

**First Amendment  
My Choice Family Care  
Provider Contract #396005734**

**WHEREAS**, the Contract between Milwaukee County, a Wisconsin municipal body corporate represented by My Choice Family Care ("MCFC"), Managed Care Organization ("MCO") for the Family Care Program and RIDGEWOOD CARE CENTER that was entered into effective **January 1, 2016** is hereby amended as follows:

1. Amendment to Exhibit I – Skilled Nursing Facility, section, Compensation.  
2016 update to Procedure Codes that will be authorized effective January 1, 2016.

**EFFECTIVE JANUARY 2016**  
**PROCEDURE CODES** are as follows:

CODE	DESCRIPTION
0183	Nursing Home Bedhold Therapeutic Leave No DD LOC
0183	Nursing Home Bedhold Therapeutic Leave DD LOC A5 Condition Code Required
0185	Nursing Home Bedhold Leave for Hospitalization No DD LOC
0185	Nursing Home Bedhold for Hospitalization DD LOC A5 Condition Code Required
0190	Nursing Home Subacute Care DD1A LOC A5 Condition Code Required
0192	Nursing Home Subacute Care Level II No DD LOC
0192	Nursing Home Subacute Care Level II DD3 LOC A5 Condition Code Required
0193	Nursing Home Subacute Care Level III DD2 LOC A5 Condition Code Required
0194	Nursing Home Subacute Care Level IV DD1B LOC A5 Condition Code Required
0199	Brain Injury - Intensive Skilled Nursing Condition Code A5 Required
0946	Nursing Home Vent Care
0160	Medicare CoInsurance Stay (21st day to 100)
0169	Hospice
S9125	Respite
Various Codes	Occupational Therapy
Various Codes	Physical Therapy
Various Codes	Speech Therapy

IN WITNESS WHEREOF, this Contract is hereby amended as of January 1, 2016.

**MY CHOICE FAMILY CARE:**

By: Maria Ledger, Director

Date: 2/8/16

**PROVIDER:**

By: Jonathan Delagrave, Title: COUNTY EXECUTIVE JONATHAN DELAGRAVE  
RACINE COUNTY EXECUTIVE

Date: 2-7-16

Wendy M. Christensen  
Wendy M. Christensen  
Racine County Clerk 2/9/16

Effective 1/1/2016

Date: 2-8-16  
Certified to be correct as to form  
By: [Signature]  
Racine County Corporation Counsel

REVIEWED BY FINANCE DIRECTOR

[Signature] 2/9/16  
Sign Date

## EXHIBIT 1 – SKILLED NURSING FACILITY

### Definition of Service:

Skilled Nursing Facility (SNF) is a place which provides 24-hour services including room and board to 3 or more unrelated residents who because of their mental or physical condition require nursing care or personal care in excess of 7 hours a week.

### Compensation:

The SNF shall be compensated based on the Resource Utilization Group (RUG) classes and the corresponding rates listed on the facility's State of Wisconsin Department of Health Services Division of Long Term Care approval letter / Final Rates by MDS 3.0 RUG IV 48-cell CMI Classification sheet

The provider must submit member claims in accordance to the contract as well as:

- billing with the member specific RUGS rate, which must be supported by the most recent MDS assessment, as documented in the member's record
- billing after a calendar month of service is completed, for dos provided

The SNF is responsible to forward a copy of the most current State of Wisconsin Final Rates by MDS 3.0 RUG IV 48-cell CMI Classification sheet and any additional rate letters supplied by the State of Wisconsin. The SNF is required to report all rate changes, increase and rate decrease, upon receipt. MCFC will update the rates in our fee-schedule within ten (10) business days of receipt. The rate increase or decrease will be effective the first day of the month that the Final Rate Letter was received by MCFC.

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0183	Nursing Home Bedhold Therapeutic Leave DD LOC A5 Condition Code Required
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0194	Nursing Home Subacute Care Level IV DD1B LOC A5 Condition Code Required
0199	Brain Injury - Intensive Skilled Nursing Condition Code A5 Required
0946	Nursing Home Vent Care
0160	Medicare CoInsurance Stay (21st day to 100)
0169	Hospice
S9125	Respite
Various Codes	Occupational Therapy
Various Codes	Physical Therapy
Various Codes	Speech Therapy

### **Service Authorization:**

Service Authorization is a written (and/or electronic) statement that is created by the MCFC Interdisciplinary Team (IDT) that outlines the specific service to be provided to the member.

All services require pre-authorization by the member's MCFC Interdisciplinary Team (IDT). Services provided without a valid service authorization will be denied. This includes authorizations for a Bed Hold, DME / DMS, and Therapy Services.

The Provider is responsible to review the service authorization for accuracy; for the correct use of a valid HCPCS code, service description, dates of service range, frequency and unit amount. Provider's approved MCFC service authorization(s) are available on the MCDFC **Provider Portal:**

**<https://www.mcfc-midas.com/default.asp>**. If there are any discrepancies, please contact the MCFC Interdisciplinary Team (IDT) within 5 business days of initial authorization for a new, corrected service authorization.

### **Therapy Service Authorization:**

Requests for member therapy must contain the following information:

- CPT procedure code for the anticipated therapy
- frequency of therapy
- anticipated length (dos) of the therapy plan, in weeks
- specific diagnosis and purpose of the therapy
- specific therapy outcomes

Therapy services must be reviewed and pre-authorized by the MCFC Interdisciplinary Team (IDT), prior to treatment.

### **Bed Hold Service Authorization:**

The SNF shall notify the MCFC Interdisciplinary Team (IDT) within one business day of a member's hospitalization.

Wisconsin Administrative Code for Medicaid allows bed hold payments for a period not to exceed 15 days. The SNF's occupancy level must meet the requirement for bed hold reimbursement. Effective July 1, 2013 the ratio of occupied to unoccupied beds must be above 94%. There is no limit on the number of bed holds that occur during one year. Claims for bed hold days may not be submitted when it is known in advance that a member will not return to the facility following the leave.

MCFC will not authorize bed hold payments during a Medicare Episode.

### **DME / DMS Service Authorization:**

DME/DMS services authorized by MCFC will be reimbursed at the current State Medicaid/T-19 fee-schedule rates.

MCFC will not authorize certain DME / DMS services during a Medicare Episode.

### **Documentation of Service:**

The Provider must maintain written records in accordance to all Medicare and Medicaid guidelines.

Member's care plan or chart must be available for review by the member or MCFC Interdisciplinary Team (IDT), per their request, and must be provided to IDT in a timely manner.

**Critical Incidents that must be reported MCFC IDT within 24 hours of occurrence:**

Falls

Death

Infections

Fractures or sprains

Medication errors

Any injury or condition resulting in medical attention. This includes new open wounds.

Any injury resulting in a head injury - whether medical attention was sought or not.

Weight loss or gain of more than 5# in a month

Refusal to eat for more than 24 hours

Refusal to take meds for more than 24 hours

Unusual change in behavior or condition (ex: normally oriented, now confused)

Disruptive behavior; outbursts or needing restraints

Incarceration

Refusal of critical medical treatments such as dialysis

Bruising or injury of unknown origin