



Wisconsin Department of
Health Services

BADGERCARE+

BadgerCare Plus Core Plan for Childless Adults

November, 2008

The BadgerCare Plus Core Plan for Childless Adults

- Demographics: Who are the Childless Adults?
- Program Design
- Benefits
- General Assistance Medical and Milwaukee GAMP
- Enrollment Steps
 - Enrollment Services Center
 - Health Survey
 - HMO Selection
 - Physical Exam
- Comprehensive Physical Exam
- CACHET

Demographics: Who are the Childless Adults?

Low-income childless adults are the most chronically uninsured people in Wisconsin:

- Individuals and married couples
- Between the ages of 19 and 64
- Not pregnant, disabled, or qualified for any other Medicaid, Medicare or SCHIP program
- “Childless adults” may have children, but either their minor children are not currently living with them or those children living with them are 19 years of age or older.
- Income up to 200% of the Federal Poverty Level (FPL)
 - \$20,800 annual income for single person (~\$10/hour)
 - \$28,000 annual income for couple (~13.46/hour for both)

Demographics: Who are the Childless Adults?

Childless adult estimated “universe”:

- The most recent Wisconsin Family Health Survey estimates that there were 66,000 uninsured childless adults in Wisconsin with incomes that did not exceed 200% FPL.
- In addition, there are approximately 15,000 childless adults enrolled in Milwaukee’s GAMP over 1 year (7500 at any point in time).

BadgerCare Plus Core Plan for Childless Adults: Program Design

Eligibility Requirements

- Payment of an annual application processing fee of \$60 or \$75
- Income up to 200% of the Federal Poverty Level (FPL)
 - \$20,800 annual income for single person (~\$10/hour)
 - \$28,000 annual income for couple (~13.46/hour for both)
- Reporting requirements
 - Move out of state, turn 65, change living arrangement, death, become eligible for BC+, Medicaid or Medicare.
- Federal Requirement:
 - Not *covered* by private health insurance for the previous 12 months
 - No *access* to employer-sponsored health insurance for the previous 12 months

BadgerCare Plus Core Plan for Childless Adults: Program Design

Enrollment Requirements

- Managed Care Delivery Model (HMO)
 - BadgerCare Plus Core Plan for Childless Adults will be delivered through HMOs
 - Participants will select an HMO at the time of application (with 90 days to change their choice)
 - Lower application fee for Tier 1 selection (tiers effective 7/1/09)
 - Eligibility and HMO enrollment begin dates are linked – begins after selection on the next 1st or 15th of month
- Health Survey
- Physical Exam (first year requirement)
 - Failure to obtain = loss of eligibility for 6 months (*with good cause exemptions*)
 - HMOs are required to provide access for exams to avoid penalty
 - This requirement is unique among state Medicaid programs

BadgerCare Plus Core Plan for Childless Adults: Program Design

Cost Sharing

- Application Fee (*non-refundable*)
- Co-Payments

Federal Poverty Level	Application Fee		Non-Institutional Services	Drugs	Outpatient Hospital	Emergency Services	Inpatient Hospital
	Tier 1	Tier 2					
0-100%	\$60	\$75	Nominal	\$5	Nominal	Nominal	Nominal
100-200%	\$60	\$75	Nominal	\$5	\$15	\$60	\$100

- ❑ **Nominal co-payments range from \$0.50 - \$3**
- ❑ **Co-payments are waived for preventive services**
- ❑ **\$20 monthly cost-sharing cap for generic drugs**

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Chiropractic Services		
Full coverage	Full coverage	No coverage
\$.50 to \$3 co-payment per service	\$15 co-payment per visit	
Dental Services		
Full coverage	Limited coverage of preventive, diagnostic, simple restorative, periodontics, and extractions for pregnant women and children Coverage limited to \$750 per enrollment year.	Coverage limited to emergency services only
\$.50 to \$3 co-payment per service	A \$200 deductible applies to all services except preventive and diagnostic. Cost-sharing equal to 50% of allowable fee on all services	No co-payment
Disposable Medical Supplies (DMS)		
Full coverage	Coverage of syringes, diabetic pens and DMS that is required with the use of a durable medical equipment (DME) item.	Coverage of syringes, diabetic pens and DMS that is required with the use of a DME item.
\$0.50 co-payment per item	No co-payment	\$0.50 co-payment per item

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Drugs		
<p>Comprehensive drug benefit with coverage of generic and brand name prescription drugs, and some over-the-counter (OTC) drugs</p>	<p>Generic drug-only formulary with a few generic OTC drugs. Members will be automatically enrolled in the Badger Rx Gold plan. This is a separate program administered by Navitus, which provides for a discount on the cost of drugs.</p>	<p>Generic-only formulary drug benefit with a few generic OTC drugs <i>Brand name mental health drugs are only covered for individuals previously covered under the General Assistance Medical Program.</i> Members will be automatically enrolled in the Badger Rx Gold plan. This is a separate program administered by Navitus, which provides for a discount on the cost of drugs.</p>
<p>Co-payments: -\$0.50 for OTC drugs -\$1.00 for generic drugs -\$3.00 for brand Co-payments are limited to \$12.00 per member, per provider, per month. OTCs are excluded from this \$12.00 maximum.</p>	<p>\$5 co-payment with no limits</p>	<p>\$5 co-payment with a \$20 limit per month, per provider</p>

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Durable Medical Equipment (DME)		
Full coverage	Full coverage up to \$2,500 per enrollment year	Full coverage up to \$2,500 per enrollment year
\$0.50 to \$3 co-payment per item Rental items are not subject to co-payment	\$5 co-payment per item Rental items are not subject to co-payment but count toward the \$2,500 annual limit.	\$0.50 to \$3 co-payment per item Rental items are not subject to co-payment but count toward the \$2,500 annual limit.
Health Screenings for Children		
Full coverage of HealthCheck screenings and other services for individuals under age 21 years	Full coverage of HealthCheck screenings HealthCheck "Other" services and Interperiodic services for individuals under age 21 years are not covered.	Not applicable
\$1 co-payment per screening for 18, 19, and 20 year olds only	No co-payment	
Hearing Services		
Full coverage	Limited coverage of services provided by an audiologist. Hearing aids, hearing aid batteries, cochlear implants and bone-anchored hearing devices are not covered.	No coverage
\$.50 to \$3 per procedure No co-payment for hearing aid batteries	\$15 per procedure, regardless of the number of procedures performed during one visit	

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Home Care Services (Home Health, Private Duty Nursing and Personal Care)		
Full coverage of private duty nursing, home health services, and personal care	Full coverage of home health services Coverage limited to 60 visits per enrollment year. Private duty nursing and personal care are not covered.	No coverage
No co-payment	\$15 co-payment per visit	
Hospice Services		
Full coverage	Full coverage, up to 360 days per lifetime	No coverage
No co-payment	\$2 co-payment per day	
Inpatient Hospital Services		
Full coverage	Full coverage, with the following dollar amount limits per enrollment year: -\$6,300 for stays in a general acute care hospital for substance abuse -\$7,000 for stays in an IMD (Institutes for Mental Disease) for substance abuse treatment Hospital stays for mental health and substance abuse services have a 30-day limit	Full coverage (not including inpatient psychiatric stays in either an IMD or the psychiatric ward of an acute care hospital)
\$3 co-payment per day with a \$75 cap per stay	Co-payment: -\$100 stay for medical stays -\$50 co-payment per stay for mental health and/or substance abuse treatment	\$3 co-payment per day for members with income up to 100% FPL with a \$75 cap per stay \$100 co-payment per stay for members with income from 100% to 200% FPL There is a \$300 total co-payment cap per year for inpatient and outpatient hospital services for all income levels.

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Mental Health and Substance Abuse Treatment*		
<p>Full coverage (not including room and board)</p>	<p>Coverage of this service is based on the Wisconsin State Employee Health Plan.</p> <p>Covered services include outpatient mental health, outpatient substance abuse (including narcotic treatment), mental health day treatment for adults, substance abuse day treatment for adults and children, and child/adolescent mental health day treatment and inpatient hospital stays for mental health and substance abuse.</p> <p>Services not covered are crisis intervention, community support program (CSP), Comprehensive Community Services (CCS), outpatient services in the home and community for adults, and substance abuse residential treatment.</p> <p>Mental health services have no dollar maximums.</p> <p>Substance abuse services are limited to \$7,000. Costs of mental health services, including inpatient stays, apply to this overall limit. Also, there are separate dollar limits for specific substance abuse services:</p> <ul style="list-style-type: none"> - \$4,500 for outpatient substance abuse services including \$2,700 for outpatient services (including narcotic treatment) for substance abuse day treatment. - \$6,300 for inpatient hospital stays in a general acute care hospital. 	<p>Coverage limited to mental health therapy services provided by a psychiatrist only.</p>
<p>\$.50 to \$3 co-payment per visit, limited to the first 15 hours or \$500 of services, whichever comes first, provided per calendar year. Co-payment not required when services provided in hospital setting</p>	<p>\$10 to \$15 co-payment per visit for all outpatient services:</p> <ul style="list-style-type: none"> - \$10 per day for all day treatment services - \$15 per visit for narcotic treatment services (no co-payment for lab tests) - \$15 per visit for outpatient mental health diagnostic interview exam, psychotherapy – individual or group (no co-payment for electroconvulsive therapy and pharmacological management) - \$15 per visit for outpatient substance abuse services 	<p>\$.50 to \$3 co-payment per visit, limited to \$30 per provider, per calendar year</p>

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Nursing Home Services		
Full coverage	Full coverage for stays at skilled nursing homes limited to 30 days per enrollment year.	No coverage
No co-payment	No co-payment	
Outpatient Hospital - Emergency Room		
Full coverage	Full coverage	Full coverage
No co-payment	\$60 co-payment per visit (<i>waived if member admitted to hospital</i>)	No co-payment for members with income up to 100% FPL \$60 co-payment per visit for members with income from 100% to 200% FPL (<i>waived if member admitted to hospital</i>)
Outpatient Hospital Services		
Full coverage	Full coverage	Full coverage
\$3 co-payment per visit	\$15 co-payment per visit	\$3 co-payment per visit for members with income up to 100% FPL \$15 co-payment per visit for members with income from 100% to 200% FPL \$300 total co-payment cap per year for inpatient and outpatient hospital services for all income levels.

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)		
Full coverage	Full coverage, limited to 20 visits per therapy discipline per enrollment year Also covers up to 36 visits per enrollment year for cardiac rehabilitation provided by a physical therapist. (The cardiac rehabilitation visits do not count towards the 20 PT visits.)	Full coverage, limited to 20 visits per therapy discipline per enrollment year
\$.50 to \$3 co-payment per provider, per date of service Co-payment obligation limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year (co-payment limits calculated separately for each discipline)	\$15 co-payment per visit, per provider, per date of service There are no monthly or annual co-payment limits.	\$.50 to \$3 co-payment per provider, per date of service Co-payment obligation limited to the first 30 hours or \$1,500, whichever occurs first, during one calendar year (co-payment limits calculated separately for each discipline)
Physician Services		
Full coverage, including laboratory and radiology	Full coverage, including laboratory and radiology	Full coverage, including laboratory and radiology
\$.50 to \$3 co-payment per service limited to \$30 per provider per calendar year. No co-payment for emergency services, anesthesia or clozapine management	\$15 co-payment per visit No co-payment for emergency services, preventive care, anesthesia or clozapine management	\$.50 to \$3 co-payment per service, limited to \$30 per provider per calendar year. No co-payment for emergency services, preventive care, anesthesia or clozapine management

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Podiatry Services		
Full Coverage	Full coverage	No coverage
\$.50 to \$3 co-payment per service; limited to \$30 per provider per calendar year.	\$15 co-payment per visit	
Prenatal /Maternity Care		
Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems	Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems	Not Applicable
No co-payment	No co-payment	
Reproductive Health Services		
Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization	Full coverage, excluding infertility treatments, surrogate parenting and the reversal of voluntary sterilization	Family planning services provided by family planning clinics will be covered separately under the Family Planning Waiver program.
No co-payment for family planning services	No co-payment for family planning services	

Benefits

BadgerCare Plus Standard Plan	BadgerCare Plus Benchmark Plan	BadgerCare Plus Core Plan***
Routine Vision		
Full coverage including coverage of eyeglasses	One eye exam every two years, with refraction	No Coverage
\$0.50 to \$3 co-payment per service	\$15 co-payment per visit	
Smoking Cessation Services		
Coverage includes prescription and OTC tobacco cessation products.	Coverage includes prescription generic and OTC tobacco cessation products.	Coverage includes prescription generic and OTC tobacco cessation products.
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier		
Full coverage of emergency and non-emergency transportation to and from a certified provider for a BadgerCare Plus covered service.	Coverage limited to emergency transportation by ambulance.	Coverage limited to emergency transportation by ambulance.
<ul style="list-style-type: none"> - \$2 co-payment for non-emergency ambulance trips - \$1 co-payment per trip for transportation by SMV - No co-payment for transportation by common carrier or emergency ambulance 	\$50 co-payment per trip	No co-payment

BadgerCare Plus *Core Plus* Benefit

- Employer buy-up option
- Allows employers to contribute to their employees' health care
- In addition to Core Plan Benefits
 - Comprehensive dental services
 - Chiropractic services
 - Vision
 - Outpatient mental health and substance abuse services (approximately 20 per year)

General Assistance Medical/Milwaukee GAMP

Demographics: Who is the Milwaukee GAMP Population?

- General Assistance Medical Program (GAMP) in Milwaukee county
 - Age 18-65
 - Income limit is about 100% FPL
 - Present with a health problem
 - 6 months eligibility period
 - At the time of application, a person chooses community clinic he/she would like to use for primary care
 - About 7,500 members at a point in time; about 15,000 members served during a year

Health Conditions of Milwaukee GAMP Members

- 83% of GAMP members who were enrolled for at least two years had conditions that could be grouped into the following four categories
 - Cardiac conditions – 67.9%
 - Psychiatric conditions – 7.4%
 - Asthma and COPD – 6.4%
 - Type I and II Diabetes – 1.7%
- Nearly 40% of these members had two or more of the above four conditions, and 22% had three.

Health Conditions of Milwaukee GAMP Members

- The most common combination of multiple conditions are:
 - Cardiac with Diabetes representing 42% of members with two conditions
 - Cardiac/Diabetes/Psychiatric representing 43% of members with three conditions

Core Plan for Childless Adults: Implementation Timeline

- **GA Medical/GAMP Implementation**
 - GA Medical participants, including Milwaukee GAMP will be transitioned to the BC+ Core Plan in advance of others being able to apply.
 - These participants will be transitioned to the BC+ Core Plan for Childless Adults on December 12th, 2008, effective for January 1st, 2009 benefits.

Implementation Timeline, con't

- **January 1, 2009 – Transitioned GA/GAMP Member Benefits Begin**
 - No application fee for first year
 - Members will be notified of conversion to the new benefit by mail and receive ForwardHealth Card
- **Spring 2009 - HMO Enrollment Begins**
 - State's Enrollment Broker facilitate HMO choice for all transitioned members during fall/winter 2008
 - Transitioned members who have not selected an HMO will be automatically assigned to an HMO. Auto assignment determination will take into account the member's current provider and which HMOs they contract with.

WI DEPARTMENT OF HEALTH SERVICES
BUREAU OF ENROLLMENT MANAGEMENT
P.O. BOX 8905
MADISON WI 53707

Mailing Date: 12/15/2008

000001
RECIPIENT NAME
PO BOX 433
MADISON WI 53703



State of Wisconsin

ID #: 1234567890

Member Services
Phone/TTY #: 1-800-362-3002

DRAFT

Important Information About Your Health Care Benefits

Dear FIRSTNAME LASTNAME:

You have been enrolled in the BadgerCare Plus Core Plan starting on Jan. 1, 2009. This plan replaces the health care benefits you have under the General Assistance Medical Program in your county. A list of covered services for the Core Plan, including prescription drugs, is included in this letter.

A ForwardHealth Card will be mailed to you at the address above. Bring this card with you when you visit your doctor and pharmacy. Be sure to tell them that you have health care benefits through the BadgerCare Plus Core Plan.

Between Jan. 1, 2009 and Mar. 31, 2009, you can get services that are covered by the Core Plan from any health care provider that accepts the ForwardHealth Card. As of Apr. 1, 2009, most Core Plan members will be enrolled in a Health Maintenance Organization (HMO). To learn more about enrolling in an HMO, please call Automated Health Services at 1-800-291-2002.

As a Core Plan member, you must have a physical exam during your first year of enrollment. If you do not have a physical exam, you will not be able to renew your benefits after your first year. In addition, you will have to wait six months before you can enroll in the Core Plan again.

GAMP Continuity of Care

- DHS and Milwaukee County have worked together on efforts to ensure continuity of care for members who are transitioned.
- Milwaukee GAMP members will remain with their same clinic at time of transition.
- There is a policy in place to address differences in drug coverage.

Pharmacy Continuity of Care

- **All** transitioned members will be allowed to stay on brand name mental health drugs they were taking at the time of transition – indefinitely...
 - Antipsychotics
 - Antidepressants, SSRIs and Others
 - Stimulants
 - Anti-Parkinson's Agents
 - Anticonvulsants, and
 - Alzheimer's Agents
- Also included are brand name prescription drugs used to treat diabetes and asthma outside of the generic formulary.

Pharmacy Continuity of Care

- Alzheimer's drugs and atypical antipsychotics will be grandfathered by class and the other mental health drug classes, i.e., anticonvulsants, antiparkinson's drugs, antidepressants, and stimulants, will be grandfathered by drug.
- Brand Medically Necessary policy will be applied to transitioned members taking a mental health drug that has a generic equivalent after a 91-day continuity of care period.

Enrollment Steps

“Enrollment Services”

- Enrollment Services will be a one-stop centralized shop for application, enrollment, renewal and member services information for childless adults, between the ages of 19-64.
- This service delivery model is being implemented to provide quality services to the Childless Adult population, while helping alleviate the workload concerns of local agencies.

Enrollment Services Programs

- Eligibility and Enrollment Services for Childless Adults:
 - BadgerCare Plus Core Plan for Childless Adults (BC+ CLA)
 - FoodShare
 - Family Planning Waiver
 - Well Woman Medicaid
 - Other Health Care programs for spouses except Long Term Care/institutions, W-2, and Child Care
- HMO enrollment services for BC+ Families

Enrollment Services Functions

- Managed in conjunction with a vendor:
 - Mailroom and scanning services
 - Application and renewal services
 - Eligibility processing services
 - HMO enrollment services
 - Member services
 - Fiscal services
 - Other services, including benefit recovery, fair hearing and grievances, outreach and field representatives

Application Process





- Applications will be processed centrally
 - Online at access.wisconsin.gov
 - Via phone at Enrollment Services
- BC+ Core Plan 4 Step Enrollment Process:
 - Application
 - Health Survey
 - HMO Selection
 - Payment

Core Plan: 4 Step Application Process

Health Care Request


The application process to apply for BadgerCare Plus Core plan involves completing four steps. To make sure that your application is routed to the appropriate office and is processed timely, all four steps of the application process must be completed.

Below are the steps involved for the application process. Once a step has been completed, we will mark that step complete.

	1. BadgerCare Plus Core Request	✓	View
	2. Health Survey	Start	
	3. HMO Choice		
	4. Fee Payment		

If you have any questions, please contact the ForwardHealth Enrollment Center at XXX-XXX-XXXX.

FoodShare Request

	FoodShare Request	✓	Check Status
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Health Survey

Health Survey Objectives

- Give HMOs information about the health status of enrollees.
 - Includes a basic indication if the enrollee is at “high risk” for a negative health outcome.
- Help members choose the HMO that will best meet their health needs.
- Provide DHS with data about the health status and needs of childless adults.

About Your Health

Next, please take 5-10 minutes to tell us about your health. We're asking about just a few of the conditions that are common among people ages 19 to 64. If you have any other health needs, you should let your doctor know once you are enrolled in BadgerCare Plus.

You will not be denied health care because of a pre-existing condition. Your answers to these questions will not be used against you in any way.

This is a secure website run by the Wisconsin Department of Health Services. We will only share your answers with your Health Maintenance Organization (HMO) and your health care providers



David

Please check the box for any medical condition that David has right now:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> COPD (Chronic Obstructive Pulmonary Disease) | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | |

- | | | |
|--|---------------------------|--------------------------|
| * Does David feel that he has a problem with his use of alcohol or drugs? | <input type="radio"/> Yes | <input type="radio"/> No |
| * In the last two years, has David been hospitalized or had other medical care for emotional or psychiatric reasons? | <input type="radio"/> Yes | <input type="radio"/> No |
| * Does David take more than 5 prescription medications? | <input type="radio"/> Yes | <input type="radio"/> No |
| * Does David use tobacco? | <input type="radio"/> Yes | <input type="radio"/> No |
| * Does David have a regular doctor? ? | <input type="radio"/> Yes | <input type="radio"/> No |
| * Does David have a regular clinic or hospital? | <input type="radio"/> Yes | <input type="radio"/> No |

Detailed Follow-up Questions

David's Medical Conditions

You told us that David has asthma.

* Has David been to the emergency room in the past 12 months because of asthma?

Yes

No

* Has David been hospitalized in the past 12 months because of asthma?

Yes

No

You told us that David has cancer.

* Please check the box for any type of cancer that David currently needs treatment for:

Colon

Prostate

Lung

Testicular

Other

Detailed questions are based on previous answers

You told us that David has COPD.

- * Has David been to the emergency room in the past 12 months because of COPD? Yes No
- * Has David been hospitalized in the past 12 months because of COPD? Yes No

You told us that David has depression.

- * Has David been to the emergency room in the past 12 months because of depression? Yes No
- * Has David been hospitalized in the past 12 months because of depression? Yes No

You told us that David has diabetes.

- * Has David been to the emergency room in the past 12 months because of diabetes? Yes No
- * Has David been hospitalized in the past 12 months because of diabetes? Yes No

You told us that David has emphysema.

- * Has David been to the emergency room in the past 12 months because of emphysema? Yes No
- * Has David been hospitalized in the past 12 months because of emphysema? Yes No

You told us that David has a heart problem.

- * Has David been to the emergency room in the past 12 months because of this heart problem? Yes No
- * Has David been hospitalized in the past 12 months because of this heart problem? Yes No

Health Needs Summary

Here is a summary of what you've told us. If you would like to change your answers, click on "Change". If you would like to remove something, click on "Erase".

Once you submit the survey you will not be able to view your answers to the questions again. If you wish to have the answers to your survey, please click on "Print".

Review Your Answers



David

Medical conditions	Details	Change or Erase
Alcohol or drug problem		Change or Erase
Tobacco use		Change or Erase
Asthma	- Emergency room visit - Hospitalized	Change or Erase
Heart Problem	- Emergency room visit	Change or Erase

[Add Another Medical Condition](#)

Doctor Name	Clinic Name	Address	Erase
Tom Allen	Dean Clinic	250 E. 10th St. Madison, WI 53124	Erase

[Add Another Doctor](#)

Clinic Name	Address	Erase
Dean Clinic	250 E. 10th St. Madison, WI 53124	Erase

[Add Another Clinic or Hospital](#)

Information to be sent to HMOs

- Demographic information from the application
 - Contact information
 - Primary language
 - Age and gender of household members
- Survey answers
 - Health conditions
 - Current providers
- Whether the person is at high risk
 - If more than 5 prescriptions OR
 - If more than two health conditions OR
 - If any type of cancer currently needing treatment OR
 - If hospitalized in the last 12 months for at least one health condition

HMO Selection

HMO Selection

- All available HMOs in the applicant's service area will be presented in a ranked list.
- HMO rankings are based on:
 - Presence of an identified doctor or hospital / clinic in the network,
 - Performance ratings on asthma and diabetes (with a stronger weight if a person has the condition)
 - HMO customer satisfaction ratings
- Tribal members, migrant workers, and applicants with only one HMO in the area will see different versions of the following screens.
- Users will navigate through the HMO selection screens using buttons and tabs.

HMO Selection Rankings

Select an HMO

HMO Report Card

Doctor Search

Clinic or Hospital Search

BCSC HMO Search

1



Performance Rating: ★★ ★

Customer Satisfaction Rating: ★★ ★

Why #1?

Learn More

Special Services:

None

Which of my providers, clinics, or hospitals are in this HMO?

Joe Smith, MD

Dean Clinic

Search for a [doctor](#), [clinic](#) or [hospital](#)

Select This HMO



2



Performance Rating: ★★ ★

Customer Satisfaction Rating: ★★ ★

Learn More

Special Services:

No Co-pays

Which of my providers, clinics, or hospitals are in this HMO?

Joe Smith, MD

Search for a [doctor](#), [clinic](#) or [hospital](#)

Select This HMO



Why #1?

Why is this HMO #1?

Based on what you told us, here's why we think **Dean** is the best HMO for you:

- Dr. John Smith is part of this HMO's network. You will be able to keep your same doctor if you choose this HMO.
- Your clinic is part of this HMO's network. You will be able to keep going to the same clinic or hospital if you choose this HMO.
- You've told us you have asthma. This HMO scored better on asthma management than the other BadgerCare Plus HMOs in your area.
- This HMO has better customer satisfaction scores than the other BadgerCare Plus HMOs in your area.

To choose this HMO, click the Close button and then click the Select this HMO button next to **Dean**. If you want to learn more about this or any other HMO, click the Learn More button next to the HMO's name.

Close

- Based on an identified doctor or hospital / clinic in the network, performance ratings on asthma and diabetes (with a higher score if person has the condition), and customer satisfaction ratings

Learn More...

About UnitedHealthcare



UnitedHealthcare

Phone: 587-555-2457

Wisconsin Relay: 548-658-5746

<http://www.uhc.com>

UnitedHealthcare serves more than 18 million individual customers. We provide access to high quality care from more than 470,000 physicians and 4,500 hospitals.

Your doctors, clinics or hospitals in this HMO:

Joe Smith, MD

Dean Clinic 1

Disease Management

Asthma: ★★ ★

Diabetes: ★ ★ ★

Customer Satisfaction

Customer Service: ★★ ★

Getting Needed Care: ★★ ★

Health Plan: ★★ ★

Health Care: ★★ ★

Special Services

Transportation Provided

Clinics within 20 miles of 123 W Main St, Madison, WI 53703: 7

Dean Clinic 1

123 Main St.
Madison, WI 53703

0.4 miles

Dean Clinic 2

534 Wright St.
Madison, WI 53703

0.9 miles

Clinic 3

483 Main St.
Madison, WI 53703

1.1 miles

Clinic 4

567 Wright St.
Madison, WI 53703

1.2 miles

Clinic 5

697 Wright St.
Madison, WI 53703

1.5 miles

Clinic 6

77 South Oakbridge Ct.
Madison, WI 53703

1.5 miles

[View More](#)

Hospitals within 20 miles of 123 W Main St, Madison, WI 53703: 4

Hospital 1

546 Main St.

Hospital 2

349 Wright St.

Hospital 3

567 Wright St.

Tools for HMO details and research

The screenshot shows a web interface for HMO selection. At the top, there is a horizontal navigation bar with five tabs: "Select an HMO", "HMO Report Card", "Doctor Search", "Clinic or Hospital Search", and "BCSC HMO Search". A red oval highlights this entire navigation bar. Below the navigation bar, the main content area displays details for "MEDICAL ASSOCIATES CLINIC & HEALTH PLANS". On the left, there is a large number "1" and the company logo. Below the logo are two buttons: "Why #1?" and "Learn More". To the right of the logo, the "Performance Rating" is shown as three stars, and the "Customer Satisfaction Rating" is also shown as three stars. Below these ratings, the text "Special Services: None" is displayed. On the far right, there is a yellow callout box with the text "Which of my providers or hospitals are in the network?" followed by "Joe Smith, MD" and "Dean Clinic". Below this, it says "Search for a [doctor](#), [clinic](#)". At the bottom right of the main content area, there is a "Select This" button.

- Users will navigate through the HMO selection screens using buttons and tabs

HMO Report Card

HMO Report Card

This page shows you the disease management and customer satisfaction scores for each HMO in your area.

Select an HMO

HMO Report Card

Doctor Search

Clinic or Hospital Search

BCSC HMO Search

Overall Ranking	HMO Name	Asthma	Diabetes	Customer Service	Getting Needed Care	Health Plan	Health Care
1	Dean Health	★ ★ ★	★ ★ ★	★ ★ ☆	★ ★ ☆	★ ☆ ☆	★ ★ ☆
2	United Healthcare	★ ★ ★	★ ★ ☆	★ ☆ ☆	★ ★ ☆	★ ☆ ☆	★ ☆ ☆
3	Humana	★ ★ ☆	★ ★ ☆	★ ☆ ☆	★ ☆ ☆	★ ☆ ☆	★ ☆ ☆

Doctor Search

Select an HMO

HMO Report Card

Doctor Search

Clinic or Hospital Search

BCSC HMO Search

Doctor's First Name:

Doctor's Last Name:

Gender:

 ▼

Language other than English:

 ▼

Type of Doctor:

Primary Care

Specialist

 ▼

Search within ▼ miles of:

Address:

City:

State: ▼

Zip:

Which HMOs should we search?

Dean

UnitedHealthCare

Humana

Search

Doctor Search Results

Your Search Results

You searched for Doctors using:

Specialty: Family Medicine

Within 20 miles of:

312 W. Washington Ave.
Madison, WI 53703

We have shown the results of this search below. To change your search, click the Back button.

If you know which HMO you would like to select, click the Select This HMO button.






Select an HMO

HMO Report Card

Doctor Search

Clinic or Hospital Search

BCSC HMO Search

Doctor	Details	Distance	HMOs
Tom Allen St. Mary's Hospital 700 South Park St. Madison, WI 53715	Type of doctor: Family Medicine Gender: Male Language other than English: Spanish	3.6 miles	Humana <input type="button" value="Select this HMO"/>  Dean <input type="button" value="Select this HMO"/> 
John Smith St. Jude's Hospital 234 Michigan Ave. Madison, WI 53715	Type of doctor: Family Medicine Gender: Male	12 miles	Dean <input type="button" value="Select this HMO"/> 
Dave Jones St. Johns's Hospital 77 South Oakbridge Ct. Madison, WI 53717	Type of doctor: Family Medicine Gender: Male	16 miles	Dean <input type="button" value="Select this HMO"/> 
Mary Johnson Meriter Hospital 450 Johnson St. Madison, WI 53715	Type of doctor: Family Medicine Gender: Female	19 miles	Humana <input type="button" value="Select this HMO"/> 

Clinic / Hospital Search

Select an HMO HMO Report Card Doctor Search **Clinic or Hospital Search** BCSC HMO Search

Clinic or Hospital Name:

Type: ▼

Search within ▼ miles of:

Address:

City: State: ▼ Zip:

Which HMOs should we search? Dean UnitedHealthCare Humana

Clinic / Hospital Search Results

Your Search Results

You searched for Clinics or Hospitals using:

Within 20 miles of: **312 W. Washington Ave.
Madison, WI 53703**

We have shown the results of this search below. To change your search, click the Back button.

If you know which HMO you would like to select, click the Select This HMO button.

Select an HMO

HMO Report Card

Doctor Search

Clinic or Hospital Search

BCSC HMO Search

Clinic or Hospital	Type	Distance	HMOs
St. Mary's Hospital 700 South Park St. Madison, WI 53715	Hospital	3.6 miles	Humana Select this HMO 
			Dean Select this HMO 
St. Jude's Hospital 234 Michigan Ave. Madison, WI 53715	Hospital	12 miles	Dean Select this HMO 
Winnebago's Clinic 77 South Oakbridge Ct. Madison, WI 53717	Clinic	16 miles	Dean Select this HMO 
Meriter Hospital 450 Johnson St. Madison, WI 53715	Hospital	19 miles	Humana Select this HMO 

Selected HMO

Your HMO Selection



You have selected **United Healthcare** as your HMO.

If you want to change HMOs, you can do this up to 90 days after your enrollment starts.

Keep in mind that your BadgerCare Core Plan benefits will not start until after you pay the non-refundable application processing fee and your application has been processed. If you meet all of the program rules, you will get a letter that lets you know when your benefits will start.

If you have questions, please call the BadgerChoice Support Center at 1-XXX-XXX-XXXX.

UnitedHealthcare

Phone: 587-555-2457

Wisconsin Relay: 548-658-5746

<http://www.uhc.com>

Clinics closest to home:

Clinic 1

123 Main St.
Madison, WI 53703

0.4 miles

Clinic 2

567 Wright St.
Madison, WI 53703

1.2 miles

Clinic 3

534 Wright St.
Madison, WI 53703

3.9 miles

Hospitals closest to home:

Hospital 1

483 Main St.
Madison, WI 53703

1.1 miles

Hospital 2

546 Main St.
Madison, WI 53703

1.1 miles

Hospital 3

349 Wright St.
Madison, WI 53703

8.5 miles

Change HMO

Next



Comprehensive Physical Exam

Comprehensive Physical Exam

- For the first time in the history of any Medicaid expansion program in the nation, Wisconsin's Childless Adults program will require a member to receive a comprehensive exam as a *condition of eligibility*, meaning that if a member fails to get an exam within their first year in the program, s/he will be subject to a period of ineligibility.
- The Department will be collecting health information regarding a member's health in order to incorporate evidence-based medicine into the program design.
- Since the physical exam is a condition of eligibility, DHS wants to ensure members have access to and receive their comprehensive exams.

Comprehensive Physical Exam

- HMO Responsibilities
 - To ensure health plans are providing members with access to a physical exam; to ensure relationships between the member and a provider are established; and to collect data for CACHET, DHS is requiring health plans to:
 - Ensure at least 80% of all childless adults enrolled in their health plans receive a comprehensive physical exam within the first year of being enrolled in the program.
 - Report health indicator data for 80% of the population receiving a comprehensive exam.
 - Direct *financial penalties* will be assessed to hold plans accountable for performance, which has never been done in history of DHS' relationship with managed care organizations.

Clinical Advisory Committee on Health and Emerging Technology (CACHET)

- Advisory team that reports to DHS Medicaid Director and DHS Secretary
 - Uses evidence-based medicine and comparative effectiveness research
 - Advises on:
 - Prioritization of health care services
 - Adjustment of benefits and cost control
 - Use of national centers of excellence
 - Appropriate uses for step therapy
 - Overall integration of quality and *P4P* initiatives

CACHET Membership

- Members are practicing physicians, medical professionals engaged in academic research on evidenced-based medicine, medical directors of HMOs, clinical nurses, or quality assurance specialists.
- Members have knowledge in at least one of the following:
 - Medical quality assurance.
 - Clinically appropriate utilization review.
 - Identification of Wisconsin centers of excellence
 - Using evidence-based medicine to identify services that should and should not be covered.

CACHET Membership

1	Michele Bachhuber, MD
2	Jessica Bartell, MD, MS
3	Lon Blaser, DO, CPE
4	Richard Brown
5	Howard Croft, MD
6	Michael Goldrosen, MD
7	Tito Izard, MD
8	Tom Jackson, MD
9	Trudy A Mara, RN, MS FNP-C, ADM-BC, CDE
10	Scott Persing, MD
11	Christine Anderson Petty, MD
12	Jean Riquelme, MD, FAAFP
13	Julie Schuller, MD, MPH
14	Charles Lynn Shabino, MD, MS, CPE, FAAP, FACPE