

# Minimum Fee Schedule Frequently Asked Questions (FAQs)

This document is a resource to help answer the many questions related to the implementation of the DHS Minimum Fee Schedule.

The questions are categorized as follows:

- Claims
- Contracts (includes most rate related questions)
- Long Term Care Functional Screen
- Room and Board
- Resources
- Self-Directed Supports

Additional answers will be added to this document as new questions arise; for this reason, you will see many of the Q#s out of order as new questions are added. Providers can email questions to [WIMarketMFS@humana.com](mailto:WIMarketMFS@humana.com) . Emails received will be responded to within one business day.

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## Claim Questions

### Q1: What information is needed for Residential claims processing?

A1: The following information will be included on authorizations related to care and supervision.

- Revenue Code
- Procedure Code
- Modifier 1
- Modifier 2
- Modifier 3-4, when applicable
- Members Functional Screen Tier value
- The Functional Screen calculation date

Revenue code, Procedure code, and modifiers listed on the authorization will need to be included on claims submissions when billing for Residential care and supervision:

Room and board authorizations will reflect a revenue code, which will need to be included on claims submissions when billing for Residential room and board. Room and board authorizations will not include Procedure codes or Modifiers.

A tip sheet for Residential Claim submissions can be found here: [Residential Claim Submission TIP Sheet](#)

### Q2: Will providers need new authorizations for the service types impacted by Minimum Fee Schedule?

A2: For Residential providers, yes, current authorizations ended on September 30, 2024, and new authorizations were created with start date of October 1, 2024. Additionally, as member Tier’s and rate changes, new authorization will be issued ongoing.

### Q3: Will providers still use a single authorization for residential services?

A3: For Family Care (branded “Inclusa”) residential providers, effective October 1, 2024, they will now receive two separate authorizations for residential services. One authorization will be for room and board and one authorization will be for care and supervision. Family Care Partnership (branded “iCare”) residential providers will continue to receive two separate authorizations.

#### Q4: When will providers see the new authorizations in the portal?

A4: All Minimum Fee Schedule related authorizations, barring unique circumstances, are available in the provider portal. If you are unable to access your authorizations, please contact [WIMarketMFS@humana.com](mailto:WIMarketMFS@humana.com).

#### Q5: When will providers be able to start billing on the new authorizations?

A5: All providers can start billing on the new authorizations as soon as they are visible in the provider portal.

#### Q6: When will providers receive payment on the new authorizations?

A6: Payments for all service types impacted by Minimum Fee Schedule updates should follow normal process and timelines.

#### Q7: Will providers continue to use the same claim method for claim submission?

A7: Yes, providers can continue to utilize the same claim method they used through September 30, 2024 to submit for dates on and after October 1, 2024.

#### Q8: Where can I find step by step instructions for claims submission?

A8: For additional support related to Claims submissions:

- Family Care (branded “Inclusa”) providers please review [Residential Claim Submission TIP Sheet](#).

## Contract Questions

#### Q9: What service types are impacted by the Minimum Fee Schedule?

A9: The Wisconsin Department of Health Services (DHS) has created a minimum fee schedule for select home and community-based services (HCBS). The minimum fee schedule sets a minimum rate that managed care organizations (MCO) can pay providers of certain adult long-term care services in Family Care, Family Care Partnership, and the Program of All-Inclusive Care for the Elderly (PACE).

This applies to:

- Supportive home care services:
  - Agency
  - Member self-directed
- \*Residential facilities:
  - 1–2 bed adult family homes (AFHs)—owner occupied and corporate owned
  - 3–4 bed AFHs
  - Residential care apartment complexes (RCACs)
  - Community-based residential facilities (CBRFs)

\*Note- Respite service is not impacted by Minimum Fee Schedule.

#### Q10: Which impacted service types will use the Minimum Fee Schedule Tiers as the Basis for the Minimum Rate?

A10: The following residential service types are included in the Minimum Fee Schedule: Corporate 1-2 bed Adult Family Homes, 3-4 bed Adult Family Homes (AFH), 5-8 bed Certified Based Residential Facilities (CBRF), 9+ bed Certified Based Residential Facilities (CBRF), and Residential Care Apartment

Complexes (RCAC). While in the Minimum Fee Schedule Tiers, RCACs will only have one tier rate, the other residential service types will have three tiers.

**Q11: Are any impacted service types not using the Minimum Fee Schedule Tiers?**

A11: Yes, Owner-Occupied 1-2 bed Adult Family Homes, Supportive Home Care, Community Supportive Living, and Self-Directed Services are not using the Minimum Fee Schedule tier rates. These service types will be using the following minimum payment rates for personal care and active supervision:

Note: While the below rates are utilized for OO 1-2 Bed AFH rate setting, the authorizations will reflect the member specific tier.

Service	15 minute rate
Supportive home care—agency	\$6.38
Supportive home care—member self-directed	\$4.08

**Q12: When will updated contracts be sent to providers?**

A12: Updated contracts/rate agreements have been sent to providers.

**Q13: Will rates increase for member rates that are already above the Minimum Fee Schedule Tier?**

A13: No, at this time all efforts will be made to ensure all member rates are at (or above) the associated Minimum Fee Schedule tier as of October 1.

## Long Term Care Functional Screen Questions

**Q14: Will the Long Term Care Functional Screen be updated for the Minimum Fee Schedule?**

A14: No, DHS is not making any updates to the Long Term Care Functional Screen at this time, which will impact how the Minimum Fee Schedule Tiers are determined. A field that calculates and identifies the Minimum Fee Schedule Tier of the member has been added. The tier will be included on residential authorizations as of October 1.

## Room and Board Questions

**Q15: Does the Minimum Fee Schedule tier rate include room and board?**

A15: No, the Minimum Fee Schedule Tier does not include room and board.

**Q16: How can I find out what my room and board rate will be?**

A16: Updated rate agreements have been sent to providers and authorizations have been entered with separate member specific room and board and care and supervision rates. See Question # 1 above for resource regarding how to submit claims for room and board. For questions on room and board rates please contact [ProviderRelations@inclusa.org](mailto:ProviderRelations@inclusa.org)

## Resource Questions

Q17: How do I learn more about the Minimum Fee Schedule?

A17: The DHS Forward Health website includes several resources related to the Minimum Fee Schedule. Link to website: [Minimum Fee Schedule for Home and Community-Based Services \(wi.gov\)](#)

Q18: I was unable to attend the DHS sponsored webinar/Town Hall for the Minimum Fee Schedule on September 13, 2024, was it recorded?

A18: Yes, the HCBS Minimum Fee Schedule webinar can be accessed through this link: [Minimum Fee Webinar 9/13/2024 on Vimeo](#)

Q19: I attended the DHS sponsored webinar for the Minimum Fee Schedule on September 13, 2024, are the PowerPoint slides used in the webinar available?

A19: Yes, the PowerPoint used for the DHS HCBS Minimum Fee Schedule webinar can be accessed through this link: [HCBS Minimum Fee Schedule PowerPoint slides](#)

Q20: Is there a definition for “active supervision”?

A20: Yes, active supervision is defined as intervention by an in-person caregiver needed to maintain the health and safety of the member or others. Active supervision is generally used during periods of noncompliance or behavioral outbursts that cause risk to the health and safety of the member or others and require the caregiver to take action needed to re-direct the member to stop unwanted behaviors and return to baseline behaviors. Verbal cues and companionship are not considered active supervision.

## Self-Directed Support (SDS) Questions

Q21: Do all SDS workers performing SHC services have to be paid at the \$16.32 per hour minimum pay rate (\$4.08 per 15-minute increment)?

A21: No, SDS workers can choose to be reimbursed at a lower wage by voluntarily declining the rate increase through completion of an opt out form: “Self-Directed Services Home and Community Based Services Minimum Fee Rate Agreement, F-03303”. Link to form: [Self-Directed Services Home and Community-Based Services Minimum Fee Rate Agreement, F-03303](#)