

INFORMATION REGARDING MEDICAID FEE-FOR-SERVICE CARD SERVICES

Your child has qualified for Wisconsin Medicaid (MA) fee-for-service card services (herein called Medicaid or MA) while waiting for intensive in-home services through the Children's Long-Term Support Medicaid Waivers. This document provides important information for you to know about Wisconsin Medicaid and your responsibilities for maintaining eligibility.

What is Wisconsin Medicaid?

Medicaid is a joint federal/state program that pays health care providers to provide essential health care and long-term care services to eligible recipients. Wisconsin Medicaid is also known as the Medical Assistance Program, Title XIX, or T19.

Is This the Same as the Katie Beckett Program?

The eligibility criteria for the Children's Long-Term Support (CLTS) Waivers are parallel to the eligibility criteria for the Katie Beckett Program. This makes it possible for your child to access Medicaid coverage through the Katie Beckett Program while you wait for a CLTS Waiver slot. However, the Katie Beckett Program has no responsibility for your child; all of your communication will be with your Waiver Support and Service Coordinator or directly with Medicaid Recipient Services.

What Does Medicaid Cover?

Wisconsin Medicaid may reimburse for medically necessary covered services for your child. Examples of covered services include, *but are not limited to*, case management, dental services, hospital services, medical supplies and equipment, personal care services, physical, occupational, and speech therapy, physician services and respiratory care services for ventilator-dependent individuals.

What are "Medically Necessary" Services?

Wisconsin Medicaid defines the term "medically necessary" in Wisconsin Administrative Code HFS 101.03(96m). You are encouraged to read this definition. Wisconsin Medicaid will not reimburse for a service that is not medically necessary. Some examples of services found not medically necessary are when the skills of a professional are not needed to perform the activity with your child, another provider or caregiver is working on the same activity, no functional progress is documented as a result of intervention, the services are unproven or experimental, or the needs of the child may be met without specific medical intervention.

Do Services Need to be Pre-Approved?

Some covered services require prior authorization (PA). Prior authorization is the written authorization of a service from Wisconsin Medicaid prior to the provision of service. Your provider is responsible for obtaining PA for some services. You have the right to review the PA request before it is sent to MA, review the PA decision, and know the start and end dates of the PA. If the PA is denied you will receive information in the mail indicating how to appeal the decision.

Who Can Provide Medicaid Covered Services?

Wisconsin Medicaid will only reimburse Wisconsin Medicaid-Certified Providers. You must ask your child's provider if they are MA certified. MA may reimburse a provider who is not Medicaid-Certified only in emergency medical situations where a service is necessary to prevent the death or serious impairment of the health of a client.

What About Private Insurance?

If your child is covered by a private health insurance policy, the provider will always submit the claim to your insurance company first. Medicaid is **always** the payor of last resort.

How do we Access Medicaid-Covered Services

You will receive a plastic Medicaid "Forward" card within the next week to 10 days **unless your child was on Medicaid in the past, and you previously received a "Forward" card.** (If the original card is lost, call MA Recipient Services at 800-362-3002 to request another). You must show this card to your child's medical providers.

When you call for an appointment for your child, ask the provider the following questions:

- Do you accept Wisconsin Medicaid and are you taking new Medicaid patients?
- Is this a covered service?
- Does this service require prior authorization from Wisconsin Medicaid?

What if I Don't Receive the Forward Card?

Contact your Support and Service Coordinator for the Children's Waivers and confirm that they have the most current information regarding your mailing address. Your Support and Service Coordinator will follow up with State CLTS Waiver staff to ensure that a card is sent to you.

Parent Responsibilities

If changes occur that might affect your child's eligibility for Medicaid, you are required by law to report the changes. Changes may include financial situation, medical condition, insurance coverage, home address and telephone number, or if your child is placed out of home. Report any and all changes to your CLTS Waiver Support and Service Coordinator.

WHERE TO FIND MORE INFORMATION**Wisconsin Medicaid Recipient Handbook: www.emhandbooks.wi.gov/meh**

The Handbook has extensive information about how to access Medicaid covered services.

Wisconsin Medicaid Recipient Brochures/Fact Sheets/Updates:

<http://dhfs.wisconsin.gov/medicaid1/publications.htm>

Medicaid Recipient Services Hotline: 800-362-3002

Staff can answer your questions about covered services.

Wisconsin Administrative Code HFS 101.03(96m):

www.legis.state.wi.us/rsb/code/hfs/hfs101.pdf (Section 96m is located on page 6 and includes the definition of "medically necessary" services.)

Your Support and Service Coordinator

Your child and family worked with a Support and Service Coordinator through your county or a county-contracted waiver agency. This individual can answer questions or help you find answers to questions regarding services available for your child as you wait for a waiver slot. You must report any and all changes that could affect your child's Medicaid eligibility directly to your Support and Service Coordinator, who will forward the information to the State waiver agency.