wisconsin Medicaid update
and BadgerCare
July 2000
PHC 1727
Wisconsin Medicaid and BadgerCare Information for Providers

Hot off the presses—your new All-Provider Handbook

The Division of Health Care Financing (DHCF) is pleased to announce the publication of the new Wisconsin Medicaid All-Provider Handbook. This handbook is a guide to the Wisconsin Medicaid program for Medicaid-certified providers. Providers should maintain and refer to this handbook in conjunction with their service-specific handbooks, the Medicaid Managed Care Guide, and the monthly Wisconsin Medicaid and BadgerCare Update.

Inside this Update:

The new All-Provider Handbook is divided into the following self-contained sections to decrease the amount of cross-referencing necessary:

- Claims Submission.
- Coordination of Benefits.
- Covered/Noncovered Services.
- Prior Authorization.
- Provider Certification.
- Provider Resources.
- Provider Rights and Responsibilities.
- Recipient Rights and Responsibilities.

The following have also been added to make the handbook sections easier to use:

- An index.
- A glossary.
- Tabs for each chapter within a section.

A handbook for all providers

The new All-Provider Handbook is a guide to the Wisconsin Medicaid program. The policies in this handbook outline the basic framework of the Wisconsin Medicaid program for all Wisconsin Medicaid fee-for-service and HMO providers.

This handbook completely replaces the previous version of the All-Provider Handbook. In addition to replacing that handbook, it also replaces the all-provider *Updates* through December 1999, with exception to the July 1999 and September 1999 *Updates*. Providers are reminded to keep all of their service-specific *Updates* and handbooks. The new All-Provider Handbook *does not* replace those.

Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. However, HMOs may have different policies and procedures. If you are a Medicaid HMO network provider, contact your Medicaid HMO for specific information on their procedures.

For additional copies

Some Wisconsin Medicaid handbooks are now available on the Internet. To download the new All-Provider Handbook or any of its sections free of charge, visit the "Provider Publications"

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Family Care implementation date changed for Milwaukee County

Implementation of the Family Care pilot program in Milwaukee County was changed from June 1, 2000, to July 5, 2000.

For more information about Family Care, refer to the December 1999 and January 2000 *Wisconsin Medicaid and BadgerCare Updates*, which can 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/*. ✦

Additional category of Family Care eligibility

This article introduces a new category of member eligibility for Family Care: grandfathered Family Care members. The Family Care benefit becomes available to potential grandfathered members in Fond du Lac, Portage, and La Crosse counties on July 1, 2000. Grandfathering starts in Milwaukee County on July 5, 2000, which is when Family Care begins there.

Eligibility

Some individuals who do not otherwise meet functional eligibility requirements for Family Care may become eligible under the grandfathering provision of the Family Care legislation.

The intent of the grandfathering provision is to ensure that individuals who have been receiving long term support services from their county of residence and other providers do not receive less care as a result of the change to Family Care, even though they do not meet the functional eligibility criteria for Family Care. People who meet all of the following requirements may become grandfathered Family Care members:

- Meet the same financial eligibility requirements as individuals who qualify for Family Care at the intermediate or comprehensive level.
- Have a condition that is expected to last at least 90 days or result in death within 12 months after the date of application.
- Had been receiving long term care services that were funded by the Community Options Program, the Alzheimer's Family Care Giver Support Program, community aids, or county funding for at least 60 days, under a written plan of care, on the date that the Family Care benefit became available in the person's county of residence.

If a person meets these requirements but is not found functionally eligible at either the comprehensive or intermediate level, he or she may still be "grandfathered" into Family Care.

Eligibility verification

The Eligibility Verification System (EVS) indicates managed care codes of 58 or 59 for Care Management Organization (CMO) members who have met the comprehensive or intermediate levels of functional eligibility. For grandfathered Family Care members, the EVS will indicate a managed care code of 57.

Benefit package

Grandfathered Family Care members are entitled to all the benefits and rights of membership in the CMO, and all contract provisions apply equally to them. As with other Family Care members, if a grandfathered Family Care member requires services included in the Family Care benefit package, contact the

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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 providers who may be prescribing/ordering services included in the Family Care benefit package because only the CMO can authorize those services.

More information

For more information, refer to 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/*. ✦

All-Provider Handbook

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section of the Medicaid Web site at *www.dhfs.state.wi.us/medicaid/*. This Web site also contains additional information for Medicaid providers and an electronic version of the All-Provider Handbook.

Providers can also use the All-Provider Handbook Order Form (found in the front of each handbook section) to order additional copies of the complete All-Provider Handbook set or separate handbook sections as needed.

Questions

If you have questions about the information in the new All-Provider Handbook, or do not receive your copy by August 31, 2000, please call Provider Services at (800) 947-9627 or (608) 221-9883. ✦

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:

- July 2000 *Wisconsin Medicaid and BadgerCare Update*.
- Updated Medicaid and BadgerCare caseload statistics.
- Medicaid Purchase Plan fact sheets.
- Pharmacy replacement pages.
- Interactive version of the Physician Services Handbook.
- Interactive version of the Personal Care Handbook.
- Updated STAT-PA information.
- Link to the Supplemental Security Income (SSI) Web site at *www.dhfs.state.wi.us/ssi/*.

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

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

Welcome to HIPAA

Much hard work and strategic planning led to the success of Y2K and allowed all of us to begin the year 2000 with a feeling of great accomplishment. As we begin a new century, the entire health care industry is faced with an even greater challenge—compliance with the Administration Simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Wisconsin Medicaid will use the HIPAA Up-to-date section of the Wisconsin Medicaid and BadgerCare Update to communicate various HIPAA issues, to offer information that may help you meet HIPAA requirements, and to keep you informed of Wisconsin Medicaid's progress towards HIPAA compliance.

Overview

Sweeping changes to everyday health care administrative processes will occur as a result of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Administrative Simplification provisions of HIPAA were established to improve the efficiency and effectiveness of the health care system in the United States.

HIPAA requires the Secretary of the federal Health and Human Services (HHS) to adopt national standards for:

- The electronic transmission of administrative and financial health care transactions (e.g., claims, prior authorization, coordination of benefits, encounter data reporting) and code sets (e.g., diagnosis codes, procedure codes, procedure code modifiers).
- Unique health care ID numbers for providers, health plans, and employers.
- Protecting the privacy and security of individually identifiable health care information.

Wisconsin Medicaid, along with the entire national health care industry—all health care providers, health plans including Medicare, and health care clearinghouses—will be required to comply with the standards as outlined in the Administrative Simplification provisions of HIPAA.

Setting HIPAA standards and deadlines

Before the Secretary of the federal HHS sets a national HIPAA standard, a Notice of Proposed Rule Making (NPRM) is published. The NPRM outlines the proposal and gives the public the opportunity to comment. After comments are analyzed, the NPRM is revised and published in the Federal Register as a Final Rule. The effective date of the Final Rule is 60 days after its publication date. The health care industry then has two years, in general, from the effective date of the Final Rule to comply with the published HIPAA regulations.

Published NPRMs

To date, five NPRMs have been published. Other NPRMs are still in development. The following NPRMs have been commented on and are currently being revised:

- Transactions and Code Sets.
- National Provider Identifier.
- National Employer Identifier.
- Security.
- Privacy.

The HHS released information stating that it expects the Final Rule for Transactions and Code Sets to be published this summer (refer to the "HIPAA Extra" at the bottom of the page for more information). The most current NPRM status information available can be found on the Internet at *aspe.hhs.gov/admnsimp/pubsched.htm.* This HHS-sponsored Web site should be your primary source for NPRM schedule information.

What can you do now?

You should begin to familiarize yourself with HIPAA regulations so that you can effectively analyze your organization's systems and processes to determine what needs to be done to ensure timely compliance. The Internet is your best source for HIPAA information. 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 access.

Watch for more *HIPAA Up-to-date* articles in future *Wisconsin Medicaid and BadgerCare Updates.* ✦

HIPAA Extra

The clock starts ticking this summer when the first HIPAA Final Rule, which covers Transactions and Code Sets, is published. The entire health care industry will then have two years, in general, to fully comply with the rule.

The Transactions and Code Sets Final Rule will include the following electronic transactions:

- Health claims or equivalent encounter information.
- Enrollment and disenrollment in a health plan.
- Eligibility for a health plan.
- Health care payment and remittance advice.
- Health plan premium payments.
- Health claim status.
- Referral certification and authorization.
- Coordination of benefits.

This rule will also require the use of national code sets (e.g., procedure codes, diagnosis codes, Remittance and Status Report messages, etc.) and will eliminate local coding structures. More information on Transactions and Code Sets will be published in future *HIPAA Up-to-date* articles.

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