

Wisconsin BadgerCare Reform 1115 Waiver Demonstration
Section 1115 Annual Report

Section 1115 Annual Report Summary

Demonstration Year:
6 (1/1/2019 – 12/31/2019)

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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:

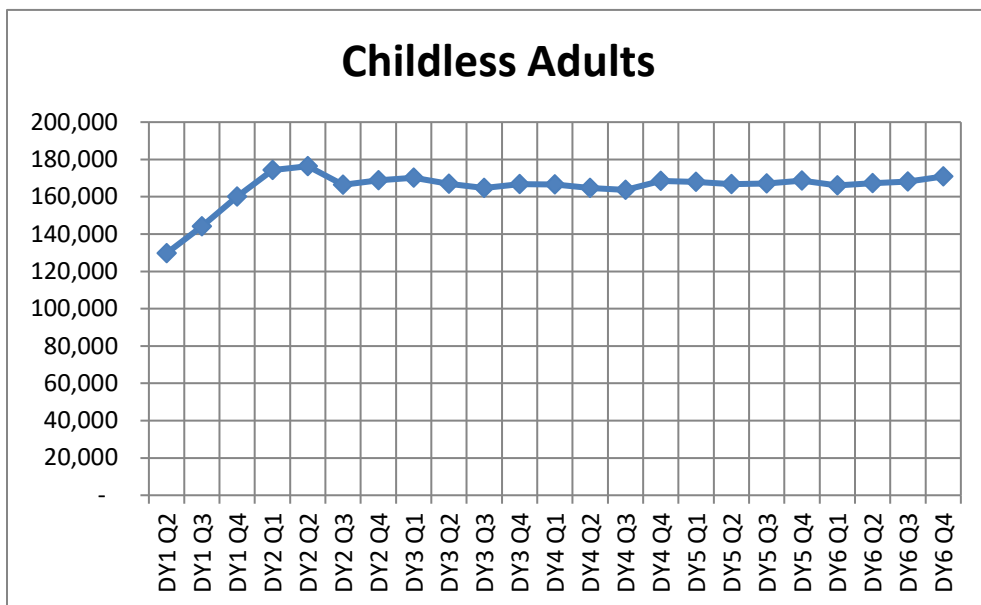
- Ensure every Wisconsin resident has access to affordable health insurance and reduce the state’s uninsured rate.
- Provide a standard set of comprehensive benefits for low income individuals that will lead to improved healthcare outcomes.
- Create a program that is sustainable so Wisconsin’s healthcare 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 6 the number of unique program participants increased. The total number of childless adults enrolled in the program increased as well. From the beginning to the end of demonstration year 6 the total number of unique program participants increased from 166,090 to 170,914. Total monthly enrollment decreased from the start to the end of the demonstration year with 150,931 childless adults in January 2019 and 153,642 childless adults in December 2019. The following graph shows the childless adults enrollment trend over the first 6 years of the demonstration:

Fig.1



Per the terms of the demonstration waiver amendment that was approved by CMS on October 31, 2018, after December 31, 2018, the state no longer has the authority to charge premiums to the TMA Adult population through the demonstration. As expected, no TMA adults were disenrolled for failure to pay premiums in the last quarter. Also as a result, there was no longer a need to track individuals by the different FPL levels.

Per guidance from CMS, this is the last report we are submitting with information related to TMAs, as in DY7 the TMA population is no longer considered a part of the target population for the waiver.

Transitional Medical Assistance (TMA) Adults (Population Group 1) - Starting in Demonstration year 6 enrollment counts for TMAs were being tracked at an overall total level rather than a breakout by FPL. In demonstration year 6 the number of unique program participants increased as well as the total number of TMA adults enrolled. From the beginning to the end of the demonstration year the total number of unique program participants increased from 31,315, to 40,780. Total monthly enrollment increased during the demonstration year with 23,597 TMA adults in January 2019 and 32,687 TMA adults in December 2019. Please see Fig 2 below.

Since the elimination of premiums the TMA population has increase on average by 10% each quarter (over 2900 individuals on average). For historical data with the previous FPL breakouts see Fig 3.

Fig 2.

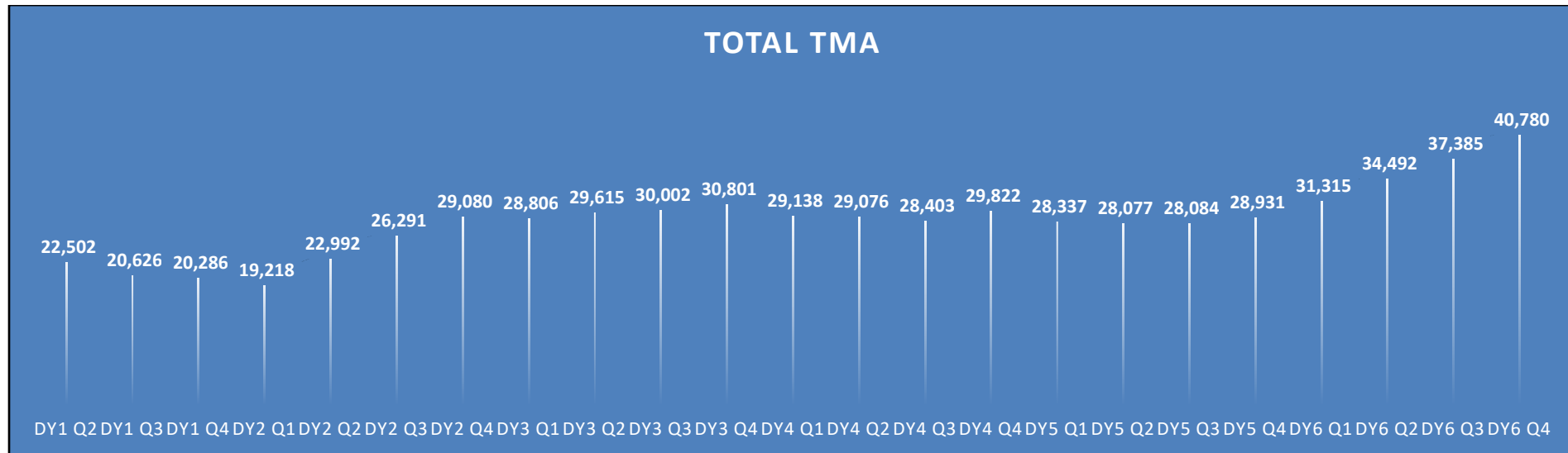
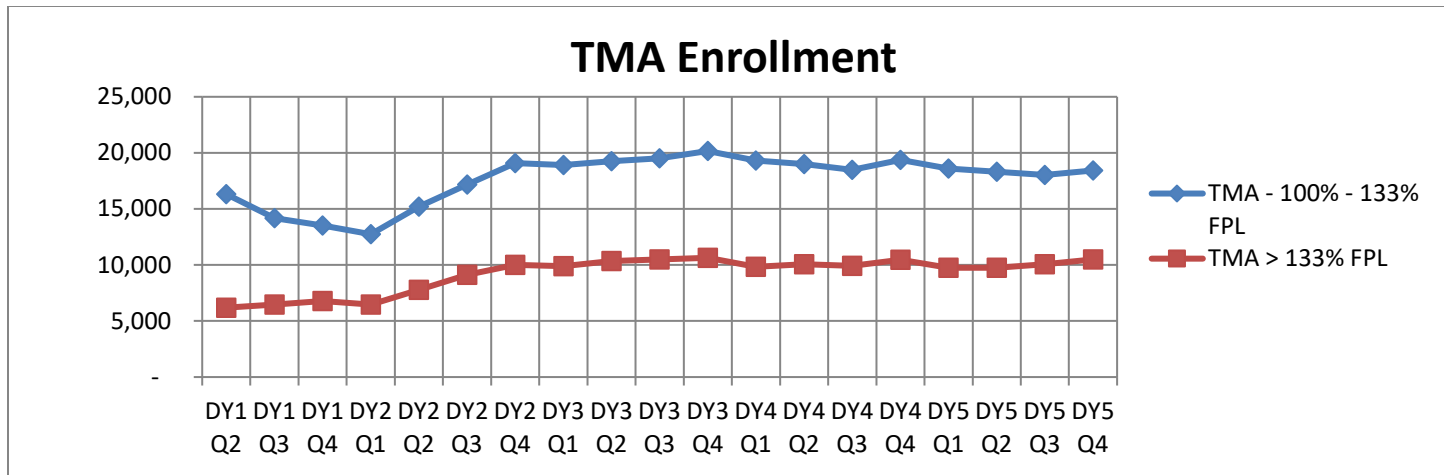


Fig 3.



Following (Fig 4.) is an enrollment summary for the unique program participants in both demonstration groups over the first 6 years of the demonstration:

Fig 4.

BadgerCare Reform Demonstration - Enrollment Summary*																								
Demonstration Year	DY1 (CY 2014)				DY2 (CY 2015)				DY3 (CY 2016)				DY4 (CY 2017)				DY5 (CY 2018)				DY6 (CY 2019)			
	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3	DY2 Q4	DY3 Q1	DY3 Q2	DY3 Q3	DY3 Q4	DY4 Q1	DY4 Q2	DY4 Q3	DY4 Q4	DY5 Q1	DY5 Q2	DY5 Q3	DY5 Q4	DY6 Q1	DY6 Q2	DY6 Q3	DY6 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	166,661	164,748	163,596	168,515	167,923	166,835	167,123	168,703	166,090	167,207	168,205	170,914
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	19,305	19,001	18,491	19,365	18,596	18,320	18,032	18,439	31,315	34,492	37,385	40,780
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	9,833	10,075	9,912	10,457	9,741	9,757	10,052	10,492	0	0	0	0
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	29,138	29,076	28,403	29,822	28,337	28,077	28,084	28,931	31,315	34,492	37,385	40,780

The rate of disenrollment for non-payment of premiums for TMA Adult does not apply in Demonstration 6 as TMA's were no longer charged a premium.

Following is the disenrollment summary for the unique program participants in both demonstration groups over the first 6 years of the demonstration:

Fig 5.

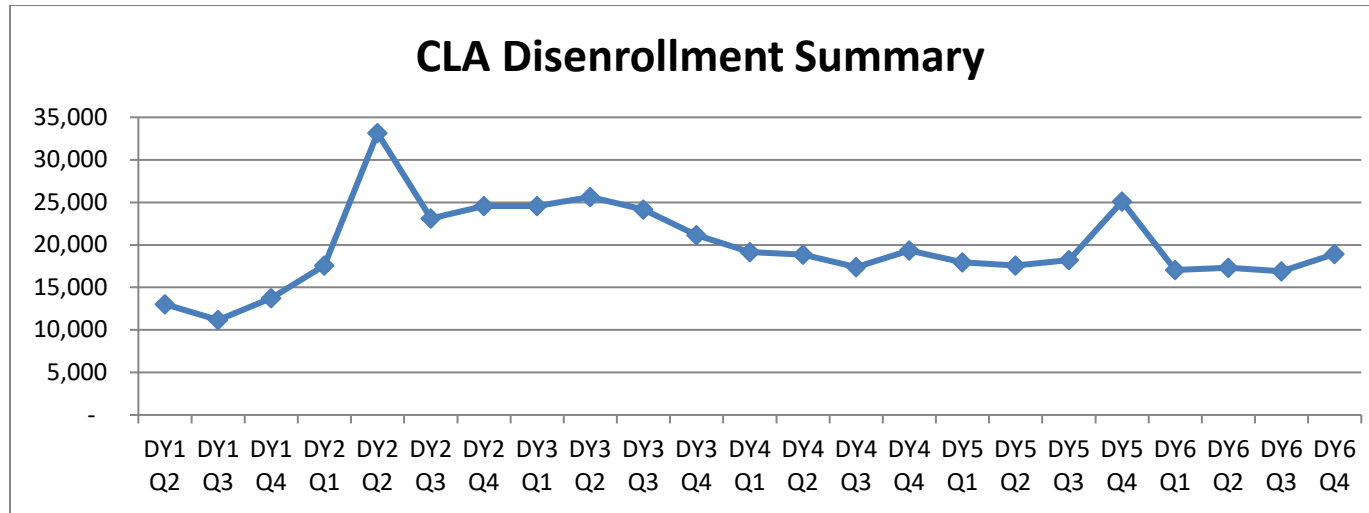


Fig 6.

BadgerCare Reform Demonstration - CLA Disenrollment Summary*																								
Demonstration Year	DY1 (CY 2014)				DY2 (CY 2015)				DY3 (CY 2016)				DY4 (CY 2017)				DY5 (CY 2018)				DY6 (CY 2019)			
	DY1 Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3	DY2 Q4	DY3 Q1	DY3 Q2	DY3 Q3	DY3 Q4	DY4 Q1	DY4 Q2	DY4 Q3	DY4 Q4	DY5 Q1	DY5 Q2	DY5 Q3	DY5 Q4	DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4
CLA Disenrollment	N/A	13,019	11,165	13,744	17,565	33,147	23,109	24,579	24,579	25,643	24,166	21,166	19,150	18,846	17,376	19,358	17,950	17,589	18,204	25,103	17,066	17,317	16,902	18,920

Starting in Demonstration year 6 enrollment counts for TMAs were being tracked at an overall total level rather than a breakout by FPL. Fig 7 below, provides the overall disenrollment count for the last 6 years. Fig 8 provides the historical breakouts.

Fig 7

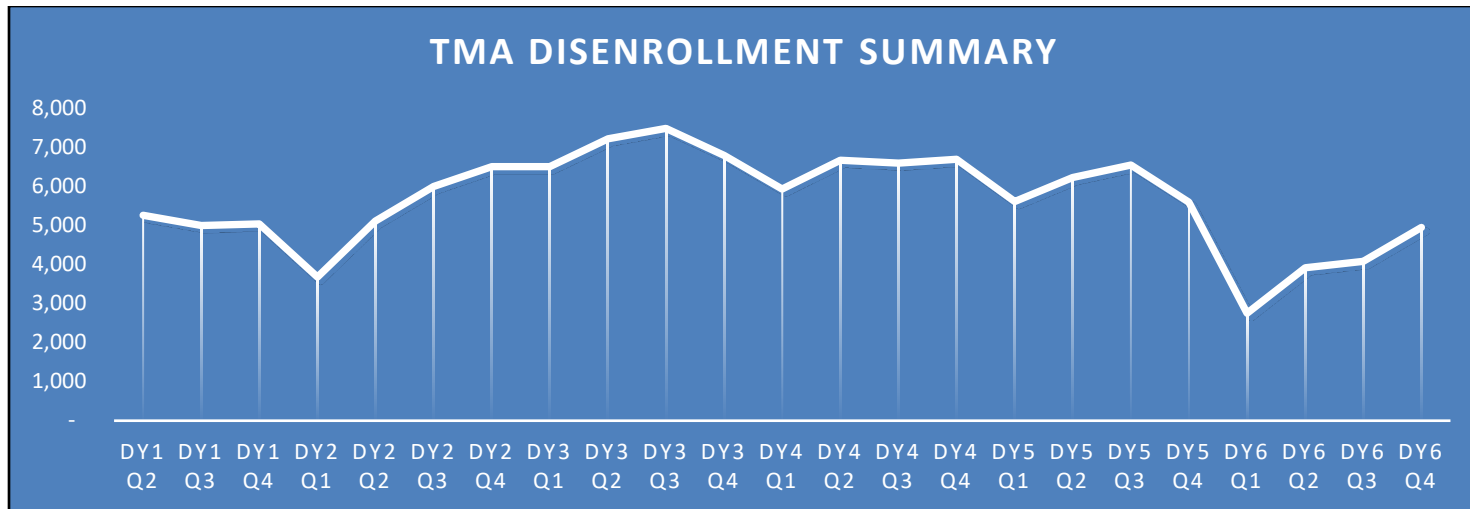


Fig 8.

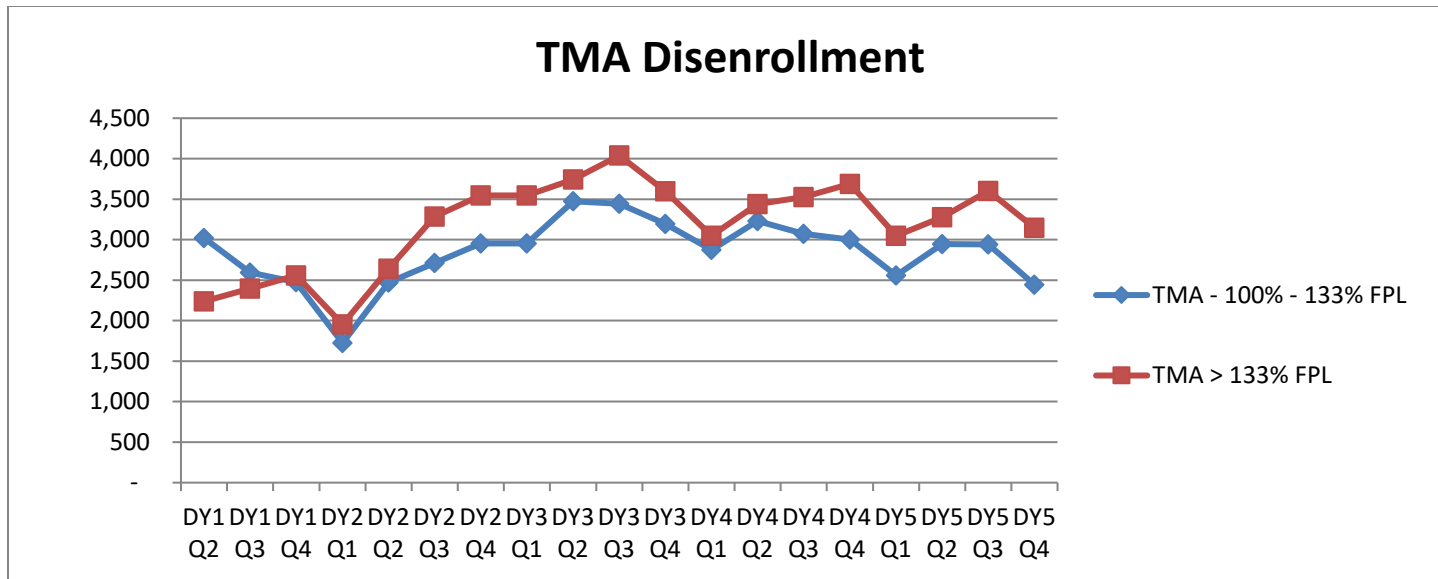


Fig 9.

Demonstration Year	DY1 (CY 2014)				DY2 (CY 2015)				DY3 (CY 2016)				DY4 (CY 2017)				DY5 (CY 2018)				DY6 (CY 2018)			
	Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3	DY2 Q4	DY3 Q1	DY3 Q2	DY3 Q3	DY3 Q4	DY4 Q1	DY4 Q2	DY4 Q3	DY4 Q4	DY5 Q1	DY5 Q2	DY5 Q3	DY5 Q4	DY6 Q1	DY6 Q2	DY6 Q3	DY6 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	2876	3230	3071	3002	2560	2947	2941	2445	2751	3911	4078	4949
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	3050	3441	3525	3689	3047	3278	3602	3147	0	0	0	0
Total TMA		5,261	4,992	5,035	3,678	5,114	5,999	6,501	6,501	7,217	7,482	6,792	5,926	6,671	6,596	6,691	5,607	6,225	6,543	5,592	2751	3911	4078	4949

Fig 10.

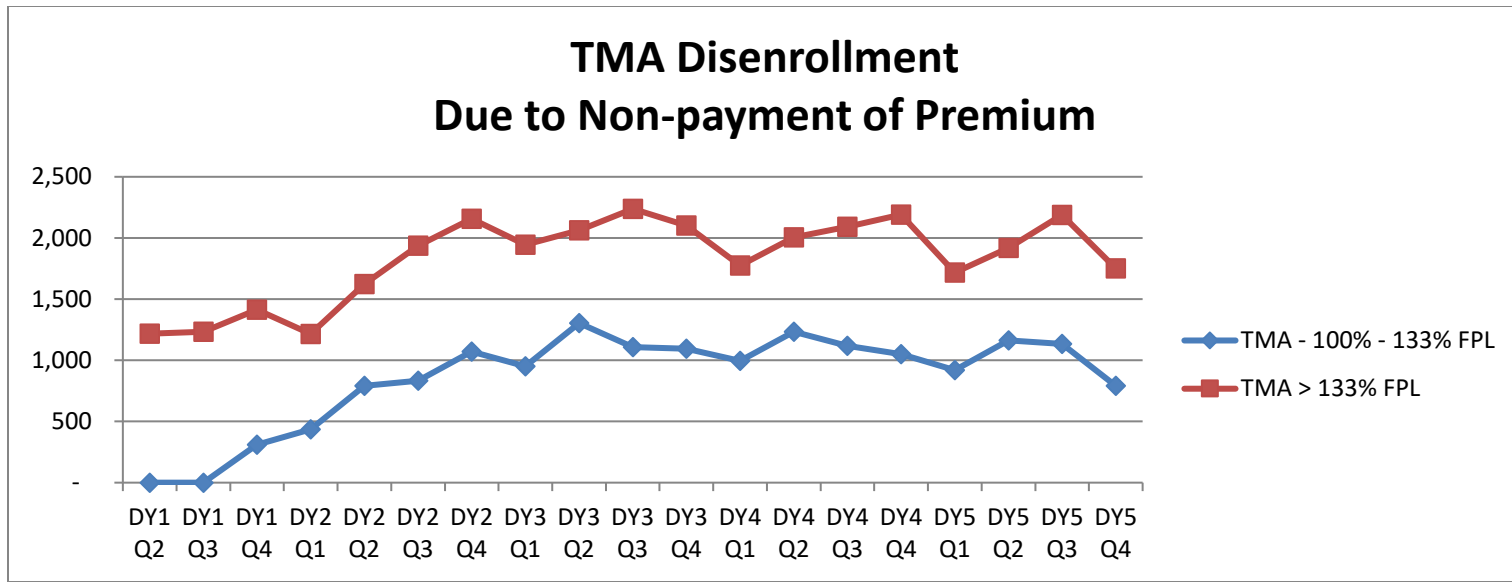


Fig 11.

BadgerCare Reform Demonstration - TMA Disenrollment Summary*; Non-payment of Premium																								
Demonstration Year													DY4 (CY 2017)				DY5 (CY 2018)				DY5 (CY 2018)			
	Q1	DY1 Q2	DY1 Q3	DY1 Q4	DY2 Q1	DY2 Q2	DY2 Q3	DY2 Q4	DY3 Q1	DY3 Q2	DY3 Q3	DY3 Q4	DY4 Q1	DY4 Q2	DY4 Q3	DY4 Q4	DY5 Q1	DY5 Q2	DY5 Q3	DY5 Q4	DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4
TMA - 100% - 133% FPL	N/A	-	-	309	436	791	833	1,071	951	1,304	1,108	1,094	995	1,234	1,118	1,050	920	1,164	1,133	792	6	0	0	0
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	1,775	2,005	2,092	2,192	1,716	1,920	2,187	1,752	0	0	0	0
Total		1,219	1,234	1,723	1,652	2,414	2,771	3,229	2,895	3,367	3,346	3,195	2,770	3,239	3,210	3,242	2,636	3,084	3,320	2,544	6	0	0	0

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.

Fig 12.

Enrollment Counts for Quarter and Year to Date				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 03/31/2019*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	166,090	166,090	17,066	
Transitional Medical Assistance (TMA) Adults	31,315	31,315	2,751	6

Enrollment Counts for Quarter and Year to Date				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 06/30/2019*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	167,207	187,507	17,317	
Transitional Medical Assistance (TMA) Adults	34,492	42,792	3,911	0

Enrollment Counts for Quarter and Year to Date				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 09/30/2019*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	168,205	207,788	16,902	
Transitional Medical Assistance (TMA) Adults	37,385	54,179	4,078	0

Enrollment Counts for Quarter and Year to Date				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 12/31/2019*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	170,914	227,802	25,103	
Transitional Medical Assistance (TMA) Adults	40,780	65,232	4,949	

Member Month Reporting				
Eligibility Group	Month 1 (January 2019)	Month 2 (February 2019)	Month 3 (March 2019)	Total for Quarter Ending 03/2019
BC Reform Adults	150,931	151,302	151,018	453,251
Transitional Medical Assistance (TMA) Adults	23,597	24,709	25,609	73,915

Member Month Reporting				
Eligibility Group	Month 1 (April 2019)	Month 2 (May 2019)	Month 3 (June 2019)	Total for Quarter Ending 06/2019
BC Reform Adults	151,645	151,424	151,173	454,242
Transitional Medical Assistance (TMA) Adults	26,183	26,881	27,623	80,687

Member Month Reporting				
Eligibility Group	Month 1 (July 2019)	Month 2 (August 2019)	Month 3 (September 2019)	Total for Quarter Ending 09/2019
BC Reform Adults	152,428	153,210	152,827	458,465
Transitional Medical Assistance (TMA) Adults	28,424	29,144	30,082	87,650

Member Month Reporting				
Eligibility Group	Month 1 (October 2019)	Month 2 (November 2019)	Month 3 (December 2019)	Total for Quarter Ending 12/2019
BC Reform Adults	153,485	153,473	153,642	460,600
Transitional Medical Assistance (TMA) Adults	31,565	32,309	32,687	96,561

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 6.

The table below shows that the percentage of childless adults who were disenrolled in demonstration year 5 and (population group 2) regained eligibility in demonstration year 6 was nearly 41%, and for TMA adults (population group 1) over 66% had regained eligibility by the end of demonstration year 6.

Fig 13.

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	11,118	1	312	16	463	120	177	6	12,213	28,270	43.20%	
10/15 - 12/15	TMA	7,622	0	3		7	1	5	2	7,640	11,583	65.96%	
01/16 - 03/16	CLA	10,906	0	272	14	442	107	141	5	11,887	28,608	41.55%	
01/16 - 03/16	TMA	5,099	0	4	0	8	4	5	0	5,120	7,943	64.46%	
04/16 - 06/16	CLA	11,659	0	260	11	426	97	162	5	12,620	29,221	43.19%	
04/16 - 06/16	TMA	7,936	0	7	0	9	1	8	0	7,961	12,477	63.81%	
07/16 - 09/16	CLA	10,673	0	392	28	491	132	168	7	11,891	27,954	42.54%	
07/16 - 09/16	TMA	7,831	0	3	1	11	3	9	5	7,863	12,602	62.39%	
10/16 - 12/16	CLA	10,651	0	320	28	474	122	166	8	11,770	28,968	40.63%	
10/16 - 12/16	TMA	8,310	0	7	1	9	9	8	2	8,346	12,848	64.96%	
01/17 - 03/17	CLA	9,778	0	319	22	453	122	191	4	10,889	26,637	40.88%	
01/17 - 03/17	TMA	7,850	0	11		13	3	14	2	7,893	12,188	64.76%	
04/17 - 06/17	CLA	10,035	0	383	19	535	135	182	6	10,916	26,684	40.91%	
04/17 - 06/17	TMA	7,755	0	7	0	14	5	9	3	7,770	12,404	62.64%	
07/17 - 09/17	CLA	9,317	1	349	26	468	148	137	1	10,131	24,904	40.68%	
07/17 - 09/17	TMA	7,237	0	7	0	10	7	9	2	7,249	11,788	61.49%	
10/17 - 12/17	CLA	9,766	0	403	39	564	166	148	6	10,722	27,008	39.70%	
10/17 - 12/17	TMA	7,806	1	11	0	13	5	12	2	7,818	12,525	62.42%	
01/18 - 03/18	CLA	9,164	1	335	19	486	121	159	5	9,978	25,037	39.85%	
01/18 - 03/18	TMA	7,534	0	46	0	28	12	13	1	7,584	11,853	63.98%	
04/18 - 06/18	CLA	9588	1	325	25	507	126	180	5	10427	25327	41.17%	
04/18 - 06/18	TMA	7607	0	30	2	31	8	2	0	7642	12203	62.62%	
07/18 - 09/18	CLA	9761	0	317	18	490	129	128	2	10536	25702	40.99%	
07/18 - 09/18	TMA	7587	0	40	0	39	7	12	1	7629	12171	62.68%	
10/18 - 12/18	CLA	10675	1	392	17	736	184	187	3	11700	28640	40.85%	
10/18 - 12/18	TMA	6950	0	37	1	42	15	15	0	7001	10606	66.01%	

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 6 annual managed care enrollment. Managed care enrollment for demonstration year 6 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.

Fig 14.

BadgerCarePlus HMO Childless Adult Enrollment	19-Jan	19-Feb	19-Mar	19-Apr	19-May	19-Jun	19-Jul	19-Aug	19-Sep	19-Oct	19-Nov	19-Dec
Anthem Blue Cross Blue Shield	18,799	19,319	19,335	19,481	19,546	19,623	19,694	20,072	20,218	20,114	20,237	20,054
Children's Community Health Plan	11,431	11,585	11,528	11,492	11,661	11,733	11,607	11,879	11,973	11,804	11,900	11,910
Dean Health Plan	4,347	4,466	4,477	4,373	4,421	4,450	4,440	4,482	4,450	4,380	4,377	4,346
Group Health Eau Claire	7,213	7,283	7,184	7,082	7,059	7,006	6,913	6,934	6,845	6,815	6,747	6,676
Group Health South Central	1,572	1,608	1,604	1,577	1,562	1,557	1,535	1,545	1,531	1,516	1,524	1,482
iCare	6,590	6,702	6,669	6,557	6,673	6,599	6,546	6,671	6,656	6,580	6,633	6,536
Managed Health Services	8,490	8,739	8,715	8,682	8,828	8,855	8,836	2,040	2,051	2,012	2,004	1,984
Mercy	1,949	1,994	1,986	2,003	2,048	2,011	2,034	8,959	9,011	8,985	8,987	8,920
Molina	7,946	8,085	8,031	7,959	8,063	8,073	8,025	8,161	8,201	8,209	8,193	8,045
Network	8,394	8,618	8,595	8,575	8,743	8,726	8,726	8,867	8,904	8,861	8,916	8,891
physicians Plus												
Quartz	6,032	6,143	6,161	6,095	6,114	6,077	6,003	6,093	6,064	6,034	6,064	5,975
Security	8,886	9,122	9,145	9,157	9,167	9,117	9,063	9,084	9,027	8,903	8,848	8,781
Trilogy	4,218	4,338	4,314	4,271	4,408	4,459	4,418	4,577	4,611	4,590	4,597	4,625
United Health	31,143	31,913	31,803	31,753	31,952	31,863	31,696	31,978	31,895	31,523	31,533	31,247
Total	127,010	129,915	129,547	129,057	130,245	130,149	129,536	131,342	131,437	130,326	130,560	129,472

Operational/Policy/Systems/Fiscal Developments/Issues

The state did not identify program developments/issues/problems that have occurred in demonstration year 5 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 December 2018. 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 4 by quarter:

Quarter One

In quarter one of demonstration year 6, DHS conducted the following activities:

Obstetric Medical Home Initiative (OBMH) for High-Risk Pregnant Women- The OBMH provides a patient-centered, comprehensive, and coordinated care delivery model to order to improve healthy births outcomes amongst high-risk pregnant women. The OBMH is available to

high-risk pregnant women in Milwaukee, Madison, and the surrounding suburban metro counties; with a high-risk pregnant women being defined as a member that meets one or more of the following criteria:

- Listed on the Department’s Birth Outcome Registry Network (BORN) of high-risk women
- Less than 18 years of age
- African American
- Homeless
- Have a chronic medical or behavioral health condition which the obstetric care provider determines would negatively impact the outcome of the pregnancy

HMOs and clinics are expected to provide participants with enhanced care coordination in order to increase the likelihood of a healthy birth. Participating clinics can receive enhanced payments for their role in meeting certain care coordination standards and for healthy birth outcomes. The standards for enhanced payment are:

- A pregnancy-related appointment with a health care provider within the first 16 weeks of pregnancy. Enrollment in the OB Medical Home within 20 weeks of pregnancy
- Attended a minimum of 10 medical prenatal care appointments with the OB care provider
- A member centric, comprehensive care plan that has been reviewed by the member and, at minimum, the OB provider
- Continuous enrollment in the OB medical home during pregnancy
- Continuous enrollment through 60 days postpartum, including the date of the scheduled 60 day medical postpartum visit.

Clinics receive an enhanced payment of \$1,000 per birth if the above standards are met. Clinics can receive an additional enhanced payment of \$1,000 per birth if the birth is healthy; poor birth outcomes are defined as:

- Preterm birth – gestational age less than 37 weeks
- Low birth weight – birth weight less than 2,500 grams (5 lbs. 8 oz.)
- Neonatal/early neonatal death – death of a live-born infant within the first 28 days of life
- Stillbirth – a fetal demise after 20 weeks gestation

The EQRO maintains the OBMH electronic birth registry on an ongoing basis. The EQRO completed its preliminary review for Q3 2018 during Q1 2019.

Health Needs Assessment (HNA) for Childless Adults (CLAs)- Per the 2018-19 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. Beginning in 2018, CLA members who disenroll from their HMO, then re-enroll in the same HMO after six or more months, will need a new HNA screening.

At a minimum, the HNA screening must address the following elements:

- 1) Urgent medical and behavioral symptoms (e.g., shortness of breath, rapid weight gain/loss, syncope, suicidal ideations, psychotic break);
- 2) Members' perception of their general well-being;
- 3) Identify usual sources of care (e.g., primary care provider, clinic, specialist, dental provider);
- 4) Frequency in use of emergency and inpatient services;
- 5) 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);
- 6) Number of prescription medications used monthly;
- 7) Socioeconomic barriers to care (e.g., stability of housing, reliable transportation, nutrition/food resources, availability of family/caregivers to provide support);
- 8) Behavioral and medical risk factors including member's willingness to change their behavior such as:
 - a. Symptoms of depression
 - b. Alcohol consumption and substance abuse
 - c. Tobacco use
- 9) Weight (e.g., using BMI or waist circumference) and blood pressure indicators.

HNAs can be completed in-person, over the phone, via mail or online.

For 2018, HMOs are required to meet the lesser of the following targets of **timely** HNA Screenings:

- 1) Performance Level Target: 35% rate of timely HNA Screenings in calendar year 2018; OR
- 2) Reduction in Error Target: 10% improvement from baseline.

HMOs that do not meet the HNA target will be subject to financial performance penalties. The penalty amount will be the lesser of either \$250,000 or 25% of the monthly administrative capitation rate for the proportion of the BadgerCare Plus Childless Adult (CLA) membership for whom the HMO failed to meet the HNA performance target in the calendar year. DHS will create a bonus pool for HMOs that are high HNA-performers based on forfeitures from other HMOs. HMOs that in 2018 perform at or above the 35% HNA performance target will qualify for a bonus.

The EQRO conducted additional planning and development activities during Q1 2019 in preparation for a future review of HMO CLA HNA performance.

Children with Medical Complexities (CMC) Care Management Review- Case Management for Children with Medical Complexity is a voluntary benefit that provides comprehensive case management services to assist children with chronic and complex health care needs in locating and coordinating services to address their medical and community care needs.

CMC is one of the target groups covered under the Medicaid targeted case management benefit. Targeted case management services are defined as services to assist members and, when appropriate, their families in gaining access to and coordinating a full array of services, including medical, social, educational, vocational, and other services. Case management services do not include the direct provision of care provision.

The EQRO reviewed Case Management for Children with Medical Complexity care management records for two hospitals during Q1 2019.

External Quality Review Activities (EQRO)- The following are the current Q1 2019 activities completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- Completed Selection 29 of OBMH record reviews.
- Conducted Children with Medical Complexities care management review for two hospitals.

Additional planning and development activities:

- BC+ Childless Adults HNAs.

Quarter Two

In quarter two of demonstration year 6, DHS conducted the following activities:

Obstetric Medical Home Initiative (OBMH) for High-Risk Pregnant Women- The OBMH provides a patient-centered, comprehensive, and coordinated care delivery model to order to improve healthy births outcomes amongst high-risk pregnant women. The OBMH is available to high-risk pregnant women in Milwaukee, Madison, and the surrounding suburban metro counties; with a high-risk pregnant women being defined as a member that meets one or more of the following criteria:

- Listed on the Department’s Birth Outcome Registry Network (BORN) of high-risk women
- Less than 18 years of age
- African American

- Homeless
- Have a chronic medical or behavioral health condition which the obstetric care provider determines would negatively impact the outcome of the pregnancy

HMOs and clinics are expected to provide participants with enhanced care coordination in order to increase the likelihood of a healthy birth. Participating clinics can receive enhanced payments for their role in meeting certain care coordination standards and for healthy birth outcomes. The standards for enhanced payment are:

- A pregnancy-related appointment with a health care provider within the first 16 weeks of pregnancy. Enrollment in the OB Medical Home within 20 weeks of pregnancy
- Attended a minimum of 10 medical prenatal care appointments with the OB care provider
- A member centric, comprehensive care plan that has been reviewed by the member and, at minimum, the OB provider
- Continuous enrollment in the OB medical home during pregnancy
- Continuous enrollment through 60 days postpartum, including the date of the scheduled 60 day medical postpartum visit.

Clinics receive an enhanced payment of \$1,000 per birth if the above standards are met. Clinics can receive an additional enhanced payment of \$1,000 per birth if the birth is healthy; poor birth outcomes are defined as:

- Preterm birth – gestational age less than 37 weeks
- Low birth weight – birth weight less than 2,500 grams (5 lbs. 8 oz.)
- Neonatal/early neonatal death – death of a live-born infant within the first 28 days of life
- Stillbirth – a fetal demise after 20 weeks gestation

The EQRO maintains the OBMH electronic birth registry on an ongoing basis. The EQRO completed its preliminary review for Q4 2018 during Q2 2019.

Health Needs Assessment (HNA) for Childless Adults (CLAs)- Per the 2018-19 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. Beginning in 2018, CLA members who disenroll from their HMO, then re-enroll in the same HMO after six or more months, will need a new HNA screening.

At a minimum, the HNA screening must address the following elements:

- 10) Urgent medical and behavioral symptoms (e.g., shortness of breath, rapid weight gain/loss, syncope, suicidal ideations, psychotic break);
- 11) Members' perception of their general well-being;
- 12) Identify usual sources of care (e.g., primary care provider, clinic, specialist, dental provider);

- 13) Frequency in use of emergency and inpatient services;
- 14) 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);
- 15) Number of prescription medications used monthly;
- 16) Socioeconomic barriers to care (e.g., stability of housing, reliable transportation, nutrition/food resources, availability of family/caregivers to provide support);
- 17) Behavioral and medical risk factors including member's willingness to change their behavior such as:
 - a. Symptoms of depression
 - b. Alcohol consumption and substance abuse
 - c. Tobacco use
- 18) Weight (e.g., using BMI or waist circumference) and blood pressure indicators.

HNAs can be completed in-person, over the phone, via mail or online.

For 2018, HMOs are required to meet the lesser of the following targets of **timely** HNA Screenings:

- 3) Performance Level Target: 35% rate of timely HNA Screenings in calendar year 2018; OR
- 4) Reduction in Error Target: 10% improvement from baseline.

HMOs that do not meet the HNA target will be subject to financial performance penalties. The penalty amount will be the lesser of either \$250,000 or 25% of the monthly administrative capitation rate for the proportion of the BadgerCare Plus Childless Adult (CLA) membership for whom the HMO failed to meet the HNA performance target in the calendar year. DHS will create a bonus pool for HMOs that are high HNA-performers based on forfeitures from other HMOs. HMOs that in 2018 perform at or above the 35% HNA performance target will qualify for a bonus.

The EQRO conducted reviews of CLA performance for all fifteen HMOs during Q2 2019.

External Quality Review Activities (EQRO)- The following are the current Q2 2019 activities completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- Completed Selection 30 of OBMH record reviews.
- Completed reviews for BC+ Childless Adults Reviews for 15/15 HMOs.

Quarter Three

In quarter three of demonstration year 6, DHS conducted the following activities:

Obstetric Medical Home Initiative (OBMH) for High-Risk Pregnant Women- The OBMH provides a patient-centered, comprehensive, and coordinated care delivery model in order to improve healthy births outcomes amongst high-risk pregnant women. The OBMH is available to high-risk pregnant women in Milwaukee, Madison, and the surrounding suburban metro counties; with a high-risk pregnant woman being defined as a member that meets one or more of the following criteria:

- Listed on the Department's Birth Outcome Registry Network (BORN) of high-risk women
- Less than 18 years of age
- African American
- Homeless
- Have a chronic medical or behavioral health condition which the obstetric care provider determines would negatively impact the outcome of the pregnancy

HMOs and clinics are expected to provide participants with enhanced care coordination in order to increase the likelihood of a healthy birth. Participating clinics can receive enhanced payments for their role in meeting certain care coordination standards and for healthy birth outcomes. The standards for enhanced payment are:

- A pregnancy-related appointment with a health care provider within the first 16 weeks of pregnancy. Enrollment in the OB Medical Home within 20 weeks of pregnancy
- Attended a minimum of 10 medical prenatal care appointments with the OB care provider
- A member centric, comprehensive care plan that has been reviewed by the member and, at minimum, the OB provider
- Continuous enrollment in the OB medical home during pregnancy
- Continuous enrollment through 60 days postpartum, including the date of the scheduled 60 day medical postpartum visit.

Clinics receive an enhanced payment of \$1,000 per birth if the above standards are met. Clinics can receive an additional enhanced payment of \$1,000 per birth if the birth is healthy; poor birth outcomes are defined as:

- Preterm birth – gestational age less than 37 weeks
- Low birth weight – birth weight less than 2,500 grams (5 lbs. 8 oz.)
- Neonatal/early neonatal death – death of a live-born infant within the first 28 days of life
- Stillbirth – a fetal demise after 20 weeks gestation

The EQRO maintains the OBMH electronic birth registry on an ongoing basis. The EQRO completed its preliminary review for Q4 2018 during Q2 2019.

Health Needs Assessment (HNA) for Childless Adults (CLAs)- Per the 2018-19 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. Beginning in 2018, CLA members who disenroll from their HMO, then re-enroll in the same HMO after six or more months, will need a new HNA screening.

At a minimum, the HNA screening must address the following elements:

- 19) Urgent medical and behavioral symptoms (e.g., shortness of breath, rapid weight gain/loss, syncope, suicidal ideations, psychotic break);
- 20) Members' perception of their general well-being;
- 21) Identify usual sources of care (e.g., primary care provider, clinic, specialist, dental provider);
- 22) Frequency in use of emergency and inpatient services;
- 23) 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);
- 24) Number of prescription medications used monthly;
- 25) Socioeconomic barriers to care (e.g., stability of housing, reliable transportation, nutrition/food resources, availability of family/caregivers to provide support);
- 26) Behavioral and medical risk factors including member's willingness to change their behavior such as:
 - a. Symptoms of depression
 - b. Alcohol consumption and substance abuse
 - c. Tobacco use
- 27) Weight (e.g., using BMI or waist circumference) and blood pressure indicators.

HNAs can be completed in-person, over the phone, via mail or online.

For 2018, HMOs are required to meet the lesser of the following targets of **timely** HNA Screenings:

- 5) Performance Level Target: 35% rate of timely HNA Screenings in calendar year 2018; OR
- 6) Reduction in Error Target: 10% improvement from baseline.

HMOs that do not meet the HNA target will be subject to financial performance penalties. The penalty amount will be the lesser of either \$250,000 or 25% of the monthly administrative capitation rate for the proportion of the BadgerCare Plus Childless Adult (CLA) membership for whom the HMO failed to meet the HNA performance target in the calendar year. DHS will create a bonus pool for HMOs that are high HNA-

performers based on forfeitures from other HMOs. HMOs that in 2018 perform at or above the 35% HNA performance target will qualify for a bonus.

The EQRO conducted reviews of CLA performance for all fifteen HMOs during Q2 2019.

External Quality Review Activities (EQRO)- The following are the current Q2 2019 activities completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- Completed Selection 30 of OBMH record reviews.
- Completed reviews for BC+ Childless Adults Reviews for 15/15 HMOs.

Quarter Four

In quarter four of demonstration year 6, DHS conducted the following activities:

Obstetric Medical Home Initiative (OBMH) for High-Risk Pregnant Women- The OBMH provides a patient-centered, comprehensive, and coordinated care delivery model to order to improve healthy births outcomes amongst high-risk pregnant women. The OBMH is available to high-risk pregnant women in Milwaukee, Madison, and the surrounding suburban metro counties; with a high-risk pregnant women being defined as a member that meets one or more of the following criteria:

- Listed on the Department’s Birth Outcome Registry Network (BORN) of high-risk women
- Less than 18 years of age
- African American
- Homeless
- Have a chronic medical or behavioral health condition which the obstetric care provider determines would negatively impact the outcome of the pregnancy

HMOs and clinics are expected to provide participants with enhanced care coordination in order to increase the likelihood of a healthy birth. Participating clinics can receive enhanced payments for their role in meeting certain care coordination standards and for healthy birth outcomes. The standards for enhanced payment are:

- A pregnancy-related appointment with a health care provider within the first 16 weeks of pregnancy. Enrollment in the OB Medical Home within 20 weeks of pregnancy
- Attended a minimum of 10 medical prenatal care appointments with the OB care provider

- A member centric, comprehensive care plan that has been reviewed by the member and, at minimum, the OB provider
- Continuous enrollment in the OB medical home during pregnancy
- Continuous enrollment through 60 days postpartum, including the date of the scheduled 60 day medical postpartum visit.

Clinics receive an enhanced payment of \$1,000 per birth if the above standards are met. Clinics can receive an additional enhanced payment of \$1,000 per birth if the birth is healthy; poor birth outcomes are defined as:

- Preterm birth – gestational age less than 37 weeks
- Low birth weight – birth weight less than 2,500 grams (5 lbs. 8 oz.)
- Neonatal/early neonatal death – death of a live-born infant within the first 28 days of life
- Stillbirth – a fetal demise after 20 weeks gestation

The EQRO maintains the OBMH electronic birth registry on an ongoing basis. The EQRO completed its preliminary record review for Q2 2019 during Q4 2019.

Performance Improvement Projects (PIPs)- HMOs are required to undertake performance improvement projects annually, in order to address the specific needs of the HMO's enrolled population. The PIPs may include clinical and non-clinical performance areas that are expected to have a favorable effect on health outcomes and enrollee satisfaction.

- HMOs that serve only the BC+ population are required to submit two PIP proposals on two different BC+ topics.
- HMOS that serve both the BC+ and SSI population are required to submit two PIP proposals on two different topics – either one PIP specific to each population or both PIPs must include both populations.

Health plans should submit PIPs which use objective quality indicators to measure the effectiveness of the interventions. The HMO must submit a preliminary PIP proposal summary that meets the PIP guidelines issued by the EQRO, the study question/project aims with a measurable goal, study indicators, study population, sampling methods if applicable, data collection procedures, improvement strategies, sustained improvement plan, and the prospective data analysis plan.

The State and the EQRO will review the preliminary PIP proposals and meet with the HMO to give feedback to the HMO on the PIP proposal. After implementing the PIP over one calendar year, the HMO must submit to the EQRO their completed PIP. The EQRO will schedule a conference call with the HMO to review the EQRO feedback on the final PIP report.

The EQRO reviewed, and provided feedback for, CY2020 HMO PIP proposals for during Q4 2019.

HMO Core Reporting Measurement Validation – In order to monitor and improve Medicaid HMO service delivery, participating HMOs must report core data metrics to the State annually. Core Reporting focuses on providing the State healthcare quality data for a broad set of conditions and related measures. The measures include HEDIS-like measures and Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). It does not include a payment withhold, though requires HMOs to report data on specific quality measures listed in the State Quality Guide. If HMOs do not report this data to the Department, they could be subject to a \$10,000 penalty per measure not reported.

During Q4 2019, the EQRO validated some MY18 Core Reporting measures for all of the 16 BC+ HMOs participating in 2018. The validation ensures the accuracy of the measures reported by HMOs, and that the measures adhere to the DHS specifications. The EQRO validated five measures for the BC+ HMOs during the Q4 2019 review.

External Quality Review Activities (EQRO)- The following are the current Q4 2019 activities completed by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

- Completed Selection 31 of OBMH record reviews.
- PIP proposal review – 16 PIPs for HMOs operating BC+ plans.

Validated performance measures with report to DHS.

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 are incorporating these modifications into the second survey and final evaluation report.

During the fourth quarter of demonstration year 4 the UW Population Health Institute completed the annual interim evaluation report. The report has been uploaded with this annual report.

State Contact(s)

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Attachment A – Budget Neutrality Monitoring Workbook

Childless Adults Draft Financial Statistics - Waiver Reporting for Quarter Ending Dec 2017

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	203,349,273	3.86%	154,108	1.99%	439.84	1.83%
QE June 2016	207,432,111	2.01%	149,978	-2.68%	461.06	4.82%
QE Sept 2016	208,783,312	0.65%	148,851	-0.75%	463.78	0.59%
QE Dec 2016	209,562,741	0.37%	148,313	-0.36%	470.99	1.55%

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	30,567,954	31,712	35,272,857	122,417	65,840,812	154,129	427.18
Feb-16	31,560,039	29,849	36,205,235	124,302	67,765,274	154,151	439.60
Mar-16	32,520,154	25,876	37,223,033	128,168	69,743,187	154,044	452.75
Apr-16	32,107,251	25,105	36,595,146	126,197	68,702,397	151,302	454.07
May-16	32,863,416	24,691	36,344,300	125,201	69,207,716	149,892	461.72
Jun-16	33,363,798	24,483	36,158,201	124,258	69,521,999	148,741	467.40
Jul-16	32,056,984	23,478	36,315,576	124,442	68,372,559	147,920	462.23
Aug-16	35,289,122	24,025	36,379,061	124,254	71,668,183	148,279	483.33
Sep-16	32,179,935	23,541	36,562,634	124,658	68,742,569	148,199	463.85
Oct-16	32,637,451	24,033	36,117,486	123,296	68,754,937	147,329	466.68
Nov-16	32,466,950	24,757	36,139,367	123,308	68,606,316	148,065	463.35
Dec-16	32,697,705	26,137	35,947,933	122,492	68,645,638	148,629	461.86
Jan-17	34,790,635	29,033	36,733,934	121,647	71,524,569	150,680	474.68
Feb-17	31,548,016	26,294	37,651,889	124,813	69,199,905	151,107	457.95
Mar-17	35,912,236	23,632	38,311,009	127,222	74,223,246	150,854	492.02
Apr-17	32,691,691	22,188	38,255,202	127,204	70,946,893	149,392	474.90
May-17	33,016,599	22,000	37,449,937	125,917	70,466,536	148,909	501.66
Jun-17	35,900,235	22,042	37,709,725	125,315	73,609,960	147,357	499.53
Jul-17	34,441,491	22,060	38,019,173	126,385	72,460,664	148,445	488.13
Aug-17	37,955,284	22,056	38,072,922	126,406	76,028,206	148,462	512.11
Sep-17	35,201,070	20,737	38,158,299	126,886	73,359,369	147,623	496.94
Oct-17	38,330,464	22,854	37,950,047	126,282	76,280,510	149,136	511.48
Nov-17	36,063,842	24,541	37,949,514	126,261	74,013,356	150,802	490.80
Dec-17	35,016,599	22,000	37,449,937	125,917	72,460,664	148,445	488.13

Approval Period: January 1, 2014 Through December 31, 2019

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 Approve



BadgerCare Reform Demonstration Evaluat



Suggested Modifications to Appri



Evaluation Design Change Summary



CMS Comments and Questions on Suggest



Wisconsin Response to CMS Comments an

Attachment D – BadgerCare Plus Reform Waiver Project Work Plan



BadgerCare Plus
Reform Waiver Projec

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



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