# AGENDA

- **Program Updates**
  - Attestation and Reporting Task in the Wyoming Health Provider Portal
  - Winding Down of COVID-19 Flexibilities
  - Timelines for Provider Certification Renewals, Incident Reporting, and Documentation
  - Incident Report Submissions in the Wyoming Health Provider Portal
  - Electronic Visit Verification and Respite Services
  - Partial Unit Claims
- **Monthly Training Session** - Person-Centered Supports - Slide deck

# TOPICS

**Attestation and Reporting Task in the Wyoming Health Provider Portal**
On February 1, 2022, the Home and Community-Based Services (HCBS) Section implemented increased provider reimbursement rates for providers of Comprehensive and Supports Waiver (DD Waiver) services. In accordance with guidance from the Centers for Medicare and Medicaid Services, and in response to widespread staffing shortages throughout Wyoming, the HCBS Section required providers to apply the entirety of the 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.

Previously, providers were required to complete the attestation and reporting forms and upload them into the Wyoming Health Provider (WHP) portal. In order to simplify the provider's process for ensuring compliance with this requirement, the HCBS Section has updated the WHP portal to capture the needed attestation and reporting information electronically. On June 15, 2022 all DD Waiver providers should have received an electronic Temporary ARPA Rate Increase Attestation task in the WHP portal. Every provider is required to complete the task by first indicating if they assign wages to staff members. If the provider assigns wages **and** provides services that received a rate increase, they must then report the method by which the rate increase has been applied directly to staff compensation and the amount attributed to each method.

The information gathered in the Temporary ARPA Rate Increase Attestation task will be used to determine if providers are eligible for the rate increases that have been appropriated for agency providers in Senate Enrolled Act 12, which was adopted during the 2022 Wyoming State Legislative Session. If a provider fails to complete and submit the Temporary ARPA Rate Increase Attestation task in the WHP portal by July 31st, 2022, the provider will not be eligible to receive the additional rate increases, which are anticipated to go into effect on September 1, 2022. A provider that fails to complete and submit the Attestation Renewal Document task may also be subject to a recovery of payment for the rate increase that went into effect on February 1st, as well as corrective or adverse action.

The HCBS Section 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 HCBS Section website, under the *DD Program Bulletins* toggle. The HCBS Section conducted a question and answer session related to the attestation process on February 9, 2022. The presentation slide deck can be found on the HCBS Document Library page of the HCBS Section website, on the *DD References/Tools* tab.

For more information about this process, please contact wdh-hcbs-credentialing@wyo.gov.

## Winding Down of COVID-19 Flexibilities

When the COVID-19 public health emergency (PHE) was announced in March 2020, the HCBS Section implemented several flexibilities to rules and requirements that govern the DD Waiver programs. These flexibilities were intended to support participant and provider health during an unprecedented time.

On March 14, 2022, Governor Gordon signed Executive Order 2022-03 rescinding the PHE for the State of Wyoming. Although the federal PHE remains in place, Governor Gordon's declaration that Wyoming's PHE has ended is the first step toward returning to a more typical course of doing business.

Effective June 1, 2022, the HCBS Section discontinued elements of the initial flexibilities offered during the height of the PHE.

- In accordance with Chapter 45, Section 5 of Wyoming Medicaid Rules, waiver providers, subcontractors, and provider staff members offering direct services to waiver participants must maintain current CPR and First Aid certification, which includes hands-on training from a trainer certified with a curriculum consistent with training standards set forth by the American Heart Association or the American Red Cross. Upon request of the Division of Healthcare Financing (Division), providers must be able to demonstrate that required trainings have been scheduled. Providers will have until July 1, 2022 to schedule training.
- In accordance with Chapter 45, Section 14 of Wyoming Medicaid Rules, all people providing waiver services, including managers, supervisors, direct care staff members, employees hired through participant-direction, and any other person identified in this Rule shall complete and pass a state and national fingerprinted criminal history screening. Employees who do not have results of a successful fingerprint-based state and national background screening that have been received within the past five (5) year period will have until June 30, 2022 to submit the screenings to the appropriate entities. Upon request of the Division, providers must be able to demonstrate that fingerprints have been submitted for these screenings.

An updated Flexibilities document has been updated and is available on the COVID-19 Updates for HCBS page of the HCBS website. If you have questions regarding the COVID-19 flexibilities offered by the HCBS Section, please contact the Provider Credentialing Team at wdh-hcbs-credentialing@wyo.gov.

## Timelines for Provider Certification Renewals, Incident Reporting, and Documentation

The HCBS Section continues to experience problems with providers meeting submission timelines. Many timelines are established in Chapter 45 of Wyoming Medicaid Rules. It is the obligation of each provider to comply with state and federal rules established for HCBS programs. Chapter 45 can be found on the Public Notices, Regulatory Documents, and Reports page of the HCBS Section website, under the *Rules* tab. Wyoming statute 14-3-205 and 35-20-103 address mandatory reporting requirements.

- In accordance with Section 28, the HCBS Section is required to provide at least 90 days notice that a provider's waiver certification is expiring. Although the HCBS Section provides this advance notice, providers often wait until the last minute to submit their certification renewal documentation. Providers 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 also states that providers shall submit verification that they have met all applicable certification renewal requirements to the HCBS Section at least forty-five (45) calendar days prior to their certification expiration date. If the provider does not meet the certification renewal requirements within twenty (20) calendar days of their provider certification expiration date, the HCBS Section 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.

- Providers must submit incident reports through the WHP portal, within the timeframes identified in Section 20. Failure to report incidents within the timelines established in Rule may result in the HCBS Section imposing corrective or adverse action on the provider.

- In accordance with Section 8, providers must make service documentation available to the case manager each month by the tenth business day of the month following the date that the services were rendered. If services are not delivered during a month, the provider must report that to the case manager as well. If the case manager does not receive documentation within the established timeframe, they are required to submit notification of noncompliance to the provider and the HCBS Section, even if the provider submits the documentation after the tenth business day.

  Providers must make billing documentation available to the case manager by the tenth business day of the month following the month the billing was submitted for payment.

  If the provider fails to meet these requirements, they will be subject to corrective or adverse action.

## Incident Report Submissions in the Wyoming Health Provider Portal

As mentioned earlier, providers are required to submit incident reports through the WHP portal. If the provider starts a report, but doesn't submit the report, it will linger on their WHP portal task list. If a provider determines that an incident report they started does not need to be submitted, such as in the case of a duplicate report, then the provider should delete the draft report so that it doesn't linger on their task list.

The HCBS Section 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 HCBS Section 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 portal, please contact providerportal@gannettpeaktech.com.

## Electronic Visit Verification and Respite Services

Electronic visit verification (EVV) has been required for providers of identified services since April 1, 2022. During the testing phase of the EVV system, the HCBS Section and Carebridge identified provider billing practices that were not in compliance with the DD Waiver agreements or Comprehensive and Supports Waiver Service Index (Service Index). Specifically, providers have been submitting claims for the daily Respite unit when nine hours or less of respite service is provided during a calendar day, which is defined as the 24-hour period from midnight to midnight. In following up with these

providers, the Division is being told that participants do not have Respite 15 minute units available on their individualized plans of care (IPC).

As a reminder, the Respite daily rate applies when a participant receives more than nine hours of respite service. If a participant receives nine hours or less of respite services in a calendar day, the provider must bill using 15 minute units. If the participant receives over nine hours of respite in a calendar day, the provider must bill the daily rate. If a provider submits billing that does not align with these standards, the claim will be denied by Carebridge.

The provider and participant should work with the participant's case manager to ensure they have the needed daily and 15-minute Respite units available. These services cannot be added retroactively.

### Partial Units Claims

CNSI has notified the HCBS Section that provider claims for partial units, such as 1.25 units or 4.5 units, are being submitted in the Benefit Management System (BMS).

Providers must not submit claims for partial units. Providers that have submitted claims for partial units must complete an Adjustment Void Form by July 15, 2022 to adjust these claims. Claims that have not been adjusted by July 15th will be voided, and the voided amount will be subtracted from the providers future payments. In the future, claims submitted for partial units will be denied by the BMS.

Providers must also ensure that the dollar amount reflected on claims is correct before the claim is submitted.

## WRAP UP

***Next call is scheduled for August 29, 2022***