



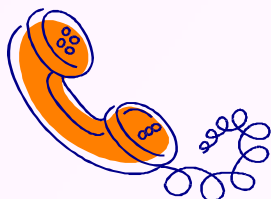
# Provider Notes

Volume 2, Issue 2

Fall, 2008

## Inside this issue:

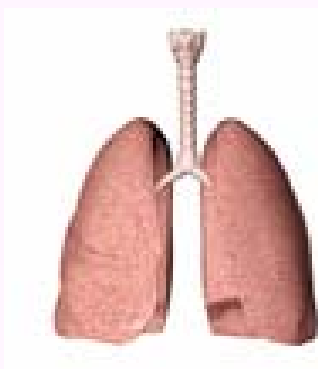
Wisconsin Smoking Cessation Initiative	1
Language Source	1
NPI	1
BadgerCare Plus Standard Plan and Benchmark Plan Comparison	2
What's New on the CCHP Website?	3
Blood Lead Testing	4
Please Let Us Know if you have a Provider Change or Update	4
Screening for Elevated Blood Levels	5



## Language Source

CCHP has contracted with Language Source to provide translation services to members at their medical appointments if the provider does not have a translator available on site. They are available 24 hours a day, 365 days a year. If your clinic needs to arrange translation services for a CCHP member, please call 414-607-8766.

## Wisconsin's Smoking Cessation Initiative



The Wisconsin Department of Health and Family Services announced an initiative to increase the number of BadgerCare Plus members receiving both counseling and pharmaceutical treatments to assist in quitting smoking. The UW Center of Tobacco Research and Intervention (UW-CTRI) report that the smoking rate among Wisconsin BadgerCare Plus adult recipients is fifty percent higher than the general population. They have also reported that coaching on how to quit smoking combined with medication can quadruple the chances of a member successfully quitting.

The efforts to assist the State on this initiative Children's Community Health Plan (CCHP) and Dean Health Plan Southeast (DHPSE) has developed a smoking registry to track outreach. CCHP & DHPSE currently relies on claims data and referrals to identify members that are current smokers. Outreach is focused on educating members on covered benefits and available resources. CCHP & DHPSE providers can strengthen this effort by offering and providing intervention to their patients.

BadgerCare Plus members have coverage for both pharmaceutical and counseling treatments. All medications require a written prescription.

Benchmark members have coverage for generic medications only. Cover medications for BadgerCare Plus Standard Plan members include the following:

- ◆ Bupropion SR: Zyban, Wellbutrin or generic
- ◆ Nicotine inhaler: Nicotrol
- ◆ Nicotine nasal spray: Nicotrol
- ◆ Nicotine patch: Over-the-counter, or prescribed as "legend"
- ◆ Nicotine gum: Over-the-counter
- ◆ Varenicline: Chantix
- ◆ Combination Therapy



When billing for services the diagnostic code 305.1 is required. Covered billing codes include 99201-99205 for new patients; and 99211-99215 for established patients. When appropriate, placing the diagnostic code as the primary or secondary diagnosis helps both CCHP and the State identify members receiving the interventions. The Wisconsin Tobacco Quit Line is free and available to all Wisconsin residents. To order free quit line materials for your office visit [WISquitLine.org](http://WISquitLine.org).

## NPI

CCHP is compliant with NPI submission guidelines for all electronic claims. Please make sure to include NPI numbers when submitting claims electronically. CCHP still asks that paper claims be submitted with appropriate CCHP vendor numbers and CCHP provider numbers. If you need more information please contact provider relations at 414-266-3898.

## BadgerCare Plus Standard Plan and Benchmark Plan Comparison

The BadgerCare Plus Standard Plan covers services the same as the previous Wisconsin Medicaid Program. CCHP and Dean Health Plan Southeast covers the co-pays for members in the BadgerCare Plus Standard Plan. The new Benchmark Plan has certain benefit limitations, similar to commercial insurance. CCHP & DHPSE members enrolled in this plan are subject to the same coverage limitations as are the Benchmark plan members in the State fee for services program. Co-pays do apply to Benchmark plan members that are enrolled with CCHP & DHPSE. The comparison outlines the differences between the two plans.

Service	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan
<b>Prescription Drugs (Prescription Drug benefits provided and administered by the State of Wisconsin not CCHP.)</b>	Comprehensive drug benefit with coverage of generic prescription drugs, brand prescription drugs and some over-the-counter (OTC) drugs. Co-payments: \$0.50 for OTC Drugs, \$1.00 for Generic Drugs and \$3.00 for Brand Prescription Drugs	Generic-only formulary drugs and a limited number of generic over-the-counter drugs with a \$5.00 co-payment per item. Brand name drugs are only available through the BadgerRx Gold plan, which provides a discount on the cost. Benchmark Plan members are automatically enrolled in this plan.
<b>Physician, Anesthesia, X-Ray, and Laboratory</b>	Full coverage with no co-payment, including second opinion on elective surgery.	Full coverage with a \$15.00 co-payment per visit.
<b>Prenatal Care/ Maternity</b>	Full coverage with no co-payment. Prenatal Care Coordination (PNCC) for high risk pregnancies. Full coverage with no co-payment of preventive mental health counseling for pregnant women at risk of depression.	Full coverage with no co-payment. Prenatal Care Coordination (PNCC) for high risk pregnancies. Full coverage with no co-payment of preventive mental health counseling for pregnant women at risk of depression.
<b>Inpatient Hospital</b>	Full coverage with no co-payment.	Full coverage with a \$100.00 co-payment per hospital stay (medical surgery) and a \$50.00 co-payment per stay for psychiatric treatment.
<b>Outpatient Hospital</b>	Full coverage with no co-payment.	Full coverage with a \$15.00 co-payment per visit. Multiple visits to the same provider on the same day will be treated as a single visit.
<b>Emergency Room (ER)</b>	Full coverage with no co-payment.	Full coverage with a \$60.00 co-payment if the member is not admitted to the hospital.
<b>Nursing Home</b>	Full coverage with no co-payment.	Full coverage with a limit of 30 days per enrollment year in a nursing home.
<b>Physical Therapy (PT), Occupational Therapy (OT) and Speech-Language Pathology (SLP)</b>	Full coverage with no co-payment.	20 visits per therapy discipline per enrollment year. An additional 36 visits are covered for cardiac rehabilitation. There is a \$15.00 co-payment per visit.
<b>Durable Medical Equipment (DME)</b>	Full coverage with no co-payment.	Full coverage with a \$5.00 co-payment per item. The maximum reimbursement is \$2,500 of the paid amount in an enrollment year.
<b>Disposable Medical Supplies (DMS)</b>	Full coverage with no co-payment.	Coverage is limited to syringes, diabetic pens and DMS that is required with the use of a DME item. There is a \$0.50 co-payment for syringes and diabetic pens.

Service	BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan
Home Health	Full coverage of private duty nursing, home health care, personal care with no co-payment.	Full coverage of in-home skilled nursing services, home health aide services and therapies (PT, OT, SLP) with a co-payment of \$15.00 per visit. Coverage is limited to 60 visits per enrollment year.
Ambulance	Full coverage of emergency and non-emergency transportation to and from a BadgerCare Plus covered service with no co-payment.	Full coverage of emergency transportation with a \$50.00 co-payment per trip.
Transportation (Non emergent)	Children's Community Health Plan will arrange transportation for Milwaukee County members. Members in other counties should contact their case worker.	Not Covered.
Health Screenings for Children	Full coverage of HealthCheck screenings and other services for individuals under age 21 years.	Full coverage of HealthCheck screenings (but not HealthCheck other services unless coverage elsewhere in the Benchmark Plan) for individuals under age 21 years.
Dental	Full coverage of preventive, restorative and palliative services with no co-payment.	50% of allowable charges as defined by the Department of Health and Family Services for preventive, diagnostic, simple restorative, periodontics, surgical extractions for both pregnant women and children. Deductibles are not applied to preventive and diagnostic services.
Vision	Full coverage including eye glass benefit with no co-payment.	Full coverage of one eye exam every two years with a \$15.00 co-payment per visit.
Hospice	Full coverage with no co-payment.	Full coverage with a \$2.00 co-payment per day and limited to 360 days lifetime.
Reproductive Health	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization. Birth control pills are available without a co-payment.	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization. Birth control pills are available without a co-payment.
Podiatric Services	Full coverage with no co-payment.	Full coverage with a \$15.00 co-payment per visit.

## What's new on the CCHP Website?



The CCHP website now has information posted about CCHP's Asthma Guidelines and Prenatal Care guidelines. This information can be found at [www.childreuschp.com](http://www.childreuschp.com).

Offices can also order bilingual CCHP posters that promote health education to our members. These posters can be also viewed on our website. If your office is interested in any of these posters, at no cost please print the order form and fax to 414-266-4726.

## Blood Lead Testing



According to a recent article published by the Department of Health and Family Services (DHFS), 2,117 children in Wisconsin were diagnosed with blood lead poisoning in 2006. Between the years of 1997 and 2006, Wisconsin Doctors diagnosed 34,730 children with lead poisoning. Seventy eight (78%) of the diagnosed children were enrolled in Wisconsin Medicaid. Statistics like these have prompted the Centers for Medicare and Medicaid Services to conclude that every child covered in the Medicaid program is at a high risk for blood lead poisoning and therefore require testing.

All children enrolled in Wisconsin BadgerCare Plus are required to have a blood lead test at age one year and at age two years. Children should be tested between three and five years

of age if they have not been previously tested. Further information about blood lead testing requirements can be found in the May 2007 Medicaid and BadgerCare updates

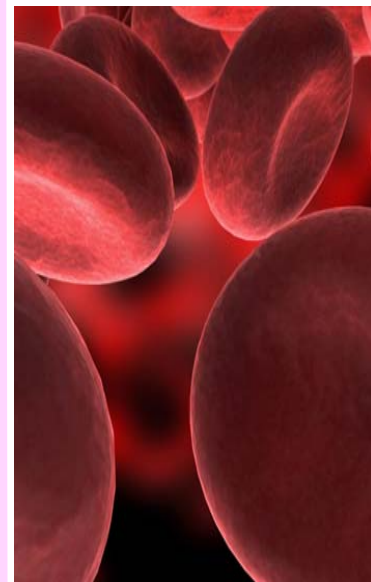
(<https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/151/Default.aspx>). This is supported by the American Academy of Pediatrics (AAP). As noted in the AAP Policy Statement Lead Exposure in Children: Prevention, Detection and Management issued in October 2005, "all Medicaid-eligible children must be screened. Most children with elevated blood lead concentrations are Medicaid-eligible, and most Medicaid-eligible children have not been screened. Both the CDC and AAP support universal screening of Medicaid-eligible children."

According to a report recently received from DHFS, in 2007, Children's Community Health Plan providers tested 66.1% of one year olds and 62.9% of two year olds. This is slightly above the statewide HMO averages of 65.6% for one year olds, and 55.8% for two year olds, however we need your help to improve these results. CCHP and DHFS encourage providers to draw capillary (finger stick) blood lead samples within their office or clinic. Performing the finger stick in the clinic ensures that test is completed. As you know, if the child is referred to an outside lab, the test may not be done.

Children's Community Health Plan is going to begin sending letters to the parents/guardians of all members age one through five that according to our records, have not had a blood lead test. Included in this letter will be a brochure that will provide information about the causes and effects of lead poisoning, and will encourage them to get their child tested at their next Healthcheck exam.

## Please Let Us Know if you have a Provider Change or Update

It is important that CCHP is notified of provider changes on a timely basis. This includes adding or removing providers to clinics, address changes, billing addresses or changes in tax identification numbers. In order to process claims efficiently it is necessary to have accurate provider information on file. Provider changes can be sent to CCHP Provider Relations, MS 6280, PO Box 1997, Milwaukee, WI 53201 or emailed to [jantholine@chw.org](mailto:jantholine@chw.org).



## Screening for Elevated Blood Lead Levels

AAP policy statement on Lead screening - 1998

### Committee on Environmental Health

“Although recent data continue to demonstrate a decline in the prevalence of elevated blood lead levels (BLLs) in children, lead remains a common, preventable, environmental health threat. Because recent epidemiologic data have shown that lead exposure is still common in certain communities in the United States, the Centers for Disease Control and Prevention recently issued new guidelines endorsing universal screening in areas with  $\geq 27\%$  of housing built before 1950 and in populations in which the percentage of 1- and 2-year-olds with elevated BLLs is  $\geq 12\%$ . For children living in others areas, the Centers for Disease Control and Prevention recommends targeted screening based on risk-assessment during specified pediatric visits.”

“In this statement, The American Academy of Pediatrics supports these new guidelines and provides an update on screening for elevated BLLs. The American Academy of Pediatrics recommends that pediatricians continue to provide anticipatory guidance to parents in an effort to prevent lead exposure (primary prevention). Additionally, pediatricians should increase their efforts to screen children at risk for lead exposure to find those with elevated BLLs (secondary prevention).”

PEDIATRICS Vol. 101 No. 6 June 1998, pp. 1072-1078

<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;101/6/1072>

AMERICAN ACADEMY OF PEDIATRICS

*The Policy statement below was updated by AAP in 2005 as follows:*

“As of early 2005, the situation is as follows. All Medicaid-eligible children must be screened. <sup>4</sup> Medicaid will reimburse 2 screenings, one at 1 year of age and one at 2 years of age. Most children with elevated blood lead concentrations are Medicaid eligible, and most Medicaid-eligible children have not been screened. <sup>4</sup> The Advisory Committee on Childhood Lead Poisoning Prevention has proposed criteria by which a state could acquire an exemption from this requirement, and the proposal is under consideration in the Secretary of Health and Human Services’ office. Until such exemptions are granted, **both the CDC<sup>4</sup> and AAP support universal screening of Medicaid-eligible children.** The thinking behind the availability of exemptions is not primarily to decrease the number of screenings performed but rather to increase it among groups in which increased lead absorption will be found. Children whose families participate in any assistance program but who, for whatever reason, are not eligible for Medicaid should also be screened.”

PEDIATRICS Vol. 116 No. 4 October 2005, pp. 1036-1046 (doi:10.1542/peds.2005-1947)

<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036#R43>

