

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin Chronic Disease Program
To: Blood Banks, Family Planning Clinics, Federally Qualified Health Centers, Individual Medical Supply Vendors, Medical Equipment Vendors, Pharmacies, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

Real Time and Provider Electronic Solutions Claim Response Enhancement

Effective for dates of process on and after January 1, 2011, ForwardHealth will return the member's program information for all denied claims submitted via the National Council for Prescription Drug Programs 5.1 Telecommunication Standard and the Provider Electronic Solutions Software.

Wisconsin Medicaid and BadgerCare Plus Rate Reform Project

In response to 2009-2011 biennial budget targets, the Department of Health Services, along with representative industry stakeholders, undertook the Medicaid and BadgerCare Plus Rate Reform project. The changes described in this *ForwardHealth Update* are a result of the Rate Reform Project.

Real Time and Provider Electronic Solutions Claim Response Enhancement

Effective for claims processed on and after January 1, 2011, denied real time Point-of-Sale claims that use the National Council for Prescription Drug Programs (NCPDP) 5.1 Telecommunication Standard will have field 504-F4 populated. Field 504-F4 will be populated with the name(s) of the ForwardHealth program in which the member was enrolled on the date of service (DOS) for all denied claims for compound drugs, noncompound drugs, and supplies submitted with a National Drug Code (NDC). Providers should contact

their switch vendor or software provider to confirm that they receive this field.

Effective for claims processed on and after January 1, 2011, denied Provider Electronic Solutions (PES) software claims will have the Pharmacy Batch Response populated with the name(s) of the ForwardHealth program(s) in which the member was enrolled on the DOS, for all denied claims for compound drugs, noncompound drugs, and supplies submitted with an NDC. Providers will need to download the latest PES update from the PES Information Page on the Trading Partner area of the ForwardHealth Portal in order to view the program(s) in which the member is enrolled.

If the member is enrolled in multiple ForwardHealth programs, the programs will be listed and separated with an asterisk. For example, if a member is enrolled in the BadgerCare Plus Core Plan and the Family Planning Only Services and a claim submitted with an NDC is denied, the response will state, "FAMILY PLANNING SERVICES ONLY*BADGER CARE PLUS CORE PLAN." Programs listed will be limited to those programs associated with the Plan ID. Programs will be listed as they are listed on the Portal.

Claims submitted via the Portal or paper claim submission are not impacted by this change.

Providers may refer to the NCPDP 5.1 companion document or the PES Manual on the Portal at www.forwardhealth.wi.gov/.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's managed care organization. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service. Wisconsin Chronic Disease Program members are not enrolled in HMOs.

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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