

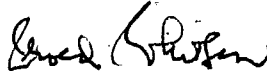
CERTIFICATE

STATE OF WISCONSIN)
) SS
DEPARTMENT OF HEALTH AND SOCIAL SERVICES)

I, Gerald Whitburn, Secretary of the Department of Health and Social Services and custodian of the official records of the Department, do hereby certify that the annexed rules relating to manual partial payments for services provided to Medical Assistance recipients were duly approved and adopted by this Department on April 15, 1991.

I further certify that this copy has been compared by me with the original on file in the Department and that this copy is a true copy of the original, and of the whole of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department at the State Office Building, 1 W. Wilson Street, in the city of Madison, this 15th day of April, 1991.



SEAL:

Gerald Whitburn, Secretary
Department of Health and Social Services

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES
AMENDING AND CREATING RULES

To amend HSS 106.03(3)(a) and to create HSS 106.04(1m), relating to manual partial payments for services provided to recipients eligible for the Medical Assistance (MA) program.

Analysis Prepared by the Department of Health and Social Services

The Department ordinarily pays the claims of Medical Assistance (MA) providers through the automated claims processing system. The submission of claims to the Department is governed by s. HSS 106.03. The payment of claims by the Department is governed by s. HSS 106.04.

This rulemaking order amends s. HSS 106.03(3)(a) to prohibit nursing homes and hospitals from submitting claims for reimbursement until the day following the last date of service provided to a recipient. In the case of nursing homes, billing is to occur at the end of the month during which service was provided. That has been the Department's policy for some time, although it has not been stated in rule form. The reason for it is to facilitate the orderly processing of claims.

This order also creates s. HSS 106.04(1m) to set out the Department's policies on what have been called "manual partial payments" made to providers. These are payments made outside of the automated claims processing system for services already provided to recipients, quicker than the automated claims processing system can make those payments. The rules permit expedited payment at the request of a provider if the provider signs an agreement allowing the automatic recoupment of payment when the provider's claims are later processed through the automated system and if certain other conditions exist, among them that there is an inordinate delay by the Department in making payment through the automated system, which is no fault of the provider. Finally, the rules make clear that no payment will be made for services not yet provided--in this sense there will be no cash advances--and that payments will be based on a claim that includes documentation that covered services have in fact been provided.

These rules were promulgated as emergency rules on November 1, 1990, at the direction of the Legislature's Joint Committee for Review of Administrative Rules.

The Department's authority to adopt these rules is found in s. 49.45(10), Stats. The rules interpret s. 49.45(2)(a), Stats.

SECTION 1. HSS 106.03(3)(a) is amended to read:

HSS 106.03(3)(a) A claim may not be submitted until the recipient has received the service which is the subject of the claim. A claim may not be submitted by a nursing home for a recipient who is a nursing home resident until the day following the last date of service in the

month for which reimbursement is claimed. A claim may not be submitted by a hospital for a recipient who is a hospital inpatient until the day following the last date of service for which reimbursement is claimed. A In order to be considered timely, an initial claim shall be submitted to the fiscal agent within 12 months of the date the service was provided. Payment may not be made for any claim submitted after that 12-month period, except where the provider demonstrates to the satisfaction of the department that circumstances beyond the provider's control prevented timely submission of the claim.

SECTION 2. HSS 106.04(1m) is created to read:

HSS 106.04(1m) PAYMENT MECHANISM. (a) Definitions. In this subsection:

1. "Automated claims processing system" means the computerized system operated by the department's fiscal agent for paying the claims of providers.

2. "Manual partial payment" means a method of paying claims other than through the automated claims processing system.

(b) Automated claims processing. Except as provided in par. (c), payment of provider claims for reimbursement for services provided to recipients shall be made through the department's automated claims processing system.

(c) Manual partial payment. The department may pay up to 75% of the reimbursable amount of a provider's claim in advance of payments made through the automated claims processing system if all the following conditions exist:

1. The provider requests a manual partial payment and signs a contract allowing for automatic recoupment of payment when the provider's claims are later processed through the automated claims processing system;

2. A provider's claims for services provided have been pending in the automated claims processing system for more than 30 days, or the provider provides services to MA recipients

representing more than 50% of the provider's income and payment for these services has been significantly delayed beyond the claims processing time historically experienced by the provider;

3. The delay in payment under subd. 2 is due to no fault of the provider;

4. Further delay in payment will have a financial impact on the provider which is likely to adversely affect or disrupt the level of care otherwise provided to recipients; and


5. The provider has submitted documentation of covered services, including the provider name and MA billing number, the recipient's name and MA number, the date or dates of services provided, type and quantity of services provided as appropriate and any other information pertinent to payment for covered services.

(d) Cash advances prohibited. In no case may the department or its fiscal agent make advance payment for services not yet provided. No payment may be made unless covered services have been provided and a claim or documentation under par. (c)5 for these services has been submitted to the department.

The rules contained in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, as provided in s. 227.22(2), Stats.

Wisconsin Department of Health and
Social Services

Date: April 15, 1991

By: 

Gerald Whitburn
Secretary

Seal:

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