

# Kenosha County Department of Human Services

## Medicaid Newsletter

"A Newsletter intended for all Providers of Medicaid billable services for the Kenosha County Department of Human Services"

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### Spring 2009 File Review Results

In early March 2009, onsite visits were made to 4 different TCM providers for Kenosha County to review their Medicaid documentation. Using checklists derived from the Wisconsin Medicaid Handbooks, over 39 files and 239 individual claims were reviewed. The results were

impressive improved years. The at least two yielded no any Medicaid needed to be returned because of lack of documentation.



and much over previous file reviews of providers evidence that collected monies

Certain documentation reminders are in order for all TCM case managers:

1. **Plans of Care must be updated at a minimum every six months.** The updates should be billed as ongoing and need to **be signed and dated by the Service Facilitator.**
2. Every progress note needs to be signed, initialed or electronically signed.
3. No shows, left messages and home visits where no one is at home are **not** Medicaid billable.

### New Medicaid ID numbers

To the extent possible, the new 10 digit Medicaid ID numbers should be used when submitting Medicaid billing to

Kenosha County. If it is not available, continue to submit the old number. In both cases, be extra careful in listing the correct Date of Birth. While the county and Wisconsin Medicaid will still accept either number, this will not always be the case.



### TCM Q&A Corner

Q: "If a client has multiple children, can Targeted Case Management(TCM) time be billed for every child?"

A: The Medicaid Handbook clearly states " Wisconsin Medicaid ordinarily covers only family case manager per family. If more than one Medicaid –eligible child in a family is considered at risk, the single case manager is responsible for assessing the needs of all at-risk children...Wisconsin Medicaid covers both a family case manager and other case managers working with family members **only** if documentation shows that their activities

have been coordinated through the case planning process to avoid duplication of services.”

### Forward Health Update

Changes and improvements to the ForwardHealth system have continued to occur. Those who have access to the Enrollment function on the Medicaid Provider portal can now access enrollment information using the Medicaid ID #; first name, last name, DOB; or SS# and DOB. The enrollment information includes a member address and additional useful information that was not previously available.

Some errors in claims billing can now be corrected online, rather than completely re-billing the entire claim which speeds up the billing process.

Below is a list of three popular Forward Health 1-800 numbers and the website previously posted in the January 2009 issue. Please feel free to contact me personally on any questions you might have.

#### **ForwardHealth Reference Services/Resources:**

*ForwardHealth Provider  
Services Call Center:* **(800) 947-9627**

*WiCall Automated  
Call Services:* **(800) 947-3544**

*ForwardHealth Member  
Services:* **(800) 362-3002**

*ForwardHealth Portal:*  
[www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov)

### MA News You Can Use

The BadgerCare Plus **Benchmark** plan- which covers children and pregnant women with income above 200 percent of the Federal Poverty Level(FPL) and also certain self-employed parents such as farmers with income above 200 percent of the FPL- does not cover some services which are covered by the more common Standard Plan.

Services **not** covered by the Benchmark plan include:

- Case Management
- Crisis Intervention
- Community Support Program Services
- Outpatient mental health/substance abuse services in the home and community for adults
- Specialized medical vehicle and commercial carrier
- Private Duty Nursing and other services

Kenosha County regularly receives claim denials for Targeted Case Management, Crisis, CSP and Birth to 3 TCM services because of a client's enrollment in the Benchmark plan as opposed to the Standard plan which covers all of the above services in addition to everything else it covers.

### CCS Recertification

Mark Isaacs, of the Division of Quality Assurance, reviewed the County's CCS program on April 24<sup>th</sup>. He complimented the program saying he could see "whole vision of CCS" in the recovery focus, the involvement of consumers and the use of Evidence Based Practices. He said he would recommend the maximum 2 years recertification.

