

For Wisconsin Medicaid-certified providers

Medicaid and BadgerCare recipients statewide receive Forward ID cards

Wisconsin Medicaid is scheduled to distribute the new Forward ID cards in October 1999 to all Medicaid/BadgerCare recipients in the counties in the state that were not included in the pilot.

Wisconsin Medicaid has issued a new permanent plastic ID card, called the Forward card, to recipients in the following pilot counties:

Columbia, Dane, Dodge, Green, Iowa, Jefferson, Lafayette, Rock, Sauk, and Walworth counties. All Medicaid and BadgerCare recipients are scheduled to receive a Forward card by the end of October 1999. Providers should have systems and procedures in place by no later than the end of October to verify eligibility with the new Forward card. The Forward cards will replace the monthly paper ID cards.

Provider questions about the Forward card

The following are questions asked by providers in the pilot counties since the Forward cards have been implemented.

Are these cards used by both Medicaid and BadgerCare recipients?

Yes. All Medicaid and BadgerCare recipients receive a Forward card. All covered benefits and provider billing procedures are the same for Medicaid and BadgerCare services so recipients use the same card.

Will recipients with temporary and presumptive eligibility receive Forward cards?

No, these recipients will continue to receive green temporary paper ID cards and tan presumptive eligibility paper ID cards. Providers should accept these cards for the dates of eligibility listed on the card. Wisconsin Medicaid encourages providers to keep photocopies of these paper cards until all claims for those dates of service have been billed.

Can the Forward card be photocopied without damaging the magnetic stripe on the back of the card?

Yes, the Forward card may be photocopied without causing any damage to the magnetic stripe.

Does the recipient need to sign the back of the card?

We are encouraging adult recipients to sign the back of their cards. However, it is not mandatory. If signed, it can be used as another form of identification.

Do you have questions about BadgerCare?

See page 4 to find out what providers are asking about BadgerCare.

Inside this Update:

Provider questions about BadgerCare

Are you prepared for the Year 2000?

Revised procedures due to Forward card implementation and Eligibility Verification System enhancements

What's new on the Medicaid web site

Medicaid managed care HMOs/programs list

Automated Voice Response (AVR) Quick Reference Guide

Why are Forward cards showing up in counties other than the pilot counties?

Certain groups of recipients who were not in the pilot areas were issued Forward cards. In addition, some recipients require services outside of their county (e.g., if a recipient is travelling or if a recipient moves to a different county). Providers are able to verify eligibility using the Forward card even if they are outside the pilot area.

Do we need to use the 16-digit number on the front of the card for an ID number?

Do we need to use this number when submitting claims?

The 16-digit number embossed on the card is called the personal account number (PAN) and is used for tracking card issuance and should *not* be used when submitting claims. Providers should only use the 10-digit Medicaid ID number for submitting claims.

Can providers use the toll-free number on the back of the card?

No, the number on the back of the card is for recipient use only. Providers should use Medicaid's Eligibility Verification System (EVS) or contact Provider Services at (800) 947-9627 or (608) 221-9883 for questions relating to the Forward card, billing or policy.

Do we need to use the PO Box address on the back of the card?

No, the address on the back of the card is used to return the card if it is lost. Providers should continue to submit Medicaid claims to the following address:

Medicaid Fiscal Agent
6406 Bridge Road
Madison, WI 53784-0002

How will I know if the recipient is in an HMO or managed care program?

First providers should ask the recipient if he or she is enrolled in an HMO or managed care

program. If he or she does not know, then the information on HMO or managed care enrollment and insurance coverage is available through EVS. (See the next question for more EVS information.)

How do I use the Forward card?

The new Forward cards allow providers to access recipient eligibility information by using EVS. Providers may use the following options to access recipient eligibility information:

- *Automated Voice Response* - Call (800) 947-3544 or (608) 221-4247. See the AVR Quick Reference Guide that is attached to this Update.
- *Provider Services* - Call (800) 947-9627 or (608) 221-9883 and press "1" for eligibility information.
- *Direct Information Access Line with Updates for Providers (Dial-Up)* - Providers may purchase this system from the Medicaid fiscal agent. Call (608) 221-4746 and ask for the Electronic Media Claims (EMC) Department.
- *Magnetic stripe reader (also known as a point-of-service device or terminal) or personal computer software* - The Forward cards, in conjunction with the magnetic stripe readers or computer software, are the newest ways to access 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 eligibility verification services available, contact a vendor from the list on the following page.

Providers are *not* required to use the magnetic stripe reader or personal computer software.

How do pharmacies using the Medicaid pharmacy Point of Sale electronic claims management system verify a recipient's eligibility?

When pharmacies submit a real-time claim, the Medicaid pharmacy Point of Sale (POS) system verifies recipient eligibility including



Commercial Eligibility Verification Vendors

ENVOY 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

MEDE-AMERICA
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

United Wisconsin Proservices
Contact name: Gregg Koller
1515 North River Center Drive
Milwaukee, WI 53212
(414) 226-5956

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

Wisconsin Independent Physicians Group (WIPG)
(for current members of WIPG only)
6767 West Greenfield Avenue, Suite 300
Milwaukee, WI 53214
(414) 771-6177

Medicaid managed care enrollment and insurance coverage as part of the claim adjudication and POS response. If a pharmacy does not use the POS system, the pharmacy may need to obtain recipient eligibility information through one of the EVS methods described in the previous question.

Forward card training sessions/ vendor fairs

Additional training sessions are scheduled for billing providers or provider staff who regularly verify recipient eligibility. All providers, even those who attended previous sessions, are welcome to attend. These sessions will review material previously presented at the sessions in October 1998 through March 1999 and will incorporate new information

regarding commonly asked provider questions. In addition, the eligibility verification vendors will be available throughout the day with information and demonstrations of their point-of-service capabilities.

The training session/vendor fair locations, dates, and times are listed below. Don't miss this opportunity to learn and ask questions about the new Forward card and meet the eligibility verification vendors. There is no registration or fee required.

Remaining training sessions/vendor fairs locations, dates, and times

September 30, 1999

9:00, 10:30, 1:00, and 2:30

LaCrosse

Radisson Inn
200 Harborview Plaza
LaCrosse, WI 54601
(608) 784-6680

October 5, 1999

9:00, 10:30, 1:00, and 2:30

Hayward

Country Inn and Suites
Hwy 27, South
Hayward, WI 54843
(715) 634-4100

Questions about the training sessions

For providers who are not able to attend a training session/vendor fair, more information is available on Wisconsin Medicaid's web site at www.dhfs.state.wi.us/medicaid, or you may contact Provider Services at (800) 947-9627 or (608) 221-9883 for more information. ★

Provider questions about BadgerCare

The following are questions providers have had about BadgerCare since it began in July 1999. BadgerCare extends Medicaid coverage to uninsured children and their parents who have incomes below 185% of the federal poverty level and who meet other program requirements.

Is BadgerCare an insurance plan?

BadgerCare is a Medicaid expansion program for families with higher incomes than Medicaid would usually allow. The funding for BadgerCare comes from a combination of federal Medicaid and Children's Health Insurance Plan (CHIP), state General Program Revenue (GPR), and premium revenues. BadgerCare is more like health insurance because it targets entire uninsured and working families and requires higher income families to pay a monthly premium. In addition, employer-sponsored insurance may be purchased through BadgerCare for some families under limited conditions. Additional features of BadgerCare are discussed further in this Update.

What is the difference between Medicaid and BadgerCare?

The following are some differences between BadgerCare and Medicaid:

- Insurance: Medicaid recipients may have other health insurance in addition to Medicaid coverage. BadgerCare recipients must not be covered by other health insurance with the exception of recipients enrolled in the Health Insurance Premium Payment (HIPP) program. (See the next question for more information about HIPP.)
- Retroactive eligibility: Eligibility for BadgerCare may be backdated to the 1st of the month in which he/she applies for

BadgerCare. Coverage under Wisconsin Medicaid may be backdated to the first of the month three months prior to the date of application if the recipient is found to have been eligible during that time.

- Premium: Some BadgerCare recipients are required to pay a premium. Medicaid recipients do not pay a premium.

What is the difference between BadgerCare and the Health Insurance Premium Payment Program?

In some circumstances, the State of Wisconsin will enroll a BadgerCare family in a family health insurance plan offered by the employer of a BadgerCare family member. The family will be enrolled through the HIPP program.

If a family is enrolled in an employer's health insurance plan, they must present the private insurance card *and* their Forward card at the time of services. As with Medicaid, providers must first bill the private insurance before Wisconsin Medicaid. Any Medicaid covered services beyond those services covered in the employer plan are called "wraparound" in the HIPP program and will be covered by Wisconsin Medicaid.

Who is eligible for BadgerCare?

An adult must meet the following requirements to be eligible for BadgerCare:

- Have children under age 19 living with him or her.
- Income must be within the guideline limits: incomes below 185% of the federal poverty level (FPL). Once enrolled, families may remain in BadgerCare until family income exceeds 200% of the FPL.
- He or she must not be covered by other health insurance.

If a family is enrolled in an employer's health insurance plan, they must present the private insurance card *and* their Forward card at the time of services.

Is the reimbursement rate the same for services provided to BadgerCare and Medicaid recipients?

Yes. Reimbursement is identical for services provided to BadgerCare and Medicaid recipients. In addition, recipients of both programs are responsible for the same copayment amounts. HMO network providers should contact their HMO for specific reimbursement policies.

Will BadgerCare recipients have an ID card that identifies them as enrolled in BadgerCare?

BadgerCare recipients will receive the same ID card as Medicaid recipients. There is no designation on the Forward ID card that a recipient is enrolled in BadgerCare. All services and billing procedures are the same for both programs.

Will providers receive a different Remittance and Status Report for BadgerCare recipients?

No. Services provided to BadgerCare and Medicaid recipients will appear on the same Remittance and Status (R/S) Report.

May providers see BadgerCare recipients but not Medicaid recipients?

No. Providers must be certified for Medicaid to see BadgerCare recipients. As with Medicaid, providers may not discriminate between recipients.

More information

Providers

If you have questions about BadgerCare, contact Provider Services at (800) 947-9627 or (608) 221-9883. In addition, providers may refer to the BadgerCare web site at www.dhfs.state.wi.us/badgercare.

Recipients

BadgerCare recipients may call Recipient Services at (800) 362-3002 or their county or tribal department of health or social services for more information. Recipients in Milwaukee County may call (888) 947-4600. ✦

Are you prepared for the Year 2000?

Only four months remain until January 1, 2000.

Are you prepared for any potential disruptions that may occur because of problems from the Year 2000 (Y2K) conversion?

- Are your computer systems ready—including hardware and software?
- Is your equipment ready?
- Is your facility ready?
- Is your staff ready?
- Do you have back-up records of any stored data you may need?
- Have you checked with your vendors or others whom you may rely on for services to ensure they are ready for Y2K?
- Do you have a contingency plan in place?

If you answered no to any of the above, now is the time to address this important issue. If you need further assistance or information to prepare yourself for Y2K, please refer to the Department of Health and Family Service's web site at www.dhfs.state.wi.us/y2k. ✦

Reimbursement is identical for services provided to BadgerCare and Medicaid recipients.

Revised procedures due to Forward card implementation and Eligibility Verification System enhancements

Changes to the claim submission deadline and Good Faith claims processing procedures are necessary once the Forward card is in use. The following changes are now effective for all providers.

Claims submission deadline for backdated eligibility

Medicaid policy states that providers have 180 days after a recipient is *mailed* a backdated Medicaid ID card to submit a claim [HFS 106.03, Wis. Admin. Code]. Recipients will now *keep* their Forward cards during periods of ineligibility and are instructed to notify providers when their eligibility is backdated.

Under the revised policy, providers have 180 days from the date when the recipient receives a notice of decision from the State indicating backdated eligibility was approved to submit claims. Recipients may show providers the letter they received indicating their eligibility was backdated. If a recipient does not bring a copy of the letter with him/her, providers can verify whether a recipient's eligibility was backdated by checking the Medicaid Eligibility Verification System (EVS). The EVS offers the following options to verify eligibility:

- *Automated Voice Response (AVR)*
Call (800) 947-3544 or (608) 221-4247
- *Provider Services*
Call (800) 947-9627 or (608) 221-9883.
- *Forward ID card magnetic stripe readers or personal computer software*

Contact Provider Services for more information on these options.

- *Direct Information Access Line with Updates for Providers (Dial-Up)*
Access with personal computer or “dumb terminal” with software and modem: (608) 221-4746.

Submit the properly completed claim with retroactive eligibility indicated on the face of the claim to the following address:

Late Billing Appeals
6406 Bridge Road, Suite 50
Madison, WI 53784-0050

Good Faith billing procedures

A Good Faith claim is a claim that has been denied with an eligibility-related explanation of benefits (EOB) code, even though the provider verified that the recipient was Medicaid-eligible for the dates of service billed. Good Faith billing policy states that providers should include a photocopy of the ID card as documentation that they verified a recipient's eligibility.

Good Faith billing policy with Forward ID cards requires providers to submit *one* of the following along with a legible copy of the claim and a legible copy of the Remittance and Status Report page showing one of the eligibility related rejection codes listed:

- A photocopy of one of the following:
 - Beige presumptive eligibility ID card.
 - Green temporary ID card.
 - Paper ID card for services provided before the recipient received a Forward card.
- A photocopy of the response received through eligibility verification services provided from a commercial eligibility verification vendor.
- The transaction log number received from AVR.

- A screen print of the response received through Dial-Up.

For more information, refer to Part A, the all-provider handbook. Submit Good Faith Claims to the following address:

Good Faith Claims
6406 Bridge Road
Madison, WI 53784-6215

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.

- *Medicaid Updates* through September 1999.
- Part F, Inpatient/Outpatient Hospital Services Handbook.

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

Clarification for Birth to 3 and natural environments

The "Birth to 3 and natural environments" feature in the August 1999 *Medicaid Update* (POH 1670) stated that providers are required to provide a copy of the child's current Individualized Family Service Plan (IFSP) when submitting prior authorization (PA) requests for children from birth to age three.

Only the following providers are required to submit an Individualized Family Service Plan (IFSP) with PA requests for children from birth to age three:

- Occupational therapists.
- Physical therapists.
- Speech language pathologists.

Wisconsin Medicaid regrets any confusion this may have caused. ✦

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.

Medicaid managed care HMOs/programs list

When providers access Medicaid's Eligibility Verification System (EVS) or pharmacy Point of Sale (POS), a managed care code is identified if the recipient is in a Medicaid HMO or special managed care program. The following lists will help you identify each HMO/managed care program's code, name, and telephone number. If you are not part of their provider network, contact the respective HMO/managed care program prior to providing services to an enrollee.

Managed Care HMO Name HMOs serve over 185,000 low-income children and families.	Telephone Number	Managed Care Code
Atrium Health Plan*	(888) 203-7771 (715) 552-4310	04
Compcare Health Service*	See counties listed below	07
Ashland, Bayfield, Douglas, Iron, Sawyer, Washburn	(800) 256-8668	
Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha	(800) 921-1919 (414) 226-5153	
Brown, Manitowoc, Sheboygan	(800) 521-4590	
Walworth	(800) 368-5131	
Clark, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Taylor, Vilas, Wood	(800) 339-2324	
Coordinated Care Health Plan of Wisconsin (formerly Maxicare)	(800) 547-1647 (414) 345-4646	10
Dean Health Plan*	(800) 279-1301 (608) 828-1301	03
Family Health Plan	(800) 822-0464 (414) 302-2300	08
Greater La Crosse Health Plan	(800) 545-8499 (608) 791-7850	05
Group Health Cooperative of Eau Claire*	(888) 203-7770 (715) 552-4300	17
Group Health Cooperative of South Central Wisconsin	(608) 251-3356	02
Humana Wisconsin Health Organization*	(800) 289-0906 (414) 223-3128	09
Managed Health Services	(800) 547-1647 (414) 345-4646	22
MercyCare Insurance Co.	(800) 895-2421	11
Network Health Plan	(800) 547-1647 (414) 345-4646	12

Managed Care HMO Name HMOs serve over 185,000 low-income children and families.	Telephone Number	Managed Care Code
Physicians Plus Insurance	(800) 236-7742	16
PrimeCare Health Plan*	(800) 504-9660 (414) 443-4375	13
Security Health Plan*	(800) 791-3044	01
Touchpoint Health Plan* (formerly United Health of Wisconsin)	(800) 757-1950 (920) 831-1950	15
Unity Health Plans*	(800) 362-3310 (608) 643-2491	21
Valley Health Plan*	(800) 472-5411 (715) 836-1254	34

* HMO covers Medicaid and BadgerCare recipients. Other HMOs only cover Medicaid recipients.

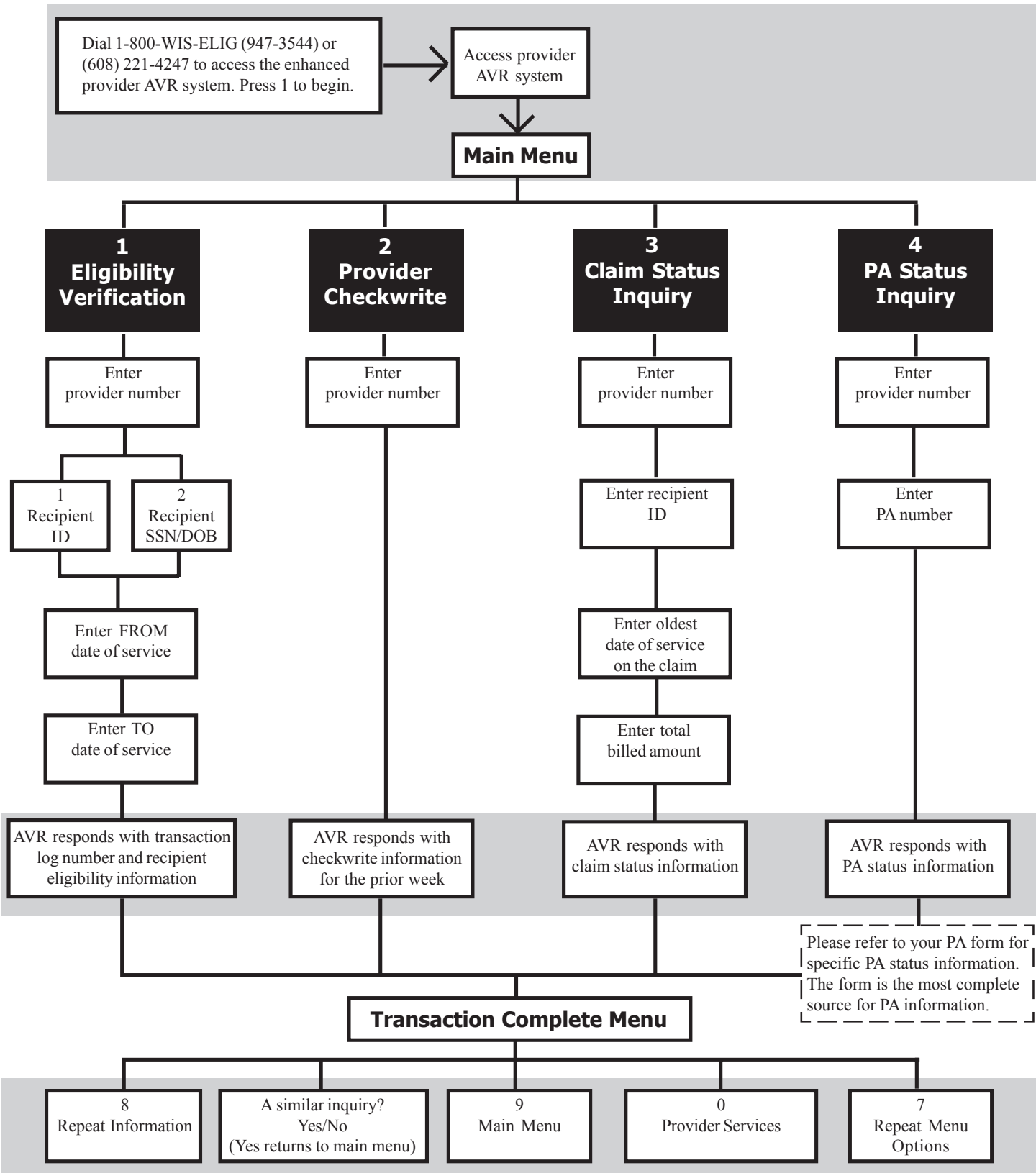
HMO coverage codes

Certain HMOs cover dental and chiropractic services. To find out whether an HMO covers these services, one of the following codes will be indicated through the Eligibility Verification System (EVS) and pharmacy Point of Sale (POS):

- 186 Dental and Chiropractic services covered
- 187 Chiropractic services covered
- 188 Dental services covered
- 189 Neither Chiropractic nor Dental services are covered

Special Managed Care Program Name Special managed care programs serve over 4,800 individuals who are elderly and/or who have disabilities.	Telephone Number	Managed Care Code
Children Come First	(608) 245-2550 ext. 317	64
Community Care Organization	(414) 385-6600	65
Community Health Partnership	(715) 838-2900	67
Community Living Alliance	(608) 243-3900	63
Elder Care Options	(608) 240-0020	69
Independent Care	(800) 777-4376	66
Wraparound Milwaukee	(414) 257-7611	62

Automated Voice Response (AVR) Quick Reference Guide





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

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