

Kenosha County Department of Human Services

Medicaid Newsletter

“A Newsletter intended for all Contracted Providers of Medicaid services for
Kenosha County Department of Human Services”

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Definitions

Medical Necessity

According to the All Provider Handbook, WI Medicaid reimburses only for services that are medically necessary as defined under HFS 101.03(96m), Wis. Admin. Code...it may deny or recoup payment if a service fails to meet Medicaid medical necessity requirements.



So “medically necessary” is defined as:

- a. Required to prevent, identify or treat a recipient’s illness, injury or disability; AND
- b. Meets the following standards:
 1. Is consistent with the recipient’s symptoms or with prevention, diagnosis, or treatment of the recipient’s illness, injury or disability
 2. Is provided consistently with standards of acceptable quality of care applicable to the type of service, type of provider and the setting in which the service is provided
 3. Is appropriate with regard to generally accepted standards of medical practice
 4. Is not medically contraindicated with regard to the recipient’s diagnoses, symptoms or other medically necessary services being provided to the recipient
 5. Is of proven medical value or usefulness, consistent with s. HFS 107.035, Wis. Admin. Code, is not experimental in nature
 6. Is not duplicative with respect to other services being provided to the recipient
 7. Is not solely for the convenience of the recipient, recipient’s family or the provider
 8. With respect to PA of a service and to other prospective coverage determinations made by DHFS, is cost effective compared to alternative medically necessary

- service that is accessible to the recipient
9. Is the most appropriate supply or level of service that can be safely and effectively provided to the recipient

CCS Recertification

Demetrius Anderson from the Division of Quality Assurance completed the Comprehensive Community Support program recertification review on April 27th. Overall, things went VERY well. There were no citations issued or monies recouped. Kenosha has once again been recertified for two years, the maximum allowable. Keep up the fantastic work!

Medicaid Orientations

There were two Crisis billing to Medicaid Orientations conducted recently for the first time. Orientations and continuing training is always beneficial because it helps to have reminders of what is billable and what is not. It also gives everyone a chance to ask questions that may not otherwise get asked. 13 people attended the Crisis Orientation in all. It is likely that there will be an increase in MA billable time due to the training. Knowledge is power!

File Reviews

File reviews were conducted June 2nd through June 13th for cases with

dates of service during 2010. All together, six agencies had files reviewed with a total of 73 files.

In general, the files were in pretty good shape. Most of the time, documentation warranted amount of time billed. There were a few points to remember:

- The following are not Medicaid billable under Targeted Case Management: leaving a message, retrieving a voicemail, traveling to a client's home and finding no one at home, no shows, and attempted contacts
- Each case note requires either initials with a signature page or a signature by each note.
- There should be a clear connection to the Plan of Care goal(s) in the notes.

***Due to the hard work put into each case and the care of detail, little monies should be recouped to Medicaid.

TCM Q&A.....

When a child "stays" with a relative during the week, but continues to see mom or dad on the weekend, can Medicaid be billed?

When a child's legal guardian is the parent and the child is staying with other family members even if there is **no legal out of home placement**, the child is still out-of-home and therefore NOT MA billable.