

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 effective, **June 25, 2017**, as follows:

1. Article XI, I – Financial Reports

Amend to read:

I. Financial Report

1. The HMO is required to submit financial reports per the schedule and instructions provided in the financial report template.

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: DHSDMSBFM@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: DHSDMSBFM@dhs.wisconsin.gov.

2. Article XIII, C.4 – Withholding of Capitation Payments and Orders to Provide Services **Amend the first paragraph of part “I” to read:**

1. Failure to successfully report usable data using the ASC X12 837 HIPAA Compliant Transaction or the Financial Report information may result in a 1% withhold to the HMO’s administration rate. The amount will be withheld from the capitation payment until the HMO is able to submit usable data.

3. Article XV, I – Coordination of Benefits (COB), Third Party Liability (TPL) and Subrogation

Add as a new #9:

9. In accordance with [42 CFR §438.3\(t\)](#), the HMO must enter into a Coordination of Benefits Agreement (COBA) with Medicare, participate in the automated claims crossover process, and execute all deliverables in the agreement.

4. Article XV, K – Hospital Access Payment for Non-Critical Access Hospitals

Amend section 2 to read:

2. Monthly reporting requirements

- a. The HMO shall use the Access Payment Portal to report all access payments to providers to the Department.

The link to the Access Payment Portal is: <https://wihmo.pcgus.com/>

- b. The HMO must complete the payment information within the Access Payment Portal within 15 calendar days of receipt of payment from the Department.
- c. If the Access Payment Portal is unavailable for a period of time greater than 48 hours the HMOs must contact the Department immediately upon discovery.
- d. The HMO is no longer required to submit the report in Addendum I, K, unless instructed by the Department due to the Access Payment Portal being unavailable for an extended period of time.

5. Article XV, L – Ambulatory Surgical Center (ASC) Assessment

Amend section 2 to read:

2. Monthly reporting requirements

- a. The HMO shall use the Access Payment Portal to report all access payments to providers to the Department.

The link to the Access Payment Portal is: <https://wihmo.pcgus.com/>

- b. The HMO must complete the payment information within the Access Payment Portal within 15 calendar days of receipt of payment from the Department.
- c. If the Access Payment Portal is unavailable for a period of time greater than 48 hours the HMOs must contact the Department immediately upon discovery.
- d. The HMO is no longer required to submit the report in Addendum I, K, unless instructed by the Department due to the Access Payment Portal being unavailable for an extended period of time.

**6. Article XV, M – Critical Access Hospital (CAH) Access Payment
Amend section 2 to read:**

2. Monthly reporting requirements

- a. The HMO shall use the Access Payment Portal to report all access payments to providers to the Department.

The link to the Access Payment Portal is: <https://wihmo.pcgus.com/>

- b. The HMO must complete the payment information within the Access Payment Portal within 15 calendar days of receipt of payment from the Department.
- c. If the Access Payment Portal is unavailable for a period of time greater than 48 hours the HMOs must contact the Department immediately upon discovery.
- d. The HMO is no longer required to submit the report in Addendum I, K, unless instructed by the Department due to the Access Payment Portal being unavailable for an extended period of time.

**7. Addendum IV, I – Attestation
Amend section I to read:**

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

- Encounter Based Payment Return Report dated _____(year) 20__.
- 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.

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.

HMO Name	Department of Health Services
Official Signature	Official Signature
Printed Name	Printed Name Michael Heifetz
Title	Title Medicaid Director