

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

Due date	Last edited	Edited by	Status
06/28/2024	05/17/2024	Kimberly Schindler	Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  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.	Not Selected

## Section A: Program Information

### Point of Contact

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>A1</b>	<b>State name</b> Auto-populated from your account profile.	Wisconsin
<b>A2a</b>	<b>Contact name</b> 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.	Kimberly Schindler
<b>A2b</b>	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	DHSDMSLTC@dhs.wisconsin.gov
<b>A3a</b>	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Kimberly Schindler
<b>A3b</b>	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	Kimberly.Schindler@dhs.wisconsin.gov
<b>A4</b>	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	06/24/2024

## Reporting Period

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>A5a</b>	<b>Reporting period start date</b> Auto-populated from report dashboard.	01/01/2023
<b>A5b</b>	<b>Reporting period end date</b> Auto-populated from report dashboard.	12/31/2023
<b>A6</b>	<b>Program name</b> 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.

<b>Indicator</b>	<b>Response</b>
<b>Plan name</b>	Anthem Blue Cross and Blue Shield
	Group Health Cooperative of Eau Claire
	Independent Care Health Plan (iCare)
	MHS Health Wisconsin
	Molina Health Care of Wisconsin, Inc.
	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.

<b>Indicator</b>	<b>Response</b>
<b>BSS entity name</b>	Maximus

## **Section B: State-Level Indicators**

### **Topic I. Program Characteristics and Enrollment**

Number	Indicator	Response
BI.1	<p data-bbox="313 107 586 176"><b>Statewide Medicaid enrollment</b></p> <p data-bbox="313 201 724 516">Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). 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>	1,467,489
BI.2	<p data-bbox="313 569 724 638"><b>Statewide Medicaid managed care enrollment</b></p> <p data-bbox="313 663 724 1041">Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.</p>	1,095,234

### Topic III. Encounter Data Report

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>BIII.1</b>	<b>Data validation entity</b>  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.	Other third-party vendor

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## **Topic X: Program Integrity**

Number	Indicator	Response
BX.1	<p data-bbox="313 107 695 178"><b>Payment risks between the state and plans</b></p> <p data-bbox="313 201 727 865">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. If no PI activities were performed, enter 'No PI activities were performed during the reporting period' as your response. 'N/A' is not an acceptable response.</p>	<p data-bbox="760 107 1369 934">"The state completed audits focused on encounters submitted after member date of death and capitation payments made after member date of death. In addition, the state reviewed COVID lab tests for accuracy and high utilization of optician CPT codes. The state continues to explore more opportunities for network provider audits. In addition to focused reviews by the state, plans are required to develop annual fraud, waste, and abuse strategic plans. The state is currently reviewing compliance and outcomes of the strategic plans. The plan reports issues of fraud, waste, and abuse to the state via quarterly program integrity reports. The state monitors the quarterly reports and partners with the plan to send referrals to the MFCU. The state also analyzes the quarterly program integrity reports for trends and concerns regarding fraud, waste, and abuse and follows up as appropriate."</p>
BX.2	<p data-bbox="313 989 618 1060"><b>Contract standard for overpayments</b></p> <p data-bbox="313 1083 727 1241">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p data-bbox="760 989 1219 1018">Allow plans to retain overpayments</p>
BX.3	<p data-bbox="313 1293 634 1407"><b>Location of contract provision stating overpayment standard</b></p> <p data-bbox="313 1430 727 1587">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 data-bbox="760 1293 1369 1365">Article XII. Section M.8.a. and Article XII. Section M.10.f.1.</p>
BX.4	<p data-bbox="313 1640 706 1711"><b>Description of overpayment contract standard</b></p> <p data-bbox="313 1734 727 1984">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 data-bbox="760 1640 1333 1753">The HMO recovers the overpayments and retains the funds for all overpayments identified by the HMO, provider or DHS OIG.</p>

<b>BX.5</b>	<p><b>State overpayment reporting monitoring</b></p> <p>Describe how the state monitors plan performance in reporting 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 topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.</p>	<p>The state collects all overpayment data on the Overpayment Recovery tab of the quarterly program integrity report. The report includes the date the overpayment was identified and the date the overpayment recovery was completed. The state reviews quarterly reports to ensure compliance with timely recoveries. The state provides technical assistance in monthly and quarterly meetings to address deficiencies.</p>
<b>BX.6</b>	<p><b>Changes in beneficiary circumstances</b></p> <p>Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).</p>	<p>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. Members can switch HMO plans prospectively, effective on the 1st of the next calendar month. Monthly capitation payments are made the first weekend of the calendar month. An HMO plan switch is therefore completed before capitation payments are generated for that month which eliminates the need to adjust capitation payments for this scenario.</p>
<b>BX.7a</b>	<p><b>Changes in provider circumstances: Monitoring plans</b></p> <p>Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>	<p>Yes</p>
<b>BX.7b</b>	<p><b>Changes in provider circumstances: Metrics</b></p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>	<p>Yes</p>
<b>BX.7c</b>	<p><b>Changes in provider circumstances: Describe metric</b></p> <p>Describe the metric or indicator that the state uses.</p>	<p>The state monitors terminations as reported on the quarterly program integrity reports and via email to DHSOIGManagedCare@dhs.wisconsin.gov. The plan is required to report for cause</p>



terminations within 24 hours of the date the provider was notified of their termination or suspension. The state monitors timeliness using quarterly program integrity report feedback and technical assistance meetings.

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<b>BX.8a</b>	<b>Federal database checks: Excluded person or entities</b>	No
	<p>During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.</p>	
<b>BX.9a</b>	<b>Website posting of 5 percent or more ownership control</b>	Yes
	<p>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).</p>	
<b>BX.9b</b>	<b>Website posting of 5 percent or more ownership control: Link</b>	<a href="https://www.dhs.wisconsin.gov/medicaid/hmo-info-medicaid.htm">https://www.dhs.wisconsin.gov/medicaid/hmo-info-medicaid.htm</a>
	<p>What is the link to the website? Refer to 42 CFR 602(g)(3).</p>	
<b>BX.10</b>	<b>Periodic audits</b>	<a href="https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage</a>
	<p>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, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter 'No such audits were conducted during the reporting year' as</p>	

your response. 'N/A' is not an acceptable response.

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## **Section C: Program-Level Indicators**

### **Topic I: Program Characteristics**

Number	Indicator	Response
C11.1	<p><b>Program contract</b></p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	<p>Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the Wisconsin Department of Health Services and &amp;lt;&amp;gt;; January 1, 2023-December 31, 2023</p>
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	<p>1/1/2023 - 12/31/2023</p>
C11.2	<p><b>Contract URL</b></p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<p><a href="https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage</a></p>
C11.3	<p><b>Program type</b></p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	<p>Managed Care Organization (MCO)</p>
C11.4a	<p><b>Special program benefits</b></p> <p>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.</p> <p>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.</p>	<p>Behavioral health</p> <p>Dental</p> <p>Transportation</p>
C11.4b	<p><b>Variation in special benefits</b></p> <p>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.</p>	<p>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.</p>
C11.5	<p><b>Program enrollment</b></p>	<p>62,272</p>

Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).

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**C11.6**

**Changes to enrollment or benefits**

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.

Independent Care Health Plan expanded into 14 counties and Security Health Plan expanded into 4 counties.

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## **Topic III: Encounter Data Report**

Number	Indicator	Response
C1III.1	<p data-bbox="313 107 634 136"><b>Uses of encounter data</b></p> <p data-bbox="313 161 695 310">For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p data-bbox="313 321 727 569">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 data-bbox="760 107 911 136">Rate setting</p> <p data-bbox="760 180 1219 210">Quality/performance measurement</p> <p data-bbox="760 254 1089 283">Monitoring and reporting</p> <p data-bbox="760 327 997 357">Contract oversight</p> <p data-bbox="760 401 987 430">Program integrity</p> <p data-bbox="760 474 1219 504">Policy making and decision support</p>
C1III.2	<p data-bbox="313 625 691 697"><b>Criteria/measures to evaluate MCP performance</b></p> <p data-bbox="313 722 727 905">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 data-bbox="313 915 727 1224">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 data-bbox="760 625 1240 655">Timeliness of initial data submissions</p> <p data-bbox="760 699 1094 728">Use of correct file formats</p> <p data-bbox="760 772 1094 802">Provider ID field complete</p> <p data-bbox="760 846 1349 911">Overall data accuracy (as determined through data validation)</p>
C1III.3	<p data-bbox="313 1276 716 1348"><b>Encounter data performance criteria contract language</b></p> <p data-bbox="313 1373 727 1654">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 data-bbox="760 1276 1321 1348">Article XII Section E (Encounter Data Quality Criteria)</p>
C1III.4	<p data-bbox="313 1707 699 1778"><b>Financial penalties contract language</b></p> <p data-bbox="313 1803 727 2024">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</p>	<p data-bbox="760 1707 1036 1736">Article XII Section E(2)</p>

standards. Use contract section references, not page numbers.

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**C1III.5 Incentives for encounter data quality** No incentives awarded.

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.

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**C1III.6 Barriers to collecting/validating encounter data** The state did not experience any barriers to collecting or validating encounter data during the reporting year.

Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter 'The state did not experience any barriers to collecting or validating encounter data during the reporting year' as your response. 'N/A' is not an acceptable response.

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## Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p><b>State's definition of "critical incident," as used for reporting purposes in its MLTSS program</b></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><b>State definition of "timely" resolution for standard appeals</b></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>	<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 the appeal within 30 calendar days of receiving the appeal (oral or written).' "</p>
C1IV.3	<p><b>State definition of "timely" resolution for expedited appeals</b></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>	<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.' "</p>
C1IV.4	<p><b>State definition of "timely" resolution for grievances</b></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</p>	<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.'</p>

## Topic V. Availability, Accessibility and Network Adequacy

### Network Adequacy

Number	Indicator	Response
C1V.1	<p><b>Gaps/challenges in network adequacy</b></p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter 'No challenges were encountered' as your response. 'N/A' is not an acceptable response.</p>	<p>a. Network deficiencies are random and typically resolved within 6 months. No systemic deficiencies were identified. b. Wisconsin implemented geospatial analytic visualizations technology enhancing time/distance and provider to member ratio quantitative analysis. c. Data errors persist and a focus of process improvements in 2025 as well as improving other metric analysis such as out-of-network analysis, grievances and appeals, and actual encounter utilization provider capacity compared to enrolled providers.</p>
C1V.2	<p><b>State response to gaps in network adequacy</b></p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>a. 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. b. 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>

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## **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.



Complete

**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.



Complete

**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.



Complete

### **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**

45 minutes drive time/30 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Hospital

#### **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**

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**

Hospital

#### **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**

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**

Urgent Care Center

#### **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**

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.



Complete

### **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.



Complete

### **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.



Complete

### **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.



Complete

### 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.



Complete

### 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.



Complete

**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.



Complete

**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.



Complete

**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**

**C2.V.5 Region**

**C2.V.6 Population**

OB/GYN

Rural

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 &lt; 90 days/Emergent &lt; 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 &lt; 90 days/Emergent &lt; 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.

**Topic IX: Beneficiary Support System (BSS)**



Number	Indicator	Response
C1IX.1	<b>BSS website</b>  List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	<a href="https://access.wisconsin.gov/access/">https://access.wisconsin.gov/access/</a>
C1IX.2	<b>BSS auxiliary aids and services</b>  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.	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 WIEBSMemberSupport@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	<b>BSS LTSS program data</b>  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).	Medicaid SSI HMO does not provide long-term services and supports.
C1IX.4	<b>State evaluation of BSS entity performance</b>  What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	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

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>C1X.3</b>	<b>Prohibited affiliation disclosure</b>  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).	No

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## **Section D: Plan-Level Indicators**

### **Topic I. Program Characteristics & Enrollment**

Number	Indicator	Response
D1I.1	<b>Plan enrollment</b>	<b>Anthem Blue Cross and Blue Shield</b>
	Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	8,328
		<b>Group Health Cooperative of Eau Claire</b>
		3,433
		<b>Independent Care Health Plan (iCare)</b>
		10,882
		<b>MHS Health Wisconsin</b>
		7,148
		<b>Molina Health Care of Wisconsin, Inc.</b>
		3,488
	<b>My Choice Wisconsin (MCW)</b>	
	3,295	
	<b>Network Health Plan</b>	
	4,759	
	<b>Security Health Plan of Wisconsin</b>	
	322	
	<b>United Healthcare Community Plan (UHC)</b>	
	20,617	
D1I.2	<b>Plan share of Medicaid</b>	<b>Anthem Blue Cross and Blue Shield</b>
	What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?	0.57%
	<ul style="list-style-type: none"> <li>• Numerator: Plan enrollment (D1.I.1)</li> </ul>	<b>Group Health Cooperative of Eau Claire</b>
	<ul style="list-style-type: none"> <li>• Denominator: Statewide Medicaid enrollment (B.I.1)</li> </ul>	0.23%
		<b>Independent Care Health Plan (iCare)</b>
	0.74%	
	<b>MHS Health Wisconsin</b>	

0.49%

**Molina Health Care of Wisconsin, Inc.**

0.24%

**My Choice Wisconsin (MCW)**

0.22%

**Network Health Plan**

0.32%

**Security Health Plan of Wisconsin**

0.02%

**United Healthcare Community Plan (UHC)**

1.4%

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**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 (D1.1.1)
- Denominator: Statewide Medicaid managed care enrollment (B.1.2)

**Anthem Blue Cross and Blue Shield**

0.76%

**Group Health Cooperative of Eau Claire**

0.31%

**Independent Care Health Plan (iCare)**

0.99%

**MHS Health Wisconsin**

0.065%

**Molina Health Care of Wisconsin, Inc.**

0.32%

**My Choice Wisconsin (MCW)**

0.3%

**Network Health Plan**

0.43%

**Security Health Plan of Wisconsin**

0.03%

**United Healthcare Community Plan (UHC)**

1.88%

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## **Topic II. Financial Performance**

Number	Indicator	Response
D1II.1a	<p data-bbox="313 107 659 136"><b>Medical Loss Ratio (MLR)</b></p> <p data-bbox="313 161 727 415">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.</p> <p data-bbox="313 420 727 793">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.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.</p>	<p data-bbox="760 107 1243 136"><b>Anthem Blue Cross and Blue Shield</b></p> <p data-bbox="760 161 837 191">82.6%</p> <p data-bbox="760 268 1304 298"><b>Group Health Cooperative of Eau Claire</b></p> <p data-bbox="760 323 837 352">79.5%</p> <p data-bbox="760 430 1276 459"><b>Independent Care Health Plan (iCare)</b></p> <p data-bbox="760 485 813 514">87%</p> <p data-bbox="760 592 1068 621"><b>MHS Health Wisconsin</b></p> <p data-bbox="760 646 837 676">85.6%</p> <p data-bbox="760 753 1271 783"><b>Molina Health Care of Wisconsin, Inc.</b></p> <p data-bbox="760 808 837 837">79.9%</p> <p data-bbox="760 915 1146 945"><b>My Choice Wisconsin (MCW)</b></p> <p data-bbox="760 970 837 999">92.1%</p> <p data-bbox="760 1077 1049 1106"><b>Network Health Plan</b></p> <p data-bbox="760 1131 837 1161">80.7%</p> <p data-bbox="760 1239 1222 1268"><b>Security Health Plan of Wisconsin</b></p> <p data-bbox="760 1293 837 1323">82.2%</p> <p data-bbox="760 1400 1339 1430"><b>United Healthcare Community Plan (UHC)</b></p> <p data-bbox="760 1455 837 1484">81.2%</p>
D1II.1b	<p data-bbox="313 1556 594 1585"><b>Level of aggregation</b></p> <p data-bbox="313 1610 727 1896">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.</p>	<p data-bbox="760 1556 1243 1585"><b>Anthem Blue Cross and Blue Shield</b></p> <p data-bbox="760 1610 1243 1640">Statewide all programs &amp; populations</p> <p data-bbox="760 1717 1304 1747"><b>Group Health Cooperative of Eau Claire</b></p> <p data-bbox="760 1772 1243 1801">Statewide all programs &amp; populations</p> <p data-bbox="760 1879 1276 1908"><b>Independent Care Health Plan (iCare)</b></p> <p data-bbox="760 1934 1243 1963">Statewide all programs &amp; populations</p> <p data-bbox="760 2041 1068 2070"><b>MHS Health Wisconsin</b></p>

Statewide all programs & populations

**Molina Health Care of Wisconsin, Inc.**

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

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**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 of Wisconsin, Inc.**

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

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**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 of Wisconsin, Inc.**

Yes

**My Choice Wisconsin (MCW)**

Yes

**Network Health Plan**

Yes

**Security Health Plan of Wisconsin**

Yes

**United Healthcare Community Plan (UHC)**

Yes

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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 of Wisconsin, Inc.**

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

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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 of Wisconsin, Inc.**

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

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## **Topic III. Encounter Data**

Number	Indicator	Response
D1III.1	<p data-bbox="313 107 708 178"><b>Definition of timely encounter data submissions</b></p> <p data-bbox="313 201 708 453">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.</p>	<p data-bbox="760 107 1243 136"><b>Anthem Blue Cross and Blue Shield</b></p> <p data-bbox="760 163 1260 235">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 306 1304 336"><b>Group Health Cooperative of Eau Claire</b></p> <p data-bbox="760 363 1260 434">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 506 1276 535"><b>Independent Care Health Plan (iCare)</b></p> <p data-bbox="760 562 1260 634">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 705 1068 735"><b>MHS Health Wisconsin</b></p> <p data-bbox="760 762 1260 833">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 905 1271 934"><b>Molina Health Care of Wisconsin, Inc.</b></p> <p data-bbox="760 961 1260 1033">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 1104 1146 1134"><b>My Choice Wisconsin (MCW)</b></p> <p data-bbox="760 1161 1260 1232">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 1304 1049 1333"><b>Network Health Plan</b></p> <p data-bbox="760 1360 1260 1432">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 1503 1222 1533"><b>Security Health Plan of Wisconsin</b></p> <p data-bbox="760 1560 1260 1631">Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="760 1703 1336 1732"><b>United Healthcare Community Plan (UHC)</b></p> <p data-bbox="760 1759 1260 1831">Within 120 days from the HMO date of payment to the provider</p>
D1III.2	<p data-bbox="313 1913 708 2062"><b>Share of encounter data submissions that met state's timely submission requirements</b></p>	<p data-bbox="760 1913 1243 1942"><b>Anthem Blue Cross and Blue Shield</b></p> <p data-bbox="760 1969 829 2001">100%</p>

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year 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 year.

**Group Health Cooperative of Eau Claire**

100%

**Independent Care Health Plan (iCare)**

100%

**MHS Health Wisconsin**

100%

**Molina Health Care of Wisconsin, Inc.**

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%

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**D1III.3**

**Share of encounter data submissions that were HIPAA compliant**

What percent of the plan's encounter data submissions (submitted during the reporting year) 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 year.

**Anthem Blue Cross and Blue Shield**

99.8%

**Group Health Cooperative of Eau Claire**

99.1%

**Independent Care Health Plan (iCare)**

99.2%

**MHS Health Wisconsin**

93.9%

**Molina Health Care of Wisconsin, Inc.**

100%

**My Choice Wisconsin (MCW)**

98%

**Network Health Plan**

92.4%

**Security Health Plan of Wisconsin**

100%

**United Healthcare Community Plan (UHC)**

96%

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## **Topic IV. Appeals, State Fair Hearings & Grievances**

### **Appeals Overview**

Number	Indicator	Response
D1IV.1	<p data-bbox="313 107 716 180"><b>Appeals resolved (at the plan level)</b></p> <p data-bbox="313 205 716 317">Enter the total number of appeals resolved during the reporting year.</p> <p data-bbox="313 323 716 751">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.</p>	<p data-bbox="760 107 1341 195"><b>Anthem Blue Cross and Blue Shield</b> 63</p> <p data-bbox="760 268 1341 357"><b>Group Health Cooperative of Eau Claire</b> 37</p> <p data-bbox="760 430 1341 518"><b>Independent Care Health Plan (iCare)</b> 57</p> <p data-bbox="760 592 1341 680"><b>MHS Health Wisconsin</b> 57</p> <p data-bbox="760 753 1341 842"><b>Molina Health Care of Wisconsin, Inc.</b> 39</p> <p data-bbox="760 915 1341 1003"><b>My Choice Wisconsin (MCW)</b> 15</p> <p data-bbox="760 1077 1341 1165"><b>Network Health Plan</b> 65</p> <p data-bbox="760 1239 1341 1327"><b>Security Health Plan of Wisconsin</b> 54</p> <p data-bbox="760 1400 1341 1488"><b>United Healthcare Community Plan (UHC)</b> 108</p>
D1IV.2	<p data-bbox="313 1556 716 1583"><b>Active appeals</b></p> <p data-bbox="313 1608 716 1738">Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p data-bbox="760 1556 1341 1644"><b>Anthem Blue Cross and Blue Shield</b> 3</p> <p data-bbox="760 1717 1341 1806"><b>Group Health Cooperative of Eau Claire</b> 0</p> <p data-bbox="760 1879 1341 1967"><b>Independent Care Health Plan (iCare)</b> 0</p> <p data-bbox="760 2041 1341 2062"><b>MHS Health Wisconsin</b></p>

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

4

**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 of Wisconsin, Inc.**

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

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**D1IV.4**

**Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year 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.

**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 of Wisconsin, Inc.**

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

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**D1IV.5a**

**Standard appeals for which timely resolution was**

**Anthem Blue Cross and Blue Shield**



**provided**

59

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

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

**Group Health Cooperative of Eau Claire**

37

**Independent Care Health Plan (iCare)**

56

**MHS Health Wisconsin**

57

**Molina Health Care of Wisconsin, Inc.**

39

**My Choice Wisconsin (MCW)**

15

**Network Health Plan**

19

**Security Health Plan of Wisconsin**

44

**United Healthcare Community Plan (UHC)**

72

**D1IV.5b****Expedited appeals for which timely resolution was provided****Anthem Blue Cross and Blue Shield**

1

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.

See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

**Group Health Cooperative of Eau Claire**

37

**Independent Care Health Plan (iCare)**

1

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

12

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

6

**United Healthcare Community Plan (UHC)**

20

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**D1IV.6a**

**Resolved appeals related to denial of authorization or limited authorization of a service**

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).

**Anthem Blue Cross and Blue Shield**

63

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

42

**MHS Health Wisconsin**

19

**Molina Health Care of Wisconsin, Inc.**

38

**My Choice Wisconsin (MCW)**

6

**Network Health Plan**

11

**Security Health Plan of Wisconsin**

46

**United Healthcare Community Plan (UHC)**

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<b>D1IV.6b</b>  <b>Resolved appeals related to reduction, suspension, or termination of a previously authorized service</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	<b>Anthem Blue Cross and Blue Shield</b>	0
	<b>Group Health Cooperative of Eau Claire</b>	0
	<b>Independent Care Health Plan (iCare)</b>	13
	<b>MHS Health Wisconsin</b>	38
	<b>Molina Health Care of Wisconsin, Inc.</b>	0
	<b>My Choice Wisconsin (MCW)</b>	0
	<b>Network Health Plan</b>	9
	<b>Security Health Plan of Wisconsin</b>	0
	<b>United Healthcare Community Plan (UHC)</b>	0

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<b>D1IV.6c</b>  <b>Resolved appeals related to payment denial</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	<b>Anthem Blue Cross and Blue Shield</b>	0
	<b>Group Health Cooperative of Eau Claire</b>	0
	<b>Independent Care Health Plan (iCare)</b>	0
	<b>MHS Health Wisconsin</b>	

0

**Molina Health Care of Wisconsin, Inc.**

1

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

4

**United Healthcare Community Plan (UHC)**

1

**D1IV.6d**

**Resolved appeals related to service timeliness**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

**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 of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**D1IV.6e**

**Resolved appeals related to lack of timely plan response to an appeal or grievance**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and 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 of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**D1IV.6f**

**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42

**Anthem Blue Cross and Blue Shield**

0

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

2

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**D1IV.6g**

**Resolved appeals related to denial of an enrollee's request to dispute financial liability**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a 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 of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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## **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.

Number	Indicator	Response
D1IV.7a	<b>Resolved appeals related to general inpatient services</b> 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".	<b>Anthem Blue Cross and Blue Shield</b> 0  <b>Group Health Cooperative of Eau Claire</b> 2  <b>Independent Care Health Plan (iCare)</b> 0  <b>MHS Health Wisconsin</b> 0  <b>Molina Health Care of Wisconsin, Inc.</b> 2  <b>My Choice Wisconsin (MCW)</b> 1  <b>Network Health Plan</b> 0  <b>Security Health Plan of Wisconsin</b> 0  <b>United Healthcare Community Plan (UHC)</b> 13



**D1IV.7b****Resolved appeals related to general outpatient services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter "N/A".

**Anthem Blue Cross and Blue Shield**

63

**Group Health Cooperative of Eau Claire**

34

**Independent Care Health Plan (iCare)**

0

**MHS Health Wisconsin**

8

**Molina Health Care of Wisconsin, Inc.**

10

**My Choice Wisconsin (MCW)**

7

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

48

**United Healthcare Community Plan (UHC)**

71

**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 of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**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**

1

**Independent Care Health Plan (iCare)**

0

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

2

**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 of Wisconsin, Inc.**

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 of Wisconsin, Inc.**

1

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**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 of Wisconsin, Inc.**

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**

11

**Group Health Cooperative of Eau Claire**

N/A

**Independent Care Health Plan (iCare)**

16

**MHS Health Wisconsin**

3

**Molina Health Care of Wisconsin, Inc.**

8

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

1

**United Healthcare Community Plan (UHC)**

5

**D1IV.7i****Resolved appeals related to non-emergency medical transportation (NEMT)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the

**Anthem Blue Cross and Blue Shield**

N/A

**Group Health Cooperative of Eau Claire**

N/A

managed care plan does not cover NEMT, enter "N/A".

**Independent Care Health Plan (iCare)**

N/A

**MHS Health Wisconsin**

N/A

**Molina Health Care of Wisconsin, Inc.**

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

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**D1IV.7j**

**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services 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.7a-i paid primarily by Medicaid, enter "N/A".

**Anthem Blue Cross and Blue Shield**

47

**Group Health Cooperative of Eau Claire**

34

**Independent Care Health Plan (iCare)**

37

**MHS Health Wisconsin**

46

**Molina Health Care of Wisconsin, Inc.**

30

**My Choice Wisconsin (MCW)**

1

**Network Health Plan**

17

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

35

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**State Fair Hearings**

Number	Indicator	Response
D1IV.8a	<p data-bbox="313 107 695 134"><b>State Fair Hearing requests</b></p> <p data-bbox="313 161 719 317">Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.</p>	<p data-bbox="760 107 1243 134"><b>Anthem Blue Cross and Blue Shield</b></p> <p data-bbox="760 161 776 189">0</p> <p data-bbox="760 266 1304 294"><b>Group Health Cooperative of Eau Claire</b></p> <p data-bbox="760 321 776 348">0</p> <p data-bbox="760 426 1276 453"><b>Independent Care Health Plan (iCare)</b></p> <p data-bbox="760 480 776 508">0</p> <p data-bbox="760 585 1068 613"><b>MHS Health Wisconsin</b></p> <p data-bbox="760 640 776 667">6</p> <p data-bbox="760 745 1271 772"><b>Molina Health Care of Wisconsin, Inc.</b></p> <p data-bbox="760 800 776 827">0</p> <p data-bbox="760 905 1146 932"><b>My Choice Wisconsin (MCW)</b></p> <p data-bbox="760 959 776 987">0</p> <p data-bbox="760 1064 1049 1092"><b>Network Health Plan</b></p> <p data-bbox="760 1119 776 1146">0</p> <p data-bbox="760 1224 1222 1251"><b>Security Health Plan of Wisconsin</b></p> <p data-bbox="760 1278 776 1306">0</p> <p data-bbox="760 1383 1341 1411"><b>United Healthcare Community Plan (UHC)</b></p> <p data-bbox="760 1438 776 1465">2</p>
D1IV.8b	<p data-bbox="313 1556 711 1667"><b>State Fair Hearings resulting in a favorable decision for the enrollee</b></p> <p data-bbox="313 1694 719 1850">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p>	<p data-bbox="760 1556 1243 1583"><b>Anthem Blue Cross and Blue Shield</b></p> <p data-bbox="760 1610 776 1638">0</p> <p data-bbox="760 1715 1304 1743"><b>Group Health Cooperative of Eau Claire</b></p> <p data-bbox="760 1770 776 1797">0</p> <p data-bbox="760 1875 1276 1902"><b>Independent Care Health Plan (iCare)</b></p> <p data-bbox="760 1929 776 1957">0</p> <p data-bbox="760 2034 1068 2062"><b>MHS Health Wisconsin</b></p>



0

**Molina Health Care of Wisconsin, Inc.**

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**

0

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

0

**MHS Health Wisconsin**

4

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

1

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**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) during the reporting year prior to reaching a decision.

**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 of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

1

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**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

**Anthem Blue Cross and Blue Shield**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Independent Care Health Plan (iCare)**

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).

N/A

**MHS Health Wisconsin**

N/A

**Molina Health Care of Wisconsin, Inc.**

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

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**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 of Wisconsin, Inc.**

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

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## **Grievances Overview**

Number	Indicator	Response
D1IV.10	<b>Grievances resolved</b>	<b>Anthem Blue Cross and Blue Shield</b>
	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.	102
		<b>Group Health Cooperative of Eau Claire</b>
		1
		<b>Independent Care Health Plan (iCare)</b>
		63
		<b>MHS Health Wisconsin</b>
		64
		<b>Molina Health Care of Wisconsin, Inc.</b>
		140
	<b>My Choice Wisconsin (MCW)</b>	
	1	
	<b>Network Health Plan</b>	
	45	
	<b>Security Health Plan of Wisconsin</b>	
	1	
	<b>United Healthcare Community Plan (UHC)</b>	
	56	
D1IV.11	<b>Active grievances</b>	<b>Anthem Blue Cross and Blue Shield</b>
	Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	4
		<b>Group Health Cooperative of Eau Claire</b>
		0
	<b>Independent Care Health Plan (iCare)</b>	
	0	
	<b>MHS Health Wisconsin</b>	

1

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

4

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

3

**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 of Wisconsin, Inc.**

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 year 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 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

**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 of Wisconsin, Inc.**

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

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.

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<b>D1IV.14</b>	<b>Number of grievances for which timely resolution was provided</b>	<b>Anthem Blue Cross and Blue Shield</b>
		104
	Enter the number of grievances for which timely resolution was provided by plan during the reporting year.	<b>Group Health Cooperative of Eau Claire</b>
	See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	1
		<b>Independent Care Health Plan (iCare)</b>
		63
		<b>MHS Health Wisconsin</b>
		63
		<b>Molina Health Care of Wisconsin, Inc.</b>
		140
	<b>My Choice Wisconsin (MCW)</b>	
	1	
	<b>Network Health Plan</b>	
	40	
	<b>Security Health Plan of Wisconsin</b>	
	1	
	<b>United Healthcare Community Plan (UHC)</b>	
	56	

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## **Grievances by Service**

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

Number	Indicator	Response
D1IV.15a	<p><b>Resolved grievances related to general inpatient services</b></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><b>Anthem Blue Cross and Blue Shield</b> 8</p> <p><b>Group Health Cooperative of Eau Claire</b> 0</p> <p><b>Independent Care Health Plan (iCare)</b> 6</p> <p><b>MHS Health Wisconsin</b> 3</p> <p><b>Molina Health Care of Wisconsin, Inc.</b> 2</p> <p><b>My Choice Wisconsin (MCW)</b> 0</p> <p><b>Network Health Plan</b> 2</p> <p><b>Security Health Plan of Wisconsin</b> 0</p> <p><b>United Healthcare Community Plan (UHC)</b> 2</p>
D1IV.15b	<p><b>Resolved grievances related to general outpatient services</b></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</p>	<p><b>Anthem Blue Cross and Blue Shield</b> 20</p> <p><b>Group Health Cooperative of Eau Claire</b> 0</p> <p><b>Independent Care Health Plan (iCare)</b> 50</p> <p><b>MHS Health Wisconsin</b></p>

not cover this type of service, enter "N/A".

13

**Molina Health Care of Wisconsin, Inc.**

16

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

2

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

32

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**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**

1

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

3

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**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)**

4

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

2

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

6

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**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

**Anthem Blue Cross and Blue Shield**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Independent Care Health Plan (iCare)**

cover this type of service, enter "N/A".

N/A

**MHS Health Wisconsin**

N/A

**Molina Health Care of Wisconsin, Inc.**

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

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**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 of Wisconsin, Inc.**

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 of Wisconsin, Inc.**

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

**Anthem Blue Cross and Blue Shield**

12

**Group Health Cooperative of Eau Claire**

were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

N/A

**Independent Care Health Plan (iCare)**

15

**MHS Health Wisconsin**

7

**Molina Health Care of Wisconsin, Inc.**

10

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

1

**Security Health Plan of Wisconsin**

1

**United Healthcare Community Plan (UHC)**

5

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**D1IV.15i**

**Resolved grievances related to non-emergency medical transportation (NEMT)**

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".

**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 of Wisconsin, Inc.**

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

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**D1IV.15j**

**Resolved grievances related to other service types**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services 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 paid primarily by Medicaid, enter "N/A".

**Anthem Blue Cross and Blue Shield**

74

**Group Health Cooperative of Eau Claire**

1

**Independent Care Health Plan (iCare)**

0

**MHS Health Wisconsin**

40

**Molina Health Care of Wisconsin, Inc.**

59

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

14

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

10

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## **Grievances by Reason**

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

Number	Indicator	Response
D1IV.16a	<p data-bbox="316 105 722 220"><b>Resolved grievances related to plan or provider customer service</b></p> <p data-bbox="316 241 722 751">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>	<p data-bbox="763 105 1307 199"><b>Anthem Blue Cross and Blue Shield</b> 30</p> <p data-bbox="763 262 1307 357"><b>Group Health Cooperative of Eau Claire</b> 0</p> <p data-bbox="763 420 1307 514"><b>Independent Care Health Plan (iCare)</b> 10</p> <p data-bbox="763 577 1307 672"><b>MHS Health Wisconsin</b> 7</p> <p data-bbox="763 735 1307 829"><b>Molina Health Care of Wisconsin, Inc.</b> 26</p> <p data-bbox="763 892 1307 987"><b>My Choice Wisconsin (MCW)</b> 0</p> <p data-bbox="763 1050 1307 1144"><b>Network Health Plan</b> 3</p> <p data-bbox="763 1207 1307 1302"><b>Security Health Plan of Wisconsin</b> 0</p> <p data-bbox="763 1365 1307 1465"><b>United Healthcare Community Plan (UHC)</b> 4</p>
D1IV.16b	<p data-bbox="316 1549 722 1711"><b>Resolved grievances related to plan or provider care management/case management</b></p> <p data-bbox="316 1732 722 2081">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</p>	<p data-bbox="763 1549 1307 1644"><b>Anthem Blue Cross and Blue Shield</b> 0</p> <p data-bbox="763 1707 1307 1801"><b>Group Health Cooperative of Eau Claire</b> 0</p> <p data-bbox="763 1864 1307 1959"><b>Independent Care Health Plan (iCare)</b> 4</p> <p data-bbox="763 2022 1307 2068"><b>MHS Health Wisconsin</b></p>

include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

2

**Molina Health Care of Wisconsin, Inc.**

2

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**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**

29

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

20

**MHS Health Wisconsin**

7

**Molina Health Care of Wisconsin, Inc.**

29

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

2

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**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**

1

**Independent Care Health Plan (iCare)**

21

**MHS Health Wisconsin**

7

**Molina Health Care of Wisconsin, Inc.**

2

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

7

**Security Health Plan of Wisconsin**

1

**United Healthcare Community Plan (UHC)**

29

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**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.

**Anthem Blue Cross and Blue Shield**

4

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

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.

0

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

2

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

1

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**D1IV.16f**

**Resolved grievances related to payment or billing issues**

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

**Anthem Blue Cross and Blue Shield**

32

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

3

**MHS Health Wisconsin**

43

**Molina Health Care of Wisconsin, Inc.**

28

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

14

**D1IV.16g****Resolved grievances related to suspected fraud**

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

Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated 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 of Wisconsin, Inc.**

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****Anthem Blue Cross and Blue Shield**

0

**Group Health Cooperative of Eau Claire**

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

0

**Independent Care Health Plan (iCare)**

0

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0

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**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 by the plan 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**

8

**Group Health Cooperative of Eau Claire**

0

**Independent Care Health Plan (iCare)**

2

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

2

**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 by the plan 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 of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0

**United Healthcare Community Plan (UHC)**

0



<b>D1IV.16k</b>	<b>Resolved grievances filed for other reasons</b>	<b>Anthem Blue Cross and Blue Shield</b>	
	Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.		0
			<b>Group Health Cooperative of Eau Claire</b>
			0
			<b>Independent Care Health Plan (iCare)</b>
			3
			<b>MHS Health Wisconsin</b>
			3
			<b>Molina Health Care of Wisconsin, Inc.</b>
			49
		<b>My Choice Wisconsin (MCW)</b>	
	0		
	<b>Network Health Plan</b>		
	14		
	<b>Security Health Plan of Wisconsin</b>		
	0		
	<b>United Healthcare Community Plan (UHC)</b>		
	4		

## 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.



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

1 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

9.82%

**Group Health Cooperative of Eau Claire**

5.71%

**Independent Care Health Plan (iCare)**

5.63%

**MHS Health Wisconsin**

6.11%

**Molina Health Care of Wisconsin, Inc.**

4.27%

**My Choice Wisconsin (MCW)**

8.51%

**Network Health Plan**

5.83%

**Security Health Plan of Wisconsin**

null

**United Healthcare Community Plan (UHC)**

6.73%



Complete

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

2 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

24.29%

**Group Health Cooperative of Eau Claire**

9.38%

**Independent Care Health Plan (iCare)**

45.31%

**MHS Health Wisconsin**

18.75%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

36.84%

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

32.89%



Complete

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

3 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

11.06%

**Group Health Cooperative of Eau Claire**

5.56%

**Independent Care Health Plan (iCare)**

10.16%

**MHS Health Wisconsin**

7.73%

**Molina Health Care of Wisconsin, Inc.**

7.32%

**My Choice Wisconsin (MCW)**

10.00%

**Network Health Plan**

8.65%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

9.90%



Complete

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

4 / 72

**D2.VII.2 Measure Domain**

Behavioral health care

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

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

0004

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

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

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

12.31%

**Group Health Cooperative of Eau Claire**

6.32%

**Independent Care Health Plan (iCare)**

12.57%

**MHS Health Wisconsin**

7.88%

**Molina Health Care of Wisconsin, Inc.**

7.45%

**My Choice Wisconsin (MCW)**

14.36%

**Network Health Plan**

8.55%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

12.21%

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**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 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**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) - Other drugs**

7 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**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 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

Null



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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

9.91%

**Group Health Cooperative of Eau Claire**

5.71%

**Independent Care Health Plan (iCare)**

5.63%

**MHS Health Wisconsin**

5.65%

**Molina Health Care of Wisconsin, Inc.**

4.35%

**My Choice Wisconsin (MCW)**

8.79%

**Network Health Plan**

5.83%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

6.60%



Complete

**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (18+ Yrs) - Opioid** 10 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

24.64%

**Group Health Cooperative of Eau Claire**

9.38%

**Independent Care Health Plan (iCare)**

45.31%

**MHS Health Wisconsin**

18.75%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

37.84%

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

32.89%



**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Engagement (18+ Yrs) - Other drugs** 11 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

11.06%

**Group Health Cooperative of Eau Claire**

5.56%

**Independent Care Health Plan (iCare)**

10.20%

**MHS Health Wisconsin**

7.25%

**Molina Health Care of Wisconsin, Inc.**

7.44%

**My Choice Wisconsin (MCW)**

10.29%

**Network Health Plan**

8.65%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

9.97%



Complete

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

12 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

12.38%

**Group Health Cooperative of Eau Claire**

6.32%

**Independent Care Health Plan (iCare)**

12.59%

**MHS Health Wisconsin**

7.46%

**Molina Health Care of Wisconsin, Inc.**

7.57%

**My Choice Wisconsin (MCW)**

14.80%

**Network Health Plan**

8.55%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

12.23%



**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (13-17 Yrs) - Alcohol** 13 / 72

**D2.VII.2 Measure Domain**

Behavioral health care

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

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



0004

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

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

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

Null

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**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 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

Null



Complete

**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (13-17 Yrs) - Total Drugs** 16 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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 of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

Null



Complete

**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (18+ Yrs) - Alcohol** 17 / 72

**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**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

48.65%

**Group Health Cooperative of Eau Claire**

51.43%

**Independent Care Health Plan (iCare)**

36.15%

**MHS Health Wisconsin**

36.72%

**Molina Health Care of Wisconsin, Inc.**

36.52%

**My Choice Wisconsin (MCW)**

46.15%

**Network Health Plan**

47.57%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

37.82%

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

56.52%

**Group Health Cooperative of Eau Claire**

34.38%

**Independent Care Health Plan (iCare)**

70.31%

**MHS Health Wisconsin**

43.75%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

59.46%

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

59.06%



Complete

**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation (18+ Yrs) - Other Drug** 19 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

50.44%

**Group Health Cooperative of Eau Claire**

31.94%

**Independent Care Health Plan (iCare)**

39.22%

**MHS Health Wisconsin**

48.19%



**Molina Health Care of Wisconsin, Inc.**

36.36%

**My Choice Wisconsin (MCW)**

36.76%

**Network Health Plan**

47.12%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

38.32%



Complete

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

20 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

50.48%

**Group Health Cooperative of Eau Claire**

40.23%

**Independent Care Health Plan (iCare)**

41.73%

**MHS Health Wisconsin**

42.79%

**Molina Health Care of Wisconsin, Inc.**

38.25%

**My Choice Wisconsin (MCW)**

45.41%

**Network Health Plan**

47.01%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

41.45%



Complete

**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation Total - Alcohol** 21 / 72

**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**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

48.66%

**Group Health Cooperative of Eau Claire**

51.43%

**Independent Care Health Plan (iCare)**

36.51%

**MHS Health Wisconsin**

37.22%

**Molina Health Care of Wisconsin, Inc.**

35.90%

**My Choice Wisconsin (MCW)**

45.74%

**Network Health Plan**

47.57%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

37.91%

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

57.14%

**Group Health Cooperative of Eau Claire**

34.88%

**Independent Care Health Plan (iCare)**

70.31%

**MHS Health Wisconsin**

43.75%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

57.89%

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

59.06%



Complete

**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation Total - Other Drugs** 23 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

50.44%

**Group Health Cooperative of Eau Claire**

31.94%

**Independent Care Health Plan (iCare)**

39.06%

**MHS Health Wisconsin**

48.45%

**Molina Health Care of Wisconsin, Inc.**

35.77%

**My Choice Wisconsin (MCW)**

35.71%

**Network Health Plan**

47.12%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

38.28%



Complete

**D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET) - Initiation Total - Total Drugs** 24 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

50.58%

**Group Health Cooperative of Eau Claire**

40.23%

**Independent Care Health Plan (iCare)**

41.65%

**MHS Health Wisconsin**

43.10%

**Molina Health Care of Wisconsin, Inc.**

37.65%

**My Choice Wisconsin (MCW)**

44.55%

**Network Health Plan**

47.01%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

41.43%



Complete

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

25 / 72

**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**

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

61.56%

**Group Health Cooperative of Eau Claire**

70.87%

**Independent Care Health Plan (iCare)**

63.01%

**MHS Health Wisconsin**

63.13%

**Molina Health Care of Wisconsin, Inc.**

55.05%

**My Choice Wisconsin (MCW)**

77.69%

**Network Health Plan**

67.46%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

72.58%



**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

41.88%

**Group Health Cooperative of Eau Claire**

44.09%

**Independent Care Health Plan (iCare)**

45.53%

**MHS Health Wisconsin**

51.01%

**Molina Health Care of Wisconsin, Inc.**

37.61%

**My Choice Wisconsin (MCW)**

54.55%

**Network Health Plan**

48.41%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

56.94%



**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness: Age 18 -64 (FUH) - 30 day follow-up** 27 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

46.26%

**Group Health Cooperative of Eau Claire**

68.00%

**Independent Care Health Plan (iCare)**

67.86%

**MHS Health Wisconsin**

55.83%

**Molina Health Care of Wisconsin, Inc.**

73.63%

**My Choice Wisconsin (MCW)**

76.47%

**Network Health Plan**

74.03%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

62.37%



Complete

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

28 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

25.23%

**Group Health Cooperative of Eau Claire**

38.00%

**Independent Care Health Plan (iCare)**

51.79%

**MHS Health Wisconsin**

41.67%

**Molina Health Care of Wisconsin, Inc.**

54.95%

**My Choice Wisconsin (MCW)**

58.82%

**Network Health Plan**

58.44%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

43.30%



Complete

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

29 / 72

**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**

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

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

81.73%

**Group Health Cooperative of Eau Claire**

75.00%

**Independent Care Health Plan (iCare)**

75.11%

**MHS Health Wisconsin**

81.55%

**Molina Health Care of Wisconsin, Inc.**

75.68%

**My Choice Wisconsin (MCW)**

75.79%

**Network Health Plan**

77.32%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

76.37%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) - 30 day follow-up 18+** 30 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

38.24%

**Group Health Cooperative of Eau Claire**

48.39%

**Independent Care Health Plan (iCare)**

57.14%

**MHS Health Wisconsin**

33.05%

**Molina Health Care of Wisconsin, Inc.**

46.51%

**My Choice Wisconsin (MCW)**

36.67%

**Network Health Plan**

31.75%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

48.61%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) - 7 day follow-up 18+** 31 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

28.82%

**Group Health Cooperative of Eau Claire**

32.26%

**Independent Care Health Plan (iCare)**

42.21%

**MHS Health Wisconsin**

22.88%

**Molina Health Care of Wisconsin, Inc.**

34.88%

**My Choice Wisconsin (MCW)**

20.00%

**Network Health Plan**

12.70%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

36.46%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 day follow-up, ages 18-64** 32 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

36.59%

**Group Health Cooperative of Eau Claire**

Null



**Independent Care Health Plan (iCare)**

61.81%

**MHS Health Wisconsin**

57.50%

**Molina Health Care of Wisconsin, Inc.**

68.42%

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

59.78%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

62.68%



**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 7 day follow-up, ages 18-64** 33 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

## Measure results

### **Anthem Blue Cross and Blue Shield**

21.14%

### **Group Health Cooperative of Eau Claire**

Null

### **Independent Care Health Plan (iCare)**

54.17%

### **MHS Health Wisconsin**

45.00%

### **Molina Health Care of Wisconsin, Inc.**

59.21%

### **My Choice Wisconsin (MCW)**

Null

### **Network Health Plan**

44.57%

### **Security Health Plan of Wisconsin**

Null

### **United Healthcare Community Plan (UHC)**

52.15%



Complete

**D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)** 34 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

48.38%

**Group Health Cooperative of Eau Claire**

74.16%

**Independent Care Health Plan (iCare)**

70.88%

**MHS Health Wisconsin**

75.00%

**Molina Health Care of Wisconsin, Inc.**

68.99%

**My Choice Wisconsin (MCW)**

76.52%

**Network Health Plan**

74.82%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

77.51%



Complete

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

35 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

64.72%

**Group Health Cooperative of Eau Claire**

68.59%

**Independent Care Health Plan (iCare)**

62.29%

**MHS Health Wisconsin**

67.40%

**Molina Health Care of Wisconsin, Inc.**

59.85%

**My Choice Wisconsin (MCW)**

72.60%

**Network Health Plan**

68.13%

**Security Health Plan of Wisconsin**

71.88%

**United Healthcare Community Plan (UHC)**

70.80%



Complete

**D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients with Diabetes - Poor Control HBA1c (>9.0%)**

36 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

32.12%

**Group Health Cooperative of Eau Claire**

34.55%

**Independent Care Health Plan (iCare)**

43.55%

**MHS Health Wisconsin**

36.98%

**Molina Health Care of Wisconsin, Inc.**

36.75%

**My Choice Wisconsin (MCW)**

29.44%

**Network Health Plan**

32.12%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

31.14%



Complete

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

37 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

10.05%

**Group Health Cooperative of Eau Claire**

9.71%

**Independent Care Health Plan (iCare)**

9.46%

**MHS Health Wisconsin**

10.22%

**Molina Health Care of Wisconsin, Inc.**

9.46%

**My Choice Wisconsin (MCW)**

9.68%

**Network Health Plan**

9.92%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

9.99%



Complete

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

38 / 72

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

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

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

1768

**D2.VII.6 Measure Set**  
Medicaid Adult Core Set

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

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

11.97%

**Group Health Cooperative of Eau Claire**

11.60%

**Independent Care Health Plan (iCare)**

11.17%

**MHS Health Wisconsin**

12.01%

**Molina Health Care of Wisconsin, Inc.**

11.17%

**My Choice Wisconsin (MCW)**

11.16%

**Network Health Plan**

11.48%

**Security Health Plan of Wisconsin**

17.48%

**United Healthcare Community Plan (UHC)**

11.55%



**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

12.19%

**Group Health Cooperative of Eau Claire**

11.22%

**Independent Care Health Plan (iCare)**

11.02%

**MHS Health Wisconsin**

12.80%

**Molina Health Care of Wisconsin, Inc.**

12.46%

**My Choice Wisconsin (MCW)**

11.45%

**Network Health Plan**

11.97%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

11.01%



Complete

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

40 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

13.41%

**Group Health Cooperative of Eau Claire**

13.04%

**Independent Care Health Plan (iCare)**

12.34%

**MHS Health Wisconsin**

13.33%

**Molina Health Care of Wisconsin, Inc.**

12.25%

**My Choice Wisconsin (MCW)**

12.30%

**Network Health Plan**

12.47%

**Security Health Plan of Wisconsin**

17.48%

**United Healthcare Community Plan (UHC)**

13.02%



Complete

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

41 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

12.50%

**Group Health Cooperative of Eau Claire**

5.80%

**Independent Care Health Plan (iCare)**

10.24%

**MHS Health Wisconsin**

13.89%

**Molina Health Care of Wisconsin, Inc.**

17.36%

**My Choice Wisconsin (MCW)**

9.64%

**Network Health Plan**

11.36%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

11.96%



Complete

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

42 / 72

**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**

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

14.33%

**Group Health Cooperative of Eau Claire**

7.31%

**Independent Care Health Plan (iCare)**

9.13%

**MHS Health Wisconsin**

13.33%

**Molina Health Care of Wisconsin, Inc.**

14.05%

**My Choice Wisconsin (MCW)**

8.30%

**Network Health Plan**

9.62%

**Security Health Plan of Wisconsin**

20.00%

**United Healthcare Community Plan (UHC)**

10.14%

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

13.19%

**Group Health Cooperative of Eau Claire**

2.13%

**Independent Care Health Plan (iCare)**

4.70%

**MHS Health Wisconsin**

11.76%

**Molina Health Care of Wisconsin, Inc.**

11.76%

**My Choice Wisconsin (MCW)**

10.29%

**Network Health Plan**

7.69%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

8.85%



Complete

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

44 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

16.53%

**Group Health Cooperative of Eau Claire**

10.68%

**Independent Care Health Plan (iCare)**

10.10%

**MHS Health Wisconsin**

13.66%

**Molina Health Care of Wisconsin, Inc.**

11.82%

**My Choice Wisconsin (MCW)**

5.56%

**Network Health Plan**

9.35%

**Security Health Plan of Wisconsin**

20.00%

**United Healthcare Community Plan (UHC)**

9.39%



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier<sup>45 / 72</sup>  
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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

75.00%



**Group Health Cooperative of Eau Claire**

18.18%

**Independent Care Health Plan (iCare)**

79.81%

**MHS Health Wisconsin**

34.97%

**Molina Health Care of Wisconsin, Inc.**

64.52%

**My Choice Wisconsin (MCW)**

84.51%

**Network Health Plan**

70.59%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

70.55%



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier<sup>46 / 72</sup>  
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**

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

69.72%

**Group Health Cooperative of Eau Claire**

53.76%

**Independent Care Health Plan (iCare)**

74.81%

**MHS Health Wisconsin**

43.93%

**Molina Health Care of Wisconsin, Inc.**

63.83%

**My Choice Wisconsin (MCW)**

73.53%

**Network Health Plan**

57.02%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

72.67%



**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier<sup>47 / 72</sup>  
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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

61.86%

**Group Health Cooperative of Eau Claire**

56.82%

**Independent Care Health Plan (iCare)**

52.81%

**MHS Health Wisconsin**

46.05%

**Molina Health Care of Wisconsin, Inc.**

23.26%

**My Choice Wisconsin (MCW)**

85.37%

**Network Health Plan**

54.35%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

62.65%



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR-AD), Outlier Rate - 45-54** 48 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

76.19%

**Group Health Cooperative of Eau Claire**

93.02%

**Independent Care Health Plan (iCare)**

115.11%

**MHS Health Wisconsin**

54.35%

**Molina Health Care of Wisconsin, Inc.**

125.00%

**My Choice Wisconsin (MCW)**

39.22%

**Network Health Plan**

39.22%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

95.45%



Complete

**D2.VII.1 Measure Name: Asthma Medication Ratio: Ages 19 to 50 (AMR)<sup>49 / 72</sup>**

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

49.49%

**Group Health Cooperative of Eau Claire**

66.67%

**Independent Care Health Plan (iCare)**

68.97%

**MHS Health Wisconsin**

70.15%

**Molina Health Care of Wisconsin, Inc.**

74.19%

**My Choice Wisconsin (MCW)**

48.39%

**Network Health Plan**

66.67%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

63.32%



Complete

**D2.VII.1 Measure Name: Asthma Medication Ratio: Ages 51-64 (AMR)** 50 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

63.01%

**Group Health Cooperative of Eau Claire**

68.75%

**Independent Care Health Plan (iCare)**

65.71%

**MHS Health Wisconsin**

73.71%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

62.90%



Complete

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

51 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

55.23%

**Group Health Cooperative of Eau Claire**

67.69%

**Independent Care Health Plan (iCare)**

67.42%

**MHS Health Wisconsin**

71.30%

**Molina Health Care of Wisconsin, Inc.**

75.00%

**My Choice Wisconsin (MCW)**

53.45%

**Network Health Plan**

67.27%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

63.14%



**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

57.91%

**Group Health Cooperative of Eau Claire**

54.01%

**Independent Care Health Plan (iCare)**

47.45%

**MHS Health Wisconsin**

54.26%

**Molina Health Care of Wisconsin, Inc.**

55.96%

**My Choice Wisconsin (MCW)**

58.39%

**Network Health Plan**

56.93%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

59.85%



Complete

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

53 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

19.77%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

14.71%

**MHS Health Wisconsin**

24.04%

**Molina Health Care of Wisconsin, Inc.**

27.55%

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

22.50%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

Null



Complete

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

54 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

19.77%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

14.71%

**MHS Health Wisconsin**

24.04%

**Molina Health Care of Wisconsin, Inc.**

27.55%

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

22.50%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

Null



Complete

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

55 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

57.66%

**Group Health Cooperative of Eau Claire**

63.99%

**Independent Care Health Plan (iCare)**

54.01%

**MHS Health Wisconsin**

59.85%

**Molina Health Care of Wisconsin, Inc.**

56.93%

**My Choice Wisconsin (MCW)**

55.36%

**Network Health Plan**

57.42%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

61.07%



Complete

**D2.VII.1 Measure Name: Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)** 56 / 72

**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**

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

61.98%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

74.12%

**MHS Health Wisconsin**

68.35%

**Molina Health Care of Wisconsin, Inc.**

83.87%

**My Choice Wisconsin (MCW)**

52.94%

**Network Health Plan**

69.86%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

52.00%



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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

51.71%

**Group Health Cooperative of Eau Claire**

51.35%

**Independent Care Health Plan (iCare)**

49.95%

**MHS Health Wisconsin**

52.71%

**Molina Health Care of Wisconsin, Inc.**

50.00%

**My Choice Wisconsin (MCW)**

46.49%

**Network Health Plan**

50.00%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

54.38%



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness (FUH)- 30 day follow-up, Total** 58 / 72

**D2.VII.2 Measure Domain**

Behavioral health care

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

576

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

46.26%

**Group Health Cooperative of Eau Claire**

68.00%

**Independent Care Health Plan (iCare)**

67.86%

**MHS Health Wisconsin**

55.83%

**Molina Health Care of Wisconsin, Inc.**

73.63%



**My Choice Wisconsin (MCW)**

76.47%

**Network Health Plan**

74.03%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

62.37%



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness (FUH) - 7 day follow-up, Total**

59 / 72

**D2.VII.2 Measure Domain**

Behavioral health care

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

576

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

25.23%

**Group Health Cooperative of Eau Claire**

38.00%

**Independent Care Health Plan (iCare)**

51.79%

**MHS Health Wisconsin**

41.67%

**Molina Health Care of Wisconsin, Inc.**

54.95%

**My Choice Wisconsin (MCW)**

58.82%

**Network Health Plan**

58.44%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

43.30%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) - 7 Day follow-up Total** 60 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

## Measure results

### **Anthem Blue Cross and Blue Shield**

28.82%

### **Group Health Cooperative of Eau Claire**

32.26%

### **Independent Care Health Plan (iCare)**

42.21%

### **MHS Health Wisconsin**

22.88%

### **Molina Health Care of Wisconsin, Inc.**

34.88%

### **My Choice Wisconsin (MCW)**

20.00%

### **Network Health Plan**

12.705

### **Security Health Plan of Wisconsin**

Null

### **United Healthcare Community Plan (UHC)**

36.46%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) - 30 day follow up (total)** 61 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

38.24%

**Group Health Cooperative of Eau Claire**

48.39%

**Independent Care Health Plan (iCare)**

57.14%

**MHS Health Wisconsin**

33.05%

**Molina Health Care of Wisconsin, Inc.**

46.51%

**My Choice Wisconsin (MCW)**

36.67%

**Network Health Plan**

31.75%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

48.61%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 7 Day (Total)** 62 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

21.14%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

54.17%

**MHS Health Wisconsin**

45.00%

**Molina Health Care of Wisconsin, Inc.**

59.21%

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

44.57%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

52.15%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 day follow-up (Total)** 63 / 72

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

36.59%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

61.81%

**MHS Health Wisconsin**

57.50%

**Molina Health Care of Wisconsin, Inc.**

68.42%

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

59.78%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

62.68%



**D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care (PPC-AD) - Postpartum Care** 64 / 72

**D2.VII.2 Measure Domain**

Maternal and perinatal health

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

1517

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

## Measure results

### **Anthem Blue Cross and Blue Shield**

69.23%

### **Group Health Cooperative of Eau Claire**

Null

### **Independent Care Health Plan (iCare)**

63.93%

### **MHS Health Wisconsin**

62.00%

### **Molina Health Care of Wisconsin, Inc.**

Null

### **My Choice Wisconsin (MCW)**

Null

### **Network Health Plan**

72.73%

### **Security Health Plan of Wisconsin**

Null

### **United Healthcare Community Plan (UHC)**

48.96%



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care (PPC-AD) - Timeliness of Prenatal Care** 65 / 72

#### **D2.VII.2 Measure Domain**

Maternal and perinatal health



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

1517

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

86.54%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

73.77%

**MHS Health Wisconsin**

58.00%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

69.70%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

50.00%



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-AD), Ages 46-72**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

34

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

25.10%

**Group Health Cooperative of Eau Claire**

22.06%

**Independent Care Health Plan (iCare)**

24.145

**MHS Health Wisconsin**

23.99%

**Molina Health Care of Wisconsin, Inc.**

19.61%

**My Choice Wisconsin (MCW)**

16.30%

**Network Health Plan**

20.89%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

23.38%



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-AD), Total** 67 / 72

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

34

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

44.29%

**Group Health Cooperative of Eau Claire**

40.75%

**Independent Care Health Plan (iCare)**

41.02%

**MHS Health Wisconsin**

40.25%

**Molina Health Care of Wisconsin, Inc.**

36.91%

**My Choice Wisconsin (MCW)**

38.01%

**Network Health Plan**

39.19%

**Security Health Plan of Wisconsin**

55.56%

**United Healthcare Community Plan (UHC)**

50.02%



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-AD), Ages 50<sup>68</sup> / 72  
75**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

034

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

46.88%

**Group Health Cooperative of Eau Claire**

43.41%

**Independent Care Health Plan (iCare)**

43.83%

**MHS Health Wisconsin**

43.26%

**Molina Health Care of Wisconsin, Inc.**

39.74%

**My Choice Wisconsin (MCW)**

40.97%

**Network Health Plan**

42.08%

**Security Health Plan of Wisconsin**

58.14%

**United Healthcare Community Plan (UHC)**

53.65%



Complete

**D2.VII.1 Measure Name: Chlamydia Screening in Women Ages 16 to 20** 69 / 72  
**(CHL-CH)**

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**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**

59.38%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

46.00%

D2.VII.2 Measure Domain

Primary care access and preventative care

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

33

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

No, 01/01/2022 - 12/31/2022

D2.VII.8 Measure Description

N/A

Measure results

**Anthem Blue Cross and Blue Shield**

62.16%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

75.22%

**MHS Health Wisconsin**

65.77%

**Molina Health Care of Wisconsin, Inc.**

78.05%

**My Choice Wisconsin (MCW)**

46.67%

**Network Health Plan**

69.00%

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

50.67%



Complete

**D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) 18-64** 71 / 72

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

N/A

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

46.77%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

50.98%

**MHS Health Wisconsin**

40.00%



**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

32.89%



Complete

**D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) Total** 72 / 72

**D2.VII.2 Measure Domain**

Primary care access and preventative care

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

N/A

**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**

No, 01/01/2022 - 12/31/2022

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

44.78%

**Group Health Cooperative of Eau Claire**

Null

**Independent Care Health Plan (iCare)**

50.00%

**MHS Health Wisconsin**

38.46%

**Molina Health Care of Wisconsin, Inc.**

Null

**My Choice Wisconsin (MCW)**

Null

**Network Health Plan**

Null

**Security Health Plan of Wisconsin**

Null

**United Healthcare Community Plan (UHC)**

33.77%

## **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.

**Sanction total count:**

**0 - No sanctions entered**

## **Topic X. Program Integrity**

Number	Indicator	Response
D1X.1	<b>Dedicated program integrity staff</b> 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).	<b>Anthem Blue Cross and Blue Shield</b> 4.5
		<b>Group Health Cooperative of Eau Claire</b> 16
		<b>Independent Care Health Plan (iCare)</b> 4.04
		<b>MHS Health Wisconsin</b> 2
		<b>Molina Health Care of Wisconsin, Inc.</b> 3
		<b>My Choice Wisconsin (MCW)</b> 1.76
		<b>Network Health Plan</b> 2
		<b>Security Health Plan of Wisconsin</b> 7
		<b>United Healthcare Community Plan (UHC)</b> 5
		D1X.2
<b>Group Health Cooperative of Eau Claire</b> 4		
<b>Independent Care Health Plan (iCare)</b> 0		
<b>MHS Health Wisconsin</b>		

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

1

**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 to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

**Anthem Blue Cross and Blue Shield**

0:1,000

**Group Health Cooperative of Eau Claire**

1.17:1,000

**Independent Care Health Plan (iCare)**

0:1,000

**MHS Health Wisconsin**

0:1,000

**Molina Health Care of Wisconsin, Inc.**

0:1,000

**My Choice Wisconsin (MCW)**

0:1,000

**Network Health Plan**

0:1,000

**Security Health Plan of Wisconsin**

**United Healthcare Community Plan (UHC)**

0:1,000

**D1X.4****Count of resolved program integrity investigations**

How many program integrity investigations were resolved by the plan during the reporting year?

**Anthem Blue Cross and Blue Shield**

0

**Group Health Cooperative of Eau Claire**

4

**Independent Care Health Plan (iCare)**

0

**MHS Health Wisconsin**

0

**Molina Health Care of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

1

**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 to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member

**Anthem Blue Cross and Blue Shield**

0:1,000

**Group Health Cooperative of Eau Claire**

1.17:1,000

**Independent Care Health Plan (iCare)**

months)? Express this as a ratio per 1,000 beneficiaries. 0:1,000

**MHS Health Wisconsin**

0:1,000

**Molina Health Care of Wisconsin, Inc.**

0:1,000

**My Choice Wisconsin (MCW)**

0:1,000

**Network Health Plan**

0:1,000

**Security Health Plan of Wisconsin**

3.11:1,000

**United Healthcare Community Plan (UHC)**

0:1,000

---

**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 of Wisconsin, Inc.**

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 total number of program integrity referrals made during 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 of Wisconsin, Inc.**

0

**My Choice Wisconsin (MCW)**

0

**Network Health Plan**

0

**Security Health Plan of Wisconsin**

0



**D1X.8**

**Ratio of program integrity referral to the state**

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

**Anthem Blue Cross and Blue Shield**

0:1,000

**Group Health Cooperative of Eau Claire**

0:1,000

**Independent Care Health Plan (iCare)**

0:1,000

**MHS Health Wisconsin**

0:1,000

**Molina Health Care of Wisconsin, Inc.**

0:1,000

**My Choice Wisconsin (MCW)**

0:1,000

**Network Health Plan**

0:1,000

**Security Health Plan of Wisconsin**

0:1,000

**United Healthcare Community Plan (UHC)**

0:1,000

**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, at minimum, the following information:

- The date of the report (rating period or calendar year).
- The dollar amount of overpayments recovered.

**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 2023. Total SSI revenue was \$57,884,236.

**Group Health Cooperative of Eau Claire**

- The ratio of the dollar amount of overpayments recovered as a percent of premium revenue as defined in MLR reporting under 42 CFR 438.8(f)(2).

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 was for calendar year 2023. The total overpayments recovered for 2023 was \$2,973.79. Total revenue for 2023 was \$20,751,698. The ratio of overpayments recovered as a percent of premium revenue was 0.01%.

### **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 was for calendar year 2023. The total overpayments recovered for 2023 was \$79,607.29. Total revenue for 2023 was \$69,865,262. The ratio of overpayments recovered as a percent of premium revenue was 0.11%.

### **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 was for calendar year 2023. MHS and NHP have combined program integrity departments and report all activities on one report to OIG. The total overpayments recovered for 2023 from MHS and NHP was \$814,116.24. Total revenue for 2023 for MHS was \$51,627,041. The total revenue for 2023 for NHP was \$31,028,082. The combined total revenue was \$82,655,122. The ratio of overpayments recovered as a percent of premium revenue is 0.98%.

### **Molina Health Care of Wisconsin, Inc.**

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 was for calendar year 2023. The total overpayments recovered for 2023 was \$164,281.14. Total revenue for 2023 was \$26,380,773. The ratio of overpayments recovered as a percent of premium revenue is 0.62%.

### **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 2023. Total SSI revenue was \$19,915,253.

### **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 was for calendar year 2023. MHS and NHP have combined program integrity departments and report all activities on one report to OIG. The total overpayments recovered for 2023 from MHS and NHP was \$814,116.24. Total revenue for 2023 for MHS was \$51,627,041. The total revenue for 2023 for NHP was \$31,028,082. The combined total revenue was \$82,655,122. The ratio of overpayments recovered as a percent of premium revenue is 0.98%.

### **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 was for calendar year 2023. The total overpayments recovered for 2023 was \$4,317.30. Total revenue for 2023 was \$2,057,252. The ratio of overpayments recovered as a percent of premium revenue was 0.21%.

### **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 was for calendar year 2023. The total overpayments recovered for 2023 was \$2,604,498.94. Total revenue for 2023 was \$134,624,780. The ratio of overpayments recovered as a percent of premium revenue was 1.93%.

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**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 of Wisconsin, Inc.**

Weekly

**My Choice Wisconsin (MCW)**

Weekly

**Network Health Plan**

Weekly

**Security Health Plan of Wisconsin**

Weekly

**United Healthcare Community Plan (UHC)**

Weekly

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# Section E: BSS Entity Indicators

## 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.

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