AGENDA

● Program Updates
  ○ Communication from the Division of Healthcare Financing
  ○ Submitting incidents and complaints through the proper channels
  ○ Submitting medication errors in accordance with Medicaid Rules
  ○ New Communications Analyst
  ○ Comprehensive and Supports Waiver amendments out for public comment
  ○ Electronic visit verification update
  ○ Training resources for the Benefits Management System (BMS)

● Monthly Training Session - Provider Training Series Module #12 - Section 22, Transition Process - Slide deck

TOPICS

Communication from the Division of Healthcare Financing
The Division of Healthcare Financing (Division) regularly receives emails and phone calls from providers stating that they have not received important communications regarding changes to processes, upcoming meetings, and other important information that impacts their business.

The Division regularly sends information to waiver providers, and often forwards information that may impact waiver providers but is sent from other entities in order to keep stakeholders of the Comprehensive and Supports Waiver programs informed. However, that is the extent of what the Division can do to keep stakeholders informed. It is up to the provider to receive the communication, read the communication, and ask questions if they don’t understand the communication.

In order to be as informed as possible, providers should:
● Sign up for Division emails by contacting theresa.cain2@wyo.gov.
● Notify the Division of changes to their email address as soon as possible. Notification should occur by submitting a Name and Address Change Form to wdh-hcbs-credentialing@wyo.gov.
● Ensure that wyo.gov and wyohealth@public.govdelivery.com are added to their contact list so important emails don’t get sent to a spam or junk folder. They should look through their spam or junk folders regularly to ensure that important information isn’t being sent there.
● Take time to read the information that is sent by the Division. The Division is working to untangle our email lists so that we can target recipients based on the information being shared, but for the time being, it is important that providers read what is sent. Failure to receive or read important information does not relieve providers of their obligation to act on that information as required.
● Send questions to the appropriate contact, which will be listed in the email. Sending all questions to the Provider Support or Benefits and Eligibility staff is not appropriate, as they may not be the people with the most knowledge of the subject matter. Providers should use the contact information provided in the email to submit questions or concerns.

Submitting incidents and complaints through the proper channels
Several providers have submitted emails or left phone messages to file incident reports or complaints. This is not an acceptable way to report incidents or complaints. There are mechanisms for submitting
this important information, and providers must use these mechanisms in order to ensure timely and accurate reporting of any incident or complaint.

Incident reports must be submitted through the Provider Portal. Providers should complete the login process and ensure that they have access to the Provider Portal as soon as possible. The Division has one business day to complete the provider login process once the provider logs into the Provider Portal for the first time, and cannot expedite the final steps in the process in order for the provider to submit an incident. If a provider needs to submit an incident report but has failed to complete the Provider Portal login process, they could be in violation of the timely reporting rules outlined in Chapter 45, Section 20 of the Department of Health’s Medicaid Rules.

The Division has developed the Incident Submission Guidance Document, which outlines the step-by-step process for submitting incidents through the Provider Portal. This document can be found on the homepage of the Division website at https://health.wyo.gov/healthcarefin/hcbs/. If you have further questions or need assistance, please contact the Incident Management Specialist in your area or contact the Incident Management Assistant Manager at bethany.zaczek@wyo.gov. If you experience technical difficulties with the Provider Portal, please contact providerportal@gannettpeakech.com.

If a provider needs to file a complaint, they should visit https://wyoimprov.com/complaintreport.aspx. This link is available on the homepage of the Division website. Provider complaints are not accepted through mail, email, or phone calls.

**Submitting medication errors in accordance with Medicaid Rules**

As established in Chapter 45, Section 20 of the Department of Health’s Medicaid Rules, providers shall report the following medication errors to the Division, the case manager, and the legally authorized representative, if applicable, within three business days:

- Wrong medication;
- Wrong dosage;
- Missed medication;
- Wrong participant;
- Wrong route; and
- Wrong time, which is any deviation from the accepted standard time frame for the medication assistance.

A medication error must be submitted as an incident through the Provider Portal. Failure to submit medication errors through the Provider Portal, and notify the case manager and legally authorized representative within the established time frame, may result in the provider being subject to corrective action.

**New Communications Analyst**

Theresa Cain, former Provider Support Specialist with the Home and Community-Based Services (HCBS) Section, has been promoted to the Communications Analyst for the Section. In this new role, Theresa is responsible for sending most of the email blasts that providers receive, and is heavily involved in developing trainings, updating and managing the Section website, and revising and maintaining the Section’s document library.
Providers that have worked with Theresa in the capacity of Provider Support Specialist should now send inquiries to the Provider Credentialing Team at wdh-hcbs-credentialing@wyo.gov.

**Comprehensive and Supports Waiver amendments out for public comment**

On October 8, 2021, the Division released notice that the public comment period is open for amendments to the Comprehensive and Supports Waivers that will be submitted to the Centers for Medicare and Medicaid Services (CMS). These amendments focus on the implementation of a new rate methodology and corresponding provider reimbursement rates. Providers should note that all proposed rates are either equal to the current rate, or are an increase to the current rate. None of the proposed rates are less than the current rate.

The complete waiver applications, as well as a summary of the proposed changes and proposed fee schedule are available on the Public Notices, Regulatory Documents, and Reports page of the Division website. Public comment on these proposed changes will be accepted by mail, email, or phone until 5:00pm on Tuesday, November 9, 2021. Final acceptance of these changes is dependent on CMS approval.

The Division would like to encourage providers to ensure that participants and families are aware of the public comment period, and provide information on where the documents and other relevant information can be found.

**Electronic visit verification update**

The Division is excited to be partnering with CareBridge to implement electronic visit verification (EVV) beginning on December 15, 2021. EVV is a federal requirement of the 21st Century Cures Act. Providers of personal care, child habilitation, companion, respite, and skilled nursing services will need to be active in the EVV system prior to February 28, 2022 to be in compliance with EVV requirements and receive payment for the listed services. Claims for those services will be denied if they are not verified through EVV.

For more information about EVV and CareBridge, please contact CareBridge. Contact information is available in the call notes.

- Website: [http://resources.carebridgehealth.com/evv](http://resources.carebridgehealth.com/evv)
- Email: wyevv@carebridgehealth.com
- Phone: (855) 912-3301

**Training resources for the Benefits Management System**

The Division and CNSI, Wyoming’s new fiscal agent, recently conducted several trainings to explain the registration process for the new Benefits Management System (BMS) and the process for submitting claims through BMS.

If you were unable to participate in one of the registration training sessions, there are several additional options that providers can use to access the necessary training. Please visit the Provider Trainings, Tutorials, and Workshops page of the CNSI website ([https://www.wyomingmedicaid.com/](https://www.wyomingmedicaid.com/)) to select one of the following options, all of which are located under the Provider Trainings and Webinars toggle.
Download the October-December 2021 Provider Training Calendar to attend one of the daily “Open Sessions” with the Field Representatives. Just click on the link in the calendar to register.

View the “Web Registration – Waiver & CME Providers” training. This training has been recorded, and the presentation can be downloaded and printed for reference.

View the “Waiver & CME New Website & Provider Portal Introduction” training.

If you were unable to participate in one of the claims training sessions, please select the Provider Tutorials toggle on the Provider Trainings, Tutorials, and Workshops page of the CNSI website to view the “Professional Claims - Claim Submissions” presentation.

If you have questions related to these topic areas, please contact a CNSI field representative at WYprovideroutreach@cns-inc.com.

WRAP UP

December 2021 meeting is cancelled. Next call is scheduled for February 28, 2022