

# Wisconsin Medicaid and BadgerCare update

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PHC 1815

Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Nursing Homes  
HMOs and Other  
Managed Care  
Programs

## Clarification of patient liability for nursing home residents

This *Update* explains how patient liability is applied in certain situations for Medicaid recipients residing in a nursing home.

### Obtaining recipient liability information

Nursing homes receive a weekly Wisconsin CARES System Patient Liability report on all of their residents who have been eligible or authorized for Medicaid services. It indicates recipients who owe a liability for the effective dates shown or whose liability amount changed to a different amount, including zero.

Liability for a recipient residing in a nursing home is the amount of resident income available to apply on a monthly basis towards the monthly cost of care. Certifying agencies are responsible for assessing recipient liability amounts, not nursing homes. Refer to the “Current” liability amount and effective date on the CARES report for a recipient. Do *not* use the liability information indicated on the monthly Nursing Home Eligibility Authorization report from Wisconsin Medicaid.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a sample Wisconsin CARES System Patient Liability Report. Refer to Attachment 2 for a sample Nursing Home Eligibility Authorization Report.

### Applying liability to nursing home claims

If a recipient is institutionalized and Medicaid eligible for an entire calendar month, liability is deducted from the nursing home claim for that month. Wisconsin Medicaid considers recipients to be institutionalized when they are in a hospital or a nursing home 30 consecutive days or more. A recipient is considered institutionalized for the entire calendar month and liability is deducted even if the recipient was on therapeutic leave or dies during the month.

### Transfers between nursing homes

If a recipient transfers from one nursing home to another nursing home during a calendar month, the liability is prorated between the two nursing homes. County agencies that certify recipients for Medicaid are responsible for notifying nursing homes and Wisconsin Medicaid about the liability amounts for recipients who have transferred between nursing homes within the same calendar month. Refer to the Provider Resources section of the All-Provider Handbook for a list of certifying agencies and telephone numbers. Providers may also refer to the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/) for the most current list.

### *Transfers between nursing homes and hospitals*

If a recipient transfers from a nursing home to a hospital or from a hospital to a nursing home in a calendar month, the full liability amount is applied to the nursing home claim only up to the amount of Medicaid reimbursement to that nursing home for that month. This applies even if the transfer takes place on the last day of the month. Currently, Wisconsin Medicaid does not apply recipient liability to hospital claims.

If a recipient transfers from a nursing home to a hospital and then back to the nursing home within the same month, the liability amount is applied to the nursing home claim only. If two nursing homes are involved, the number of days at the hospital is equally split between the two nursing homes and the liability amount is then prorated between the two nursing homes by the certifying agency.

### *Recipient death while in the nursing home*

If a recipient dies while in a nursing home, the full liability amount is applied to the nursing home claim up to the amount of Medicaid reimbursement for that month. If there is a remaining liability amount, it is refunded to the recipient's estate by the state.

### **When recipient liability does *not* apply**

Recipient liability is not applied to nursing home claims for a month in which:

- The recipient is initially admitted into a nursing home or hospital if admitted after the first day of the month.

- The recipient is discharged to somewhere other than a hospital or another nursing home.
- The recipient has been an inpatient for an entire month, but his or her Medicaid-eligible effective date is not the first of the month.

### **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/](http://www.dhfs.state.wi.us/medicaid/).

# ATTACHMENT 1

## Sample Wisconsin CARES System Patient Liability Report

REPORT ID: CCN150RA

WISCONSIN CARES SYSTEM  
PATIENT LIABILITY REPORT  
FOR THE WEEK OF MARCH 16, 2001 - MARCH 22, 2001

PAGE: 1  
RUN DATE: MM/DD/YYYY  
RUN TIME: XX:XX  
AS OF DATE: MM/DD/YYYY

CASE NUMBER	PRIMARY PERSON	LIABILITY STATUS	ACTION DATE	-- LIABILITY PRIOR	AMOUNT -- CURRENT	EFFECTIVE BEGIN DT	EFFECTIVE END DT
410000001	RECIPIENT IMA B	CLOSURE	03/17/01	347.90	0.00	04/01/01	-- NA --
910000001	RECIPIENT IMA C	CLOSURE	03/20/01	859.41	0.00	05/01/01	-- NA --
711000003	RECIPIENT IMA D	APPROVED	03/17/01	0.00	1,751.63	04/01/01	-- NA --
310000005	RECIPIENT IMA E	APPROVED	03/17/01	0.00	567.37	04/01/01	-- NA --
410000005	RECIPIENT IMA F	CLOSURE	03/17/01	963.00	0.00	04/01/01	-- NA --
510000005	RECIPIENT IMA G	INCREASED	03/16/01	71.79	663.46	04/01/01	-- NA --
610000009	RECIPIENT IM B	APPROVED	03/17/01	0.00	592.00	04/01/01	-- NA --
010000006	RECIPIENT IMA H	CLOSURE	03/20/01	473.50	0.00	05/01/01	-- NA --
210000006	RECIPIENT IMA I	APPROVED	03/17/01	0.00	1,511.22	04/01/01	-- NA --
210000001	RECIPIENT IMA J	DECREASED	03/22/01	788.61	784.71	05/01/01	-- NA --
610000007	RECIPIENT IMA K	APPROVED	03/17/01	0.00	518.00	04/01/01	-- NA --
410000008	RECIPIENT IMA L	APPROVED	03/17/01	0.00	398.00	04/01/01	-- NA --

PROVIDER NAME, INC.  
1234 NAMEOF ST  
CITY WI XXXXX

Use the liability amount listed from the "Current" column and effective begin date.

# ATTACHMENT 2

## Sample Nursing Home Eligibility Authorization Report

HMKR449Q

WISCONSIN - TITLE XIX - ELIGIBILITY

DATE - MMDDYY

PAGE: 1

### ELIGIBILITY AUTHORIZATIONS

PROV NUM	RECIPIENT NAME	RECIPIENT NUMBER	ELIGFM	ELIGTO	AUTHRZED	AUTHFM	AUTHTO	<del>LIAB AMT</del>	<del>LIABFM</del>	<del>LIABTO</del>
12345678	RECIPIENT IMA	3800000030	050199	123101	20	071599	999999	<del>\$628.00</del>	<del>010101</del>	<del>123101</del>
	RECIPIENT IM G	3800000070	080100	083101	20	070195	999999	<del>\$1577.83</del>	<del>010101</del>	<del>083101</del>
	RECIPIENT IMA A	3900000050	010100	053101	20	070198	999999	<del>\$1336.26</del>	<del>010101</del>	<del>053101</del>
	RECIPIENT IMA B	0900000030	050199	043001	20	050199	999999	<del>\$1138.25</del>	<del>010101</del>	<del>043001</del>
	RECIPIENT IMA C	3900000020	030199	013101	20	031199	999999	<del>\$449.00</del>	<del>010101</del>	<del>013101</del>
	RECIPIENT IMA D	3900000040	110199	123101	20	110199	999999	<del>\$479.00</del>	<del>010101</del>	<del>123101</del>



Do **not** use the liability amount or dates listed from this report.