

GOOD FAITH MEDICAID/BADGERCARE PLUS CERTIFICATION

Claim Type	Internal Control Number	Check Digit	Dates of Service on Claim	
			From	To

SECTION I – AGENCY DENIAL

To be completed by the local agency IM worker.

Agency Denial <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, check reason for denial below, if “No”, complete and attach an F-10110 / Medicaid / BadgerCare Plus Certification form to update the member’s file.		
Reason for Denial <input type="checkbox"/> Member not eligible for dates of service. <input type="checkbox"/> Record not found.		
Partial Denial – If the member was eligible for some of the dates of service, list the from and to dates the member was eligible.	From	To

SECTION II – TYPE OF CERTIFICATION ACTION

To be completed by the Medicaid Fiscal Agent with all known information.

<input type="checkbox"/> Initial Certification (Cert1)	<input type="checkbox"/> Amended Certification (Cert 3)	Certifying Agency Number	
Medicaid/BadgerCare Plus ID Number on Claim	Medical Status Code	Period of Certification From Through	
Name – Head of Household (Last, First, MI)		In Care Of	
Address - Street		City	State Zip Code
Previous ID Number	Control Name and Year of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Enrolled Member’s Name (Last, First, MI)		Birthdate (mm/dd/ccyy) (List for initial certifications or if incorrect.)	
A “71” (good faith) med status has been applied to this member’s file for the dates of service. In order to change the med status, or any other information, a Cert. 3 – F-10110 / Medicaid / BadgerCare Plus Certification is needed.			
Other Remarks			

SECTION III - SIGNATURE

SIGNATURE – Authorized Agency Representative	Worker ID Number	Date Signed
---	------------------	-------------

Fax completed form to (608) 221-8815 or mail to: Medicaid Fiscal Agent, 313 Blettner Blvd., Madison, WI 53714.

Distribution Member Case File Medicaid Fiscal Agent