1. Title page for the state's eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration

The state should complete this transmittal title page at the beginning of a demonstration and submit as the title page of all monitoring reports. The content of this transmittal table should stay consistent over time.

State	Wisconsin
Demonstration name	BadgerCare Reform
Approval date	10/31/2018
Approval period	(10/31/2018 - 12/31/2023)
Implementation date	Enter implementation date(s) for the demonstration.

2. Executive summary

The executive summary should be reported in the fillable box below. This executive summary is intended for summary level information only.

The State of Wisconsin was approved for the extension and amendment of the BadgerCare Reform Waiver as of October 31, 2018, authorizing the Wisconsin Division of Medicaid Services to operate the BadgerCare Reform Services through December 31, 2023.

The BadgerCare Reform demonstration primarily provides authority for the state to provide a robust benefit package to non-pregnant, non-disabled, non-elderly childless adults with incomes of up to and including 100 percent of the FPL. This demonstration approval continues coverage for this population for five years. It also allows Wisconsin to require these childless adult beneficiaries, ages 19 through 49, with certain exceptions, to participate in and timely document and report 80 hours per month of community engagement activities. Qualifying activities include employment, job training, community service, or enrollment in an allowable work program. The community engagement incentive will not apply to beneficiaries ages 50 and older so as to ensure alignment and consistency with the state's Supplemental Nutrition Assistance Program (SNAP) requirements, which is intended to minimize confusion for beneficiaries who may receive both SNAP and Medicaid. To help ensure the success of these beneficiaries, CMS is allowing states to align the community engagement requirements in Medicaid with the work requirements in other federal programs.

Per guidance from CMS, starting in DY7 the Transitional Medicaid Assistance (TMA) population is no longer considered a part of the target population for the waiver. Based on this, the State of Wisconsin will no longer be submitting data on this population.

3. Narrative information on implementation, by eligibility and coverage policy

This template only includes CE policies.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1. Specify community eng	gagement policies		
CE.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	CE_1-8	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. How ever, we wanted to let CMS know that we are unfortunately unable to answer the questions related to CE, as our work on CE is on hold due to the need to focus on staff's time on the response to the Coronavirus. We understand the need to answer these questions as soon as we have a better understanding of how CE will be implemented, and will do so once we have reengaged in activities to implement CE.
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	CE_9-14	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. How ever, we wanted to let CMS know that we are unfortunately unable to answer the questions related to CE, as our work on CE is on hold due to the need to focus on staff's time on the response to the Coronavirus. We understand the need to answer these questions as soon as we have a better understanding of how CE will be implemented, and will do so once we have reengaged in activities to implement CE.
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	CE_15-24	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. How ever, we wanted to let CMS know that we are unfortunately unable to answer the questions related to CE, as our work on CE is on hold due to the need to focus on staff's time on the response to the Coronavirus. We understand the need to answer these questions as soon as we have a better understanding of how CE will be implemented, and will do so once we have reengaged in activities to implement CE.
[Add rows as needed]			
☑ The state has no metrics related to	this reporting topic		

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary	
CE.Mod_1.2 Implementation updat				
 1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: a) Beneficiaries exempt from community engagement requirements b) Qualifying community engagement activities and required hours c) Reporting frequency and hours measurement d) Situations that give rise to good cause e) Compliance actions f) Other policy changes 	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.	
[Add rows as needed]				
☐ The state has no implementation updates to report for this reporting topic.				

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE Mod 2.1 Matria transfer	upports and modi	fications	
2.1.1 Discuss any data trends related to supports and assistance: a) Overall b) Transportation assistance c) Childcare assistance d) Language supports e) Assistance with placement f) Other supports, including assistance from other agencies and entities complementing Medicaid efforts Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	CE 25-30	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	CE 31-32	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_2.2 Implementation updat			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in provided transportation, childcare assistance, language supports, placement assistance, or other supports, including assistance from other agencies and entities complementing Medicaid efforts.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
2.2.3 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
2.2.4 Compared to the demonstration design details outlined implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
[Add rows as needed] The state has no implementation up	ndates to report for	this reporting	tonic

oxtimes The state has no implementation updates to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_3. Establish procedures for			
CE.Mod_3.1 Metric trends – No me		is required fo	r this reporting topic.
CE.Mod_3.2 Implementation update 3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state's: a) Application/enrollment processes to identify beneficiaries subject to or exempt from CE b) Renewal processes for the CE demonstration population c) Other planned modifications to the state's eligibility determination and enrollment processes and operations as a result of implementation of CE requirements.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state's procedures for beneficiaries to report community engagement activities.	DY 7 Q4 and Annual		

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state's procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state's process for beneficiaries to file for an exemption.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries' compliance with CE requirements.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
[Add rows as needed]			
□ The state has no implementation up	odates to report for	this reporting	topic.
CE.Mod_4. Operationalize strategic	es for noncomplia	nce	
CE.Mod_4.1 Metric trends		_	
 4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced: a) new suspensions b) new disenrollments Describe and explain changes (+ or -) greater than two percent. 	Annual	CE_33-34	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	CE_35-40	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary		
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	CE_41-46	The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.		
[Add rows as needed]					
☑ The state has no metrics related to	☐ The state has no metrics related to this reporting topic.				
CE.Mod_4.2 Implementation updat					
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.		

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or reenrollment (from termination) once community engagement requirements are met.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary		
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may reenroll after disenrollment or suspension for failure to comply with CE requirements.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.		
4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the 1115 CE demonstration.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.		
[Add rows as needed]					
☐ The state has no implementation updates to report for this reporting topic.					

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_5. Develop comprehensive			
CE.Mod_5.1 Metric trends - No med		is required for	r this reporting topic
CE.Mod_5.2 Implementation update 5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state's strategy to communicate with beneficiaries about: a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
noncompliance 5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state's plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
5.2.6 Describe any internal staff training conducted during this reporting period.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
[Add rows as needed] ☑ The state has no implementation up	odates to report for	this reporting	topic.

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Prompts CE.Mod_6. Establish continuous m		Metric(s) (if any)	Summary
CE.Mod_6.1 Metric trends - No me CE.Mod_6.2 Implementation update		is required for	r this reporting topic
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
6.2.2 Describe if the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
6.2.3 Describe if the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
6.2.4 Describe if the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
6.2.5 Describe if the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
6.2.6 Describe if the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
6.2.7 Describe the state's assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
6.2.8 Describe if the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, has the state adjusted CE requirements in those areas?	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
6.2.9 Describe if the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.	DY 7 Q4 and Annual		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE reporting when that information becomes available.
[Add rows as needed] ⊠ The state has no implementation up	1	41 .	

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_7. Develop, modify, and m			
CE.Mod_7.1 Metric trends - No me		is required for	r this reporting topic
CE.Mod_7.2 Implementation updat			
7.2.1 Describe if the state has	DY 7 Q4 and		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this
developed or enhanced its systems	Annual		time, we are unable to report on CE due to a reprioritization of resources needed to respond to the Public Health Emergency. We will be certain to provide CMS with any updates on CE
capabilities as described in the			reporting when that information becomes available.
implementation plan for:			1,1 . 3
a) Eligibility and enrollment system			
b) CE reporting for beneficiaries			
c) CE reporting for other CE			
entities			
d) Integration of data from other			
public programs, such as SNAP			
and TANF			
e) Suspension of benefits and			
payments and/or termination of			
eligibility			
f) Benefit reactivation and/or			
reenrollment once community			
engagement requirements are			
met			
g) Other significant systems			
changes and modifications	DV-7-0-1		
7.2.2 Describe any additional	DY 7 Q4 and		The Department is currently working on the Q4 and Annual Monitoring Report for CMS. At this time, we are unable to report on CE due to a reprioritization of resources needed to respond to
systems modifications that the state	Annual		the Public Health Emergency. We will be certain to provide CMS with any updates on CE
is planning to implement.			reporting when that information becomes available.

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Prompts	Demonstration year (DY) and quarter first reported		Summary		
[Add rows as needed]					
☐ The state has no implementation updates to report for this reporting topic.					

4. Narrative information on implementation for any eligibility and coverage demonstration

Prompts	Demonstration year (DY) and quarter first reported		Summary		
AD.Mod_1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the					
demonstration)					
AD.Mod_8.1 Metric trends					

8.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	AD_1-6	In the fourth quarter of demonstration year 7 the number of unique program participants increased from 206,200, to 225,423. This represents a 9% increase from the prior quarter of the total number of unique program participants. Please note that this 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. There were 28,455 new enrollees this quarter.
			Annual Enrollment - In demonstration year 7 the total number of childless adults enrolled in the program increased. From the beginning to the end of demonstration year 7 the total number of unique program participants increased from 169,536 to 225,423. Total monthly enrollment increased from the start to the end of the demonstration year with 152,853 childless adults in January 2020 to 221,745 childless adults in December 2020. Starting in the 2 nd 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.
			The graph in Fig 1 in Attachment A shows the childless adults enrollment trend over the last 4 years of the demonstration. Table 1 shows the enrollment summary for the unique program participants for childless adults over the last 4 years of the demonstration as well.
			The graph in Fig 2 shows the trend for total enrollment by Federal Poverty Level (FPL) for demonstration year 7. In demonstration year 7 the total enrollment for childless adults by FPL has increased from 132,438 to 173,698 for Childless Adults with FPL <50% and 37,098 to 51,227 for Childless adults with FPL 50-100%.
			In demonstration year 7 the total number of new enrollees has steadily increase each quarter. From the beginning to the end of demonstration year 7, the total number increased from 13,818 to 28,455. This metric includes all individuals who applied and are eligible Childless Adults who have not received Medicaid benefits

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
			within the last 3 months, and who are not being re-instated while in a restrictive re- enrollment period (RRP) in the report month. See fig 3 in Attachment A for the new enrollee trend.
			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 Department of Health Services (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
			Managed care enrollment for demonstration year 7 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. Table 2 in attachment A provides a breakout of the BadgerCare plus HMO childless Adult Enrollment.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	DY 7 Q4 and Annual	AD_7-11	The State of Wisconsin does not have any mid-year loss of demonstration eligibility data trend to report this quarter. Please note that this 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). There were 4,393 beneficiaries who were determined ineligible for Medicaid other than at renewal and 4,289 after the state processed a change in circumstance. 4,468 beneficiaries were no longer eligible for the demonstration due to transfer to another Medicaid eligibility group. Annual Disenrollment: The state of Wisconsin does not have any annual mid-year loss of demonstration eligibility data trend to report. Fig 4, in Attachment A provides data on other ineligibility trends. Please note the counts for the first quarter in 2020 reflects disenrollment that occurred prior to the implementation of comprehensive changes to stop terminations and reinstate eligibility in response to COVID-19.
8.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	AD_12-14	This metric is recommended, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.

8.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4 and Annual	AD_15-22	The total beneficiaries whose renewals were completed this quarter increased from 346 to 398. This represents a 15% increase from the previous quarter. During this 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. 198 of those beneficiaries were determined ineligible and disenrolled from Medicaid for the same reasons noted above: voluntarily declining benefits or no longer being a resident of the state (including individuals who passed away). 140 were determined ineligible because they transferred to another Medicaid eligibility category. No beneficiaries were disenrolled from Medicaid because they did not complete their renewal and 25 retained eligibility by completing their renewal forms. This data reflects renewal trends after comprehensive changes to ensure that no member lost eligibility during the COVID-19 public health emergency.
			Annual Renewal – In demonstration year 7 the total number of beneficiaries whose renewals were completed has dropped significantly. From the beginning to the end of demonstration year 7 the total number beneficiaries whose renewal were completed decreased from 8,572 to 398. As mentioned above, during this 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. The graph in Fig 5 in the accompanying attachment A shows the childless adult's renewal trend for demonstration year 7. Please note that the data for the first quarter reflects renewal trends prior to comprehensive changes to ensure that no member lost eligibility during the COVID-19 public health emergency.
			Fig 6, in Attachment A provides data on additional renewal trends. Beneficiaries whowere determined ineligible for the demonstration at renewal and disenrolled from Medicaid decreased from 818 in the first quarter to 198 in the fourth quarter. Beneficiaries determined ineligible for the demonstration at renewal, because they transferred to another Medicaid eligibility category decreased from 158 in the first quarter to 140 in the fourth quarter. Beneficiaries disenrolled from Medicaid because they did not complete their renewal decreased from 3500 in the first quarter 1 to 0 in the fourth quarter and Beneficiaries who retained eligibility for the demonstration after completing their renewal forms decreased from 4144 in the first quarter to 25 in the fourth quarter.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent. 8.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4	AD_23 AD_24-28	The total beneficiaries who met their cost sharing limit this quarter is 505. Annual Cost Share - In demonstration year 7 the number of childless adults who met their cost sharing limit has increase. This is one of the metrics that was phased in by the state of Wisconsin which we began reporting in the 3 rd quarter of DY 7. Starting in the beginning of the 3 rd quarter to the end of demonstration year 7 the total number of individuals who met their cost sharing limit decreased slightly from 450 to 433. This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.
8.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	DY 7 Q4	AD_29-32, AD_36 AD_33-35, AD_37	The total number of primary care providers enrolled to deliver Medicaid services this quarter increased from 23,759 to 24,213. This represents a 2% change from the prior quarter. Of those primary care providers 8,878 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries. The total number of specialist providers enrolled to deliver Medicaid services this quarter increased from 51,563 to 52,984. This represents a 3% change from the prior quarter. Of those specialist providers 14,218 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries The total utilization of emergency department (ED) visits for the demonstration beneficiary months during this quarter is 149.57 per 1000. Total utilization for non-emergent ED visits is 0.01 per 1,000 beneficiary months for this quarter. This is a recommended metric, but not required. The state of Wisconsin has review ed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state intends to report the required metrics in future quarterly reports. (AD_33-35, AD_37)

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
8.1.8 Discuss any data trends	DY 7 Q4	AD_38-44	Data on the metrics related to quality of care is currently in development. The state intends to report the required metrics in future quarterly reports.
related to quality of care and			to report the required method in rutare quarterly reporter
health outcomes. Describe and			
explain changes (+ or -) greater			
than two percent.			
8.1.9 Discuss any data trends	DY 7 Q4	AD_45	This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the
related to administrative costs.			required metrics prior to completing any recommended metrics. The state will review its
Describe and explain changes			ability to provide CMS recommended metrics for future quarterly reports.
(+ or -) greater than two			
percent.			
[Add rows as needed]			
☐ The state has no metrics trend	ls to report for this	reporting topic	·. ·

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
AD.Mod_8.2 Implementation			
8.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail. [Add rows as needed]	DY 7 Q4		To comply with the requirements related to enhanced FMAP authorized by the Families First Coronavirus Response Act, for this fourth quarter, the State of Wisconsin has maintained eligibility for individuals who no longer meet the rules for Medicaid, with the exception of individuals who voluntarily declined benefits or who are no longer residents of Wisconsin.
☐ The state has no implementati	on updates to repo	rt for this repo	rting topic.

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5. Narrative information on other reporting topics

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
1. Financial/budget neutrality			
1.1 Current status and analysi			
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.	DY 7 Q4		
[Add rows as needed]			
☑ The state has no metrics trend	ds to report for this	reporting topic	c
1.2 Implementation update			
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	DY 7 Q4		
[Add rows as needed] ⊠ The state has no implementation	ion updates to repo	ort for this repo	Learning topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
2. Demonstration evaluation u	pdate		
2.1 Narrative information			
2.1.1 Provide updates on CE evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY 7 Q4		As of February, 2021, the evaluation of Wisconsin's Medicaid § 1115 waiver proceeds according to the workplan, but has required various adjustments due to the COVID-19 pandemic. As a result of the federal and state public health emergency (PHE), the Wisconsin Medicaid program has continued to delay or suspend several of the provisions attached to the waiver, and made required adjustments to relevant data collection
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	DY 7 Q4		As of February, 2021, the evaluation of Wisconsin's Medicaid § 1115 waiver proceeds according to the workplan, but has required various adjustments due to the COVID-19 pandemic. As a result of the federal and state public health emergency (PHE), the Wisconsin Medicaid program has continued to delay or suspend several of the provisions attached to the waiver, and made required adjustments to relevant data collection. On February 18, 2021, DHS submitted the DY 1 Interim Evaluation Report to CMS per STC 75. On February 22, 2020, DHS submitted the Revised Evaluation Design to CMS per STC 72.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates. [Add rows as needed] The state has no CE demonst	DY 7 Q4	odate to report	for this reporting tonic

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3. Other demonstration repor			
3.1 General reporting require	ments DY 7 Q4		The state of Wisconsin plans on submitting its monitoring protocol once we have an
3.1.1 Does the state foresee the	D1 / Q4		approved implementation plans.
need to make future changes to the STCs, implementation			
plan, or monitoring protocol,			SUD Update:
based on expected or upcoming implementation changes?			As of 3/25/2021, the benefit has been live since 2/1/2021 and available to Medicaid members. Outcome data are not yet available for reporting purpose. Currently, the Residential Substance Use Disorder Treatment benefit team is focusing on getting members into care, enrolling providers, paying claims, and holding technical assistance meetings with providers. Residential Substance Use Disorder Treatment has had no denials for service and has had no grievances or appeals.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a) The schedule for completing and submitting monitoring reports? b) The content or completeness of submitted reports? Future reports?	DY 7 Q4		The state of Wisconsin plans to continue submitting the metrics that pertain to any demonstration as scheduled. Wisconsin plans on reporting data for our Community Engagement metrics once the requirements have been implemented.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.1.3 Has the state identified	DY 7 Q4		
any real or anticipated issues			
submitting timely post-			
approval demonstration			
deliverables, including a plan			
for remediation?			
[Add rows as needed]			
☐ The state has no updates on g	eneral reporting re	quirements to r	report for this reporting topic.
3.2 Post-award public forum			
3.2.1 If applicable within the	DY 7 Q4		
timing of the demonstration,			
provide a summary of the			
annual post-award public			
forum held indicating any			
resulting action items or issues.			
A summary of the post-award			
public forum should be			
included here for the period			
during which the forum was			
held and in the annual report.			
[Add rows as needed]			
M There were not a post award r	public forum hold	luring this ropo	rting period and this is not an annual report, so the state has no post award public

[☑] There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4. Notable state achievements	and/or innovation	ıs	
4.1 Narrative information			
4.1.1 Provide any relevant	DY 7 Q4		
summary of achievements			
and/or innovations in			
demonstration enrollment,			
benefits, operations, and			
policies (1) pursuant to the CE			
hypotheses (or if broader			
demonstration, then CE			
related) or (2) that served to			
provide better care for			
individuals, better health for			
populations, and/or reduce per			
capita cost. Achievements			
should focus on significant			
impacts to beneficiary			
outcomes. Whenever possible,			
the summary should describe			
the achievement or innovation			
in quantifiable terms, e.g.,			
number of impacted			
beneficiaries.			
[Add rows as needed]			
☑ The state has no notable achie	evements or innova	tions to report	for this reporting topic.

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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.

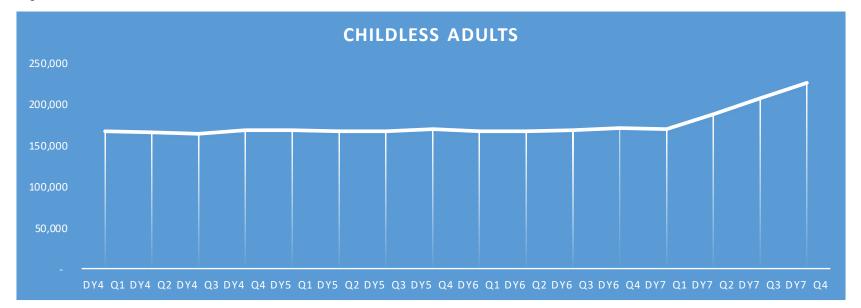
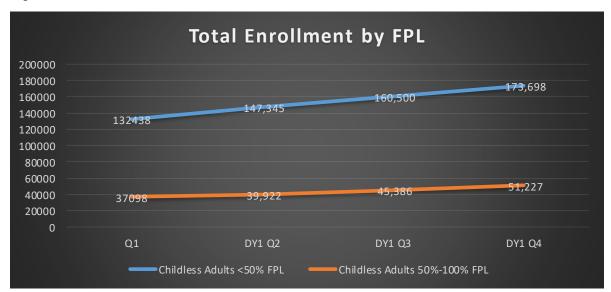


Table 1.

DY4 (CY 2017)			DY5 (CY 2018)				DY6(CY 2019)				DY7(CY 2020)				
DY4 Q1	DY4 Q2	DY4 Q3	DY4 Q4	DY5 Q1	DY5 Q2	DY5 Q3	DY5 Q4	DY6 Q1	DY6 Q2	DY6 Q3	DY6 Q4	DY7 Q1	DY7 Q2	DY7 Q3	DY7 Q4

Childless Adults	166,661	164,748	163,596	168,515	167,923	166,835	167,123	168,703	166,090	167,207	168,205	170,91 4	169,536	187,369	206,200	225,423
Quarterly Change	(79)	(1,913)	(1,152)	4,919	(592)	(1,088)	288	1,580	(2,613)	1,117	998	2,709	(1,378)	17,833	18,831	19,223
Percentage change	0%	-1%	-1%	3%	0%	-1%	0%	1%	-2%	1%	1%	2%	-1%	11%	10%	9%

<u>Fig 2.</u>



<u>Fig 3.</u>



Table 2.

Badgercare Plus HMO Childless Adult												
Enrollment	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
ANTHEM BLUE CROSS BLUE SHIELD	20,263	20,848	21,027	21,939	23,148	24,269	27,433	28,499	29,520	30,513	31,407	33,367
CHILDRENS COMM HEALTH PLAN	11,967	12,198	12,205	12,690	13,237	13,838	15,415	15,880	16,280	16,750	17,188	18,046
DEAN HEALTH PLAN INC	4,316	4,441	4,423	4,521	4,659	4,794	5,451	5,723	5,963	6,199	6,396	6,877
GROUP HEALTH COOP EAU CLAIRE	6,604	6,786	6,710	6,850	6,994	7,178	8,093	8,328	8,511	8,724	8,901	9,256
GROUP HEALTH COOP SOUTHCENTR	1,477	1,485	1,493	1,549	1,632	1,719	1,937	1,998	2,066	2,145	2,219	2,364
INDEPENDENT CARE (ICARE)	6,513	6,670	6,713	7,076	7,447	7,898	8,802	9,148	9,455	9,777	10,096	10,714
MERCY CARE INSURANCE COMPANY	1,961	2,008	1,998	2,051	2,116	2,197	2,455	2,542	2,604	2,676	2,759	2,903
MHS HEALTH WISCONSIN	8,998	9,250	9,205	9,692	10,221	10,846	12,234	12,676	13,098	13,567	14,025	14,837

MOLINA HEALTHCARE	8,136	8,374	8,372	8,744	9,197	9,707	10,823	11,205	11,543	11,891	12,182	12,810
NETWORK HEALTH PLAN	8,945	9,257	9,311	9,723	10,307	10,957	12,293	12,779	13,242	13,686	14,165	15,031
QUARTZ	5,961	6,165	6,271	6,489	6,720	7,006	7,874	8,245	8,552	8,825	9,042	9,672
SECURITY HEALTH PLAN OF WISC	8,746	8,879	8,872	9,083	9,244	9,458	10,696	11,087	11,355	11,623	11,847	12,447
TRILOGY HEALTH INSURANCE	4,699	4,864	4,863	5,187	5,552	5,925	6,435	6,490	6,569	6,678	6,737	6,872
UNITEDHEALTHCARE COMMUNITY PLAN	31,416	32,168	32,031	32,966	34,315	35,776	40,484	41,851	43,212	44,325	45,389	48,371
Total	130,002	133,393	133,494	138,560	144,789	151,568	170,425	176,451	181,970	187,379	192,353	203,567

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.



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

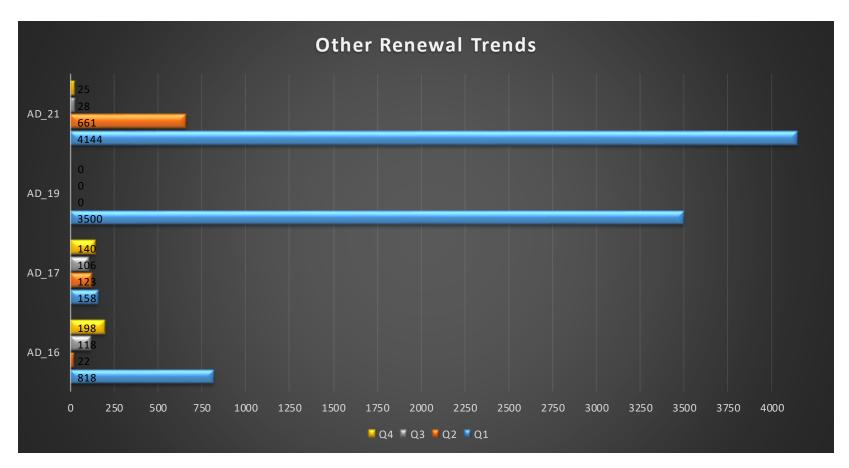
RENEWAL TRENDS

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.



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