

Wisconsin Medicaid and BadgerCare update

September 2001
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Wisconsin Medicaid and BadgerCare Information for Providers

Identifying recipients covered under special benefits categories

Providers should always verify recipient eligibility through Wisconsin Medicaid's Eligibility Verification System (EVS) *before* providing services. Some Medicaid recipients covered under special benefits categories have limited coverage. Medical status codes received through the EVS identify recipients with limited benefits. These medical status codes, along with the special benefit category each one identifies, are listed in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update*. For confidentiality reasons, information about other medical status codes listed by EVS is not shared with providers.

Identifying recipients with limited benefits

Wisconsin Medicaid providers should always verify recipient eligibility through the Eligibility Verification System (EVS) *before* providing services. By verifying eligibility, providers may determine eligibility for specific dates of service and discover possible limitations to recipient coverage.

Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* lists the medical status codes that identify recipients covered under special benefits categories who have limited benefits. (To maintain the confidentiality of recipient health care information, Wisconsin Medicaid does not share descriptive information

about other medical status codes with providers.) A recipient with a medical status code not listed in the attachment is eligible to receive the full range of services covered under the Wisconsin Medicaid benefit.

Payment for services not covered

If a recipient covered under a special benefits category requests a service not covered under the benefit, the provider is required to notify the recipient *prior* to the delivery of the service that it is a noncovered service. If the recipient still requests the service, the recipient and the provider need to decide whether the service should be provided and how payment will be made. Providers are encouraged to obtain a written statement from the recipient prior to the provision of the service, verifying that the recipient has accepted liability for the service.

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Medical status code

A two-digit alpha and/or numeric code that identifies a recipient's category of eligibility. Eligibility categories determine what Medicaid coverage a recipient qualifies for. Every Medicaid recipient is assigned a medical status code.

Sources for related information

Providers may refer to the following sources for information on:

- *Special benefits categories*. Refer to the Recipient Rights and Responsibilities section of the All-Provider Handbook.
- *Wisconsin Medicaid's EVS*. Refer to the Provider Resources section of the All-Provider Handbook.

Providers may also contact Provider Services at (800) 947-9627 or (608) 221-9883 with questions. ✦

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:

- September 2001 *Wisconsin Medicaid and BadgerCare Update*.
- Updated Medicaid and BadgerCare caseload statistics.
- Search functionality for the Pharmacy Handbook.
- Revised navigator menu for the BadgerCare Web site at www.dhfs.state.wi.us/badgercare/.
- Wisconsin Medicaid CAHPS7 HMO Enrollee Satisfaction Survey Executive Summary Report.

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

Submitting inquiries to the Written Correspondence Unit

In addition to using other Wisconsin Medicaid information resources, providers may request assistance from the Written Correspondence Unit. Providers may contact the Written Correspondence Unit with claims submission and prior authorization inquiries requiring extensive documentation or research.

When to use the Written Correspondence Unit

Before submitting a written correspondence inquiry, providers are encouraged to use Wisconsin Medicaid's other resources for information, such as:

- Wisconsin Medicaid provider handbooks and *Wisconsin Medicaid and BadgerCare Updates*, which are available on the Wisconsin Medicaid Web site at www.dhfs.state.wi.us/medicaid/.
- Provider Services correspondents, who 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.

The Wisconsin Medicaid Written Correspondence Unit handles inquiries about claims submission and prior authorization issues that require extensive documentation or research. Providers may contact the Written Correspondence Unit when:

- A Provider Services telephone correspondent advises the provider to do so.
- The inquiry requires extensive documentation or research. For example: Wisconsin Medicaid denies a claim. The reason given for the denial is that the

The Wisconsin Medicaid Written Correspondence Unit handles inquiries about claims submission and prior authorization issues that require extensive documentation or research.

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/.

provider exceeded the frequency limitations for the service on the claim. However, the provider does not think he or she has exceeded the frequency limitations. The Written Correspondence Unit would need to locate and review all the records pertaining to the claim in order to resolve the provider's questions.

How to submit written inquiries

Providers are required to indicate the name and telephone number of a contact person in their office on all written inquiries they submit to Wisconsin Medicaid.

Depending on the situation, the following documentation may need to be included:

- Copies of pertinent Remittance and Status Reports to assist with identification and resolution of the problem.
- If the inquiry has previously been submitted to the Written Correspondence Unit, include its 10-digit written control number (WCN). This is a number located in the lower right-hand corner of the written response to the inquiry from the Written Correspondence Unit (i.e., WCN: 9902900105). This number enables the correspondent to refer back to the inquiry/response if it needs to be referenced again.
- Properly completed paper claim with the inquiry so that it may be resubmitted for processing if necessary.

Submit written inquiries to the following address:

Wisconsin Medicaid
Written Correspondence Unit
6406 Bridge Road
Madison, WI 53784-0005

To ensure the inclusion of all necessary information in the inquiry, providers may use the Written Correspondence Inquiry Form (refer to Attachment 2 of this *Update* for a sample form). Using this form may help with the preparation of written inquiries and ensure that all necessary information is included. If more information is needed, the Written Correspondence Unit will contact the provider by mail.

Response to written inquiries

The amount of time needed to resolve the inquiry may vary. Within 14 days (including weekends, but not holidays) of receiving the inquiry, the Written Correspondence Unit will notify the provider by mail of either the resolution or that the inquiry requires more research. If the inquiry requires more research, the Written Correspondence Unit will continue working on the issue and mail a final response to the provider within 45 days (including weekends, but not holidays) of receiving the initial inquiry. For more information on provider resources and the Written Correspondence Unit, refer to the Wisconsin Medicaid All-Provider Handbook.

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. ✦

ATTACHMENT 1

Special benefits categories

Special Benefits Category	Medical status code
Presumptive Eligibility (PE)	PE
	P2
Undocumented aliens	AE
Tuberculosis benefit	TR
Qualified Medicare Beneficiary Only (QMB Only)	QN
	QR
Specified Low-Income Medicare Beneficiary (SLMB)	SB
Qualifying Individuals	Q1
	Q2
Qualified Disabled Working Individual (QDWI)	QW
Family Care	FC
Good Faith	71
	72

ATTACHMENT 2

Wisconsin Medicaid Written Correspondence Inquiry form

(A copy of the Wisconsin Medicaid Written
Correspondence Inquiry form is located on the following two pages.)

**WISCONSIN MEDICAID
WRITTEN CORRESPONDENCE INQUIRY
(OPTIONAL)**

INSTRUCTIONS

1. Type or print clearly
2. Complete only the first page of this form. The second page is for use by the Written Correspondence Unit.
3. For more information on submitting written inquiries, contact Provider Services at (800) 947-9627 or (608) 221-9883.

PROVIDER INFORMATION

Provider Name _____

Wisconsin Medicaid Provider
ID Number (eight digits) _____

Contact Person _____

Street Address _____

Provider Area Code
and Telephone Number () _____

City, State, ZIP Code _____

CLAIM / ADJUSTMENT IN QUESTION

Name — Recipient

Wisconsin Medicaid Recipient ID Number

Claim Number

Date(s) of Service (MM/DD/YYYY)

Amount Billed

Remittance and Status (R/S) Report Date
(MM/DD/YYYY)

Explanation of Benefits Code(s)

Other Information

Reason for Inquiry

- Questioning claim denial that Provider Services could not assist with (please explain below).
- Provider Services or Professional Relations representative advised writing (please explain below).
- Inquiry involves extensive documentation or research (please explain below).
- Other (briefly explain the situation in question below).

SIGNATURE — Provider

Date Signed

The Wisconsin Medicaid Program requires information to enable the Medicaid program to certify providers and to authorize and pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to the Medicaid program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

Retain a copy of this inquiry for your records and send original to:

Wisconsin Medicaid
Written Correspondence Unit
6406 Bridge Road
Madison, WI 53784-0005

Do not complete this page.
This page will be completed by Written Correspondence Unit staff.

REQUEST FOR FURTHER INFORMATION

In order to complete research on your inquiry, Wisconsin Medicaid needs the following information. Please send the information checked below to the Written Correspondence Unit, along with all materials originally sent to the Written Correspondence Unit.

- | | |
|---|---|
| <input type="checkbox"/> Provider name and eight-digit Medicaid provider ID number. | <input type="checkbox"/> R/S Report (copy — not original). |
| <input type="checkbox"/> Recipient name and 10-digit Medicaid number. | <input type="checkbox"/> Copy of the claim in question. |
| <input type="checkbox"/> Copy of any previous response related to the inquiry. | <input type="checkbox"/> Copy of the Medicare Explanation of Medicare Benefits. |
| <input type="checkbox"/> Date of service. | <input type="checkbox"/> Copy of the adjustment in question. |
| <input type="checkbox"/> Amount billed. | <input type="checkbox"/> Record of treatment dates. |
| <input type="checkbox"/> Other (briefly explain the situation in question below): | |

RESOLUTION OF INQUIRY

- Claim/adjustment was resubmitted by Wisconsin Medicaid through normal processing channels.
- Claim/adjustment was resubmitted by Wisconsin Medicaid with special instructions for processing.
- Claim/adjustment has been forwarded for consultant review.
- Claim was denied correctly. Review _____ and call Provider Services at (800) 947-9627 or (608) 221-9883 if more information is needed.
- Claim/adjustment was paid on your R/S Report dated _____
- Claim/adjustment was denied on your R/S Report dated _____
- Claim and documentation was forwarded to Late Billing Appeals for review.
- Resubmit the claim/adjustment through normal processing channels.
- This claim exceeds the 12-month filing deadline. Refer to the All-Provider Handbook and resubmit with documentation to Late Billing Appeals ONLY if the claim meets one of the criteria indicated for submission to Late Billing Appeals.
- Other (briefly explain the situation in question below):

SIGNATURE — Correspondent

Date Signed

Written Control Number
