

**To:** Ambulatory Surgery Centers, Anesthesiologist Assistants, Certified Registered Nurse Anesthetists, Federally Qualified Health Centers, Independent Labs, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Portable X-Ray Providers, Rural Health Clinics, HMOs and Other Managed Care Programs

## Coverage of Certain Medical 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 ambulatory surgery centers, anesthesiologist assistants, certified registered nurse anesthetists, federally qualified health centers, independent labs, nurse midwives, nurse practitioners, physician assistants, physician clinics, physicians, portable X-Ray providers, and rural health clinics 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.

### Covered Services

Physician services covered under the Standard Plan and the Benchmark Plan are the same as those covered under the current Wisconsin Medicaid program.

Physicians should refer to current service-specific *Updates* for more information about covered services, policies, and procedures.

Future BadgerCare Plus publications will address the following topics:

- Express Enrollment (formerly known as Presumptive Eligibility) for children and pregnant women.
- HealthCheck services, HealthCheck Outreach and Case Management services, and HealthCheck “Other Services.”
- Mental health and substance abuse services.
- Pharmacy services.
- Tobacco cessation products and services.
- Vision services.

## **Prior Authorization**

Prior authorization policy and procedures are the same under the Standard Plan and the Benchmark Plan as they are under the current Wisconsin Medicaid program.

## **Reimbursement**

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

## **Copayments**

### ***Standard Plan***

Copayment amounts and copayment limits for services 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 and limits.

Policy regarding 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 services if a member fails to make his or her copayment.

### ***Benchmark Plan***

Copayment for medical services provided under the Benchmark plan is \$15.00 per visit **regardless of number of services provided during that visit**. There are no annual limits to copayments under the Benchmark Plan.

Copayments apply to the following:

- Ambulatory surgery facility fees.
- End-stage renal disease-related services (Healthcare Common Procedure Coding System procedure codes G0308-G0327).
- Evaluation and management visits (except preventive visits), such as consultations and hospital, outpatient, clinic, nursing home, and home visits.
- Ophthalmologic exams and refractions (*Current Procedural Terminology* [CPT] procedure codes 92002-92015).
- Osteopathic manipulations.
- Physical medicine (therapies).
- Surgeries.

The following services **do not** have a copayment under the Benchmark Plan:

- All maternity-related services, including antepartum, delivery, and postpartum care.
- Anesthesia.
- Emergency services.

*Note:* Non-emergency services provided in an emergency department setting are subject to a \$15.00 copayment per day.

- Family planning services.
- Immunizations (CPT procedure codes 90281-90749).
- Lab handling fees and supplies (CPT procedure codes 99000-99002 and 99070).
- Lab, X-ray, and diagnostic tests.
- Miscellaneous services (CPT procedure codes 99170, 99173, and 99183-99199).
- Preventive visits (CPT procedure codes 99381-99397).
- Provider-administered drugs.

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 or services 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.

### **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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