

**DEPARTMENT OF HEALTH SERVICES
DIVISION OF HEALTH CARE ACCESS AND
ACCOUNTABILITY ADMINISTRATOR'S MEMO SERIES**

NOTICE: 08-07

DATE: December 18, 2008
DISPOSAL DATE: Ongoing

**RE: Transition of GAMP/GA
Medical Participants to the
BadgerCare Plus Core Plan
for Childless Adults**

To: County Departments of Human Services Directors
County Departments of Social Services Directors
Tribal Chairpersons/Human Services Facilitators
Tribal Economic Support Directors

From: Jason Helgerson
Administrator
Division of Health Care Access and Accountability

PURPOSE

This memo describes the transition from General Assistance (GA)/General Relief (GR) Medical programs to the BadgerCare Plus Core Plan for Childless Adults on December 12, 2008, and this population's eligibility as "Transitional Childless Adults" effective January 1, 2009.

BACKGROUND

Existing General Assistance/Relief Medical Program Recipients

Currently, there are 26 counties and tribes operating General Relief/Assistance Medical programs in Wisconsin. Effective 1/1/09, the Transitional BadgerCare Plus Core Plan for Childless Adults will replace the Milwaukee GA/GR Medical Program (GAMP), and be available to those currently enrolled in other county/tribal general assistance health care programs around Wisconsin. Individuals who were enrolled in Milwaukee GAMP or other participating county/tribal GA/GR Medical programs as of December, 2008 will be automatically transitioned from those programs into the BadgerCare Plus Core Plan for Childless Adults, and will be referred to as Transitional Childless Adults (TCLA).

TRANSITION

On December 12, 2008, an automated transition of identified individuals from GA/GR Medical programs to the BadgerCare Plus Core Plan for Childless Adults (BC+CLA) occurred. DHS received data from Milwaukee County about GAMP recipients electronically. Other counties and tribal agencies with GA/GR Medical programs sent the Department lists of GA/GR Medical recipients to transition. (These lists were solicited from all counties running GA/GR programs via a memo sent from Angela Dombrowicki dated 10/17/08). **All GA/GR Medical participants whose information was received by December 12 were automatically enrolled into the BadgerCare Plus Core Plan for Childless Adults as TCLA members effective 1/1/09.**

There is an alternate process available (as described in the letter) to submit the names of GA/GR recipients who were enrolled in the county/tribal program between 12/12/08 and 12/26/08 so that they can be transitioned to the BC+ Core Plan. However, after 12/26/08, it will no longer be possible to add people to the BadgerCare Plus Core Plan for Childless Adults as TCLA members.

Members will be notified of the transition to the new benefit via a CARES letter (see attachment 1), and they will also receive a ForwardHealth Card.

TIMING/CONTINUATION OF GA/GR MEDICAL PROGRAMS

Counties/tribes may continue serving the GA/GR population until the end of December, and may also continue providing GA/GR Medical services after this transition. It is important to remember that the BC+ Core Plan will focus on preventive care for those enrolled in the program, and will not cover services that are incurred when not enrolled in the program. Local agencies may want to continue to cover urgent or emergency medical care for individuals who are not transitioned to the BC+ Core Plan as TCLA members.

BENEFITS

HMO Enrollment

On January 1, 2009, transitioned TCLA members' benefits will begin. These members will receive a ForwardHealth Card, and will receive their benefits as fee-for-service.

HMO enrollment will begin in April 2009 for Milwaukee TCLA recipients.

The HMO Enrollment Broker (Automated Health Services) will be available by phone and at GAMP clinics to help Milwaukee TCLA members choose an HMO. These members will receive a mailing explaining the HMO choice process. Members who do not make an HMO choice will be automatically assigned to an HMO that has the member's most recent primary care clinic in his/her network. There will also be an Open Enrollment Period for this population so that transitional members will have 90 days to change HMOs.

Covered Services

See attachment 1 for a list of covered services, co-payments, and prescription drug coverage for the transitioned population. Efforts have been made to ensure continuity of care for TCLA members.

CERTIFICATION PERIODS

TCLA certification period end dates will be staggered between December of 2009 and February of 2010. This will ensure that all renewals do not come due in the same month and create workload and customer service issues.

The certification period for TCLA members will be 12, 13 or 14 months, and will be based on the birth date of the recipient:

- If the birth date of the TCLA recipient falls between January and April, the re-certification date will be set as 12/31/2009.
- If the birth date of the CLA recipient falls between May and August the re-certification date will be set as 01/31/2010.
- If the birth date of the TCLA recipient falls between September and December the re-certification date will be set as 02/28/2010.

ELIGIBILITY

There is no BC+ Core Plan application fee for those being transitioned.

TCLA eligibility will be "frozen". Eligibility will not change except for:

- Individuals who turn 65 prior to their certification period end date: The certification end date will be set as the end of month in which they turn 65 years of age.
- Reported death, move to an IMD or institution, move out of state.
- Receipt of Medicare, Medicaid or the BadgerCare Plus Standard or Benchmark plan.

A termination letter will be sent to any recipients who lose TCLA eligibility, unless the closure reason is eligibility for Medicaid or BadgerCare.

TCLA members will be required to undergo a physical exam in order to have continuous eligibility beyond the certification period. If a physical exam is not done prior to the end of the certification period then a six month Restrictive Re-Enrollment period will be imposed.

If otherwise eligible, a TCLA member will continue to receive benefits until the end of the certification period even if s/he moves to a Wisconsin county/tribe that does/did not have a GA program.

TCLA members will have to renew their benefits and be fully enrolled in the BC+CLA program at the end of their TCLA certification period to continue their benefits. A letter will be sent out prior to the end of their TCLA certification period reminding them to complete a renewal.

TCLA CASELOAD MANAGEMENT

TCLA members' BC+ Core Plan enrollment and benefits will be managed by centralized state and vendor staff.

After the transition on December 12, 2008, data about TCLA members will be stored in a CARES "transitional database" until the time of the first renewal. A CARES Worker Web page will be used by centralized state and vendor staff to manage these cases and benefits as needed (e.g. to close someone who reports a move out of state).

Local agencies and others with CARES Worker Web query access will be able to view information about these TCLA members. Further instructions about this will be issued in Operations Memo 08-54.

If a TCLA is applying or open for another program in CARES (e.g. FoodShare), local agencies should continue to administer and process that case as usual.

A new medical status (med stat) code "GT" will be used by interChange to identify TCLA members.

TCLA TRAINING AND COMMUNICATION

Training for Milwaukee County providers occurred December 11th. Additional training for providers in other counties will be scheduled in January. Local IM agencies will receive more details via Operations Memos.

BADGERCARE PLUS CORE PLAN FOR CHILDLESS ADULTS: NEW ENROLLEES

Because of the recent downturn in the national economy, the expansion of BadgerCare Plus to the childless adult population will be implemented in phases. Information about future phases, including accepting applications from new enrollees, will be announced as soon as it is available.

REGIONAL OFFICE CONTACT: DHFS Area Administrators

CENTRAL OFFICE CONTACT: Sara Edmonds
E-MAIL: sara.edmonds@dhs.wi.gov

ATTACHMENT 1 (CARES TCLA WELCOME LETTER)

WI DEPARTMENT OF HEALTH SERVICES
BUREAU OF ENROLLMENT MANAGEMENT
P.O. BOX 8905
MADISON WI 53707

Mailing Date: 12/15/2008

000001
RECIPIENT NAME
PO BOX 433
MADISON WI 53703



Important Information About Your Health Care Benefits

Dear FIRSTNAME LASTNAME:

You have been enrolled in the BadgerCare Plus Core Plan starting on Jan. 1, 2009. This plan replaces the health care benefits you have under the General Assistance Medical Program in your county. A list of covered services for the Core Plan, including prescription drugs, is included in this letter.

A ForwardHealth Card will be mailed to you at the address above. Bring this card with you when you visit your doctor and pharmacy. Be sure to tell them that you have health care benefits through the BadgerCare Plus Core Plan.

Between Jan. 1, 2009 and Mar. 31, 2009, you can get services that are covered by the Core Plan from any health care provider that accepts BadgerCare Plus (Medicaid). As of Apr. 1, 2009, most Core Plan members will be enrolled in a Health Maintenance Organization (HMO). To learn more about enrolling in an HMO, please call Automated Health Services at 1-800-291-2002.

As a Core Plan member, you must have a physical exam during your first year of enrollment. If you do not have a physical exam, you may not be able to renew your benefits after your first year.

BadgerCare Plus Core Plan for Childless Adults

Covered services and co-payments for members who were enrolled in a county or tribal General Assistance Medical Program

COVERED SERVICES	CO-PAYMENT
<p>Visits to the doctor</p> <ul style="list-style-type: none"> Includes office visits and surgical procedures. Mental health visits are only covered when they are with a psychiatrist. For substance abuse, physician services are covered. Routine eye exams are not covered. 	<p>\$0.50 to \$3 per service, limited to \$30 per provider per calendar year.</p> <p>No co-payments for emergency services, preventive care, anesthesia, or clozapine management.</p>
<p>Hospital services</p> <ul style="list-style-type: none"> This includes inpatient and outpatient visits. Inpatient mental health and substance abuse services are not covered. 	<p>For outpatient visits, \$3 per visit.</p> <p>For inpatient visits, \$3 per day. For each stay, you will not have to pay more than \$75 in co-payments.</p> <p>You will not have to pay more than \$300 per year in co-payments for all of your hospital services.</p>
<p>Emergency room visits and ambulance rides for emergencies.</p>	<p>\$0</p>
<p>Emergency dental services.</p>	<p>\$0</p>
<p>Prescription drugs. - See next page</p>	
<p>Physical therapy, occupational therapy, and speech therapy</p> <ul style="list-style-type: none"> There is a limit of 20 visits per year for each type of therapy. Cardiac rehabilitation is included under physical therapy. 	<p>\$0.50 to \$3 per service.</p> <p>Co-payments will not be charged after the first 30 hours or \$1,500 of each type of therapy, whichever occurs first, each calendar year.</p>
<p>Durable Medical Equipment</p> <ul style="list-style-type: none"> This has a benefit limit of \$2,500 per year. Rental items count towards the limit. 	<p>\$0.50 to \$3 per priced unit.</p>
<p>Disposable Medical Supplies</p> <ul style="list-style-type: none"> This is limited to syringes, diabetic pens, and items used with durable medical equipment. 	<p>\$0.50 to \$3 per unit of item.</p>
<p>Dialysis and other kidney-related services for people with end-stage renal disease, who do not qualify for Medicare end-stage renal disease services.</p>	<p>\$0</p>

Prescription drug coverage for people who were enrolled in a county or tribal General Assistance Medical Program

In most cases, generic drugs and some over-the-counter drugs are covered at a cost to you of up to \$5 for each item. Your co-pay will be \$20 per pharmacy per month for drugs prescribed by your physician. As noted below, certain “brand name” drugs may also be covered by the BadgerCare Plus Core Plan.

Mental Health Drugs

- From January 1, 2009 through March 31, 2009, the Core Plan will cover any mental health drug you are currently taking to treat depression, Alzheimer’s disease, Parkinson’s disease, epilepsy and other seizure disorders, bipolar disease and schizophrenia, and drugs used to treat attention deficit disorder.
- Beginning April 1, 2009, the Core Plan will cover your mental health drugs. If you are taking drugs for Alzheimer’s disease, bipolar disease or schizophrenia, you will continue on any drug used to treat these conditions as long as you remain enrolled in the Core Plan..
- Beginning April 1, 2009, the Core Plan will continue to cover the specific drug you are currently taking to treat depression, Parkinson’s disease, epilepsy and other seizure disorders, and attention deficit disorder, as long as you remain enrolled in the Core Plan. If you need to change to a different drug for these conditions, it may not be covered under the BadgerCare Plus Core Plan. Please see the “All Other Medications” section below.

Asthma and Diabetes Drugs

- From January 1, 2009 through March 31, 2009, the Core Plan will cover any insulin you are currently taking to treat diabetes and some inhalers you are currently taking to treat asthma.
- Beginning April 1, 2009, the only insulins that will be covered under the Core Plan are Humalog and Lantus.
- Beginning April 1, 2009, the only asthma inhalers that will be covered under the Core Plan are Flovent, Serevent and Proventil HFA.
- Other asthma and diabetes medications may be covered under the Badger Rx Gold program.

All Other Medications

- Beginning January 1, 2009, generic drugs and a limited number of over the counter (OTC) drugs will be covered under the Core Plan.
- Beginning January 1, 2009, brand name drugs and other drugs not covered under the Core Plan will be available through the Badger Rx Gold program.
- If you have any questions, please contact Member Services at 1-800-362-3002.

Keep in mind that the Core Plan does not cover these services:

- Non-emergency dental services
- Chiropractic services
- Hearing services
- Routine vision exams
- Home health care
- Hospice
- Inpatient mental health and substance abuse treatment services
- Non-emergency transportation
- Nursing home care
- Podiatrist services
- Reproductive health services (these services are covered through BadgerCare Plus Family Planning Waiver Services)
- Services for children and pregnant women