Wisconsin has had HMO managed care options for children and families for decades, but Medicaid SSI members received benefits via Fee-for-Service with no care coordination.

Medicaid SSI managed care was introduced in 2005 to provide coordinated services for the elderly and people with disabilities through HMOs.

- **2005**: Four SSI HMOs served Milwaukee County only.
- **2015**: 36,000 people are enrolled in one of 10 Medicaid SSI HMOs, which serve 69 of Wisconsin’s 72 counties.
Program Development & Expansion

- Stakeholders were involved in development of the SSI managed care program through Regional Advisory Committees.
  - Included consumers, advocates, counties, HMOs, and Department staff
  - Initially served as quality oversight groups
- SSI HMO geographic expansion occurred through targeting high-population counties and gradual roll-out over several years.
- Wisconsin’s goal has been to have at least two SSI HMOs participating in each geographic expansion to provide choice of plans for members.

HMO Expansion Continued

- Gradual geographic expansion allowed for HMOs to build provider networks and develop internal infrastructure to meet member needs.
- DHS facilitates stakeholder and town hall community meetings to inform local providers, advocates, and consumers of the managed care expansion, the enrollment process, and resources, and to allow SSI HMOs to provide an overview of their plans.
- HMOs request their service areas and can serve any area as long as provider network requirements are met.
Member Enrollment

**Population:** SSI Medicaid HMO eligibility includes individuals:
- Age 19 or older, living in the community.
- Receiving Medicaid and SSI or SSI-related Medicaid because of a disability.
- Not enrolled in another managed care organization (MCO) or waiver program.

**Enrollment Models:**
- Voluntary: areas with only one HMO and for dual-eligibles
- “All-in, opt-out”: must complete a 60-day trial, then eligible to return to Medicaid Fee-for-Service

HMO Enrollment Process

- Medicaid sends eligible members HMO selection and informational materials.
- Members can self-select an HMO or receive help from HMO enrollment specialists.
- If members do not select an HMO, they are assigned to an HMO (round-robin assignment) but can switch HMOs for a limited time.
- After the open enrollment period ends, members are locked into their HMO for the remainder of the year, except for just cause reasons.
- DHS allows select exemptions for members to stay in Fee-for-Service.
HMO Contracting and Oversight

- To ensure HMOs meet program requirements, HMOs must complete a certification process, including review of policies, procedures, and provider networks.
- Contracts renewed every two years, with capitation rates updated annually.
- HMOs provide most Medicaid services, with a few carve-outs where they must coordinate care.
- DHS monitors HMO performance through member grievances, provider payment appeals, reports, and quality measures.
- Pay-for-Performance: 2.5% of the capitation payment is withheld until the HMO meets DHS-specified performance benchmarks.

SSI Care Coordination Requirements

Care Management Reviews

- **Timeliness:** HMOs need to assess new members within 60 days of HMO enrollment.
- **Comprehensiveness:** Assessment must include member’s medical and behavioral health needs, activities of daily living, supports, and goals.
- **Coordination:** Comprehensive care plan must be developed within 90 days, in collaboration with the member.
- **Penalty:** HMOs that fail to meet the 50% goal of timely and comprehensive assessments have a penalty of $4 per member per month up to $250,000.
Managed Care Member Grievances

Resources for SSI HMO members with complaints or grievances:

- HMOs are required to have member advocates.
- DHS also has managed care ombudspeople to assist HMO members.
- Members can request a fair hearing with an administrative law judge.
- DHS contracts with Disability Rights of Wisconsin (DRW) as an external advocate to assist SSI HMO members.

SSI External Advocate

- Disability Rights Wisconsin (DRW) is an independent disability agency, formed as a private non-profit in 1977.
- DRW helps people across Wisconsin gain access to services and opportunity through its advocacy and legal expertise.
- DRW was contracted by the Department in 2005 to serve as an external advocate for SSI HMO members, after stakeholders and SSI Managed Care Advisory Committee members recommended an external agency to assist members without conflict of interest to provide education and advocacy.
SSI External Advocate Responsibilities

- **Community outreach:**
  - Meet with HMO advocates.
  - Serve on advisory councils and attend community meetings to advocate for SSI HMO members.
  - Provide community training.

- **Member education:**
  - Explain managed care, eligibility and enrollment process, member rights, and grievance options.

- **Advocacy:**
  - Assist members throughout grievance process.
  - Help members with access issues or denials.

SSI External Advocate Performance

- **Member Notification:** SSI HMO members are informed of DRW’s services upon enrollment, with every HMO service denial, and annually via a DRW mailing.

- **Reporting:** DRW sends monthly reports to DHS to monitor trends in member issues with HMOs, as well as data on number of members served and community events attended.

- **Satisfaction:** Annual member survey

- **Long-term Care:** DRW is the contracted ombudsmen for Wisconsin’s long-term care program, which helps members with disabilities access advocacy services across the managed care spectrum.
Resources

- WI Medicaid Managed Care website includes HMO contracts, quality information, and other HMO data

- Disability Rights Wisconsin

- Further questions: DHSHMOContract@wisconsin.gov