Provider Orientation

my choice WISCONSIN

Orientation to My Choice Wisconsin for Network Providers

Last revised 1/2023

For use by My Choice Wisconsin network providers

Orientation Topics

Our Programs

- Family Care
- Partnership
- Medicare Dual Advantage

Working with Us

- Quality Management
- Model of Care
- Compliance (FWA)
- Notification of Changes
- Program benefits
- Verification

Authorization & Claims

- Authorization
- Claims submission
- Claims appeals
- My Choice Wisconsin Website
- Quick Reference/Contact Information

For use b

A Managed Care Organization (MCO)

A licensed Health Maintenance Organization (HMO) in the State of Wisconsin since 2005

Specializes in government programs serving frail elderly and individuals with physical, intellectual and developmental disabilities

A leader in creating and implementing programs that help vulnerable, underserved people live as independently as possible

Who is My Choice Wisconsin?

About My Choice Wisconsin

- We’re one of the originals: Since starting as a very limited pilot project in 2000, My Choice Wisconsin has an 18-year history of administering the Family Care benefit package.

- Currently, MCW serves over 17,000 Members in Family Care, Partnership, and Medicare Dual Advantage

“I am pleased with everyone on my team. From the care manager and RN to the van people, to the wonderful lady who helps with my cleaning and wash. I am very, very pleased with all of the help they have given me. Thanks Everyone.” (MCW Member)

About My Choice Wisconsin

While headquartered in Wauwatosa, WI, all of our service regions include a strong physical presence in their respective areas, including Care Management and other staff who live and work in your community.

Many of our staff have a direct and significant stake in our work, with friends and family members enrolled in our program.

As a contracted provider with My Choice Wisconsin, you will play an important role in strengthening our existing presence, expanding our statewide presence, and increasing the impact of our programs to a wider population.

For more information, go to www.mychoicewi.org

For use by My Choice Wisconsin network providers

About My Choice Wisconsin

My Choice Wisconsin includes a number of unique functional areas, which are neither mandated by DHS nor in place at other MCOs, such as a "CORE" and a "Residential Team". Both departments benefit members and providers by helping support care teams and helping members get the greatest benefit from services possible.

For more information, go to www.mychoicewi.org

About Care Management

The MCO ensures that each member has a meaningful opportunity to participate in the initial development of, and updating of, his/her member-centered plan (MCP).

Designing member-centered plans that effectively and efficiently identify the personal experience outcomes, meet the needs, support the long term care outcomes of members and monitor the health, safety, and well-being of members are the primary functions of care management.

About Care Management

Member-centered planning supports:

- the success of each individual member in maintaining health, independence and quality of life;
- the success of the MCO in meeting the long-term care needs and supporting member outcomes while maintaining the financial health of the organization; and
- the overall success of the Department's managed long-term care programs in providing eligible persons with access to and choices among high quality, cost-effective services.

My Choice Wisconsin Programs

Family Care

Helps members coordinate their long term care needs.

Adults with physical, developmental/ intellectual disabilities and frail elders, must be eligible for Medicaid and meet other functional and residency requirements.

Partnership

Helps members coordinate long term care and health needs including primary care and help for chronic illnesses.

Adults with physical, developmental/ intellectual disabilities and frail elders, must be eligible for Medicaid and meet other functional and residency requirements; Medicare benefits are included for eligible individuals.

Medicare Dual Advantage

Provides coverage for all Medicare services and prescription drug coverage.

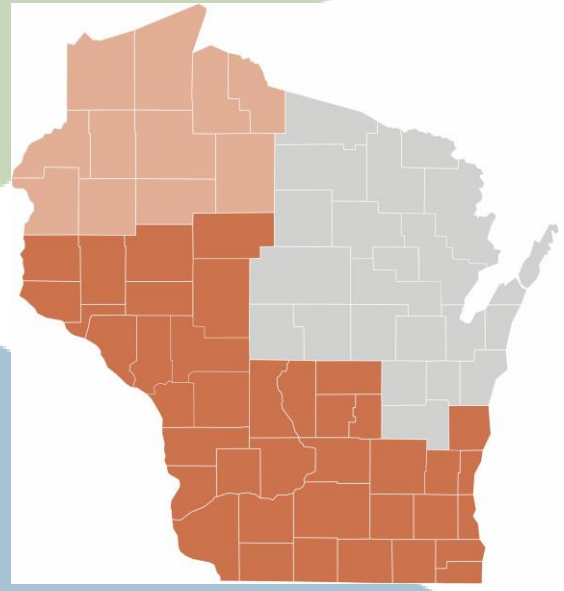
Adults who are eligible for both Medicaid and Medicare.

Who Can be a Member of a My Choice Wisconsin Program?

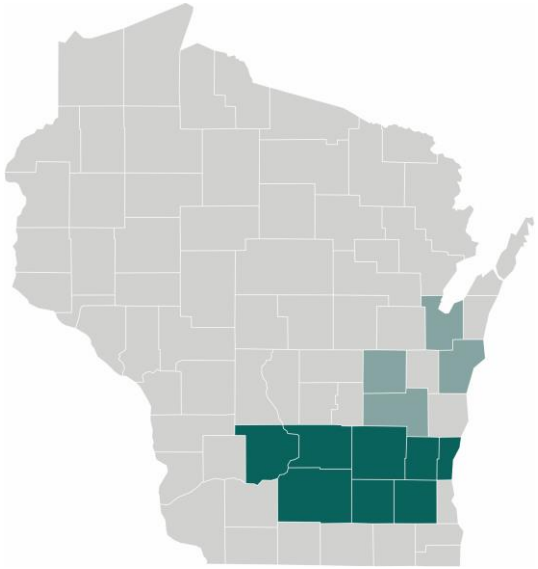
Family Care	Partnership	Medicare Dual Advantage
Eligible for Medicaid	Eligible for Medicaid and may also be eligible for Medicare	Eligible for both Medicaid and Medicare
Be a frail adult, age 65 or older or 18 or older with physical, intellectual or developmental disabilities*		Family Care Members Can Also Join Medicare Dual Advantage
Meet functional requirements which mean that a person needs help performing other activities such as bathing, dressing, or eating		

My Choice Wisconsin Programs Maps

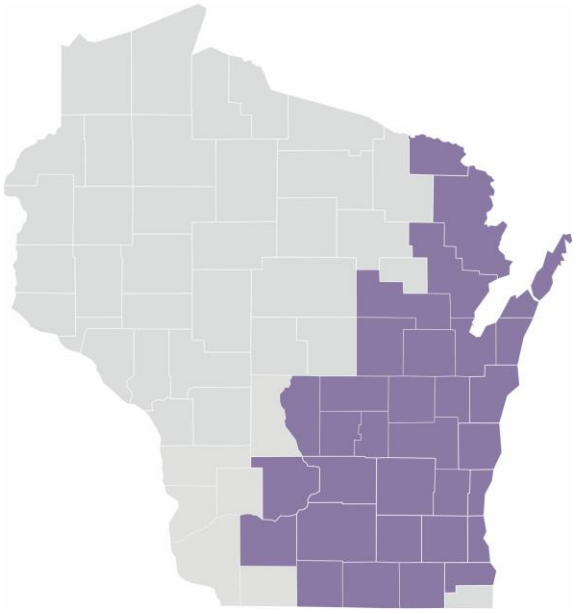
Family Care



Partnership



Medicare Dual Advantage



Last revised 11/30/2021

Program Benefits

What's available through My Choice Wisconsin programs?

Family Care, Partnership

Home & Community Based Waiver Services, which may include:*

- Residential Services
- Adult Day Care
- Day Services/Treatment
- Prevocational Services
- Vocational Futures Planning
- Financial Management
- Daily Living Skills Training
- Respite Care
- Supported Employment
- Home Delivered Meals
- Adaptive Aids
- Home Modifications
- Community Support Program
- Transportation
- Supportive Home Care

Partnership, Medicare Dual Advantage

Covered Services, which may include:*

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Inpatient alcohol or substance abuse treatment
- Outpatient Services
- Physician Services
- X-rays and lab tests
- Preventive care services

Family Care, Partnership, Medicare Dual Advantage,

Covered Services, which may include:*

- Outpatient Mental Health/AODA
- Mental Health Day Treatment
- Outpatient PT/ST/OT
- Home Health
- Medical Supplies/Equipment

*Services listed above are not all inclusive or a guarantee of coverage or payment. Contact the member's care team or care management staff for additional information

Family Care

Services **not covered by My Choice Wisconsin** *:

- Medicare Covered Services
- Acute & Primary Services
- Psychiatry Services
- Mental Health Inpatient
- AODA Inpatient
- Chiropractic Services
- Pharmacy Services
- Dental Services

Partnership, Medicare Dual Advantage

*Services **provided by other payer sources**:*

- Pharmacy Services (EnvisionRx)
- Hospice (if elected under Medicare benefit)
- Dental Prior Auth (DentaQuest)

*This is not an all inclusive list. Please contact the member's care team or care management staff for additional information.

What is Family Care?

- Family Care is a long-term care program which provides frail elders and adults with disabilities with long term care needs with services that help members remain as independent as possible.
- The State of Wisconsin provides the Family Care program under contract with Managed Care Organizations (MCOs) for each service region.
- My Choice Wisconsin is one of the MCOs providing the Family Care benefit in your region and County. My Choice Wisconsin manages the care members receive through a network of contracted providers-like YOU!
- My Choice members have access to the long term care supports and services available in the Family Care benefit package. Services are individualized and based on need.
- As a contracted provider with My Choice Wisconsin, you are playing an important part in a program that helps nearly 50,000 people in Wisconsin lead more independent lives!

What is Family Care?

Family Care goals:

- **Choice**—Give people better choices about the services and supports available to meet their needs.
- **Access**—Improve people's access to services.
- **Quality**—Improve the overall quality of the long-term care system by focusing on achieving people's health and social outcomes.
- **Cost-effectiveness**—Create a cost-effective long-term care system for the future.

For more info, go to: https://www.dhs.wisconsin.gov/familycare/index.htm

How does one sign up for Family Care or Partnership?

- Individuals interested in Family Care must go through their local Aging and Disability Resource Center, which offers options counseling and establishes functional eligibility.
- Options counseling helps to match the individual with the program and MCO which best reflects their needs and preferences.

For more info, go to: https://www.dhs.wisconsin.gov/familycare/apply.html

What is Family Care Partnership

The Family Care Partnership Program supports frail elders and adults with disabilities with higher care needs coordinate their medical, health, and long-term care services.

- The Family Care Partnership program is a Coordinated Care Plan. Family Care Partnership has a contract with Medicare, and a contract with the State of Wisconsin Department of Health Services (DHS) for Medicaid.
- Family Care Partnership is an integrated Model of Care. Members in the Family Care Partnership Program have access not only to Long Term Care Supports and Services, but also receive their Acute and Primary Care Services through My Choice Wisconsin. Services and Supports are individualized to meet member specific outcomes and are based on individual member needs.
- My Choice Wisconsin is one of the MCOs providing the Family Care Partnership benefit in your region and County. My Choice Wisconsin coordinates the care members receive through a network of contracted providers-like YOU! As a contracted provider with My Choice Wisconsin, you are playing an important part in supporting members in the Family Care Partnership Program and helping them to lead more independent lives!

Family Care Partnership Goals:

Partnership Goals:

- **Choice**—Give members better choices about the services and supports available to meet their needs and improve their quality of life.
- **Access**—Improve member access to needed supports and services through effective resource allocation.
- **Quality**—Improve the overall quality and effectiveness of supports through comprehensive assessments, individualized care planning, and specialized follow-up. Emphasis on member and provider satisfaction and achieving member outcomes in a collaborative and solution focused manner.
- **Cost-effectiveness**—Reduce the division in the current health care delivery system, and help improve efficiency through integrated and comprehensive care management.

For more info, go to:

Family Care Partnership | Wisconsin Department of Health Services

Eligibility Verification

Understanding Member Eligibility

Member Eligibility Verification

Verify eligibility in ForwardHealth at each appointment. Screen shots are shown on the next slide for each program.

Medicare Dual Advantage eligibility with My Choice Wisconsin may be verified via Medicare's MARx User Interface.

Members of Medicare Dual Advantage may receive Medicaid benefits with other insurers. Verify member eligibility in ForwardHealth at each appointment.

Only Partnership and Medicare Dual Advantage members have a My Choice Wisconsin ID (see the next slides).

Member Eligibility Verification (cont)
ForwardHealth Portal Screen Shots

Family Care

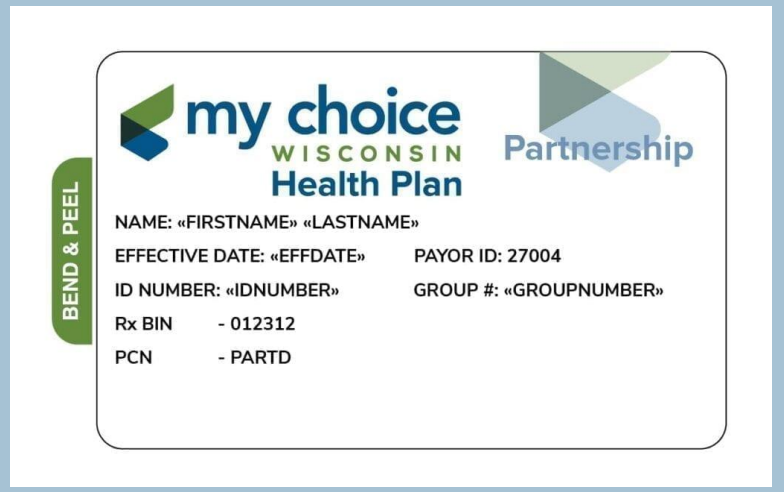
Provider Name	MC Program	Telephone Number	Effective Date	End Date
MCFC MILWAUKEE	Family Care	(877)489-3814	04/02/2021	04/02/2021

Partnership

Provider Name	MC Program	Telephone Number	Effective Date	End Date
PR CWHP-THI DANE	Partnership	(800)963-0035	04/02/2021	04/02/2021

Partnership and Medicare Dual Advantage ID Cards

Member Eligibility Verification (cont)



Our Care Teams

Understanding My Choice Wisconsin Care Teams

About Interdisciplinary Teams (IDTs)

The interdisciplinary team (IDT) is the vehicle for providing member-centered care management.

The full IDT always includes the member and other people specified by the member, as well as IDT staff.

"IDT staff" refers to the care manager and registered nurse

Role of the IDT

- The IDT, or Inter-Disciplinary Team, always includes the member and other people specified by the member, as well as IDT staff (Care Manager and RN)
- Every Member enrolled in My Choice Wisconsin has an IDT.
- The IDT is your most important point of contact for virtually all matters involving the Member.
- The IDT is responsible for conducting the Comprehensive Assessment and development of the Member Centered Plan (MCP)
- Member Centered planning is a process though which the IDT identifies appropriate and adequate services and supports to be authorized, provided, and/or coordinated by the MCO.

"*The Family Care Care Managers and RNs that I have worked with have always gone above and beyond in their advocacy for our residents"* (MCW Residential Provider)

Support for the IDTs

Extensive training and strong supervisory structure ensures consistency of practice across all IDTs, agencies, and service regions.

IDTs are required to meet minimum contact standards with members, which includes regular visits in the home and at places important to the member in the community

My Choice employs specialists responsible for subject matter expertise consultations for IDTs, initial and ongoing training, and general support to teams on complex cases

"The two case managers I have worked with concerning the care of my father have always been courteous, respectful, helpful and knowledgeable. I have appreciated their assistance immensely." (MCW family member of enrolled member)

Referrals from IDTs

- Referrals: provider may accept or decline a referral
- The IDT staff shall distribute the applicable portion of members' MCP for implementation to each individual or provider responsible for provision of a service or support outlined in the plan. This is accomplished through the Provider Portal in MIDAS when the provider accepts the Service Authorization(s).
- Generate HIPAA ID email

"They [IDT] seem to be a great team who is dedicated to meeting the member's needs" (MCW Crawford County Fiscal Agent)

Collaborating with IDTs

Coordination of Service plans

Attendance and active participation at Care Planning meetings and reviews

Cooperation and coordination of regular visits with IDT staff, as required of IDT staff

Additionally, IDTs can and will make unannounced visits, requests for service documentation, and or updates on the member's condition.

Monthly, confirm that services are authorized prior to providing services to the Member, even if the services are ongoing.

Contact the Care Manager for all questions about authorizations.

"All the case managers have been good with completing authorizations in a timely manner." (MCW Residential Provider)

Care Team Overview

Creates a plan with each member specific for that member.

Supports health and long-term care outcomes so our members become as healthy and independent as possible.

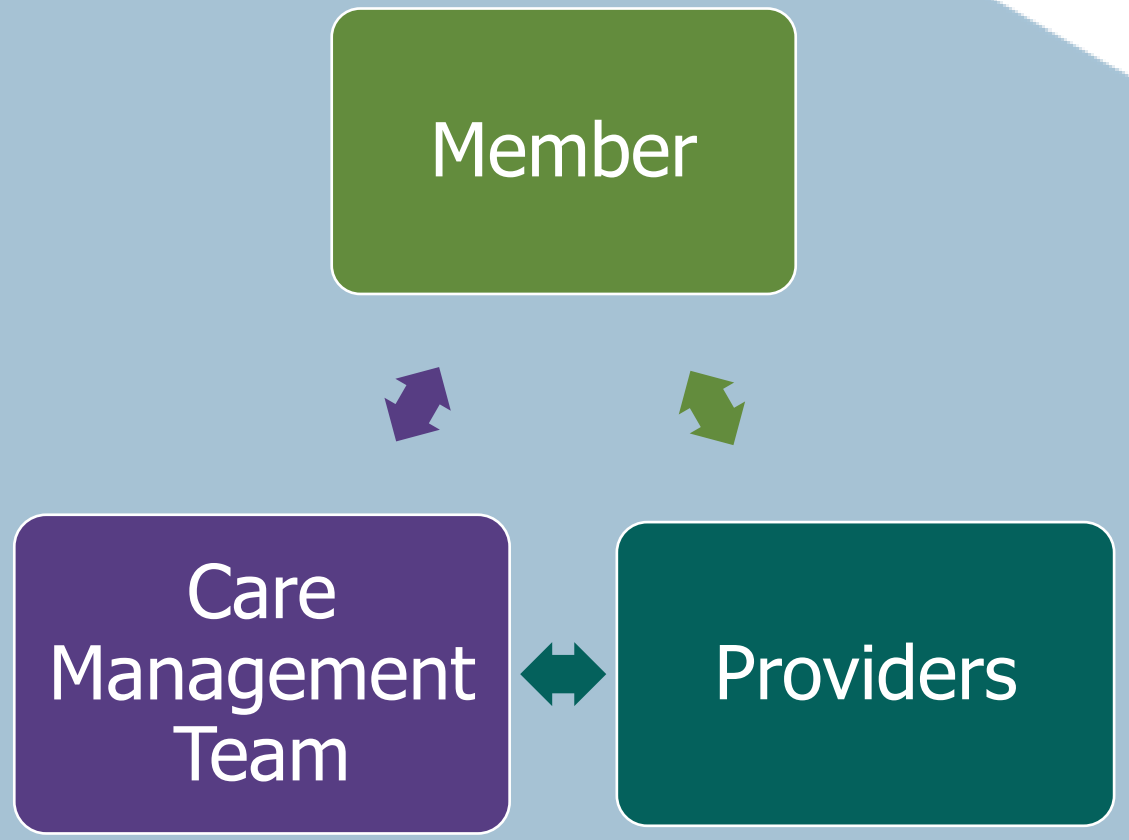
Care team works with you to coordinate all covered health services.

Partnership

Care Team Overview

Assess member's current situation with regard to medical, social, functional, and behavioral needs.

Work with member to assure engagement and coordinate needs with primary care providers, ancillary providers, and social service agencies as needed.



Medicare Dual Advantage

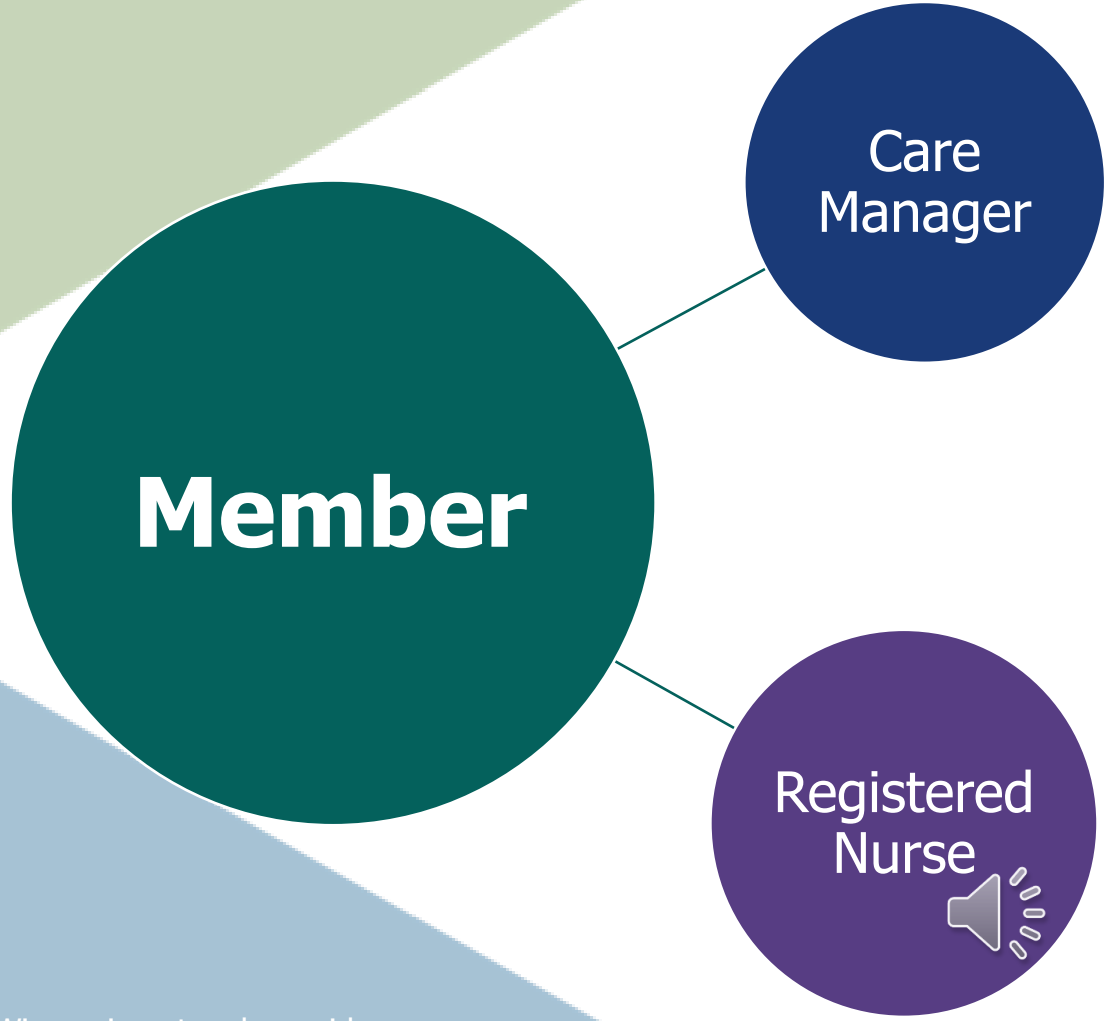
Care Team Overview: Family Care

Member: Most important part of team, define goals

Care Manager: Learns member's strengths and needs. Matches member to community services

Registered Nurse: Coordinates health care needs with members

The team may also include the any other person identified by the member as part of the care team, such as family members



For use by My Choice Wisconsin network providers

Provider Credentialing

Reviewing Major Components

Provider Credentialing Requirements

1. Insurance
2. Caregiver Background Checks
3. License or Certification
4. Established Policies and Procedures
5. Medicaid Enrollment
6. All DSNP and PS providers must attest to and complete the Model of Care training annually

Provider Insurance

Certificate of Insurance (COI) must show the following:

In the "Insured" field, name and address of provider must agree with name of provider under contract. For providers with multiple locations and affiliates, a COI must be submitted for each location under contract with a unique Employer ID Number

My Choice Wisconsin must be named as "Additional Insured" as follows:

On the Certificate of Insurance:

1) The following must appear in the field for "Certificate Holder":

My Choice Wisconsin, Inc.

10201 Innovation Drive

Wauwatosa, WI 53226

2) "addl insd" column must be checked for each relevant coverage type

3) Notes field must include a statement indicating that "certificate holder is recognized as additional insured"

Caregiver Background Checks

MCW requires that Wisconsin Caregiver Background Checks (CBCs) are completed for all principals, owners, caregivers, and other individuals who will have regular, direct contact with MCW members. This requirement applies to all providers and service types that have direct member contact and are under contract with MCW.

For use by My Choice Wisconsin netw

Caregiver Background Checks

If a prospective staff member has a barred conviction per Wisconsin Caregiver Law, s/he is not eligible to provide services to MCW members. If you identify a prospective staff member with a conviction which has the potential to be substantially related to the safe care of vulnerable populations, you must submit the staff background information to MCW for consultation on eligibility, prior to commencement of work with MCW members.

Driver’s Abstract

- Provider shall obtain and retain a Wisconsin driving record abstract for all employees, contractors or workers who transport or drive Members under this Agreement and shall update such abstract at least annually.
- A valid drivers license must be in place for all staff that provide transportation to members.

Notification of Changes

Always notify My Choice Wisconsin about the following changes:

- Change of address
- Change in Tax ID Number
- Change of providers in group practice
- New sites or closed sites
- Change in practice name/ownership
- Extended leave of absence
  - Submit changes to Provider Services
    - Complete forms available online at: https://www.mychoicewi.org/providers/resource-library/
    - By Email: dlfamccontracts@mychoicefamilycare.com
    - In writing to:
      - My Choice Wisconsin
  - Provider Services
  - 10201 W. Innovation Drive, Suite 100
  - Wauwatosa, WI 53226

Provider Contract Exhibits

Will be service specific, but nearly always identify:

Service parameters, including required and prohibited activities

Documentation standards

Unique authorization, units, or billing info

Staff qualifications

View and familiarize yourself with all of the contract exhibits for services you are contracted to provide for Family Care and Partnership. At MIDAS>Home>User Documents>CONTRACTED PROVIDER REFERENCES & MATERIALS>Provider Contract Exhibit I

For Dual Advantage benefits please refer to the, Provider Contract, Provider Manual, Model of Care and our website www.mychoicewi.org

Requests for information

Provider shall submit to MCW all Service Documentation described under this Agreement on the timeline and in the format as requested by MCW

Documentation requirements will be service specific as described in contract Exhibits I, but typically include logs, sign in sheets, summary reports, and/or other methods to verify each episode of service

Provider shall retain all documentation necessary to adequately demonstrate the date, time, duration, location, and intervention, summary of the activity and services provided and the Member's response to the Covered Services.

Contract Documents

Contract template.

Service specific contract Exhibits relating to each service in the benefit package for Family Care and Partnership only. Go to MIDAS>Home>User Documents>CONTRACTED PROVIDER REFERENCES & MATERIALS>Provider Contract Exhibit I

For Dual Advantage please refer to the Provider Contract, Provider Manual, Model of Care and our website www.mychoicewi.org

Respecting Member Rights

Working with and protecting members

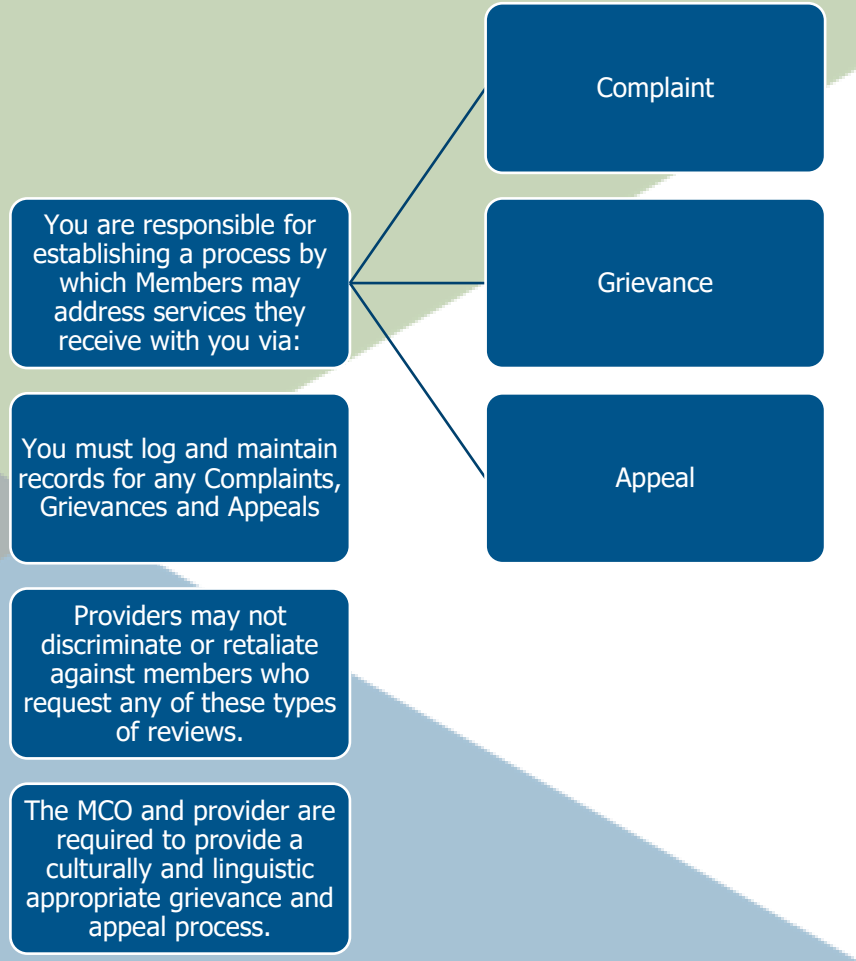
Provider Expectations

- Member Satisfaction
- Dignity and Respect
- Solicit and accommodate cultural preferences
  - Member beliefs and cultural backgrounds
  - Language and Communication needs
  - Social and Health needs

Provider Expectations Continued

- Advocate for the Member
  - The MCO does not prohibit or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of Members, including any of the following:
    - For the member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.
    - For any information the member needs in order to decide among all relevant treatment options.
    - For the risks, benefits, and consequences of treatment or non-treatment.
    - For the member's right to participate in decisions regarding his/her health care, including the right to refuse treatment, and to express preferences about future treatment decisions.
  - The MCO and provider should advocate for the members choice in changing providers to meet all cultural preferences and needs.

Complaints, Grievances and Appeals



Complaints, Grievances and Appeals

The MCO Member Rights Processes:

- **Complaints** are generally worked through with the Member, IDT staff, IDT staff supervisors until resolution.

- **Grievances** are formalized complaints that can be requested through the MCO or through DHS (DHS contracts with Metastar for coordination of this type of grievance).

Complaints, Grievances and Appeals

- **Appeals** are a review of a decision made about a member's services. This includes:
  - Service package decisions: a reduction, termination, denial of a service available in the Family Care benefit package
  - Eligibility: A determination made about the member's eligibility for Family Care and/or Medicaid
  - Cost Share: A determination about the amount the member must pay towards their cost of care

For use by My Choice Wisconsin network providers

Member Rights Resources

- **MCO Member Rights Specialists** can assist with reviewing the options available for grievances or appeals
- **Member Handbook** includes information of all of these processes, including contact information for those who can help Members with this
- **MCO Appeal and Grievance Policy** available in the provider portal
- **Provider Contract Provisions** include further compliance requirements for providers
- **Provider Handbook** includes general information regarding member rights
- **Ombudsman & Advocacy Agencies in your area** – these are free resources for members who would like help requesting an appeal or grievance regarding their public benefit.

Client's Rights Limitation/Denial

If a service provider or staff has reason to believe that the exercise of one of the following rights would create a security problem, adversely effect the member's treatment, or place the safety of the member or others at risk, in accordance with the s.51.61 (2) Stats., the following rights may be limited or denied:

- *The right to make telephone calls*
- *The right to wear ones' own clothing and use one's own personal possessions*
- *The right to have access to secure storage space*
- *The right to have privacy in toileting and bathing, and*
- *The right to see visitors daily*

CRL/D Process

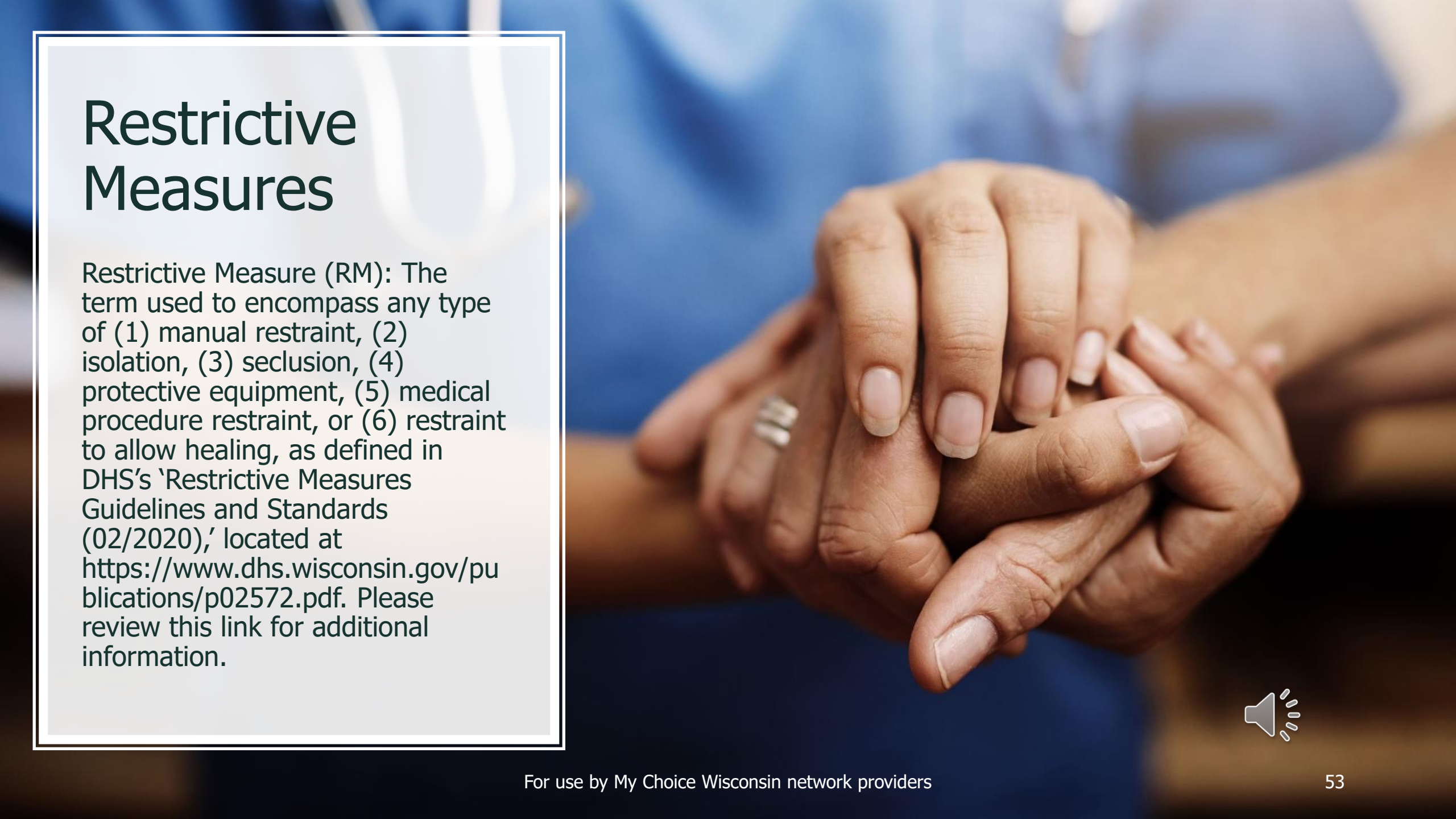
- Provider and MCO IDT staff must discuss the issues related to the proposed limitation or denial and work to first exhaust all lesser restrictive interventions.
- If it has been verified that all lesser restrictive interventions have been exhausted, and a limitation or denial is necessary to pursue for purposes of safety/security or treatment, the provider will complete the 'Client Rights Limitation or Denial Documentation' Form (F-26100). This form can be found following the link https://www.dhs.wisconsin.gov/forms1/f2/f26100.pdf.
- The completed form **must** be submitted to the member's My Choice Wisconsin (MCW) Care Manager or Registered Nurse.
- Requests are then reviewed by a member of MCW's Behavioral Health Team to ensure the limitation or denial is appropriate and, if so, the documentation has been completed accurately.
- Provider to keep a copy of the completed form in the member's chart.
- Provider to ensure the identified review schedule is maintained. A member's right(s) **cannot** be indefinitely suspended. A review indicates the provider, Legal Guardian (if applicable), IDT, and the member discuss (either in-person or via phone) the limitation and if it should continue.

CRL/D Key Points

- There must be “good cause” to limit or deny a member right. Good cause of denial or limitation of a right exists **only** when the director or designee of the treatment facility has reason to believe the exercise of the right would create a **security problem,** adversely affect the patient’s **treatment,** or seriously interfere with the **rights or safety of others.”**
- “No right may be **denied** when a limitation can accomplish the purpose and no limitation may be more stringent than necessary to accomplish the purpose”. HFS 94.05(2)(c), Wis. Admin. Code.
- CRL/Ds are not to be used as a punishment/punitive. It is a tool to bolster safety and behavioral support.
- The form must clearly document what we are trying to do and why
- Member rights limitations or denials must be reviewed periodically according to the plan to determine when the right can be restored.
- When no longer required, the member rights limitation or denial must be lifted.
- The emphasis is *always* on member rights preservation.
- A question to consider is “how would I feel if this limitation or denial was placed on me in my everyday life?”

Restrictive Measures

Restrictive Measure (RM): The term used to encompass any type of (1) manual restraint, (2) isolation, (3) seclusion, (4) protective equipment, (5) medical procedure restraint, or (6) restraint to allow healing, as defined in DHS's 'Restrictive Measures Guidelines and Standards (02/2020),' located at https://www.dhs.wisconsin.gov/publications/p02572.pdf. Please review this link for additional information.



Restraint

Manual Restraint: Involves one or more people holding the limbs or other parts of the body of the individual to restrict or prevent their movement (includes physical holds and escorts).

Isolation: The involuntary physical or social separation of an individual from others by the actions or direction of staff, contingent upon behavior.

- **Subtype - Isolation by Staff Withdrawal:** Occurs in situations where, for safety reasons, the support team determines staff should withdraw from the individual due to the presence of behaviors that present imminent risk of harm to staff.

Seclusion: Occurs when staff physically set the individual apart from others inside a room using locked doors equipped with a pressure-locking mechanism.

Protective Equipment: Includes devices that restrict movement or limit access to areas of one's body. Refers to devices applied to any part of an individual's body to prevent tissue damage or other physical harm **and** the individual cannot easily remove the device.

Medical Procedure Restraint: Utilized only while under the care of medical professionals in a medical or dental office or while receiving treatment in a clinic or hospital.

Restraint to Allow Healing: The treatment of acute medical conditions such as lacerations, fractures, post-surgical wounds, skin ulcers, or infections may require the use of a restrictive measure to allow healing.

Prohibited Practices

- Providers **may not** use the following maneuvers, techniques, or procedures under any circumstances:
  - Any maneuver or technique that does not give adequate attention and care to protection of the individual's head.
  - Any maneuver, technique, or device that places pressure or weight on the chest, lungs, sternum, diaphragm, back, or abdomen.
  - Any maneuver or technique that places pressure, weight, or leverage on the neck or throat, on any artery, on the back of the head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway, such as straddling or sitting on the torso, or any type of chokehold.
  - Any maneuver or technique that involves pushing into an individual's mouth, nose, or eyes.
  - Any maneuver or technique that utilizes pain to obtain compliance or control, including punching, hitting, hyperextension of joints, or extended use of pressure points.
  - Any maneuver or technique that forcibly takes an individual from a standing position to the floor or ground. This includes taking an individual from a standing position to a horizontal (prone or supine) position or to a seated position on the floor.
  - Any maneuver or technique that creates a motion causing forcible impact on the individual's head or body or forcibly pushes an individual against a hard surface.
  - Any use of seclusion where the door to the room would remain locked without someone having to remain present to apply constant pressure or control to the locking mechanism.

Restrictive Measures Applications

- All lesser restrictive behavioral support strategies/interventions must be **exhausted** prior to the consideration of implementing Restrictive Measures.
- All Restrictive Measures must be approved by DHS. The application to DHS is submitted by the MCO; however, the provider maintains responsibility for making the request.
- The member's IDT and service provider are to work collaboratively throughout the application process.
- The completed RM application, Behavior Support Plan (BSP), relevant behavior tracking, and necessary consents must be first submitted to the member's IDT staff.
- The MCO RM Lead and the internal RM Review Committee will review the submitted documents. Feedback is then sent to the service provider to communicate if the application requires modifications, is not supported, or is ready for submission.

It is a service provider's responsibility to respond to requests for application materials and feedback within timeframes indicated by MCO RM Lead and as set forth by DQA/DHS. Failure to do so will result in the completion of an MCW provider concern with continued non-adherence to timeframes directly reported to DQA/DHS.

Restrictive Measures are not to be used or implemented until formal approval is received (see DHS Guidelines and Requirements for use of Restrictive Measures for information regarding emergency use).

Service providers must notify the MCO IDT within 24 hours of any use of unapproved Restrictive Measures. Additionally, the service provider is responsible to report the use of unapproved restrictive measures directly to DQA if it occurred in a licensed or regulated setting.

Restrictive Measures Applications

Forms and Resources

- For additional information regarding Client Rights Limitation or Denials - https://www.dhs.wisconsin.gov/clientrights/limitdenial.htm
- 'Client Rights Limitation or Denial Documentation' Form (F-26100) - https://www.dhs.wisconsin.gov/forms1/f2/f26100.pdf
- DHS's 'Restrictive Measures Guidelines and Standards (02/2020)' - https://www.dhs.wisconsin.gov/publications/p02572.pdf.
- MCO's Restrictive Measures Lead can be contacted at behavioralhealth@mychoicefamilycare.org.
- Restrictive Measures Policy in MIDAS Provider Portal

Critical Incidents

PROVIDER IS RESPONSIBLE FOR COMPLIANCE WITH MCW CRITICAL INCIDENT REPORTING POLICY, ONLINE AT: MIDAS>HOME>USER DOCUMENTS>CONTRACTED PROVIDER REFERENCES & MATERIALS>POLICIES AND PROCEDURES

PROVIDER SHALL IDENTIFY, RESPOND TO, DOCUMENT AND REPORT ALL CRITICAL INCIDENTS INVOLVING A MEMBER TO THE MEMBER'S CARE MANAGER, RN OR CARE MANAGER'S SUPERVISOR WITHIN 24 HOURS OR ONE (1) BUSINESS DAY AFTER THE CRITICAL INCIDENT OCCURS.

Critical Incidents

Critical Incident: Means a circumstance, event, or condition resulting from action or inaction that is:

- Associated with suspected abuse, neglect, financial exploitation, other crime, a violation of a Member's rights, or any unplanned, unapproved use of restrictive measures; or
- Resulted in serious harm to the health, safety or well-being of a Member; or
- Resulted in serious harm to the health, safety or well-being of another person as a result of the Member's actions; or
- Resulted in substantial loss in the value of the personal or real property of a Member or of another person as a result of the Member's actions; or
- Resulted in the unexpected death of a Member; or
- Posed an immediate and serious risk to the health, safety, or well-being of a Member, but did not cause harm because of chance or improvised preventive intervention.

Maintaining Compliance

Informal resolution

Communication

Getting involved: Provider Advisory groups

The purpose of MCW Provider Advisory Groups is to discuss topics of mutual importance with a goal of strengthening the partnership between the MCO and its provider network and improving services to members, using a collaborative, solutions focused approach. Topics are mutually generated and include: communication, contracting, training/technical assistance, business expansion, establishing service standards, and referrals/billing/authorizations.

Member Satisfaction

"Staff are courteous and reach out to resolve conflict" (MCW Provider)

Working with My Choice Wisconsin

Provider Collaboration

Welcome to the Provider Network!

Welcome Letter: did everyone receive their welcome letter?

Please review your contract and any Exhibits prior to accepting referrals

Communication! Phone lists: Go to MIDAS>Home>User Documents>Phone Directories for telephone and email directories for the IDT, contracting, and other MCO staff.

Also, provider Handbook has contact info on website, www.mychoicewi.org

"I have been in business for over 15 years and My Choice Wisconsin is one of the premier Long Term Care providers in the State of Wisconsin. I have worked with several MCO's and appreciate the hands-on Care Management support My Choice Wisconsin provides its clients and service providers" (MCW Provider)

For use by My Choice Wisconsin net

Provider Relations & Network Specialists

Are here to assist and help you be a successful part of our network!

- Please review your rates, contract and Exhibits thoroughly – if you have questions, your assigned contract representative is here to help
- Contact info for your assigned specialist, as well as contact info for alternative internal departments can be found on our website here: https://mychoicewi.org/wp-content/uploads/2022/02/Who-to-Contact-When-Document_Provider-Facing-7.19.22.pdf
- Exhibits and alternative documents can be found in the Provider Portal
- Building and maintaining relationships with our provider partners are important to us, your specialist can assist with the following:
  - Contract language discussions
  - Contracted Rates
  - Demographic Changes
  - Triaging provider questions with alternative internal departments

Using MIDAS

MIDAS tutorials available at: MIDAS>Home>User Documents>Provider Resources>Provider Tutorials. See especially

1. Claims – MIDAS Provider Portal User Guide For Family Care – Billing claims
2. Claims – MIDAS provider Portal User Guide for Family Care – Obtaining Authorizations
3. Provider Handbook, at: MIDAS>User Documents> Provider Portal> Provider Resources >Provider Handbook

MIDAS is such an easy system to work with.

My WPS check gets deposited pretty quickly after I bill (MCW Provider)

Access to Care Guidelines

My Choice Wisconsin Members must secure appointments within these time guidelines.

Primary Care Physician-Routine Care:	Within 30 days of request
High Risk Pre-Natal Care:	2 Weeks for medically necessary care
Mental Health Provider:	Within 30 days following an inpatient mental health stay
Dental Provider-Routine Dental Care:	Within 90 days of request
Wait Time for Care at Facilities:	No longer than 30 minutes

Quality Management

We are committed to continuously improving processes to enhance outcomes for members

Clinical and service quality is measured, evaluated and monitored through the following programs:

- Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS®)
- CMS STARs
- Health Outcomes Survey (HOS) data
- Other quality measures

Provider Quality

- Member Satisfaction
- Informal resolution
- Provider communication: newsletter
- Provider recognition
- Training opportunities

For use by My Choice Wisconsin network providers

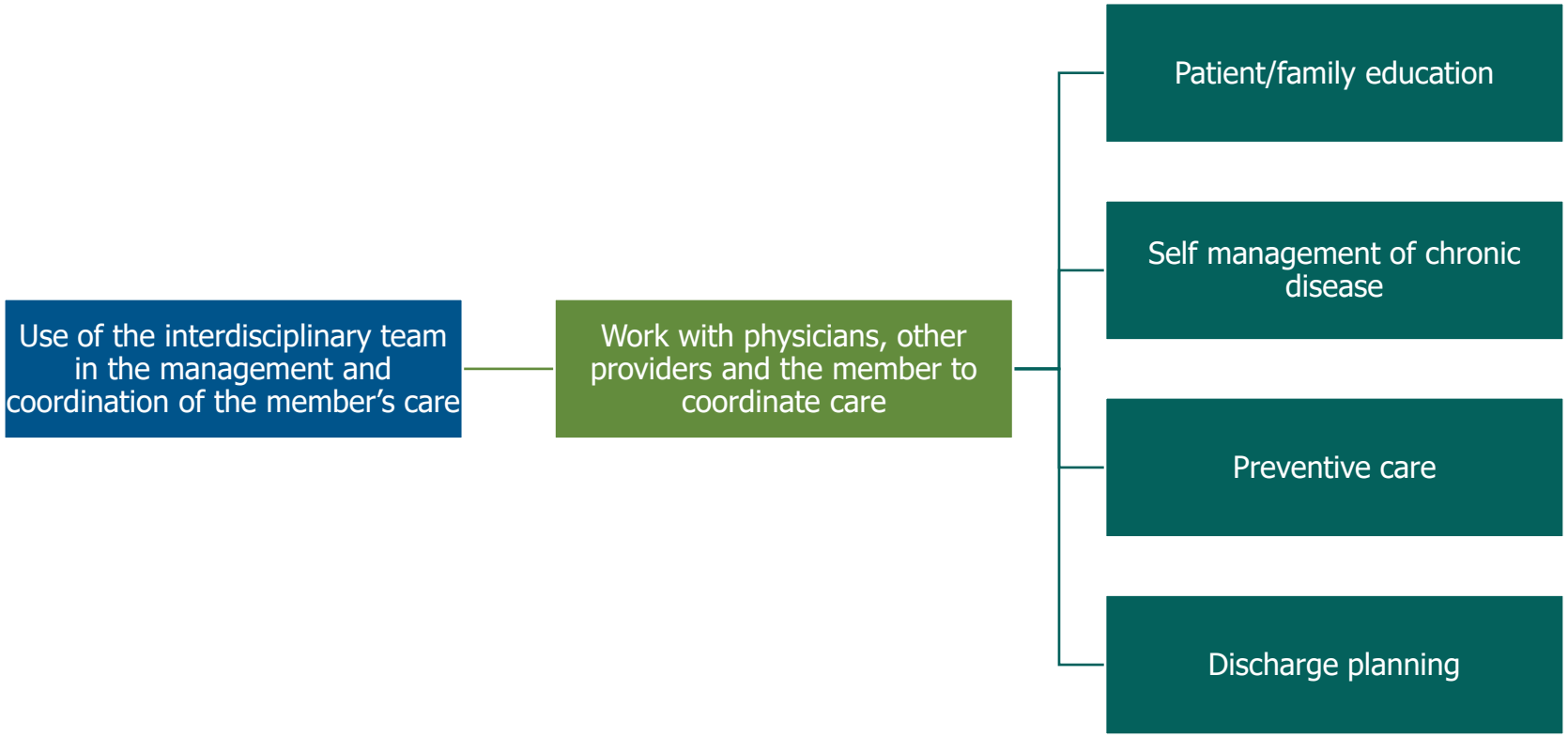
Model of Care Requirements for Medicare SNPs Partnership & Medicare Dual Advantage

CMS requires Special Needs Plans (SNPs) to have a model of care which outlines how the Plan will provide care to meet the specialized needs of SNP enrollees

The Model of Care requires SNPs to:

- Have an appropriate network of providers and specialists
- Conduct an initial assessment and an annual reassessment of the individual's physical, psychosocial and functional needs of each enrolled individual
- Develop a care plan that identifies goals and objectives for that individual
- Have a comprehensive Quality Improvement Plan

My Choice Wisconsin Model of Care



My Choice Wisconsin Model of Care

- The exchange of information between the provider, My Choice Wisconsin and the member is critical
- My Choice Wisconsin follows the CMS guidelines to deliver the appropriate educational pieces to its provider network. The Model of Care training is mandatory and must be completed prior to servicing any of our Special Needs Plan (SNP), Partnership, or Medicare Dual Advantage members. During the credentialing process providers must sign an attestation that the training is completed and re-taking the training annually, Please click on the link below to begin the training:

https://www.mychoicewi.org/providers/provider-compliance-privacy/

Fraud Waste & Abuse Prevention Program

All providers and their employees must complete training within 30 calendar days of new hire and annually thereafter.

Please maintain records of all training—this is to include dates, methods of training, materials used for training, identification of trained employees via sign-in sheets or other method, etc.

My Choice Wisconsin may request such records to verify that training occurred.

If the organization has contracted with other entities to provide health and/or administrative services on behalf of My Choice Wisconsin members, you must provide this training material to your subcontractor for training and ensure the subcontractor and any other entity they may have contracted with to provide the service, also maintain records of training.

All contracted entities should have policies and procedures to address fraud, waste and abuse—including effective training, reporting mechanism and methods to respond to detected offenses.

FWA training is available at: https://www.mychoicewi.org/providers/provider-compliance-privacy/

Fraud, Waste & Abuse Prevention Program

Reporting Obligation

- If you identify, or are made aware of, potential misconduct or a suspected fraud, waste, or abuse situation, it is your right and responsibility to report it. Providers, vendors and delegates can report compliance concerns to any of the following:
  - The compliance officer/hotline of the applicable Medicaid or Medicare plan with whom you contract
  - The Molina Healthcare Alert Line is available 24/7. It can be reached at any time (day or night), over the weekend, or even on holidays.
  - Molina Health Care, My Choice Wisconsin's Compliance Hotline at 866-606-3889
  - 1-800-Medicare if Medicare funds are involved
  - Your county public assistance fraud agency

Retaliation is prohibited when a report is made in good faith.

My Choice Wisconsin Website

Visit www.mychoicewi.org to access information 24/7

- Provider Handbook
- Claims Information
- Prior Authorization Forms & Reference Documents
- Change/Update Information
- Provider Newsletters
- Provider Directory Search
- Complete Provider Directories (PDF)

Provider Training

- Compliance Training (Fraud, Waste & Abuse)
- Model of Care
- Systems Training

Program Information & Contact Information

Quick Reference/Contact Information

DEPARTMENT	PHONE
Claims/Billing	1-855-878-6699 (TriZetto) Provider-Help-Desk@mychoicewi.org 1-800-223-6016 (WPS) Provider.liaison@mychoicewi.org
Contracting	1-800-963-0035 dlfamccontracts@mychoicefamilycare.com OR contact your assigned contractor (based on service area and alpha split) directly
General Inquiries	1-800-963-0035
Prior Authorization Inquiries	1-800-963-0035-or contact the member's Care Team
Non-Emergency Transportation (Family Care & Partnership)	1-800-963-0035-or contact the member's Care Team
Website	www.mychoicewi.org

For use by My Choice Wisconsin network providers

Prior Authorizations

Understanding the Prior Authorization Process

Required Prior Authorizations

For the Family Care Program, all services are subject to prior authorization through the Member's Care Team.

Home & Community Based Waiver Covered Services covered under Family Care & Partnership are subject to prior authorization through the Member's Care Team. Contact My Choice Wisconsin's Customer Service Center for assistance in connecting with the Care Team at: 1-800-963-0035

For Partnership and Dual Advantage, you must fax a prior authorization form and supporting documentation in order to obtain prior authorization for certain covered services to My Choice Wisconsin at: 608-210-4050

Services that require the submission of a prior authorization form or notification to My Choice Wisconsin may include, but are not limited to those on the following slide.

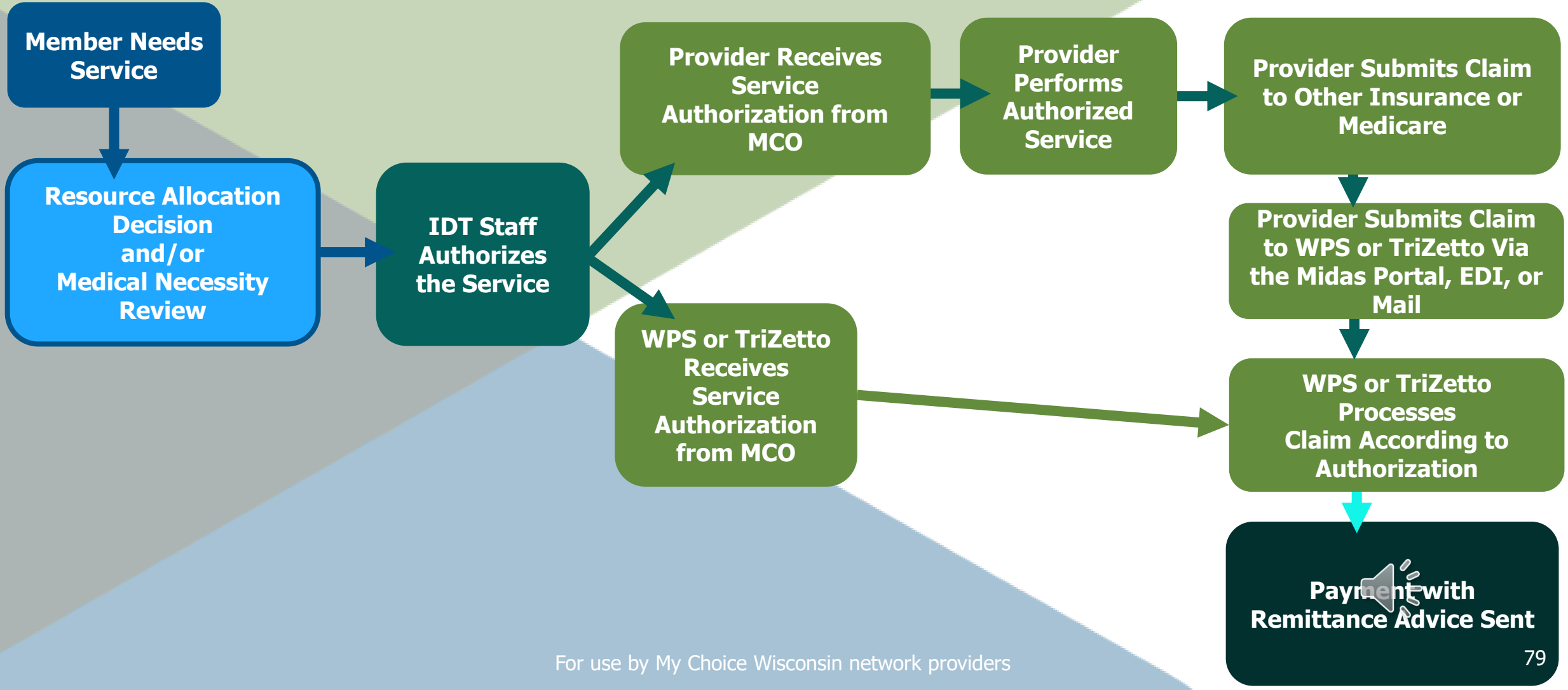
Visit the My Choice Wisconsin website at https://mychoicewi.org/providers/authorizations/ to view a complete list of prior authorization requirements, access forms, and to obtain a list of outpatient procedures that do not require prior authorization and for situations when My Choice Wisconsin is the secondary payer.

Required Prior Authorizations (cont)

- Out of network services, except emergency treatment
- Hospitalizations
- Nursing home admissions or rehab stays at a nursing home
- Mental health/AODA day treatment, Partial Hospitalization & Intensive Outpatient Programs
- Cardiac Rehabilitation (after 8 visits)
- Non-emergent surgeries & procedures
- Genetic Testing
- Podiatric Surgery
- MRI, PET Scans, SPECT Scans, CT Scans, CTA Scans, Cardiac CT Scans for calcium scoring
- Medical Equipment and repairs (purchases >$300, rental >30 days)
- Some Medical Supplies
- Nutritional Therapy (Enteral)
- Home Health (No prior authorization is needed for 8 home health visits, per discipline. For additional information see The Qualifying Criteria for Home Health document at www.carewisc.org/ authorizations)
- Therapies such as physical (PT), occupational (OT), speech (ST)-after 8 visits

*Services listed above are not an all inclusive list of what requires prior authorization or a guarantee of coverage in a program or guarantee of payment. Contact the member's care team or care management staff or Customer Service for additional information

Authorization and Payment Process

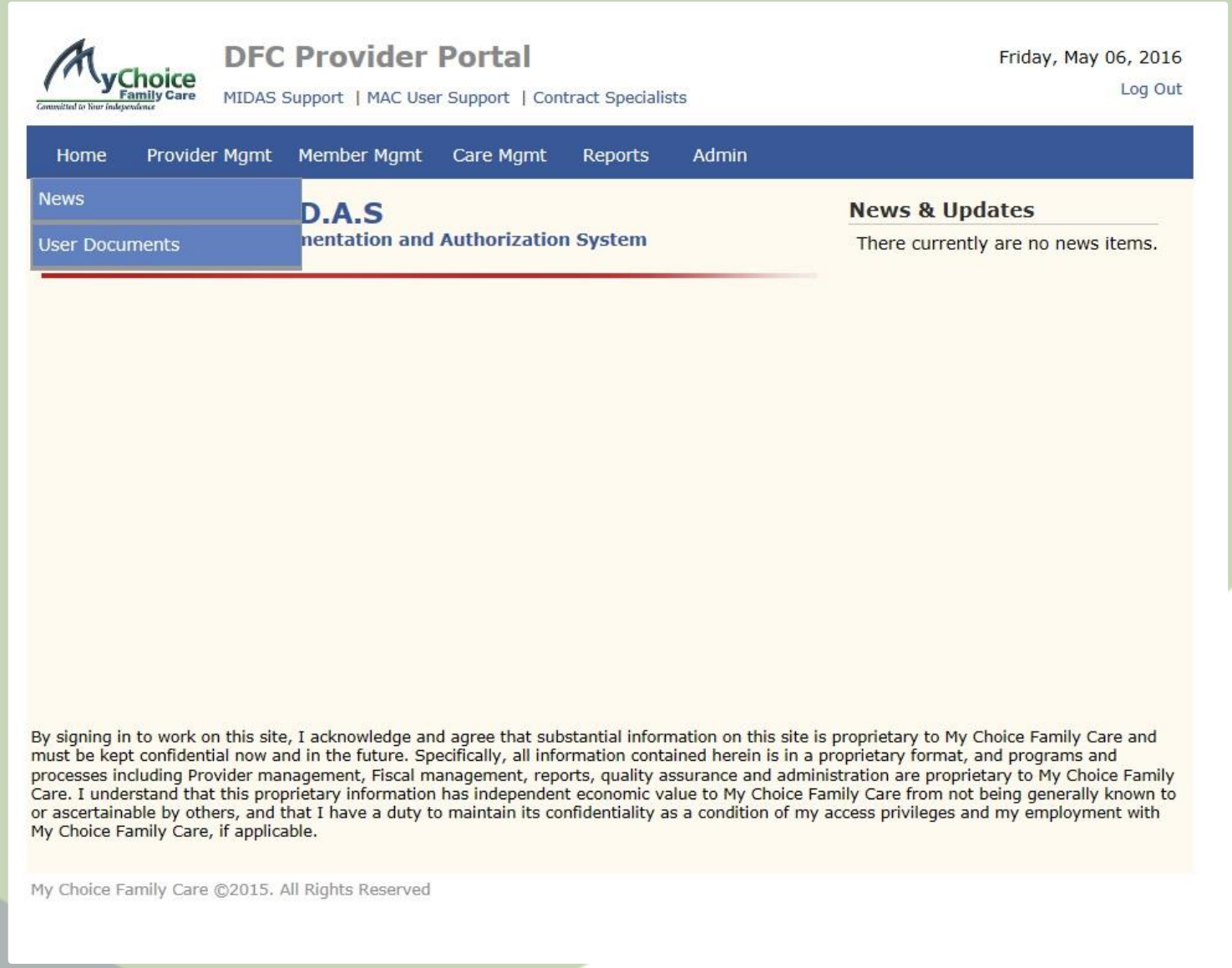


www.mcfc-midas.com

my choice WISCONSIN

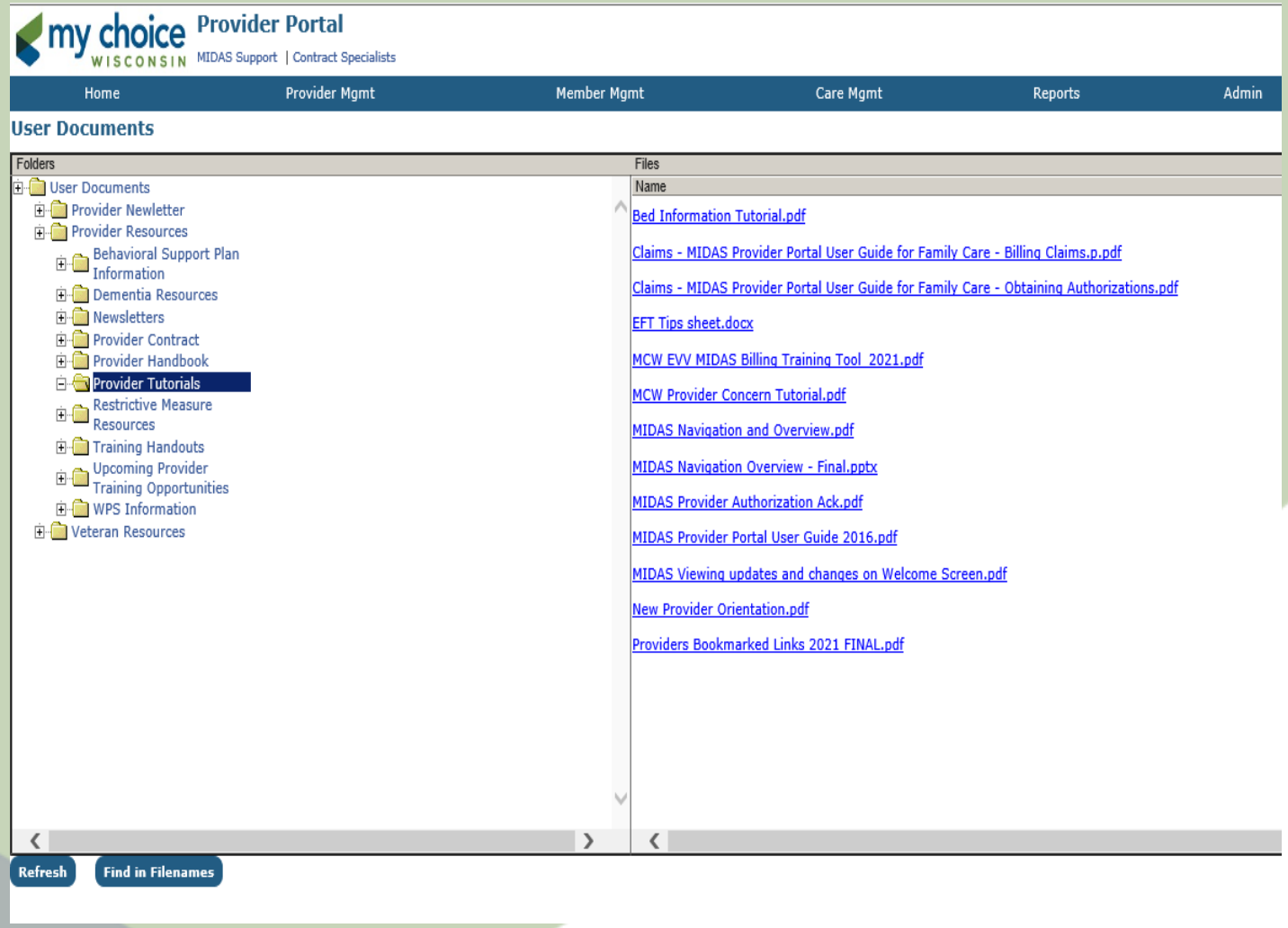
This screen displays MCO relevant announcements and news.

Home

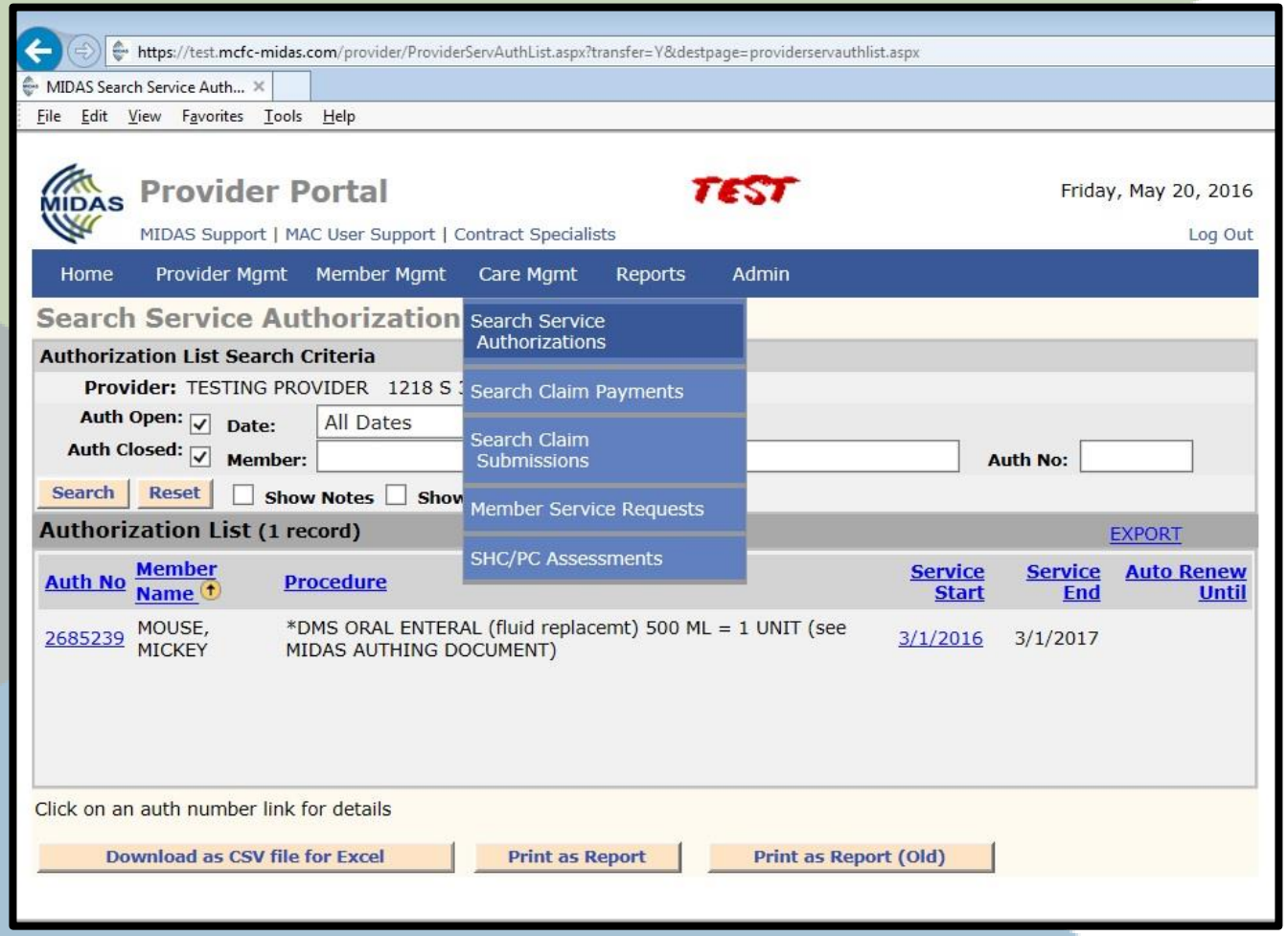


This is where you will find a variety of resources and publications

User Documents



Search Service Authorizations



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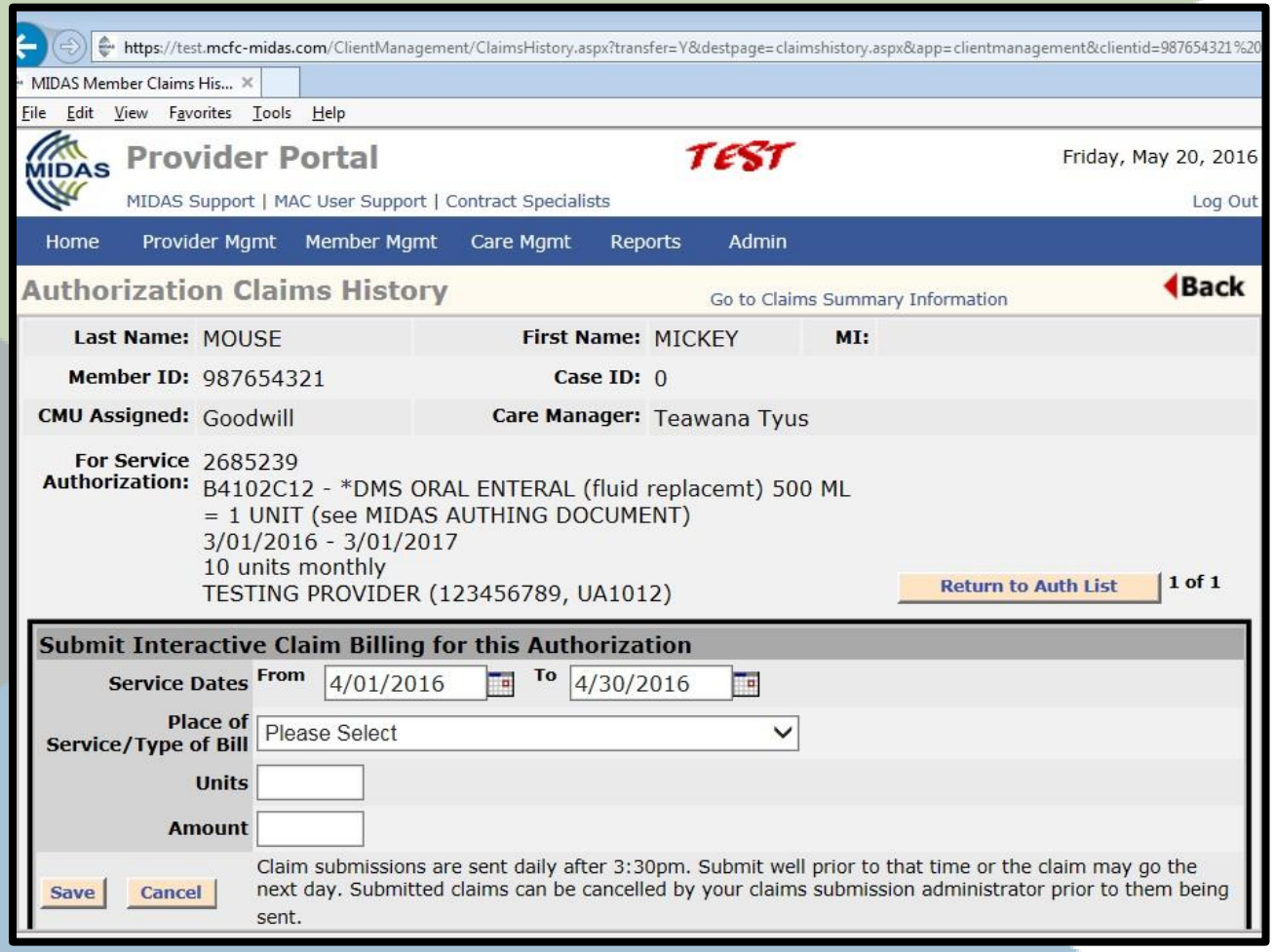

Claims

Provider Claims

Claims: Acute and Primary Services

Please Note: See Program information to know which benefits are covered, billable to, and require prior authorization by My Choice Wisconsin.

For acute & primary covered services, and Medicare covered services under Medicare Dual Advantage -

- Submit claims to the TriZetto address for My Choice Wisconsin via paper or electronically within timely filing limit specified in your contract
- Please allow up to 30 days from claim submission date to receive payment

For Family Care members covered by Medicare, and for members who have elected the Medicare hospice benefit-

- Submit any covered services first to Medicare

Claims: Acute and Primary Services

Please Note: See Program information to know which benefits are covered by, billable to, and require prior authorization by My Choice Wisconsin.

Standard Electronic Billing for Professional & Institutional

- 837P (professional) through Emdeon (Payer ID 27004)
- 837I (institutional) through Emdeon (Payer ID 27004)

Standard Claim Forms

- CMS/HCFA 1500 (Professional)
- CMS 1450/UB04 (Institutional)

Paper Claims Address:

My Choice Wisconsin

PO Box 7000

Columbia, MD 21045-7000

Claims: Long Term Care Services

Please Note: See Program information to know which benefits are covered by, billable to, and require prior authorization by My Choice Wisconsin.

For Long Term covered services, including Medicare covered services under Medicare Dual Advantage-

- *Submit claims to* My Choice Wisconsin via paper or electronically within timely filing limit specified in your contract
- Please allow up to 30 days from claim submission date to receive payment

For Family Care members covered by Medicare-

- Submit any covered services first to Medicare

Claims: Long Term Care Services

Please Note: See Program information to know which benefits are covered by and billable to My Choice Wisconsin.

My Choice Wisconsin Claim Form

- Residential **(Care & Supervision)**
- General **(SHC, ADC, Meals, PERS, Transportation, etc.)**

Paper Claims Address (TriZetto):

My Choice Wisconsin

PO Box 7000

Columbia, MD 21045-7000

Standard Claim Forms **(SNF, Therapy, Mental Health, DME/DMS, Home Health, Personal Care, etc.)**

- CMS/HCFA 1500 (Professional)
- CMS 1450 / UB04 (Institutional)

Paper Claims Address (WPS)

My Choice Wisconsin
C/O WPS Insurance Corporation
PO Box 211595 Eagan, MN 55121

MIDAS BILLING (LTC)

Please Note: See Program information to know which benefits are covered by, billable to, and require prior authorization by My Choice Wisconsin.

MIDAS Provider Portal Most long term care services can be billed through your authorization on MIDAS. MIDAS also allows you to check claim status.

Usernames and passwords can be obtained by contacting your assigned contract specialist or by emailing: shfamccontracts@mychoicewi.org

After obtaining your user name and password, you may contact providerliaison@mychoicewi.org for instructions on how to bill using the MIDAS portal.

Claims Web Portal (TriZetto)

Please Note: See Program information to know which benefits are covered by, billable to, and require prior authorization by My Choice Wisconsin.

My Choice Wisconsin Claims Web Portal The Claims Web Portal is only for LTC providers who currently bill on the My Choice Wisconsin Claim Forms: General or Residential. This option is for TriZetto members only.

If you are one of these providers, you have the option to bill electronically using the Claims Web Portal. You can view electronic remittance, verify eligibility, and check claim status through the Claims Web Portal

To sign up and for instructions, go to:
https://mychoicewi.org/providers/claims/

Claim Appeals

- If you disagree with a claim payment determination, you have the right to appeal.
- You must submit an appeal within 60 calendar days of the initial denial or partial payment to My Choice Wisconsin in writing, clearly marked Appeal.
- Include a thorough explanation for the basis of the appeal and all pertinent information.
- Submit the appeal to (TriZetto):

  My Choice Wisconsin
  Attn: Appeals
  1617 Sherman Ave
  Madison, WI 53704
- Submit the appeal to (WPS):

  My Choice Wisconsin
  Attn: Provider Claim Appeals
  10201 W. Innovation Drive, Suite 100
  Wauwatosa, WI 53226

An Appeal form is available at: https://www.mychoicewi.org/providers/claims/