

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.6.a – Common Carrier and Specialized Medical Vehicle (SMV) Transportation

Amend Article III, E.6 to read in its entirety:

- a. BadgerCare Plus – Standard/Benchmark Plans (excluding BadgerCare Plus CORE)

The HMO must provide or arrange for SMV and common carrier 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).

Common carrier 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. Common carrier transportation also includes coverage of meals and lodging in accordance with the Medicaid Enrollment Handbook.

1) Members Outside of Milwaukee County

Responsibility for common carrier and SMV transportation services will depend on the date of service as outlined below.

- a) For dates of service prior to July 1, 2011: Directly provide non-emergency transportation by SMV, common carrier or private motor vehicle for Medicaid covered services to the member and the HMO will be reimbursed by the county; or

The HMO may refer a member directly to the local county Department of Health and Social Services for transportation services.

Directly provide or arrange for SMV services. SMV services are included in the capitation rate.

- b) For dates of service on or after July 1, 2011 through December 31, 2011: Directly provide or arrange for common carrier and SMV transportation. To receive

reimbursement, HMOs will be required to submit common carrier reports according to the format in Addendum IV, J.

SE RFP HMOs will not be reimbursed for administration for common carrier transportation.

2) Members in Milwaukee County

For dates of service on or after January 1, 2011: Directly provide or arrange for common carrier and SMV transportation. These services are reimbursed via the capitation rate. HMOs will be required to submit common carrier reports according to the format in Addendum IV, J.

2. Article III, E.6.b – Common Carrier Transportation

Delete Article III,E.6.b .

3. Addendum II – Standard Handbook Language

Amend the “TRANSPORTATION” section to read:

BadgerCare Plus – Standard and Benchmark Plan Members

Bus or taxi rides to receive care are arranged by [HMO NAME]. Call our Customer Service Department at 1-800-xxx-xxxx if you need a ride.

Amend the “SPECIAL MEDICAL VEHICLE (SMV)” section to read:

BadgerCare Plus – Standard and Benchmark Plan Members

[HMO NAME] covers transportation by special 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.

4. Addendum IV, J – Common Carrier Detail Report

Amend IV, J to read:

J. Common Carrier Detail Report

The detail report must be provided on disk CD ROM in an excel file format and be sent to the transportation analyst in the Bureau of Fiscal Management (BFM) as well as the HMO contract lead in the Bureau of Benefits Management (BBM). The reports must include all of the following data elements.

The table below sets forth the data elements required for the common carrier 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 starting July 1, 2011.

Data Elements	
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	Members 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

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