



Medicaid Supplemental Security Income HMO Enrollment Changes

What is changing?

Starting in January 2018, in order to provide high-quality care for Wisconsin Medicaid adult members, certain Supplemental Security Income (SSI) members must enroll in a health maintenance organization (HMO) of the member's choice to continue getting health care through the SSI Medicaid program. An HMO is a network of doctors, hospitals, and clinics that can work together to help you manage your health care.

Members who do not choose an HMO will have one chosen for them. You will get a letter in the mail if this affects you. If you have questions about this process, **call an HMO enrollment specialist at 1-800-291-2002.**

Who must enroll in an SSI HMO?

Medicaid SSI members must enroll in an SSI HMO if all of the following apply:

- You live in one of the SSI HMO service areas (refer to your enrollment packet).
- You are 19 years of age or older.
- You receive Medicaid SSI or SSI-related Medicaid because of a disability determined by the Disability Determination Bureau.

Who may enroll in an SSI HMO?

Medicaid SSI members may choose to enroll in an SSI HMO if any of the following apply:

- You get both Medicaid and Medicare.
- You are in the Medicaid Purchase Plan (MAPP).
- You only have one SSI HMO available in the area where you live.
- You are Native American and a member of a federally recognized tribe.

If any of these apply and you do not want to enroll in an SSI HMO, you do not need to take any action.

Who cannot enroll in an SSI HMO?

You cannot enroll in an SSI HMO if any of the following apply:

- You are 18 years of age or younger.
- You live in a medical facility or nursing home.
- You take part in a Home and Community-Based Waivers program, for example, Community Integration Program (CIP), Community Options Program (COP), Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), or Program of All-Inclusive Care for the Elderly (PACE).

Why is the HMO enrollment policy changing for SSI members?

This change aims to improve the quality of care for SSI members. You will still have access to the same health care services that you get today. There are many benefits to being in an HMO that are not available in fee-for-service Medicaid (you may also know this as Title 19, medical assistance, or card

services). The benefits of being in an HMO are explained in the following sections.

BETTER ACCESS TO CARE

Your HMO's job is to provide you with the care you need when you need it. Your HMO has a variety of doctors, specialists, clinics, and hospitals for you to choose from. Your HMO will support you and help you get appointments with doctors or specialists that could be hard for non-HMO members to get. HMOs make sure that you are able to see a primary care doctor within 30 days of when you call and a behavioral health provider within 30 days after an inpatient mental health stay.

If you have a doctor or provider that is not part of an HMO, your HMO will let you see that provider for 90 days to continue your care.

If you currently have approval to get certain services under fee-for-service Medicaid, your HMO will let you continue to get those services from the same provider for 90 days.

PERSONALIZED AND COORDINATED CARE

Your HMO has a care manager who will:

- Support you.
- Work with you to develop a care plan to make sure you get the care you need.
- Help you schedule appointments with providers.
- Review doctor instructions with you.
- Help you with your medications.
- Follow up with you after a hospital stay or an emergency room visit.

Your care manager can refer you to community resources to help with other issues that might impact your well-being, like housing, employment, legal help, food security, transportation, and child care.

INCREASED QUALITY

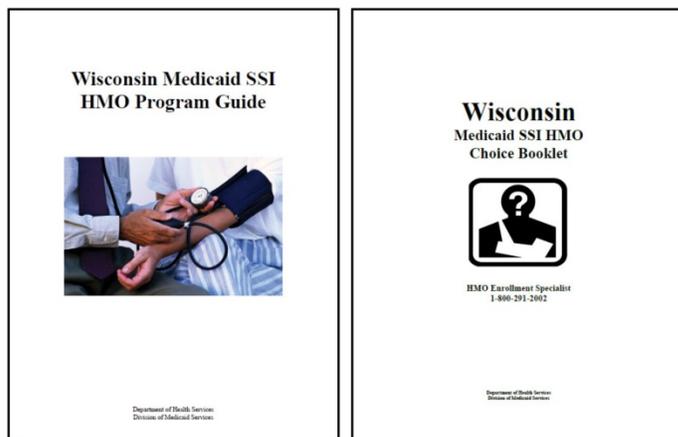
Your HMO is required to provide you with all of the care you need while also meeting high standards of care. As part of the high-quality care HMOs provide, they will reach out to assess your health care needs so they can connect you to services, and they may provide reminders for important services you need.

MEMBER SAFEGUARDS

If you have problems getting health care services through your HMO, there are resources to help you. Resources include advocates at your HMO and at Disability Rights Wisconsin, an ombudsman, and an enrollment specialist.

When is the change happening?

If this change applies to you, you will get a letter sometime between December 2017 and May 2018 based on the region you live in. After your letter, you will also get an enrollment packet that includes an HMO program guide and HMO choice booklet (pictured below).



The change will begin based on the list below for the region you live in.

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

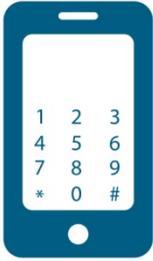
A map on page 4 shows which region your county is in.

What do I need to do?

When you get your letter and enrollment packet, review your HMO choices and select an HMO. Once you select your HMO of choice, either call the HMO enrollment specialist to enroll with that HMO or mail the enrollment choice form in your enrollment packet.

Where can I get more information?

If you have questions, call the HMO enrollment specialist at 1-800-291-2002. For more information, visit www.dhs.wisconsin.gov/medicaid/hmo-2018chng.htm. Members can also attend a town hall meeting in their region. The website will list information for the town hall meetings when details are available.



How to Make Your Choice
Call an HMO enrollment specialist at **1-800-291-2002** for more information about this change. They can answer your questions and enroll you in the SSI HMO of your choice. Interpreter and hearing-impaired services are available.

BadgerCare Plus and Supplemental Security Income (SSI) Medicaid Rate Regions

