

Washington | Medicaid

# Foundational Community Supports (FCS) Third-party administrator (TPA)

September 6, 2023



# Training topics

- Program overview
- Enrollee eligibility and benefits
- Culturally and linguistically appropriate standards
- Quality management
- Access and availability standards
- Care coordination and communication
- Referrals, assessments, and exception to the rule (ETR) requests
- Provider responsibilities
- Claim submission
- Appeals and grievances
- Fraud, waste, and abuse



# Wellpoint as the TPA for FCS

We're contracted with the Washington State Health Care Authority (HCA) as the third-party administrator (TPA) of Foundational Community Supports (FCS) to provide administrative oversight of:

- Provider network.
- Service authorization.
- Claims payment and encounter tracking/reporting.
- Measuring outcomes and quality improvement.
- Sustainability plan.



# What benefits are available through FCS?

**Supportive housing** helps you find a home or stay in your home:

- Housing assessments and planning to find the home that's right for you
- Outreach to landlords to identify available housing in your community
- Connection with community resources to get you all the help you need, when you need it
- Assistance with housing applications so you are accepted the first time
- Education, training, and coaching to resolve disputes, plus advocate for your needs and keep you in your home



# What benefits are available through FCS? (cont.)

**Supported employment** helps you find the right work, right now:

- Employment assessments and planning to find the right job for you, whenever you're ready
- Outreach to employers to help build your network
- Connection with community resources to get you all the help you need, when you need it
- Assistance with job applications so you can present your best self to employers
- Education, training, and coaching to keep you in your job



# Who is eligible to receive FCS benefits?

FCS benefits are reserved for people with the greatest need. To qualify, you must:

1. Be enrolled in Medicaid.
2. Meet the requirements for **complex needs**:
  - You have a **medical necessity** related to mental health, substance use disorder (SUD), activities of daily living, or complex physical health need(s) that prevent you from functioning successfully or living independently.
  - You meet specific **risk factors** that prevent you from finding or keeping a job or a safe home.
3. Be at least 18 years old (supportive housing) or be 16 years old (supported employment).



# Who is eligible to receive FCS benefits? (cont.)

To qualify, you need **one risk factor**:

## Supportive housing risk factors:

- Frequent or lengthy homelessness
- Frequent or lengthy stays in an institutional setting (for example, skilled nursing, inpatient hospital, psychiatric institution, prison, or jail)
- Frequent stays in adult residential care settings
- Frequent turnover of in-home caregivers
- Predictive Risk Intelligence System (PRISM)<sup>1</sup> score of 1.5 or above

## Supported employment risk factors:

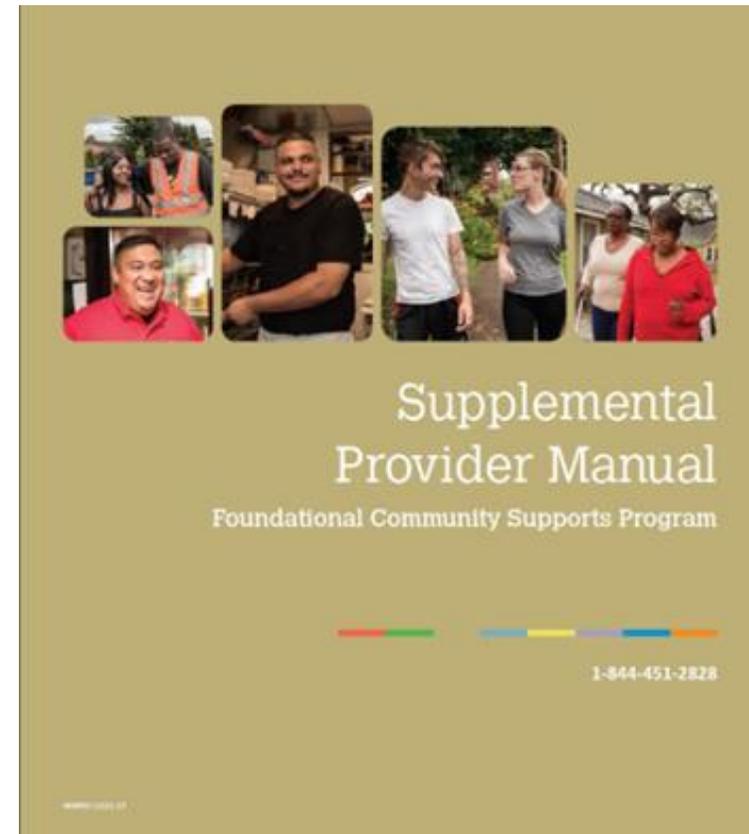
- Housing and essential needs (HEN) and aged blind or disabled (ABD) enrollees
- Difficulty obtaining or maintaining employment due to age, physical or mental impairment, or traumatic brain injury
- SUD with a history of multiple treatments
- Diagnosed mental health or SUD requiring continued treatment



# FCS websites and provider manual

Resources available at your fingertips:

- Wellpoint provider website for FCS:  
**[provider.wellpoint.com/wa/](https://provider.wellpoint.com/wa/)**
  - Provider manual
  - Assessment forms
  - Quick Reference Guide
- Wellpoint client site for FCS:  
**[wellpoint.com/wa/medicaid](https://wellpoint.com/wa/medicaid)**



# Contracting, demographics, and translation

## **Participating providers must be contracted:**

- Please notify us if you have any changes in licensure, demographics, or participation status
- Notify us if you would like to add a service location
- Contact your FCS manager if you have any questions

## **Translation services available to FCS enrollees:**

- Interpreters through language line
- All Wellpoint materials will be available upon enrollee request, in an alternate language and/or format at no cost to enrollees
- Your FCS manager can facilitate all these requests



# Cultural and linguistic sensitivity

We expect our providers and their staff to gain and continually increase knowledge and sensitivities to diverse cultures.

This will result in effective care and services for all people by considering each person's background, values, and linguistic needs.



## Cultural and linguistic sensitivity (cont.)

Training and education for culturally and linguistically appropriate services are available for providers via the following links:

Health Equity: Governor's Interagency Council on Health Disparities:

<http://healthequity.wa.gov/clastrainingandresources>

Guide to Providing Effective Communication and Language Assistance Services:

<https://www.thinkculturalhealth.hhs.gov/education/communication-guide>



# Quality management

Our Quality Management team continually analyzes provider performance and enrollee outcomes to identify improvement opportunities related to quality metrics.



# Outcomes and Capacity report

Turn in **Outcomes and Capacity** reports monthly:

Provider *Outcomes and Capacity* reports are due before the 10th of the month.

**Reminder:** Provider service locations listed on the Outcomes and Capacity report should only be one of your credentialed service locations.

Send reports to FCS via email at [FCSTPA@wellpoint.com](mailto:FCSTPA@wellpoint.com)



# Monthly Q&A webinar

Wellpoint holds a Q&A webinar **monthly** to provide updates on the FCS program and answer provider questions:

These Q&As reoccur on the last Wednesday of each month

Email [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com) to RSVP



# Advisory council

An FCS advisory council has been established as a mechanism to incorporate client voice into services, processes, and outcomes. The council includes:

- Enrollees.
- Providers.
- Stakeholders.
- Advocates across Washington.

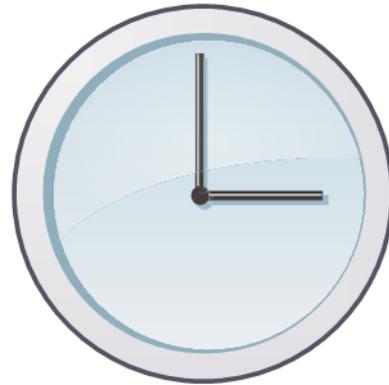
Email [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com) if you're interested in joining the Advisory Council.



# Access and availability standards

The ability for Wellpoint to provide quality access to care depends upon provider accessibility.

Hours of operation for enrollees must be no less than the hours of operation offered to any other client.



# Care coordination and communication

- The Wellpoint referral process supports prioritization of services based on the urgency of enrollee need and coordination with coordinated entry and other service providers.
- Effective communication to enrollees and potential enrollees with sensory impairments must be in place.
- All communication is easily understandable and written at a sixth grade reading level or below, in first-person language, and is culturally and linguistically sensitive.



# Referrals

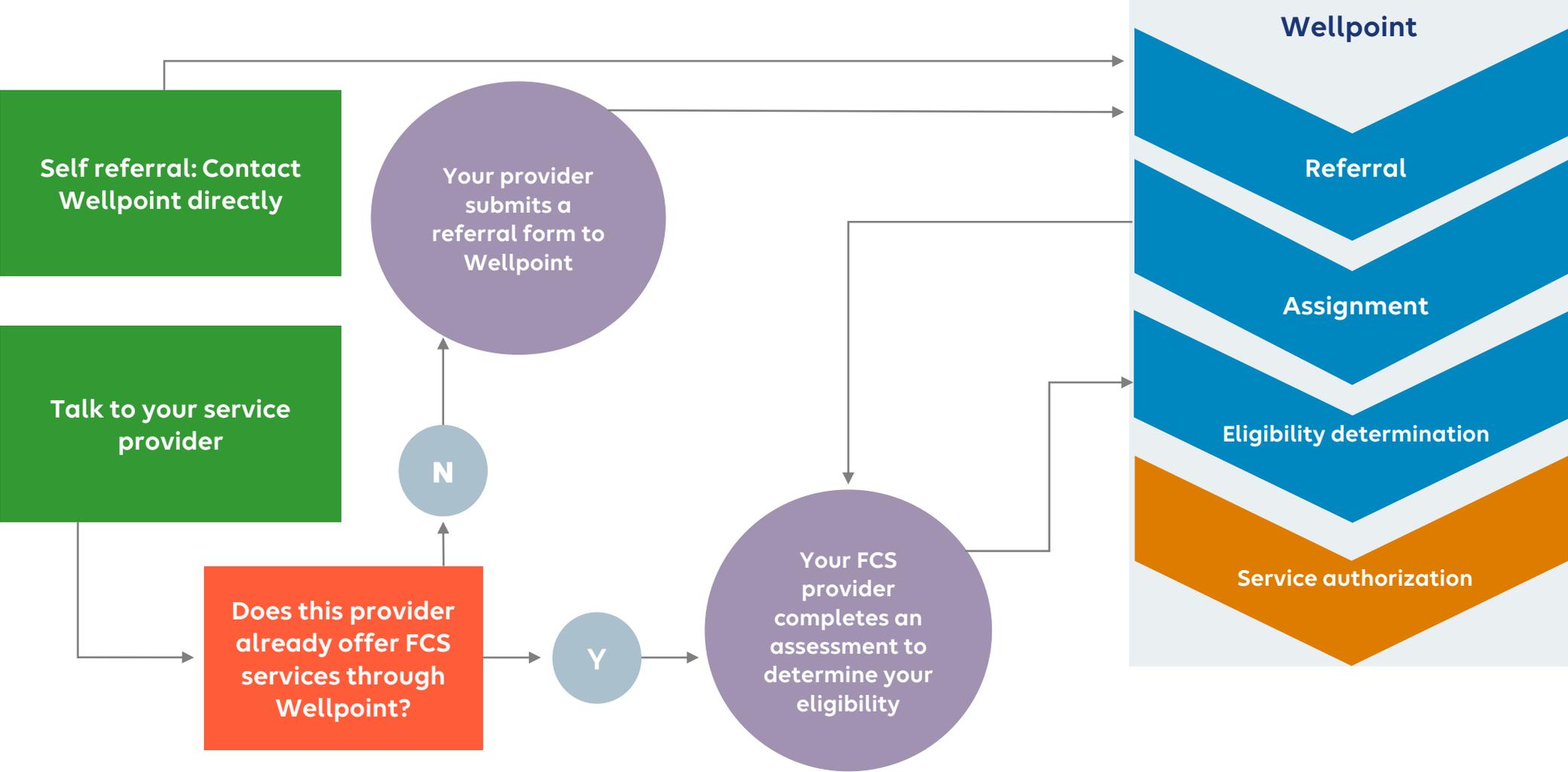
Anyone can refer a potential enrollee to the FCS program:

- Potential enrollees
- Family members
- Providers
- Aging and Long-term Support Administration (AL TSA)
- Division of Behavioral Health & Recovery (DBHR)

A **Quick Reference Guide** is a tool to quickly evaluate if a potential enrollee may be eligible for supportive housing and/or supported employment services.



# Referrals (cont.)

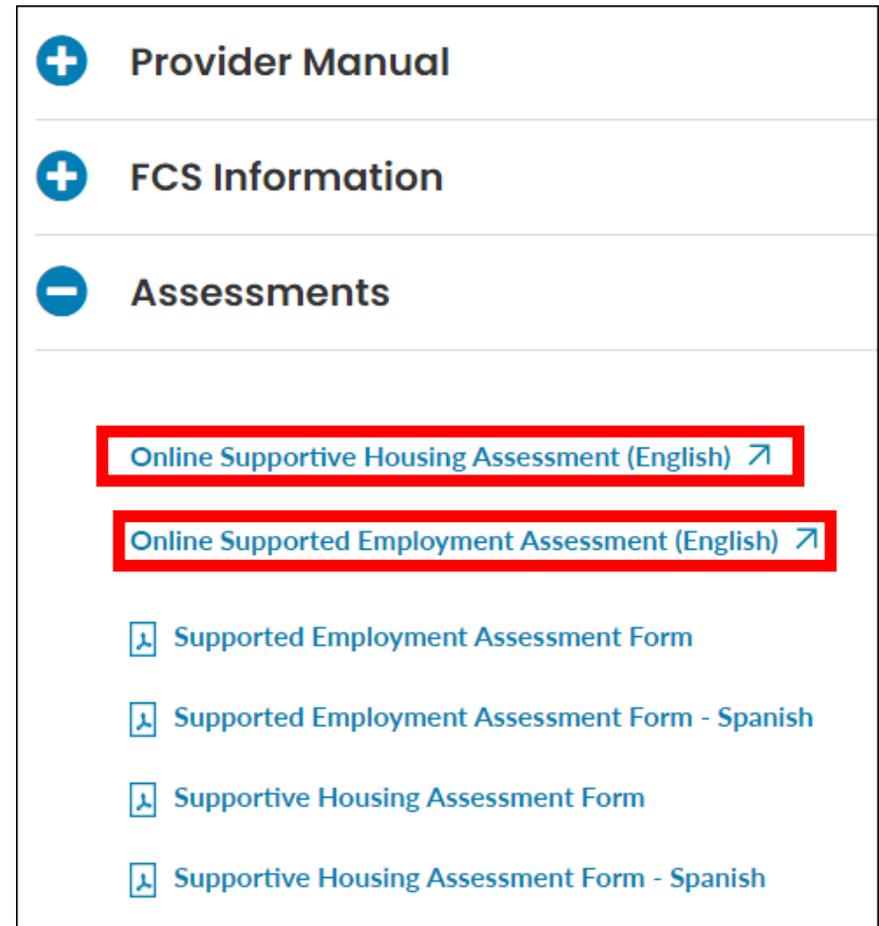


# Live: Online assessment forms

Online assessment forms are now live on the [FCS provider website](#). They can be found under the **Assessment** section.

Supported employment: <https://bit.ly/3snxdt5>

Supportive housing: <https://bit.ly/39SQU5V>



The screenshot shows a website menu with the following items:

- Provider Manual
- FCS Information
- Assessments
  - Online Supportive Housing Assessment (English) ↗
  - Online Supported Employment Assessment (English) ↗
  - Supported Employment Assessment Form
  - Supported Employment Assessment Form - Spanish
  - Supportive Housing Assessment Form
  - Supportive Housing Assessment Form - Spanish



# How to complete an online assessment form

A completed assessment form for supportive housing and/or supported employment is the first step to referring a client to FCS:

- The most recent online assessment forms can be found on the FCS provider website:  
**[provider.wellpoint.com/wa/](https://provider.wellpoint.com/wa/)**
- Assessments more than 10 business days old will not be accepted.
- You can check the status of your referral after five business days by calling FCS at  
**844-451-2828.**
- If you have any questions about the submission of an assessment, please reach out to your FCS manager.



# Required fields

If a **required field**, indicated with an asterisk (\*), isn't completed, you will receive an error message and won't be able to proceed.

\*required fields

## Potential Enrollee Information

Initial Assessment  Reauthorization

Please select an option before continuing!

Last Name\*

Last name is required

First Name\*

First name is required

Date of Birth\*

Date of Birth is required

Date Received

Date Assessment Completed\*

Date Assessment Completed is required



# Provider agency name

Be sure to enter your contracted agency/organization name. Please avoid using non-contracted location names, acronyms, or abbreviations.

### Assessment Reporter

Last Name*	First Name*
<input type="text"/>	<input type="text"/>
<b>Provider Agency Name*</b>	Signature
<input type="text"/>	<input type="text"/>
Email Address*	Phone Number*
<input type="text" value="name@domainname.com"/>	<input type="text"/>



# Supporting documentation

You will need to indicate if you would like to send supporting documents to validate a health need or risk factor.

By selecting **Yes**, you signal us to look for a corresponding email or fax with supporting documentation to review before making an eligibility determination.

**Additional supporting documentation sent?\***  Yes  No

Send any supporting documents that validate a health need or a risk factor for the potential enrollee to the FCS team via email ([FCSTPA@Amerigroup.com](mailto:FCSTPA@Amerigroup.com)) or fax (844.470.8859). Documentation needs to be sent to the FCS team the same date the assessment is submitted. Be sure to include the potential enrollee's name and ProviderOne ID.



## Supporting documentation (cont.)

- Examples of supporting documentation you might send:
  - Chronic homelessness attestation
  - Documentation from licensed mental health (MH)/behavioral health (BH) provider indicating the client's mental health or substance use disorder (SUD) diagnosis
  - Coordinated entry assessment showing client meets the Department of Housing and Urban Development (HUD) definition of chronic homelessness and has a disability
- Supporting documents can be sent via secure email or fax.
- The subject of the email or fax needs to include the confirmation/assessment ID number and Supporting Docs for clear tracking
- Example subject: 1567 Supporting Docs



## Supporting documentation (cont.)

- Documentation needs to be sent the same date the assessment is submitted
- Include this information in your secure email or fax along with the supporting documentation:
  - Confirmation/assessment ID number
  - Contracted provider agency name
  - Potential enrollee's name
  - Potential enrollee's ProviderOne ID



# Print assessment to PDF

Once you have completed all fields on the assessment, you will have the opportunity to print your assessment to paper or PDF to keep in your client records:

Before selecting **Submit**, click on **Print Assessment**.



Once on the *Print Preview* screen, select **Save as PDF** from the drop-down.



Click **Save** and proceed to name your file and select the location you would like to save it.



# Treatment records

Retain assessment PDF in your enrollees' treatment records.

You will receive an assessment confirmation ID number after you submit the assessment. Keep this confirmation/assessment ID number for your tracking purposes.



Confirmation: 6001

The FCS assessment has been successfully submitted. We are currently processing your request and will notify you within five business days with the status of the assessment.

If you have questions about the status of an individual or have not heard back from us after the 6th business day, please email ([FCSTPA@Amerigroup.com](mailto:FCSTPA@Amerigroup.com)) or call us (1-844-451-2828).



# FCS service reimbursement

There are only three HCPCS billing codes for the FCS program:

- Supported employment:  
*Pre-employment services HCPCS code: H2023*  
*Employment sustaining services HCPCS code: H2025*
  - Limit of 120 units (30 hours; 1 unit = 15 minutes) of service per six-month authorization period
  - Reimbursement rate of \$27\*/unit of service
- Supportive housing  
*Pre-housing and sustaining services: H0043*
  - Limit of 30 days of service per six-month authorization period
  - Reimbursement rate of \$112\*/day
- Services may be reauthorized if an FCS enrollee continues to need services.

*\* Rate increase for dates of service on July 1, 2020, and going forward.*



\* Rate increase for dates of service on July 1, 2020, and going forward.

# Expiring authorizations

As a contracted provider, submit a completed reauthorization assessment form to request reauthorization for an additional 180 days:

- Wellpoint sends monthly reports reminding you of your FCS enrollees who have an expiring authorization in the following month.
- We recommend you submit reauthorization assessments 2 to 4 weeks prior to authorization expiration date.



# ETR requests

An *FCS Exception to Rule (ETR)/Limited Extension Form* is a request for additional supported employment or supportive housing units above the initial units authorized during a current period of authorization:

- Submit the ETR request when you're at 80 to 100 supported employment units and 20 to 25 supportive housing units.
- ETR requests will only be accepted during an active authorization period.

The ETR form must be submitted with the following documents:

- Progress notes (authorization start date — current)
- Signed FCS single case agreement form
- Enrollee's person-centered care plan for employment/housing
- Description of what additional services will be needed
- Estimated additional units needed to meet goals and why



# Enrollee records

Enrollee records must contain the following elements:

- Signed comprehensive assessment
- Patient-centered support and care plan
- Progress note for each date of service including the time and length of time of services provided



# Can I balance bill the enrollee?

Under no circumstances may you charge enrollees for covered services as described in SSA 1128B(d)(1) and WAC 182-502-0160.

Prior to authorizing services with nonparticipating providers, Wellpoint will ensure that nonparticipating providers fully understand and accept the prohibition against balance billing enrollees.



# ProviderOne access

As an FCS provider, it is your responsibility to check your enrollee's Medicaid eligibility before providing FCS services.

We strongly recommend FCS providers set up ProviderOne access so you can check your clients' Medicaid eligibility. Here's a reference on how to check Medicaid eligibility for an FCS individual:

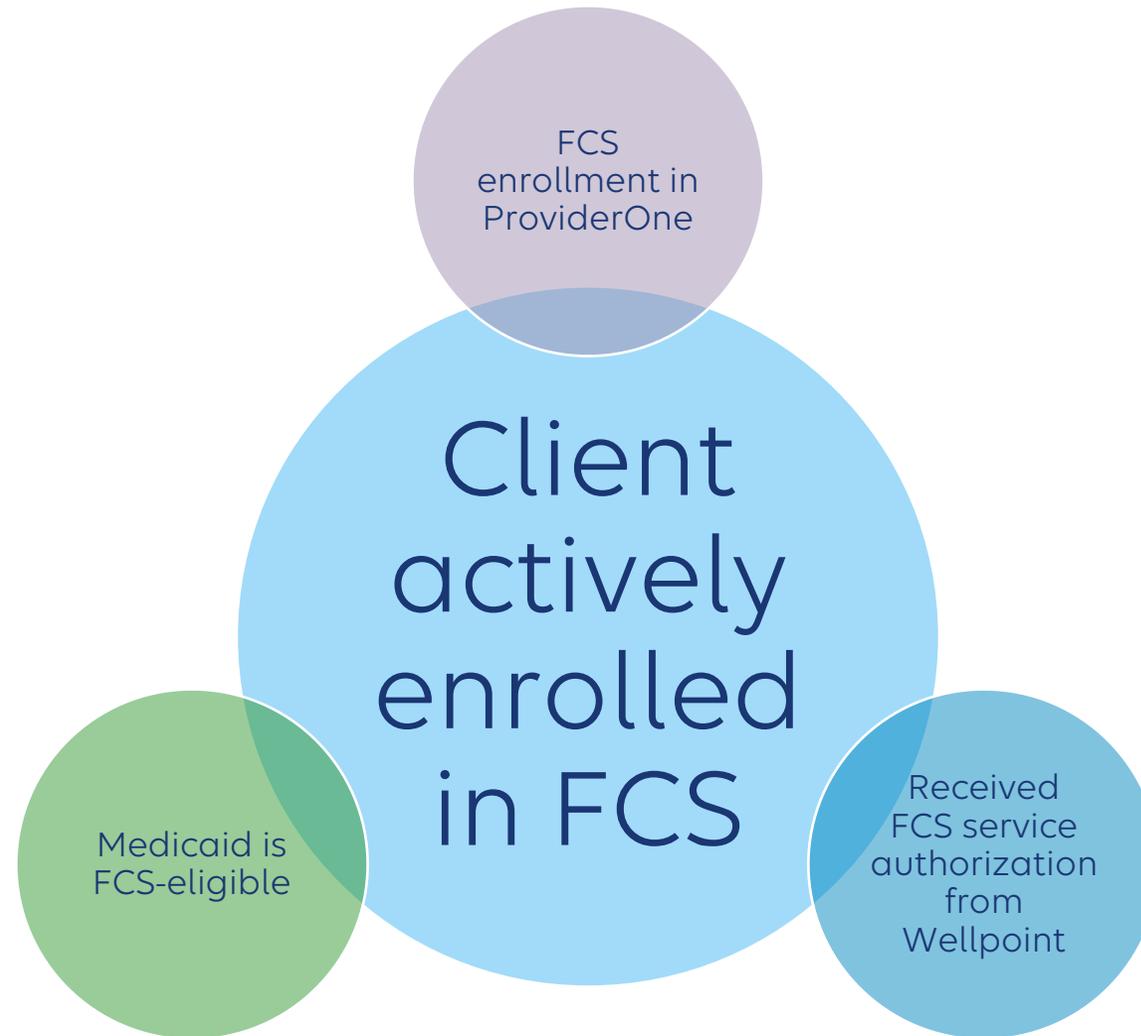
**[provider.wellpoint.com/wa/](https://provider.wellpoint.com/wa/)**

HCA developed a step-by-step guide to creating users and adding profiles in ProviderOne:

**<https://www.hca.wa.gov/assets/billers-and-providers/setup.pdf>**



# Confirm FCS enrollment and eligibility



# Authorizations, eligibility, and ProviderOne

- FCS service authorizations received from Wellpoint indicate that Wellpoint has determined a client is eligible for FCS services. Wellpoint sends a weekly enrollment report to HCA to load FCS enrollments in ProviderOne.
- ProviderOne can be used to check client Medicaid eligibility and FCS enrollment:
  - Follow the [FCS Medicaid Eligibility Check](#) to see if your client's Medicaid is FCS eligible.
  - Follow the [FCS Enrollment Inquiry Process Guide](#) to check your client's FCS enrollment (aka Wellpoint Housing or Employment) is listed correctly and active in ProviderOne. If not, notify your FCS manager so we can notify HCA to reconnect FCS services in ProviderOne.
- *Eligibility and Benefits Inquiry* is a tool in Availity\* that can also be used to check client eligibility and FCS enrollment. This is a good alternative if you don't have access to ProviderOne.



# Provider responsibilities

Provider responsibilities include:

- Verifying whether the enrollee is eligible to receive FCS services on the date the services are provided.
- Verifying the enrollee is enrolled with the Wellpoint third-party administrator, FCS.
- Knowing the limitations of the services within the scope of the FCS protocol and informing enrollees of those limitations.
- Exhausting all applicable HCA or Wellpoint processes necessary to obtain authorization for requested service(s).
- Ensuring that translation or interpretation is provided to enrollees with limited English proficiency (LEP).
- Retaining all documentation that demonstrates compliance.



## Provider responsibilities (cont.)

A provider may not bill an enrollee for:

- Any services for which the provider failed to satisfy the conditions of payment described in HCA's rules, HCA's fee-for-service billing instructions, and the Wellpoint requirements for billing.
- A covered service even if the provider has not received payment from Wellpoint.
- A covered service that was denied authorization because the required information was not received from the provider or the prescriber under *WAC 182-501-0165 (7)(c)(i)*.



# Provider alerts

Phone calls of at least 15 minutes are billable. Whenever possible and appropriate, face-to-face contact with the client will be prioritized. For client contacts, phone calls should not represent the primary means of engagement, and the TPA may reject claims that show an overreliance on phone contact that results in reduced quality of service to the client. Video conferences and video calls are considered face-to-face contact.

Transportation to and from FCS visits are not covered through the Medicaid State Plan Services transportation funds. If possible, please consider integration and coordination with internal clinical and FCS service appointments in order to be able to utilize Medicaid transportation coverage.



# Technical assistance, training, and support

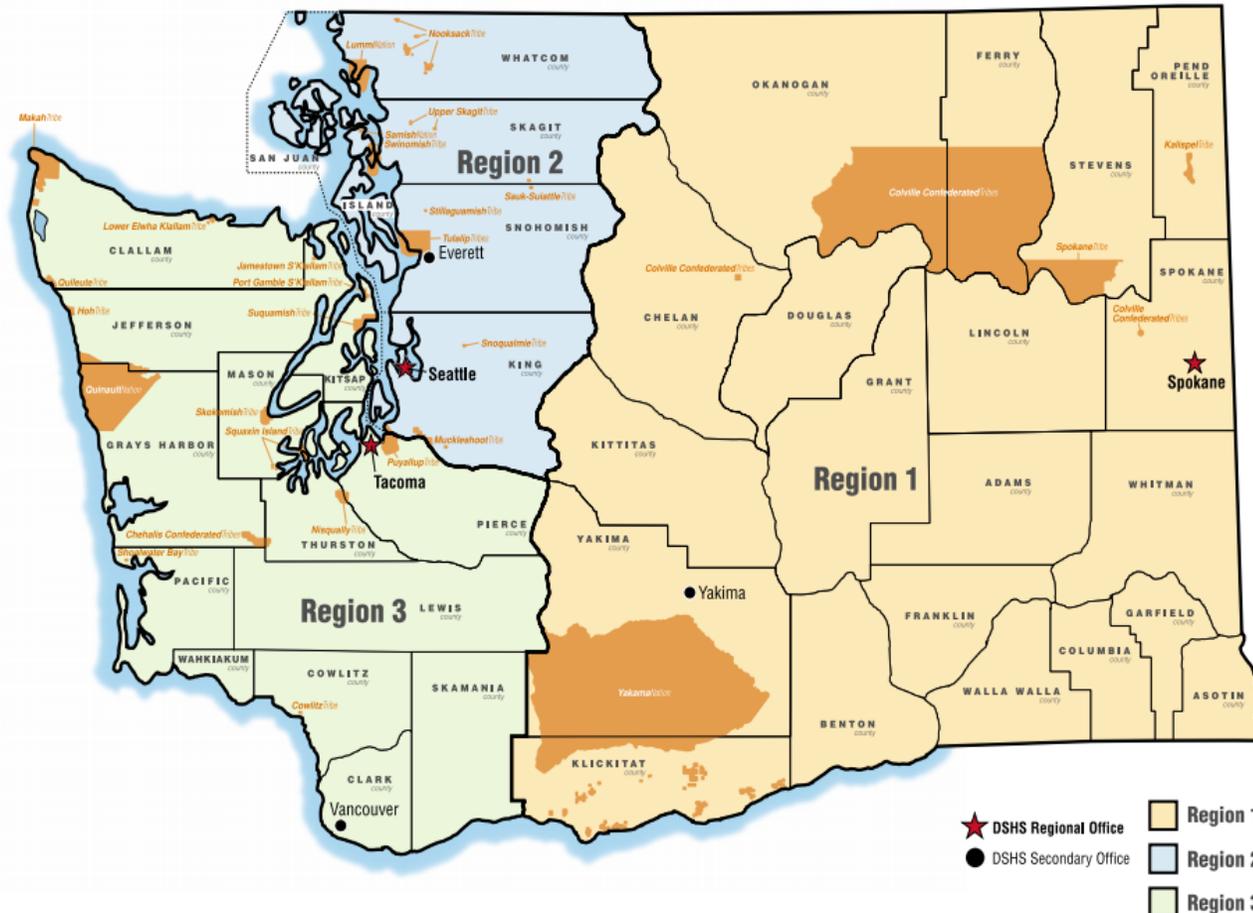
The Aging and Long-Term Support Administration (AL TSA) teams are available to help assess and refer long-term services and supports (LTSS) clients to Wellpoint for FCS services, as well as provide individualized training, support, and care coordination for FCS providers serving AL TSA clients.

State agency	Supportive housing	Supported employment
AL TSA	Region 1: Shawna Sampson <b>564-999-0040</b> shawna.sampson@dshs.wa.gov	Region 1: Jim Bischoff <b>509-585-8075</b> james.bischoff@dshs.wa.gov
	Region 2: Mara Odalovic <b>564-2002-263</b> mara.odalovic@dshs.wa.gov	Region 2: Ruby Pham <b>564-200-2264</b> ruby.pham@dshs.wa.gov
	Region 3: John Kistner <b>360-725-3409</b> john.kistner@dshs.wa.gov	Region 3: Vicki Gilleg <b>360-870-4918</b> vicki.gilleg@dshs.wa.gov



# Technical assistance, training, and support (cont.)

Aging and Long-Term Support Administration/Washington State Department of Social and Health Services (DSHS) region map:



## Technical assistance, training, and support (cont.)

The Division of Behavioral Health and Recovery (DBHR) teams are available for onsite trainings and technical assistance. These trainings include regional events and monthly webinars that focus on skill-building and resource topics. DBHR support teams can help coordinate between Behavioral Health Organizations and FCS providers and provide shared learning opportunities.

State agency	Supportive housing	Supported employment
DBHR	<b>Eastern WA:</b> Rayan Orbom <b>360-725-0740</b> Rayan.Orbom@hca.wa.gov	<b>Eastern WA:</b> Dawn Miller <b>360-522-3544</b> Dawn.Miller@hca.wa.gov
	<b>Western WA:</b> Kimberly Castle <b>360-522-6570</b> Kimberly.Castle@hca.wa.gov	<b>Western WA:</b> Darren Paschke <b>360-688-4234</b> Darren.Paschke@hca.wa.gov



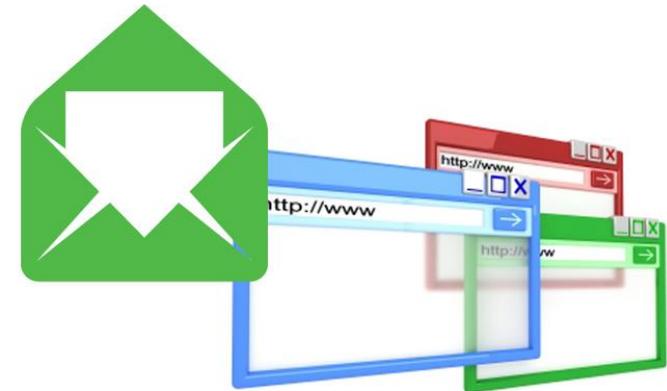
# Submitting claims

Providers can submit claims electronically through Availity (our preferred clearinghouse), any other clearinghouse, or via *CMS 1500*.

Our FCS managers can assist with:

- Stopping payment and reissuing checks.
- Reviewing a denied claim.
- Reprocessing a claim through the reconsideration process.

You can contact FCS by email at [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com) or by phone at **844-451-2828**.



# Billing reminders

- Use one of these two diagnosis codes for FCS services:
  - Z59.9 – Problem related to housing and economic circumstances, unspecified
  - Z56.9 – Unspecified problems related to employment
- Bill for a single date of service (not a range).
- For new FCS enrollees, there is up to a three-week lag time. We recommend that you wait three weeks to submit claims for services.
- If you are correcting incorrect data from an already submitted claim, make sure to submit as a corrected claim.
- Providers have 365 days to submit a claim for services provided.
- Your agency address must always include the ZIP code+4.
- Always include your taxonomy code with your NPI on the claim.
- Availity resources are available online or by phone at **800-AVAILITY (282-4548)**.



# EFTs and ERAs

Register for electronic funds transfers (EFTs) and electronic remittance advices (ERAs).

These are two separate services, so if you want both, you'll need to sign up for both.

Process to enroll or update EFT or ERA transaction information:

Type of transaction	How to enroll, update, change, or cancel	Contact to resolve issues
EFT Only	Use EnrollSafe* at <a href="https://enrollsafe.payeehub.org">https://enrollsafe.payeehub.org</a>	EnrollSafe: <b>877-882-0384</b>
ERA Only	Register for ERAs at <a href="https://www.availity.com">Availity.com</a> . <a href="#">Here</a> are detailed instructions to access the Remittance Inquiry Tool via the Availity Portal.	Availity: <b>800-282-4548</b>



# Rejected vs. denied claims

If you get a notice that your claim was rejected or denied, the differences are as follows:

## **Rejected:**

- The claim does not enter the Wellpoint adjudication system due to missing or incorrect information.
- The claim will be returned.

## **Denied:**

- The claim goes through the adjudication process but is denied for payment.
- The provider will receive an *Explanation of Payment* from Wellpoint.



# Provider services number

As a contracted FCS provider, you can contact our Wellpoint Provider services team with claim questions at **800-454-3730**:

- Representatives at this number are from our corporate team and can assist with claims concerns. The representatives on this number assist with many lines of business in addition to FCS.
- You can continue to contact your FCS manager or contact [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com) for assistance with claims and billing. Specific questions regarding the FCS program should go to your provider representative or to our group e-mail or call center.



# Appeal

A provider may appeal on behalf of an enrollee with written consent from the enrollee.

When the health of an enrollee requires a quick response, a provider can ask Wellpoint for an expedited appeal within three calendar days after receiving notice in writing or by calling Wellpoint.



## Payment disputes (informal)

Claims payment disputes, where provider believes the claim was incorrectly adjudicated, must be filed within 24 months of the adjudication date on your *Explanation of Payment*.

Request a reconsideration by contacting FCS at [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com) or **844-451-2828**.

If the outcome of the reconsideration is not favorable, a formal appeal may be requested.



## Appeal (formal)

Request an appeal by submitting the *Claim Payment Appeal Form* found on the FCS provider website.

If the outcome of the administrative hearing is not favorable, a state fair hearing may be requested by the enrollee. Enrollees are informed of the appeal process with their welcome letter.



# State fair hearing

Enrollees have 120 days from the date of our appeal decision to request an administrative hearing.

Enrollees have only 10 days to ask for an administrative hearing to keep getting service that they were already getting before a denial.

In a hearing, an administrative law judge who does not work for Wellpoint or the HCA reviews the case.



# Grievances

We track all grievances until they are resolved.

- The enrollee welcome letter details:
  - Filing requirements
  - Escalation processes
  - Contact information



# Fraud, waste, and abuse

Help us prevent it and tell us if you suspect it:

- Verify enrollee identity
- Ensure services are necessary
- Document records completely
- Bill accurately



# We're here for you

## **Wellpoint**

Third-party administrator

FCSTPA@Wellpoint.com

Phone: **844.451.2828**

Fax: **844.470.8859**

## **FCS Managers:**

Ali.LaFontaine@Wellpoint.com

**206-437-5459**

Brandon.Knudson@Wellpoint.com

**206-561-7939**

Joe.Elder@Wellpoint.com

**206-247-9230**



# Satisfaction?

Please complete a *Training Verification Form* about this training and return it to your FCS manager at [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com).

Please complete the FCS Provider Contact to specify who to contact at your agency. Please return to your FCS manager at [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com).

If you have suggestions to improve our training, we would love to know!





[provider.wellpoint.com/wa/](https://provider.wellpoint.com/wa/)

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