

Wisconsin Medicaid restricts billing recipients

Medicaid providers must not seek payment from Medicaid recipients for Medicaid-covered services, except for copayments.

Providers prohibited from billing recipients for Medicaid-covered services

Under federal and state laws, a Medicaid provider must *not* seek payment from a recipient, or other person on behalf of the recipient, for services that are *covered* under Wisconsin Medicaid¹ even if:

- The provider fails to meet Wisconsin Medicaid program requirements or fails to comply with program policy and is denied Medicaid reimbursement.
- There is a difference between the provider's normal charge for a service and the Medicaid reimbursement to the provider for that service.
- The provider fails to seek or fails to obtain necessary prior authorization (PA) to perform the services and is denied Medicaid reimbursement.

See the exception to this requirement under "Fee-for-service recipient copayments."

Under state and federal laws, if a provider knowingly requests payment from an eligible recipient, or from anyone else on behalf of

the recipient, for Medicaid-covered services, except for any required Medicaid copayment amounts, that provider is subject to program sanctions including termination of Medicaid certification. In addition, the provider may also be fined not more than \$25,000, or imprisoned not more than 7 years, 6 months, or both, per s. 49.49(3m), Wis. Stats.

Provider responsibilities when billing recipients for noncovered services

Wisconsin Medicaid will only reimburse providers for Medicaid-covered services. If a recipient requests noncovered services (including services for which PA was denied), then he or she is responsible for payment *only* if the provider informs the recipient *prior* to performing the service that it is a noncovered service and, therefore, he or she will be responsible for payment. If the noncovered service is separate or distinct from a related covered service, such as anti-glare coating put onto eyeglasses that are covered, the recipient is only responsible for the noncovered service if he or she is informed prior to receiving that service.

If a recipient requests and agrees to pay for a noncovered service, the provider and recipient should make payment arrangements for that service.

Inside this Update:

Wisconsin Medicaid restricts billing recipients

What's new on the Medicaid Web site

Reminder: Electronic claims submission schedule for November 2001

Wisconsin Medicaid and BadgerCare HMO Ombudsmen

Fee-for-service recipient copayments

Providers who perform services for fee-for-service recipients that require recipient Medicaid copayment are required to make a reasonable attempt to collect that copayment from the recipient, unless the provider determines that the cost of collecting the copayment, coinsurance, or deductible exceeds the amount to be collected.

Providers may not waive the recipient copayment requirement. Providers may not deny services to a recipient for failing to make a copayment.

Providers must not charge a copayment to recipients enrolled in managed care programs.

Retroactive eligibility

If an individual who has already paid for services he or she has received is determined to be retroactively eligible for Wisconsin Medicaid, a Medicaid-certified provider must bill Wisconsin Medicaid for covered services provided to the recipient during periods of retroactive eligibility. If a claim cannot be filed within 365 days of the date of service due to a delay in the determination of a recipient's retroactive eligibility, the provider is required to submit the claim to Late Billing Appeals within 180 days from the date of retroactive eligibility, if the services provided during the period of retroactive eligibility were Medicaid covered.

If a provider receives reimbursement from Wisconsin Medicaid for services provided to a retroactively eligible recipient, then the provider is required to reimburse the recipient, minus the copayment amount. The provider is not required to reimburse

the recipient more than the amount paid by Wisconsin Medicaid according to 106.04(3)(b), Wis. Admin. Code.

For more information

Providers

HFS 104 and 106, Wis. Admin. Code, and the All-Provider Handbook contain further information regarding provider rights and responsibilities, and recipient rights. If you have further questions, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

Recipients

If a recipient has questions about recipient rights or responsibilities please refer him or her to Recipient Services at (800) 362-3002.

This article was originally published in the *Wisconsin Medicaid Update* in July 1999.

¹ Please refer to HFS 107, Wis. Admin. Code, and to the appropriate service-specific handbook for a detailed discussion of services covered by Wisconsin Medicaid.



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:

- October 2001 *Wisconsin Medicaid and BadgerCare Update*.

Providers who perform services for fee-for-service recipients that require recipient Medicaid copayment are required to make a reasonable attempt to collect that copayment

- Updated Medicaid and BadgerCare caseload statistics.
- Updated Disposable Medical Supplies Index/Maximum Allowable Fee Schedule.
- New/Revised recipient publications.
 - ✓ “Choosing your HMO” booklet.
 - ✓ “Wisconsin Medicaid and BadgerCare HMO Ombuds” brochure.
 - ✓ “Eligibility and Benefits” handbook.
 - ✓ Medicaid recipient fact sheets.

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

Reminder: Electronic claims submission schedule for November 2001

The Wisconsin Medicaid and BadgerCare HMO Ombudsmen (“Ombuds”) are resources for Medicaid and BadgerCare HMO enrollees who have questions or concerns about their HMO.

Wisconsin Medicaid will not accept electronic claims on Thursday, November 22 and Friday, November 23, 2001. Electronic claims must be received by Wednesday, November 21 to be included in the processing cycle that weekend.

Providers who use a vendor or clearinghouse for electronic claims submission purposes should contact them for their holiday schedule. Vendors and clearinghouses are notified, upon request, of Wisconsin Medicaid holiday schedules.

This *Update* article contains Medicaid fee-for-service policy and applies to providers

Wisconsin Medicaid and BadgerCare HMO Ombudsmen

This Wisconsin Medicaid and BadgerCare Update article explains that providers may direct Wisconsin Medicaid and BadgerCare HMO enrollees to the Medicaid and BadgerCare HMO Ombudsmen (“Ombuds”) if they have questions or concerns about their HMOs. This Update also contains the following information:

- When enrollees should contact the HMO Ombuds.
- Responsibilities of the HMO Ombuds.
- Information about the HMO Ombuds brochure.
- How to contact the HMO Ombuds.
- Other resources for enrollees and providers.

HMO Ombudsmen available to HMO enrollees

The Wisconsin Medicaid and BadgerCare HMO Ombudsmen (“Ombuds”) are resources for Medicaid and BadgerCare HMO enrollees who have questions or concerns about their HMO. Providers may inform HMO enrollees that the Ombuds are available to help them. Enrollees may contact the Ombuds for the following reasons:

- Their Medicaid or BadgerCare HMO is billing them for services provided during the time of enrollment.
- They are unsure of their enrollee rights.
- They are unable to get a Medicaid-covered service from their Medicaid or BadgerCare HMO.
- Their Medicaid or BadgerCare HMO has denied, reduced, or stopped Medicaid-covered services.
- They felt they were treated unfairly or

disrespectfully.

Responsibilities of the HMO Ombuds

If a Medicaid or BadgerCare HMO enrollee contacts the Ombuds, the Ombuds will do the following:

- Research and assist in resolving enrollee grievances about the care or services provided by Medicaid and BadgerCare HMOs.
- Help Medicaid and BadgerCare HMO enrollees with grievances made by telephone or in writing.
- Help Medicaid and BadgerCare HMO enrollees understand their rights and responsibilities.
- Represent enrollee rights with Medicaid and BadgerCare HMOs.
- Act as a fair and impartial go-between.

HMO Ombuds brochure available for HMO enrollees

A brochure, titled “Wisconsin Medicaid and BadgerCare HMO Ombuds,” is available for Medicaid and BadgerCare HMO enrollees. The brochure is included in Wisconsin Medicaid and BadgerCare HMO enrollment packets and is also sent to all enrollees after two months of enrollment in an HMO. The brochure explains the role of the HMO Ombuds and contains contact information. It also provides basic information on enrollee rights and how to file grievances.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a reproducible, black and white sample of this brochure. Providers may photocopy the sample brochure for HMO enrollees or use it for their own information. To order copies of

the original color brochure, call (800) 760-0001.

To view or print an electronic version of the brochure, providers should do the following:

1. Go to Wisconsin Medicaid’s Web site at www.dhfs.state.wi.us/medicaid/.
2. Select *Medicaid Recipient Publications*.
3. Scroll down to the *HMO and Managed Care Information* heading.
4. Select the Portable Document Format (PDF) or text-only version of the brochure from the *Wisconsin Medicaid and BadgerCare Ombuds Brochure* heading.

Portable Document Format version

A PDF-formatted publication has the following characteristics:

- Downloads to the computer and is viewable on Adobe Acrobat® Reader, which may be downloaded for free from the Adobe Web site at www.adobe.com/.
- Saves in original print format, including all original graphics and fonts.
- Prints out a color or black and white replica of the original document received in paper copy, depending on the type of printer being used.

Text-only version

The text-only version of the brochure allows providers to view the contents of the brochure without any graphics. The text-only version of the brochure is particularly useful for users who:

- Have Microsoft Internet Explorer or Netscape Navigator Internet browsers 3.0 and lower.

A brochure, titled “Wisconsin Medicaid and BadgerCare HMO Ombuds,” is available for Medicaid and BadgerCare HMO enrollees.

- Have slower computers or slow connection speeds (i.e., 14.4K modems).
- Require “readers” (for the visually impaired).

How to contact the Ombudsmen

If enrollees have questions or concerns, providers may direct them to contact the Ombuds by:

- *Telephone* at (800) 760-0001, Monday through Friday, from 8:00 a.m. to 4:30 p.m. (hearing-impaired and translation services available).
- *Mail*:
 Medicaid and BadgerCare HMO
 Ombudsmen
 P.O. Box 6470
 Madison, WI 53716-0470

Other resources for HMO enrollees and providers

It is not appropriate to direct enrollees to the HMO Ombuds for *all* questions and concerns. Attachment 2 is a list of resources and telephone numbers that may be useful to enrollees and providers.

This *Update* article contains Medicaid HMO or managed care information and applies to providers of services to recipients in Medicaid HMOs or managed care organizations only. For Medicaid fee-for-service policy, contact Provider Services. Wisconsin Medicaid and BadgerCare 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/.

ATTACHMENT 1

Wisconsin Medicaid and BadgerCare HMO Ombuds brochure

(A copy of the brochure is located on the next two pages.)

ATTACHMENT 2

Who to Call for the Wisconsin Medicaid and BadgerCare HMO Program

(A copy of the *Who to Call for the Wisconsin Medicaid and BadgerCare HMO Program* is located on the following pages.)

Why to Call for the Emergency Blockade and Non-Compliance FINE Program

<p>Emergency Blockade</p> <p>1. Immediate action to stop the flow of goods and services from the U.S. to the target country.</p> <p>2. Prevents the target country from receiving the goods and services it needs to sustain its economy.</p> <p>3. Forces the target country to negotiate with the U.S. on the terms of the blockade.</p> <p>4. Demonstrates the U.S. commitment to its national security and the well-being of its citizens.</p> <p>5. Shows the U.S. leadership in the world and its ability to take decisive action.</p> <p>6. Sends a strong message to other countries that the U.S. will not tolerate aggression and human rights abuses.</p> <p>7. Supports the U.S. foreign policy objectives and the interests of its allies.</p> <p>8. Encourages other countries to join the blockade and support the U.S. position.</p> <p>9. Provides a clear and visible symbol of U.S. resolve and determination.</p> <p>10. Can be a powerful tool for resolving international disputes and promoting peace and stability.</p>	<p>Non-Compliance FINE Program</p> <p>1. Immediate action to stop the flow of goods and services from the U.S. to the target country.</p> <p>2. Prevents the target country from receiving the goods and services it needs to sustain its economy.</p> <p>3. Forces the target country to negotiate with the U.S. on the terms of the blockade.</p> <p>4. Demonstrates the U.S. commitment to its national security and the well-being of its citizens.</p> <p>5. Shows the U.S. leadership in the world and its ability to take decisive action.</p> <p>6. Sends a strong message to other countries that the U.S. will not tolerate aggression and human rights abuses.</p> <p>7. Supports the U.S. foreign policy objectives and the interests of its allies.</p> <p>8. Encourages other countries to join the blockade and support the U.S. position.</p> <p>9. Provides a clear and visible symbol of U.S. resolve and determination.</p> <p>10. Can be a powerful tool for resolving international disputes and promoting peace and stability.</p>
--	---

Account and Department Name	Balance on Budget Balance	Balance at 12/31/2010
Administrative	1,000,000.00	1,000,000.00
Capital Projects	1,000,000.00	1,000,000.00
Construction	1,000,000.00	1,000,000.00
Debt Service	1,000,000.00	1,000,000.00
Development	1,000,000.00	1,000,000.00
General Fund	1,000,000.00	1,000,000.00
Grants	1,000,000.00	1,000,000.00
Information Technology	1,000,000.00	1,000,000.00
Intergovernmental	1,000,000.00	1,000,000.00
Legal	1,000,000.00	1,000,000.00
Library	1,000,000.00	1,000,000.00
Marketing	1,000,000.00	1,000,000.00
Personnel	1,000,000.00	1,000,000.00
Police	1,000,000.00	1,000,000.00
Public Works	1,000,000.00	1,000,000.00
Recycling	1,000,000.00	1,000,000.00
Revenue	1,000,000.00	1,000,000.00
Security	1,000,000.00	1,000,000.00
Special Services	1,000,000.00	1,000,000.00
Utilities	1,000,000.00	1,000,000.00
Waste Management	1,000,000.00	1,000,000.00
Water	1,000,000.00	1,000,000.00
Zoning	1,000,000.00	1,000,000.00