



**Wisconsin
SSI Medicaid
HMO Guide**

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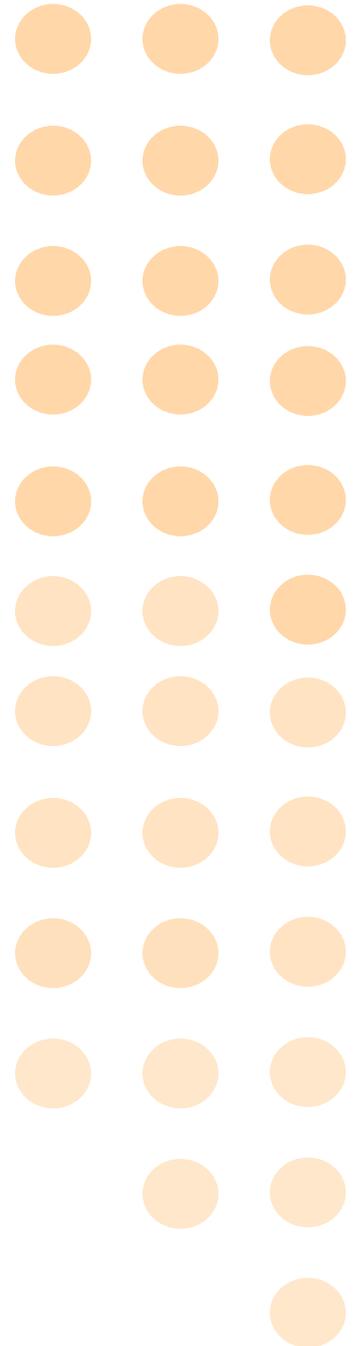
Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 800-291-2002.

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Overview of SSI Medicaid HMOs

Introduction

You got this guide because you are getting Medicaid, and most Medicaid members must join an HMO. You can learn which members must join an HMO on pages 4 and 5. 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 Medicaid. 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.

HMOs may 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?

You will get health care coverage for services one of two ways:

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

If you join an HMO, you get HMO health care coverage. Most Medicaid members join an HMO. When you join an HMO, you get services offered through your HMO's network. Your HMO works with Medicaid 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 Medicaid. Your doctor will work with Medicaid to decide if a service should or should not be covered. If the service should be covered, then Medicaid 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 Medicaid members can choose to join an SSI Medicaid HMO?

Most Medicaid members must join an HMO. If you do not fit into one of the groups below and do not choose an HMO to join, one will be selected 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:

- Have Medicare in addition to Medicaid,
- Are enrolled in the Medicaid Purchase Plan (MAPP).
- Are Native American, American Indian, Alaskan Native, or a member of a federally recognized tribe.

You cannot join an HMO if you:

- 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.
- Are under the age of 19 years old.

There are a few other reasons why you may not have to join an HMO and can instead get fee-

for-service coverage. Two common reasons are:

- You have complex needs that require specialized care outside your HMO network.
- 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.

Medicaid Covered Services

All Medicaid 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 Medicaid 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 under age 21*
- 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
- Substance use disorder treatment
- Dental services in Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Waukesha counties



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

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 Medicaid. HMOs will help you coordinate your services even if you get them through fee-for-service. 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/medicaid/member-info.htm.

Identification Card for Medicaid

Each Medicaid 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 SSI Medicaid HMO ratings on page 15.

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.

SSI Medicaid 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 if I also get Medicare?

If you get both Medicaid and Medicare, you may be eligible for a special Medicare health plan called a Medicare Dual Eligible Special Needs Plan (D-SNP). Medicare D-SNP Plans are for people who also get Medicaid. You can check with your HMO to see if they offer a Medicare D-SNP. If you are interested but not yet enrolled with an HMO, contact 800-633-4227 or go to [medicare.gov](https://www.medicare.gov) for information on plans in your area. D-SNPs work best when your Medicaid and Medicare D-SNP plan are from the same company.

You can view Medicare D-SNP plan information on the Wisconsin DHS website at dhs.wi.gov/benefit-specialists/d-snp.htm. This website includes a list of Medicaid HMOs that also offer a Medicare D-SNP in each county. Additionally, you can read more about how Medicare and Medicaid work together for you in this brochure: dhs.wi.gov/publications/p03556.pdf.

What happens after I join an HMO?

After you join an HMO, you will get a welcome packet from them. 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. You should let your HMO know if you have health concerns that you need help with right away. Your HMO may also ask you to complete a health questionnaire. 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 health care providers 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 join 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 join 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 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 are having problems with quality of care or access to care during your lock-in period, you should call an HMO enrollment specialist.

If you are enrolled in a D-SNP for your Medicare with a company that is different from your Medicaid HMO, you can change your Medicaid HMO to match your Medicare D-SNP even during your lock-in period. Call an HMO Enrollment Specialist to make this change.

As a member of an SSI Medicaid 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. An HMO enrollment specialist provides language translations for those who need it.

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 SSI Medicaid 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.

SSI Managed Care External Advocate

An SSI managed care external advocate provides advocacy services to SSI Medicaid HMO members with disabilities. You can call an SSI managed care external advocate at 800-928-8778 from 8:30 a.m. to 5 p.m., Monday through Friday.

An SSI managed care external advocate can:

- Help you understand the enrollment process.
- Explain your rights and responsibilities as a member of an HMO.
- Make sure you continue to get the care you need from your same health care providers for the first three months (at least) of joining an HMO.
- Help you get answers to questions about your HMO and health care.
- Help you get the specialty care or medical equipment you need.
- Help you get transportation for Medicaid-covered services.
- Help you with medical billing problems.
- Help you get mental health or substance use treatment if you need it.

- Help you understand why your care is delayed, denied, limited, or ended.
- Help you appeal decisions by your HMO.

Online Medicaid Information

For more information about Medicaid programs, 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.

 <p>Anthem Anthem Blue Cross and Blue Shield Foundation</p>	<p>Anthem BlueCross BlueShield 855-690-7800 (TTY 711)</p>
 <p>Cooperative group health of eau claire</p>	<p>Group Health Cooperative of Eau Claire 888-203-7770 800-947-3529 TTY</p>
 <p>iCare INDEPENDENT CARE HEALTH PLAN</p>	<p>Independent Care Health Plan 800-777-4376 800-947-3529 TTY</p>
 <p>mhs health wisconsin</p>	<p>MHS Health Wisconsin 888-713-6180 800-947-3529 TTY</p>
 <p>MOLINA HEALTHCARE</p>	<p>Molina Healthcare 888-999-2404 (TTY 711)</p>

	<p>Network Health Plan 888-713-6180 800-947-3529 TTY</p>
	<p>Quartz 800-362-3310 (TTY 711)</p>
	<p>Security Health Plan 800-791-3044 (TTY 711)</p>
	<p>UnitedHealthcare Community Plan 800-504-9660 (TTY 711)</p>

SSI Medicaid HMO Ratings

Overview

The table below provides ratings reflecting the health care that Wisconsin Medicaid members got from SSI Medicaid HMOs in 2024 which is the most recent data available. It includes health care ratings for four major areas of care for SSI Medicaid:

- 1. Hospital and emergency readmissions:** 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. Staying healthy:** Reflects cancer screening in adults (breast and cervical cancer) and chlamydia screening.

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 Overall Average score is represented in numerical form. The following table explains each star rating.

Number of Stars	Explanation
 Excellent	HMO was among the top 25 percent of all Medicaid HMOs in the nation; it performed better than 75 percent (or 3/4) of all Medicaid plans.
 Very Good	HMO was among the top 33 percent of all Medicaid HMOs in the nation; it performed better than 67 percent (or 2/3) of all Medicaid plans.
 Good	HMO was among the top 50 percent of all Medicaid HMOs in the nation; it performed better than 50 percent (or half) of all Medicaid plans.
 Fair	HMO was below the national average; it performed better than 33 percent (or 1/3) of all Medicaid plans in the nation.
 Poor	HMO performed in the lowest 1/3 of all Medicaid plans in the nation.

Medicaid SSI HMO	Hospital and ED Readmissions	Living with Illness	Mental Health	Staying Healthy	Overall Score (out of 5)
MHS Health Wisconsin	★★★★★	★★★★☆	★★★	★★★★☆	3.9
Network Health Plan	★★	★★★★☆	★★★★★	★★★★★	3.7
Group Health Cooperative of Eau Claire	★★★★★	★★★★☆	★★★★☆	★★★	3.6
UnitedHealthcare Community Plan	★★★	★★★★☆	★★★	★★★★☆	3.4
Independent Care Health Plan	★★	★★★	★★★★★	★★	3.0
Anthem BlueCross BlueShield	★	★★★	★★★	★★★	2.7
Molina Healthcare	★★★★★	★	★★★★★	★★	2.7
Quartz*	N/A	N/A	N/A	N/A	N/A
Security Health Plan*	N/A	N/A	N/A	N/A	N/A
All Wisconsin SSI HMOs	★★★	★★★	★★★★☆	★★★	3.3

N/A = Not Available

*Security HMO and Quartz HMO are available options for enrollment but did not have 2024 data.



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