

Affected Programs: BadgerCare Plus, Medicaid, Wisconsin Chronic Disease Program
To: Hospital Providers, HMOs and Other Managed Care Programs

New Continuous Stay/Visit Policy for Hospital Services That Span More Than One Date of Service

Beginning January 1, 2010, the claim submission policy for a single, continuous stay for inpatient hospital services and for a single, continuous visit for outpatient hospital services will change.

Wisconsin Medicaid and BadgerCare Plus Rate Reform Project

In response to 2009-2011 biennial budget targets, the Department of Health Services (DHS), along with representative industry stakeholders, undertook the Medicaid and BadgerCare Plus Rate Reform project. The changes described in this *ForwardHealth Update* are a result of the Rate Reform Project.

Inpatient Hospital Services

Effective for dates of discharge on and after January 1, 2010, Wisconsin Medicaid and BadgerCare Plus consider all hospital services to be part of a single, continuous inpatient stay when both of the following occur:

- The member is eventually admitted as an inpatient.
- The stay takes place over two or more dates of service (DOS).

The new policy requires providers to include on an inpatient claim all services provided during an outpatient visit that span through midnight and which eventually continue to admission of the member for an inpatient stay. That is, outpatient services provided on

the date directly prior to the date on which the member is counted in the midnight census are charged in the inpatient claim.

For example, if a member enters an emergency room at 10:00 p.m. on October 7, is admitted as an inpatient at 1:00 a.m. on October 8, and is counted in the midnight census as an inpatient on October 8, Wisconsin Medicaid and BadgerCare Plus will consider the outpatient services provided on October 7 to be part of the inpatient stay. The entire visit is an inpatient stay, even though the services provided to the member in the emergency room as an outpatient were not provided on the same DOS as the inpatient admission.

Providers are required to submit claims for a single, continuous inpatient hospital stay using the DOS on which the member was counted in the midnight census (the date of inpatient admission). Referring to the previous example, the outpatient services provided from 10:00 p.m. to 11:59 p.m. on October 7 are included in the inpatient claim. Providers may not submit a separate outpatient claim for this continuous stay.

Copayment for Inpatient Hospital Services Provided to Benchmark Plan Members

If a BadgerCare Plus Benchmark Plan member receives services in an emergency room and is eventually

admitted as an inpatient, copayment should only be charged for the inpatient hospital stay, not for the emergency room visit.

Outpatient Hospital Services

Effective for DOS on and after January 1, 2010, Wisconsin Medicaid and BadgerCare Plus will consider an outpatient visit that spans more than one continuous DOS to be part of a single, continuous visit.

For example, if a member enters an outpatient hospital at 11:30 p.m. on October 20 and leaves on October 21 at 5:30 a.m., Wisconsin Medicaid and BadgerCare Plus will consider the visit to be *continuous*, even though the member's time spent in the outpatient hospital spans more than one DOS.

Providers are to submit a claim for one outpatient visit for the single, continuous outpatient hospital visit using the DOS on which the services were complete.

Referring to the above example, services provided from 11:30 p.m. to 11:59 p.m. on October 20 would be included with services provided on October 21 on one outpatient claim. Wisconsin Medicaid and BadgerCare Plus will not separately reimburse the period from 11:30 p.m. to 11:59 p.m. on October 20 as one outpatient visit and a second outpatient visit for the period from midnight to 5:30 a.m. on October 21.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization (MCO). Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service

arrangements. Members enrolled only in the Wisconsin Chronic Disease Program are not enrolled in MCOs.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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