

Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

Blood Banks

Dispensing
Physicians

Federally Qualified
Health Centers

Pharmacies

HMOs and Other
Managed Care
Programs

Wisconsin SeniorCare Coordination of Benefits

This Wisconsin Medicaid and BadgerCare Update explains ways providers can help ensure the accuracy of Coordination of Benefits (COB) for Wisconsin SeniorCare participants.

Wisconsin SeniorCare monitors the same private insurance carriers as Wisconsin Medicaid

Wisconsin SeniorCare monitors the same private insurance carriers as Wisconsin Medicaid. Refer to the Pharmacy Handbook for a current list of insurance carriers. For those insurance carriers that Wisconsin SeniorCare and Wisconsin Medicaid monitor, providers must indicate the private insurance determination on each claim submission. If this information is not provided, the claim will be denied.

Discount cards or plans

Wisconsin SeniorCare does not mandate or require pharmacies to honor discount cards or plans, nor are these kept on file with Wisconsin SeniorCare as other coverage. For those pharmacies that honor prescription discount cards or plans, the discounted amount should be provided in the "Patient Paid Amount" field*:

*For real-time claims submission, the "Patient Paid Amount" field may be labeled differently depending on the provider's system (e.g., copay, spenddown, or patient price).

Claims submission

When submitting claims to Wisconsin SeniorCare to coordinate benefits with other coverage, whether the other coverage is an insurance or a discount card or plan, the following fields must be used to provide the outcome of billing other coverage:

- "Other Coverage" field.
- "Other Payor Amount" field.
- "Patient Paid Amount" field.

The Attachment of this *Wisconsin Medicaid and BadgerCare Update* includes examples to assist pharmacies that submit real-time through the Point-of-Sale system.

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

Claim examples

The following table provides examples to assist pharmacies that submit real-time through the Point-of-Sale system. In all these examples, the usual and customary charge is \$125.

Other Coverage Plan Type		Other Insurance Determination	"Other Coverage" Field	Amount to be entered in "Other Payor Amount" Field	Amount to be entered in "Patient Paid Amount" Field*
Example 1	Deductible plan	Other insurance applied \$100 to deductible, paid \$25.	2	\$25	\$100
Example 2	Coinsurance plan (80/20)	Other insurance plan rate is \$100, plan pays \$80, coinsurance is \$20.	2	\$80	\$20
Example 3	Copay plan	Other insurance plan rate is \$75, plan pays \$70, copay is \$5.	2	\$70	\$5
Example 4	Discount card	A discount of \$25 is provided. This is an automatic discount. A claim is not filed with a discount card.	1	\$0	\$100
Example 5	100% copay plan	No payment made, plan discounts the price of the drug to \$95.	4	\$0	\$95
Example 6	Miscellaneous plan	Other insurance pays \$95, coinsurance/copay is \$30.	2	\$95	\$30
Example 7	Insurance plan and a discount card	Other insurance denies the claim. A discount card is also presented giving a \$10 discount.	0	\$0	\$115
Example 8	Miscellaneous plan	Other insurance denies the claim, no payment made.	0	\$0	\$0

Note: If the provider fails to indicate or provide the "Patient Paid Amount" field with the participant's out-of-pocket expense after the other coverage determination is made, Coordination of Benefits will be based solely on the amount present in the "Other Payor Amount" field. The participant's out-of-pocket expense is determined from the primary insurance copayment or deductible and is indicated in the "Patient Paid Amount" field.

For a listing of "Other Coverage" field codes and their descriptions, refer to the Coordination of Benefits section of the Pharmacy Handbook.

*For real-time claims submission, the "Patient Paid Amount" field may be labeled differently depending on the provider's system (e.g., copay, spenddown, or patient price).