

To:  
 HMOs and  
 Other  
 Managed Care  
 Programs  
 SMV providers

## SMV services require recipient copayment

Provisions of 1997 Wisconsin Act 237, the budget adjustment bill, extended copayment requirements to specialized medical vehicle (SMV) services. As of October 1, 1998, Wisconsin Medicaid will require SMV providers to obtain copayments from recipients for SMV services. An SMV provider should collect a copayment of \$1.00 each time a recipient is transported and a base rate is billed unless the recipient falls under one of the exceptions listed below.

**Example 1:** If the SMV provider drops off a recipient at a doctor's office and proceeds on to pick up another recipient, the SMV provider would collect \$1.00 in copayment. When the SMV provider later returns to pick up the recipient at the clinic, another \$1.00 copayment must be collected since a second base rate is being billed.

**Example 2:** If the SMV provider waits at the clinic for the recipient, the SMV provider only collects one copayment for the entire trip since only one base rate is being billed.

### Copayment exceptions

Providers are prohibited by law from requesting copayments from the following recipient groups:

- Children under 18 years old.
- People in nursing homes.
- People in HMOs and other managed care programs getting HMO-covered or managed care-covered services.

Pregnant women are required to pay copayment for SMV services because SMV services are not medical services related to the pregnancy.

SMV providers do not perform emergency medical services; therefore, SMV services do not qualify for the emergency medical service copayment exemption.

### Collecting copayment from recipients

All providers who perform services with recipient copayment requirements are to make a reasonable attempt to collect that payment from the recipient. Providers may not, at their discretion, waive the recipient copayment requirement unless the provider determines that the cost of collecting the copayment exceeds the amount to be collected (the cost of collecting copayment is greater than the \$1.00 collected). Copayments may be collected when the service is provided or may be collected by billing the recipient later. Providers may not deny services to a recipient for failing to make a copayment.

Wisconsin Medicaid automatically deducts copayments from reimbursement to providers. Therefore, providers need not reduce the billed amount of the claim by the amount of the recipient copayment.

### Recipient notification

Medicaid recipients will be notified that SMV services will require a copayment in a recipient update.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Bureau of Health Care Financing, Division of Health, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883.