

List of WI Medicaid Benefit Plans Including Breakdown of MTM Coverage

WI Medicaid Benefit Plans that Cover MTM Services		WI Medicaid Benefit Plans that do <u>NOT</u> Cover MTM Services	
Internal Medicaid Code	Benefit Plan Name	Internal Medicaid Code	Benefit Plan Name
BC	BadgerCare	AE	Alien Emergency
BCSEE	BC+ Standard Express Enrollment for Pregnant Women	CR SW	Community Recovery Services Waiver
BCSP	BC+ Standard Plan	DENTL	Dental
FC	Family Care	FPW	Family Planning Waiver
FSTMA	Medicaid for Foster Care	PE	Presumptive Eligibility - Pregnancy
MAP	Medicaid Purchase Plan	QDWI	Qualified Disabled Working Individual
MAPW	Medicaid Purchase Plan Waiver	QMB	Qualified Medicare Beneficiary (Medicare B Crossover Claims)
MCD	Medicaid	SLB	Specified Low Income Medicare Beneficiary (Part B Premiums)
MCDW	Medicaid Waiver	SLB+	Specified Low Income Medicare Beneficiary Plus (Part B Premiums)
PACE	Program for All Inclusive Care for the Elderly (PACE)	TB	Tuberculosis
SC1	SeniorCare Level 1 (0-200% FPL) *Standard Deductible and Spend down rules apply*	WCDP	Wisconsin Chronic Disease Program
SC2	SeniorCare Level 2 (> 200% FPL) *Standard Deductible and Spend down rules apply*	WWWP	Wisconsin Well Woman <u>Program</u>
SSIMA	Medicaid SSI Medicaid for SSI Medicaid for SSI (HPSA Recipient)		
WWMA	Wisconsin Well Woman <u>Medicaid</u>		

Notes:

- MTM services are reimbursed fee-for-service for all eligible members, including those enrolled in state-contracted managed care organizations. Pharmacy providers should submit fee-for-service claims directly to ForwardHealth for reimbursement. State-contracted managed care organizations are not responsible for MTM service reimbursement.

Examples of Information in the ForwardHealth Portal:

1. Example of a patient with an HMO and BadgerCare Plus Standard Plan. (Member is eligible for MTM services.)

Benefit Plan				
Payer	Benefit Plan	Effective Date	End Date	
MEDICAID	BC+ Standard Plan (HPSA Recipient)(No Copay)	01/28/2015	01/28/2015	

Managed Care Enrollment				
Provider Name	MC Program	Telephone Number	Effective Date	End Date
MOLINA HEALTHCARE	HMO - Medical/Dental	(888)999-2404	01/28/2015	01/28/2015

2. Medicaid for SSI (Member is eligible for MTM services.)

Payer	Benefit Plan	Effective Date	End Date	
MEDICAID	Medicaid for SSI (HPSA Recipient)	01/23/2015	01/23/2015	

3. Medicaid Purchase Plan and Specified Low Income Beneficiary. (Because this member has a plan that does qualify him for MTM services, he is eligible.)

Benefit Plan				
Payer	Benefit Plan	Effective Date	End Date	
MEDICAID	Medicaid Purchase Plan	01/22/2015	01/22/2015	
MEDICAID	Specified Low-income Medicare Beneficiary	01/22/2015	01/22/2015	

4. Qualified Medicare Beneficiary (Member **not** eligible for MTM services.)

Benefit Plan				
Payer	Benefit Plan	Effective Date	End Date	
MEDICAID	Qualified Medicare Beneficiary	01/22/2015	01/22/2015	

5. Wisconsin Well Woman Medicaid (Because this is Wisconsin Well Woman Medicaid and not Wisconsin Well Woman Program, this patient is eligible for MTM services.)

Benefit Plan				
Payer	Benefit Plan	Effective Date	End Date	
MEDICAID	Wisconsin Well Woman Medicaid (HPSA Recipient)(No Copay)	01/29/2015	01/29/2015	

Non-Emergency Transportation Services Enrollment				