigned to nursing home claims.

If you are a nursing home provider and have questions pertaining to capitation payment for an Inclusa member enrolled in the middle of a month, please contact Inclusa at 1-877-622-6700 and ask to be directed to your local Capitation Specialist in our Stevens Point, Lone Rock or La Crosse office.

DEMENTIA Did You Know?

Dementia is not a specific disease but is instead an "overall term that describes a group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities." (Alzheimer's Association, 2018)

Dementia is not a part of the normal aging process. Dementia is caused by damage to brain cells. Different parts of the brain have different functions. Dementia symptoms will vary by where this damage has occurred and is different for each person.

Sometimes people ask: "Does a person have dementia or do they have Alzheimer's, or do they have both?" The short answer is that it depends. Everyone who has Alzheimer's has dementia, but not everyone that has dementia has Alzheimer's. Remember, dementia is an umbrella term describing a variety of conditions which affect a person's thought process.

Saying someone has dementia is like saying someone has cancer. We really need to know more. It is important to know what kind of dementia a person has, just as it is important to know what kind of cancer someone has. When we know a person has lung cancer, for example, we can provide better help. Similarly, we can support a person better when we know the type of dementia he or she has.

Common types of dementia include:

- Alzheimer's Dementia
- Dementia with Lewy Bodies
- Vascular Dementia
- Frontotemporal Dementia
- Huntington's Disease
- Parkinson's Disease Dementia
- Creutzfeldt-Jakob Disease
- Posterior Cortical Atrophy
- Korsakoff Syndrome
- Normal Pressure Hydrocephalus
- Mixed Dementia (a person has been diagnosed with more than one type of dementia)

If you have questions about dementia, or ideas for future newsletter topics about dementia or ways to support a person living with dementia, please email your questions or suggestions to **qualityinnovation@inclusa.org**.

Viewing Member Disenrollment Notices Sent via Secure Email

The **September issue of *Provider Partners*** included information about the notice that is sent to providers when an Inclusa member disenrolls. For providers who receive this notice via email, please be aware that disenrollment notices are sent securely, and you will receive a notification of the secure email in your regular email inbox. In order to view the notice, you will need to use the Inclusa Secure Message Center. To create your account, simply go to **securemail-inclusa.org**. Once you are logged in, you'll be able to view and reply to secure messages we send you, which will be delivered to your Secure Message Center Inbox. You may also use this account to compose and send secure messages to any Inclusa email address. To learn about the features of this service, click the question mark at the top of the screen after you sign in.

Dementia-Capable WISCONSIN

New Wisconsin State Dementia Plan

A March 2018 Dementia Summit brought together key stakeholders to identify priorities for a new Wisconsin State Dementia Plan. Dementia Summit participants established priorities in four major categories: care in communities, health care, dementia-related crisis response, and facility-based care. The new **Wisconsin State Dementia Plan: 2019 – 2023**, built on those priorities, is now ready and can help guide the efforts of partners across Wisconsin.

Please join in the effort to continue building a more Dementia-Capable Wisconsin. Subscribe to receive **email updates** about the State Plan and the newly formed State Dementia Plan Steering Committee and workgroups. For more information about Dementia-Capable Wisconsin, visit the Wisconsin Department of Health Services **Dementia Care System Redesign** page.

Contact Information

Inclusa General
Member-Related Questions, Authorizations

Phone: 877-622-6700
Email: info@inclusa.org
Web: www.inclusa.org (See the Providers menu (accessed at the top of any page) for additional provider resources)

Inclusa Provider Customer Service
Inclusa Portal, Claims Submission
Phone: 888-544-9353
Email: CustomerService@inclusa.org
Web: www.inclusa.org/providers/provider-portal, www.inclusa.org/providers/claims-billing

Inclusa Provider Relations
Contracting, Scopes of Service
Phone: 888-294-7451
Email: ProviderRelations@inclusa.org
Web: www.inclusa.org/providers/contracting

INCLUSA

