Contract Amendment for BadgerCare Plus and SSI Medicaid Services

The agreement entered into for the period of March 1, 2012 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 and/or Medicaid SSI Medicaid Managed Care Program is hereby amended for the period of March 1, 2012 through December 31, 2013 as follows:

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

   Amend a. to read:

   Non Emergency Medical Transportation (NEMT). ~~except in Regions 5 and 6 where HMOs must provide this service (Article III, E,6,a,2).~~

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

   Revise a.2) to read:

   2) Rate Regions 5 and 6
      o Prior to the date on which 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 and/or Medicaid SSI 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 and/or Medicaid SSI covered services including HealthCheck and including those Medicaid services not covered by the HMO such as chiropractic and family planning services. Non emergency medical transportation 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.

      o Starting on the date that Southeast 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	Previous Quarter	BFM – Rate Section	CD-Rom, Secure e-mail or FTP server	Art. III, E.6 Add. IV, H

	which HMO provides or arranges for NEMT)				

4. **Addendum II – Standard Member Handbook Language for BadgerCare Plus and Medicaid SSI**

Amend the BadgerCare Plus – Standard/Benchmark Plans and Medicaid SSI Members paragraph of the TRANSPORTATION section to read:

BadgerCare Plus – Standard/Benchmark Plans and Medicaid SSI 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 1a or 1b. For transportation services that period, use Statement 2.

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

   b) For BadgerCare Plus Standard/Benchmark and Medicaid SSI members who live in Milwaukee, Washington, Ozaukee, Waukesha, Racine and Kenosha counties, non emergency medical transportation will be handled through your HMO. Please call 1-800-xxx-xxxx to schedule a ride to your medical appointment.

2. Non emergency medical transportation by bus, taxi, special medical vehicle (SMV) or other common carrier transportation is handled through the Department's transportation manager for Southeast Wisconsin. 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:

o 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. If the HMO is contracted to serve both BadgerCare Plus and Medicaid SSI members the reports must be submitted separately.

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

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.	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	

o 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 March 1, 2012 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