

## How providers can update a recipient's Medicare and other commercial health insurance coverage information

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This *Update* article identifies sources for other commercial health insurance coverage information, explains how providers can update this information, and describes how long it takes to complete the process. This updating process ensures eligibility will be updated with correct coverage information.

### Sources for Medicare and other commercial health insurance coverage information

Complete and accurate insurance information is important because it may result in fewer claim denials. Wisconsin Medicaid uses many sources of information to keep complete and accurate records of a recipient's primary health care insurance coverage, which may include Medicare and/or commercial health insurance. If Wisconsin Medicaid receives inaccurate information from any of these sources (listed below), the other coverage information given by the Eligibility Verification System (EVS) may also be incomplete or incorrect. Wisconsin Medicaid receives other coverage information from many sources including:

- Providers who submit an Other Coverage Discrepancy Report.
- Commercial insurance carriers.
  1. Through the Insurance Disclosure tape listing of insured individuals sent by insurance companies directly to Wisconsin Medicaid.

2. Through insurance carrier responses to inquiries by providers, Wisconsin Medicaid, etc.
- Agencies responsible for recipient eligibility (e.g., certifying agencies).
  - Social Security Administration reports.
  - Recipients.

### How providers can update "other coverage" information

Providers are an important source of information and frequently are the first to identify coverage discrepancies. Providers are asked to complete and submit the Other Coverage Discrepancy Report form in the following situations:

- The provider received information contradicting Medicare or other coverage information indicated by the EVS.
- A claim is denied because the EVS indicates commercial HMO coverage but the coverage is not available to the recipient (e.g., the recipient does not live in the plan's service area).

To submit "other coverage" information (Medicare or commercial health insurance), providers may fax or mail the Other Coverage Discrepancy Report form to Wisconsin Medicaid. Providers are asked to fill out the form as completely as possible, including the

name and telephone number of a contact person in their office in Item 6. This information is helpful should Wisconsin Medicaid need to clarify any information on this form.

If the information has already been verified with the insurance carrier, it should be noted by writing the name and phone number of the carrier representative they spoke with in Item 7 of the Other Coverage Discrepancy Report form. This may reduce the processing time for Wisconsin Medicaid, allowing recipient files to be updated more quickly.

**Note:** Providers should not use the Other Coverage Discrepancy Report form to update any information regarding a recipient's Medicaid HMO coverage.

### How to obtain copies of the form

Providers may obtain copies of the Other Coverage Discrepancy Report form in four ways:

- Photocopy Attachment 1 of this *Update*.
- Photocopy Appendix 2 of the Coordination of Benefits (COB) section of the All-Provider Handbook. This appendix currently contains the old version of the form which is still acceptable.
- Print a copy from the Provider Publications section of the Medicaid Web site at [www.dhfs.state.wi.us/medicaid/](http://www.dhfs.state.wi.us/medicaid/).
- Order copies of the form from the address below:

Wisconsin Medicaid  
Form Reorder Unit  
6406 Bridge Road  
Madison, WI 53784-0003

Please include a return address, the number of copies needed, and the form number HCF 1159.

### Where to submit the form

Fax the completed Other Coverage Discrepancy Report form to the COB Unit at (608) 221-4567. Providers may mail completed Other Coverage Discrepancy Report forms to:

Wisconsin Medicaid  
COB Unit  
6406 Bridge Road  
Madison, WI 53784-6220

### What happens when Wisconsin Medicaid receives a form

It may take up to two weeks to process an Other Coverage Discrepancy Report form and update the recipient's eligibility information. During this time, the COB staff verifies the insurance information submitted and adds, changes, or removes the recipient's commercial health insurance or Medicare information as appropriate. If verification contradicts the provider's request, a written explanation is sent to the provider. Providers should wait to submit claims until they either verify the insurance information has changed or receive a written explanation from Wisconsin Medicaid.

If you have questions, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

This *Update* article 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. ✦

**T**he COB staff verifies the insurance information submitted [by a provider] and adds, changes, or removes the recipient's commercial health insurance or Medicare information as appropriate.

# Wisconsin Medicaid and BadgerCare HMO service areas

This *Update* article contains a list of state-contracted HMOs and their service areas as of February 1, 2001. The HMOs enroll both Medicaid and BadgerCare recipients. Medicaid and BadgerCare enrollees receive the same health benefits.

## Attachments provide HMO information and service areas

This *Update* contains two attachments that provide information about the HMOs that have current contracts with Wisconsin Medicaid to provide services for Medicaid and BadgerCare recipients. Attachment 2 of this *Update* lists the HMOs and the counties they serve.

Attachment 3 gives the following information for the HMOs:

- HMO Medicaid identification code.
- General and emergency telephone numbers.
- Whether chiropractic services are provided through the HMO provider network or on a fee-for-service basis.
- Whether dental services are provided through the HMO provider network or on a fee-for-service basis.

Providers can use this information to determine when they may need to contact a recipient's HMO for more information on covered services or to seek approval for providing services. The telephone numbers enable providers to contact the HMOs at any time and to refer recipients to contact their HMOs if necessary. ✦

# Who to call with questions

Wisconsin Medicaid offers providers many ways to receive answers to their questions. This *Update* article highlights several options for providers.

## Provider Services

Provider Services correspondents are available to answer eligibility, policy, and billing questions. All providers may call Provider Services toll-free at (800) 947-9627. Providers in the Madison area may call (608) 221-9883. Please do not refer recipients to Provider Services.

To help direct the call, providers are first prompted to select from one of the following:

- Press "1" for recipient eligibility information.
- Press "2" for information related to pharmacy services.
- Press "3" for all other inquiries, except dental services.
- Press "4" for dental services.
- To repeat the menu, press "0."

Providers who do not have touch-tone telephones may stay on the line and a correspondent will assist them.

## Ways Provider Services can help

Provider Services should be the first contact for provider assistance. The telephone correspondents can help providers with the following information:

- Policy information.
- Completing forms.
- Claim status.
- Prior authorization request status.
- Recipient eligibility information.

For detailed information on the ways Provider Services assists providers, refer to the Provider Resources section of the All-Provider Handbook.

**P**rovider Services correspondents are available to answer eligibility, policy, and billing questions.

*Hours for recipient eligibility information and all other Provider Services inquiries (except pharmacy):*

- 8:30 a.m. to 4:30 p.m. on Mondays, Wednesdays, Thursdays, and Fridays.
- 9:30 a.m. to 4:30 p.m. on Tuesdays.

*Not available on weekends or holidays.*

*Hours for policy/billing information relating to pharmacy services:*

- 8:30 a.m. to 9:00 p.m. on Mondays, Wednesdays, Thursdays, and Fridays.
- 9:30 a.m. to 9:00 p.m. on Tuesdays.
- 9:00 a.m. to 5:00 p.m. on Saturdays.

*Not available on Sundays or holidays.*

### **Professional Relations Representatives**

If a provider has a complex billing or claims processing question or is a new provider, he or she should contact his or her Wisconsin Medicaid Professional Relations Representative. Professional Relations Representatives also educate providers about the latest developments in Wisconsin Medicaid. Refer to Attachment 4 of this *Update* to find the representative in your area.

### **Recipient questions**

Please refer Medicaid and BadgerCare recipients with questions to Recipient Services at (800) 362-3002. This number is for recipient use only.

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

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

- June 2001 *Wisconsin Medicaid and BadgerCare Update*.
- Updated Medicaid and BadgerCare caseload statistics.
- Interactive, PDF, and text-only versions of the following publications:
  - Updated Anesthesia Section of the Physician Handbook.
  - Nurse Anesthetist and Anesthesiologist Assistant Services Handbook.
  - Prenatal Care Coordination Guidance Manual.
- The ability to search the Medicaid Web site for a key word or words, including provider *Updates* and handbooks.

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

**I**f a provider has a complex billing or claims processing question or is a new provider, he or she should contact his or her Wisconsin Medicaid Professional Relations Representative.

# ATTACHMENT 1

## Other Coverage Discrepancy Report

A copy of the Other Coverage Discrepancy Report  
is located on the following page.

**OTHER COVERAGE DISCREPANCY REPORT**

Use this form to notify Wisconsin Medicaid of discrepancies between other coverage information obtained through the Eligibility Verification System (EVS) and information received from another source. Wisconsin Medicaid will verify the information you provide below and update the recipient file (if applicable). Attach any available documentation, such as Explanation of Benefits (EOB), indicating benefit coverage dates/denials or photocopies of current insurance cards. This will allow records to be updated more quickly. Type or print clearly.

- ① Date \_\_\_\_\_
- ② Provider Name \_\_\_\_\_ Medicaid Provider Number \_\_\_\_\_
- ③ Recipient Name \_\_\_\_\_ Medicaid ID Number \_\_\_\_\_

④ EVS indicates	⑤ Another source indicates
___ Medicare Part A Coverage	No Medicare Part A Coverage — end date _____
___ Medicare Part B Coverage	No Medicare Part B Coverage — end date _____
___ No Medicare Part A Coverage	Medicare Part A Coverage — HIC No. _____ start date _____
___ No Medicare Part B Coverage	Medicare Part B Coverage — HIC No. _____ start date _____
___ Commercial HMO	Recipient left HMO service area effective _____
___ Commercial HMO	No HMO Coverage — end date _____
___ Other Insurance Coverage	No Insurance Coverage — end date _____
___ No Insurance or HMO Coverage	Insurance or HMO Coverage — Insurance Name _____ Insurance Address _____ Recipient's Employer (if available) _____ Policy Number _____ Policyholder Name _____ Coverage Start Date _____ Coverage End Date _____

- ⑥ This form was completed by \_\_\_\_\_  
(name of individual)  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ extension \_\_\_\_\_
- ⑦ Source of the information \_\_\_\_\_  
(name of individual)  
Phone Number (\_\_\_\_\_) \_\_\_\_\_ extension \_\_\_\_\_

MAIL TO Wisconsin Medicaid  
Coordination of Benefits  
6406 Bridge Road  
Madison, WI 53784-6220

FAX TO Coordination of Benefits  
(608) 221-4567

