

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**Division of Health Care Access and Accountability**  
**1 W. Wilson St.**  
**Madison WI 53703**

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To: Wisconsin Funeral and Cemetery Aids Program Manual Users

From: Shawn Smith, Bureau Director  
Bureau of Enrollment Policy and Systems

Re: **WFCAP Manual Release 13-02**

Release Date: December 19, 2013  
Effective Date: December 19, 2013

**EFFECTIVE DATE** The following policy additions or changes are effective 12/19/13, unless otherwise noted. **Grey highlighting denotes new text. Text with a strike through it denotes deleted text.**

**POLICY CLARIFICATIONS**

**2.1 Claim Form for Reimbursement** Total funeral and cemetery expenses must be reported by the funeral home, cemetery or crematory, using the Wisconsin Funeral and Cemetery Aids Program Reimbursement Request (F-10141) form, which contains instructions for each section. The Department of Health Service (DHS) should accept only this form. Deny reimbursement requests not submitted on the proper form.

~~For instructions on how to complete the F-10141, see Wisconsin Funeral and Cemetery Aids Program Reimbursement Request Instructions (F-10141A).~~

**2.9 Denying Requests** Requests can be denied for reasons including, but not limited to, the following (also in Chapter 5):

- 12. Cemetery/crematory expenses are claimed, but ~~not documented in Section 3~~ an itemized statement of goods and services is not attached.
- 17. Total funeral charges ~~cannot be determined or~~ exceed cap.
- 18. Total cemetery/crematory charges ~~cannot be determined or~~ exceed cap.

If the reason for denial is for an incomplete field, insufficient information, or lack of verification for a cash advance, send the provider a notice that there is a fifteen day grace period in which to correct the deficiency.

Do not deny a request for failure to provide information until the 16th day after sending a notice of deficiency.

**5.1 Processing the F-10141; Section 3 - Total Funeral and Cemetery Expenses**

**5.1 Processing the F-10141; Section 6 - Office Use Only (to be completed by Department of Health Services Staff**

3. Deny the reimbursement request if cemetery expenses are claimed, but not documented ~~in this section~~ with an itemized statement of goods and services. Document the denial reason in Section 6 of the reimbursement request form.
3. Indicate whether the decedent was a Medicaid recipient on the date of death and, if so, the category of Medicaid (Med Stat Code) that makes him/her eligible for benefits under the WFCAP.
4. If the decedent was not a Medicaid recipient on the date of death, or was, but was not in an allowable Medicaid category, indicate whether the decedent was a W-2 participant or other qualifying individual (note the Med Stat Code).