



FORWARDHEALTH

PROVIDER SERVICES
313 BLETTNER BLVD
MADISON WI 53784

Scott Walker
Governor

Telephone: 800-947-9627
TTY: 711 or 800-947-3529

Kitty Rhoades
Secretary

State of Wisconsin
Department of Health Services

www.forwardhealth.wi.gov

CASE MANAGEMENT TERMS OF REIMBURSEMENT

The Department of Health Services (DHS) will establish contracted hourly rates for all covered services provided by certified case management agencies to Wisconsin Medicaid members eligible on the date of service. The contracted hourly rates are applicable to all service components provided for certified case management agencies by providers under contract to that agency for case management services. The contracted hourly rates shall be based on various factors, including a review of usual and customary charges submitted to Medicaid, the Wisconsin State Legislature's Medicaid budgetary constraints, and other relevant economic limitations. Contracted hourly rates may be adjusted to reflect reimbursement limits or limits on the availability of federal funding as specified in federal law.

Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients.

For each covered service, the DHS shall pay the federal Medicaid share of the contracted hourly rate established by the DHS. Medicaid reimbursement, less appropriate copayments and payments by other insurers, will be considered to be payment in full.

Providers will be reimbursed by Medicaid only for that portion of allowable costs for which federal financial participation (FFP) is available. The state share shall come from non-federal public funds available to the case management agencies. The case management agency will be responsible for maintaining an audit trail to document their contribution of this state share. **Medicaid FFP funds can never be matched with other federal monies.**

The DHS will adjust payments made to providers to reflect the amounts of any allowable copayments that the providers are required to collect pursuant to ch. 49, Wis. Stats.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with s. 49.46(2)(c), Wis. Stats.

In accordance with federal regulations contained in 42 CFR 447.205, the DHS will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting contracted hourly rates for services.

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