

# Wisconsin Medicaid update and BadgerCare

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PHC 1816

## Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Nursing Homes  
HMOs and Other  
Managed Care  
Programs

## Submitting claims for residents who are dual entitlees

This *Update* clarifies how to complete claims for nursing home residents who are Medicare/Medicaid dual entitlees or Qualified Medicare Beneficiary Only (QMB Only) Medicaid recipients.

### Submitting claims to Wisconsin Medicaid for dual entitlees

Wisconsin Medicaid defines a dual entitlee as a person eligible for health care coverage under Medicaid *and* Medicare, either Medicare Part A, Part B, or both.

For nursing home billing purposes, nursing home residents are dual entitlees if they are eligible for Medicare Part A and Wisconsin Medicaid. (*Medicare* refers to this population as “dual eligibles.”)

Providers must submit claims for services provided to dual entitlees to Medicare before submitting them to Wisconsin Medicaid. If *Medicare* covers only a certain number of days per month for a dual entitlee, the following two claims must be submitted to Wisconsin Medicaid for the month:

1. A straight Medicaid claim (or “level of care days claim”) for Medicare-denied days.
2. A coinsurance days claim (or “Medicare crossover claim”) for Medicare-allowed days.

### *Straight Medicaid claim (for Medicare-denied days)*

Submit one UB-92 claim to Wisconsin Medicaid that covers the entire month unless the recipient was admitted, discharged, or deceased sometime after the first day of the month. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for an example of a straight claim.

Keep the following in mind when completing a straight claim for a recipient residing in the nursing home for the entire month:

### *General reminders*

- The claim must include only dates of service (DOS) within the same calendar month.
- Do not attach a Medicare Remittance Advice to this claim.

### *Specific Items on the claim form*

- Item 6: *Statement Covers Period* — must include all the days of the month.
- Item 7: *Cov'd* — must total the number of days in the month.
- Item 43: *Description* — must reflect DOS. (All the days of the month must be accounted for in this column.)
- Item 44: *HCPCS/Rates* — must include level of care/accommodation code “09” on a detail line for the DOS allowed by *Medicare* (coinsurance days) in addition to

the Medicaid level of care (i.e., 20 — skilled nursing facility) codes for the days denied by *Medicare*.

- Item 46: *Serv. Units* — sum of days for all accommodation codes must equal the covered days in Item 7.
- Item 47: *Total Charges* — must indicate the charges for the various accommodation codes, including a \$0.00 charge for accommodation code 09 (the DOS allowed by *Medicare*).
- Item 84: *Remarks* — must include an appropriate Medicare disclaimer code. Use Medicare disclaimer code “M-8” if all Medicare-certified beds are occupied or if hospitalized Medicare-eligible recipients do not wish to return to a Medicare-covered bed. Refer to the Coordination of Benefits section of the All-Provider Handbook for a complete list of Medicare disclaimer codes.

If the recipient was discharged or deceased after the first day of the month, only include the days the recipient was a resident of the nursing home on the UB-92 claim form:

- Item 6: *Statement Covers Period* — Include the date of discharge or death.
- Item 7: *Cov'd* — Do not include the date of discharge or death.
- Item 43: *Description* — Do not include the date of discharge or death.

#### *Coinsurance days claim (for Medicare-allowed days)*

If the provider’s claim is not processed by Wisconsin Medicaid within 30 days of the date on the explanation of Medicare Benefits statement, assume that Medicare did not automatically forward the claim to Wisconsin Medicaid. Submit a second UB-92 claim to Wisconsin Medicaid for the days covered by Medicare. Refer to Attachment 2 for an

example of a Medicare Part A coinsurance days claim.

Keep the following in mind when completing this claim:

- Item 6: *Statement Covers Period* — must exactly match the dates covered on Medicare’s Remittance Advice.
- Item 7: *Cov'd* — must exactly total the number of covered days on Medicare’s Remittance Advice.
- Item 47: *Total Charges* — must exactly match the total charges billed on Medicare’s Remittance Advice.

Attach a copy of Medicare’s Remittance Advice to the claim.

#### **Recipient liability**

Liability for a recipient residing in a nursing home is the amount of resident income available to apply on a monthly basis towards monthly cost of care. For general information about recipient liability, refer to the August 2001 *Update* (2001-28), titled “Clarification of patient liability for nursing home residents.”

#### *Submitting claims for dual entitlees with recipient liability*

1. Submit the straight Medicaid claim with the liability amount indicated. For example, if the monthly liability amount is \$715, indicate this amount with value code “84” (“Medicaid Patient Liability Amount”) in Item 39 of the claim form. See Attachment 1 of this *Update* for an example of a claim with a liability amount indicated.

Wisconsin Medicaid’s claim processing system compares the liability amount on the straight claim with what is indicated on the recipient file and, if there is a difference,

**F**or general information about recipient liability, refer to the August 2001 *Update* (2001-28), titled “Clarification of patient liability for nursing home residents.”

will deduct the greater amount. If the provider does not indicate a liability amount, the amount Wisconsin Medicaid has on file will be automatically deducted.

2. Indicate only the *remaining* liability amount on the coinsurance days claim, if applicable. Wisconsin Medicaid's claim processing system deducts only the liability amount indicated on the coinsurance days claim.

For example, if the total allowed amount on the straight Medicaid claim is \$500 and the liability amount is \$750, indicate the remaining \$250 with value code "84" ("Medicaid Patient Liability Amount") in Item 39 of the coinsurance days claim. If the total recipient liability amount is deducted on the straight Medicaid claim, do not indicate a liability amount on the coinsurance days claim.

#### *Automatic crossover claims for coinsurance days*

If the coinsurance days claim is an automatic Medicare crossover claim, file an Adjustment Request Form after the claim has been processed to have the remaining liability deducted from the claim. Refer to the Claims Submission section of the All-Provider Handbook for a copy of the Adjustment Request Form and completion instructions.

#### **Submitting claims to Wisconsin Medicaid for Qualified Medicare Beneficiary Only recipients**

Qualified Medicare Beneficiary Only (QMB Only) recipients are eligible *only* for Wisconsin Medicaid payment of the coinsurance and the deductibles for Medicare-allowed services. Wisconsin Medicaid does not reimburse claims

for QMB Only recipients for noncovered Medicare services. This means that Wisconsin Medicaid will reimburse a coinsurance days claim, but not a straight Medicaid claim for QMB Only recipients.

#### **More information**

For information about Medicare crossover claims and submitting claims for QMB Only recipients, refer to the Coordination of Benefits section of the All-Provider Handbook. For information on how to follow-up on claims submission, refer to the Billing Information section of the Nursing Home Handbook.

#### **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/).

**Q**ualified Medicare Beneficiary Only (QMB Only) recipients are eligible *only* for Wisconsin Medicaid payment of the coinsurance and the deductibles for Medicare-allowed services.



# ATTACHMENT 2

## UB-92 Claim Form sample

### Medicare Part A coinsurance days claim

APPROVED OMB NO. 0938-0279

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