

Affected Programs: BadgerCare Plus

To: All Providers, HMOs and Other Managed Care Programs

Copayment and Service Limitations Reset with HMO Enrollment for Members in BadgerCare Plus Core Plan for Adults with No Dependent Children

Copayment limits and some service limitations will reset for members enrolled in the BadgerCare Plus Core Plan for Adults with No Dependent Children when members are enrolled into an HMO or switch from one HMO to another.

HMO Enrollment for BadgerCare Plus Core Plan Members

On January 1, 2009, the Department of Health Services (DHS) introduced the BadgerCare Plus Core Plan for Childless Adults. In April 2009, members who were transitioned from Milwaukee General Assistance Medical Program were enrolled into state-contracted HMOs. Beginning in November 2009, other Core Plan members who were covered under fee-for-service will be enrolled into state-contracted HMOs. Generally, Core Plan members are required to enroll in an HMO.

The information regarding resetting limitations in this *ForwardHealth Update* also applies to BadgerCare Plus Benchmark Plan members.

Resetting Limitations

Under the Core Plan, copayment amounts paid and service limitations used by a member within their continuous 12-month enrollment year will reset in the following situations:

- A fee-for-service member is enrolled in an HMO.

- A member switches from one HMO to another HMO (only allowable within the first 90 days of Core Plan enrollment).
- A member is disenrolled from an HMO and moves to fee-for-service.

Note: When a member goes from fee-for-service into an HMO and subsequently moves back to fee-for-service, copayments and service limitations will not be reset for the services that were received under the initial fee-for-service enrollment period.

Resetting copayment and service limitations does not change a member's Core Plan enrollment year. The Core Plan enrollment year is defined as the continuous 12-month period beginning on the first day of enrollment (either the first or the 15th day of the month) in the Core Plan and ending on the last day of the 12th full calendar month.

Copayment Limits

Covered services have designated copayment limits. For example, under the Core Plan there is a \$30.00 limit per provider, per enrollment year for physician services.

Service Limitations

Certain covered services have designated service limitations. For example, physical therapy, occupational

therapy, and speech and language pathology are limited to 20 visits per therapy discipline, per member, per enrollment year under the Core Plan.

Prior authorization requests for services beyond the covered service limitations will be denied.

Members need to keep track of the number of services they have used. 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. Providers may call Provider Services to check the number of services a Core Plan member has used.

More Information

Providers should refer to their service-specific publications, the ForwardHealth Online Handbook, and the June 2009 *Update* (2009-33), titled "Expansion of the BadgerCare Plus Core Plan for Adults with No Dependent Children," for HMO enrollment information and specific details on the Core Plan. Frequently asked questions regarding the Core Plan are also available on the Training page of the Provider area of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For members enrolled in the BadgerCare Plus Benchmark Plan and the Core Plan, pharmacy services are on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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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