



Retroactive Rate Adjustments for Wisconsin Skilled Nursing Facilities Medicaid RUGs Stays

The Wisconsin Department of Health Services (“DHS”) has advised that all managed care organization (“MCO”) payments to skilled nursing facilities (“SNF”) must reflect MCO member acuity levels effective January 1, 2009. In light of this directive, claims for members of Community Health Partnership, a program of Partnership Health Plan, Inc. (“Partnership Members”), and members of Community Family Care, a program of CHP-LTS, Inc. (“Family Care Members”) will be reprocessed upon provider request. **Please note that if the SNF chooses to submit claims for reprocessing for members with a higher acuity level, there is a chance that some members’ RUGs acuity level may be lower than the fee-for-service Medicaid blended rate which you have received reimbursement for and could result in a credit to that Member. If you choose to reprocess, you must submit corrected claims for all Members, whether the acuity level is higher or lower than originally reimbursed.**

In order for any retroactive adjustments to claims paid for Medicaid stays for Family Care and Partnership Members, the following processes **must be utilized in this order**:

1. SNF must submit **both** the January 2009 and April 2009 RUGs levels to the address below to allow for sufficient time for Security Administrative Services (“SAS”) to upload this information (**at least two (2) weeks in advance of billing**):

Community Health Partnership, Inc.
Attn: Claims Department – RUGs
2240 EastRidge Center
Eau Claire, WI 54701
Fax: (715) 858-7022

2. SNF must run the MDS for all Partnership and Family Care Members for this time period in order to determine the appropriate RUGs level to be billed. After completion of the MDS screen, SNF must prepare **new claims for all Members present in the facility on the respective dates of service** for resubmission to SAS, which reflect the member-specific RUGs level being billed. All corrected claims must contain the notation “Corrected Claim” in the remarks area of the claim AND an adjustment claim bill type or they will be denied as a duplicate claim.
3. SNF may submit corrected claims starting from two (2) weeks after CHP’s receipt of the January 2009 and April 2009 RUGs levels, up and until one (1) year from the date of service, per contract. To clarify, for dates of service in January 2009, you have from November 1, 2009 until January 2010 to submit the corrected claims. **Any corrected claims submitted beyond one (1) year from the date of service, and any claims for which the January 2009 and April 2009 RUGs letters have not been received, will be denied.**

If you have any questions on this process, please contact the Claims Customer Service Department at: (715) 838-1270 or via email at: CHPClaimsCustomerService@chpmail.net, or the Provider Relations Department at: (715) 838-7420 or CHPProviderRelationsDepartment@chpmail.net.