



Thomas O. Forslund, Director

Governor Matthew H. Mead

Provider Name
Facility Administrator
Address
City, State, Zip

Re: Wyoming Appropriate Payer Solution

Dear Facility Administrator,

The purpose of this letter is to inform you about new nursing facility claims payment controls for dual eligible beneficiaries using a pre-payment analysis of the Minimum Data Set (MDS) that will be implemented on 09/01/14. The purpose of these controls is to ensure that the state Medicaid program pays for nursing facility services at the appropriate time. Medicare Part A provides coverage for skilled medical care for up to 100 days. Some residents have multiple conditions that qualify them for Medicare reimbursement, otherwise known as co-qualifying conditions and at times facilities make a decision to start billing the Medicaid program prior to the covered Medicare days being exhausted. Besides negatively impacting the Medicaid Program as Medicaid is paying for services that could be covered by another program, it also prevents the facility from receiving the appropriate and many times higher reimbursement from Medicare.

The Department is implementing an online system called Xerox's Appropriate Payer Solution, a system that evaluates dual eligible residents to determine whether Medicare Part A or Medicaid is the appropriate payer. By analyzing the most recently submitted MDS, the system will establish whether the resident still appears to qualify for Medicare as the primary payer source.

You will receive a follow up letter within a week that will go into more detail. Over the next few weeks, your facility staff will be able to sign up for one of four scheduled online training sessions. We will also request information about your facility staff so that we can establish who the users of the system will be.

The Department appreciates your support for this initiative and the services you provide for the residents of your facilities.

Sincerely,

Renee Propps
Facilities Manager



Wyoming
Department
of Health

Commit to your health.
visit www.health.wyo.gov



Thomas O. Forslund, Director

Governor Matthew H. Mead

Provider Name
Facility Administrator
Address
City, State, Zip

Dear Facility Administrator,

In an effort to ensure that Medicaid pays for nursing facility services at the appropriate time the Division of HealthCare Financing is implementing the Xerox® Appropriate Payer Solution, a procedure that evaluates dual eligible residents to determine whether Medicare Part A or Medicaid is the appropriate payer. It is an online system that makes determinations about the appropriate payer according to submitted MDS data. By analyzing the most recently submitted MDS, the system will establish whether the resident still appears to qualify for Medicare as the primary payer source.

System Overview

When a provider is ready to switch a dual eligible resident's payer source from Medicare to Medicaid, a staff member may log into the Appropriate Payer (AP) Portal and complete the AP Survey. Based on current information from the most recent MDS submitted or the information directly entered into the AP Survey, the system will evaluate whether the resident still qualifies for Medicare payment. If the AP analysis indicates that the resident may still be eligible for Medicare, the resident will be placed on a 'hold' status and you will be unable to bill Medicaid. If you disagree with the 'hold' status and still believe that Medicaid is the appropriate payer, then you must complete the AP survey to verify that it is appropriate to bill Medicaid. Once the clinical survey is completed and the 'hold' status has been removed, the resident can be appropriately billed to Medicaid.

Facility Impact

Appropriate Payer is intended to ensure that Medicaid is the payer of last resort. If there are conditions that require skilled care and the resident qualifies for Medicare, the resident's payer source should be Medicare. As a result, the impact to your facility should be positive since the rates for Medicare are greater than the Medicaid counterpart. The system should not negatively affect cash flow, but rather increase reimbursements to the facility by accurately identifying residents eligible for Medicare.

Who uses AP?

The primary user of AP will be the person who fills out the MDS. This person must have clinical knowledge of the residents in order to enter the correct data into the portal. Each facility should have a user that is in charge of adding and removing staff from the system. A facility can choose to have billing manager to review hold statuses, but a clinician must be the person filling out the AP survey.

Division of Healthcare Financing, Medicaid • 6101 Yellowstone Road, Suite 210
Cheyenne WY 82002 • WEB Page: <http://www.health.wyo.gov>
Toll Free: 1-866-571-0944 • FAX (307) 777-6964 • (307) 777-7531

Training

There will be 4 live Webinar trainings offered. Each facility needs to sign up for one in order to learn how to use the new system. Sign up by going to the web address <http://www.apverify.com/wy>. Training will be offered:

- Wednesday, August 6, 2014
 - o 1:00 PM MDT
- Friday, August 8, 2014
 - o 10:00 AM MDT
- Tuesday, August 12, 2014
 - o 1:00 PM MDT
- Thursday, August 14, 2014
 - o 9:00 AM MDT

Facility Information

Before we begin this process, we need to set up the users in the system. Enclosed is a Facility Information Form that needs to be completed and returned by August 1, 2014 so we can assign the users for each facility. When the users are set up in the system, they will receive an email with a link to the system so that each user can establish a user name and password to log in.

Please send the enclosed form to:

Xerox® Appropriate Payer Solution
C/O DART Chart State Health Care
3825 W Green Tree Rd
Milwaukee, WI 53209

Or scan and email to info@apverify.com. If you have any questions, please send them to info@apverify.com

Sincerely,

Renee Propps
Facilities Manager

Xerox® Appropriate Payer Solution

Please complete this form and mail by August 1, 2014 to:

Xerox® Appropriate Payer Solution
C/O DART Chart State Health Care
3825 W Green Tree Rd
Milwaukee, WI 53209

Or scan and email to info@apverify.com

Facility Information

Name of Facility: _____ Date: _____

Medicare Provider #: _____

NPI #: _____

Facility Phone Number: _____

Facility Address

Total Licensed Beds: _____ # of Medicare Cert. Beds _____

Average Medicare Census: _____

Administrator: _____ Ext: _____
E-mail Address: _____

Director of Nursing: _____ Ext: _____
E-mail Address: _____

Assist. Director of Nursing: _____ Ext: _____
E-mail Address: _____

MDS Coordinator: _____ Ext: _____
E-mail Address: _____

Billing Manager: _____ Ext: _____
E-mail Address: _____

Additional Contacts:
Name & Title: _____
E-mail Address: _____
Name & Title: _____
E-mail Address: _____
Name & Title: _____
E-mail Address: _____

Which of the above user(s) will be responsible for adding new users to the system?

I am authorizing the above users and attest that the information is true to the best of my knowledge.

Name & Title: _____

Signature _____ Date: _____