

AGENDA

- Program Updates
 - WYhealth referrals update
 - Transition Checklist updates
 - Submitted individualized plans of care (IPCs) must be complete
 - IPC modifications as a result of a QIR
 - Rate rebasing data requests
- Monthly Training Session - Needs & Risks and Medical Screens in the Electronic Medicaid Waiver System (EMWS)

TOPICS

WYhealth referrals update

Beginning June 1, 2020, WYhealth began conducting reviews for Skilled Nursing Services with a start date of July 1, 2020. Providers of Skilled Nursing Services are encouraged to attend one of the iExchange trainings, which are described in the document that was sent through a Division of Healthcare Financing (Division) email last week. Please note that failure to register with iExchange could impact prior authorization requests, which in turn could impact Wyoming Medicaid claims payments for providers of Skilled Nursing Services.

WyHealth is working to have approval letters available in the system at some point in the near future, but at this time the provider will receive them in the mail. The provider can request that the approval letter be sent via email or fax by including the appropriate contact information in the Skilled Nursing request.

Transition Checklist updates

As established in Chapter 45, Section 22 of the Department of Health's Medicaid Rules, case managers are required to schedule and hold a transition meeting when a participant changes a provider or case manager. The exchange of information that occurs during this transition meeting is necessary in order for all team members and the new provider or case manager to have the information needed to deliver services to participants without an interruption. The case manager will need to complete a transition checklist for all transitions, and upload the completed form into the *Document Library* of EMWS. The transition checklist has recently been updated and may be found on the [Forms and Documents Library](#) page of the Division website, under the *Forms* tab.

Although the Division understands that there may be hard feelings involved when a participant selects a new provider, it is the expectation of the Division that all parties participate in the transition meeting and behave in a professional manner during the transition period.

Submitted IPCs must be complete

It is the responsibility of the case manager to ensure that IPC's are complete and include all required documentation and signatures prior to submitting the IPC or modification. If you have questions about an IPC, please contact the assigned Participant Support Specialist (PSS) prior to submission. Please do not submit an incomplete IPC. Many IPCs are system reviewed so the PSS is unable to roll it back for corrections

if it is submitted without the required documentation. The case manager should be diligent in assuring that information in the IPC is correct and the required documents have been uploaded prior to submission.

There is a quality improvement review process in place to monitor IPCs that have undergone a system review. If documentation is missing or the IPC does not include all elements that are required, and the IPC or modification is selected for quality improvement review, the PSS will contact the case manager via email to mitigate any deficiencies that are identified. The case manager should correct any issues found within the specified time frame. If the corrections are not completed, corrective action may be issued.

IPC modifications as a result of a QIR

If an IPC or modification is selected for quality improvement review and corrections are necessary, the case manager should submit only one modification to make the corrections. Multiple modifications should not be submitted when multiple corrections are required. Please submit one modification with all corrections when all changes have been made. Once the modification has been submitted, the case manager is responsible for notifying the PSS who conducted the review that the changes have been submitted. This notification can be sent through email.

Rate rebasing data requests

The Division, in conjunction with Guidehouse Consulting, is embarking on a rate study for the Comprehensive, Supports, and Community Choices Waiver programs. This rate study supports Wyoming Statute 42-4-120 (g), which requires the Division to rebase provider rates every two to four years, and will be used to inform the Division's rate setting and budgeting activities. Any recommended rate changes as a result of the study may be accepted in accordance with the Division's ability to implement those changes within the funding appropriated by the Wyoming Legislature and upon approval by the Centers for Medicare and Medicaid Services.

A critical component of the rate study is provider cost reporting. Chapter 45, Section 11(c) of the Department of Health's Medicaid Rules establishes that, upon request, providers shall submit cost data, claims, data, and participant needs assessment data to the Division. In July 2020 all providers, including case managers, will be requested to complete a survey to report their costs related to the provision of waiver services. Completion of this survey is your opportunity to provide important information to the Division regarding provider costs. A strong provider response is critical to the development of reimbursement rates that accurately reflect provider costs and to assess funding for these important services.

Guidehouse Consulting, the Division's contractor for this project, will be conducting trainings about the cost survey and will be available to answer questions during the survey process. More information on these trainings will be forthcoming.

Please be on the lookout for further information on the cost surveys, and be prepared to submit the requested information within the timelines established.

WRAP UP

Next call scheduled for July 13, 2020