

**Wisconsin Managed Care Program Features, as of 2020 (1 of 3)**

Features	SSI Managed Care	Children Come First (CCF)	BadgerCare Plus
Program type	Comprehensive MCO	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)	Comprehensive MCO
Statewide or region-specific?	Statewide	Dane County	Statewide
Federal operating authority	1932(a)	1915(a)	1932(a)
Program start date	04/01/2005	04/01/1993	02/01/2008
Waiver expiration date (if applicable)			
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary		Voluntary
Populations enrolled: Children with Special Health Care Needs		Voluntary	
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary	Exempt

<b>Features</b>	<b>SSI Managed Care</b>	<b>Children Come First (CCF)</b>	<b>BadgerCare Plus</b>
Populations enrolled: Enrollment choice period	Other	Other	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus		Maximus
Populations enrolled: Notes on enrollment choice period	90 days open enrollment period	Voluntary enrollment can occur at any time	90 days open enrollment period
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs			
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT	X		X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X		X
Benefits covered: Family planning	X		X

Features	SSI Managed Care	Children Come First (CCF)	BadgerCare Plus
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Personal care (state plan option)	X		X
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing	X		X
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	X		X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Prosthetic devices, nurse midwife services, podiatry, chiropractic (varies by plan), and dental (varies by geographic region).		Prosthetic devices, nurse midwife services, podiatry, chiropractic (varies by plan), and dental (varies by geographic region).
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar	MetaStar	MetaStar

Features	SSI Managed Care	Children Come First (CCF)	BadgerCare Plus
Performance incentives: Payment bonuses/differentials to reward plans	X		X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics	X		X
Performance incentives: Withholds tied to performance metrics	X		X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	X		X
Participating plans: Plans in Program	Anthem Blue Cross Blue Shield; Group Health Cooperative of Eau Claire; Independent Care (iCare); Managed Health Services; Molina Health Plan; My Choice Wisconsin Health Plan, Inc.; Network Health Plan; UnitedHealthcare Community Plan	Children Come First	Anthem Blue Cross Blue Shield; Children's Community Health Plan; Dean Health Plan; Group Health Cooperative of Eau Claire; Group Health Cooperative of South Central; Independent Care (iCare); MercyCare Insurance Company; MHS of Wisconsin; Molina Health Plan; My Choice Wisconsin Health Plan; Network Health Plan; Quartz; Security Health Plan of Wisconsin; UnitedHealthcare Community Plan
Notes: Program notes			

### Wisconsin Managed Care Program Features, as of 2020 (2 of 3)

Features	Care4Kids	Program of All-inclusive Care for the Elderly (PACE)	Family Care Partnership
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)	Comprehensive MCO + MLTSS
Statewide or region-specific?	Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington Counties	Milwaukee and Waukesha Counties	Calumet, Columbia, Dane, Dodge, Jefferson, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, and Waupaca Counties
Federal operating authority	1937 Alt Benefit Plan	PACE	1932(a)/1915(c)
Program start date	01/01/2014	11/01/1990	12/01/1995
Waiver expiration date (if applicable)			12/31/2025
If the program ended in 2020, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults		Voluntary	Voluntary
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)			
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals		Voluntary	Voluntary
Populations enrolled: Children with Special Health Care Needs	Voluntary		

<b>Features</b>	<b>Care4Kids</b>	<b>Program of All-inclusive Care for the Elderly (PACE)</b>	<b>Family Care Partnership</b>
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Exempt
Populations enrolled: Enrollment choice period	Other	N/A	Other
Populations enrolled: Enrollment broker name (if applicable)	Maximus		
Populations enrolled: Notes on enrollment choice period	Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county.	Open enrollment	Open enrollment
Benefits covered: Inpatient hospital physical health	X	X	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Outpatient hospital physical health	X	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	X	X
Benefits covered: Partial hospitalization	X	X	X
Benefits covered: Physician	X	X	X
Benefits covered: Nurse practitioner	X	X	X
Benefits covered: Rural health clinics and FQHCs	X	X	X
Benefits covered: Clinic services	X	X	X
Benefits covered: Lab and x-ray	X	X	X
Benefits covered: Prescription drugs	X	X	X
Benefits covered: Prosthetic devices	X	X	X
Benefits covered: EPSDT			X

<b>Features</b>	<b>Care4Kids</b>	<b>Program of All-inclusive Care for the Elderly (PACE)</b>	<b>Family Care Partnership</b>
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized Health Home			
Benefits covered: Home health services (services in home)	X	X	X
Benefits covered: Family planning	X	X	X
Benefits covered: Dental services (medical/surgical)	X	X	X
Benefits covered: Dental (preventative or corrective)	X	X	X
Benefits covered: Personal care (state plan option)	X	X	X
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing	X	X	X
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services	X	X	X
Benefits covered: Hospice care	X	X	X
Benefits covered: Non-Emergency Medical Transportation		X	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			

<b>Features</b>	<b>Care4Kids</b>	<b>Program of All-inclusive Care for the Elderly (PACE)</b>	<b>Family Care Partnership</b>
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Prosthetic devices, nurse midwife services, and podiatry.	Ambulatory surgical center, audiology, chiropractic, community mental health services, durable medical equipment and medical supplies, occupational therapy, physical therapy, podiatry, respiratory care for ventilator dependent persons, speech & language pathology, and vision care.	Ambulatory surgical center, audiology, chiropractic, community mental health services, durable medical equipment and medical supplies, nurse-midwife, occupational therapy, physical therapy, podiatry, prenatal care coordination, respiratory care for ventilator dependent persons, school-based services, speech & language pathology, and vision care.
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar	MetaStar	MetaStar
Performance incentives: Payment bonuses/differentials to reward plans			X
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			X
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Children's Hospital of Wisconsin	Community Care, Inc.	Independent Care (iCare); Community Care Health Plan; Care Wisconsin Health Plan - Trilogy Health Ins



<b>Features</b>	<b>Care4Kids</b>	<b>Program of All-inclusive Care for the Elderly (PACE)</b>	<b>Family Care Partnership</b>
Notes: Program notes			

**Wisconsin Managed Care Program Features, as of 2020 (3 of 3)**

Features	Family Care	WrapAround Milwaukee
Program type	MLTSS only (PIHP and/or PAHP)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Milwaukee County
Federal operating authority	1915(b)/1915(c)	1915(a)
Program start date	02/01/2000	03/01/1997
Waiver expiration date (if applicable)	12/31/2021	
If the program ended in 2020, indicate the end date		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		
Populations enrolled: Aged, Blind or Disabled Children or Adults	Mandatory	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		
Populations enrolled: Full Duals	Voluntary	
Populations enrolled: Children with Special Health Care Needs		Voluntary
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt	Voluntary

<b>Features</b>	<b>Family Care</b>	<b>WrapAround Milwaukee</b>
Populations enrolled: Enrollment choice period	Other	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period	Open enrollment	Voluntary enrollment can occur at any time
Benefits covered: Inpatient hospital physical health		
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X
Benefits covered: Partial hospitalization	X	X
Benefits covered: Physician		
Benefits covered: Nurse practitioner		
Benefits covered: Rural health clinics and FQHCs		
Benefits covered: Clinic services		X
Benefits covered: Lab and x-ray		
Benefits covered: Prescription drugs		
Benefits covered: Prosthetic devices		
Benefits covered: EPSDT		
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945-authorized Health Home		
Benefits covered: Home health services (services in home)	X	
Benefits covered: Family planning		

Features	Family Care	WrapAround Milwaukee
Benefits covered: Dental services (medical/surgical)		
Benefits covered: Dental (preventative or corrective)		
Benefits covered: Personal care (state plan option)	X	
Benefits covered: HCBS waiver services	X	
Benefits covered: Private duty nursing	X	
Benefits covered: ICF-IDD	X	
Benefits covered: Nursing facility services	X	
Benefits covered: Hospice care		
Benefits covered: Non-Emergency Medical Transportation	X	
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit		X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Community mental health services, durable medical equipment and medical supplies, occupational therapy, physical therapy, respiratory care for ventilator dependent persons, and speech & language pathology.	
Quality assurance and improvement: HEDIS data required?	No	No
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		

<b>Features</b>	<b>Family Care</b>	<b>WrapAround Milwaukee</b>
Quality assurance and improvement: EQRO contractor name (if applicable)	MetaStar	MetaStar
Performance incentives: Payment bonuses/differentials to reward plans	X	
Performance incentives: Preferential auto-enrollment to reward plans		
Performance incentives: Public reports comparing plan performance on key metrics		
Performance incentives: Withholds tied to performance metrics	X	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes		
Participating plans: Plans in Program	Inclusa, Inc.; Lakeland Care, Inc.; Community Care, Inc.; My Choice Family Care - Care Wisconsin	Wrap Around Milwaukee
Notes: Program notes		