

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

Clarifications to BadgerCare Plus and Medicaid SSI Managed Care Provider Appeal Policy

This *ForwardHealth Update* clarifies managed care provider appeal policy for BadgerCare Plus and Medicaid Supplemental Security Income managed care providers. As part of this clarification, ForwardHealth has revised the Managed Care Program Provider Appeal form, F-12022 (07/2017), and created Managed Care Program Provider Appeal Completion Instructions, F-12022A (07/2017), that providers may use when submitting appeals to ForwardHealth.

General Managed Care Information

ForwardHealth contracts with managed care organizations (MCOs) throughout the State of Wisconsin to deliver Medicaid services to enrolled members. Managed care refers to the BadgerCare Plus HMO program, the Medicaid Supplemental Security Income (SSI) HMO program, and several special managed care programs available. An HMO is a system of health care providers that provides a comprehensive range of medical services to a group of enrollees.

The primary goals of the managed care programs are to:

- Improve the quality of member care by providing continuity of care and improved access.
- Reduce the cost of health care through better care management.

BadgerCare Plus HMOs are responsible for providing or arranging all contracted, covered, and medically necessary services to enrollees. BadgerCare Plus members enrolled in

state-contracted HMOs are entitled to at least the same benefits as fee-for-service members; however, HMOs may establish their own requirements regarding prior authorization (PA), claims submission, adjudication procedures, etc., which may differ from fee-for-service policies and procedures. Providers who enter into signed contract arrangements with the HMO agree to comply with the provisions outlined in the contract.

BadgerCare Plus and Medicaid SSI Managed Care Provider Appeals

BadgerCare Plus and Medicaid SSI managed care contracted and non-contracted providers have the right to appeal a payment denial, reduced payment, or payment recoupment to the HMO. This *ForwardHealth Update* does not apply to Medicaid fee-for-service providers and Family Care, Partnership and Program for All-Inclusive Care for the Elderly (PACE) managed care providers.

For HMO-approved referrals to non-contracted providers, the HMO is required to either establish payment arrangements in advance, or the HMO is liable for payment only to the extent that BadgerCare Plus and/or Medicaid SSI pays, including Medicare deductibles, or would pay its fee-for-service providers for services (excluding Hospital Access Payments, Hospital Pay for Performance Withhold, and Ambulatory Surgery Center Access Payments).

Filing an Appeal with a BadgerCare Plus or Medicaid SSI HMO

BadgerCare Plus and Medicaid SSI managed care contracted and non-contracted providers are required to first file an appeal directly with the BadgerCare Plus HMO or Medicaid SSI HMO after the initial payment denial or reduction. Providers should refer to their signed contract with the HMO or the HMO's website for specific filing timelines and responsibilities (e.g., PA, claim filing timelines, and coordination of benefits requirements) pertaining to filing a formal appeal. The provider's signed contract with the HMO may dictate the final decision. Filing a claim reconsideration is not the same as filing a formal appeal.

Appeal documents must reach the HMO within the time frame established by the HMO. Special care should be taken to ensure the documents reach the HMO timely by allowing enough time for USPS mail handling or by using a verifiable delivery method (e.g., fax, certified mail or secure email).

The HMO or SSI HMO has 45 calendar days to respond in writing to an appeal. The HMO or SSI HMO decides whether or not to pay the claim and sends a letter stating this decision. If the HMO or SSI HMO does not respond in writing within 45 calendar days, or if the provider is dissatisfied with the HMO's or SSI HMO's response, the provider may send a written appeal to ForwardHealth within 60 calendar days from the end of the 45 calendar day timeline.

Filing an Appeal with ForwardHealth

Providers who have attempted unsuccessfully to resolve payment disputes directly with a BadgerCare Plus or Medicaid SSI HMO through the HMO's established appeal process may choose to pursue resolution with ForwardHealth. Failure to appeal to the HMO first will result in the appeal to ForwardHealth being returned to the provider unprocessed.

Providers are required to submit appeals in writing to ForwardHealth within 60 calendar days of the HMO's appeal response. If the HMO does not respond to the original appeal within 45 calendar days, the provider has 60 calendar

days from the end of the 45 calendar day timeline to submit an appeal to ForwardHealth.

Appeals will only be reviewed for members who were eligible for and who were enrolled in a BadgerCare Plus HMO or Medicaid SSI HMO on the date of service in question.

Once all pertinent information is received, ForwardHealth will make a final decision. The provider and the BadgerCare Plus HMO or SSI HMO will be notified by ForwardHealth in writing of the final decision. If the decision is in the provider's favor, the HMO or SSI HMO is required to pay the provider within 45 calendar days of the final decision. The decision is final, and all parties are required to abide by the decision.

Required Documentation

When filing an appeal to ForwardHealth, providers may use either the Managed Care Program Provider Appeal form, F-12022 (07/2017), or an appeal letter of their own creation that contains all of the same information that is requested on the Managed Care Program Provider Appeal form.

In order to make the Managed Care Program Provider Appeal form easier to use, ForwardHealth has made minor revisions to the form, as well as created separate completion instructions. Refer to Attachments 1 and 2 of this *Update* for a copy of the Managed Care Program Provider Appeal form and instructions. The new completion instructions and revised form are also available for download on the Forms page of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/WIPortal/content/provider/forms/index.htm.spage#>.

Providers are required to submit an appeal with legible copies of all of the following documentation, regardless of whether the Managed Care Program Provider Appeal form or their own appeal letter is used:

- A copy of the original claim submitted to the HMO (If applicable, include a copy of all corrected claims submitted to the HMO.)
- A copy of all of the HMO's payment denial remittance(s) showing the date(s) of denial and reason

code with a description of the exact reason(s) for the claim denial

- A copy of the provider's written appeal to the HMO
- A copy of the HMO response to the appeal
- A copy of the medical record for appeals regarding coding issues, medical necessity, or emergency determination (Providers should only send relevant medical documentation that supports the appeal. Large documents should be submitted on a CD.)
- A copy of any contract language that supports your appeal (If contract language is submitted, indicate the exact language that supports overturning the payment denial.)
- Any other documentation that supports the appeal (e.g., commercial insurance Explanation of Benefits/Explanation of Payment to support Wisconsin Medicaid as the payer of last resort)

Appeals may be faxed to ForwardHealth at 608-224-6318 or mailed to the following address:

BadgerCare Plus and Medicaid SSI
Managed Care Unit — Provider Appeal
PO Box 6470
Madison WI 53716-0470

A decision to uphold the HMO's original payment denial or to overturn the denial will be made based on the documentation submitted for review. Failure to submit the required documentation or submitting incomplete/insufficient documentation may lead to an upholding of the original denial. The decision to overturn an HMO's denial must be clearly supported by the documentation.

Providers should notify ForwardHealth if the HMO subsequently overturns their original denial and reprocesses and pays the claim for which they have submitted an appeal. Notifications should be faxed to ForwardHealth at 608-224-6318. This documentation will be added to the original appeal documentation to complete the record.

Additional Information

For more information regarding managed care provider appeals and resources for managed care providers, refer to the following resources on the Portal:

- The Claims chapter of the Managed Care section of the ForwardHealth Online Handbook at www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx
- The Contracts and Provider Appeals pages of the Managed Care Organization area of the Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/ManagedCare/ManagedCareLogin.aspx

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/.

P-1250

ATTACHMENT 1

Managed Care Program Provider Appeal Completion Instructions

(A copy of the “Managed Care Program Provider Appeal Completion Instructions” is located on the following pages.)

WISCONSIN MEDICAID AND BADGERCARE PLUS MANAGED CARE PROGRAM PROVIDER APPEAL COMPLETION INSTRUCTIONS

Under Wis. Stat. § 49.45(4), personally identifiable information about program applicants and members is confidential and is only used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment of service. The use of this form is voluntary.

INSTRUCTIONS

BadgerCare Plus and Medicaid Supplemental Security Income (SSI) managed care providers are required to appeal the non-payment or partial payment from the HMO before filing an appeal to the Wisconsin Department of Health Services (DHS) if they disagree with the HMO's appeal response. Failure to appeal to the HMO first as required will result in the appeal being returned unprocessed. The provider should refer to the signed contract with the HMO or the HMO-specific website's provider resources to verify appeal rights and responsibilities (e.g., claim filing timelines, PA request requirements, and coordination of benefits requirements). The provider's signed contract with the HMO may control the final decision.

Appeals to DHS are required to be submitted in writing within 60 calendar days of the HMO's final decision or, in the case of no response, within 60 calendar days from the 45-calendar day timeline allotted to the HMO to respond to the provider's appeal submission.

Appeals will only be reviewed for members who are enrolled in a BadgerCare Plus HMO or Medicaid SSI HMO on the date of service in question.

Providers are required to submit legible copies of all of the following with an appeal, regardless of whether the Managed Care Program Provider Appeal form, F-12022, or their own appeal letter is used:

- A copy of the original claim submitted to the HMO. If applicable, include a copy of all corrected claims submitted to the HMO.
- A copy of the HMO's payment denial remittance showing the date(s) of denial and reason code with a description of the exact reason(s) for the denial.
- A copy of the provider's written appeal to the HMO.
- A copy of the HMO response to the appeal.
- A copy of the medical record for appeals regarding coding issues, medical necessity, or emergency determination. Only send relevant medical documentation that supports the appeal. Large documents should be submitted on a CD.
- A copy of any contract language that supports your appeal. If contract language is submitted, indicate the exact language that supports overturning the payment denial.
- Any other documentation that supports the appeal (e.g., commercial insurance Explanation of Benefits/Explanation of Payment to support Wisconsin Medicaid as the payer of last resort).

Appeals may be faxed to ForwardHealth at 608-224-6318 or mailed to the following address:

BadgerCare Plus and Medicaid SSI
Managed Care Unit – Provider Appeal
PO Box 6470
Madison WI 53716-0470

The provider is required to notify DHS if the HMO subsequently reprocesses and pays the claim for which the provider has submitted an appeal.

SECTION I – PROVIDER INFORMATION

Element 1 – Name – Provider

Enter the name of the provider.

Element 2 – Telephone Number – Provider

Enter the telephone number, including the area code, of the provider.

Element 3 – Address – Provider

Enter the address of the provider, including the street, city, state, and ZIP code.

Element 4 – Secure Email Address – Provider

Enter the provider's secure email address. Only secure email should be used to transmit documents that contain personal health information (PHI).

Element 5

Indicate whether or not the provider has a contractual arrangement with the HMO. Include a copy of any contractual language that addresses/supports the provider's appeal. Do not send a copy of the entire contract; be sure to identify only the relevant contract language.

Element 6 – Name – Contact Person

Enter the name of the contact person for this appeal.

Element 7 – Telephone Number – Contact Person

Enter the telephone number, including the area code, of the contact person for this appeal.

Element 8 – Name – BadgerCare Plus / Medicaid SSI HMO Involved

Enter the name of the HMO or SSI MCO.

SECTION II – MEMBER INFORMATION

Element 9 – Name – BadgerCare Plus / Medicaid SSI HMO Member

Enter the name of the BadgerCare Plus/Medicaid SSI HMO member.

Element 10 – Member ID Number

Enter the member ID.

Element 11 – Date(s) of Service

Enter the date(s) the member received service.

SECTION III – DESCRIPTION OF PROBLEM

Element 12

Describe the problem in detail. Use additional paper, if necessary. Attach copies of any supporting documentation relevant to the problem.

Element 13

Insert the date the appeal was sent to the BadgerCare Plus/Medicaid SSI HMO. Attach a copy of the appeal to the HMO.

Element 14

Insert the date the appeal was denied by the BadgerCare Plus/Medicaid SSI HMO. Attach a copy of the HMO denial.

Element 15

Describe what response was received from the BadgerCare Plus/Medicaid SSI HMO.

Element 16

Describe what the provider considers to be a fair resolution of the matter.

SECTION IV – SIGNATURE

Element 17 – Signature – Provider

The provider is required to complete and sign this form.

Element 18 – Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

ATTACHMENT 2

Managed Care Program Provider Appeal

(A copy of the “Managed Care Program Provider Appeal” form is located on the following pages.)

**WISCONSIN MEDICAID AND BADGERCARE PLUS
MANAGED CARE PROGRAM PROVIDER APPEAL**

Instructions: Type or print clearly. Refer to the Managed Care Program Provider Appeal Completion Instructions, F-12022A, for more information.

SECTION I – PROVIDER INFORMATION

| | |
|----------------------------------|--|
| 1. Name – Provider Filing Appeal | 2. Telephone Number – Provider Filing Appeal |
|----------------------------------|--|

3. Address – Provider Filing Appeal (Street, City, State, ZIP Code)

| | |
|----------------------------------|---|
| 4. Provider-Secure Email Address | 5. The provider has a contractual arrangement with the HMO. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|----------------------------------|---|

| | |
|--------------------------|--------------------------------------|
| 6. Name – Contact Person | 7. Telephone Number – Contact Person |
|--------------------------|--------------------------------------|

8. Name – BadgerCare Plus / Medicaid SSI HMO Involved

SECTION II – MEMBER INFORMATION

9. Name – BadgerCare Plus / Medicaid SSI HMO Member

| | |
|----------------------|------------------------|
| 10. Member ID Number | 11. Date(s) of Service |
|----------------------|------------------------|

SECTION III – DESCRIPTION OF PROBLEM

12. Describe the problem in detail. Use additional paper, if necessary. Attach copies of any supporting documentation relevant to the problem.

SECTION III – DESCRIPTION OF PROBLEM (Continued)

13. Insert the date the appeal was sent to the BadgerCare Plus / Medicaid SSI HMO.

14. Insert the date the appeal was denied by the BadgerCare Plus / Medicaid SSI HMO.

15. What response was received from the BadgerCare Plus / Medicaid SSI HMO? Attach a photocopy of any relevant correspondence.

16. Describe what the provider considers to be a fair resolution of this matter.

SECTION IV – SIGNATURE

This information is accurate to the best of my knowledge. I have reviewed the Managed Care Program Provider Appeal Completion Instructions and assure that all necessary documents are attached. A copy of this information may be forwarded to the BadgerCare Plus/Medicaid SSI HMO involved.

SIGNATURE – Provider

Date Signed
