



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

Changes in UnitedHealthcare Enrollment for Members Enrolled in the BadgerCare Plus Standard Plan and the BadgerCare Plus Benchmark Plan

Effective November 1, 2012, UnitedHealthcare will no longer serve BadgerCare Plus Standard Plan and BadgerCare Plus Benchmark Plan members in the Southeast Region.

Changes in UnitedHealthcare Enrollment

UnitedHealthcare (UHC) has notified the Department of Health Services (DHS) that the HMO will no longer serve BadgerCare Plus Standard Plan and BadgerCare Plus Benchmark Plan members in the Southeast Region (Milwaukee, Waukesha, Ozaukee, Racine, Kenosha, and Washington Counties) effective November 1, 2012.

This change only affects Standard Plan and Benchmark Plan members who are enrolled in UHC in the Southeast Region. Effective November 1, 2012, members will be disenrolled from UHC and will be able to access BadgerCare Plus benefits on a fee-for-service basis from any provider who accepts the ForwardHealth card.

This change does not affect Wisconsin Medicaid, BadgerCare Plus Core Plan, or Supplemental Security Income (SSI) members who are enrolled in UHC in the Southeast Region, or Standard Plan, Benchmark Plan, or SSI members in other areas of the state. UnitedHealthcare will continue to serve these members.

Members will receive information from the DHS about enrolling into a different HMO on a phased-in basis beginning in 2013. UnitedHealthcare's Standard Plan and Benchmark Plan members in the Southeast region may opt to enroll in a different HMO at any time by calling the Enrollment Specialist at (800) 291-2002. Enrollment into a different HMO would be effective the first of the next available month.

During this transition period while former UHC members are in fee-for-service, providers are expected to follow covered service coverage policies, which can be found in the ForwardHealth Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/.

ForwardHealth appreciates providers continuing to provide services to Standard Plan and Benchmark Plan members on a fee-for-service basis to ensure the members continue to receive the care they need. It is ForwardHealth's intention to facilitate as smooth a transition as possible from enrollment in UHC to fee-for-service enrollment and eventually into another HMO for both UHC members and providers.

Covered Services

According to the terms of its contract with the DHS, UHC is responsible for providing all medically necessary, Medicaid-

covered services to its Standard Plan and Benchmark Plan enrollees in the Southeast Region through October 31, 2012.

There are some services and items where UHC's liability for payment extends beyond the member's disenrollment date according to the terms of the BadgerCare Plus HMOs' contract with the DHS. These services and items are included in this *ForwardHealth Update*. For example, UHC is responsible for covering inpatient hospital stays that began while a member was enrolled in UHC with a discharge date after the member has transitioned to another HMO or fee-for-service or for ongoing orthodontia services (bands, braces, etc.) that began while the member was enrolled in UHC.

Services Requiring Prior Authorization

BadgerCare Plus fee-for-service will honor services prior authorized by UHC through January 31, 2013. This means that BadgerCare Plus fee-for-service will allow providers to submit claims to fee-for-service for reimbursement without a fee-for-service prior authorization (PA) on file for services that were prior authorized by UHC and provided to former UHC members (through January 31, 2013). If the member is still in fee-for-service on and after February 1, 2013, the provider will be required to submit a full PA request to fee-for-service. Upon the member's enrollment into a new HMO, the new HMO will honor the services prior authorized by UHC or fee-for-service for 90 days post-enrollment in the new HMO.

UnitedHealthcare will be responsible for authorizing and reimbursing BadgerCare Plus covered services provided to its members through October 31, 2012.

Providers may only submit claims for the same quantity and frequency that was prior authorized under UHC. If a change in service quantity or frequency is required due to a change in the member's medical status, the provider is required to submit a PA request to fee-for-service or the new HMO.

Services for Members Requiring Prior Authorization on and After November 1, 2012

If a former UHC member needs to continue receiving services that UHC did not require PA but require PA under fee-for-service or the new HMO after November 1, 2012, the provider would be required to submit a PA request to fee-for-service or the HMO.

If a former UHC member needs to begin receiving new services that require a PA under fee-for-service or the new HMO on and after November 1, 2012, the provider would be required to submit a full PA request to fee-for-service or the HMO.

Enrollment Verification

Providers should always verify a member's enrollment on each date of service (DOS) *before* providing services, both to determine enrollment for 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 for more information.

Claims Submission

ForwardHealth will review selected fee-for-service claims before payment and will review services and claims provided on a retroactive basis.

For detailed information about claims submission to fee-for-service, providers can access the Online Handbook for their benefit area. For questions regarding claims submission, providers may contact Provider Services at (800) 947-9627. Providers who are having difficulty getting fee-for-service claims paid for services provided to former UHC members may contact the assigned provider relations representative for his or her area.

Reimbursement

ForwardHealth will reimburse providers according to fee-for-service terms of reimbursement for services provided to members in fee-for-service.

Out-of-Network Providers

When a former UHC member is enrolled into a new HMO, the member may be receiving ongoing care with a provider that was in UHC's network or through fee-for-service that is not in the new HMO's network. The new HMO will allow members to see this provider, even if out-of-network, for a period of 90 days following enrollment into the new HMO to allow for continuity of care. After 90 days, the member may be transitioned to an in-network provider. Members needing new services or care after enrollment into a new HMO should contact the HMO for assistance in finding an in-network provider.

Pregnant women enrolled in a new HMO may see out-of-network providers for obstetrical care that began while enrolled in UHC or in fee-for-service for the remainder of the pregnancy. Pregnant women needing new maternity-related services upon enrollment into an HMO should contact the HMO for assistance in finding an in-network provider.

Rates of payment for out-of-network services will be determined between the HMO and provider.

Dental

As prescribed by the Wisconsin HMO contract, UHC will be responsible for covering and reimbursing ongoing orthodontic and prosthodontic treatments that were started while the member was enrolled in UHC. For all other dental services provided on and after November 1, 2012, providers should submit claims to fee-for-service for members in fee-for-service or the new HMO for members in an HMO.

For more information or questions, providers should call Provider Services at (800) 947-9627. Providers can direct members with questions to call Member Services at (800) 362-3002.

Inpatient Hospital Services

As prescribed by the Wisconsin HMO contract, if a member is enrolled in UHC at the time of admittance into an inpatient hospital and is disenrolled and placed into fee-for-service during the hospital stay or is enrolled in a new HMO, the provider should submit the entire inpatient claim to UHC for reimbursement.

Durable Medical Equipment, Eyeglasses Under the State Purchase Eyeglass Contract, and Hearing Aids

Providers are reminded that they are required to use the date of dispensing as the DOS on a claim for durable medical equipment. If an item is ordered while the patient is enrolled in UHC but the item is not dispensed until after the patient has transitioned to fee-for-service or enrolled in a new HMO, then fee-for-service or the new HMO is responsible for payment. The DHS may review fee-for-service claims prior to payment and will review selected fee-for-service claims on a retroactive basis. The new HMO may review claims prior to payment and may review selected claims on a retroactive basis.

Incontinence and Urological Supplies

UnitedHealthcare members currently receiving incontinence and urological supplies through UHC will be transitioned to a fee-for-service state-contracted supplier for the time they are in fee-for-service.

Advanced Imaging Services

Fee-for-service will honor approved UHC PA requests for advanced imaging for DOS through November 30, 2012. For DOS on and after December 1, 2012, while the member is enrolled in fee-for-service, providers are required to obtain PA through MedSolutions in order for fee-for-service to reimburse providers for advanced imaging services. MedSolutions is the private radiology benefits manager authorized to administer PA for advanced imaging services by ForwardHealth. Providers are encouraged to begin submitting PA requests to MedSolutions for advanced imaging services as soon as possible after November 1, 2012. Providers should refer to the Radiology service area of the

Online Handbook for more information on working with MedSolutions.

Approved UHC PA requests for advanced imaging services will be honored by the new HMO for 30 days from issuance.

Members Who Are Pregnant

Pregnant women are encouraged to select a new HMO as soon as possible so that they can receive care coordination in an HMO, especially those members who are enrolled in a high-risk obstetric medical home.

The HMO Enrollment Specialist will contact pregnant women enrolled in UHC to help them enroll in another HMO prior to November 1, 2012. Pregnant members who have not made a choice for November 1, 2012, may be transitioned to fee-for-service; however, providers should encourage these women to contact the HMO Enrollment Specialist to discuss HMO enrollment options. Women who become pregnant during fee-for-service enrollment are also encouraged to contact the Enrollment Specialist to enroll in an HMO as soon as possible.

Services provided to pregnant women (prenatal care, delivery, and postpartum care) may be billed globally or in components. If a member delivers while enrolled in UHC, and the provider would submit a global bill for services provided, the bill should be submitted to UHC. If the woman delivers while enrolled in the new HMO but prenatal care services were provided while enrolled in UHC, the new HMO would receive the global bill. For providers billing in components, the bills should be sent to the HMO that the member is enrolled in on the DOS.

Disputes Regarding HMO Issues

Providers with questions or concerns regarding PA, claims, or services provided to members enrolled in an HMO should contact the HMO's provider services department for assistance. Providers may contact the HMO for disputes regarding payment through a provider appeal process involving an initial appeal to the HMO and then to the DHS

for final resolution. For further information on the provider appeal process, providers should contact the HMO.

For More Information

Providers with questions about PA requests or claims prior to November 1, 2012, should contact UHC Provider Services. Questions about fee-for-service claims or PA requests on and after November 1, 2012, should be directed to ForwardHealth Provider Services. Questions about submitting claims or PA requests to a new HMO should be directed to the HMO's provider services department.

Providers may refer members with questions regarding individual services or availability of providers prior to November 1, 2012, to UHC Member Services. Members with questions about HMO enrollment may contact the HMO Enrollment Services Center and members with questions about fee-for-service providers or coverage may contact ForwardHealth Member Services.

Refer to the Attachment of this *Update* for a list of contacts and telephone numbers to call for additional information.

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/.

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ATTACHMENT

Provider Services and Resources

The following tables list services and resources available to providers and members with contact information and hours of availability.

ForwardHealth Contact Information		
Provider Services	(800) 947-9627	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Standard Time, with the exception of state-observed holidays)
Member Services	(800) 362-3002	Monday through Friday, 8:00 a.m. to 6:00 p.m. (Central Standard Time, with the exception of state-observed holidays)
Enrollment Specialist	(800) 291-2002	Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Standard Time, with the exception of state-observed holidays)

Southeast Wisconsin HMO Contact Information		
UnitedHealthcare	Provider Services : (877) 651-6677	Monday through Friday, 7:00 a.m. to 5:00 p.m. (Central Standard Time, with the exception of holidays)
	Member Services : (800) 504-9660	Operators are available 24 hours a day, 7 days a week
Children's Community Health Plan	Provider Services: (800) 482-8010	Monday through Thursday, 7:30 a.m. to 5:00 p.m. and Friday 8:00 a.m. to 4:30 p.m. (Central Standard Time, with the exception of holidays)
	Member Services: (800) 482-8010 TTY: (877) 733-6456	Monday through Thursday, 7:30 a.m. to 5:00 p.m. and Friday 8:00 a.m. to 4:30 p.m. (Central Standard Time)
CommunityConnect Health Plan	Provider Services: (877) 350-6074	Monday through Thursday, 7:30 a.m. to 5:00 p.m. and Friday 8:00 a.m. to 4:30 p.m. (Central Standard Time, with the exception of holidays)
	Member Services: (888) 279-1227 TTY: (800) 947-3529	Monday through Friday, 8:00 a.m. to 5:00 p.m. (Central Standard Time)

Southeast Wisconsin HMO Contact Information

Molina Healthcare of Wisconsin Provider Services	Provider Services: (414) 847 -1776	Monday through Thursday, 7:30 a.m. to 5:00 p.m. and Friday 8:00 a.m. to 4:30 p.m. (Central Standard Time, with the exception of holidays)
	Member Services: (888) 999-2404 TTY: (800) 947-3529 (toll free) or (414) 847-1779	Monday through Friday, 8:00 a.m. to 5:00 p.m. (Central Standard Time)