

# Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Ambulatory  
Surgery Centers  
County/Tribal  
Social or Human  
Services  
Departments  
Family Planning  
Clinics  
Federally Qualified  
Health Centers  
HealthCheck  
Providers  
Independent Labs  
Inpatient Hospital  
Providers  
Nurse Midwives  
Nurse  
Practitioners  
Outpatient  
Hospital  
Providers  
Pharmacies  
Physician  
Assistants  
Physician Clinics  
Physicians  
HMOs and Other  
Managed Care  
Programs

## Facility Reimbursement for Sterilizations Provided to Family Planning Waiver Program Recipients

Facility charges incurred as a result of covered sterilizations provided to Family Planning Waiver Program recipients that are provided in outpatient hospitals and ambulatory surgery centers are reimbursable by Wisconsin Medicaid up to the Medicaid-allowed amount. However, claims for facility charges have been incorrectly denied.

Wisconsin Medicaid will initiate adjustments for facility charges that were incorrectly denied since January 1, 2003. Adjustments will appear on Medicaid remittance information beginning in September 2006. Providers will be notified in Remittance and Status Report messages when these adjustments begin processing.

To receive reimbursement for facility charges that were *not* previously submitted to Wisconsin Medicaid, outpatient hospital providers and ambulatory surgery centers are required to do the following:

- Submit a claim according to normal claim submission procedures for dates of service (DOS) that are within the claim submission deadline.

- Submit a timely filing appeals request for DOS that are beyond the claim submission deadline. Timely filing appeals requests must be received by November 30, 2006, and include the following:
  - ✓ A Timely Filing Appeals Request form, HCF 13047 (Rev. 08/05). Providers should check the “Medicaid reconsideration” box and write “Update 2006-68” in the field labeled “Briefly explain the nature of the problem and previous efforts made to resolve the claims.” (If multiple claims are submitted together, only one form is needed.)
  - ✓ A claim.

Providers should refer to the Claims Submission section of the All-Provider Handbook for more information about submitting timely filing appeals requests.

### Refunding Recipient Payment

If payment for the facility charges was collected from the recipient, or authorized person acting on behalf of the recipient, the

provider is required to refund the recipient in full.

### **Information Regarding Medicaid HMOs**

This *Wisconsin Medicaid and BadgerCare 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/](http://dhfs.wisconsin.gov/medicaid/).

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