

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

Cost Share Exemptions for Tribal Members

Effective for dates of service on and after July 1, 2009, members identified as part of a federally recognized tribe are exempt from the cost share requirements for covered services when provided by a tribal health center or a tribal contracted entity. This applies to members, regardless of age, who are enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the Badger Care Plus Core Plan, or Wisconsin Medicaid.

Cost Share Exemptions Expanded

As a result of a change in federal law, effective for dates of service (DOS) on and after July 1, 2009, members identified as part of a federally recognized tribe are exempt from all cost share requirements for covered services provided directly by a tribal health care provider or by a contracted entity. A contracted entity is an individual or an organization contracted by a tribal health center to perform medical services. The exemption applies to tribal members, regardless of age, who are enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, or Medicaid. This exemption also applies to SeniorCare members in Levels 1 and 2a (i.e., members with incomes at or below 200 percent of the Federal Poverty Level [FPL]). This policy change does *not* apply to members enrolled in the BadgerCare Plus Basic Plan or SeniorCare members in levels 2b and 3 (members with incomes above 200 percent of the FPL).

However, until further notice, Wisconsin Medicaid and BadgerCare Plus will apply this exemption policy for *all* services received on and after September 11, 2011, regardless

of whether a tribal health care provider or a contracted entity provides the service. Providers may not collect copayment from any individual identified in the ForwardHealth Enrollment Verification System as an American Indian or Alaskan Native.

Providers should use their remittance information not only to verify whether their claims processed correctly, but also whether a copayment should have been collected from a member. If Medicaid did not deduct a copayment amount from a claim's reimbursement, a copayment should not have been collected from the member.

Note: The actual copayment amount that Medicaid deducts from the claim is the amount of copayment that the member is required to pay.

Refunding Paid Cost Share Amounts to Members

ForwardHealth will refund tribal health centers for claim reductions that were made to meet copayment, coinsurance, and deductible requirements since July 1, 2009. In turn, tribal providers are required to refund all cost share amounts they receive from ForwardHealth to the member if the member paid for services received on and after July 1, 2009.

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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