wisconsin Medicaid update
and BadgerCare
January 2006 • No. 2006-06
Wisconsin Medicaid and BadgerCare Information for Providers

To:
Medicaid Administrative Claiming Participants
School-Based Services Providers
HMOs and Other Managed Care Programs

Web-Based Eligibility Reporting System Available

As of March 2006, school-based services (SBS) providers may obtain a report of Medicaid-eligible students in their school district/Cooperative Educational Service Agency by submitting a student roster to the Medicaid Administrative Claiming (MAC)/SBS Web site.

As a reminder, MAC participants are required to continue to upload student information to the MAC/SBS Web site on a monthly basis to meet federal requirements.

Medicaid Eligibility Verification for School-Based Services Providers

Starting in February 2006, school-based services (SBS) providers may submit their SBS student roster to the Medicaid Administrative Claiming (MAC)/SBS Web site at *www.wisconsinedi.org/macsbs/* to receive a report of Medicaid-eligible students in the school district/Cooperative Educational Service Agency (CESA). Wisconsin Medicaid will send the report of Medicaid-eligible students to each SBS provider via e-mail on a monthly basis beginning in March 2006. The report, which will facilitate Medicaid eligibility verification, will be formatted in a password-protected, encrypted text file. To submit a student roster to the MAC/SBS Web site and to receive the report, SBS providers are required to complete the Registration to Receive Report of Medicaid-Eligible Students for School-Based Services Providers form, HCF 1018, (12/05), located in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update*. (This form is also available on the MAC/SBS Web site.) The report of Medicaid-eligible students will be sent to the contact person indicated on the form.

Note: All child-specific information that is sent and received from the MAC/SBS Web site is completely *confidential* and *must be used only for school-based services' eligibility verification*. Disclosure of *any* child-specific information from the database is prohibited by state and federal law and is subject to criminal prosecution. The information may be shared with others in the school district/CESA *only* for purposes directly associated with the administration of the Medicaid state plan within the meaning of 42 CFR s. 431.303.

To differentiate between the MAC program and school-based services (SBS), SBS providers are required to upload their MAC and SBS roster files separately.

Medicaid Administrative Claiming Participant Reminders

As a reminder, school districts and CESAs claiming funds under the state MAC program in Wisconsin are required to continue to upload their MAC student roster to the MAC/SBS Web site on a *monthly* basis to meet federal

Centers for Medicare and Medicaid Services requirements. The MAC student roster file must include information on every enrolled student, regardless of whether or not a student is receiving special education services. As a result, MAC participants may obtain a percentage report of students enrolled in Wisconsin Medicaid in the school district/CESA directly from the MAC/SBS Web site. This percentage report is used for discounting certain time-study categories in the MAC program.

Resources for Medicaid Administrative Claiming/School-Based Services Web Site

School-Based Services providers and MAC participants should refer to Attachment 2 for more information on creating student roster files. Attachment 2 includes instructions on how to convert a Microsoft® Excel spreadsheet into the required file format.

Note to MAC participants: The roster file converting instructions have not changed.

User guides that will provide step-by-step instructions on Web site registration and options will be available on the MAC/SBS Web site in January 2006. School-Based Services providers are required to submit a completed Registration to Receive Report of Medicaid-Eligible Students for School-Based Services Providers form before access to the MAC/SBS Web site is allowed.

Benefits of Medicaid Administrative Claiming/School-Based Services Web Site

This Web-based eligibility reporting system was created for MAC participants and SBS providers to do the following:

- Meet the federal MAC requirements in a user-friendly, efficient manner for MAC participants and SBS providers.
- Establish a system *at no cost* to MAC participants and SBS providers that *ensures confidentiality*.
- Provide an efficient way for SBS providers to verify Medicaid eligibility for a volume of students.

Wisconsin Medicaid compares the student roster file (also known as "directory data") submitted by MAC participants and SBS providers with the Medicaid eligibility file using a confidential, Family Educational Rights and Privacy Act (FERPA)-compliant online Web application. Refer to Attachment 3 for more information on FERPA requirements.

User guides that will provide step-by-step instructions on Web site registration and options will be available on the MAC/SBS Web site in January 2006.

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 *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

ATTACHMENT 1
Registration to Receive Report of Medicaid-Eligible Students for School-Based Services Providers

(A copy of the "Registration to Receive Report of Medicaid-Eligible Students for School-Based Services Providers" form is located on the following page.)

WISCONSIN MEDICAID
REGISTRATION TO RECEIVE REPORT OF MEDICAID-ELIGIBLE STUDENTS FOR SCHOOL-BASED SERVICES PROVIDERS

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

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. All child-specific information that is sent and received from the Medicaid Administrative Claiming (MAC)/School-Based Services (SBS) Web site is completely *confidential* and *must be used only for school-based services' eligibility verification*. Disclosure of *any* child-specific information from the database is prohibited by state and federal law and is subject to criminal prosecution. The information may be shared with others in the school district/Cooperative Educational Service Agency *only* for purposes directly associated with the administration of the state plan within the meaning of 42 CFR s. 431.303.

By completing this form, SBS providers may access the MAC/SBS Web site at *www.wisconsinedi.org/macsbs/* and receive student Medicaid eligibility information from Wisconsin Medicaid. Wisconsin Medicaid will send the student eligibility information to each SBS provider in an e-mail with a password-protected, encrypted text file. Providers should use this form to establish a password and the contact person to whom the report will be sent. The use of this form is voluntary, and providers may develop their own form as long as it includes all the information and is formatted exactly like this form.

Note: The password that the providers will create for the encrypted text file may not be the same as the password that users will use to logon to the MAC/SBS Web site.

Instructions: Type or print clearly.

Name — Contact Person	Telephone Number — Contact Person
E-mail Address — Contact Person	
Name — School District / Cooperative Educational Service Agency (CESA)	
Telephone Number — School District / CESA	Fax Number — School District / CESA
SBS Provider's Medicaid Provider Number	
Password (Password must consist of eight characters and must contain at least one alphabetic and one numeric character. Passwords are case sensitive.)	
SIGNATURE — Contact Person	Date Signed

Return this completed form to the Division of Health Care Financing Electronic Data Interchange (EDI) Department:

Division of Health Care Financing
EDI Department
6406 Bridge Rd
Madison WI 53784-0009

Providers may contact the EDI Department with questions by telephone at (608) 221-9036 or via e-mail at *wiedi@dhfs.state.wi.us*.

ATTACHMENT 2
Medicaid Administrative Claiming and School-Based Services Student Roster File Format Specifications

(A copy of the "Medicaid Administrative Claiming and School-Based Services Student Roster File Format Specifications" is located on the following pages.)

Medicaid Administrative Claiming and School-Based Services
Student Roster File Format Specifications

STUDENT ROSTER FILE FORMAT

Specifications:

- File must be formatted as a pipe-delimited text-file, one record per line.
- Case can be upper, lower, or mixed.
- Placeholders must be kept for fields that are not required.
- Example records are included below the table.

FIELD	FORMAT	REQUIRED	ADDITIONAL VALIDATION
PROVIDER NUM	NUMERIC	YES	LENGTH OF 8 BYTES ACTIVE ON MEDICAID PROVIDER FILE FOR CURRENT DATE
LAST NAME	ALPHA-NUMERIC	YES	NONE
FIRST NAME	ALPHA-NUMERIC	YES	NONE
MIDDLE NAME	ALPHA-NUMERIC	NO	NONE
SUFFIX	ALPHA-NUMERIC	NO	NONE
DATE OF BIRTH	DATE: MM/DD/CCYY	YES	VALID MONTH, DATE, YEAR COMBINATION STUDENT MUST BE LESS THAN 22 YEARS OLD
GENDER	SPECIFIC VALUE	YES	VALUE OF 'M' OR 'F'
STREET ADDRESS 1	ALPHA-NUMERIC	YES	NONE
STREET ADDRESS 2	ALPHA-NUMERIC	NO	NONE
CITY	ALPHA-NUMERIC	YES	NONE
STATE	ALPHA-NUMERIC	YES	VALID 2 CHAR STATE ABBREVIATION
ZIP CODE	SPECIFIC FORMAT	YES	FORMATTED AS 99999 or 99999-9999

Note - In the fields listed as "ALPHA-NUMERIC," no special characters are allowed. The table below lists the valid characters for these fields:

(sp)	%	*	/	4	9	>	C	H	M	R	W	\	a	f	k	p	u	z
!	&	+	0	5	:	?	D	I	N	S	X	]	b	g	l	q	v	{
"	`	,	1	6	;	@	E	J	O	T	Y	^	c	h	m	r	w	|
#	(	-	2	7	<	A	F	K	P	U	Z	_	d	i	n	s	x	}
$	)	.	3	8	=	B	G	L	Q	V	[	'	e	j	o	t	y	~

Examples:

With values in ALL fields:

12345678|Smith|John|P|Jr.|01/01/1990|M|1234 Test Street|Apt #2|Madison|WI|53719

With values just in REQUIRED fields:

12345678|Smith|Patty|||02/02/2001|F|5678 Test Street||Madison|WI|53719-1234

STUDENT ROSTER FILE UTILITY MACRO

If the user maintains his or her student roster information on paper or cannot easily convert his or her existing electronic roster to the specifications provided in this attachment, refer to the instructions below on using Microsoft® Excel to generate the file.

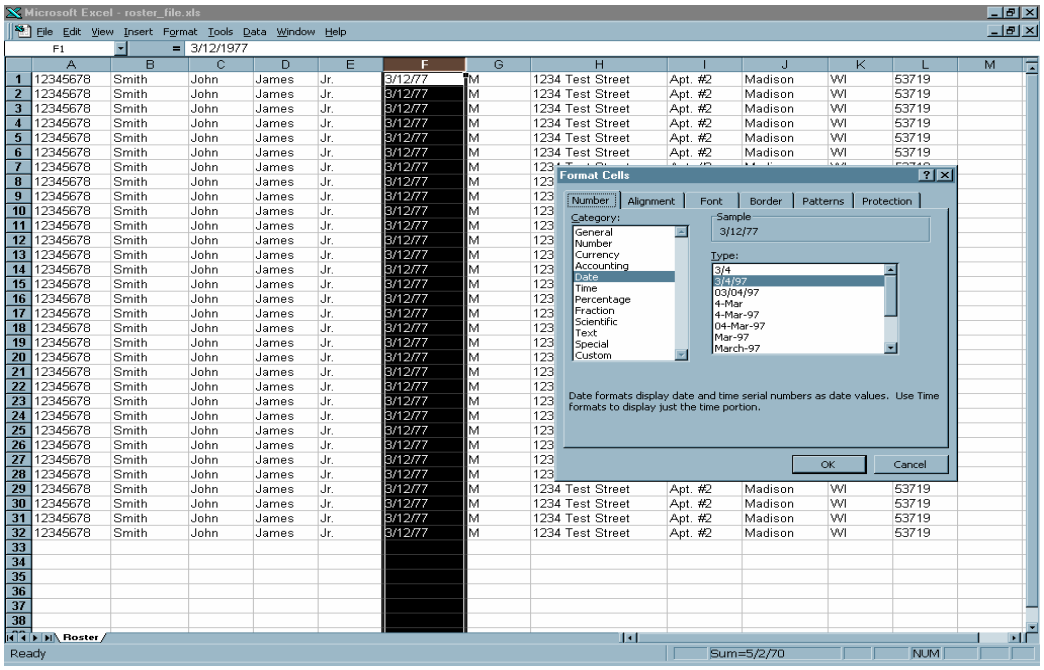
Note: The macro requires the user to enter/convert his or her existing student roster information into an Excel spreadsheet before running the macro.

Instructions for converting a Student Roster File in Microsoft® Excel format.

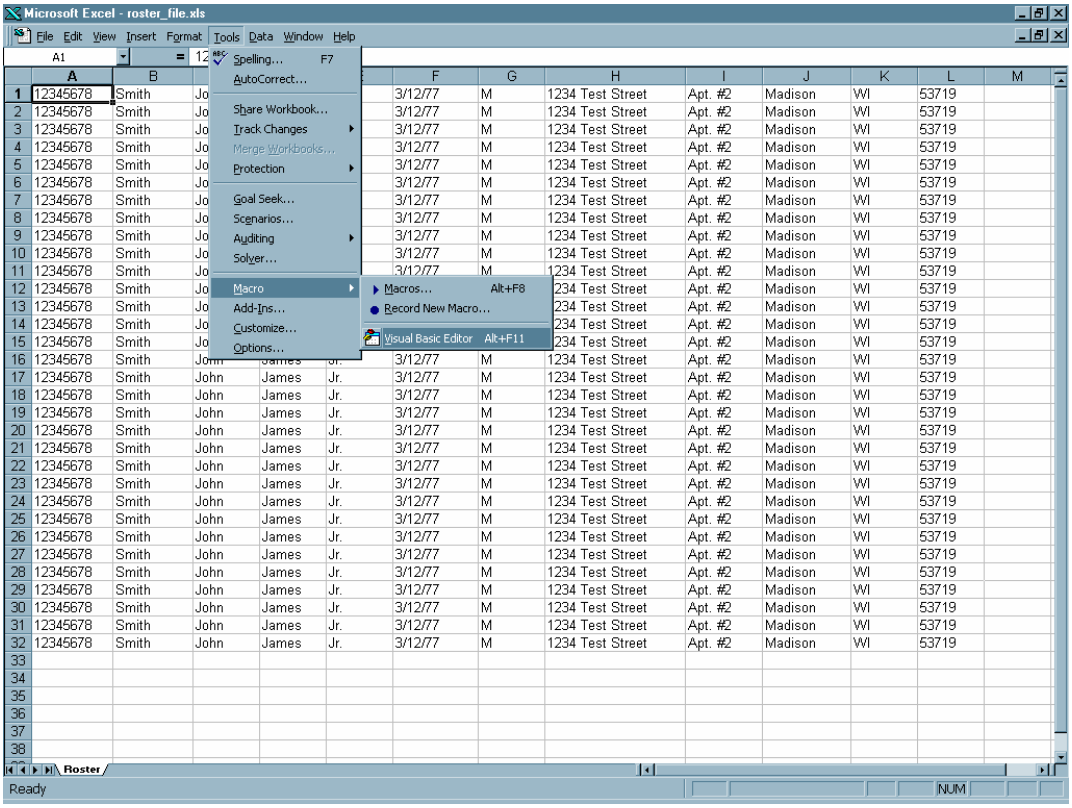
STEP 1 — Users must open the Excel spreadsheet containing their Student Roster File. They should be sure that the fields are in the correct columns. If a field is not used, the cell in that column must be left blank. Refer to the table on page 1 of this document to verify the fields that are required.

FIELD	COLUMN
PROVIDER NUM	A
LAST NAME	B
FIRST NAME	C
MIDDLE NAME	D
SUFFIX	E
DATE OF BIRTH *	F
GENDER	G
STREET ADDRESS 1	H
STREET ADDRESS 2	I
CITY	J
STATE	K
ZIP CODE	L

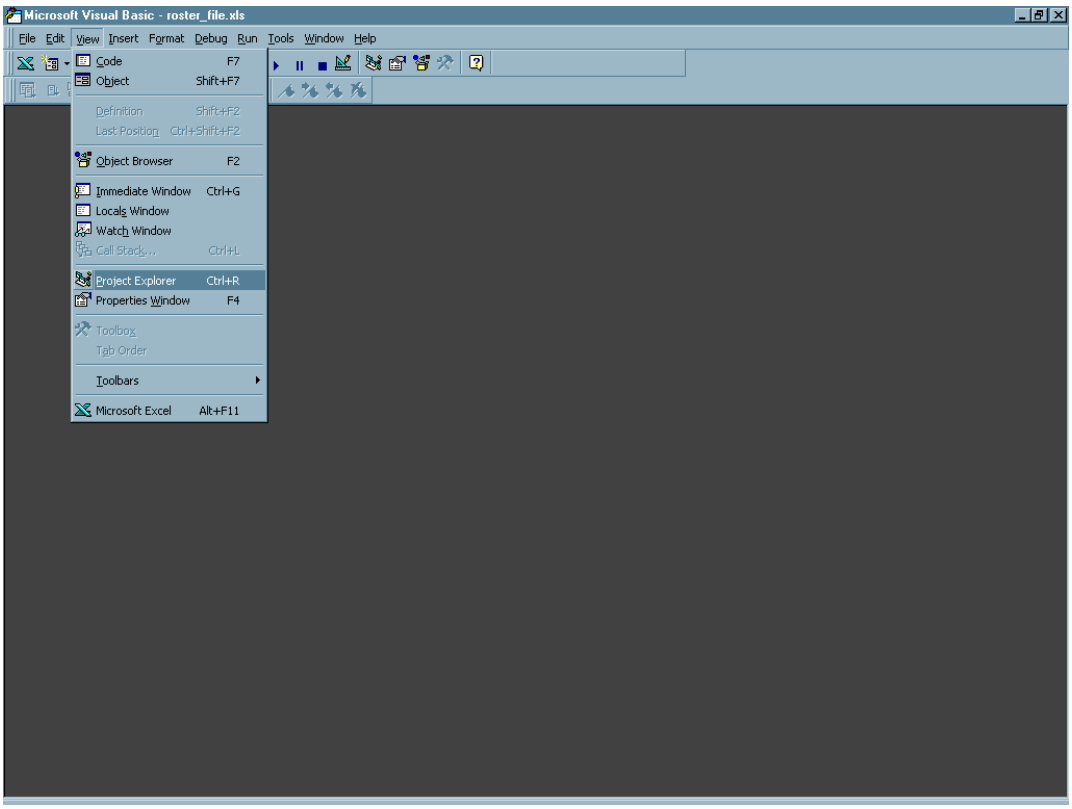
* In order for the conversion process to work properly, the DATE OF BIRTH field must be in M/D/YY format (this will be converted by the macro into MM/DD/CCYY format.) To ensure that this field is formatted correctly, the user must left click on column "F," press the right mouse button to select "Format Cells," and choose the appropriate format (see screenshot below):



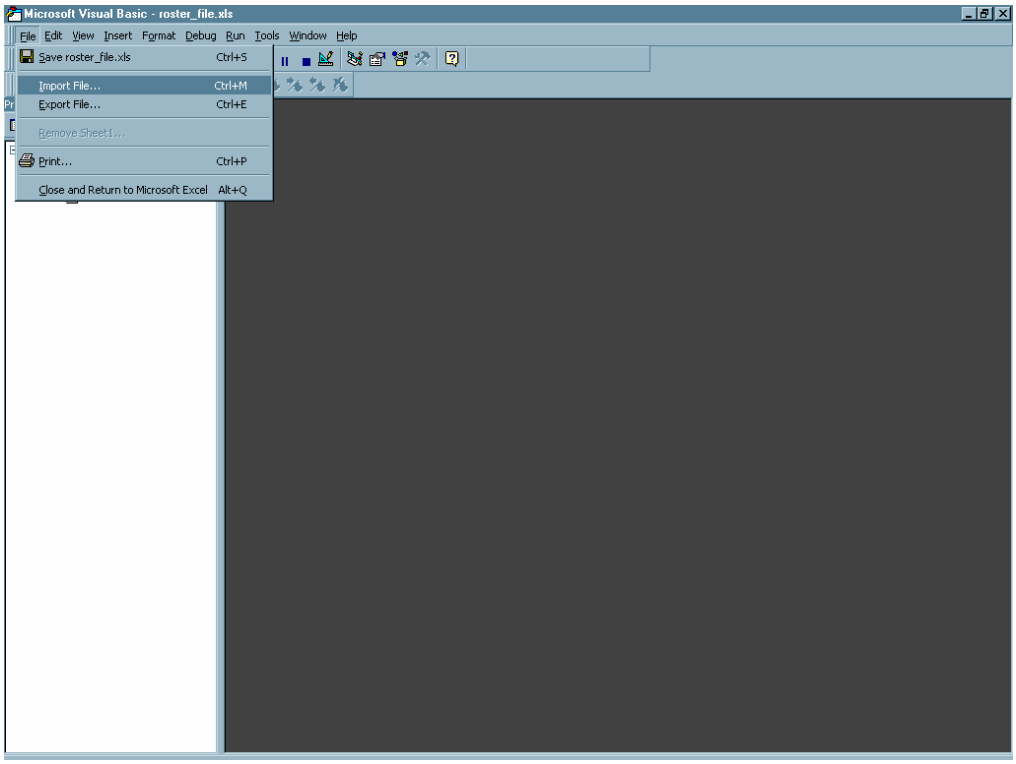
STEP 2 — Once the file is open, the user must import the supplied Visual Basic Macro file to convert the roster into a format that can be uploaded. In order to do this, first select **Tools / Macro / Visual Basic Editor**.



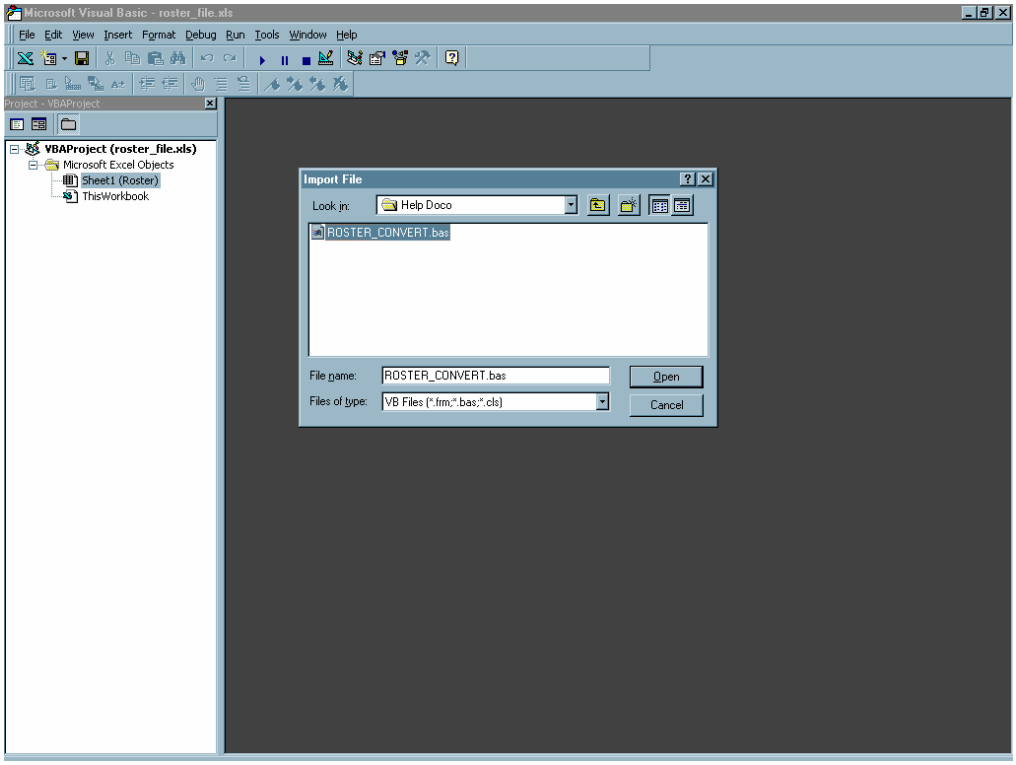
STEP 3 — If it is not already open, the user must open the Project Explorer by selecting **View / Project Explorer**.



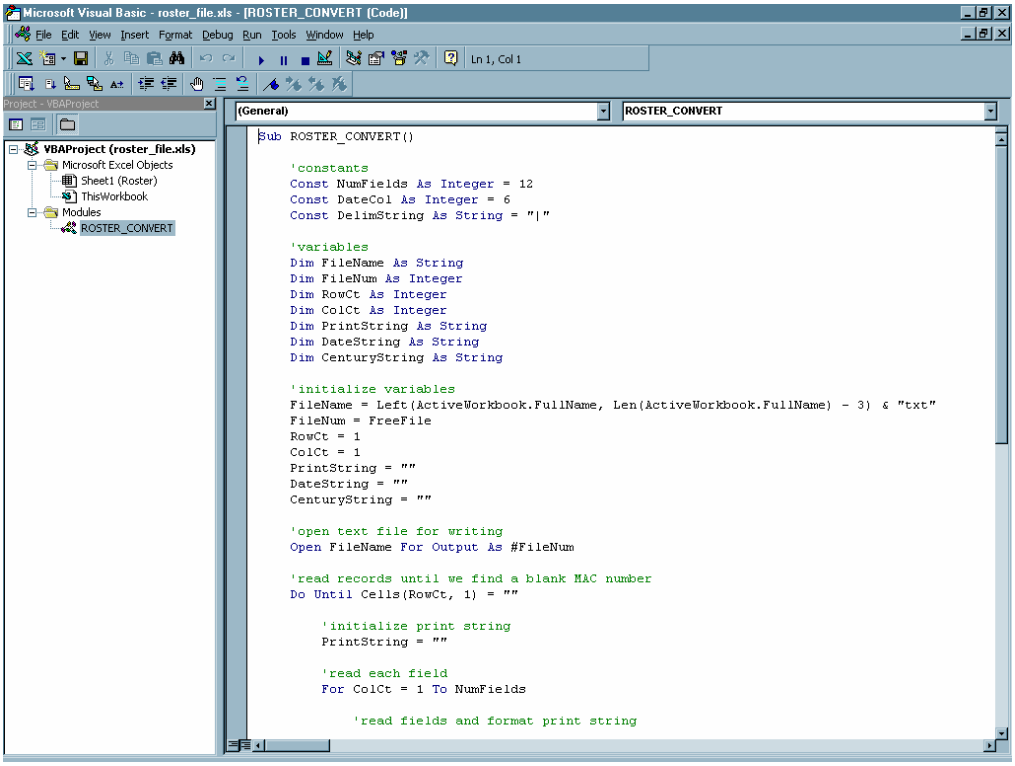
STEP 4 —Select **File / Import File**.



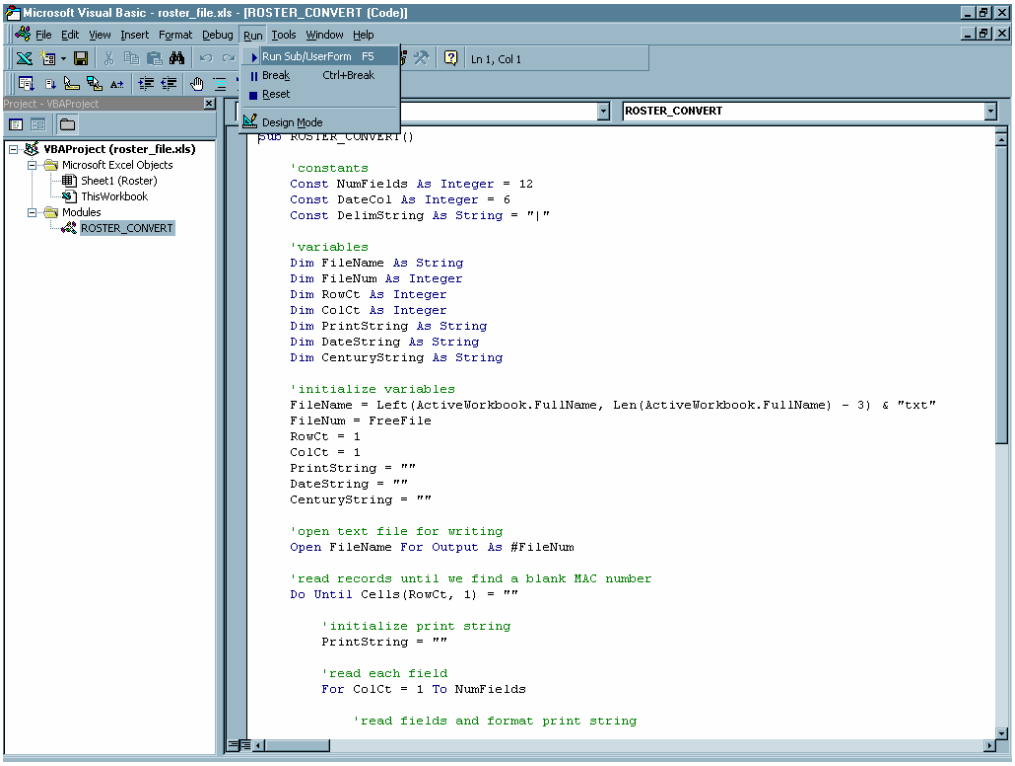
STEP 5 — Browse to the location of the Macro File and open it. This file may be downloaded from the "Upload Roster File" page of the web application.



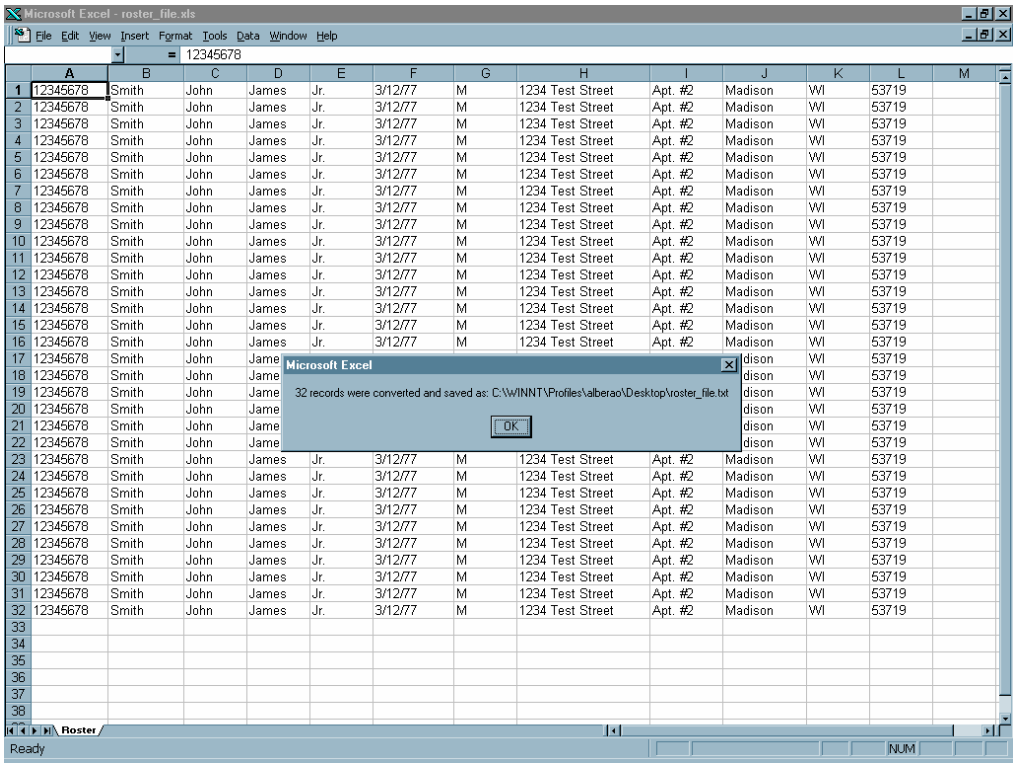
STEP 6 — On the left-hand side of the screen, the user should now see a directory called **Modules**. The user must open it and double click on the module called **ROSTER_CONVERT**.



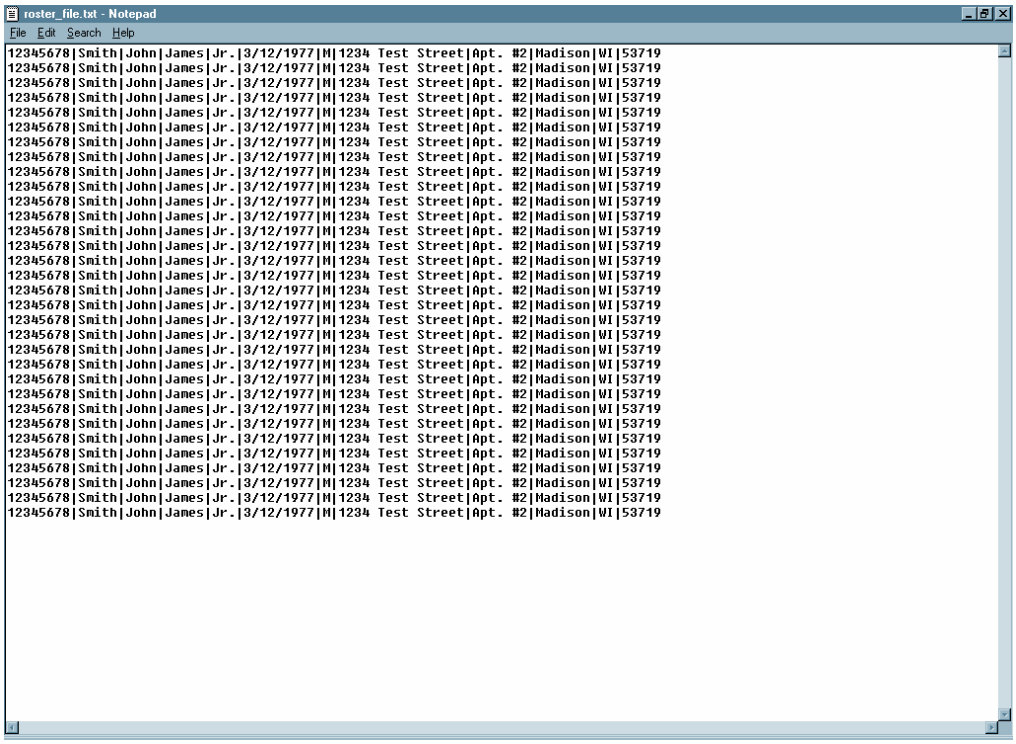
STEP 7 — The macro is now ready to execute. The user must select **Run / Run Sub / UserForm**.



STEP 8 — When the macro is complete, the user will see a message indicating the number of records that were converted and the location of the saved text file. The user must confirm that the count matches the number of records in his or her roster file and Click **OK** to continue.



STEP 9 — The user must close the Excel document and, using Notepad or another text editor, open the newly created text file to confirm its contents. Once he or she has checked it, follow the instructions on the Medicaid Administrative Claiming/School-Based Services (MAC/SBS) Web site to upload the text file student roster.



EDI HELPDESK CONTACT INFORMATION

Users with questions regarding the information they have received should contact the Department of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department either by calling (608) 221-9036 or by mailing or e-mailing their questions to:

DHCF
EDI Department
6406 Bridge Rd
Madison WI 53784-0009
E-mail: *wiedi@dhfs.state.wi.us*

ATTACHMENT 3
Family Educational Rights and Privacy Act Requirements

According to the Wisconsin Department of Public Instruction, school districts may share student information with the Department of Health and Family Services without obtaining written parental consent only if they have met the requirements related to designating this information as directory data and have provided parents with a notice and an opportunity to object to the release of directory data.

Prior to disclosing directory data, a school district/Cooperative Educational Service Agency must notify the child's parent, legal guardian, or guardian ad litem of the categories of information designated as directory data with respect to each pupil and allow 14 days for the parent, legal guardian, or guardian ad litem to inform the district that all or any part of the directory data may not be released without prior consent (s. 118.125[2][j], Wis. Stats., 34 CFR s. 99.37). Usually such notice is given by the district as part of its annual notice to parents of their rights with regard to pupil records. If the parent, legal guardian, or guardian ad litem requests that certain directory data be disclosed only with written consent, then that data may not be released without consent.

Per s. 118.125(1)(b), Wis. Stats., "directory data" means:

> … those pupil records which include the pupil's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, photographs, degrees and awards received and the name of the school most recently previously attended by the pupil.

"Dates of attendance" is the time frame over which the student was enrolled in the school, not the specific dates when the student was or was not in school (i.e., records related to truancy). School districts must have a written policy concerning pupil records. When defining directory data in the policy, the district is limited to the types of information listed above. The district may choose some, none, or all of the data as directory data (s. 118.125[3], Wis. Stats.).