Wisconsin Medicaid and BadgerCare Information for Providers

Medicare Enrollment Requirement

To:
All Providers
HMOs and Other
Managed Care
Programs

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 dhfs.wisconsin.gov/ medicaid/.

PHC 1250

To comply with HFS 106.03(6) and 106.03(7)(b), Wis. Admin. Code, a provider must enroll in Medicare if both of the following are true:

- He or she provides a Medicare Part B-covered service to a dual eligible.
- He or she can be enrolled in Medicare.

Dual Eligibles Defined

Dual eligibles are recipients who are eligible for coverage from Medicare (either Medicare Part A, Part B, or both) *and* Wisconsin Medicaid. Wisconsin Medicaid is adopting Medicare's term "dual eligibles" and will no longer refer to these recipients as dual entitlees.

Medicare Enrollment

To comply with HFS 106.03(6) and 106.03(7)(b), Wis. Admin. Code, a provider must enroll in Medicare if both of the following are true:

- He or she provides a Medicare Part Bcovered service to a dual eligible.
- He or she can be enrolled in Medicare.

If a provider can be enrolled in Medicare but chooses *not* to be, he or she is required to refer dual eligibles to another Medicaid-certified provider who is enrolled in Medicare.

If a provider cannot be enrolled in Medicare, he or she may provide Medicare-covered services to dual eligibles if the services are also covered by Wisconsin Medicaid. Claims for these services may be submitted directly to Wisconsin Medicaid.

Retroactive Enrollment

Some providers may become retroactively enrolled in Medicare. To receive Medicaid reimbursement for a Medicare Part B service provided to a dual eligible, a provider who is not enrolled in Medicare but can be is required to apply for retroactive enrollment. Providers should contact Medicare for information about retroactive enrollment.

Acceptance of Assignment

In Medicare, "assignment" is a process through which a provider agrees to accept the Medicare allowed-amount as payment in full. A provider who agrees to this amount is said to "accept assignment." Wisconsin Medicaid requires Medicare-enrolled providers performing Medicare-covered services to accept assignment of the recipient's Medicare Part B benefits.