



Provider Handbook

5/22/2015



The purpose of this handbook is to give an overview of Community Care Connections of Wisconsin (CCCW) to current and prospective service providers.

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Contact Information:

To obtain the name of a member's Member Support Coordinator, call CCCW's main line at:

(715) 345-5968

(877) 622-6700 (Toll Free)

(715) 204-1799 (TTY)

CCCW Website

Please visit our website at

www.mycccw.org

It provides information for providers, members and the general public.

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I am very pleased to take this opportunity to welcome you, and to thank you for choosing to become a provider of the Community Care Connections of Wisconsin (CCCW) Provider Network. Your contract with our organization to provide long term care goods and/or services through the Wisconsin Family Care Program to our membership is very important to CCCW.

CCCW recognizes the important role our provider organizations play in supporting and meeting the individual outcomes of each one of our members throughout the CCCW Family Care service region. It is our full intent to become a working partner with you in providing valued service to our members.

CCCW maintains an up-to-date website (www.mycccw.org) that has a section devoted to provider issues and opportunities, so make sure that you visit our Website regularly to remain aware of what is going on with CCCW activities and specifically with CCCW provider relations.

Again, welcome to our Provider Network and thank you for choosing to do business with our organization!

Sincerely,

A handwritten signature in black ink that reads "Mark Hiliker". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Mark Hiliker, CEO

Community Care Connections of Wisconsin

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What is Family Care?

Family Care (FC) is an innovative program that provides the full range of long-term care services through one flexible benefit program that provides assistance through interdisciplinary care management. Members who participate in FC partner with a care management team to work together and help members identify their needs and outcomes. Supports are then identified to assist members to meet their outcomes.

Family Care is Based on the Following Principles:

Choice: To give members better choices about the services and supports available to meet their needs.

Access: To improve members' access to services.

Quality: To improve the overall quality of the long-term care system by focusing on achieving members' health and social outcomes.

Cost-Effective: To create a cost effective long-term care system for the future.

Family Care has two major organizational components:

Aging and Disability Resource Centers (ADRC): A single entry point where individuals and their families can get information about a wide range of resources available to them in their local community. Eligibility, assessment, and referrals to Family Care occur through the Aging and Disability Resource Centers.

Managed Care Organization (MCO): Manage and deliver the Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences.

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What is Community Care Connections of Wisconsin?

Mission:

Community Care Connections of Wisconsin identifies and supports the strengths and preferences of members, creates community connections, and coordinates quality, cost-effective, and individualized long-term care services available through Wisconsin's Family Care Program.

Community Care Connections of Wisconsin (CCCW) has contracted with the State of Wisconsin's Department of Health Services (DHS) to administer the Family Care program in Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Langlade, Lincoln, Marathon, Polk, Portage, Price, Rusk, Sawyer, Washburn, and Wood counties. CCCW coordinates and is responsible for quality assurance and billing, as well as for contracting with providers throughout the five counties. This contracting process is called Provider Network Development, and these providers deliver the services needed by our members. **Service providers must be high-quality, member-centered, cost-effective and outcome-based.**

The goal of CCCW is to support members in achieving their long-term care outcomes in the most effective and cost-effective manner possible. CCCW strives to provide the right services, at the right time, in the right place, in the right way, for the right cost, and for the right reasons. CCCW pays for services that support members in pursuing personal goals or outcomes by using managed care principles. CCCW helps to ensure that there continues to be enough money to serve all eligible people who have long-term needs by being creative, efficient, and flexible.

CCCW puts members at the center of a Team. The Team provides the resources and information members need to make informed decisions about their lives. CCCW is committed to working with members to find safe, health, and fair ways to meet personal outcomes. CCCW uses a set of principles that can be expressed by the acronym **RESPECT**.

- **Relationships.** Relationships between a member, his/her Member Support Coordinators and service providers are based on a caring and respectful attitude.
- **Empowerment to make choices.** Members participate in planning their own care, services, and supports.
- **Services to meet individual needs.** Services are provided in a manner that is prompt, easy to access, and tailored to meet unique needs and circumstances.
- **Physical and mental health.** Services are intended to help members achieve their optimal level of health and functioning.
- **Enhancement of member self-worth.** In every way possible, services maintain and enhance a member's sense of self-worth as well as community recognition of a member's value.
- **Community and family participation.** Members are supported so they may develop and maintain friendships and remain active in their communities. Family, friends, and neighbors are encouraged to remain involved through an informal network of family and community supports.
- **Tools for independence.** Members are supported and encouraged to achieve maximum self-sufficiency and independence.

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Who is eligible for CCCW Services?

CCCW provides services to individuals that meet the following four criteria:

1. A resident of Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Langlade, Lincoln, Marathon, Polk, Portage, Price, Rusk, Sawyer, Washburn, or Wood county; and
2. Is one or more of the following:
 - At least 18 years old and have a physical disability; or
 - At least 18 years old and have a developmental disability; or
 - Are over sixty five years of age; and have a long-term care need; and
3. Is financially eligible as determined by a review of income and assets; and
4. Is functionally eligible as determined by a review of health and ability to function in day-to-day activities, as determined by the Long Term Care Functional Screen.

The Aging and Disability Resource Center (ADRC) determines an individual's eligibility for the Family Care program. (See page #32 for ADRC locations and contact information.)

Individuals are enrolled in Family Care after they have gone through the financial and functional eligibility process with the Aging and Disability Resource Center and a county economic support unit. Once these have been completed, the individual will meet with an enrollment counselor to talk about what enrollment means. An ADRC enrollment counselor will discuss the member's options and try to answer any questions the member/guardian may have about Family Care and obtaining services from CCCW. The ADRC will refer the individual to CCCW upon enrollment. Enrollment in CCCW is voluntary. However, members must maintain functional and financial eligibility to continue in the Family Care Program.

Medicaid Services

Members who enroll in the Family Care program are also eligible for Medicaid (Title 19). These members receive acute and primary services by accessing their Medicaid Card.

In addition to the "card services", CCCW also offers a wide array of services within its own benefit package to meet member's needs and outcomes.

It is important for the provider to understand what services are included in the Family Care benefit package to ensure the appropriate payer source is being billed for services rendered.

A list of services available in the CCCW benefit package is on the following pages. Members are found eligible at the following two different levels which are determined by use of the Long Term Care Functional Screen: Nursing Home and Non-Nursing Home level of care. Members found eligible at the Nursing Home level are offered a more expansive benefit package to meet their needs.

It is important to have close communication with the CCCW staff for any member in our program to clarify this information.

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Family Care Benefit Package

	Nursing Home Level of Care Benefit	Non-Nursing Home Level of Care Benefit
Medicaid State Plan Services		
• Alcohol and Other Drug Abuse (AODA) Day Treatment Services, in all settings	x	x
• Alcohol and Other Drug Abuse (AODA) Services, <u>except</u> inpatient or physician provided	x	x
• Case Management	x	x
• Community Support Program (CSP)	x	x
• Durable Medical Equipment and Medical Supplies, <u>except</u> hearing aids, hearing aid batteries, prosthetics, and family planning supplies	x	x
• Home Health	x	x
• Mental Health Day Treatment Services, in all settings	x	x
• Mental Health Services, <u>except</u> inpatient or physician provided	x	x
• Nursing, including respiratory care, intermittent and private duty	x	x
• Occupational Therapy, in all settings <u>except</u> inpatient hospital	x	x
• Personal Care	x	x
• Physical Therapy, in all settings <u>except</u> inpatient hospital	x	x
• Speech and Language Pathology, in all settings <u>except</u> inpatient hospital	x	x
• Medicaid Transportation, <u>except</u> ambulance and common carrier	x	x
• Nursing Facility including Intermediate care for the Mentally Retarded (ICF-MR) or Institute for Mental Disease (IMD) for those age 65 and older	x	

*Full definitions of Medicaid State Plan services, which may be helpful in identifying appropriate alternate or “in lieu of” services are found in DHS 107.

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	Nursing Home Level of Care Benefit	Non-Nursing Home Level of Care Benefit
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Home and Community-Based Waiver Services

• Adaptive Aids	X	
• Adult Day Care Services	X	
• Adult Residential Care – 1-2 bed adult family homes	X	
• Adult Residential Care – 3-4 bed adult family homes	X	
• Adult Residential Care – CBRF	X	
• Adult Residential Care – RCAC	X	
• Communication Aids	X	
• Consumer Education and Training	X	
• Counseling and Therapeutic Resources	X	
• Daily Living Skills Training	X	
• Day Center Services/Treatment	X	
• Day Services for Children	X	
• Financial Management Services	X	
• Home Delivered Meals	X	
• Home Modifications (environmental accessibility adaptations)	X	
• Housing Counseling	X	
• Personal Emergency Response Systems (PERS)	X	
• Prevocational Services	X	
• Relocation Services	X	
• Respite Care Services	X	
• Skilled Nursing Services	X	
• Specialized Medical Equipment and Supplies	X	
• Specialized Transportation Services	X	
• Supported Employment	X	
• Supportive Home Care	X	
• Vocational Futures Planning and Support	X	

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Family Care Roles

The Inter-Disciplinary Team:

The Inter-Disciplinary Team (IDT) is a group of people who work together to reach a common goal. Each person on the team contributes his/her own ideas. When an individual becomes a member of CCCW, they become the center of the IDT. In general, the goal of the team is to provide the members with supports and services so that they can live a more independent and healthy life. Members help identify their personal outcomes and, along with their IDT, create a plan that lists members' outcomes and needs along with the resources they will need. The team includes the following members:

Member:

The member is the most important part of the IDT. His/her involvement and contribution are critical to ensure that long-term care outcomes are achieved and needs are met. The member's team will involve the member in the process to identify personal goals or outcomes: from assessment to plan development, provider arrangements, service delivery, and evaluation of member satisfaction with services provided.

Community Resource Coordinator:

The Community Resource Coordinator helps members identify and address their support needs as identified in their assessment. Examples of areas members may evaluate with their Community Resource Coordinators are employment, transportation, supportive home care, or outpatient mental health services. All of the services the member receives through CCCW are driven by the Member-Centered Plan and resulting Individual Service Plan that is written with the member. The Member Support Coordinators help to arrange and monitor the service and supports included in the member's service plan.

Health & Wellness Coordinator

The Health & Wellness Coordinator evaluates members' health care needs and coordinates health care services with members. The Health & Wellness Coordinator helps or works with others to make sure the member receives ongoing, individualized support for the member's long-term care and health care concerns. The Health and Wellness Coordinator will provide prevention and wellness education to members and other people in the member's life, including the use of influenza and pneumonia vaccines, if applicable and appropriate.

Guardian:

If guardian has been appointed for a member, that person is always part of the team.

Others as Member Determines:

Members may wish to include other people as part of the team. Adult children or therapists are examples of others that members may choose to be part of their team.

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Family Care Outcomes

Family Care provides a wide range of services and supports specially designed for each individual member. The general outcomes that Family Care assists members to achieve are:

- I decide where and with whom I live
- I make decisions regarding my supports and services
- I decide how I spend my day
- I have relationships with family and friends I care about
- I work or do things that are important to me
- I am involved in my community
- My life is stable
- I am respected and treated fairly
- I have privacy
- I have the best possible health
- I feel safe
- I am free from abuse and neglect

This list of general outcomes serves as a guide to further develop each member's personal outcomes. CCCW expects that contracting providers will partner with us to assist members in meeting their outcomes. This strong, collaborative partnership is the foundation to supporting member outcomes.

Family Care may not be able to help members obtain everything they want out of life. In addition, CCCW may not always purchase services to help members achieve their outcomes. The things members do for themselves, or that members' family and friends do for them, are still a very important part of any plan to help members achieve their personal outcomes.

JOINING THE CCCW PROVIDER NETWORK

How do I Become a Provider?

To provide and manage care for our members, Community Care Connections of Wisconsin (CCCW) has developed a network of providers under contract. CCCW is committed to ensuring that our provider network is adequate to meet the needs of our members. We are equally committed to ensuring our providers demonstrate competency and quality in the provision of service to our members.

CCCW considers requests for contracting based on the following criteria:

- Proposed services are in the Family Care benefit package
- CCCW needs additional providers for the proposed services in order to meet member capacity or choice
- The proposed provider's mission and vision compliment the Family Care outcomes and the CCCW mission

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- The provider meets applicable licensing and/or certification standards as they apply to the services to be provided
- The provider is willing and able to sign and adhere to all components of a contract with CCCW including, but not limited to:
 - Agree to CCCW rate
 - Follow contractual requirements related to authorizations and billing
 - Maintain ongoing communications with CCCW staff
 - Meet or exceed quality assurance expectations set by CCCW

If a potential provider is interested in joining the CCCW Provider Network:

1. Potential provider will be directed to complete an application, which is available at: www.mycccw.org
2. Once this information is returned, and CCCW Provider Contract Manager deems appropriateness of provider for inclusion in the Provider Network, a contract may be sent to the provider along with all other pertinent information;
3. When the signed contract and other information are returned, the Provider is added to the Provider Network Directory (copy available at www.mycccw.org).

After CCCW receives your signed contract back you will be a Provider available for use by CCCW members (exclusions may apply).

What Happens after We Sign a Contract?

Provider Network Directory

As a contracted provider your agency's name, contracted service type(s), and your phone number will be added to the provider network directory. This directory assists the Member and Interdisciplinary Team to select the agency they would like to provide their service(s).

A list of current providers is available at www.mycccw.org or upon request.

Change of Contact Information

It is important that you keep us informed as to any changes in your address, telephone number, or other contact information, such as email address or contract administrator name. Please contact the Community Resource Department to report any such changes.

Changes may be submitted on-line at:

www.mycccw.org

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OR

Community Care Connections of Wisconsin
3349 Church Street, Suite 1
Stevens Point, WI 54481
(715) 345-5968
(877) 622-6700 (Toll Free)
(715) 204-1799 (TTY)
(715) 345-5725 (FAX)
Email: Providernetwork@communitycarecw.org

Criminal Background Checks

In order to protect the members served, providers are required to comply with the provision of applicable Wisconsin Statutes (Chapter 48 and Chapter 50), the Caregiver Background Check and Investigation Legislation, and applicable administrative rules of the State of Wisconsin, Department of Health Services.

If an employee or designee of your agency has actual, direct contact with Family Care members, you must ensure that background checks are conducted on all those assigned to do work with our members. You must retain in your personnel files all pertinent information, including the Background Information Disclosure (BID) Form and/or search results from the Department of Justice, the Department of Health Services, and the Department of Regulation and Licensing, as well as out-of-state records, Tribal Court proceedings and military records.

After the initial background check, you must conduct a new background check every four (4) years, or at any time within that period when you have reason to believe a new check should be obtained. You must maintain the results of this background search, on your own premises, for at least the duration of the contract. As part of a quality check, CCCW's Community Resource staff may audit your personnel files to assure compliance with the State of Wisconsin Caregiver Background Check Policy.

You must refrain from assigning any individual to conduct any work under this contract who does not meet the requirement of this law. Employee in this paragraph shall mean an employee or prospective employee, and any subcontractors, agents, or designees assigned to perform any work with CCCW's members. You are required to notify CCCW's Community Resource staff in writing within one (1) business day if an employee has been charged with or convicted of any crime specified in HFS 12.07(2).

Records

Each provider agency must maintain and upon request, furnish to CCCW any and all information requested by CCCW related to the quality and quantity of services provided through their contract. This includes written documentation of care and services provided, including dates of services, properly executed payrolls, time records, invoices, contracts, vouchers or other official documentation evidencing

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in proper detail the nature and propriety of the services provided. Accounting and other financial management records must also be maintained and available upon request in a form and manner consistent with all applicable state and federal laws and principles of proper accounting and financial management.

Room and Board in Residential Facilities

For members residing in a certified or licensed residential setting (which may be an adult family home, community based residential facility, or a residential care apartment complex), as part of the member's approved service plan, CCCW will pay for the support and supervision portion of the care. CCCW will also contract with the provider for the rent and food portion of the facilities cost, also known as Room & Board. CCCW will directly pay the residential provider for Room & Board based on the contracted rate. Because Room & Board is not in our member benefit package, CCCW is required to bill the member/payee/guardian to recover the Room & Board costs up to a maximum amount set by State Guidelines. The amount billed to the member is based on their income as well as allowable deductions such as prescription, medical, dental and vision co pays. CCCW will also allow a deduction for health insurance premiums as well as most court ordered fees related to guardianship. The member/guardian will be informed of the Room & Board rate upon entering a residential facility. CCCW will bill Room & Board monthly. Room & Board is different from, and billed in addition to Cost Share (which is calculated by Economic Support and also based on income and allowable deductions).

NOTIFICATION & AUTHORIZATIONS

Determining Services

Together with the member, the Community Resource Coordinator and Health & Wellness Coordinator utilize a process called the Resource Allocation Decision (RAD) method. This process is used for all decisions that will impact a member's care plan.

The seven steps of the RAD process are:

1. Identification of the Core Problem
2. Identification of the Members Outcome
3. Assessment of the Core Problem
4. Exploring Options and Brainstorming
5. Application of any appropriate policies and procedures
6. Effectiveness of the Proposed Options
7. Explain, Dialogue and Negotiation with the Member

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While completing the RAD process, the member and IDT staff identifies various ways to address the core problem which could include both informal and paid supports.

When the member and IDT staff determines that a paid support must be utilized they refer to the Provider Network Directory to identify a service provider.

Notification of Member Services with Your Agency

When the team selects your agency to provide support or services for a member you will receive written notification or telephone contact from the CCCW Member Support Coordinator(s).

Within 3 to 5 business days you will receive a letter of authorization in the mail. If this authorization is incorrect or not received, contact the CCCW Member Authorization Department.

Authorization of Services

Prior Authorization Request

All services provided to members must be authorized by CCCW prior to the delivery of services. Written authorization for services is required prior to billing for services. In addition, the total amount of services provided may not exceed the amount authorized in writing by CCCW.

CCCW has the final authority in determining member authorization for services and amount of services to be provided. Providers will not be reimbursed for unauthorized services provided to members or provided in amounts that exceed those authorized. Please notify all of your employees and designees of the CCCW prior authorization requirements.

You must only provide services to members in the amounts authorized by CCCW. You will be responsible for the cost of any services provided that exceed the authorized amount. Under no circumstances are you able to seek payment from the member or their family for the cost of services exceeding the total amount(s) authorized by CCCW.

Prior Authorization Processing

A provider or member/guardian can request services from the member's Inter-Disciplinary Team. Upon receipt of such request, the team will either authorize or deny the request. When services are authorized, a written authorization for each and every service to be provided will be sent to the provider specifying the specific service to be provided, the amount of service (number of units) to be provided, and the duration of services to be provided.

Providers or members/guardians may request additional service authorization(s) (new/additional service(s)) or extensions of existing authorizations by contacting the member's Inter-Disciplinary Team. The team will consider all requests for new/additional services or extensions of existing authorizations; however, the mere factor of a request does not in any way imply that there will be any change in service level, service type, or duration of service.

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Prior Authorization for Emergency Services

You must notify the Inter-Disciplinary Team immediately in an emergency situation. They will work with you to immediately authorize any services that are needed.

- To obtain the name of a member's Support Coordinator, call CCCW's main line at:

Monday – Friday 8:00 am – 4:30 pm

(715) 345-5968

(877) 622-6700 (Toll Free)

(715) 204-1799 (TTY)

- If an incident occurs after business hours, or on a weekend or holiday, and there is a need for an immediate authorization, please contact the On-Call Crisis Center, who can be reached by calling:

(715) 345-5968

(877) 622-6700 (Toll Free)

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BILLING & APPEAL INFORMATION

Preparing and submitting Claims Information available on the CCCW Claim and Billing Information tab.

Community Care Connections of Wisconsin (CCCW) has selected WPS Health Insurance to process all claims transactions. With any claim that is submitted to WPS it must be received within 90 days of date of service and accepted as a clean claim. WPS will reject all claims that do not include the elements of a clean claim or are not filed within the required timelines. **Clean paper claims** which are **filed timely** to WPS will generally be processed within 7 to 10 **business days** of receipt. **Clean claims** filed on an Excel Spreadsheet (for applicable providers) are generally processed within 2 to 5 **business days** of receipt.

Definitions:

Clean Claim - is a complete and accurate claim that includes all provider and member information necessary to process the claim including all appropriate service and authorization codes.

Filed Timely – claims must be filed within (ninety) 90 calendar days from the date of service if there is not a third party payor and (ninety) 90 days from the date of the EOB with claims of a third party payor. The claim filing timeline does not end with the original claim submission. If a claim is rejected or denied back to the provider, the provider must submit a corrected claim within the original 90 calendar days from the date of service.

Business Days - a business day is any day including Monday to Friday and does not include weekends or holidays.

Claims may be submitted to WPS for authorized services using any of the following options:

- **Paper Claims (clean paper claims** which are **filed timely** to WPS will generally be processed within 7 to 10 **business days** of receipt)
Submit to: Community Care Connections of Wisconsin
c/o WPS Insurance Corporation
PO Box 7310
Madison WI 53707-7310
- **Electronic Filing**
- **WPS Excel Spreadsheet (clean claims** filed on an Excel Spreadsheet are generally processed within 2 to 5 **business days** of receipt) Spreadsheet submitters will go to the MoveIT process with a goal of Spring 2012 and the email below will no longer be valid
Submit to: WPSFAMC@wpsic.com

It is a requirement that providers must accept payment made by CCCW and/or any third party payers as payment in full. Providers are prohibited from billing, charging, or seeking remuneration or compensation from or having any recourse against CCCW members.

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Reimbursement Information claims Information available on the CCCW Claim and Billing Information tab.

CCCW will pay 90% of all clean paper claims that receive advance authorization within thirty (30) calendar days of receipt and 90% of clean electronic claims within twenty (20) calendar days of receipt. All payments will be made via direct deposit to Provider, unless provider has requested an exception in writing.

The chart below provides you with a general timeline for payment receipt. Note that dates may vary due to the timing of processing and/or holidays.

Day claims received by WPS
 Electronic by 4 PM
 Spreadsheet received prior to this day
 Paper claims entered by WSP

If received EDI, spreadsheet, or paper claim is keyed by 4 p.m. on:	Claim is processed by WPS	AN EFT Direct Deposit will be made on	Check Cut Week Following	Check Sent Week Following
Saturday/Sunday/Monday	Tuesday	Monday	Monday	Tuesday
Tuesday	Wednesday	Monday	Monday	Tuesday
Wednesday	Thursday	Monday	Monday	Tuesday
Thursday	Friday	Wednesday	Wednesday	Thursday
Friday	Saturday	Wednesday	Wednesday	Thursday

**These are approximate time frames, based on a clean claim and provided WPS does not have to "PEND" claims.

**WPS processes spreadsheet at 9 AM daily, if received after that time, it will be processed next business day.

**Paper checks are dated Monday or Wednesday, the actual check is sent out the following Tuesday or Thursday.

**Electronic Funds Transfers (EFT) are sent to banks on Monday or Wednesday, but there is a 1-2 business day "banking lag", depending on the bank. Credit union deposits tend to take 1-3 business days.

If you have any questions regarding the status of your payment, contact the WPS Call Center Monday through Friday between 8:00am and 4:30pm at 800-223-6016.

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Submission Deadlines

Providers must bill CCCW no later than 90 days from the time services are provided.

CCCW is the payer of last resort. The provider must bill other primary payers first. In the event the primary payer denies the claim or makes only a partial payment on the claim, provider must submit a clean claim to WPS within 90 days of the date of Explanation of Benefits from primary payor source.

****Copies of all claims and billing information, codes, and forms are located in Appendix A of the Provider Handbook. This information is available at www.mycccw.org.**

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How to Appeal a Denied Claim:

All payments and/or denials are accompanied by an Explanation of Benefits (EOB) or rejection notice, which gives the specific explanation of the payment amount or specific reason for the payment denial. Any **inquiry** regarding the rejection/denial should be directed to WPS Call Center Monday through Friday between 8:00 AM and 4:30 PM at 800-223-6016

If you have further questions or concerns prior to filing a formal appeal, please contact Dawn Trzebiatowski, Member Authorization Manager at 715-204-1720.

If you dispute this initial decision, you may appeal by submitting a separate letter, within **60 calendar days** of the initial denial or partial payment to:

Chief Financial Officer
Community Care Connections of Wisconsin
3349 Church Street, Suite 1
Stevens Point, WI 54481

The letter must clearly be marked as **“Formal Appeal”**. It must contain the provider’s name, member’s name, service code (billing code), date of service, date of rejection, reason(s) claim merits reconsideration and any supporting documentation. Each member must be on their own letter.

If CCCW fails to provide a written response within 45 calendar days of the date of receipt of the appeal, or you are dissatisfied with CCCW’s response to your request for reconsideration, you may appeal to the Department of Health Services (DHS). This appeal must be submitted in writing within **60 calendar days** of CCCW’s final decision to:

MCO Contract Administrator
Bureau of Long-Term Support
1 West Wilson Street, Room 518
PO Box 7851
Madison, WI 53707-7851

DHS will solicit written comments from all parties to the dispute prior to making the decision. DHS has 45 calendar days from date of receipt of written comments to respond to this appeal. Providers must accept DHS’s determinations regarding appeals of disputed claims. The MCO agrees to pay providers within 45 calendar days of receipt of a DHS final determination in favor of the provider.

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COMMUNICATION

Reporting

CCCW strives to ensure good communication with service providers. For questions, please contact the following:

When to Contact CCCW Member Support Coordinators:

- A member needs services authorized by CCCW
- Express concerns voiced by a member or on behalf of a member related to care or needs
- Scheduling an appointment for a member
- Follow up results from appointments
- A member has a change in condition
- Medical, personal or financial changes
- A member is hospitalized or visits the ER
- Death of member
- A medication is changed, added or deleted
- A room change for members in residential settings
- Planning a staffing
- A critical incident has occurred with a Member and is reported according to Critical Incident Reporting Standards

When to Contact CCCW Community Resource Department:

- Questions about CCCW contract and/or expectations
- Update service provider information
- Change in services provided
- Report receipt of Statement of Deficiency or Letter of Clearance

When to Contact WPS Call Center:

800-223-6016

Available 8:00a.m. – 4:30p.m

- Has my claim been paid yet?
- Why was my claim rejected?
- Why did I receive partial payment?
- When was my check mailed?
- How do I submit a corrected claim?
- I need a copy of my explanation of benefits.

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When to Contact CCCW Member Authorization Department:

715-204-1738 or 877-622-6700

Available 8:00a.m. – 4:30p.m

- I need more hours/units on my authorization
- I need a different code authorized
- I haven't received my authorization

Having WPS handle both the claims processing as well as the claims customer service will provide you with timely and consistent answers to your questions regarding all of our claim services. In addition, the WPS Call Center offers a 24/7 Interactive Voice Response (IVR) system to check claim status. Callers can immediately or at anytime opt out of the system to talk to a live person.

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PROVIDER QUALITY STANDARDS

Quality Program

Provider quality is of utmost importance, as it is providers that give the hands-on care and services to our members. CCCW has developed service standards and will use service-specific quality measurement tools to ensure quality of care and services. We continually work with providers to further develop our Provider Quality Program and will provide resources and information to providers as it specifically relates to their area of service provision. The provider Quality Program focuses on Provider Credentialing/Licensing, Cultural Competency, Ethics, Program Integrity, Member Safety, Accessibility, Provider Satisfaction, Recognizing Excellent Provider Performance, Empowerment, Service Standards, and Education.

Provider Quality Council

The Provider Quality Council is a standing sub-committee of CCCW's Quality Committee that includes additional stakeholders with interests specifically related to CCCW's network of providers. Areas of specific interest to the council include: communications between CCCW and providers; developing service-specific quality benchmarks or guidelines, provider contracts, service authorizations and provider payments, provider education, and maintaining a member-centered focus to ensure that everyone involved in planning and delivering services works to ensure positive experiences that enhance members' lives.

The Provider Quality Council members are determined by the CCCW Quality Committee. Providers that have questions, concerns, and/or comments may contact any of the Provider Quality Council members to bring your item to the Council's attention.

The Provider Quality Council members and contact information are listed at www.mycccw.org.

Member Satisfaction Survey

CCCW will perform an annual member satisfaction survey to measure how satisfied members are with CCCW. In addition, CCCW has providers that send out their own member satisfaction surveys as part of their quality program and provide the results to CCCW as a quality update. We encourage all providers to consider participating in this type of quality process.

Provider Satisfaction Survey

CCCW will request that providers complete a satisfaction survey on annual basis during the first quarter. As part of the survey, providers will be asked to assess the quality of the provider service relations. This survey is developed by the members of the CCCW Provider Quality Council.

Provider Comment/Complaint Form

Provider Handbook

A Comment/Complaint Form is used when members of the community would like to comment about a provider that they feel has gone above and beyond in service provision. CCCW recognizes providers that perform services in a manner that exceeds our expectations.

The form is also used as a quality alert when members of the community have concerns relating to a specific provider. Provider Comment/Complaint Forms are completed by individuals and submitted to CCCW's Provider Network Department for processing and follow-up.

Submittal form is available at www.mycccw.org.

Provider Meetings

CCCW will sponsor periodic meetings in various areas of the region to communicate with and provide education opportunities for providers.

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PROGRAM INTEGRITY

CCCW is committed to protecting the integrity of its managed care program. CCCW follows operational initiatives that were created to prevent, detect, and correct instances of fraud and abuse. Instances of fraud and abuse could be detrimental to CCCW, our members, and our personnel, and would violate our commitment to program integrity. Fraud and abuse could harm CCCW's viability. CCCW has developed policies and procedures specifically relating to Program Integrity and will investigate all allegations of fraud and abuse.

Definitions

"Fraud" shall mean, any intentional deception or misrepresentation made by a person or entity with the knowledge that the deception or misrepresentation could result in some unauthorized benefit to the perpetrator, itself, or some other person or entity. It includes any act that constitutes fraud under applicable federal or state law.

Examples of Fraud:

- Falsification of Provider Credentials
- Intentionally performing or billing improperly (a provider that intentionally denies appropriate services or intentionally submits false billing claims)

"Abuse" shall mean a practice that is inconsistent with sound fiscal, business, or medical practices, and results in unnecessary program costs or reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards or contractual obligations for health care. It also includes beneficiary practices that result in unnecessary cost to the program. It includes any act that constitutes abuse under applicable federal or state law.

Program Integrity Compliance

Providers must not provide services or bill in a manner that would be considered a violation of our Program Integrity policy, including committing fraud and/or abuse. In addition, providers must contact the Program Integrity Compliance Officer to report any and all instances of alleged Program Integrity violations.

Provider Handbook

Program Integrity Continued...

Reporting

All instances of alleged Program Integrity violations should be reported directly to the CCCW Program Integrity Compliance Officer. The CCCW Program Integrity Compliance Officer can be reached at:

Community Care Connections of Wisconsin
c/o Program Integrity Compliance Officer
3349 Church Street, Suite 1
Stevens Point, WI 54481
(715) 345-5968
(877) 622-6700 (Toll Free)
(715) 204-1799 (TTY)
(715) 345-5725 (FAX)

Investigating

There are specific timelines established in investigating Program Integrity violation allegations. Investigations of all violation allegations will be conducted expediently by the Program Integrity Compliance Officer receiving the complaint.

****A complete copy of the Program Integrity Policy is available at:**

www.mycccw.org

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CRITICAL INCIDENTS

Definitions

“Critical Incidents” are circumstances, events or conditions resulting from action or inaction that results in death, serious harm to the health, safety, or well-being of a member or to another person as a result of the member’s actions, results in substantial loss in the value of the personal or real property of a member or another person as a result of the member’s actions, results in unexpected death, or poses immediate and serious risk to the health, safety, or well-being of a member.

Adverse Events are circumstances, events, or conditions that result from either action or inaction that are undesirable or unintended, did not result in any serious harm to a member’s health, safety or well-being and indicates or may indicate a quality issue with the services provided

Examples of Critical Incidents/Adverse Events are:

- a) Falls
- b) Medication Errors
- c) Missing Person
- d) Health Related Incident involving Emergency Personnel
- e) Harm to Health, Safety or Well-being of Member
- f) Change in condition lasting more than one day
- g) Self harm or harm to others
- h) Suicide Attempt
- i) Property Damage
- j) Violation of Members Rights
- k) New diagnosis, or exacerbation (worsening or reoccurrence) of a known disease or illness.
- l) Hospitalization, ER/Urgent Care visit, or unscheduled doctor appointment
- m) Any incident requiring abuse/neglect/exploitation investigation

The purpose of informing the MCO of critical incidents and adverse events is to ensure the collaboration of provider and MCO. This collaboration will allow both parties to ensure the coordination of care in the following ways:

- To help reduce risk for individual members and for all members.
- To promote health and safety.
- To evaluate actions and/or individuals that contributes to an event.
- To improve provider quality standards.
- To anticipate and monitor potential quality concerns.
- To identify and document positive provider experiences.
- To identify themes of incidents and streamline mechanisms to improve the standard of practice.
- To provide a systematic approach to monitor and respond to incidents.
- To provide a feedback mechanism to the provider network, quality and care management departments regarding the quality of all services provided.

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“Abuse” shall mean any of the following, if done intentionally, negligently, or recklessly:

An act, omission, or course of conduct by another that is not reasonably necessary for treatment or maintenance of order and discipline and that does at least one of the following:

- Results in bodily harm or great bodily harm to a member, or
- Intimidates, humiliates, threatens, frightens, or otherwise harasses a member.
- The forcible administration of medication or treatment with the knowledge that no lawful authority exists for the administration or performance.

“Neglect” means an act, omission, or course of conduct by another that, because of the failure to provide adequate food, shelter, clothing, medical care or dental care, creates a significant danger to the physical or mental health of a member.

“Crime” means conduct which is prohibited by state or federal law and is punishable by fine or imprisonment or both. Conduct punishable only by forfeiture is not a crime.

“Client Rights” means rights in Family Care as outlined in member application materials and the CCCW Member Handbook.

Reporting Critical Incidents

All individuals or entities providing services to CCCW’s members are required to report critical incidents as defined above by CCCW within one (1) business day from the time the provider becomes aware of the incident/situation. This can be accomplished by calling the member’s Member Support Coordinator(s). A voice mail left for one or both of the Member Support Coordinators is an acceptable form of reporting.

Providers must ensure immediate safety of the person served and take any necessary steps to assure that the member is protected from risk or continued harm.

Providers are required to cooperate with CCCW in investigating an alleged unforeseen event through access to records, staff, and any other relevant sources of information requested.

If an incident occurs after business hours, or on a weekend or holiday, and you require CCCW assistance, please report the incident to the On-Call Crisis Center, who can be reached by calling (715)345-5968 or (877) 622-6700.

If you have any questions regarding reporting requirements please contact the Community Resource Department at (715) 204-1770 or email ProviderQuality@communitycarecw.org. Your member’s team is also available to answer questions.

Use of Isolation, Seclusion, and Physical Restraint

Providers are prohibited from use of any restrictive measures not part of an agreed upon care plan, including applicable DHS approvals. All providers must comply with Ch. 51.61(1)(i) Wis. Stats and HFS

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94.10 Wis. Adm. Code, in the use of isolation, seclusion, and physical restraints, which may not be used without specific case-by-case approval from the Department of Health Services, using the procedures specified by the Department of Health Services. CCCW Member Coordinator(s) will work with you in establishing a plan.

MEMBER GRIEVANCE AND APPEAL

Member Grievance and Appeal System

CCCW members have the right to register a grievance or appeal when they are not satisfied with any aspect of their care. CCCW shall be notified in writing of all CCCW member complaints filed in writing against the Provider. Provider agrees to fully cooperate with CCCW in researching and resolving complaints and grievances regarding Provider's services. Such cooperation will include furnishing information to CCCW within fifteen (15) business days of its request, or within requested number of business days if the grievance is expedited.

There are two ways that the grievance and appeal process may touch you as a provider. The member has a grievance or appeal related to your services, or the member needs your assistance in filing a grievance or appeal related to CCCW or another provider. This section will describe your role and responsibilities in the two situations mentioned above. To learn more about the member grievance and appeal process, see the CCCW Member Handbook which is available on our website at www.mycccw.org.

If a member contacts you regarding a complaint against you as a provider, direct the member to call the Member Rights Specialist for assistance.

If a member asks you for assistance regarding a grievance or appeal that is not about you as a provider, you may review with them the instructions in the member's copy of the CCCW Member Handbook or direct them to call the Members Rights Specialist.

CULTURAL COMPETENCY

Cultural Values

You must provide services in a manner that honors a member's beliefs and is sensitive to cultural diversity. You must foster an attitude and communicate in a way that respects members' cultural backgrounds.

Cultural Competency

You must foster and encourage cultural competency. There are essential elements that contribute to the ability to become more culturally competent. These elements include:

- Value diversity,
- Be conscious of the "dynamics" inherent when cultures interact,
- Institutionalize cultural knowledge, and

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- Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.

These elements must be manifested at every level of service delivery. They should be reflected in attitudes, structures, policies, and services. Being competent means learning new patterns of behavior and effectively applying them in the appropriate settings.

Cultural Preference

Members have a right to choose providers from the CCCW Provider Network and choose services based on cultural preferences.

CONFIDENTIALITY

Provider Requirement

You must maintain confidentiality of all member information that is generated or received. You must also be in compliance with all State and Federal confidentiality requirements.

You must comply with the Federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services you provide or purchased with funds provided under contract with CCCW.

Reporting

You must immediately report all allegations of confidentiality violations to CCCW Community Resources Department and include your plan of action to address the violation if substantiated.

Investigating

CCCW Community Resources Department will work with you in investigating any instances of alleged violation and will work with you to resolve substantiated violations.

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COMMUNITY RESOURCES AREAS OF RESPONSIBILITY

Director of Community Resources Department

Janene Beck-Hafner Janene.Beck-Hafner@communitycarecw.org 715-623-1007

Senior Provider Relations Manager

Stacey Stratton (Central) Stacey.Stratton@communitycarcw.org 715-818-5136

Krista Love (Northern) Krista.Love@communitycarecw.org 715-638-2760

Provider Relation Managers

Jill Flugaur (Central) Jill.Flugaur@communitycarecw.org 715-204-1760

Debra Magowan (Northern) Deb.Magowan@communitycarecw.org 715-638-2773

Katie Culver (Northern) Katie.Culver@communitycarecw.org 715-638-2766

Trista DeRosa (Central) Trista.DeRosa@communitycarecw.org 715-204-1824

Denese Mase Northern Denise.Mase@communitycarecw.org 715-204-1776

Provider Relations Coordinator-AFH certification

Tina Plachetka (Central) Tina.Plachetka@communitycarecw.org 715-301-1702

Gabriel Martinovich (North) Gabriel.Martinovich@communitycarecw.org 715-661-3783

Provider Relations Coordinator- Provider Support

Emmy Lou Eron (Central) EmmyLou.Eron@communitycarecw.org 715-204-1770

Chris Blackstone (Northern) Christine.Blackstone@communitycarecw.org 715-638-2763

Senior Community Resource Manager

Colleen Seemann Colleen.Seemann@communitycarecw.org 715-996-1624

Community Resources Manager

Cathy Derezinski (Central) Cathy.Derezinski@communitycarecw.org 715-204-1807

Chelsey Drifka (Central) Chelsey.Drifka@communitycarecw.org 715-204-1852

Marci Griesbach (Central) Marci.Griesbach@communitycarecw.org 715-996-1619

Carolyn Schulein (Central) Carolyn.Schulein@communitycarecw.org 715-996-1630

Tricia Lazare (Central) Tricia.Lazare@communitycarecw.org 715-539-0520

Dennis Brauer (Northern) Dennis.Brauer@communitycarecw.org 715-638-2764

Shirley Scherer (Northern) Shirley.Scherer@communitycarecw.org 715-236-5069

CommonunitySM Program Coordinator

Michelle Glodowski (Central) Michelle.Glodowski@communitycarece.org 715-204-1758

Tracy Reichert (Northern) Tracy.Reichert@communitycarecw.org 715-635-5411

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Community Care Connections of Wisconsin

Administrative Headquarters Stevens Point

3349 Church Street, Suite 1
Stevens Point, WI 54481
(715) 345-5968
(877) 622-6700 (Toll Free)
(715) 204-1799 (TTY)

Regional Offices:

Antigo Office

211 State Highway 64
Antigo, WI 54409
(715) 523-1000

Ashland

400 3rd Avenue Suite 200
Ashland WI 54806

Centuria

1001 State Hwy 35
Centuria WI 54824

Hayward

15618 Windrose Lane Suite 108
Hayward WI 54843

Ladysmith

5273 State Hwy 27 Suite 4
Ladysmith WI 54848

Marshfield Office

503 East Ives Street Suite 320
Marshfield, WI 54449
(715) 996-1635

Merrill Office

1401A East Main Street
Merrill, WI 54452
(715) 539-6500

Park Falls

1151 4th Avenue WI 54552
Park Falls WI 54552

Rice Lake

2500 South Main Street
Rice Lake WI 54868
715-544-8800

Spooner

514 Service Road
Spooner WI 54801

Superior

3712 Tower Avenue
Superior WI 54880

Wausau Office

1200 Lakeview Drive, Suite 100
Wausau, WI 54403
(715) 301-1899

Wisconsin Rapids Office

2821 8th Street South Suite 12
Wisconsin Rapids, WI 54494
(715) 818-5100

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Aging & Disability Resource Centers (ADRC)

Visit www.dhs.wisconsin.gov/LTCare/adrc for more information about ADRCs or refer to the CCCW Contact Sheet

ADRC of Barron, Rusk and Washburn Counties

Phone (888) 538 - 3031

ADRC of Central Wisconsin

Serves residents of Langlade, Lincoln, Marathon, and Wood Counties

Phone (888) 486 - 9545

ADRC of Douglas County

Phone (866) 946 - 2372

ADRC of the North

Serves residents of Ashland, Bayfield, Iron, Price, and Sawyer Counties

Phone (866) 663-3607

ADRC of Northwest Wisconsin

Serves residents of Burnett and Polk Counties and the St. Croix Chippewa Tribe

ADRC of Portage County

Serves residents of Portage County

Toll Free (866) 920-2525