

Office of the Inspector General

Post-Payment Review Comment Grids

The findings and related content detailed within the grids are not exhaustive, and the Office of the Inspector General may reference other findings and/or law or code provisions according to the individuality of the case and documentation provided during the post-payment review.

These grids may be referenced by service providers and the public as informational regarding the operational work of the Office of the Inspector General. Service providers are required to abide by all state and federal laws and regulations. These grids are not to be used by service providers as a checklist, legal advice, or exhaustive resource to ensure compliance with Medicaid requirements.

Third Party Liability

Revised 9/30/2021				
Revised 9/30/2021				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
FINDING: LACK OF DOCUMENTATION				
The provider did not submit any documentation for the claim.	The provider must retain records for a period of not less than five years and must submit them to the Wisconsin Department of Health Services (DHS) upon request. The provider did not submit the required records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.02(9)(c) § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(2)(b)4 § 49.45(3)(f)
FINDING: INCOMPLETE DOCUMENTATION				
Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
The provider did not submit one or more documents required for the claim.	The provider must retain records for a period of not less than five years and must submit them to DHS upon request. The provider did not submit the required records to DHS. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(a) § DHS 106.02(9)(c) § DHS 106.02(9)(f) § DHS 106.02(9)(g) § DHS 107.01		§ 49.45(2)(a)10 § 49.45(2)(b)4 § 49.45(3)(f)

<p>At the time of service, the member was covered by other insurance; however, there was no documentation in the member's file from the other insurance explaining the reason for the claim's denial.</p>	<p>Before submitting claims to Medicaid, providers must properly seek payment for services from liable primary payers. Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to other payers. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>At the time of service, the member was covered by Medicare; however, there was no documentation in the member's file from Medicare explaining the reason for the claim's denial.</p>	<p>Before submitting claims to Medicaid, providers must properly seek payment from Medicare for services provided to dual eligible members. Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to Medicare. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 106.03(7)(i) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>At the time of service, the member was covered by other insurance; however, there was no documentation in the member's file from the other insurance documenting the amount the other insurance paid.</p>	<p>Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to other payers. The provider did not submit documentation to verify the other insurance payment entered on the Medicaid claim. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

<p>At the time of service, the member was covered by other insurance; however, the documentation indicates other insurance denied the claim as an exact duplicate claim, and no documentation was provided for the original claim submission.</p>	<p>Before submitting claims to Medicaid, providers must properly seek payment for services from liable primary payers. Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to other payers. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>At the time of service, the member was covered by Medicare; however, the documentation indicates Medicare denied the claim as an exact duplicate claim, and no documentation was provided for the original claim submission.</p>	<p>Before submitting claims to Medicare, providers must properly seek payment from dual eligible members. Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to Medicare. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 106.03(7)(i) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>At the time of service, the member was covered by other insurance; however, the documentation states other insurance denied the claim as included in the payment for another service that had already been adjudicated, and no documentation was provided for that service.</p>	<p>Before submitting claims to Medicaid, providers must properly seek payment for services from liable primary payers. Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to other payers. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

<p>At the time of service, the member was covered by Medicare; however, the documentation states Medicare denied the claim as included in the payment for another service that had already been adjudicated, and no documentation was provided for that service.</p>	<p>Before submitting claims to Medicaid, providers must properly seek payment from Medicare for services provided to dual eligible members. Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to Medicare. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 106.03(7)(i) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
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FINDING: OTHER INSURANCE PAYMENT Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>The provider submitted documentation showing other insurance paid for this service; however, the other insurance payment shown on the documentation does not match the other insurance amount submitted and applied to the Medicaid claim.</p>	<p>Providers must accurately identify reimbursement received from other payers on claims. The amount of other payer reimbursement shall reduce the Medicaid payment amount. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.03(7)(c) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
<p>The provider submitted documentation showing other insurance paid for this service; however, the other insurance payment shown on the documentation was submitted on the header level of the claim and applied toward an invalid claim detail.</p>	<p>Providers are responsible for the accuracy of claim submissions. The amount of other payer reimbursement for a service shall reduce the Medicaid payment amount. The provider submitted reimbursement paid at the detail level at the header level of the claim, and the reimbursement was applied to a claim detail that was not payable. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.03(7)(c) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

<p>The provider submitted documentation showing other insurance paid for this service; however, the other insurance indicator used on the MA claim indicated other insurance was not billed, and the other insurance was not applied to the Medicaid claim.</p>	<p>Providers are responsible for the accuracy of claim submissions. The amount of other payer reimbursement for a service shall reduce the Medicaid payment amount. The provider entered other insurance indicator "Y" on the claim, which indicates that other insurance was not billed, and the other insurance payment was not applied. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.03(7)(c) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>
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FINDING: MEDICARE PAYMENT Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>The provider submitted documentation showing Medicare paid for this service; however, the Medicare payment information shown on the documentation does not match the Medicare amount submitted on the Medicaid claim.</p>	<p>Providers must accurately identify reimbursement received from Medicare on claims. The amount of Medicare reimbursement shall reduce the Medicaid payment amount. The Medicaid payment may not exceed the sum of the Medicare coinsurance, copayment, and deductible. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 106.03(7)(c) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 106.03(7)(i) § DHS 107.01 § DHS 107.02(1)(b) § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>

FINDING: THIRD PARTY LIABILITY NOT PROPERLY BILLED

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
At the time of service, the member was covered by other insurance; however, there was no documentation in the member's file from the other insurance for this service.	Before submitting claims to Medicaid, providers must properly seek payment for services from liable primary payers. Providers must retain all evidence of claims for reimbursement, settlements and denials resulting from claims submitted to other payers. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 106.03(7)(f) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The quantity billed on the documentation does not match the quantity billed to Medicaid.	DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.02(9)(d) § DHS 106.02(9)(e) § DHS 106.03(7)(b) § DHS 106.03(7)(f) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider did not properly- seek payment from other insurance.	Before submitting claims to Medicaid, providers must properly seek payment for services from liable primary payers. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.03(7)(a)2 § DHS 106.03(7)(b) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)
The provider did not properly- seek payment from Medicare.	Before submitting claims to Medicaid, providers must properly seek payment for services from liable primary payers. The Department was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.	§ DHS 106.03(7)(a)2 § DHS 106.03(7)(b) § DHS 106.03(7)(f) § DHS 107.01 § DHS 108.02(9)		§ 49.45(2)(a)10 § 49.45(3)(f)

FINDING: DUPLICATE BILLING

Revised 9/30/2021

Comment	Description	Wisconsin Administrative Code	Code of Federal Regulations	Wisconsin State Statutes
<p>The provider billed and was paid for the same service more than one time. This service was already billed and paid by Medicare, and a secondary crossover claim was paid by Medicaid.</p>	<p>A provider may not seek reimbursement for two separate covered services to receive additional reimbursement over the maximum allowed amount for the one service that was provided. DHS was unable to verify the actual provision of Medicaid-covered services, the appropriateness of the services, or the accuracy of the claim.</p>	<p>§ DHS 101.03(96m)(b)(6) § DHS 106.02(9)(a) § DHS 106.02(9)(e) § DHS 106.03(2) § DHS 107.01 § DHS 108.02(9)</p>		<p>§ 49.45(2)(a)10 § 49.45(3)(f)</p>