



Northern Bridges
Connections & Choices in Long-Term Care



Provider Handbook

2011

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PREFACE

The Provider Handbook is available to all providers who are affiliated with NorthernBridges' managed care organization. If you have questions or you need help in understanding anything in this handbook, please call the NorthernBridges' Provider Network Development staff at 715-934-2266.

Providers should use this handbook in conjunction with other resources, including:

- Family Care Guide for Wisconsin Medicaid-Certified Providers
- Wisconsin Medicaid All-Provider Handbook
- Wisconsin Medicaid service-specific handbooks
- Wisconsin Medicaid and BadgerCare Updates
- Wisconsin Administrative Code, Chapters HFS 101-108.

For more information, providers may also refer to:

Wisconsin Medicaid's website at www.dhs.state.wi.us/medicaid

Long-term Care website at www.dhs.state.wi.us/LTCare

Wisconsin Medicaid's Provider Services at (800)947-9627 or (608)221-9883

Wisconsin Medicaid's Professional Relations representative (refer to the Provider Resources section of the All-Provider Handbook for a list of Professional Relations representatives.)

INTRODUCTION

Family Care

Family Care, authorized by the Wisconsin governor and legislature in 1998, serves people with physical disabilities, developmental disabilities, and frail elders. The specific goals are:

- **Access** to all basic Family Care Services,
- **Choice** of living arrangement, care plan options and service providers,
- **Quality** service to achieve clinical, functional and personal experience outcomes, and
- **Cost-effective** services managed efficiently to achieve outcomes.

Family Care has two major organizational components:

Aging and Disability Resource Centers (ADRCs): 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 Organizations (MCOs): 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. NorthernBridges is the MCO for 11 counties: Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Price, Polk, Rusk, Sawyer, and Washburn.

NorthernBridges coordinates and is responsible for quality assurance and billing, as well as for contracting with providers throughout the 11 counties. This contracting process is called Provider Network Development, and these providers deliver the services needed by our members. **Services provided must be high-quality, member-centered, cost-effective, and outcome-based.**

About NorthernBridges:

Our Mission:

Providing members the best life possible.

Our Vision:

We are the leader and standard of excellence in member care.

What we are about...

- We are about what any one of us would want for our mother or father.
- We are about our loved ones living independently with dignity.
- We are about allowing people to stay in the homes where they raised their family.
- We are about a daughter living her life knowing her parents are being cared for.
- We are about a son living independently.
- We are about peace of mind of family members.
- We are about consistent care no matter where you live.
- We are about people obtaining the outcomes they want despite their circumstances.
- We are about providing our members the best life possible.

How we do this...

We listen to and learn about our members' desires for their life, their personal outcomes, along with:

- **Integrity in what we do and say:** Living with integrity while striving to earn the respect of our members and others through humility.
- **Leadership/Ownership:** Celebrating successes and taking responsibility for lessons learned.
- **Excellence:** Bringing out the best of you and bringing out the best of others.
- **Fun with Challenge/Change:** Accepting challenges and embracing change while having fun.
- **Simplicity/Good Judgment/Common Sense:** Adding great value by keeping things as simple as possible, making sound judgments, and using common sense.
- **Accountability/Profitability:** Providing top quality choices for our members, stability for our employees, and survival through downturns.

The Family Care Benefit Offered:

Family Care improves the cost-effective coordination of long-term care services by creating a single flexible benefit that includes a large number of health and long-term care services that otherwise would be available only through separate programs. A member of NorthernBridges has access to a large number of specific health services offered by Medicaid, as well as the long-term care services in the Home and Community-Based Waivers. In order to assure access to services, NorthernBridges develops and manages a comprehensive network of long-term care services and supports through contracts with providers. NorthernBridges is responsible for assuring and continually improving the quality of care and services members receive. NorthernBridges receives a monthly per-person capitation payment to

manage and purchase care for its members, who may be living in their own homes, group living situations, or nursing facilities.

Some highlights of the Family Care benefit include:

People Receive Services Where They Live.

NorthernBridges' members receive Family Care services where they live, which may be in their own home or supported apartment or in alternative residential settings such as Residential Care Apartment Complexes (RCACs), Community-Based Residential Facilities (CBRFs), Adult Family Homes (AFHs), Nursing Homes, or Intermediate Care Facilities for people with developmental disabilities.

People Receive Interdisciplinary Care Management.

Each member has support from an Inter-Disciplinary Team that consists of, at a minimum, a Care Manager and a Nurse Care Manager. Other professionals, as appropriate, also participate as members of the team. The Inter-Disciplinary Team conducts a comprehensive assessment of members' needs, abilities, preferences, and values with members and their representatives, if any. The assessment looks at areas such as: activities of daily living, physical health, nutrition, autonomy and self-determination, communication, and mental health and cognition.

People Participate in Determining the Services They Receive.

Members or their authorized representatives take an active role with the Inter-Disciplinary Team in developing their care plans. NorthernBridges provides support and information to assure members are making informed decisions about their needs and the services they receive. Members may also participate in the Self-Directed Supports (SDS) component of Family Care, in which they have increased control over their long-term care budgets and providers.

People Receive Family Care Services that Include:

- **Long-Term Care Services** that have traditionally been part of the Medicaid Waiver programs or the Community Options Program. These include services such as adult day care, home modifications, home-delivered meals, and supportive home care.
- **Health Care Services** that help people achieve their long-term care outcomes. These services include home health, skilled nursing, mental health services, and occupational, physical and speech therapy. For Medicaid recipients, health care services not included in Family Care are available through the Medicaid fee-for-service program.
- **Primary Health Care Coordination.** In addition to assuring that people get the health and long-term care services in the Family Care benefit package, the MCO Interdisciplinary Teams also help members coordinate all their health care, including, if needed, helping members get to and communicate with their physicians and helping them manage their treatments and medications.

- **Help to Achieve Employment Objectives.** Services such as daily living skills training, day treatment, pre-vocational services and supported employment are included in the Family Care benefit package. Other Family Care services such as transportation and personal care also help people meet their employment goals.
- **Best Achieve Their Outcomes.** The MCO may decide to provide services not listed in the Family Care benefit package. The MCO interdisciplinary care management team and the member may decide that other services, treatments or supports are more likely to help the member achieve his or her outcomes, and the MCO would then authorize those services in the member's care plan.

Family Care Roles

The Inter-Disciplinary Team:

The Inter-Disciplinary Team is a group of people who work together to reach a common goal. Each person on the team contributes his or her own ideas. When an individual becomes a member of NorthernBridges, they become the center of the Inter-Disciplinary Team. 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 Inter-Disciplinary Team, 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 Inter-Disciplinary Team. 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.

Care Manager:

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

Nurse Care Manager:

The Nurse Care Manager evaluates members' health care needs and coordinates health care services with members. The Nurse Care Manager 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 Nurse Care Manager 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 a 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.

Definition of “Outcomes”

Care Managers work with members/guardians to identify what is important to members and identify their personal outcomes. Outcomes drive the Individual Service Plan. NorthernBridges supports members in meeting their outcomes. An example of an outcome members frequently desire is to live at home. This is an outcome. Another example may be a member’s desire to work. There are many outcomes – they are personal and individual-specific. When services are purchased to meet an outcome, they are expected to be cost-effective as well as show measurable progress to help achieve the outcomes.

Family Care may not be able to help members obtain everything they want out of life. In addition, NorthernBridges 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 (informal supports), are still a very important part of any plan to help members achieve their personal outcomes. The personal outcomes that Family Care does help people achieve are:

- People are treated fairly.
- People have privacy.
- People have personal dignity and respect.
- People choose their services.
- People choose their daily routine.
- People achieve their employment objectives.
- People are satisfied with services.
- People choose where and with whom to live.
- People participate in the life of the community.
- People remain connected to informal support networks.
- People are free from abuse and neglect.
- People have the best possible health.
- People are safe.
- People experience continuity and security.

MEMBER ELIGIBILITY

Eligibility for Family Care

A member/guardian can choose to enroll in the NorthernBridges MCO if they are a resident of a participating county, are at least 18 years old, and have a long-term care need. The individual must also be functionally and financially eligible for Family Care and the individual must agree to sign the enrollment form. Family Care is a voluntary program. Individuals can enroll by calling or visiting an Aging and Disability Resource Center (ADRC). See Appendix C for a list of participating counties and resource center contact information.

Functional Eligibility

An individual must be functionally eligible for Family Care. Aging and Disability Resource Center staff will work with the individual to see if they meet functional eligibility criteria. Individuals must be an adult with physical disability, developmental disability, or be over the age of 65 years.

Financial Eligibility

The economic support unit in the person's county of residence will assign a worker to determine financial eligibility for individuals desiring to enroll in Family Care. The worker will determine if the individual meets the financial eligibility criteria for NorthernBridges, Medical Assistance (Medicaid), or other financial assistance.

Eligibility Verification

An individual will be asked to provide the following to verify eligibility:

- Information about the individual's health and support needs,
- Information about the individual's income and assets, and
- A signed "Release of Information" form for medical records to better understand the individual's long-term care and health needs.

Member Enrollment Process

Individuals are enrolled in Family Care after they have gone through the financial and functional eligibility process with an 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 Aging and Disability Resource Center 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 NorthernBridges. The Aging and Disability Resource Center will refer the individual to NorthernBridges upon enrollment in Family Care.

COVERED AND NON-COVERED SERVICES

Covered Services

The following services are included in the Family Care Benefit Package:

- Adaptive Aids
- Adult Day Care
- Alcohol and Other Drug Abuse Services, **except** those provided by a physician or on an inpatient basis
- Alternative Treatments (acupuncture, massage therapy)
- Care Management
- Communication Aids/Interpreter Services
- Community Support Program
- Consumer Education and Training
- Counseling and Therapeutic Resources
- Daily Living Skills Training
- Day Services/Treatment
- Durable Medical Equipment, **except** for hearing aids and prosthetics
- Home Health Care Services
- Home Modifications
- Housing Counseling
- Meals: Home Delivered only
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, **except** those provided by a physician or in an inpatient setting
- Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease)
- Nursing Services (including respiratory care, intermittent and private duty nursing)
- Occupational Therapy (in all settings **except** for inpatient hospital)
- Personal Care
- Personal Emergency Response System (PERS) Services
- Physical Therapy (in all settings **except** for inpatient hospital)
- Prevocational Work Services
- Relocation Services
- Certified Residential Care Apartment Complex (RCAC)
- Community-Based Residential Facility (CBRF)
- Adult Family Home (AFH)
- Respite Care
- Specialized Medical Supplies
- Speech and Language Pathology Services (in all settings **except** for inpatient hospital)
- Supported Employment
- Supportive Home Care
- Transportation: Select Medicaid covered (i.e., Medicaid covered transportation services **except** ambulance and transportation by common carrier) and Non-Medicaid covered
- Vocational Futures Planning

Non-Covered Services

The Family Care benefit package does not include the following services:

- Ambulance transportation
- Audiology
- Chiropractic
- Crisis Intervention Services
- Dentistry
- End-Stage Renal Disease Services
- Eyeglasses
- Family Planning Services
- Hearing Aids (including batteries, accessories, and assistive listening devices; and repair and maintenance of hearing aids and assistive listening devices)
- Hospice
- Hospital: Inpatient
- Hospital: Outpatient (except physical therapy, occupational therapy, speech and language pathology, mental health services, and substance abuse treatment)
- Independent Nurse Practitioner services
- Lab and X-ray
- Mental Health Services, provided by a physician or provided in an inpatient hospital setting
- Nurse Midwife Services
- Optometry
- Pharmaceuticals
- Physician Services
- Podiatry
- Prenatal Care Coordination
- Prosthetics (including repair and maintenance)
- School-based services
- Substance Abuse Services, provided by a physician or provided in an inpatient hospital setting
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PROVIDER NETWORK

To provide and manage care for our members, NorthernBridges has developed a network of providers under contract. NorthernBridges 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.

NorthernBridges will add providers to our provider network when all of the following standards are met:

- The service is a Family Care benefit;
- The provider's mission statement and/or philosophies complement Family Care outcomes and the mission of NorthernBridges;
- The provider meets all applicable licensing/certification requirements as they apply to the services to be provided;
- The provider has demonstrated education and/or experience with proposed services and target group served;
- The provider has demonstrated competency with personnel practices related to hiring of staff, training, monitoring, and supervision of employees;
- The structural setting of services is of sufficient capacity and is safe for service provision;
- The provider has a demonstrated ability to meet other applicable standards that are required by law or per their contract with NorthernBridges;
- The provider is able to demonstrate the ability to ensure the health and safety of members;
- The provider has demonstrated adequate financial stability to operate a business;
- The provider has positive references that illustrate competency and quality services;
- The provider is willing and able to sign and adhere to all components of the NorthernBridges contract and/or agreement; and
- The provider is willing to submit other materials as requested by NorthernBridges to illustrate quality, competency, and fiscal soundness.

Requests to Add a Provider

NorthernBridges' Provider Network Development staff will handle and process requests to add providers to the Provider Network. Care Managers will help members/guardians through the process of requesting a specific provider should they desire to have a provider added which is not currently in the network. Providers are also able to request a contract with NorthernBridges by contacting the Provider Network Development staff directly.

Member Choice

Members have many choices in Family Care including choices among services and providers, which include:

- For “Critical Personal Services” (Personal Care Services), to choose any qualified provider who will accept a rate NorthernBridges is willing to pay and meets NorthernBridges’ provider standards. “Critical Personal Services” are services that involve intimate personal needs or include services in which a provider needs to frequently go into a member’s home;
- For other services, to choose from among the providers within the NorthernBridges Provider Network, and to request NorthernBridges consider adding specific providers to the NorthernBridges Provider Network;
- To request a second opinion from a qualified health care professional within the NorthernBridges Provider Network;
- To have a family member, relative, or friend, paid to provide a service approved by the Inter-Disciplinary Team if the family member, relative, or friend agrees to accept the rate NorthernBridges is willing to pay and meets NorthernBridges’ requirements and provider standards. (Note: members, or their guardian or Power of Attorney for Health Care will be considered the employer in these situations and the member will work with a fiscal intermediary that assists the member with specific employer duties through an option called Self-Directed Supports or SDS. SDS is not available for residential facility placements);
- To choose to request a provider outside the NorthernBridges’ Provider Network if the network does not have providers with the specialized expertise or knowledge needed to treat a member’s condition or meet a member’s specific needs;
- To choose a Self-Directed Supports (SDS) option to manage his/her own services or with the member’s own team of natural supports;
- To change the member’s Interdisciplinary Teams up to two times per calendar year if NorthernBridges has additional Interdisciplinary Teams to offer the member.

CONTRACT PROCESS

Documentation Requirements

There are many documents that are required as part of the NorthernBridges’ contracting process. These documents may differ depending on provider type but generally include:

- The purchase of service contract or limited purchase agreement entered into by and between you “the provider” and NorthernBridges
- Copies of your licenses and certificates, as applicable
- Copies of your insurance declaration pages listing amount of insurance coverage and dates of coverage
- Copy of your Civil Rights Plan or Assurance, as applicable

- Criminal Background Check Appendix A form and Contract Checklist sign-off
- Provider references, upon request
- Provider Application Form
- W-9
- Other documentation as requested by NorthernBridges

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 Provider Network Department to report any such changes. The contact information for the Provider Network Department is as follows:

NorthernBridges
15954 River's Edge Drive
Suite 300
Hayward, WI 54843
(715) 934-2266
(715) 934-2268 (FAX)
(800) 508-6967
Email: providers@northernbridges.net

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 of yours has actual, direct contact with Family Care members, you must ensure that background checks are conducted on all employees 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 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, NorthernBridges' Provider Network Development staff may audit your personnel files to assure compliance with the NorthernBridges and State of Wisconsin Caregiver Background Check Policies.

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 of yours, and any subcontractors, agents and assigns who will perform any work with NorthernBridges' members. You are required to notify NorthernBridges' Provider Network Development staff in writing 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 NorthernBridges any and all information requested by NorthernBridges 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 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 residential facility (which may be an adult family home (AFH), community-based residential facility (CBRF), or an assisted living facility), as part of the member's approved services plan, NorthernBridges will pay for the support and supervision portion of the care, and the member/guardian will be required to pay the rent and food portion of the facility's cost. These costs are also called "Room and Board" costs. The member/guardian will be informed of the room and board rate and the member/guardian will receive a monthly bill from NorthernBridges for their room and board expenses. Room and board costs are a flat rate based on the type of facility. Room and board costs are different than a cost share, which is based on the member's income and/or assets. NorthernBridges will pay providers the full daily rate for the facility and NorthernBridges will bill the member/guardian directly for room and board costs.

CLAIMS INFORMATION

Preparing and Submitting Claims

Providers need to submit clean claims (see Definitions) to NorthernBridges within the required timelines. NorthernBridges will reject all claims that do not include the elements of a clean claim or are not filed within the required timelines. Please note that clean claims must be submitted within 90 days of the start date of the service period. Claims may be submitted either electronically or by US mail. To submit your claims electronically, instructions can be found at www.northernbridges.com or by calling 1-800-508-6967..

Please submit paper claims to the following address:

NorthernBridges
P.O. Box 309
Thiensville, WI 53092

Claims for Medicaid services must be submitted in a format and coding system acceptable to Wisconsin's Medical Assistance Program.

For claims previously billed to a third party payor, please make sure you attach a copy of the Remittance Advice or Explanation of Medicare Benefits to the claim form, or the claim will be denied and returned to you unpaid.

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

Reimbursement Information

NorthernBridges will pay all clean claims that receive advance authorization within 30 days of receipt of the claim. Checks will be mailed directly to you at the remittance address provided.

Submission Deadlines

Providers must bill NorthernBridges no later than 90 days from the time services are provided, unless a different timeline (provider-specific) has been approved and established for you. The ninety day timeline begins with the first date of service.

NorthernBridges is the payor of last resort. The Provider must bill other primary third party payors first. In the event the primary payor denies the claim or makes only a partial payment on the claim, you must make sure that you submit invoices to NorthernBridges **within 45 days** of receiving the denial or partial payment. NorthernBridges will then determine the appropriate additional payment, if any.

Claims Appeals

You can dispute a claims denial or partial claims payment by requesting reconsideration. To request reconsideration, you must file a written request with NorthernBridges' Provider Network Development staff within 60 days of NorthernBridges' action. Please submit reconsiderations (appeals) to NorthernBridges' Provider Network Development staff at:

NorthernBridges
15954 River's Edge Drive
Suite 300
Hayward, WI 54843

If you file a request for reconsideration or appeal, you must clearly mark it as an "appeal" and indicate your name, address, date(s) of service, date of billing, date of rejection, and reasons for your request for reconsideration or appeal. Please include any supporting documentation that may be of assistance when reviewing the claim denial.

If you have any questions regarding this process, please contact NorthernBridges' Provider Network Development staff and they will guide you through this process.

If you do not agree with NorthernBridges' decision upon reconsideration, or if NorthernBridges does not respond to your request, you can file an appeal reconsideration request or failure to respond complaint to the Department of Health Services (DHS). You must file this request with DHS within 60 days of NorthernBridges' final decision or failure to respond. Any appeal submitted to the Department of Health Services should be sent to:

Provider Appeals Investigator
Office of Family Care Expansion
1 West Wilson Street, Room 518
P.O. Box 7851
Madison, WI 53707-7851

PRIOR AUTHORIZATION

Prior Authorization Request

All services provided to members must be authorized by NorthernBridges prior to the delivery of services. Written authorization for services is required prior to billing and payment for services can be rendered. The total amount of services provided may not exceed the amounts authorized in writing by NorthernBridges.

NorthernBridges has the final authority in determining member eligibility 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 of our prior authorization requirements.**

You must only provide services to members in the amounts authorized by NorthernBridges. 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 NorthernBridges.**

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.

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. See Appendix B for contact information, including after-hours and emergency contact information.

COMMUNICATION

Reporting

NorthernBridges strives to ensure good communication between agencies. For questions, please contact the following:

- Questions regarding a member – contact the member’s Inter-Disciplinary Team
- Request seeking authorization for services – contact the member’s Inter-Disciplinary Team
- Emergency Contact Information – see Appendix B
- Questions related to your contract – contact NorthernBridges’ Provider Network Development staff.

You are required to report any of the following to the member’s Inter-Disciplinary Team or emergency contact for emergency situations when the Inter-Disciplinary Team cannot be reached:

- changes in a member’s condition;
- member injury;
- member illness;
- member hospitalization;
- member deterioration.

Contact Information

See Appendix B for Inter-Disciplinary Team and emergency/after-hours contact information.

NorthernBridges Website

Please visit our website at www.northernbridges.com. It provides information for providers, members and the general public.

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. NorthernBridges 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.

Member Satisfaction Survey

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

Provider Satisfaction Survey

NorthernBridges will periodically request that providers complete a satisfaction survey. As part of the survey, providers will be asked to assess the quality of the services they provide.

Access Standards

NorthernBridges is committed to ensuring that members have access to providers that are part of the NorthernBridges Provider Network. Access is defined as members having timely access to the services they need and that they also have physical access to providers, which includes provider availability and the physical structure of provider facilities. While supporting access to services for all of our members, NorthernBridges has special concern for vulnerable populations who may have special health needs or who may be at risk for adverse health outcomes. These populations require targeted interventions and tailored programs to achieve improvements in health status. NorthernBridges is committed to ensuring that members have access to specialized services. NorthernBridges' Provider Network Development staff will work with providers to ensure adequate access to services.

Provider Meetings

NorthernBridges will sponsor periodic meetings in various areas of the region to communicate with and provide educational opportunities for providers. The meetings occur three times per year. At the beginning of the preceding month, a Provider Newsletter will be sent to inform you of the time and place of the meeting. This information will also be available at www.northernbridges.com under the Service Provider tab.

PROGRAM INTEGRITY

NorthernBridges is committed to protecting the integrity of its managed care program. NorthernBridges 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 NorthernBridges, our members, and our personnel, and would violate our commitment to program integrity. Fraud and abuse could harm NorthernBridges' viability. NorthernBridges 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 to 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 any act that constitutes abuse under applicable federal or state law.

"Underutilization" shall mean when an organization shows a pattern of failing to provide NorthernBridges' members with medically necessary, adequate health care services in a timely manner, while being reimbursed per plan.

"Over Authorization" shall mean when an organization shows a pattern of over authorizing services when a member's needs do not justify the amount or type of service, while being reimbursed per plan.

“Cherry-Picking” shall mean selecting the healthiest segment of the enrollment population that could result in lower costs for NorthernBridges or provider and also may result in inadequate care for the highest needs members.

Forms of cherry-picking include:

- Misuse of health needs questionnaires,
- Attempts to discourage individuals with potentially high utilization needs from joining Family Care,
- Choosing to hold a health fair, etc., in a location that would not enable or would discourage disabled individuals from attending, and
- Distributing marketing materials in locations where only “healthy” potential enrollees are likely to access them.

Program Integrity Compliance

Providers must not provide services or bill in a manner that would be considered a violation of our Program Integrity policies, 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.

Reporting

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

NorthernBridges
Program Integrity Compliance Officer
15954 River’s Edge Drive
Suite 300,
Hayward, WI 54843
(715) 934-2266
(715) 934-2268 (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.

UNINTENDED EVENTS

Definitions

“Unintended Event” shall mean any actual or alleged event/situation that results in death, or creates a significant risk or serious harm to the physical health, mental health, safety or well being of a member. Unintended events include the following events/situations:

- Any abuse or neglect of the member that is known or suspected;

- Errors in medical or medication management;
- The initiation of an investigation by law enforcement of an event or allegation regarding a member as either a perpetrator or victim, unless such action is a component of an approved crisis or treatment plan;
- Violation of a member’s rights resulting in substantial harm or loss of property;
- Crime committed by or against the member resulting in substantial harm or loss of property;
- Significant and substantial damage to the residence of the member or service provider;
- Use of isolation, seclusion or restraint by a service provider which is not included and approved as part of a support plan; and
- An event or behavior that causes serious injury or risk to the member, which may include running away, setting a fire, violence, hospitalization resulting from an accident, suspected or confirmed suicide attempts or death of a member.

“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 NorthernBridges’ Member Handbook.

Reporting Unintended Events

All individuals or entities providing services to NorthernBridges’ members are required to report unintended events as defined above to NorthernBridges within 24 hours from the time the provider becomes aware of the incident/situation. All deaths of members must be reported to NorthernBridges within 24 hours, whether unexpected or not. This can be accomplished by calling NorthernBridges directly or by using the emergency/after-hours contact information in Appendix B.

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

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

MEMBER GRIEVANCE AND APPEAL

Definitions

“Action” means:

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension, or termination of a previously authorized service that is less than requested;
- The denial, in whole or in part, of payment for a service;
- The failure to provide services and support items included in the member’s plan in a timely manner, as defined by the state;
- The failure of NorthernBridges to act within the established timeframes for resolution of grievances or appeals; or,
- The development of an individualized services plan that is unacceptable to the member because any of the following apply:
 - The plan is contrary to a member’s wishes insofar as it requires the member to live in a place that is unacceptable to the member;
 - The plan does not provide sufficient care, treatment, or support to meet the member’s needs and identified Family Care outcomes;
 - The plan requires the member to accept care, treatment, or support items that are unnecessarily restrictive or unwanted by the member.

“Appeal” shall mean a request for review of an action.

“Grievance” shall mean an expression of dissatisfaction about any matter other than an action. The term is also used to refer to the overall system that includes grievances and appeals handled at NorthernBridges and at the Department of Health Services, and access to the State Fair Hearing process. (Subjects for grievances include any act, decision or omission by NorthernBridges, including but not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member’s rights).

Member Grievance and Appeal System

Providers must notify NorthernBridges in writing within five (5) business days of all grievances and appeals filed in writing against you and the action you took to resolve such grievances and/or appeals. Members usually file directly with NorthernBridges.

You must fully cooperate with NorthernBridges in researching and resolving complaints and grievances regarding your services. Such cooperation will include furnishing information to NorthernBridges on member grievances and appeals within 15 days of the request.

The member grievance and appeal procedures can be found in the NorthernBridges Member Handbook. In the event that a member complains directly to you, you should direct the member to call NorthernBridges’ Quality Coordinator at (715) 934-2266.

RESTRAINT AND SECLUSION

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 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. NorthernBridges will work with you in establishing a plan.

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
- 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 NorthernBridges' 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 NorthernBridges.

Reporting

You must immediately report all allegations of confidentiality violations to NorthernBridges' Provider Network Development staff and include your plan of action to address the violation if substantiated.

Investigating

NorthernBridges' Provider Network Development staff will work with you in investigating any instances of alleged violation and will work with you to resolve substantiated violations.

Appendix A

Definitions

Business Hours/Days - Business Hours/Days are defined as 8:00 a.m. to 4:00 p.m. Monday through Friday.

Clean Claims - Clean Claims are those claims that are submitted to NorthernBridges that are completely and accurately filled out. Only clean claims will be considered for payment.

Managed Care Organization (MCO) - A Managed Care Organization (MCO) is an entity that has been certified by the state as meeting the requirements for a Managed Care Organization under s.46.284(3), Wis. Stats. and has a contract under s.46.284(2), Wis. Stats.; and s. HFS 10.42. NorthernBridges is an organization that has been certified by the Department of Health Services to make available to members, in consideration of periodic fixed payments, certain long-term care and health care services.

Member - A member is a person voluntarily enrolled in the NorthernBridges' MCO after having been found to be financially and functionally eligible for services from NorthernBridges.

Contract - The contract/agreement between a provider and NorthernBridges and all addendums, attachments, schedules, amendments, and exhibits attached thereto.

Culturally Competent - Services provided in a manner that honors the member's beliefs and customs and is sensitive to the cultural diversity and background of the member. This cultural competence will be demonstrated in written and verbal communications with the member and the member's family and in the training of provider staff.

DHS - Wisconsin Department of Health Services, 1 West Wilson Street, Madison, Wisconsin 53701.

Emergency - An unforeseen combination of circumstances or the resulting state that calls for immediate action.

Family Care - The name given to the Wisconsin Long-term Care Expansion Initiative including the provision of long-term care services, referrals, and eligibility determination by an Aging & Disability Resource Center and managed care organization.

Grievance - A written communication submitted by or on behalf of a member expressing dissatisfaction with any aspect of NorthernBridges' or providers' operations, activities, or behavior that pertain to: 1) the availability, delivery, or quality of long-term care or health care services, including service authorization decisions that are adverse to the member; 2) payment, treatment, or reimbursement of claims for long term care and health care services; 3) issues unresolved through the complaint process.

Service Authorization - A service authorization is an official document sent by the NorthernBridges (electronically and/or by mail) to a service provider indicating that NorthernBridges is willing to pay for the requested service(s) that will be provided to the member by the provider. A service authorization will indicate the name of the member authorized to receive the service; the type of service to be provided; the number of units (amount of service) to be provided; the rate to be paid per unit for the service; the duration of the authorization; and the funding source.

Appendix B. Contact Information

<p>NorthernBridges 15954 River’s Edge Drive Suite 300 Hayward, WI 54843</p>	<p>24 Hour Phone Contact: (715) 934-2266 FAX: (715) 934-2268 http://www.northernbridges.com</p>
<p>Provider Network Development Krista Love Provider Network Manager (715) 934-2266 extension 1127 klofefrels@northernbridges.net</p> <p>Holly Samson Provider Network Developer (715) 934-2266 extension 1136 hsamson@northernbridges.net</p> <p>Hunter Qualls Provider Network Developer (715) 934-2266 extension 1124 hqualls@northernbridges.net</p> <p>Tasha Hagberg Provider Network Developer (715)934-2266 extension 1152 thagberg@northernbridges.net</p>	<p>Program Integrity Violation Reporting Program Integrity Compliance Officer Insert phone contact info.</p>
<p>Provider Network Developer staff providers@northernbridges.net</p>	<p>Claims Submission NorthernBridges ATTN: Claims Department P.O. Box 309 Thiensville, WI 53092</p>

Appendix C -

Douglas County Aging and Disability Resource Center –

1316 N. 14th Street, Suite # 327
Superior, WI 54880
Phone – 715-395-1234
Toll Free – 866-946-2372

Barron County Aging and Disability Resource Center –

Government Center
330 E. LaSalle Avenue, Room 100
Barron, WI 54868
Phone – 715-537-6225
Toll Free – 888-538-3031

Rusk County Aging and Disability Resource Center –

Courthouse, Suite C260
311 Miner Avenue East
Ladysmith, WI 54848
Phone – 715-532-2176
Toll Free – 888-538-3031

Washburn County Aging and Disability Resource Center –

Spooner Annex Building
850 W. Beaverbrook Avenue, Suite 4
Spooner, WI 54801
Phone – 715-635-4460
Toll Free – 888-538-3031

Ashland, Bayfield, Iron, Price & Sawyer Counties –

Ashland Office
630 Sanborn
Ashland, WI 54806
Toll Free – 866-663-3607

Bayfield Office
117 E. 5th Street, P.O. Box 100
Washburn, WI 54891
Toll Free – 866-663-3607

Hurley Office
Courthouse
300 Taconite Street, Suite 201
Hurley, WI 54534

Toll Free – 866-663-3607

Phillips Office

146 S. Eyder Avenue, P.O. Box 88

Phillips, WI 54555

Toll Free – 866-663-3607

Hayward Office

10610 Main Street

Hayward, WI 54843

Toll Free – 866-663-3607

Burnett, Polk and the St. Croix Tribe –

Balsam Lake Office

ADRC of NW WI

100 Polk County Plaza, Suite 60

Balsam Lake, WI 54810

Phone – 715-485-8449

Toll Free – 877-485-2372