ForwardHealth
Wisconsin serving you

Update
July 2010

No. 2010-65

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

BadgerCare Plus Core Plan Service Limitation for Outpatient Hospital Visits Withdrawn

This *ForwardHealth Update* withdraws the service limitation policy for outpatient hospital visits covered under the BadgerCare Plus Core Plan for Adults with No Dependent Children originally published in the December 2009 *Update* (2009-87), titled "Changes to the Hospital Benefit for the BadgerCare Plus Core Plan."

Service Limitation for Outpatient Hospital Visits Withdrawn

The policy limiting outpatient hospital visits to 25 visits per enrollment year for BadgerCare Plus Core Plan members, which became effective for dates of service on and after January 1, 2010, has been withdrawn. This policy was published in the December 2009 *ForwardHealth Update* (2009-87), titled "Changes to the Hospital Benefit for the BadgerCare Plus Core Plan."

Providers should follow the policy on outpatient hospital visits that was in place at the implementation of the Core Plan. Outpatient hospital services, including emergency room services, covered under the Core Plan are the same as those covered under the BadgerCare Plus Standard Plan, with the following exceptions:

- Outpatient substance abuse services are only covered when a physician is the rendering provider.
- Outpatient mental health services are only covered when the rendering provider is a psychiatrist.

This policy will be reviewed on a post-pay basis.

Reimbursement

Providers are required to reimburse payments to Core Plan members who paid for services in excess of 25 outpatient hospital visits. Providers may submit a claim to ForwardHealth for payment.

Providers who did not originally submit a claim for services provided to a member who had exceeded the 25-visit limit, may now submit a claim to ForwardHealth for the services. Once the claim is paid, the provider is required to reimburse the member if the member paid for the service.

Members Enrolled in an HMO

Providers who did not originally submit a claim for services provided to a member enrolled in an HMO who had exceeded the 25-visit limit, may now submit a claim to the HMO for the services. Once the claim is paid, the provider is required to reimburse the member if the member paid for the service.

Copayment

Copayment information published in *Update* 2009-87 has not changed.

Information Regarding Managed Care Organizations

This *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/*.

P-1250