

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** All Providers

## Introducing the BadgerCare Plus Core Plan for Childless Adults

The BadgerCare Plus Core Plan for Childless Adults will be implemented on January 1, 2009, as part of Wisconsin's comprehensive health care reform. Individuals enrolled in the Milwaukee General Assistance Medical Program (GAMP) and the other participating counties' general assistance (GA) medical programs will automatically be enrolled in the BadgerCare Plus Core Plan effective January 1, 2009. The timeframe for expanding the program will be determined as the Department of Health Services moves forward.

This *BadgerCare Plus Update* provides general information about the new program. Future *Updates* will provide service-specific and training information as well as information about further expansion.

### General Program Information

The BadgerCare Plus Core Plan for Childless Adults covers basic health care services including primary care and preventive care, generic drugs, and a limited number of brand name prescription drugs.

In Milwaukee County, members will receive benefits under the BadgerCare Plus Core Plan on a fee-for-service basis from January 1, 2009, through March 31, 2009. Effective April 1, 2009, Core Plan members in Milwaukee County will be enrolled in the state-contracted HMOs that serve Wisconsin's Medicaid and BadgerCare Plus population. Members will be sent enrollment choice materials beginning in January 2009 and will enroll through Automated Health Systems, Inc.,

the State's enrollment broker, as they currently do with the BadgerCare Plus population.

Individuals who are converting to the Core Plan from non-Milwaukee County General Assistance programs will receive their Core Plan benefits on a fee-for-service basis.

All members enrolled in the Core Plan will receive a ForwardHealth identification card.

The enrollment period for the Core Plan will be between 12-15 months, regardless of income changes. Renewal time periods for Core Plan members will be staggered from January 2010 through March 2010 so that members are not applying for renewal at the same time.

A member's enrollment will end if the member:

- Becomes eligible for Medicare, Medicaid, the BadgerCare Plus Standard Plan, or the BadgerCare Plus Benchmark Plan.
- No longer resides in the State of Wisconsin.
- Becomes incarcerated or is institutionalized in an Institution for Mental Disease (IMD).
- Obtains health insurance coverage.

There is no application processing fee for persons who transfer to the Core Plan for Milwaukee General Assistance Medical Program (GAMP) or other counties' general assistance programs. Members will be required to obtain a physical examination prior to renewal.

## Covered and Noncovered Services

### *BadgerCare Plus Core Plan*

Members enrolled in the Core Plan will have access to basic health care services. The Core Plan benefits will be less comprehensive than the Standard Plan. Covered services under the Core Plan include the following:

- Physician services, including primary and preventive care and specialists for surgical and medical services.
- Diagnostic services, including laboratory and radiology.
- Inpatient hospital stays and outpatient hospital visits, excluding inpatient psychiatric stays in either an IMD or the psychiatric ward of an acute care hospital and inpatient substance abuse treatment.
- Emergency outpatient services, including emergency dental and ambulance service.
- Generic drugs and some over-the-counter (OTC) drugs. Brand name drugs will be available through the Badger Rx Gold Plan, a prescription drug discount plan administered by Navitus Health Solutions.
- Brand name mental health drugs and certain brand name asthma and diabetes drugs prescribed for members of GAMP and other GA medical programs prior to January 1, 2009, as well as certain brand name insulin and inhalers after January 1, 2009. Refer to the December 2008 *ForwardHealth Update* (2008-201), titled “Pharmacy Services Covered Under the BadgerCare Plus Core Plan for Childless Adults,” for more information.
- Physical therapy, occupational therapy, and speech and language pathology are included but are limited to 20 visits annually per discipline.
- Durable medical equipment (DME) limited to \$2,500.
- Disposable medical supplies (DMS), including diabetic pens, syringes, and DMS that are required with use of DME (no limit).

Family planning services provided by a family planning clinic will *not* be covered under the Core Plan. Eligible

female members will be given the opportunity to enroll in the Family Planning Waiver.

Inpatient mental health services and substance abuse treatment are *not* covered and outpatient mental health services are generally *not* covered under the Core Plan; however, some services provided by psychiatrists are covered.

Refer to service-specific *Updates* for detailed information on covered and noncovered services.

Refer to Attachments 1 and 2 of this *Update* for covered and noncovered services and service limitations. For a table comparing coverage for the Core Plan with the Standard Plan and the Benchmark Plan, refer to Attachment 3.

## Reimbursement

Providers will be reimbursed for services provided to members enrolled in the Core Plan at the current Wisconsin Medicaid rate of reimbursement for covered services.

## Copayments

For services with copayments, nominal copayments will range from \$0.50 to \$3.00. Copayments are applied the same way they are applied under the Standard Plan. Generally, the amount of the copayment is based on the maximum reimbursement for the service. The following table shows the ranges.

Maximum Fee	Copayment
\$10.00 or less	\$0.50
\$10.01 to \$25.00	\$1.00
\$25.01 to \$50.00	\$2.00
\$50.01 or more	\$3.00

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

require copayments. Attachments 1 and 3 also include copayment information.

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

### **Enrollment Verification**

It is imperative that providers verify a member's enrollment to determine if they are covered and the plan in which the member is enrolled. 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 and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System and should refer to the ForwardHealth Online Handbook for more information. Refer to future *Updates* for additional information about enrollment verification.

### **For More Information**

For more information or questions regarding the Core Plan, providers may call Provider Services at (800) 947-9627.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT 1

## At-a-Glance Summary of BadgerCare Plus Core Plan for Childless Adults 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.

Service	BadgerCare Plus Core Plan for Childless Adults Coverage
Dental	<p>Coverage limited to emergency services only.</p> <p>There is no copayment.</p>
Disposable Medical Supplies (DMS)	<p>Coverage of syringes, diabetic pens, and DMS that is required with the use of a durable medical equipment (DME) item.</p> <p>There is a \$0.50 copayment per item.</p>
Drugs	<p>Generic-only formulary drug benefit with a few generic over-the-counter (OTC) drugs.</p> <p>Brand name mental health drugs are only covered for individuals previously covered under the General Assistance Medical Program.</p> <p>Members will automatically be enrolled in the Badger Rx Gold plan. This is a separate program administered by Navitus, which provides a discount on the cost of drugs.</p> <p>There is a \$5.00 copayment with a \$20.00 limit per month, per provider.</p>
DME	<p>Full coverage up to \$2,500.00 per enrollment year.</p> <p>There is a \$0.50 to \$3.00 copayment per item.</p> <p>Rental items are not subject to copayment but count toward the \$2,500.00 annual limit.</p>
Inpatient Hospital	<p>Full coverage (not including inpatient psychiatric stays in either an Institute of Mental Disease or the psychiatric ward of an acute care hospital).</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> <li>• \$3.00 per day with a \$75.00 cap per stay.</li> <li>• \$300.00 total copayment cap per year for inpatient and outpatient hospital services.</li> </ul>

<b>Service</b>	<b>BadgerCare Plus Core Plan for Childless Adults Coverage</b>
Mental Health and Substance Abuse Treatment	<p>Coverage limited to mental health therapy services provided by a psychiatrist only.</p> <p>There is a \$0.50 to \$3.00 copayment per service, limited to \$30.00 per provider, per calendar year.</p>
Outpatient Hospital — Emergency Room	<p>Full coverage.</p> <p>There is no copayment for emergency room services.</p>
Outpatient Hospital	<p>Full coverage.</p> <p>There is a \$3.00 copayment per visit with a \$300 total copayment cap per year for inpatient and outpatient hospital services.</p>
Physical Therapy, Occupational Therapy, and Speech and Language Pathology	<p>Full coverage limited to 20 visits per therapy discipline, per enrollment year.</p> <p>There is a \$0.50 to \$3.00 copayment per service.</p> <p>Copayment obligation is limited to the first 30 hours or \$1,500.00, whichever occurs first, during one calendar year (copayment limits are calculated separately for each discipline).</p>
Physician	<p>Full coverage, including laboratory and radiology.</p> <p>There is a \$0.50 to \$3.00 copayment per service, limited to \$30.00 per provider, per calendar year.</p> <p>There is no copayment for emergency services, preventive care, anesthesia, or clozapine management.</p>
Reproductive Health Service	<p>Family planning services provided by family planning clinics will be covered separately under the Family Planning Waiver program.</p>
Smoking Cessation Services	<p>Coverage includes prescription generic and OTC tobacco cessation products.</p> <p>Refer to the drug benefit for information on copayments.</p>
Transportation — Ambulance, Specialized Medical Vehicle, Common Carrier	<p>Coverage limited to emergency transportation by ambulance.</p> <p>There is no copayment.</p>

# **ATTACHMENT 2**

## **Services Not Covered Under the BadgerCare Plus Core Plan for Childless Adults**

The following services are not covered under the BadgerCare Plus Core Plan:

- Case management.
- Chiropractic.
- Enteral nutrition.
- Hearing services, including hearing instruments, cochlear implants, and bone-anchored hearing devices, hearing aid batteries, and repairs.
- Home care services (home health, personal care, private duty nursing).
- Hospice.
- Inpatient mental health and substance abuse treatment services.
- Non-emergency transportation (i.e., common carrier, specialized medical vehicle).
- Nursing home.
- Podiatry.
- Prenatal Care Coordination.
- Routine vision.
- School-Based Services.

# ATTACHMENT 3

## BadgerCare Plus Core Plan for Childless Adults Covered Services Comparison Chart

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 and prior authorization information.

<b>Service</b>	<b>BadgerCare Plus Standard Plan Coverage</b>	<b>BadgerCare Plus Benchmark Plan Coverage</b>	<b>BadgerCare Plus Core Plan for Childless Adults Coverage</b>
Chiropractic	Full coverage.	Full coverage.	No coverage.
Dental	Full coverage.	Limited coverage of preventive, diagnostic, simple restorative, periodontics, and extractions for pregnant women and children.  Coverage limited to \$750.00 per enrollment year.  A \$200.00 deductible applies to all services except preventive and diagnostic.  Cost-sharing equal to 50 percent of allowable fee on all services.	Coverage limited to emergency services only.
Disposable Medical Supplies (DMS)	Full coverage.	Coverage of syringes, diabetic pens, and DMS that are required with the use of durable medical equipment (DME).	Coverage of syringes, diabetic pens, and DMS that are required with the use of DME.
Drugs	Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs.	Generic -only formulary drug benefit with a few generic OTC drugs.  Members will automatically be enrolled in the BadgerRx Gold plan. This is a separate	Generic-only formulary drug benefit with a few generic OTC drugs.  Brand name mental health drugs are only covered for individuals previously covered

Service	BadgerCare Plus Standard Plan Coverage	BadgerCare Plus Benchmark Plan Coverage	BadgerCare Plus Core Plan for Childless Adults Coverage
		program administered by Navitus, which provides a discount on the cost of drugs.	under the General Assistance Medical Program.  Members will be automatically enrolled in the Badger Rx Gold plan. This is a separate program administered by Navitus, which provides a discount on the cost of drugs.
DME	Full coverage.	Full coverage up to \$2,500.00 per enrollment year.  Rental items count toward the \$2,500 annual limit.	Full coverage up to \$2,500.00 per enrollment year.  Rental items count toward the \$2,500.00 annual limit.
Health Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals under the age of 21.	Full coverage of HealthCheck screenings.  HealthCheck "Other Services" and Interperiodic services for individuals under the age of 21 are not covered.	Not applicable.
Hearing Services	Full coverage.	Limited coverage of services provided by an audiologist.  Hearing aids, hearing aid batteries, cochlear implants, and bone-anchored hearing devices are not covered.	No coverage.
Home Care Services (Home Health, Private Duty Nursing [PDN], and Personal Care)	Full coverage of PDN, home health, and personal care services.	Full coverage of home health services.  Coverage limited to 60 visits per enrollment year.  Private duty nursing and personal care services are not covered.	No coverage.



Service	BadgerCare Plus Standard Plan Coverage	BadgerCare Plus Benchmark Plan Coverage	BadgerCare Plus Core Plan for Childless Adults Coverage
Hospice	Full Coverage.	Full coverage, up to 360 days per lifetime.	No coverage.
Inpatient Hospital	Full coverage.	<p>Full coverage, with the following dollar amount limits per enrollment year:</p> <ul style="list-style-type: none"> <li>• \$6,300.00 for stays in a general acute care hospital for substance abuse.</li> <li>• \$7,000.00 for stays in an Institute for Mental Disease (IMD) for substance abuse treatment.</li> </ul> <p>Hospital stays for mental health and substance abuse services have a 30-day limit.</p>	Full coverage (not including inpatient psychiatric stays in either an IMD or the psychiatric ward of an acute care hospital).
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board).	<p>Coverage of this service is based on the Wisconsin State Employee Health Plan.</p> <p>Covered services include outpatient mental health, outpatient substance abuse (including narcotic treatment), mental health day treatment for adults, substance abuse day treatment for adults and children, and child/adolescent mental health day treatment and inpatient hospital stays for mental health and substance abuse.</p> <p>Services not covered are crisis intervention, community support program, comprehensive community</p>	Coverage limited to mental health therapy services provided by a psychiatrist only.

Service	BadgerCare Plus Standard Plan Coverage	BadgerCare Plus Benchmark Plan Coverage	BadgerCare Plus Core Plan for Childless Adults Coverage
		<p>services, outpatient services in the home and community for adults, and substance abuse residential treatment.</p> <p>Mental health services have no dollar maximums.</p> <p>Substance abuse services are limited to \$7,000.00. Costs of mental health services, including inpatient stays, apply to this overall limit. Also, there are separate dollar limits for specific substance abuse services:</p> <ul style="list-style-type: none"> <li>• \$4,500.00 for outpatient substance abuse services including \$2,700.00 for outpatient services (including narcotic treatment) for substance abuse day treatment.</li> <li>• \$6,300.00 for inpatient hospital stays in a general acute care hospital.</li> </ul>	
Nursing Home Services	Full coverage.	Full coverage for stays at skilled nursing homes limited to 30 days per enrollment year.	No coverage.
Outpatient Hospital — Emergency Room	Full coverage.	Full coverage.	Full coverage.
Outpatient Hospital	Full coverage.	Full coverage.	Full coverage.
Physical Therapy (PT), Occupational Therapy, and	Full coverage.	Full coverage, limited to 20 visits per therapy discipline, per enrollment year.	Full coverage limited to 20 visits per therapy discipline, per enrollment year.

<b>Service</b>	<b>BadgerCare Plus Standard Plan Coverage</b>	<b>BadgerCare Plus Benchmark Plan Coverage</b>	<b>BadgerCare Plus Core Plan for Childless Adults Coverage</b>
Speech and Language Pathology		Also covers up to 36 visits per enrollment year for cardiac rehabilitation provided by a physical therapist. (The cardiac rehabilitation visits do not count towards the 20 PT visits.).	
Physician	Full coverage, including laboratory and radiology.	Full coverage, including laboratory and radiology.	Full coverage, including laboratory and radiology.
Podiatry	Full coverage.	Full coverage.	No coverage.
Prenatal/Maternity Care	Full coverage, including Prenatal Care Coordination (PNCC), and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.	Full coverage, including PNCC, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems.	Not applicable.
Reproductive Health Service	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization.	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization.	Family planning services provided by family planning clinics will be covered separately under the Family Planning Waiver program.
Routine Vision	Full coverage including coverage of eyeglasses.	One eye exam every two years, with refraction.	No coverage.
Smoking Cessation Services	Coverage includes prescription and OTC tobacco cessation products.	Coverage includes prescription generic and OTC tobacco cessation products.	Coverage includes prescription generic and OTC tobacco cessation products.
Transportation — Ambulance, Specialized Medical Vehicle, Common Carrier	Full coverage of emergency and non-emergency transportation to and from a certified provider for a BadgerCare Plus covered service.	Coverage limited to emergency transportation by ambulance.	Coverage limited to emergency transportation by ambulance.