


Managed Care Program Annual Report (MCPAR) for Wisconsin: Medicaid SSI HMO

| Due date | Last edited | Edited by | Status |
|------------|-------------|--------------------|-----------|
| 06/29/2023 | 06/20/2023 | Kimberly Schindler | Submitted |

| Indicator | Response |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <p>Exclusion of CHIP from MCPAR</p> <p>Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.</p> | Not Selected |


Point of Contact

 Find in the Excel Workbook
A_Program_Info

| Number | Indicator | Response |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| A1 | <p>State name</p> <p>Auto-populated from your account profile.</p> | Wisconsin |
| A2a | <p>Contact name</p> <p>First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.</p> | Kimberly Schindler |
| A2b | <p>Contact email address</p> <p>Enter email address. Department or program-wide email addresses ok.</p> | DHSDMSLTC@dhs.wisconsin.gov |
| A3a | <p>Submitter name</p> <p>CMS receives this data upon submission of this MCPAR report.</p> | Kimberly Schindler |
| A3b | <p>Submitter email address</p> <p>CMS receives this data upon submission of this MCPAR report.</p> | Kimberly.Schindler@dhs.wisconsin.gov |

| | | |
|-----------|--------------------------------------------------------------------------------------------------|------------|
| A4 | Date of report submission CMS receives this date upon submission of this MCPAR report. | 06/20/2023 |
|-----------|--------------------------------------------------------------------------------------------------|------------|


Reporting Period

 Find in the Excel Workbook
A_Program_Info

| Number | Indicator | Response |
|------------|-----------------------------------------------------------------------------|------------------|
| A5a | Reporting period start date Auto-populated from report dashboard. | 01/01/2022 |
| A5b | Reporting period end date Auto-populated from report dashboard. | 12/31/2022 |
| A6 | Program name Auto-populated from report dashboard. | Medicaid SSI HMO |

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

 Find in the Excel Workbook
A_Program_Info

| Indicator | Response |
|------------------|----------------------------------------|
| Plan name | Anthem Blue Cross and Blue Shield |
| | Group Health Cooperative of Eau Claire |
| | Independent Care Health Plan (iCare) |
| | MHS Health Wisconsin |
| | Molina Health Care |
| | My Choice Wisconsin (MCW) |
| | Network Health Plan |
| | Security Health Plan of Wisconsin |
| | United Healthcare Community Plan (UHC) |

Add BSS entities (A.8)


Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at [42 CFR 438.71](#). See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Find in the Excel Workbook


| Indicator | Response |
|-----------------|----------|
| BSS entity name | Maximus |

Topic I. Program Characteristics and Enrollment

 Find in the Excel Workbook
B_State

| Number | Indicator | Response |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| BI.1 | <p>Statewide Medicaid enrollment</p> <p>Enter the total number of individuals enrolled in Medicaid as of the first day of the last month of the reporting year. Include all FFS and managed care enrollees, and count each person only once, regardless of the delivery system(s) in which they are enrolled.</p> | 1,637,616 |
| BI.2 | <p>Statewide Medicaid managed care enrollment</p> <p>Enter the total, unduplicated number of individuals enrolled in any type of Medicaid managed care as of the first day of the last month of the reporting year. Include enrollees in all programs, and count each person only once, even if they are enrolled in more than one managed care program or more than one managed care plan.</p> | 1,192,574 |

Topic III. Encounter Data Report

 Find in the Excel Workbook
B_State

| Number | Indicator | Response |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| BIII.1 | <p>Data validation entity</p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.</p> | Other third-party vendor |

Topic X: Program Integrity



| Number | Indicator | Response |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BX.1 | <p>Payment risks between the state and plans</p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities.</p> | <p>The plan reports issues of fraud, waste, and abuse to the state via quarterly program integrity reports. The state quarterly reports and partners with the plan to send referrals to the MFCU. The state also analyzes the quarterly reports for trends and concerns regarding fraud, waste, and abuse and follows up as appropriate. In addition, the first network provider audits focused on knee orthotics and durable medical equipment. The state also review payments made to plans after a member's date of death. Finally, the state required plans to develop annual fraud strategic plans approved by the state by the end of 2022. The plans will implement the strategic plans in 2023, and compliance and outcomes of the strategic plans in 2024.</p> |
| BX.2 | <p>Contract standard for overpayments</p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p> | <p>Allow plans to retain overpayments</p> |
| BX.3 | <p>Location of contract provision stating overpayment standard</p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p> | <p>Article XII. Section M. 5.</p> |
| BX.4 | <p>Description of overpayment contract standard</p> <p>Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.</p> | <p>Pursuant to 42 CFR s 438.608(d), the HMO must attempt to recover all overpayments made to network providers overpayments attributed to fraud, waste, and abuse, identified by the HMO. The HMO recovers the payments and for all overpayments identified by the HMO, provider or DHS OIG. Any overpayment identified by DHS OIG would overpayment based on the max fee schedules. The HMOs would be responsible for determining the actual overp HMO must have a documented process requiring the network providers to return any overpayments they receive share the documented process with all providers in the HMO's network. The HMO must require the network prov overpayments within 60 days of the provider receiving written notification of the overpayment or, if self-identifie within 60 days of the provider's discovery of the overpayment. The HMO must require the provider to notify the H for the overpayment. The HMO must appropriately reflect the recovery of all overpayments in the HMO's encour 3 of the Quarterly Program Integrity Report. Provider agreement language must require network providers to fol requirements when they self-identify an overpayment they have received.</p> |
| BX.5 | <p>State overpayment reporting monitoring</p> <p>Describe how the state monitors plan performance in reporting</p> | <p>The state collects all overpayment data on the Overpayment Recovery tab of the quarterly program integrity report includes the date the overpayment was identified and the date the overpayment recovery was complete. For 202 monitor performance. The state will monitor performance in future years using a feedback tool for reviewing qua of overpayments.</p> |

overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment pieces (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

| | | |
|--------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BX.6 | Changes in beneficiary circumstances | Daily MMIS cycle end-dates Medicaid eligibility and managed care enrollment effective the date of death. HMO capitation payments made for months after the date of death are adjusted in a weekly capitation payment adjustment cycle. Member capitation payments are made prospectively, effective on the 1st of the next calendar month. Monthly capitation payments are made the first of the next calendar month. An HMO plan switch is therefore completed before capitation payments are generated for that month. This indicator eliminates the need to adjust capitation payments for this scenario. |
| BX.7a | Changes in provider circumstances: Monitoring plans | No |
| BX.8a | Federal database checks: Excluded person or entities | No |
| BX.9a | Website posting of 5 percent or more ownership control | Yes |

Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to §455.104 and required by 42 CFR 438.602(g)(3).

BX.9b Website posting of 5 percent or more ownership control: Link <https://www.dhs.wisconsin.gov/medicaid/hmo-info-medicaid.htm>

What is the link to the website? Refer to 42 CFR 602(g)(3).

BX.10 Periodic audits https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Report

If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, what is the link(s) to the audit results? Refer to 42 CFR 438.602(e).

Topic I: Program Characteristics



Find in the Excel Workbook

C1_Program_Set

| Number | Indicator | Response |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C11.1 | Program contract Enter the title of the contract between the state and plans participating in the managed care program. | Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the Wisconsin Department of Health Services and <> January 1, 2022-December 31, 2022 |
| N/A | Enter the date of the contract between the state and plans participating in the managed care program. | 01/01/2022 |
| C11.2 | Contract URL Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program. | https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spag |
| C11.3 | Program type | Managed Care Organization (MCO) |

What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C11.4a | Special program benefits | Behavioral health Dental Transportation |
| Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here. | | |
| C11.4b | Variation in special benefits | The HMO capitated dental benefit is available in Milwaukee, Racine, Kenosha, Ozaukee, and Washington counties. Otherwise it is FFS in other HMO service areas. The HMO capitated emergency transportation is a benefit available in all services areas. Non-emergency transportation is a FFS benefit, unless not covered by the State vendor. |
| What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable. | | |
| C11.5 | Program enrollment | 62,272 |
| Enter the total number of individuals enrolled in the managed care program as of the first day of the last month of the reporting year. | | |
| C11.6 | Changes to enrollment or benefits | iCare expanded to 3 additional counties: Florence, LaFayette and Marquette. Molina expanded to 2 additional counties: Dane and Washington. These expansions increased enrollment by 96 people. |
| Briefly explain any major changes to the population enrolled in or | | |

Topic III: Encounter Data Report




Find in the Excel Workbook
C1_Program_Set

| Number | Indicator | Response |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1III.1 | <p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p> | <p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p> |
| C1III.2 | <p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p> | <p>Timeliness of initial data submissions</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p> |
| C1III.3 | <p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p> | <p>Article XII Section E (Encounter Data Quality Criteria)</p> |
| C1III.4 | <p>Financial penalties contract language</p> <p>Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.</p> | <p>Article XII Section E(2)</p> |
| C1III.5 | <p>Incentives for encounter data quality</p> <p>Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.</p> | <p>No incentives awarded.</p> |

| | | |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| C1III.6 | <p>Barriers to collecting/validating encounter data</p> <p>Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting period.</p> | None. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|

Topic IV. Appeals, State Fair Hearings & Grievances

 Find in the Excel Workbook
C1_Program_Set

| Number | Indicator | Response |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1IV.1 | <p>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.</p> | N/A |
| C1IV.2 | <p>State definition of "timely" resolution for standard appeals</p> <p>Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p> | Per 7.2.2 of the State's Member Grievances and Appeals Guide defines the 'Standard Resolution of Appeals' timeframe for a final written decision resolving the grievance within 30 calendar days of receiving the grievance (oral or written).' |
| C1IV.3 | <p>State definition of "timely" resolution for expedited appeals</p> <p>Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p> | Per 7.2.3 of the State's Member Grievances and Appeals Guide defines the 'Expedited Resolution of Appeals' timeframe for a 'For expedited resolution of an appeal, the Health Plan must make reasonable effort to provide oral notice and issue a written disposition of an expedited hearing decision within 72 hours of receiving the verbal or written request for an expedited resolution.' |
| C1IV.4 | <p>State definition of "timely" resolution for grievances</p> <p>Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.</p> | Per 7.2.1 of the State's Member Grievances and Appeals Guide defines the 'Standard Resolution of Grievances' timeframe for a 'final written decision resolving the appeal within 30 calendar days of receiving the appeal.' |

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy



| Number | Indicator | Response |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1V.1 | <p>Gaps/challenges in network adequacy</p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting standards.</p> | <p>Acute-care provider network inadequacy typically occur sporadically within rural service areas under temporary durations. Some are caused by incomplete data submissions and others by inadequate network providers. Wisconsin experienced hospital ownership mergers and acquisitions causing subtle disruptions and delays securing or re-securing network contracts in the rural areas optimizing member access. The biggest challenge is adopting technologies to apply quantitative analytical analysis. The analytic methods determining drive-time distance standards is under development using geospatial analytic visualization solutions. Although this technology provides the most advanced analytical analysis, the additional cost places fiscal challenges upon the State to operationalize and sustain. This solution will further enhance distance standard and provider ratio quantitative analytics adding a higher degree of accuracy, visualization, and reducing production time in a dashboard visualization tool.</p> |
| C1V.2 | <p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p> | <p>Network deficiencies are identified and reported to the HMOs with expectations to resolve within 6 months. In each instance the deficiencies are addressed and confirmed until resolved. Solutions are typically applied within 6 months. The State is developing HMO network provider data records' edits to improve the data completeness, accuracy, and data quality standards along with providing feedback to improve data quality.</p> |

Topic V. Availability, Accessibility and Network Adequacy

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.





C2.V.1 General category: General quantitative availability and accessibility standard

1 / 28

C2.V.2 Measure standard

15 minutes drive time/10 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

2 / 28

C2.V.2 Measure standard

40 minutes drive time/30 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

3 / 28

C2.V.2 Measure standard

45 minutes drive time/30 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member

enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

4 / 28

C2.V.2 Measure standard

75 minutes drive time/60 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

5 / 28

C2.V.2 Measure standard

15 minutes drive time/10 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric
(age 12-18)

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

6 / 28

C2.V.2 Measure standard

45 minutes drive time/30 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric
(age 12-18)

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

7 / 28

C2.V.2 Measure standard

45 minutes drive time/30 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Dental

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

8 / 28

C2.V.2 Measure standard

90 minutes drive time/75 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Dental

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

9 / 28

C2.V.2 Measure standard

15 minutes drive time/10 miles drive distance

C2.V.3 Standard type

Maximum time or distance

| | | |
|------------------------|----------------------|--------------------------|
| C2.V.4 Provider | C2.V.5 Region | C2.V.6 Population |
| Hospital | Urban | Adult and pediatric |

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

10 / 28

C2.V.2 Measure standard

75 minutes drive time/60 miles drive distance

C2.V.3 Standard type

Maximum time or distance

| | | |
|------------------------|----------------------|--------------------------|
| C2.V.4 Provider | C2.V.5 Region | C2.V.6 Population |
| Hospital | Rural | Adult and pediatric |

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

11 / 28

C2.V.2 Measure standard

45 minutes drive time/30 miles drive distance

C2.V.3 Standard type

Maximum time or distance

| | | |
|------------------------|----------------------|--------------------------|
| C2.V.4 Provider | C2.V.5 Region | C2.V.6 Population |
| Urgent Care Center | Urban | Adult and pediatric |

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

12 / 28

C2.V.2 Measure standard

75 minutes drive time/60 miles drive distance

C2.V.3 Standard type

Maximum time or distance

C2.V.4 Provider

Urgent Care Center

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

13 / 28

C2.V.2 Measure standard

1:100

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

14 / 28

C2.V.2 Measure standard

1:120

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

15 / 28

C2.V.2 Measure standard

1:900

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

16 / 28

C2.V.2 Measure standard

1:1100

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

17 / 28

C2.V.2 Measure standard

1:100

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric
(age 12-18)

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

18 / 28

C2.V.2 Measure standard

1:120

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric (age 12-18)

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

19 / 28

C2.V.2 Measure standard

1:1600

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Dental

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

20 / 28

C2.V.2 Measure standard

1:1900

C2.V.3 Standard type

Provider to enrollee ratios

C2.V.4 Provider

Dental

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member

enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

21 / 28

C2.V.2 Measure standard

Less than 30 days routine care

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

22 / 28

C2.V.2 Measure standard

Less than 30 days routine care.

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Primary care

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

23 / 28

C2.V.2 Measure standard

Less than 30 days routine care.

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

24 / 28

C2.V.2 Measure standard

Less than 30 days routine care.

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Behavioral health

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

25 / 28

C2.V.2 Measure standard

Less than 30 days routine care.

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric
(age 12-18)

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



C2.V.1 General category: General quantitative availability and accessibility standard

26 / 28

C2.V.2 Measure standard

Less than 30 days routine care.

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

OB/GYN

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric
(age 12-18)

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

27 / 28

C2.V.2 Measure standard

Routine < 90 days/Emergent < 24 hrs

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Dental

C2.V.5 Region

Urban

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

C2.V.1 General category: General quantitative availability and accessibility standard

28 / 28

C2.V.2 Measure standard

Routine < 90 days/Emergent < 24 hrs

C2.V.3 Standard type

Appointment wait time

C2.V.4 Provider

Dental

C2.V.5 Region

Rural

C2.V.6 Population

Adult and pediatric

C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



| Number | Indicator | Response |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C1IX.1 | <p>BSS website</p> <p>List the website(s) and/or email address that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p> | https://access.wisconsin.gov/access/ |
| C1IX.2 | <p>BSS auxiliary aids and services</p> <p>How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p> | Individuals may access benefits via phone, internet, in-person or by mail. HMO enrollment specialist are available via email to members for general questions at WIEBMemberSupport@maximus.com. Also, in person enrollment counseling services are available to members upon request. An SSI managed care external consumer advocate is a person who provides advocacy services to SSI Medicaid HMO members with disabilities. |
| C1IX.3 | <p>BSS LTSS program data</p> <p>How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).</p> | Medicaid SSI HMO does not provide long-term services and supports. |
| C1IX.4 | <p>State evaluation of BSS entity performance</p> <p>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p> | Monthly the BSS submits 10 Service Level Agreements that serve as an aspect to measure performance and is defined by the acceptable level of service, report content required and penalties. Annually DHS staff complete a Subrecipient Risk Assessment to evaluate a subrecipient's risk of non-compliance for every subaward. The risk assessment score will help determine the subrecipient's risk level and appropriate monitoring guidelines for each subrecipient to ensure the subrecipient is complying with federal statutes, regulations, and the terms and conditions of the subaward. |

Topic X: Program Integrity



| Number | Indicator | Response |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| C1X.3 | <p>Prohibited affiliation disclosure</p> <p>Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).</p> | No |

Topic I. Program Characteristics & Enrollment



| Number | Indicator | Response |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| D11.1 | Plan enrollment What is the total number of individuals enrolled in each plan as of the first day of the last month of the reporting year? | Anthem Blue Cross and Blue Shield 8,328 |
| | | Group Health Cooperative of Eau Claire 3,433 |
| | | Independent Care Health Plan (iCare) 10,882 |
| | | MHS Health Wisconsin 7,148 |
| | | Molina Health Care 3,488 |
| | | My Choice Wisconsin (MCW) 3,295 |
| | | Network Health Plan 4,759 |
| | | Security Health Plan of Wisconsin 322 |
| | | United Healthcare Community Plan (UHC) 20,617 |
| | | D11.2 |
| Group Health Cooperative of Eau Claire 0.21% | | |
| Independent Care Health Plan (iCare) 0.66% | | |
| MHS Health Wisconsin 0.44% | | |
| Molina Health Care 0.21% | | |
| My Choice Wisconsin (MCW) 0.20% | | |
| Network Health Plan 0.29% | | |
| Security Health Plan of Wisconsin 0.02% | | |

United Healthcare Community Plan (UHC)

1.26%

D11.3 Plan share of any Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D11.1.1)
- Denominator: Statewide Medicaid managed care enrollment (B.1.2)

Anthem Blue Cross and Blue Shield

0.70%

Group Health Cooperative of Eau Claire

0.29%

Independent Care Health Plan (iCare)

0.91%

MHS Health Wisconsin

0.60%

Molina Health Care

0.29%

My Choice Wisconsin (MCW)

0.28%

Network Health Plan

0.40%

Security Health Plan of Wisconsin

0.03%

United Healthcare Community Plan (UHC)

1.73%

Topic II. Financial Performance



Find in the Excel Workbook
D1_Plan_Set

| Number | Indicator | Response |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| D11I.1a | Medical Loss Ratio (MLR) What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.11.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. | Anthem Blue Cross and Blue Shield 82.6% |
| | | Group Health Cooperative of Eau Claire 79.5% |
| | | Independent Care Health Plan (iCare) 87% |
| | | MHS Health Wisconsin 85.6% |
| | | Molina Health Care 79.9% |
| | | My Choice Wisconsin (MCW) 92.10% |

Network Health Plan

80.70%

Security Health Plan of Wisconsin

82.20%

United Healthcare Community Plan (UHC)

81.20%

D1II.1b**Level of aggregation**

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Anthem Blue Cross and Blue Shield

Statewide all programs & populations

Group Health Cooperative of Eau Claire

Statewide all programs & populations

Independent Care Health Plan (iCare)

Statewide all programs & populations

MHS Health Wisconsin

Statewide all programs & populations

Molina Health Care

Statewide all programs & populations

My Choice Wisconsin (MCW)

Statewide all programs & populations

Network Health Plan

Statewide all programs & populations

Security Health Plan of Wisconsin

Statewide all programs & populations

United Healthcare Community Plan (UHC)

Statewide all programs & populations

D1II.2**Population specific MLR description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Anthem Blue Cross and Blue Shield

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

Group Health Cooperative of Eau Claire

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

Independent Care Health Plan (iCare)

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

MHS Health Wisconsin

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

Molina Health Care

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

My Choice Wisconsin (MCW)

BadgerCare Plus Standard, CLA, SSI Only,
Dual Eligible

Network Health Plan

BadgerCare Plus Standard, CLA, SSI Only,
Dual Eligible

Security Health Plan of Wisconsin

BadgerCare Plus Standard, CLA, SSI Only,
Dual Eligible

United Healthcare Community Plan (UHC)

BadgerCare Plus Standard, CLA, SSI Only,
Dual Eligible

D1II.3

**MLR reporting period
discrepancies**

Does the data reported in item
D1.II.1a cover a different time
period than the MCPAR report?

Anthem Blue Cross and Blue Shield

Yes

Group Health Cooperative of Eau Claire

Yes

Independent Care Health Plan (iCare)

Yes

MHS Health Wisconsin

Yes

Molina Health Care

Yes

My Choice Wisconsin (MCW)

Yes

Network Health Plan

Yes

Security Health Plan of Wisconsin

Yes

United Healthcare Community Plan (UHC)

Yes

N/A

Enter the start date.

Anthem Blue Cross and Blue Shield

01/01/2020

Group Health Cooperative of Eau Claire

01/01/2020

Independent Care Health Plan (iCare)

01/01/2020

MHS Health Wisconsin

01/01/2020

Molina Health Care

01/01/2020

My Choice Wisconsin (MCW)

01/01/2020

Network Health Plan

01/01/2020

Security Health Plan of Wisconsin

01/01/2020

United Healthcare Community Plan (UHC)

01/01/2020

N/A Enter the end date.

Anthem Blue Cross and Blue Shield

12/31/2020

Group Health Cooperative of Eau Claire

12/31/2020

Independent Care Health Plan (iCare)

12/31/2020

MHS Health Wisconsin

12/31/2020

Molina Health Care

12/31/2020

My Choice Wisconsin (MCW)

12/31/2020

Network Health Plan

12/31/2020

Security Health Plan of Wisconsin

12/31/2020

United Healthcare Community Plan (UHC)

12/31/2020

Topic III. Encounter Data



Find in the Excel Workbook
D1_Plan_Set

| Number | Indicator | Response |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| D1III.1 | Definition of timely encounter data submissions Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain. | Anthem Blue Cross and Blue Shield Within 120 days from the HMO date of payment to the provider |
| | | Group Health Cooperative of Eau Claire Within 120 days from the HMO date of payment to the provider |
| | | Independent Care Health Plan (iCare) |

Within 120 days from the HMO date of payment to the provider

MHS Health Wisconsin

Within 120 days from the HMO date of payment to the provider

Molina Health Care

Within 120 days from the HMO date of payment to the provider

My Choice Wisconsin (MCW)

Within 120 days from the HMO date of payment to the provider

Network Health Plan

Within 120 days from the HMO date of payment to the provider

Security Health Plan of Wisconsin

Within 120 days from the HMO date of payment to the provider

United Healthcare Community Plan (UHC)

Within 120 days from the HMO date of payment to the provider

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting period) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract period when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting period.

Anthem Blue Cross and Blue Shield

100%

Group Health Cooperative of Eau Claire

100%

Independent Care Health Plan (iCare)

100%

MHS Health Wisconsin

100%

Molina Health Care

99.45%

My Choice Wisconsin (MCW)

96.83%

Network Health Plan

98.99%

Security Health Plan of Wisconsin

100%

United Healthcare Community Plan (UHC)

100%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions

Anthem Blue Cross and Blue Shield

99.8%

Group Health Cooperative of Eau Claire

(submitted during the reporting period) met state requirements for HIPAA compliance?
 If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting period.

99.1%

Independent Care Health Plan (iCare)

99.2%

MHS Health Wisconsin

93.90%

Molina Health Care

100%

My Choice Wisconsin (MCW)

98%

Network Health Plan

92.40%

Security Health Plan of Wisconsin

100%

United Healthcare Community Plan (UHC)

96%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview



Find in the Excel Workbook
D1_Plan_Set

| Number | Indicator | Response |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.1 | Appeals resolved (at the plan level) Enter the total number of appeals resolved as of the first day of the last month of the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review. | Anthem Blue Cross and Blue Shield |
| | | 5 |
| | | Group Health Cooperative of Eau Claire |
| | | 21 |
| | | Independent Care Health Plan (iCare) |
| | | 59 |
| | | MHS Health Wisconsin |
| | | 77 |
| | | Molina Health Care |
| | | 27 |
| My Choice Wisconsin (MCW) | | |
| 3 | | |
| Network Health Plan | | |
| 11 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |

| | | | |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----|
| D1IV.2 | Active appeals Enter the total number of appeals still pending or in process (not yet resolved) as of the first day of the last month of the reporting year. | Anthem Blue Cross and Blue Shield | 0 |
| | | Group Health Cooperative of Eau Claire | 0 |
| | | Independent Care Health Plan (iCare) | 0 |
| | | MHS Health Wisconsin | 0 |
| | | Molina Health Care | 0 |
| | | My Choice Wisconsin (MCW) | 0 |
| | | Network Health Plan | 0 |
| | | Security Health Plan of Wisconsin | 0 |
| | | United Healthcare Community Plan (UHC) | 1 |
| | | United Healthcare Community Plan (UHC) | |
| D1IV.3 | Appeals filed on behalf of LTSS users Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed). | Anthem Blue Cross and Blue Shield | N/A |
| | | Group Health Cooperative of Eau Claire | N/A |
| | | Independent Care Health Plan (iCare) | N/A |
| | | MHS Health Wisconsin | N/A |
| | | Molina Health Care | N/A |
| | | My Choice Wisconsin (MCW) | N/A |
| | | Network Health Plan | N/A |
| | | Security Health Plan of Wisconsin | N/A |
| | | United Healthcare Community Plan (UHC) | |
| | | United Healthcare Community Plan (UHC) | |

| | | |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.4 | Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed an appeal | Anthem Blue Cross and Blue Shield |
| | | N/A |
| | | Group Health Cooperative of Eau Claire |
| | | N/A |
| | | Independent Care Health Plan (iCare) |
| | | N/A |
| | | MHS Health Wisconsin |
| | | N/A |
| | | Molina Health Care |
| | | N/A |
| My Choice Wisconsin (MCW) | | |
| N/A | | |
| Network Health Plan | | |
| N/A | | |
| Security Health Plan of Wisconsin | | |
| N/A | | |
| United Healthcare Community Plan (UHC) | | |
| N/A | | |

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

| | | |
|------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| D1IV.5a | Standard appeals for which timely resolution was provided | Anthem Blue Cross and Blue Shield |
| | | 5 |
| | | Group Health Cooperative of Eau Claire |
| | | 21 |
| | | Independent Care Health Plan (iCare) |
| | | 59 |
| | | MHS Health Wisconsin |
| | | 77 |
| | | Molina Health Care |
| | | 25 |
| My Choice Wisconsin (MCW) | | |
| 3 | | |
| Network Health Plan | | |
| 11 | | |
| Security Health Plan of Wisconsin | | |

Enter the total number of standard appeals for which timely resolution was provided by plan during the reporting period.

See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

United Healthcare Community Plan (UHC)

146

| D1IV.5b | Expedited appeals for which timely resolution was provided | Anthem Blue Cross and Blue Shield |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| | Enter the total number of expedited appeals for which timely resolution was provided by plan during the reporting period. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals. | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| | | My Choice Wisconsin (MCW) |
| | | 0 |
| | | Network Health Plan |
| | | 0 |
| | | Security Health Plan of Wisconsin |
| | | 0 |
| | | United Healthcare Community Plan (UHC) |
| | | 0 |
| D1IV.6a | Resolved appeals related to denial of authorization or limited authorization of a service | Anthem Blue Cross and Blue Shield |
| | Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c). | 5 |
| | | Group Health Cooperative of Eau Claire |
| | | 21 |
| | | Independent Care Health Plan (iCare) |
| | | 27 |
| | | MHS Health Wisconsin |
| | | 77 |
| | | Molina Health Care |
| | | 27 |
| | | My Choice Wisconsin (MCW) |
| | | 3 |
| | | Network Health Plan |
| | | 11 |
| | | Security Health Plan of Wisconsin |
| | | 0 |

| | | |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.6b | Resolved appeals related to reduction, suspension, or termination of a previously authorized service | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 32 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| My Choice Wisconsin (MCW) | | |
| 0 | | |
| Network Health Plan | | |
| 0 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |
| United Healthcare Community Plan (UHC) | | |
| 0 | | |

| | | |
|-----------------------------------------------|---------------------------------------------------|-----------------------------------------------|
| D1IV.6c | Resolved appeals related to payment denial | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 2 |
| My Choice Wisconsin (MCW) | | |
| 0 | | |
| Network Health Plan | | |
| 0 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |
| United Healthcare Community Plan (UHC) | | |

| | | |
|-----------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| D1IV.6d | Resolved appeals related to service timeliness | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| My Choice Wisconsin (MCW) | | |
| 0 | | |
| Network Health Plan | | |
| 0 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |
| United Healthcare Community Plan (UHC) | | |
| 0 | | |

| | | |
|-----------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.6e | Resolved appeals related to lack of timely plan response to an appeal or grievance | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| My Choice Wisconsin (MCW) | | |
| 0 | | |
| Network Health Plan | | |
| 0 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |
| United Healthcare Community Plan (UHC) | | |
| 0 | | |

| | | |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.6f | Resolved appeals related to plan denial of an enrollee's right to request out-of-network care | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| My Choice Wisconsin (MCW) | | |
| 0 | | |
| Network Health Plan | | |
| 0 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |
| United Healthcare Community Plan (UHC) | | |
| 0 | | |

| | | |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.6g | Resolved appeals related to denial of an enrollee's request to dispute financial liability | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| My Choice Wisconsin (MCW) | | |
| 0 | | |
| Network Health Plan | | |
| 0 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |
| United Healthcare Community Plan (UHC) | | |
| 0 | | |

Appeals by Service

Number of appeals resolved during the reporting period related to various services.
 Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.



Find in the Excel Workbook
D1_Plan_Set

| Number | Indicator | Response |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| D1IV.7a | Resolved appeals related to general inpatient services Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter "N/A". | Anthem Blue Cross and Blue Shield 0 |
| | | Group Health Cooperative of Eau Claire 0 |
| | | Independent Care Health Plan (iCare) 0 |
| | | MHS Health Wisconsin 0 |
| | | Molina Health Care 0 |
| | | My Choice Wisconsin (MCW) 0 |
| | | Network Health Plan 0 |
| | | Security Health Plan of Wisconsin 0 |
| | | United Healthcare Community Plan (UHC) 0 |
| | | D1IV.7b |
| Group Health Cooperative of Eau Claire 0 | | |
| Independent Care Health Plan (iCare) 0 | | |
| MHS Health Wisconsin 0 | | |
| Molina Health Care 0 | | |
| My Choice Wisconsin (MCW) 0 | | |
| Network Health Plan 0 | | |

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.7d

Resolved appeals related to outpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.7e Resolved appeals related to covered outpatient prescription drugs

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

N/A

D1IV.7f Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

N/A

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

| | | |
|-----------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.7i | Resolved appeals related to non-emergency medical transportation (NEMT) | Anthem Blue Cross and Blue Shield |
| | | N/A |
| | | Group Health Cooperative of Eau Claire |
| | | N/A |
| | | Independent Care Health Plan (iCare) |
| | | N/A |
| | | MHS Health Wisconsin |
| | | N/A |
| | | Molina Health Care |
| | | N/A |
| My Choice Wisconsin (MCW) | | |
| N/A | | |
| Network Health Plan | | |
| N/A | | |
| Security Health Plan of Wisconsin | | |
| N/A | | |
| United Healthcare Community Plan (UHC) | | |
| N/A | | |

| | | |
|-----------------------------------------------|--------------------------------------------------------|-----------------------------------------------|
| D1IV.7j | Resolved appeals related to other service types | Anthem Blue Cross and Blue Shield |
| | | 5 |
| | | Group Health Cooperative of Eau Claire |
| | | 21 |
| | | Independent Care Health Plan (iCare) |
| | | 59 |
| | | MHS Health Wisconsin |
| | | 77 |
| | | Molina Health Care |
| | | 27 |
| My Choice Wisconsin (MCW) | | |
| 3 | | |
| Network Health Plan | | |
| 11 | | |
| Security Health Plan of Wisconsin | | |
| 0 | | |
| United Healthcare Community Plan (UHC) | | |

Topic IV. Appeals, State Fair Hearings & Grievances

State Fair Hearings



Find in the Excel Workbook

D1_Plan_Set

| Number | Indicator | Response |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.8a | State Fair Hearing requests Enter the total number of requests for a State Fair Hearing filed during the reporting year by plan that issued the adverse benefit determination. | Anthem Blue Cross and Blue Shield |
| | | 9 |
| | | Group Health Cooperative of Eau Claire |
| | | 2 |
| | | Independent Care Health Plan (iCare) |
| | | 4 |
| | | MHS Health Wisconsin |
| | | 13 |
| | | Molina Health Care |
| | | 0 |
| D1IV.8b | State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee. | My Choice Wisconsin (MCW) |
| | | 0 |
| | | Network Health Plan |
| | | 0 |
| | | Security Health Plan of Wisconsin |
| | | 0 |
| | | United Healthcare Community Plan (UHC) |
| | | 2 |
| | | Anthem Blue Cross and Blue Shield |
| | | 0 |
| D1IV.8b | State Fair Hearings resulting in a favorable decision for the enrollee Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee. | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 2 |
| | | Molina Health Care |
| | | 0 |
| | | My Choice Wisconsin (MCW) |
| | | 0 |

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Anthem Blue Cross and Blue Shield

4

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

1

MHS Health Wisconsin

6

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

1

D1IV.8d

State Fair Hearings retracted prior to reaching a decision

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) prior to reaching a decision.

Anthem Blue Cross and Blue Shield

5

Group Health Cooperative of Eau Claire

2

Independent Care Health Plan (iCare)

3

MHS Health Wisconsin

5

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

1

D1IV.9a

External Medical Reviews resulting in a favorable decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

N/A

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances Overview



Find in the Excel Workbook

D1_Plan_Set

| Number | Indicator | Response |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.10 | Grievances resolved Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan. | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 47 |
| | | MHS Health Wisconsin |
| | | 27 |
| | | Molina Health Care |
| 166 | | |
| D1IV.11 | Active grievances Enter the total number of grievances still pending or in process (not yet resolved) as of the first day of the last month of the reporting year. | My Choice Wisconsin (MCW) |
| | | 0 |
| | | Network Health Plan |
| | | 20 |
| | | Security Health Plan of Wisconsin |
| | | 8 |
| | | United Healthcare Community Plan (UHC) |
| | | 44 |
| | | Anthem Blue Cross and Blue Shield |
| 0 | | |
| Group Health Cooperative of Eau Claire | | |
| 0 | | |
| Independent Care Health Plan (iCare) | | |
| 0 | | |
| MHS Health Wisconsin | | |
| 0 | | |
| Molina Health Care | | |

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.12

Grievances filed on behalf of LTSS users

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

N/A

D1IV.13

Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting period by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

N/A

D1IV.14

Number of grievances for which timely resolution was provided

Enter the number of grievances for which timely resolution was provided by plan during the reporting period. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

47

MHS Health Wisconsin

27

Molina Health Care

166

My Choice Wisconsin (MCW)

0

Network Health Plan

20

Security Health Plan of Wisconsin

8


United Healthcare Community Plan (UHC)

44

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

 Find in the Excel Workbook
D1_Plan_Set

| Number | Indicator | Response |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D1IV.15a | <p>Resolved grievances related to general inpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".</p> | <p>Anthem Blue Cross and Blue Shield 0</p> <p>Group Health Cooperative of Eau Claire 0</p> <p>Independent Care Health Plan (iCare) 0</p> <p>MHS Health Wisconsin 0</p> <p>Molina Health Care 0</p> <p>My Choice Wisconsin (MCW) 0</p> <p>Network Health Plan 0</p> <p>Security Health Plan of Wisconsin 0</p> <p>United Healthcare Community Plan (UHC) 0</p> |
| D1IV.15b | <p>Resolved grievances related to general outpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".</p> | <p>Anthem Blue Cross and Blue Shield 0</p> <p>Group Health Cooperative of Eau Claire 0</p> <p>Independent Care Health Plan (iCare) 0</p> <p>MHS Health Wisconsin 0</p> <p>Molina Health Care 0</p> <p>My Choice Wisconsin (MCW) 0</p> <p>Network Health Plan 0</p> |

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.15c Resolved grievances related to inpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.15d Resolved grievances related to outpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

N/A

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.15g**Resolved grievances related to long-term services and supports (LTSS)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

N/A

Molina Health Care

N/A

My Choice Wisconsin (MCW)

N/A

Network Health Plan

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

N/A

D1IV.15h**Resolved grievances related to dental services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

| | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.15i | Resolved grievances related to non-emergency medical transportation (NEMT) | Anthem Blue Cross and Blue Shield |
| | | N/A |
| | Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A". | Group Health Cooperative of Eau Claire |
| | | N/A |
| | | Independent Care Health Plan (iCare) |
| | | N/A |
| | | MHS Health Wisconsin |
| | | N/A |
| | | Molina Health Care |
| | | N/A |
| | | My Choice Wisconsin (MCW) |
| | | N/A |
| | | Network Health Plan |
| | | N/A |
| | | Security Health Plan of Wisconsin |
| | | N/A |
| | | United Healthcare Community Plan (UHC) |
| | | N/A |

| | | |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.15j | Resolved grievances related to other service types | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | Enter the total number of grievances resolved by the plan during the reporting year that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i, enter "N/A". | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 47 |
| | | MHS Health Wisconsin |
| | | 27 |
| | | Molina Health Care |
| | | 166 |
| | | My Choice Wisconsin (MCW) |
| | | 0 |
| | | Network Health Plan |
| | | 20 |
| | | Security Health Plan of Wisconsin |
| | | 8 |
| | | United Healthcare Community Plan (UHC) |
| | | 44 |

Topic IV. Appeals, State Fair Hearings & Grievances

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.



Find in the Excel Workbook

D1_Plan_Set

| Number | Indicator | Response |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| D1IV.16a | <p>Resolved grievances related to plan or provider customer service</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.</p> | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| | My Choice Wisconsin (MCW) | |
| | 0 | |
| | Network Health Plan | |
| | 0 | |
| | Security Health Plan of Wisconsin | |
| | 0 | |
| | United Healthcare Community Plan (UHC) | |
| | 0 | |
| D1IV.16b | <p>Resolved grievances related to plan or provider care management/case management</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.</p> | Anthem Blue Cross and Blue Shield |
| | | 0 |
| | | Group Health Cooperative of Eau Claire |
| | | 0 |
| | | Independent Care Health Plan (iCare) |
| | | 0 |
| | | MHS Health Wisconsin |
| | | 0 |
| | | Molina Health Care |
| | | 0 |
| | My Choice Wisconsin (MCW) | |

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16c Resolved grievances related to access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16d Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16e

Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.

Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved during the reporting period that were filed for a reason related to payment or billing issues.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16h

Resolved grievances related to abuse, neglect or exploitation

Enter the total number of grievances resolved during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16i Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16j Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved during the reporting period that were filed for a reason other than the reasons listed above.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

47

MHS Health Wisconsin

27

Molina Health Care

166

My Choice Wisconsin (MCW)

0

Network Health Plan

20

Security Health Plan of Wisconsin


8

United Healthcare Community Plan (UHC)

44

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

 Find in the Excel Workbook
D2_Plan_Measures

Quality & performance measure total count: 58

 Complete

D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement - Total - Alcohol

1 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

D2.VII.8 Measure Description

MY2021

Measure results**Anthem Blue Cross and Blue Shield**

5.7%

Group Health Cooperative of Eau Claire

4.76%

Independent Care Health Plan (iCare)

8.99%

MHS Health Wisconsin

12.33%

Molina Health Care

9.3%

My Choice Wisconsin (MCW)

11.39%

Network Health Plan

4.44%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

8.22%



Complete

D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement - Total- Opioid

2 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2022

Measure results**Anthem Blue Cross and Blue Shield**

23.60%

Group Health Cooperative of Eau Claire

14.29%

Independent Care Health Plan (iCare)

31.37%

MHS Health Wisconsin

19.05%

Molina Health Care

6.90%

My Choice Wisconsin (MCW)

30%

Network Health Plan

19.23%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

17.22%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement - Total- Other

3 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2023

Measure results

Anthem Blue Cross and Blue Shield

7.46%

Group Health Cooperative of Eau Claire

6.36%

Independent Care Health Plan (iCare)

10.98%

MHS Health Wisconsin

8.90%

Molina Health Care

6.94%

My Choice Wisconsin (MCW)

1.16%

Network Health Plan

9.30%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

4.35%



Complete

D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement - Total, All Drugs

4 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2024

Measure results

Anthem Blue Cross and Blue Shield

9.01%

Group Health Cooperative of Eau Claire

7.14%

Independent Care Health Plan (iCare)

11.22%

MHS Health Wisconsin

10.99%

Molina Health Care

7.89%

My Choice Wisconsin (MCW)

9.30%

Network Health Plan

7.06%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

7.88%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (13-17 Yrs) - Alcohol

5 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2025

Measure results

Anthem Blue Cross and Blue Shield

Null

Group Health Cooperative of Eau Claire

Null

Independent Care Health Plan (iCare)

Null

MHS Health Wisconsin

Null

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

Null

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

Null



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (13-17 Yrs) - Opioid

6 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2026

Measure results

Anthem Blue Cross and Blue Shield

Null

Group Health Cooperative of Eau Claire

Null

Independent Care Health Plan (iCare)

Null

MHS Health Wisconsin

Null

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

Null

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

Null



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (13-17 Yrs) - Other drugs

7 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set Medicaid Adult Core Set
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range Yes

D2.VII.8 Measure Description
MY2027

Measure results

Anthem Blue Cross and Blue Shield
Null

Group Health Cooperative of Eau Claire
Null

Independent Care Health Plan (iCare)
Null

MHS Health Wisconsin
Null

Molina Health Care
Null

My Choice Wisconsin (MCW)
Null

Network Health Plan
Null

Security Health Plan of Wisconsin
N/A

United Healthcare Community Plan (UHC)
Null



Complete

D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (13-17 Yrs) - Total

8 / 58

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number 0004
D2.VII.4 Measure Reporting and D2.VII.5 Programs Program-specific rate

D2.VII.6 Measure Set Medicaid Adult Core Set
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range Yes

D2.VII.8 Measure Description
MY2028

Measure results

Anthem Blue Cross and Blue Shield

Null

Group Health Cooperative of Eau Claire

Null

Independent Care Health Plan (iCare)

Null

MHS Health Wisconsin

Null

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

Null

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

Null



Complete

D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (18+ Yrs) - Alcohol

9 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2029

Measure results

Anthem Blue Cross and Blue Shield

5.70%

Group Health Cooperative of Eau Claire

4.76%

Independent Care Health Plan (iCare)

8.99%

MHS Health Wisconsin

12.33%

Molina Health Care

9.30%

My Choice Wisconsin (MCW)

11.39%

Network Health Plan

4.44%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

8.22%



Complete

D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (18+ Yrs) - Opioid

10 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2030

Measure results

Anthem Blue Cross and Blue Shield

23.60%

Group Health Cooperative of Eau Claire

14.29%

Independent Care Health Plan (iCare)

31.37%

MHS Health Wisconsin

19.05%

Molina Health Care

6.90%

My Choice Wisconsin (MCW)

30.00%

Network Health Plan

19.23%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

17.22%



Complete

D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (18+ Yrs) - Other drugs 11 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2031

Measure results

Anthem Blue Cross and Blue Shield

7.46%

Group Health Cooperative of Eau Claire

6.36%

Independent Care Health Plan (iCare)

10.98%

MHS Health Wisconsin

8.90%

Molina Health Care

6.94%

My Choice Wisconsin (MCW)

1.16%

Network Health Plan

9.30%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

4.35%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement -Total - Other drugs 12 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2032

Measure results

Anthem Blue Cross and Blue Shield

9.01%

Group Health Cooperative of Eau Claire

7.14%

Independent Care Health Plan (iCare)

11.22%

MHS Health Wisconsin

10.99%

Molina Health Care

7.89%

My Choice Wisconsin (MCW)

9.30%

Network Health Plan

7.06%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

7.88%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (13-17 Yrs) - Alcohol 13 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
MY2033

Measure results

Anthem Blue Cross and Blue Shield
Null

Group Health Cooperative of Eau Claire
Null

Independent Care Health Plan (iCare)
Null

MHS Health Wisconsin
Null

Molina Health Care
Null

My Choice Wisconsin (MCW)
Null

Network Health Plan
Null

Security Health Plan of Wisconsin
N/A

United Healthcare Community Plan (UHC)
Null



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (13-17 Yrs) - Opioid 14 / 58

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
MY2034

Measure results

Anthem Blue Cross and Blue Shield

Null

Group Health Cooperative of Eau Claire

Null

Independent Care Health Plan (iCare)

Null

MHS Health Wisconsin

Null

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

Null

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

Null



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (13-17 Yrs) - Other 15 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2035

Measure results

Anthem Blue Cross and Blue Shield

Null

Group Health Cooperative of Eau Claire

Null

Independent Care Health Plan (iCare)

Null

MHS Health Wisconsin

Null

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

Null

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

Null



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (13-17 Yrs) - Total Drugs 16 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2036

Measure results

Anthem Blue Cross and Blue Shield

Null

Group Health Cooperative of Eau Claire

Null

Independent Care Health Plan (iCare)

Null

MHS Health Wisconsin

Null

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

Null

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

Null



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (18+ Yrs) - Alcohol 17 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2037

Measure results

Anthem Blue Cross and Blue Shield

43.73%

Group Health Cooperative of Eau Claire

38.10%

Independent Care Health Plan (iCare)

39.70%

MHS Health Wisconsin

43.84%

Molina Health Care

37.21%

My Choice Wisconsin (MCW)

36.71%

Network Health Plan

39.26%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

39.14%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (18+ Yrs) - Opioids 18 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2038

Measure results

Anthem Blue Cross and Blue Shield

43.82%

Group Health Cooperative of Eau Claire

46.43%

Independent Care Health Plan (iCare)

54.90%

MHS Health Wisconsin

52.38%

Molina Health Care

41.38%

My Choice Wisconsin (MCW)

40.00%

Network Health Plan

53.85%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

49.01%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (18+ Yrs) - Other Drug 19 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
MY2039

Measure results

Anthem Blue Cross and Blue Shield
41.42%

Group Health Cooperative of Eau Claire
40.00%

Independent Care Health Plan (iCare)
40.78%

MHS Health Wisconsin
44.92%

Molina Health Care
44.44%

My Choice Wisconsin (MCW)
29.07%

Network Health Plan
48.84%

Security Health Plan of Wisconsin
N/A

United Healthcare Community Plan (UHC)
38.51%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (18+ Yrs) - Total Drugs 20 / 58

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
MY2040

Measure results

Anthem Blue Cross and Blue Shield

41.42%

Group Health Cooperative of Eau Claire

40.00%

Independent Care Health Plan (iCare)

40.48%

MHS Health Wisconsin

44.92%

Molina Health Care

44.44%

My Choice Wisconsin (MCW)

29.07%

Network Health Plan

48.84%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

38.51%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation Total - Alcohol 21 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2041

Measure results

Anthem Blue Cross and Blue Shield

43.73%

Group Health Cooperative of Eau Claire

38.10%

Independent Care Health Plan (iCare)

39.70%

MHS Health Wisconsin

43.84%

Molina Health Care

37.21%

My Choice Wisconsin (MCW)

36.71%

Network Health Plan

39.26%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

39.14%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation Total - Opioid 22 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2042

Measure results

Anthem Blue Cross and Blue Shield

43.82%

Group Health Cooperative of Eau Claire

46.34%

Independent Care Health Plan (iCare)

54.90%

MHS Health Wisconsin

52.38%

Molina Health Care

41.38%

My Choice Wisconsin (MCW)

40.00%

Network Health Plan

53.85%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

49.01%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation Total - Other Drugs 23 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2043

Measure results

Anthem Blue Cross and Blue Shield

41.42%

Group Health Cooperative of Eau Claire

40.00%

Independent Care Health Plan (iCare)

40.78%

MHS Health Wisconsin

44.92%

Molina Health Care

44.44%

My Choice Wisconsin (MCW)

29.07%

Network Health Plan

48.84%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

38.51%



D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation Total - Total Drugs 24 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0004

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2044

Measure results

Anthem Blue Cross and Blue Shield

41.42%

Group Health Cooperative of Eau Claire

40.00%

Independent Care Health Plan (iCare)

40.78%

MHS Health Wisconsin

44.92%

Molina Health Care

44.44%

My Choice Wisconsin (MCW)

29.07%

Network Health Plan

48.84%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

38.51%



D2.VII.1 Measure Name: Antidepressant Medication Management (AMM-AD) - Effective Acute Phase Treatment 25 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2045

Measure results

Anthem Blue Cross and Blue Shield

63.37%

Group Health Cooperative of Eau Claire

84.21%

Independent Care Health Plan (iCare)

77.93%

MHS Health Wisconsin

71.05%

Molina Health Care

57.46%

My Choice Wisconsin (MCW)

84.13%

Network Health Plan

60.94%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

71.11%



D2.VII.1 Measure Name: Antidepressant Medication Management (AMM-AD)- Effective Continuation Phase Treatment

26 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2046

Measure results

Anthem Blue Cross and Blue Shield

43.60%

Group Health Cooperative of Eau Claire

65.55%

Independent Care Health Plan (iCare)

69.31%

MHS Health Wisconsin

54.39%

Molina Health Care

38.81%

My Choice Wisconsin (MCW)

72.60%

Network Health Plan

43.75%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

58.46%



D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness: Age 18 -64 (FUH-AD) - 30 day follow-up 27 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2047

Measure results

Anthem Blue Cross and Blue Shield

63.76%

Group Health Cooperative of Eau Claire

66.18%

Independent Care Health Plan (iCare)

73.21%

MHS Health Wisconsin

70.15%

Molina Health Care

80.65%

My Choice Wisconsin (MCW)

71.58%

Network Health Plan

70.00%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

62.16%



D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness: Age 18- 64 and Older (FUH-AD) - 7 day follow-up 28 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2048

Measure results

Anthem Blue Cross and Blue Shield

43.67%

Group Health Cooperative of Eau Claire

45.59%

Independent Care Health Plan (iCare)

62.20%

MHS Health Wisconsin

53.73%

Molina Health Care

63.44%

My Choice Wisconsin (MCW)

57.89%

Network Health Plan

52.73%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

43.24%



D2.VII.1 Measure Name: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

29 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1932

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2049

Measure results

Anthem Blue Cross and Blue Shield

80.19%

Group Health Cooperative of Eau Claire

81.29%

Independent Care Health Plan (iCare)

76.92%

MHS Health Wisconsin

68.45%

Molina Health Care

75.11%

My Choice Wisconsin (MCW)

72.91%

Network Health Plan

73.15%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

78.53%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) - 30 day follow-up 18+ 30 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2050

Measure results

Anthem Blue Cross and Blue Shield

72.92%

Group Health Cooperative of Eau Claire

56.25%

Independent Care Health Plan (iCare)

79.23%

MHS Health Wisconsin

65.91%

Molina Health Care

57.14%

My Choice Wisconsin (MCW)

69.05%

Network Health Plan

68.35%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

65.65%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) - 7 day follow-up 18+ 31 / 58

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set
Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
MY2051

Measure results

Anthem Blue Cross and Blue Shield
61.81%

Group Health Cooperative of Eau Claire
40.63%

Independent Care Health Plan (iCare)
70.77%

MHS Health Wisconsin
56.82%

Molina Health Care
46.75%

My Choice Wisconsin (MCW)
64.29%

Network Health Plan
63.29%

Security Health Plan of Wisconsin
N/A

United Healthcare Community Plan (UHC)
50.00%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) - 30 day follow-up, ages 18-64 32 / 58

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number
3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set Medicaid Adult Core Set
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range Yes

D2.VII.8 Measure Description
MY2052

Measure results

Anthem Blue Cross and Blue Shield
72.92%

Group Health Cooperative of Eau Claire
56.25%

Independent Care Health Plan (iCare)
79.23%

MHS Health Wisconsin
65.91%

Molina Health Care
57.14%

My Choice Wisconsin (MCW)
69.05%

Network Health Plan
68.35%

Security Health Plan of Wisconsin
N/A

United Healthcare Community Plan (UHC)
65.65%



Complete

D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) - 7 day follow-up, ages 18-64 33 / 58

D2.VII.2 Measure Domain
Behavioral health care

D2.VII.3 National Quality Forum (NQF) number 3489
D2.VII.4 Measure Reporting and D2.VII.5 Programs Program-specific rate

D2.VII.6 Measure Set Medicaid Adult Core Set
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range Yes

D2.VII.8 Measure Description
MY2053

Measure results

Anthem Blue Cross and Blue Shield

61.81%

Group Health Cooperative of Eau Claire

40.63%

Independent Care Health Plan (iCare)

70.77%

MHS Health Wisconsin

56.82%

Molina Health Care

46.75%

My Choice Wisconsin (MCW)

64.29%

Network Health Plan

63.29%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

50.00%



Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD) 34 / 58

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1879

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2054

Measure results

Anthem Blue Cross and Blue Shield

53.98%

Group Health Cooperative of Eau Claire

66.67%

Independent Care Health Plan (iCare)

73.63%

MHS Health Wisconsin

72.08%

Molina Health Care

66.67%

My Choice Wisconsin (MCW)

81.58%

Network Health Plan

74.21%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

76.15%



D2.VII.1 Measure Name: Controlling High Blood Pressure (CBP-AD)

35 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0018

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2055

Measure results

Anthem Blue Cross and Blue Shield

65.21%

Group Health Cooperative of Eau Claire

71.05%

Independent Care Health Plan (iCare)

67.88%

MHS Health Wisconsin

61.73%

Molina Health Care

58.64%

My Choice Wisconsin (MCW)

69.55%

Network Health Plan

68.42%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

67.88%



D2.VII.1 Measure Name: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) 36 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2056

Measure results

Anthem Blue Cross and Blue Shield

35.52%

Group Health Cooperative of Eau Claire

30.17%

Independent Care Health Plan (iCare)

46.96%

MHS Health Wisconsin

40.39%

Molina Health Care

39.53%

My Choice Wisconsin (MCW)

37.84%

Network Health Plan

40.39%

Security Health Plan of Wisconsin

N/A



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Expected Readmission Rate - 18-44**

37 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

MY2057

Measure results

Anthem Blue Cross and Blue Shield

9.87%

Group Health Cooperative of Eau Claire

9.79%

Independent Care Health Plan (iCare)

9.57%

MHS Health Wisconsin

9.49%

Molina Health Care

8.90%

My Choice Wisconsin (MCW)

10.57%

Network Health Plan

9.67%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

9.97%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Expected Readmission Rate - 18-64 Total**

38 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2058

Measure results

Anthem Blue Cross and Blue Shield

11.75%

Group Health Cooperative of Eau Claire

11.24%

Independent Care Health Plan (iCare)

11.03%

MHS Health Wisconsin

11.46%

Molina Health Care

10.79%

My Choice Wisconsin (MCW)

11.16%

Network Health Plan

11.18%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

11.55%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Expected Readmission Rate - 45-54**

39 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2059

Measure results

Anthem Blue Cross and Blue Shield

12.08%

Group Health Cooperative of Eau Claire

10.38%

Independent Care Health Plan (iCare)

11.25%

MHS Health Wisconsin

12.00%

Molina Health Care

11.62%

My Choice Wisconsin (MCW)

11.88%

Network Health Plan

11.83%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

11.57%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Expected Readmission Rate - 55-64**

40 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

MY2060

Measure results

Anthem Blue Cross and Blue Shield

12.89%

Group Health Cooperative of Eau Claire

12.71%

Independent Care Health Plan (iCare)

11.88%

MHS Health Wisconsin

12.82%

Molina Health Care

11.99%

My Choice Wisconsin (MCW)

11.23%

Network Health Plan

12.41%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

12.71%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Observed Readmission Rate - 18-44**

41 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting

period: Date range

Yes

D2.VII.8 Measure Description

MY2061

Measure results

Anthem Blue Cross and Blue Shield

11.96%

Group Health Cooperative of Eau Claire

9.76%

Independent Care Health Plan (iCare)

7.89%

MHS Health Wisconsin

15.03%

Molina Health Care

12.39%

My Choice Wisconsin (MCW)

11.36%

Network Health Plan

9.60%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

10.77%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Observed Readmission Rate - 18-64 Total**

42 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

MY2062

Measure results

Anthem Blue Cross and Blue Shield

13.64%

Group Health Cooperative of Eau Claire

10.00%

Independent Care Health Plan (iCare)

11.26%

MHS Health Wisconsin

14.81%

Molina Health Care

11.39%

My Choice Wisconsin (MCW)

8.37%

Network Health Plan

10.20%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

10.23%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Observed Readmission Rate - 45-54**

43 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

MY2063

Measure results

Anthem Blue Cross and Blue Shield

13.82%

Group Health Cooperative of Eau Claire

10.91%

Independent Care Health Plan (iCare)

11.01%

MHS Health Wisconsin

16.04%

Molina Health Care

3.85%

My Choice Wisconsin (MCW)

6.67%

Network Health Plan

12.50%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

9.44%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD),
Observed Admission Rate - 55-64**

44 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2064

Measure results

Anthem Blue Cross and Blue Shield

14.73%

Group Health Cooperative of Eau Claire

9.73%

Independent Care Health Plan (iCare)

13.61%

MHS Health Wisconsin

14.01%

Molina Health Care

15.20%

My Choice Wisconsin (MCW)

6.80%

Network Health Plan

9.76%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

10.21%



Complete

D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier⁴⁵ / 58 Rate - 18-44

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2065

Measure results

Anthem Blue Cross and Blue Shield

93.75%

Group Health Cooperative of Eau Claire

16.39%

Independent Care Health Plan (iCare)

110.17%

MHS Health Wisconsin

78.57%

Molina Health Care

85.11%

My Choice Wisconsin (MCW)

121.62%

Network Health Plan

38.10%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

67.32%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier⁴⁶ / 58
Rate - 18-64 Total**

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

MY2066

Measure results

Anthem Blue Cross and Blue Shield

61.83%

Group Health Cooperative of Eau Claire

39.60%

Independent Care Health Plan (iCare)

69.92%

MHS Health Wisconsin

65.49%

Molina Health Care

79.55%

My Choice Wisconsin (MCW)

57.97%

Network Health Plan

31.50%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

49.20%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier^{47 / 58}
Rate - 55-64**

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

MY2067

Measure results

Anthem Blue Cross and Blue Shield

45.23%

Group Health Cooperative of Eau Claire

42.11%

Independent Care Health Plan (iCare)

47.06%

MHS Health Wisconsin

58.82%

Molina Health Care

66.04%

My Choice Wisconsin (MCW)

24.10%

Network Health Plan

29.41%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

28.02%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier 48 / 58
Rate - 45-54**

D2.VII.2 Measure Domain

Care of acute and chronic conditions

**D2.VII.3 National Quality
Forum (NQF) number**

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting
period: Date range**

Yes

D2.VII.8 Measure Description

MY2068

Measure results

Anthem Blue Cross and Blue Shield

45.45%

Group Health Cooperative of Eau Claire

65.22%

Independent Care Health Plan (iCare)

60.44%

MHS Health Wisconsin

57.47%

Molina Health Care

93.75%

My Choice Wisconsin (MCW)

20.00%

Network Health Plan

21.28%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

63.56%



D2.VII.1 Measure Name: Asthma Medication Ratio: Ages 19 to 50 (AMR-49 / 58 AD)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2069

Measure results

Anthem Blue Cross and Blue Shield

54.90%

Group Health Cooperative of Eau Claire

52.50%

Independent Care Health Plan (iCare)

62.94%

MHS Health Wisconsin

67.61%

Molina Health Care

70.37%

My Choice Wisconsin (MCW)

52.94%

Network Health Plan

65.22%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

66.88%



D2.VII.1 Measure Name: Asthma Medication Ratio: Ages 51-64 (AMR- 50 / 58 AD)

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2070

Measure results

Anthem Blue Cross and Blue Shield

57.69%

Group Health Cooperative of Eau Claire

61.76%

Independent Care Health Plan (iCare)

65.09%

MHS Health Wisconsin

57.14%

Molina Health Care

55.56%

My Choice Wisconsin (MCW)

67.74%

Network Health Plan

83.33%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

54.46%



Complete

D2.VII.1 Measure Name: Asthma Medication Ratio: Total (AMR-AD)

51 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2071

Measure results

Anthem Blue Cross and Blue Shield

56.11%

Group Health Cooperative of Eau Claire

56.76%

Independent Care Health Plan (iCare)

63.86%

MHS Health Wisconsin

63.72%

Molina Health Care

62.96%

My Choice Wisconsin (MCW)

60.00%

Network Health Plan

71.43%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

58.12%



Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) (HPC-AD) 52 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2072

Measure results

Anthem Blue Cross and Blue Shield

53.77%

Group Health Cooperative of Eau Claire

52.80%

Independent Care Health Plan (iCare)

44.04%

MHS Health Wisconsin

47.45%

Molina Health Care

53.38%

My Choice Wisconsin (MCW)

51.62%

Network Health Plan

48.18%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

55.23%



D2.VII.1 Measure Name: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing 53 / 58

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

0059

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2073

Measure results

Anthem Blue Cross and Blue Shield

91.00%

Group Health Cooperative of Eau Claire

92.70%

Independent Care Health Plan (iCare)

84.91%

MHS Health Wisconsin

89.78%

Molina Health Care

86.82%

My Choice Wisconsin (MCW)

87.57%

Network Health Plan

90.27%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

91.00%



D2.VII.1 Measure Name: Annual Dental Visit (ADV) 19-20

54 / 58

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

1388

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2074

Measure results

Anthem Blue Cross and Blue Shield

29.58%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

14.73%

MHS Health Wisconsin

27.63%

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

17.86%

Security Health Plan of Wisconsin

N/A

Null



D2.VII.1 Measure Name: Annual Dental Visit (ADV) Total

55 / 58

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

1388

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2075

Measure results

Anthem Blue Cross and Blue Shield

29.58%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

14.73%

MHS Health Wisconsin

27.63%

Molina Health Care

Null

My Choice Wisconsin (MCW)

Null

Network Health Plan

17.86%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

Null



D2.VII.1 Measure Name: Cervical Cancer Screening (CCS-AD)

56 / 58

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number 0032
D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set Medicaid Adult Core Set
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
MY2021

Measure results

Anthem Blue Cross and Blue Shield
54.99%

Group Health Cooperative of Eau Claire
57.52%

Independent Care Health Plan (iCare)
50.05%

MHS Health Wisconsin
61.06%

Molina Health Care
59.37%

My Choice Wisconsin (MCW)
61.27%

Network Health Plan
57.49%

Security Health Plan of Wisconsin
N/A

United Healthcare Community Plan (UHC)
64.72%



D2.VII.1 Measure Name: Chlamydia Screening in Women Ages 21 to 24 (CHL-AD) 57 / 58

D2.VII.2 Measure Domain
Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number 0033
D2.VII.4 Measure Reporting and D2.VII.5 Programs
Program-specific rate

D2.VII.6 Measure Set Medicaid Adult Core Set
D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range
Yes

D2.VII.8 Measure Description
MY2021

Measure results

Anthem Blue Cross and Blue Shield

52.00%

Group Health Cooperative of Eau Claire

47.62%

Independent Care Health Plan (iCare)

69.23%

MHS Health Wisconsin

71.43%

Molina Health Care

81.40%

My Choice Wisconsin (MCW)

43.33%

Network Health Plan

67.74%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

55.17%



D2.VII.1 Measure Name: Breast Cancer Screening (BCS-AD)

58 / 58

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

2372

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

MY2021

Measure results

Anthem Blue Cross and Blue Shield

52.99%

Group Health Cooperative of Eau Claire

52.13%

Independent Care Health Plan (iCare)

48.14%

MHS Health Wisconsin

51.83%

Molina Health Care

42.11%

My Choice Wisconsin (MCW)

40.66%

Network Health Plan

49.23%

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

54.66%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Find in the Excel Workbook

D3_Plan_Sanctions**Sanction total count:****0 - No sanctions entered****Topic X. Program Integrity**

Find in the Excel Workbook

D1_Plan_Set

| Number | Indicator | Response |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| D1X.1 | Dedicated program integrity staff Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii). | Anthem Blue Cross and Blue Shield 4.5 |
| | | Group Health Cooperative of Eau Claire 4.5 |
| | | Independent Care Health Plan (iCare) 1.75 |
| | | MHS Health Wisconsin 2 |

Molina Health Care

3

My Choice Wisconsin (MCW)

2

Network Health Plan

2

Security Health Plan of Wisconsin

7

United Healthcare Community Plan (UHC)

3

D1X.2

Count of opened program integrity investigations

How many program integrity investigations have been opened by the plan in the past year?

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

19

Independent Care Health Plan (iCare)

2

MHS Health Wisconsin

0

Molina Health Care

3

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1X.3

Ratio of opened program integrity investigations to enrollees

What is the ratio of program integrity investigations opened by the plan in the past year per 1,000 beneficiaries enrolled in the plan on the first day of the last month of the reporting year?

Anthem Blue Cross and Blue Shield

0:0

Group Health Cooperative of Eau Claire

5:53

Independent Care Health Plan (iCare)

0:18

MHS Health Wisconsin

0:0

Molina Health Care

0:86

My Choice Wisconsin (MCW)

0:0

Network Health Plan

0:0

Security Health Plan of Wisconsin

0:0

United Healthcare Community Plan (UHC)

0:0

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations have been resolved by the plan in the past year?

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

19

Independent Care Health Plan (iCare)

2

MHS Health Wisconsin

0

Molina Health Care

3

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1X.5

Ratio of resolved program integrity investigations to enrollees

What is the ratio of program integrity investigations resolved by the plan in the past year per 1,000 beneficiaries enrolled in the plan at the beginning of the reporting year?

Anthem Blue Cross and Blue Shield

0:0

Group Health Cooperative of Eau Claire

5:53

Independent Care Health Plan (iCare)

0:18

MHS Health Wisconsin

0:0

Molina Health Care

0:86

My Choice Wisconsin (MCW)

0:0

Network Health Plan

0:0

Security Health Plan of Wisconsin

0:0

United Healthcare Community Plan (UHC)

0:0

D1X.6

Referral path for program integrity referrals to the state

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Anthem Blue Cross and Blue Shield

Makes some referrals to the SMA and others directly to the MFCU

Group Health Cooperative of Eau Claire

Makes some referrals to the SMA and others directly to the MFCU

Independent Care Health Plan (iCare)

Makes some referrals to the SMA and others directly to the MFCU

MHS Health Wisconsin

Makes some referrals to the SMA and others directly to the MFCU

Molina Health Care

Makes some referrals to the SMA and others directly to the MFCU

My Choice Wisconsin (MCW)

Makes some referrals to the SMA and others directly to the MFCU

Network Health Plan

Makes some referrals to the SMA and others directly to the MFCU

Security Health Plan of Wisconsin

Makes some referrals to the SMA and others directly to the MFCU

United Healthcare Community Plan (UHC)

Makes some referrals to the SMA and others directly to the MFCU

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

2

MHS Health Wisconsin

0

Molina Health Care

0

My Choice Wisconsin (MCW)

0

Network Health Plan

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1X.8

Ratio of program integrity referral to the state

What is the ratio of program integrity referral listed in the previous indicator made to the state in the past year per 1,000 beneficiaries, using the plan's total enrollment as of the first day of the last month of the reporting year (reported in indicator D1.1.2) as the denominator.

Anthem Blue Cross and Blue Shield

0:0

Group Health Cooperative of Eau Claire

0:0

Independent Care Health Plan (iCare)

0:18

MHS Health Wisconsin

0:0

Molina Health Care

0:0

My Choice Wisconsin (MCW)

0:0

Network Health Plan

0:0

Security Health Plan of Wisconsin

0:0

United Healthcare Community Plan (UHC)

0:0

D1X.9

Plan overpayment reporting to the state

Describe the plan's latest annual overpayment recovery report submitted to the state as required under 42 CFR 438.608(d)(3). Include, for example, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.
- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 438.8(f)(2).

Anthem Blue Cross and Blue Shield

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. Anthem did not report any SSI overpayments for 2022.

Group Health Cooperative of Eau Claire

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and

saved as the annual report from the HMO. The most recent overpayment report is for calendar year 2022. The total overpayments recovered for 2022 is \$283.34. Total revenue for 2022 is \$22,823,335.00. The ratio of overpayments recovered as a percent of premium revenue is 0.0012%.

Independent Care Health Plan (iCare)

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. The most recent overpayment report is for calendar year 2022. The total overpayments recovered for 2022 is \$766,034.01. Total revenue for 2022 is \$75,866,034.00. The ratio of overpayments recovered as a percent of premium revenue is 1.01%.

MHS Health Wisconsin

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. The most recent overpayment report is for calendar year 2022. MHS and NHP have combined program integrity departments and report all activities on one report to OIG. The total overpayments recovered for 2022 from MHS and NHP is \$1,896,705.50. Total revenue for 2022 for MHS is \$52,409,169.00. The total revenue for 2022 for NHP is \$31,685,477. The combined total revenue is \$84,094,647.00. The ratio of overpayments recovered as a percent of premium revenue is 2.26%.

Molina Health Care

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. The most recent overpayment report is for calendar year 2022. The total overpayments recovered for 2022 is \$158,798.39. Total revenue for 2022 is \$25,976,719.00. The ratio of overpayments recovered as a percent of premium revenue is 0.61%.

My Choice Wisconsin (MCW)

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. The plan did not report any SSI recoveries in 2022.

Network Health Plan

The plans report overpayment information quarterly to OIG in the

quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. The most recent overpayment report is for calendar year 2022. MHS and NHP have combined program integrity departments and report all activities on one report to OIG. The total overpayments recovered for 2022 from MHS and NHP is \$1,896,705.50. Total revenue for 2022 for MHS is \$52,409,169.00. The total revenue for 2022 for NHP is \$31,685,477. The combined total revenue is \$84,094,647.00. The ratio of overpayments recovered as a percent of premium revenue is 2.26%.

Security Health Plan of Wisconsin

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. The most recent overpayment report is for calendar year 2022. The total overpayments recovered for 2022 is \$709.98. Total revenue for 2022 is \$797,728.00. The ratio of overpayments recovered as a percent of premium revenue is 0.09%.

United Healthcare Community Plan (UHC)

The plans report overpayment information quarterly to OIG in the quarterly program integrity report. The fourth quarter report is cumulative and saved as the annual report from the HMO. The most recent overpayment report is for calendar year 2022. The total overpayments recovered for 2022 is \$709.98. Total revenue for 2022 is \$797,728.00. The ratio of overpayments recovered as a percent of premium revenue is 0.09%.

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Anthem Blue Cross and Blue Shield

Weekly

Group Health Cooperative of Eau Claire

Weekly

Independent Care Health Plan (iCare)

Weekly

MHS Health Wisconsin

Weekly

Molina Health Care

Weekly

My Choice Wisconsin (MCW)

Weekly

Network Health Plan

Weekly

Security Health Plan of Wisconsin

Weekly

United Healthcare Community Plan (UHC)

Weekly

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.



Find in the Excel Workbook

E_BSS_Entities

| Number | Indicator | Response |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| EIX.1 | BSS entity type What type of entity was contracted to perform each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b). | Maximus Enrollment Broker |
| EIX.2 | BSS entity role What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b). | Maximus Enrollment Broker/Choice Counseling |
