

To: All Providers, HMOs and Other Managed Care Programs

Introduction to BadgerCare Plus – Wisconsin’s New Health Care Program

BadgerCare Plus, a new state-sponsored health care program, will be implemented in February 2008. This *Update* provides general information about the new program as well as changes to current state-sponsored health care programs (e.g., Wisconsin Medicaid, BadgerCare, and Healthy Start) as a result of BadgerCare Plus. Future *Updates* will provide service-specific information and training information.

General Program Information

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.

The following are the key initiatives under BadgerCare Plus:

- Ensure that all Wisconsin children have access to affordable health care.
- Ensure that 98 percent of Wisconsin residents have access to affordable health care.
- Streamline program administration and enrollment rules.
- Expand coverage and provide enhanced benefits for pregnant women.
- Promote prevention and healthy behaviors.

BadgerCare Plus will expand enrollment to the following:

- 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.

BadgerCare Plus merges family Medicaid, BadgerCare, and Healthy Start into a single program. All individuals enrolled in BadgerCare Plus are referred to as “members.”

Individuals who are 65 years old or older, elderly, blind or have a disability will remain enrolled in their respective programs — SeniorCare, Family Care, or Wisconsin Medicaid. Individuals enrolled in these programs are also referred to as “members” in future *Updates*.

As with the current BadgerCare program, certain members will be required to pay premiums and some members will have different copayments for certain services. Future *Updates* will provide service-specific copayment requirements.

Where available, all BadgerCare Plus members will be enrolled in BadgerCare Plus Standard Plan HMOs (previously referred to as Medicaid HMOs). In those areas of Wisconsin where HMOs are not available, services will be reimbursed on a fee-for-service basis.

Benefit Plans under BadgerCare Plus

BadgerCare Plus is comprised of two benefit plans, the BadgerCare Plus Standard Plan and the BadgerCare Plus Benchmark Plan. The services covered under the 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 Benchmark Plan is a more limited plan, modeled after commercial insurance.

New services covered under BadgerCare 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.

BadgerCare Plus Standard Plan

The Standard Plan covers children, parents and caretaker relatives, young adults aging out of foster care, and pregnant women with incomes at or below 200 percent of the Federal Poverty Level (FPL). There are a few changes to current policy regarding copayment amounts, limits, and exemptions, which will be detailed later in this *Update* and in future service-specific *Updates*.

BadgerCare Plus Benchmark Plan

The Benchmark Plan was adapted from Wisconsin’s largest commercial, low-cost health care plan. The Benchmark Plan is for children and pregnant women with incomes above 200 percent of the FPL and certain self-employed parents, such as farmers with incomes above 200 percent of the FPL.

The Benchmark Plan will cover prescription drugs, physician services, immunizations, laboratory services, HealthCheck screenings, mental health and substance abuse services, and preventive and basic dental services. Refer to Attachment 1 of this *Update* for a summary of the Benchmark Plan by service area. More information

on covered services will be available in future service-specific *Updates*.

Services that will be covered under the Standard Plan but are **not** covered by the Benchmark Plan include, but are not limited to, the following:

- Specialized medical vehicle and common carrier transportation.
- Case management.
- Crisis intervention.
- Community Support Program services.
- Community Care Support services.
- Private duty nursing.
- Personal care.
- Outpatient mental health and substance abuse in the home and the community for adults.

In addition to services not covered, some services covered under the Benchmark Plan have service limitations. Most service limitations under the Benchmark Plan are calculated per enrollment year or the 12-month period beginning when a member becomes enrolled in the Benchmark Plan. Refer to future service-specific *Updates* to obtain information on service limitations, enrollment year definition, and billing requirements.

Reimbursement

Providers will be reimbursed for services provided to Wisconsin Medicaid and BadgerCare Plus members at the current Wisconsin Medicaid rate of reimbursement for covered services. Specific information on dental reimbursement will be outlined in a future dental *Update*.

Copayments

As a reminder, providers are prohibited from collecting copayments from the following Medicaid members:

- Nursing home residents.
- Pregnant women.
- Members under 18 years of age with incomes at or below 100 percent of the FPL.

- Members under 18 years of age who are members of a federally recognized tribe regardless of income.
- Members enrolled in Medicaid SSI HMOs or Medicaid special managed care programs.

Standard Plan

Policy and procedures for collecting copayments are the same under the Standard Plan as they are under the current Wisconsin Medicaid program. Refer to previously-published Wisconsin Medicaid publications for more information about copayment amounts and limits.

Some services do not have copayments under the Standard Plan; providers should consult their service-specific publications for more information about services that require copayments.

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

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

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 FPL.

Benchmark Plan

Under the Benchmark Plan, copayment amounts generally will be higher than those of the Standard Plan. The only services exempt from copayment are preventive and family planning services and services to pregnant women. Dental services will be subject to deductibles. Under the Benchmark Plan, a provider has the right to deny services if the member fails to make his or her copayment.

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.

Future *Updates* will address member copayment and cost-sharing requirements in greater detail.

Enrollment

BadgerCare Plus will simplify the enrollment process by consolidating the number of different coverage groups. Under the current enrollment system, there are over 20 different coverage groups, each with different levels of determination and complex rules. Under BadgerCare Plus, this will be reduced to three primary coverage groups. Medical status codes for most current members will be updated to reflect the change in enrollment.

Application Process

BadgerCare Plus will continue the current application process in which individuals who wish to enroll must submit an application through the income maintenance system. This application may be submitted via the Internet at access.wisconsin.gov/access/, over the telephone, through the mail, or in person.

Express Enrollment

Express Enrollment (previously known as Presumptive Eligibility [PE]) will still be available for pregnant women; however, under BadgerCare Plus, Express Enrollment will be expanded to allow certain low-

income children a faster, easier way to get in to BadgerCare Plus. BadgerCare Plus will allow Express Enrollment for children to be completed by qualified providers and other community partners (e.g., Head Start; Special Supplemental Nutrition Program for Women, Infants, and Children [WIC]; faith-based organizations; child care centers; schools) for children under 19 years of age with incomes no greater than 150 percent of the FPL. Express Enrollment will be automated through the use of access.wisconsin.gov/access/. A future *Update* will further define Express Enrollment for children and pregnant women and explain how providers may become certified for Express Enrollment.

Enrollment Verification

Because the Standard Plan and Benchmark Plan differ in covered services and copayments, it is imperative that providers continue to verify a member's enrollment at each visit to determine under which plan he or she is covered. Providers are reminded to **always** verify a member's enrollment **before** providing services, both to determine that the individual is enrolled for the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through the Medicaid Eligibility Verification System and should refer to their provider handbook for more information.

Identification Cards

Identification cards have been redesigned for BadgerCare Plus. Current Forward cards will still be valid. A new ForwardHealth card will be issued upon request when a card is lost or stolen and to new members. Members of the same family may have cards that look different from one another. Refer to Attachment 2 for a sample of the new card.

Further Information on BadgerCare Plus

Refer to the BadgerCare Plus Web site at dhfs.wisconsin.gov/badgercareplus/ for additional program information.

Further Information and Training

Future *Updates* will include detailed service-specific information. Training on BadgerCare Plus will also be held. Refer to the Wisconsin Medicaid Web site dhfs.wisconsin.gov/medicaid4/trainings/index.htm for information on training dates and locations.

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 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

ATTACHMENT 1

At-a-Glance Summary of BadgerCare Plus Benchmark Plan Covered Services

The covered services information in the following chart is provided as general information. Providers should refer to their service-specific publications for detailed information on covered and noncovered services, copayment amounts and limits, and prior authorization information.

Services	BadgerCare Plus Benchmark Plan Coverage
Drugs	Generic-only formulary drugs and a limited number of generic over-the-counter drugs with a \$5.00 copayment per item. Brand name drugs are only available through the Badger Rx Gold plan, which provides a discount on the cost. Benchmark Plan members are automatically enrolled in this plan.
Physician, Anesthesia, X-Ray, and Laboratory	Same coverage as Wisconsin Medicaid with a \$15.00 copayment per visit.
Prenatal Care/Maternity	Same coverage as Wisconsin Medicaid including prenatal care coordination for high-risk pregnancies. Coverage of 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.
Inpatient Hospital	Same coverage as Wisconsin Medicaid with a \$100.00 copayment per hospital stay (medical surgery) and a \$50.00 copayment per stay for psychiatric treatment.
Outpatient Hospital	Same coverage as Wisconsin Medicaid with a \$15.00 copayment per visit (although multiple visits to the same provider on the same day will be treated as a single visit).
Emergency Room	Same coverage as Wisconsin Medicaid with a \$60.00 copayment if the member is not admitted to the hospital.
Nursing Home	Same coverage as Wisconsin Medicaid with a limit of 30 days per enrollment year in a nursing home.
Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP)	20 visits per therapy discipline per enrollment year. An additional 36 visits are covered for cardiac rehabilitation. There is a \$15.00 copayment per visit.
Durable Medical Equipment	Same coverage as Wisconsin Medicaid with a \$5.00 copayment per item. Reimbursement is capped at \$2,500.00 of paid amount in an enrollment year.
Disposable Medical Supplies	Coverage is limited to syringes, diabetic pens, and DMS that are required with the use of a DME item. There is a \$0.50 copayment for syringes and diabetic pens.

<p>Mental Health and Substance Abuse Treatment</p>	<p>Coverage and coverage limitations for these services are based upon the Wisconsin State Employees' Health Plan.</p> <p>Covered services include outpatient mental health, outpatient substance abuse (including narcotic treatment), mental health day treatment for adults, child/adolescent mental health day treatment, and substance abuse day treatment for adults and children.</p> <p>Noncovered services include crisis intervention, Community Support Program, Comprehensive Community Services, outpatient mental health and substance abuse services in the home and community for adults, and substance abuse residential treatment.</p> <p>Substance abuse services will be subject to specified dollar amount limits established under the Wisconsin State Employees' health plan, which are as follows:</p> <ul style="list-style-type: none"> • \$4,500.00 for outpatient substance abuse services. Only \$2,700.00 can be applied toward substance abuse day treatment services. • \$6,300.00 for inpatient acute general care hospital stays for substance abuse treatment. • \$7,000.00 OVERALL limit. The paid amount for all substance abuse and mental health services count toward the overall limit. Once the overall limit is reached, no substance abuse services will be covered. <p>Coverage of mental health services are not subject to any dollar amount limits.</p> <p>Inpatient hospital stays for mental health or substance abuse treatment are limited to 30 days per enrollment year. This limit applies to general acute care and hospital stays at institutions for mental disease.</p>
<p>Home Health</p>	<p>Coverage of in-home skilled nursing services, home health aide services, and therapies (PT, OT, SLP) with a copayment of \$15.00 per visit. Coverage is limited to 60 visits per enrollment year.</p>
<p>Ambulance</p>	<p>Full coverage of emergency transportation only with a \$50.00 copayment per trip.</p>
<p>HealthCheck</p>	<p>Same coverage as Wisconsin Medicaid of HealthCheck for individuals under 21 years old.</p> <p>HealthCheck "Other Services" are not covered unless coverage is specified elsewhere.</p>
<p>Dental</p>	<p>50 percent allowable charges as defined by the Department of Health and Family Services for preventive, diagnostic, simple restorative, periodontics, and surgical extractions for both pregnant women and children. Deductibles are not applied to preventive and diagnostic services.</p>
<p>Vision</p>	<p>Coverage of one routine eye exam every two years with a \$15.00 copayment per visit. This limit only applies to optometrists.</p>

Smoking Cessation	New expanded coverage of over-the-counter tobacco cessation gum products for all BadgerCare Plus members.
Hospice	Same coverage as Wisconsin Medicaid with a \$2.00 copayment per day and limited to 360 days lifetime.
Reproductive Health	Same coverage as Wisconsin Medicaid. Family planning services are available without a copayment.
Chiropractic	Same coverage as Wisconsin Medicaid with a \$15.00 copayment per visit.
Podiatric	Same coverage as Wisconsin Medicaid with a \$15.00 copayment per visit.

ATTACHMENT 2

Sample ForwardHealth Identification Card

