

SFCA Provider Bulletin

News & Notes for Southwest Family Care Alliance Providers

February 26, 2010



Residential Billing Clarification: Overnight Absence from Facility

The following information is for AFH, CBRF, and RCAC providers.

1. Billing when a member is absent from the residence overnight:
 - Typically the provider may continue to bill when a resident is absent overnight. The exception to this is when Family Care, Medicaid or Medicare is paying for the resident at another facility for those overnights. Nursing home stays and hospitalizations are the primary examples of such situations.
 - Respite for residents is built into the provider's rates. Therefore, the provider may bill when a resident is out of the home for respite. Providers pay directly for the respite.
2. When a resident is hospitalized, the provider must notify the care manager immediately. The services/supports authorization will be ended until the resident's return. You may not bill for the day the resident enters the hospital and spends the night. You may continue to bill for room & board during the hospitalization, unless there is a decision that the resident will not return. Exceptions to allow billing may be made in situations where provider staff remain with the member at the hospital. These will be decided by the care management team on a case-by-case basis.
3. When a resident enters a nursing home, the provider must notify the care manager immediately. The services/supports and room & board authorizations will both be cancelled. You may not bill for the day the resident enters the nursing home and spends the night.
4. Providers must retain documentation of billing dates and absences from the home, and care managers or other SFCA staff may ask to review the documentation during site visits.

New Room and Board Rates

Effective April 1, 2010, SFCA will implement new room and board rates for Community Based Residential Facilities (CBRFs), Residential Care Apartment Complexes (RCACs) and Adult Family Homes (AFHs). Updated Services, Rates, and Special Provisions Letters (SRSPs) are being sent to SFCA providers during the month of February with revised rate information.

The new room and board rates are based on a methodology proposed by the Wisconsin Department of Health Services (DHS) and managed care organizations (MCOs), which collaborated in a workgroup to assure that MCOs have sustainable, cost-effective and consistent policies and procedures for funding members in community substitute care settings.

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Training Opportunities

Alzheimer's & Dementia Alliance of Wisconsin

- **Understanding Alzheimer's & Dementia Conference** (featuring Teepa Snow)
March 18, 8:15am-3:30pm, Southwest Technical College, Fennimore. For a registration form, call the ADRC of SW Wis. - Grant County at 608-723-6113.
- **Introduction to Alzheimer's & Dementia**
March 19, 1pm-2pm, Brodhead Public Library. No registration necessary.
- **Powerful Tools for Caregiving**
Fridays, March 19-April 23, 9am-11:30am, West Square Building, Baraboo. To register, call Sue Nagelkerk at 608-355-3250.
- **Introduction to Alzheimer's & Dementia**
March 25, 1pm-2:30pm, Sauk Prairie Memorial Hospital. To register, contact Carol Olson at 608-742-9055.
- **Introduction to Alzheimer's & Dementia**
April 6, 1pm-2pm, Richland Hospital, Pippin #3. No registration necessary.

More information: <http://alzwissc.org>

Notes From the Fiscal Department

Claim Spreadsheet Timing

Due to the increase in use of spreadsheets to submit claims, SFCA has some guidelines that we would like to make providers aware of in order to estimate time required to process claims.

1. Spreadsheets must be received by WPS no later than 12:00 p.m. in order to be processed that day. Spreadsheets received after 12:00 p.m. will be processed the next business day.
2. E-mail confirmations are sent to providers within two business days of receipt of the spreadsheet. If you do not receive an e-mail confirmation within two business days, please resend the spreadsheet or contact Katie Sullivan (608-226-2623) or Katie Lewellin (608-226-2611) at WPS and they will assist you.
3. It is the responsibility of the provider to ensure information submitted on the spreadsheet is accurate. If incorrect information is submitted (such as a wrong authorization number), it is the provider's responsibility to review their explanation of benefits and resubmit as necessary.

Partial Units on Claims

Billed units must be submitted as whole numbers on claims. Standard rounding principles must be used to calculate the correct billable units. To avoid depleting an authorization's allowed total units, it is also important to remember that rounding must be done at the end of the billed period for the total charged amount and not on a "per event" or daily basis. For example:

- A member received 10.25 service hours at \$10.00 per hour for the entire month. The billed amount would be 10 units, \$100.00.
- A member received 10.5 service hours at \$10.00 per hour for the entire month. The billed amount would be 11 units, \$110.00.
- A member received 0.25 service hours at \$10.00 per hour for the entire month. The billed amount would be 1 unit, \$10.00. (Any event less than 1 unit is always billed as 1 unit.)

SFCA will continue to randomly audit claims submitted to ensure that providers are billing the actual services provided to our members.

New Room and Board Rates

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The workgroup's objectives for developing a consistent room and board rate setting methodology were to:

- Define room and board,
- Create a methodology for establishing a reasonable level of room and board in community substitute care that can be supported by publicly funded programs, and
- Apply the methodology consistently within each MCO.

This effort resulted in a county-specific rate schedule based on U.S. Department of Housing and Urban Development (HUD) Fair Market Rent figures. There are three rates for each county: Owner Occupied AFH, AHF-Corp (not owner occupied)/CBRF, and RCAC. A copy of the rate table is being included with the SRSP updates.

Please check your new rate when your SRSP

arrives and contact the SFCA Provider Network department with any questions. Your new rate is based on the location of the facility, not a corporate headquarters address or the county of responsibility for the member.

Remember to start using the new rate when you create claims for services provided in April. If you have facilities in more than one county you will need to take extra care to be sure the correct rates are applied for each facility, since you will have more than one rate.

While they anticipate these changes will bring clarity, uniformity and simplicity to community substitute care service purchasing, MCOs and DHS also acknowledge that these changes have the potential for creating significant adjustments for residential service providers. In an effort to thoughtfully and appropriately implement these changes, calendar year 2010 will be the transition year where the changes will be tested, issues identified and feedback for consideration of further improvements incorporated in future calendar years.