

wisconsin Medicaid recipient update and BadgerCare

March 2000
PHC 1706

Wisconsin Medicaid and BadgerCare Information for Recipients

To: All Medicaid recipients

English – For help to translate or understand this, please call 1-800-362-3002 (TTY).
Spanish – Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-362-3002 (TTY).
Russian – Если вам не всё понятно в этом документе, позвоните по телефону 1-800-362-3002 (TTY).
Hmong – Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-362-3002 (TTY).

Commonly asked questions about the Forward ID card

The Wisconsin Medicaid program recently changed from monthly paper ID cards to the new plastic Forward ID card. The following are common questions asked about the Forward cards.

What is the Forward ID card?

The Forward ID card is your new Medicaid ID card. It is important that you keep this card. Do not throw it away.

The Forward ID card is a permanent ID card. You will use this same card every month that you are eligible for Medicaid or BadgerCare benefits. You will not receive a new card each month.

Who gets the Forward ID cards?

Each person who is eligible for Medicaid or BadgerCare gets his or her own Forward ID card. When going to an appointment with a Medicaid-certified provider such as a doctor, pharmacist, or hospital, be sure to take the card that belongs to the person who has the appointment.

How do I know if I'm eligible for Medicaid or BadgerCare?

You receive a notice in the mail when you first become eligible. You will get another notice if your eligibility changes. If you are not sure whether you are eligible for Medicaid or BadgerCare, you can call Recipient Services at 1-800-362-3002.

If you get a notice saying you are no longer eligible for Medicaid or BadgerCare, you should keep your Forward card. If you become eligible again in the future, you can use the same Forward card.

It is important for you to read and keep mail you get about your eligibility or HMO enrollment. This is so you can tell your health care provider when you make an appointment if you are eligible or are in an HMO.

Remember that having a Forward card does not guarantee that you are eligible for Medicaid or BadgerCare. Providers use your Forward card to check your eligibility before each visit.

How do I know if I'm enrolled in an HMO?

If you are enrolled in an HMO, you will get a notice in the mail a few days before your enrollment in the HMO begins. Attachment 1 and 1A are samples of enrollment notices. You will get another notice in the mail if you are disenrolled from the HMO. Attachment 2 and 2A are samples of disenrollment notices.

Continued on next page

You should put your most recent notices in a safe place so you will know if you are enrolled in an HMO or not.

You will *not* get a different card when you are enrolled in or disenrolled from an HMO.

Is there anything else I should know about my HMO enrollment?

You should always know the name of your HMO when you call to make an appointment. If you are not sure if you are enrolled in an HMO or what HMO you are enrolled in, call the Enrollment Specialist at 1-800-291-2002.

What if the information on my Forward card is wrong?

If the information on your Forward card is wrong, such as your name or Medicaid ID number, you should call your caseworker at the county or tribal social or human services agency, W-2 agency or Social Security office to report the correct information.

After the correct information is on your file, a new card will be sent to you. It is very important to report any changes to your caseworker, especially address changes, so you can receive important notices on any changes to your eligibility.

Will my newborn baby get his or her own card?

Yes. Newborns will receive their own Forward card after his or her eligibility information is received. Be sure to tell your caseworker at your county or tribal social or human services agency about the birth of your baby. You will get a letter telling you the baby's temporary Medicaid ID number.

What do I do if my card is lost or stolen?

If your card is lost, stolen, or damaged, call Recipient Services at 1-800-362-3002 to report it. A new card will be sent to you right away.

Do I have to sign the back of the Forward card?

All adult recipients are encouraged to sign the back of their own cards. But, it is not required. If you sign the card, it may be used as another form of identification.

Can providers charge me to check my eligibility?

No. Providers are not allowed to charge you a fee to check if you are eligible for Medicaid or BadgerCare. If a provider charges you to check your eligibility, please call Recipient Services at 1-800-362-3002 as soon as you can to report it. If you did pay for a provider to verify your eligibility, the provider will be required to pay you back.

Providers are required to collect a copayment for some Medicaid covered services. However, copayments should not be confused with charging you to check your eligibility.

If you have any questions, please call Recipient Services at 1-800-362-3002.

Wisconsin Medicaid Purchase Plan: A new opportunity for people with disabilities



The Medicaid Purchase Plan begins on March 15, 2000, for people with disabilities who are working or interested in working. Eligible people can purchase Medicaid coverage by paying monthly premiums.

The Medicaid Purchase Plan offers people with disabilities the opportunity to:

- Receive the same package of health benefits as offered under the Wisconsin Medicaid plan, such as doctor visits, immunizations (shots), vision care, prescription drugs, mental health and substance abuse services, hospital care, hearing services, including hearing aids, plus other services.
- Earn more income without risking their health and long term care coverage.
- Maintain higher asset levels.
- Save earnings in Independence Accounts, allowing participants to save for retirement, a new home, or other goods and services that increase personal and financial

independence.

Who is eligible for the Medicaid Purchase Plan?

People living in the state of Wisconsin who meet the following criteria may be eligible for the Medicaid Purchase Plan.

- ✓ The applicant must:
 - Have countable assets of less than \$15,000. This does not include a home or vehicle.
 - Be at least 18 years old.
 - Be determined to have a disability by the Department of Health and Family Services Disability Determination Bureau.
 - Be employed in a paid position or be enrolled in a certified Health and Employment Counseling program.
- ✓ The applicant’s family, which may include a spouse and dependent children, must have a net *family* income of less than 250% of the federal poverty level, based on family size. See the chart below for general income guidelines. If you are unsure whether your family income falls below this level, please see your county or tribal economic support worker.

250% of Federal Poverty Level		
Family Size	Annual 250% FPL	Monthly 250% FPL
1	\$ 20,875	\$ 1,740
2	\$ 28,125	\$ 2,344
3	\$ 35,375	\$ 2,948
4	\$ 42,625	\$ 3,552
5	\$ 49,875	\$ 4,156
6	\$ 57,125	\$ 4,760

Federal Poverty Level, 2000

How does the program work?

Premiums

People eligible for the Medicaid Purchase Plan will pay a monthly premium based on their monthly income. By paying this premium, participants are able to get the Medicaid-covered services they need. If a person has monthly income less than 150% of the federal poverty level, he or she does not have to pay a monthly premium. A family member’s income is not included in figuring the premium.

Family coverage

The Medicaid Purchase Plan does not offer family health care coverage. However, multiple individuals within a household may enroll, provided they meet eligibility criteria.

Independence Accounts

Participants can save up to 50% of their earnings in “Independence Accounts.” Independence Accounts are accounts held by a financial institution in which participants can save for items and services that increase their independence. Any kind of financial account may be registered as an Independence Account, such as mutual funds, bonds, stocks, IRAs, or 401(k)s.

Contributions to the Independence Accounts are not counted against the \$15,000 asset limit. Expenses that are considered independence-related include, but are not limited to, saving for retirement and purchase of a home or vehicle. Contact your county or tribal economic support worker if you would like to register Independence Accounts.

How to apply

People interested in the Medicaid Purchase Plan should apply with their county or tribal human or social services department. Applications require proof of employment and verification of a disability determination.

For more information

If applicants or recipients have questions about Wisconsin Medicaid or the Medicaid Purchase Plan, they may call Recipient Services at 1-800-362-3002 (recipient use only).

In addition, please refer to the Department of Health and Family Services (DHFS) Web site at www.dhfs.state.wi.us/MAPP/ for more information about the Medicaid Purchase Plan.

Changes in eligibility determination

Beginning November 1, 1999, Wisconsin Medicaid changed the policy on how Medicaid eligibility is determined for certain groups of individuals.

As a result of a decision in the case of *Addis, et.al. v. Whitburn, et.al.*, the financial resources of a family member who is not the mother, father, or spouse of an individual cannot be used to determine that individual's Medicaid eligibility.

Family members who were found ineligible for Medicaid due to too much income or assets, may now meet the Medicaid income or asset limits.

Who is affected?

The ruling affects families whose income and assets together make them ineligible for Medicaid, and include:

- A child (under age 18/19) with income or assets of his or her own.
- A pregnant woman with other children.
- A non-marital co-parent.
- A stepparent.
- A non-legally responsible relative (NLRR) of a child.

The new policy applies to eligibility determinations for new applications, case reviews, or case changes made on or after November 1, 1999.

For more information

If you have questions about how your eligibility was determined, please call your caseworker at your local county or tribal human or social services department or W-2 agency.

The Medicaid HMO Enrollment Specialist is ready to help you

Many families with children in the BadgerCare and Medicaid health benefit programs are required to choose a Medicaid HMO. In areas where only one HMO is available, participants may voluntarily choose to enroll in an HMO.

HMO enrollment is available to BadgerCare and Medicaid recipients. The Enrollment Specialist provides a toll-free number and face-to-face counseling to help families choose the HMO that best meets their needs.

How can the Enrollment Specialist help me?

The Enrollment Specialist can help you:

- Choose an HMO.
- Find out what HMOs your doctor may take.
- Match your HMO with your other health insurance.
- Find an HMO with a clinic, pharmacy, or hospital nearest your home.
- Fill out the enrollment choice form that is mailed to HMO participants.
- Make your enrollment choice over the phone.
- Change your choice of HMOs.
- Understand the services available from your HMO.
- Get the covered services you need from an HMO.
- Understand how to get an exemption (permission not to enroll in an HMO).

The Enrollment Specialist can help you with any questions or concerns you may have about the HMO program.

HMO notices

You will receive a notice in the mail anytime you are enrolled in or disenrolled from your HMO. It is important to save these notices because the Forward ID card does not have the name of your HMO on it.

Questions?

Call the Enrollment Specialist at 1-800-291-2002, Monday through Friday between 6:00 a.m. and 7:00 p.m. Español and Hmong translated.

I'm getting a bill from my provider!

If you get something that looks like a bill from a provider in the mail, contact the provider's office. It may be a request for more information about your Wisconsin Medicaid eligibility or a bill for your copayments. It may also be a bill for services which you received that are not covered by Medicaid, or a statement of services you received.

Copayments

Copayments are the part of the cost for certain services that some Medicaid recipients are responsible for paying. Medicaid copayments range from \$.50 to \$3.00 per service.

You must pay your copayment, but if you cannot pay it right away, the provider cannot refuse to provide the services. Providers can ask for copayments at the time of service or they can bill you for them later. You may be asked for more than one copayment if you get more than one service at an appointment.

Services that do not have copayments are:

- Emergency services.
- Services related to pregnancy.
- Services provided to children younger than 18 years of age.
- Services provided to nursing home residents.
- Family planning services provided by a family planning clinic.

Recipients enrolled in an HMO or other managed care program

Recipients enrolled in an HMO or other managed care program do not have copayments for services provided by the managed care program.

Payment for covered services

Wisconsin Medicaid pays your provider for the covered services you receive. A provider *cannot* require you, your relatives, or others to pay additional charges for these covered services.

When providers can bill recipients

Except for copayments, providers may not charge you for Wisconsin Medicaid-covered services. Be sure to tell them you are a Wisconsin Medicaid recipient. A provider can charge you for services that are *not covered* by Wisconsin Medicaid if:

- The provider told you before providing the services that the services are not covered.
- You agreed to pay for the services before the services are provided to you.

For more information

If you have questions about being billed for medical services, please call Recipient Services at 1-800-362-3002.

Report changes to your caseworker

You must report certain changes to your caseworker at the county or tribal human or social service department, W-2 agency, or Social Security office. These changes include:

- A new address.
- An increase in income or assets.
- A change of family size.
- Vehicle ownership.
- A change in commercial health insurance coverage.

You need to report these changes within 10 days of the change. If you do not report these changes, you may lose your eligibility.

Medicaid fraud and abuse

Did you know it's illegal for you to:

- Let someone else use your Medicaid card to get services?
- Apply for Wisconsin Medicaid for someone else and use the Medicaid benefits for yourself?
- Duplicate or alter prescriptions?
- Knowingly misrepresent medical symptoms for the purpose of getting any covered service?

Continued on next page

- Knowingly get the same service from more than one provider for the same health condition (besides getting a confirmation of a diagnosis or a second opinion on surgery)?

If a court finds that Medicaid health care benefits have been obtained illegally, the court may require repayment for those services in addition to other penalties. Fines up to \$25,000, imprisonment for up to five years, or both, and suspension from Wisconsin Medicaid benefits can be the result.

If you know of anyone getting Medicaid services illegally, or if you suspect a Medicaid provider of fraud or abuse, you can call Recipient Services at 1-800-362-3002 to report them.

Don't be a "No Show"

Keep your appointments. If you are not able to keep an appointment, call the provider to cancel as soon as possible. Otherwise, the provider may be less likely to reschedule your appointment.

When you make an appointment, the provider sets aside time to take care of your needs. If you fail to keep your appointment, you are not only keeping the provider from caring for you, the provider is also unable to care for someone else.

It is your responsibility to keep your appointment and to notify the provider as soon as possible if you are unable to keep the appointment.

What is prior authorization?

Wisconsin Medicaid must approve payment for some health care services before they are provided. This is called prior authorization. The reason for prior authorization in general is to make sure that planned services are medically necessary.

How does prior authorization work for regular Medicaid fee-for-service?

- Providers send the request for prior authorization for a service, drug, equipment or supply item to Wisconsin Medicaid.
- Within 20 working days, medical consultants review the prior authorization request for medical necessity. If the request is incomplete, Wisconsin Medicaid will send it back to the provider.
- If the request is approved, the provider can start providing you the service.
- If the request is modified or denied, Wisconsin Medicaid will tell you by letter how to appeal the decision.
- If a prior authorization request is delayed because Wisconsin Medicaid needs more information from the provider, the provider is to notify you of the reason for the delay.

What services require prior authorization?

Most services do not need prior authorization. Following is a partial list of services that may require prior authorization.

- Home health care services.
- Durable medical equipment such as wheelchairs, and special shoes and shoe inserts.
- Some mental health services.
- Physical therapy, occupational therapy, and speech-language therapy.
- Some drugs.
- Some complex surgeries.

Managed care

State-contracted HMOs or managed care programs have their own policies for prior authorization. These policies may be different from Wisconsin Medicaid's policies. You should contact your HMO or other managed care program for more information.

For more information

Be an informed consumer. If you have a question about the services your provider has asked to have authorized, talk to your provider. If you have general questions about prior authorization, call Recipient Services at 1-800-362-3002.

Attachment 1

Sample of an HMO Enrollment Notice

Please save this notice in a safe place.

The persons listed below are now enrolled in:

Their HMO enrollment begins on:

The Member Service phone number for your HMO is:

They must now get their health care from this HMO's providers. If you go somewhere else, and it's not an emergency, you may have to pay for the care you receive. To make an appointment for care, you should know what HMO you are enrolled in.

If your HMO enrollment changes, you will get a notice in the mail.

If you have questions about your HMO enrollment or *need to change your HMO*, please call the Enrollment Specialist at **1-800-291-2002**. They can help you with all your questions about your HMO enrollment.

Social Security Number or ID#

Last Name, First Name, Middle Initial

Questions? Call 1-800-291-2002.

Attachment 1a
Sample of a Special Managed Care Program
Enrollment Notice

Please save this notice in a safe place.

You are now a member in this managed care program (MCP). Call the program phone number listed below for questions about services you receive as a member.

ID Number	Participant Name	Effective Date	Managed Care Program	MCP Phone Number
123456789	Brown John J	01/01/2000		(555)555-1234

SAMPLE

**Questions about this notice?
Call Medicaid Recipient Services at 1-800-362-3002.**

BMHCP 1204S (Rev. 5/99)
Department of Health and Family Services
Division of Health Care Financing

Attachment 2

Sample of an HMO Disenrollment Notice

Please save this notice in a safe place.

As of (DATE) , the persons listed below are no longer enrolled in an HMO. They may get their health care from any Medicaid-certified provider. We will let you know if you are re-enrolled in an HMO.

If you have questions about your eligibility or how to receive health care, please call Recipient Services at **1-800-362-3002**. They can help you with all your questions.

Social Security Number or ID#

Last Name, First Name, Middle Initial

SAMPLE

Questions?
Call 1-800-362-3002.

Attachment 2b
Sample of a Special Managed Care Program
Disenrollment Notice

Please save this notice in a safe place.

You are no longer a member of this managed care program (MCP). You may still be eligible for Medicaid. If you are, you can go to any health care provider that accepts Medicaid.

ID Number	Participant Name	MCP Disenrollment Date	Managed Care Program
123456789	Brown John J	01/01/2000	

SAMPLE

**Questions about this notice?
Call Medicaid Recipient Services at 1-800-362-3002.**

BMHCP 1208S (5/99)
Department of Health and Family Services
Division of Health Care Financing



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