wisconsin Medicaid update
and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
All Providers
HMOs and Other Managed Care Programs

Procedures to follow when a recipient appeal is successful

Medicaid applicants and recipients have the right to appeal certain decisions made by Wisconsin Medicaid. This *Update* describes what providers should do if an appeal regarding a prior authorization (PA) request or recipient eligibility is successful.

Right to appeal modified or denied prior authorization requests

Recipients (not providers) have the right to appeal a prior authorization (PA) request that has been modified or denied by Wisconsin Medicaid. A provider may supply the recipient with information necessary to make the appeal and should remain in contact with the recipient during the appeal process.

Reversal of denied prior authorization requests

If the hearing results in a reversal of the denial or modification of a PA request, a statement regarding the decision is mailed only to the recipient. The recipient, Wisconsin Medicaid, and the provider are then required to follow the hearing decision. For the provider, this may involve submitting a paper claim for the service, along with a copy of the hearing decision to the following address:

Wisconsin Medicaid
Specialized Research
Suite 50
6406 Bridge Road
Madison, WI 53784-0050

Sometimes the hearing decision instructs the provider to submit a *new* PA request form with original attachments and a copy of the hearing decision obtained from the recipient. Wisconsin Medicaid will approve the PA request with a revised grant and expiration date. Once the PA request is approved, the provider may then perform the service and submit an electronic or paper claim for the service(s) through normal claims processing channels.

Right to appeal eligibility and level of care determinations

Applicants and recipients have the right to appeal certain decisions relating to Medicaid eligibility or nursing home level of care determinations.

If a claim is denied due to an eligibility determination or a determination to change the recipient's nursing home level of care, an appeal to reverse the determination may allow the claim to be resubmitted and paid. An applicant, a recipient, or a legally authorized

person acting on behalf of the applicant or recipient may appeal an eligibility or level of care decision.

Claim previously submitted to Wisconsin Medicaid

A provider is required to resubmit a previously denied claim to Wisconsin Medicaid if *both* of the following apply:

- An eligibility or coverage of service determination is reversed as the result of a recipient appeal; *and*
- The provider previously submitted a claim to Wisconsin Medicaid and it was denied.

The provider must obtain a copy of the appeal decision from the recipient, attach the copy to the claim form, and submit both to Wisconsin Medicaid at the following address:

Wisconsin Medicaid
Specialized Research
Suite 50
6406 Bridge Road
Madison, WI 53784-0050

If a court order, rather than an appeal decision, reversed the eligibility or level of care determination, submit the claim with a copy of the court order attached to the address.

No claim previously submitted to Wisconsin Medicaid

If a provider has not submitted a claim to Wisconsin Medicaid, he or she may submit a copy of the appeal or court decision with a claim to the same address.

Reminder: 365-day claims submission deadline

Wisconsin Medicaid must receive properly completed claims for services provided to eligible Medicaid recipients within 365 days from the date the service was provided. Exceptions to the 365-day deadline, including the exception when a decision is made by a court, fair hearing, or the Department of Health and Family Services, are listed in the Claims Submission section of the All-Provider Handbook.

Under HFS 106.12 and 106.13, Wis. Admin. Code, neither appeals nor waivers may be made regarding the Medicaid claims submission deadline.

More information

Refer to the Prior Authorization section of the All-Provider Handbook for more information about appealing PA decisions.

Refer to the Recipient Rights and Responsibilities section of the All-Provider Handbook for more information about a recipient's right to appeal certain decisions relating to Wisconsin Medicaid eligibility or coverage of services.

Managed care providers

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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/*.