View electronic version of All-Provider Handbook on Medicaid Web site

During July, Wisconsin Medicaid mailed the All-Provider Handbook to all Medicaid providers. The electronic version of the handbook is also now available on the Medicaid Web site.

The three ways to view the All-Provider Handbook on the Medicaid Web site are:

• Interactive version.

• PDF version.

• Text-only version.

You can view the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.
To find the All-Provider Handbook:

1. Choose *Medicaid Provider Publications* from the main menu of the Medicaid Web site home page. (Refer to Example screen #1 of Attachment 1 of this *Update*.)

2. Select *Wisconsin Medicaid Provider Handbooks and handbook replacement pages*.

3. Choose *All-Provider* from the list of handbooks to get the interactive version of the handbook or the text-only version.

Interactive version

"Interactive" means that users can navigate through the handbook by using the pop-up menus at the top of the screen. Each menu lists the chapters included in each section. (Refer to Example screen #2 of Attachment 1.) In addition to having pop-up menus, all related appendices and state and federal laws are just a mouse-click away. These links are easily distinguished from the text. In Example screen #3 of Attachment 1, the reference to HFS 107, Wis. Admin. Code, is underlined and in a different color than the rest of the text. After viewing the link, click "Back" at the top of your screen to get to the chapter you were previously viewing. You can also click on the "Next page" or "Previous page" commands at the bottom of each page to move through the chapters.

The interactive version of the handbook is particularly useful for users who:

• Have Microsoft Internet Explorer or Netscape Navigator Internet browsers 4.0 or higher.

• Want easy access to each chapter and chapter heading from the navigation menu at the top of each page.

Printer-friendly version

A "Printer-friendly version" icon appears in the left margin of each page of the interactive handbook. You may click on this and the PDF version of the chapter, section, or appendix you

are viewing will appear in the Adobe Acrobat® Reader viewer. You can download Adobe Acrobat® Reader free-of-charge from Adobe's Web site at *www.adobe.com/.* From this, you can print the chapter you are viewing in its original print format. Refer to the next paragraph on how to open, view, and print PDF files on your computer.

PDF version

PDF-formatted publications have the following characteristics:

- Print out exactly like the original document received in paper copy.

- Are downloaded to your computer and viewed on Acrobat Reader, which can be downloaded for free from the Adobe Web site at *www.adobe.com/.*

- Are saved in original format, including all original graphics and fonts.

These PDF files are original files formatted specifically for your printer but are not always easy to view on a computer screen.

How to get to the PDF version

From the interactive version of the handbook, scroll down to the bottom of the screen and click on "PDF download" to view and print particular sections or the whole handbook. You can also access the PDF download function by selecting "Other links" and then "PDF download" from the interactive menu at the top of the screen. To view and print a single chapter in the interactive version of the handbook, click on the "Printer-friendly version" icon.

From the text-only version of the handbook, choose the "PDF version" command next to the section you want to view and print.

Text-only version

The text-only version of the handbook allows you to view the contents of the handbook without any graphics. Like the interactive version, appendices and other links are just a mouse-click away. In Example screen #4 of Attachment 1, the subject you want to view will be displayed after you choose it from the menu. In this example, the Claims Submission section was selected.

To get to the text-only version of the All-Provider Handbook, choose "Text-only version" from the list of handbooks available on the Medicaid Web site. You can also get to the text-only version from the interactive version by selecting "Other links" and then "Text-only version" from the menu at the top of the screen.

The text-only version of the handbook is particularly useful for users who:

- Have Microsoft Internet Explorer or Netscape Navigator Internet browsers 3.0 or lower.

- Have slower computers or slow connection speeds (i.e., 14.4 k modems).

- Require "readers" (for the visually impaired).

Other interactive handbooks on the Medicaid Web site

The Personal Care Handbook, Chiropractic Services Handbook, and Physician Services Handbook are also available in interactive versions on the Medicaid Web site. Interactive versions of other handbooks will be available as Wisconsin Medicaid reissues the paper version of these handbooks. ✦

The text-only version of the handbook allows you to view the contents of the handbook without any graphics.

How Family Care's Care Management Organizations work with primary care providers

Collaboration of the primary care provider, the CMO interdisciplinary team, and the member will facilitate care and treatment decisions consistent with the member's preferences, history, primary care treatment plans, and the member's LTC plans.

This article explains how Family Care's Care Management Organizations (CMOs) and primary care providers can work together to coordinate care for Family Care members. It also explains how physicians obtain authorization for Family Care services. This article affects providers who serve members in Fond du Lac, La Crosse, Portage, and Milwaukee counties.

Care Management Organizations

A major goal of Family Care is to manage services effectively and provide continuity and quality of care. To accomplish this, the Care Management Organization (CMO) must coordinate care across different delivery systems (including primary health care, long term care [LTC], and social services) and funding sources (including Medicaid fee-for-service and other commercial health insurance, Medicare, and funding sources for vocational and social services).

Interdisciplinary teams

Each Family Care member has an assigned interdisciplinary team, consisting of a registered nurse, a service coordinator, and other professionals as appropriate. Because a guiding principle of Family Care is that service decisions are made with the member's participation, the interdisciplinary team also includes the member and, as appropriate, others who are knowledgeable about the member's needs and preferences.

The interdisciplinary team performs the following functions:

- Conducts a comprehensive assessment of the member's LTC needs, including how the individual prefers to have his or her needs met.

- Specifies the services to be included in the member's care plan and provided or arranged for by the CMO.

- Coordinates services with the member's primary care provider by establishing links to ensure that the primary care provider is aware of the comprehensive care plan, member preferences, the community-based LTC services that are available to the CMO member, and to ensure that the CMO is adequately coordinating primary and acute care services that are not included in the Family Care benefit package. Services outside of the Family Care benefit package that the CMO is responsible for coordinating on behalf of CMO members may include Medicaid fee-for-service, Medicare benefits, and commercial insurance.

Collaboration of the primary care provider, the CMO interdisciplinary team, and the member will facilitate care and treatment decisions consistent with the member's preferences, history, primary care treatment plans, and the member's LTC plans.

Example of CMO and primary care provider interaction

Hospital discharges provide a good example of how the CMO interdisciplinary team and the primary care provider might interact to optimize care for a Family Care member. The CMO will be in touch with the primary care provider and

hospital discharge planners to assure all needed services are in place when the member returns home. If the individual requires a stay in a nursing facility for rehabilitation, the CMO interdisciplinary team will work closely with the staff at the rehabilitation facility and the primary care physician to facilitate a smooth transition back home and to assure all LTC needs are met. The CMO will then keep the primary care provider informed about the member's identified needs, care plan, and any changes in health status.

Providing services to a Family Care member

The following steps should be taken when providing services to a Family Care member:

1. Always check the member's eligibility status using the Eligibility Verification System (EVS). It is critical to determine whether an individual is enrolled in Family Care. Since members can voluntarily enroll in, or disenroll from, a Family Care CMO at any time during the month, providers *should always* check eligibility *before* providing services. The EVS will indicate managed care codes of 57, 58, or 59 if members are enrolled in a Family Care CMO.

2. If an individual is enrolled in Family Care and requires services covered under the Family Care benefit package, contact the CMO to determine how the CMO will handle referrals and arrange for services. The CMO's telephone number will be given by the EVS. Contacting the CMO is particularly important for physicians who may be prescribing/ordering services included in the Family Care benefit package, because only the CMO can authorize those services.

3. If an individual is enrolled in Family Care and requires services *not* covered under the Family Care benefit package, primary care providers should continue to provide these services to Family Care members and bill the services first to commercial insurance, then Medicare if eligible, and then Wisconsin Medicaid fee-for-service for Medicaid-eligible Family Care members. If the individual is not eligible for Medicaid, the provider should bill the individual or the individual's commercial health insurance for services.

Note: On July 1, 2000, eligibility for Family Care expanded to include individuals who are not eligible for Wisconsin Medicaid. The Automated Voice Response (AVR) system and the EVS indicates when a Family Care member is not eligible for Medicaid. For providers using the Direct Information Access Line with Updates for Providers (Dial-Up), the medical status code "FC" identifies Family Care members who are *not* eligible for Medicaid.

Services included/not included in the Family Care benefit package

In general, LTC services (such as case management and home care services) are included in the Family Care benefit package. Please refer to Attachment 2 of this *Update* for a more comprehensive list of covered and noncovered services in the Family Care benefit package. Family Care information can also be found in the "Provider Publications" section of the Medicaid Web site at *www.dhfs.state.wi.us/medicaid/.* For more detailed information about Family Care, refer to the Family Care Web site at *www.dhfs.state.wi.us/LTCare/.* ✦

Contacting the CMO is particularly important for physicians who may be prescribing/ordering services included in the Family Care benefit package, because only the CMO can authorize those services.

What's new on the Medicaid Web site

The Wisconsin Medicaid Web site includes provider and recipient publications, Medicaid contacts and statistics, and eligibility and benefit information. You may visit the Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

The following is a list of what has recently been added to the Medicaid Web site:

- August 2000 *Wisconsin Medicaid and BadgerCare Update*.

- Updated Medicaid and BadgerCare caseload statistics.

- Medicaid Purchase Plan Consumer Guide.

- Interactive version of the Chiropractic Services Handbook.

- Updated STAT-PA information.

Keep in mind that if you do not have a computer with Internet access, many libraries have access available. ✦

Web address error in June Update

An incorrect Internet Web address was inadvertently published in the June 2000 *Wisconsin Medicaid and BadgerCare Update*. The HCFA-sponsored Web site referenced in the article titled "Special Medicaid eligibility programs for Medicare recipients" should be *www.nmep.org*. Wisconsin Medicaid regrets any confusion this error may have caused. ✦

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *www.dhfs.state.wi.us/medicaid/*.

HIPAA uptodate

The Internet is your best source for information regarding the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Health Care Financing Administration has published a comprehensive list of HIPAA-related Web sites, along with a summary of what can be found on each, at *www.hcfa.gov/medicare/edi/hipaaedi.htm*. One site of particular interest, *aspe.os.dhhs.gov/admnsimp/* contains updated schedules and frequently asked questions, a link to download the electronic transaction standards, and answers regarding HIPAA and Administrative Simplification provisions. If you do not have a computer with Internet access, many libraries have Internet access for public use.

Wisconsin Medicaid uses the *HIPAA Up-to-date* section of the *Wisconsin Medicaid and BadgerCare Update* to:

- Communicate various issues regarding HIPAA.

- Offer information that may help you meet HIPAA requirements.

- Keep you informed of our progress towards HIPAA compliance.

Wisconsin Medicaid continues to monitor and analyze federal HIPAA regulations, identify impacts to our systems and processes, and develop solutions to ensure timely compliance. We encourage you to do the same. Watch for more *HIPAA Up-to-date* articles in future *Wisconsin Medicaid and BadgerCare Updates*. ✦

ATTACHMENT 1
Example screens

Example screen #1 - Medicaid Web site

Example screen #2 - Interactive version of All-Provider Handbook

Example screen #3 - Link to Wisconsin Administrative Code

Covered and Noncovered Service, Covered Noncovered Services Section, All-Provider Handbook - Microsoft Internet Explorer

File   Edit   View   Favorites   Tools   Help

Back   Forward   Stop   Refresh   Home   Search   Favorites   History   Mail   Print   Edit   Real.com

Address   http://www.dhfs.state.wi.us/medicaid2/handbooks/all_provider/covered/covered1.htm

Claim Submission
Provider Resources
Prior Authorization
Provider Certification
Coordination of Benefits
Covered & Noncovered Services
Provider Rights & Responsibilities
Recipient Rights & Responsibilities
Other Links

Wisconsin Medicaid
All Provider Handbook

Covered and Noncovered Services

Services that Require Prior Authorization

Some Wisconsin Medicaid services require prior authorization (PA). Providers are required to obtain PA for those services *before* providing them.

Keep in mind that some services never require PA. Services that do require PA are identified in the service-specific handbooks and in HFS 107, Wis. Admin. Code. If you have specific questions about PA, refer to you service-specific handbook and to the Prior Authorization section of the All-Provider Handbook. If you still have questions, call Provider Services at (800) 947-9627 or (608) 221-9883.

Next page.
Previous page.

DHFS Web site | Medicaid Web Site | sitemap

Example screen #4 - Text-only version

Site Map - Wisconsin Medicaid and BadgerCare All-Provider Handbook

Clicking the links on this site map will take you to a text-only version of the handbook.
Use your arrow-back key to return to the frames version of the handbook.

Index of All-Provider Sections

Claims Submission	Provider Certification
Coordination of Benefits	Provider Resources
Covered & Noncovered Services	Provider Rights & Responsibilities
Prior Authorization	Recipient Rights & Responsibilities

Claims Submission

- Preface
- Preparing Claims
    - Usual and Customary Billing
    - Billing Options
        - Electronic Claims
            - Electronic Billing Options
            - Wisconsin Medicaid Electronic Media Agreement
            - Wisconsin Medicaid-Approved Billing Services
        - Paper Claims
            - Obtaining Claim Forms
    - Responsibility for All Claims

ATTACHMENT 2
Medicaid services included in the Family Care benefit package

The following Medicaid-covered services are available to Family Care members through the Family Care-Care Management Organizations (CMOs). These services are also available to non-Medicaid-eligible Family Care members through the Family Care CMOs.

- *Case Management* - provided by case management agencies.
  - ✓ Except Discharge Planning provided in an inpatient hospital setting.

- *Home Care Services* - provided by home health agencies, personal care agencies, independent nurses, and respiratory therapists.
  - ✓ Home health aide services.
  - ✓ Personal care.
  - ✓ Skilled nursing (including independent nursing services).
    - — Intermittent (less than 8 hours per day).
    - — Private duty nursing (8 or more hours per day).
    - — Respiratory care.
  - ✓ Occupational and physical therapy, and speech and language pathology services *(see Therapy Services on the next page)*.

- *Mental Health/Substance Abuse and Related Services* - provided by mental health providers, substance abuse (alcohol and other drug abuse) treatment providers, day treatment programs, and community support programs.
  - ✓ Mental health and substance abuse services.
    - — Except those services provided by a physician.
    - — Except those services provided in an inpatient hospital setting.
  - ✓ Day treatment (mental health and substance abuse).
  - ✓ Child/adolescent mental health day treatment.
  - ✓ Community support program services.
    - — Except when provided by a physician.
    - — Except non-psychiatric medication and treatment services.
  - ✓ In-home intensive psychotherapy.
  - ✓ In-home autism treatment.

- *Nursing Facilities* – all nursing facility stays (including Intermediate Care Facility for People with Mental Retardation [ICF/MR] and Institution for Mental Disease [IMD]).
  - ✓ Except lab and radiology ancillary services.

- *Supplies and Equipment* - provided by any provider.
  - ✓ Disposable medical supplies.
    - — Except supplies used in a hospital or physician clinic.
  - ✓ Durable medical equipment (DME) purchased or rented in all settings.
    - — Except for hearing aids, hearing aid accessories, hearing aid batteries, and assistive listening devices.
    - — Except for prosthetics.
  - ✓ Repair and maintenance of DME.
    - — Except for repair and maintenance of hearing aids and assistive listening devices.
    - — Except for repair and maintenance of prosthetics.
  - ✓ Orthotics (purchase and repair).

- *Therapy Services* - provided by therapy and speech and language providers.
  - ✓ Occupational therapy.
    - —Except those services provided by physicians in clinic settings.
    - —Except those services provided in an inpatient hospital setting.
  - ✓ Physical therapy.
    - —Except those services provided by physicians in clinic settings.
    - —Except those services provided in an inpatient hospital setting.
  - ✓ Speech and language pathology services.
    - —Except those services provided by physicians in clinic settings.
    - —Except those services provided in an inpatient hospital setting.

- *Transportation* - provided by specialized medical vehicle providers.

Medicaid services not included in the Family Care benefit package

The following are some of the Medicaid services not included in the Family Care benefit package. Providers and counties should continue to bill these services to Wisconsin Medicaid for Medicaid-eligible Family Care members.

- Substance abuse services provided by a physician or provided in an inpatient hospital setting.
- Ambulance transportation.
- Audiology.
- Chiropractic.
- Crisis intervention services.
- Dentistry.
- Eyeglasses.
- Family planning services.
- Hearing aids (including batteries, accessories, and assistive listening devices, and repair and maintenance of hearing aids and assistive listening devices).
- Hospice.
- Hospital: Inpatient (except DME).
- Hospital: Outpatient (except physical therapy, occupational therapy, speech and language pathology, mental health services, and substance abuse treatment).
- Independent nurse practitioner services.
- Lab and X-ray.
- Mental health services provided by a physician or provided in an inpatient hospital setting.
- Nurse midwife services.
- Optometry.
- Pharmaceuticals.
- Physician services.
- Podiatry.
- Prenatal care coordination.
- Prosthetics (including repair and maintenance).
- School-based services.