



## Issue: Family Care Rate Setting

**The rate setting process should be as transparent as possible.** This process should be outlined in the Wisconsin statutes to include:

- Actuaries assigned to establish the Family Care Integrated Health Agencies (IHA) capitation rates should be required to publicly disclose their assumptions regarding provider cost, rate increases, and related inflationary adjustments;
- IHAs should be required to publicly disclose their provider rate-setting methodology, including any “scoring system” based on an enrollee’s comprehensive assessment;
- The Wisconsin Department of Health Services (DHS) should establish distinct IHA capitation rates for each client group (frail elders, intellectually disabled, and physically disabled) and the IHAs should be required to report cost and rate information for each client group; and
- IHAs should not require assisted living providers to submit copies of Medicaid audits when rates are negotiated with the specific IHA.

## Issue: Family Care Contractual Issues

Having these systems in place will alleviate any unfair advantages by the IHA when rates are negotiated and re-negotiated.

IHA-Provider contracts should acknowledge and respect provider protections and requirements related to federal requirements such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) along with other standards that enhance the care and services provided by facilities, such as quality assurance.

In addition, IHAs should be required to utilize standard uniform IHA- Provider contracts to level the playing field and ensure rates and terms do not largely vary from provider to provider. While the terms and rates should be negotiable, having standard uniform language within contracts is also beneficial to the residents, providers, IHAs, and the state as a means to streamline the contractual process.

Furthermore, enrollees and providers should have the right to appeal IHA decisions to an unbiased third party with established rules and procedures.

Finally, any reporting requirements outlined by IHAs should mirror those of the Division of Quality Assurance. Having different reporting requirements causes unnecessary confusion and disruption to the care provided to residents.