

ARPA Adult HCBS Minimum Fee Schedule Provider Cost Survey

Wisconsin Department of Health Services



OCTOBER 2022



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Overview of Survey

Provider Cost Survey Purpose

- DHS will use survey data to develop a minimum fee schedule for select home and community-based services (HCBS) in the Family Care and Family Care Partnership Medicaid programs. Minimum Medicaid payment rates will be set for:
 - Adult family homes (AFHs)
 - Residential care apartment complexes (RCACs)
 - Community-based residential facilities (CBRFs)
 - Supportive home care services, including supported independent living (SIL) services
 - Personal care services
- Once the new fee schedule is implemented (January 2024 target date):
 - DHS will require managed care organizations to reimburse providers no less than the minimum rates.
 - Managed care organizations and providers can still negotiate higher rates based on member needs.

For more information about DHS's HCBS Fee Schedule project, please visit:
<https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform-feeschedule.htm>

Providers Asked to Complete the Survey

- The following providers are being asked to complete the survey:
 - AFHs
 - RCACs
 - CBRFs
 - Supportive home care services, including SIL services
 - Personal care services
- Live-in caregivers, owner-occupied AFHs with 1-2 beds, and any providers that use their social security number as their provider ID for billing purposes do not need to complete the survey. DHS will be conducting focus groups with owner-occupied AFHs with 1-2 beds to collect additional information on their cost structure.

For purposes of this survey training, the term “provider” refers to an individual or entity engaged in the delivery, ordering, or referring of the above-mentioned services.

Key Questions

- **Where can I find the survey?**

The Excel-based survey and all support materials can be downloaded from the DHS website:

<https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform-feeschedule.htm>

If you are unable to use Excel, email us at WIHCBS@milliman.com and we will send you a pdf version of the survey that can be printed and completed as a hard copy, and then returned via email as a scanned document.

- **How do I submit the survey?**

After downloading and completing the survey, attach to an email and send to: WIHCBS@milliman.com

Important notes

- Providers should submit one completed survey only.
- You may receive more than one notice of the survey if you contract with more than one MCO.
- A single submitted survey may include information for multiple NPI and/or MCO-assigned Provider ID numbers used for billing.

Overview of Survey Data Elements

- **General information and attestation** – Organization’s identification and contact information, attestation, and organization-wide information regarding type of services, turnover, and employee raises
- **Bonuses for Clinical/Direct Care Staff** – Signing, retention, and other bonus information
- **Wages** – Staffing, wages, and payment differential information
- **Cost structure** – Overall cost structure, including administrative and program support costs, clinical/direct care workers and supervisors’ salaries and wages, employee related expenses, transportation costs, and non-allowable Medicaid costs
- **Feedback** – Optional tab, to provide additional notes or overall feedback specific to each one of the worksheets

Which Worksheets Do I Need to Fill Out?

WORKSHEET	WHO SHOULD COMPLETE?
A General Information	All providers
B Bonuses for Clinical/Direct Care Staff	All providers
C Wages	All providers
D Cost structure – Res care only OR Res care and SHC or personal care services	Providers that provide residential care services only Providers that provide residential care services and SHC or personal care services
E Cost structure – SHC and personal care only services	Providers providing SHC and personal care services only
F Feedback	All providers

Some worksheets' content will be automatically hidden based on selected answers related to the service type(s) you provide

Ongoing Support

- **Instructions, training materials, and FAQs** posted on the DHS website
<https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform-feeschedule.htm>
- **Dedicated email** for questions that are not answered in the instructions, training materials, or FAQs
WIHCBS@milliman.com
- **Q&A “live” session** offered Wednesday, October 19th, from 1-2 pm CT
 - Attend using the below link:
<https://dhs.wi.zoomgov.com/j/1601254512?pwd=eUg3OEY0ZDNRUnJCZTNEdG5jOHRodz09>
 - Please submit questions for consideration to WIHCBS@milliman.com by Friday, October 14th
 - If you are not able to attend this session, refer to the FAQs online, which will be updated as needed based on the questions asked.

Walkthrough of the Survey Workbook

This segment is covered in the recorded training, accessible via this link: <https://vimeo.com/757777589/16383c6d63>

Questions and Answers

Questions and Answers

- **Why is my participation important?**

The data that you and other providers submit is critical for DHS to develop and implement a minimum fee schedule for select home and community-based services provided in the Family Care and Family Care Partnership Medicaid programs. DHS will require that Family Care and Family Care Partnership managed care organizations (MCOs) pay providers no less than the minimum fee schedule; MCOs and providers can still negotiate higher rates based on member needs.

- **Should I still complete the survey if I don't provide HCBS services anymore, but have provided HCBS Medicaid services in the past?**

Yes, if you have an active Medicaid provider agreement and have provided HCBS services in the last year, you should complete the survey.

Questions and Answers (Continued)

- **I have questions on the Provider Cost Survey, can somebody please call me to discuss?**

Please review all instructions and training materials. If you still have questions after reviewing the support materials, please email Milliman your question at WIHCBS@milliman.com for additional support.

- **If we work with multiple MCOs, do we need to complete one Provider Cost Survey for each contract?**

Providers only need to submit one Provider Cost Survey for all services provided. Providers may report more than one billing ID number in the workbook. Providers should only submit one Provider Cost survey on behalf of everyone for which are an employer of record.

- **Can I resubmit a survey that was submitted in error?**

Yes, please resubmit the survey and we will exclude the previously submitted survey from our analysis.

Questions and Answers (Continued)

- **Where can I get a copy of the survey?**

The Excel-based survey and all support materials can be downloaded from the DHS website:

<https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform-feeschedule.htm>

If you are unable to use Excel, email us at WIHCBS@milliman.com and we will send you a pdf version of the survey that can be printed and completed as a hard copy, and then returned via email as a scanned document.

- **How do I submit the survey?**

After downloading and completing the survey, attach the completed survey file to an email and send to:

WIHCBS@milliman.com

Next Steps

Next Steps

- Reach out across your organization as needed for the data to complete the survey.
- Check the DHS website to download and review the survey instructions and updates to the FAQs.
- Attend Q&A session offered on October 19th, from 1-2 pm CT
 - Attend using the below link:
<https://dhs.wi.zoomgov.com/j/1601254512?pwd=eUg3OEY0ZDNrUnJCZTNEEdG5jOHRodz09>
 - Please submit questions for consideration to WIHCBS@milliman.com by Friday, October 14th.
 - If you are not able to attend this session, refer to the FAQs online, which will be updated as needed based on the questions asked.

Additional questions? Please visit DHS's website regarding this important initiative

(<https://www.dhs.wisconsin.gov/arpa/hcbs-ratereform-feeschedule.htm>) or email (WIHCBS@milliman.com)



Thank you!

Limitations

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