

Contract Amendment for BadgerCare Plus Services

The agreement entered into for the period of September 1, 2010 through December 31, 2013 between the State of Wisconsin acting by or through the Department of Health Services, herein after referred to as the “Department” and _____, an insurer with a certificate of authority to do business in Wisconsin for the BadgerCare Plus Managed Care Program is hereby amended for the period of September 1, 2010 through December 31, 2013 as follows:

1. Article III, E.1 – Provision of Contract Services

Add as a new a.

Non emergency medical transportation (NEMT).

2. Article III, E.6 – Non Emergency Medical Transportation

Revise to read:

BadgerCare Plus – Standard/Benchmark Plans (excluding BadgerCare Plus CORE)

- Prior to date on which the Southeast transportation manager services begin:

The HMO must provide or arrange for non emergency medical transportation, including HealthCheck screenings, as specified below and in accordance with the BadgerCare Plus transportation guidelines included in the Medicaid Enrollment Handbook, online at http://emhandbooks.wi.gov/bcplus/policyfiles/5_Coverage/38_Covered_Services/38.3.htm.

Non emergency medical transportation includes, but is not limited to, taxi, van, or bus as well as compensated use of private motor vehicles for transportation to and from BadgerCare Plus covered services and including those Medicaid services not covered by the HMO such as chiropractic and family planning services. Non emergency medical transportation may also includes coverage of meals and lodging in accordance with the Medicaid Enrollment Handbook and appropriate ForwardHealth updates.

HMOs will be required to submit non emergency medical transportation reports according to the format in Addendum IV, H to receive reimbursement. SE RFP HMO will not be reimbursed for administration for non emergency medical transportation.

- Starting on the date that the transportation manager services begin:

Members requesting non emergency medical transportation services should be directed to the Southeast transportation manager per the ForwardHealth Update.

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

Amend the “Non Emergency Medical Transportation Data” row to read:

Non Emergency Medical Transportation Data	Quarterly (Reports required only for period in which HMO provides or arranges for NEMT)	Previous Quarter	BFM – Rate Section	CD-Rom, Secure e-mail or FTP server	Art. III, E.6 Add. IV, H
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4. Addendum II – Standard Member Handbook Language for BadgerCare Plus

Amend the BadgerCare Plus – Standard and Benchmark Plan Members paragraph of the TRANSPORTATION section to read:

BadgerCare Plus – Standard and Benchmark Plan Members

Note to HMO: For transportation services during the period in which you are responsible to provide or arrange for nonemergency medical transportation, use Statement 1. For transportation services after that period, use Statement 2.

1. Non emergency medical transportation by bus, taxi, special medical vehicle (SMV) or other common carrier transportation is arranged by [HMO NAME]. Call our Customer Service Department at 1-800-xxx-xxxx if you need a ride.

[HMO NAME] covers transportation by special medical vehicle for those in wheelchairs. We may also cover this service for others if your doctor asks for it. Call our Customer Service Department at 1-800-xxx-xxxx if you need this service.

2. Non emergency medical transportation by bus, taxi, special medical vehicle (SMV) or other common carrier transportation is handled through the Department’s Southeast Wisconsin transportation manager. Please call 1-800-xxx-xxxx to schedule a ride to your medical appointment.

5. Addendum IV, H – Non Emergency Medical Transportation Detail Report

Amend to read:

- For dates of transportation services provided during the period in which the HMO provides or arranges for nonemergency medical transportation,:

The detail report must be provided either on disk CD ROM in an excel file format, sent via secure e-mail or via the FTP server to the transportation analyst in the Bureau of Fiscal Management (BFM). The reports must include all of the following data elements.

The table below sets forth the data elements required for the non emergency medical transportation detail report to be submitted by HMO's in Regions 5 and 6. To receive reimbursement in Region 5 HMOs must include the "Member County of Residence" field on the submitted data.

<u>DATA ELEMENTS</u>	
1.	HMO Name
2.	HMO #
3.	Member MA ID Number
4.	Member Last Name
5.	Member First Name
6.	Member's Date of Birth: mmddyyyy
7.	Member's Gender: F (female) or M (male)
8.	Member's Medical Status Code
9.	Member's Medicare Status
10.	Program (BC+ Standard, BC+ Benchmark, BC+ Core, SSI)
11.	Member County of Residence
12.	Vendor Name
13.	Date of Service: mmddyyyy
14.	Month of Service
15.	Invoice Date
16.	Loaded Miles
17.	Invoice Amount
18.	Administration Fees
19.	Total Charge
20.	Amount Billed: Include decimal (do not zero fill)
21.	Amount Paid: Include decimal (do not zero fill)
22.	Procedure Codes-HCPCS
23.	Modifier (if applicable)
24.	Type of Vehicle
25.	Comments

- This report does not need to be submitted for dates of service after the Southeast transportation manager services begin.

All terms and conditions of the September 1, 2010 through December 31, 2013 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 Brett Davis
Title	Title Medicaid Director Division of Health Care Access and Accountability
Date	Date

