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**State of Wisconsin
Governor Jim Doyle**

**TO: Income Maintenance Supervisors
Income Maintenance Lead Workers
Income Maintenance Staff
W-2 Agencies
Workforce Development Boards
Job Center Leads and Managers
Training Staff
Child Care Coordinators**

**FROM: Vicki Jessup, Policy Section Chief
Bureau of Enrollment Policy & Systems
Division of Health Care Access and Accountability**

BEPS/DFS OPERATIONS MEMO					
No: 10-81					
DATE: 12/01/2010 AMENDED					
FS	<input type="checkbox"/>	MA	<input type="checkbox"/>	BC+	<input type="checkbox"/>
SC	<input type="checkbox"/>	CTS	<input type="checkbox"/>	FSET	<input type="checkbox"/>
BC+ Basic	<input checked="" type="checkbox"/>	BC+ CORE	<input checked="" type="checkbox"/>		
CC	<input type="checkbox"/>	W-2	<input type="checkbox"/>	EA	<input type="checkbox"/>
CF	<input type="checkbox"/>	JAL	<input type="checkbox"/>	JC	<input type="checkbox"/>
RAP	<input type="checkbox"/>	WIA	<input type="checkbox"/>	Other	<input type="checkbox"/> *
EP					

SUBJECT: Core Plan Waitlist Medical Bypass for Basic Members

CROSS REFERENCE: Operations Memo 10-53

EFFECTIVE DATE: Immediately

PURPOSE:

This memo announces an expansion to the list of medical diagnoses that allow an individual enrolled in the BadgerCare Plus Basic (Basic) Plan to bypass the BadgerCare Plus Core (Core) Plan waitlist and enroll if it is confirmed that s/he meets all of the Core Plan program rules. It also announces changes in the enrollment policy and process for these members.

BACKGROUND:

BadgerCare Plus Basic is a member-funded, temporary and limited health care benefit plan administered by the State of Wisconsin available only to individuals on the Core Plan waitlist. The Basic Plan is Wisconsin's effort to provide a temporary bridge to health care for those on the Core Plan waitlist.

Basic Plan enrollment began June 1, 2010. Basic members remain on the waitlist for Core and are invited to apply for Core if funding becomes available based on a first come, first serve basis unless the member qualifies for a medical bypass of the Core Plan waitlist policy. In July 2010, Operations Memo 10-53 was published, announcing an exception to allow individuals enrolled in the Basic Plan to bypass the waitlist and enroll in the Core Plan, if all eligibility requirements are met and they have a physician-verified cancer diagnosis (excluding non-melanoma skin cancers).

POLICY:

EXPANSION OF MEDICAL CRITERIA:

Effective **December 15, 2010**, the list of medical diagnoses that allow a Basic plan member to bypass the Core Plan waitlist has been expanded beyond cancer. An individual enrolled in the Basic Plan is now exempt from the Core Plan enrollment cap if s/he has any of the following physician verified diagnoses:

- Cancer (except non-melanoma skin cancers),
- Hypertension and high cholesterol combined,
- Atherosclerosis,
- Heart failure, or
- Heart disease.

ENROLLMENT POLICY CHANGES:

Individuals enrolled in the Basic Plan who are diagnosed with one of the above-listed conditions are eligible to bypass the waitlist and enroll in the Core Plan as long as he or she meets the Core Plan program rules. The member will be enrolled in the Core plan effective **the first or fifteenth of the month after his or her completed Core Plan application is received.**

To qualify for a medical bypass of the waitlist, the member must:

- Be currently enrolled in the Basic Plan;
- Provide all required information and verification needed to determine eligibility for the Core Plan (no application processing fee is required);
- Meet all of the Core Plan program rules

Members cannot be enrolled into the Core Plan for any date prior to the date of enrollment into the Basic Plan.

If the member is not determined to be eligible for Core Plan enrollment, including providing all required verification, enrollment for the Core Plan is denied and enrollment in the Basic Plan is terminated.

EXAMPLE 1: Bill is on the Core Plan Waitlist and submitted his \$130 premium to enroll in the Basic Plan on September 6th. He was enrolled in the Basic Plan beginning October 1st. On December 1st, his physician submits the Core Plan Medical Bypass form to the ESC. Bill applies for the Core Plan and is determined eligible on December 10th. His Core Plan enrollment date will be December 15th.

EXAMPLE 2: Alan is on the Core Plan Waitlist and submitted his \$130 premium to enroll in the Basic Plan on November 17th. His enrollment in the Basic Plan will begin January 1st. On December 14th, his physician submits the Core Plan Medical Bypass form to the ESC. Since Alan's Basic Plan enrollment will not begin until January 1st, he is not allowed to apply for the Core Plan until January 1st. Alan applies for the Core Plan on January 5th and is determined eligible; his Core Plan enrollment date will be January 15th.

EXAMPLE 3: Vicki was on the Core Plan waitlist. She enrolled in the Basic Plan effective July 1, 2010. On December 3rd, her physician submitted the Core Plan Medical Bypass form to the ESC indicating Vicki has been diagnosed with heart failure. Vicki provides all information needed to determine eligibility for the Core Plan on December 6th and is confirmed eligible on December 8th. Her Core Plan enrollment will begin effective December 15th.

Core Plan application fee and Basic Plan premium refunds:

Basic members who bypass the Core Plan waitlist are not required to pay the Core Plan processing fee. The Basic plan premium paid for the month of enrollment will be used to pay the Core Plan processing fee.

Basic Plan premiums for coverage months which have passed and the member now qualifies for the Core Plan will not be refunded. Any Basic Plan premiums paid for future months should be refunded.

PROCESS:

Wisconsin Basic Plan providers will be notified via a Provider Update to fax the completed Core Plan Medical Bypass form (F-00292) for newly diagnosed members to the Enrollment Services Center (ESC).

Note: Any applications received in local IM or tribal agencies should be faxed to the ESC at 1-888-409-1982 immediately upon receipt to prevent any delay in eligibility determination or treatment for the applicant.

Upon receipt of the completed form, the ESC will check for completeness and accuracy as follows:

1. Confirm in interChange that member is currently enrolled in the BadgerCare Plus Basic Plan. If the member is enrolled in any other health care plan except Family Planning Only Services (FPOS), Well Woman Program (WWP) or TB MA, or if the member is inactive in BC+ Basic and has no other BC+ or Medicaid Plan coverage, send the Notice of Denial – BadgerCare Plus Core Plan Waitlist Bypass (F-00288) to the member explaining why they are not eligible to enroll in the BadgerCare Plus Core Plan.
2. Ensure all required information is present and that the diagnosis meets the medical criteria.
3. Review physician's signature and credentials. Only Doctors of Medicine (MD) and osteopaths (DO) are acceptable.

If a waitlist bypass is approved, the ESC will attempt to contact the member to complete the Core Plan application by phone as soon as possible. If member cannot be reached by phone within two business days, send the F-00287 to notify the member s/he can bypass the waitlist and to contact the ESC by phone to complete the Core Plan request.

Process the request following the normal procedures for the month of waitlist bypass, including the HNA, and obtain all required verification. A processing fee is not required. During the eligibility determination process, determine if the member meets eligibility criteria for Medicaid or the BadgerCare Plus Standard or Benchmark Plans. Eligibility for any of these programs would preclude enrollment into Core.

If it is determined that the member meets all eligibility criteria for the Core Plan, s/he will be enrolled in the Core Plan as of the first or fifteenth of the month following receipt of a completed Core Plan application. Enrollment information will be sent from CARES to interChange based on the eligibility begin date confirmed in CARES.

Note: The medical status code for both the Basic Plan (XA) and the Core Plan (CU or CO) will display in interChange for the month(s) the member was originally enrolled in the Basic Plan. Claims will be paid based on the Core Plan medical status code for any month(s) this occurs.

The worker must remember to add the 'E02' exemption code effective the first of the month following the CWW determined Core Plan certification period to ensure that the member is exempted from the HMO enrollment process. ESC staff who are responsible for this action will have access to the Add feature in interChange under the 'MC Special Conditions' panel.

If it is determined that the member does not meet all eligibility criteria for the Core Plan, Core Plan eligibility will be denied and enrollment in the Basic plan will be terminated at the end of the current month.

A copy of the completed waitlist bypass form should be shared with the DHS Nurse Consultant by fax at: (608) 250-6563.

ATTACHMENTS:

The Core Plan Waitlist - Medical Bypass Determination Form (F-00292) and the Notice of Denial – BadgerCare Plus Core Plan Waitlist Bypass (F-00288) have been revised to include the expanded diagnoses.

Core Plan Waitlist - Medical Bypass Determination Form ([F-00292](#))

Core Plan Waitlist Bypass – Request for Contact ([F-00287](#))

Notice of Denial – BadgerCare Plus Core Plan Waitlist Bypass ([F-00288](#))

CONTACTS:

BEPS CARES Information & Problem Resolution Center

*Program Categories – FS – FoodShare, MA – Medicaid, BC+ – BadgerCare Plus, SC – Senior Care, CTS – Caretaker Supplement, CC – Child Care, W-2 – Wisconsin Works, FSET – FoodShare Employment and Training, BC+ Core – BadgerCare Plus Core, CF – Children First, EA – Emergency Assistance, JAL – Job Access Loan, JC - Job Center Programs, RAP – Refugee Assistance Program, WIA – Workforce Investment Act, Other EP – Other Employment Programs.

DHS/DHCAA/BEPS/ME