

**Affected Programs:** BadgerCare Plus Basic Plan  
**To:** All Providers, HMOs and Other Managed Care Programs

## Changes to BadgerCare Plus Basic Plan Copayments and Service Limitations

Effective January 1, 2011, some benefits for members enrolled in the BadgerCare Plus Basic Plan will change. This *ForwardHealth Update* includes information on these changes.

### Overview of Changes to BadgerCare Plus Basic Plan

Effective January 1, 2011, some copayment and service limitations will change for the BadgerCare Plus Basic Plan:

- Pharmacy services changes:
  - ✓ Change to copayments for brand name drugs.
  - ✓ New limit of five opioid prescription fills per month.
- Change to the number of emergency room visits allowed.
- New copayments for radiology services.
- Copayments for all vaccines.

Members with certain medical conditions may be allowed to enroll in the BadgerCare Plus Core Plan if they meet the Core Plan enrollment rules.

### Changes to Pharmacy Services

#### ***Change to Copayments for Brand Name Drugs***

Effective January 1, 2011, Basic Plan members will have a \$10 copayment for covered brand name drugs.

Brand name drugs covered by the Basic Plan include:

- Humalog<sup>®</sup> insulin.
- Humalog<sup>®</sup> Mix insulin.
- Lantus<sup>®</sup> insulin.
- Tamiflu<sup>®</sup>.
- Relenza<sup>®</sup>.

### ***Opioid Drug Limits***

Effective January 1, 2011, opioid drugs will be limited to five prescription fills a month. These limits include current prescriptions and all future prescriptions and refill prescriptions for opioids. Providers should look for a future *Update* regarding specific policy for the opioid drug limits.

### **Copayments for Radiology Services**

Effective January 1, 2011, radiology services will be subject to a copayment. High-tech imaging, such as computed tomography (CT), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), and positron emission tomography (PET), will be subject to a \$20 copayment. Low-tech imaging, such as X-rays and ultrasounds, will be subject to a \$5 copayment. Most mammograms will be subject to a \$5 copayment. Providers should note that radiology copayments will be in addition to physician and outpatient hospital copayments, as appropriate.

Copayments will be applicable on professional claims only. All radiation oncology services and add-on codes are exempt from the copayment requirement.

## Emergency Room Coverage

Effective January 1, 2011, emergency room visit coverage will be decreased from five covered visits per enrollment year to two covered visits per enrollment year. If a member has already incurred more than two visits per enrollment year before January 1, 2010, ForwardHealth will not recoup those claims, but no additional emergency room visits will be paid in the current enrollment year.

## Copayments for All Vaccines

Effective January 1, 2011, all vaccines, including the flu shot (influenza vaccine), will have a \$10 copayment.

## Basic Plan Members with Certain Diagnoses May Be Enrolled in the Core Plan

Basic Plan members with certain diagnoses may be enrolled in the Core Plan if they meet the Core Plan enrollment rules. If a member has any of the following, they can bypass the Core Plan waitlist and be enrolled in the Core Plan, if they meet all of the Core Plan enrollment rules:

- Cancer (except non-melanoma skin cancers).
- Hypertension and high cholesterol combined.
- Atherosclerosis.
- Heart failure.
- Heart disease.

In order for a Basic Plan member with one of these diagnoses to bypass the Core Plan waitlist, the provider who has diagnosed the member is required to complete the Core Plan Waitlist — Medical Bypass Determination form, F-00292 (11/10). The provider is required to indicate a description of the diagnoses on the form. Providers may refer to the Attachment of this *Update* or the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for a copy of the form.

*Note:* Basic Plan members with a diagnosis of one of the non-melanoma skin cancers or other conditions not listed

above are not eligible to apply for the Core Plan through the Core Plan waitlist bypass process. The form must be submitted to the Enrollment Services Center by fax at (888) 415-2115 or by mail to the following address:

Enrollment Services Center  
PO Box 7190  
Madison WI 53707-7190

Providers are encouraged to submit completed forms by fax to ForwardHealth to avoid delays in mailing of forms.

A copy of the completed Core Plan Waitlist — Medical Bypass Determination should be kept in the member's medical record.

Basic Plan members who are enrolled in the Core Plan because of a Core Plan Waitlist medical bypass determination are not enrolled in BadgerCare Plus HMOs.

## For More Information

For more information about the Core Plan Waitlist bypass process for members who have been diagnosed with one of the five conditions listed in this Update, 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/](http://www.forwardhealth.wi.gov/).

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# **ATTACHMENT**

## **Core Plan Waitlist — Medical Bypass Determination**

(A copy of the Core Plan Waitlist — Medical Bypass Determination form is located on the following page.)

**CORE PLAN WAITLIST – MEDICAL BYPASS DETERMINATION**

Physicians use this form to report certain diagnosis for members enrolled in the BadgerCare Plus Basic Plan. Members with one of the following diagnoses, can bypass the Core Plan waitlist and enroll in the Core Plan, if all other program rules are met. This form must be completed by the provider attesting to the diagnosis of:

- Cancer (except non-melanoma skin cancers),
- Hypertension and high cholesterol combined,
- Atherosclerosis,
- Heart failure, or
- Heart disease.

Incomplete or illegible information may cause the form to be returned or delay enrollment in BadgerCare Plus Core Plan. Please print.

**PART A – BadgerCare Plus Basic Member Information**

Name – (Last, First, MI)

Social Security Number	ForwardHealth Member ID Number	Birth date (mm/dd/yy)	
Street Address	City	State	Zip
Telephone Number (include area code)	Email Address		
Comments			

**PART B – Diagnosing Physician Information - Must be MD or DO**

Name (Last, First, MI)

MD  DO

Street Address - Diagnosing Provider	City	State	Zip
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**PART C – Diagnosis**

Date of Diagnosis	Diagnosis for this member
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By signing below, I attest that the BadgerCare Plus Basic Member described above has been diagnosed with:

- Cancer (except non-melanoma cancers)       Hypertension and high cholesterol combined  
 Atherosclerosis       Heart failure       Heart disease

PHYSICIAN SIGNATURE and Credential – Diagnosing Physician	Date Signed (mm/dd/yy)	Telephone Number (    )
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**FAX this completed form to: 1-888-409-1982**