All Provider

Informational Resources

ARCHIVAL USE ONLY
Refer to the Online Handbook for current policy

wisconsin Medicaid and BadgerCare
Information for Providers
Department of Health and Family Services

Contacting Wisconsin Medicaid

Web Site	***dhfs.wisconsin.gov/***
The Web site contains information for providers and recipients about the following: • Program requirements. • Publications. • Forms. • Maximum allowable fee schedules. • Professional relations representatives. • Certification packets.	Available 24 hours a day, seven days a week
Automated Voice Response System	**(800) 947-3544** **(608) 221-4247**
The Automated Voice Response system provides computerized voice responses about the following: • Recipient eligibility. • Prior authorization (PA) status. • Claim status. • Checkwrite information.	Available 24 hours a day, seven days a week
Provider Services	**(800) 947-9627** **(608) 221-9883**
Correspondents assist providers with questions about the following: • Clarification of program requirements. • Recipient eligibility. • Resolving claim denials. • Provider certification.	Available: 8:30 a.m. - 4:30 p.m. (M, W-F) 9:30 a.m. - 4:30 p.m. (T) Available for pharmacy services: 8:30 a.m. - 6:00 p.m. (M, W-F) 9:30 a.m. - 6:00 p.m. (T)
Division of Health Care Financing **Electronic Data Interchange Helpdesk**	**(608) 221-9036** **e-mail: *wiedi@dhfs.state.wi.us***
Correspondents assist providers with *technical* questions about the following: • Electronic transactions. • Companion documents. • Provider Electronic Solutions software.	Available 8:30 a.m. - 4:30 p.m. (M-F)
Web Prior Authorization Technical Helpdesk	**(608) 221-9730**
Correspondents assist providers with Web PA-related *technical* questions about the following: • User registration. • Passwords. • Submission process.	Available 8:30 a.m. - 4:30 p.m. (M-F)
Recipient Services	**(800) 362-3002** **(608) 221-5720**
Correspondents assist recipients, or persons calling on behalf of recipients, with questions about the following: • Recipient eligibility. • General Medicaid information. • Finding Medicaid-certified providers. • Resolving recipient concerns.	Available 7:30 a.m. - 5:00 p.m. (M-F)

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Handbook Organization

The following tables show the organization of this All-Provider Handbook and list some of the topics included in each section. It is essential that providers refer to service-specific publications for information about service-specific program requirements.

Certification and Ongoing Responsibilities
• Certification and recertification. • Change of address or status. • Documentation requirements. • Noncertified providers. • Ongoing responsibilities. • Provider rights. • Provider sanctions. • Recipient discrimination prohibited. • Release of billing information.

Claims Information
• Follow-up procedures. • Good Faith claims. • Preparing and submitting claims. • Reimbursement information. • Remittance information. • Submission deadline. • Timely filing appeals requests.

Coordination of Benefits
• Commercial health insurance. • Crossover claims. • Medicare. • Other Coverage Discrepancy Report, HCF 1159. • Primary and secondary payers. • Provider-based billing.

Covered and Noncovered Services
• Collecting payment from recipients. • Covered services. • Emergency services. • HealthCheck "Other Services." • Medical necessity. • Noncovered services.

ARCHIVAL USE ONLY
Refer to the Online Handbook

Informational Resources
• Electronic transactions. • Eligibility Verification System. • Maximum allowable fee schedules. • Forms. • Medicaid Web site. • Professional relations representatives. • Provider Services. • Publications.

Managed Care
• Covered and noncovered HMO and SSI MCO services. • Enrollee HMO and SSI MCO eligibility. • Enrollment process. • Extraordinary claims. • HMO and SSI MCO claims submission. • Network and non-network provider information. • Provider appeals.

Prior Authorization
• Amending prior authorization (PA) requests. • Appealing PA decisions. • Grant and expiration dates. • Prior authorization for emergency services. • Recipient loss of eligibility during treatment. • Renewal requests. • Review process. • Submitting PA requests.

Recipient Eligibility
• Copayment requirements. • Eligibility categories. • Eligibility responsibilities. • Eligibility verification. • Identification cards. • Limited benefit categories. • Misuse and abuse of benefits. • Retroactive eligibility.

Table of Contents

Preface 3

Obtaining Information 5

- Medicaid Web Site 5
  - Home Page 5
  - Provider Information 5
    - Information Listed by Provider Type 5
    - Archived Publications 6
    - Provider Publications and Forms 6
    - References/Tools 6
    - Related Programs and Services 6
  - Other Sections of the Medicaid Web Site 6
    - EDI 6
    - Managed Care 6
    - Recipients 6
    - Resources 7
  - Conducting Searches 7
- Publications and Forms 7
  - Handbooks 7
    - Obtaining Handbooks from the Medicaid Web Site 7
    - Ordering CDs or Paper Versions of Handbooks 7
  - Wisconsin Medicaid and BadgerCare Updates and Update Summaries 8
  - Forms 8
    - Obtaining Forms from the Medicaid Web Site 8
    - Requesting Forms by Telephone or Mail 9
  - Certification Packets 9
- Automated Voice Response 9
- Provider Services 10
  - Ways Provider Services Can Help 10
  - Information to Have Ready 10
  - Written Inquiries 10
- Professional Relations Representatives 10
- Remittance and Status Report Messages 11
- Eligibility Verification System 11
- Fee Schedules 11
- Certifying Agencies 12
- Recipient Services 12
- Provider Suggestion Form 12

Nationally Recognized Electronic Transactions 13

- Trading Partners 13
- Electronic Data Interchange 13
- Data Exchange Methods 13
- Provider Electronic Solutions Software 14

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Trading Partner Agreement and Trading Partner Profile 14
Companion Documents 14
Electronic Data Interchange Helpdesk 15

Appendix 17

1. Medicaid Web Site Organization 19
2. Tips for Searching the Medicaid Web Site 21
3. Automated Voice Response Quick Reference Guide 23
4. Automated Voice Response System Information Optional Worksheet 25
5. Written Correspondence Inquiry Form 29
6. Medicaid Professional Relations Representatives 33
7. Provider Suggestion Form 35

Index 37

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Preface

This All-Provider Handbook is issued to all Medicaid-certified providers. The information in this handbook applies to Medicaid and BadgerCare.

Medicaid is a joint federal and state program established in 1965 under Title XIX of the federal Social Security Act. Wisconsin Medicaid is also known as the Medical Assistance Program, WMAP, MA, Title XIX, and T19.

BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI. The goal of BadgerCare is to fill the gap between Medicaid and private insurance without supplanting or crowding out private insurance. BadgerCare recipients receive the same benefits as Medicaid recipients, and their health care is administered through the same delivery system.

Wisconsin Medicaid and BadgerCare are administered by the Department of Health and Family Services (DHFS). Within the DHFS, the Division of Health Care Financing is directly responsible for managing Wisconsin Medicaid and BadgerCare.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Unless otherwise specified, all information contained in this and other Medicaid publications pertains to services provided to recipients who receive care on a fee-for-service basis. Refer to the Managed Care section of this handbook for information about state-contracted managed care organizations.

Wisconsin Medicaid and BadgerCare Web Sites

Publications (including provider handbooks and *Wisconsin Medicaid and BadgerCare Updates*), maximum allowable fee schedules, telephone numbers, addresses, and more information are available on the following Web sites:

- *dhfs.wisconsin.gov/medicaid/*.
- *dhfs.wisconsin.gov/badgercare/*.

Publications

Medicaid publications apply to both Wisconsin Medicaid and BadgerCare. Publications interpret and implement the laws and regulations that provide the framework for Wisconsin Medicaid and BadgerCare. Medicaid publications provide necessary information about program requirements.

Legal Framework

The following laws and regulations provide the legal framework for Wisconsin Medicaid and BadgerCare:

- Federal Law and Regulation:
  - ✓ Law — United States Social Security Act; Title XIX (42 US Code ss. 1396 and following) and Title XXI.
  - ✓ Regulation — Title 42 CFR Parts 430-498 and Parts 1000-1008 (Public Health).
- Wisconsin Law and Regulation:
  - ✓ Law — Wisconsin Statutes: 49.43-49.499 and 49.665.
  - ✓ Regulation — Wisconsin Administrative Code, Chapters HFS 101-109.

Laws and regulations may be amended or added at any time. Program requirements may not be construed to supersede the provisions of these laws and regulations.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Obtaining Information

Information located in the Provider section of the Medicaid Web site includes information listed by provider type, provider publications and forms, references/ tools, and related programs and services.

Wisconsin Medicaid offers many informational resources for providers, recipients, and others interested in Medicaid. These informational resources include:

- The Medicaid Web site.
- Provider publications, including handbooks and *Wisconsin Medicaid and BadgerCare Updates*.
- The Automated Voice Response (AVR) system.
- Provider Services.
- Professional Relations representatives.
- Remittance and Status (R/S) Report banner page messages.
- Eligibility Verification System.
- Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Helpdesk.

Ways to access these informational resources are included in this handbook section. Information obtained through these sources may not be construed to supersede the provisions of the federal and state laws and regulations that provide the framework for Wisconsin Medicaid.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Medicaid Web Site

Providers may access the most up-to-date information from the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/* such as:

- Claims submission instructions.
- Fee schedules.
- Forms, including prior authorization (PA) attachments and instructions.
- Training announcements.
- Publications, such as *Updates* and handbooks.
- Remittance and Status Report banner page messages.
- Web PA.
- Certification packets.

Refer to Appendix 1 of this section for an organizational overview of the Medicaid Web site.

Home Page

The Medicaid home page contains important news and links to the latest information. Links to the five major sections of the Web site (providers, recipients, managed care, EDI, and resources) are available.

In addition, a link to the "What's New" page is available. This page lists the latest information for providers, such as the most current publications, fee schedules, and other new information.

Provider Information

Information located in the Provider section of the Medicaid Web site includes information listed by provider type, provider publications and forms, references/tools, and related programs and services.

Providers may view *Updates* listed by date or by provider type.

Information Listed by Provider Type

Providers can choose to view publications that apply to all providers or publications specific to their service area on the Provider page.

The All-Provider page contains important information that is applicable to all providers, such as changes to eligibility verification procedures and training announcements.

In addition to all-provider publications, providers may select a service-specific area and go to the page that contains information for their provider type. Most Medicaid publications for service-specific providers are listed on that provider type page.

Archived Publications

Many previously issued all-provider and service-specific *Updates* and some Medical Assistance Provider Bulletins (MAPBs) are available on the Medicaid Web site as archived (retired) *Updates*. These *Updates* and MAPBs include information on previous Medicaid policies and serve as historical references. The information in these publications may be valid even though more recent publications have been published.

Selected MAPBs from 1985 to 1993, selected *Updates* from 1994 to 1999, and all *Updates* from 2000 to the present are available.

Provider Publications and Forms

Provider publications and forms are available on the Medicaid Web site. Providers are encouraged to use publications as a reference as they may help to avoid PA request and claim denials. Refer to "Publications and Forms" in this chapter for more information.

References/Tools

The references/tools on the Web site include, but are not limited to, the following:

- *Caseload statistics.* Medicaid caseload statistics provide information about the number of individual Medicaid recipients who are eligible to receive services from Medicaid-certified providers.
- *Fee schedules.* The Medicaid fee schedules page lists the service-specific maximum allowable fee schedules. Refer to the "Fee Schedules" subsection for more information.
- *Remittance and Status Report banner page messages.* The R/S Report banner page messages include important time-sensitive information that may apply to all providers or to specific provider groups. Refer to "Remittance and Status (R/S) Report Messages" in this chapter for more information.
- *Training.* Upcoming training events are posted on the Training page. Locations, dates, and times, as well as how to register for upcoming events are posted. Online registration may be available for certain training events.
- *Wisconsin Administrative Code.* Providers may access the Wisconsin Legislature's Web site through this link.

Related Programs and Services

The Medicaid Web site provides links to related programs and services (e.g., BadgerCare, SeniorCare, Web PA).

Other Sections of the Medicaid Web Site

Other sections of the Medicaid Web site include EDI, managed care, recipients, and resources.

EDI

Both Wisconsin Medicaid companion documents for nationally recognized electronic transactions and Provider Electronic Solutions (PES) software information are available in the EDI section. Refer to the Nationally Recognized Electronic Transactions chapter of this section for more information about PES software.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Managed Care

The Managed Care section of the Medicaid Web site contains HMO enrollment information for recipients, monthly HMO enrollment reports, HMO participation map, managed care contracts, HMO rates, and quality reports.

Recipients

Applications for Wisconsin Medicaid, brochures, fact sheets, and recipient contacts are available in the Recipient section of the Medicaid Web site. In addition, the Eligibility and Benefits Booklet, PHC 10025, that includes basic Medicaid information for recipients is available. Some materials have been translated into Hmong, Russian, and Spanish.

Recipients may view Medicaid publications, manuals, and policy issuances that affect the public, including regulations governing eligibility,

The Medicaid Web site provides links to related programs and services (e.g., BadgerCare, SeniorCare, Managed Care, Web PA).

amount of assistance, recipient rights and responsibilities, and covered services. Providers should refer recipients to the Medicaid Web site or have recipients call Recipient Services at (800) 362-3002 or (608) 221-5720 to obtain access to these Medicaid publications.

Providers are responsible for following Medicaid policies and procedures prior to providing services or submitting claims as specified in all-provider and service-specific Medicaid publications.

Resources

Caseload statistics, Wisconsin Administrative Code, and related Web site links are available in the Resources section of the Medicaid Web site.

Conducting Searches

Providers who visit the Medicaid Web site can search for materials or information in several ways. The main search page has a search engine that allows users to search the entire Medicaid Web site. In addition to searching the entire Web site, several text search engines have been added to allow users the ability to search all handbooks at one time, service-specific handbooks individually, or all *Updates* at one time. Refer to Appendix 2 of this section for tips on searching the Medicaid Web site.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Publications and Forms

Wisconsin Medicaid publishes materials to inform providers and their billing staff of Medicaid policy changes and changes to claims submission and PA request submissions. Providers are encouraged to use these publications as a reference as they may help to avoid PA request and claim denials.

Provider publications and forms available on the Medicaid Web site include, but are not limited to, the following:

- Handbooks.
- *Updates*.
- Certification packets.
- Forms.

Handbooks

Medicaid provider handbooks contain important information needed to participate effectively in the program. The All-Provider Handbook contains general information useful for all providers.

Service-specific handbooks contain information specific to each service area, including:

- Certification requirements.
- Claims submission instructions.
- Covered services.
- Documentation information.
- Prior authorization request submission instructions, when applicable.

Wisconsin Medicaid encourages providers to maintain and refer to their service-specific handbooks in conjunction with the All-Provider Handbook and the most current service-specific *Updates*. Providers are responsible for following Medicaid policies and procedures prior to providing services or submitting claims as specified in all-provider and service-specific Medicaid publications.

Obtaining Handbooks from the Medicaid Web Site

Most handbooks are available on the Medicaid Web site and some are available on CD. All handbooks are available on paper. Users can navigate through the Web and CD versions of a handbook with the menus on the screen. Each menu lists the chapters within a handbook or handbook section.

Portable Document Format (PDF) versions of handbooks are also available on CD and the Medicaid Web site. Users may view the PDF version on the screen and print a copy that looks exactly like the original document.

All formats of Medicaid handbooks contain identical content, whether published on paper, CD, or on the Medicaid Web site.

Ordering CDs or Paper Versions of Handbooks

Providers can order a CD or paper version of a handbook by completing the Provider Handbook Order Form, HCF 1179, and

sending it with payment to the address indicated on the form. The Provider Handbook Order Form can be downloaded and printed from the Medicaid Web site. Providers without Internet access may call Provider Services at (800) 947-9627 or (608) 221-9883 to request a copy of the form.

Wisconsin Medicaid and BadgerCare Updates and Update Summaries

Updates are the first source of provider information. *Updates* announce the latest information on policy and coverage changes, PA submission requirements, claims submission requirements, and training announcements.

All providers receive the *Wisconsin Medicaid and BadgerCare Update Summary* on a monthly basis. The *Update Summary* contains an overview of *Updates* published that month.

Since *Updates* contain new and revised information, providers should obtain copies of the full text *Updates* that pertain to the services they provide and keep them for reference until a handbook containing the information is issued.

Providers may obtain copies of *Updates* listed in the *Update Summary* from the Medicaid Web site. A Web address that directly links providers to a list of each month's *Updates* is listed in the *Update Summary*. Providers may then print specific articles to keep on paper as well as navigate to other Medicaid information available on the Web site.

Providers without Internet access may call Provider Services to request a paper copy of an *Update*. To expedite the call, correspondents will ask providers for the *Update* number. Providers should allow seven to 10 business days for delivery.

To ensure that the *Update Summary* reaches all affected staff, Wisconsin Medicaid strongly encourages providers to distribute the *Update Summary* in a timely manner to appropriate staff. This may include:

- Billing staff.
- Department heads.
- Medical professionals.

Forms

Wisconsin Medicaid requires providers to use a variety of forms for PA, claims processing, and documenting special circumstances.

Obtaining Forms from the Medicaid Web Site

Most forms may be obtained from the Forms page of the Medicaid Web site.

Forms on the Medicaid Web site are available as fillable PDFs and can be viewed with Adobe Reader® computer software. Providers may also complete and print fillable PDFs using Adobe Reader®.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

To complete a fillable PDF, follow these steps:

- Select a specific form.
- Save the form to the computer.
- Click on the dash-outlined boxes with the cursor to enter information in each field. Use the "Tab" key to move from field to field.

Note: The Medicaid Web site provides instructions on how to obtain Adobe Reader® at no charge from the Adobe® Web site. Adobe Reader® only allows providers to view and print completed PDFs. It does not allow users to save completed fillable PDFs to their computer; however, if Adobe Acrobat® is purchased, providers may save completed PDFs to their computer. Refer to the Adobe® Web site, *www.adobe.com/*, for more information about fillable PDFs.

Selected Medicaid forms are also available in fillable Microsoft® Word format on the Medicaid Web site. The fillable Microsoft®

Updates announce the latest information on policy and coverage changes, PA submission requirements, claims submission requirements, and training announcements.

Word format allows providers to complete and print the form using Microsoft® Word. To complete a fillable Microsoft® Word form, follow these steps:

- Select a specific form.
- Save the form to the computer.
- Click on the dash-outlined boxes.

Note: Providers may save fillable Microsoft® Word documents to their computer by choosing "Save As" from the "File" menu, creating a file name, and selecting "Save" on their desktop.

Providers may obtain certain information from the AVR system by calling (800) 947-3544 or (608) 221-4247.

Requesting Forms by Telephone or Mail

Providers who do not have Internet access or who need forms not available on the Medicaid Web site, may obtain them by:

- Requesting a paper copy of the form by calling Provider Services. Questions about forms may also be directed to Provider Services.
- Submitting a written request and mailing it to Wisconsin Medicaid. Include a return address, the name of the form, and the HCF number of the form, and send the request to:

  Wisconsin Medicaid
  Form Reorder
  6406 Bridge Rd
  Madison WI 53784-0003

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Certification Packets

Providers who want to become Medicaid certified may obtain service-specific provider certification packets by downloading and printing them from the Medicaid Web site or by contacting Provider Services. Refer to the Certification and Ongoing Responsibilities section of this handbook for more information on certification packets.

Automated Voice Response

Providers may obtain certain information from the AVR system by calling (800) 947-3544 or (608) 221-4247. The AVR system is a computerized service that allows providers with touch-tone telephones direct access to the following information:

- Recipient eligibility information for the current benefit month and previous 365 days.
- Claim status.
- Prior authorization status.
- Provider checkwrite information.

Providers are able to make up to **eight inquiries** per call.

Providers should wait at least 15 business days from the date of submission to verify PA request and claim status information.

The AVR system features:

- Easy-to-follow prompts.
- Toll-free telephone lines.
- Option to press "0" to transfer to Provider Services.

The AVR Quick Reference Guide is included in Appendix 3 of this section. The Automated Voice Response System Information Optional Worksheet, HCF 1015, is located in Appendix 4 of this section for photocopying and may be downloaded and printed from the Medicaid Web site. Refer to the Recipient Eligibility section of this handbook for more information on verifying eligibility with the AVR.

The AVR system is available 24 hours a day, seven days a week. If for some reason the system is unavailable, providers should call Provider Services at (800) 947-9627 or (608) 221-9883 during business hours.

Provider Services

Provider Services is available to answer eligibility, policy, and billing questions. Providers may call Provider Services at (800) 947-9627 or (608) 221-9883. Recipients should call Recipient Services at (800) 362-3002 or (608) 221-5720 for information. Recipients should *not* be referred to Provider Services.

Provider Services is available:

- 8:30 a.m. to 4:30 p.m. on Mondays, Wednesdays, Thursdays, and Fridays (until 6:00 p.m. for pharmacies).
- 9:30 a.m. to 4:30 p.m. on Tuesdays (until 6:00 p.m. for pharmacies).

Ways Provider Services Can Help

Providers who cannot find answers on the Medicaid Web site or in publications may call Provider Services for assistance with the following:

- Claims submission and status.
- Reasons for claim denials.
- Policy clarification.
- Completing forms.
- Prior authorization request status and giving messages to PA consultants.
- Provider certification issues (e.g., recertification).
- Coordination of benefits (e.g., verifying a recipient's other health insurance coverage).
- Verifying Medicaid-covered services.
- Remittance and Status Reports.
- Assisting providers face-to-face (an appointment is recommended).

Information to Have Ready

To save time, providers should have all pertinent information related to the inquiry on hand when contacting Provider Services, including:

- Provider name and eight-digit Medicaid provider number.
- Recipient name(s) and 10-digit Medicaid identification number(s).
- Claim number.
- Prior authorization request number.
- Dates of service.
- Amount billed.
- Remittance and Status Report date.
- Procedure code of the service in question.
- Reference to any provider handbooks or *Updates* that address the situation.

Written Inquiries

Providers may contact the Written Correspondence Unit with claims and PA inquiries requiring extensive documentation or research that cannot be resolved over the telephone. Providers should submit written inquiries by using the Written Correspondence Inquiry form, HCF 1170. The Written Correspondence Inquiry form is located in Appendix 5 of this section for photocopying and may be downloaded and printed from the Medicaid Web site.

Before submitting a Written Correspondence Inquiry, providers are encouraged to use the other resources described in this section, such as Medicaid publications, to answer questions.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy.

Professional Relations Representatives

Professional Relations representatives, also known as field representatives, answer complex billing and claims processing questions. Professional Relations representatives also assist in provider education.

Providers should call the Professional Relations representative in their area if:

- They are newly certified by Wisconsin Medicaid or if they have a newly employed billing staff member.
- Previous attempts to resolve claims processing problems through normal channels (e.g., telephone or written correspondence) have been unsuccessful. Providers are reminded that all claims and adjustments need to be submitted within

Before submitting a Written Correspondence Inquiry, providers are encouraged to use the other resources described in this section, such as Medicaid publications, to answer questions.

365 days from the claims submission deadline.
- A professional association would like a representative to participate in an upcoming meeting.
- They are referred by a Provider Services telephone correspondent.
- They need assistance with a complex issue requiring extensive explanation.

Since the representatives are typically meeting with providers or conducting workshops, providers should leave a complete message on his or her voice mail. This enables the representative to conduct preliminary research before returning the provider's call. Do not send written inquiries to the Professional Relations representatives.

Refer to Appendix 6 of this section for the name and telephone number of the representative in each area. Recipients should *not* call the representatives. Providers may refer recipients to Recipient Services.

Maximum allowable fee schedules list all procedure codes reimbursable by Wisconsin Medicaid for a provider type and Medicaid's maximum allowable fee for each procedure code.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Remittance and Status Report Messages

Wisconsin Medicaid sends a paper R/S Report once a week to all providers who had at least one claim or adjustment request finalized that week. Each R/S Report includes a banner page that provides important, time-sensitive information that may apply to all providers or to specific provider groups. This page may include information about Medicaid-initiated adjustments, submission deadlines, and upcoming provider training sessions.

Providers may view messages from the R/S Report banner page by accessing the Medicaid Web site or by referring to the banner page of the paper R/S Report. Providers can view the messages on the Web site by:

- Choosing "Providers" from the options listed in the Wisconsin Medicaid main menu.
- Choosing "Remittance and Status (R/S) Messages" from the "References/Tools" subsection.

Only messages from the most recently published R/S Report are maintained on the Medicaid Web site.

Eligibility Verification System

Medicaid providers should *always* verify a recipient's eligibility *before* providing services, both to determine eligibility for the current date (since a recipient's eligibility status may change) and to discover any limitations to the recipient's coverage. Providers have several options to obtain eligibility information through Medicaid's EVS, including:

- The 270/271 Health Care Eligibility Benefit Inquiry/Response transactions.
- The AVR System.
- Commercial eligibility verification vendors (accessed through software, magnetic stripe card readers, and the Internet).
- Provider Services.

Refer to the Recipient Eligibility section of this handbook for more information on accessing the EVS.

Fee Schedules

Maximum allowable fee schedules list all procedure codes reimbursable by Wisconsin Medicaid for a provider type and Medicaid's maximum allowable fee for each procedure code.

Fee schedules are updated periodically; providers should verify that they have the most current version. Most fee schedules are available on the Medicaid Web site in PDF or TXT files and may be downloaded at no charge.

A provider may request a paper copy of a fee schedule for a charge by calling Provider Services or by sending a written request using the Maximum Allowable Fee Schedule Order Form, HCF 1005. The Maximum Allowable Fee Schedule Order Form may be downloaded and printed from the Medicaid Web site.

Providers may call Provider Services in the following cases:

- Internet access is not available.
- There is uncertainty as to which fee schedule should be used.
- The appropriate fee schedule cannot be found on the Medicaid Web site.
- To determine coverage or maximum allowable fee of procedure codes not appearing on a fee schedule.

Providers of durable medical equipment (DME) and disposable medical supplies (DMS) have an interactive index which also serves as the fee schedule. Providers can search the DMS Index either by procedure code or by category. Searches on the DME Index may be done by category, subcategory, procedure code, or provider type.

Certifying Agencies

Providers can contact the appropriate certifying agency, including the county/tribal social or human services agency, Medicaid outstation site, or Social Security Administration office, to determine if a Medicaid eligibility application is pending. The most updated list of certifying agencies is available in the Recipient section of the Medicaid Web site.

Recipient Services

Providers should refer Medicaid and BadgerCare recipients with questions to Recipient Services at (800) 362-3002 or (608) 221-5720. These numbers are for recipient use only.

Provider Suggestion Form

The DHCF is interested in improving its program for providers and recipients. Providers who would like to suggest a revision of any policy or procedure stated in provider publications or who wish to suggest new policies are encouraged to submit recommendations on the Provider Suggestion form, HCF 1016. The Provider Suggestion form is located in Appendix 7 of this section for photocopying and also may be downloaded and printed from the Medicaid Web site.

Providers should refer Medicaid and BadgerCare recipients with questions to Recipient Services at (800) 362-3002 or (608) 221-5720.

ARCHIVAL USE ONLY
Refer to the Online Handbook for current policy

Nationally Recognized Electronic Transactions

Trading partners may submit claims and adjustment requests, inquire about recipient eligibility, claim status, and Medicaid payment advice by exchanging electronic transactions.

Wisconsin Medicaid exchanges nationally recognized electronic transactions with trading partners.

Trading Partners

A "trading partner" is defined as a covered entity that exchanges electronic health care transactions. The following covered entities are considered trading partners:

- Providers who exchange electronic transactions directly with the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department.
- Billing services and clearinghouses that exchange electronic transactions directly with the EDI Department on behalf of a billing provider.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Electronic Data Interchange

Trading partners may submit claims and adjustment requests, inquire about recipient eligibility, claim status, and Medicaid payment advice by exchanging electronic transactions.

Through the EDI Department, trading partners may exchange the following electronic transactions:

- 270/271 Health Care Eligibility/Benefit Inquiry and Information Response (270/271). The 270 is the electronic transaction for inquiring about a recipient's eligibility. The 271 is received in response to the inquiry.
- 276/277 Health Care Claim Status Request and Response (276/277). The 276 is the electronic transaction for checking claim status. The 277 is received in response.
- 835 Health Care Claim Payment/Advice (835). The electronic transaction for receiving remittance information.
- 837 Health Care Claim (837). The electronic transaction for submitting claims and adjustment requests.
- 997 Functional Acknowledgment (997). The electronic transaction for reporting whether a transaction is accepted or rejected.
- TA1 Interchange Acknowledgment. The electronic transaction for reporting a transaction that is rejected for interchange level errors.
- National Council for Prescription Drug Programs 5.1 Telecommunication Standard for Retail Pharmacy Claims (NCPDP 5.1). The real-time Point-of-Sale electronic transaction for submitting pharmacy claims.

Refer to the Medicaid Web site for more information about these transactions.

Data Exchange Methods

The following data exchange methods are supported by the EDI Department:

- Remote access server dial-up, using a personal computer with a modem, browser, and encryption software.
- Secure Web, using an Internet Service Provider and a personal computer with a modem, browser, and encryption software.
- Real-time, by which trading partners exchange the NCPDP 5.1 (pharmacies only), 270/271, or 276/277 transactions via an approved clearinghouse.

The EDI Department supports the exchange of the transactions for Wisconsin Medicaid, BadgerCare, SeniorCare, Wisconsin Chronic

Disease Program, and Wisconsin Well Woman Program.

Provider Electronic Solutions Software

The DHCF offers electronic billing software at no cost to providers. The Provider Electronic Solutions (PES) software allows providers to submit the 837 transactions and download the 997 and the 835 transactions. To obtain PES software, providers may request it through the EDI section of the Medicaid Web site. Providers may also obtain the software by contacting the EDI Helpdesk by telephone at (608) 221-9036 or by e-mail at *wiedi@dhfs.state.wi.us*.

Trading Partner Agreement and Trading Partner Profile

A Trading Partner Agreement (TPA) must be completed and signed for each billing provider number that will be used to exchange electronic transactions.

In addition, billing providers who do not use a third party to exchange electronic transactions, billing services, and clearinghouses are required to complete a Trading Partner Profile (TPP).

To determine whether a TPA, a TPP, or both are required, providers should refer to the following:

- Billing providers who do not use a third party to exchange electronic transactions, including providers who use the PES software, are required to complete the TPA and the TPP.
- Billing providers who use a third party (billing services and clearinghouses) to exchange electronic transactions are required to submit a TPA but not a TPP.
- Billing services and clearinghouses, including those that use PES software, that are authorized by providers to exchange electronic transactions on a provider's behalf are required to submit a TPP but not a TPA.

Providers who change billing services and clearinghouses or become a trading partner should keep their information updated by contacting the EDI Helpdesk.

To obtain the TPA or the TPP, providers should contact the EDI Helpdesk. In addition, a fillable Portable Document Format of the TPA and the TPP are available on the Medicaid Web site.

Companion Documents

Wisconsin Medicaid companion documents provide trading partners with useful technical information on Medicaid's standards for nationally recognized electronic transactions.

The information in companion documents applies to Wisconsin Medicaid, BadgerCare, and SeniorCare, even though the companion documents only refer to Wisconsin Medicaid. Companion documents are intended for information technology and systems staff who code billing systems or software.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

The companion documents complement the federal Health Insurance Portability and Accountability Act of 1996 Implementation Guides and highlight information that trading partners need to successfully exchange electronic transactions with Wisconsin Medicaid, including general topics such as:

- Methods of exchanging electronic information (e.g., exchange interfaces, transaction administration, and data preparation).
- Instructions for constructing the technical component of submitting or receiving electronic transactions (e.g., claims, remittance advice, and eligibility inquiries).

Medicaid companion documents may be found on the EDI section of the Medicaid Web site. Companion documents do *not* include program

The DHCF offers electronic billing software at no cost to providers.

Trading partners are encouraged to periodically check for the revised companion documents on the Medicaid Web site.

requirements, but help those who create the electronic formats for electronic data exchange.

Companion documents cover the following specific subjects:

- Getting started (e.g., identification information, testing, and exchange preparation).
- Transaction administration (e.g., tracking claims submissions, contacting the EDI Helpdesk).
- Transaction formats.

Companion documents may be updated as a result of changes to federal requirements. When this occurs, Wisconsin Medicaid will:

- Post the revised companion document on the Medicaid Web site.
- Post a message on the banner page of the Remittance and Status Report.
- Send an e-mail to trading partners.

Trading partners are encouraged to periodically check for the revised companion documents on the Medicaid Web site. If trading partners do not follow the revisions identified in the companion document, transactions may not process successfully (e.g., claims may deny or process incorrectly).

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

A revision log located at the front of the revised companion document lists the changes that have been made. The date on the companion document will reflect the last date the companion document was revised. In addition, the version number located in the footer of the first page will be changed.

Electronic Data Interchange Helpdesk

The EDI Helpdesk assists anyone interested in becoming a trading partner with getting started and provides ongoing support pertaining to electronic transactions. Providers, billing services, and clearinghouses are encouraged to contact the EDI Helpdesk for test packets. For more information and/or technical questions, contact the EDI Helpdesk by telephone at (608) 221-9036 or by e-mail at *wiedi@dhfs.state.wi.us*. The EDI Helpdesk is available Monday through Friday from 8:30 a.m. to 4:30 p.m.

Providers with Medicaid policy questions should call Provider Services.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 1
Medicaid Web Site Organization

Examples of what can be found in each section of the Medicaid Web site at *dhfs.wisconsin.gov/medicaid/* include:

Wisconsin Medicaid Home Page

Recipients

- Applications
- Brochures/Fact sheets/ *Wisconsin Medicaid and BadgerCare Recipient Updates*
- Contacts/Help
- Federal Poverty Level information
- Forms
- Privacy notices
- Links to related programs
- Translations of publications
- Information about where to apply for benefits

Providers

- Certification packets
- Contacts
- EDI
- Fee schedules
- Forms
- Handbooks
- Service-specific information
- Remittance and Status (R/S) Report messages
- Training session information
- Provider *Updates* and *Update Summaries*
- Web prior authorization (PA) information and application
- Links to related programs and services

Managed Care

- Advisory committees information
- Allied services information
- Contacts
- Information for Providers
- Information for Recipients
- Related programs and services
- Reports and data
- What's new

EDI

- Division of Health Care Financing Electronic Data Interchange overview
- Electronic Data Interchange companion documents and contact information
- Provider Electronic Solutions (PES) software and user manual

Resources

- Caseload statistics
- Wisconsin Administrative Code link
- Wisconsin State Planning Grant information
- Related Web site links

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 2
Tips for Searching the Medicaid Web Site

There are several methods to search the Medicaid Web site.

Quotation Marks Search

To search, put quotation marks around the keywords to have the search engine take them literally. For example, for the query "procedure codes," the search engine will literally look for the complete phrase "procedure codes." For the same phrase without quotation marks, the search engine will search all documents for the words "procedure" and "codes" separately.

Wild-Card Search

This search may be conducted by typing the root of a word and an asterisk (*). The following examples illustrate how to use this search:

- Type the root or beginning of a word and an asterisk to search for words that begin with the prefix of the word. For example, in the query or search form, type "key*" to find documents containing "key," "keying," "keyhole," "keyboard," and so on.
- Type the root of a word and two asterisks to search all forms of the word. For example, in the query form, type "sink**" to find documents containing "sink," "sinking," "sank," and "sunk."

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Advanced Methods and Tips

The keywords AND, OR, and NOT may also be used separately to narrow the search. The following examples illustrate these keywords:

- Provider AND services — Finds documents containing both "provider" and "services."
- Provider OR services — Finds documents containing "provider" or "services."
- Provider NOT services — Finds documents containing "provider" but not "services."

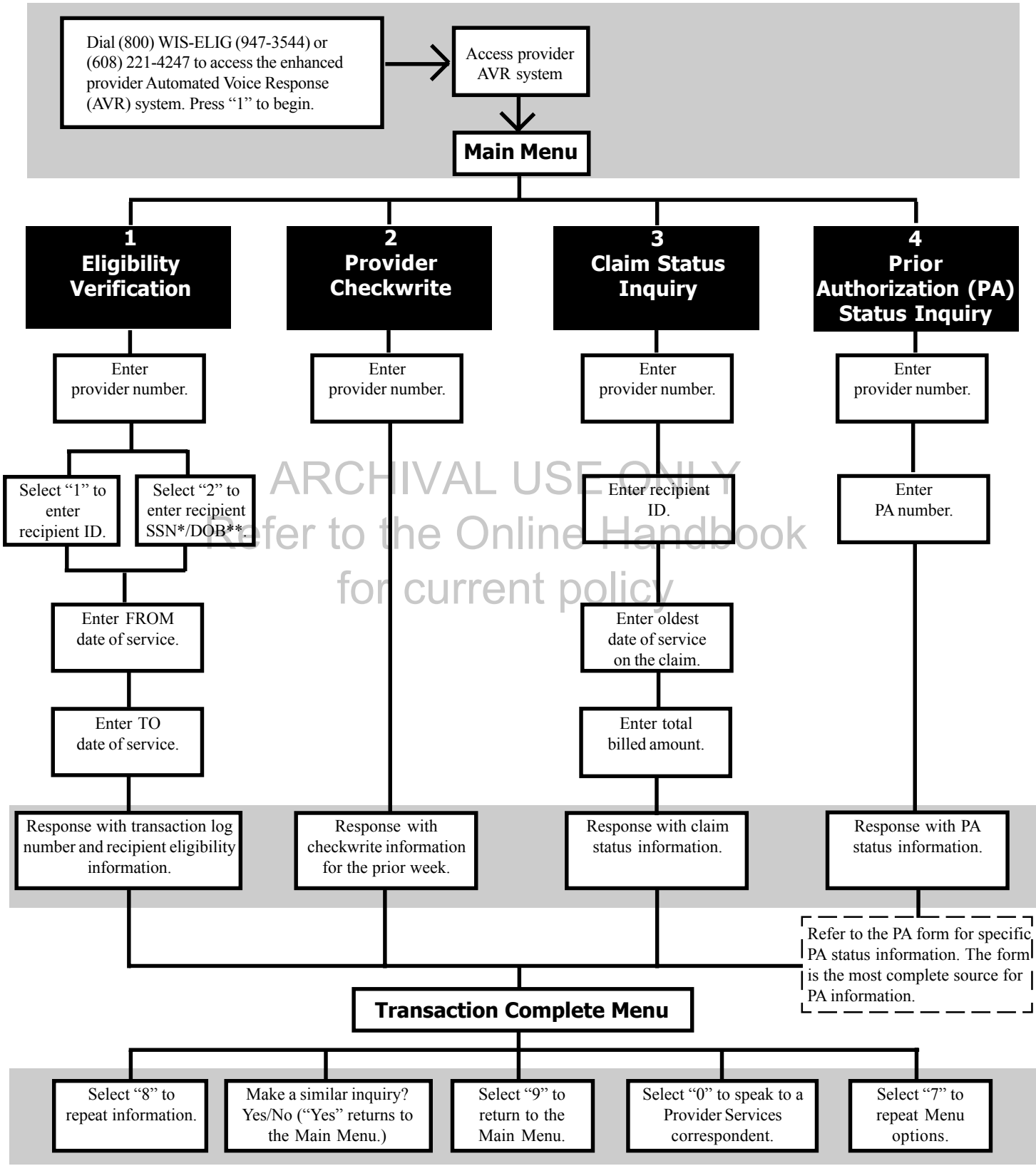
The AND and NOT keywords may also be used together to exclude certain text from the search illustrated in the following example. Typing "Surfing AND Internet NOT board" finds all instances of "surfing" and the "Internet" but not "surfing" and "board."

Search with the keyword NEAR, rather than AND, for words close to each other in proximity. For example, both of these queries — "system AND manager" and "system NEAR manager" — look for the words "system" and "manager" on the same page. But with NEAR, the returned pages are ranked in order of proximity; the closer together the words are, the higher the rank on the page.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 3

Automated Voice Response Quick Reference Guide



ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

*SSN = Social Security number
**DOB = Date of birth

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 4

Automated Voice Response System Information Optional Worksheet

ARCHIVAL USE ONLY

(A copy of the Automated Voice Response System Information Optional Worksheet is located on the following pages.)

Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY

(This page has been intentionally left blank.)

Refer to the Online Handbook
for current policy

DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 1015 (08/05)

WISCONSIN MEDICAID

AUTOMATED VOICE RESPONSE SYSTEM INFORMATION OPTIONAL WORKSHEET

INSTRUCTIONS: Call **(800) 947-3544** or (608) 221-4247. **Main Menu**: Press (1) for recipient eligibility and verification information, (2) for provider checkwrite information, (3) for claim status inquiry, and (4) for prior authorization status inquiry.

SECTION I — RECIPIENT ELIGIBILITY VERIFICATION INFORMATION (Certain categories may not apply to all recipients.)

1. Wisconsin Medicaid Provider Number*	____ ____ ____ ____ ____ ____ ____ ____
2. Recipient Medicaid Identification Number*	____ ____ ____ ____ ____ ____ ____ ____ ____ ____
3. FROM Date of Service (DOS) ("#" for today's date or MMDDCCYY)*	____ ____ ____ ____ ____ ____ ____ ____
4. TO DOS ("#" for today's date or MMDDCCYY)*	____ ____ ____ ____ ____ ____ ____ ____
5. Transaction Verification Number	V ____ ____ ____ ____ ____
6. Date of Birth — Recipient	____ ____ ____ ____ ____ ____ ____ ____
7. Eligibility Dates	From ____ ____ ____ ____ ____ ____ ____ ____ To ____ ____ ____ ____ ____ ____ ____ ____
8. County Code	____ ____

9. Special Eligibility Responses

- ❑ BadgerCare.
- ❑ SeniorCare.
- ❑ Tuberculosis-Related Services-Only Benefit.
- ❑ Presumptive Eligibility for Pregnant Women.
- ❑ Emergency Services.
- ❑ Health Professional Shortage Area.
- ❑ State-Contracted Managed Care Organization.
  Coverage Indicator _____ .
  Name of Program _____ .
  Telephone Number _____ .
  Coverage — ❑ Chiropractic ❑ Dental
- ❑ Medicare coverage.
  ❑ Part A ❑ Part B ❑ Medicare Advantage
  Medicare Number _____ .
  Coverage Indicator _____ .
  Policyholder's Social Security Number (SSN) _____ .
  Relationship to Insured _____ .
- ❑ Recipient Lock-In Program.
  From (DOS) _____ To (DOS) _____ .
  Services _____ .
- ❑ Qualified Medicare Beneficiary-Only (limited coverage).

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

10. Commercial Health Insurance Coverage

From (Date) _____	From (Date) _____	From (Date) _____
To (Date) _____	To (Date) _____	To (Date) _____
❑ Medical ❑ Dental ❑ Pharmacy	❑ Medical ❑ Dental ❑ Pharmacy	❑ Medical ❑ Dental ❑ Pharmacy
Name — Carrier _____	Name — Carrier _____	Name — Carrier _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone No. _____	Telephone No. _____	Telephone No. _____
Coverage Indicator _____	Coverage Indicator _____	Coverage Indicator _____
Policyholder's SSN _____	Policyholder's SSN _____	Policyholder's SSN _____
Relationship to Insured _____	Relationship to Insured _____	Relationship to Insured _____
Policy Number _____	Policy Number _____	Policy Number _____
Group Number _____	Group Number _____	Group Number _____

*Information necessary before calling the Automated Voice Response (AVR) system.

Continued

To repeat eligibility information, press "8." To return to AVR Main Menu, press "9."
To make another eligibility inquiry, press "1." To receive assistance from a correspondent, press "0."

SECTION II — PROVIDER CHECKWRITE INFORMATION

11. Wisconsin Medicaid Provider Number*	12. Check Amount	13. Date of Check

To repeat checkwrite information, press "8." To return to AVR Main Menu, press "9."
To make another checkwrite inquiry, press "2." To receive assistance from a correspondent, press "0."

SECTION III — CLAIM STATUS INFORMATION

14. Billing Provider's Medicaid Provider Number*	15. Recipient Medicaid Identification Number*
16. Oldest DOS on Claim (MMDDCCYY)*	17. Total Billed ($125.00 = 12500)*

18. Indicate one of the following.

❑ If PAID, enter claim date and claim paid amount $_____

___ ___ ___ ___ ___ ___ ___ ___

❑ If DENIED, enter claim denied date and Remittance and Status Report date

___ ___ ___ ___ ___ ___ ___ ___

___ ___ ___ ___ ___ ___ ___ ___

❑ IN PROCESS

To repeat claim status information, press "8." To return to AVR Main Menu, press "9."
To make another claim status inquiry, press "3." To receive assistance from a correspondent, press "0."

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

SECTION IV — PRIOR AUTHORIZATION REQUEST INFORMATION

19. Wisconsin Medicaid Provider Number*	20. Prior Authorization Request Form (PA/RF) Number*
21. Name — Recipient*	

22. Indicate one of the following.

❑ APPROVED (grant date) —
or
❑ Amendment processed on (date) —
Letter mailed on (date) —

❑ APPROVED WITH MODIFICATIONS (grant date) —
Returned on (date) —
or
Amendment processed on (date) —

❑ DENIED
Returned on (date) —
or
Amendment processed on (date) —

❑ RETURNED (date) —

❑ PENDING

❑ AMENDED

*Information necessary before calling the AVR system.

To repeat prior authorization information, press "8." To return to AVR Main Menu, press "9."
To make another prior authorization inquiry, press "4." To receive assistance from a correspondent, press "0."

Appendix 5
Written Correspondence Inquiry Form

ARCHIVAL USE ONLY

(A copy of the Written Correspondence Inquiry is located on the following pages.)

Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY

(This page has been intentionally left blank.)

Refer to the Online Handbook
for current policy

DEPARTMENT OF HEALTH AND FAMILY SERVICES **STATE OF WISCONSIN**
Division of Health Care Financing
HCF 1170 (Rev. 08/05)

WISCONSIN MEDICAID
WRITTEN CORRESPONDENCE INQUIRY

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services. The use of this form is voluntary; providers may develop their own form as long as it includes all the information on this form. Attach additional pages if more space is needed.

INSTRUCTIONS
Complete only the first page of this form. The second page is for use by the Written Correspondence Unit and is returned to the provider after the inquiry is resolved. For more information on submitting written inquiries, contact Provider Services at (800) 947-9627 or (608) 221-9883. Retain a copy of this inquiry and send the original to:

Wisconsin Medicaid
Written Correspondence
6406 Bridge Rd
Madison WI 53784-0005

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

SECTION I — PROVIDER INFORMATION

Name — Provider	Wisconsin Medicaid Provider Number
Name — Contact Person	Telephone Number — Contact Person
Address — Provider	

SECTION II — CLAIM / ADJUSTMENT IN QUESTION

Name — Recipient (Last, First, Middle Initial)		Recipient Medicaid Identification Number
Claim Number	Date(s) of Service (MM/DD/CCYY)	Amount Billed $
Date — Remittance and Status (R/S) Report (MM/DD/CCYY)		Explanation of Benefits Code(s)
Other Information		

Reason for Inquiry

- ❑ Provider Services could not assist with the claim denial in question (explain below).
- ❑ Provider Services or Professional Relations representative advised writing (explain below).
- ❑ Inquiry involves extensive documentation or research (explain below).
- ❑ Other (briefly explain the situation in question below).

SIGNATURE — Provider	Date Signed

(THIS PAGE IS FOR WISCONSIN MEDICAID USE ONLY.)

SECTION III — REQUEST FOR FURTHER INFORMATION

In order to complete research on an inquiry, Wisconsin Medicaid needs the following information. Send the information checked below to Written Correspondence, along with all the materials originally sent to Written Correspondence.

- ❑ Provider name and eight-digit Medicaid provider identification number.
- ❑ Recipient name and 10-digit Medicaid identification number.
- ❑ Copy of any previous response related to the inquiry.
- ❑ Date of service.
- ❑ Amount billed.
- ❑ Other (briefly explain the situation in question below).
- ❑ Copy of the R/S Report.
- ❑ Copy of the claim in question.
- ❑ Copy of the Medicare Explanation of Medicare Benefits.
- ❑ Copy of the adjustment in question.
- ❑ Record of treatment dates.

SECTION IV — RESOLUTION OF INQUIRY

This inquiry was resolved in the following way:

- ❑ Claim / adjustment was resubmitted by Wisconsin Medicaid through normal processing channels.
- ❑ Claim / adjustment was resubmitted by Wisconsin Medicaid with special instructions for processing.
- ❑ Claim / adjustment has been forwarded for consultant review.
- ❑ Claim was denied correctly. Review _____ and call Provider Services at (800) 947-9627 or (608) 221-9883 if more information is needed.
- ❑ Claim / adjustment was paid on R/S Report dated (MMDDCCYY) _____.
- ❑ Claim / adjustment was denied on R/S Report dated (MMDDCCYY) _____.
- ❑ Claim and documentation was forwarded to Timely Filing Appeals for review.
- ❑ Resubmit the claim / adjustment through normal processing channels.
- ❑ This claim exceeds the 12-month filing deadline. Refer to the All-Provider Handbook and resubmit the claim with documentation to Timely Filing Appeals **only** if the claim meets one of the criteria indicated for submission to Timely Filing Appeals.
- ❑ Other (briefly explain the situation in question below).

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

SIGNATURE — Correspondent	Date Signed	Written Control Number

Appendix 6
Medicaid Professional Relations Representatives

Information to Have Ready

Providers or their representatives should have the following information ready when they call:

- Name or alternate contact.
- County and city where services are provided.
- Name of facility or provider whom they are representing.
- Medicaid provider identification number.
- Telephone number, including area code.
- A concise statement outlining concern.
- Days and times when available.

For questions about a specific claim, providers should also include the following information:

- Recipient's name.
- Recipient's Medicaid identification number.
- Claim number.
- Date of service.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Provider Electronic Solutions and Web Prior Authorization Support

Professional relations representatives also offer assistance with Provider Electronic Solutions (PES) software and Web Prior Authorization (PA). Refer to the following table for the appropriate representative listed by region.

Professional Relations Representatives Listed by Region

The following is a list of the Professional Relations representatives and the counties that they serve.

Region/Name	Counties		
South Central Wisconsin Jude Benish, (608) 836-9428	Columbia Dane Dodge	Green Lake Jefferson Marquette	
Northeast Wisconsin Karen Gordon, (920) 465-9425	Brown Calumet Door Florence Forest Kewaunee Langlade Lincoln	Manitowoc Marathon Marinette Menominee Oconto Oneida Outagamie	Portage Shawano Sheboygan Vilas Waupaca Waushara Winnebago
Southwest Wisconsin Cindy Drury, (608) 929-4030	Adams Crawford Fond du Lac Grant Green Iowa Juneau	Kenosha La Crosse LaFayette Monroe Ozaukee Racine Richland	Rock Sauk Vernon Walworth Washington Waukesha

Continued

Region/Name	Counties
Milwaukee County Teresa Miller or Maria Schwartz, (262) 695-1915	Milwaukee
Northwest Wisconsin Denise Kruswicki, (715) 694-2114	Ashland Barron Bayfield Buffalo Burnett Chippewa Clark Douglas Dunn Eau Claire Iron Jackson Pepin Pierce Polk Price Rusk St. Croix Sawyer Taylor Trempealeau Washburn Wood
North Central Wisconsin Joan Buntin, (715) 675-3190	Assistance with Web PA and PES software representative support for Northwest, North Central, and Northeast Wisconsin.
Southeast Wisconsin Vicky Murphy, (608) 756-1422	Assistance with Web PA and PES software representative support for Southwest, South Central, and Southeast Wisconsin, and Milwaukee County.

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

Appendix 7
Provider Suggestion Form

ARCHIVAL USE ONLY

(A copy of the Provider Suggestion form is located on the following page.)

Refer to the Online Handbook
for current policy

WISCONSIN MEDICAID
PROVIDER SUGGESTION

The Division of Health Care Financing is interested in improving its program for providers and recipients. Providers who feel any policy or procedure stated in provider publications should be revised or who wish to suggest new policies are encouraged to submit recommendations. Providers may attach additional pages if needed. Send the completed form to:

Division of Health Care Financing
Bureau of Health Care Benefits
PO Box 309
Madison WI 53701-0309

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form.

SECTION I — PROVIDER INFORMATION

Name — Provider	Wisconsin Medicaid Provider Number

Address — Provider

Suggestion

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

SECTION II — PUBLICATION INFORMATION (IF APPLICABLE)

Title, Number, and Date Published — Publication

Question / Problem

Suggestion

Index

Automated Voice Response
- general information, 9
- optional worksheet, 25
- quick reference, 23

Certifying Agencies, 12

Electronic Data Interchange, 13

Electronic Transactions
- general information, 13
- companion documents, 14
- Provider Electronic Solutions software, 14
- trading partners, 14

Eligibility Verification System, 11

Fee Schedules, 6, 11

Forms, 6, 8

Handbooks, 7

Medicaid Web Site
- conducting searches, 7, 21
- general information, 5
- organization, 5, 19

Professional Relations Representatives, 10, 33

Provider Electronic Solutions Software
- general information, 14
- representatives, 33, 34

Provider Services
- general information, 10
- written inquiries, 10, 29

Provider Suggestions
- form, 35
- general information, 12

Publications, 7

Recipient Services, 12

Remittance and Status Report Messages, 11

Trading Partners, 13, 14, 15

Web Prior Authorization representatives, 33, 34

Wisconsin Medicaid and BadgerCare Updates, 5, 8

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy

ARCHIVAL USE ONLY
Refer to the Online Handbook
for current policy