

**To:** All Providers, HMOs and Other Managed Care Programs

## Enrollment Verification for BadgerCare Plus Members

BadgerCare Plus, the new state-sponsored health care program, will be implemented in February 2008. This *Update* describes the policies for implementation and enrollment verification (previously referred to as eligibility verification) under BadgerCare Plus.

### BadgerCare Plus Overview

In January 2007, Governor Jim Doyle included in his 2007-09 Biennial Budget proposal an innovative state-sponsored health care program to expand coverage to Wisconsin residents and ensure that all children in Wisconsin have access to affordable health care. This new program is called BadgerCare Plus, and it will start on February 1, 2008.

BadgerCare Plus merges family Medicaid, BadgerCare, and Healthy Start into a single-payer program. BadgerCare Plus will expand enrollment to:

- All uninsured children.
- More pregnant women.
- More parents and caretaker relatives.
- Parents with children in foster care who are working to reunify their families.
- Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.
- Certain farmers and other self-employed parents and caretaker relatives.

All individuals enrolled in BadgerCare Plus and Wisconsin Medicaid will be referred to as “members.”

BadgerCare Plus is comprised of two benefit plans, the Standard Plan and the Benchmark Plan. The services

covered under the BadgerCare Plus Standard Plan are the same as the current Wisconsin Medicaid program; therefore, the term “Standard Plan” will be used in all future *Updates* to describe the shared policy and billing information. The BadgerCare Plus Benchmark Plan is a more limited plan, modeled after commercial insurance.

New services covered under BadgerCare Plus and Wisconsin Medicaid include over-the-counter tobacco cessation products for all members and mental health and substance abuse screening, preventive mental health counseling, and substance abuse intervention services for pregnant women at risk of mental health or substance abuse problems. Future *Updates* will describe these new benefits in detail.

Refer to the November 2007 *Update* (2007-79), titled “Introduction to BadgerCare Plus — Wisconsin’s New Health Care Program,” for general information on covered and noncovered services, copayments, and enrollment.

### Enrollment Verification

The Standard Plan and the Benchmark Plan offer different covered services and apply different copayments. Therefore, it is imperative that providers verify a member’s enrollment (previously referred to as eligibility) and determine the plan under which he or she is covered. Providers should **always** verify a member’s enrollment **before** providing services, both to determine enrollment at the current date (since a member’s enrollment status may change) and to determine any limitations to the member’s coverage.

Providers cannot charge a member, or authorized person acting on behalf of the member, for verifying his or her enrollment.

Providers have several options for obtaining enrollment information through Wisconsin Medicaid's Enrollment Verification System (EVS). Providers should refer to the Wisconsin Medicaid All-Provider Handbook, located online at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/), for more information.

Providers can access Wisconsin Medicaid's EVS to receive the most current eligibility information through the following methods:

- 270/271 Health Care Eligibility/Benefit Inquiry and Information Response Transactions.
- Automated Voice Response.
- Commercial eligibility verification vendors.
- Provider Services.

Each enrollment verification method allows providers to obtain member information, including:

- BadgerCare Plus coverage.
- BadgerCare Plus managed care enrollment.
- Commercial health insurance coverage.
- Health Professional Shortage Area coverage.
- Level of care.
- Limited benefit categories.
- Lock-In status.

The EVS does not indicate other government programs that are secondary to BadgerCare Plus.

Providers may call Provider Services at (800) 947-9627 to verify the plan in which a member is enrolled. Providers will hear one of several messages:

- BadgerCare Plus Standard Plan.
- BadgerCare Plus Standard Plan. No copay.
- BadgerCare Plus Standard Plan. No copay. Ambulatory services. No inpatient services are payable.
- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Benchmark Plan. Dental Benefit.

- BadgerCare Plus Benchmark Plan. No copay. Dental Benefit.
- BadgerCare Plus Benchmark Plan. No copay. Dental benefit. Ambulatory services. No inpatient services are payable.

## Identification Cards

Identification cards have been redesigned for Wisconsin Medicaid and BadgerCare Plus. The new ForwardHealth ID card will be issued to new members or to members who need a replacement card. Current Forward cards will still be valid. Members of the same family may have cards that look different from one another. Providers may use **either card** to verify enrollment.

## Information Regarding BadgerCare Plus HMOs

BadgerCare Plus HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements. For managed care policy, contact the appropriate managed care organization.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, 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/](http://dhfs.wisconsin.gov/medicaid/).

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