

## **Contract Amendment for Foster Care Medical Home Program Services**

The agreement entered into for the period of January 1, 2014 through December 31, 2015 between the State of Wisconsin acting by or through the Department of Health Services, hereinafter referred to as the “Department” and \_\_\_\_\_, a Prepaid Inpatient Health Plan with a certificate of authority to do business in Wisconsin for the Foster Care Medical Home Program hereinafter referred to as the “PIHP,” is hereby amended as follows:

### **1. Article I – Definitions**

#### **Amend Article I to include:**

**Primary Care:** All health care services and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, or pediatrician, to the extent the furnishing of those services is legally authorized in the State in which the practitioner furnishes them.

**Marketing Materials:** materials that are produced in any medium, by or on behalf of an MCO, PIHP, PAHP, or PCCM can reasonably be interpreted as intended to market to potential enrollees

#### **Amend definition of Out-of-Home Care Provider of Article I to read:**

**Out-of-Home Care Provider:** The Foster Care Medical Home will be responsible for serving children placed with providers in out-of-home settings other than secure detention, corrections, institutions, and residential care centers.

### **2. Article III, E.2 – Key Components of Health Care Service**

#### **Amend Art. III, E.2.a to read:**

#### **2. Key Components of Health Care Service**

- a. The provision of Out-of-Home Care Health Screen (aka Foster Care Health Screen)
  - Purpose: The purpose of this screen is to identify any immediate medical, dental, or urgent mental health needs a child may have, including any additional health conditions which the out-of-home providers and child welfare caseworker should be aware of.
  - Timeframe: within two business days of entry into out-of -home care
  - Performed by: The screen should be performed at a Child Advocacy Center (CAC). The exam may be performed by a provider designated by the PIHP to have sufficient training/expertise to perform the out-of-home care health screen consistent with the required clinical standards and required hours of operation.
  - Required Components:
    - Identification of health conditions that require prompt medical attention such as acute illness, chronic disease(s) requiring immediate medical management and/or treatment (e.g. asthma, diabetes, seizure disorder), signs of infection or communicable disease,

nutritional problems, pregnancy, and significant developmental or mental health conditions.

- Unclothed, symptom-targeted physical examination, including injury surveillance
- Identification of medical treatment and/or follow up that may be required prior to the comprehensive initial health assessment which is completed within 30 days of entering out-of-home care.

- **Exceptions to the Out-of-Home Care Health Screen Requirements:**

There are limited exceptions to the requirement of an Out-of-Home Care Health Screen. The PIHP must retain documentation that clearly shows that the exception meets one of the criteria outlined below. The PIHP is responsible for ensuring all allowable exemptions are communicated to the Care4Kids Health Care Coordination team.

The PIHP is not required to provide the Out-of-Home Care Health Screen,

- To newborns, children who are detained from an inpatient hospital setting, and children with an out-of-home care placement date prior to January 1, 2014. There are no other allowable categorical exemptions.

The following two exemptions are allowable on a case-by-case basis:

- For children who are taken into protective custody at the time of a forensic evaluation if the PIHP obtains and communicates the following information to the Care4Kids Health Care Coordination team:
  - ✓ Triage score
  - ✓ Necessary medication refills
  - ✓ Recommendations related to needed medical and/or mental health follow up
- For children who are taken into custody subsequent to the completion of a forensic exam, if a child welfare worker requests the exemption and confirms the following:
  - ✓ The child welfare worker contacted the Child Protection Center intake staff requesting an exemption of the Out-of-Home Care Health Screen
  - ✓ The Child Protection Center determined to grant an exemption based on a review of the completed forensic evaluation, as well as the information provided by the child welfare worker at the time they requested the exemption.

The PIHP must reduce verbal requests to writing and make sure the documentation includes, the date of the request, the name of the child welfare worker making the request, and the date of the forensic evaluation.

**Amend Art. III, E.2.d to read:**

2. Key Components of Health Care Services

- d. Completion of a comprehensive oral examination by a dentist for all children 12 months of age and above within 3 months of enrollment. If a comprehensive oral examination was conducted within 6 months prior to enrollment, ensure a follow-up comprehensive exam occurs within 3 months of enrollment or 6 months from the comprehensive exam, whichever comes later

### 3. Article IV, H – Accreditation

#### **Amend Art. IV, H to read:**

1. The Department encourages the PIHP to actively pursue accreditation through the recognized accreditation/deeming processes approved by the Department. 42 CFR s. 438.360 provides that the Department may recognize “a private national accrediting organization that the Centers for Medicare and Medicaid Services (CMS) has approved as applying standards at least as stringent as Medicare under the procedures in 42 CFR s. 422.158.” The Department may recognize other accreditation bodies as they may qualify for such recognition.

### 4. Article VI, E.2 – Method of Payment to Providers

#### **Amend the last sentence of Art. VI, E.2.a to read:**

2. Method of payment to providers
  - a. The PIHP shall recalculate its payments to providers which appear on the monthly PPACA Primary Care Report to ensure that each provider has received at least the amount identified as the PPACA Paid Amount on the report for each qualifying date of service. The PIHP shall take into account all cost sharing by the member and liable third parties in determining if it must pay an additional amount to the provider. Payments must be sent within 30 calendar days after the PIHP receives payment from the Department.

### 5. Article VI, E.3 – Monthly Reporting Requirements

#### **Amend Art. VI, E.3.c to read:**

3. Monthly reporting requirements
  - c. The PIHP should mark the Distributed to Provider by PIHP field with an “N” if the amount was not paid out to the listed provider. The PIHP shall return all payments to the Department within 30 days of receipt of the payments from the Department. Prior to returning the funds, the PIHP is required to notify the Department via [DHSDHCAABFM@dhs.wisconsin.gov](mailto:DHSDHCAABFM@dhs.wisconsin.gov) email address. The PIHP should not return funds without the Department’s consent.

Possible reasons why the funds would not be distributed are that the provider is no longer in business, the PIHP denied the original claim or the provider has a creditable allegation of fraud against him/her per Article III, Section P.2 - Fraud and Abuse Investigations. In cases of fraud the PIHP will be responsible for tracking the returned payments, by provider, and separately reporting that information to the Department. If the creditable allegation of fraud is lifted, it is the responsibility of the PIHP to contact the Department to receive reimbursement for the returned funds per the separate report.

#### **Amend Art. VI, E.3.f to read:**

3. Monthly reporting requirements
  - f. The report should be submitted via the PIHP’s SFTP site with the original title of the file.

**6. Article VIII, F.3 – Disenrollment**

**Amend Article VIII, F.3.c to read:**

3. Ineligibility Disenrollment

d. Ineligible Out-of-Home Care Placement Setting

The member was placed in a Residential Care Center.

**7. Article VIII, G.3 – Ineligibility Determination**

**Amend Article VIII, G.3.c to read:**

3. Ineligibility Determination

c. Ineligible Setting Move

If a member is placed in a Residential Care Center the date of disenrollment shall be the date the placement/move occurred, even if this requires retroactive disenrollment. Recoupments will be made to the monthly payment to reflect the date of the ineligible setting placement/move.

**8. Addendum VI, – Quality Measures**

**Amend the first paragraph of Addendum VI to read:**

The PIHP agrees to calculate and submit all quality measures defined below in accordance with the Foster Care Medical Home (Care4Kids) Quality Measures Operational Guide published by the Department.

**Amend Addendum VI, Objective 1 to read:**

Objective 1: Out of Home Care Health Screen is completed within 2 business days of the child’s removal date.

Measure: 1: Number and % of children who had a timely health screen

Numerator: Children newly entering out of home care in the report period with health screen completed before the end of the day on the second business day from the removal date (example: youth removed on 1/1/14, screen completed before the end of 1/3/14).

Denominator: All children newly entering out of home care in the report period.

Comment:

1. Newborns being detained from the birth hospital are an exemption, per Article III, E (2).
2. Children detained from an inpatient hospital setting are an exemption, per Article III, E (2).

3. Children who receive a physical abuse or sexual abuse exam at a CPC/CAC prior to removal may qualify for an exemption, per Article III, E (2).
4. Children with an out-of-home care placement date prior to January 1, 2014 are an exemption, per Article III, E (2).
5. Report will break down screens at CAC/CPC and other locations.

Note: a weekly operational report documenting % of children who had a timely screen, using data from CHW database, will be provided to DHS for monitoring timely access. This weekly operational report will not need to be reconciled with the quarterly report for this measure, since the data for the two reports will come at different times and from different sources.

Tracking Purposes Only: Number and % of children who had a health screen.

Numerator: Children newly entering out of home care in the report period that had a completed health screen before the end of the day up to 7 business days from the removal date.

Denominator: All children newly entering out of home care in the report period.

Comment:

1. Newborns being detained from the birth hospital are an exemption, per Article III, E (2).
2. Children detained from an inpatient hospital setting are an exemption, per Article III, E (2).
3. Children who receive a physical abuse or sexual abuse exam at a CPC prior to removal may qualify for an exemption, per Article III, E (2).
4. Children with an out-of-home care placement date prior to January 1, 2014 are an exemption, per Article III, E (2).
5. Report will break down screens at CAC/CPC and other locations.
6. Report will be stratified by day of completion (business day #3-7) and include how many “missed” (aka did not receive out of home care health screen within 7 business days)

**9. Addendum V, G – Summary of the PPACA Primary Care Report to the Department of Health Services**

**Amend the first paragraph of Addendum V, G to read:**

G. Summary of the PPACA Primary Care Report to the Department of Health Services

This report will be provided to the PIHP electronically for completion. Payments must be sent to the primary care providers within 30 calendar days after the PIHP receives the payment from the Department. The PIHP must submit back to the Department the information outlined in Article VI – Financial Requirements and Reimbursement, Section E, of the contract.

All terms and conditions of the January 1, 2014 through December 31, 2015 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

<b>PIHP Name</b>	<b>Department of Health Services</b>
Official Signature	Official Signature
Printed Name	Printed Name  Kevin Moore
Title	Title Deputy Secretary Department of Health Services
Date	Date

