

To:
All Providers
HMOs and Other
Managed Care
Programs

BadgerCare Expansion for Certain Pregnant Women

As a result of 2005 Wisconsin Act 25, the 2005-07 biennial budget, BadgerCare will expand coverage to the following individuals:

- Pregnant non-U.S. citizens who are not qualified aliens but meet other eligibility criteria for BadgerCare.
- Pregnant individuals detained by legal process who meet other eligibility criteria for BadgerCare.

This BadgerCare expansion is designed to provide better birth outcomes.

Effective for dates of service on and after January 1, 2006, these women will be eligible for all Medicaid-covered services from the first of the month in which the pregnancy is verified or the first of the month in which the application for BadgerCare is filed, whichever is later. These women will be eligible through the last day of the month in which they deliver or the pregnancy ends. Postpartum care is reimbursable *only* if provided as part of global obstetric care.

Eligibility and Coverage

As a result of 2005 Wisconsin Act 25, the 2005-07 biennial budget, BadgerCare will expand coverage to the following individuals:

- Pregnant non-U.S. citizens who are not qualified aliens but meet other eligibility criteria for BadgerCare.
- Pregnant individuals detained by legal process who meet other eligibility criteria for BadgerCare. (“Detained by legal process” means an individual who is incarcerated [including some Huber Law prisoners] because of law violation or alleged law violation, which includes misdemeanors, felonies, delinquent acts, and day-release prisoners.)

This BadgerCare expansion is designed to provide better birth outcomes.

Effective for dates of service on and after January 1, 2006, these women will be eligible for all Medicaid-covered services from the first of the month in which the pregnancy is verified or the first of the month in which the application for BadgerCare is filed, whichever is later. These women will be eligible through the last day of the month in which they deliver or the pregnancy ends. Postpartum care is reimbursable *only* if provided as part of global obstetric (OB) care. Even though eligibility is based on pregnancy, these women will be

eligible for *all* Medicaid-covered services. (They will *not* be limited to pregnancy-related services.)

These women will not be presumptively eligible. Providers should refer these women to the appropriate county/tribal social or human services agency where they can apply for this coverage.

Fee-for-Service

Pregnant non-U.S. citizens who are not qualified aliens and pregnant individuals detained by legal process will receive care only on a fee-for-service basis. Providers are required to follow all program requirements (e.g., claims submission procedures, prior authorization requirements) when providing services to these women.

Newborn Eligibility

Children born to these women will not qualify for continuous newborn eligibility. The Newborn Report form should *not* be submitted to Wisconsin Medicaid. Providers should refer the woman to her county/tribal social or human services agency so the agency can help her obtain health care coverage for her child.

Global Obstetric Care

Providers may submit claims for individual services or global OB care if appropriate. Providers choosing to submit claims for global OB care are required to perform all of the following:

- A minimum of six antepartum visits.
- Vaginal or cesarean delivery.
- The post-delivery hospital visit and a minimum of one postpartum office visit.

If fewer than six antepartum visits have been performed for these women, the provider will

not be reimbursed for global OB care or for postpartum care.

Verifying Eligibility

These women will be established on the Medicaid Eligibility Verification System (EVS). After coverage is established, a Forward card will be sent to the woman. As a reminder, Medicaid providers should *always* verify a recipient's eligibility before providing services, both to determine eligibility for the current date and to discover any limitations to the recipient's coverage. When verifying eligibility for these women, the EVS will indicate that they are eligible for all Medicaid-covered services.

Emergency Services for Non-U.S. Citizens

When BadgerCare eligibility ends for pregnant non-U.S. citizens who are not qualified aliens, they will receive coverage for emergency services. These women will receive emergency coverage for 60 days after the pregnancy ends; this coverage will continue through the end of the month in which the 60th day falls (e.g., a woman who delivers on June 20, 2006, would be eligible through the end of August 2006). When verifying eligibility for non-U.S. citizens who are eligible only for emergency services, the EVS will indicate that the woman is eligible only for emergency services.

Emergency Services Defined

Emergency services are defined in HFS 101.03(52), Wis. Admin. Code, as "those services which are necessary to prevent the death or serious impairment of the health of the individual." Wisconsin Medicaid does not reimburse for emergency services unless they are Medicaid-covered services. Providers should refer to the Covered and Noncovered Services section of the All-Provider Handbook for more information about emergency services.

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 dhfs.wisconsin.gov/medicaid/.

PHC 1250