

**Affected Programs:** BadgerCare Plus, Medicaid  
**To:** All Providers, HMOs and Special Managed Care Programs

## Member Enrollment Verification for 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. This *ForwardHealth Update* describes enrollment verification under the Core Plan.

As a result of the recent downturn in the national economy, the expansion of the Core Plan will be implemented in phases. Phase I, which includes individuals currently enrolled in Milwaukee County's General Assistance Medical Program (GAMP) and other counties' general assistance medical programs, will begin on January 1, 2009. The timeframe for adding new phases will be determined as the Department of Health Services moves forward.

Refer to the December 2008 *Update* (2008-199), titled "Introducing the BadgerCare Plus Core Plan for Childless Adults," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

### BadgerCare Plus Core Plan Overview

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

In Milwaukee County, members will receive benefits under the 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.

### Enrollment Verification

The Core Plan offers different covered services, noncovered services, and copayments than the BadgerCare Plus Standard Plan or the BadgerCare Plus Benchmark Plan. It is imperative that providers verify a member's enrollment and determine the plan under which they are covered. Providers are reminded to *always* verify a member's enrollment *before* providing services to determine enrollment at the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage.

Provider cannot charge a member, or authorized person acting on behalf of the member, for verifying his or her enrollment.

Providers may verify member enrollment for Core Plan through one of the following methods:

- ForwardHealth Portal.
- WiCall.
- Commercial Enrollment Vendors.
- 270/271 Health Care Enrollment/Benefit Inquiry and Information Response transactions.
- Provider Services.

Each enrollment verification method allows providers to obtain member information, including:

- Core Plan coverage.
- Core Plan managed care enrollment.
- Health Professional Shortage Area coverage.
- Limited benefit categories for Family Planning only.
- Lock-In status.

### ***ForwardHealth Portal***

The secure Portal is available 24 hours a day, seven days a week and offers real-time member enrollment verification. Providers will be able to use this tool to determine:

- The benefit plan(s) in which the member is enrolled.
- If the member is enrolled in a state-contracted managed care program.
- If the member has any other coverage, such as Medicare or commercial health insurance
- If the member is exempted from copayments.

To access enrollment verification via the Portal, providers will need to do the following:

- Go to the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
- Establish a provider account.
- Log into the secure Portal.
- Click on the menu item for enrollment verification.

### ***WiCall***

WiCall is an automated voice response service that is available 24 hours a day, seven days a week and allows providers with touch-tone telephones direct access to

real-time enrollment information. Providers may obtain enrollment information from WiCall by calling (800) 947-3544.

Information from WiCall will be returned in the following order, if applicable, to the member's current enrollment:

- Transaction number — A number will be given as a transaction confirmation that providers should keep for their records.
- Benefit enrollment — All benefit plans the member is enrolled in on the date of service (DOS) or within the DOS range selected for the financial payer.
- Managed care organization (MCO) — All information about state-contracted MCO enrollment, including MCO names and telephone numbers (that exist on the DOS or within the DOS range selected), will be listed. This information is applicable to Medicaid and BadgerCare Plus members only.
- Hospice — If the member is enrolled in the Hospice benefit on the DOS or within the DOS range that the provider selected, the hospice information will be given. This information is applicable to Medicaid and Standard Plan and Benchmark Plan members only.
- Lock-in — Information about member lock-in that exists on the DOS or within the DOS range selected will be provided. This information is applicable to Medicaid, BadgerCare Plus, and SeniorCare members.
- Medicare — All information about Medicare coverage, including type of coverage and Medicare number, if available, that exists on the DOS or within the DOS range selected will be listed.
- Other Commercial Insurance Coverage — All information about commercial coverage, including carrier names and telephone numbers, if available, that exists on the DOS or within the DOS range selected will be listed.
- Transaction Completed — After the member's enrollment information has been given using the

financial payer that was selected, providers will be given the following options:

- ✓ Hear the information again.
- ✓ Request enrollment information for the same member using a different financial payer.
- ✓ Hear another member's enrollment information using the same financial payer.
- ✓ Hear another member's enrollment information using a different financial payer.
- ✓ Return to the main menu.

### **Commercial Enrollment Vendors**

ForwardHealth has agreements with several commercial enrollment verification vendors to offer enrollment verification technology to ForwardHealth providers. Commercial enrollment verification vendors have up-to-date access to the enrollment files to ensure that providers have access to the most current enrollment information. Providers may verify member enrollment through one or more of the following methods available from commercial enrollment verification vendors:

- Magnetic stripe card readers.
- Personal computer software.
- Internet.

Refer to the Portal for a list of commercial enrollment verification vendors that provide these services.

### **270/271 Health Care Enrollment/Benefit Inquiry and Information Response Transactions**

The 270/271 transactions allow for batch enrollment verification, including information for the current benefit period and previous 365 days, through a secure Internet connection. The 270 is the electronic transaction for inquiring about a member's enrollment. The 271 is the response to the inquiry.

### **Provider Services**

Providers may request enrollment information by calling Provider Services at (800) 947-9627 from 7:00 a.m. until 6:00 p.m. (Central Time), Monday through

Friday, with the exception of state-observed holidays. Providers may obtain enrollment information beyond 365 days prior to the current DOS and other member information not available through the other methods.

### **Member Identification Cards**

All members enrolled in the Core Plan will receive a ForwardHealth card. All identification cards include the member's name and a 10-digit member identification number. The identification cards may be used to verify a member's enrollment, but possession of an identification card does not guarantee enrollment. It is possible that a member will present a card when he or she is not enrolled; therefore, it is essential that providers verify enrollment before providing services.

### **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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