

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** Nursing Homes, HMOs and Other Managed Care Programs

## **Nursing Homes Required to Submit New Notification of Death Form to the Estate Recovery Program**

This *ForwardHealth Update* introduces the new Wisconsin Notification of Death – Accounting of Estate Funds form, F-01844 (03/2017). Beginning March 27, 2017, nursing homes will be required to use this form to notify the Wisconsin Department of Health Services Estate Recovery Program of the death of a nursing home resident who was enrolled in Wisconsin Medicaid or BadgerCare Plus. This form will replace the Estate Recovery Program Notification of Death form, F-13175 (02/09), and the Estate Recovery Program Heir Information form, F-13174 (07/08).

### **New Required Wisconsin Notification of Death – Accounting of Estate Funds Form**

Nursing homes are required to notify the Wisconsin Department of Health Services (DHS) Estate Recovery Program of a nursing home resident's death if the deceased was enrolled in Wisconsin Medicaid or BadgerCare Plus. Beginning March 27, 2017, nursing homes will be required to use the new Wisconsin Notification of Death – Accounting of Estate Funds form, F-01844 (03/2017), to notify the DHS Estate Recovery Program of a Medicaid or BadgerCare Plus member's death. The Wisconsin Notification of Death – Accounting of Estate Funds form is available on the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage#](http://www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage#) and is included in the Attachment of this *ForwardHealth Update*.

This form will replace the Estate Recovery Notification of Death form, F-13175 (02/09), and the Estate Recovery Program Heir Information form, F-13174 (07/08). Nursing homes should discontinue use of these two forms effective March 27, 2017.

### **Estate Recovery Program Authority**

Per Wis. Stat. § 49.849, the DHS Estate Recovery Program has authority to seek repayment for the cost of certain long-term care services provided to Medicaid, BadgerCare Plus, Community Options Program, or non-Medicaid Family Care members, as well as the cost of any services provided to Wisconsin Chronic Disease Program members. Recovery is made from the estates of members, from the estates of their surviving spouses, from certain non-probate property, and from liens placed on their homes. Recovery is made when a member and the member's dependents no longer need those assets.

### **Estate Recovery Program Responsibility**

Once the Estate Recovery Program receives the Wisconsin Notification of Death – Accounting of Estate Funds form, the form will be reviewed to determine if the member received services that are subject to recovery. If the member did receive services that are subject to recovery, the Estate Recovery Program will provide notice of DHS's claim to the funds. Upon receipt of the claim, the nursing home is required to send the funds and the resident account billing

statement (which includes the date-of-death balance and any activity on the account past the date of death) to the Estate Recovery Program.

*Note:* If the Wisconsin Notification of Death – Accounting of Estate Funds form indicates that the resident’s funds are being conveyed to an heir or place of business (e.g., funeral home), a claim letter will not be sent to the nursing home.

### ***Additional Information***

Nursing homes may contact the DHS Estate Recovery Program at 608-264-7739 with any questions or to notify the program of a resident’s death.

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 Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# **ATTACHMENT**

## **Wisconsin Notification of Death – Accounting of Estate Funds**

A copy of the “Wisconsin Notification of Death – Accounting of Estate Funds” form is located on the following pages.

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**WISCONSIN  
NOTIFICATION OF DEATH – ACCOUNTING OF ESTATE FUNDS**

This form is to be used whenever either of the following occurs:

- A deceased member's funds that are being held at a nursing home or by a representative payee of the member are available to send directly to the Wisconsin Department of Health Services (DHS) Estate Recovery Program.
- A deceased member's funds are being sent to a person or place other than the DHS Estate Recovery Program.

Providers should print (retain a copy for their records) and mail this completed form, along with all required documents to the following address:

Wisconsin Department of Health Services  
Division of Medicaid Services  
Estate Recovery and Wisconsin Funeral and Cemetery Aids Section  
PO Box 309  
Madison WI 53701-0309

Personally identifiable information will be used only in the administration of the Estate Recovery Program.

Name – Deceased Member		
Social Security Number (SSN)	Date of Death	Date of Birth
Name – Surviving Spouse (If Any)	SSN – Surviving Spouse	
Street Address – Surviving Spouse		
City	State	ZIP Code

**A. Check the appropriate box below to provide information about the marital status of the deceased member.**

- The deceased member was married and was predeceased by a spouse.

Name – Predeceased Spouse	SSN	Date of Death
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- The deceased member was never married.  
 The deceased member was divorced at the time of death.  
 The deceased member's marital status is unknown.

**B. Provide the following additional information.**

Is the deceased member survived by a disabled or blind child?  Yes  No  Unknown

Name – Disabled or Blind Child		
Street Address – Disabled or Blind Child		
City	State	ZIP Code

*Continued*

Is the deceased member survived by a minor child (under age 21)?  Yes  No  Unknown

Name – Minor Child

Street Address – Responsible Party / Minor Child

City

State

ZIP Code

*Note:* Funds should not be sent to the Estate Recovery Program at the same time this form is submitted if there is a surviving spouse or disabled or minor child.

**C. The deceased member's account information is as follows:**

Total Funds Available at Time of Death

\$

Check one of the boxes below to indicate the status of the member's funds. Provide any additional information requested.

Funds will be held until notice is received from the Estate Recovery Program.

Funds are being sent directly to the funeral home.

Name – Funeral Home

Funds are being sent to the heir or responsible party.

Name – Heir or Responsible Party

Relationship to Deceased Member

Telephone Number

Street Address – Heir or Responsible Party

City

State

ZIP Code

If none of the three options above apply, explain below.

**ATTENTION NURSING HOME / REPRESENTATIVE PAYEE:**

Along with this form, provide a copy of the billing/client statement that shows the balance in the member's account on the date of death and any activity in the account past the date of death.

This Notification of Death is being submitted by:  Nursing Home  Representative Payee

Name of Nursing Home (If Applicable)

Name of Person Completing This Form

Street Address

City

State

ZIP Code

Telephone Number

Fax Number