



Supplemental Security Income (SSI) Managed Care Expansion

Key Terms

Wisconsin Medicaid members may receive services through either a **fee-for-service** or **managed care** delivery model:

Fee-for-Service

- Members can go to any provider taking the ForwardHealth card.
- No coordination or assistance is needed in getting care.

Managed Care

- Members get majority of care through a health maintenance organization (HMO).
- HMO:
 - coordinates care.
 - provides health care services through in-network providers.

What is an HMO?

- It is a group of doctors, clinics, and hospitals who work together to help you manage your health.
- Department of Health Services (DHS) partners with select HMOs to provide Medicaid services in the state.

What is SSI Managed Care?

The Medicaid SSI Managed Care program:

- Provides health care and behavioral health care services to those receiving Medicaid SSI or SSI-related Medicaid because of a disability (determined by the Disability Determination Bureau).
- Provides health care coordination for services from your primary care doctor, specialty doctor, and community agencies to make sure you are getting all of the services you need.

Benefits of SSI Managed Care

- **Better access to providers**

SSI HMOs must meet strict requirements designed to make sure members have access to all needed services. Requirements are monitored by DHS on a regular basis.

- **Individualized and coordinated care**

SSI HMO members receive care coordination and an individualized care plan. SSI HMOs also help members address other issues, such as housing, food security, and transportation.

- **Better quality**

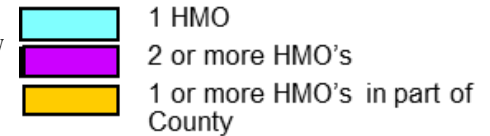
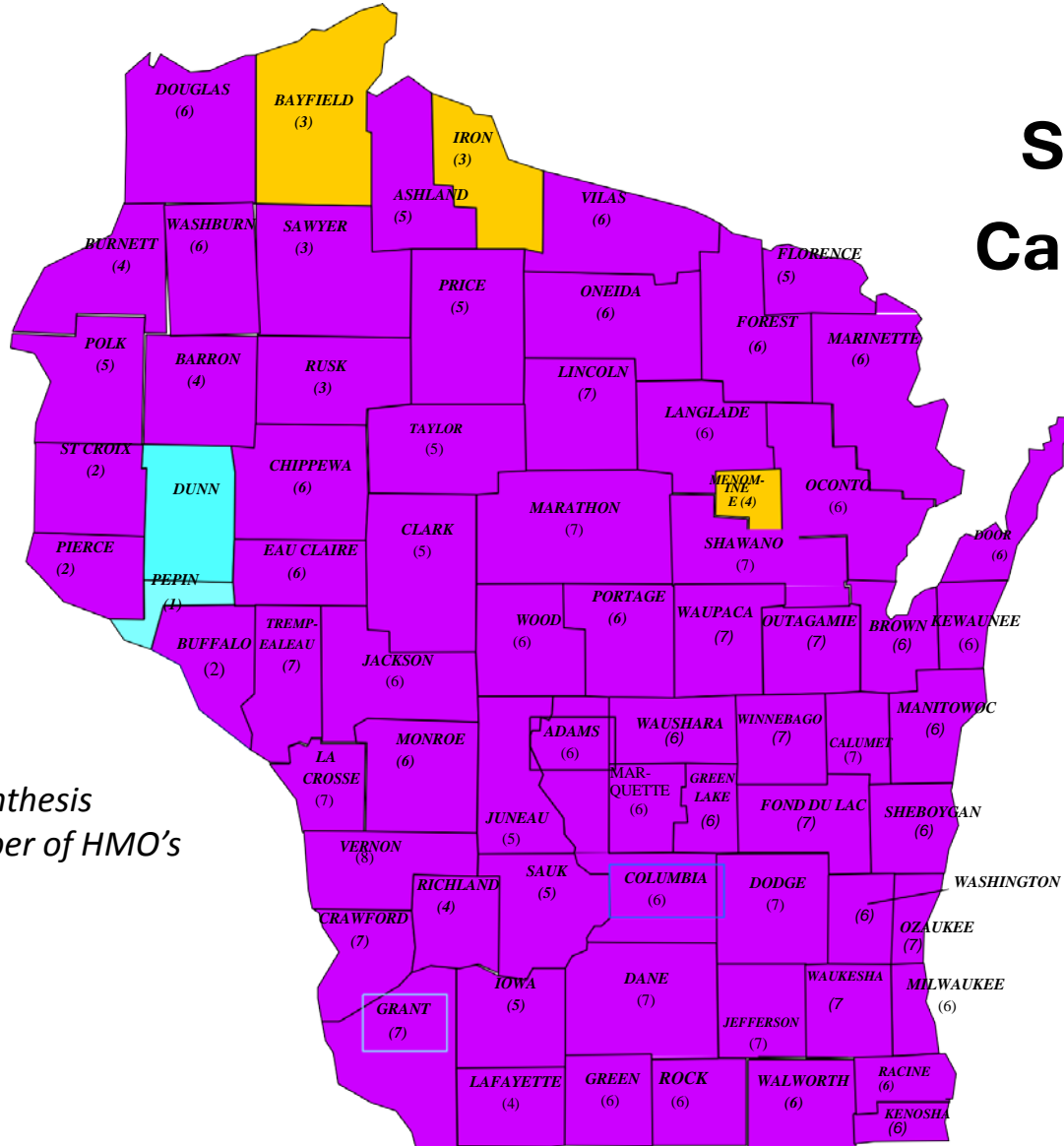
DHS holds SSI HMOs accountable by making sure the HMOs are meeting high standards.

SSI Managed Care Expansion

Consistent with national trends, Wisconsin Medicaid has increased enrollment in managed care, especially in the last 10 years. Nearly 70 percent of Wisconsin's Medicaid members now receive their health care via managed care.

- SSI Managed Care began in Southeast WI in 2005.
- Since then, SSI HMOs have expanded to cover most counties in the state.
- Current number of SSI HMOs serving members is **9**.
- Current SSI HMO enrollment statewide is **36,443**.

SSI Managed Care Enrollment



The number in parenthesis represents the number of HMO's serving that County

What Services are Covered by HMOs

- Doctor visits
- Hospital care
 - Inpatient
 - Outpatient
- Laboratory (x-ray, radiology)
- Mental health
- Substance abuse services (including alcohol and other drug abuse)
- Prenatal and maternity care
- Family planning
- Physical and occupational therapy
- Eye care (with eye glasses)
- Hearing aids
- Medical equipment and supplies
- Home health and personal care

What Services are NOT Covered by HMOs

These services are provided on a fee-for-service basis and not through your HMO :

- Prescription drugs
- Nursing home stays (after 90 days)
- County-matched services
 - Community support programs (CSPs)
 - Comprehensive community services (CCS)
 - Crisis intervention
 - Targeted case management (TCM)
- Dental services
- Non-emergency medical transportation (covered by MTM)
- Chiropractic services (may be fee-for-service)
- Home and community-based waivers services

Who is Eligible for SSI Managed Care?

To be eligible for SSI Managed Care, the person must:

- Be age 19 or older.
- Be receiving Medicaid SSI or SSI-related Medicaid because of a disability.
- Not be living in an institution or a nursing home.
- Not be participating in a home and community-based waivers program (Community Integration Program, Community Options Program, IRIS, brain injury).
- Not be enrolled in a long-term care program (Family Care, PACE, or Partnership).
- Enroll voluntarily due to the following circumstances:
 - Only one SSI HMO serves the county the person lives in.
 - The person is dual eligible (that is, Medicaid and Medicare).
 - The person is enrolled in a Medicaid Purchase Plan (MAPP).

SSI Managed Care Enrollment

SSI members will now enroll in an HMO the same way BadgerCare Plus members enroll in HMOs.

- Members may choose the SSI HMO in their county that best suits their needs.
- Members that do not make a choice will have an SSI HMO selected for them.
- Members will have 90 days to change their mind and enroll in a different SSI HMO.
- Once a member chooses an SSI HMO, they will remain enrolled for the 12-month total enrollment period.
- At the end of the 12-month enrollment period, members will have an “open enrollment” period in which they will be able to switch SSI HMOs if they so choose.

SSI Managed Care Regional Rollout Plan

- Region I (North)
 - January 2018 enrollment packets issued
 - February 2018 members auto enrolled

- Region III (West Central)
 - January and (early) February 2018 enrollment packets issued
 - March 2018 members auto enrolled

SSI Managed Care Regional Rollout Plan

- Region V (Southeast)
 - February and (mid) March 2018 enrollment packets issued
 - April 2018 members auto enrolled
- Region VI (Milwaukee)
 - February and (mid) March 2018 enrollment packets issued
 - April and May 2018 members auto enrolled

SSI Managed Care Regional Rollout Plan

- Region II (Northeast)
 - (Late) March and (early) April 2018 enrollment packets issued
 - May 2018 members auto enrolled

- Region IV (South Central)
 - (Late) April and (early) May 2018 enrollment packets issued
 - June 2018 members auto enrolled

SSI Managed Care Exemptions

DHS will continue to review SSI managed care exemption requests on a case-by-case basis and grant when appropriate. Exemptions that may be requested by a member include:

- Enrollment in a commercial HMO.
- American Indian or Alaskan Native heritage.
- Continuity of care – may be granted when a person is newly enrolled and is receiving care from a provider that is not part of the SSI HMO network available to the member. These exemptions are generally short term, granted for six months or less.

SSI HMO Responsibilities

Continuity of Care

SSI HMOs must maintain continuity of care for newly enrolled members by:

- Approving and covering services with the member's current provider for 90 days.
- Honoring fee-for-service prior authorizations for at least 90 days after enrollment at the same level of care.

SSI HMO Responsibilities

Care Coordination

Dedicated health care coordinators will help you get the care you need, including:

- Conducting assessments within 60 days of enrollment to help better understand your health care needs.
- Developing a care plan within 90 days of enrollment.
- Helping you find a primary care provider and get referrals to specialists.
- Helping you make appointments with doctors if you need help.
- Connecting you with other services you need, such as county services, housing, food, and transportation.

SSI Managed Care Member Protections and Safeguards

Grievances and Appeals

- Members have the option to file a grievance or appeal an HMO action.
- Members are able to:
 - Grieve/appeal to their HMO.
 - Grieve to DHS.
 - File an appeal with the Division of Hearings and Appeals for a fair hearing.
- Both DHS and HMOs monitor member grievances and appeals to track trends in concerns.

Member Protection and Safeguards: Resources

Resources to help members with access issues, concerns about health care services, or quality of care.

- **HMO Member Advocates**
 - HMO resource
 - Members can call HMO Member Services to contact
- **Managed Care Ombuds**
 - DHS resource to advocate for members
 - 1- 800-760-0001
- **External Advocate**
 - DHS contracts with Disability Rights of Wisconsin (DRW) to assist SSI HMO members
 - 1-800-928-8778
- **Enrollment Specialists**
 - Wisconsin Medicaid resource to assist members with enrollment concerns
 - 1-800-291-2002