

For Wisconsin Medicaid-certified providers

Wisconsin Medicaid will be ready for year 2000

Over the past several years, Wisconsin Medicaid has been making changes necessary to assure the Medicaid computer system is year 2000 compliant. Wisconsin Medicaid will not require providers to change the way they indicate dates of birth or dates of service on claims submitted in the year 2000. However, providers need to verify that any non-EDS software *they* use to submit electronic claims is year 2000 compliant.

Fee-for-service paper claims

Providers will continue to have the option to indicate either a two- or four-digit year format on paper claims. For example, "00" or "2000" is acceptable. Wisconsin Medicaid currently accepts either a two- or four-digit year on paper claims. This will not change for claims submitted on and after January 1, 2000.

Fee-for-service electronic claims

Submitting electronic Medicaid claims using non-EDS software

To submit claims to Wisconsin Medicaid, software vendors must use the current format that Wisconsin Medicaid requires. This format will not change for claims submitted on and after January 1, 2000.

Providers should contact their software vendors and billing services with any inquiries about upgrades to their products. The software vendors and billing services are responsible for

verifying that *their* products are year 2000 compliant. Wisconsin Medicaid recommends that providers make alternate plans if they are not satisfied with the response from their current software vendors.

Submitting electronic Medicaid claims using EDS software

Currently, only two spaces are available to indicate the year on electronic claims. This will not change for claims submitted on and after January 1, 2000. Providers should continue to indicate the two-digit year (i.e., "00") when submitting electronic claims.

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Wisconsin Medicaid is now on the web

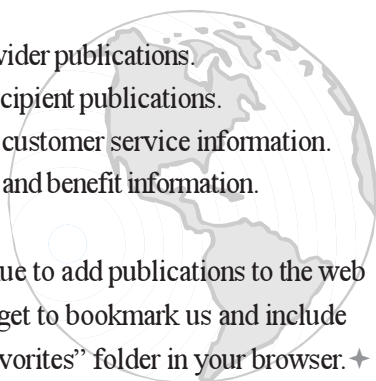
Wisconsin Medicaid is now on the web. You can find us at:

www.dhfs.state.wi.us/medicaid

The Wisconsin Medicaid web site includes the following:

- Some provider publications.
- Current recipient publications.
- Medicaid customer service information.
- Eligibility and benefit information.

We will continue to add publications to the web site. Don't forget to bookmark us and include us in your "Favorites" folder in your browser. ✦



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Revised list of commercial eligibility verification vendors

Soon Wisconsin Medicaid will be introducing new plastic Medicaid ID cards, also known as Forward cards. Providers will be able to access recipient eligibility information from the cards by using a magnetic stripe reader (also known as a point-of-service device or terminal) or personal computer software. These cards, in conjunction with the magnetic stripe readers and software, will be the newest way to access Wisconsin Medicaid's new Eligibility Verification System (EVS) to verify recipient eligibility. Card readers and software will be available for purchase from commercial eligibility verification vendors. If you would like more information regarding the readers or software, contact a vendor from the following updated list:

 Corporation
Contact name: Greg Maupin
Two Lakeview Place
15 Century Boulevard, Suite 600
Nashville, TN 37213
(888) 423-5092, ext. 145

Health Data Exchange (HDX)
Contact name: Keith Mertz
445 Hutchinson Avenue, Suite 900
Columbus, OH 43235
(740) 967-4843

MED-E-AMERICA (formerly Timeshare)
Contact name: Robb Larsen
230 River Ridge Circle
Burnsville, MN 55337
(800) 333-3672

MediFAX, The Potomac Group (TPG)
Contact name: Dan Stone
PO Box 290037
Nashville, TN 37229-0037
(800) 846-9035, ext. 903

Wisconsin Health Information Network (WHIN)
Contact name: Carol Gray Unis
5900 South Lake Drive, Second Floor
Cudahy, WI 53110-3171
(800) 331-9446

Providers are *not* required to purchase services from a commercial eligibility verification vendor. For more information on other ways to verify recipient eligibility, refer to the January 1999 *Medicaid Update*. If you have questions about EVS or Forward cards, please contact the Medicaid Correspondence Unit for Policy/Billing Information at (800) 947-9627 or (608) 221-9883.

In late March 1999, Wisconsin Medicaid will issue plastic cards to recipients in the following 10 pilot counties: Columbia, Dane, Dodge, Green, Iowa, Jefferson, Lafayette, Rock, Sauk, and Walworth. Statewide implementation will take effect shortly after the pilot program is successful. Providers should decide which EVS method they will use to verify eligibility. If you choose to use a commercial eligibility verification vendor, contact a vendor soon to assure services are available by the time cards are issued in your area. ✦

Providers should decide which EVS method they will use to verify eligibility. If you choose to use a commercial eligibility verification vendor, contact a vendor soon to assure services are available by the time cards are issued in your area.

Additional Forward card training

Medicaid providers who were unable to attend the Forward card training sessions in October, November, or January are invited to attend a training session and vendor fair scheduled for March 4 and 5, 1999. Eligibility verification vendors will be available with information and demonstrations of their point-of-service capabilities. Registration is not required (maximum of two representatives per facility, please).

The sessions will be held at the Park Inn International (formerly Wausau Inn), 2101 North Mountain Road, Wausau, WI 54401, (715) 842-0711 or (800) 928-7281.

If you have questions about the vendor fair/training sessions, call the EDS Training Coordinator at: (608) 221-4746, ext. 3043

The sessions are scheduled for the following times:

March 4, 1999

9:00 a.m.
10:30 a.m.
1:00 p.m.
2:30 p.m.

March 5, 1999

9:00 a.m.
10:30 a.m.
(no p.m. sessions)

Commonly asked questions about the new Medicaid plastic ID cards (Forward cards)

What kinds of paper cards will providers continue to see once Forward cards are used statewide?

Providers will continue to see two kinds of paper Medicaid cards: green temporary cards and tan presumptive eligibility cards. Providers should accept these cards when the dates on

the cards indicate the recipient is eligible. Wisconsin Medicaid encourages

providers to keep photocopies of these paper cards. For temporary and presumptive eligibility cards, Wisconsin Medicaid's Good Faith claim policy will not change. Refer to Section X of Part A, the all-provider handbook, for an explanation of the Good Faith claim policy.



If a recipient forgets to bring the Forward card to an appointment, how can a provider verify eligibility?

- Providers can verify eligibility even without the recipient's Forward card.
- The Eligibility Verification System (EVS) is used by providers to verify eligibility for Wisconsin Medicaid recipients.
- Any of the five eligibility verification methods (a magnetic stripe reader with a keypad from a vendor, personal computer software from a vendor, the Automated Voice Response [AVR] system, the Eligibility Hotline, and Direct Information

Access Line with Updates for Providers [Dial-Up]) can be used by entering or providing recipient information such as the Medicaid identification number or a combination of the date of birth and Social Security number.

If a recipient from a pilot area travels to a provider outside the pilot area, can the provider accept the Forward card?

Yes. Forward cards may be used anywhere, even during the pilot program. Providers should accept recipients with Forward cards after verifying eligibility. All EVS access methods can be used to verify eligibility, even outside the pilot counties.

Do the Forward cards guarantee eligibility?

No. The Forward cards do not guarantee eligibility. It is possible a recipient will present a Forward card during a period of ineligibility. It will be necessary to verify eligibility before providing services. Wisconsin Medicaid is instructing recipients to keep the cards, even during periods of ineligibility. The cards do not display any dates of eligibility.

Can providers obtain future eligibility information on a recipient?

Providers cannot request eligibility information for a future date. However, when providers request eligibility status for the current date, EVS will automatically give eligibility status through the end of the current benefit month. If eligibility is verified after the 20th of any month,

There are five methods providers have to choose from to verify recipient eligibility.

EVS will automatically give eligibility status through the following month.

Can providers verify eligibility at the time they schedule an appointment?

Yes. Providers can verify eligibility through the current benefit month at the time of scheduling an appointment using the methods described above without the card. All eligibility verification methods will provide HMO enrollment and other recipient information. Keep in mind that coordination of insurance benefits information may change at any time and this information is always available through any EVS method.

Do providers have to re-verify a recipient's eligibility at the end of the month if they already checked eligibility at the beginning of the month?

Providers should verify eligibility *every time* they see a Medicaid recipient, even if eligibility has already been verified that month. While eligibility status will not change in the middle of a month, other insurance information can change in the middle of a calendar month. (*Note:* This includes HMO exemptions. Recipients can be exempt from an HMO temporarily for continuity of care. Exemption status can change at any time.) Upfront verification using EVS:

- Leads to more accurate claims submission.
- Decreases eligibility-related claims denials.
- Improves the coordination of insurance benefits process.

Is the eligibility information provided through the different eligibility verification methods going to be kept up-to-date?

While eligibility status will not change once it has been determined for the month, coordina-

tion of insurance benefits information may change at **any time**. HMO exemption status can also change at any time. (See note in previous question.)

All methods of verifying eligibility will give providers current eligibility information, including details of other insurance coverage. By verifying eligibility and coverage before serving the recipient, providers can bill the appropriate insurer on the first submission.

What will happen if the recipient has a name change? What name do providers use when submitting the claim, the name on the Forward card or the name that prints on the eligibility response?

If EVS returns a name that differs from the name on the card but the person is the same, Wisconsin Medicaid prefers that providers use the name issued by EVS, not the name on the card. EVS is more current than the recipient's card. When Medicaid issues a new Forward card at a later date, the corrected name will appear on the new card. If a claim is submitted with the previous name, Wisconsin Medicaid will still process the claim.

Which set of numbers on the Forward card do providers use for billing purposes?

Two sets of numbers appear on Forward cards: a 10-digit number and a 16-digit number. Use the 10-digit Medicaid identification number for billing purposes. *Do not use the 16-digit card number anywhere on the claim.*

The 16-digit card number is unique to each card. If a recipient loses the card and is issued

Providers should verify eligibility *every time* they see a Medicaid recipient, even if eligibility has already been verified that month.

a new one, the new card will have a different number, distinguishing the lost card from the new card and preventing the card from possibly being used fraudulently.

Does EVS tell whether recipients have chiropractic or dental services through an HMO or are covered for limited Medicaid services?

Yes. All methods of accessing EVS (magnetic stripe readers, personal computer software, AVR, the Eligibility Hotline, and Dial-Up) indicate HMO enrollment and specific benefit information. This includes chiropractic and dental services coverage and coverage limitations such as ambulatory prenatal care or tuberculosis-related services.

EVS will provide retroactive eligibility information for any range of dates from 365 days in the past up to the current date.

Will the different eligibility verification methods show retroactive eligibility?

Yes. EVS will provide retroactive eligibility information for any range of dates from 365 days in the past up to the current date.

Some recipients are eligible for special benefit categories in which Wisconsin Medicaid only pays for their Medicare co-insurance and deductible and/or premiums. Will these recipients get a Forward card?

Recipients whose only Medicaid benefit is payment of Medicare premiums, co-insurance, and deductibles are Qualified Medicare Beneficiary Only (QMB-only) recipients. These individuals will receive a Forward card.

Recipients whose only Medicaid benefit is payment of Medicare premiums are either Specified Low Income Medicare Beneficiary Only (SLMB-only) recipients, Qualified

Working Disabled Individual (QWDI) recipients, or Qualified Individuals groups 1 and 2. These groups do not receive paper Medicaid identification cards now and will not receive a Forward card.

However, SLMB-only and QWDI recipients will be issued a Forward card if they are eligible for Medicaid before or after the period of time for which they are only eligible for payment of their Medicare premium. Therefore, it is important to verify current eligibility.

Refer to Section V of Part A, the all-provider handbook, for an explanation of special benefit categories.

How long will it take for a recipient to receive a Forward card once eligibility is determined? Will recipients receive a letter each month telling them that they are eligible for Medicaid?

Wisconsin Medicaid will issue a new or replacement card to a recipient within two business days after the Medicaid fiscal agent, EDS, receives the eligibility information or request.

Recipients **will not** receive a letter each month advising them of their ongoing eligibility status. Wisconsin certifying agencies will issue letters to recipients only when their eligibility status changes. If they become eligible or lose eligibility, recipients will receive written notification. If they switch HMOs or change status in another way, recipients will be notified. ✦



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 Division of Health Care Financing
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 P.O. Box 309
 Madison, WI 53701-0309

BULK RATE
 U.S. Postage
 PAID
 Madison, WI
 53713
 Permit No.
 2836

Ready for year 2000...

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The Medicaid fiscal agent, EDS, has determined that the EDS claim submission software is not year 2000 compliant and will be replaced. The fiscal agent is developing replacement software and will notify providers by July 1999 when it will be available.

Managed care providers

Medicaid managed care providers should contact their managed care organization to determine any changes in the managed care organization's billing requirements for year 2000 compliance.

Reminders

- Medicare, *not* Wisconsin Medicaid, will require providers to indicate a four-digit year in certain fields on claims.

- Other health insurance companies may require providers to enter a four-digit year on claims.
- Consult the manufacturers of the personal computers and programs you use to verify that those products are year 2000 compliant. For example, if you work in a Windows 3.X or DOS-based system, an upgrade may be required.

If you have specific questions about whether your software will be year 2000 compliant, contact your software vendor directly.

If you have specific Medicaid year 2000 questions, call (608) 221-4746, extension 3705. Leave your name, your question, and a telephone number where you can be reached, and someone will contact you. ✦

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 the Medicaid fiscal agent, EDS, at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/medicaid