



KATIE BECKETT PROGRAM MEDICAID

INFORMATION FOR FAMILIES WITH A CHILD RECEIVING
MEDICAID THROUGH THE KATIE BECKETT PROGRAM

WHAT IS THE KATIE BECKETT PROGRAM?

The Katie Beckett Program is a special eligibility process that allows certain children with long-term disabilities or special health care needs to obtain health care coverage under Wisconsin's Medicaid Program. **The Medicaid services a child may receive through the Katie Beckett eligibility process are the same as those services available from most other access points to Medicaid, with the exception of a Medicaid access point requiring the use of a Health Management Organization (HMO).** All the same policies, rules and regulations of the Wisconsin Medicaid Program apply.

Katie Beckett Program personnel have no authority to prior authorize services, process claims or set payment policy. They also are not the people authorized to explain what Medicaid covers or reimbursement procedures. If you have questions about Medicaid benefits, please contact Wisconsin Medicaid Member Services: **1-800-362-3002**.

TWO STEP KATIE BECKETT PROGRAM APPLICATION PROCESS

There are two steps to the Katie Beckett Program Medicaid eligibility process. After the home visit and all application materials are submitted, the application is first sent to the Disability Determination Bureau. This Bureau decides if your child meets required disability criteria. If your child meets this first standard, Katie Beckett staff then review the record for all other eligibility criteria, including your child's level of care. You will be notified in writing of a disability denial and of the denial or approval of the level of care determination.

WISCONSIN MEDICAID PROGRAM

If determined eligible, your child will receive a plastic Medicaid ID card, also called the "ForwardHealth" card. The ForwardHealth card is a permanent ID card. **If you have previously been on Medicaid and already have the plastic "ForwardHealth" card, the card you already have is the card you will use. You will not receive another card.** Call 1-608-266-3236 or 1-800-362-3002 if you lose your card.



The letter from the Katie Beckett Program confirms your child's **FIRST** date of Medicaid eligibility through Katie Beckett. Keep this letter with your records.

USE OF MEDICAID CERTIFIED PROVIDERS

Always make sure you use health care providers certified with the Wisconsin Medicaid Program. This means they have a Medicaid provider number, are authorized to bill Wisconsin Medicaid and accept Medicaid payment. There is no comprehensive list of certified Wisconsin Medicaid providers. If you use a provider who is not Medicaid certified, you are responsible for payments.

When a provider accepts Medicaid payment it is considered payment in full. Therefore, you should not receive bills for covered services.

MEDICAID AND PRIVATE HEALTH INSURANCE

If your child is covered by private health insurance, this insurance will continue to be the primary source of payment for your child's health care services.

Provide your child's Medicaid card and your private health insurance information when seeking any health care related service.

Private insurance must be billed first. Your health care provider may then bill any remaining cost to Medicaid. Medicaid will pay up to the maximum fee allowed for an approved service. This may relieve some families from needing to pay a deductible for a covered service.

If your child is not covered by private health insurance, then Medicaid may be the only source of payment for health care services.

If your child's private health insurance is through an HMO, you must use its affiliated health care providers and facilities for all services covered by the plan. Should your child have special health care needs that your private HMO is unable to provide, special arrangements may be possible so that Medicaid covers the service. Obtain a letter of denial from the HMO to share this letter with the Wisconsin Medicaid certified provider you wish to use.

You must contact your local Katie Beckett Program Consultant or the Katie Beckett Program Office at (608) 266-3236 if private health insurance is added, discontinued, or if the carrier changes.

MEDICAID COVERED SERVICES

The Wisconsin Medicaid Program requires a prescription from your physician for most services and equipment. Medicaid may cover the health care services for your child listed below. If you have any questions related to the coverage of the services below, please contact the member services line or web site noted below. Remember to always work with Medicaid certified providers who will obtain any necessary prior authorization (*see the following section on Prior Authorization*). Covered services may include:

- physician and nursing services
- inpatient and outpatient hospital care
- home health or personal care services
- prescription & some over-the-counter medications
- laboratory and x-ray services
- medical supplies and durable medical equipment
- occupational, physical, speech, and respiratory therapies
- psychological services (psychotherapy/medical day treatment)
- chiropractic services
- hearing aids and other audiological services
- vision care including eyeglasses
- some dental and orthodontic services
- feeding supplies under certain circumstances
- disposable diapers (children age 4 and older)
- transportation to obtain health care services
- hospice care
- case management
- Health Check "other services"—Please call the Health Check number (1-800-722-2295) for more specific information about how this service works.

LIMITATIONS



Medicaid **does not** cover:

- respite care or child care
- home modifications and van lifts
- computers, air conditioners, or exercise equipment
- intensive in-home therapy for children with autism
- procedures considered experimental or cosmetic
- non-medically necessary interventions such as hippo-therapy, aqua-therapy, hyperbaric oxygen therapy, or conductive education.

Your provider is required to tell you if Medicaid does not cover any of the services they offer.

If you have questions about **Wisconsin Medicaid benefits**, call **Wisconsin Medicaid Member Services** at **1-800-362-3002** or visit the **Medicaid Recipient Handbook Website** at <http://dhs.wisconsin.gov/medicaid>

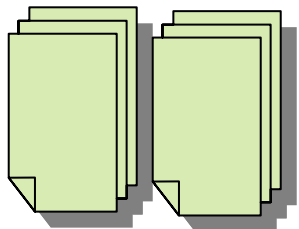
PRIOR AUTHORIZATION OF SERVICES

Some health care services and medical equipment require approval from the Wisconsin Medicaid Program **before** they are ordered, purchased, or obtained. Examples include home health care, all therapies, Health Check services, and some durable medical equipment. If this prior authorization is not obtained, Medicaid will not pay for the service.

Ask your health care provider whether prior authorization is required and/or contact the references listed at the bottom of the previous page. Requesting prior authorization is the responsibility of the Medicaid certified provider. Prior authorization is granted only through health care consultants working with the Wisconsin Medicaid Program. Katie Beckett Program personnel have no authority to prior authorize services or equipment.

Families have the right to request a copy of all documents related to a prior authorization request and decision from Wisconsin Medicaid.

If the prior authorization is denied or reduced, you will receive a letter outlining your right to appeal the decision. Any decisions that limit or deny your child's eligibility for Medicaid benefits may also be appealed through a fair hearing request.



REJECTED CLAIMS

Sometimes providers will contact you when Medicaid has rejected a claim. It is the provider's responsibility to submit all the information needed by Medicaid to process a payment claim, including prior authorization as explained above. It is also the provider's responsibility to follow-up on rejected claims. Katie Beckett Program personnel do not process claims and do not set payment policy.

OUT-OF-STATE HEALTH CARE SERVICES

If your child requires specialized care unavailable in Wisconsin or if you reside near one of the State's borders, you may find it necessary to obtain services from a provider in another state. However, authorization from the Wisconsin Medicaid Program must be obtained for all non-emergency care received out-of-state prior to service delivery. The out-of-state provider must also be willing to become a Wisconsin certified Medicaid provider. Providers, not families, must obtain this prior authorization and certification.

Many out-of-state health care providers located near Wisconsin's borders are certified in the Wisconsin Medicaid Program. Ask your provider if they are certified, or call the Wisconsin Medicaid Member Services Line: **1-800-362-3002**.

RETROACTIVE COVERAGE

IF your child is approved for Medicaid under the Katie Beckett Program, eligibility **MAY** go back three months from the date of your home visit **IF** all eligibility criteria are met during all three months. This is called retroactive coverage. The first date of your child's eligibility will be confirmed in the Katie Beckett Program approval letter.

For children who are found eligible and granted retroactive coverage, Medicaid may pay for services provided during this period of retroactivity. The service must be a covered and approved Medicaid service and be provided by a Wisconsin Medicaid certified provider. If the child is not approved, no services will be covered and no period of retroactive coverage applies.

The service provider must submit claims for these services to the Medicaid Program once eligibility is approved. Parents cannot submit claims. Some reimbursement for out-of-pocket health care expenses made during the period of retroactivity may be obtained. If you have paid for services, ask your health care provider to submit claims to Medicaid for these services. **The provider should reimburse you after Medicaid pays them.**

RECERTIFICATION

Every year a re-determination of your child's eligibility based on the criteria for Katie Beckett Program–Medicaid is reviewed. This is called an annual recertification. Your child's recertification date is the anniversary month of the original approval date as noted on your letter of approval. It is not the month of your original application or home visit.

You will receive the recertification materials to complete about two weeks prior to this anniversary month. Federal policy requires periodic home visits for continued Katie Beckett Program-Medicaid eligibility. If a home visit is required, you will be notified of this in the letter with your recertification materials.

Recertification forms must be completed and returned. If the forms are not returned, your child will be discontinued and lose Medicaid coverage.

Once recertification paperwork is submitted for review, your child will continue to receive Medicaid during the review process. You will be notified in writing of the outcome of this review and have the right to appeal if you do not agree with a decision.

REPORTING CHANGES

Your child's eligibility for the Katie Beckett Program is based on several criteria. All criteria must be met at all times during the time your child receives a Wisconsin Medicaid card.

If any of the following changes occur, parents are required by law to notify the Katie Beckett Program.

- a change of your address or telephone number
- a change in your child's insurance carrier
- a change in your child's income
- a change in your child's place of residence; for example, moving to a foster home, nursing home, psychiatric hospital or nursing facility
- a significant change (improvement or worsening) of your child's health condition or functioning
- the death of your child
- your child becomes eligible for Supplemental Security Income (SSI)

OTHER HELPFUL STATEWIDE RESOURCES

Wisconsin First Step ...1-800-642-7837
www.mch-hotlines.org

**Children with Special Health Care Needs
Regional Centers:**

Northeastern Region....1-877-568-5205
Northern Region.....1-866-640-4106
Southeastern Region....1-800-234-5437
Southern Region.....1-800-532-3321
Western Region1-800-400-3678

dhs.wisconsin.gov/health/children/

Family Village..... www.familyvillage.wisc.edu

ABC for Health1-800-585-4222
www.abcforhealth.org

KATIE BECKETT PROGRAM CONTACTS

If you have questions about the Katie Beckett Program application process or eligibility criteria (not for Medicaid issues), contact:

**Katie Beckett Program
Bureau of Long-Term Support
P.O. Box 7851
Madison, WI 53707-7851
1-608-266-3236
or the
Regional Katie Beckett Consultant**

www.katiebeckettwisconsin.org



Wisconsin Department of Health Services
Division of Long Term Care
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