



Wisconsin BadgerCare Plus HMO Guide

Language Assistance

English

For help to translate or understand this document, please call 800-291-2002.

Spanish

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 800-291-2002.

Russian

Если вам не всё понятно в этом документе, позвоните по телефону 800-291-2002.


































Hmong

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 800-291-2002.

Hearing Impaired

For help to understand this document, please call TDD/TTY 800-291-2002.

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Overview of BadgerCare Plus HMOs

Introduction

You got this guide because you are getting BadgerCare Plus, and most BadgerCare Plus members must join an HMO. You can learn which members must join an HMO on page 4. The purpose of this guide is to give you information about HMOs, explain ways you can join an HMO, answer commonly asked HMO questions, and provide contact information for help with BadgerCare Plus. If you must join an HMO, you should use the information in this guide to make your HMO choice.

What is an HMO?

HMO stands for health maintenance organization. Your HMO is also called your health plan. An HMO has a network of doctors, clinics, and hospitals that you can get health care services from. Joining an HMO can help you with:

- Understanding the health care system.
- Finding the right types of doctors for your needs.
- Scheduling appointments.
- Supporting and managing your health care needs for specific conditions like diabetes or pregnancy.

HMOs also offer additional benefits, such as no-cost health and wellness programs. The additional benefits offered by HMOs vary.



What is the difference between HMO coverage and fee-for-service coverage?

Depending on if you do or do not join an HMO, you will get health care coverage for services by one of two ways:

1. HMO coverage
2. Fee-for-service coverage

If you join a BadgerCare Plus HMO, you get HMO health care coverage. Most BadgerCare Plus members join an HMO. When you join an HMO, you get services offered through your HMO's network. Your HMO will work with BadgerCare Plus to decide if a service should or should not be covered. If the service should be covered, your HMO pays the cost of the service. You can learn more about covered services on page 5.

If you do not join an HMO, you get fee-for-service health care coverage. With fee-for-service coverage, you get services from any doctor or provider who accepts BadgerCare Plus. Your doctor will work with BadgerCare Plus to decide if a service should or should not be covered. If the service should be covered, then BadgerCare Plus would pay the doctor for the service. If you have fee-for-service coverage, you do not get access to the additional HMO benefits such as no-cost health and wellness programs.

Which BadgerCare Plus members can choose to join an HMO?

Most BadgerCare Plus members must join an HMO. If you do not fit into a group below and do not choose an HMO to join, one will be chosen for you. If you do not join an HMO and are not required to join one, you will get fee-for-service coverage.

You are not required to join an HMO but may choose to join one if you:

- Are Native American, American Indian, Alaskan Native, or a member of a federally recognized tribe.

You cannot join an HMO if you:

- Have Medicare in addition to BadgerCare Plus.
- Are participating in a home and community-based program such as Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), Program of All-Inclusive Care for the Elderly (PACE), or Children Long-Term Support (CLTS) Waiver Program.
- Live in a nursing home or medical facility at the time of initial eligibility.

There are a few other reasons when you do not have to join an HMO and can instead get fee-for-service coverage, two common reasons are:

- You need to complete a course of treatment with a provider not enrolled in the HMO network before you are enrolled in a BadgerCare Plus HMO.
- You have commercial insurance that limits the doctors or providers you see.

You can contact an HMO enrollment specialist at 800-291-2002 for more information about not joining an HMO.

BadgerCare Plus Covered Services

All BadgerCare Plus members have access to the same services. HMOs provide access to health care 24 hours a day, seven days a week. HMOs must make sure you have access to the following providers:

- Primary care provider
- OB/GYN
- Mental health provider
- Hospital
- Urgent care
- Dental in some counties



All HMOs must provide the following services and supplies to BadgerCare Plus members when medically necessary:

- Disposable medical supplies, such as tube feeding equipment, catheter supplies, and disposable gloves
- Durable medical equipment, such as wheelchairs, walkers, shower chairs, and commodes
- HealthCheck screenings for children and young adults*
- Hearing services
- Home care services, such as personal care workers and home health aides
- Inpatient hospital services
- Mental health treatment
- Nursing home services
- Outpatient hospital emergency room services
- Outpatient hospital services
- Physical, occupational, and speech therapies
- Physician services
- Prenatal and maternity care
- Routine vision care

*You can learn more about HealthCheck at dhs.wi.gov/forwardhealth/healthcheck.htm.

- Substance use disorder treatment
- Dental services in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties

There are some services that HMOs do not provide. These services are instead provided through fee-for-service coverage. This means you can get these services from any doctor or provider that accepts BadgerCare Plus. These services include:

- Behavioral treatment services, including treatment for autism spectrum disorder
- Chiropractic services
- County-based mental health programs including community recovery services, community support program benefits, and crisis intervention services
- Dental services in counties other than Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha
- Pharmacy services, such as prescription drugs and diabetic supplies
- Prenatal care coordination services
- Residential substance use disorder treatment
- School-based services, such as audiology, physical therapy, and speech therapy supplied by a school
- Transportation to and from covered services
- Tuberculosis treatment

You may have copayments for covered services that cost 50 cents to \$3. To learn more about copayments go to dhs.wi.gov/badgercareplus/services.htm.

Identification Card for BadgerCare Plus

Each BadgerCare Plus member gets a ForwardHealth card in the mail. Show your ForwardHealth card each time you get health care services. Members can also view the card on the MyACCESS mobile app. Learn more about MyACCESS at dhs.wi.gov/forwardhealth/myaccess.htm.



Identification Card for HMOs

Some HMOs have their own identification cards. If the HMO you join has an identification card, it will be mailed to you. If you get an HMO identification card, you should bring both your ForwardHealth card and your HMO identification card with you when you get health care services.

Your HMO Choice

Choosing an HMO

It is important to choose an HMO that meets your health care needs. When you join an HMO, you must see doctors and other providers who are in your HMO's network, unless you have an approved referral from your HMO or you have a medical emergency. Below are examples of things you may want to consider when choosing an HMO.

Your Current Doctors or Health Care Providers

Your current doctors or health care providers may not all belong to the same HMO. If they do not, you may want to choose the HMO that includes the provider that is most important to you. Your health care providers may include a:

- Primary care doctor
- Mental health provider
- Specialty doctor
- Personal care provider
- Home health care provider
- Clinic
- Hospital

You may also want to consider the office hours for the doctors, clinics, and other providers in an HMO.

Other Health Insurance

If you have other health insurance, it may be considered your primary insurance. Let your HMO know if you have other health insurance so they can help you coordinate your care with doctors that accept your primary insurance.



HMO Ratings

HMO ratings are based on major areas of care, which measure the quality of health care provided by an HMO. You can see the most recent BadgerCare Plus HMO ratings on page 15.

Wait Times

Some HMOs may be able to schedule your appointments sooner than others. You can call an HMO enrollment specialist at 800-291-2002 to ask about HMO wait times.

Ways to Join or Change an HMO

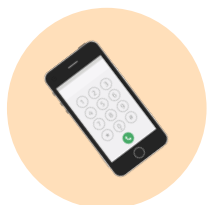
You can join or change an HMO online, by mail, fax, phone, or in person. If you do not make an HMO choice and are required to join an HMO, one will be chosen for you.

You can change your HMO during the first 90 days of joining. This is called “open enrollment.” When your open enrollment period is over, you cannot change your HMO for nine more months. This is called a “lock-in” period. You will be sent a letter telling you when your lock-in period will end. When your lock-in period has ended, you may change to a different HMO for any reason. If you have problems getting the health care you need during your lock-in period, you should call an HMO enrollment specialist to see if you can change your HMO or get fee-for-service coverage.



Online

To join or change your HMO online, go to access.wi.gov, log in, and go to Manage My HMO.



Phone

To join or change your HMO by phone, call an HMO enrollment specialist at 800-291-2002.



Mail or Fax

To join or change your HMO, complete the HMO Enrollment Choice form, F-12025, that came with this guide and follow the mailing instructions or fax it to 608-416-1860.

BadgerCare Plus HMOs Available in Your Area

One or more HMOs will be available to you depending on where you live. You can see which HMOs are available to you by:

- Looking on the HMO Enrollment Choice form that came with this guide.
- Going online to access.wi.gov.
- Calling the HMO enrollment specialist at 800-291-2002.

Commonly Asked HMO Questions

What happens after I join an HMO?

After you join an HMO, you will get a welcome packet from the HMO. The packet will explain the services the HMO provides. Your HMO may also call you. This is a call to welcome you, share information, and confirm your contact details. It's important for you to talk with your new HMO to make the most of your benefits.

You can see the names of the doctors, hospitals, and clinics that belong to the HMO by going to the HMO's website, or you can ask the HMO to mail you the list.

If you have questions for your HMO, you can call them using the HMO's phone number listed on pages 12 and 13.

To get the best health care, you are responsible for:

- Telling the doctors and nurses how you feel.
- Getting medical care when you need it.
- Taking your medications and following the doctors' advice.
- Following the HMO's process for getting health services.
- Keeping the appointments you make.
- Asking questions to your doctor, HMO, or care coordinator.
- Telling your HMO what you think so that they can help you get the best health care.

What if I forget to choose an HMO?

If you are required to choose an HMO and do not, one will be chosen for you. You will get a letter in the mail telling you which HMO was chosen for you. If an HMO is chosen for you, your current doctors or clinics may not be in the HMO's network. If you are not required to choose an HMO and do not join one, you will get fee-for-service coverage. You can learn more about fee-for-service coverage on page 4.

What if I am not happy with the HMO I join?

If you are not happy with the HMO you joined, you can change your HMO during the first three month of joining. This is called “open enrollment.”

When your open enrollment period is over, you cannot change your HMO for nine more months. This is called a “lock-in” period. You will be sent a letter telling you when your lock-in period will end. When your lock-in period has ended, you may change to a different HMO for any reason.

If you are having problems with quality of care or access to care during your lock-in period, you should call an HMO enrollment specialist.

As a member of a BadgerCare Plus HMO, you have rights. You have the right to:

- Get information about your HMO and how it works.
- Ask questions, voice complaints, and file grievances.
- Receive fair treatment.

How to Get Help

HMO Enrollment Specialists

An HMO enrollment specialist is a person who can answer your questions about HMOs. You can call an HMO enrollment specialist at 800-291-2002 from 7 a.m. to 6 p.m., Monday through Friday. You can email an HMO enrollment specialist at WIEBSMemberSupport@maximus.com. An HMO enrollment specialist provides language translations if needed.

An HMO enrollment specialist can:

- Tell you when you must choose an HMO.
- Find out which HMO(s) your doctor, hospital, or clinic belongs to.
- Help you access the lists of doctors, clinics, and other providers that are part of an HMO.
- Help you make an HMO choice by phone, mail, or online.
- Answer your questions about how your BadgerCare Plus HMO works.
- Help you change your HMO if you are not happy with it.

HMO Member Advocates

An HMO member advocate is a person who works for your HMO and is available to help you. You can speak to an HMO member advocate by calling your HMO and asking to speak with an HMO member advocate. See pages 12 and 13 for HMO phone numbers.

An HMO member advocate can:

- Tell you the services the HMO provides.
- Find out which doctors and clinics you can use.
- Help you pick or change your primary care provider.
- Set up care appointments for you.

Ombuds

An ombud is a person who responds to grievances from HMO members. A grievance can be submitted if you have a complaint or problem with your health care. An ombud may investigate and resolve problems, as well as provide information, referrals, and consultations. You can call an ombud at 800-760-0001 from 8 a.m. to 4:30 p.m., Monday through Friday.

An ombud can:

- Research and resolve your grievances about the care provided by your HMO.
- Help you with grievances.
- Help you understand your rights and responsibilities for HMO care.
- Represent your rights with HMOs.
- Communicate with both you and the HMO to help solve conflicts.

Online BadgerCare Plus Information

For more information about BadgerCare Plus or any other Medicaid program, go to dhs.wi.gov/forwardhealth/resources.htm.

HMO Contact Information

If you have questions about the health care services an HMO provides, questions about providers, or other general questions about an HMO, call the HMO's member services at the numbers listed below.

Note: Starting July 1, 2024, all My Choice Wisconsin HMO members will become Molina HMO members.

 <p>Anthem Blue Cross and Blue Shield Foundation</p>	<p>Anthem BlueCross BlueShield 855-690-7800 (TTY 711)</p>
	<p>Chorus Community Health Plans 800-482-8010 (TTY 711)</p>
	<p>Dean Health Plan 800-279-1301 (TTY 711)</p>
	<p>Group Health Cooperative of Eau Claire 888-203-7770 800-947-3529 TTY</p>
	<p>Group Health Cooperative of South Central 608-828-4853 (TTY 711)</p>
	<p>Independent Care Health Plan 800-777-4376 800-947-3529 TTY</p>
	<p>MHS Health Wisconsin 888-713-6180 800-947-3529 TTY</p>

 <p>MERCYCARE INSURANCE COMPANY P.O. BOX 2770, JANESVILLE, WI 53547-2770</p>	<p>MercyCare Insurance Company 800-895-2421 800-947-3529 TTY</p>
 <p>MOLINA[®] HEALTHCARE</p>	<p>Molina Healthcare 888-999-2404 (TTY 711)</p>
 <p>network health</p>	<p>Network Health Plan 888-713-6180 800-947-3529 TTY</p>
 <p>Quartz</p>	<p>Quartz 800-362-3310 (TTY 711)</p>
 <p>Security Health Plan</p>	<p>Security Health Plan 800-791-3044 (TTY 711)</p>
 <p>United Healthcare Community Plan</p>	<p>UnitedHealthcare Community Plan 800-504-9660 (TTY 711)</p>

BadgerCare Plus HMO Ratings

Overview

The table below provides ratings reflecting the health care that Wisconsin Medicaid members got from BadgerCare Plus HMOs in 2022 which is the most recent data available. It includes health care ratings for five major areas of care for BadgerCare Plus.

- 1. Hospital and emergency department visits:** Reflects the rate of having to re-enter the hospital after being discharged for an inpatient stay
- 2. Living with illness:** Reflects controlling blood pressure in some patients and testing and controlling HbA1c levels for diabetic patients
- 3. Mental health care:** Reflects care for alcohol and other drug dependence, follow-up care after discharge from the hospital for mental health, follow-up care after discharge from the emergency department for mental health and substance abuse, anti-depression medication management, and antipsychotic medication for individuals with schizophrenia
- 4. Pregnancy and birth-related care:** Reflects timely care provided to women before and after birth
- 5. Staying healthy:** Reflects immunization rates for children and adolescents, cancer screening in adults (breast and cervical cancer), chlamydia screening, and screening for lead in children

Star Rating System

Each HMO got one to five stars (more stars for better performance) in each major area of care, based on how well it performed on specific measures compared to national benchmarks. The following table explains each star rating.

Number of Stars	Explanation
★★★★★ Excellent	HMO was among the top 25 percent of all BadgerCare Plus HMOs in the nation; it performed better than 75 percent (or 3/4) of all BadgerCare Plus plans. Or, if national data were not available, the HMO performed at or above 110 percent of the state average.
★★★★☆ Very Good	HMO was among the top 33 percent of all BadgerCare Plus HMOs in the nation; it performed better than 67 percent (or 2/3) of all BadgerCare Plus plans. Or, if national data were not available, the HMO performed between 100 and 109 percent of the state average.
★★★☆☆ Good	HMO was among the top 50 percent of all BadgerCare Plus HMOs in the nation; it performed better than 50 percent (or half) of all BadgerCare Plus plans. Or, if national data were not available, the HMO performed between 90 and 99 percent of the state average.

★★ Fair	HMO was below the national average; it performed better than 33 percent (or 1/3) of all BadgerCare Plus plans in the nation. Or, if national data were not available, the HMO performed between 80 and 89 percent of the state average.
★ Poor	HMO performed in the lowest 1/3 of all BadgerCare Plus plans in the nation. Or, if national data were not available, the HMO performed at or below 79 percent of the state average.

BadgerCare Plus HMO	Hospital and ED Remissions	Living with Illness	Mental Health	Pregnancy and Birth	Staying Healthy	Overall Score (out of 5)
UnitedHealthcare Community Plan	★★★★★	★★★★)	★★★★)	★★★★★	★★★	4.1
Dean Health Plan	★★★★★	★★★★)	★★★★	★★★★)	★★★★)	3.9
Group Health Cooperative of Eau Claire	★★★★★	★★★★)	★★★	★★★★★	★★)	3.5
MHS Health Wisconsin	★	★★★★	★★★★)	★★★★★	★★)	3.3

Security Health Plan	★★★★★	★★★★	★★↓	★★★★↓	★★★★↓	3.3
Chorus Community Health Plans	★★	★★★	★★★★↓	★★★	★★★	3.2
Quartz	★★★	★★★	★★↓	★★★★★	★★★★↓	3.2
Group Health Cooperative of South Central	★★★★★	★★	★★★★↓	★★★★↓	★★★	3.1
Molina Health Care	★★★★★	★↓	★★↓	★★★	★★★★↓	2.8
Network Health Plan	★	★★★	★★★	★★★★★	★★↓	2.8
MercyCare Insurance Company	★★	★★↓	★★↓	★★★★★	★★	2.7

Anthem Blue Cross Blue Shield**	★★★★	★★★↓	★★★↓	★★↓	★★★↓	2.5
Independent Care Health Plan	★★★★★	★★↓	★★★★	★	★★	2.3
My Choice Wisconsin Health Plan*	★★	★★	★★★★	★	★★↓	2.2
All Wisconsin BadgerCare Plus HMOs	★★★★	★★★★↓	★★★★↓	★★★★	★★★★	3.3

*Starting July 1, 2024, all My Choice Wisconsin HMO members will become Molina HMO members.

**DHS data issues may have impacted Anthem's 2022 results.



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