

To:

Personal Care
Providers
HMOs and Other
Managed Care
Programs

Rate increase for personal care agencies

Effective for dates of service on and after July 1, 1999, personal care agencies may receive a Medicaid maximum allowable reimbursement for personal care worker services and personal care travel time of \$12.00 per hour.

Wisconsin Act 9, the biennial budget for state fiscal years 2000-2001, was enacted on Oct. 27, 1999. The budget authorized a \$0.50 increase in Medicaid maximum allowable hourly reimbursement for personal care workers and travel time in state fiscal year 2000 and another \$0.25 per hour increase in the second year of the biennium, beginning July 1, 2000.

This Update applies to fee-for-service Medicaid providers only. If you are a Medicaid managed care network provider, contact your managed care organization (MCO) for information about personal care reimbursement.

Payment of new claims at the state fiscal year 2000 maximum allowable fees

Due to the late date of the enactment of the budget, the Department of Health and Family Services will not begin paying new claims at the state fiscal year 2000 rates until January of 2000.

When the state fiscal year 2000 rates are entered into the claims processing system, new claims will be reimbursed at their usual and customary charge or the state fiscal year 2000 maximum allowable fee, whichever is less.

Remittance and Status (R/S) Reports will contain an announcement that the rate increase has been implemented.

Most paid claims will be adjusted automatically

In spring after the state fiscal year 2000 rates have been implemented, Wisconsin Medicaid will reprocess paid claims for services provided on and after July 1, 1999, and paid prior to the state fiscal year 2000 rate implementation, using the state fiscal year 2000 maximum allowable fee schedule.

The claims processing system will automatically pay the lesser of the usual and customary charge or the state fiscal year 2000 reimbursement rate, minus the amount already paid, if the billed amount was the same or higher than the state fiscal year 2000 maximum allowable fee.

When the automatic adjustment payments are made, a message will appear on the R/S Report.

Requesting adjustments for other claims

The claims processing system cannot automatically adjust paid claims on which the usual and customary charge was less than the state fiscal year 2000 maximum allowable fee. If the usual and customary charges on paid claims for services provided on and after July 1, 1999,

were less than the state fiscal year 2000 maximum allowable fee, providers may submit a request to adjust their charges. Wisconsin Medicaid cannot alter these claims without a written request from the provider.

Refer to Section XI, Appendix 27 of Part A, the all-provider handbook, for an Adjustment Request Form and instructions. For adjustments that will exceed the 365-day after date-of-service filing deadline, follow the directions in section IX, Part A, the all-provider handbook.

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

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

For provider questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/medicaid.

PERSONAL CARE MAXIMUM ALLOWABLE FEES

(Effective July 1, 1999)

Procedure	Maximum Fee	Provider Types	Procedure Description
W9900	\$12.00	86	Personal care by PC-only agency
W9902	\$12.00	86	Personal care travel time (PC/TT)
W9903	\$12.00	44 with 86	Personal care by Home Health Agency
W9906	\$40.28/visit	86	Personal care worker (PCW) Supervisor visit by registered nurse (RN) or Therapist - Recipient receives only unskilled care
W9044	\$40.28/visit	86	PCW Supervisor Visit by RN - Recipient receives skilled care