

For Wisconsin Medicaid-certified providers

Claims billing deadline and the Year 2000

Providers must submit all claims and adjustments to claims within 365 days from the date of service. Provider or billing vendor problems resulting from the Year 2000 (Y2K) that delay timely claims submissions are not allowable exceptions to this rule. Providers and their billing vendors are strongly urged to ensure all of their systems are Y2K ready.

Year 2000 complications provide no exception to the claims billing deadline

It is critical for providers to ensure their equipment, services, and vendors are Year 2000 (Y2K) ready. Prompt submission of 1999 claims will help ensure that claims do not exceed the 365-day billing deadline.

Timely claims submissions are essential because state and federal Medicaid regulations require Medicaid providers to submit all claims and adjustments within 365 days of the date of service. There are only eight very limited exceptions to this rule. Please refer to Update 97-34 (October 22, 1997) or Section IX-F in Part A, the all-provider handbook, for a detailed explanation of the allowable exceptions.

Federal regulations and Wisconsin Administrative Code strictly limit exceptions to the claims billing deadline and provide Wisconsin Medicaid no discretion to allow other exceptions. Consequently, no exceptions to the billing deadline are allowed if providers or their vendors experience claims billing problems and delays that result from not having Y2K-compliant systems.

The information and procedures in this Update apply to fee-for-service Medicaid claims only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its procedures.

Please see the following Y2K article, "Change in claims submission deadlines for last week of December 1999," in this issue of the *Medicaid Update*. ✦

Change in claims submission deadlines for last week of December 1999

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.

Pharmacy Point of Sale (POS) data received by midnight on December 29 will also be

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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 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] business hours are 7:30 a.m. to 4 p.m., Monday through Thursday. The office will be closed on Friday, December 31. 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. ✦

Wisconsin Medicaid/ BadgerCare Year 2000 Contingency Plan

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.

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

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maintain their existing eligibility status until Medicaid's computer system is functioning.

Recipient eligibility verification contingency plan

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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.

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. ✦

Time for influenza and pneumonia vaccines

Encourage patients ages 65 and older or persons with chronic health conditions to get influenza and pneumonia vaccines.



Each year, pneumonia kills more people in the United States than all other

vaccine-preventable diseases combined. About 500,000 cases of pneumococcal pneumonia occur, and 40,000 people die from it each year. Annual influenza outbreaks also affect millions of people, leading to sick days, hospitalizations, and thousands of deaths.

Encourage people at risk to get flu or pneumonia vaccines

Wisconsin Medicaid reminds health care providers that influenza and pneumonia vaccines are especially important for patients ages 65 and older, and persons with chronic health conditions including:

- Heart, lung, or kidney disease.
- Diabetes.
- Chronic anemia.
- Immune system disorders.

Others at risk include:

- Nursing home residents.
- Nursing home and other health care facility employees.
- People who care for someone at high risk for influenza or pneumonia.
- Women who will be in the second or third trimester of pregnancy during the flu season.

The Wisconsin Diabetes Control Program, in partnership with the Centers for Disease Control and Prevention (CDC), reminds health care providers that influenza and pneumonia (pneumococcal polysaccharide) vaccines are especially important for patients with diabetes. This population is three times more likely to die from complications of influenza and pneumonia than are people without diabetes. Each year 10,000 to 30,000 people with diabetes die from complications associated with these preventable diseases. In spite of these figures, only half of adults with diabetes reported getting immunized

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against the flu and only one-third of them reported ever getting immunized against pneumococcal disease.

Frequency of vaccinations

Although the influenza vaccination is an annual event, for most people the Pneumococcal Polysaccharide Vaccine (PPV) needs to be given only once in a lifetime. People under age 65 who have a chronic illness or a weakened immune system should be reassessed for another PPV shot 5 to 10 years after their first shot. ✦

Revised commercial eligibility verification vendor list

Wisconsin Medicaid introduced new plastic Medicaid ID cards, also known as Forward cards, last month. Providers may 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. The Forward card, in conjunction with the magnetic stripe readers and software, is the newest way to access Wisconsin Medicaid's new Eligibility Verification System (EVS) to verify recipient eligibility. Card readers and software are 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:

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



Mede-America
Attn: Robb Larsen
230 River Ridge Circle
Burnsville, MN 55337
(800) 333-3672

Medifax, The Potomac Group (TPG)
Attn: Dan Stone
P.O. Box 290037
Nashville, TN 37229-0037
(800) 846-9035 x903

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

United Wisconsin Proservices
Attn: Sue George
401 West Michigan Ave.
Milwaukee, WI 53203
(800) 822-8050

Wisconsin Independent Physicians Group
Milwaukee Physicians Only
6767 West Greenfield Avenue, Suite 300
Milwaukee, WI 53214
(414) 771-6177

Envoy Corporation
Two Lakeview Place
15 Century Boulevard, Suite 600
Nashville, TN 37213
(800) 366-5716 (Sales and Marketing)

Providers are *not* required to purchase services from a commercial eligibility verification vendor. For more information on other ways to verify recipient eligibility or if you have questions about EVS or Forward cards, please contact Provider Services at (800) 947-9627 or (608) 221-9883 or visit the Medicaid web site at www.dhfs.state.wi.us/medicaid/ ✦

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/

- Inpatient/Outpatient Hospital Services provider handbook.
- Independent Laboratory Services provider handbook.
- Pharmacy Services provider handbook (in its entirety).
- School-Based Services provider handbook.
- Updated maximum allowable fee schedules.
- Updated caseload statistics. These statistics include the number of eligible individuals who may receive Medicaid services.
- November 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/

Verification of Medicaid/BadgerCare Eligibility

We are sending you this letter to show that the people listed below are eligible for Wisconsin Medicaid or BadgerCare for the month of January 2000. This letter will be used if your health care provider cannot check your eligibility because of a Year 2000 (Y2K) problem. If you are in an HMO or other Managed Care Program (MCP), it is identified below. Take this letter along with your Forward ID card whenever someone listed below gets health care services during *January 2000*.

English – For help to translate or understand this, please call 1-800-362-3002(TTY)

Spanish – Si necesita ayuda para traducir o entender este texto llame al teléfono 1-800-362-3002 (TTY).

Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (TTY).

Hmong – Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-362-3002 (TTY).

Providers: If you are not able to check eligibility using Eligibility Verification Systems, please honor this letter as proof that your patient is eligible for Wisconsin Medicaid or BadgerCare for the month of January 2000. Please feel free to copy this for documenting January 2000 eligibility.

RECIPIENT NAME	ID NUMBER	DATE OF BIRTH	MCP OR HMO STATUS
Ima Recipient	1234567890	04/02/62	Health Plan
Shesa Recipient	0987654321	02/04/68	Other Health Plans
Hesa Recipient	2345678900	05/10/99	Not in HMO/MCP

WISCONSIN MEDICAID PROGRAM
RECIPIENT SERVICES
P.O. Box 6678
MADISON, WI 53716-0678

IMPORTANT NOTICE

00000001
NAME
STREET AND ADDRESS
CITY WI 53999



Dept. of Health & Family Services
Division of Health Care Financing
1 West Wilson Street
PO Box 309
Madison, WI 53701-0309

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