To:

All Providers

HMOs and Other Managed Care Programs

Wisconsin SeniorCare participants eligible only for prescription drug benefits

Wisconsin SeniorCare is a new prescription drug assistance program for Wisconsin residents. Wisconsin SeniorCare participants are not eligible for *any* Wisconsin Medicaid or BadgerCare services except for prescription drug benefits and over-the-counter insulin. When using the Eligibility Verification System (EVS) to verify participants' eligibility, providers will encounter new eligibility status responses that have been established for the SeniorCare program.

Wisconsin SeniorCare participants are eligible *only* for prescription drug benefits

Wisconsin SeniorCare is a new prescription drug assistance program for Wisconsin residents who are 65 years of age and older who meet the eligibility criteria. Only Medicaid-certified providers who dispense drugs are allowed to submit claims for the SeniorCare program.

Wisconsin SeniorCare participants are not eligible for *any* Wisconsin Medicaid or BadgerCare services except for prescription drug benefits and over-the-counter insulin. SeniorCare participants have a SeniorCare prescription benefits card to present each time they get a prescription filled. The SeniorCare card is different from the Medicaid Forward card. Refer to Attachment 1 of this *Wisconsin*

Medicaid and BadgerCare Update for an example of a SeniorCare card. A participant who presents a SeniorCare card is eligible for SeniorCare prescription drug benefits, unless he or she is in one of the following special benefits categories:

- Qualified Medicare Beneficiaries (QMB).
- Specified Low-Income Medicare Beneficiaries (SLMB).
- Tuberculosis(TB)-related Medicaid recipients.
- Qualifying Individuals (QI-1 or QI-2).
- Unmet Medicaid deductible.

These participants may also have a Forward card and may receive other benefits. Refer to the Wisconsin Medicaid All-Provider Handbook for more information on these benefit categories.

When filling a prescription, the provider should verify these participants' Medicaid and SeniorCare eligibility before providing services.

Wisconsin SeniorCare participants and the Wisconsin Medicaid Eligibility Verification System

Providers should always verify a participant's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the participant's coverage. Pharmacies using real-time online

Department of Health and Family Services

Pharmacies and other providers not using real-time online claims processing should verify eligibility by using the Wisconsin Medicaid Eligibility Verification System (EVS), which can be accessed in a number of ways. The different EVS access methods are the following:

- Automated Voice Response (AVR). The AVR is available 24 hours a day, seven days a week. To acess the AVR, call (800) 947-3544 or (608) 221-4247. The AVR message will inform providers if a participant is eligible for SeniorCare. Refer to Attachment 2 for a list of AVR system responses that providers will receive when a participant is eligible for SeniorCare.
- Personal computer software. If the participant is eligible for SeniorCare, one of the following messages will be displayed:
    1. "Eligible for SeniorCare. Call Provider Services (800) 947-9627."
    2. "Eligible for multiple programs. Call 800-947-9627."

  Providers should call Provider Services for a more detailed explanation of services covered for the participant.

- Direct Information Access Line with Updates for Providers (Dial-Up). The Dial-Up system is available from 7:00 a.m. until 6:00 p.m. If the participant is eligible for SeniorCare, the system will display the particpant's medical status and description. Refer to Attachment 2 for a list of descriptions that will be displayed.
- Provider Services. Call (800) 947-9627 or (608) 221-9883. Correspondents are available Monday and Wednesday through Friday from 8:30 a.m. until 6:00 p.m. and on Tuesday from 9:30 to 6:00 p.m.

When using the EVS to verify participant's eligibility, providers will encounter new eligibility status responses that have been established for the SeniorCare program.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at *www.dhfs.state.wi.us/medicaid/*.

ATTACHMENT 1
Example of SeniorCare card

Front side

SENIORCARE
Prescription Drugs for Wisconsin Seniors

RxBIN 610499
Issuer (80840)

ID   1234567890

Name IMA PARTICIPANT

Reverse side

Participants:
• Show this card each time you get your prescription drugs.
• For customer service, call 1-800-657-2038.

Pharmacists:
Submit claims electronically or send paper claims to:

Claims and Adjustments Unit
6406 Bridge Rd.
Madison, WI 53784-0002

Provider Services: 1-800-947-9627

ATTACHMENT 2
Medical Status Descriptions and Automatic Voice Response System SeniorCare Responses

Medical Status Description	Automatic Voice Response
SeniorCare (SC) copay	For this period, the participant is eligible for SeniorCare. SeniorCare only covers prescription drugs.
SC deductible	For this period, the participant is eligible for SeniorCare. SeniorCare only covers prescription drugs. For deductible or copay status, press "0" for a correspondent or press "1" to continue.
SC deductible/ Qualified Medicare Beneficiary (QMB)	For this period, the participant is eligible for SeniorCare and QMB. SeniorCare only covers prescription drugs. The patient is also eligible for payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, SeniorCare deductible or copay status, press "0" for a correspondent or press "1" to continue.
SC copay/QMB	For this period, the participant is eligible for SeniorCare and QMB. SeniorCare only covers prescription drugs. The patient is also eligible for payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, press "0" for a correspondent or press "1" to continue.
SC deductible/ Tuberculosis (TB)- related/QMB	For this period, the participant is eligible for SeniorCare, TB-related Medicaid, and QMB. SeniorCare only covers prescription drugs. The patient is also eligible for TB-related services and payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, SeniorCare deductible, or copay status, press "0" for a correspondent or press "1" to continue.
SC copay/TB/QMB	For this period, the participant is eligible for SeniorCare, TB-related Medicaid, and QMB. SeniorCare only covers prescription drugs. The patient is also eligible for TB-related services and payment of coinsurance and deductible for all services covered by Medicare. For more information on covered services, press "0" for a correspondent or press "1" to continue.
SC spenddown	For this period, the participant is eligible for SeniorCare. SeniorCare only covers prescription drugs. For spenddown, deductible, or copay status, press "0" for a correspondent or press "1" to continue.
SC copay/ TB-related	For this period, the participant is eligible for SeniorCare and TB-related Medicaid. SeniorCare only covers prescription drugs. Tuberculosis-related lab, X-ray, and outpatient services are also covered for this participant. No inpatient services are payable. To repeat the eligibility information for this recipient, press "8." To inquire on another recipient's eligibility, press "1." To return to the main menu, press "9." If you would like assistance from a correspondent, press "0."
SC deductible/ TB-related	For this period, the participant is eligible for SeniorCare and TB-related Medicaid. SeniorCare only covers prescription drugs. Tuberculosis-related lab, X-ray, and outpatient services are also covered for this participant. No inpatient services are payable. For deductible or copay status, press "0" for a correspondent or press "1" to continue. To repeat the eligibility information for this recipient, press "8." To inquire on another recipient's eligibility, press "1." To return to the main menu, press "9." If you would like assistance from a correspondent, press "0."