

Contract Amendment for BadgerCare Plus and SSI Medicaid Services

This agreement entered into for the period of January 1, 2014 through December 31, 2015 between the State of Wisconsin acting by or through the Department of Health Services, hereinafter referred to as the “Department” and _____, an insurer with a certificate of authority to do business in Wisconsin for the BadgerCare Plus and/or Medicaid SSI Managed Care Program hereinafter referred to as the “HMO”, is hereby amended as follows:

1. Article XVIII, Section C, Part 8 – Health Insurance Tax Reimbursement

Amend to read:

b. Reporting Timeframes

HMO(s) are required to submit the following reports to DHS each calendar year in order to receive reimbursement for HIT for the current year. The schedule below outlines several key dates associated with HIT. Only the dates in bold require HMOs to submit reports to DHS:

<i>Date</i>	<i>Explanation</i>
April 1	HMOs submit the NAIC MA filing for the prior year with OCI
April 15	IRS Form 8963 is filed with the IRS
July 15	Corrections to the April 15 filing sent to the IRS
July 31	The NAIC Exhibits, WI HIT MA Calculation Template (based on 5066C), final IRS Form 8963 and the entire IRS Letter 5066C are sent to DHS
August 31	IRS will issue the tax bill to the HMOs
September 10	HMOs will send DHS the IRS Letter 5067C and complete WI HIT MA Calculation Template (based on 5067C) and Signed Attestation
September 25	The DHS will determine final reimbursement associated with the HIT
September 30	HMO tax payment is due to the IRS
December 31	By this date, the State will issue an adjusted capitation rate report based on the reimbursement provided in the current year

The non-bolded dates are provided for reference only. HMOs are responsible to inform DHS within 5 days of the due date if an extension is necessary beyond the required dates.

Failure to submit any document, including the attestation form, that the Department finds necessary to calculate and verify the requested Medicaid reimbursement will forfeit the HMO’s right to reimbursement. If the HMO is not subject to the Annual Fee or waives its right to Medicaid reimbursement and fails to submit the attestation form indicating this, this failure will be considered noncompliance with the Contract’s Article VII reporting requirements.

Failure to submit all of the requested documents by the due dates may result in the reimbursement being delayed.

c. Capitation Rate Report Adjustment

The Department will provide reimbursement for the Annual Fee and gross-up to the HMOs by approximately September 30, of each calendar year.

As the means to report this reimbursement to the federal Centers for Medicare and Medicaid Services (CMS) the current year's capitation rate be retrospectively adjusted to reflect the reimbursement. The Department will issue a retroactive capitation rate report adjustment by approximately December 31, of each calendar year outlining the pmpm values associated with the reimbursement. The rate will be based on the annualized enrollment from the current calendar year. The HIT capitation rate report pmpm values will not be subject to retroactive enrollment adjustments as the HMO's reimbursement and member months will be fixed at the time of the rate report adjustment. This rate report adjustment is solely for the purpose of reporting to CMS and will not result in additional payment to the HMO.

g. Resolution of Reporting Errors

If the HMO discovers a reporting error, the Department's Bureau of Fiscal Management in the Division of Health Care Access and Accountability must be contacted in writing within 15 days of the discovery.

Errors discovered after the retroactive capitation rate report adjustment is issued will be applied to the following year's reimbursement.

All terms and conditions of the January 1, 2014 through December 31, 2015 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

HMO Name	Department of Health Services
Official Signature	Official Signature
Printed Name	Printed Name Kevin Moore
Title	Title Medicaid Director