

Update

No. 2010-76

Affected Programs: BadgerCare Plus, Medicaid

To: All Providers, HMOs and Other Managed Care Programs

BadgerCare Plus Basic Plan Members Diagnosed with Cancer May Be Enrolled in the BadgerCare Plus Core Plan

Effective immediately, members enrolled in the BadgerCare Plus Basic Plan who are diagnosed with cancer, excluding non-melanoma skin cancers, may bypass the waitlist and apply for the BadgerCare Plus Core Plan.

Effective immediately, members enrolled in the BadgerCare Plus Basic Plan who are diagnosed with cancer, excluding non-melanoma skin cancers, may bypass the waitlist and apply for the BadgerCare Plus Core Plan. The diagnosis of cancer may be a new diagnosis since the member was enrolled in the Basic Plan or it may be a pre-existing condition.

Application Process for Basic Plan Members with Cancer

To enroll a Basic Plan member diagnosed with cancer in the Core Plan, a physician or osteopath who has diagnosed the member with cancer is required to complete the Core Plan Waitlist — Medical Bypass Determination form, F-00292 (07/10). The provider is required to indicate a description of the type of cancer on the form. Providers may refer to the Attachment of this *ForwardHealth Update* for a copy of the form.

Note: Basic Plan members with a diagnosis of one of the non-melanoma skin cancers 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 (ESC) 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.

Enrollment Process

After the completed Core Plan Waitlist — Medical Bypass Determination form is received by ForwardHealth, the ESC will verify the information on the form and contact the member to complete the application process via telephone. If the member cannot be reached via telephone, a letter will be mailed to encourage him or her to complete the application process. If the member is eligible for the Core Plan, enrollment will begin on the next first or fifteenth day of the month after the application is approved. The enrollment process is designed to ensure there is no gap

in coverage during a member's transition from the Basic Plan to the Core Plan.

If the member does not meet eligibility criteria for the Core Plan, a notice of denial will be mailed to the member and enrollment in the Basic Plan will be terminated since the eligibility criteria for the Core Plan and the Basic Plan are the same.

The usual application processing fee for the Core Plan does not apply to members who have been diagnosed with cancer who will transition from the Basic Plan to the Core Plan. The member's most recent premium paid for the Basic Plan is applied as the enrollment fee for the Core Plan.

Members Enrolled in the Wisconsin Well Woman Program and the Basic Plan

Women may be enrolled in the Wisconsin Well Woman Program (WWWP) and the Basic Plan at the same time. Women who are diagnosed with breast cancer or cervical cancer while enrolled in WWWP are eligible to be enrolled in Wisconsin Well Woman Medicaid (WWWMA) through the Wisconsin Well Woman Program (WWWP). Wisconsin Well Woman Medicaid covers the same services as Wisconsin Medicaid; therefore, enrollment in WWWMA enables members to receive comprehensive treatment, including services not related to their diagnosis.

Once a woman is enrolled in WWWMA, she is no longer eligible for the Basic Plan. If the woman becomes ineligible for WWWMA in the future, she may be eligible to receive benefits from the Basic Plan.

For more information about the WWWP, including enrollment in to the WWWP, providers may refer to the WWWP page on the Related Programs and Services page of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

For More Information

For more information about enrolling members who have been diagnosed with cancer in the Core Plan, 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/.

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ATTACHMENT Core Plan Waitlist — Medical Bypass Determination

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

WISCONSIN DEPARTMENT OF HEALTH SERVICES

Division of Health Care Access and Accountability F-00292 (07/10)

CORE PLAN WAITLIST - MEDICAL BYPASS DETERMINATION

Physicians use this form to report a diagnosis of cancer (except non-melanoma cancers) for someone enrolled in the BadgerCare Basic Plan. Basic Plan members with a confirmed diagnosis of cancer can bypass the Core Plan waitlist and enroll in the Core Plan if all eligibility criteria are met. - This form must be completed by the provider attesting to the diagnosis of cancer (excluding non-melanoma skin cancers). 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	Zi	Zip	
Telephone Number (include area code)		Email Address					
Comments							
PART B — Diagnosis Physician In Name (Last, First, MI)	formation	- Must be MD or	DO	М	\ D	DO [
Street Address - Diagnosing Provider		City		ML	State	Zip	
PART C – Diagnosis							
Date of Diagnosis							
Cancer diagnosis for this member							
By signing below, I attest that the BadgerCare Plus Basic Member described above has been diagnosed with cancer (excluding non-melanoma skin cancers)							
PHYSICIAN SIGNATURE and Credential – Diagnosing Physic		iagnosing Physicia	Date Signe	Signed (mm/dd/yy) Telephone Number ()		hone Number	