

Affected Programs: BadgerCare Plus, Medicaid

To: Comprehensive Community Service Providers, HMOs and Other Managed Care Programs

Reimbursement Maximums Changed for Comprehensive Community Services

Effective for claims processed on and after December 21, 2009, Wisconsin Medicaid and BadgerCare Plus have eliminated the annual maximum reimbursement amount and raised the daily maximum reimbursement amount for comprehensive community services provided to a member.

Reimbursement Rates

ForwardHealth will reimburse certifying agencies only for the federal share of its total costs for comprehensive community services (CCS). Certifying agencies are required to provide the nonfederal share of the reimbursement rate for CCS as specified in s. 49.45(45)(b), Wis. Stats. At the time the county seeks certification under DHS 36, Wis. Admin. Code, the county provider needs to contact the Division of Health Care Access and Accountability mental health/substance abuse policy analyst for developing individual county rates.

Comprehensive Community Services are covered for members enrolled in Wisconsin Medicaid and BadgerCare Plus Standard Plan.

Daily Maximum Reimbursement Amount Increased

Effective for claims processed on and after December 21, 2009, the daily maximum reimbursement amount for CCS provided to an individual member has been raised to \$2,000.00.

Wisconsin Medicaid and BadgerCare Plus will continue to reimburse providers for the federal share of the total daily costs provided to an individual member up to the maximum daily amount per date of service. Providers must incur the nonfederal share of the cost of services.

Annual Maximum Reimbursement Amount Eliminated

Effective for claims processed after December 21, 2009, Wisconsin Medicaid and BadgerCare Plus have eliminated the \$25,000.00 annual maximum reimbursement amount for CCS provided to an individual member per calendar year.

Submitting, Resubmitting, and Adjusting Claims

In response to these reimbursement policy changes, providers may choose to do the following:

- Submit adjustment requests for claims in which reimbursement was limited by either the annual or daily maximum reimbursement amount.
- Resubmit claims that were denied due to either the annual or daily maximum reimbursement amount.
- Submit claims that were previously not submitted because either the annual or daily maximum reimbursement amount had already been reached.

Claims and adjustment requests must be received within 365 days of the date of service. This deadline applies to claims, corrected claims, and adjustments to claims.

Information Regarding Managed Care Organizations

This *ForwardHealth 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. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangement.

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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