

Affected Programs: BadgerCare Plus, Medicaid
To: All Providers, HMOs and Other Managed Care Organizations

Updated SSI HMO Enrollment Policy

Beginning January 1, 2018, certain eligible Supplemental Security Income (SSI) members and SSI-related Medicaid adult members will be required to choose and enroll in an SSI HMO. An SSI-related Medicaid member receives coverage from Wisconsin Medicaid as a result of a disability determined by the Disability Determination Bureau.

SSI HMO Enrollment Regional Rollout Schedule

Wisconsin Medicaid will implement updated SSI HMO enrollment requirements in phases for counties according to the Wisconsin BadgerCare Plus and SSI rate regions.

The following are regional effective dates by which affected SSI members may be automatically enrolled in an SSI HMO for each region:

- February 1, 2018 — Region 1 (North)
- March 1, 2018 — Region 3 (West Central)
- April 1, 2018 — Region 5 (Southeast)
- May 1, 2018 — Region 6 (Milwaukee)
- June 1, 2018 — Region 2 (Northeast)
- June 1, 2018 — Region 4 (Madison)

Refer to Attachment 1 of this *ForwardHealth Update* for more information on rate regions and the counties represented in each.

Affected members will receive a notice in the mail approximately 1–2 months prior to the effective date for their regions. After members receive their notice, members will also receive an enrollment packet that includes an SSI

HMO choice booklet and a program guide containing information regarding their SSI HMO options.

To help address member questions and concerns, ForwardHealth will be scheduling regional town hall meetings for all interested stakeholders. A recording of a town hall will also be made available for those stakeholders unable to attend. More information regarding the town halls will soon be available on the Wisconsin Department of Health Services (DHS) website at

<https://www.dhs.wisconsin.gov/medicaid/hmo-2018chng.htm>.

Members will be able to select an SSI HMO by contacting the HMO enrollment specialist by telephone or mail using the choice form in their enrollment packet. The HMO enrollment specialist can assist a member with the selection process by providing information about SSI HMO provider networks. If members do not select an SSI HMO prior to the effective dates for their regions listed previously, they will be automatically assigned an SSI HMO. At that point, the member has 90 days to choose a different SSI HMO.

This change in SSI HMO enrollment policy will have no impact on eligibility criteria for enrollment. The following groups are excluded from the requirement to enroll in an SSI HMO:

- Members under 19 years of age
- Members of a federally recognized tribe
- Dual eligible members
- Medicaid Purchase Plan (MAPP) eligible members
- Members enrolled in a long-term care (LTC) managed care organization (MCO) or waiver program

Covered Services

Services Covered Through the SSI HMO

SSI HMO members receive coverage for most Medicaid-covered services through their SSI HMO. Providers that render a service covered through the member's SSI HMO must submit claims directly to the SSI HMO. Providers should contact the member's SSI HMO prior to rendering services for more information about provider networking requirements, claims submission requirements, and reimbursement rates.

Services Covered on a Fee-for-Service Basis (Carve-Out Services)

SSI HMO members receive coverage for certain Medicaid-covered services on a fee-for-service basis. These services are known as "carve-out" services and include the following:

- Behavioral treatment services
- County-based mental health programs, including community recovery services, community support program benefits, and crisis intervention services
- Environmental lead inspections provided through local public health programs
- Child care coordination services provided through county-based programs
- Pharmacy services and diabetic supplies
- Prenatal care coordination services
- Certain provider-administered drugs (*Note:* The Provider-Administered Drugs Carve-Out Procedure Code table on the Resources for Physicians page of the ForwardHealth Portal identifies the specific procedure codes that are covered on a fee-for-service basis.)
- School-based services
- Non-emergency medical transportation services
- Directly observed therapy and monitoring for tuberculosis-only related services

Providers that render a carve-out service to an SSI HMO member must submit claims directly to ForwardHealth on a fee-for-service basis. Providers should refer to the ForwardHealth Online Handbook for current fee-for-service policy and program information.

Note: Members enrolled in an SSI HMO are not eligible for targeted case management services.

Services Potentially Covered on a Fee-for-Service Basis

SSI HMOs have the option of providing coverage for Medicaid-covered chiropractic services and Medicaid-covered dental services. If a member's SSI HMO chooses to not provide coverage for chiropractic and/or dental services, the member then receives coverage for those services on a fee-for-service basis.

Currently, no SSI HMO provides coverage of Medicaid-covered chiropractic services. Thus, providers that render chiropractic services to an SSI HMO member should submit claims directly to ForwardHealth on a fee-for-service basis.

Currently, SSI HMOs provide coverage for Medicaid-covered dental services in Milwaukee, Waukesha, Racine, and Kenosha counties. Providers are required to submit claims directly to the SSI HMO for dental services provided to an SSI HMO member who lives in one of these counties. Providers should contact the member's SSI HMO prior to rendering services for more information about provider networking requirements, claims submission requirements, and reimbursement information.

Currently, some, but not all, SSI HMOs may choose to provide coverage for Medicaid-covered dental services in Ozaukee and Washington counties. For members who live in one of these counties, providers should contact the member's SSI HMO to determine whether to submit claims to the SSI HMO or to ForwardHealth on a fee-for-service basis.

Currently, no SSI HMOs provide coverage of Medicaid-covered dental services in Regions 1–4. Providers are required to submit claims directly to ForwardHealth on a fee-for-service basis for dental services rendered to an SSI HMO member who lives in a county other than those listed above.

Care Management

SSI HMO health plans employ a care management model to ensure high-quality care to members. The care management model provides each enrollee with the following:

- An initial health assessment
- A comprehensive care plan
- Assistance in choosing providers and identifying a primary care provider
- Assistance in accessing social and community services
- Information about health education programs, treatment options, and follow-up procedures
- Advocates on staff to assist members in choosing providers and accessing needed care

ForwardHealth requires all SSI HMO health plans to have dedicated care managers to assist providers in meeting the medical care needs of members. SSI HMOs, through their care management teams, will serve as single points of contact for providers who need assistance addressing the health care needs of members, especially those who have multiple points of contact within the health care system. The SSI HMO care management teams will be responsible, when it is deemed appropriate, for notifying primary care providers of members' emergency room visits, hospital discharges, and other major medical events, as well as sharing patient-specific care management plans with appropriate providers to reduce hospital admissions and readmission, to reduce appointment no-shows, and to improve compliance with health care recommendations such as medication regimens.

Continuity of Care

Special provisions are included in the contract for SSI HMOs to provide continuity of care for SSI members and SSI-related Medicaid members as they enroll into SSI HMOs. These provisions include the following:

- Coverage of services provided by the member's current Medicaid-enrolled provider for the first 90 days of enrollment in the SSI program or until the first of the month following completion of an assessment and care plan, whichever comes later.
- Honoring a prior authorization (PA) that is currently approved by ForwardHealth. The PA must be honored for 90 days or until the month following the SSI HMO's

completion of the assessment and care plan, whichever comes later.

To assure payment, non-contracted providers should contact the SSI HMO to confirm claim submission and reimbursement processes. If an SSI HMO is not honoring a PA that is currently approved by ForwardHealth, the provider should first contact the HMO. If the provider is not able to resolve their issue with the HMO, the provider should contact ForwardHealth Provider Services. For new authorizations during the member's first 90 days of enrollment, the provider is required to follow the SSI HMO's PA process. SSI HMOs may use PA guidelines that differ from fee-for-service guidelines; however, these guidelines may not result in less coverage than fee-for-service.

Provider Participation

Providers interested in participating in an SSI HMO network or changing SSI HMO network affiliations should contact the SSI HMO for more information. Conditions and terms of participation in an SSI HMO are pursuant to specific contract agreements between SSI HMOs and providers. An SSI HMO has the right to choose whether or not to contract with any provider but must provide access to Medicaid-covered, medically-necessary services under the scope of their contract for enrolled members. Each HMO may have policies and procedures specific to their provider credentialing and contracting process that providers are required to meet prior to becoming an in-network provider within that HMO. Attachment 2 contains a list of the SSI HMOs contracted with Wisconsin Medicaid, as well as their contact information. Attachment 3 details HMO participation by county.

HMO Enrollment Specialist

The Wisconsin Medicaid and BadgerCare Plus HMO Enrollment Specialist provides objective enrollment, education, outreach, and advocacy services to BadgerCare Plus HMO and SSI HMO enrollees. The HMO Enrollment Specialist is a knowledgeable single point of contact for enrollees, solely dedicated to managed care issues. The HMO enrollment specialist is not affiliated with any health care agency or HMO.

The HMO Enrollment Specialist provides the following services to BadgerCare Plus HMO and SSI HMO enrollees:

- Education regarding the correct use of BadgerCare Plus HMO and SSI HMO benefits
- Telephone and face-to-face support
- Assistance with enrollment, disenrollment, and exemption requests

The HMO Enrollment Specialist is available from 7:00 a.m.–6:00 p.m., Monday through Friday (excluding holidays), at 800-291-2002.

Eligibility Verification Reminder

Providers are reminded that they should verify a member's eligibility before providing services on each date of service. Providers should also determine if the member is enrolled in an HMO, including an SSI HMO, and whether chiropractic and dental services are covered by the HMO or on a fee-for-service basis before providing those services.

SSI HMOs are required by contract to reimburse non-contracted providers for services provided to their members only during the first 90 days of enrollment or until the first of the month following completion of an assessment and care plan, whichever comes later. To assure payment, non-contracted providers should contact the SSI HMO to authorize services.

After the member's first 90 days of enrollment in the SSI program or until the first of the month following completion of an assessment and care plan, whichever comes later, the non-contracted provider should contact the member's SSI HMO for a referral before providing services or the services may not be reimbursed.

If a provider receives a payment denial or payment reduction from an SSI HMO, the provider is required to first file an appeal directly with the SSI HMO. The SSI HMO has 45 calendar days to respond in writing to an appeal. If the SSI HMO does not respond in writing within 45 calendar days, or if the provider is dissatisfied with the SSI HMO's response, the provider may send a written appeal to ForwardHealth within 60 calendar days from the end of the

45 calendar day timeline or the date of the SSI HMO response. Provider appeal information can be found in the Appeals to HMOs and SSI HMOs topic (topic #384) and the Appeals to ForwardHealth topic (topic #385) of the Claims chapter of the Managed Care section of the ForwardHealth Online Handbook.

Verifying Member Enrollment

Providers should always verify a member's enrollment prior to submitting a PA request and before rendering services; this allows the provider to review the member's coverage, since a member's enrollment status may change without notice. Providers can access Wisconsin's Enrollment Verification System (EVS) to receive the most current enrollment information through the following methods:

ForwardHealth Portal:

- WiCall, the ForwardHealth automated voice response system, which provides responses to inquiries about claim status (800-947-3544)
- Commercial enrollment verification vendors
- The 270/271 Health Care Eligibility/Benefit Inquiry and Information Response transactions
- Provider Services at 800-947-9627

Each enrollment verification method allows providers to verify the following:

- A member's enrollment in a ForwardHealth program(s)
- State-contracted MCO enrollment
- Medicare enrollment
- Any other commercial health insurance coverage
- Exemption from copayments for BadgerCare Plus members

Note: The EVS does not indicate other government programs that are secondary to ForwardHealth. Providers cannot charge a member, or authorized person acting on behalf of the member, for verifying his or her enrollment.

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

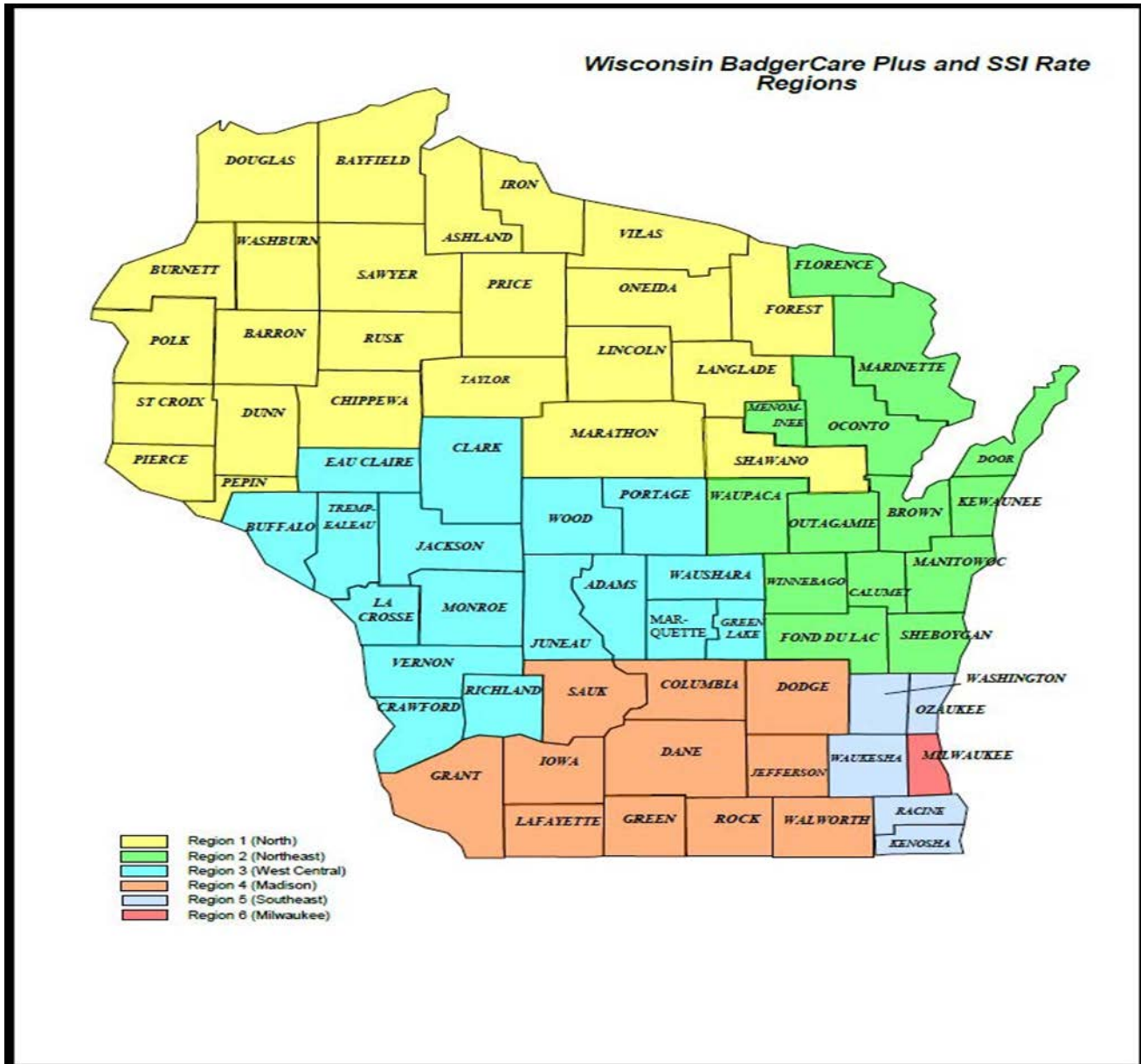
Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

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

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ATTACHMENT 1

Wisconsin BadgerCare Plus and Supplemental Security Income Rate Regions



ATTACHMENT 2

SSI HMOs Contracted with Wisconsin Medicaid

SSI HMOs	Telephone Numbers	Website
Anthem Blue Cross and Blue Shield	1-855-690-7800 (TTY 711)	https://mss.anthem.com/wi/Pages/aboutus.aspx
Care Wisconsin Health Plan, Inc.	1-800-963-0035 (TTY 711)	https://www.carewisc.org/medicaid-ssi
Group Health Cooperative of Eau Claire	1-888-203-7770 1-800-947-3529 (TDD/TTY)	https://www.group-health.com/Members/BadgerCarePlusSSI.aspx
Independent Care Health Plan (iCare)	1-800-777-4376 1-800-947-3529 (TTY)	http://www.icarehealthplan.org/
MHS Health Wisconsin	1-888-713-6180 1-800-947-3529 (TDD/TTY)	https://www.mhswi.com/
Molina Health Care	1-888-999-2404 (TTY/TTD 711)	http://www.molinahealthcare.com/providers/wi/medicaid/Pages/home.aspx
Network Health Plan	1-888-713-6180 1-800-947-3529 (TDD/TTY)	https://www.mhswi.com
UnitedHealthcare of Wisconsin, Inc.	1-800-504-9660 (TTY 711)	http://www.uhccommunityplan.com/wi/medicaid/badgercare-plus.html

ATTACHMENT 3

Medicaid SSI HMO Service Areas

	Adams	Ashland	Barron	Bayfield	Brown	Buffalo	Burnett	Calumet	Chippewa	Clark	Columbia	Crawford	Dane	Dodge	Door	Douglas	Dunn	Eau Claire	Florence	Fond du Lac	Forest	Grant	Green	Green Lake	Iowa	Iron	Jackson	Jefferson	Juneau	Kenosha	Kewaunee	La Crosse	Lafayette	Langlade	Lincoln	Manitowoc		
Anthem BlueCross BlueShield	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		
Care Wisconsin	A				A			A		A	A	A	A	A	A					A		A	A	A	A		A	A	A		A	A	A			A		
Group Health Cooperative – Eau Claire	A	A	A	A		A	A		A	A	A	A				A	A	A			A	A	A		A	A						A	A	A	A			
Independent Health Care Plan (iCare)	A				A			A					A	A	A					A		A	A				A	A	A	A	A	A				A		
MHS Health Wisconsin	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A
Molina Healthcare					A			A						A	A				A	A	A			A				A		A	A				A	A	A	
Network Health Plan	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		A	A	A
UnitedHealthcare Community Plan	A	A	A	A	A		A	A	A	A	A	A	A	A	A	A		A	A	A	A	A	A	A			A	A	A	A	A	A	A	A	A	A	A	A

A = HMO serves entire county

P = HMO serves only part of county

	Marathon	Marinette	Marquette	Menomine	Milwaukee	Monroe	Oconto	Oneida	Outagamie	Ozaukee	Pepin	Pierce	Polk	Portage	Price	Racine	Richland	Rock	Rusk	St. Croix	Sauk	Sawyer	Shawano	Sheboygan	Taylor	Trempeale	Vernon	Vilas	Walworth	Washburn	Washington	Waukesha	Waupaca	Wausshara	Winnebago	Wood		
Anthem BlueCross BlueShield	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
Care Wisconsin			A			A			A	A							A	A						A		A	A		A				A	A	A	A		
Group Health Cooperative – Eau Claire	A					A		A			A	A	A	A	A		A		A	A			A	A	A	A	A		A								A	
Independent Health Care Plan (iCare)	A	A			A	A	A		A	A						A		A			A			A	A		A	A				A	A	A		A		
MHS Health Wisconsin	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		A	A		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Molina Healthcare	A	A	A		A		A	A	A					A		A								A	A	A			A	A			A	A	A	A	A	A
Network Health Plan	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		A	A		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
UnitedHealthcare Community Plan	A	A	A	A	A	A	A	A	A		A	A	A	A	A	A	A			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

A = HMO serves entire county

P = HMO serves only part of county