



Update

July 2009

No. 2009-38

Affected Programs: BadgerCare Plus, Medicaid

To: All Providers, Local Coordinating Agencies, HMOs and Other Managed Care Programs

Women Diagnosed with Breast Cancer or Cervical Cancer While Enrolled in BadgerCare Plus Benchmark Plan or BadgerCare Plus Core Plan Are Now Eligible to Be Enrolled in Wisconsin Well Woman Medicaid

Effective on July 15, 2009, women who are diagnosed with breast cancer or cervical cancer while enrolled in the BadgerCare Plus Benchmark Plan or the BadgerCare Plus Core Plan for Adults with No Dependent Children will be eligible for enrollment in Wisconsin Well Woman Medicaid.

Enrollment Requirements for Wisconsin Well Woman Medicaid

Effective on July 15, 2009, women who are diagnosed with breast cancer or cervical cancer while enrolled in the BadgerCare Plus Benchmark Plan or BadgerCare Plus Core Plan for Adults with No Dependent Children will be eligible to be enrolled in Wisconsin Well Women Medicaid (WWWMA). Wisconsin Well Woman Medicaid covers the same services as Wisconsin Medicaid, therefore, enrollment in WWWWMA enables members to receive comprehensive treatment, including services not related to their diagnosis.

Wisconsin Well Woman Medicaid provides benefits to underinsured or uninsured women under the age of 65 who have been diagnosed as having any of the following conditions:

- Breast cancer.

- Cervical cancer.
- Precancerous conditions of the cervix.

Enrolling Members in Wisconsin Well Woman Medicaid

Women who are diagnosed with breast cancer, cervical cancer, or a precancerous condition of the cervix must have the diagnosis of their condition confirmed by one of the following Medicaid-certified providers:

- Nurse practitioners, for cervical conditions only.
- Osteopaths.
- Physicians.

Women with Medicare or other insurance that covers treatment for her cancer are not allowed to be enrolled into WWWWMA.

To enroll a woman to WWWWMA from the Benchmark Plan or the Core Plan, the woman, along with the authorized diagnosing provider, is required to complete and sign the Wisconsin Well Woman Medicaid Determination form, F-10075 (07/06). The form should be sent via e-mail to dhsemcapo@wisconsin.gov or faxed to the Central Application Processing Operation (CAPO) at (608) 267-3381. The form may be obtained

from the Wisconsin Department of Health Services at dhs.wisconsin.gov/forms/ and by selecting from the numeric list on the left side of the Web page. Information on obtaining paper forms is available by selecting the “forms center” link within the table of listed forms.

The Wisconsin Well Woman Medicaid Determination form is currently being revised to include information specific to enrolling members from the Benchmark Plan or Core Plan. Refer to the Attachment of this *ForwardHealth Update* for a sample of the revised form. Providers should continue to use the current form until the new form is announced in a future *Update*.

Typically, CAPO will process the Wisconsin Well Woman Medicaid Determination form in 10 business days but not longer than 30 calendar days from the receipt of the form. Once the determination is processed, the member’s enrollment information will be updated for providers to verify the member’s status via the ForwardHealth Portal or on WiCall.

Once enrolled in WWWMA, women who were enrolled in a BadgerCare Plus HMO are no longer in the HMO and all services are reimbursed fee-for-service.

Enrollment in WWWMA may be backdated to the date of diagnosis, but not to a date earlier than the first date of the women’s enrollment in the Benchmark Plan or the Core Plan.

Recertification of Enrollment

Members must complete an annual review for continued enrollment in WWWMA. Members will receive a written notice approximately 45 days prior to the last day of their enrollment. The member is required to submit a new Wisconsin Well Woman Medicaid Determination form signed by her physician attesting to the need for ongoing treatment.

Covered and Noncovered Services

Wisconsin Well Woman Medicaid covers the same services as Wisconsin Medicaid, regardless of whether the service is related to her cancer treatment.

Providers should refer to the Online Handbook at www.forwardhealth.wi.gov/ for more information on Wisconsin Medicaid covered services.

Reimbursement

Providers will be reimbursed for services provided to members enrolled in WWWMA at the current Wisconsin Medicaid rate of reimbursement for covered services. Providers are required to reimburse members for any copayments members paid on or after the date of diagnosis while still enrolled in the Benchmark Plan or the Core Plan.

Copayments

There are no copayments for any Medicaid covered service for WWWMA members who have been enrolled into WWWMA from the Benchmark or the Core Plan.

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/.

P-1250

ATTACHMENT

Wisconsin Well Woman Medicaid Determination

(A sample copy of the “Wisconsin Well Woman Medicaid Determination” form is located on the following pages.)

WISCONSIN WELL WOMAN MEDICAID DETERMINATION

Use this form to enroll or renew enrollment in the Wisconsin Well Woman Medicaid plan. If this is an initial request to enroll in Wisconsin Well Woman Medicaid, the individual must already be enrolled in one of the programs listed below. Please check the program in which she is currently enrolled. If this is a renewal for Well Woman Medicaid, please check 'Renewal'.

- Family Planning Waiver Plan
 BadgerCare Plus Benchmark
 BadgerCare Plus Core Plan
 Wisconsin Well Woman Program (see below)
 Renewal

If enrolled in the Wisconsin Well Woman Program, a copy of the Wisconsin Well Woman Health Screening Program form (F-44818) must be attached to this form.

Personally identifiable information and Social Security Numbers are used only for the direct administration of the Medicaid program. Any person who wants Wisconsin Medicaid, but does not provide his/her SSN or apply for one will not be able to get benefits, pursuant to Wisconsin Statutes § 49.82(2).

Part A – Applicant/Member Information – To enroll or renew enrollment, the applicant/member must complete this section in full. Forms with missing information (including unsigned forms) will be returned which may cause enrollment delays. To enroll, an applicant must be a U.S. citizen or qualifying immigrant, a Wisconsin resident **and** under age 65.

PART A – Applicant/Member Information				
Name – (Last, First, MI)		Social Security Number		Member ID Number
Street Address		City	State	Zip
Birthdate (mm/dd/yy)				
SIGNATURE – Applicant/Member		Telephone Number ()	Date Signed (mm/dd/yy)	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have private major medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following				
Company _____		Policy Number _____		Phone _____

Part B – Diagnosing Provider - This section must be completed by the Wisconsin Well Woman Program/BadgerCare Plus diagnosing provider attesting to the screening, diagnosis and treatment recommendation for the applicant above. Incomplete or illegible information may cause the form to be returned or delay enrollment.

Recertifying Provider — This section must be completed by the Wisconsin Well Woman Program or BadgerCare Plus recertifying provider. Complete Part B, sign and date the form attesting to the need for ongoing treatment for the member listed.

PART B – Diagnosing or Recertifying Provider - Must be NP, MD or DO				
Name (Last, First, MI)				
Street Address - Diagnosing Provider			City	State Zip
Date of Screen	Date of Diagnosis	Check diagnosis for this applicant <input type="checkbox"/> Breast cancer <input type="checkbox"/> Cervical cancer <input type="checkbox"/> Pre-cancerous condition of the cervix		
TEMPORARY ELIGIBILITY/ENROLLMENT (available to Wisconsin Well Woman Program applicants only) — To be temporarily enrolled in the Well Woman Medicaid plan, the applicant <u>must</u> be a U.S. citizen and enrolled in the Wisconsin Well Woman Program. If she is not a U.S. citizen, she may still be eligible to enroll in Well Woman Medicaid, however, she will need to apply at a state or local agency (see Provider Handbook)				
Temporary Enrollment Begin Date (date of diagnosis)			Temporary Enrollment End Date (last day of the month following the month of diagnosis.)	
SIGNATURE / Credentials – Diagnosing/Recertifying Provider			Date Signed (mm/dd/yy)	Telephone Number ()

Certifying Agency Action

WISCONSIN WELL WOMAN MEDICAID DETERMINATION

F-10075 (07/09)

IF YOU RECEIVE WISCONSIN WELL WOMAN MEDICAID, present your ForwardHealth card each time you go to your Wisconsin Well Woman Medicaid providers such as physicians, hospitals, druggist, dentist, etc. There are no copayments for women enrolled in Wisconsin Well Woman Medicaid. If you have questions about your enrollment, contact your certifying agency. If you have questions about your covered benefits you should call Member Services at 1-800-362-3002.

IF YOU RECEIVE BENEFITS OR SERVICES, you must follow these rules:

- DO NOT give false information or hide information to get or continue to get benefits.
- DO NOT trade or sell your ForwardHealth card.
- DO NOT alter your ForwardHealth card to get benefits you are not entitled to receive.
- DO NOT use someone else's ForwardHealth card.

REPORTING CHANGES

You must report to the agency* **within 10 days**:

- If you move out of state,
- If you turn 65 years of age,
- If you get health insurance that pays for your cancer treatment,
- If you become eligible for Medicare (Parts A or B)
- If you change your address in Wisconsin.

*See your Notice of Decision for agency contact information.

OTHER MEDICAL COVERAGE

As a condition of enrollment, you must report to the agency any third party insurance or award that may be liable to pay for your medical care. You must cooperate by reporting this information. If you have Medicare Parts A, or B, or any private health insurance that covers your cancer treatment, you can no longer get Wisconsin Well Woman Medicaid.

OVERPAYMENTS

You must pay back Medicaid any benefits you get by mistake under certain situations.

YOU HAVE THE RIGHT TO A WRITTEN NOTICE from the agency* before any action is taken to stop or reduce your Wisconsin Well Woman Medicaid benefits. For most actions, a notice will be mailed to you at least 10 days before the action is taken.

*See your Notice of Decision for agency contact information.

YOU MAY REQUEST A FAIR HEARING if you disagree with any agency's action including your Wisconsin Well Woman Medicaid. You may request a fair hearing in writing or in person with your agency. You may also request a fair hearing by writing to the Department of Administration, Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875 or by calling 1-608-266-3096. Your request must be received within 45 days of the action's effective date.

In most cases, if your fair hearing request is received by the Division of Hearings and Appeals prior to the action's effective date, your benefits will not stop or be reduced. The benefits will continue at least until the decision on your appeal is made. During this time, if another unrelated change occurs, your benefits may change. If another change occurs, you will receive a new notice. If you are not satisfied with the fair hearing decision, you may appeal and request a second fair hearing. If the fair hearing decision ends or reduces your benefits, you may have to repay any benefits you receive while your appeal was pending. You may ask not to receive continued benefits.

YOU MAY REPRESENT YOURSELF OR BE REPRESENTED at the hearing by an attorney, friend or anyone else you choose. We cannot pay for your attorney. However, free legal services may be available to you if you qualify. If you fail to appear, or your representative fails to appear at the hearing without good cause, your appeal is considered abandoned and will be dismissed.

NON-DISCRIMINATION STATEMENT

The Department of Health Services is an equal opportunity employer and service provider. All people applying for or who get benefits are protected against discrimination based on race, color, national origin, disability, age, sex, or religion. State and federal laws require all Well Woman Medicaid benefits to be provided on a nondiscriminatory basis. To file a complaint of discrimination, contact either the:

Wisconsin Department of Health Services
Affirmative Action/Civil Rights Compliance Office
1 W. Wilson, Room 555
Madison, WI 53707-7850

OR
U.S. Department of Health and Human Services
Office for Civil Rights – Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601

Telephone: (608) 266-9372 (voice)
(888) 701-1251 (TTY)
(608) 267-2147 (fax)

Telephone: (312) 886-5077 (voice) or
(312) 353-5693 (TTY)

For civil rights questions call (608) 266-9372 or 1-888-701-1251 (TTY).