

Southeast Wisconsin Medicaid Managed Care Organizations RFP
1684 DHCAA-SM

Addendum 5

The data fields for the Excel file format for submitting HEDIS data found in Addendum 2, page 2 to this RFP are defined as follows:

- **Medicaid or Commercial Population:** Indicate “Medicaid” if the HEDIS data being reported is for a Medicaid population. Indicate “Commercial” if the HEDIS data being reported is for a Commercial population.
- **State:** Indicate in which state the population for which the HEDIS data being reported resides.
- **MSA (Y/N):** Indicate a “Y” if the HEDIS data being reported corresponds to:
 - An MSA listed in Addendum 2,
 - A logical geographical area to an MSA listed in Addendum 2, or
 - Wisconsin regions 5 and 6.

Indicate an “N” if the HEDIS data being reported does not correspond to any of the three categories listed above. For example, if state level HEDIS data is being reported, indicate an “N.”

If a Proposer chooses to submit data for the nearest logical geographical area to an MSA listed in Addendum 2, the Proposer must demonstrate through written narrative that the nearest logical geographical area is a close approximation to the identified MSA based on population density. In this case, a close approximation is defined as a geographic area that incorporates a Medicaid population not exceeding 110% of the Medicaid population of the identified MSA. The Department does not consider a close approximation to be data reported on a state level. The nearest logical geographical area must include an MSA listed in Addendum 2.

- **MSA Name:** If a Proposer indicates a “Y” for the field “MSA (Y/N),” indicate the MSA name or number for which the HEDIS data is being reported. If data is being reported for a logical geographical area to an MSA listed in Addendum 2, indicate the MSA name or number for that MSA. If data is being reported for Wisconsin regions 5 and 6, indicate “WI regions 5 and 6.”

If a Proposer indicates an “N” for the field “MSA (Y/N),” leave this field blank.

- **Total # of Counties:** Indicate the total number of counties included in the HEDIS data being reported.
- **# of Counties outside of MSA:** If data is being reported for a logical geographical area to an MSA listed in Addendum 2, indicate the number of counties included in the

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logical geographical area that fall outside of the corresponding MSA listed in Addendum 2.

If data is not being reported for a logical geographical area to an MSA listed in Addendum 2, leave this field blank.

- **Contract Commencement Date:** Indicate the date on which the Proposer first contracted with the given state to provide services to the Medicaid, SCHIP, or Commercial population.
- **%:** For the HEDIS measure listed, indicate the rate for the given year.
- **N:** For the HEDIS measure listed, indicate the Numerator for the given year.
- **D:** For the HEDIS measure listed, indicate the Denominator for the given year.