

Affected Programs: BadgerCare Plus, Medicaid
To: Hospice Providers, HMOs and Other Managed Care Programs

Hospice Services Covered Under the BadgerCare Plus Basic Plan

The Department of Health Services will begin accepting applications for enrollment in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. This *ForwardHealth Update* describes the coverage and policies for hospice services under the Basic Plan.

Refer to the June 2010 *Update* (2010-42), titled "Introducing the BadgerCare Plus Basic Plan," for general information about covered and noncovered services, reimbursement, copayment, and enrollment.

Overview of BadgerCare Plus Basic Plan Implementation

In October 2009, enrollment in the BadgerCare Plus Core Plan was closed. Enrollment applications submitted to the Core Plan after the cutoff date are not processed, but the individuals are put on a waitlist.

Individuals on the waitlist for the Core Plan can begin enrolling in the BadgerCare Plus Basic Plan on June 1, 2010, with benefits starting on July 1, 2010. The Basic Plan is a self-funded plan that focuses on providing the Core Plan waitlist members with access to vital, cost-effective primary and preventive care. This option will allow members to have some minimal form of coverage until space becomes available in the Core Plan and will help prevent bankruptcy due to excessive medical debt.

Member participation or non-participation in the Basic Plan does not affect an individual's status on the Core Plan waitlist.

Services for the Basic Plan will be covered under fee-for-service. Basic Plan members will not be enrolled in state-contracted HMOs.

Covered Services

Hospice services covered under the Basic Plan are the same as those covered under the Core Plan. The following table lists the reimbursable hospice revenue codes with the appropriate corresponding Healthcare Common Procedure Coding System (HCPCS) procedure code under the Basic Plan.

Revenue Code	Corresponding HCPCS Code	HCPCS Code Description
0651	T2042	Hospice routine home care, per diem
0652	T2043	Hospice continuous home care; per hour
0655	T2044	Hospice inpatient respite care; per diem
0656	T2045	Hospice general inpatient care; per diem

Note: Nursing home room and board is not a hospice service. Nursing home services are not covered under the Basic Plan.

Documentation

Documentation required by ForwardHealth for members receiving the hospice benefit is the same for Basic Plan members as it is for Core Plan members.

Reimbursement

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

Copayments

There are no copayments for hospice services under the Basic Plan.

Enrollment Verification

The Basic Plan offers different covered services, noncovered services, and copayments than the Standard Plan, the Benchmark Plan, or the Core Plan. It is imperative that providers verify a member's enrollment and determine the plan under which he or she is covered. 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 discover any limitations to the member's coverage.

For More Information

For more information or questions regarding the Basic Plan, providers may call Provider Services at (800) 947-9627. Basic Plan members should contact Members Services at (800) 362-2002.

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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