



**Wisconsin
SSI Medicaid
HMO Guide**

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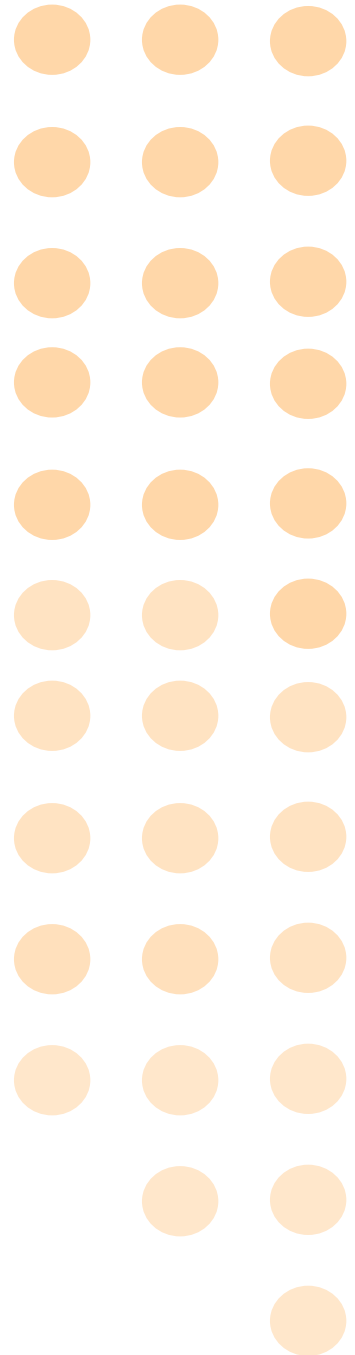
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Overview of SSI Medicaid HMOs

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 is 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 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 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 a SSI Medicaid HMO?

Most Medicaid 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 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).
- Have only one Supplemental Security Income (SSI) Medicaid HMO available in the area where you live.
- 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 (CTLS) Waiver Program.
- Live in a nursing home or medical facility.

- Are under the age of 19 years old.

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 before you are enrolled in a SSI Medicaid 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

SSI Medicaid Covered Services

All SSI 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



You may have copayments for covered services that cost 50 cents to \$3.00. All HMOs must provide the following services and supplies to SSI 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*
- Hearing services
- Home care services, such as personal care workers and home health aids
- 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.wisconsin.gov/forwardhealthcheck.htm.

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

HMOs do not provide some services. 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. These services include:

- Behavioral treatment services, including treatment for autism spectrum disorder, attention deficit hyperactivity disorder, and oppositional defiant 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 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

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.



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 2021 SSI Medicaid 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, or by phone. 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.



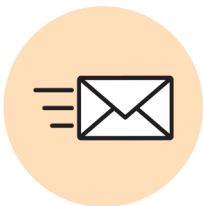
Online

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.



Email

To join or change your HMO by email, send an email with your request to an HMO enrollment specialist at WIEBSMemberSupport@maximus.com.



Mail

To join or change your HMO by mail, complete the HMO Enrollment Choice form, F-12025, that came with this guide and follow the mailing instructions.

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 Special Needs health plan. Medicare Dual Special Needs health plans are made for people who also get Medicaid. You can check with your HMO to see if they offer a Medicare Dual Special Needs Plan (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.

What happens after I join an HMO?

After you join an HMO, you will get welcome packet from the HMO. The packet will explain the services the HMO provides.

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 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.

As a member of a SSI Medicaid HMO, you have rights. You have the right to:

- Information about your HMO and how it works.
- Ask questions and to voice complaints and file grievances.
- Fair treatment.

How to Get Help

HMO Enrollment Specialist

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. To join or change your HMO by email, send an email with your request to an HMO enrollment specialist at WIEBSMemberSupport@maximus.com. 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 Advocate

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 Consumer Advocate

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

An SSI managed external care consumer 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 SSI 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 SSI Medicaid Information

For more information about SSI Medicaid or any other Medicaid program, go to dhs.wisconsin.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 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>My Choice Wisconsin Health Plan 800-963-0035 (TTY 711)</p>
	<p>Network Health Plan 888-713-6180 800-947-3529 TTY</p>
	<p>Quartz 800-262-3310 (TTY 711)</p>
	<p>Security Health Plan 800-791-3044 (TTY 711)</p>
	<p>UnitedHealthcare Community Plan 800-504-9660 (TTY 711)</p>

2021 SSI Medicaid HMO Ratings

Overview






The table below provides ratings reflecting the health care that Wisconsin Medicaid members got from SSI Medicaid HMOs in 2021. It includes health care ratings for four major areas of care for SSI Medicaid:

- 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. 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 SSI Medicaid HMOs in the nation; it performed better than 75 percent (or 3/4) of all SSI Medicaid 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 SSI Medicaid HMOs in the nation; it performed better than 67 percent (or 2/3) of all SSI Medicaid 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 SSI Medicaid HMOs in the nation; it performed better than 50 percent (or half) of all SSI Medicaid 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 SSI Medicaid 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 SSI Medicaid plans in the nation. Or, if national data were not available, the HMO performed at or below 79 percent of the state average.

SSI Medicaid HMO ¹	Emergency Department	Living with Illness	Mental Health	Staying Healthy	Overall
UnitedHealthcare Community Plan	★★★★★	★★★★★	★★★★☆	★★★★☆	3.9
Group Health Cooperative - Eau Claire	★★★★★	★★★★★	★★★★★	★★★☆☆	3.7
My Choice Wisconsin Health Plan	★★★★★	★★★☆☆	★★★★☆	★★★☆☆	3.4
Network Health Plan	★★★★★	★★★★☆	★★★★☆	★★★☆☆	3.3
Independent Care Health Plan	★★★☆☆	★★★☆☆	★★★★★	★★★☆☆	3.2
MHS Health Wisconsin	★★★☆☆	★★★☆☆	★★★★★	★★★★☆	3.1
Anthem BlueCross BlueShield	★★★☆☆	★★★★★	★★★★★	★★★☆☆	2.9
Molina Health Care	★★★☆☆	★★★★★	★★★★★	★★★☆☆	2.6
All Wisconsin SSI HMOs²	★★★☆☆	★★★★★	★★★★★	★★★☆☆	3.3

¹ Security Health Plan and Quartz do not have 2021 data.

² Wisconsin statewide average compared to applicable national benchmarks.



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