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# WISCONSIN MEDICAID UPDATE

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MARCH 24, 1995

UPDATE 95-9

TO:  
Case Management Providers

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## Claim Submission and Processing

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### **Change in How Limitation for Ongoing Monitoring Services for Recipients in Home and Community-Based Waiver Programs is Monitored**

Effective for claims processed on and after April 1, 1995, a new edit will deny claims for ongoing monitoring services for recipients in home and community-based waiver programs after the first month of waiver eligibility. (The explanation of benefits (EOB) code is 933.) Presently, Wisconsin Medicaid monitors this limitation via post-pay audit. Wisconsin Medicaid continues to cover ongoing monitoring during the first month of waiver eligibility.

### **Target Population Codes Ending in the Letter B Identify Recipients Who Are Receiving Case Management Funding Through the Community Options Program**

Providers need to indicate one of the target population codes in element 21 of the National HCFA 1500 claim form. The target population codes are found in Appendix 3 of the Medicaid case management handbook (Part U). In all cases, target population codes ending in the letter B need to be used to identify recipients who are receiving funding

through the Community Options Program (COP) for any of the case management functions in a given month.

### **Clarification on Which Funds May Be Used as the Non-Federal Match**

Funds used as the non-federal match for Medicaid case management must meet these requirements:

1. Federal Medicaid funds can never be matched with other federal monies. Aging units, in particular, need to be careful about this, given their limited General Program Revenue (GPR) funding.
2. Local funds already being used to match other federal funds cannot be used as match for case management. For instance, the same local funds cannot be claimed as match for community support program services and case management.
3. Funds used as the non-federal match must be expended on allowable services for eligible recipients.