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MILWAUKEE COUNTY
Behavioral
Health
Division

Date Issued: 6/1/2009
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Next Review: 1/29/2021

Owner: Heidi Ciske-Schmidt:
12008018-Manager-
Quality Assurance
Policy Area: Wraparound (REACH,
O'YEAH)-Prov. Netwk.

References:

#065 - Vendor Paper Claims Processing and Appeal System

POLICY

It is the policy of Wraparound Milwaukee, REACH, CCS and Family Intervention Support Services (FISS) to process claims, pay "clean" paper claims within 30 days of receipt and to have a process which Vendors/ Providers may file an appeal.

PROCEDURE

A. Paper Claims Received

1. Fiscal support staff will monitor fax machine, email (wrapfinance@milwaukeecountywi.gov), interoffice mail and U.S. mail two times per day for claims.
2. Immediately upon receipt, fiscal staff will date and initial claims received and place in Fiscal Manager's mailbox.
3. All claims are reviewed by the Fiscal Manager, approved and paid or returned and denied within 30 days of receipt.
4. In the event the Fiscal Manager is unavailable to receive, review and process claims, the following fiscal staff will provide coverage to ensure that claims are processed as outlined in this policy: 1) Administrative IT Assistant/Billing; 2) Fiscal Specialist.

B. Clean Paper Claims

1. Claims are reviewed by fiscal staff for service provision, service code and date, member information, enrollment, authorization and provider information.
2. Claims are processed and paid within 30 days of receipt.
3. Fiscal staff assigned to processing payments enter claim information in the Synthesis IT system, enter the date the claim was received and indicate that it was a paper claim.
4. Fiscal staff assigned to claim processing mark "approved" on all claims to be paid.

C. Incompleted / Denied Claims

1. Claims may be denied for one or more of the following reasons:
 - Service not authorized and/or requires prior authorization.

- Provider not authorized to provide identified service.
 - Invoice received beyond 60 day invoicing limit.
 - Client not enrolled during the time service was delivered.
 - Insufficient information to process claim.
 - Agency not authorized to provide identified service.
 - Not a covered service.
 - Other.
2. Incomplete/denied claims are returned to the Provider within 30 days of receipt with a PROVIDER DENIAL form (*Attachment 1*) and a PROVIDER APPEAL PROCESS form (*Attachment 2*).
 3. Copies of all incomplete/denied claims are kept on file in the fiscal department.

D. Encounter Errors Over 60 Days

1. All encounter errors are submitted to the Fiscal Manager for review.
2. Within 30 days of receipt, the Fiscal Manager will investigate and a determination will be made.
3. Providers will be notified in writing of final determination.

E. Adjudicating Provider Appeals – Wraparound Milwaukee (County) and State of Wisconsin – Medicaid (BadgerCare Plus)

1. Provider must initially appeal to Wraparound Milwaukee (County) – Fiscal Director.
2. Provider must appeal **in writing within 60 days** of claim denial or payment notice to Wraparound Milwaukee (County) and include the following:
 - a. Appeal must clearly be marked "Appeal".
 - b. Appeal must include Provider's name, date of service, date of billing, date of payment or nonpayment, recipient/enrollee name, service code, and reason claim warrants reconsideration.
 - c. Wraparound Milwaukee (County) may take up to 45 days to respond to Provider's request for reconsideration.
 - d. Letters or forms must be addressed to:

Heidi Ciske-Schmidt
Wraparound Milwaukee Finance Department
9455 Watertown Plank Road
Milwaukee, WI 53226
 - e. Upon receipt of the appeal, the Fiscal Director will review the appeal for completeness (as stated in section C, 2, b), reason for reconsideration, adjudicates the claim and then issues a written decision to the Provider within 45 days, and includes information on how to appeal to the State of Wisconsin – Medicaid (BadgerCare Plus).
3. Provider Appeal Process – Medicaid (BadgerCare Plus).
 Provider has the right to appeal to the State of Wisconsin – Medicaid (BadgerCare Plus) if the County fails to respond to the appeal within 45 days or if the Provider is not satisfied with the County's response to the request for reconsideration. Appeals to the State of Wisconsin – Medicaid (BadgerCare Plus) must be submitted **in writing within 60 days** of the County's final decision or, in the case of no response, **within 60 days from the 45-day timeline** allotted Wraparound Milwaukee (County) to respond. Appeals should be sent to:

Medicaid Fiscal Agent
Managed Health Care Unit: Provider Appeals
P.O. Box 6470
Madison, WI 53716-0470

Attachments:

- 1. Claim Denial Form
- 2. Vendor Appeal Process: Medicaid Services

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	1/30/2018
	Brian McBride: 12010012-Mngr-Int Srvs CCS, Interim WRAP Director	1/30/2018
	Pamela Erdman: 12008005-Placement Resources Manager	1/30/2018
	Heidi Ciske-Schmidt: 12008018-Manager- Quality Assurance	1/30/2018

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