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ENROLLMENT TRENDS

Please Note: Starting in the 2nd quarter of demonstration year 7 the data reflects enrollment that occurred after the implementation of comprehensive changes in response to COVID-19, based on provisions in the Families First Coronavirus Response Act, to stop terminations and reinstate benefits for individuals whose eligibility was denied or terminated based on policies in the demonstration waiver.

Fig 1.

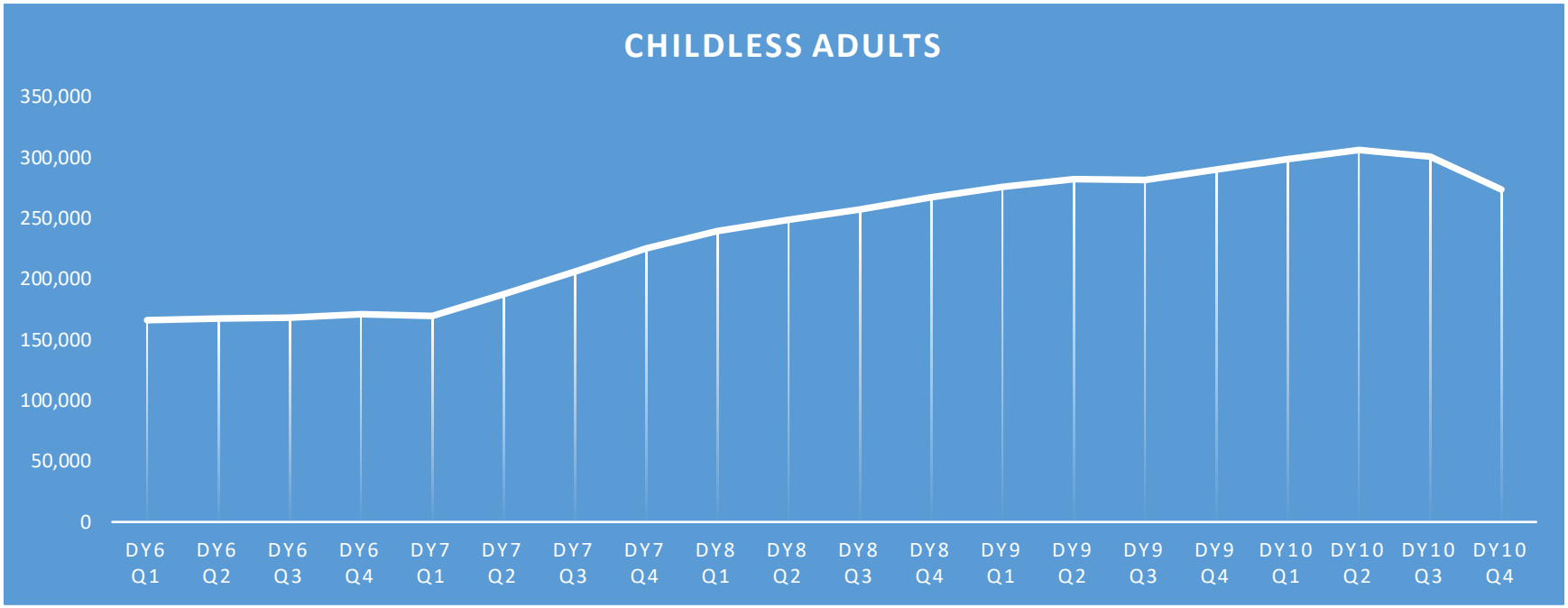

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Table 1.

DY6(CY 2019)				DY7(CY 2020)				DY8 (CY2021)				DY9 (CY2022)				DY10 (CY2023)			
DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4	DY10 Q1	DY10 Q2	DY10 Q3	DY10 Q4
166,090	167,207	168,205	170,914	169,536	187,369	206,200	225,423	239,174	248,936	257,316	267,221	275563	281864	281380	290317	298705	306156	300699	273454
(2,613)	1,117	998	2,709	(1,378)	17,833	18,831	19,223	13,751	9,762	8,380	9,905	8,342	6,301	(484)	8,937	8,388	7,451	(5,457)	(27,245)
-2%	1%	1%	2%	-1%	11%	10%	9%	6%	4%	3%	4%	3%	2%	0%	3%	3%	2%	-2%	-9%

Fig 2.

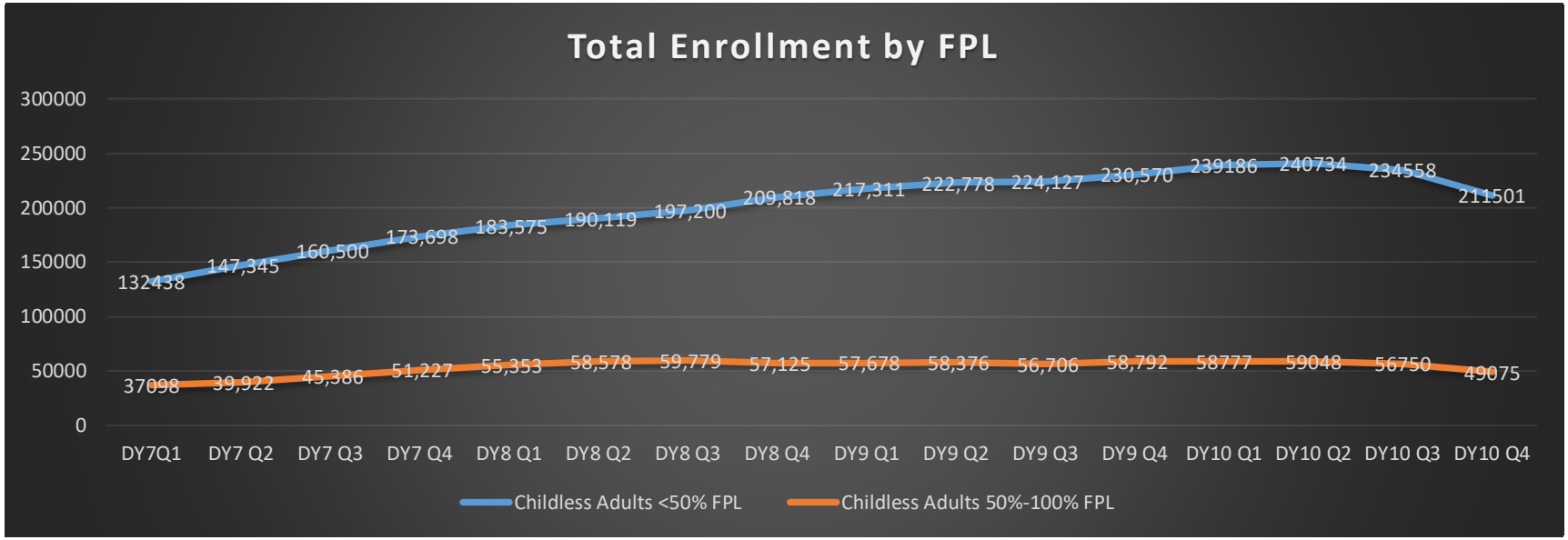

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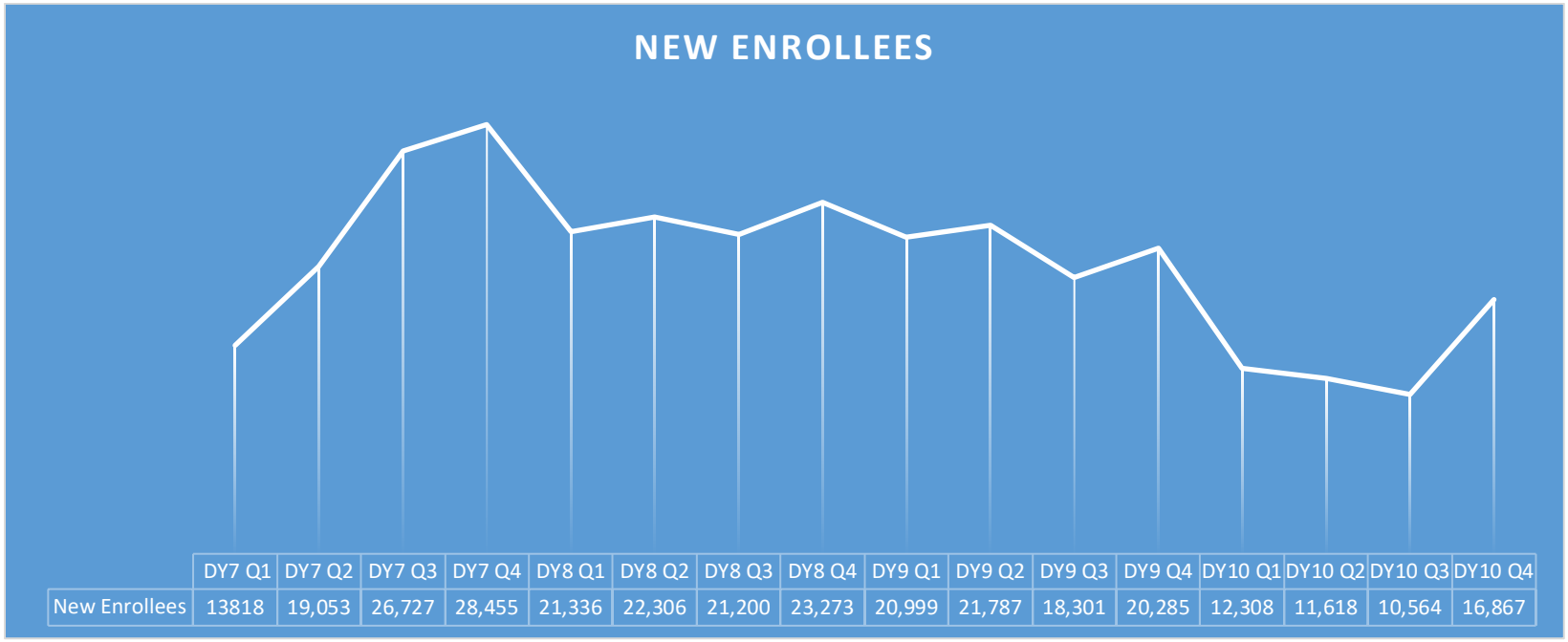
Fig 3.



	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4	DY8 Q1	DY8 Q2	DY8 Q3	DY8 Q4	DY9 Q1	DY9 Q2	DY9 Q3	DY9 Q4	DY10 Q1	DY10 Q2	DY10 Q3	DY10 Q4
New Enrollees	13818	19,053	26,727	28,455	21,336	22,306	21,200	23,273	20,999	21,787	18,301	20,285	12,308	11,618	10,564	16,867

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Table 2.

Badgercare Plus HMO Childless Adult Enrollment	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
ANTHEM BLUE CROSS BLUE SHIELD	44,103	44,549	44,896	45,232	45,466	44,369	42,370	40,379	38,067	36,598	35,473	34,101
CHILDRENS COMM HEALTH PLAN	22,796	22,980	23,207	23,367	23,473	22,895	22,011	21,135	20,041	19,564	19,152	18,582
DEAN HEALTH PLAN INC	9,311	9,457	9,574	9,655	9,736	9,553	9,198	8,916	8,521	8,347	8,107	7,854
GROUP HEALTH COOP EAU CLAIRE	12,240	12,371	12,551	12,669	12,766	12,571	12,280	11,787	11,278	10,896	10,583	10,256
GROUP HEALTH COOP SOUTHCENTR	3,020	3,086	3,124	3,139	3,160	3,077	2,945	2,838	2,708	2,629	2,550	2,484
INDEPENDENT CARE (ICARE)	13,992	14,098	14,268	14,320	14,380	14,069	13,483	12,854	12,198	11,822	11,573	11,149
MERCY CARE INSURANCE COMPANY	3,587	3,595	3,619	3,626	3,622	3,529	3,406	3,230	3,024	2,901	2,820	2,704
MHS HEALTH WISCONSIN	20,069	20,288	20,568	20,693	20,794	20,237	19,372	18,477	17,540	16,924	16,428	15,816
MOLINA HEALTHCARE	15,786	15,929	16,056	16,140	16,200	15,791	15,132	14,443	13,704	13,250	12,933	12,494
NETWORK HEALTH PLAN	8,260	8,329	8,478	8,526	8,573	8,341	7,978	7,649	7,260	7,028	6,841	6,395
QUARTZ	19,505	19,672	19,888	20,011	20,083	19,619	18,754	17,853	16,764	16,206	15,782	15,146
SECURITY HEALTH PLAN OF WISC	12,472	12,642	12,771	12,892	12,970	12,627	12,138	11,595	11,079	10,632	10,291	9,878
TRILOGY HEALTH INSURANCE	15,346	15,546	15,710	15,817	15,888	15,607	15,049	14,410	13,658	13,139	12,732	12,298

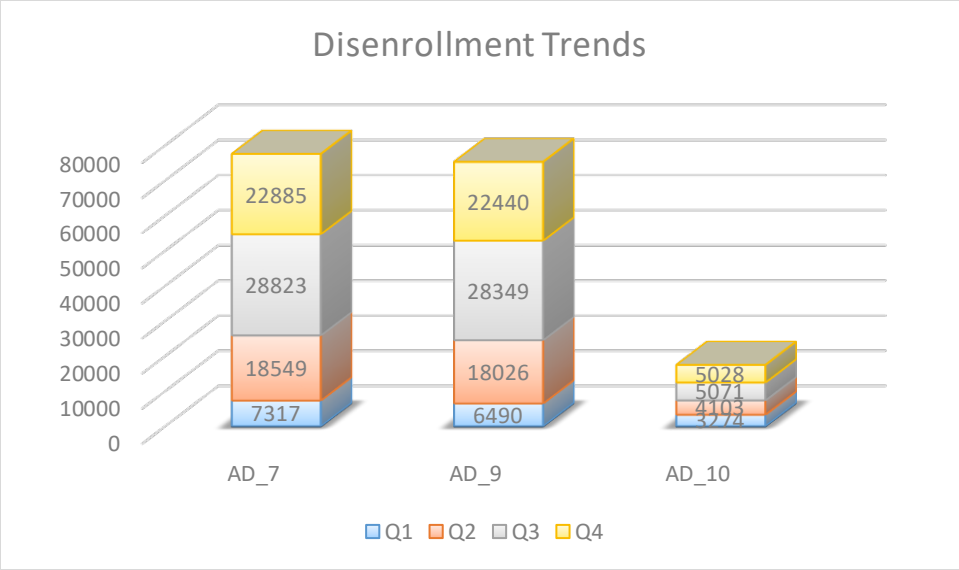
UNITEDHEALTHCARE COMMUNITY PLAN	62,672	63,255	63,851	64,377	64,700	63,221	60,676	58,105	54,916	53,084	51,567	49,800

DISENROLLMENT TRENDS

Please Note: Starting in the 2nd quarter of demonstration year 7 the data reflects disenrollment that occurred after the implementation of comprehensive changes to stop terminations and reinstate eligibility in response to COVID-19. Any disenrollment during this time occurred only if a beneficiary voluntarily declined assistance or if they were no longer a resident of Wisconsin (including if they passed away).

Fig 4.

ATTACHMENT A



Definitions

1. AD_7: Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal
2. AD_9: Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary
3. AD_10: Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group

RENEWAL TRENDS

Please Note: Starting in the 2nd quarter of demonstration year 7, during the public Health Emergency (PHE), the state of Wisconsin has adjusted its policies where we have been postponing renewals for beneficiaries. However, members may still complete their renewals voluntarily – for

example, if they also have a renewal for SNAP due in the same month. These renewals are completed at member request, and a relatively small drop in the number of renewing members translates into a large drop in percentage.

Fig 5.

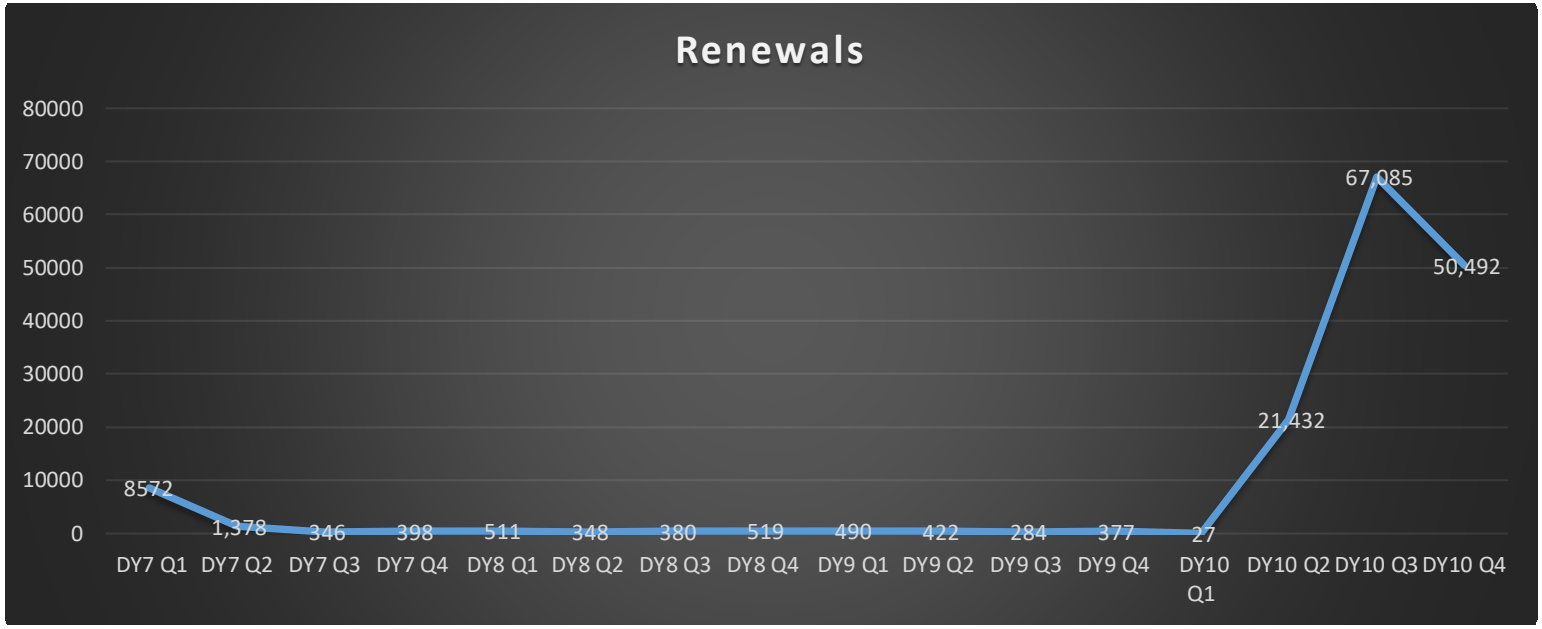
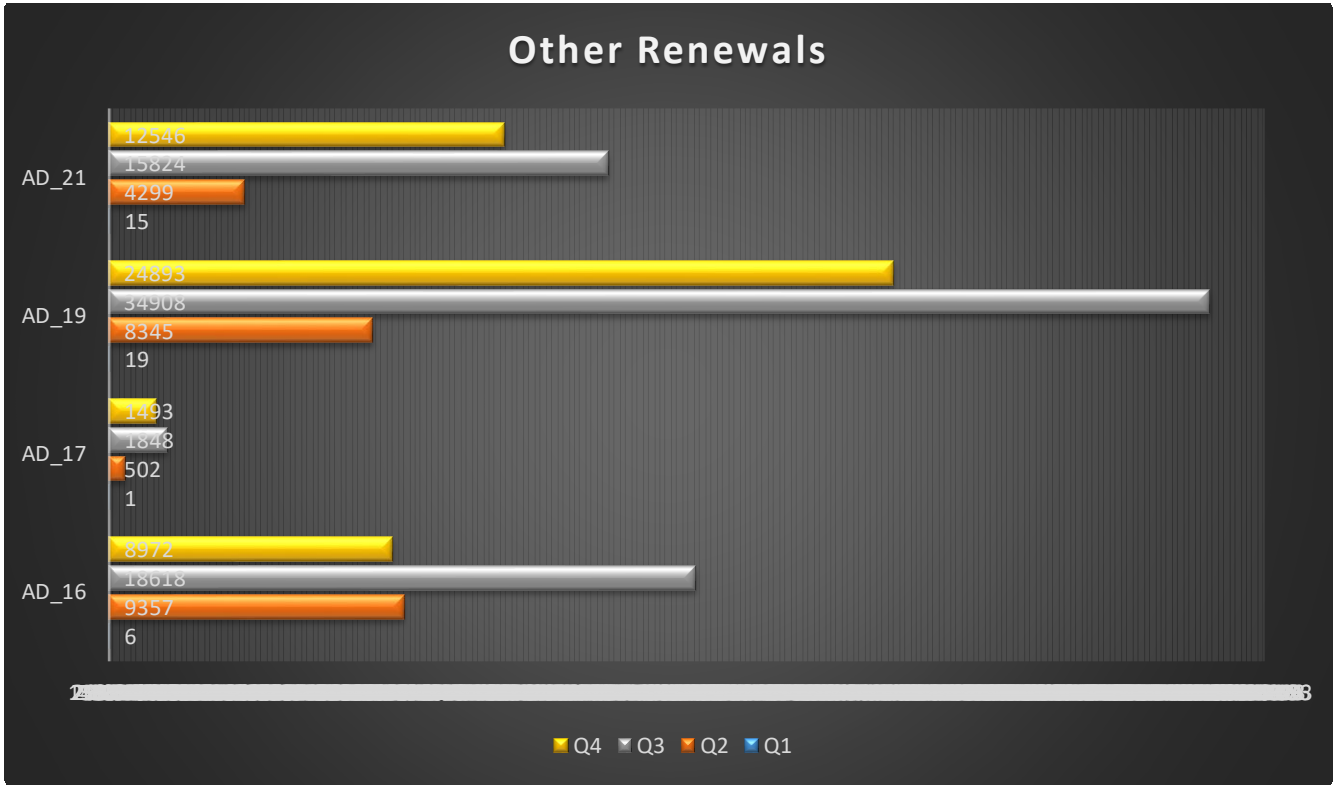


Fig 6.

ATTACHMENT A



Definitions

1. AD_16: Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid
2. AD_17: Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category
3. AD_19: Beneficiaries who did not complete renewal, disenrolled from Medicaid
4. AD_21: Beneficiaries who retained eligibility for the demonstration after completing renewal forms

COST SHARING TRENDS

Fig 7.