

Affected Programs: BadgerCare Plus, Medicaid

To: Case Management Providers, Private Sector, HMOs and Other Managed Care Programs

ForwardHealth Expanding Member Eligibility for HIV/AIDS Care Coordination Benefit

Effective January 1, 2016, ForwardHealth is expanding member eligibility for the HIV/AIDS care coordination benefit to include individuals participating in a home and community-based (1915[c]) waiver program, as well as BadgerCare Plus and Medicaid SSI HMO members.

Expansion of Member Eligibility

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Members enrolled in an HMO will no longer be required to disenroll from their HMO in order to receive the care coordination benefit.

Reminder of Eligibility Criteria for HIV/AIDS Care Coordination

As a reminder, members must meet **one** of the following eligibility criteria to receive the HIV/AIDS care coordination benefit (these criteria have not changed):

- Have a diagnosis of HIV and at least one other chronic condition. Chronic conditions include, but are not limited to the following:
 - ✓ Mental health disorders
 - ✓ Substance use disorders
 - ✓ Asthma
 - ✓ Diabetes
 - ✓ Heart disease

- ✓ Overweight (having a body mass index [BMI] greater than 25 kg/m²)
- Have a diagnosis of HIV and be at risk of having a second chronic condition. Members "at risk" for developing a second chronic condition include the following:
 - ✓ Members having a CD4 (T-cell) count of less than 200 cells/ μ L or CD4 cells accounting for fewer than 14 percent of all lymphocytes
 - ✓ Members with a BMI less than 18.5 kg/m²
 - ✓ Members whose fasting plasma blood sugar is 100–125 mg/dL or hemoglobin A1c is 5.7 percent–6.4 percent
 - ✓ Members with systolic pressure between 120 and 139 mm Hg or diastolic pressure between 80 and 89 mm Hg
 - ✓ Members with hyperlipidemia:
 - Total cholesterol greater than 200 mg/dL.
 - High-density lipoprotein (HDL) cholesterol levels below 40 mg/dL for men and below 50 mg/dL for women
 - Low-density lipoprotein (LDL) cholesterol levels above 130 mg/dL.

Members Not Eligible

Members receiving any of the following services are not eligible for the HIV/AIDS care coordination benefit:

- Targeted case management services
- Prenatal care coordination services

- Institutional care (unless the care is provided within 30 days from the date of discharge)

Additional Information

For additional information on the HIV/AIDS care coordination benefit, refer to the Comprehensive Care Coordination Benefit for Members with HIV or AIDS chapter of the Covered and Noncovered Services section of the Case Management, Targeted service area of the ForwardHealth Online Handbook.

Reimbursement

ForwardHealth will continue to reimburse the health home services provider directly for services provided to fee-for-service members. For members enrolled in an HMO, health home services providers are required to work directly with each HMO to determine coverage and reimbursement requirements.

Non-duplication of Services

A member should not receive care coordination services from more than one provider. Health home services providers are encouraged to coordinate with a member's other care coordinators and/or case manager to ensure that services are not being duplicated.

In circumstances where services could be provided by multiple care coordinators, the member's preferences concerning which care coordinator should provide these services must be taken into consideration.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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