

## **Contract Amendment for BadgerCare Plus and SSI Medicaid Services**

This agreement entered into for the period of January 1, 2016 through December 31, 2017 between the State of Wisconsin acting by or through the Department of Health Services, hereinafter referred to as the “Department” and \_\_\_\_\_, an insurer with a certificate of authority to do business in Wisconsin for the BadgerCare Plus and/or Medicaid SSI Managed Care Program hereinafter referred to as the “HMO”, is hereby amended as follows:

### **1. Article I – Definitions**

**Remove the following definitions:**

**ACA Primary Care Rate Increase Fee Schedule:** A separate fee schedule from the FFS Max Fee Schedule which outlines the codes and amount the HMO must pay to qualifying providers for the PPACA Primary Care Rate Increase. The ACA Primary Care Rate Increase Fee Schedule is based on the Medicare Fee Schedule for the corresponding dates of service. The fee schedule will be updated annually. PPACA and ACA are interchangeable acronyms. The fee schedule can be found at the following link:

<https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx>

**Amount Distributed to Provider:** The total payment the HMO made to the provider related to each specific detail on the PPACA Primary Care Report for the encounter.

**Net PPACA Supplement:** The difference between the Encounter Paid Amount and PPACA Paid Amount and appears on the PPACA Primary Care Report.

**PPACA Paid Amount:** ACA Primary Care Rate Increase Fee Schedule rate for specified dates of services and appears on the PPACA Primary Care Report.

### **2. Article II, Section C, Part 6 – Mental Health and/or Substance Abuse Exemptions (BadgerCare Plus Only)**

**Amend to read:**

The BadgerCare Plus case head shall be given the option of disenrolling the member who meets one or more of the mental health and/or substance abuse criteria of this Contract below or applying to have the affected person remain in the FFS system. The same privilege applies to HMO members who are thought to meet one or more of the criteria defined in this Contract, at any point during the term of this Contract.

- a. A child meeting criteria for severe emotional disturbance (SED) who is enrolled or has been accepted in a SED program, such as intensive in-home psychotherapy or child/adolescent day treatment, during the term of the SED treatment.
- b. A person with a complex physical or psychiatric condition who has extensive non-medical programming needs best provided or coordinated by the 51.42, 51.437, and/or social or human services systems (such as Community Support Programs, Comprehensive Community Services, etc.).

### **3. Article VII, Section B – Advance Directives**

*June 1, 2016*

**Amend to read:**

The HMO must maintain written policies and procedures related to advance directives. (Written information provided must reflect changes in state law as soon as possible, but no later than 90 days after the effective date of the change.) An advance directive is a written instruction, such as a living will or durable power of attorney for health care, recognized under Wisconsin law (whether statutory or recognized by the courts of Wisconsin) and relating to the provision of such care when the individual is incapacitated. The HMO must:

1. Provide written information at the time of HMO enrollment to all adults receiving medical care through the HMO regarding:
  - a. The individual's rights under Wisconsin law (whether statutory or recognized by the courts of Wisconsin) to make decisions concerning such medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives; and
  - b. The individual's right to file a grievance with the Department of Health Services, Division of Quality Assurance, regarding noncompliance with advance directive requirements. If requested, assist the member in filing a grievance with the Division of Quality Assurance regarding noncompliance with advance directive requirements, and
  - c. The HMO's written policies respecting the implementation of such rights.
2. Document in the individual's medical record whether or not the individual has executed an advance directive.
3. Not discriminate in the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive. This provision shall not be construed as requiring the provision of care which conflicts with an advance directive.
4. Ensure compliance with the requirements of Wisconsin law (whether statutory or recognized by the courts of Wisconsin) respecting advance directives.
5. Provide education for staff and the community on issues concerning advance directives.

The above provisions shall not be construed to prohibit the application of any Wisconsin law which allows for an objection on the basis of conscience for any health care provider or any agent of such provider which as a matter of conscience cannot implement an advance directive.

**4. Article XI, Section I – Financial Reporting Methodology**

**Amend to read:**

**I. Financial Report**

1. The HMO is required to submit a financial report by July 1 of each calendar year. The report must be completed per the instructions provided in the financial report template.

*June 1, 2016*

The Financial Report Template can be found on the [ForwardHealth](#) Portal.

2. If the HMO is unable to deliver the report by the due date, they must request an extension within five business days by emailing the request to: [DHSDHCAABFM@dhs.wisconsin.gov](mailto:DHSDHCAABFM@dhs.wisconsin.gov). The HMO must provide an alternative due date as part of the request.
3. The HMO will be responsible for using the most updated version of the guide posted to the website. Questions on the financial reports should be directed by email to:  
[DHSDHCAABFM@dhs.wisconsin.gov](mailto:DHSDHCAABFM@dhs.wisconsin.gov).

## 5. Article XI, Section J – Contract Specified Reports and Due Dates

### Amend the Ventilator Dependent Analyst mailing address to read:

Department of Health Services  
BFM – Ventilator Dependent Analyst  
1 West Wilson St.  
Room 318  
Madison, WI 53701

### Remove the following reporting requirements:

Financial Report-Semi-Annual (Formerly the MLR Report)	HMO Financial Reports will be provided semi-annually to <b>BFM</b> . Specific delivery dates are found in the instructions.	Article XI, I
PPACA Primary Care Monthly Report	This report is used to reconcile the distribution of funds for PPACA primary care services. Within 45 calendar days of receipt of payment from the Department, the HMO must submit the report to the Department with the following title: PPACA_TPIC_YYYYMMDD.txt. Submit to <b>BFM</b> on the SFTP site.	Article XV, N

### Amend to read:

Annual Financial Report	Financial report for the previous calendar year to <b>BFM</b> by SFTP. Report is due on July 1.	Article XI, I
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## 6. Article XV, Section J, Part 3 – Reporting Requirements

### Amend to read:

The HMO must submit detailed claims in an Excel file via the SFTP site as well as a hard copy. Supporting documentation such as medical records, attestation form and the ventilator cost summary should be submitted as a hard copy only. The reports must be submitted to the Department's Bureau of Fiscal Management on a quarterly basis as specified in Article XI, J and contain all the data elements specified below.

*June 1, 2016*

	<b>Data Elements</b>
1.	HMO Name
2.	HMO Provider Payee Number
3.	Eligibility Code: V-Vent
4.	Member BadgerCare Plus or Medicaid SSI MA Number
5.	Member Last Name
6.	Member First Name
7.	Member's Date of Birth: mmddyy
8.	Member's Gender: F (female) or M (male)
9.	BadgerCare Plus or Medicaid SSI Provider Last Name
10.	BadgerCare Plus or Medicaid SSI Provider First Name
11.	Date of Services: From Date (mmddyy) (In ascending order not by provider.)
12.	Date of Service: To Date (mmddyy)
13.	Primary Diagnosis Code 1: ICD-10-PCS or DRG
14.	Quantity: Do not zero fill
15.	Procedure: CPT, ICD-10-PCS, HCPCS, DRG
16.	Procedure Description: CPT, ICD-10-PCS, HCPCS, DRG
17.	Amount Billed: Include decimal (do not zero fill)
18.	Amount Paid: Include decimal (do not zero fill)
19.	Total Amount Billed for Each Individual Member: Include decimal (do not zero fill)
20.	Total Amount Paid for Each Individual Member: Include decimal (do not zero fill)
21.	Hospital Admit Date
22.	Hospital Discharge Date

If the HMO is contracted to serve both BadgerCare Plus and Medicaid SSI members the reports must be submitted separately and include a completed Attestation form (Addendum IV, G).

Per [Wis. Adm. Code DHS 106.03](#) payment data or adjustment data must be received within 365 days after the date of the service. Since the HMO is required to submit their ventilator claim(s) to the Department on a quarterly basis, the HMO will be given an additional three months plus 10 days to file their claim(s) or payment data adjustment(s). In addition, if the last date of service for an inpatient hospital facility stay occurs within the same timeline specified (365 days plus three months plus 10 days) the Department will reimburse the HMO for the facility charges that entire stay. If the HMO cannot meet these requirements, the HMO must provide documentation that substantiates the delay. The Department will make the final determination to pay or deny the services. The Department will exercise reasonable discretion in making the determination to waive the 365 day filing requirements.

## **7. Article XV, Section J – Ventilator Dependent Members**

**Amend the Ventilator Cost Summary report mailing address to read:**

Department of Health Services

*June 1, 2016*

BFM – Ventilator Dependent Analyst  
1 West Wilson St.  
Room 318  
Madison, WI 53701

**8. Article XV, Section N – PPACA Primary Care Rate Increase**

**Remove all language contained within this section.**

**9. Addendum IV, Section I – Summary of the PPACA Primary Care Report to the Department of Health Services**

**Remove all language contained within this section.**

**10. Addendum IV, Section J – Attestation**

**Amend to read:**

I \_\_\_\_\_, have reviewed the following data:  
(Name and Title)

- ☐ Encounter Data for (quarter) \_\_\_\_\_ (year) 20\_\_.
- ☐ Vent Report for (quarter) \_\_\_\_\_ for (year) 20\_\_.
- ☐ HMO Network Submission (submitted monthly) for (quarter) \_\_\_\_\_ (year) 20\_\_.
- ☐ Maternity Kick Payment Newborn Report for (quarter) \_\_\_\_\_ (year) 20\_\_.
  
- ☐ Other \_\_\_\_\_ (Specify Report)

After conducting a reasonably diligent review of the data, documentation and information, I attest that it is accurate, complete and truthful. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under the applicable state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Plan's agreement or contract with the Wisconsin Department of Human Services (DHS). This form must be signed by the HMO CEO, CFO, or their designated authority in order to be considered a valid signature.

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(HMO Name)

**11. Various Articles**

*June 1, 2016*

**Amend the internet links in the web-based contract as follows:**

<b>Location</b>	<b>Current Link</b>	<b>New Link</b>
<b>Page 34, Art. II, B</b>	<a href="http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;sid=1a2fc7132c1c34eae5b31439e7461f50&amp;rgn=div8&amp;view=text&amp;node=42:4.0.1.1.8.2.106.3&amp;idno=42">http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;sid=1a2fc7132c1c34eae5b31439e7461f50&amp;rgn=div8&amp;view=text&amp;node=42:4.0.1.1.8.2.106.3&amp;idno=42</a>	<a href="http://www.ecfr.gov/cgi-bin/text-idx?SID=b04e95b8372579c449cc01650c0fa985&amp;mc=true&amp;node=pt42.4.438&amp;rgn=div5#se42.4.438_156">http://www.ecfr.gov/cgi-bin/text-idx?SID=b04e95b8372579c449cc01650c0fa985&amp;mc=true&amp;node=pt42.4.438&amp;rgn=div5#se42.4.438_156</a>
<b>Page 48, Art. IV, A</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=48&amp;s=2&amp;c=61&amp;nt=Provider-Administered%20Drugs&amp;adv=Y">https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=48&amp;s=2&amp;c=61&amp;nt=Provider-Administered%20Drugs&amp;adv=Y</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=15&amp;s=2&amp;c=61&amp;nt=Provider-Administered%20Drugs&amp;adv=Y">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=15&amp;s=2&amp;c=61&amp;nt=Provider-Administered%20Drugs&amp;adv=Y</a>
<b>Page 51, Art. IV, A</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=129&amp;s=2&amp;c=61&amp;nt=Advanced+Life+Support+and+Basic+Life+Support+Procedure+Codes">https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=129&amp;s=2&amp;c=61&amp;nt=Advanced+Life+Support+and+Basic+Life+Support+Procedure+Codes</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=129&amp;s=2&amp;c=61&amp;nt=Advanced%20Life%20Support%20and%20Basic%20Life%20Support%20Procedure%20Codes&amp;adv=Y">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=129&amp;s=2&amp;c=61&amp;nt=Advanced%20Life%20Support%20and%20Basic%20Life%20Support%20Procedure%20Codes&amp;adv=Y</a>
<b>Page 85, Art. IV, F</b>	<a href="http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;sid=1a2fc7132c1c34eae5b31439e7461f50&amp;rgn=div6&amp;view=text&amp;node=42:4.0.1.1.10.6&amp;idno=42">http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;sid=1a2fc7132c1c34eae5b31439e7461f50&amp;rgn=div6&amp;view=text&amp;node=42:4.0.1.1.10.6&amp;idno=42</a>	<a href="http://www.ecfr.gov/cgi-bin/text-idx?SID=b04e95b8372579c449cc01650c0fa985&amp;mc=true&amp;node=pt42.4.441&amp;rgn=div5#sp42.4.441.f">http://www.ecfr.gov/cgi-bin/text-idx?SID=b04e95b8372579c449cc01650c0fa985&amp;mc=true&amp;node=pt42.4.441&amp;rgn=div5#sp42.4.441.f</a>
<b>Page 87, Art. IV, G</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx">https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=4&amp;s=2&amp;c=641">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=4&amp;s=2&amp;c=641</a>
<b>Page 177, Art. XI, A</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Account/Setup/tabId/111/Default.aspx">https://www.forwardhealth.wi.gov/WIPortal/Account/Setup/tabId/111/Default.aspx</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Account/Setup.aspx">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Account/Setup.aspx</a>
<b>Page 184, Art. XI, J</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Home/Managed%20Care%25login/tabid/38/Default.aspx">https://www.forwardhealth.wi.gov/WIPortal/Home/Managed%20Care%25login/tabid/38/Default.aspx</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_data/reportsData.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_data/reportsData.htm.spage</a>
<b>Page 186, Art. XI, J</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Managed%20Care%20Organization/reports_data/hmomatix.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/Managed%20Care%20Organization/reports_data/hmomatix.htm.spage</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_data/hmomatix.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_data/hmomatix.htm.spage</a>
<b>Page 220, Art. XIV, D</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=5&amp;c=30&amp;nt=Health%20Professional%20Shortage%20Areas&amp;adv=Y">https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=5&amp;c=30&amp;nt=Health%20Professional%20Shortage%20Areas&amp;adv=Y</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=5&amp;c=30&amp;nt=Health+Professional+Shortage+Areas">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=5&amp;c=30&amp;nt=Health+Professional+Shortage+Areas</a>
<b>Page 226, Art. XV, G</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Home/Managed%20Care%20Login/tabid/38/Default.aspx">https://www.forwardhealth.wi.gov/WIPortal/Home/Managed%20Care%20Login/tabid/38/Default.aspx</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_data/reportsData.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/reports_data/reportsData.htm.spage</a>
<b>Page 290, Add. IV, C</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=6&amp;c=38&amp;nt=Newborn%20Reporting&amp;adv=Y">https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=6&amp;c=38&amp;nt=Newborn%20Reporting&amp;adv=Y</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=6&amp;c=38&amp;nt=Newborn%20Reporting">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&amp;p=1&amp;sa=50&amp;s=6&amp;c=38&amp;nt=Newborn%20Reporting</a>
<b>Page 304, Add. V</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Home/Provider%20Login/tabid/37/Default.aspx">https://www.forwardhealth.wi.gov/WIPortal/Home/Provider%20Login/tabid/37/Default.aspx</a>	<a href="https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Provider/ProviderLogin.aspx">https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Provider/ProviderLogin.aspx</a>

All terms and conditions of the January 1, 2016 through December 31, 2017 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

<b>HMO Name</b>	<b>Department of Health Services</b>
Official Signature	Official Signature
Printed Name	Printed Name <b>Kevin Moore</b>
Title	Title <b>Medicaid Director</b>

*June 1, 2016*