

To: Hospice Providers, HMOs and Other Managed Care Programs

Hospice Services Under BadgerCare Plus

BadgerCare Plus, the new state-sponsored health care program, will be implemented in February 2008. This *Update* describes the policies for hospice services 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 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.

Covered Services

Hospice services covered under the Standard Plan and the Benchmark Plan are the same as those covered under the current Wisconsin Medicaid program. Refer to the appropriate publications for covered services, policies, and procedures.

Note: Hospice services are covered for Benchmark Plan members residing in nursing homes, but nursing home room and board charges may not be covered. Refer to the November 2007 *Update* (2007-96), titled “Nursing Home Services Under BadgerCare Plus,” for more information about nursing home services for Benchmark Plan members in hospice.

Service Limitations for the Benchmark Plan

Under the Benchmark Plan, hospice services are limited to 360 days per member. This is a lifetime limit.

Reimbursement

Providers will be reimbursed for services provided to members at the current Wisconsin Medicaid rate of reimbursement.

Copayments

Standard Plan

Under the Standard Plan, hospice services do not require a copayment.

Benchmark Plan

Under the Benchmark Plan, the copayment amount for hospice services is \$2.00 per day. The \$2.00 copayment applies regardless of the type of service provided. There are no limits on copayments for hospice services.

Copayment amounts collected from members should not be deducted from the charges submitted to BadgerCare Plus. Providers should indicate their usual and customary charges for all services provided. BadgerCare Plus will automatically deduct the appropriate copayment amount from payments allowed by BadgerCare Plus.

The following members are exempt from copayment requirements under the Benchmark Plan:

- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.

No other members are exempt from the copayment requirement under the Benchmark Plan.

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/.

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