wisconsin Medicaid update
department of health and family services

December 1999
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For Wisconsin Medicaid-certified providers

Introducing Family Care, Wisconsin's flexible, innovative long term care benefit

A new, innovative, voluntary long term care (LTC) benefit will be piloted by the state of Wisconsin in five counties during the year 2000. The program, Family Care, was authorized by 1999 Wisconsin Act 9, the biennial budget. Family Care will foster recipients' independence and quality of life, while recognizing the need for support to remain independent.

The pilot counties will offer the Family Care benefit through a managed care delivery system. Family Care-Care Management Organizations (CMOs) will:

- Manage care for recipients who are living in their own homes, group living situations, or nursing facilities.
- Reimburse providers for services.

To receive reimbursement for Family Care services, a provider must be part of the Family Care CMO network or receive prior approval by the CMO. Attachment 1 of this Update contains a general list of Medicaid services that will be covered by Family Care. A more specific list of services will be published in the January *Medicaid Update.* Medicaid services not available through Family Care will continue to be covered on a fee-for-service basis for Medicaid recipients.

Fond du Lac is planning to be the first county in the state to introduce Family Care on February 1, 2000. Family Care will expand to La Crosse, Milwaukee, Portage, and Richland counties throughout 2000. Four additional Family Care pilots are planned to start in 2001.

Improved coordination of long term care services

Local Aging and Disability Resource Centers will help individuals, including Medicaid recipients, and their family members to "one-stop shop" for LTC information, such as available services and housing. Resource Centers will also help people to apply for government benefits, including Medicaid.

In addition to increasing access to services, a goal of Family Care is to improve the coordination of LTC services by creating a single flexible benefit for all LTC services. Care Management Organizations will cover LTC services offered by Medicaid, as well as services in the Home and Community-Based Waivers. Acute and primary care services, including physicians' services, will remain fee-for-service.

Continued on next page

Inside this Update:

Who is eligible for Family Care?

Initially, Family Care pilots will cover Medicaid recipients who may be:

- Elderly.
- Adults with physical disabilities.
- Adults with developmental disabilities.

Functional eligibility for Family Care will be based on the degree to which a recipient can independently manage the everyday activities of living, such as moving around, eating, bathing, and dressing.

Recipient groups served will vary by Family Care pilot county. Fond du Lac County's Family Care program will serve all three populations.

How to identify a Family Care recipient

When you verify a recipient's Medicaid eligibility, the Eligibility Verification System (EVS) will indicate the recipient's Family Care status just as it would indicate if the recipient were enrolled in any managed care program. The CMO may not reimburse providers for LTC services unless the providers are affiliated with the CMO or the CMO has authorized the service.

Additional information about Family Care

More information on Family Care will be available in future *Medicaid Updates*. Information about Family Care is also available on the Department of Health and Family Service's web site at *www.dhfs.state.wi.us* by clicking on "Family Care."✦

Change in claims submission deadlines for last week of December 1999

Note: This article initially appeared in the November 1999 *Medicaid Update*. Wisconsin Medicaid is republishing it due to its importance.

Wisconsin Medicaid will begin the last 1999 claims processing cycle of the year two days early, on Wednesday, December 29 instead of Friday, December 31. This is a precautionary measure being done to assure the claims processing and payment cycle is completed before the computer system converts to January 1, 2000. Consequently, the deadline for submission of Electronic Media Claims is noon, December 29. All paper and electronic claim data received and entered in Wisconsin Medicaid's system by noon on December 29 will be included in the last cycle of 1999.

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Pharmacy Point of Sale (POS) data received by midnight on December 29 will also be included in the last cycle of the year. Paper and electronic claims received after these deadlines will be processed in the processing cycle of January 7, 2000.

Checks that result from the December 29 claims payment cycle will be sent to providers at the beginning of the week of January 3, 2000, as usual.

Point of Sale for pharmacy claims

The POS system's operational hours will not change in the final week of 1999 or the first

Continued on page 5

Wisconsin Medicaid/ BadgerCare Year 2000 Contingency Plan

Note: This article initially appeared in the November 1999 *Medicaid Update*. Wisconsin Medicaid is republishing it due to its importance.

Wisconsin Medicaid is Y2K ready and does not anticipate any problems in billing or payments relative to the year 2000. However, in the unlikely event that problems arise, Wisconsin Medicaid has prepared contingency plans pertaining to Medicaid recipients, services, and providers, some of which are discussed in this article.

Recipient eligibility determination contingency plan

To determine whether an individual is eligible for Wisconsin Medicaid or BadgerCare, county workers utilize a statewide computer system called CARES. CARES updates Medicaid's computer system with the information about a recipient's eligibility for Medicaid and BadgerCare.

Wisconsin Medicaid is Y2K ready and does not anticipate any problems in billing or payments relative to the year 2000.

If CARES is not operational after January 1, 2000, the certifying agencies will process all eligibility manually and send the updates to Wisconsin Medicaid to enter into Medicaid's computer system. Due to the volume of updates Wisconsin Medicaid will receive, it may take a few days longer than usual for the eligibility to show up on Medicaid's computer system. Once Medicaid's computer system is updated, Forward cards will be issued as normal if the recipient does not already have one. In the event the recipient needs urgent services prior to receiving a Forward card, the certifying agency may issue a green temporary paper ID card.

If Medicaid's computer system is not operational, certifying agencies will issue green temporary ID cards to new recipients until the computer system is up and a Forward card can be issued.

Providers are encouraged to make a copy of the recipient's temporary card for documentation.

If Medicaid's computer system is not functioning, no additional Medicaid/BadgerCare recipients will be enrolled into HMOs or special managed care programs until the computers are functioning. All Medicaid/BadgerCare recipients (whether fee-for-service or enrolled in HMOs/special managed care programs) will maintain their existing eligibility status until Medicaid's computer system is functioning.

Recipient eligibility verification contingency plan

To ensure uninterrupted health care access for all recipients and to minimize risk for providers, the Division of Health Care Financing (DHCF) is sending an eligibility verification letter to all eligible Medicaid and BadgerCare recipients at the end of December 1999. This is being done as a precaution in the event the Eligibility Verification System methods are not available. The letter will confirm that a recipient is eligible for Medicaid or BadgerCare and whether he/she is fee-for-service or enrolled in a managed care program in the month of January 2000. Please copy this letter to document January 2000 eligibility.

Claim submission contingency plan

If Medicaid's claims processing system is not functioning, Wisconsin Medicaid will hold all paper claims until data can be entered into the

claims processing system. If providers submitting claims electronically receive a 'transmission failed' message, they should hold transmissions for 24 hours and re-send.

Pharmacy Point of Sale contingency plan

If the Pharmacy Point of Sale (POS) system is not functioning, providers will receive a 'Host unavailable at this time' message. Pharmacies will then have the following options:

- Hold all claims normally submitted through Pharmacy POS until POS is operational.
- Transmit claims electronically (if this option is available).

Claims payment contingency plan

If Medicaid's claims processing system is not functioning and cannot issue provider checks, Wisconsin Medicaid's contingency plan is to consider requests from providers for a "manual partial payment." Only providers that meet all criteria in HFS 106.04 (1m) 2.(c), Wis. Admin. Code, may be issued manual partial payments. Wisconsin Medicaid may issue manual partial payments if the automated claims processing system is not functioning *and* all the following criteria are met:

- A provider's claims have been pending in the Medicaid system for more than 30 days, OR the provider provides services to Medicaid recipients representing more than 50% of the provider's income *and* payment for these services has been significantly delayed beyond the usual claims processing time.
- The delay in payment is due to no fault of the provider.
- Further delay in payment will have a financial impact on the provider that may adversely affect or disrupt the level of care otherwise provided to recipients.
- The provider has submitted documentation of the submitted claims for covered services, including:
  - Provider name and Medicaid billing number.
  - Recipient name and ID number.
  - Date(s) of services provided.
  - Type and quantity of services provided as appropriate.
  - Any other information pertinent to payment for covered services.

Manual partial payments are manually issued checks for up to 75% of the reimbursable amount of a provider's pending unprocessed claims submitted to Medicaid. The manual partial payment will be automatically recouped when the provider's claims are later processed through the automated claims processing system.

Manual partial payments will *not* be made to providers whose own computer systems are not functioning properly due to year 2000 difficulties.

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Prior Authorization Requests contingency plan

If Medicaid's computer system is not functioning, the DHCF will continue to handle emergency "verbal" prior authorization (PA) requests over the telephone and instruct the provider to follow up with a paper PA request. If you need emergency 'verbal' PA, call Provider Services at (800) 947-9627 or (608) 221-9883 and your request will be forwarded to the DHCF.

Paper PA requests will be processed manually. Review of PA requests for completion of necessary data elements and attachments will be done following usual procedures. Providers will receive notification, through the mail, of whether the PA request was approved, modified, or denied.

If STAT-PA is not functioning properly, pharmacy, specialized medical vehicle, and lead inspection/HealthCheck providers will be given the choice to either hold the PA requests or submit the PA request on paper.

Remember these are only Y2K contingency plans in the unlikely event problems arise relative to the year 2000. ✦

Automated Voice Response system enhancements

In response to provider concerns, Wisconsin Medicaid has made enhancements to the Automated Voice Response (AVR) system.

The Automated Voice Response (AVR) system is one way providers can access Medicaid's Eligibility Verification System at no cost. Call (800) 947-3544 or (608) 221-4247 (Madison area) to connect with AVR. It is available 24 hours a day, seven days a week.

Enhancements to the Automated Voice Response system

In response to provider concerns, Wisconsin Medicaid has made enhancements to the Automated Voice Response (AVR) system. The following eligibility information is now available through the AVR system:

- The county code indicating the county in which the recipient resides, if available. A list of county codes can be found in Appendix 8 of Part A, the all-provider handbook, or refer to *www.dhfs.state.wi.us/medicaid/,* the Medicaid web site.
- The transaction log number that providers record for each eligibility inquiry has been shortened from 18 characters to six characters.

Note: If you make several inquiries in one day, the transaction log number is the same for all inquiries made for that day. Based on the transaction log number and other internal information, Wisconsin Medicaid can determine the response a provider received for each specific inquiry.

Change in Claims Submission Deadlines

Continued from page 2

week of 2000. The system may be unavailable on January 1 during the routine maintenance window of midnight to 6 a.m.

Business hours

During the last week of December 1999, Wisconsin Medicaid Provider Services [(800) 947-9627 or (608) 221-9883] will be available during regular business hours; however, the office will be closed on December 24 and 31 and January 1.

The Automated Voice Response system will be operational 24 hours a day during the last week of December 1999 and the first week of January 2000. ✦

What's new on the Medicaid web site

The Wisconsin Medicaid web site includes provider and recipient publications, Medicaid contacts and statistics, and eligibility and benefit information. The following is a list of what has recently been added to the Medicaid web site.

You may visit the Medicaid web site at *www.dhfs.state.wi.us/medicaid/*.

- December 1999 *Medicaid Update*.

Keep in mind that if you do not have a computer with Internet access, many schools and libraries have access.✦

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

Attachment 1
Medicaid services covered by Family Care

Family Care will make the following Medicaid-covered services available through Care Management Organizations (CMO). Medicaid services not available through Family Care will continue to be covered on a fee-for-service basis for Medicaid recipients.

Case Management

- Case management.

Home Care Services

- Home health aide services.
- Personal care.
- Skilled nursing.
  - Intermittent (less than 8 hours per day).
  - Private duty nursing (8 or more hours per day.
  - Respiratory care.

Mental Health/Substance Abuse Services

- Community Support Program services.
- Day treatment (mental health and substance abuse).
- Mental health services, except crisis intervention and those services provided by a physician or in an inpatient hospital setting.
- Substance abuse (alcohol and other drug abuse) services, except those provided by a physician or on an inpatient basis.

Nursing facilities

- Nursing facility (including Intermediate Care Facility for People with Mental Retardation [ICF/MR] and Institution for Mental Disease [IMD]).

Supplies and Equipment

- Disposable medical supplies.
- Durable medical equipment in all settings, except for hearing aids and prosthetics.
- Orthotics.

Therapy Services

- Occupational therapy (except for inpatient hospital settings or school-based services).
- Physical therapy (except for inpatient hospital settings or school-based services).
- Speech and language pathology services (except for inpatient hospital settings or school-based services).

Transportation

- Transportation: Specialized medical vehicle services, but not ambulance.

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