

AGENDA

- **Program Updates**
 - Purposes of Various System Portals
 - Timely Communication with the Division of Healthcare Financing
 - Submitting Incidents and Complaints through Proper Channels
 - Benefits Management System (BMS) Concerns
 - Provider Certification Renewal
 - Attestation Reminder
 - New Incident Management Specialist
- **Monthly Training Session** - Provider Training Series Module #13 - Section 28, Provider Certification Renewal - [Slide deck](#)

TOPICS

Purposes of Various System Portals

The Division of Healthcare Financing (Division) acknowledges there are a few portals that require attention from the provider on a daily, annual, or even less frequent basis. We would like to provide further clarification of the alternate “Provider Portal” references with Medicaid activities.

The Benefits Management System (BMS) provider portal, which is located at wyomingmedicaid.com, is used to file, adjust, and review billing claims. It is also used to verify participants.

The Provider Enrollment, Screening, and Monitoring system (PRESM) is located at wyoming.dyp.cloud, and is used for initial Medicaid enrollment and 5 year re-enrollment. This system generates the Wyoming provider number.

The Wyoming Health Provider Portal, or WHP, is the portal specific to home and community-Based waivers, and is found at wyoproviderportal.com. You may already use this portal regularly to file critical incidents, manage corrective action, or renew your waiver provider certification. Please note that WHP is a new acronym and is intended to help providers differentiate between the various portals.

Links to these portals can also be found on the [DD Providers and Case Managers](#) page of the Division website, under *Helpful Links*.

Timely Communication with the Division of Healthcare Financing

The 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 (DD Waiver) programs informed. However, that is the extent of what the Division can control. It is up to the provider to receive the communication, read the communication, respond to the communication, and ask questions if they don't understand the communication.

When the Division sends an email that requires follow up, such as an inquiry or notification of corrective action or certification renewal, the provider is responsible for responding within the timeline indicated on the communication. Please note that failure to receive or read important information does not relieve providers of their obligation to act on that information as required. Chronic issues related to late responses to Division emails may result in corrective action.

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.
- 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 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 Wyoming Health Provider Portal, which is now referred to as WHP. Providers should complete the login process and ensure that they have access to the WHP as soon as possible. The Division has one business day to complete the provider login process once the provider logs on 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 WHP 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 WHP. 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 Bethany Zaczek, Incident Management Assistant Manager, at bethany.zaczek@wyo.gov. If you experience technical difficulties with the WHP, please contact providerportal@gannettpeaktech.com.

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

Benefit Management System (BMS) Concerns

The Division recognizes that there are ongoing concerns with the implementation of the new Benefit Management System, or BMS. If you have continued issues with this system, please contact CNSI

directly at 1-888-996-6223. The Division is able to provide limited troubleshooting if the provider supplies the TCN number, but the provider should contact CNSI first for assistance.

Provider Certification Renewal

In accordance with Chapter 45, Section 28, the Division is required to provide at least 90 days notice that a provider's waiver certification is expiring. Although the Division provides this advance notice, providers often wait until the 11th hour to submit their certification renewal documentation.

Providers must not procrastinate. They should start the renewal process as soon as they receive the notification that their certification is going to expire in order to avoid last minute delays or problems that may arise. Section 28 states that providers shall submit verification that they have met all applicable certification renewal requirements to the Division at least forty-five (45) calendar days prior to their certification expiration date. If the provider does not meet this requirement, the Division will begin the decertification process.

It is important to note that decertification as a result of a provider's failure to meet the timeline requirements for certification renewal is not considered an adverse action, so the provider is not entitled to an administrative hearing. Once the provider is decertified, they must start the process for becoming a certified provider all over, and are not eligible to provide services or receive payment in the interim.

Attestation Process Reminder

On February 1, 2022, the Division implemented revised provider reimbursement rates for providers of DD Waiver services. In accordance with guidance from the Centers for Medicare and Medicaid Services (CMS), and in response to widespread staffing shortages throughout Wyoming, the Division expects all providers to apply the entirety of increased funding received through the rate increases to the compensation of direct support professionals. Direct support professionals are defined as those individuals who were hired with the intent to provide direct services to DD Waiver participants.

In order to demonstrate compliance with this expectation, the Division is requiring all providers to complete and submit an initial HCBS DD Provider Rate Increase Attestation Form no later than March 31, 2022. This attestation identifies the methods by which the entirety of the rate increase will be directed to direct support professionals. Providers should have received a task in the WHP entitled *License/Document Renewal - Rate Increase Attestation Document*. They must complete the Attestation Form, and upload it into WHP. All DD Waiver providers are required to complete and submit this form. If a provider does not pay employees, or does not provide services that received an increased rate, the provider must indicate that on the Attestation Form and submit the form as required.

Additionally, providers will be required to submit an annual reporting for each year in which they receive the increased rates. The HCBS DD Provider Rate Increase Annual Reporting Form includes the following information:

- The reporting period, which will typically cover the provider's fiscal year;
- The total dollar amount of the increase to the provider's income that is attributable to the rate increase; and
- The methods by which the entirety of the rate increase will be directed to direct support professionals.

The Annual Reporting Form covers July 1 - June 30th of each year the increased funding is available. On July 1st of each affected year, the provider will receive a task in the WHP to complete and submit the

Annual Reporting Form. The provider must complete and submit the Annual Reporting Form by July 31st of each year.

A provider's failure to complete and submit the Attestation Form and subsequent Annual Reporting Forms may result in a recovery of payment for the rate increase, as well as corrective or adverse action.

The Division has issued a formal bulletin related to the attestation and reporting requirements, which is located on the [DD Providers and Case Managers](#) page of the Division website, under the *DD Program Bulletins* toggle. The Attestation Form and Annual Reporting Form are available on the [HCBS Document Library](#) of the Division website, under the *DD Certification Forms* tab. The Division also conducted a question and answer session related to the attestation process on February 9, 2022. A recording of the session, as well as the presentation slidedeck, can be found with the Attestation and Annual Reporting Forms.

New Incident Management Specialist

The Division is pleased to welcome Eric Cralley (pronounced "Craw-Lee") as our new Provider Support Unit - Incident Management Specialist (IMS). He comes to the Division from the Jackson County Sheriff's Department where he served as Deputy Sheriff for the last 15 years. He has previous experience with on-boarding training revisions, instructor/leader courses, and policy and procedure adaptations.

Eric started with the Division Monday February 7, 2022.

WRAP UP

Next call is scheduled for April 25, 2022