

AGENDA

- **Program Updates**
 - Approving service requests in the Provider Portal
 - Changes in provider ownership
 - Ensuring services are accurate and up-to-date
 - Case manager and provider obligation to report incidents
 - Respite services
 - Charging participants for CCW services
- **Monthly Training Session** - Provider and Division Responsibilities in Incident Follow-Up - [Slidedeck](#)

TOPICS

Approving service requests in the Provider Portal

The Division of Healthcare Financing, Home and Community-Based Services Section (Division) has received notification that several providers have not used the Provider Portal to accept or deny service requests. Providers must use the Provider Portal to accept or deny participant service referrals within three business days.

If a provider refuses to use the Provider Portal to accept or deny service referrals, the case manager must file a complaint at <https://health.wyo.gov/healthcarefin/hcbs/> or <https://wyoimprov.com/HCSComplaintReport.aspx>. Prior to filing the complaint or contacting the Division, case managers should contact the provider. Since this is a new process, case managers and providers should work together to address the needs of their participants, including the acceptance or denial of service requests.

If the provider is experiencing technical difficulties, they should contact the provider portal helpdesk at providerportal@gannettpeaktech.com.

Changes in provider ownership

During a previous provider support call, training was provided regarding the Provider Agreement that all Medicaid providers signed as a part of their Medicaid enrollment. Please note that any change in ownership requires advance notice to the Division. In addition, there are other steps to complete in the change of ownership process, which may include Medicaid re-enrollment, notice to participants, and new background checks and training for employees. If you are considering a change in ownership, please contact the Division prior to such change.

Ensuring services are accurate and up-to-date

The Division has received requests from case managers to add or alter existing services for a provider. The Division is unable to process those requests without the proper notification and documentation from the provider. It is the provider's obligation to ensure the services they have approved for each participant are accurate and up-to-date. At no time should a case manager or provider be allowed to make changes to another provider's services. If there is an issue with availability of services for a provider, please have the provider contact wdh-hcbs-credentialing@wyo.gov for assistance.

Case manager and provider obligation to report incidents

Our provider support call training topic today is related to incidents and complaints. As a reminder, case managers and providers are both required to report incidents in a timely manner. Incidents should be reported via the Provider Portal rather than in monthly notes or other areas. Please be sure to report incidents as they occur. Additionally, please consider timely reporting procedures when you may be out of the office, such as for a vacation. Please make appropriate coverage arrangements rather than waiting to report incidents until you return to the office.

Respite services

The Division has received several questions about the provision of respite services in recent weeks. Please remember that respite is a service that is available on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. In-home respite services provided by a home health agency may be delivered in the participant's home or in the community when the participant requires assistance with activities of daily living in order to participate in community activities or to access other services in the community. Out-of-home respite services may be provided in an assisted living or nursing care facility. Please note that respite services are based on the participant's assessed need and are limited to the prorated equivalent of thirty (30) days per service plan year. Additionally, the service may only be provided by a qualified CCW provider.

Charging participants for CCW services

With the new CCW agreement effective July 1, 2021, some CCW service tiers and rates changed. Providers are reminded that, even though a new service tier may have a lower rate than previous tiers (e.g., assisted living facilities), the provider cannot charge the participant the difference. The Medicaid payment received is considered payment in full for the service provided. Section 5(h) of the Medicaid Provider Agreement outlines the requirement for accepting as payment in full the amounts paid, and prohibits the provider from seeking additional payment from any source prohibited by law, including the client or family member.

WRAP UP

Next call scheduled for September 27, 2021