

Affected Programs: BadgerCare Plus, Medicaid
To: Hospital Providers, HMOs and Other Managed Care Programs

ForwardHealth Is Allowing Hospitals to Submit the Initial Claim for Interim Payments After 60 Days

Beginning March 1, 2010, ForwardHealth is allowing hospitals to submit the initial claim for interim payments for long length of stay after 60 days.

Beginning March 1, 2010, providers may submit initial claims for inpatients with a date of admittance on or before December 31, 2009, as ForwardHealth is now allowing hospitals to submit initial claims for interim payments for long length of stay after 60 days. ForwardHealth is reducing the time requirement from 120 days to 60 days to allow hospitals to bill more timely for the initial claim.

Interim Payments for Long Length of Stay

Hospitals should submit claims for interim payments with patient code “30” (still a patient) indicated on the claim form, unless it is the final claim of the series.

If additional interim payments are necessary, use an Adjustment/Reconsideration Request form, F-13046 (10/08), for the subsequent requests. At least 30 additional days are required to elapse since the “through” date of any previous claim or adjustment. Write “interim payment for long length of stay” as the adjustment reason. Attach the appropriate updated claim form to the adjustment request. On the updated claim form include:

- A current patient status code.

- All accumulated charges since admission (not just the additional charges since the first interim payment).
- All other updated information showing all events up to the “through” date on the claim (e.g., additional surgical procedure codes, new discharge diagnosis).

Providers are reminded that claims can be adjusted on paper, electronically, or via the Portal.

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 arrangements.

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/.

P-1250