any delay attributable to the department's administrative process and shall be continued as needed until the individual is found ineligible.

(11) RIGHT TO REQUEST RETURN OF PAYMENTS MADE FOR COVERED SERVICES DURING PERIOD OF RETROACTIVE ELIGIBILITY. If a person has paid all or part of the cost of health care services received and then becomes a recipient of MA benefits with retroactive eligibility for those covered services for which the recipient has previously made payment, then the recipient has the right to notify the certified provider of the retroactive eligibility period. At that time the certified provider shall submit claims to MA for covered services provided to the recipient during the retroactive period. Upon the provider's receipt of the MA payment, the provider shall reimburse the recipient for the lesser of the amount received from MA or the amount paid by recipient or other person, minus any relevant copayment. In no case may the department reimburse the recipient directly.

(12) FREEDOM FROM LIABILITY FOR COVERED SERVICES. (a) *Exceptions to cost-sharing.* 1. Recipients of MA are liable for payment of any copayment or deductible amount established by the department pursuant to s. 49.45 (18), Stats., for the cost of a service, except as provided in this subsection. The recipient shall pay the copayment or deductible to the provider of service. Copayments or deductibles are not required:

a. From recipients who are nursing home residents;

b. From recipients who are members of a health maintenance organization or other prepaid plan for those services provided by the HMO or PHP;

c. From any recipient who is under age 18;

d. For services furnished to pregnant women if the services relate to the pregnancy, or to any medical condition which may complicate the pregnancy when it can be determined from the claim submitted that the recipient was pregnant;

e. For emergency hospital and ambulance services and emergency services related to the relief of dental pain;

f. For family planning services and related supplies;

g. For transportation services by a specialized medical vehicle;

h. For transportation services provided through or paid for by a county social services department;

i. For home health services or for home nursing services if a home health agency is not available;

j. For outpatient psychotherapy services received over 15 hours or $500, whichever comes first, during one calendar year;

k. For occupational, physical or speech therapy services received exceeding 30 hours or $1,500 for any one therapy, whichever occurs first, during one calendar year;

l. Case management services provided under s. HSS 107.32;

m. Personal care services provided under s. HSS 107.112;

n. Hospice care services;

o. Alcohol and other drug abuse (AODA) day treatment services;

p. Respiratory care for ventilator-assisted recipients provided under s. HSS 107.113; or

q. Community support program (CSP) services provided under s. HSS 107.13 (6).

2. If the recipient uses one pharmacy or pharmacist as his or her sole provider of prescription drugs, the monthly amount of copayment a recipient is required to pay may not exceed $5.

(b) *Freedom from having to pay for services covered by MA.* Recipients may not be held liable by certified providers for covered services and items furnished under the MA program, except for copayments or deductibles under par. (a), if the patient identifies himself or herself as an MA recipient and shows the provider the MA identification card.

Note: Recipients seeking nonemergency services from noncertified providers are liable for all charges, unless the services were authorized by the department prior to service delivery.

(c) *Prior authorization of services.* When a service must be authorized by the department in order to be covered, the recipient may not be held liable by the certified provider unless the prior authorization was denied by the department and the recipient was informed of the recipient's personal liability before provision of the service. In that case the recipient may request a fair hearing. Negligence on the part of the certified provider in the prior authorization process shall not result in recipient liability.

Note: For example, if a provider does not inform a recipient that a procedure or service requires prior authorization, and performs the service before submitting a prior authorization request or receiving an approval and then submits a claim for services rendered which is rejected, the recipient may not be held liable.

(d) *Freedom from having to pay the difference between charges and MA payment.* Providers may not charge recipients for the amount of the difference between charge for service and MA reimbursement, except in the case of recipients wishing to be in a private room in a nursing home or hospital, in which case the provisions of s. HSS 107.09 (3) (k) shall be met.

History: Cr. Register, December, 1979, No. 288, eff. 2-1-80; am. Register, February, 1986, No. 362, eff. 3-1-86; am. (4) (b), cr. (4) (f) and (g), r. (12) (a) 1. j and k., Register, February, 1988, No. 386, eff. 3-1-88; renum. (12) (a) 1. l. and m. under s. 13.93 (2m) (b) 1, Stats., Register, February, 1988, No. 386; emerg. am. (1) (k), cr. (1) (l) to (q), eff. 1-1-90; am. (1) (k), cr. (1) (l) to (q), Register, September, 1990, No. 417, eff. 10-1-90.

HSS 104.02 Recipient duties. (1) NOT TO SEEK DUPLICATION OF SERVICES. A recipient may not seek the same or similar services from more than one provider, except as provided in s. HSS 104.04.

(2) PRIOR IDENTIFICATION OF ELIGIBILITY. Except in emergencies that preclude prior identification, the recipient shall, before receiving services, inform the provider that the recipient is receiving benefits under MA and shall present to the provider a current valid MA identification card.

(3) REVIEW OF BENEFITS NOTICE. Recipients shall review the monthly explanation of benefits (EOB) notice sent to them by the department and shall report to the department any payments made for services not

actually provided. The explanation of benefits notice may not specify confidential services, such as family planning, and may not be sent if the only service furnished is confidential.

(4) INFORMATIONAL COOPERATION WITH PROVIDERS. Recipients shall give providers full, correct and truthful information requested by providers and necessary for the submission of correct and complete claims for MA reimbursement. This information shall include but is not limited to:

(a) Information concerning the recipient's eligibility status, accurate name, address and MA identification number;

(b) Information concerning the recipient's use of the MA card;

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