



Provider Bulletin

Resource for Providers of services to Community Care members.

September 2013

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Our mission is to develop and demonstrate innovative, flexible, community-based approaches to care for at-risk adults, in order to increase their quality of life and optimize the allocation of community resources.

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Be sure to visit our website communitycareinc.org regularly for helpful information on such items as policy updates, request for proposals, upcoming trainings, and other important information.

Reminder on Billing for Temporary Absences

A Temporary Absence includes any overnight period in which a member does not reside in the AFH, CBRF or RCAC in which they are placed. Examples of temporary absences include overnights when members are:

- On vacation or at camp
- Visiting family or friends
- In a Hospital or nursing home
- Absent from residence and whereabouts are unknown

Community Care will not pay for Care and Supervision during a member's temporary absence from the facility if the member is placed in another Medicaid/Medicare funded facility during the absence (i.e. hospital or nursing home).

Community Care will pay for up to 14 consecutive days of Care and Supervision during a temporary absence only when:

- 1) the absence is part of the member's care plan,
- 2) the absence does not require the member or Community Care to fund concurrent expenses for Care and Supervision, and
- 3) the member is not placed in another Medicaid/Medicare funded facility.

Providers should not bill Community Care for Care and Supervision if a member's absence does not meet these requirements. Community Care will audit payments and contact providers should we find instances of incorrect billing in order to recoup payments as necessary.

Community Care will pay for Room and Board during periods of temporary absences unless the member is residing in a setting (during the absence) which requires payment for Room and Board.

Providers may not require members or their family/guardian to pay a fee in order to keep the bed open for the member. If a provider is unwilling to hold a bed during a member's temporary absence, the provider must give the member a 30-day notice of their intent to discharge. If you have any questions, please contact our Provider Hotline at 1-866-937-2783 or email contractinquiries@communitycareinc.org.

Member Grievance and Appeal Information

If a member is unhappy with the care or services received, the member should talk with his/her Care Team first. If the member does not want to talk with the Team or is unhappy with the Team's response, s/he can call a Member Rights Specialist. The Member Rights Specialist will inform the member about his/her rights, attempt to informally resolve the concerns, and if necessary, help file a grievance or an appeal. The Member Rights Specialist will work with the member throughout the entire grievance or appeal process to try to find a workable solution.

For assistance with the grievance and appeals process contact:

Community Care, Inc.
Member Rights Specialist
205 Bishop's Way
Brookfield, WI 53005
Toll-free: 1- 866-992-6600
TTY: Wisconsin Relay System 711

Who can file a grievance or appeal on the member's behalf?

The member's authorized representative, such as a legal guardian or activated power of attorney for health care, can file a grievance or an appeal on the member's behalf. If given written permission by the member, the following people can also file a grievance or an appeal on the member's behalf:

- A family member
- A friend
- **A PROVIDER**

What is a grievance?

A grievance is a complaint expressing a member's dissatisfaction with Community Care, one of our providers or the quality of care or services.

What is an appeal?

An appeal is a request to review a decision made by Community Care. Members may file an appeal if Community Care reduces or terminates a service or denies payment for a service. For example, a member may file an appeal if his/her Team denies a requested service or support.

More information about grievances and appeals can be found in the member handbooks and in the *Notice of Action (NOA)* which is sent to the member.

Reminder to Notify Community Care of Changes

Community Care's Provider Management Department needs to be notified of changes including but not limited to:

- Address Changes (Facility, Billing or Corporate)
- Phone, Fax or Email Changes
- Legal Name Changes
- Facility License Changes (number of beds, accessibility status, etc.)
- Direct Deposit Information Changes

Please email, fax or mail notice of change to:

Community Care, Inc., Provider Management Department, 1801 Dolphin Dr., Waukesha WI 53186;
Fax: 262-446-6707 or Email: contractinquiries@communitycareinc.org

Quality Improvement – Provider Input Requested!

Quality care is the result of Community Care staff and its network of providers doing three things:

1. Keeping members safe
2. Helping members achieve their desired health and long-term care outcomes
3. Providing a level of service that leads to high satisfaction levels for members

Community Care, Inc. strives to deliver outstanding services so members can achieve their goals and desired outcomes. Delivering quality care is a strategic objective and is driven each year by the Annual Quality Plan. Some examples of quality improvement initiatives include:

- reducing member falls
- improving methods used in patient and member teaching
- preventing avoidable readmissions to hospitals
- coordinating surveys and other regulatory audits which assess Community Care adherence to quality standards.

Community Care encourages its network providers to communicate feedback on how we can continue with our strong tradition of delivering quality care.

Providers can communicate with Community Care through:

- Our Provider Hotline at 866-937-2783
- Our email at contractinquiries@communitycareinc.org
- A survey available regarding satisfaction with our provider hotline for the claims and provider management departments at <http://www.communitycareinc.org/ForProviders/default.htm>.
- A letter to the Quality Improvement Department at:

Community Care, Inc.
Attn: Quality Improvement Dept.
205 Bishops Way
Brookfield, WI 53005

- A phone call to the Quality Improvement Department at (414) 231-4000 or (866) 992-6600.

Reporting Your Residential Vacancies

To report or update your facility's vacancy information, please access our electronic vacancy form via the provider section of our website <http://www.communitycareinc.org/ForProviders/default.htm>. **You must have a Residential Summary on file prior to submitting the form or your vacancy will not be listed.**

Paper vacancy forms and phone calls updating vacancy information are no longer accepted. All vacancy information needs to be submitted through this electronic form.

Community Care cannot guarantee member referrals or placements since we are unable to determine how many members will be seeking placement at one time.

For questions, please call our Provider Hotline at **866-937-2783**, and select option 2.

Provider Communication Requirements

The “Communication Requirements” below are part of your contract with Community Care, Inc. In order to effectively coordinate services, providers must contact the Member or Participant’s Interdisciplinary Team within one business day to communicate the following:

All Programs

- A member needs service, supplies or equipment authorized by Community Care
- An incident occurs with a member, including:
 - Use of restraints or restrictive measures (includes isolation or any form of restraint or protective equipment that restricts voluntary movement or access to any body part and cannot be easily removed by the person)
 - Emergency personnel (police, emergency medical technicians, fire) have had contact with the member
 - The member sustains an injury or injures another person
 - A behavioral event occurs placing the member at risk for harm to self or others.
 - **ALL MEDICATION ERRORS**
 - Alleged, suspected, or observed member abuse, neglect, or exploitation
 - Death of a member (anticipated or unexpected)
 - Elopement
- Change in member condition:
 - Medical, personal, behavioral or financial changes
 - Hospitalization or visit to Emergency Room
 - **ALL FALLS**
- Planning a ‘staffing’ or meeting to discuss the member’s care
- Concerns expressed by a member or on behalf of a member related to care, needs, or wellbeing
- Any other questions or concerns regarding a member

Additional Specifics for the PACE or Partnership Program

- Results from a medical appointment with a non-Community Care physician
- Change in medication directed by a non-Community Care physician
- All medical services must be preauthorized by Community Care

Note: physician services are provided by Community Care for PACE participants

Additional Specifics for the Family Care Program

- Results for medical appointments
- Medication change, add or deletion

Note: For concerns about the member’s health or medical condition, seek medical assistance (doctor, hospital, emergency room,) immediately.

Provider Obligations Related to Member Rights

All providers within the Community Care network have an obligation to ensure member rights. While the list of specific member rights varies among types of providers based upon specific licensing or certification, all members have the right to be free from abuse, neglect, and misappropriation of resources. See your contract appendices for the list of Community Care member rights.

Community Care strives to work with providers to ensure member rights are protected. In rare circumstances, however, a rights limitation or denial may be appropriate in order to ensure the health and safety of a member. Examples of member rights limitations or denials include:

- limiting access to member clothing or other possessions
- restricting access to food
- limiting member access to certain areas of a home

These are considered behavioral interventions and must be included in the member's Behavior Intervention Plan (BIP) which is then added to the Behavior Support Plan (BSP). Documentation must include:

- what has been tried to prevent the need for the limitation or denial,
- why the limitation or denial is the least restrictive way to protect the health and safety of the member, and
- a plan to reduce or eliminate the rights limitation or denial.

The plan is developed collaboratively by the provider, the Care Team, and the member or legal representative. In addition to any licensing requirements providers may have, the plan must also be approved by the Community Care Restrictive Measures Oversight Committee. Finally, the plan must be reviewed regularly (at the very minimum, every six months) for appropriateness with the goal of rights restoration. If the rights limitation or denial includes restrictive measures, the use of restrictive measures must be included in the BIP. Examples of restrictive measures include:

- two-person holds
- basket holds
- isolation.

Restrictive measures use must be approved by the Community Care Restrictive Measures Oversight Committee and must be approved in writing by the State's Department of Health Services (DHS). Restrictive measures are approved as a last resort for a limited period of time. BSPs and BIPs must be detailed and include documentation of imminent danger and of behavior support strategies which were attempted but not successful. Documentation must include:

- the training plan,
- how staff is trained in appropriate use of restrictive measures,
- which staff members may implement them,
- how members are monitored during use,
- and when restrictive measures are discontinued.

Any use of restrictive measures must be documented and reported to the member's Care Team within 24 hours. This includes both approved measures which are part of the BIP and measures used in an unexpected emergency situation. Be aware that some restrictive measures are prohibited by DHS in community settings regardless of the circumstances. These include any takedown to a horizontal position, use of any blanket wrap devices, or use of seclusion (forced separation by placing the member in a closed locked room).

Training on member rights and restrictive measures is offered regularly by DHS. Community Care also offers technical assistance to providers related to member-specific situations. Questions related to the topic of member rights and restrictive measures should be directed to Community Care's Behavioral Health Plans Coordinator at 414-902-2383.

Updated HIPAA Rule Increases Patient Privacy, Health Information Security

In January, the U.S. Department of Health and Human Services (HHS) strengthened the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The final rule substantially improves privacy protections, provides new rights for individuals regarding their health information, and strengthens the government's enforcement ability.

The original HIPAA Privacy and Security Rules focused on health care providers, health plans and other entities that process health insurance claims. The updated rule expands many of the requirements to business associates that receive protected health information, such as long-term care service providers contracted by Community Care. Business Associates are now directly liable under the HIPAA Rules and subject to civil and, in some cases, criminal penalties for making uses and disclosures of protected health information that are not authorized by your contract with Community Care or required by law. A business associate also is directly liable and subject to civil penalties for failing to safeguard electronic protected health information in accordance with the HIPAA Security Rule. Penalties for noncompliance are based on the level of negligence with a maximum penalty of \$1.5 million per violation.

The final HIPAA rule set the deadline for compliance to be September 23, 2013, and gives Community Care and contracted business associates up to one year to modify contracts to comply with the rule. Community Care will be reviewing the provider contracts to meet this requirement.

Community Care strongly encourages all contracted providers to review the HIPAA requirements and update business practices to be in compliance with the HIPAA rule and contract terms. Additional information regarding the HIPAA requirements can be found at <http://www.hhs.gov/ocr/privacy/index.html>.

Community Care Insurance Requirements

Community Care requires contracted providers to provide evidence of insurance annually. If you have not already submitted a copy of your 2013-2014 Insurance, please send a copy of your Certificate of Liability Insurance to the Provider Management Department.

We require Community Care, Inc., 1801 Dolphin Dr., Waukesha, WI 53186 be listed as a Certificate Holder on your Certificate of Liability Insurance.

Copies can be mailed, faxed, or emailed to the address listed below.



**Community Care, Inc.
Provider Management Department**

1801 Dolphin Drive, Waukesha, WI 53186

Provider Hotline: 866-937-2783

Fax: 262-446-6707

contractinquiries@communitycareinc.org