

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

Tobacco Cessation Products and Services Covered Under 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. This *ForwardHealth Update* describes the coverage and policies for tobacco cessation products and services 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.

Tobacco Cessation Products

The Core Plan covers generic legend drugs and over-the-counter (OTC) nicotine gum and patches. Brand name drugs may be available for Core Plan members through Badger Rx Gold, a prescription drug plan for Wisconsin residents. All Core Plan members will be automatically enrolled in Badger Rx Gold. Providers should refer to the Badger Rx Gold Web site at badgerrxgold.com/ for more information about Badger Rx Gold.

A written prescription from a prescriber is required for federal legend and OTC tobacco cessation products. Prescribers are required to indicate the appropriate diagnosis on the prescription.

Diagnosis Restrictions

Diagnosis restrictions apply to tobacco cessation products covered by the Core Plan. Prior authorization (PA) is required for uses outside the approved diagnosis (i.e., *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code 305.1). Providers should refer to the Diagnosis Restricted Drugs data table on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Reimbursement

Providers will be reimbursed at the lesser of the provider's usual and customary charge or the BadgerCare Plus rate of reimbursement for covered drugs, minus the current dispensing fee.

Tobacco Cessation Services

Covered Services

Tobacco cessation services covered under the Core Plan include medically necessary evaluation and management (E&M) visits, as appropriate. Refer to the Online Handbook on the Portal for covered services, policies, and procedures.

Prior Authorization

Prior authorization policy and procedures are the same under the Core Plan as they are under the BadgerCare Plus Standard Plan and the BadgerCare Plus Benchmark Plan.

Providers are required to obtain PA separately for the Core Plan, the Standard Plan, and the Benchmark Plan for the same or similar services. If a member's enrollment status changes, PA granted under one plan will not be valid for the other plans. Providers are required to submit new PA requests in these cases to

obtain a valid PA for the member. Separate PAs are required due to differences in coverage between the Core Plan, the Standard Plan, and the Benchmark Plan.

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 tobacco cessation products and services with copayments, nominal copayments will range from \$0.50 to \$3.00. Copayments are applied to tobacco cessation products and services the same way they are applied under the Standard Plan.

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 in which plan 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 Online Handbook for more information. Refer to the December 2008 *Update* (2008-200), titled "Member Enrollment Verification for BadgerCare Plus Core Plan for Childless Adults," for more information.

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/.

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