ForwardHealth
Wisconsin serving you

Update
July 2010

No. 2010-61

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers in Southeastern Wisconsin, HMOs and Other Managed Care Programs

Southeast Wisconsin HMO Changes for Members Enrolled in the BadgerCare Plus Standard Plan and the BadgerCare Plus Benchmark Plan

Beginning in July 2010, BadgerCare Plus Standard Plan and BadgerCare Plus Benchmark Plan members in the Southeast region of the state will be required to choose from four HMOs that have signed a new contract with the Department of Health Services.

HMO Changes for Southeast Wisconsin

Beginning in July 2010, BadgerCare Plus Standard Plan and BadgerCare Plus Benchmark Plan members in the Southeast region of the state currently enrolled in an HMO will be required to choose from four HMOs that have signed a new contract with the Department of Health Services.

This change is a result of the BadgerCare Plus and Medicaid Rate Reform project and the goal of this change is to improve the quality of health care and save taxpayer money. The new contracts will require HMOs to reach annual performance benchmarks for the following:

- Asthma management.
- Blood lead testing.
- Childhood immunization.
- Dental utilization.
- Diabetes testing.
- Emergency department utilization management.
- Tobacco cessation.

In addition, the HMOs will be required to provide coordinated care for pregnant women known to be at high risk for poor birth outcomes.

Who Is Affected

Due to new contract requirements, Standard Plan and Benchmark Plan members currently enrolled in an HMO and living in Milwaukee, Racine, Kenosha, Waukesha, Washington, and Ozaukee counties will be required to enroll in one of the following HMOs:

- Abri Health Plan.
- Children's Community Health Plan.
- CommunityConnect HealthPlan.
- UnitedHealthcare.

Note: This does not affect members who are enrolled in Supplemental Security Income (SSI) Medicaid, Medicaid for the Elderly, Blind, or Disabled, or the BadgerCare Plus Core Plan.

Enrollment

An enrollment packet will be mailed to Standard Plan and Benchmark Plan members when it is time to choose a new HMO. The packets will include information about each available HMO and instructions on how to enroll. Members will be able to enroll online, via telephone, or through the mail.

ForwardHealth will ask members to choose their new HMO over the course of three months. This three-month process will begin in July and continue into the fall depending on where the member lives. Each month, a portion of the members will be sent the enrollment packet and asked to choose their HMO. The first possible effective date for enrollment for some Milwaukee County residents will be September 1, 2010 .

Other important HMO enrollment facts include the following:

- Any member currently enrolled in an HMO should not attempt to choose a new HMO before he or she receives the enrollment packet.
- Members will continue to be enrolled in their existing HMO until the date the new HMO enrollment is effective.
- If the member receives an HMO enrollment packet and does not choose one of the available HMOs using one of the enrollment methods, he or she will be automatically assigned to an HMO.
- New Standard Plan and Benchmark Plan members will remain fee-for-service until they are asked to choose and enroll in an HMO depending on their geographic location.

Providers should be aware that they may receive an increase in telephone calls from members inquiring about their HMO affiliation.

Enrollment Period

Following current policy, members who voluntarily enroll or who are automatically assigned to an HMO will be in that HMO for a 12-month period beginning with the first day of enrollment as long as he or she remains enrolled in BadgerCare Plus. If, for some reason, the member does not want to stay in that HMO, he or she will have 90 days from the first day of HMO enrollment to choose a different HMO. Members are then locked in to their HMO until the end of the 12th month from the first day of enrollment.

Enrollment Verification

It is imperative that providers verify a member's enrollment to determine if the member is covered and in which HMO he or she is enrolled. Providers are reminded to *always* verify a member's enrollment *before* providing services to determine enrollment at the current date (since a member's enrollment status may change) and to discover any limitations to the member's coverage. Providers have several options to obtain enrollment information through Wisconsin's Enrollment Verification System and should refer to the ForwardHealth Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/* for more information.

Prior Authorization

If the provider has received a prior authorization (PA) for a service from the member's current HMO and the member changes HMOs or goes to fee-for-service, the provider should make sure he or she has a PA on file with the member's new HMO or fee-for-service if the new HMO or fee-for-service requires a PA for that service. HMOs will be required to waive PA requirements for newly enrolled members for 60 days and provide medically necessary services by non-network providers for 60 days without PA at the fee-for-service rate.

Coverage for Members Who Are Pregnant or in Treatment for an Illness or Injury

As a reminder, an HMO exemption may be available for a member who is in the last three months of pregnancy, who has a high-risk pregnancy, or who is in treatment for an illness or injury, if the member's provider is not in any of the HMOs taking part in the Standard Plan or the Benchmark Plan. If granted, the exemption will allow the member to remain with his or her current providers on a fee-for-service basis for a limited period of time until it is appropriate to transfer the member's care to a provider affiliated with an HMO.

Note: Members who currently have an HMO exemption will not be required to choose an HMO while the exemption is in effect.

For More Information

For more information or questions regarding HMO coverage and enrollment, providers may call Provider Services at (800) 947-9627 or refer to the Resource page at *www.badgercareplus.org/HMO/index.HTM*. Providers can refer members with questions to Member Services at (800) 362-3002.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

P-1250