PROVIDER HANDBOOK

2016

Updated 03/03/2016

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INTRODUCTION

This handbook is issued by My Choice Family Care, a Managed Care Organization (MCO). It provides information and guidance for providers who are affiliated with the My Choice Family Care program. This handbook contains general information about the MCO, Family Care, the My Choice Family Care provider network, and the Family Care Benefit Package. You will also find detailed information about the Provider Portal, Member Rights, service authorizations, how to file clean claims, and how to file an appeal.

This handbook is a good place to answer your questions. It is also a valuable reference for your employees.

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 DHS 101-108

For more information, providers may also refer to:

- Milwaukee County Department on Aging **www.milwaukee.gov/county/aging**
- Wisconsin Medicaid's Web site at **www.dhs.wisconsin.gov/medicaid**
- Long-term care Web site at **www.dhs.wisconsin.gov/LTCare**
- Wisconsin Medicaid's Provider Services at (800) 947-9627 or (608) 221-9883

If you have questions or you need help in understanding anything in this handbook, please call your Contract Services Coordinator. (Refer to Appendix 1 of this handbook for Contract Services Coordinator assignments.)

WHAT IS FAMILY CARE?

In 2000, the State of Wisconsin launched the Family Care program as a pilot program in 5 Wisconsin counties. My Choice Family Care was one of the original 5 pilot counties.

Now serving over 8,400 Members in eight Wisconsin counties, the Managed Care Organization (MCO) has strengthened its commitment to the communities it serves and is now known as My Choice Family Care. A leader in providing the Family Care program in Wisconsin, My Choice Family Care is a robust and thriving operation celebrating 15 years of successfully serving more than 24,000 Family Care Members.

Family Care has **two** major organizational components:

1. Aging and Disability Resource Centers (ADRCs), designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.

Kenosha County
ADRC of Kenosha County
8600 Sheridan Road, Suite 500
Kenosha, WI 53143
Phone: 1 (800) 472-8008
TTY/TDD/Relay: WI Relay 711

Milwaukee County, Age 18-59
The Disability Resource Center of Milwaukee County
1220 W Vliet Street, Suite 300
Milwaukee, WI 53205
Phone: (414) 289-6660
TTY: (414) 289-8559
The Milwaukee County Department of Health and Human Services operates the Disability Resource Center.

Milwaukee County, Age 60 and Older
Aging Resource Center of Milwaukee County
1220 W. Vliet Street, Suite 302
Milwaukee, WI 53205
Phone: (414) 289-6874
TTY: (414) 289-8591
Toll Free: 1 (866) 229-9695
The Milwaukee County Department of Health and Human Services operates the Aging Resource Center.

Ozaukee County
ADRC of Ozaukee County
121 N Main Street
Port Washington, WI 53074
Phone: 1 (866) 537-4261
TTY/TDD/Relay: WI Relay 711

Racine County
ADRC of Racine County
14200 Washington Avenue
Sturtevant, WI 53177
Phone: 1 (866) 219-1043
TTY/TDD/Relay: WI Relay 711

Sheboygan County
ADRC of Sheboygan County
650 Forest Avenue
Sheboygan Falls, WI 53085
Phone: 1 (800) 596-1919
TTY/TDD/Relay: (920) 467-4195

Walworth County
ADRC of Walworth County
W4051 County Road NN
P.O. Box 1005
Elkhorn, WI 53121-1005
Phone: 1 (800) 365-1587
TTY/TDD/Relay: (262) 741-3255

Washington County
ADRC of Washington County
333 East Washington Street, Suite 1000
West Bend, WI 53095
Phone: 1 (877) 306-3030

Waukesha County
ADRC of Waukesha County
500 Rivercenter Avenue
Waukesha, WI 53188
Phone: 1 (866) 677-2372
TTY/TDD/Relay: WI Relay 711

2. Managed Care Organizations (MCO)
The Wisconsin Department of Health Services (DHS) contracts with Managed Care Organizations (MCOs) to provide or arrange Family Care Benefit services.

MY CHOICE FAMILY CARE

My Choice Family Care contracts with the Wisconsin Department of Health Services to administer the Family Care benefit in Milwaukee County per the Health and Community Supports Contract and Administrative Rule HFS 10.

A significant part of our responsibility is to develop a provider network and contract with community organizations able to provide the goods and services funded through our program. This is the role that our providers play in Family Care.

My Choice Family Care is located in the Milwaukee County Courthouse, 901 N. 9th Street, Suite 307A, Milwaukee, WI 53233.

OUR MISSION STATEMENT

My Choice Family Care respects the dignity and personal autonomy of each Member by honoring choice and providing high quality, cost-effective services and supports.

MY CHOICE FAMILY CARE PHILOSOPHY

My Choice Family Care is committed to working together with Members, families, advocates, friends and others in a spirit that:

1. Promotes respect and dignity.
2. Supports choices of our Members.
3. Informs Members about the benefits of their choices.
4. Promotes Member participation.
5. Uses cost-effective methods.
6. Works within government policies and regulations.

WHO IS ELIGIBLE FOR MY CHOICE FAMILY CARE SERVICES?

My Choice Family Care provides services to individuals that meet the following criteria:

- Age and Disability Requirements
  At least 18 years of age
  Persons with physical disabilities, developmental disabilities or frail elders
- Financially Eligible - Determined by Economic Support Division
- Functionally Eligible - Determined by screening with Aging and Disability Resource Center

The Aging and Disability Resource Center (ADRC) determines an individual's eligibility for My Choice Family Care services. Contact the ADRC in the individual's county of residence to initiate the enrollment process.

Individuals choose whether or not they want to be a Member of My Choice Family Care. Once enrolled, an Interdisciplinary Team is assigned to the Member.

The Interdisciplinary Team consists of the individual Member, their families, a case manager, a nurse, and other professionals or consultants as determined necessary by the Member's needs. Upon completion of the eligibility and screen process, the Interdisciplinary Team assesses the individual needs.

FAMILY CARE BENEFIT PACKAGE

Family Care is a comprehensive and flexible long-term care service system, which strives to foster people's independence and quality of life, while recognizing the need for interdependence and support. Family Care improves the cost-effective coordination of long-term care services by creating a single flexible benefit package that includes a large number of health and long-term care services that otherwise would be available through separate programs. My Choice Family Care Members have 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 and the very flexible state-funded Community Options Program. The specific services offered through the Family Care program are as follows:

- Adaptive Aids (general and vehicle)
- Adult Day Care
- Alcohol and other Drug Abuse Services, except those provided by a physician or on an inpatient basis
- Assessment and Case Planning
- Case Management
- Communication Aids/Interpreter Services
- Community Support
- Counseling and Therapeutic Resources
- Daily Living Skills Training
- Day Services and Treatment
- Durable Medical Equipment and Medical Supplies (except for hearing aids and prosthetics)
- Home Health
- Home Modifications
- Meals delivered to Member's home
- Mental Health Services (except those provided by a physician or on an inpatient basis)

- Nursing Facility
- Nursing Services (except for in-patient hospital stays)
- Occupational Therapy (in all settings except for inpatient hospital)
- Personal Care
- Personal Emergency Response System Services
- Physical Therapy (in all settings except for inpatient hospital)
- Prevocational Services
- Residential Services: Intermediate Care Facility for People with Mental Retardation (ICF/MR), Residential
- Care Apartment complex (RCAC), Community Based Residential Facility (CBRF) and Adult Family Home (AFH)
- Respite Care (provided in non-institutional and institutional settings for caregivers of Members)
- Specialized Medical Supplies
- Speech and Language Pathology Services (in all settings except for inpatient hospital)
- Supported Employment
- Supportive Home Care
- Transportation: all Medicaid covered transportation services (except ambulance)

Providers **must obtain prior authorization** from the Member's Care Manager for **all** services to be rendered. My Choice Family Care may not cover the cost of the services not without prior authorization.

My Choice Family Care will reimburse providers at negotiated contracted rates or at current Medicaid fee-for-service rates for Family Care Benefit services.

FAMILY CARE BENEFIT PACKAGE EXCLUSIONS

Acute and primary care services, including physician visits, hospital stays and medications, are not included in the Family Care Benefit Package. Medical services will remain fee-for service for those who are Medicaid eligible and can access these services with their Forward Card.

The following Medicaid fee-for-services are **not** included in the "Family Care Benefit Package."

- Alcohol and other Drug Abuse services provided by a physician or in an inpatient hospital setting
- Audiologist
- Chiropractic
- Crisis Intervention
- Dentistry
- Eyeglasses
- Family Planning Services

- Hearing Aids
- Hospice
- Hospital, Inpatient and Outpatient, including emergency room care (except for Outpatient Physical Therapy, Occupational Therapy, Speech, Mental Health services from a non-physician and Alcohol and other Drug Abuse from a non-physician)
- Independent Nurse Practitioner services
- Lab and X-Ray
- Medication
- Mental Health Services provided by a physician or in an inpatient hospital setting
- Optometry
- Physician and Clinic Services (except for Outpatient Physical Therapy, Occupational Therapy, Speech, Mental Health services from a non-physician and Alcohol and other Drug Abuse for a non-physician)
- Podiatry
- Prenatal Care Coordination
- Prosthetics

My Choice Family Care may consider paying for the benefit exclusion services listed above on an individual basis even though they are not a Family Care benefit. Providers **must obtain prior authorization** from the Care Manager before rendering services if they want My Choice Family Care to cover the cost of the service.

Providers should continue to bill Medicaid for services that are not included in the Family Care benefit package when provided to Medicaid-eligible My Choice Family Care members.

For services that are not included in the Family Care Benefit package, providers should bill the Member's Medicaid fee-for-service through Forward Health or bill their primary commercial health insurance.

PROVIDER NETWORK

The network of providers have signed contracts with My Choice Family Care and agreed to adhere to all components of the contract including, but not limited to:

- Agree to My Choice Family Care rates.
- Follow contractual requirements.
- Maintain ongoing communications with My Choice Family Care.
- Meet or exceed quality assurance expectations of My Choice Family Care.

The contract specifies the services that an agency is authorized to provide to My Choice Family Care Members. As a contracted provider in the My Choice Family Care Provider Network, the agency is added to the Provider Directory, which is given to each Member. Members and their Interdisciplinary Team choose service providers from the Provider Directory. All providers are required to be HIPAA compliant.

The Health and Community Supports Contract and HFS 10 requires My Choice Family Care to continually monitor the Provider Network to ensure that service capacity and access are managed in accordance with current and anticipated Member service demands. Excess capacity in the Provider Network increases our administrative costs and makes it more difficult to monitor provider quality. My Choice Family Care is not required to contract with providers beyond the number necessary to meet the needs of Members. Provider Network availability, see website: www.mychoicefamilycare.com

The My Choice Family Care Contracting Department contact information is listed in Appendix 1 of this Handbook.

OUT OF NETWORK PROVIDERS

My Choice Family Care will consider Member requests to add a new network provider, only if the member need is unable to be met from our existing provider network. My Choice Family Care is not required to add providers to our network simply because they are requested by Members. These providers must meet a specific need outside the established Provider Network and have additional qualifying standards and accept the service rate set by My Choice Family Care.

INELIGIBLE ORGANIZATIONS

My Choice Family Care shall exclude all organizations from participation in the provider network. Organizations or entities which could be excluded under Section 1128(b)(8) of the Social Security Act are entities in which a person who is an officer, director, agent or managing employee of the entity, or a person who has a direct or indirect ownership or control interest of 5% or more in the entity, or a person with beneficial ownership or control interest of 5% or more in the entity has:

a. Been convicted of the following crimes:

I. Program related crimes, i.e., any criminal offense related to the delivery of an item or service under Medicare or Medicaid. (See Section 1128(a)(1) of the Act);
II. Patient abuse, i.e., criminal offense relating to abuse or neglect of patients in connection with the delivery of health care. (See Section 1128(a)(2) of the Act);

III. Fraud, i.e., a State or Federal crime involving fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct in connection with the delivery of health care or involving an act or omission in a program operated by or financed in whole or part by Federal, State or local government. (See Section 1128(b)(1) of the Act);

IV. Obstruction of an investigation, i.e., conviction under State or Federal law of interference or obstruction of any investigation into any criminal offense described directly above. (See Section 1128(b)(2) of the Act); or,

V. Offenses relating to controlled substances, i.e., conviction of a State or Federal crime relating to the manufacture, distribution, prescription or dispensing of a controlled substance. (See Section 1128(b)(3) of the Act).

b. Been excluded from participation in Medicare or a State Health Care Program. A State Health Care Program means a Medicaid program or any State program receiving funds under title V or title XX of the Act. (See Section 1128(b)(8)(iii) of the Act.)

c. Been assessed a Civil Monetary Penalty under Section 1128A of the Act. Civil monetary penalties can be imposed on individual providers, as well as on provider organizations, agencies, or other entities by the DHHS Office of Inspector General. Section 11238A authorizes their use in case of false or fraudulent submittal of claims for payment, and certain other violations of payment practice standards. (See Section 1128(b)(8)(B)(ii) of the Act.)

BACKGROUND CHECKS

All Providers acting under a subcontract with My Choice Family Care are required to consistently complete criminal background checks through the State of Wisconsin's Department of Justice Criminal Information Bureau (CIB) and the State of Wisconsin's Department of Health Services (DHS) Caregiver Registry for all staff, to include the proprietor/licensee, providing services that result in direct contact with My Choice Family Care Members in compliance with Wisconsin Administrative Codes DFS 12 and DHS 13. http://wi-recordcheck.org

In addition, prior to employing any individual, whether or not that individual has direct contact with Members, the Provider must verify that the employee does not appear on the list of excluded individuals maintained by the United States Office of Inspector General (OIG). OIG maintains an on-line database at: http://oig.hhs.gov/index.asp

CLAIM AND AUTHORIZATION INFORMATION

My Choice Family Care requires contracted providers to utilize its Provider Portal. The Provider Portal, MIDAS, allows you to view your service authorizations, bill your claims, and view paid/denied claims data for the Members you serve.

SYSTEM REQUIREMENTS

Your computer will require the following specifications:

- Microsoft Windows 95 or later
- Internet Explorer 7.0 or above

The Provider Portal will not work with the following:

- Apple computers or applications
- Google Chrome or Firefox

ACCESS

Your contract coordinator will provide you with a MIDAS Provider Portal log-in and initial password. Keep this login information in a safe place as the records contained in the MIDAS database contain protected health information for the Members you serve.

On the MIDAS home page (www.mcfc-midas.com) select "Provider Portal" from the System drop down menu and enter your login and password information.

PRE- AUTHORIZATION REQUEST

All Family Care Benefit services must be provided by a contracted provider and be pre-authorized by a My Choice Family Care Interdisciplinary Team (IDT). Contact 1-800-223-6016 to obtain the IDT's contact information.

My Choice Family Care IDTs makes the final decision on 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.**

Providers should review that all information on the service authorization is correct prior to rendering service. View the Provider Portal to verify.

Example areas of data that need to be verified for accuracy:

- **Dates of Service:** Provider must verify that the service authorization covers the date span of the expected service period.
- **Units of Service:** Provider must verify that the number of units authorized is equal to the number of units expected during the service period.
- **Service Code/HCPCS/Revenue Code:** Provider must verify that the service code authorized is the same as the expected service to be provided.

If a discrepancy is identified, providers should immediately request a correction to the service authorization from the My Choice Family Care IDT. Untimely requests will result in claim denial and no reimbursement.

CLEAN CLAIM SUBMISSION

Contracted providers are responsible to submit clean claims within the timely filing requirements. Claims for services must submitted to My Choice Family Care's third-party administrator, Wisconsin Physician's Service (WPS), within **120 days** from the service start date or within **90 days** of the date on the Primary Insurer EOB/Medicare EOMB.

The service provider is responsible for submitting a clean claim for each Member served in order to receive payment. A clean claim is free from errors and contains all of the following:

- **Member Information:**
- Member's full name
- Social Security Number (SSN) and/or Master Client Index (MCI) number
- Date of birth
- **Service Authorization Information:**
- Authorization number (each claim form must contain ONLY ONE authorization number)
- Date(s) of service (date range or individual days)
- Service/HCPCS/Revenue code/Modifier (if applicable)
- Number of units (number of days in service period or units of provided service)
- Unit rate/Billed amount

- Attached Medicare EOMB/Primary Insurer EOB (if applicable)
- **Provider Information:**
- Provider name
- Provider address
- Provider number (TIN/EIN/SSN)
- National Provider Identifier (NPI)

Clean claims using paper filing must be mailed to:

Family Care
C/O WPS Health Insurance
PO Box 211595
Eagan, MN 55121

Most claims will be paid within 30 business days, if payment has not been received by then, please call customer service at 1-800-223-6016.

The Clean Claims instructions are found in the Provider Portal under "User Documents" > "MCFC Provider Claims Training" folder > "MCFC Claims Submission User Guide.pdf."

It is very important that you reconcile your payments and claims as soon as possible after payment is received from WPS. If for some reason you need to correct a claim that was submitted timely the first time but was denied, paid incorrectly, or the original billed amount needs to be increased due to additional units of service, it must be submitted within the timely filing requirements of 120 days from date of service or 90 days from Primary Insurer's EOB/Medicare EOMB to be considered for payment.

CORRECTED CLAIMS

A corrected claim is a claim that has been previously submitted and resulted in a partial payment. The purpose of submitting the corrected claim is to add additional charges and/or units to the original claim. A claim that denied in full should be resubmitted to WPS as a new claim. As stated above, corrected claims must be received within the standard timely filing limits in order to be paid.

WPS developed a standard form which is mandatory for submitting corrected claims. The WPS Corrected Claim Form can be found in the My Choice Family Care Provider Claims training folder in the User Documents section of the MIDAS Provider Portal.

Corrected claims received by WPS that do not use the form will be returned to the provider unprocessed, with instructions to submit the proper form.

My Choice Family Care providers should send the WPS Corrected Claim form to the My Choice Family Care address listed at the bottom of the form:

Family Care
C/O WPS Health Insurance
PO Box 211595
Eagan, MN 55121

If you have questions about why your claim was not paid at the amount you were expecting, and for assistance with corrected claims, please contact the WPS / Family Care Contact Center.

PROVIDER APPEAL PROCESS

All claim payments and/or denials are accompanied by a PRA (Provider Remittance Advice) or a rejection notice, which gives the specific explanation of the payment amount or specific reason for the payment denial. If you have questions about your PRA, please contact the WPS / Family Care Contact Center. Most often disputes can be resolved with a telephone call.

Providers have the right to file an appeal for reconsideration of payment in the event the claim was incorrectly denied or partially paid in error.

If you wish to file an appeal, the following documentation must be included:

- Provider's Name and ID Number
- Member Name and Social Security Number
- Date of Service,
- Procedure Code
- Units billed
- Copy of your Claim
- Copy of your WPS Provider Remittance Advice (PRA)
- Copy of your Primary Insurer EOB or Medicare (EOMB), if applicable
- Reason your Claim Merits Reconsideration
- Any other documentation to support your appeal

The formal appeal must be in writing and must be submitted within 60 calendar days from the WPS denial date.

Family Care
C/O WPS Health Insurance
PO Box 211595
Eagan, MN 55121

My Choice Family Care will respond to your appeal within 45 calendar days from the date of WPS receipt. Questions related to submitted appeals can be directed to My Choice Family Care Claims Technician at (414) 287-7424.

If My Choice Family Care fails to respond, or if you are not satisfied with the final appeal decision, you have the right to appeal to the Department of Health and Family Services (DHFS) for payment reconsideration at:

MCO Contract Administrator
Office of Family Care Expansion
1W Wilson Street, Room 518
PO Box 7851
Madison WI 53707-7851

CLAIMS SUPPORT

WPS / Family Care Contact Center

For general claims support questions, claim and payment status, corrected claims, assistance with electronic filing, and to sign up for direct deposit.

1-800-223-6016 - Staffed from 8:00 a.m. - 4:30 p.m., Monday - Friday

Before you call WPS, you should be prepared to answer questions regarding the claim you are inquiring about, such as the member's name, social security number, and date of birth. WPS is required by HIPAA privacy standards to ask the provider for at least two specific details about a member. They are only assuring that the caller is legitimate before they give out personal health information (PHI). Since the authorization you receive for services contains this information, as well as other information you may need, such as the authorization number, it is also a good idea to have the authorization handy when calling.

PROVIDER TRAINING SPECIALIST

My Choice Family Care has a Provider Training Specialist available to educate our contracted network providers in all aspects of the clean claims submission process in order to facilitate timely and accurate payments to their organizations.

The Provider Training Specialist provides training to My Choice Family Care service providers regarding use of the Provider Portal, how to submit a clean claim, the appeal process, electronic submission of claims, and how to interpret the Explanation of Benefits (EOB) reports to verify and reconcile payments. This training is available to all existing providers upon request and to all new providers upon acceptance to the network.

If you would like to set up an appointment with our Provider Training Specialist to discuss any current or ongoing issues, or if you are a new provider in need of assistance, please call: **(414) 287-7424.**

FRAUD, WASTE, AND ABUSE REPORTING

All Providers shall immediately investigate, and contact My Choice Family Care in writing within two (2) business days of, any payment, claim, action, inaction, error, and/or omission by Provider's staff, contractors, and/or subcontractors which may constitute Medicare and/or Wisconsin Medicaid fraud, waste, and/or abuse. In accordance with applicable Law, Providers shall assist the MCO with any reporting, investigation, and/or actions necessary for both parties' continued compliance with Medicare and/or Wisconsin Medicaid regulations, including, but not limited to, providing the MCO, CMS and/or DHS with access to all records and personnel necessary to fully investigate the alleged or actual fraud, waste, and/or abuse. Providers understand and agree that in conjunction with the requirements of the Accountable Care Act, 42 C.F.R. § 455.2 and .23, the MCO may suspend claims payment pending investigation of a credible allegation of fraud.

MEMBER RIGHTS

My Choice Family Care must honor My Choice Family Care member rights. My Choice Family Care Providers must ensure those rights are taken into account when furnishing services.

Members have the right to all of the following:

1. Freedom from unlawful discrimination in applying for or receiving the Family Care benefit.
2. Accuracy and confidentiality of member information.
3. Prompt eligibility, entitlement and cost-sharing decisions and assistance.
4. Access to personal, program and service system information.
5. Choice to enroll in an MCO, if eligible, and to dis-enroll at any time.
6. Information about and access to all services of the Department, Resource Centers and MCOs to the extent that the Member is eligible for such services.
7. Support in understanding Member rights and responsibilities related to Family Care.
8. Support from the MCO in all of the following:
    a. Self-identifying outcomes and long-term care needs.
    b. Securing information regarding all services and supports potentially available to the Member through the benefit package.
    c. Actively participating in planning individualized services and making reasonable service and provider choices for supporting identified outcomes.
    d. Identifying, eliminating or monitoring and managing situations where a conflict of interest may exist due to a person or entity having an interest in, or the potential to benefit from, a particular decision, outcome or expenditure.
9. Services identified in the member's Member-Centered Plan.
10. Support in the exercise of any rights and available grievance and appeal procedures beyond those specified elsewhere in this article.
11. Exercise rights, and to be assured that the exercise of those rights does not adversely affect the way the MCO and its providers or any state agency treat the enrollee.

MEMBER'S RIGHT TO FILE A COMPLAINT

If a Provider becomes aware of concerns or dissatisfaction expressed by a Member, or on behalf of a Member, related to the Member's care or needs, then the Provider should inform the Member's Care Manager of the concerns. The Care Manager's name, phone number, and email address is printed on every Provider Service Authorization. Care Managers are available Monday through Friday from 8:00am to 4:30pm.

We are committed to providing quality service to our Members. Our goal is to improve the care and services our Members receive. If a Member is unhappy with their care or services they can call their Team or our Member Liaison. Members also have the right to file a grievance or appeal a decision made by My Choice Family Care and to receive a prompt and fair review.

The Member Liaison can tell the Member about their rights, attempt to informally resolve their concerns, and help them file a grievance or appeal. The Member Liaison can work with the Member throughout the entire grievance and appeal process to try to find a workable solution.

If the Member is unable to resolve their concerns by working directly with the Team or our Member Liaison, Family Care provides several ways to address concerns. The methods are:

File a **grievance** with My Choice Family Care.

- File an **appeal** with My Choice Family Care.
- Ask for a **review** by the **Wisconsin Department of Health Services** (DHS).
- Ask for a **State Fair Hearing** with the Wisconsin Division of Hearings and Appeals (DHA).

Any or all of these methods can be used together or at different times. **Each method has different rules, procedures and deadlines**.

If you or the Member has a particular type of concern that you do not know how to resolve, you can ask the Team or My Choice Family Care's Member Liaison.

GRIEVANCE

A grievance is when a Member **is not satisfied** with My Choice Family Care, one of our providers, or has a concern about the quality of their care or services.

There is no deadline to file a grievance – Grievances can be filed at any time.

If a Member wants to file a grievance, they have two options. They can:

1.) Start by filing a grievance with My Choice Family Care. See Grievance Option 1, listed on page 18.

2.) Start by asking for a review by the Wisconsin Department of Health Services (DHS). See Grievance Option 2 listed on page 18.

GRIEVANCE OPTION 1: File a Grievance With My Choice Family Care

Members can file a grievance with My Choice Family Care by calling or writing to us at:

My Choice Family Care
Quality Improvement Coordinators
901 N. 9th Street, Courthouse Room 307C
Phone: (414) 287-7616 or (414) 287-76 54
Toll-free: 1- (877) 489 – 3814
TTY: (414) 287-7601

GRIEVANCE OPTION 2: Ask For A DHS Review

Members can also ask the State of Wisconsin Department of Health Services (DHS) to review the grievance instead of or before filing a grievance with My Choice Family Care. DHS is the agency that is in charge of the Family Care Program. The purpose of a DHS review is to see if they can work out an informal solution. Members can ask for a DHS review by calling or writing to DHS at:

DHS Family Care Grievances

Toll-free: 1 (888) 203-8338
E-mail: dhsfamcare@wisconsin.gov

APPEAL

An appeal is a request for **a review of a decision made by My Choice Family Care**. For example, a Member can file an appeal if their Team denies a service or support they requested. The Member must file their appeal no later than 45 days after they receive the Notice of Action. If a Member wants to file an appeal, they have three (3) options. Each appeal option has different rules, procedures and deadlines.

APPEAL OPTION 1: File an Appeal with My Choice Family Care

To file an appeal with My Choice Family Care Members can:

- **Call** My Choice Family Care:
-

  Quality Improvement Coordinators
  Phone: (414) 287-7616 or (414) 287-7654
  Toll-free: 1- (877) 489 – 3814
  TTY: (414) 287-7601

  -Or-

- **Mail** a request in a letter or written note to**:**
-

  My Choice Family Care
  Quality Improvement Coordinators
  901 N. 9th Street, Courthouse Room 307C
  Fax: (414) 287-7705
  Email: familycare@milwaukeecounty.com

  -Or-

- **Send in a request using a form, available online*, to:**

  My Choice Family Care
  Quality Improvement Coordinators
  901 N. 9th Street, Courthouse Room 307C
  Fax: (414) 287-7705
  Email: familycare@milwaukeecounty.com

  *The form, F-00237 Milwaukee, is available at:
  http://www.dhs.wisconsin.gov/LTCare/Memberinfo/MCOrequest.htm.

APPEAL OPTION 2: Ask the Department of Health Services (DHS) To Review My Choice Family Care's Decision

The Wisconsin Department of Health Services (DHS) is the agency that is in charge of the Family Care Program. DHS works with an outside organization to review decisions made by My Choice Family Care. Staff from this external review organization will try to resolve the concerns informally.

The external review organization won't issue a decision. Instead, they will review the concerns and try to come up with an informal solution that is acceptable to you and My Choice Family Care.

A DHS review will not typically result in DHS ordering My Choice Family Care to do what the Member wants. Nor will DHS order the Member to accept what My Choice Family Care is planning to do. However, if the review organization tells DHS that we didn't follow certain requirements, DHS may order My Choice Family Care to take steps to correct the problem.
Members must ask for a DHS review within 45 days after Notice of Action is received from My Choice Family Care.

Members may request a DHS review by calling or e-mailing:

DHS Family Care Appeals
Toll-free: 1 (888) 203-8338 E-mail: dhsfamcare@wisconsin.gov

APPEAL OPTION 3: File An Appeal With The Wisconsin Division Of Hearings And Appeals (DHA)

If a Member files an appeal with the Wisconsin Division of Hearings and Appeals (DHA), they will have a State Fair Hearing with an independent judge. Judges at DHA do not have any connection to My Choice Family Care. You can find more information about State Fair Hearings online at http://dha.state.wi.us/home/HrgInfo.htm.

An appeal with DHA is the final level of appeal. If the Member goes to DHA first and doesn't agree with the decision, they can't go back and file an appeal with My Choice Family Care or ask for a Department of Health Services review about the same issue. However, if the Member requests a State Fair Hearing, the Department of Health Services will automatically review the appeal.

To ask for a State Fair Hearing, a Member can either:

1. **Mail a letter** and **explain** what is being appealed, **or**,
2. **Send a "request" form**. A copy of the form can be found online at: http://dhs.wisconsin.gov/forms/f0/f00236.doc.

To request a State Fair Hearing

Send the completed "**request" form** or a **letter** asking for a hearing to:

Family Care Request for Fair Hearing
c/o Wisconsin Division of Hearings and Appeals
5005 University Ave., #201
P.O. Box 7875
Madison, WI 53707-7875
(Or fax your request to (608) 264-9885)

An appeal must be filed within 45 days after the Member receives a Notice of Action.

If the Member disagrees with the Administrative Law Judge's decision, they have two options.

1.) Ask for a re-hearing. If the Member wants DHA to reconsider its decision, they must ask within 20 days from the date of the Judge's decision. The Administrative Law Judge will only grant a re-hearing if:

- The Member can show that a serious mistake in the facts or the law happened; or
- The Member has new evidence that they were unable to obtain and present at the first hearing.

2.) Take their case to circuit court. If the Member wants to take their case to court, they must file their petition within 30 days from the date of the Judge's decision.

- A Member can ask for a State Fair Hearing (DHA) **instead of or after** a MCO Grievance and Appeal meeting
- However, if Member does request a State Fair Hearing (DHA) first and a decision is rendered by the Administrative Law Judge, the Member cannot go back and file that same appeal issue with the MCO's Grievance and Appeals Committee

For assistance with the grievance and appeals process contact:

My Choice Family Care
Member Liaison
901 N. 9th Street, Courthouse Room 307C
Phone: (414) 287-7621
Toll-free: 1- (877) 489 - 3814
TTY: (414) 287-7601

Ombudsman Programs

Regional Ombudsmen programs are available to help all Family Care Members with grievances and appeals. The Ombudsmen provide advocacy to Family Care members and respond to your concerns in a timely fashion. Both Ombudsmen programs will typically use informal negotiations to resolve your issues without a hearing.

Family Care Members age 60 and older:

Wisconsin Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
Toll-free: 1-800-815-0015
Fax: (608) 246-7001
http://longtermcare.state.wi.us

Family Care Members under age 60:

Disability Rights Wisconsin (DRW)
131 W. Wilson St., Suite 700
Madison, WI 53703
Phone: 608-267-0214
TTY: 1 (888) 758-6049
Milwaukee Toll-free: 1 (800) 708-3034
Madison Toll-free: 1 (800) 928-8778
Rice Lake Toll-free: 1 (877) 338-3724
Fax: (608) 267-0368
http://www.disabilityrightswi.org

SPEEDING UP AN APPEAL

My Choice Family Care has 20 business days to make a decision on an appeal. If waiting that long could seriously harm the Member's health or ability to perform daily activities, the Member can ask us to speed up the appeal. We call this an "expedited appeal." We will let the Member know as soon as possible if we can expedite their appeal. In an expedited appeal, the Member will get a decision on the appeal within 72 hours of their request. However, My Choice Family Care may extend this to a total of 14 days if additional information is necessary and if the delay is in the Member's best interest.

To request an expedited appeal, contact:

My Choice Family Care
Quality Improvement Coordinators
Phone (414) 287-7616 or (414) 287-7654
Toll-free: 1- (877) 489-3814
TTY: (414) 287-7601
Email: familycare@milwaukeecounty.com

CONTINUING SERVICES DURING AN APPEAL

If My Choice Family Care decides to stop or reduce a service that a Member is currently receiving, the Member has the right to ask My Choice Family Care, DHS, or DHA to continue their services during the appeal. Once services stop, they cannot be continued.

If a Member wants their services to continue, they must:

- Postmark or fax their appeal ***on or before*** the date My Choice Family Care plans to stop or reduce the services; **AND**
- Ask that the services continue throughout the course of the appeal.

If services are continued during an appeal with My Choice Family Care and the Member loses the appeal, the Member can continue their services at the next level of appeal if they request that the services be continued on or before the effective date in a MCO appeal decision.

If the final disposition of an appeal and any subsequent appeals is adverse to the member and upholds the My Choice Family Care's action, the MCO or its providers may recover the cost of services continued solely because of the requirements of this section unless it is determined that the member would incur a significant and substantial financial hardship as a result of repaying the cost of the services provided, in which case the member's liability may be waived or reduced. It is My Choice Family Care's current practice not to request repayment from a member who chooses to continue benefits and subsequently receives an adverse decision regarding the service/payment the member continued while the appeal was pending.

If the final disposition of the appeal reverses a decision to deny authorization of services, and the member received the disputed services while the appeal was pending, My Choice Family Care must pay for those services.

APPENDIX 1 - MY CHOICE FAMILY CARE CONTRACTING DEPARTMENT CONTACTS

Name	Phone	Email
Don Sobczak, Contract Administrator	(414) 287-7410	Don.sobczak@mychoicefamilycare.com
Diane Baumbach	(414) 287-7652	Diane.baumbach@mychoicefamilycare.com
Catherine Memmo	(414)-287-7422	Catherine.memmo@,mychoicefamilycare.com
Maria Ortiz	(414) 287-7655	Maria.ortiz@mychoicefamilycare.com
Diane Rogstad	(414) 287-7498	Diane.rogstad@mychoicefamilycare.com
Sara Torres	(414) 287-7657	Sara.torres@mychoicefamilycare.com
Sheri Wojtowicz	(414) 287-7656	Sheri.wojtowicz@mychoicefamilycare.com