

The deadline to submit requests for access to the claims testing environment has been extended to January 7, 2022.

ForwardHealth **UPDATE**

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



BILLING GUIDANCE AND TESTING ENVIRONMENT FOR NURSING HOME ACUITY-BASED BILLING CLAIMS

Billing Guidance

Effective for dates of service on and after January 1, 2022, ForwardHealth is adjusting the billing and reimbursement guidelines for nursing home per diem claims. ForwardHealth will no longer use a quarterly based retroactive acuity system and will instead use Health Insurance Prospective Payment System (HIPPS) codes to pay individual claims on an acuity-specific basis. For more information on this change, providers may refer to the July 2021 ForwardHealth Update (2021-22), titled "[Nursing Home Acuity-Based Billing.](#)"

Following the transition to using HIPPS codes, providers may continue to submit claims using Direct Data Entry, Electronic Data Interchange, or Provider Electronic Solutions software.

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Hospice Providers, Nursing Homes, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(6m)(ag)3p.

On the UB-04 claim form, providers should note the following guidelines when submitting nursing home acuity-based claims:

- Form Locator 44 (HCPCS/Rate/HIPPS Code) should contain the appropriate HIPPS code. Providers should not report the rate in this section.
- Form Locator 45 (Serv. Date) does not require a service date when billing to ForwardHealth. Service lines on the claim should be billed in chronological order from the first date of service to the last.
- Form Locator 46 (Serv. Units) should contain the number of days for each claim line.
- Form Locator 47 (Total Charges) should contain the billed amount and should be on the same claim line that includes revenue code 0022. This is the only claim line necessary for reporting the billed amount.

Providers may submit multiple lines on a claim with the 0022 revenue code if applicable; for example, if two different assessments are completed in the same month. The Assessment Reference Date is optional.

Bedhold Days for In-House Claims

There is no change to the policy for submitting bedhold days for in-house claims. Providers may continue to split the billing for bedhold days on a separate claim, but this is not required. Providers should continue to indicate the leave of absence with occurrence code 75 when billing bedhold days. Billing bedhold and in-house days on separate claims is allowed but not required.

ForwardHealth will continue to accept multiple claims per month per member.

Daily Rate for Non-Developmentally Disabled Residents

The daily rate for non-developmentally disabled in-house residents is calculated using the sum of the listed allowances adjusted for the case mix index of the specific resident. The case mix index paid will depend on the HIPPS code submitted. The nursing case mix index varies based on the third digit of the HIPPS code and the non-therapy ancillary case mix index varies based on the fourth digit of the HIPPS code.

For non-developmentally disabled in-house residents, the daily rate is based on the following allowances:

- Case Mix Neutral Direct Care Nursing
- Case Mix Neutral Direct Care Other

QUICK LINKS

- [Update 2021-22](#)
- [Nursing Home Rate Schedule](#)
- [ForwardHealth Provider Portal Institutional Claims User Guide](#)
- [Direct Data Entry of Professional and Institutional Claims on the Portal](#) topic (#4997)
- [Provider Electronic Solutions Software](#) topic (#463)

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(6m)(ag)3p.

- Support Services
- Property
- Property Tax
- Incentives

When calculating the HIPPS rate, the rounding will occur at the point of the per diem rate.

The formula for the rate calculation and rounding is as follows:

(Nursing Case Mix Index x Case Mix Neutral Direct Care Nursing)
 + (Non-Therapy Ancillary Case Mix Index x Case Mix Neutral Direct Care Other)
 + Support Services Allowance
 + Property Allowance
 + Property Tax Allowance
 + Incentives

Acuity-Specific Non-Developmentally Disabled Rate

“When calculating the HIPPS rate, the rounding will occur at the point of the per diem rate.”

EXAMPLE OF RATE CALCULATION

3.07 (Nursing Case Mix Index) x \$72.54 (Case Mix Neutral Direct Care Nursing) = \$222.6978

+ 0.72 (Non-Therapy Ancillary Case Mix Index) x \$18.44 (Case Mix Neutral Direct Care Other) = \$13.2768

+ \$98.07 (Support Services Allowance + Property Allowance + Property Tax Allowance + Incentives)

\$334.04 (Acuity-Specific Non-Developmentally Disabled Rate)

(\$222.6978 + \$13.2768 + \$98.07 = \$334.0446 = \$334.04)

With this billing method, for 30 days, \$334.04 x 30 = \$10,021.20

Providers may refer to the [Nursing Home Rate Schedule](#) page of the ForwardHealth Portal for more detailed rate information. The fee schedules and rate schedules will be updated with the new HIPPS code information in November 2021.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(6m)(ag)3p.

Changes for billing claims with HIPPS codes do not affect other existing payer billing policies. Providers should continue to bill for other insurance in the same way.

For more information on claim submission for institutional claims, providers may refer to the [ForwardHealth Provider Portal Institutional Claims User Guide](#).

Testing for Nursing Home Claims

Prior to the implementation of the HIPPS codes, nursing home providers and HMOs will be able to submit claims to the ForwardHealth testing environment. Access to the Supporting External Testing Environment (SETE) will be available December 20, 2021, through January 31, 2022. SETE access requests will be processed in the order in which they are received; if a user is unable to access SETE after December 30, 2021, they should contact the appropriate support listed in the [Gaining Access](#) section of this Update.

Testing Environment and Access

The following list includes some, but not all, attributes of SETE:

- SETE is accessible to testers via a separate distinctive [URL](#); testers log in using their current ForwardHealth Portal login credentials.
- Testers can submit electronic test transactions in SETE using Direct Data Entry or Electronic Data Interchange.
- SETE webpages are labeled to ensure testers can distinguish the testing environment from the production environment. Testers should ensure that they are in SETE when testing to avoid disruption of their normal business with ForwardHealth.
- SETE will not support prior authorization submissions; therefore, test claims for services that require prior authorization will be denied in SETE.

SETE is a copy of the production environment, and it will need to be refreshed to reflect the current production data and better support testing. When a refresh occurs, testers should be aware that SETE will be “wiped clean,” removing all prior testing data (that is, all testing submission data or modifications to that data). This allows for changes that have occurred in the production environment to be uploaded to SETE. Reminders about upcoming refreshes will be communicated through email and ForwardHealth Portal subscription messaging. Attempts to access and test within SETE during refreshes may fail and will not be supported.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(6m)(ag)3p.

Provider specific rates will not be loaded in the testing environment. For testing purposes, presume the following facility specific cost center values:

\$80.00 for Case Mix Neutral Direct Care Nursing

\$16.46 for Case Mix Neutral Direct Care Other

\$57.35 for Support Services Allowance

\$15.00 for Property Allowance

\$3.00 for Property Tax Allowance

\$20.00 for Incentives

Gaining Access

New login information is required to access SETE.

To gain access to SETE, providers will need to create a secure ForwardHealth Provider Portal account if they do not already have one and submit the request to be added to the testing environment no later than December 10, 2021. HMOs may submit the list of provider account user IDs via email to [HMO Support](#). Nursing home providers may submit their list via email to [Claim Systems Support](#). Trading partners may contact the [Electronic Data Interchange Helpdesk](#) at 866-416-4979 to submit their requests.

Information Regarding Managed Care Organizations

This Update contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

CALL TO ACTION

Providers who do not already have a secure Provider Portal account will need to create one to access the testing environment.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(6m)(ag)3p.

This Update was issued on 11/19/2021 and information contained in this Update was incorporated into the Online Handbook on 01/03/2022.

The ForwardHealth Update is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.