

Wisconsin BadgerCare Reform 1115 Waiver Demonstration  
Section 1115 Annual Report

**Section 1115 Annual Report Summary**

Demonstration Year:  
3 (1/1/2016 – 12/31/2016)

## Table of Contents

Introduction .....	3
Enrollment and Benefits Information.....	3
Outreach/Innovative Activities to Assure Access .....	9
Collection and Verification of Encounter Data and Enrollment Data.....	9
Operational/Policy/Systems/Fiscal Developments/Issues .....	10
Financial/Budget Neutrality Development/Issues.....	10
Consumer Issues .....	11
Quality Assurance/Monitoring Activity .....	11
Managed Care Reporting Requirements .....	16
Demonstration Evaluation.....	16
State Contact(s) .....	17
Attachment A – Budget Neutrality Monitoring Workbook .....	18
Attachment B – Summary of Cost-Sharing for TMA Adults Only .....	19
Attachment C – Demonstration Evaluation Plan.....	20
Attachment D – BadgerCare Plus Reform Waiver Project Work Plan .....	21
Attachment E – University of Wisconsin Scope of Work & Project Work Plan .....	22

## Introduction

The Wisconsin BadgerCare Reform demonstration provides state plan benefits to childless adults who have family incomes up to 95 percent of the Federal Poverty Level (FPL) (effectively 100 percent of the FPL considering a disregard of 5 percent of income), and permits the state to charge premiums to adults who are only eligible for Medicaid through the Transitional Medical Assistance eligibility group (hereinafter referred to as “TMA Adults”) with incomes above 133 percent of the FPL starting from the first day of enrollment and to TMA Adults from 100-133 percent of the FPL after the first 6 calendar months of TMA coverage.

The demonstration will allow the state to provide health care coverage for the childless adult population at or below an effective income of 100 percent of the FPL with a focus on improving health outcomes, reducing unnecessary services, and improving the cost-effectiveness of Medicaid services. Additionally, the demonstration will enable the state to test the impact of providing TMA to individuals who are paying a premium that aligns with the insurance affordability program in the Marketplace based upon their household income when compared to the FPL.

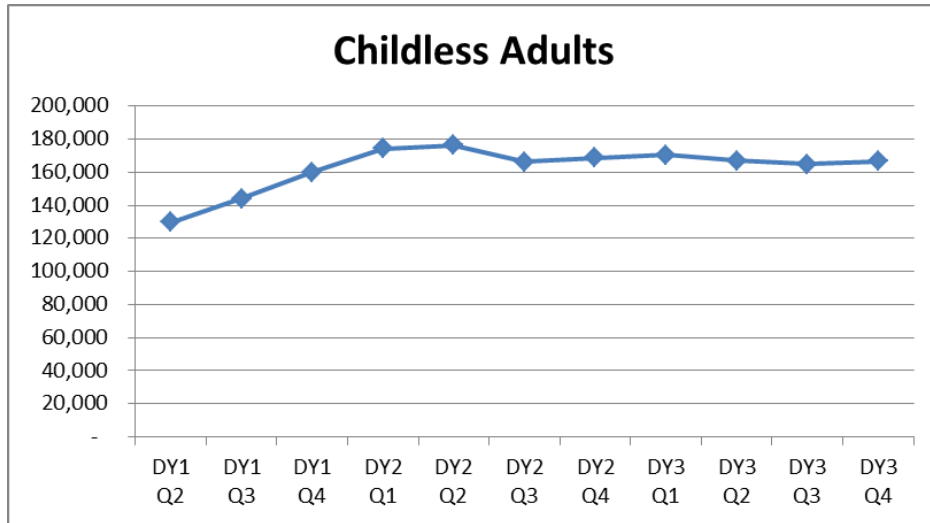
The state’s goals for the program are to demonstrate whether the program will:

- Ensure every Wisconsin resident has access to affordable health insurance and reduce the state’s uninsured rate.
- Provide a standard set of comprehensive benefits for low income individuals that will lead to improved healthcare outcomes.
- Create a program that is sustainable so Wisconsin’s healthcare safety net is available to those who need it most.

The DHS has contracted, through an interagency agreement, with the UW Population Health Institute (including the Scope of Work, Workplan, and Budget) for conducting the BadgerCare Reform Demonstration Evaluation. The DHS and UW began work starting on September 1, 2015. A copy of the demonstration evaluation scope of work and workplan are included as Attachment E.

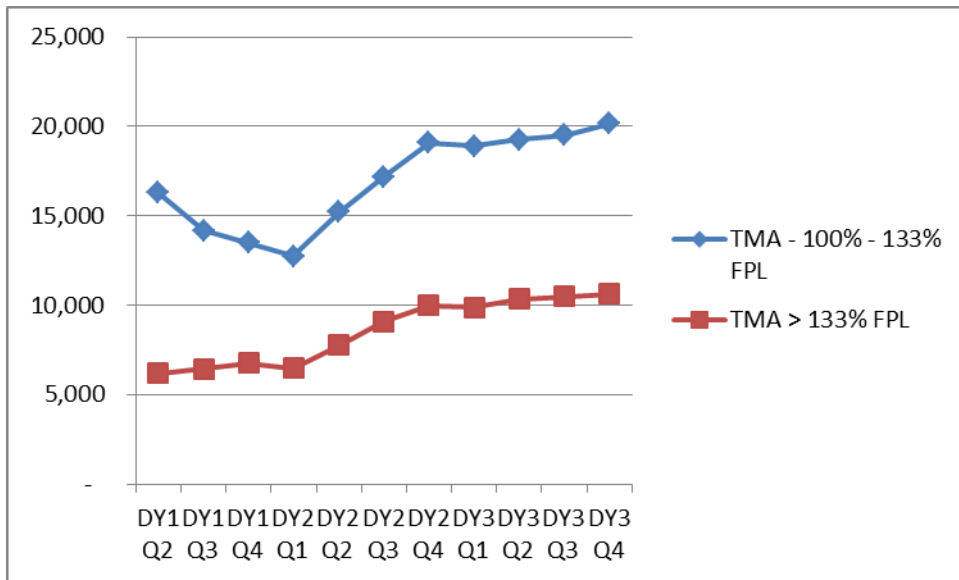
## Enrollment and Benefits Information

Childless Adults (Population Group 2) - In demonstration year 3 the number of unique program participants decreased, as did the total number of childless adults enrolled in the program. From the beginning to the end of demonstration year 3 the total number of unique program participants decreased from 170,266 to 166,740. Total monthly enrollment decreased from the start to the end of the demonstration year with 154,285 childless adults in January 2016 and 147,595 childless adults in December 2016. The following graph shows the childless adults enrollment trend over the first 3 years of the demonstration:



Transitional Medical Assistance (TMA) Adults (Population Group 1) - In demonstration year 3 the number of unique program participants increased as did the total number of TMA adults enrolled in the program. From the beginning to the end of the demonstration year the total number of unique program participants increased from 28,806 to 30,801. Total monthly enrollment also increased from during the demonstration year with 22,231 TMA adults in January 2016 and 22,839 TMA adults in December 2016. The following graph shows the TMA enrollment trends over the first 3 years of the demonstration:

### TMA Enrollment



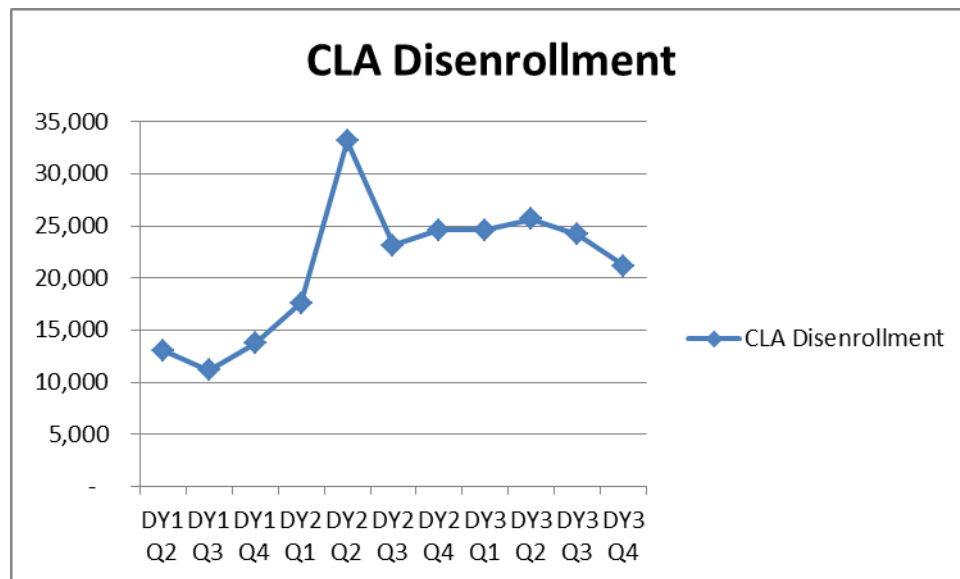
Following is an enrollment summary for the unique program participants in both demonstration groups over the first 3 years of the demonstration:

BadgerCare Reform Demonstration - Enrollment Summary*												
Demonstration Year	DY1 (CY 2014)				DY2 (CY 2015)				DY3 (CY 2016)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CLA (Group 2)	N/A	129,712	144,102	160,095	174,320	176,378	166,401	168,756	170,266	166,971	164,761	166,740
TMA (Group 1)												
TMA - 100% - 133% FPL	N/A	16,311	14,170	13,508	12,741	15,214	17,173	19,082	18,903	19,261	19,517	20,164
TMA > 133% FPL	N/A	6,191	6,456	6,778	6,477	7,778	9,118	9,998	9,903	10,354	10,485	10,637
Total TMA	N/A	22,502	20,626	20,286	19,218	22,992	26,291	29,080	28,806	29,615	30,002	30,801

\*Reflects total unduplicated count of members enrolled during the demonstration quarter

The rate of disenrollment for non-payment of premiums for the TMA Adult population 100% to 133% FPL was 5%, compared to 20% for the TMA Adult population over 133% FPL, and this rate of disenrollment remained constant throughout the demonstration year. We will attempt to learn more about the reasons behind the variances between the two populations through the formal evaluation.

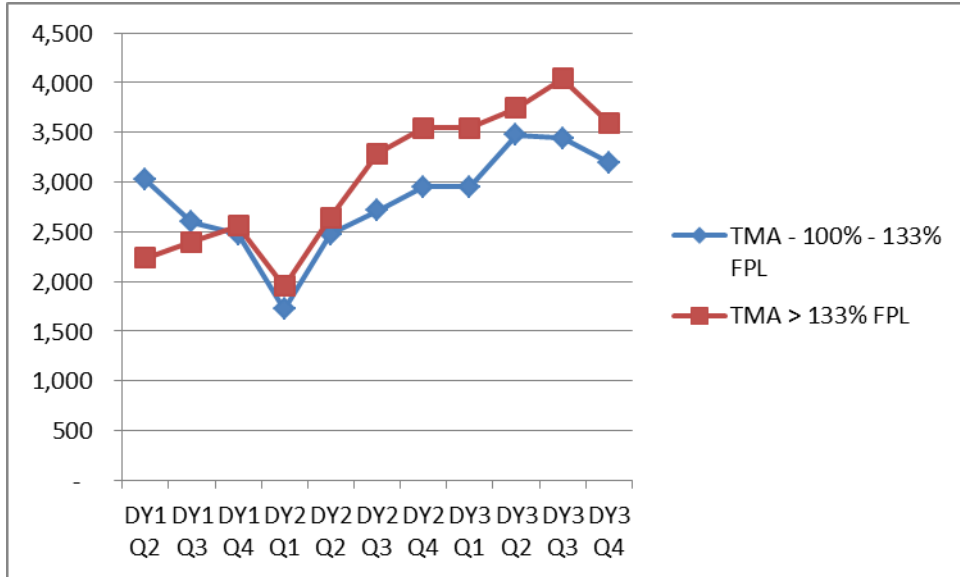
Following is the disenrollment summary for the unique program participants in both demonstration groups over the first 3 years of the demonstration:



BadgerCare Reform Demonstration - CLA Disenrollment Summary*												
Demonstration Year	DY1 (CY 2014)				DY2 (CY 2015)				DY3 (CY 2016)			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CLA (Group 2)	N/A	13,019	11,165	13,744	17,565	33,147	23,109	24,579	24,579	25,643	24,166	21,166

\*Reflects total unduplicated count of members enrolled during the demonstration quarter

## TMA Disenrollment

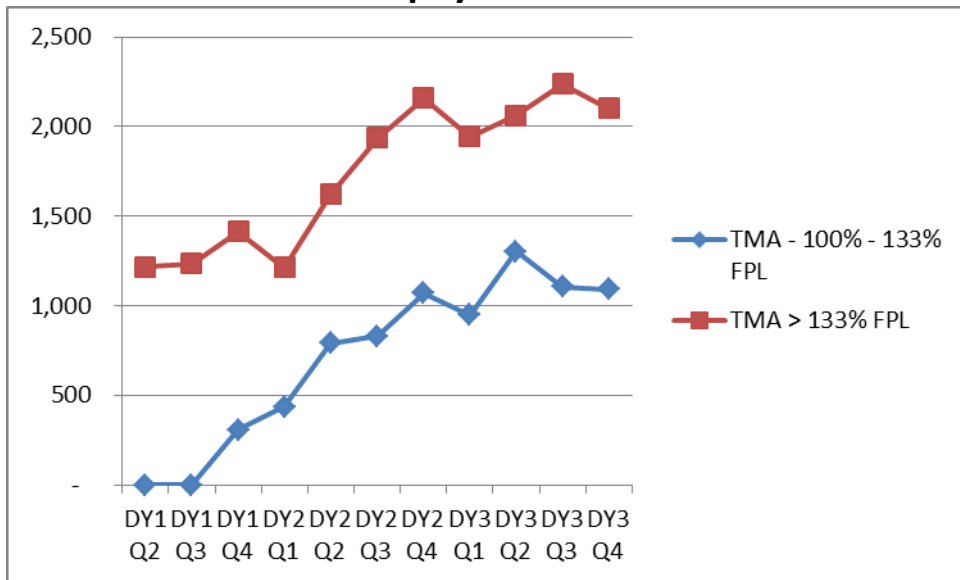


BadgerCare Reform Demonstration - TMA Disenrollment Summary\*

Demonstration Year	DY1 (CY 2014)				DY2 (CY 2015)				DY3 (CY 2016)			
	Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3	DY2 Q4	DY3 Q1	DY3 Q2	DY3 Q3	DY3 Q4
TMA - 100% - 133% FPL	N/A	3,021	2,595	2,475	1,724	2,473	2,713	2,955	2,955	3,474	3,443	3,195
TMA > 133% FPL	N/A	2,240	2,397	2,560	1,954	2,641	3,286	3,546	3,546	3,743	4,039	3,597

\*Reflects total unduplicated count of members enrolled during the demonstration quarter

## TMA Disenrollment Due to Non-payment of Premium



BadgerCare Reform Demonstration - TMA Disenrollment Summary*; Non-payment of Premium												
Demonstration Year	Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3	DY2 Q4	DY3 Q1	DY3 Q2	DY3 Q3	DY3 Q4
TMA - 100% - 133% FPL	N/A	-	-	309	436	791	833	1,071	951	1,304	1,108	1,094
TMA > 133% FPL	N/A	1,219	1,234	1,414	1,216	1,623	1,938	2,158	1,944	2,063	2,238	2,101

\*Reflects total unduplicated count of members enrolled during the demonstration quarter

The DHS has not identified any issues related to access to care or delivery of benefits given the current enrollment trends and will continue to monitor.

Enrollment Counts for Quarter and Year to Date				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 03/31/2016*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	170,266	170,266	24,579	N/A
TMA Adults – 100% to 133% FPL	18,903	18,903	2,955	951
TMA Adults – Over 133% FPL	9,903	9,903	3,546	1,944

Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 06/30/2016*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	166,971	191,240	25,643	N/A
TMA Adults – 100% to 133% FPL	19,261	26,812	3,474	1,304
TMA Adults – Over 133% FPL	10,354	15,231	3,743	2,063

Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 09/30/2016*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	164,761	210,999	24,166	N/A
TMA Adults – 100% to 133% FPL	19,517	34,268	3,443	1,108
TMA Adults – Over 133% FPL	10,485	20,425	4,039	2,238

Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 12/31/2016*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	166,740	232,172	21,166	N/A
TMA Adults – 100% to 133% FPL	20,164	41,427	3,195	1,094
TMA Adults – Over 133% FPL	10,637	25,537	3,597	2,101

\*Reflects total unduplicated count of members enrolled during the demonstration quarter  
 \*\* Reflects total unduplicated count of members enrolled during the demonstration year.  
 \*\*\*Disenrollment does not reflect those who maintained eligibility after the closure month for any benefit plan

Member Month Reporting				
Eligibility Group	Month 1 (January 2016)	Month 2 (February 2016)	Month 3 (March 2016)	Total for Quarter Ending 03/2016
BC Reform Adults	154,285	153,942	153,212	461,439
TMA Adults – 100% to 133% FPL	13,961	13,708	13,451	41,120
TMA Adults – Over 133% FPL	8,270	6,290	6,364	20,924

Eligibility Group	Month 1 (April 2016)	Month 2 (May 2016)	Month 3 (June 2016)	Total for Quarter Ending 06/2016
BC Reform Adults	151,504	149,709	147,989	449,202
TMA Adults – 100% to 133% FPL	13,513	13,525	13,733	40,771
TMA Adults – Over 133% FPL	8,342	6,515	6,800	21,657

Eligibility Group	Month 1 (July 2016)	Month 2 (June 2016)	Month 3 (September 2016)	Total for Quarter Ending 09/2016
BC Reform Adults	148,128	148,116	147,281	443,525
TMA Adults – 100% to 133% FPL	13,829	13,740	13,820	41,389
TMA Adults – Over 133% FPL	8,585	6,625	6,690	21,900

Eligibility Group	Month 1 (October 2016)	Month 2 (November 2016)	Month 3 (December 2016)	Total for Quarter Ending 12/2016
BC Reform Adults	147,595	148,145	148,334	444,074
TMA Adults – 100% to 133% FPL	14,075	14,425	14,487	42,987
TMA Adults – Over 133% FPL	8,764	6,820	6,736	22,320

### Childless Adult and TMA Re-Enrollment Statistics

During the second demonstration year CMS requested that Wisconsin analyze the demonstration groups to identify how many members had been disenrolled and subsequently regained program eligibility.

In providing these statistics we included those members that regained full-benefit eligibility within 12 months of the current reporting quarter. The statistics provided below include those childless adult and TMA members who were disenrolled since April 2014 (the start of the demonstration) and were enrolled through the fourth quarter of demonstration year 3.

The table below shows that the percentage of childless adults who were disenrolled in demonstration year 2 and (population group 2) regained eligibility in demonstration year 3 rose to 43%, and for TMA adults (population group 1) nearly 65% had regained eligibility by the end of demonstration year 3.



Quarter of Disenrollment	Waiver Group	Number re-enrolled within one year by benefit plan									All Benefit Plans	Total Disenrolled	% Re-enrolled within one year
		BCSP	FSTMA	MAP	MAPW	MCD	MCDW	SSIMA	WWMA				
04/14 - 06/14	CLA	4,962	1	260	16	399	97	155	8	5,898	16,291	36.20%	
04/14 - 06/14	TMA	6,289	0	7	1	25	4	15	2	6,343	10,551	60.12%	
07/14 - 09/14	CLA	5,686	1	229	14	386	95	142	3	6,556	14,478	45.28%	
07/14 - 09/14	TMA	5,691	0	6	0	15	4	13	3	5,732	9,531	60.14%	
10/14 - 12/14	CLA	6,890	1	277	13	412	101	121	2	7,817	17,310	45.16%	
10/14 - 12/14	TMA	5,733	0	3	0	14	3	9	1	5,763	9,334	61.74%	
01/15 - 03/15	CLA	8,346	0	261	10	470	94	146	5	9,332	20,828	44.81%	
01/15 - 03/15	TMA	5,237	0	5	0	10	3	6	0	5,261	7,719	68.16%	
04/15 - 06/15	CLA	13,240	2	323	16	478	108	185	1	14,353	37,233	38.55%	
04/15 - 06/15	TMA	6,136	1	3	0	4	4	9	2	6,159	9,314	66.13%	
07/15 - 09/15	CLA	10,843	0	270	16	425	113	149	5	11,821	27,122	43.58%	
07/15 - 09/15	TMA	6,778	0	3	0	13	3	9	1	6,807	10,482	64.94%	
10/15 - 12/15	CLA	11118	1	312	16	463	120	177	6	12213	28270	43.20%	
10/15 - 12/15	TMA	7622	0	3		7	1	5	2	7640	11583	65.96%	
CLA = Childless Adults													
TMA = Transitional Medical Assistance													

## Outreach/Innovative Activities to Assure Access

All HMOs serving BadgerCare Plus members, which includes members of this demonstration waiver population, but are not limited to the demonstration population, are required to submit their member communication and outreach plans to the DHS for review. All materials are reviewed and approved by the DHS prior to distribution to members. Such materials include HMO-developed member handbooks, HMO-developed new member enrollment materials, and HMO-developed brochures.

The DHS also contracts with the City of Milwaukee Health Department to focus on outreach to current and prospective BadgerCare Plus members in Milwaukee County. As part of this agreement, staff is available at multiple locations throughout the county, including Milwaukee Health Department sites, in order to provide assistance with ACCESS applications and renewals, as well as with other enrollment and eligibility troubleshooting.

## Collection and Verification of Encounter Data and Enrollment Data

Following is a summary of the demonstration year 3 annual managed care enrollment. Managed care enrollment for demonstration year 3 shows relatively stable enrollment with approximately 85% of all childless adults enrolled in managed care which is comparable with managed care enrollment for other BadgerCare Plus populations.

<b>BadgerCare Plus Childless Adult HMO Enrollment</b>	<b>Jan-16</b>	<b>Feb-16</b>	<b>Mar-16</b>	<b>Apr-16</b>	<b>May-16</b>	<b>Jun-16</b>	<b>Jul-16</b>	<b>Aug-16</b>	<b>Sep-16</b>	<b>Oct-16</b>	<b>Nov-16</b>	<b>Dec-16</b>
Anthem Blue Cross Blue Shield	13,684	14,053	14,669	14409	14602	14415	14,414	14,481	14,590	14,541	14,533	14,486
Childrens Community Health Plan	10,537	10,740	10,997	10750	10740	10624	10,745	10,691	10,826	10,779	10,880	10,829
Compcare	3863	3932	4040	4035	4024	3996	3954	3936	3949	3853	3807	3744
Dean Health Plan	4772	4805	4879	4699	4633	4558	4559	4518	4598	4484	4537	4548
Group Health Eau Claire	6376	6500	6791	6776	6692	6665	6701	6664	6728	6658	6686	6686
Group Health South Central	2120	2138	2297	2246	2214	2149	2154	2054	2067	1998	1985	1910
Gundersen	2419	2528	2546	2524	2528	2623	2570	2551	2562	2546	2549	2473
Health Tradition	1199	1220	1281	1249	1247	1236	1253	1226	1248	1190	1183	1162
iCare	6670	6752	6854	6611	6493	6387	6359	6298	6360	6348	6267	6235
Managed Health Services	8628	8637	8753	8578	8406	8242	8263	8058	8142	7992	8023	7937
Mercy	2268	2316	2449	2423	2398	2400	2388	2318	2396	2360	2367	2324
Molina	9320	9499	9779	9511	9363	9256	9244	9196	9190	9073	9032	8860
Network	8564	8548	8551	8564	8343	8204	8166	8088	8145	7763	8084	7910
Physicians Plus	2796	2817	3003	2995	2928	2959	2939	2882	2855	2796	2769	2748
Security	8578	8838	9119	9129	9031	8859	8948	8934	9006	8870	8800	8762
Trilogy	3497	3604	3669	3630	3611	3567	3542	3508	3607	3545	3576	3551
UnitedHealthcare	28,237	28,906	29,884	29726	29631	29701	29,699	29,628	29,990	29,792	29,705	29,644
Unity	1321	1351	1347	1288	1258	1280	1270	1287	1296	1307	1307	1313
<b>Total</b>	<b>124,849</b>	<b>127,184</b>	<b>130,908</b>	<b>129,143</b>	<b>128,142</b>	<b>127,121</b>	<b>127,168</b>	<b>126,318</b>	<b>127,555</b>	<b>125,895</b>	<b>126,090</b>	<b>125,122</b>

## Operational/Policy/Systems/Fiscal Developments/Issues

The state did not identified program developments/issues/problems that have occurred in demonstration year 3 and does not anticipate to occur in the near future that affect health care delivery, quality of care, approval and contracting with new plans, health plan contract compliance and financial performance relevant to the demonstration, fiscal issues, systems issues, and pertinent legislative or litigation activity.

## Financial/Budget Neutrality Development/Issues

The state has not identified any significant developments/issues/problems with financial accounting, budget neutrality, and CMS 64 and budget neutrality reporting for the current quarter.

Please see Attachment A for a copy of the budget neutrality workbook.

The chart provides monthly and quarterly enrollment and expenditure data for the BadgerCare Plus Reform Adult Waiver since its inception in April 2014 through September 2016. This data is compared to the childless adult CORE baseline from April 2013 through March 2014 for budget neutrality purposes.

The data shows waiver enrollment increasing each month from April 2014 to March 2015. From January 2016 to December 2016 waiver enrollment remains relatively stable.

The monthly managed care enrollment growth rate peaked in March 2015, reflecting the systematic transition of enrollees from FFS to managed care. Managed care enrollees also declined starting in April 2015.

Since the waiver's April 2014 inception, per-member-per-month (PMPM) costs have increased, but are well below the budget neutrality limits established with the waiver and we do not have any concerns or issues to report at this time.

## **Consumer Issues**

Consumers have not reported any significant issues related to coverage and/or access to the program and benefits in the current quarter.

## **Quality Assurance/Monitoring Activity**

The DHS consistently monitors activities using a systematic approach that ensures services for all BadgerCare Plus populations are reviewed for quality assurance.

Following is a summary of the activities DHS conducted in demonstration year 3 by quarter:

### **Quarter One**

#### **a) Health Needs Assessment Requirement for Childless Adults**

The 2016-2017 BadgerCare Plus HMO contract required health plans to conduct a Health Needs Assessment (HNA) screening of newly enrolled BadgerCare Plus childless adult members within two months of HMO enrollment. The contract requires HMOs to include the following elements in the HNA screening:

- Urgent medical and behavioral symptoms (e.g., shortness of breath, rapid weight gain/loss, syncope, suicidal ideations, psychotic break);
- Members' perception of their general well-being;
- Identify usual sources of care (e.g., primary care provider, clinic, specialist, dental provider);
- Frequency in use of emergency and inpatient services;
- History of chronic physical and mental health illnesses (e.g., respiratory disease, heart disease, stroke, diabetes/pre-diabetes, back pain and musculoskeletal disorders, cancer, overweight/obesity, severe mental illness(es), substance abuse);
- Number of prescription medications used monthly;
- Socioeconomic barriers to care (e.g., stability of housing, reliable transportation, nutrition/food resources, availability of family/caregivers to provide support);
- Behavioral and medical risk factors including member's willingness to change their behavior such as:

- Symptoms of depression
- Alcohol consumption and substance abuse
- Tobacco use
- Weight (e.g., using BMI or waist circumference) and blood pressure indicators.

HMOs can conduct the screening in-person, over the phone, via mail or online.

For 2016, BadgerCare Plus HMOs are required to meet the lesser of the following targets of timely HNA Screenings:

- Performance Level Target: 35% rate of timely HNA Screenings in calendar year 2016-2017; OR
- Reduction in Error Target: 10% improvement from baseline.

HMOs who do not meet the HNA target in 2016 will be subject to liquidated damages. The amount will be the lesser of either \$250,000 or \$40 per BadgerCare Plus Childless Adult member for whom the HMO failed to meet the target in the calendar year.

In the second quarter of 2016, DHS worked with the EQRO to develop the HNA review process and define the HNA performance measurement specifications which were included in the 2016 HNA Guide. In June 2016, DHS shared a preliminary draft of the HNA Guide and had a conference call with the 18 HMOs to discuss the HNA review process and the HNA measurement specifications.

#### b) External Quality Review Activities

Following were the activities for the first quarter of the demonstration completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- In collaboration with DHS, developed and distributed accreditation deeming strategy document request lists for accredited HMOs. Conducted review of documents for accreditation gaps.
- Completed 2016 PIP Proposal Reviews for three HMOs who received extensions.
- Performed data abstraction for HBO initiative (medical home enrollees). Delivered records request lists to HMOs (July-December 2015 postpartum visits). Maintained OBMH registry, triaged questions as needed.
- Met with DHS and began developing HIV/AIDs health home review criteria.
- Developed and delivered to BBM, a Timeline of Activities for External Quality Reviews.

### **Quarter Two**

#### a) Health Needs Assessment Requirement for Childless Adults

The 2016-2017 BadgerCare Plus HMO contract required health plans to conduct a Health Needs Assessment (HNA) screening of newly enrolled BadgerCare Plus childless adult members within two months of HMO enrollment. The contract requires HMOs to include the following elements in the HNA screening:

- Urgent medical and behavioral symptoms (e.g., shortness of breath, rapid weight gain/loss, syncope, suicidal ideations, psychotic break);
- Members' perception of their general well-being;
- Identify usual sources of care (e.g., primary care provider, clinic, specialist, dental provider);
- Frequency in use of emergency and inpatient services;
- History of chronic physical and mental health illnesses (e.g., respiratory disease, heart disease, stroke, diabetes/pre-diabetes, back pain and musculoskeletal disorders, cancer, overweight/obesity, severe mental illness(es), substance abuse);
- Number of prescription medications used monthly;
- Socioeconomic barriers to care (e.g., stability of housing, reliable transportation, nutrition/food resources, availability of family/caregivers to provide support);
- Behavioral and medical risk factors including member's willingness to change their behavior such as:
  - Symptoms of depression
  - Alcohol consumption and substance abuse
  - Tobacco use
- Weight (e.g., using BMI or waist circumference) and blood pressure indicators.

HMOs can conduct the screening in-person, over the phone, via mail or online.

For 2016, BadgerCare Plus HMOs are required to meet the lesser of the following targets of timely HNA Screenings:

- Performance Level Target: 35% rate of timely HNA Screenings in calendar year 2016-2017; OR
- Reduction in Error Target: 10% improvement from baseline.

HMOs who do not meet the HNA target in 2016 will be subject to liquidated damages. The amount will be the lesser of either \$250,000 or \$40 per BadgerCare Plus Childless Adult member for whom the HMO failed to meet the target in the calendar year.

In the second quarter of 2016, DHS worked with the EQRO to develop the HNA review process and define the HNA performance measurement specifications which were included in the 2016 HNA Guide. In June 2016, DHS shared a preliminary draft of the HNA Guide and had a conference call with the 18 HMOs to discuss the HNA review process and the HNA measurement specifications.

#### c) External Quality Review Activities

Following were the activities for the second quarter of the demonstration completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- Finalized review feedback of documents for accreditation gaps for the deeming strategy for accredited HMOs.

- Conducted an information systems capability assessment for one HMO and delivered a preliminary report to DHS and the HMO that contains analysis and results.
- Conducted a compliance with standards review for two HMOs and held the on-site visits; preliminary findings and the report are underway.
- In collaboration with DHS, drafted a Childless Adults Health Needs Assessment Guide and presented the new review activity outline to HMOs on a conference call. In addition, began identifying the sample population for the new review activity for CY 2017.

### **Quarter Three**

- a) Health Needs Assessment (HNA) for Childless Adults – DHS worked with the EQRO, MetaStar, and HMOs to develop a guide with the definitions on each measure HMOs will be evaluated for 2016 performance. Had conference calls with HMOs to gather feedback about the proposed measures and finalized the 2016 HNA evaluation methodology and timeframe. Also continued to receive quarterly HNA report from HMOs.
- b) Pay-for-Performance (P4P) – Since 2009, DHS has successfully implemented a pay-for-performance program in which HMOs are held accountable to key metrics. For 2016, the P4P program is funded through a withhold of 2.5% of each HMO monthly capitation payments which is earned back by HMOs that meet targets on 14 different measures. The measures include a combination of preventive screenings (e.g. HEDIS Breast Cancer Screening, Childhood Immunizations), management of certain chronic conditions(e.g. Comprehensive Diabetes Care, Controlling High Blood Pressure), as well as behavioral health (e.g. Follow-Up After Mental Health Hospitalization, Antidepressant Medication Management) and dental measures (e.g. Annual Dental Visit).

In July 2016, DHS received audited HEDIS data from HMOs for calendar year 2015. From July to September 2016, DHS also worked with our fiscal agent to calculate non-HEDIS measures directly from our encounter data system and with the EQRO to validate them. In mid-September 2016, DHS shared preliminary 2015 P4P results with HMOs for their review which were finalized with additional feedback in November 2016.

- c) HMO Report Cards – After gathering feedback from the public and HMOs, DHS finalized HMO Report Cards comparing HMO performance across the measures in the P4P program. The HMO Report Cards are included in new members’ enrollment packets to help them make an informed decision when selecting an HMO.
- d) Performance Improvement Projects – DHS received the final Performance Improvement reports from HMOs for calendar year 2015 which were reviewed by MetaStar.
- f) External Quality Review Activities

Following were the activities for the third quarter of the demonstration completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- Finalized the results and delivered the final reports for three HMOs information systems capability assessments.
- Finalized the results and delivered the final report for one HMO's compliance with standards review.
- In collaboration with DHS, finalized the Childless Adults Health Needs Assessment HMO Guide and MetaStar Reviewer Guidelines, and presented the new review activity timeline and standards to HMOs on a conference call. In addition, proposed and solidified the timeframe for review.
- Validated 2015 Performance Improvement Projects (PIPs) for all HMOs but one (who received an extension).
- Updated the DHS-HMO contract references in the accreditation deeming plan/crosswalk document
- Compiled the MetaStar Certification/Accreditation Deeming Plan review results, for both phase I and phase II
- Identified and confirmed agreement to the fiscal year 2016-2017 SSI CMR timeframe for review and standards, including the review timelines and criteria for three HMOs currently on an SSI CMR corrective action plan.
- Performed data abstraction and drafted preliminary calendar year 2015 annual report for HBO initiative (medical home enrollees).
- Amended the Annual Technical Report to include results from the fiscal year 2015-2016 compliance with standards and information systems capabilities assessment reviews.

#### **Quarter Four**

- e) Health Needs Assessment (HNA) for Childless Adults – Per the 2016-2017 BC+ and SSI HMO contract, HMOs are required to conduct a Health Needs Assessment (HNA) screening of newly enrolled childless adult (CLAs) members within two months of enrollment. In the fourth quarter of 2016, DHS modified the HNA contract requirements in the 2017 contract by increasing the penalty for HMOs that do not meet their 2017 HNA targets. DHS also worked with HMOs to calculate baselines for setting their 2017 HNA targets using HNA performance data from 7/1/15 to 6/30/16.
- f) Pay-for-Performance (P4P) – Since 2009, DHS has successfully implemented a pay-for-performance program in which HMOs are held accountable to key metrics. For 2016, the P4P program is funded through a withhold of 2.5% of each HMO monthly capitation payments which is earned back by HMOs that meet targets on 14 different measures. The measures include a combination of preventive screenings (e.g. HEDIS Breast Cancer Screening, Childhood

Immunizations), management of certain chronic conditions(e.g. Comprehensive Diabetes Care, Controlling High Blood Pressure), as well as behavioral health (e.g. Follow-Up After Mental Health Hospitalization, Antidepressant Medication Management) and dental measures (e.g. Annual Dental Visit).

In November 2016, DHS validated the 2015 HMO P4P results with HMOs and finalized them. DHS also issued P4P baselines for 2017 HMO P4P measures which were shared with HMOs in November 2016.

Performance Improvement Projects – In early December 2016, HMOs submitted their 2017 Performance Improvement Projects (PIP) proposals to DHS using their 2015 P4P results and 2017 P4P targets. The PIP proposals were jointly reviewed by the EQRO and DHS in December 2016; the EQRO held conference calls in early January 2017 with each HMO to share the joint feedback.

g) External Quality Review Activities

Following are the current activities for the fourth quarter of the demonstration completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- Reviewed and provided feedback for 35 PIP proposals for measurement year 2017.
- Conducted and delivered results of SSI Care Management Review for four organizations including the three HMOs placed under corrective action plans by DHS.
- Validated and reported performance measures for all HMOs to DHS.
- Confirmed dates for Comprehensive Review and Information Systems Capabilities Assessment for HMO due in this review year to be conducted 1<sup>st</sup> quarter of 2017.
- Completed OBMH record reviews for Selection 20.

## **Managed Care Reporting Requirements**

Starting April 1, 2014 childless adults were enrolled in BadgerCare Plus fee-for-service benefits. Starting in July 2014 the state began enrolling childless adults into managed care with an average of 20,000 members in each month until all new members have been enrolled in managed care as applicable. HMOs are required to report to the DHS on the status of quality initiatives, PIPs, and other programmatic requirements.

## **Demonstration Evaluation**

On November 12, 2014, the Centers for Medicare and Medicaid Services (CMS) approved the Department of Health Services (DHS) evaluation plan. The DHS has incorporated the approved evaluation plan as Attachment C.



The DHS signed an interagency agreement and contracted with the UW Population Health Institute to conduct the evaluation. DHS and the UW began work on the evaluation September 1, 2015. The UW's Scope of Work and Workplan are included as Attachment E.

During the third quarter of demonstration year 2 DHS and the UW Population Health Institute discussed suggested modifications to the CMS approved evaluation design. Included in Attachment C are the following documents:

- Suggested Modifications to Approved Evaluation Design
- Evaluation Design Change Summary Crosswalk
- CMS Comments and Questions on Suggested Modifications
- Wisconsin Response to CMS Comments and Questions

DHS and the UW Population Health Institute will incorporate these modifications into the second survey and final evaluation report. DHS is currently working on submitting a formal amendment request for CMS review and approval.

During the fourth quarter of demonstration year 3 the UW Population Health Institute completed the initial draft of the interim evaluation report. DHS reviewed the draft report and provided comments to the UW. The UW returned an updated draft to DHS and DHS is conducting the final review of the Interim report and will submit to CMS by June 2017.

## State Contact(s)

Craig Steele  
Project Manager  
Division of Health Care Access and Accountability  
Wisconsin Department of Health Services  
1 W. Wilson Street, Room 350  
Madison, WI 53701-0309  
Tel: 608-266-7024, e-mail: [craig.steele@wisconsin.gov](mailto:craig.steele@wisconsin.gov)

# Attachment A – Budget Neutrality Monitoring Workbook

## Childless Adults Draft Financial Statistics - Waiver Reporting for Quarter Ending Dec 2016

Childless Adult Quarterly Comparison	Claim Expenditures (\$ in AF)	Prior Year QE Expenditures (\$ in AF)	Ave Monthly Enrollment	Prior Year QE Ave Monthly Enrollment	Ave Monthly PMPM	Prior Year QE Ave Monthly PMPM
QE June 2014	101,210,605	22,157,735	111,187	18,660	302.75	395.80
QE Sept. 2014	137,243,424	21,246,908	130,036	17,487	351.42	404.97
QE Dec. 2014	167,024,246	20,296,922	143,883	16,288	386.86	415.43
QE Mar. 2015	190,022,630	18,692,247	160,613	14,762	394.29	422.27

Adult Waiver Quarterly Trends	Claim Expenditures (\$ in AF)	Quarter-over-Quarter Percent Change	Ave Monthly Enrollment	Quarter-over-Quarter Percent Change	Ave Monthly PMPM	Quarter-over-Quarter Percent Change
QE June 2015	194,501,401	-	155,823	-	416.22	-
QE Sept. 2015	195,525,111	0.53%	150,708	-3.28%	432.46	3.90%
QE Dec. 2015	195,787,397	0.13%	151,100	0.26%	431.92	-0.12%
QE Mar. 2016	202,532,256	3.44%	153,951	1.89%	438.53	1.53%
QE June 2016	206,944,151	2.18%	149,962	-2.59%	460.03	4.90%
QE Sept 2016	208,091,719	0.55%	148,834	-0.75%	462.60	0.56%
QE Dec 2016	209,043,684	0.46%	148,295	-0.36%	469.88	1.57%

CORE Baseline (Childless Adults)	Claim Expenditures (\$ in AF)	Fee for Service Enrollees	CAP Expenditures	CAP Members	Total Expenditures	Total Enrollees	Overall PMPM
Apr-13	2,624,273	2,383	4,956,173	16,741	7,580,446	19,124	396.38
May-13	2,582,125	2,333	4,832,357	16,330	7,414,482	18,663	397.28
Jun-13	2,409,378	2,203	4,753,430	15,989	7,162,808	18,192	393.73
Jul-13	2,553,051	1,926	4,721,124	15,922	7,274,175	17,848	407.56
Aug-13	2,395,752	1,832	4,671,819	15,674	7,067,571	17,506	403.72
Sep-13	2,359,752	1,836	4,545,410	15,272	6,905,162	17,108	403.62
Oct-13	2,568,860	1,898	4,411,923	14,809	6,980,783	16,707	417.84
Nov-13	2,222,150	1,657	4,372,572	14,633	6,594,722	16,290	404.83
Dec-13	2,444,132	1,579	4,277,285	14,288	6,721,417	15,867	423.61
Jan-14	2,372,043	1,519	4,069,353	13,844	6,441,396	15,363	419.28
Feb-14	2,153,802	1,403	3,929,873	13,330	6,083,675	14,733	412.93
Mar-14	2,373,347	1,360	3,793,829	12,830	6,167,176	14,190	434.61

BC Reform Adult Waiver (Childless Adults)	Claim Expenditures (\$ in AF)	Fee for Service Enrollees	CAP Expenditures	CAP Members	Total Expenditures	Total Enrollees	Overall PMPM
Apr-14	26,293,463	96,182	3,144,558	9,532	29,438,021	105,714	278.47
May-14	31,276,064	100,972	2,951,909	8,878	34,227,973	109,850	311.59
Jun-14	33,724,699	105,854	3,819,912	12,144	37,544,611	117,998	318.18
Jul-14	34,866,576	100,968	7,541,232	23,898	42,407,808	124,866	339.63
Aug-14	31,278,043	86,034	13,633,326	44,239	44,911,369	130,273	344.75
Sep-14	31,688,502	73,344	18,235,745	61,625	49,924,247	134,969	369.89
Oct-14	30,266,965	56,976	23,979,739	82,485	54,246,704	139,461	388.97
Nov-14	25,478,921	44,182	28,569,601	99,066	54,048,522	143,248	377.31
Dec-14	26,403,009	35,918	32,326,011	113,022	58,729,020	148,940	394.31
Jan-15	26,394,875	33,569	34,803,062	121,838	61,197,937	155,407	393.79
Feb-15	25,007,418	33,697	36,623,234	128,387	61,630,652	162,084	380.24
Mar-15	29,129,303	30,584	38,064,738	133,765	67,194,041	164,349	408.85
Apr-15	29,456,121	29,722	37,519,234	132,317	66,975,355	162,039	413.33
May-15	27,360,880	28,230	36,302,788	127,131	63,663,669	155,361	409.78
Jun-15	28,891,476	28,546	34,970,901	121,523	63,862,377	150,069	425.55
Jul-15	29,659,951	26,494	35,844,716	124,332	65,504,667	150,826	434.31
Aug-15	28,853,707	25,755	36,152,405	125,021	65,006,112	150,776	431.14
Sep-15	28,864,462	25,540	36,149,870	124,981	65,014,332	150,521	431.93
Oct-15	29,296,944	25,971	36,168,361	124,108	65,465,305	150,079	436.21
Nov-15	28,427,953	27,012	36,052,707	123,951	64,480,661	150,963	427.13
Dec-15	29,971,594	29,061	35,869,837	123,196	65,841,431	152,257	432.44
Jan-16	30,065,391	31,689	35,724,664	122,387	65,790,055	154,076	427.00
Feb-16	30,824,207	29,776	36,215,887	124,301	67,040,094	154,077	435.11
Mar-16	32,445,700	25,521	37,256,408	128,179	69,702,108	153,700	453.49
Apr-16	31,988,700	25,109	36,606,162	126,178	68,594,862	151,287	453.41
May-16	32,564,891	24,708	36,412,900	125,171	68,977,791	149,879	460.22
Jun-16	33,137,412	24,426	36,234,086	124,295	69,371,498	148,721	466.45
Jul-16	31,921,124	23,535	36,280,462	124,368	68,201,586	147,903	461.12
Aug-16	35,069,296	24,017	36,401,304	124,244	71,470,600	148,261	482.06
Sep-16	31,699,488	23,487	36,720,045	124,663	68,419,533	148,150	461.83
Oct-16	31,719,283	23,586	36,150,762	123,328	67,870,045	146,914	461.97
Nov-16	30,788,801	23,826	36,162,354	123,324	66,951,156	147,150	454.99
Dec-16	29,946,084	24,176	35,948,288	122,509	65,894,372	146,685	449.22

\*MC Enrollees have some of their expenditures in FFS Claims as well: Wrap around, Pharmacy, etc.

\*\*FFS Claims are pulled on a date of service basis. PMPM comparisons may be skewed due to claims lag for months of Oct 2016 through Dec 2016

\*\*\* Expenditures and enrollment may not tie to future quarterly reports as numbers will be adjusted to account for claims lag

\*\*\*\* All data for Jul 2016 - Dec 2016 pulled on Jan 23, 2017 from DSS, not from MBES quarterly report

\*\*\*\*\* Note that expenditures are not net of drug rebates. Net expenditures will be reported in MBES for the CMS 64 quarterly report.

## Attachment B – Summary of Cost-Sharing for TMA Adults Only

Individuals affected by, or eligible under, the demonstration with the co-payments below

### TMA Adults (Demonstration Population 1)

Monthly Premium Amount Based on FPL Percentage	Monthly Premium Amount as Percentage of Income
100.01 – 132.99%	2.0%
133 – 139.99%	3.0%
140 – 149.99%	3.5%
150 – 159.99%	4.0%
160 – 169.99%	4.5%
170 – 179.99%	4.9%
180 – 189.99%	5.4%
190 – 199.99%	5.8%
200 – 209.99%	6.3%
210 – 219.99%	6.7%
220 – 229.99%	7.0%
230 – 339.99%	7.4%
240 – 249.99%	7.7%
250 – 259.99%	8.05%
260 – 269.99%	8.3%
270 – 279.99%	8.6%
280 – 289.99%	8.9%
290 – 299.99%	9.2%
300% and above	9.5%

## Attachment C – Demonstration Evaluation Plan & Approved Modifications



WI BadgerCare Reform Final Approval



BadgerCare Reform Demonstration Evaluation



Suggested Modifications to Approval



Evaluation Design Change Summary



CMS Comments and Questions on Suggestions



Wisconsin Response to CMS Comments and

## Attachment D – BadgerCare Plus Reform Waiver Project Work Plan



BadgerCare Plus  
Reform Waiver Project

# Attachment E – University of Wisconsin Scope of Work & Project Work Plan



BadgerCare Reform  
Waiver Evaluation - S