



**AGENDA**  
**LeadingAge Wisconsin**  
**Housing and Managed Care Forum--**  
**10:00 a.m. to 2:00 p.m.**  
**Wednesday, December 6, 2017**  
**Comfort Inn & Suites-- Airport, Madison**

- I. Introductions, Agenda Review, Meeting Goals**
- II. 2018 Family Care Capitation Rate Methodology and Changes in the MCO Rates:** Interactive Conversation with Dave Varana, DHS Director, Bureau of Long Term Care Financing, Division of Medicaid Services.
- III. Family Care Funding to Address the LTC Workforce Crisis:** Mr. Varana will discuss the DHS plans to distribute the \$30 million annual increase provided in the State biennial budget. These dollars were authorized in addition to the Family Care increases provided to ensure that DHS capitation rates are actuarially sound.
- IV. Insights on 2018 DHS Capitation Rate-Setting Methodology and Provider Rates/Provider Strategies**
- V. Member Discussion on 2018 MCO-Provider Contract Provisions and Rate Negotiations/Survey Results (Included)**
- VI. MCO Payments to Nursing Homes: July 1, 2017 Increases and MCO-Provider Contract Language**
- VII. Other Issues/Next Steps/Future Meeting**
- VIII. Adjournment**

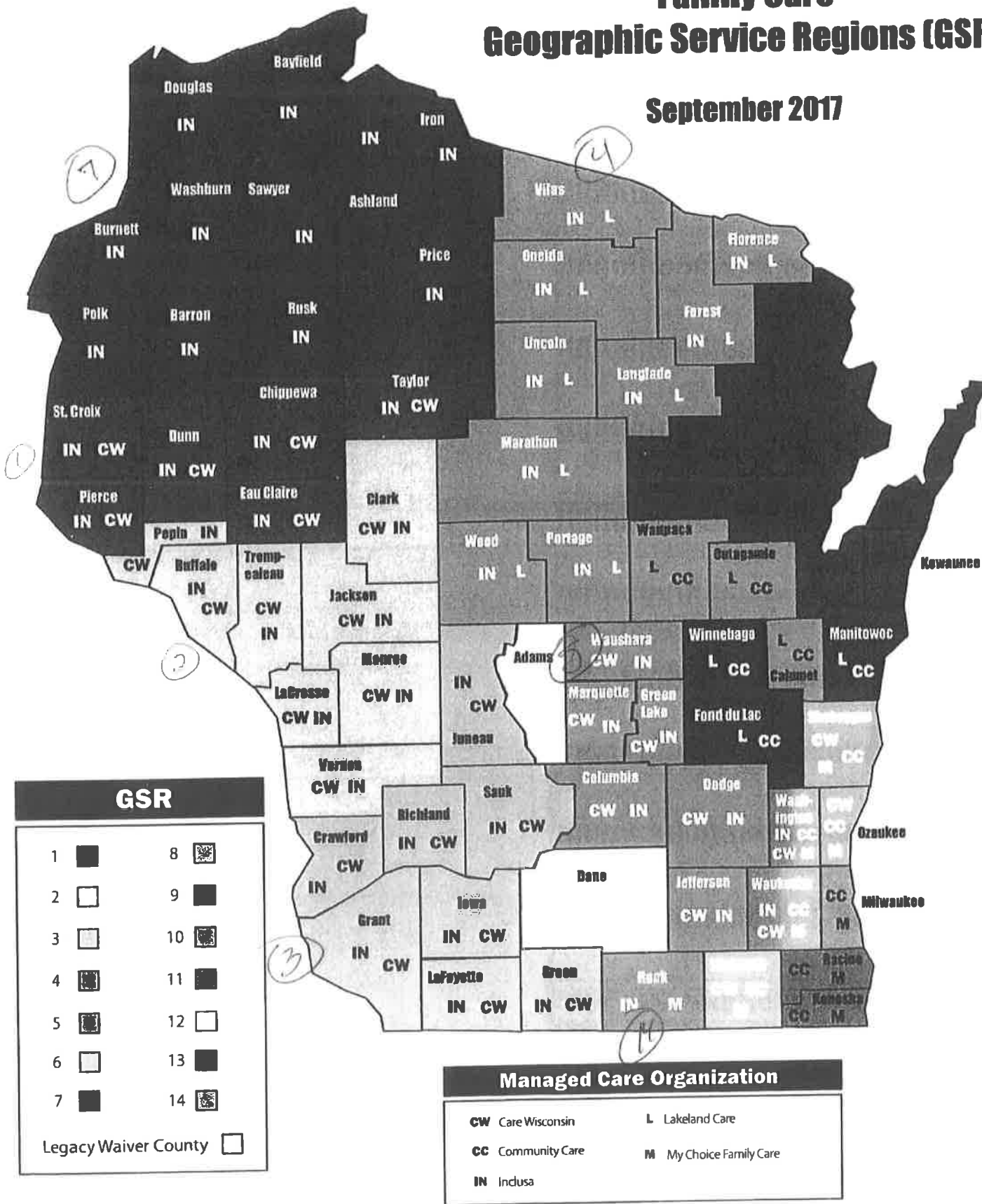
## Family Care MCO Capitation Rates 2017 & 2018

Note: Rates are not adjusted to reflect changes in client groups or acuity. The 2018 capitation rates exclude a 0.5 performance allocation

MCO	Geographic Service Region/Counties	2017 Capitation Rate	MCO/GSR	2018 Net Capitation Rate (Less 0.5% withhold)	% Change
Care Wisconsin	GSR 1: Chippewa, Dunn, Eau Claire, Pierce, St. Croix	\$3,325.39	Care WI (GSR 1)	\$2,950.63	-11.3%
Care Wisconsin	GSR 2: Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon	\$2,958.69	Care WI (GSR 2)	\$2,954.61	-0.1%
Care Wisconsin	GSR 3: Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk	\$2,843.28	Care WI (GSR 3)	\$2,831.65	-0.4%
Care Wisconsin	GSR 4: Calumet, Dodge, Green Lake, Jefferson, Marquette, Waushara	\$3,547.35	Care WI (GSR 5)	\$3,344.36	-5.7%
Care Wisconsin	GSR 5: Ozaukee, Sheboygan, Walworth	\$3,132.14	Care WI (GSR 6)	\$3,134.36	0.1%
Care Wisconsin	GSR 5-6: Washington, Waukesha	\$3,603.83	Care WI (GSR 5-6)	\$3,558.54	-1.3%
Care Wisconsin	GSR 11: Kenosha, Racine		Care WI (GSR 11)	\$3,295.05	
Care Wisconsin	Care WI (GSR 12)		Care WI (GSR 12)	\$4,782.62	
Community Care, Inc.	GSR 13: Brown, Door, Kewaunee, Marinette, Menominee, Oconto, Shawano	\$3,236.89	Care WI (GSR 13)	\$2,941.37	-9.1%
Community Care, Inc.	GSR 6: Ozaukee, Sheboygan, Walworth	\$3,411.83	CCI (GSR 6)	\$3,362.35	-1.5%
Community Care, Inc.	GSR 8: Milwaukee	\$3,118.30	CCI (GSR 8)	\$2,969.76	-4.8%
Community Care, Inc.	GSR 5-6: Washington, Waukesha	\$3,577.82	CCI (GSR 5-6)	\$3,527.34	-1.4%
Community Care, Inc.	GSR 9: Fond du Lac, Manitowish, Winnebago	\$3,009.08	CCI (GSR 9)	\$2,913.54	-3.2%
Community Care, Inc.	GSR 10: Calumet, Outagamie, Waupaca	\$3,298.79	CCI (GSR 10)	\$3,221.55	-2.4%
Community Care, Inc.	GSR 11: Kenosha, Racine	\$3,416.11	CCI (GSR 11)	\$3,298.30	-3.4%
Community Link, Inc.	GSR 4: Langlade, Lincoln, Marathon, Portage, Wood	\$3,088.84	Inclusa (GSR 4)	\$3,065.10	-0.8%
Community Link, Inc.	GSR 7: Ashland, Barron, Bayfield, Burnett, Douglas, Izon, Polk, Price, Rusk, Sawyer, Washburn	\$3,124.67	Inclusa (GSR 7)	\$3,154.87	1.1%
Community Link, Inc.	GSR 14: Rock	\$3,457.07	Inclusa (GSR 14)	\$3,805.78	10.1%
Community Link, Inc.	GSR 1: Chippewa, Dunn, Eau Claire, Pierce, St. Croix	\$3,320.91	Inclusa (GSR 1)	\$3,400.47	2.4%
Community Link, Inc.	GSR 3: Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk	\$2,996.69	Inclusa (GSR 3)	\$3,021.34	2.9%
Community Link, Inc.	GSR 5: Columbia, Dodge, Green Lake, Jefferson, Marquette, Waushara	\$3,298.12	Inclusa (GSR 5)	\$3,048.51	-5.7%
Community Link, Inc.	GSR 5-6: Washington, Waukesha	\$3,385.54	Inclusa (GSR 5-6)	\$3,429.67	2.2%
Community Link, Inc.	GSR 2: Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon	\$3,094.95	Inclusa (GSR 2)	\$3,106.25	0.4%
Lakeland Care Inc.	GSR 9: Fond du Lac, Manitowish, Waupaca	\$3,282.47	LQ (GSR 9)	\$3,258.36	1.7%
Lakeland Care Inc.	GSR 10: Calumet, Outagamie, Waupaca	\$3,086.41	LQ (GSR 10)	\$3,136.78	1.6%
Lakeland Care Inc.	GSR 13: Brown, Door, Kewaunee, Marinette, Menominee, Oconto, Shawano	\$3,542.90	LQ (GSR 13)	\$3,444.92	-2.8%
Lakeland Care Inc.	GSR 4: Langlade, Lincoln, Marathon, Portage, Wood		LQ (GSR 4)	\$2,945.57	
My Choice Family Care	GSR 2: Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon		MCFI (GSR 2)	\$3,048.47	
My Choice Family Care	GSR 3: Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, Sauk		MCFI (GSR 3)	\$2,983.95	
My Choice Family Care	GSR 6: Ozaukee, Sheboygan, Walworth	\$3,296.97	MCFI (GSR 6)	\$3,288.05	-0.3%
My Choice Family Care	GSR 8: Milwaukee	\$2,940.65	MCFI (GSR 8)	\$3,008.39	2.0%
My Choice Family Care	GSR 11: Kenosha, Racine	\$3,176.75	MCFI (GSR 11)	\$3,152.76	-0.8%
My Choice Family Care	GSR 5-6: Washington, Waukesha	\$3,335.71	MCFI (GSR 5-6)	\$3,359.37	0.7%
My Choice Family Care	GSR 14: Rock	\$3,470.17	MCFI (GSR 14)	\$2,927.90	-15.6%
My Choice Family Care	MCFI (GSR 12)		MCFI (GSR 12)	\$4,772.71	

# Family Care Geographic Service Regions (GSR)

September 2017



City of Chicago  
 Department of Public Safety  
 Chicago Police Department  
 (Holding Budget for 2018-2019)

Account	2018 Budget	2019 Budget	2018 Actual	2019 Actual	2018 Variance	2019 Variance	2018 %	2019 %	2018 Ratio	2019 Ratio
0100 - Administration	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0200 - Personnel	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0300 - Materials & Supplies	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0400 - Equipment	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0500 - Capital Assets	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0600 - Debt Service	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0700 - Other	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0800 - Contingencies	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
0900 - Reserve	1,000,000	1,000,000	1,000,000	1,000,000	0	0	100.00	100.00	1.0000	1.0000
1000 - Total	10,000,000	10,000,000	10,000,000	10,000,000	0	0	100.00	100.00	1.0000	1.0000



**Family Care**  
**MCO Financial Statement Summaries**  
**YTD for Period Ending June 30, 2017**

	CLI	LCI	MCFCI	CCI	CWF	Total
<b>Revenues</b>						
Capitation	268,396,604	85,276,028	140,662,095	188,772,028	129,047,934	812,154,687
Interest Income- Operating Acct	93,346	0	0	0	55,277	148,623
Other Retro Adjustments, DHS	1,146,090	1,742,834	624,884	1,000,886	1,555,376	6,070,070
Other Income	21,459	56,694	(74,392)	(0)	77	3,838
<b>Total Service Revenue</b>	<b>269,657,499</b>	<b>87,075,554</b>	<b>141,212,587</b>	<b>189,772,914</b>	<b>130,658,664</b>	<b>818,377,218</b>

<b>Expenses</b>						
Member Service Expenses	251,207,013	83,608,828	132,166,356	187,350,547	126,351,911	780,694,655
Cost Share	(9,191,466)	(2,976,605)	(7,291,816)	(6,331,337)	(4,541,272)	(30,332,496)
Room & Board	(22,623,951)	(7,849,403)	(9,980,920)	(18,798,947)	(11,526,024)	(70,777,245)
Other Third Party	(5,282)	(32,897)	0	0	(33,553)	(71,732)
<b>Net Member Services Expenses</b>	<b>219,386,314</b>	<b>72,749,923</b>	<b>114,883,620</b>	<b>162,222,263</b>	<b>110,251,062</b>	<b>679,503,182</b>

Net Care Management Expenses	39,049,790	10,256,747	15,330,589	16,447,060	14,154,329	95,238,515
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Administrative Expenses	14,784,244	3,367,090	4,659,814	5,841,552	5,406,464	34,059,154
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<b>Total Operating Expenses, CY</b>	<b>273,220,348</b>	<b>86,373,750</b>	<b>134,884,023</b>	<b>184,510,875</b>	<b>129,811,856</b>	<b>808,800,851</b>
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Income (Loss) from Operations, CY	(3,562,849)	701,804	6,328,564	5,262,039	846,809	9,576,367
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Other (Revenue)/Expense, Ordinary	(1,344,156)	(2,256,324)	(7,008,613)	(208,254)	(4,026,161)	(14,843,508)
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<b>Total Other (Revenue)/Expense</b>	<b>(2,218,693)</b>	<b>2,958,128</b>	<b>13,337,177</b>	<b>5,470,293</b>	<b>4,872,970</b>	<b>24,419,875</b>
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<b>Member Months by FC Target Group</b>						
Developmentally Disabled (DD)	44.6%	49.1%	29.2%	46.9%	49.6%	43.4%
Physically Disabled (PD)	18.9%	15.7%	18.3%	21.0%	15.3%	18.4%
Frail Elder (FE)	36.5%	35.2%	52.5%	32.1%	35.1%	38.2%
<b>Total Member Months</b>	<b>92,041</b>	<b>27,124</b>	<b>50,733</b>	<b>60,503</b>	<b>40,410</b>	<b>270,811</b>

<b>Key Ratios (as % of Revenue)</b>						
Member Service Expense, Net	81.3%	83.5%	81.4%	85.5%	84.4%	83.0%
Care Management Service Expense	14.5%	11.8%	10.8%	8.6%	10.8%	11.6%
<b>Total Member Service Expense</b>	<b>95.8%</b>	<b>95.3%</b>	<b>92.2%</b>	<b>94.1%</b>	<b>95.2%</b>	<b>94.6%</b>
Administrative Expense	5.5%	3.9%	3.3%	3.1%	4.2%	4.2%
<b>Total Operating Expense</b>	<b>101.3%</b>	<b>99.2%</b>	<b>95.5%</b>	<b>97.2%</b>	<b>99.4%</b>	<b>98.8%</b>
Income (Loss) from Operations, CY	-1.3%	0.8%	4.6%	2.8%	0.6%	1.2%
<b>Net Income/(Loss)</b>	<b>-0.8%</b>	<b>3.4%</b>	<b>9.4%</b>	<b>2.9%</b>	<b>3.7%</b>	<b>3.0%</b>

Family Care  
MCO Financial Statement Summaries  
YTD for Period Ending June 30, 2017

	CLJ	LCI	MCFCI	CCI	CWF	Total
<b>Summary PMPM Presentation</b>						
<b>Revenues</b>						
Capitation	2,916.07	3,143.95	2,772.58	3,120.05	3,193.43	2,998.97
Interest Income- Operating Acct	1.01	0.00	0.00	0.00	1.37	0.55
Other Retro Adjustments, DHS	12.45	64.25	12.32	16.54	38.49	22.41
Other Income	0.23	2.08	(1.47)	(0.00)	0.00	0.01
<b>Total Revenues</b>	<b>2,929.76</b>	<b>3,210.29</b>	<b>2,783.43</b>	<b>3,136.59</b>	<b>3,233.29</b>	<b>3,021.94</b>
<b>Expenses</b>						
<b>Total Member Service Expenses</b>	<b>2,729.31</b>	<b>3,082.48</b>	<b>2,605.12</b>	<b>3,086.55</b>	<b>3,126.72</b>	<b>2,882.76</b>
Cost Share	(89.86)	(109.74)	(143.73)	(104.64)	(112.38)	(112.01)
Room & Board	(245.81)	(289.39)	(186.73)	(310.68)	(285.23)	(261.35)
Other Third Party	(0.06)	(1.21)	0.00	0.00	(0.83)	(0.26)
<b>Net Member Service Expenses</b>	<b>2,383.58</b>	<b>2,682.14</b>	<b>2,264.66</b>	<b>2,681.23</b>	<b>2,728.28</b>	<b>2,509.14</b>
Net Care Management Expenses	424.27	378.14	302.18	271.84	350.26	351.68
Administrative Expenses	160.62	124.14	91.85	96.55	133.79	125.77
<b>Total Operating Expenses, CY</b>	<b>2,968.47</b>	<b>3,184.42</b>	<b>2,658.69</b>	<b>3,049.62</b>	<b>3,212.33</b>	<b>2,986.59</b>
<b>Income (Loss) from Operations, CY</b>	<b>(38.71)</b>	<b>25.87</b>	<b>124.74</b>	<b>86.97</b>	<b>20.96</b>	<b>35.35</b>
<b>Other (Revenue)/Expense, Ordinary</b>						
Total Other (Revenue)/Expense	(14.60)	(83.19)	(138.15)	(3.44)	(88.63)	(54.81)
<b>Net Income/(Loss)</b>	<b>(24.11)</b>	<b>109.06</b>	<b>262.89</b>	<b>90.41</b>	<b>120.59</b>	<b>90.16</b>
<b>Member Months by FC Target Group</b>						
Developmentally Disabled (DD)	44.6%	49.1%	29.2%	46.9%	48.6%	43.4%
Physically Disabled (PD)	18.9%	15.7%	18.3%	21.0%	15.3%	18.4%
Frail Elder (FE)	36.5%	35.2%	52.5%	32.1%	35.1%	38.2%
<b>Total Member Months</b>	<b>92,041</b>	<b>27,124</b>	<b>50,733</b>	<b>60,503</b>	<b>40,410</b>	<b>270,811</b>

Family Care  
MCO Financial Statement Summaries  
YTD for Period Ending June 30, 2017

	CLI	LCI	MCFCI	CCI	CWF	Total
<b>Solvency Protection</b>						
<b>Working Capital</b>						
Current Assets	74,621,881	27,141,446	57,218,589	55,962,818	55,716,602	270,661,335
Current Liabilities	50,436,326	15,391,720	26,825,024	37,846,891	35,479,485	165,979,446
Working Capital (Curr Assets- Curr Liab)	24,185,555	11,749,726	30,393,565	18,115,927	20,237,117	104,681,889
Working Capital Requirement	16,278,921	5,219,941	8,688,383	11,171,489	7,634,776	48,004,500
Excess/(shortage)	7,906,634	6,529,785	21,694,172	6,944,458	12,602,341	55,677,389
<b>Restricted Reserve</b>						
Current Restricted Reserve	6,471,137	2,791,964	3,902,043	4,831,707	3,550,054	21,546,905
Restricted Reserve Requirement	6,426,307	2,739,980	3,899,788	4,723,823	3,544,925	21,334,833
Excess/(shortage)	44,830	51,984	2,245	107,884	5,129	212,072
<b>Solvency Fund</b>						
Current Solvency Fund	3,720,420	1,133,390	2,103,727	2,375,000	1,588,100	10,920,637
Solvency Fund Requirement	3,720,420	1,098,260	2,103,727	2,357,180	1,572,550	10,852,117
Excess/(shortage)	0	35,130	0	17,840	15,550	68,520
**Restricted Equity - Solvency Protection	26,425,648	9,058,181	14,702,918	18,252,452	12,752,251	81,191,450
Other Equity	10,874,063	7,634,575	24,383,708	13,860,252	15,275,773	72,008,371
**Total Equity	37,299,711	16,692,756	39,086,626	32,112,704	28,028,024	153,199,821

\*Restricted Equity-Solvency Protection is the calculated sum of the Working Capital, Restricted Reserve, and Solvency Fund requirements

\*\*Total Equity includes restricted and unrestricted equity, and availability of equity for investment in or support of current year operations should not be :

The DHS presentation of financial results is a subset of the full financial statement reports from the MCOs and reviewed for reasonableness. The MCO financial reporting is on a generally accepted accounting principals (GAAP) basis. Financial reporting is technical in nature and no party should use, or make assumptions about, the results without a thorough understanding of the program and health care industry financial reporting.





## Room and Board Rates Appendix E

Rates are effective 1/1/2018

	Owner Occupied AFH		Corporate AFH and CBRF		RCAC	
	R&B	Daily Rate	R&B	Daily Rate	R&B	Daily Rate
Adams	\$662.00	\$21.76	\$762.00	\$25.05	\$828.00	\$27.22
Ashland	\$703.00	\$23.11	\$706.00	\$23.21	\$828.00	\$27.22
Barron	\$706.00	\$23.21	\$706.00	\$23.21	\$828.00	\$27.22
Bayfield	\$677.00	\$22.26	\$722.00	\$23.74	\$828.00	\$27.22
Brown	\$668.00	\$21.96	\$751.00	\$24.69	\$828.00	\$27.22
Buffalo	\$675.00	\$22.19	\$720.00	\$23.67	\$828.00	\$27.22
Burnett	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Calumet	\$656.00	\$21.57	\$769.00	\$25.28	\$828.00	\$27.22
Chippewa	\$686.00	\$22.55	\$784.00	\$25.78	\$828.00	\$27.22
Clark	\$642.00	\$21.11	\$711.00	\$23.38	\$828.00	\$27.22
Columbia	\$695.00	\$22.85	\$788.00	\$25.91	\$828.00	\$27.22
Crawford	\$705.00	\$23.18	\$706.00	\$23.21	\$828.00	\$27.22
Dane	\$828.00	\$27.22	\$828.00	\$27.22	\$828.00	\$27.22
Dodge	\$758.00	\$24.92	\$762.00	\$25.05	\$828.00	\$27.22
Door	\$684.00	\$22.49	\$805.00	\$26.47	\$828.00	\$27.22
Douglas	\$714.00	\$23.47	\$797.00	\$26.20	\$828.00	\$27.22
Dunn	\$693.00	\$22.78	\$756.00	\$24.85	\$828.00	\$27.22
Eau Claire	\$686.00	\$22.55	\$784.00	\$25.78	\$828.00	\$27.22
Florence	\$679.00	\$22.32	\$724.00	\$23.80	\$828.00	\$27.22
Fond du Lac	\$713.00	\$23.44	\$769.00	\$25.28	\$828.00	\$27.22
Forest	\$653.00	\$21.47	\$737.00	\$24.23	\$828.00	\$27.22
Grant	\$710.00	\$23.34	\$728.00	\$23.93	\$828.00	\$27.22
Green	\$695.00	\$22.85	\$721.00	\$23.70	\$828.00	\$27.22
Green Lake	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Iowa	\$718.00	\$23.61	\$749.00	\$24.62	\$828.00	\$27.22
Iron	\$662.00	\$21.76	\$723.00	\$23.77	\$828.00	\$27.22
Jackson	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Jefferson	\$698.00	\$22.95	\$792.00	\$26.04	\$828.00	\$27.22
Juneau	\$663.00	\$21.80	\$752.00	\$24.72	\$828.00	\$27.22
Kenosha	\$759.00	\$24.95	\$828.00	\$27.22	\$828.00	\$27.22
Kewaunee	\$668.00	\$21.96	\$751.00	\$24.69	\$828.00	\$27.22
La Crosse	\$710.00	\$23.34	\$806.00	\$26.50	\$828.00	\$27.22
Lafayette	\$626.00	\$20.58	\$723.00	\$23.77	\$828.00	\$27.22
Langlade	\$703.00	\$23.11	\$706.00	\$23.21	\$828.00	\$27.22
Lincoln	\$662.00	\$21.76	\$736.00	\$24.20	\$828.00	\$27.22
Manitowoc	\$626.00	\$20.58	\$706.00	\$23.21	\$828.00	\$27.22
Marathon	\$651.00	\$21.40	\$756.00	\$24.85	\$828.00	\$27.22

	Owner Occupied AFH		Corporate AFH and CBRF		RCAC	
	R&B	Daily Rate	R&B	Daily Rate	R&B	Daily Rate
Marquette	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Marquette	\$689.00	\$22.65	\$735.00	\$24.16	\$828.00	\$27.22
Menominee	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Milwaukee	\$809.00	\$26.60	\$828.00	\$27.22	\$828.00	\$27.22
Monroe	\$732.00	\$24.07	\$782.00	\$25.71	\$828.00	\$27.22
Oconto	\$733.00	\$24.10	\$775.00	\$25.48	\$828.00	\$27.22
Oneida	\$675.00	\$22.19	\$776.00	\$25.51	\$828.00	\$27.22
Outagamie	\$656.00	\$21.57	\$769.00	\$25.28	\$828.00	\$27.22
Ozaukee	\$809.00	\$26.60	\$828.00	\$27.22	\$828.00	\$27.22
Pepin	\$626.00	\$20.58	\$784.00	\$25.78	\$828.00	\$27.22
Pierce	\$828.00	\$27.22	\$828.00	\$27.22	\$828.00	\$27.22
Polk	\$678.00	\$22.29	\$768.00	\$25.25	\$828.00	\$27.22
Portage	\$675.00	\$22.19	\$745.00	\$24.49	\$828.00	\$27.22
Price	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Racine	\$733.00	\$24.10	\$778.00	\$25.58	\$828.00	\$27.22
Richland	\$626.00	\$20.58	\$706.00	\$23.21	\$828.00	\$27.22
Rock	\$719.00	\$23.64	\$786.00	\$25.84	\$828.00	\$27.22
Rusk	\$630.00	\$20.71	\$706.00	\$23.21	\$828.00	\$27.22
Sauk	\$774.00	\$25.45	\$809.00	\$26.60	\$828.00	\$27.22
Sawyer	\$683.00	\$22.45	\$773.00	\$25.41	\$828.00	\$27.22
Shawano	\$720.00	\$23.67	\$722.00	\$23.74	\$828.00	\$27.22
Sheboygan	\$642.00	\$21.11	\$748.00	\$24.59	\$828.00	\$27.22
St. Croix	\$828.00	\$27.22	\$828.00	\$27.22	\$828.00	\$27.22
Taylor	\$650.00	\$21.37	\$709.00	\$23.31	\$828.00	\$27.22
Trempealeau	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Vernon	\$658.00	\$21.63	\$706.00	\$23.21	\$828.00	\$27.22
Vilas	\$673.00	\$22.13	\$736.00	\$24.20	\$828.00	\$27.22
Walworth	\$732.00	\$24.07	\$824.00	\$27.09	\$828.00	\$27.22
Washburn	\$728.00	\$23.93	\$732.00	\$24.07	\$828.00	\$27.22
Washington	\$809.00	\$26.60	\$828.00	\$27.22	\$828.00	\$27.22
Waukesha	\$809.00	\$26.60	\$828.00	\$27.22	\$828.00	\$27.22
Waupaca	\$739.00	\$24.30	\$743.00	\$24.43	\$828.00	\$27.22
Waushara	\$662.00	\$21.76	\$706.00	\$23.21	\$828.00	\$27.22
Winnebago	\$754.00	\$24.79	\$786.00	\$25.84	\$828.00	\$27.22
Wood	\$694.00	\$22.82	\$724.00	\$23.80	\$828.00	\$27.22

## Inclusa Rate Change Survey Results November, 2017

In November 2017, Inclusa, a managed care organization serving Family Care clients in 51 Wisconsin counties, notified providers of a change in the daily rates that would take effect January 1, 2018. Provider members of LeadingAge Wisconsin, Wisconsin Assisted Living Association (WALA), and the Wisconsin Health Care Association/Wisconsin Center for Assisted Living (WHCA/WiCAL) operating in the 51 counties were surveyed to determine the impact of the Inclusa rate changes.

- 254 providers received letters advising them of changes to the daily care and service (C&S) and/or room and board (R&B) rates for residents who were enrolled in Family Care through Inclusa.
- **Decrease in the daily C&S/R&B rate:**  
**969 residents** totaling **\$5,078,390** (all providers). Average percent decrease: 10.55%. **Average annual decrease per resident: \$5,240.**
- **Increase in the daily C&S/R&B rate:**  
**282 residents** totaling **\$176,538** (all providers). Average percent increase: 8.75%. **Average annual increase per resident: \$626.**
- **No change in the daily C&S/R&B rate:**  
 533 residents (all providers)

	Residents	%	Fiscal Impact
<b>Decrease</b>	969	54%	\$ 5,078,390
<b>Increase</b>	282	16%	\$ 176,538
<b>No Change</b>	533	30%	
<b>Total</b>	1,784	100%	\$ 4,901,852

**Rate Change Impact by Geographic Service Area (GSR)  
(Two of Three Associations)**

GSR	Total Change	% of Total
1	(\$346,871)	11%
2	(\$1,405,349)	45%
3	(\$477,621)	15%
4	(\$128,376)	4%
5	(\$144,014)	5%
7	(\$77,549)	3%
14 + Providers spanning several GSRs	(\$562,546)	17%
<b>TOTAL</b>	<b>(\$3,142,326)</b>	

GSR Counties:

- 1: St. Croix, Pierce, Dunn, Chippewa, Taylor, Eau Claire
- 2: Clark, Pepin, Buffalo, Trempealeau, Jackson, Monroe, La Crosse, Vernon
- 3: Juneau, Sauk, Richland, Crawford, Grant, Iowa, La Fayette, Green
- 4: Vilas, Forest, Florence, Oneida, Lincoln, Langlade, Marathon, Wood, Portage
- 5: Waushara, Marquette, Green Lake, Columbia, Dodge, Jefferson, Washington, Waukesha
- 7: Douglas, Bayfield, Ashland, Iron, Price, Sawyer, Washburn, Burnett, Polk, Barron, Rusk
- 14: Rock

*December 4, 2017*

DATE TOOL COMPLETED (XXXXXXXXXX):

KEY#	TARGET GROUP	CODE	CODE DEFINITION	CODE	CODE DEFINITION	VALUE
1	TARGET GROUP - FE			FE	FE	FE
2	TARGET GROUP - ALZHEIMER'S DISEASE AND			Y	YES	Y
3	TARGET GROUP - SEVERE AND PERSISTENT M			N	NO	N
4	MEDICARE RECIPIENT FLAG			Y	YES	Y
5	MEDICAID RECIPIENT FLAG			Y	YES	Y
<b>KEY#</b>	<b>ACTIVITIES OF DAILY LIVING SECTION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>VALUE</b>
6	BATHING			002	2 - HELPER DOES NEED TO BE PRESE	002
7	BATHING EQUIPMENT USE			N	NO	N
8	DRESSING			001	1 - HELPER DOES NOT NEED TO BE PF	001
9	EATING			000	0 - INDEPENDENT (000)	000
10	MOBILITY			001	1 - HELPER DOES NOT NEED TO BE PF	001
11	TOILETING			002	2 - HELPER DOES NEED TO BE PRESE	002
12	TRANSFER			001	1 - HELPER DOES NOT NEED TO BE PF	001
13	MECHANICAL LIFT USE			N	NO	N
14	TRANSFER BOARD/TRAPEZE USE			N	NO	N
<b>KEY#</b>	<b>INSTRUMENTAL ACTIVITIES OF DAILY LIVING</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>VALUE</b>
15	MEAL PREPARATION HELP LEVEL CODE	0		1	003 3 - NEEDS HELP WITH EVERY MEAL (0	003
16	MEDICATION MANAGEMENT HELP LEVEL CODE	0		1	006 2B - CANNOT DIRECT; NEEDS HELP A	006
17	MONEY MANAGEMENT HELP LEVEL CODE	0		1	002 2 - NEEDS HELP FROM ANOTHER (00	002
18	TELEPHONE USE ABILITY CODE	0		1	002 1B - LACKS COGNITIVE/PHYSICAL A	002
19	TRANSPORTATION DRIVING ABILITY CODE	0		1	005 2 - PERSON CANNOT DRIVE DUE TO I	005
<b>KEY#</b>	<b>OVERNIGHT CARE/SUPERVISION AND EMPLO</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>VALUE</b>
20	OVERNIGHT CARE SUPERVISION CODE			002	2 - YES, CAREGIVER CANNOT GET 6 H	002
21	EMPLOYMENT ASSISTANCE CODE	0		0	NR NR - NOT APPLICABLE	NR
<b>KEY#</b>	<b>DISORDERS SECTION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>VALUE</b>
22	E4 - BRAIN - TRAUMATIC BRAIN INJURY AFTE			N	NO	N
23	E5 - BRAIN - SEIZURE DISORDER WITH ONSET			N	NO	N
24	H1 - MI - ANXIETY DISORDER			0	N NO	N
25	H2 - MI - BIPOLAR/MANIC DEPRESSIVE			0	N NO	N
26	H3 - MI - DEPRESSION			1	Y YES	Y
27	H4 - MI - SCHIZOPHRENIA			0	N NO	N
28	H5 - MI - OTHER MENTAL ILLNESS			0	N NO	N
<b>KEY#</b>	<b>HEALTH RELATED SECTION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>VALUE</b>
29	EXERCISE			NR	NR - BLANK	NR
30	MED ADMINISTRATION			005	5 - 3-4 TIMES/DAY (005)	005
31	MED MANAGEMENT			002	2 - WEEKLY (002)	002
32	POSITIONING			NR	NR - BLANK	NR
33	OXYGEN AND/OR RESPIRATORY			004	4 - 1-2 TIMES/DAY (004)	004
34	DIALYSIS			NR	NR - BLANK	NR
35	TUBE FEEDINGS			NR	NR - BLANK	NR
36	ULCER STAGE 2			NR	NR - BLANK	NR
37	ULCER STAGE 3 OR 4			NR	NR - BLANK	NR
38	VENTILATOR-RELATED INTERVENTION			NR	NR - BLANK	NR
<b>KEY#</b>	<b>BEHAVIOR/MENTAL HEALTH</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>CODE</b>	<b>CODE DEFINITION</b>	<b>VALUE</b>
39	WANDERING			000	0 - DOES NOT WANDER (000)	000
40	SELF-INJURIOUS BEHAVIORS			000	0 - NO INJURIOUS BEHAVIORS (000)	000



FRAIL ELDER  
ACTIVITY POINTS COMPARISON

LTDFE WHERE RELEASE	POSTEFFECTIVE	FORMULA	PREEFFECTIVE	DIFFERENCE
TARGET GROUP	26.03	1- FE	\$N/A	\$N/A
VENT DEPENDENT	116.99	(38-002,003,004,005,OR006)	\$N/A	0.00
DUAL ENROLLEE	12.58	(4-Y AND 5-Y)	\$N/A	12.58
SNF	35.41	44-SNF	\$N/A	35.41
IADL 1	16.71	46-1	\$N/A	0.00
IADL 2	40.62	46-2	\$N/A	0.00
IADL 3	55.10	46-3	\$N/A	0.00
IADL 4-6	67.87	46-4, 5, OR 6	\$N/A	0.00
BATHING1	16.02	6-001	\$N/A	0.00
BATHING2	30.39	6-002	\$N/A	30.39
EATING 2	4.90	9-002	\$N/A	0.00
TOILETING 1	22.20	11-001	\$N/A	0.00
TOILETING 2	60.05	11-002	\$N/A	60.05
TRANSFER 1-2	10.37	(12-001 OR 002)	\$N/A	10.37
BATH-EQUIP-EAT	3.37	(7-Y) AND (9-001 OR 002)	\$N/A	0.00
DRESS-BATH-EQUIP	14.61	(7-Y) AND (8-001 OR 002)	\$N/A	0.00
TRANSFER-EQUIP-MOBILITY	56.70	(10-001 OR 002) AND (13-Y OR 14-Y)	\$N/A	0.00
SEIZURE POST 22-SCHIZOPHRENIA	58.53	(23-Y) AND (27-Y)	\$N/A	0.00
TRAUMA BI POST 22-ANXIETY DISORDER	34.13	(22-Y) AND (24-Y)	\$N/A	0.00
MENTAL ILLNESS-3 OR MORE MENTAL DISORDERS	15.56	45-3 OR MORE	\$N/A	0.00
OVERNIGHT-MENTAL ILLNESS	4.75	(28-002) AND (3-Y)	\$N/A	0.00
INJURY 1-2	14.13	(40-001 OR 002)	\$N/A	0.00
MENTAL HEALTH 2-3	22.41	(42-002 OR 003)	\$N/A	14.13
OFFENSIVE 1-2-3	30.98	(41-001,002, OR 003)	\$N/A	22.41
SUBSTANCE ABUSE CURRENT	7.97	43-Y	\$N/A	0.00
WANDER 2	21.60	39-002	\$N/A	0.00
MED 2B	11.94	16-006	\$N/A	21.60
DIALYSIS	2.67	(34-003,004,005,OR006)	\$N/A	0.00
EXERCISE	18.34	(29-002,004,005 OR 006)	\$N/A	0.00
MED ADMINISTRATION	7.59	(30-003,004,005 OR 006)	\$N/A	18.34
MED MANAGEMENT	26.48	(31-003,004,005 OR 006)	\$N/A	0.00
OVERNIGHT	42.41	(20-001 OR 002)	\$N/A	26.48
RESPIRATE	5.31	(32-005 OR 006)	\$N/A	0.00
TUBE FEEDINGS	41.98	(33-003,004,005 OR 006)	\$N/A	5.31
ULCER STAGE 2	29.95	(35-003,004,005 OR 006)	\$N/A	0.00
ULCER STAGE 3 OR 4	36.90	(36-003,004,005 OR 006)	\$N/A	0.00
ALZHEIMERS	12.72	(37-003,004,005 OR 006)	\$N/A	0.00
MENTAL ILLNESS	15.34	2-Y	\$N/A	12.72
TOTAL		3-Y	\$N/A	0.00
			\$N/A	295.83



**FRAIL ELDER  
PLACEMENT OUTCOME**

MEMBER'S ACUITY SCORE: 296	MEMBER'S ACUITY RANGE: 250-299
MEMBER'S CURRENT PLACEMENT:	IF RESIDENTIAL FACILITY, FACILITY NAME:
RESIDENTIAL PLACEMENT OPTIONS	2015 RFR
OUR HOUSE MEMORY CARE - WAUSAU	2016 RFR
Category 4	Category 1
#N/A	#N/A
Corp AFHCBRF	Category 2
#N/A	#N/A
#N/A	Category 3
#N/A	#N/A
	Category 4
	#N/A
	Category 5
	#N/A
	Respite Rate
	\$100.51
	Placement Outcome

IF "OTHER", PLEASE INDICATE REASON IN THE CELL TO THE RIGHT:

ACUITY RANGE	CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4	CATEGORY 5
000-049	\$15.00	\$30.00	\$30.00	\$30.00	\$30.00
050-099	\$20.00	\$30.00	\$30.00	\$30.00	\$30.00
100-149	\$25.00	\$30.00	\$30.00	\$30.00	\$30.00
150-199	\$32.00	\$43.00	\$47.00	\$51.00	\$55.00
200-249	\$37.00	\$52.00	\$59.00	\$64.00	\$63.00
250-299	\$45.00	\$60.00	\$72.00	\$77.00	\$84.00
300-349	\$53.00	\$70.00	\$84.00	\$88.00	\$97.00
350-399	\$60.00	\$81.00	\$91.00	\$101.00	\$106.00
400-449	\$68.00	\$90.00	\$96.00	\$114.00	\$122.00
450-499	\$76.00	\$100.00	\$110.00	\$126.00	\$135.00
500-549	\$83.00	\$105.00	\$115.00	\$139.00	\$149.00
550-599	\$91.00	\$109.00	\$122.00	\$146.00	\$163.00
600-649	\$99.00	\$116.00	\$131.00	\$154.00	\$175.00
650-699	\$107.00	\$123.00	\$138.00	\$163.00	\$186.00
700-749	\$114.00	\$129.00	\$146.00	\$170.00	\$202.00
750-799	\$120.00	\$135.00	\$156.00	\$182.00	\$216.00
800-849	\$122.00	\$144.00	\$166.00	\$193.00	\$229.00
850-899	\$123.00	\$152.00	\$176.00	\$205.00	\$243.00

## **Assisted Living Community Alert-- Family Care MCO Contracts and Rate Cuts**

In response to on-going concerns related to Family Care MCO rate cuts that have been reported by some residential providers who have residents that are enrollees in the MCO Inclusa, representatives of the provider associations met with Wisconsin Department of Health Services officials to voice concerns related to the inadequacy of rates and reported rate cuts by Inclusa. During the meeting, DHS officials indicated that they do not get involved in rate negotiations between providers and MCOs, and that such negotiations are between the provider and the particular MCO organization.

The associations have met with Inclusa on a number of occasions. According to Inclusa representatives, approximately 1,000 assisted living communities, serving 5,900 residents, are under contract with Inclusa. Inclusa has indicated approximately one-half of the residents will receive a rate cut; the other 50% will either see no rate change or an increase. We have requested additional rate details from Inclusa.

In order to ensure a sense of the scope of this issue within their respective memberships, the provider associations have sent out a survey related to rate cuts earlier this week. Go [\*\*HERE\*\*](#) to view/participate in the survey.

LeadingAge Wisconsin, in cooperation with the state's other long-term care provider associations, would like to ensure that we give the long-term care provider community a good sense of their options related to contracting with Family Care MCOs moving forward. ***If your facility has reimbursement rate concerns related to a particular MCO, you should seek to elevate your concerns to higher levels within the MCO and immediately request a face-to face meeting to address these concerns.*** As your facility reviews the rates proposed by the MCO, the associations suggest you take the actions noted [\*\*HERE\*\*](#), in advance of your meeting, to help you gather data necessary to contest rate cuts proposed by the MCO.

If these efforts to contest rate cuts sought by the MCO do not produce results, providers have options, including but not limited to:

1. Accept the rate that is provided.
2. Notify the Family Care MCO that your facility will no longer be able to accept future residents.



3. To the extent consistent with your facility's contractual obligations and other legal requirements, tell the MCO that your facility will review rates on an individual resident (current or prospective) basis and determine your facility's ability to serve the resident based on the resident's care and services needs and the rate offered. In certain circumstances, this may mean initiating discharge notices to residents for which the MCO refuses to provide an adequate rate. Note: The associations have heard from some members that Includa is only willing to deal with providers on an "all or nothing basis." This policy is stated in the Discharge Clause section of the Includa rate-letter. However, depending on your facility's importance to Includa, this approach could prove effective.
4. Terminate, following the proper contractual notice requirements, the contract with the MCO, and indicate that your facility cannot continue to serve as participating provider.

***Members with concerns regarding the adequacy of Family Care rates are encouraged to contact their legislators.***

To find out who are your legislators and their contact information, go **HERE** and type in your address in the upper right-hand corner.

Should you have any questions or comments regarding the above information, please do not hesitate to contact John Sauer ([jsauer@leadingagewi.org](mailto:jsauer@leadingagewi.org)), Brian Schoeneck ([bschoeneck@leadingagewi.org](mailto:bschoeneck@leadingagewi.org)) or Jim Williams ([jwilliams@leadingagewi.org](mailto:jwilliams@leadingagewi.org)), 608.255.7060.



Date: February 19, 2015

DLTC Information Memo 2015 - 05

To: Family Care/Partnership MCOs  
County Long-Term Support Agencies  
Aging and Disability Resource Centers  
Service Providers

From: Brian Shoup  
Administrator

### Influencing the Exercise of Participant Freedom of Choice

The purpose of this memo is to clarify that all providers of Wisconsin's Medicaid-supported long-term care services are prohibited from influencing a participant's choice of long-term care program, provider or Managed Care Organization (MCO) through communications that are misleading, threatening or coercive. The Wisconsin Department of Health Services (DHS) may impose sanctions against a provider that does so.

Under federal law, DHS, as the State Medicaid Agency, is required to assure the federal government that any Medicaid participant has freedom of choice to obtain covered services from any willing provider qualified to perform the service. This requirement applies to services received by participants on a fee-for-service basis, including the IRIS program, or through an MCO offering Family Care, Family Care Partnership or PACE. For services received under managed care, the requirement applies to a participant's choice of MCO as well as his or her choice of service provider within the MCO's contracted provider network. The requirement applies to traditional "card" services (both acute and long-term care) as well as to home and community-based services provided under Medicaid waivers.

DHS must adopt reasonable measures to help insure that participants are able to exercise their freedom of choice based on adequate and accurate information and that they are free from duress or undue influence. In addition, DHS must advise participants that they can choose to receive services from any provider participating in the program, and must take steps to assure that participants are not receiving untruthful, misleading, threatening or coercive messages from other sources, including among other providers, provider organizations, or MCOs.

In Wisconsin, it is the role and responsibility of the Aging and Disability Resource Centers (ADRCs) to provide long-term care options/enrollment counseling to Medicaid participants and prospective participants. The ADRCs do not have a vested interest in the program or provider an individual chooses and so are able to offer unbiased and objective information about those choices.

↓ DHS has recently received information that certain providers may be attempting to influence participant freedom of choice of long-term care program, provider or MCO through communications with participants that are inaccurate, misleading or coercive. For example, DHS has received reports that

\* some providers that subcontract to provide services with more than one MCO are attempting to influence participants to disenroll from one MCO and enroll in another MCO with which the provider has a more lucrative contract, or to enroll in a different program such as the IRIS waiver to receive their services. \*

Federal managed care regulations [42 CFR 438] and the Department's managed care contracts require MCOs and their subcontracting providers to ensure that communications that are intended to influence participant choice are accurate and do not mislead, confuse or defraud participants.

\* If any provider considers it in the best interest of a client to learn about other options, they should refer the individual to the ADRC to learn about alternatives; the provider should not provide options/enrollment counseling directly. In addition, the ADRC has the responsibility to inform the customer about his/her rights as a program participant or facility resident, in order to prevent intimidation or coercion of a consumer by a provider, \*

Under Wisconsin Administrative Code § DHS 106.08(2)(e), DHS may impose sanctions against providers (including managed care organizations) "[f]or interference with recipient rights specified under ch. DHS 104," including the right to freedom of choice.

DHS can and will investigate interference with recipient rights when it is reported by a participant, ADRC, provider or MCO and impose sanctions as appropriate. If any provider is found to have attempted to influence a participant to enroll or disenroll from a long-term care program or from an MCO, DHS may disqualify that provider from receiving future Medicaid funding for the provision of services under any Medicaid program.

cc: MA Provider Update (to all providers of LTC card services)



Transition logic adjustments will be determined by the difference between the current care/supervision rate and the 2018 Acuity Based Residential Rate Methodology care/supervision rate (methodology rate is based upon the regression value of the member).

1. Members with current care/supervision daily rates that are greater or less than 10% of the 2018 Acuity Based Residential Rate Methodology rate will remain at their current care/supervision rate.
2. Members with a difference between the current care/supervision daily rate and the 2018 Acuity Based Residential Rate Methodology rate that is greater (or less) than 10%-60% will have their current care/supervision rate reduced (or increased if less) by 10%.
3. Members with a difference between the current care/supervision daily rate and the 2018 Acuity Based Residential Rate Methodology rate that is greater (or less) than 60% will have their current care/supervision rate reduced (or increased if less) by 12%.

#### \* Discharge Clause \*

The intent of this clause is to prevent providers from discharging members due to a rate reduction while retaining the benefit of rate increases or delays in rate reductions for other members under the Rate Methodology and Transition Plan described in the Provider's 2018 residential rate letter (also referred to as "transition logic").

The Provider's signature indicates acceptance of the Rate Methodology for future placements and the transition logic for all current member rates. A member may be discharged due to circumstances that are mutually agreed upon by the provider and Inclusa, Inc. or due to a significant change in condition. This could include, but is not limited to: placements that have a negative effect on member outcomes, or are no longer in the best interest of the member.

Any discharges that are not mutually agreed upon or due to a significant change in condition will:

- Nullify all member rates that were not reduced under the Transition Plan.
  - These rates will be calculated based on the 2018 rate methodology.
- Nullify all rates increased under the Transition Plan.
  - These rates will revert to the rate that was in effect on December 31, 2017.

Rate adjustments initiated under this clause will be effective on the date of receipt of the discharge notice.



November 2017

# PROVIDER PARTNERS

*Building vibrant and inclusive communities*

## **New Residential Rate Methodology Effective January 1, 2018**

Inclusa has been working to align various internal processes, including the methodology we use for setting residential Care and Supervision rates. Beginning in January, our rate methodology will reflect the Wisconsin Department of Health Services' 2017 regression model for all Inclusa residential providers. This will ensure that rates set using Inclusa's methodology will accurately reflect the state's updated scoring of the Long Term Care Functional Screen. This implementation has two parts, and will be effective 01/01/2018:

- Rates in Geographic Service Regions (GSRs) 1, 3, 4, 5, 5-6, 7, and 14, which had been determined using the state's 2015 regression model, will be transitioned to the updated methodology that uses the 2017 regression model.
- Rate setting for the legacy Western Wisconsin Cares service area (GSR 2) will no longer use the legacy rate process and will use the same rate methodology as all other Inclusa service areas.

Therefore, all residential rates will be reviewed as part of this transition.

### **Transition Plan for Current Rates**

Our focus in this transition is to assure as little disruption as possible for members and providers.

*(continued on page 3)*

## **2018 Coding Changes and New Authorizations**

### **Nursing Homes**

Effective for dates of service on or after 01/01/2018, all daily Nursing Home RUGS level services will be authorized using revenue code 0192 instead of code 1094.

### **Community Supported Living**

Effective for dates of service on or after 01/01/2018, all Community Supported Living services will be authorized using service/procedure code S5136 (with modifier UC) instead of code 0672.

### **New Authorizations, Impact on Billing**

For services impacted by these changes, *current authorizations will be ended effective 12/31/2017, and replaced with new authorizations effective 01/01/2018.*

Please check the provider portal for new authorization details, and be sure to use the new information for dates of service on or after 01/01/2018.

When billing for dates of service prior to and including 12/31/2017, you should still use the code and other authorization information that was current for 2017 dates of service.

## Influenza Vaccine Submission Reminder for Residential Providers

The single **BEST** way to prevent the flu is to get a flu vaccine **EACH** year. As part of Inclusa’s contract with the Wisconsin Department of Health Services, we are required to submit the influenza and pneumonia immunization rates of our members. To assist us in tracking the immunization information of the Inclusa members you support, we ask you to please send the data by using this survey link: [www.surveymonkey.com/r/FluPrevention2017](http://www.surveymonkey.com/r/FluPrevention2017).



include dates when an actual vaccination or decline occurred (no future dates). *Important note:* while members have the right to refuse the vaccination, we still want to capture this information in the survey.

We understand how busy your staff are, and through this collection process we

hope to reduce contacts from care teams inquiring about vaccination information for Inclusa members. If you have any questions about this process, please contact the Quality Innovation Department at [QualityInnovation@inclusa.org](mailto:QualityInnovation@inclusa.org).

In early October you received a detailed communication outlining this submission process. Please submit data per facility location and only

## PHI Email Security is Provider Responsibility

Organizations can send Protected Health Information (PHI) via email, if the information is secure and encrypted. Providers are responsible for ensuring that messages are properly encrypted if they are sending any email containing PHI to Inclusa.

If Inclusa receives apparently unsecure PHI email, we will send you the following reminder: “Your last email and/or its attachments were transmitted via an unsecure email which appears to contain information that may be considered Protected Health information (PHI). As a reminder, all electronic correspondence to Inclusa containing PHI must be transmitted via secure/encrypted email in accordance with HIPAA regulations. Thank you for your attention to this matter.”

As the sender of the email in question, it will be your responsibility to properly investigate the HIPAA incident and be able to demonstrate to any outside agency (including the U.S. Department of Health and Human Services) that the incident was or was not a HIPAA breach. You must also be able to show what you (as sender) did to mitigate any breaches and complete all proper notifications.

**Reminder:** Our provider partners can communicate securely with Inclusa staff using the Inclusa Secure Message Center. To create your account, simply go to [securemail.inclusa.org](http://securemail.inclusa.org). Once you are logged in, you’ll be able to compose and send secure messages to any Inclusa email address.





**Ahora Disponible en Español:  
Dementia Care Training Course for  
Community Members**

The UW-Oshkosh Center for Career Development and Employability Training (CCDET), along with the Wisconsin Department of Health Services, has developed a Spanish version of the Dementia for Community Members course. There is no cost for this 20-minute online training, which is designed for community members who interact with people living with dementia within a community setting. For more information or to register, please visit [www.uwosh.edu/dementia](http://www.uwosh.edu/dementia).

**New Rate Methodology** *(continued from page 1)*

In order to ensure a smooth transition while working toward continued movement of rates into the new methodology, a transition logic was created to develop rates for any existing placement for the first year of full implementation. For more information about the rate model and transition plan, please see the Residential Rate Methodology Presentation at [www.inclusa.org/providers/resources](http://www.inclusa.org/providers/resources).

**Opportunities to Discuss New Rate Methodology**

To support a collaborative approach to this change, Inclusa has created opportunities for providers to request both member- and provider-specific reviews. Additionally, there will be an opportunity for providers to meet 1:1 with Inclusa Community Resources/Provider Relations staff during November and December to discuss any concerns they have. To schedule an individual meeting to discuss our approach to establishing 2018 rates for members you support, please contact: [InclusaRates@inclusa.org](mailto:InclusaRates@inclusa.org).

**Rate Packets**

Informational packets containing important details about the new Residential Rate Methodology were mailed to residential providers on 11/01/2017.

**If you have not received your rate packet:** please contact [InclusaRates@Inclusa.org](mailto:InclusaRates@Inclusa.org) as soon as possible.

If you have questions about the information in your packet, please contact:

- Jan Ash – [Jan.Ash@inclusa.org](mailto:Jan.Ash@inclusa.org)  
715-598-2448
- Becky Kuehl – [Rebecca.Kuehl@inclusa.org](mailto:Rebecca.Kuehl@inclusa.org)  
715-301-1652
- Linnea Fiser – [Linnea.Fiser@inclusa.org](mailto:Linnea.Fiser@inclusa.org)  
608-785-3630
- Karla Lubinski – [Karla.Lubinski@inclusa.org](mailto:Karla.Lubinski@inclusa.org)  
608-785-9903

1-2 Bed Adult Family Home providers, please contact:

- Angela Young – [Angela.Young@inclusa.org](mailto:Angela.Young@inclusa.org)  
608-647-1531

Though current placements may experience rate increases or decreases as part of this transition, the purpose of the new methodology is to better align rates with the acuity of the member and level of service provided.

Thank you for your ongoing partnership and the high-quality support you provide to Inclusa members.



## Room and Board Changes for 2018

The Inclusa Finance Department has announced the following changes to residential Room and Board (RB) billing, which will be effective January 1, 2018:

- The member’s RB billing will reflect updated Wisconsin/U.S. Department of Housing and Urban Development (HUD) rates.
- The member’s RB billing will be based on the member’s monthly available income and allowable expenses, calculated in accordance with Wisconsin Department of Health Services regulations.
- If the member reports any changes in income (other than Social Security), have this information forwarded or direct the member to the billing contact on the bottom their billing statement.
- Inclusa will no longer bill shared room rates.
- RCACs in the legacy Western Wisconsin Cares service area (GSR 2) will no longer collect RB from the member. This amount will be part of the provider’s claim submission to Inclusa, and Inclusa will bill the member.

Members and/or financial representatives were informed of these changes with their billing statements (or in a separate mailing for the RCAC change). Providers may send rent information requests for Inclusa members to the contact for the facility location county as shown below.

## HCBS Settings Rule – Door Lock Requirements FAQ

In 2014, the Centers for Medicare and Medicaid Services released new federal requirements for home and community-based services (HCBS), which include a door lock requirement for residential providers. The Wisconsin Department of Health Services (DHS) has received numerous questions concerning the door lock rule and, in response, has published a resource to assist providers in complying: [Frequently Asked Questions \(FAQs\) about Door Locks in Adult Long-Term Care Residential Settings \(pdf\)](#).



You can find the door lock FAQ and FAQs on other HCBS topics on the [HCBS Settings Rule Frequently Asked Questions \(FAQs\) page](#).

Providers may also contact HCBS settings rule staff with questions about the door lock rule or other HCBS settings requirements, at [dhshcbsettings@dhs.wisconsin.gov](mailto:dhshcbsettings@dhs.wisconsin.gov) or 877-498-9525.

### Rent Information Requests

Facility County	Contact
Chippewa, Columbia, Crawford, Dodge, Dunn, Eau Claire, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Pierce, Richland, St. Croix, Sauk, Taylor, Washington, Waukesha, Waushara	Melissa Hohneke <a href="mailto:Melissa.Hohneke@inclusa.org">Melissa.Hohneke@inclusa.org</a> phone: 608-647-1525 • fax: 608-647-4754
Ashland, Barron, Bayfield, Burnett, Douglas, Florence, Forest, Iron, Langlade, Lincoln, Marathon, Oneida, Polk, Portage, Price, Rock, Rusk, Sawyer, Vilas, Washburn, Wood	Nancy Gear <a href="mailto:Nancy.Gear@inclusa.org">Nancy.Gear@inclusa.org</a> phone: 715-204-1746 • fax: 715-345-5725
Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon	Stacy Gilbertson <a href="mailto:Stacy.Gilbertson@inclusa.org">Stacy.Gilbertson@inclusa.org</a> phone: 608-785-6359 • fax: 608-785-6315



## Claim Submission Reminders ✦ and Definitions

Here are some claim submission reminders and definitions of terminology used in our processes:

### Reminders

Claims submitted to WPS or Inclusa must be:

- Filed Timely
- and*
- Accepted as a Clean Claim

### Definitions

**Filed Timely** – Claims must be filed within 90 calendar days from the date of service or 90 days from the processed date of the primary insurance’s most recent explanation of benefits (EOB). The claim filing timeline does not end with the original claim submission: If a claim is partially paid/partially rejected, for units or dollars, the provider must submit a “corrected claim” within the original 90 calendar days from the date of service, or 90 days from the primary insurance’s most recent explanation of benefits (EOB).

**Clean Claim** – A clean claim is a complete and accurate claim that includes all provider and member information needed to process the claim, including all appropriate service and authorization codes.

**Corrected Claim** – If a claim is fully rejected with *no payment*, correct any errors and resubmit as a new claim. If the claim was *partially paid*, a Corrected Claim Form must be used. This form can be found on the Claims & Billing page at [inclusa.org](http://inclusa.org)

## Business System Alignment in 2018

Great news! We are excited to announce that Inclusa business system alignment will occur on July 1, 2018.

Since our merger on January 1, 2017, we have been operating in two business systems: CareDirector (Central Region) and ProNet (Western Region). This has meant that some of you have needed to complete billing and authorization work through two provider portals, and others have experience with only one of the portals.

After completing a thorough analysis, the decision was made to use the ProNet system for all of Inclusa and discontinue the CareDirector system. This transition will directly impact about 35% of our providers, and will help simplify and streamline your work.

Stay tuned for more information about the alignment, including ProNet provider portal training opportunities, coming in the new year.



[inclusa.org](http://inclusa.org)

**877-622-6700**

[ProviderRelations@inclusa.org](mailto:ProviderRelations@inclusa.org)

**3349 Church Street  
Stevens Point, WI 54481**