

To:
Federally Qualified
Health Centers
Inpatient Hospital
Providers
Nurse
Practitioners
Outpatient
Hospital
Providers
Physician
Assistants
Physician Clinics
Physicians
Rural Health
Clinics
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid revises Provider Certification of Emergency for Undocumented Aliens form

Wisconsin Medicaid has revised the Provider Certification of Emergency for Undocumented Aliens form. Providers are encouraged to discontinue using old versions of the form and begin using the new form, HCF 1162, dated 01/03.

Revised Provider Certification of Emergency form

Wisconsin Medicaid has revised the Provider Certification of Emergency for Undocumented Aliens form. The basic information requested on the form has not changed; only the format of the form has changed. Providers should give the completed form to an undocumented alien who has received emergency medical services. The patient takes the completed form to the county/tribal social or human services office in his or her county of residence where the decision of Medicaid eligibility is made.

Wisconsin Medicaid encourages providers to discontinue using old versions of the form and begin using the revised form, HCF 1162, dated 01/03. The revised form, which may be photocopied for future use, is included as the Attachment of this *Wisconsin Medicaid and BadgerCare Update*.

The revised form is also available in a fillable Portable Document Format (PDF) from the forms section of the Wisconsin Medicaid Web site. To get to this section, go to

www.dhfs.state.wi.us/medicaid/. Choose "Providers" from the options listed in the Wisconsin Medicaid main menu. Then choose "Provider Forms" from the "Provider Publications and Forms" topic area.

The fillable PDF may be accessed using Adobe Acrobat Reader®* and completed electronically. To use the fillable PDF, click on the dash-outlined boxes to enter information. Press the "Tab" key to move from one box to the next.

To request paper copies of the revised form, call Provider Services at (800) 947-9627 or (608) 221-9883. Questions about the form may also be directed to Provider Services at the telephone numbers above.

Information regarding Medicaid HMOs

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 Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site at www.adobe.com/. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

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
Provider Certification of Emergency for Undocumented
Aliens form

(A copy of the "Provider Certification of Emergency for Undocumented Aliens" form is located on the following pages.)

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**WISCONSIN MEDICAID
PROVIDER CERTIFICATION OF EMERGENCY
FOR UNDOCUMENTED ALIENS**

SERVICES FOR UNDOCUMENTED ALIENS

Under federal and state law, undocumented aliens (illegal aliens) are not eligible for Wisconsin Medicaid services except when those services are necessary for the treatment of an emergency medical condition. Use of this form is not mandatory, but by verifying that the service(s) provided was to treat an emergency medical condition (according to the federal definition), the provider is helping the county/tribal social or human services department determine Wisconsin Medicaid eligibility for an undocumented alien.

Federal law states that illegal aliens are not eligible for Medicaid services except when those services are necessary for the treatment of an emergency medical condition. Federal law describes an emergency medical condition as follows:

An emergency medical condition is a medical condition manifesting itself by acute symptoms of severity such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

Wisconsin Medicaid does not cover major organ transplants (e.g., heart, liver) for undocumented aliens pursuant to 42 USC s. 1396b(v)(2)(C).

MEDICAID ELIGIBILITY

Do not complete this form if the patient is already eligible for Wisconsin Medicaid. To determine whether a patient is a Medicaid recipient, contact the Wisconsin Medicaid Eligibility Verification System (EVS). For more information on the EVS, refer to the Provider Resources section of the All-Provider Handbook. Providers also have the option of calling Provider Services at (800) 947-9627 or (608) 221-9883 to determine the eligibility status of a patient.

Note: Your certification of 'emergency' does not guarantee Wisconsin Medicaid reimbursement.

RECIPIENT INFORMATION

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant 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.

**WISCONSIN MEDICAID
PROVIDER CERTIFICATION OF EMERGENCY
FOR UNDOCUMENTED ALIENS**

INSTRUCTIONS: The patient should take this form to the county/tribal social or human services office in his or her county of residence where the decision of eligibility is made. Wisconsin Medicaid advises providers to keep a copy for their records. Medicaid reimbursement for the emergency service is conditional on meeting all program rules, including medical necessity.

- 1. Name — Patient**
Enter the patient's last name, first name, and middle initial.
- 2. Address — Patient**
Enter the complete address (street, city, state, and ZIP code) of the patient's place of residence.
- 3. Date of Birth — Patient**
Enter the birth date of the patient.
- 4. Social Security Number — Patient**
This information is not required. Most undocumented aliens do not have Social Security numbers. It will only be used for the administration of Wisconsin Medicaid.
- 5. Emergency Start Date**
Enter the start date in MM/DD/YYYY format in which the patient was initially treated for the emergency condition.
- 6. Emergency End Date**
Enter the date in MM/DD/YYYY format in which the patient's condition was no longer considered an emergency condition (according to the federal definition), or the date in the future, in your judgement, the emergency condition will end.
- 7. Name — Contact Person**
Enter the name of the person who can verify the information provided on this form.
- 8. Telephone Number — Contact Person**
Enter the telephone number of the contact person, including area code.
- 9. Name — Provider**
Print the medical provider's name or the facility where treatment was provided.
- 10. Signature — Physician**
The form must be signed and dated by the performing physician or other individual who can verify that the patient was treated for an emergency condition according to the federal definition.
- 11. Date Signed**
Enter the date the form is signed.

1. Name — Patient	2. Address — Patient
3. Date of Birth — Patient	4. Social Security Number — Patient
5. Emergency Start Date	6. Emergency End Date
7. Name — Contact Person	8. Telephone Number — Contact Person
9. Name — Provider (Print)	
10. SIGNATURE — Physician	11. Date Signed