

Affected Programs: BadgerCare Plus, Medicaid

To: Family Planning Clinics, Federally Qualified Health Centers, HealthCheck Providers, HealthCheck “Other Services” Providers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

All HealthCheck Services Are Now Covered Under the BadgerCare Plus Benchmark Plan

This *ForwardHealth Update* announces that HealthCheck interperiodic visits and HealthCheck “Other Services” are now covered for all BadgerCare Plus Benchmark Plan members 20 years old and younger.

Benchmark Plan Covered HealthCheck Services

HealthCheck interperiodic visits and HealthCheck “Other Services” are now covered by the BadgerCare Plus Benchmark Plan for members 20 years old and younger. The Benchmark Plan covered services now include all four areas of HealthCheck:

- HealthCheck screenings.
- Interperiodic visits.
- Outreach services.
- HealthCheck “Other Services.”

HealthCheck services for Benchmark Plan members is the same as HealthCheck services for BadgerCare Plus Standard Plan members. Effective for dates of service (DOS) on and after January 1, 2010, HealthCheck interperiodic visits are covered. Providers may submit claims for HealthCheck interperiodic visits retroactively. Effective for DOS on and after August 15, 2010, HealthCheck “Other Services” are now covered. HealthCheck “Other Services” require prior authorization (PA) before the service may be provided. Providers may begin submitting PA requests for HealthCheck “Other Services” immediately.

Copayments

No copayments may be charged for a HealthCheck screening provided to a member 17 years of age and younger. A \$1.00 screening copayment must be collected from any member between 18 and 20 years of age for HealthCheck screenings only. No copayments may be charged for interperiodic visits, HealthCheck “Other Services,” and outreach services.

For claims for interperiodic visits that were previously denied or never submitted to BadgerCare Plus, the provider may have received payment from the member for the services. Providers are required to return to the member the full payment amount received from the members for the HealthCheck service. Providers are reminded that Medicaid reimbursement is considered payment in full.

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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