



January 2018

PROVIDER PARTNERS

Building vibrant and inclusive communities

New Year Billing Reminders

End-of-Year Billing

In order to prevent a delay in your payment, dates of service spanning 2017 into 2018 must be submitted on two separate claims. **WPS will not process any claim that spans across calendar years.** These claims will be sent back to the provider to split and submit again.

For example, instead of billing 12/31/2017 through 1/6/2018 for the last week in December if your week starts on Sunday, you need to submit two separate claims. You would submit one claim for 12/31/2017 through 12/31/2017, and a separate claim for 1/1/2018 through 1/6/2018.

New Authorizations, New Numbers

Before billing for 2018 services, please be sure you have viewed and accepted any new authorizations in the provider portal. Existing authorizations that are impacted by rate changes or code alignment may be replaced with new authorizations, which include a new authorization number.

It is important that you check the provider portal when billing for 2018 services to ensure that you are using the correct information when submitting claims.

Business System Alignment: CR/PR Transition Update

Inclusa has been working to align business practices across the organization, which includes unifying our business systems. As we announced in the [November issue](#) of *Provider Partners*, the business system alignment is scheduled for completion by July 1, 2018. This alignment includes transitioning all Central Region providers from CareDirector to the ProNet System currently in place in the Western Region, and will bring all provider activity into **one** system and **one** portal. Service codes, rates, and scopes of service are also being aligned as needed as part of this process.

Transition activity is happening in every Inclusa department, including Community Resources/ Provider Relations (CR/PR). Below are some updates and milestones regarding the transition and what's been done so far in CR/PR.

Service Code Alignment – In order to bring services of the three legacy MCOs into one system and to meet Department of Health Services requirements, code alignment will be occurring as needed. Some code changes occurred on January 1 and others will happen in the next few months.

Rate Alignment – Alignment for residential rates has been completed, and is in effect as of January 1, 2018. Rate alignment for negotiated-rate (non-Medicaid) services will occur throughout 2018.

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New Innovative, Intense, and Interactive Dementia Care Workshop

Combative. Resistive. Wanderer. Sundowner. Feeder. Angry. These are the words people use to describe people living with dementia. Your words, language and attitude shape perceptions. What is your approach? How does this affect others? What is your reaction? How much do you know about yourself, your team, and your impact? This full-day innovative dementia care workshop is designed for nursing home staff.

Staff from nurse aides to administrators will experience a one-of-a-kind, intense, and interactive training that will reframe your behavior instead of “managing” that of the person with dementia. Things you will not learn at this event are the types of dementia, facts on dementia, or textbook materials. What you will learn are self-improvement, affecting and influencing culture, and seeing a different way to think about dementia. This workshop will reframe your behavior. Upon completion of the workshop, caregivers will be able to:



- Identify situations where their own behavior could be a factor
- Take common symptoms associated with dementia and phrase them into positive statements
- Promote an overall environment of positive language and behaviors when working with people with dementia

The sessions will run from January through November 2018. There are ten workshop locations, and each session is limited to the first 40 participants. This is to keep the learning focused, personal, interactive, and fun. The \$25 registration fee includes lunch. For more information and to register, go to norcen.org/StopStartingIt.

Business System Alignment *(continued from page 1)*

Scope of Service Alignment – Scopes of service are currently being reviewed and unified as needed. In the third quarter of 2018, CR/PR will send updated Scopes to all applicable providers currently in our network.

Communication – We will be communicating directly with providers affected by code or rate changes as this work is occurring. Please be alert for these communications, and be sure to monitor the portal and update your billing as needed if changes lead to new authorization information.

Training – There will be training opportunities throughout the transition process for any providers affected by alignment changes. This includes portal training for Central Region providers moving to the Western Region portal.

Inclusa values our provider partners and the relationship we share. We look forward to partnering with you throughout this process to ensure smooth transitions into the aligned business system. We will continue to provide updates through this newsletter as well as on our website at www.Inclusa.org.

Improving Hospital and Clinic Transitions of Care for Residents

The Centers for Medicare and Medicaid Services (CMS) defines Transition of Care as “the movement of a patient [resident] from one setting of care...to another.” Residents living in skilled nursing facilities (SNF) and all types of assisted living facilities (ALF) experience care transitions when they move between where they live and receive care, and hospitals and clinics. During care transitions, confusion may arise regarding resident care needs which may lead to medication errors, adverse events, and hospital admissions/readmissions.

La Crosse Area Transitions in Care (TIC) is a team working to improve care transitions. This team, with input from professionals from area hospitals, clinics, ALFs, SNFs, and Inclusa, created the Individual Transfer Form and process, designed to facilitate two-way communication of resident information.

The Individual Transfer Form is used for both emergency room transfers and clinic appointments to make sure vital information is being sent in with the

resident and that written communication, including signed orders, comes back with the resident. The form should be printed on **blue paper** as a trigger to clinic and hospital staff that the patient before them is from either an SNF or ALF. Please visit the La Crosse Health Science Consortium website to view instructions and download the form: www.lacrosseconsortium.org/content/la_crosse_lmsc/transitions_in_care. Any provider may use this form to promote more effective care transitions for residents.

The La Crosse Area TIC team has coordinated efforts with Alfred Johnson, Director of the Bureau of Assisted Living (BAL), and UW Health. Alfred shared information regarding a state initiative with hospital and ALF partners to support seamless transitions in care. The Department of Health Services (DHS) has recently published an *Assisted Living Facility and Hospital Interface* guide to support care transitions state-wide. This document is available at dhs.wisconsin.gov/publications/p02067.pdf.

Contract Update/Clarification: Provider Appeals/Member Appeals and Grievances

The Inclusa Provider Subcontract Agreement (section VIII.C.) has been updated with new contact and resource information regarding provider appeals and member appeals and grievances.

- Inclusa’s Provider Claim Payment Appeal Process and Member Grievance and Appeal information are available on our website at www.inclusa.org. The [Provider Claim Payment Appeal Process](#) is located on the Providers tab under Claims & Billing. Member grievance and appeal information is located in Chapter 8 of the [Member Handbook](#), found on the Members & Family tab.
- Members may also contact Inclusa’s Member Relations Department for support with a grievance or appeal at memberrelations@inclusa.org.
- In the event a member submits a grievance directly to a provider, the provider must give the member a copy of the member appeals procedure information, including a statement of member rights, information about all levels where a complaint or grievance is registered, and information about persons or organizations that may assist with the complaint or grievance process (memberrelations@inclusa.org).

Claim Submission Options

Inclusa and WPS understand that our provider network is highly diverse with varying levels of claim submission expertise and needs. For that reason, with the collaboration of WPS, we offer both electronic and paper claim submission options in order to accommodate each type of provider in our network.

Electronic Filing

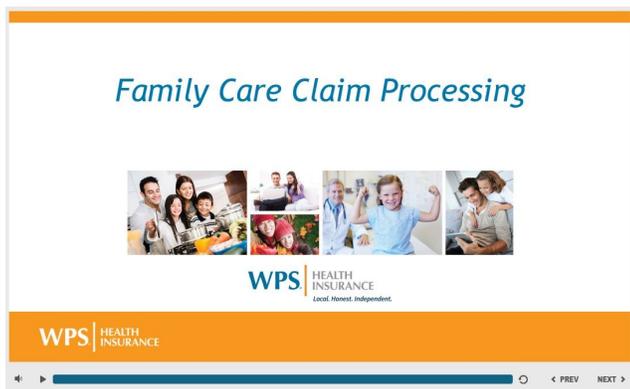
Submit claims by using either the WPS claim entry software (PC-Ace Pro 32) or through a clearinghouse service. (May be better suited to those who are more familiar with submitting claims following Medicaid and/or Medicare submission guidelines.) Contact WPS at 1-800-782-2680 or edi@wpsic.com for more information.

Excel Spreadsheet

Upload claims data through a WPS secure Move-It account. This method is available to all providers and is a very popular and simple submission method to learn and use. (Providers must have access to MS Excel or OpenOffice to use this option.) Contact WPS at FCWPS@wpsic.com for more information.

Paper Claims

Acceptable paper claim forms are the CMS 1500, UB04, or the WPS/Inclusa Claim Form. Claims with a Medicare EOMB or other insurance EOB must be submitted using a paper claim format and the EOB/ EOMB must be stapled to each paper claim form. Submit paper claims to: Family Care, c/o WPS Health Insurance, PO Box 211595, Eagan, MN 55121.



Claim Assistance: Call WPS First

Providers are reminded that all initial claims inquiries, including claim payment status questions, are to be made by contacting the dedicated staff at the WPS/Family Care Contact Center at 1-800-223-6016, Monday through Friday from 8:00 a.m. to 4:30 p.m.

Inclusa Customer Service does not have access to your claims data until WPS has processed and released the claims. By contacting Inclusa first, you may be slowing down your payment if there is an issue with your claim. WPS is there to help identify and assist you with resolving such issues. If WPS is unable to assist you they will refer you to Inclusa Customer Service.

Corrected Claims

All corrections to claims must be submitted on the WPS Corrected Claim form with the Provider Remittance Advice (PRA) attached. A corrected claim is a claim that has been previously submitted resulting in a full or partial payment. The purpose of submitting a secondary, or corrected, claim is to add additional units and/or charges to an original claim. (*Denials that result in a zero payment must be submitted as a new claim.)*

Resources

To learn more about claim processing with WPS, go to wpsic.com/edi/familycare and click on [Family Care Claim Processing](#) at the bottom of the page to view a WPS instructional webcast.

Claim and authorization resources are also available on the Inclusa provider portal and the [Providers/ Claims & Billing](#) page at www.inclusa.org.

HIPAA Program Basics

All Inclusa providers and business associates are required to protect the health information of members in accordance with state and federal privacy laws such as HIPAA. To determine if you are meeting HIPAA compliance requirements, please ask yourself the following questions:

- Have you conducted a HIPAA Security Risk Analysis? This means conducting an assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of your electronic protected health information.
- Have you implemented privacy and security controls to protect health information?
- Have you designated individuals to serve as HIPAA Privacy and/or Security Officer(s)?
- Do you have a written Risk Management Program that identifies potential risks, their probability of occurring and the significance of the threat?
- Do you have a HIPAA training program for new hires and annual refresher training for all employees?
- Do you have a process in place to detect and report breaches of protected health information?
- Do you have a Breach Response and Notification policy and procedure in place if protected health information is used or disclosed without authorization?

If you answered “No” to any of the questions, you are not in compliance with privacy laws or your Inclusa contractual requirements. Please visit the HIPAA Collaborative of Wisconsin (HIPAA COW) at hipaacow.org and the U.S. Department of Health & Human Services at hhs.gov/hipaa/for-professionals for reference materials to assist you in developing and maintaining a compliant HIPAA program.

WisCaregiver Career Program

In 2017, the Wisconsin Department of Health Services launched the WisCaregiver Career Program, designed to add approximately 3,000 nurse aides to the state’s workforce. The program provides student funding for training and testing as well as resources and training



to help nursing homes hire and retain the best possible workforce.

A Workforce Solutions webinar was held last fall to introduce nursing homes to the benefits of the program as a possible

solution to the workforce shortage faced by nursing homes. Presentation slides, webinar recording, and a Q&A document are available on the program website at dhs.wisconsin.gov/caregiver-career. A recruitment and retention best practices webinar series is scheduled to begin in March. Visit the website for details and additional resources, including a list of participating training programs.



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