



Inclusa, Inc.'s 2018 Provider Network Training

An Overview of Inclusa's Provider Development, Credentialing, and Contract Termination and Closure Policies.

**Presented By: Community
Resources-Provider Relations**

Inclusa, Inc. Provider Network Policies

Inclusa's Community Resources and Provider Relations (CR/PR) Department develops policies to assure contract and quality expectations are upheld, ensure Inclusa members have access to an adequate network, and provide direction to CR/PR staff who support our contracted providers.

01

Provider Development Policy

Outlines the process necessary to contract with and retain providers within Inclusa's Provider Network to meet member service needs.

02

Provider Credentialing Policy

Outlines the process for subcontract provider applicants

03

Contract Termination Policy

Outlines the process for a provider who notifies Inclusa of their intent to close or terminate contract.

Provider Policy Highlights

01

Provider Participation and Selection

Standards to become part of Inclusa's provider network

02

Out of Network Providers

Circumstances where Inclusa will use out-of-network providers

03

Provider Credentialing

Documentation Inclusa must maintain per DHS contract requirements

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Provider Subcontracting

Evergreen contracting

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Signed Subcontract

Timelines for returning the signed subcontract

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Adequacy and Capacity

Tools and Resources to evaluate Adequacy and Capacity of our network

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Provider Retention

Steps to retain providers in the Inclusa network

08

Provider Monitoring

Timely access, monitoring and quality

09

Provider Contract Termination

Roles around Provider, Member and DHS notification

1. Provider Participation and Selection

Inclusa, Inc. will use only providers that meet the following requirements:

s.1915(c)

Meet provider standards in Wisconsin's approved s. 1915(c) home and community based waiver, meet all requirements/certification standards, consistency with applicable DHS policies.

DHS 105

Certified as a provider under Wis. Admin. Code DHS 105 to provide long-term care services specified in Wis. Admin. Code 107, meet all required licensure/certification standards and consistent with DHS policies.

Non-Discrimination

Inclusa will not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of their license or certification. Inclusa will not discriminate against providers who serve high risk populations.

Member Values and Beliefs

Inclusa will practice the values of honoring members' beliefs, being sensitive to cultural diversity and fostering attitudes and interpersonal communication styles in staff and providers, which respect members' cultural values.

2. Out-of-Network Providers

In accordance with the Family Care program contract with DHS, Inclusa will utilize out-of-network providers as needed in the following circumstances;

- Providers within the network do not have capacity
- Providers within the network lack specialized expertise, knowledge, or appropriate cultural diversity
- Providers within the network are not able to meet member's needs on a timely basis
- Transportation or physical access to the MCO providers causes an undue hardship to the member

Any Willing Provider:

Act 20 Regulatory language states; "SECTION 997m. 46.284(2)(c).

Inclusa will provide a subcontract to any CBRF, RCAC, Community Rehabilitation Program, Home Health Agency, Day Service Provider, Personal Care Provider, or Nursing Facility to serve as a contracted provider if;

- The provider agrees to Inclusa's rates for similar providers and services
- The facility meets all guidelines established by Inclusa related to quality of care, utilization and other criteria applicable to similar provider types

Potential providers are required to complete the application process including;

- Completion of Provider Application and Service Location form if applicable
- Completion of Residential Provider Service Form (residential providers only)
- Completion of a W-9

Inclusa reserves the right to deny participation of Provider applicants when Inclusa believes its Provider Network in a specific service is adequate to meet the anticipated needs of membership.

3. Provider Credentialing Process

Inclusa maintains necessary documentation per contract requirements in each provider subcontract file. A checklist is used to verify appropriate documentation is submitted and maintained. Documentation requirements are verified by CR/PR staff each year.

Providers may access contract applications via the Inclusa website; www.inclusa.org under Provider Resources. Applications can be submitted online, by mail or directly to a CR/PR staff.

If a provider expresses interest in joining Inclusa's network, CR/PR will send them an application packet and request the information below.

Each provider application will be reviewed by designated CR/PR staff.

Complete Application Packet

- Provider Application/Service Locations (filled in completely).
- W9 (signed and dated).
- Proof of current insurance (certificate of insurance or face sheet).
- Copy of applicable licensure/current certification.

Insurance Updates

- Certificate of insurance documents will be requested from the provider 4 weeks and 2 weeks prior to the expiration date.

3. Provider Credentialing Process, Continued

License Verification

- All licenses for providers with renewal periods and statuses are primary-source verified
- Provider applicants regulated by the WI Dept. of Safety and Professional Services will be primary-source verified
- Providers regulated by the Dept. of Quality Assurance must submit a copy of current licensure
- Residential licenses are primary-source verified
- Wisconsin home modification providers must submit a copy of their Wisconsin contractor license, current licensure status will be primary-source verified online
- Minnesota Providers: entities regulated by Minnesota Department of Human Services will be primary-source verified online by using the Minnesota DHS Licensing Information Lookup website

3. Provider Credentialing, Continued

Required documentation outlined below:

Mental Health or AODA Providers

- Individual therapists need their own license on file.
- CR/PR will verify all licenses online.
- Agencies must submit an agency clinical certification to practice outpatient mental health or AODA services.

Medicaid Certification

- For applications required to be Medicaid certified, CR/PR will access Forward Health portal for verification.
- Medicaid certification is primary-source verified annually by CR/PR.

Background Checks

All providers who are established as Individuals or Sole Proprietors on the W9, and meet the definition of caregiver per DHS 12, will have a caregiver background check completed by CR/PR upon application and every 4 years thereafter.

Applicants Regulated by DQA-SOD Search

Any provider regulated by State of WI Dept. of Quality Assurance, CR/PR will review the Wisconsin DQA Provider Search for SOD's within the past 3 years.

3. Provider Credentialing, Continued

Required documentation outlined below:

Debarment or Exclusion

- CR/PR staff will verify there is no evidence to participate in federally funded health programs, via the DHHS Office of Inspector General.

Debarment or Exclusion

- Should records indicate the provider applicant or corporate parent has been debarred or excluded, the applicant will be deemed to not meet minimum contracting requirements.

Provider Credentialing-Required Documents

- Provider Application
- State License
- Provider Quality (provider must be in good standing)
- Medicaid Certification
- Debarment and Exclusion Monitoring
- Federal Tax ID
- National Provider Identifier (NPI)
- Insurance
- Civil Rights Compliance
- Criminal Caregiver Background Checks
- Reimbursement-must accept Inclusa reimbursement rates
- Subcontract Agreement-must enter into signed agreement with Inclusa, and agree to comply with subcontract requirements
- Providers must be able to assure quality, competency, and fiscal soundness in provide services.

Provider Credentialing-Required Documents and Re-Credentialing

- Provider must agree to Inclusa's Scope of Service as available per service type.
- On-Site Visit; Inclusa CR/PR and/or Member Support staff may conduct on-site visits for any provider type that offers on-site services.
- Provider must have services available within the Inclusa geographic service area (GSR), except providers who are established as out-of-network providers to serve a member residing outside the Inclusa GSR.

Re-Credentialing

- Inclusa will re-credential providers at least annually by verifying the credentialing requirements are still current.
- All Inclusa subcontracts require notification to Inclusa if the provider experiences changes in status such as State License and Medicaid Certification.
- Inclusa receives reports from the Division of Quality Assurance regarding site visits and citations. Inclusa monitors these reports to verify quality status.
- Inclusa may require financial audits from some provider types and these reports will also be considered for re-credentialing process.

Provider Subcontracting

4. Provider Subcontracting

Inclusa will provide and retain subcontracts with providers meeting the terms of the Subcontract Agreement, including licensing and certification standards and an acceptance of Inclusa's rate structure.

A contract with the indication of services and rates will be provided to the applicant for review and signature.

5. Failure of Provider to Return Signed Subcontract

Welcome letters accompany all new contracts. The letter outlines next steps and requirements to return the contract within 10 days or no later than two weeks (14 days).

Contract language states; "This contract becomes null and void if the time between the Purchasers' authorized representative signature and the Provider's authorized representative signature on this contract exceeds 60 days".

If 30 days has passed since the contract was submitted to the Provider and it has not yet been signed and returned; Inclusa will send a late contract notice, payments for services may be placed on hold, and CR/PR staff will call or email to offer a reminder to return the subcontract.

This contract allows an additional two weeks to return the signed contract.

5. Failure of Provider to Return Signed Subcontract

At 45 days from mailing-if the subcontract has not yet been returned, the following will occur;

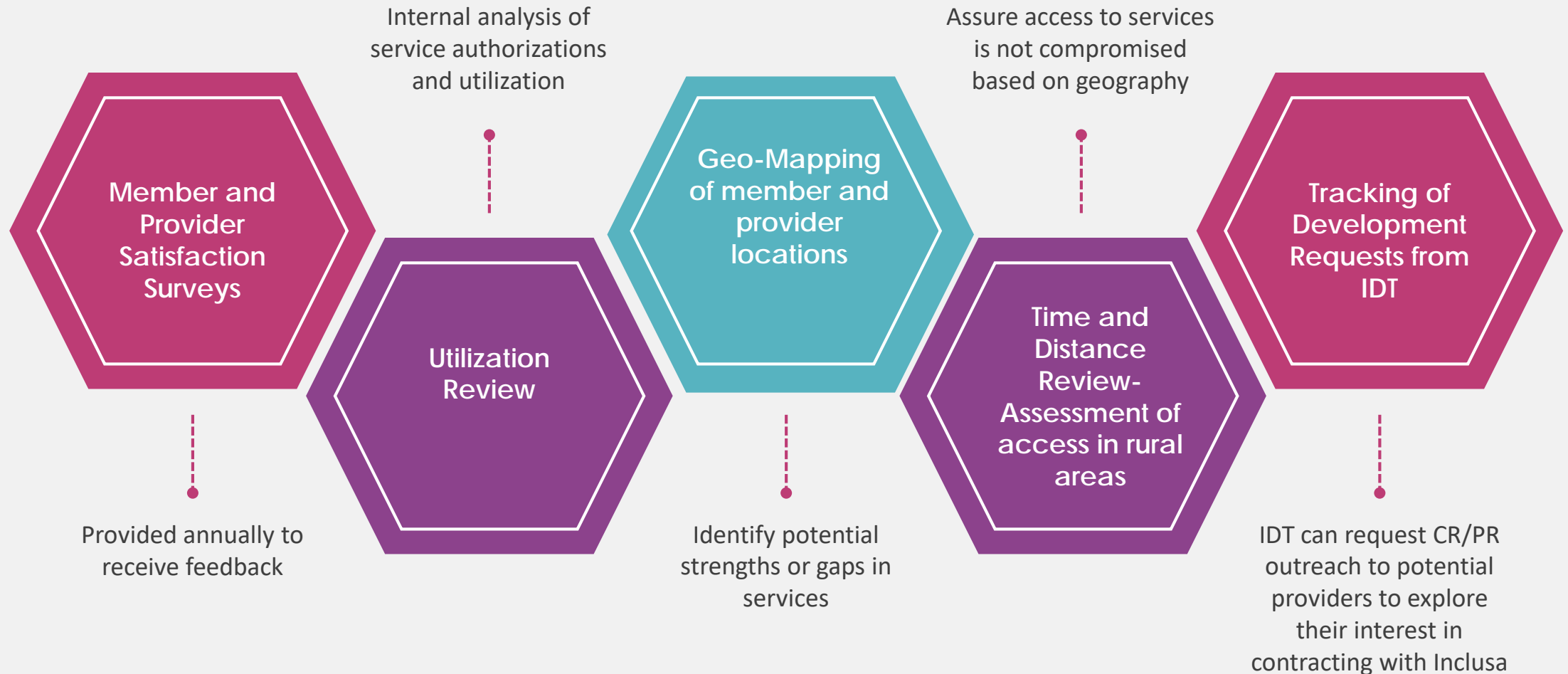
- A final notice is sent and a call will be made to inform the provider of two weeks to return the subcontract. Providers will also be informed Incusa will begin to transition members to other providers.

At 60 days from mailing-if the subcontract has not been returned, the following will occur;

- Inclusa may give notice to discontinue services and notice the subcontract is null and void.

6. Tools for Evaluating Network Adequacy and Capacity

Inclusa is committed to ensuring a sufficient number of appropriately trained providers are geographically distributed to ensure member access to services in the benefit package, including physical access and cultural competency.



Provider Retention

Inclusa's goal is to retain providers within our network by providing exceptional customer service and support, and acting as a partner to ensure Inclusa members have access to quality services and support.

01

Reimbursement Practices

Fair, reasonable and equitable reimbursement rates which are manageable within Inclusa's reimbursement restraints.

02

Provider Engagement

Regular communication via provider newsletters, provider advisory groups and opportunities for face to face meetings or trainings when new processes are considered.

03

Technology

Inclusa's website offers provider contracting and training resources. CR/PR offers general email contacts for questions and support (ProviderRelations@Inclusa.org).

8. Provider Monitoring

Timely Access

The Family Care contract indicates in Section VIII (K) 8. “Monitoring Access to Services, The MCO shall continuously monitor the extent to which it maintains an adequate capacity and take corrective action if it discovers deficiencies in its capacity to meet the requirements” to provide membership with the appropriate range of services, access to prevention and wellness, sufficient number, mix and geographic distribution of subcontracts of services, with specialized expertise, culturally competent providers, and accessible services.

Providers will initiate services on the date indicated on the Purchaser’s Service Authorization.

Monitoring Accessibility

Requirements are physical accessibility of service location and geographic accessibility.

Accessibility of a provider’s location will be listed on Inclusa’s Provider Directory found on our website www.inclusa.org.

Inclusa will strive to have services within the benefit package available within a 60 minute drive period for all services which require a member to travel to access. If the member resides in a rural area, Inclusa strives to offer services within a comparable distance that the member travels for acute and primary health care services.

Quality of Services

CR/PR will work in concert with Inclusa’s Quality Department when an incident warrants additional follow up.

CR/PR and Quality jointly review incident reports to identify trends and patterns in an effort to better support providers and members.

CR/PR will monitor and evaluate the Statement of Deficiencies (SOD’s) using a Standard of Practice with follow up as needed.

9. Provider Contract Termination Procedure

Provider Responsibilities:

- Notify Inclusa in writing of closure or contract termination with a minimum of 30-day notice
- Develop and submit closure plan to DHS if obligated by HFS licensing requirements (Chapter 50)
- Assist and support members with transition to other options
- Assure continuity of care throughout transition

Community Resources Provider Relations (CR/PR) Responsibilities:

- Notify all necessary internal departments to support transition for members
- Notify DHS
- Notify ADRC's of closure or termination of contact with MCO

Care Management Responsibilities:

- Send notification to members
- Internal processes to support notification to DHS and tracking of member transitions

Member Relations Responsibilities:

- Work with members on any necessary grievance and appeal requests to ensure member rights are upheld
- Relocation Training for IDT staff



CONTACT US

Thank you for taking the time to go through this training.
If there are any questions or comments, please feel free to contact us via any method listed below.



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