

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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COVID-19/Kenosha Climate

This time has left us all with many questions and uneasy feelings. We know everyone is trying their best. Keep doing what you are doing. Continue to reach out with the questions that you have, and we will guide you the best we can with the information we have. Things will get better because there are more changes to come. We are versatile; we can and WILL achieve great things together!

Medicaid Medically Necessary

According to the All Provider Handbook, WI Medicaid reimburses only for services that are medically necessary as defined under DHS 101.03(96m), Wis. Admin. Code) it may deny or recoup (take back) 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 consistent 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

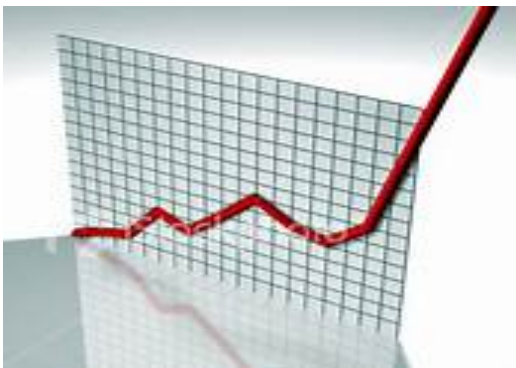


4. Is not medically contraindicated with regard to the recipient's diagnoses, symptoms or other medically necessary services being provided to the recipient
5. Is of proven medical value or usefulness, consistent with DHS 107.035, is not experimental in nature

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 prior authorization of a service and to other prospective coverage determinations made by the department, is cost effective compared to an alternative medically necessary service that is reasonably accessible to the recipient
9. Is the most appropriate supply or level of service that can be safely and effectively be provided to the recipient

Comprehensive Community Services (CCS)

CCS is a consumer driven program. This is one of the only programs that operates in this manner. All services are guided by consumer needs. All services delivered must follow the Golden Thread: assessed need→service plan goals→service delivery. All steps identified as important and chosen by the consumer!



GROWTH:

In September of 2014, there were 19 juveniles and 72 adults (total=91) enrolled in CCS. Today, there are 235 juveniles and 282 adults (total=517) enrolled in CCS. In 2020, 664 people have been served through this program! We are excited to expand even more moving forward: we continue to accept referrals from any source and are reminding current providers that referrals can go both ways! This growth also means needing more qualified providers to deliver needed services to consumers.



NEW to CCS:

Now accepting physician prescriptions from APNP's! Medicaid now accepts any provider who can normally prescribe to write the physician prescription for CCS services within their current scope of practice.

QUESTIONS?

If you have any questions regarding the information in this newsletter or have any other questions feel free to contact the Reimbursement Team.