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Owner Dana James
Policy Area Wraparound (Wrap, REACH, youth CCS)-Prov. Netwk.

#065 - Vendor Paper Claims Processing and Appeal System

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referred as Wraparound Milwaukee) to process claims, pay "clean" paper claims within 30 days of receipt and to have a process which Vendors/Agencies may file an appeal. Paper claims for encounters must be submitted to Wraparound Milwaukee within 60 days from the service delivery date.

II. PROCEDURE

A. Receipt of Paper Claim

1. Paper claims can be submitted via email (wrapfinance@milwaukeecountywi.gov), fax (414-257-7575), mailed (Milwaukee County- DHHS; attn: Wraparound Milwaukee, Finance; 1220 W Vliet St, 3rd Floor, Milwaukee WI 53205).
2. All claims received are reviewed by the Fiscal Manager, approved and paid or returned and denied within 30 days of receipt.
3. In the event the Fiscal Manager is unavailable to receive, review and process claims, the Wraparound Milwaukee Director of Operations will provide coverage to ensure that claims are processed as outlined in this policy

B. Paper Claim Processing

1. Complete / "Clean" Claims Processing
 - a. Claims are reviewed by Wraparound Milwaukee fiscal staff for service provision, service code and date, member information, enrollment, authorization and provider information.

- b. If claim is complete, "clean", it is forwarded for review and determination from the Director of Clinical Services
- c. Claim determinations are provided to the Agency within 30 days of receipt.

2. Incomplete /Denied Claims Processing

- a. Claims may be denied for one or more of the following reasons:
 - i. Client not enrolled in Wraparound Milwaukee at the time the service was provided
 - ii. Service(s) not authorized
 - a. Billing provider and/or performing provider not in network
 - b. Service billed is not approved/authorized
 - iii. Behavioral Health Services (only) are covered by Wraparound Milwaukee
 - a. Labs, x-rays, radiology and/or pharmacy are not a covered service(s)
 - b. Diagnosis is not a behavioral health related
 - iv. Claim received more than 60 days from the service delivery date
- b. Denied claims are returned to the Provider within 30 days of receipt with a Claim Denial Form (*Attachment 1- page 1*) and the PROVIDER APPEAL PROCESS form (*Attachment 1- page 2*).
- c. Copies of all denied claims are kept on file in the fiscal department.

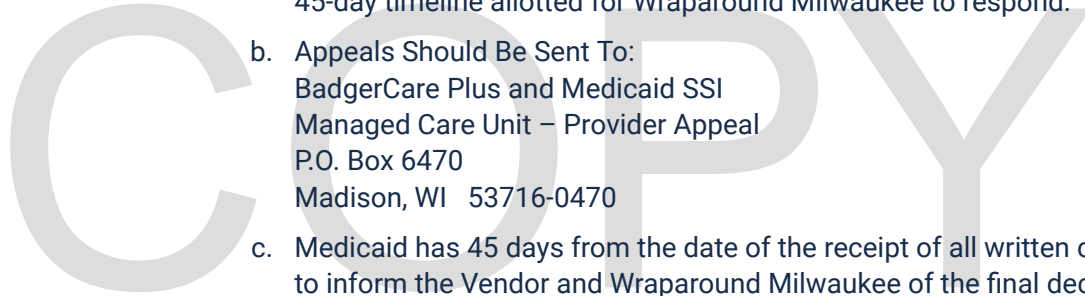
C. Adjudicating Provider Appeals – Wraparound Milwaukee (County) and State of Wisconsin – Medicaid (BadgerCare Plus)

- 1. Provider must initially appeal to Wraparound Milwaukee (County) through the following steps:
 - a. Vendor's request for an appeal must be made in writing within 30 days from the date of the decision notification that was issued by Wraparound Milwaukee.
 - b. Written request must include the following:
 - i. Claim Number
 - ii. Enrollee/Client Name
 - iii. Service Recipient Name
 - iv. Provider
 - v. Service Code
 - vi. Date(s) of Service
 - vii. Reason claim warrants reconsideration

- c. Written request should be sent to:
Mail: Milwaukee County-DHHS
 Attn: Wraparound Milwaukee, Heidi Ciske-Schmidt
 1220 W Vliet St, 3rd Floor
 Milwaukee, WI 53205
Email: heidi.ciske-schmidt@milwaukeecountywi.gov or
Fax: 414-257-7575
- d. Wraparound Milwaukee’s response and/or decision to the appeal will be issued within 45 days from the date of the receipt of the written request for appeal and include information on how to appeal to the State of Wisconsin – Medicaid (BadgerCare Plus).

2. Provider Appeal Process – Medicaid (BadgerCare Plus).

- a. Vendor has the right to appeal to the State of Wisconsin-Medicaid if Wraparound Milwaukee fails to respond to the appeal within 45 days or if the Vendor is not satisfied with Wraparound Milwaukee’s response to the request for reconsideration. Appeals to the State of Wisconsin-Medicaid must be submitted in writing within 60 days of Wraparound Milwaukee’s final decision or, in the case of no response, within 60 days from the 45-day timeline allotted for Wraparound Milwaukee to respond.
- b. Appeals Should Be Sent To:
 BadgerCare Plus and Medicaid SSI
 Managed Care Unit – Provider Appeal
 P.O. Box 6470
 Madison, WI 53716-0470
- c. Medicaid has 45 days from the date of the receipt of all written comments to inform the Vendor and Wraparound Milwaukee of the final decision. If Medicaid’s decision is in favor of the Vendor, Wraparound Milwaukee will pay Vendor within 45 days of receipt of Medicaid’s final determination. Wraparound Milwaukee must accept Medicaid’s determinations regarding appeals of disputed claims.



Attachments

[1. Claim Denial Form](#)

Approval Signatures

| Step Description | Approver | Date |
|------------------|----------|------|
|------------------|----------|------|

Michael Lappen: BHD Administrator 8/30/2022

Brian McBride: ExDir2 – Program Administrator 8/30/2022

Dana James: Integrated Services Manager- Quality Assurance 8/29/2022

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COPY



**MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES
CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

PHONE: (414) 257-7610

FAX: (414) 257-7575

Date:

To:

From: Wraparound Milwaukee (WM) Finance Department

RE: Medical Claim(s)

Client:

Provider:

Service Code(s):

Date(s) of Service:

Payment for the attached claim has been denied for the following:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Client not enrolled in Wraparound Milwaukee at the time the service was provided |
| <input type="checkbox"/> | Service(s) not authorized: |
| <input type="checkbox"/> | Billing provider and/or performing provider not in network |
| <input type="checkbox"/> | Service billed is not approved/authorized |
| <input type="checkbox"/> | Behavioral Health Services (only) are covered by Wraparound Milwaukee |
| <input type="checkbox"/> | Labs, x-rays, radiology and/or pharmacy are not a covered service(s) |
| <input type="checkbox"/> | Diagnosis is not a behavioral health related |
| <input type="checkbox"/> | Claim was submitted to WM more than 60 days following the date(s) of service |

Action Required:

| | |
|--------------------------|--------|
| <input type="checkbox"/> | None |
| <input type="checkbox"/> | Other: |

Please review the enclosed Vendor Appeal Process: Medicaid Services document for additional information.

Signed: _____
 [Name]
 Patient Accounts Manager
 Milwaukee County – BHS
 Wraparound Milwaukee
 [email]



MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES
**CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE**

PHONE: (414) 257-7610

FAX: (414) 257-7575

Vendor Appeal Process: Medicaid Services
(Revised 08/2022)

Statement:

Vendors/Agencies have the right to appeal claim denials issued by Wraparound Milwaukee (WM) by following the procedures outlined in this document. Vendors should initially appeal to Wraparound Milwaukee - Director of Operations. If the Vendor is dissatisfied with the decision, then the Vendor should appeal to the State of Wisconsin - Medicaid Provider Appeals.

The appeal steps include the following:

1. Appeal at Wraparound Milwaukee level
 - a. Vendor's request for an appeal must be in writing within 30 days from the date of the decision notification that was issued by WM
 - b. Written request for appeal must be in separate letter or form clearly marked "Appeal"
 - c. Written request must include the following:
 - Claim Number
 - Enrollee/Client Name
 - Service Recipient Name
 - Provider
 - Service Code
 - Date(s) of Service
 - Reason claim warrants reconsideration
 - d. Written request should be sent to:

Mail: Milwaukee County-DHHS
Attn: Wraparound Milwaukee, Heidi Ciske-Schmidt
1220 W. Vliet St, 3rd Floor
Milwaukee, WI 53205
Email: Heidi.ciske-schmidt@milwaukeecountywi.gov
Fax: 414-257-7575
 - e. WMs's response and/or decision to the appeal will be issued within 45 days from the date of the receipt of the written request for appeal
2. Appeal at State of Wisconsin-Medicaid level
 - a. Vendor has the right to appeal to the State of Wisconsin-Medicaid if WM fails to respond to the appeal within 45 days or if the Vendor is not satisfied with WM's response to the request for reconsideration. Appeals to the State of Wisconsin-Medicaid must be submitted in writing within 60 days of WM's final decision or, in the case of no response, within 60 days from the 45-day timeline allotted for WM to respond.
 - b. **Appeals Should Be Sent To:**

BadgerCare Plus and Medicaid SSI
Managed Care Unit – Provider Appeal
P.O. Box 6470
Madison, WI 53716-0470
 - c. Medicaid has 45 days from the date of the receipt of all written comments to inform the Vendor and WM of the final decision. If Medicaid's decision is in favor of the Vendor, WM will pay Vendor with 45 days of receipt of Medicaid's final determination. WM must accept Medicaid's determinations regarding appeals of disputed claims.