

FORWARDHEALTH
SPECIALIZED MEDICAL VEHICLE INSURANCE DOCUMENTATION CHECKLIST

This form is a checklist for specialized medical vehicle (SMV) insurance documentation. Submit insurance documentation to Wisconsin Medicaid by uploading it via the demographic maintenance tool on the ForwardHealth Portal or by mailing it to the following address:

Wisconsin Medicaid
Provider Enrollment
313 Blettner Blvd
Madison WI 53784

Refer to the ForwardHealth Online Handbook for additional provider requirements. Use of this form is strictly voluntary.

SECTION I — COMMERCIAL INSURANCE INFORMATION

A copy of the SMV's / vehicles' current commercial insurance policy must contain the following:

- ☐ a. Insurance company name.
- ☐ b. Amount of personal liability for each person (minimum \$250,000).
- ☐ c. Amount of total personal liability for each occurrence (minimum \$500,000).
- ☐ d. Amount of property damage insurance on *each* SMV (minimum \$10,000). Exception: A combined single limit (CSL) policy with a minimum of \$500,000 will be accepted. The separate \$10,000 property requirement will be administratively waived, without a waiver request, *only* for CSL policies with a minimum liability of \$500,000.
- ☐ e. Name of insured. This must be a commercial policy, not a personal policy, in the SMV business name. (The name on the policy must exactly match the SMV business name on all Medicaid documents and/or the Medicaid file.)
- ☐ f. All vehicles used for Medicaid transports. Current information must be listed in the demographic maintenance tool and on the policy (and binder, if submitted first). The vehicle identification numbers (VINs) on the binder and policy must *exactly* match the VINs in the demographic maintenance tool.
- ☐ g. Effective dates of current period coverage.
- ☐ h. Additional insured or notification endorsement. This is required so that the insurer guarantees to notify Wisconsin Medicaid prior to a policy cancellation. The additional insured or notification endorsement must be included in the policy (and binder, if submitted first) and on all policy renewals.

SECTION II — INSURANCE COMPANY DOCUMENTATION

The letter of receipt of payment for current vehicle's/vehicles' insurance must be from the insurance company on the insurance company's letterhead and include the following:

- ☐ a. Holder (insured SMV Medicaid provider) name and policy number.
 - ☐ b. Effective dates of current period of coverage.
 - ☐ c. Date of payment of current policy premium.
 - ☐ d. Whether this is for a binder or an actual policy.
 - ☐ e. The insurance representative's signature and date; initials or signature stamps are not accepted.
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