

Family Care Wisconsin LTSS provider quick reference guide (QRG)

Anthem recognizes the instrumental role that providers play in the Family Care program, and we are committed to partnering with you to support your success. This quick reference guide (QRG) is intended to serve as a resource for long-term services and supports (LTSS) providers, including those offering home- and community-based services (HCBS) and non-HCBS providers. It was developed based on state goals, provider feedback, and best practices in network development.



General contact information

Provider Services
855-558-1443 TTY: **711**
 9 a.m. to 6 p.m. CT

Member Services and After Hours/24 Hr Nurse
 Advice Line: **855-690-7800** TTY: **711**
 Hours: Monday to Friday, 9 a.m. to 6 p.m. CT

Interpreter Services
 Phone: **844-483-2704**

Provider website: <https://providers.anthem.com/wisconsin-provider/patient-care/family>

- LTSS provider manual: <https://providers.anthem.com/wi>
- Availability Client Services: **800-282-4548**

Wisconsin Department of Health Services (DHS)
<https://dhs.wisconsin.gov/medicaid>

Non-emergent transportation: **MTM**
 Transportation hotline **844-614-3182** TTY: **711**
<https://mtm.mtmlink.net/>

Wisconsin Department of Aging:
<https://dhs.wisconsin.gov/aging>

Wisconsin Behavioral Health Crisis Phone:
855-690-7800

Wisconsin Nurse Hotline:
855-690-7800 TTY: **711**

LTSS providers have a local and dedicated provider relations representative who is equipped with subject matter expertise to support you and to be your ongoing resource.

LTSS Provider Relations team and supports	
For general inquiries, contact the Provider Relations team email at:	WI-LTSSProviderRelations@anthem.com
For contracting questions:	WI-LTSSNetwork@anthem.com
To connect with a Provider Relations team member:	The Provider Relations Map and Supports document is available on the provider website .
For training questions or inquiries:	WI-LTSSProviderTraining@anthem.com

Claim submissions

There are two ways to submit claims:

- **Availity Essentials:**
Website: <https://Availity.com> (Payer ID 0022147)
- **Care Central:**
Accessible through Availity Essentials Payer Spaces
Real-time visibility into claim status

Timely filing	Electronic funds transfer (EFT)
<ul style="list-style-type: none"> • Initial claim: 365 days from the date of service • Corrected claim: 365 days from remittance notice 	EFT/ERA Enrollment: <ul style="list-style-type: none"> • EnrollHub is the electronic funds transfer (EFT) website. • Sign up at EnrollSafe.

Electronic Visit Verification (EVV)

EVV is used by caregivers for some HCBS to document when services begin and end. Providers are required to use EVV for specific HCBS codes, including:

Personal care & support home care service codes	Home health care service codes
T1019	92507
T1020	97139
S5125	97799
S5126	99504
99509	99600

Additional information and resources on Anthem's approved person-centered services and home health care services visit codes for Family Care in Wisconsin can be found at **Electronic Visit Verification (EVV): Service Codes that Require Use of an EVV System in Wisconsin | Wisconsin Department of Health Services**

Claims dispute

How to file a claims dispute:

If you disagree with the outcome of a claim, you can file a payment dispute. Claim disputes must be filed within 12 months from the date of service or 60 calendar days after the payment is made, whichever is later, if the claim is not eligible for reimbursement or partial reimbursement.

There are three (3) ways to dispute a claim:

- **Online:** Submit the dispute through Availity Essentials at <https://Availity.com>.
- **Verbally:** Contact Provider Services at **855-558-1443** TTY: **711**
- **In writing:** Include any necessary supporting documentation and mail to:
Anthem
Correspondence/Claim Disputes
P.O. Box 62429
Virginia Beach, VA 23466

Eligibility and member verification

Options to verify member enrollment:

- Perform an Eligibility and Benefits Inquiry in **Availity Essentials** to check eligibility online. Total Member View (TMV) provides a full 360-degree view of patient health and treatment history. A step-by-step instruction guide on accessing and navigating through the Availity Essentials platform can be viewed at <https://providers.anthem.com/wisconsin-provider/resources/training-academy>
- Call Provider Services at **855-558-1443** 9 a.m. to 6 p.m. CT to verify member eligibility.

Covered benefits for Family Care:

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| <ul style="list-style-type: none"> • Adult day health services • Alcohol and other drug abuse (AODA) treatment • Assistive technology • Communication assistance • Community Support Program • Competitive integrated employment (CIE) exploration • Consultative clinical and therapeutic services • Consumer education and training • Counseling and therapeutic services • Daily living skills training • Day Services • Durable Medical equipment and supplies • Financial management services • Health and wellness • Home-delivered meals • Home health services • Home modifications • Housing counseling • Institutional care • Mental health treatment services | <ul style="list-style-type: none"> • Nursing services • Occupational therapy • Personal care • Personal emergency response system (PERS) • Physical therapy • Prevocational services • Relocation services • Remote support monitoring • Residential services • Respite care • Specialized medical equipment and supplies • Speech and language therapy • Support broker • Supported employment (Individual employment services, small group and vocational futures planning and support) • Supportive home care • Training services for unpaid caregivers • Transportation services (community transportation and non-emergency medical transportation services) |
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All covered services are contingent upon assessed need, authorization, and benefit coverage at the time of service.

LTSS UM Fax number: 866-291-0838	Person Centered Service Plan (PCSP) – Members' Person-Centered Support Plans are viewable in Care Central's member dashboard. Call your Care Coordinator with any questions.
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Member Rights Team: Anthem internal support for member grievances and appeals.
Phone number: **844-509-0835**

Transitions and Care Coordination

LTSS Care Coordination

- Phone: **855-350-1192** TTY: **711**, 9 a.m. to 6 p.m. CT
- Email: familycareinfo@anthem.com

Notify Care Management for:

- Hospital admissions, discharges, or condition changes
- Requesting new or modified services

Transitions and Care Coordination

Critical incident reporting

Incidents must be reported to Anthem on the provider website within 24 business hours.

To report an incident, visit <https://www.fightthehealthcarefraud.com/>

Additional information can be found in the provider manual on the **provider website**.

Care coordination and waiver services

Through waiver services and care coordination, Anthem focuses on the individual and their unique needs to create a personalized care plan that improves care for members with complex needs and promotes independence in the community.

Providers contracted with Anthem are required to have resources and tools to offer culturally competent and linguistically effective communication with all members, including those with **Limited English Proficiency (LEP)** and **persons with disabilities**.

For additional details, please review the provider manual and visit our **provider website** for quick guides and job aids.

Compliance and quality

The HCBS Settings Rule is designed to improve the quality of HCBS programs by prioritizing an effective and meaningful person-centered planning process. This rights-based approach ensures that LTSS consumers receive comprehensive care that:

- Is integrated into and supports individuals' full access to the broader community.
- Is chosen by the individual from a range of setting options based on their unique needs and preferences, as well as available resources for residential settings.
- Enhances individual initiative, autonomy, and independence in making life choices.
- Facilitates personal choice in selecting services, supports, and care providers.
- Supports living a purposeful and meaningful life.

For additional details, please review the provider manual and visit our provider website for quick guides and job aids.

HCBS provider oversight

Anthem will actively monitor the performance of both licensed and certified providers and will verify adherence to the HCBS Settings Rule during the HCBS care provider qualification audit in accordance with 42 C.F.R. 441.301(c)(4). Acceptable documentation includes:

- A current HCBS Compliance Certificate, or
- A signed Heightened Scrutiny Attestation

Fraud, waste, and abuse reporting

Phone: **800-544-3873**

Submit online to complete the **Report Fraud, Waste, and Abuse Form**

Health Insurance Portability and Accountability Act of 1996 and confidentiality reminders

Providers must be familiar with and comply with the security requirements established by HIPAA.

For more information on medical records standards, refer to the provider manual on the provider website.

Learn more about Anthem programs
<https://anthem.com/wi/provider>

