

## AGENDA

- Program Updates
  - Home Visit and Service Observation Form
  - Provider Support Unit staffing changes
  - Background screening reminders
  - Conduent suspension/termination of provider enrollment
  - Intent to amend Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules
  - Timeliness of the provider certification renewal process
  - Division's complaint process
- Monthly Training Session - Participant Funds and Notices of Costs - [Slidedeck](#)

## TOPICS

### Home Visit and Service Observation Form

An updated Home Visit and Service Observation Form is available in the [Forms and Reference Library](#) page of the Division website.

Over the past few months there has been some confusion regarding this form. In the past, this form has been used to verify the time that a case manager has been on site conducting a home visit or service observation. However, past versions of the form did not provide the participant or legally authorized representative with any information on what the case manager would ultimately include in the monthly case manager report.

Changes to this form have been made to allow the participant, legally authorized representative, or in some cases the provider representative to indicate general topics that were discussed during the visit or observation. Although not every topic must be addressed at every visit/observation, the topics addressed in the final documentation that is completed by the case manager should closely match the topics marked on the form. Changes to the form are as follows:

- Discussion topics have been added to the Monthly Home Visit and Service Observation Verification sections. The participant, legally authorized representative, or provider representative, as appropriate, should check the specific topics that were discussed during the visit. This documentation will support the information that the case manager supplies on the Case Management Monthly Form in the Electronic Medicaid Waiver System (EMWS).
- A Notes section is included at the bottom of the page. This section provides a place for the case manager to jot notations during the visit(s).
- The signature line for the case manager is at the top of the page. This form is to be signed by the case manager after all relevant visits have been conducted, but prior to billing for services.

Once this form has been completed, the case manager will need to upload it in EMWS as part of their service documentation. Case managers are still required to include a complete narrative of the home visit or service observation in the appropriate section of the Case Management Monthly Form.

The Division would like to thank case managers for their patience as we have refined the nuances of this form. If you have questions regarding this form, please contact your Provider Support Specialist (PVS).

### Provider Support Unit staffing changes

The Provider Support Unit has some staffing changes. Portia Peterson, Provider Support Unit Operations Manager will be taking another position with the Department of Health. Her last day with the Provider Support Unit will be Friday, November 1. After November 1, you can direct all inquiries to Elizabeth Forslund, Provider Support Unit Manager. We will also be filling the Provider Support Specialist position in southwest Wyoming in November, so look for the announcement soon!

### Background screening reminders

In accordance with Chapter 45, Section 14(k) of the Department of Health's Medicaid Rules, if a provider has people coming home for the holidays that plan to stay in the service setting for longer than thirty (30) days, they must undergo a complete background screening. This includes a DCI and FBI fingerprint screening and a Department of Family Services (DFS) central registry screening. Please email [wdh.backgroundcheck@wyo.gov](mailto:wdh.backgroundcheck@wyo.gov) to obtain the most current DFS central registry form. The DCI and FBI fingerprint cards (2) can be obtained from your local Sheriff's office, or you can request them when you submit the request for the DFS form. For faster results, please submit the fingerprint cards, the DFS form, and the required fees (\$49) at the same time. The mailing address for submission is located on the DFS form, or can be found on the background screening website at <https://health.wyo.gov/admin/background-screening/>.

### Conduent suspension/termination of provider enrollment

Providers who do not bill for more than twelve months are "J-terminated" by Conduent. When a provider is J-terminated, it simply means that their enrollment has been terminated in the Medicaid system because they haven't submitted a claim in over a year. A provider that is J-terminated may not be able to bill for services provided during the period the J-term applies. The provider must be re-enrolled with Medicaid before services will be paid. Providers that are J-terminated may not be paid retroactively for services provided during the J-term period. If a provider is J-terminated, they should contact the PVS in their area to request a Medicaid enrollment letter.

If mail that Conduent sends to a provider is returned to Conduent, the provider will be "G-terminated". This means that the provider cannot bill for services until their contact information is updated in the Conduent system. It is the provider's responsibility to keep information, including the correct mailing address, updated using the Conduent Provider Portal. As we approach the beginning of a new year, 1099s will be issued to providers. A returned 1099 will result in G-term. If a provider is G-terminated, they should contact the PVS in their area.

Currently Conduent does not have a process for notifying providers of these actions. It is the provider's responsibility to verify their status with Conduent prior to being added to a plan of care. Please contact Conduent's Provider Relations (1-800-251-1268 or through the Conduent Provider Portal) with any questions or concerns regarding status for billing.

### Intent to amend Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules

The Wyoming Department of Health proposes to amend Chapters 44, 45, and 46 Wyoming Medicaid Rules addressing the Comprehensive and Supports Waivers. These rules are currently out for public comment, and are available for review on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division website, under the *Intent to Amend Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules* toggle.

The Division encourages participants, legally authorized representatives, family members, case managers, providers, and other stakeholders to review the rules and provide comment. The comment period closes on November 1, 2019 at 5:00PM.

### Timeliness of the provider certification renewal process

The Division would like to remind providers of the importance of completing the certification renewal process in a timely manner. Providers receive notice 90 calendar days before the certification renewal is due, and again 45 calendar days before the certification renewal is due. Please keep in mind that this notification provides deadlines that are required by Wyoming Medicaid Rule. It is always a good rule of thumb to begin on your certification renewal process as early as possible. Beginning the process will allow you to plan for life's unexpected challenges.

### Division's complaint process

The Division of Healthcare Financing has received several questions about the process for filing a formal complaint related to Comprehensive and Supports Waiver services. The Division would like to remind participants, legally authorized representatives, family members, case managers, providers, and other stakeholders of the process for filing a formal complaint.

Anyone can file a formal complaint using the online complaint form found at <https://improv.health.wyo.gov/complaintreport.aspx>. This link is also available on the [homepage](#) of the Developmental Disabilities Section website. Complaints typically fall into one of several categories:

- Provider compliance;
- Participant health and safety;
- Developmental disability systems, including complaints about DD Section staff members or rule interpretation;
- Documentation;
- Billing;
- Service quality;
- Rights and restrictions; and
- Confidentiality.

The Provider Support Unit is responsible for reviewing all complaints that are submitted through the formal process. Although the PVS will listen to complaints submitted through other avenues, such as a phone call or email, a PVS will only take action on complaints that are submitted through the on-line system, unless the complaint addresses an imminent threat to a participant's health or welfare. If a complaint is received through an avenue other than the on-line system, the complainant will be encouraged to determine if their complaint is of a severity that requires a formal submission, and to follow that process if necessary.

When a complaint is filed, the complainant should identify the specific rule violation that has occurred. Chapters 44, 45, and 46 of the Department of Health's Medicaid Rules can be found on the [Public Notices, Regulatory Documents, and Reports](#) page of the Division's website, under the *Rules* tab. The Division is tasked with ensuring compliance with Medicaid rules, so this information is necessary to determine if the complaint falls within Division authority. If a complaint does not fall within Division authority, the PVS will notify the complainant within 15 business days. If appropriate, the PVS may include referrals to other agencies, such as Protection and Advocacy, the Department of Family Services, or state licensing boards that may be able to address the complaint.

If a complaint is determined to fall within Division authority, the PVS will send a letter to the complainant within 15 business days. Once the complaint has been investigated and closed, the PVS will notify the complainant; however, specific information about the complaint resolution will not be disclosed.

If you have questions about how to file a complaint, or the Division's complaint process, please contact the PVS in your area.

### **WRAP UP**

*Next call scheduled for November 25, 2019*