

Affected Programs: BadgerCare Plus Core Plan
To: Podiatrists, HMOs and Other Managed Care Programs

Podiatry Services Covered by the BadgerCare Plus Core Plan for Adults with No Dependent Children

Effective for dates of service on and after January 1, 2010, the BadgerCare Plus Core Plan for Adults with No Dependent Children will cover podiatry services.

Effective for dates of service on and after January 1, 2010, podiatry services will be covered under the BadgerCare Plus Core Plan for Adults with No Dependent Children.

Covered Services

Podiatry services covered under the Core Plan are the same as those covered under the BadgerCare Plus Standard Plan.

Reimbursement

Providers will be reimbursed for services provided to members at the current Medicaid rate of reimbursement.

Copayments

Copayment amounts for podiatry services are the same under the Core Plan as they are under the Standard Plan. Copayment is limited to \$30.00 per member, per billing provider, per enrollment year.

Core Plan Enrollment Year Definition

The Core Plan enrollment year is the time period used to determine service limitations for members in the

Core Plan. Services received while covered under the Standard Plan or the BadgerCare Plus Benchmark Plan do not count toward the enrollment year service limitations in the Core Plan and vice versa.

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.

The Core Plan enrollment year will reset if there is a gap in coverage for more than a full calendar month. For example, a member's situation changes for a few months and the member is temporarily ineligible for the Core Plan. More than one month later, the member becomes eligible again and re-applies for the Core Plan. When the member's application is approved and Core Plan coverage begins, the Core Plan enrollment year resets. Core Plan service limitations for this member also reset.

When a member exceeds his or her service limitations, the service is considered noncovered and the member is responsible for payment of the service.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy and applies to services members receive 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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