

BADGERCARE+

BadgerCare Plus Information for Providers

Update
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To: Blood Banks, Dispensing Physicians, Federally Qualified Health Centers, Pharmacies, Rural Health Clinics, HMOs and Other Managed Care Programs

Pharmacy 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 pharmacy 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 and Noncovered Services

Standard Plan

Drug coverage, policies, and procedures under the Standard Plan are the same as they are under the current Wisconsin Medicaid program. Refer to the Attachment of this *Update* for a table comparing BadgerCare Plus policies to those established under Wisconsin Medicaid.

Benchmark Plan

The Benchmark Plan covers a broad list of generic drugs and a limited number of over-the-counter (OTC) drugs. Pharmaceutical care and the repackaging allowance are also

allowed under the Benchmark Plan as enhanced dispensing fees.

Compound drugs **are not covered** under the Benchmark Plan.

For those drugs that are covered under the Benchmark Plan, policies and procedures are the same as they are under the current Wisconsin Medicaid program.

Refer to the Attachment for a table outlining BadgerCare Plus drug policies.

Brand name drugs are available to Benchmark Plan members through the Badger Rx Gold Plan, a prescription drug plan administered by Navitus Health Solutions. All Benchmark Plan members will be automatically enrolled in the Badger Rx Gold Plan. More information about the Badger Rx Gold Plan is included later in this *Update*.

Benchmark Plan Formulary Reference Materials

Wisconsin Medicaid Web Site

Providers may access the regularly updated BadgerCare Plus Covered National Drug Code data table, located at dhfs.wisconsin.gov/medicaid/, for a complete list of drugs covered by the Benchmark Plan.

ePocrates Web Site

Providers may access the Benchmark Plan formulary for covered generic drugs using their personal digital assistants (PDAs) or personal computers through ePocrates. ePocrates' products provide clinical reference information specifically for health care providers to use at the point of care. Prescribers and pharmacy providers who use PDAs may also subscribe and download the Benchmark Plan formulary by accessing the ePocrates Web site at www.epocrates.com/.

Reimbursement

Providers will be reimbursed for covered drugs provided to members at the lesser of the provider's usual and customary charge or the current Wisconsin Medicaid rate of reimbursement, plus the current Wisconsin Medicaid dispensing fee.

Copayments

Standard Plan

Copayment amounts under the Standard Plan are the same as they are under the current Wisconsin Medicaid program. Refer to previously published service-specific publications for more information on copayment amounts.

Policy regarding Standard Plan members who are subject to copayments and members who are exempt from copayments is different than that of the current Wisconsin Medicaid program.

Providers should note that the following Standard Plan members **are subject to copayment** for services where copayment applies:

- Members enrolled in BadgerCare Plus Standard Plan HMOs (previously referred to as Medicaid HMOs).
- Members under 18 years of age with incomes above 100 percent of the Federal Poverty Level (FPL).

Providers are prohibited from collecting copayments from the following Standard Plan members:

- Nursing home residents.
- Pregnant women.
- Members under 18 years of age who are members of a federally recognized tribe.
- Members under 18 years of age with incomes at or below 100 percent of the FPL.

Under the Standard Plan, providers **cannot** deny a service if a member fails to make his or her copayment.

Benchmark Plan

Copayment for drugs covered under the Benchmark Plan is up to \$5.00 per prescription with no monthly or annual limits.

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.

Under the Benchmark Plan, a provider has the right to deny services if the member fails to make his or her copayment.

The Badger Rx Gold Plan

All Benchmark Plan members will be automatically enrolled in the Badger Rx Gold Plan. Providers should submit claims to the Badger Rx Gold Plan for drugs not covered under the Benchmark Plan.

BadgerCare Plus **does not** coordinate benefits with Badger Rx Gold for members enrolled in the Benchmark Plan. The plans are mutually exclusive and drug coverage does not overlap.

Claims submitted to the Benchmark Plan for brand name drugs will be returned to providers with Explanation of Benefits 237, “Denied. Member eligibility file indicates BadgerCare Plus Benchmark member. Please submit claim to Badger Rx Gold Plan.”

Real-time pharmacy claims for drugs that are not covered by the Benchmark Plan will use the National Council for Prescription Drug Programs reject code 70, “Product/Service not covered.”

For more information about the Badger Rx Gold Plan, refer to the following resources:

- The Badger Rx Gold Web site at www.badgerrxgold.com/.

- Navitus customer service line at (866) 809-9382.
- Navitus Health Solutions Web site at www.navitus.com/.

Medicare Part D

BadgerCare Plus will deny claims for Medicare Part D-covered drugs for dual eligibles. Claims for Medicare Part D-covered drugs for dual eligibles must be submitted to the appropriate Medicare Part D Prescription Drug Plan.

Providers may submit claims to BadgerCare Plus for drugs that are excluded by Medicare Part D but covered under the Benchmark Plan. Medicare Part D-excluded drugs include barbiturates, benzodiazepines, OTC drugs, agents that are used for the symptomatic relief of cough and cold, prescription vitamins and mineral products (except prenatal vitamins and fluoride), and weight loss agents.

Additional Pharmacy Information Resources

The following resources are available for providers seeking additional information on pharmacy policies and coverage for BadgerCare Plus members:

- The current Preferred Drug List and the Benchmark Plan formulary are both available for downloading through the ePocrates Web site, located at www.epocrates.com/.
- Pharmacy data tables for BadgerCare Plus drug coverage are available through the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/pharmacy/data_tables/index.htm.
- Pharmacy handbooks and *Updates* are available through the Wisconsin Medicaid Web site at dhfs.wisconsin.gov/medicaid/pharmacy/index.htm.

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.

On February 1, 2008, pharmacy services will be carved out of most Medicaid and BadgerCare Plus managed care programs. Future publications will provide more details on this new policy.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid, SeniorCare, 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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ATTACHMENT

Pharmacy Policies Under BadgerCare Plus

The table below lists some Wisconsin Medicaid pharmacy policies and policy differences under the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, and SeniorCare.

Current Wisconsin Medicaid Policy	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	SeniorCare
34 and 100 Days' Supply	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy.
Brand Medically Necessary and Prior Authorization (PA) for Brand Medically Necessary	Same as current Medicaid policy.	Not applicable. No brand name drugs are covered under the Benchmark Plan.	Brand name innovator drugs require "brand medically necessary" handwritten on the prescription and a dispense as written indicator on the claim. Otherwise drugs are not covered. A PA is also required for brand name innovator drugs.
Claims Submission Methods	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy.
Compound Dispensing	Same as current Medicaid policy.	Compounds are not covered under the Benchmark Plan.	Same as current Medicaid policy.
Coordination of Benefits	Same as current Medicaid policy.	Same as current Medicaid policy. The Benchmark Plan and the Badger Rx Gold Plan will not coordinate benefits because the drug coverage is mutually exclusive.	Pharmacies are required to submit any out-of-pocket expenses the participant incurs in the "Patient Paid Amount" field and any other insurance payments in the "Other Payor Amount" field.
Copayment Amounts	Same as current Medicaid policy.	Generic and over-the-counter (OTC) drugs — Up to \$5.00	Brand name drug — \$15.00 Generic drug — \$5.00 Compound drug — \$5.00

Current Wisconsin Medicaid Policy	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	SeniorCare
Copayment Exemptions	<p>The following members are exempt from copayment requirements under the Standard Plan:</p> <ul style="list-style-type: none"> ● Pregnant women. ● Nursing home residents. ● Members under 18 years of age who are members of a federally recognized tribe and/or have incomes at or below 100 percent of the Federal Poverty Level (FPL). <p>The following members are subject to copayment requirements:</p> <ul style="list-style-type: none"> ● Members under 18 years of age with incomes above 100 percent of the FPL. ● Members enrolled in the BadgerCare Plus Standard Plan HMOs. 	<p>The following members are exempt from copayment requirements under the Benchmark Plan:</p> <ul style="list-style-type: none"> ● Pregnant women. ● Nursing home residents. ● Members under 18 years of age who are members of a federally recognized tribe. 	Medicaid exemptions do not apply to SeniorCare.
Covered Drugs	Same as current Medicaid policy.	A selection of generic drugs and a limited number of OTC drugs. Additional coverage may be available under the Badger Rx Gold Plan.	Legend drugs and OTC insulin. Drugs must have a signed Centers for Medicare and Medicaid Services (CMS) manufacturer rebate agreement. For participants whose incomes are over 200 percent of the FPL, a state-only agreement rebate must be signed for drugs to be covered.

Current Wisconsin Medicaid Policy	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	SeniorCare
Dispensing Fee	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy.
Drug Reimbursement Rate	Same as current Medicaid policy.	Same as current Medicaid policy.	Spendedown — participant pays up to retail price. Deductible — participant pays up to the SeniorCare rate (Medicaid ingredient rate plus 5 percent plus the Medicaid dispensing fee). Copayment — pharmacies are reimbursed by SeniorCare up to the SeniorCare rate.
Eligibility Verification	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy.
ID Cards	Forward cards are still valid. New ForwardHealth cards will be issued to BadgerCare Plus members when necessary.	Forward cards are still valid. New ForwardHealth cards will be issued to BadgerCare Plus members when necessary. Badger Rx Gold cards will also be issued.	SeniorCare Rx Cards.
Lock-In	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy.
Member/Participant Customer Service	(800) 362-3002	(800) 362-3002	(800) 657-2038
Pharmaceutical Care (PC)	Same as current Medicaid policy.	Same as current Medicaid policy.	Must have participant's prior approval to receive and be charged for PC services in the spenddown and deductible phases. SeniorCare will reimburse PC services during copayment period, same as Medicaid.
Preferred Drug List (PDL)	Same as Medicaid.	Not applicable. Preferred Drug List drugs are not covered under the Benchmark Plan.	Same as Medicaid.

Current Wisconsin Medicaid Policy	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	SeniorCare
Prior Authorization (PA)	Same as current Medicaid policy.	Drugs that are not included in the Benchmark formulary are not covered and cannot be obtained with PA. The Badger Rx Gold Plan may cover these drugs.	Drugs without a manufacturer rebate agreement are not covered and cannot be obtained with PA.
Prospective Drug Utilization Review (DUR)	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy.
Provider Services	(800) 947-9627	(800) 947-9627	(800) 947-9627
Remittance and Status (R/S) Report	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy. Medicaid and SeniorCare claims will appear on the same weekly R/S report.
Retrospective DUR	Same as current Medicaid policy.	Same as current Medicaid policy.	Same as current Medicaid policy.