Wisconsin CARTS FY2022 Report

Welcome!

We already have some information about your state from our records.
If any information is incorrect, please contact the CARTS Help Desk.

1. State or territory name:

Wisconsin

2. Program type:

- (●) Both Medicaid Expansion CHIP and Separate CHIP
- ( ) Medicaid Expansion CHIP only
- ( ) Separate CHIP only

3. CHIP program name(s):

BadgerCare Plus

Who should we contact if we have any questions about your report?

4. Contact name:

Rachel Witthoft

5. Job title:

Eligibility Policy Analyst

6. Email:

rachel.witthoft@dhs.wisconsin.gov

7. Full mailing address:

Include city, state, and zip code.

Wisconsin Department of Health Services 1 West Wilson St., Room 365 PO BOX 309 Madison, WI 53701

8. Phone number:

608-266-0261

PRA Disclosure Statement.
This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather all data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

- ○ Yes
- ◉ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

- ○ Yes
- ○ No

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

5. Which delivery system(s) do you use?
Select all that apply.

- ☑ Managed Care
- ☐ Primary Care Case Management
- ☑ Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Most BadgerCare Plus members are enrolled in an HMO. If the member lives in an area covered by two or more HMOs, enrollment in an HMO is mandatory. In areas with only one available HMO, enrollment in an HMO is voluntary. Members also may qualify for an exception from HMO enrollment if there are continuity of care concerns, chronic illness, or other situations. Members not enrolled in an HMO are covered by fee-for-service.

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

1. Does your program charge an enrollment fee?

- ○ Yes
- ◉ No

2. Does your program charge premiums?

- ○ Yes
- ◉ No

3. Is the maximum premium a family would be charged each year tiered by FPL?

- ○ Yes
- ○ No

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

5. Which delivery system(s) do you use?
Select all that apply.

- [x] Managed Care
- [ ] Primary Care Case Management
- [x] Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Most BadgerCare Plus members are enrolled in an HMO. If the member lives in an area covered by two or more HMOs, enrollment in an HMO is mandatory. In areas with only one available HMO, enrollment in an HMO is voluntary. Members also may qualify for an exception from HMO enrollment if there are continuity of care concerns, chronic illness, or other situations. Members not enrolled in an HMO are covered by fee-for-service.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2. Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4. Have you made any changes to the benefits available to enrollees?
For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5. Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- ◉ Yes
- ○ No
- ○ N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

- ○ Yes
- ◉ No
- ○ N/A

9. Have you made any changes to the substitution of coverage policies?
For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10. Have you made any changes to the enrollment process for health plan selection?

- ○ Yes
- ◉ No
- ○ N/A

11. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ○ Yes
- ◉ No
- ○ N/A

12. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

- ○ Yes
- ◉ No
- ○ N/A

13. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- ○ Yes
- ◉ No
- ○ N/A

14. Have you made any changes to eligibility for "lawfully residing" pregnant individuals?

- ○ Yes
- ◉ No
- ○ N/A

15. Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ◉ No
- ○ N/A

16. Have you made changes to any other policy or program areas?

- ○ Yes
- ◉ No
- ○ N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

Question 6: The Department of Health Services and our community partners have engaged in various strategies to better connect with vulnerable populations in Wisconsin, particularly in light of the COVID-19 pandemic. See Section 3A: Program Outreach for more details.

18. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- ○ Yes
- ○ No
- ◉ N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

- ○ Yes
- ◉ No
- ○ N/A

2. Have you made any changes to the eligibility redetermination process?

- ○ Yes
- ◉ No
- ○ N/A

3. Have you made any changes to the eligibility levels or target populations?
For example: increasing income eligibility levels.

- ○ Yes
- ◉ No
- ○ N/A

4. Have you made any changes to the benefits available to enrolees?
For example: adding benefits or removing benefit limits.

- ○ Yes
- ◉ No
- ○ N/A

5. Have you made any changes to the single streamlined application?

- ○ Yes
- ◉ No
- ○ N/A

6. Have you made any changes to your outreach efforts?
For example: allotting more or less funding for outreach, or changing your target population.

- ◉ Yes
- ○ No
- ○ N/A

7. Have you made any changes to the delivery system(s)?
For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

- ○ Yes
- ◉ No
- ○ N/A

8. Have you made any changes to your cost sharing requirements?
For example: changing amounts, populations, or the collection process.

- ○ Yes
- ◉ No
- ○ N/A

9. Have you made any changes to substitution of coverage policies?
For example: removing a waiting period.

- ○ Yes
- ◉ No
- ○ N/A

10. Have you made any changes to an enrollment freeze and/or enrollment cap?

- ○ Yes
- ◉ No
- ○ N/A

11. Have you made any changes to the enrollment process for health plan selection?

- ○ Yes
- ◉ No
- ○ N/A

12. Have you made any changes to the protections for applicants and enrollees?
For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ○ Yes
- ◉ No
- ○ N/A

13. Have you made any changes to premium assistance?
For example: adding premium assistance or changing the population that receives premium assistance.

- ○ Yes
- ◉ No
- ○ N/A

14. Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- ○ Yes
- ◉ No
- ○ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?
For example: expanding eligibility or changing this population's benefit package.

- ○ Yes
- ◉ No
- ○ N/A

16. Have you made any changes to coverage for your CHIP pregnant individuals eligibility group?
For example: expanding eligibility or changing this population's benefit package.

- ○ Yes
- ◉ No
- ○ N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant individuals?

- ○ Yes
- ◉ No
- ○ N/A

18. Have you made any changes to eligibility for "lawfully residing" children?

- ○ Yes
- ◉ No
- ○ N/A

19. Have you made changes to any other policy or program areas?

- ○ Yes
- ◉ No
- ○ N/A

20. Briefly describe why you made these changes to your Separate CHIP program.

Question 6: The Department of Health Services and our community partners have engaged in various strategies to better connect with vulnerable populations in Wisconsin, particularly in light of the COVID-19 pandemic. See Section 3A: Program Outreach for more details.

21. Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

- ○ Yes
- ◉ No

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2021	Number of children enrolled in FFY 2022	Percent change
Medicaid Expansion CHIP	30,103	31,873	5.88%
Separate CHIP	78,878	85,320	8.167%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

The temporary eligibility rules in place during the COVID-19 public health emergency (PHE) greatly reduced eligibility terminations of CHIP enrollees, and overall economic impacts to families have contributed to the increased enrollment in both CHIP and Medicaid in Wisconsin.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the Census Bureau did not release standard one-year ACS estimates in 2020 and that row is intentionally left blank.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2013	Not Available	Not Available	Not Available	Not Available
2014	Not Available	Not Available	Not Available	Not Available
2015	29,000	3,000	2.2%	0.2%
2016	26,000	3,000	2%	0.2%
2017	28,000	3,000	2.1%	0.3%
2018	25,000	3,000	1.9%	0.2%
2019	26,000	3,000	2%	0.3%
2020	Not Available	Not Available	Not Available	Not Available
2021	27,000	4,000	2%	0.3%

Percent change between 2019 and 2021
0.00%

2. Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

- ○ Yes
- ◉ No

3. Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

◉ Yes

3a. What is the alternate data source or methodology?

Wisconsin Family Health Survey Methodology: Annual statewide random sample telephone survey of Wisconsin household residents, conducted through the year. The adult in each sampled household who is most knowledgeable about the health of all household members answers all survey questions, providing information about everyone living in the household. Data results are weighted to account for disproportionate stratified sampling rates and response rates, and post-stratification provides population estimates corresponding to annual estimates of the statewide household population. Questions are asked about current insurance coverage, type of coverage, and coverage over the 12 months preceding the survey interview.

3b. Tell us the date range for your data

Start

mm/yyyy

01 / 2021

End

mm/yyyy

02 / 2022

3c. Define the population you're measuring, including ages and federal poverty levels.

All residents of Wisconsin households with working landline and/or cellular telephones. Age Groups: 0 - 17; 18 - 44; 45 - 64; 65 + Income Levels: 0 < 100% FPL; 100 - 199% FPL; >200% FPL

3d. Give numbers and/or the percent of uninsured children for at least two points in time.

2021 (data collection 01/2021 - 02/2022): Children uninsured for entire past 12 months Estimated percent (rate): 1.8% Unweighted sample size of 2021 survey: 5542 Estimated number (numerator): 22,000 Total estimated number of children in state (denominator): 1,239,000 2019 (data collection 03/2019 - 12/2019): Children uninsured for entire past 12 months Estimated percent (rate): 2.5% Unweighted sample size of 2019 survey: 5039 Estimated number (numerator): 31,000 Total estimated number of children in state (denominator): 1,238,000

3e. Why did your state choose to adopt this alternate data source?

The Wisconsin Family Health Survey (FHS) collects health-related information, so the survey respondent has been thinking about health care and health problems for several minutes when asked about the health insurance coverage of each household member. This health context enhances the accuracy of information provided. The FHS asks several detailed questions about health insurance and provides results for two distinct measures of health insurance coverage: coverage (point-in-time), and coverage over the past year. Neither the ACS nor the CPS offers this comprehensive set of information.

3f. How reliable are these estimates? Provide standard errors, confidence intervals, and/or p-values if available.

Wisconsin Family Health Survey (FHS) estimates of the uninsured have been used by state planners, budget analysts and policymakers for several years. The survey is conducted by a reputable academic survey research organization (the University of Wisconsin Survey Center) and is managed by a trained survey researcher in the Department of Health Services. The survey is conducted in both English and Spanish. Results are considered to be representative of all Wisconsin household residents. When compared to other benchmarks for Wisconsin, the results are found to be similar and reasonable. 2021 (data collection 01/2021 - 02/2022): Children uninsured for entire past 12 months Estimated percent(rate): 1.8% 95% Confidence Interval: 0.8% - 2.7% Estimated number (numerator): 22,000 95% Confidence Interval: 10,000 - 34,000 2019 (data collection 03/2019 - 12/2019): Children uninsured for entire past 12 months Estimated percent(rate): 2.5% 95% Confidence Interval: 1.2% - 3.8% Estimated number (numerator): 31,000 95% Confidence Interval: 14,000 - 47,000 For the 2021 survey, the 95% confidence interval for the estimated percentage of children who were uninsured for the entire past year overlaps with the one from the previous survey year (no data was collected in 2020). This means the change from 2.5% (2019) to 1.8% (2021) is not a statistically significant increase.

3g. What are the limitations of this alternate data source or methodology?

The sample size of the Family Health Survey may limit the analysis possibilities for sub-state areas and for smaller population groups. For some analysis measures, confidence intervals around estimates are larger due to the limited sample size. The sample is selected randomly from all residential addresses in Wisconsin.

3h. How do you use this alternate data source in CHIP program planning?

Family Health Survey data have been extensively analyzed to examine characteristics and numbers of uninsured in Wisconsin. Policy staff in the Department of Health Services rely on FHS data analysis to inform their decisions. Analysis topics include the number of low-income uninsured children living with employed adults, changes in the number and proportions of low-income uninsured children and adults, geographic distribution of the uninsured, types of insurance coverage among low-income residents, and poverty status among the uninsured.

○ No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

Due to the impacts of COVID-19, the Wisconsin Family Health Survey was not conducted in 2020. This is why data from the 2019 and 2021 surveys are shown in this section.

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Program Outreach

1. Have you changed your outreach methods in the last federal fiscal year?

(●) Yes

1a. What are you doing differently?

Covering Wisconsin (CWI) is the state's federally-certified and state licensed health insurance Navigator agency. As such, they conduct year around outreach and enrollment activities statewide for all publicly-available health insurance options-including Healthcare.gov, Medicaid, and CHIP. During this fiscal year, CWI continued to modulate their outreach and enrollment approaches to respond to the evolving landscape of the pandemic and to support the state in preparing for the eventual unwinding of the COVID-19 Public Health Emergency (PHE). In addition to creating a new toolkit of outreach and promotions materials to spread the word about the 2022 Healthcare.gov Open Enrollment Period, CWI tailored the state's PHE Unwinding toolkit materials to include a referral to enrollment assistance-and integrated key PHE unwinding messages and materials into all existing outreach tactics. These tactics include direct consumer contacts, participation in community events (in-person and virtual), broad-based promotions (live TV and streaming, radio, small local print media ads, billboards, bus ads, etc.), and working with community partner organizations as outreach "mobilizers" (providing training, resources, and technical assistance to support their work to spread the word in local communities). This fiscal year CWI's community presence and work with mobilizers increased significantly, due to a shifting pandemic landscape and increased funding creating additional opportunities to support this type of activity once again. This year, CWI has also focused on leveraging the lessons learned during previous years' "churn" direct consumer outreach project to develop (in partnership with the state) a direct consumer outreach effort focused on fee-for-service members and additional reminders to support these members throughout the unwinding.

( ) No

2. Are you targeting specific populations in your outreach efforts?
For example: minorities, immigrants, or children living in rural areas.

(●) Yes

2a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

CWI provides education, outreach, and enrollment services to any consumer seeking assistance, while maintaining a focus and commitment to serving the following priority communities: Black, Indigenous/Tribal, and other communities of color; Spanish and Hmong speakers, refugees/ immigrants; LGBTQ persons; low-income, lower literacy, or return from incarceration populations; farm workers and rural residents; people with mental health, substance-related disorders, or chronic conditions; pregnant women and women with children; young adults; seasonal workers or those working in the arts; veterans; and persons recently unemployed, Medicaid-eligible but not enrolled, or approaching Medicare age eligibility. CWI's strategy for providing targeted assistance centers around a regionally-situated Navigator workforce and the provision of culturally and linguistically appropriate services, as well as leveraging an expertise in health insurance literacy and consumer education, and the partnerships with trusted community-serving organizations serving as mobilizers, as described above. In addition to utilizing the measurement techniques described above to monitor the effectiveness of outreach activities prioritizing these populations, CWI regularly monitors statewide and regional data on insurance rates (as available) through the American Community Survey, DHS, and others. This fiscal year, CWI also utilized a recent report commissioned by the state's Office of Commissioner of Insurance to support additional targeting of outreach and promotions work (see link in Question 4 below).

( ) No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

CWI continues to find that word-of-mouth recommendations and referrals from friends, family, and local trusted resource professionals are one of the most effective ways to raise awareness-especially within underserved and vulnerable communities. CWI measures the effectiveness of word-of-mouth outreach from family and friends, as well as community-serving organizations serving as mobilizers, via a number of methods including tracking consumer referral sources, monitoring social media reach, and collecting data from mobilizers on activities and direct referrals. CWI's broad-based promotions (live TV and streaming, radio, small local print media ads, billboards, bus ads, etc.) also consistently drive traffic to our website and the 2-1-1 Helpline or directly to local enrollment assisters. CWI then reviews website visit data, 2-1-1 referral reports, and data on reach of TV, radio, and social media ads from the WI Broadcasters Association to evaluate the effectiveness of these efforts.

4. Is there anything else you'd like to add about your outreach efforts?

CWI outreach & promotions toolkit: www.coveringwi.org/toolkit CWI health insurance educational materials: www.coveringwi.org/learn OCI/Berry Dunn Market Analysis report: https://oci.wi.gov/Documents/Consumers/Market_Analysis_Final_Report_Aug2022.pdf

5. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1. Do you track the number of CHIP enrollees who have access to private insurance?

- ○ Yes
- ◉ No
- ○ N/A

2. Do you match prospective CHIP enrollees to a database that details private insurance status?

(●) Yes

2a. Which database do you use?

The Employer Verification of Health Insurance (EVHI) database was developed in conjunction with the implementation of BadgerCare Plus in February 2008. The EVHI database contains data on insurance coverage available through over 40,000 employers in Wisconsin. Employers were sent a survey to answer questions about the insurance they offer. This information is entered into the EVHI database and will be updated annually. Local agency workers can look up an applicant's employer in the database to determine whether they have access to employer sponsored insurance. The database is linked to and can be accessed from the CARES system. If there are discrepancies or incomplete information in the database the agency worker communicates with the applicant to obtain the required information. As an alternative, an Employer Verification Form (EVF) is available which applicants can bring to their employer to be completed.

( ) No

( ) N/A

3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?

%

4. If you have a Separate CHIP program, do you require individuals to be uninsured for a minimum amount of time before enrollment ("the waiting period")?

- ○ Yes
- ◉ No
- ○ N/A

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting these data?

Question 3: Wisconsin does not currently have the capability to report on the percent of applicants screened for CHIP eligibility that cannot be enrolled because they have group health plan coverage. BadgerCare Plus is a combined Medicaid-CHIP program, and so we screen for Medicaid and CHIP eligibility at the same time. We do not have a distinct count of individuals screened just for CHIP eligibility to use in calculating this percentage.

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

- ○ Yes
- ◉ No
- ○ N/A

2. In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

- ○ Yes
- ◉ No

3. Do you send renewal reminder notices to families?

(●) Yes

3a. How many notices do you send to families before disenrolling a child from the program?

2

3b. How many days before the end of the eligibility period did you send reminder notices to families?

6 weeks and 2 weeks

( ) No

4. What else have you done to simplify the eligibility renewal process for families?

Wisconsin does administrative renewals for a portion of our CHIP cases. In addition, members may submit their renewals online through our portal at ACCESS.gov. Finally, most of the managed care organizations in Wisconsin send out their own reminders to members to complete their renewals.

5. Which retention strategies have you found to be most effective?

We feel that administrative renewals are most effective at providing members with a simplified renewal process that results in the fewest number of terminations for not meeting the administrative requirements of the program. We have not evaluated the effectiveness of the strategies.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

We have not evaluated the effectiveness of the strategies.

7. Is there anything else you'd like to add that wasn't already covered?

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2022?
Don't include applicants being considered for redetermination - these data will be collected in Part 3.

2. How many applicants were denied CHIP coverage for procedural reasons?
For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

3. How many applicants were denied CHIP coverage for eligibility reasons?
For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

3a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

4. How many applicants were denied CHIP coverage for other reasons?

5. Did you have any limitations in collecting these data?

Wisconsin is unable to provide data for Part 2: CHIP Eligibility Denials (Not Redetermination).

Table: CHIP Eligibility Denials (Not Redetermination)
This table is auto-populated with the data you entered above.

	Percent
Total denials	
Denied for procedural reasons	
Denied for eligibility reasons	
Denials for other reasons	

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in CHIP in FFY 2022?

63304

2. Of the eligible children, how many were then screened for redetermination?

53848

3. How many children were retained in CHIP after redetermination?

51776

4. How many children were disenrolled in CHIP after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

2072

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

14

4b. How many children were disenrolled for eligibility reasons?
This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

2058

4c. How many children were disenrolled for other reasons?

0

5. Did you have any limitations in collecting these data?

This data reflects actions taken through the CARES eligibility system. Due to the PHE, most individuals have continuous coverage maintained in our MMIS system. So the actual numbers of disenrolled individuals is much less than shown here and is limited to individuals who have moved out of state, voluntarily requested to disenroll from benefits, or transitioned to Medicaid.

Table: Redetermination in CHIP
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	96.15%
Children disenrolled after redetermination	3.85%

Table: Disenrollment in CHIP after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	0.68%
Children disenrolled for eligibility reasons	99.32%
Children disenrolled for other reasons	0%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1. How many children were eligible for redetermination in Medicaid in FFY 2022?

412857

2. Of the eligible children, how many were then screened for redetermination?

392435

3. How many children were retained in Medicaid after redetermination?

389320

4. How many children were disenrolled in Medicaid after the redetermination process?
This number should be equal to the total of 4a, 4b, and 4c below.

3115

4a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

83

4b. How many children were disenrolled for eligibility reasons?
This could be due to an income that was too high and/or eligibility in CHIP instead.

3032

4c. How many children were disenrolled for other reasons?

5. Did you have any limitations in collecting these data?

This data reflects actions taken through the CARES eligibility system. Due to the PHE, most individuals have continuous coverage maintained in our MMIS system. So the actual numbers of disenrolled individuals is much less than shown here.

Table: Redetermination in Medicaid
These tables are auto-populated with the data you entered above.

	Percent
Children screened for redetermination	100%
Children retained after redetermination	99.21%
Children disenrolled after redetermination	0.79%

Table: Disenrollment in Medicaid after Redetermination

	Percent
Children disenrolled after redetermination	100%
Children disenrolled for procedural reasons	2.66%
Children disenrolled for eligibility reasons	97.34%
Children disenrolled for other reasons	

Part 5: Tracking a CHIP cohort over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of

the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report on the number of children at the start of the cohort (Jan - Mar 2022) and six months later (July - Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan - Mar 2023) and 18 months later (July - Sept 2023). If data are unknown or unavailable, leave it blank - don't enter a zero unless these data are known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2022. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

1. How does your state define "newly enrolled" for this cohort?

○ Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP in December 2021.

◉ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP or Medicaid in December 2021.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

- (●) Yes
- ( ) No

January - March 2022 (start of the cohort)

3. How many children were newly enrolled in CHIP between January and March 2022?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	284	794	296

July - September 2022 (6 months later)

4. How many children were continuously enrolled in CHIP six months later?
Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	198	593	226

5. How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	<11	19	<11

6. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	<11	18	<11

7. How many children were no longer enrolled in CHIP six months later?
Possible reasons for no longer being enrolled:
• Transferred to another health insurance program other than CHIP
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	79	182	64

8. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	72	168	57

9. Is there anything else you'd like to add about your data?

January - March 2023 (12 months later): to be completed next year
Next year you'll report data about your cohort for this section.

10. How many children were continuously enrolled in CHIP 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11. How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13. How many children were no longer enrolled in CHIP 12 months later?
Possible reasons for not being enrolled:
• Transferred to another health insurance program other than CHIP
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2023 (18 months later): to be completed next year
Next year you'll report data about your cohort for this section.

15. How many children were continuously enrolled in CHIP 18 months later? Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16. How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18. How many children were no longer enrolled in CHIP 18 months later?
Possible reasons for not being enrolled:
• Transferred to another health insurance program other than CHIP
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

Part 6: Tracking a Medicaid Cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.
To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2022 (the second quarter of FFY 2022). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.
You'll identify a new cohort every two years. This year you'll report the number of

children identified at the start of the cohort (Jan-Mar 2022) and six months later (July-Sept 2022). Next year you'll report numbers for the same cohort at 12 months (Jan-Mar 2023) and 18 months later (July-Sept 2023). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups
Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2022. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2022 must be born after January 2006. Similarly, children who are newly enrolled in February 2022 must be born after February 2006, and children newly enrolled in March 2022 must be born after March 2006.

1. How does your state define "newly enrolled" for this cohort?

○ Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in Medicaid in December 2021.

◉ Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2022 weren't enrolled in CHIP or Medicaid in December 2021.

2. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-16 years) instead.

◉ Yes

○ No

January - March 2022 (start of the cohort)

3. How many children were newly enrolled in Medicaid between January and March 2022?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7137	2141	2211	964

July - September 2022 (6 months later)

4. How many children were continuously enrolled in Medicaid six months later? Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
6959	1985	2048	877

5. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
38	25	22	12

6. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
<11	11	12	<11

7. How many children were no longer enrolled in Medicaid six months later?
Possible reasons for no longer being enrolled:
• Transferred to another health insurance program other than Medicaid
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
140	131	141	75

8. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
19	48	67	32

9. Is there anything else you'd like to add about your data?

January - March 2023 (12 months later): to be completed next year
Next year, you'll report data about your cohort for this section.

10. How many children were continuously enrolled in Medicaid 12 months later?
Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

11. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

12. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

13. How many children were no longer enrolled in Medicaid 12 months later?
Possible reasons for not being enrolled:
• Transferred to another health insurance program other than Medicaid
• Didn't meet eligibility criteria anymore
• Didn't complete documentation
• Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

14. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

July - September of 2023 (18 months later): to be completed next year
Next year you'll report data about your cohort for this section.

15. How many children were continuously enrolled in Medicaid 18 months later?
Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

16. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

17. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

18. How many children were no longer enrolled in Medicaid 18 months later?
Possible reasons for not being enrolled:
- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

19. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16

20. Is there anything else you'd like to add about your data?

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1. Does your state require cost sharing?

- ○ Yes
- ◉ No

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- (●) Yes
- ( ) No

1. Under which authority and statutes does your state offer premium assistance? Check all that apply.

- [x] Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]
- [ ] Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]
- [ ] Section 1115 Demonstration (Title XXI)

2. Does your premium assistance program include coverage for adults?

- (●) Yes
- ( ) No

3. What benefit package is offered as part of your premium assistance program, including any applicable minimum coverage requirements?

This only applies to states operating an 1115 demo.

4. Does your premium assistance program provide wrap-around coverage for gaps in coverage?
This only applies to states operating an 1115 demo.

- ○ Yes
- ○ No

5. Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?
This only applies to states operating an 1115 demo.

- ○ Yes
- ○ No
- ○ N/A

6. Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?
This only applies to states operating an 1115 demo.

- ○ Yes
- ○ No

7. How many children were enrolled in the premium assistance program on average each month in FFY 2022?

10

8. What's the average monthly contribution the state pays towards coverage of a child?

$ 356

9. What's the average monthly contribution the employer pays towards coverage of a child?

$ 1,159

10. What's the average monthly contribution the employee pays towards coverage of a child?

$ 363

Table: Coverage breakdown

Child

State	Employer	Employee
356	1159	363

11. What's the range in the average monthly contribution paid by the state on behalf of a child?

Average Monthly Contribution

Starts at		Ends at
$ 123	→	$ 432

12. What's the range in the average monthly contribution paid by the state on behalf of a parent?

Average Monthly Contribution

Starts at		Ends at
$ 149	→	$ 380

13. What's the range in income levels for children who receive premium assistance (if it's different from the range covering the general CHIP population)?

Federal Poverty Levels

Starts at		Ends at
	→	

14. What strategies have been most effective in reducing the administrative barriers in order to provide premium assistance?

Wisconsin has not evaluated the effectiveness of strategies for reducing administrative barriers.

15. What challenges did you experience with your premium assistance program in FFY 2022?

No changes since last reporting period.

16. What accomplishments did you experience with your premium assistance program in FFY 2022?

No changes since last reporting period.

17. Is there anything else you'd like to add that wasn't already covered?

Wisconsin offers Premium Assistance to children in CHIP under authority of section 2105(c)(3)of SSA. Please see sections 4.4.4.1 and 6.4.2.1 through 6.4.2.3 of Wisconsin's CHIP State Plan.

18. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

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Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1. Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

- (●) Yes
- ( ) No

2. Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

- (●) Yes
- ( ) No

3. Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

- (●) Yes
- ( ) No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

• The Fraud Prevention and Investigation Program (FPIP) is designed to provide program integrity for the FoodShare (FS), Wisconsin Medicaid and CHIP programs (i.e., BadgerCare Plus). These programs are administered through contractual agreements between the Department of Health Services (DHS) and local agencies. • Each agency administering public assistance programs is responsible for providing program integrity for the programs administered by that agency. The DHS State/County Contracts contains the requirement to provide integrity for the programs administered by these agencies. • Each agency has a FPIP Plan that addresses three specific areas of requirements for Medicaid, CHIP and FS programs.

5. Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

- (●) Yes

  5a. What safeguards and procedures do the Managed Care plans have in place?

  HMOs must submit a compliance plan that includes written procedures, a description and designation of a compliance officer and compliance committee. It must also describe: the training requirements for compliance officer and employees; the enforcement standards and disciplinary guidelines; the plan's internal monitoring and auditing procedures; and how the plan will provide a prompt response to detected problems. The plan must also provide the name and contact information of the Compliance Officer. In 2022, HMOs are working with OIG to develop fraud, waste, and abuse strategic plans for implementation in 2023. In 2024, OIG will audit the HMOs compliance with their 2023 plans.

- ( ) No

- ( ) N/A

6. How many eligibility denials have been appealed in a fair hearing in FFY 2022?

7. How many cases have been found in favor of the beneficiary in FFY 2022?

8. How many cases related to provider credentialing were investigated in FFY 2022?

364

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2022?

0

10. How many cases related to provider billing were investigated in FFY 2022?

2609

11. How many cases were referred to appropriate law enforcement officials in FFY 2022?

15

12. How many cases related to beneficiary eligibility were investigated in FFY 2022?

8943

13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2022?

<11

14. Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

- ○ CHIP only
- ◉ Medicaid and CHIP combined

15. Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

- ◉ Yes

  15a. How do you provide oversight of the contractors?

  • For prevention of beneficiary eligibility fraud, local county and tribal agencies are allowed to contract out for fraud prevention services. Local agencies are responsible for monitoring their contractors. The state Medicaid agency monitors performance. As part of the local agencies' Fraud Prevention Plan that they submit to the state, they must include information about their contractor, including their org chart, process flow, agreements with providers and proof that they are certified investigators.
  • For prevention of provider fraud, the state Medicaid agency performs post pay reviews of providers. In addition, the state Medicaid agency has contracts with vendors including a Recovery Audit Contractor, External Quality Review Organization as well as an Advanced Fraud Analytic Vendor and has a Joint Operating Agreement with the Unified Program Integrity Contractor. The state Medicaid agency has regular meetings with contractors that perform program integrity work and additionally reviews the work products of these contractors before collecting any identified overpayments.

- ○ No

16. Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

(●) Yes

16a. What specifically are the contractors responsible for in terms of oversight?

HMOs are required to prevent, identify, and mitigate issues of fraud, waste, and abuse within their own provider network per their contract. In 2022, OIG began audits of the HMOs' network providers to monitor the HMOs' work in this area. In addition, OIG is working with the HMOs to develop fraud, waste, and abuse strategic plans to identify objectives and strategies related to reducing fraud, waste, and abuse. The HMOs will implement these plans in 2023 and OIG will audit for compliance in 2024.

( ) No

17. Is there anything else you'd like to add that wasn't already covered?

Questions 6 and 7: Eligibility appeals are handled by the Wisconsin Department of Administration, Division of Hearings and Appeals. Due to the way eligibility appeals are managed and categorized, we do not have data on just the CHIP population.

18. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

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Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups
Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5' group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1. Do you have data for individual age groups?
If not, you'll report the total number for all age groups (0-18 years) instead.

- (●) Yes
- ( ) No

2. How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
<11	3216	8822	17116	22344	12836

3. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	405	2662	8231	9973	4619

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2022?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	367	2491	7724	9015	3886

Dental care service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.
All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5. How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2022?
This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	26	698	3109	4096	2422

Dental treatment service codes and definitions
The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2022?

2638

Sealant codes and definitions
The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

- ○ Yes
- ◉ No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

9. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2022 CARTS report, the only option for reporting

CAHPS results will be through the submission of raw data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database.

1. Did you collect the CAHPS survey?

- (●) Yes

  1a. Did you submit your CAHPS raw data to the AHRQ CAHPS database? Please note this is a requirement for FFY 2022.

  - (●) Yes
  - ( ) No

- ( ) No

Part 2: You didn't collect the CAHPS survey

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.
States can use up to 10% of the total computable amount of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act, 42 CFR 457.10 and 457.618.] States may only claim HSI expenditures after funding other costs to administer their CHIP State Plan.

1. Does your state operate Health Services Initiatives using CHIP (Title XXI) funds? Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

- (●) Yes
- ( ) No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

PoisonHelp / Wisconsin Poison Center

2. Are you currently operating the HSI program, or plan to in the future?

- (●) Yes
- ( ) No

3. Which populations does the HSI program serve?

All people from birth to death in Wisconsin.

4. How many children do you estimate are being served by the HSI program?

5. How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This program is providing the information requested in question 6 in other reports to CMS.

7. What outcomes have you found when measuring the impact?

This program is providing the information requested in question 7 in other reports to CMS.

8. Is there anything else you'd like to add about this HSI program?

The Wisconsin Poison Center offers a free service to all residents and healthcare providers in the state; when surveyed our callers state if the Poison Center were not a resource they would utilize the emergency rooms more often. 84% of the time, our callers are treated at home saving money and decreasing the burden on the already burdened emergency providers. Question 4: See the attached document "FY2022 Annual CHIP Report Section 3I Wisconsin Poison Center" for the number of children served by the Wisconsin Poison Center. Questions 5, 6, and 7: Since Wisconsin Poison Center services are available to all people in Wisconsin, we do not have data on low-income children being served by this program.

9. Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

FY2022_Annual_CHIP_Report_Section_3I_Wisconsin_Poison_Center.pdf

1. What is the name of your HSI program?

Wisconsin Lead-Safe Homes Program

2. Are you currently operating the HSI program, or plan to in the future?

- (●) Yes
- ( ) No

3. Which populations does the HSI program serve?

Low-income children (under age 19) and pregnant women who are eligible for CHIP and live in, or visit regularly, a home built before 1978.

4. How many children do you estimate are being served by the HSI program?

660

5. How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

This program is providing the information requested in question 6 in other reports to CMS.

7. What outcomes have you found when measuring the impact?

This program is providing the information requested in question 7 in other reports to CMS.

8. Is there anything else you'd like to add about this HSI program?

Question 4: So far in 2022, 660 Children were being served by the HSI, we anticipate about 100 more during the last quarter of the year. Question 5: While all Lead-Safe Homes Program clients are Medicaid-eligible, we do not collect annual income information so we cannot estimate this information.

9. Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. What is the name of your HSI program?

Asthma-Safe Homes Program

2. Are you currently operating the HSI program, or plan to in the future?

- (●) Yes
- ( ) No

3. Which populations does the HSI program serve?

Medicaid-eligible children and pregnant adults with uncontrolled asthma in target service area (target service area for 2022-2023 is Milwaukee and Kenosha counties).

4. How many children do you estimate are being served by the HSI program?

4

5. How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

We have identified the following metrics to measure the Asthma-Safe Homes Program impact on children and pregnant adults with uncontrolled asthma: • Number of children and/or pregnant adults (clients), delineated, referred to the Asthma-Safe Homes Program who qualify for asthma services; • Number of clients enrolled in the Asthma-Safe Homes Program; • Number of clients (upon enrollment) with an asthma action plan; • Number of clients who receive at least 2 in-home visits (complete educational program); • Number of environmental assessments completed; • Number of clients who complete the program (at least 2 visits) who receive follow-up at 3-month follow-up; • Number of clients who complete the program (at least 2 visits) with improved asthma control at 3-month follow-up; • Number of client homes referred for a focused healthy homes • assessment; • Number of focused healthy homes assessments completed; • Number of homes in which home environmental remediation services occurred; • Record of actual services provided in each home; and • Number of homes referred to the Lead-Safe Homes Program to address lead hazards.

7. What outcomes have you found when measuring the impact?

• 10 children were referred to the Asthma-Safe Homes Program who qualified for asthma services • 4 clients were enrolled in the Asthma-Safe Homes Program • 0 clients had an asthma action plan upon enrollment • 1 client received at least 2 in-home visits (other 3 clients still in progress as of 9/30/22) • 1 environmental assessment completed (other 3 clients still in progress as of 9/30/22) • 1 home referred to the Lead-Safe Homes Program

8. Is there anything else you'd like to add about this HSI program?

The Asthma-Safe Homes Program was created in Fall 2021 with the approval of the Medicaid state plan amendment. The program provides in-home asthma self-management education, durables, home assessment, and remediation services for Medicaid-eligible children and pregnant adults with uncontrolled asthma. The service area for the 2022-2023 grant period is Milwaukee and Kenosha counties, which have among the highest burden of asthma in the state. Two staff (program manager and grants specialist) were hired in February 2022 to develop, implement, and manage the program. Since February 2022 the following activities were completed: • Developed program and fiscal protocols and materials • Worked with vendor to create web-based database • Released request for applications for organizations to provide 1) training, 2) asthma education, and 3) environmental services on behalf of the program • Conducted outreach including an informational webinar to promote the grant opportunities • Awarded grants to 8 organizations: o 1 grantee providing training and technical assistance o 6 grantees providing in-home asthma education (5 in Milwaukee and 1 in Kenosha) o 2 grantees providing environmental services including home assessment and remediation (both in Milwaukee) • Provided and coordinated onboarding and training for all grantee organizations • Launched the program in the target communities in September-October 2022 Question 4: Because the Asthma-Safe Homes Program launched in September 2022, there were only four clients enrolled the during FFY2022 (October 1, 2021-September 30, 2022). We anticipate that the program will serve up to 315 clients (children and pregnant adults) in FFY2023. Question 5: While all Asthma-Safe Homes Program clients are Medicaid-eligible, we do not collect annual income information so cannot estimate this.

9. Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. What is the name of your HSI program?

Housing Support Services

2. Are you currently operating the HSI program, or plan to in the future?

- (●) Yes
- ( ) No

3. Which populations does the HSI program serve?

Families with dependent children 18 years and younger and individuals who are pregnant. To be eligible families and pregnant individuals must have an income that does not exceed 200% of the federal poverty level and be experiencing homelessness as defined in any of the U.S. Department of Housing and Urban Development's (HUD) four categories under 42 U.S.C. 11302, including: • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under Other Federal Statutes • Category 4: Fleeing/Attempting to Flee Domestic Violence

4. How many children do you estimate are being served by the HSI program?

5. How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

The following health metrics will be utilized to determine the program's impact on the health of low-income children once the HSI is implemented: o Percent of children with at least one EPSDT visit in the previous year o Percent of children completing influenza immunization in the previous year o Percent of children classified underweight by BMI percentile, o Percent of children with asthma diagnosis ♣ Urgent care visits for asthma ♣ Emergency room visits for asthma ♣ The rate of children hospitalized for asthma. o Percent of pregnant women with a postnatal visit o Percent full term births o Percent healthy birth weight

7. What outcomes have you found when measuring the impact?

This HSI is not yet implemented. It will be implemented in early 2023.

8. Is there anything else you'd like to add about this HSI program?

Access to housing is one of the most important social determinants of health. This new health services initiative provides Wisconsin Medicaid with an opportunity to partner with homeless assistance providers to improve health equity and outcomes among children and pregnant individuals through addressing homelessness and housing instability. Questions 4 and 5: This HSI is not yet implemented. It will be implemented in early 2023.

9. Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another HSI Program in this list?

Optional

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different.
Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal.

For example: In an effort to reduce the number of uninsured children, our goal is to increase enrollment by 1.5% annually until the state achieves 90% enrollment of all eligible children in the CHIP program.

Maintain the percent of children without health insurance for an entire year at 2%.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

Estimated number of children who were uninsured for the entire year.

4. Numerator (total number)

22000

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total estimated number of children eligible for CHIP within the state in the last federal fiscal year.

Total estimated number of children in the state of Wisconsin.

6. Denominator (total number)

1239000

Computed: 1.78%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2021

End

mm/yyyy

02 / 2022

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ◉ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

For the 2021 survey, the 95% confidence interval for the estimated percentage of children who were uninsured for the entire past year is 0.8% - 2.7%. This overlaps with the one from the previous survey year 2019 which was 1.2% - 3.8%. This means the change from 2.5% (2019) to 1.8% (2021) is not a statistically significant increase. The Wisconsin Family Health Survey was not conducted in 2020 due to the impacts of COVID-19.

10. What are you doing to continually make progress towards your goal?

Wisconsin plans to continue engaging in outreach efforts and collaboration opportunities with partners to maintain or reduce the percent of children without health insurance.

11. Anything else you'd like to tell us about this goal?

Unweighted sample size of 2021 survey: 5542

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase Access to Coverage

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

Monitor/increase the number of previously uninsured children between 100 - 300% FPL who get enrolled in BadgerCare Plus.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Number of children enrolled in October 2022 - number of children enrolled in October 2021.

4. Numerator (total number)

6666

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children of Hispanic ethnicity enrolled in CHIP in the last federal fiscal year.

Number of children enrolled in October 2021.

6. Denominator (total number)

150686

Computed: 4.42%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

10 / 2022

8. Which data source did you use?

- (●) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Wisconsin continued to monitor the BadgerCare Plus enrollment of children in this category. Enrollment increased from October 2021 to October 2022 by 4.42%.

10. What are you doing to continually make progress towards your goal?

Wisconsin will continue to monitor enrollment data while analyzing the impacts of internal (e.g. policies and operational processes) and external (e.g. economic and political) influences.

11. Anything else you'd like to tell us about this goal?

The economic and other impacts of the COVID-19 PHE has likely contributed to the higher number of children enrolled in CHIP. Also, enrollment in the category of children below 100% FPL has decreased (see Objective 2, Goal 2). Some of those children may have moved to this category due to an improved economic situation in their household since earlier in the COVID-19 pandemic.

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase access to care for underserved populations, our goal is to increase the number of children of Hispanic ethnicity who have visited a primary care physician by 5% annually over the next five years (ending in 2028).

Monitor/increase the number of previously uninsured children below 100% FPL who get enrolled in BadgerCare Plus.

2. What type of goal is it?

- ( ) New goal
- (•) Continuing goal
- ( ) Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Number of children enrolled in October 2022 - number of children enrolled in October 2021.

4. Numerator (total number)

21096

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children of Hispanic ethnicity enrolled in CHIP in the last federal fiscal year.

Number of children enrolled in October 2021.

6. Denominator (total number)

268958

Computed: 7.84%

7. What is the date range of your data?

Start

mm/yyyy

10 / 2021

End

mm/yyyy

10 / 2022

8. Which data source did you use?

- (●) Eligibility or enrollment data
- ( ) Survey data
- ( ) Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Wisconsin continued to monitor the BadgerCare Plus enrollment of children in this category. CARTS will not allow us to enter in a negative number in the numerator field. The numerator should be -21096. Enrollment decreased from October 2021 to October 2022 by 7.8%.

10. What are you doing to continually make progress towards your goal?

Wisconsin will continue to monitor enrollment data while analyzing the impacts of internal (e.g. policies and operational processes) and external (e.g. economic and political) influences.

11. Anything else you'd like to tell us about this goal?

The enrollment number for this category of children in October 2022 (247,862) is similar to the enrollment in October 2019 (246,972). Wisconsin experienced a large increase in enrollment for this category in FFY 2020 that may have been influenced by the economic impact of COVID-19. The economic situation for many families may have returned to a similar level as before the COVID-19 pandemic which may explain the enrollment returning to a similar number as in 2019.

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Improved Health Outcomes and Quality of Care

1. Briefly describe your goal as it relates to this objective.

For example: In an effort to increase the use of preventive care in rural communities, our goal is to increase the number of rural children who receive one or more well child visits by 5% annually until relative utilization is equivalent to all other CHIP populations within the state.

Improving the immunizations rate for children under 2 years of age.

2. What type of goal is it?

- ○ New goal
- ◉ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of rural children who received one or more well child visits in the last federal fiscal year.

Includes CHIP and Medicaid. Combination 3 - Number of children who turned 2 years of age in the calendar year that had at least: • 4 DTaP vaccinations • 3 IPV vaccinations • 1 MMR vaccination • 3 HiB vaccinations • 3 Hep B vaccinations • 1 VZV vaccination • 4 PCV

4. Numerator (total number)

5168

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of rural children enrolled in CHIP.

Includes CHIP and Medicaid. Number of children who turned 2 years of age in the calendar year.

6. Denominator (total number)

8700

Computed: 59.4%

7. What is the date range of your data?

Start

mm/yyyy

01 / 2019

End

mm/yyyy

12 / 2022

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

For CY2021, Wisconsin used Combination 3. Compared to CY2020, combination 3 rate of 66.3%, the 2021 rate is 59.4% Due to the COVID-19 pandemic, childhood immunization rates were strongly impacted by pandemic-related service restrictions.

10. What are you doing to continually make progress towards your goal?

For CY2022, the State will incentivize HMOs to perform at or above the 75th percentile from CY20 national results for CIS combo 3.

11. Anything else you'd like to tell us about this goal?

The data source is Administrative (claims data) and Hybrid (EHR + Claims). Question 7: The date range for the numerator is 01/2019 - 12/2022. The date range for the denominator is 01/2021 - 12/2022.

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal as it relates to this objective.

2. What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal as it relates to this objective.

2. What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal as it relates to this objective.

2. What type of goal is it?

- ○ New goal
- ○ Continuing goal
- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

4. Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

6. Denominator (total number)

Computed:

7. What is the date range of your data?

Start

mm/yyyy

/

End

mm/yyyy

/

8. Which data source did you use?

- ○ Eligibility or enrollment data
- ○ Survey data
- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12. Do you have any supporting documentation?
Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Do you have another Goal in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

Wisconsin has a pay-for-performance (P4P) program with HMOs in which a certain percentage of their monthly capitation payments is withheld and given back to HMOs only if they meet benchmarks on several performance measures. The program started in 2009 and has evolved throughout the years. We have learned that once a measure is included in the P4P program, statewide averages for those measures improve. Wisconsin includes HMO childhood immunization performance in our annual HMO Report Card, and includes the measure in our Medicaid Managed Care Quality Strategy. We intend to publish the HMO results for this measure on our publicly-available website in coming months.

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will these data become available?

Wisconsin plans to continue using the P4P program and other public reporting initiatives like the HMO Report Card to monitor quality of care.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, behavioral health services access, health care equity, special health care needs, or other emerging health care needs.) What have you discovered through this research?

No

4. Optional: Attach any additional documents here.
For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

Browse...

Tell us how much you spent on your CHIP program in FFY 2022, and how much you anticipate spending in FFY 2023 and 2024.

Part 1: Benefit Costs

Combine your costs for both Medicaid Expansion CHIP and Separate CHIP programs into one budget.

1. How much did you spend on Managed Care in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 144,149,522	**$** 145,742,453	**$** 147,778,379

2. How much did you spend on Fee for Service in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 169,991,163	**$** 171,869,658	**$** 174,270,565

3. How much did you spend on anything else related to benefit costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 12,016	**$** 12,149	**$** 12,319

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 0	**$** 0	**$** 0

Table 1: Benefits Costs
This table is auto-populated with the data you entered above.

	FFY 2022	FFY 2023	FFY 2024
Managed Care	144149522	145742453	147778379
Fee for Service	169991163	171869658	174270565
Other benefit costs	12016	12149	12319
Cost sharing payments from beneficiaries	0	0	0
Total benefit costs	314152701	317624260	322061263

Part 2: Administrative Costs

1. How much did you spend on personnel in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?
This includes wages, salaries, and other employee costs.

2022	2023	2024
$ 0	**$** 0	**$** 0

2. How much did you spend on general administration in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 16,167,873	**$** 20,234,819	**$** 20,578,944

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 0	**$** 0	**$** 0

4. How much did you spend on claims processing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 0	**$** 0	**$** 0

5. How much did you spend on outreach and marketing in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 0	**$** 0	**$** 0

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 12,989,380	**$** 18,136,749	**$** 18,136,749

7. How much did you spend on anything else related to administrative costs in FFY 2022? How much do you anticipate spending in FFY 2023 and 2024?

2022	2023	2024
$ 0	**$** 0	**$** 0

Table 2: Administrative Costs
This table is auto-populated with the data you entered above.
Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

	FFY 2022	FFY 2023	FFY 2024
Personnel	0	0	0
General administration	16167873	20234819	20578944
Contractors and brokers	0	0	0
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	12989380	18136749	18136749
Other administrative costs	0	0	0
Total administrative costs	29157253	38371568	38715693
10% administrative cap	34905855.67	35291584.44	35784584.78

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2022 will be calculated once the eFMAP rate for 2022 becomes available. In the meantime, these values will be blank.

	FFY 2022	**FFY 2023**	**FFY 2024**
Total program costs	343309954	355995828	360776956
eFMAP	82.28	72.07	82.28
Federal share	282475430.15	256566193.24	296847279.4
State share	60834523.85	99429634.76	63929676.6

8. What were your state funding sources in FFY 2022?
Select all that apply.

- [x] State appropriations
- [x] County/local funds
- [ ] Employer contributions
- [ ] Foundation grants
- [ ] Private donations
- [ ] Tobacco settlement
- [ ] Other

9. Did you experience a shortfall in federal CHIP funds this year?

- ( ) Yes
- (•) No

Part 3: Managed Care Costs

Complete this section only if you have a managed care delivery system.

1. How many children were eligible for managed care in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022	2023	2024
$ 133,704	**$** 135,401	**$** 136,391

2. What was your per member per month (PMPM) cost based on the number of children eligible for managed care in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?
Round to the nearest whole number.

2022	2023	2024
$	**$**	**$**

	FFY 2022	FFY 2023	FFY 2024
PMPM cost			

Part 4: Fee for Service Costs

Complete this section only if you have a fee for service delivery system.

1. How many children were eligible for fee for service in FFY 2022? How many do you anticipate will be eligible in FFY 2023 and 2024?

2022	2023	2024
$ 12,002	**$** 12,122	**$** 12,243

2. What was your per member per month (PMPM) cost based on the number of children eligible for fee for service in FFY 2022? What is your projected PMPM cost for FFY 2023 and 2024?
Round to the nearest whole number.

2022	2023	2024
$	**$**	**$**

	FFY 2022	FFY 2023	FFY 2024
PMPM cost			

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

The attached document "FY2022 Annual CHIP Report Section 5 Tables" includes tables with our calculations for Parts 1 and 2. For Parts 3 and 4, the attached document also contains the Per Member per Month (PMPM) costs calculated using the annual Total Program costs, divided by the total number of eligible members, before dividing by 12 to get the monthly per member cost. Because Wisconsin carves all drug costs out of managed care, we calculate an overall PMPM which is more representative of actual costs rather than looking at managed care separately.

2. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png).

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FY2022_Annual_CHIP_Report_Section_5_Tables.pdf

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

The state environment continues to be supportive of ensuring the healthcare needs for low-income, uninsured children in particular. Especially in light of the COVID-19 public health emergency, Gov. Tony Evers' administration has made it a priority to enroll more Wisconsin residents in affordable health coverage plans, including Medicaid and CHIP. The Wisconsin Department of Health Services, in partnership with other state and local agencies and organizations, continues to work on educating consumers about available health care programs.

2. What's the greatest challenge your CHIP program has faced in FFY 2022?

While the state has many initiatives and outreach efforts to inform Wisconsin residents about health care programs, including BadgerCare Plus, it is a continuing challenge to make sure that information is shared with all who may be eligible. As Wisconsin is preparing for the eventual end of the COVID-19 public health emergency and the subsequent unwinding period, we want to make information about BadgerCare Plus easily accessible to both our current members and people who may qualify for CHIP but have not yet applied. Health care in general is a complex topic that can be confusing even to the best informed, so it can be a challenge to make sure that the information available is clear and comprehensive. With COVID-19 driving an increased interest in health, we want to make sure that we are sharing timely and accurate information about Wisconsin's health care programs.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2022?

The BadgerCare Plus program continued to enroll families without any major cuts in eligibility and services. The Wisconsin Department of Health Services, the county economic support agencies, and numerous stakeholders throughout the state have collaborated on fast-paced efforts to address the challenges posed by COVID-19 in order to best serve our members. These efforts include: • Began communicating with members via email and text messages about their benefits, such as renewal date reminders and other critical or time-sensitive information. • Continued the multi-year project to modernize ACCESS, the online portal where people can apply for and manage their benefits. These enhancements will make ACCESS more user-friendly on both computers and on smartphones. • Updated the ACCESS website so applicants for BadgerCare Plus can choose an HMO preference when they submit their application and existing members can change their HMO online during the three-month open enrollment period. • Enhanced the ACCESS website and MyACCESS mobile app to ask members upon login to review their address and contact information. This is especially important in preparation for COVID-19 PHE unwinding so that we can inform members about changes to their benefits or actions they must take.

4. What changes have you made to your CHIP program in FFY 2022 or plan to make in FFY 2023? Why have you decided to make these changes?

Wisconsin has not made changes to the CHIP program in FFY 2022. Our work in FFY2022 was mainly focused on enhancing the ways we communicate with members and the ways members can engage with managing their information and benefits.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

The Wisconsin Department of Health Services will continue to address the challenges from the COVID-19 pandemic and prepare for the unwinding while moving forward with our ongoing plans to improve member experience with BadgerCare Plus.

6. Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
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