

Affected Programs: BadgerCare Plus, Medicaid

To: Audiologists, Hospital Providers, Nursing Homes, Occupational Therapists, Physical Therapists, Rehabilitation Agencies, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Physical Therapy, Occupational Therapy, and Speech and Language Pathology 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 physical therapy, occupational therapy, and speech and language pathology 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 that are converting to the Core Plan from non-Milwaukee County general assistance (GA) 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.

Covered and Noncovered Services

The Core Plan covers the same physical therapy (PT), occupational therapy (OT), and speech and language pathology (SLP) services as the BadgerCare Plus Standard Plan. Refer to the Online Handbook on the ForwardHealth Portal for covered services, policies, and procedures.

Service Limitations for the Core Plan

The Core Plan covers up to 20 visits in each therapy discipline (PT, OT, and SLP) per member per enrollment year. Cardiac rehabilitation visits are counted under the 20 visits allowed for PT.

A therapy visit is defined as all therapy services delivered on the same date of service (DOS) by the same rendering provider.

Therapy visits in any discipline that exceed the Core Plan service limitations are considered noncovered.

Enrollment Year Under the Core Plan

For persons that transition from GA or General Assistance Medical Program (GAMP), the Core Plan enrollment year will be a continuous period of enrollment that begins on January 1, 2009 and ends during January, February, or March of 2010. (The earliest end date for the enrollment year would be January 1, 2010, and the latest end date would be March 31, 2010.) The enrollment year is staggered over three months to allow adequate time for the DHS to process renewal applications.

If a member who transitioned from GA or GAMP loses eligibility for the Core Plan, that member cannot re-enroll in the Core Plan until the plan becomes available for new members.

If the member becomes eligible for and switches into the Benchmark Plan, the member's enrollment year will reset under the Benchmark Plan.

Prior Authorization

Prior authorization will not be required for any therapy services provided under the Core Plan. Prior authorization requests submitted for Core Plan members will be returned to providers without adjudication.

Reimbursement

Providers will be reimbursed for services provided to members enrolled in the Core Plan at lesser of the provider's usual and customary charge or the Wisconsin Medicaid maximum allowable fee.

Copayments

Copayments for PT, OT, and SLP services range from \$0.50 to \$3.00. Copayment amounts are applied the same way they are applied under the Standard Plan. 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

The Core Plan copayment obligation is limited to the first 30 hours or \$1,500.00 of reimbursement for PT, OT, or SLP services per member, per enrollment year. Copayment limits are calculated separately for each therapy discipline.

The copayment maximum applies to each member, regardless of the number of providers. For example, if a member receives PT services from more than one provider, the copayment maximum may be reached sooner than an individual provider's records indicate.

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 the member is 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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