

# Kenosha County Department of Human Services

## Medicaid Newsletter

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### **BadgerCare Plus**

Governor Doyle has signed into law an innovative state-sponsored health care program to expand coverage to Wisconsin residents.



This new program is called **BadgerCare Plus**, and it will start on February 1, 2008.

BadgerCare Plus merges family Medicaid, BadgerCare, and Healthy Start into a single program. BadgerCare Plus will expand enrollment to:

- All uninsured children.
- More pregnant women.
- More parents and caretaker relatives.
- Parents with children in foster care who are working to reunify their families.
- Young adults exiting out-of-home care, such as foster care, because they have turned 18 years of age.
- Certain farmers and other self-employed parents and caretaker relatives.

The state Department of Health and Family Services estimates an additional 26,100 people, including 12,700 children, will have access to health insurance through BadgerCare Plus by mid-2009.

BadgerCare Plus will have two plans-the Standard Plan and the Benchmark Plan:

### ***BadgerCare Plus Standard Plan***

The Standard Plan covers children, parents and caretaker relatives, young adults aging out of foster care, and pregnant women with incomes **at or below 200 percent of the Federal Poverty Level (FPL)**. There are a few changes to current policy regarding copayment amounts, limits, and exemptions. Please contact me if you need specific information or access the BadgerCare Plus website at ***[dhfs.wisconsin.gov/badgercareplus/](http://dhfs.wisconsin.gov/badgercareplus/)***.

The services covered under the Standard Plan **are the same** as the current Wisconsin Medicaid program, which means the same services currently covered by Medicaid are still covered.

### ***BadgerCare Plus Benchmark Plan***

The Benchmark Plan is the less common plan and is designed for children and pregnant women with incomes **above 200 percent of the FPL** and certain self-employed parents. It excludes many services such as Case Management, CSP and Crisis (among others).

**BadgerCare Plus (contd.)**

**New Services**

New services covered under BadgerCare and Wisconsin Medicaid include over-the-counter tobacco cessation products



for all members and mental health and substance abuse screening, preventive

mental health counseling, and substance abuse intervention services for pregnant women at risk of mental health or substance abuse problems. (BadgerCare PlusUpdate,2007-79)

**Failed TCM Documentation-the Minnesota Experience**

The Federal Office of the Inspector General (OIG) reviewed 118 Targeted Case Management (TCM) claims from the State of Minnesota from a two-year period in 2002-2004. Out of the 118 claims (most of which were monthly Ongoing Monitoring claims), 111 of the claims were satisfactory.

However 7 of the claims were found to have case notes “insufficient to determine what services were provided.”

Keep in mind, Federal and State statutes state “each individual case record must maintain documentation which indicate all contacts with and on behalf of recipients.” The case records must document “the nature, extent, or units of service, and the place of service delivery.” The statutes go on to say “contact/case notes need to include the who, what, when, and why of the contact as well as the relationship of the person contacted to the client.”

There were only 4 claims where the case notes were insufficient to determine

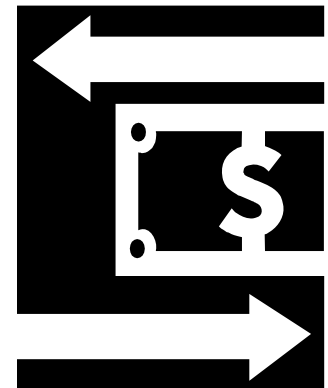
what services were provided. Only two examples were given- one note said “10-31-03 phone no contact home” and the other said merely” office visit with (client) beginning at 10:00AM.” Three other claims did not include any documentation to support the provision of claimed services during the month.

The moral of the story is to have complete case notes documenting covered case management services, and never submit claims for no-contact visits, missed appointments or left messages.

PostScript- While the State of Minnesota seemingly had a good audit (out of the sample 118 claims, there was only a problem with 7 claims), the OIG recommended the State return

\$3,759,338 (Federal share) for unallowable TCM services provided during the period from October 1, 2002, through September 30, 2004. The \$3,759,338 (Federal share) was the

OIG’s statistical estimate of the amount of 2002-2004 claims that were insufficiently documented or unsupported by case records.



*As always, Please contact me if you have any questions on these stories or other Medicaid issues.*

Happy Holidays /Merry Christmas.

