Contract Amendment for BadgerCare Plus and SSI Medicaid Services

The agreement entered into for the period of January 1, 2014 through December 31, 2015 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 III, R.1 – Medical Home Initiative for High-Risk Pregnant Women**

   Amend the first sentence of Article III, R.1 to read:

   The target population for this medical home initiative is pregnant BadgerCare Plus and Medicaid SSI members who are at high-risk for a poor birth outcome.

2. **Article III, R.6 – Medical Home Initiative for High-Risk Pregnant Women**

   Amend b. of the last paragraph to read:

   b. A narrative describing how the medical home satisfies criteria in Article III, R, 2 (a) through (f);

   Amend the last paragraph to read:

   The HMO must submit a report to the Department semi-annually evaluating its medical home initiative – one December 1 and one due June 1. The report shall include:

   a. A list of participating clinics and primary contact information;
   b. A narrative describing how the medical home satisfies criteria in Article III, R, 2 (a) through (f);
   c. A narrative that includes specific examples of processes and outcomes detailing how the medical home, in conjunction with the care coordinator, provides comprehensive and patient-centered care, and correctly identifies the needs of the member;
   d. Status report on patient access standards from Article III, R, 2 (b); and
   e. Any corrective action that is being taken to meet the requirements of the medical home initiative.

3. **Article IV, L.1 – Healthy Birth Outcomes**

   Amend #1 to read:

   The BadgerCare Plus HMO must implement the Medical Home initiative as detailed in Art. III, R in the following counties: Dane, Rock, Milwaukee, Kenosha, Racine, Ozaukee, Washington, Waukesha. Medicaid SSI HMOs may choose to enroll Medicaid SSI pregnant women in participating clinics in these counties.

4. Article VI, I – Hospital Access Payment

***This change is retroactive to January 1, 2014.**

Amend the fourth paragraph to read (Note: Effective April 1, 2014 this reference in the Contract to Core Plan members becomes a reference to Childless Adult (CLA) Plan members):

"Qualifying discharges and visits" are inpatient discharges and outpatient visits for which the HMO made payments in the month preceding the Department's monthly access payment to the HMO for services to the HMO's Medicaid and BadgerCare Plus members, other than Core Plan members or members who are eligible for both Medicaid and Medicare. HMOs shall exclude all members who are dually-eligible and all dual-eligible claims. If a third party pays the claim in full, and the HMO does not make a payment, the claim shall not count as a qualifying claim for the hospital access payment. If the HMO pays any part of the claim, even if there is a third party payer, the claim will be counted as a qualifying claim for the hospital access payment.

5. Article VI, J – Ambulatory Surgical Center (ASC) Assessment

***This change is retroactive to January 1, 2014.**

Amend Article VI, J.1 to read (Note: Effective April 1, 2014 this reference in the Contract to Core Plan members becomes a reference to Childless Adult (CLA) Plan members):

1. Method of payment to ambulatory surgical centers

   Payments must be sent to eligible ASCs within 15 calendar days of the HMO receiving the ambulatory surgical center payments from the Department. The HMO shall pay out the full amounts of ambulatory surgical center payments. The HMO will base its ASC payments upon the number of qualifying visits regardless of the amount of the base visit payment for those visits. The HMO shall pay each eligible ASC based upon its percentage of the total number of qualifying visits for all eligible ASCs. The HMO shall calculate the percentage of the total access payment that each ASC would receive to the fourth decimal point. If the HMO has no qualifying visits, the HMO shall return payment to the Department and submit a report to the Department stating "no payments were made".

   - An example of the payment methodology is as follows:

     HMO A receives $100,000 for ASC access payments in the month of June. HMO A distributes access payments received from the Department in June to eligible ASCs according to the following formula:

     HMO A counts 100 ASC qualifying visits paid in May (including Medicare crossover claims and excluding visits paid for Core Plan members) to three eligible ASCs.

     ASC X was paid for 30 visits by HMO A in the month of May, and therefore, will receive 30% of the total access payment HMO A received from the Department in June.

6. Critical Access Hospital (CAH) Access Payment

***This change is retroactive to January 1, 2014.**

Amend the fourth paragraph to read (Note: Effective April 1, 2014 this reference in the Contract to Core Plan members becomes a reference to Childless Adult (CLA) Plan members):

"Qualifying discharges and visits" are inpatient discharges and outpatient visits for which the HMO made payments in the month preceding the Department's monthly access payment to the HMO for services to the HMO's Medicaid and BadgerCare Plus members, other than Core Plan members or members who are eligible for both Medicaid and Medicare. HMOs shall exclude all members who are dually-eligible and all dual-eligible claims. If a third party pays the claim in full, and the HMO does not make a payment, the claim shall not count as a qualifying claim for the CAH access payment. If the HMO pays any part of the claim, even if there is a third party payer, the claim will be counted as a qualifying claim for the CAH access payment.

7. Article VII, K – Contract Specified Reports and Due Dates

Add a new row to the table:

OB Medical Home Report	Quarterly (within 30 days of end of quarter)	Previous Quarter	BBM	Password protected e-mail	Art. III, R.6

8. Addendum V

Amend to read:

The BadgerCare Plus Benefits and Cost Sharing Chart is available online at the following website:

https://www.forwardhealth.wi.gov/WIPortal/Home/Provider%20Login/tabid/37/Default.aspx

The chart is found in the link under the bullet titled "BadgerCare Plus Standard Plan Covered Services Overview". This document is for reference only and is subject to change over time. Please see the ForwardHealth Provider Updates and Handbooks for ongoing guidance on benefit policies.

All terms and conditions of the January 1, 2014 through December 31, 2015 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 Marlia Mattke
Title	Title Deputy Medicaid Director Division of Health Care Access and Accountability
Date	Date