ForwardHealth
Wisconsin serving you

Update
February 2014

No. 2014-12

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

Changes to BadgerCare Plus Due to the Affordable Care Act and 2013-15 Wisconsin Act 20

This *ForwardHealth Update* provides information about changes that have been made to the BadgerCare Plus program due to the Affordable Care Act and 2013-15 Wisconsin Act 20. Information in this *Update* highlights the populations that are impacted by the changes and provides details about benefit plan changes.

Changes to BadgerCare Plus

This *ForwardHealth Update* provides information about changes that have been made to the BadgerCare Plus program due to the Affordable Care Act and 2013-15 Wisconsin Act 20. Information in this *Update* highlights the populations that are impacted by the changes and provides details about the benefit plan changes.

A *Member Update*, titled "Important Information About Your BadgerCare Plus Enrollment," will be mailed to affected members that details the enrollment changes. Refer to Attachment 1 of this *Update* for a copy of the *Member Update*.

Populations Eligible for BadgerCare Plus

Newly enrolling parents and caretaker relatives are subject to new income levels beginning February 1, 2014. All new BadgerCare Plus applicants will be subject to the new Modified Adjusted Gross Income (MAGI) rules beginning February 1, 2014. Modified Adjusted Gross Income is a calculation of income based on household composition that aligns BadgerCare Plus rules with tax rule-based policy used in the federal Health Insurance Marketplace (also known as the Exchange or *HealthCare.gov*). Parents and caretaker relatives currently enrolled in BadgerCare Plus with household incomes between 100 and 200 percent will remain enrolled in their current plan until March 31, 2014, as long as they continue to meet program rules.

Effective April 1, 2014, the following populations will be eligible for BadgerCare Plus, regardless of when they applied:

- Parents and caretaker relatives with incomes at or below 100 percent of the Federal Poverty Level (FPL).
- Pregnant women with incomes at or below 300 percent of the FPL.
- Children (ages 18 and younger) with household incomes at or below 300 percent of the FPL.
- Childless adults (adults ages 19-64 without dependent children living in the household) with incomes at or below 100 percent of the FPL.
- Transitional medical assistance individuals, also known as members on extensions, with incomes over 100 percent of the FPL.

2014 Federal Poverty Level Guidelines*		
Family Size	**Monthly Income Limit for Adults (100% FPL)**	**Monthly Income Limit for Children and Pregnant Women (300% FPL)**
1	$972.50	$2,917.50
2	$1,310.83	$3,932.50
3	$1,649.17	$4,947.50
4	$1,987.50	$5,962.50
5	$2,325.83	$6,977.50

* Federal Poverty Level limits are subject to change.

Refer to Attachment 2 for information regarding eligibility for BadgerCare Plus and the federal Health Insurance Marketplace.

Premiums

Effective April 1, 2014, the following members will be required to pay premiums to be enrolled in BadgerCare Plus:

- Transitional medical assistance individuals with incomes over 133 percent of the FPL. Transitional medical assistance individuals with incomes between 100 and 133 percent FPL are exempt from premiums for the first six months of their eligibility period.
- Children (ages 18 and younger) with household incomes greater than 200 percent with the following exceptions:
  - ✓ Children under age 1 year.
  - ✓ Children who are tribal members or otherwise eligible to receive Indian Health Services.

Populations Not Eligible for BadgerCare Plus

Effective April 1, 2014, the following populations will transition from the BadgerCare Plus program and may apply for and purchase private health insurance coverage through the federal Health Insurance Marketplace (also known as the Health Insurance Exchange and *HealthCare.gov*):

- Parents and caretaker relatives with incomes over 100 percent of the FPL.
- Children (ages 18 and younger) with household incomes over 300 percent of the FPL.
- Childless adults with incomes over 100 percent of the FPL.

The Department of Health Services (DHS) sent letters and notices to transitioning members informing them of these changes. Members may obtain private health insurance coverage through the federal Health Insurance Marketplace. Refer to the Health Insurance Marketplace section of this *Update* for additional information.

Programs Not Affected

The changes to the BadgerCare Plus program do not affect members who are enrolled in the following ForwardHealth programs:

- Wisconsin Medicaid.
  - ✓ Adoption Assistance.
  - ✓ Elderly, Blind, and Disabled.
  - ✓ Foster Care.
  - ✓ Katie Beckett.
  - ✓ Medicaid Waivers.
  - ✓ Supplemental Security Income.
  - ✓ Well Woman Medicaid.
- SeniorCare.
- Wisconsin AIDS Drug Assistance Program (ADAP).
- Wisconsin Chronic Disease Program.
- Wisconsin Well Woman Program.
- Tuberculosis-only services.

BadgerCare Plus Benefit Plan

Effective April 1, 2014, all members eligible for BadgerCare Plus will be enrolled in the BadgerCare Plus Standard Plan.

As a result of this change, the following benefit plans will be discontinued effective April 1, 2014:

- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Core Plan.
- BadgerCare Plus Basic Plan.

Members who were enrolled in the Benchmark Plan or the Core Plan who meet the new income limits for BadgerCare Plus eligibility will be automatically transitioned into the Standard Plan effective April 1, 2014.

Refer to Attachment 3 for a chart that lists the covered services under the Standard Plan for eligible populations, effective April 1, 2014.

Members who were enrolled in the Benchmark Plan or the Core Plan who do not meet the new income limits for BadgerCare Plus eligibility have the opportunity to apply for and purchase private insurance through the Health Insurance Marketplace. Members who were enrolled in the Basic Plan will need to apply for BadgerCare Plus or enroll in the Health Insurance Marketplace, based on income levels.

As a reminder, all claims and adjustments for services rendered to Benchmark Plan and Core Plan members must be submitted within 365 days of the date of service (DOS).

As a result of the Benchmark Plan, the Core Plan, and the Basic Plan ending, BadgerRx Gold (the reduced-cost prescription drug program) will also end. The last day of BadgerRx Gold program coverage for all existing members is March 31, 2014.

Covered Services

Covered services, service limitations, prior authorization (PA) requirements, and other policies and procedures under the Standard Plan will remain the same. Enrollment year limits that had previously applied to the Benchmark Plan, the Core Plan, or the Basic Plan will not carry over or apply to members transitioning to the Standard Plan.

Refer to the Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for more information regarding covered services, policies, and procedures.

Reimbursement

Medicaid and BadgerCare Plus reimbursement rates will remain the same. The following Terms of Reimbursement will be revised to reflect the discontinuation of the Benchmark Plan, the Core Plan, and the Basic Plan:

- Dental/Dental Hygienists Terms of Reimbursement, F-01092.
- Medical Supply and Equipment Vendor Terms of Reimbursement, F-01506.

Refer to the Provider Enrollment Information page of the Portal for all current Terms of Reimbursement.

Services Requiring Prior Authorization

Existing Prior Authorizations

For Benchmark Plan or Core Plan members transitioning to the Standard Plan, approved or modified PA requests for continuing services with dates that span from 2013 to 2014 will be transferred by ForwardHealth to the Standard Plan if PA is still required for the services. No action will be required by the provider. This will be a one-time PA transfer process and providers will be required to follow normal procedures when submitting future PA requests. Providers will receive a decision notice to confirm transferred PAs.

New Prior Authorization Requests

For members transitioning to the Standard Plan, providers will be required to submit a new PA request for any new service that requires PA under the Standard Plan for DOS on and after April 1, 2014.

As a reminder, once member enrollment is updated, providers will be allowed to request PA for new or transitioning Standard Plan members prior to April 1, 2014, effective for DOS on and after April 1, 2014. Providers are encouraged to verify enrollment every time before rendering services.

Pharmacy Prior Authorizations

Pharmacy PAs will be addressed based on the type of PA (e.g., non-preferred, Drug Authorization and Policy Override Center [DAPO]) and providers will be notified if action taken requires a new PA to be requested.

HMO Enrollment

BadgerCare Plus members will continue to be enrolled in HMOs.

Identification Cards

ForwardHealth identification cards will be issued for members transitioning from the Core Plan to the Standard Plan. There are no ID card changes for members transitioning from the Benchmark Plan to the Standard Plan.

Changes to Express Enrollment for Pregnant Women

Effective February 1, 2014, only one temporary enrollment period will be allowed per pregnancy. Since multiple express enrollment periods will not be allowed, providers are encouraged to counsel members on completing the entire BadgerCare Plus application process.

In Wisconsin, presumptive eligibility is also known as express enrollment or temporary enrollment. More detailed information regarding presumptive eligibility is available in the February 2014 *Update* (2014-10), titled "Effective April 1, 2014, Qualified Hospitals Allowed to Make Presumptive Eligibility Determinations." For information regarding the current presumptive eligibility process, refer to the Online Handbook.

Transition Plan for Certain Services

Inpatient Hospital Services

Inpatient hospital stays will be reimbursed based on which benefit plan the member is in on the date of discharge. If the member is shown as not eligible on the date of discharge, providers are required to follow the policies, procedures, and cost sharing of the plan the member was enrolled in on the first day of the hospitalization admittance. Providers are reminded to verify eligibility for services provided after April 1, 2014.

As a reminder there is no deductible for hospital stays under the Standard Plan.

Enrollment Verification Reminder

Providers should always verify a member's enrollment on each DOS *before* providing services, both to determine enrollment for the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage. Providers can access Wisconsin's Enrollment Verification System to receive the most current enrollment information through the following methods:

- ForwardHealth Portal.
- WiCall, Wisconsin's Automated Voice Response system.
- Commercial enrollment verification vendors.
- 270/271 Health Care Eligibility/Benefit Inquiry and Information Request transactions.
- Provider Services.

Portal and Online Handbook Changes

References to the three discontinued benefit plans will be updated as needed on the ForwardHealth Portal and in the Online Handbook.

Health Insurance Marketplace

The federal Health Insurance Marketplace (also known as the Health Insurance Exchange) will be available to help individuals and families find a Qualified Health Plan (QHP). Open enrollment for 2014 ends March 31, 2014. Individuals must enroll in a QHP and pay the applicable premium by March 15, 2014, for coverage on April 1, 2014. Individuals who enroll between March 16, 2014, and March 31, 2014, and pay their premium will have coverage beginning May 1, 2014.

Individuals with incomes up to 400 percent of the FPL are eligible for Premium Tax Credits. Additionally, individuals with incomes up to 250 percent of the FPL are eligible for reduced cost sharing.

Plans in the new Marketplace will be run by private companies, and every health insurance plan will cover a core set of benefits called essential health benefits.

Refer to *www.healthcare.gov/* or call (toll free) (800) 318-2596 for more information.

Further Information

Providers and/or members are encouraged to get further information regarding BadgerCare Plus benefit plan changes via the following:

- BadgerCare Plus letters — Providers and members can access BadgerCare Plus letters regarding enrollment changes at *www.dhs.wisconsin.gov/em/CustomerHelp/bcpletters.htm*.
- The Health Insurance Marketplace — Providers and members can access the Health Insurance Marketplace Web site at *www.healthcare.gov/* or call (toll free) (800) 318-2596 for more information regarding options for health care coverage.
- ForwardHealth Portal — Providers can access the ForwardHealth Online Handbook on the Portal at *www.forwardhealth.wi.gov/* for the most up-to-date policy and program information.
- Centers for Medicare and Medicaid Services (CMS) — Providers can access the CMS Web site at *www.cms.gov/* for more information regarding its policies.
- The Wisconsin DHS — Providers can access the DHS Web site at *www.dhs.wisconsin.gov/* for information regarding its programs and services.
- ACCESS — Individuals can apply, check eligibility, check on the status of their benefits and report changes online via *access.wisconsin.gov/*.
- Regional Enrollment Networks — Regional Enrollment Networks throughout the state consisting of regional partners and tribes are also available to provide application and enrollment assistance to people newly eligible for the Standard Plan. A list of individuals who can provide in-person help can be found on the Enrollment for Health Wisconsin Web site at *e4healthwi.org/* or *211wisconsin.org/*.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are 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 1
ForwardHealth Member Update

(A copy of the March 2014 *ForwardHealth Member Update*, titled "Important Information About Your BadgerCare Plus Enrollment," is located on the following pages.)

ForwardHealth
Wisconsin serving you

Member Update
March 2014

Spanish — Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (V/TTY).
Russian — Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (V/TTY).
Hmong — Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-362-3002 (V/TTY).
Laotian — ເພື່ອຊ່ວຍໃນການແປ ຫລື ເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະຣຸນາໂທຣະສັບຫາ 1-800-362-3002 (V/TTY).

Affected Programs: BadgerCare Plus, Medicaid
To: Members

Important Information About Your BadgerCare Plus Enrollment

Changes to Your BadgerCare Plus Benefits

On April 1, 2014, all BadgerCare Plus members will be covered under the Standard Plan. If you were covered under the Benchmark or Core Plan, you will receive benefits under the Standard Plan, starting April 1.

This is an informational Member *Update*. No action is required on your part.

Covered Services

More services are covered under the Standard Plan than the Benchmark Plan or the Core Plan. Some of those services include:

- Generic and brand name prescription drugs and some over-the-counter (OTC) drugs.
- Additional outpatient mental health and substance abuse treatment services.
- Dental services.
- Medical transportation to and from a covered service.

Note: BadgerCare Plus Benchmark Plan and Core Plan members were also enrolled in BadgerRx Gold, a reduced-cost prescription drug program. The BadgerRx Gold program is ending March 31, 2014, so your enrollment in BadgerRx Gold is also ending. However, on April 1, 2014, when you begin getting health care coverage through the BadgerCare Plus Standard Plan, more prescription drug coverage will be available to you at a lower cost.

For more information about BadgerCare Plus Standard Plan covered services, see the covered services attachment on page 3.

Copayment

Copayments for services will be between $0.50 and $3 per service. There are no copayments for preventive services.

Your providers are required to make a reasonable effort to collect the copayment but cannot refuse to provide you with health care services if you do not pay your copayment.

HMO Enrollment

Most BadgerCare Plus members are enrolled in an HMO. If you are enrolled in an HMO, no action is required on your part at this time. If you need to choose a new HMO, you will be notified by mail.

Identification Cards

If you were a Core Plan member, your ForwardHealth ID card is changing, so you will be mailed a new ForwardHealth ID card. Your member ID number will not change. If you were in the Standard Plan or Benchmark Plan, your ForwardHealth ID card will not change.

New BadgerCare Plus Rules

As of April 1, 2014, the following people can enroll in the BadgerCare Plus Standard Plan:

- Adults with household incomes at or below 100 percent of the Federal Poverty Level (FPL).
- Pregnant women with household incomes at or below 300 percent of the FPL.
- Children (under 19 years old) with household incomes at or below 300 percent of the FPL.

2014 FPL Guidelines*		
Family Size	**Monthly Income Limit for Adults (100% FPL)**	**Monthly Income Limit for Children and Pregnant Women (300% FPL)**
1	$972.50	$2,917.50
2	$1,310.83	$3,932.50
3	$1,649.17	$4,947.50
4	$1,987.50	$5,962.50
5	$2,325.83	$6,977.50

*Federal Poverty Level (FPL) limits are subject to change. Current FPL guidelines can be found at *badgercareplus.org/fpl.htm*.

For More Information

- ForwardHealth Enrollment and Benefits handbook — Available on the DHS Web site at *dhs.wi.gov/em/CustomerHelp/* or the BadgerCare Plus Web site at *badgercareplus.org/*.
- *ACCESS.wi.gov* — To apply, check the status of your benefits, do your renewal, and report changes.
- ForwardHealth Member Services — 1-800-362-3002.

ATTACHMENT
Covered Services for BadgerCare Plus Standard Plan Members

The chart below lists the health care services covered by the BadgerCare Plus Standard Plan as of April 1, 2014, and what the copayment will be for these services. Some members are exempt from copayments. The following members do not need to pay copayments:

- Children in foster care, regardless of age.
- Children in adoption assistance, regardless of age.
- Children under age 1 year with household income up to 150 percent of the Federal Poverty Level (FPL).
- Children ages 1 through 5 years with household income up to 185 percent of the FPL.
- Children ages 6 through 18 years with household incomes at or below 133 percent of the FPL.
- Children in the Katie Beckett program, regardless of age.
- Children who are American Indian or Alaskan Natives who are enrolled in the state's Child Health Insurance Program (CHIP).
- American Indians or Alaskan Natives, regardless of age or income level, when they receive items and services either directly from an Indian health care provider or through referral under contract health services.
- Terminally ill individuals receiving hospice care.
- Nursing home residents.
- Members enrolled in Wisconsin Well Woman Medicaid.
- Children under age 19 eligible through Express Enrollment.

Please note: Because services and copayments change, you should ask your provider what services are covered and what your copayment amount will be. If you get more than one service during the same appointment, you may be asked for more than one copayment.

Service	Coverage Under the BadgerCare Plus Standard Plan
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related lab services. $3 copayment per service.
Chiropractic	Full coverage. $0.50 to $3 copayment per service.
Dental	Full coverage. $0.50 to $3 copayment per service.
Disposable Medical Supplies (DMS)	Full coverage. $0.50 to $3 copayment per service and $0.50 per prescription for diabetic supplies.

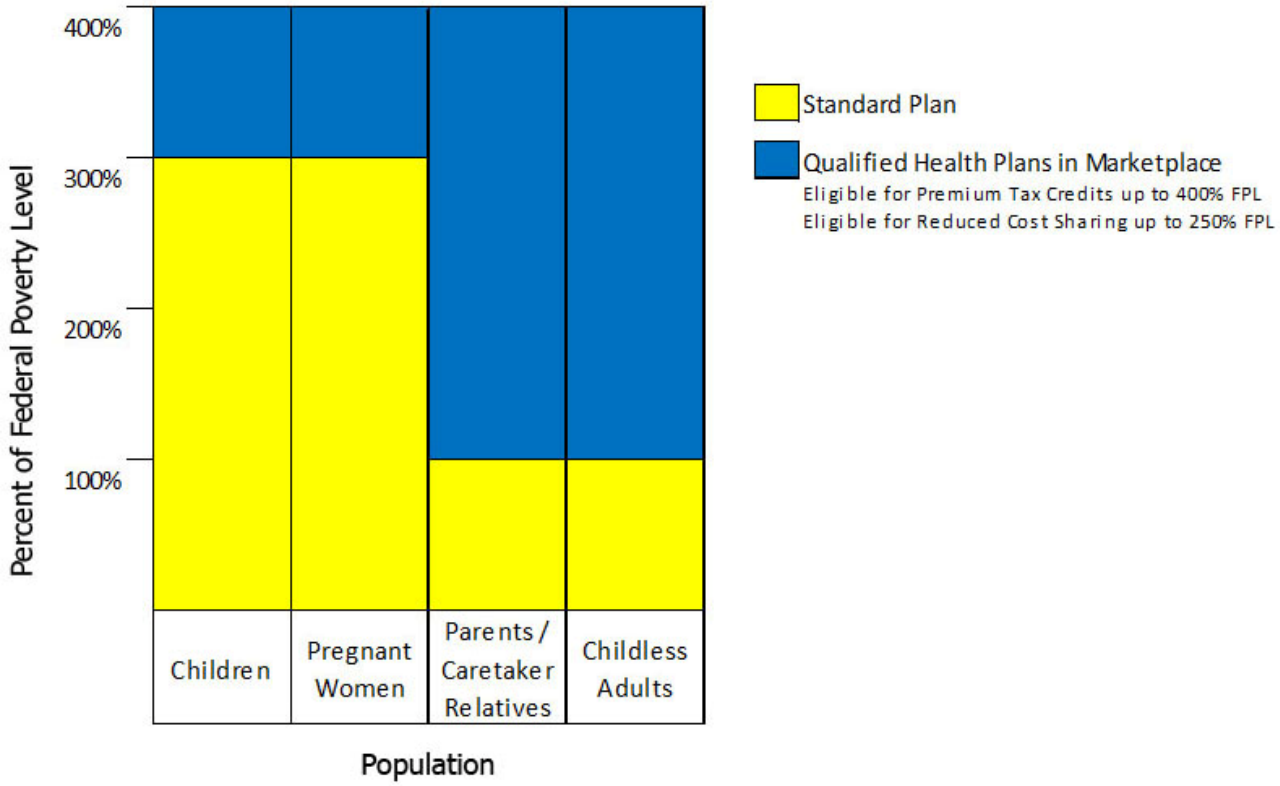
Service	Coverage Under the BadgerCare Plus Standard Plan
Drugs (Prescription)	Coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs. Copayment: • $0.50 for OTC drugs. • $1 for generic drugs. • $3 for brand name drugs. Copayments are limited to $12 per member, per provider, per month. Over-the-counter drugs do not count towards the $12 maximum. Limit of five opioid prescription fills per month.
Durable Medical Equipment (DME)	Full coverage. $0.50 to $3 copayment per item. Rental items are not subject to copayment.
End-Stage Renal Disease (ESRD)	Full coverage. No copayment.
Health Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals 20 years and under. No copayment.
Hearing Services	Full coverage. $0.50 to $3 copayment per procedure. No copayment for hearing aid batteries.
Home Care Services — Home Health, Private Duty Nursing (PDN), and Personal Care	Full coverage of home health services, PDN, and personal care. No copayment.
Hospice	Full coverage. No copayment.
Hospital — Inpatient	Full coverage. $3 copayment per day with a $75 cap per stay.

Service	Coverage Under the BadgerCare Plus Standard Plan
Hospital — Outpatient	Full coverage. $3 copayment per visit.
Hospital — Outpatient Emergency Room	Full coverage. No copayment.
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board). $0.50 to $3 copayment per service, limited to the first 15 hours or $825 of services, whichever comes first, provided per calendar year. Copayments are not required when services are provided in a hospital setting.
Nursing Home Services	Full coverage. No copayment.
Physician	Full coverage, including laboratory and radiology. $0.50 to $3 copayment per service, limited to $30 per provider per calendar year. No copayment for emergency services, preventive services, anesthesia, or clozapine management.
Podiatry	Full coverage. $0.50 to $3 copayment per service, limited to $30 per provider per calendar year.
Prenatal/Maternity Care	Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. No copayment.
Reproductive Health Service — Family Planning Services	Full coverage with the exceptions listed below. No copayment for services provided by a family planning clinic or contraceptive management. Does not cover: • Reversal of voluntary sterilization. • Infertility treatments. • Surrogate parenting and related services, including but not limited to: ✓ Artificial insemination. ✓ Obstetrical care. ✓ Labor or delivery. ✓ Prescription and OTC drugs.

Service	Coverage Under the BadgerCare Plus Standard Plan
Routine Vision	Full coverage including eyeglasses. $0.50 to $3 copayment per service.
Therapy — Physical Therapy, Occupational Therapy, and Speech and Language Pathology	Full coverage. $0.50 to $3 copayment per service. Copayment limited to the first 30 hours or $1,500, whichever occurs first, during one calendar year (copayment limits calculated separately for each discipline).
Transportation — Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Full coverage of emergency and non-emergency medical transportation to and from a covered service. Copayment: • $2 for non-emergency ambulance trips. • $1 per trip for transportation by SMV. • No copayment for transportation by common carrier or emergency ambulance.

ATTACHMENT 2
BadgerCare Plus and Marketplace Eligibility, Effective April 1, 2014

The following graph shows which populations will be eligible for BadgerCare Plus and the Marketplace based on Federal Poverty Level income limits, effective April 1, 2014.



ATTACHMENT 3
Covered Services Under the BadgerCare Plus Standard Plan for Eligible Populations

Effective April 1, 2014, the following populations will be eligible for BadgerCare Plus:

- Parents and caretaker relatives with incomes at or below 100 percent of the Federal Poverty Level (FPL).
- Pregnant women with incomes at or below 300 percent of the FPL.
- Children (ages 18 and younger) with household incomes at or below 300 percent of the FPL.
- Childless adults with incomes at or below 100 percent of the FPL.
- Transitional medical assistance individuals with incomes over 100 percent of the FPL.

The following table includes a list of covered services and limitations under the BadgerCare Plus Standard Plan that eligible members will receive.

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid
Ambulatory Surgery Centers	Coverage of certain surgical procedures and related lab services. $3.00 copayment per service.
Chiropractic	Full coverage. $0.50 to $3.00 copayment per service.
Dental	Full coverage. $0.50 to $3.00 copayment per service.
Disposable Medical Supplies	Full coverage. $0.50 to $3.00 copayment per service and $0.50 per prescription for diabetic supplies.
Drugs	Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs. Members are limited to five prescriptions per month for opioid drugs. Copayments are as follows: • $0.50 for OTC drugs. • $1.00 for generic drugs. • $3.00 for brand name drugs. Copayments are limited to $12.00 per member, per provider, per month. Over-the-counter drugs are excluded from this $12.00 maximum.

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid
Durable Medical Equipment	Full coverage. $0.50 to $3.00 copayment per item. Rental items are not subject to copayment.
End-Stage Renal Disease	Full coverage. No copayment.
Health Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals under the age of 21. No copayment.
Hearing Services	Full coverage. $0.50 to $3.00 copayment per procedure. No copayment for hearing aid batteries.
Home Care Services (Home Health, Private Duty Nursing [PDN], and Personal Care)	Full coverage of PDN, home health, and personal care services. No copayment.
Hospice	Full coverage. No copayment.
Inpatient Hospital	Full coverage. $3.00 copayment per day with a $75.00 cap per stay.
Mental Health and Substance Abuse Treatment	Full coverage (not including room and board). $0.50 to $3.00 copayment per service, limited to the first 15 hours or $825.00 of services, whichever comes first, provided per calendar year. Copayment not required when services are provided in a hospital setting.
Nursing Home Services	Full coverage. No copayment.
Outpatient Hospital — Emergency Room	Full coverage. No copayment.

Service	Coverage Under the BadgerCare Plus Standard Plan and Wisconsin Medicaid
Outpatient Hospital	Full coverage. $3.00 copayment per visit.
Physical Therapy, Occupational Therapy, and Speech and Language Pathology	Full coverage. $0.50 to $3.00 copayment per service. Copayment obligation limited to the first 30 hours or $1,500.00, whichever occurs first, during one calendar year (copayment limits calculated separately for each discipline).
Physician	Full coverage, including laboratory and radiology. $0.50 to $3.00 copayment per service, limited to $30.00 per provider per calendar year. No copayment for preventive services, emergency services, anesthesia, or clozapine management.
Podiatry	Full coverage. $0.50 to $3.00 copayment per service, limited to $30.00 per provider per calendar year.
Prenatal/Maternity Care	Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. No copayment.
Reproductive Health Service	Full coverage, excluding infertility treatments, surrogate parenting and related services, including, but not limited to, artificial insemination and subsequent obstetrical care as a noncovered service, and the reversal of voluntary sterilization. No copayment for family planning services.
Routine Vision	Full coverage including coverage of eyeglasses. $0.50 to $3.00 copayment per service.
Transportation — Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Full coverage of emergency and non-emergency medical transportation to and from a certified provider for a covered service. Copayments are as follows: • $2.00 copayment for non-emergency ambulance trips. • $1.00 copayment per trip for transportation by SMV. • No copayment for transportation by common carrier or emergency ambulance.

Note: For additional information on copayments, providers may refer to the Copayment chapter of the Reimbursement section of their specific-service area of the Online Handbook at *www.forwardhealth.wi.gov/*.