

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

Changes to the Hospital Benefit for the BadgerCare Plus Core Plan

Effective for dates of service (DOS) on and after January 1, 2010, coverage of outpatient hospital visits for members enrolled in the BadgerCare Plus Core Plan for Adults with No Dependent Children will be limited to 25 visits per enrollment year. This limit does not include emergency room visits. All Core Plan members will be subject to a copayment for emergency room visits for DOS on and after January 1, 2010.

Service Limitation for Outpatient Hospital Visits

Effective for dates of service (DOS) on and after January 1, 2010, the BadgerCare Plus Core Plan for Adults with No Dependent Children covers up to 25 outpatient hospital visits per member per enrollment year, regardless of hospital provider. Emergency room visits do not count toward the service limitation. Emergency room visits are defined by revenue codes 0450 – 0459 on hospital claims.

Outpatient hospital visits for DOS prior to January 1, 2010, will not be counted toward the service limitation for the member's current enrollment year.

Outpatient hospital visits that exceed the Core Plan service limitation are considered noncovered.

Professional Services Rendered During a Noncovered Outpatient Hospital Visit Are Reimbursable

ForwardHealth will cover the professional component of a covered outpatient hospital visit even if the member has exceeded the 25-visit limitation as long as the professional services are billed separately on a professional claim.

Drugs Administered During a Noncovered Outpatient Hospital Visit Are Reimbursable

ForwardHealth will cover drugs on the Core Plan formulary, including any applicable administration fee, administered during an outpatient hospital visit even if the member has exceeded the 25-visit limitation as long as the drugs are billed separately on the appropriate claim form.

Billing Members for Noncovered Services

Visits that exceed the service limitation established under the Core Plan are considered noncovered. Hospital services provided during a noncovered visit will not be reimbursed by ForwardHealth. Providers are encouraged to inform the member when he or she has reached a service limitation. If a member requests a service that exceeds the limitation, the member is responsible for payment. Providers should make payment arrangements with the member in advance.

Providers may bill members up to their usual and customary charges for noncovered services.

Copayment for Emergency Room Services

Effective for DOS on and after January 1, 2010, “Core Plan 1” members will have a \$3.00 copayment per emergency room visit. The emergency room copayment is waived if the member is admitted to the hospital on the same day as the emergency room visit and the inpatient hospital copayment will apply instead.

“Core Plan 2” members still have a \$60.00 copayment per emergency room visit.

Copayment for all inpatient and outpatient hospital services for Core Plan 1 and Core Plan 2 members is capped at \$300.00 per member, per enrollment year.

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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