

To:
All Providers
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid will continue to require claims for timely filing appeals, formerly late billing appeals, to be submitted on paper

Wisconsin Medicaid's late billing appeals process will not change as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Although there will be no changes in the process, effective with the implementation of HIPAA late billing appeals will be known as timely filing appeals.

State and federal laws require providers to submit all Wisconsin Medicaid claims, including all corrected claims and adjustments to claims, within 365 days from the date of service. Providers are required to submit Wisconsin Medicaid timely filing appeals claims on a properly completed paper claim form including all required special documentation to the following address:

Wisconsin Medicaid
Timely Filing
Ste 50
6406 Bridge Rd
Madison WI 53784-0050

Timely filing appeals claims need to be submitted on *paper* because a national standard for electronic claim attachments has not been established at this time. Refer to the

Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a copy of the Timely Filing Appeals Request, HCF 13047, dated 06/03, for providers to photocopy. Providers may begin using the new form immediately.

For detailed instructions about submitting timely filing appeals claims, refer to the late billing appeals instructions in the Claims Submission section of the Wisconsin Medicaid All-Provider Handbook, which is available on the Wisconsin Medicaid Web site at www.dhfs.state.wi.us/medicaid/.

Obtaining the Timely Filing Appeals Request

The Timely Filing Appeals Request is available in a fillable Portable Document Format (PDF) from the forms page of the Wisconsin Medicaid Web site. To access the Timely Filing Appeals Request and other Medicaid forms, follow these instructions:

1. Go to www.dhfs.state.wi.us/medicaid/.
2. Choose "Providers" from the options listed in the Wisconsin Medicaid main menu.
3. Select "Provider Forms" under 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 Timely Filing Appeals Request, 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 previously mentioned.

In addition, the form is available by writing to Wisconsin Medicaid. Include a return address, the name of the form, and the HCF number of the form (if applicable) and send the request to:

Wisconsin Medicaid
Form Reorder
6406 Bridge Rd
Madison WI 53784-0003

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 HIPAA-related changes, 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/.

* 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.

ATTACHMENT

Timely Filing Appeals Request

(A copy of the "Timely Filing Appeals Request" is located on the following page.)

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**WISCONSIN MEDICAID
TIMELY FILING APPEALS REQUEST**

Instructions: Type or print clearly. The provider should complete the Timely Filing Appeals Request and submit it with the claim or adjustment form and attachments to: Wisconsin Medicaid, Timely Filing Appeals Unit, Suite 50, 6406 Bridge Road, Madison, WI 53784-0050.

The attached claim / adjustment meets one or more of the following criteria that are considered for late processing approval (check the appropriate statement):

- Claim(s) denied for an eligibility-related explanation of benefits (EOB), reason, remark, or National Council for Prescription Drug Programs (NCPDP) reject code.
Claim number / payer claim control number, _____, originally processed on the Remittance and Status (R/S) Report or the 835 Health Care Claim Payment / Advice transaction number _____
R/S / check issue date _____ (attach R/S if available and one of the following items documenting eligibility: a copy of the magnetic stripe card reader printout, Automated Voice Response log number, or a copy of a paper temporary or Presumptive Eligibility card).

- Nursing home level of care / liability amount changes.
Claim number / payer claim control number, _____, originally processed on R/S Report or the 835 Health Care Claim Payment / Advice transaction number _____ R/S / check issue date _____ (R/S attached if available).
New level of care _____
New liability amount _____

- Retroactive recipient eligibility for Wisconsin Medicaid (attach appropriate documentation for retroactive period, if available).
- Retroactive eligibility for general relief.
- Other insurance / Medicare recoupment (recoupment dated _____ attached).
- Medicare denial or reconsideration (reconsideration date _____ attached).

- Medicaid reconsideration.
Claim number / payer claim control number, _____, originally processed on R/S Report or the 835 Health Care Claim Payment / Advice transaction number _____ R/S / check issue date _____ (R/S attached if available).

- Fair hearing decision, with signature dated _____ (complete copy attached).
- Court order, with signature dated _____ (complete copy attached).

Briefly explain the nature of the problem and previous efforts made to resolve the claims.

SIGNATURE — Provider

Date Signed

Continued

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.

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. If necessary, attach additional pages if more space is needed. Refer to the Claims Submission section of the All-Provider Handbook and the applicable service-specific handbook for service restrictions and additional documentation requirements.

Attach the completed Timely Filing Appeals Request to the claim or adjustment form and attachments and submit them to Wisconsin Medicaid at the following address:

Wisconsin Medicaid
Timely Filing
Ste 50
6406 Bridge Rd
Madison WI 53784-0050