

# Managed Care Program Annual Report (MCPAR) for Wisconsin: BadgerCare Plus

Due date	Last edited	Edited by	Status
06/29/2025	06/18/2025	Kimberly Schindler	Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

## Section A: Program Information

### Point of Contact

Number	Indicator	Response
A1	<b>State name</b> Auto-populated from your account profile.	Wisconsin
A2a	<b>Contact name</b> First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Kimberly Schindler
A2b	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	Kimberly.Schindler@dhs.wisconsin.gov
A3a	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Kimberly Schindler
A3b	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	Kimberly.Schindler@dhs.wisconsin.gov
A4	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	06/18/2025

## Reporting Period

Number	Indicator	Response
A5a	<b>Reporting period start date</b> Auto-populated from report dashboard.	01/01/2024
A5b	<b>Reporting period end date</b> Auto-populated from report dashboard.	12/31/2024
A6	<b>Program name</b> Auto-populated from report dashboard.	BadgerCare Plus

## Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Anthem Blue Cross and Blue Shield Chorus Community Health Plans (CCHP) Dean Health Plan Group Health Cooperative of Eau Claire Group Health Cooperative of South Central Wisconsin Independent Care Health Plan (iCare) MercyCare Insurance Company MHS Health Wisconsin My Choice Wisconsin (MCW)/Molina Network Health Plan Quartz Security Health Plan of Wisconsin United Health Care Community Plan (UHC)


## Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Maximus

## Add In Lieu of Services and Settings (A.9)

 Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	Not answered

## Section B: State-Level Indicators

### Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<b>Statewide Medicaid enrollment</b>  Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	1,364,098
BI.2	<b>Statewide Medicaid managed care enrollment</b>  Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	977,134

## Topic III. Encounter Data Report

Number	Indicator	Response
<b>BIII.1</b>	<p><b>Data validation entity</b></p> <p>Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p>Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.</p>	Other third-party vendor

## Topic X: Program Integrity

Number	Indicator	Response
<b>BX.1</b>	<p><b>Payment risks between the state and plans</b></p> <p>Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	<p>"The state completed audits focused on capitation payments made after member date of death. In addition, the state reviewed COVID lab tests for accuracy, potential inappropriate billing of CPT codes 90837 and 90834, high utilization of optician CPT codes, and high utilization DME codes. The state continues to explore more opportunities for network provider audits which will include authority to recover overpayments from the plans as of 1/1/2025. The state reviewed data but chose not to pursue the following audit areas due to bandwidth and ROI concerns: allergy testing, urine drug screening, abuse and neglect codes, and PCR tests. In addition to focused reviews by the state, plans are required to develop annual fraud, waste, and abuse strategic plans. The state annually reviews compliance and outcomes of the strategic plans. The plan reports issues of fraud, waste, and abuse to the state via quarterly program integrity reports. The state monitors the quarterly reports and partners with the plan to send referrals to the MFCU. The state also analyzes the quarterly program integrity reports for trends and concerns regarding fraud, waste, and abuse and follow up as appropriate."</p>
<b>BX.2</b>	<p><b>Contract standard for overpayments</b></p> <p>Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p>Allow plans to retain overpayments</p>
<b>BX.3</b>	<p><b>Location of contract provision stating overpayment standard</b></p> <p>Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p>Article XII.M.9.a. and Article XII.M.11.f.i.</p>
<b>BX.4</b>	<p><b>Description of overpayment contract standard</b></p> <p>Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain</p>	<p>The HMO recovers the overpayments and retains the funds for all overpayments identified by the HMO, provider or DHS OIG.</p>



overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.

<b>BX.5</b>	<b>State overpayment reporting monitoring</b>  Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	The state collects all overpayment data on the Overpayment Recovery tab of the quarterly program integrity report. The report includes the date the overpayment was identified and the date the overpayment recovery was completed. The state reviews quarterly reports to ensure compliance with timely recoveries. The state provides technical assistance in monthly and quarterly meetings to address deficiencies.
<b>BX.6</b>	<b>Changes in beneficiary circumstances</b>  Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	Daily MMIS cycle end-dates Medicaid eligibility and managed care enrollment effective the date of death. HMO capitation payments made for months after the date of death are adjusted in a weekly capitation payment adjustment cycle. Members can switch HMO plans prospectively, effective on the 1st of the next calendar month. Monthly capitation payments are made the first weekend of the calendar month. An HMO plan switch is therefore completed before capitation payments are generated for that month which eliminates the need to adjust capitation payments for this scenario.
<b>BX.7a</b>	<b>Changes in provider circumstances: Monitoring plans</b>  Does the state monitor whether plans report provider “for cause” terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
<b>BX.7b</b>	<b>Changes in provider circumstances: Metrics</b>  Does the state use a metric or indicator to assess plan reporting performance? Select one.	Yes

<b>BX.7c</b>	<p><b>Changes in provider circumstances: Describe metric</b></p> <p>Describe the metric or indicator that the state uses.</p>	<p>The state monitors terminations as reported on the quarterly program integrity reports and via email to DHSOIGManagedCare@dhs.wisconsin.gov. The plan is required to report for cause terminations within 24 hours of the date the provider was notified of their termination or suspension. The state monitors timeliness using quarterly program integrity report feedback and technical assistance meetings.</p>
<b>BX.8a</b>	<p><b>Federal database checks: Excluded person or entities</b></p> <p>During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.</p>	No
<b>BX.9a</b>	<p><b>Website posting of 5 percent or more ownership control</b></p> <p>Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.</p>	Yes
<b>BX.9b</b>	<p><b>Website posting of 5 percent or more ownership control: Link</b></p> <p>What is the link to the website? Refer to 42 CFR 602(g)(3).</p>	<a href="https://www.dhs.wisconsin.gov/badgercareplus/hmo-info-badgercareplus.htm">https://www.dhs.wisconsin.gov/badgercareplus/hmo-info-badgercareplus.htm</a>
<b>BX.10</b>	<p><b>Periodic audits</b></p> <p>If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans,</p>	<a href="https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage</a>

provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter “No such audits were conducted during the reporting year” as your response. “N/A” is not an acceptable response.

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## Topic XIII. Prior Authorization



**Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.**

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Not reporting data

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## Section C: Program-Level Indicators

### Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<b>Program contract</b> Enter the title of the contract between the state and plans participating in the managed care program.	Contract for BadgerCare Plus and/or Medicaid SSI HMO Services Between the Wisconsin Department of Health Services and & [HMO]; January 1, 2024-December 31, 2024
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2024
C11.2	<b>Contract URL</b> Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	<a href="https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage">https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage</a>
C11.3	<b>Program type</b> What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C11.4a	<b>Special program benefits</b> Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Dental Transportation
C11.4b	<b>Variation in special benefits</b> What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.	The HMO capitated dental benefit is available in Milwaukee, Racine, Kenosha, Ozaukee, and Washington counties. Otherwise it is FFS in other HMO service areas. The HMO capitated emergency transportation is a benefit available in all services areas. Non-emergency transportation is a FFS benefit, unless not covered by the State vendor.
C11.5	<b>Program enrollment</b>	865,637

Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).

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**C11.6**

**Changes to enrollment or benefits**

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

MCW/Molina decertified in 4 counties. Quartz was decertified in 3 counties as a result of Hospital and community health center closures. MCW/Molina and Quartz members were transferred to other HMOs with adequate in-network providers without disruptions of care.

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## Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p><b>Uses of encounter data</b></p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p><b>Criteria/measures to evaluate MCP performance</b></p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p><b>Encounter data performance criteria contract language</b></p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>Article XII Section E (Encounter Data Quality Criteria)</p>

<b>C1III.4</b>	<b>Financial penalties contract language</b>  Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	Article XII Section E(2)
<b>C1III.5</b>	<b>Incentives for encounter data quality</b>  Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	No incentives awarded.
<b>C1III.6</b>	<b>Barriers to collecting/validating encounter data</b>  Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	The state did not experience any barriers to collecting or validating encounter data during the reporting year.

## Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p><b>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</b></p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	N/A
C1IV.2	<p><b>State definition of “timely” resolution for standard appeals</b></p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	Per 7.2.2 of the State's Member Grievances and Appeals Guide defines the 'Standard Resolution of Appeals' timeframe for a final written decision resolving the grievance within 30 calendar days of receiving the grievance (oral or written).'
C1IV.3	<p><b>State definition of “timely” resolution for expedited appeals</b></p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	Per 7.2.3 of the State's Member Grievances and Appeals Guide defines the 'Expedited Resolution of Appeals' timeframe for a 'For expedited resolution of an appeal, the Health Plan must make reasonable effort to provide oral notice and issue a written disposition of an expedited hearing decision within 72 hours of receiving the verbal or written request for an expedited resolution.'



**C1IV.4****State definition of “timely” resolution for grievances**

Provide the state’s definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

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Per 7.2.1 of the State's Member Grievances and Appeals Guide defines the 'Standard Resolution of Grievances' timeframe for a 'final written decision resolving the appeal within 30 calendar days of receiving the appeal.'

## **Topic V. Availability, Accessibility and Network Adequacy**

### **Network Adequacy**

Number	Indicator	Response
C1V.1	<p><b>Gaps/challenges in network adequacy</b></p> <p>What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response.</p>	<p>a. Network deficiencies are random and typically resolved within 6 months. No systemic deficiencies were identified. b. Wisconsin experienced two hospital and 12 community health center closures. This resulted in 2 HMOs decertified in affected counties. Members were transferred to other HMOs with adequate network adequacy standards without disruption in services. c. The Department is finalizing business analytics improvements, advancing the ability to analyze out-of-network utilization, grievances and appeals, % accepting new patients, language preference, and physical access analysis. CMS Protocol 4 secret shopper methods are expected to take place this year through the EQR vendor as well as provider directory and wait time analysis. The encounter utilization provider capacity compared to enrolled providers is under consideration to resource and implement.</p>
C1V.2	<p><b>State response to gaps in network adequacy</b></p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>"a. Network deficiencies are identified and reported to the HMOs with expectations to resolve within 6 months. In each instance the deficiencies are addressed, and confirmed until resolved. Solutions are typically applied within 6 months. If deficiencies persist, the State may take progressive action that ranges from freezing enrollment to decertify a service area and transferring members to a viable HMO. b. The State is developing HMO network provider data records' edits to improve the data completeness, accuracy, and data quality standards along with providing feedback to improve data quality."</p>

## Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

1 / 28

**C2.V.2 Measure standard**

15 minutes drive time/10 miles drive distance

**C2.V.3 Standard type**

Maximum distance to travel

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

2 / 28

**C2.V.2 Measure standard**

40 minutes drive time/30 miles drive distance

**C2.V.3 Standard type**

Maximum time or distance

**C2.V.4 Provider**

Primary care

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

Geomapping

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member

enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

3 / 28

#### **C2.V.2 Measure standard**

45 minutes drive time/30 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Behavioral health

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

4 / 28

#### **C2.V.2 Measure standard**

75 minutes drive time/60 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Behavioral health

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member

enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

5 / 28

#### **C2.V.2 Measure standard**

15 minutes drive time/10 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

OB/GYN

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric  
(age 12-17)

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

6 / 28

#### **C2.V.2 Measure standard**

45 minutes drive time/30 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

OB/GYN

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric  
(age 12-17)

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

7 / 28

#### **C2.V.2 Measure standard**

45 minutes drive time/30 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Dental

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

8 / 28

#### **C2.V.2 Measure standard**

90 minutes drive time/75 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Dental

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

9 / 28

#### **C2.V.2 Measure standard**

45 minutes drive time/30 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Hospital

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

10 / 28

#### **C2.V.2 Measure standard**

75 minutes drive time/60 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Hospital

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**



A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

11 / 28

#### **C2.V.2 Measure standard**

45 minutes drive time/30 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Urgent Care Center

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

12 / 28

#### **C2.V.2 Measure standard**

75 minutes drive time/60 miles drive distance

#### **C2.V.3 Standard type**

Maximum time or distance

#### **C2.V.4 Provider**

Urgent Care Center

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Geomapping

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

13 / 28

#### **C2.V.2 Measure standard**

1:100

#### **C2.V.3 Standard type**

Provider to enrollee ratios

#### **C2.V.4 Provider**

Primary care

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Provider type in-network count/members' enrolled

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

14 / 28

#### **C2.V.2 Measure standard**

1:120

#### **C2.V.3 Standard type**

Provider to enrollee ratios

#### **C2.V.4 Provider**

Primary care

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Provider type in-network count/members' enrolled

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

15 / 28

#### **C2.V.2 Measure standard**

1:900

#### **C2.V.3 Standard type**

Provider to enrollee ratios

#### **C2.V.4 Provider**

Behavioral health

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Provider type in-network count/members' enrolled

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

16 / 28

#### **C2.V.2 Measure standard**

1:1100

#### **C2.V.3 Standard type**

Provider to enrollee ratios

#### **C2.V.4 Provider**

Behavioral health

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric

#### **C2.V.7 Monitoring Methods**

Provider type in-network count/members' enrolled

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

17 / 28

#### **C2.V.2 Measure standard**

1:100

#### **C2.V.3 Standard type**

Provider to enrollee ratios

#### **C2.V.4 Provider**

OB/GYN

#### **C2.V.5 Region**

Urban

#### **C2.V.6 Population**

Adult and pediatric  
(age 12-17)

#### **C2.V.7 Monitoring Methods**

Provider type in-network count/members' enrolled

#### **C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

### **C2.V.1 General category: General quantitative availability and accessibility standard**

18 / 28

#### **C2.V.2 Measure standard**

1:120

#### **C2.V.3 Standard type**

Provider to enrollee ratios

#### **C2.V.4 Provider**

OB/GYN

#### **C2.V.5 Region**

Rural

#### **C2.V.6 Population**

Adult and pediatric  
(age 12-18)

#### **C2.V.7 Monitoring Methods**

Provider type in-network count/members' enrolled

#### C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

#### C2.V.1 General category: General quantitative availability and accessibility standard

19 / 28

##### C2.V.2 Measure standard

1:1600

##### C2.V.3 Standard type

Provider to enrollee ratios

##### C2.V.4 Provider

Dental

##### C2.V.5 Region

Urban

##### C2.V.6 Population

Adult and pediatric

##### C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

##### C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

#### C2.V.1 General category: General quantitative availability and accessibility standard

20 / 28

##### C2.V.2 Measure standard

1:1900

##### C2.V.3 Standard type

Provider to enrollee ratios

##### C2.V.4 Provider

Dental

##### C2.V.5 Region

Rural

##### C2.V.6 Population

Adult and pediatric

##### C2.V.7 Monitoring Methods

Provider type in-network count/members' enrolled

#### C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

#### C2.V.1 General category: General quantitative availability and accessibility standard

21 / 28

##### C2.V.2 Measure standard

Less than 30 days routine care.

##### C2.V.3 Standard type

Appointment wait time

##### C2.V.4 Provider

Primary care

##### C2.V.5 Region

Urban

##### C2.V.6 Population

Adult and pediatric

##### C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

#### C2.V.8 Frequency of oversight methods

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

#### C2.V.1 General category: General quantitative availability and accessibility standard

22 / 28

##### C2.V.2 Measure standard

Less than 30 days routine care.

##### C2.V.3 Standard type

Appointment wait time

##### C2.V.4 Provider

Primary care

##### C2.V.5 Region

Rural

##### C2.V.6 Population

Adult and pediatric

##### C2.V.7 Monitoring Methods

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

23 / 28

**C2.V.2 Measure standard**

Less than 30 days routine care.

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

24 / 28

**C2.V.2 Measure standard**

Less than 30 days routine care.

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Behavioral health

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

25 / 28

**C2.V.2 Measure standard**

Less than 30 days routine care.

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

OB/GYN

**C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric  
(age 12-17)

**C2.V.7 Monitoring Methods**

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

26 / 28

**C2.V.2 Measure standard**

Less than 30 days routine care.

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider****C2.V.5 Region****C2.V.6 Population**



**C2.V.7 Monitoring Methods**

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

27 / 28

**C2.V.2 Measure standard**

Routine &lt; 90 days/Emergent &lt; 24 hrs

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Dental

**C2.V.5 Region**

Urban

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.



Complete

**C2.V.1 General category: General quantitative availability and accessibility standard**

28 / 28

**C2.V.2 Measure standard**

Routine &lt; 90 days/Emergent &lt; 24 hrs

**C2.V.3 Standard type**

Appointment wait time

**C2.V.4 Provider**

Dental

**C2.V.5 Region**

Rural

**C2.V.6 Population**

Adult and pediatric

**C2.V.7 Monitoring Methods**

HMO attestation, provider surveys, site-visits, provider handbook and contractual terms.

**C2.V.8 Frequency of oversight methods**

A network analysis is conducted upon entering a contract with DHS, annually, a significant change in benefits, geographic service area, member enrollment, new member population, or composition of or payment to the provider network occur.

## **Topic IX: Beneficiary Support System (BSS)**

Number	Indicator	Response
C1IX.1	<b>BSS website</b>  List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	<a href="https://access.wisconsin.gov/access/">https://access.wisconsin.gov/access/</a>
C1IX.2	<b>BSS auxiliary aids and services</b>  How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? 42 CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Individuals may access benefits via phone, internet, in-person or by mail. HMO enrollment specialists are available via email to members for general questions at WIEBSMemberSupport@maximus.com. Also, in person enrollment counseling services are available to members upon request.
C1IX.3	<b>BSS LTSS program data</b>  How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	BadgerCare Plus does not provide long-term services and supports.
C1IX.4	<b>State evaluation of BSS entity performance</b>  What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	Monthly the BSS submits 10 Service Level Agreements that serve as an aspect to measure performance and is defined by the acceptable level of service, report content required and penalties. Annually DHS staff complete a Subrecipient Risk Assessment to evaluate a subrecipient's risk of non-compliance for every subaward. The risk assessment score will help determine the subrecipient's risk level and appropriate monitoring guidelines for each subrecipient to ensure the subrecipient is complying with federal statutes, regulations, and the terms and conditions of the subaward.

## Topic X: Program Integrity

Number	Indicator	Response
C1X.3	<b>Prohibited affiliation disclosure</b>  Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

## Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p><b>Does this program include MCOs?</b></p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p><b>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</b></p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p><b>Did the State or MCOs complete the most recent parity analysis(es)?</b></p>	MCO
C1XII.7a	<p><b>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</b></p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p>	No
C1XII.8	<p><b>When was the last parity analysis(es) for this program completed?</b></p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).</p>	01/01/2019
C1XII.9	<p><b>When was the last parity analysis(es) for this program</b></p>	01/01/1900

**submitted to CMS?**

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

<b>C1XII.10a</b>	<b>In the last analysis(es) conducted, were any deficiencies identified?</b>	Yes
<b>C1XII.10b</b>	<b>In the last analysis(es) conducted, describe all deficiencies identified.</b>	<ul style="list-style-type: none"><li>• Two organizations needed to submit cost analysis determined for each FRs and QTLs for M/S benefits within each classification</li><li>• Two organizations needed to submit independent evaluation of AL and ADLs</li><li>• Three organizations needed to submit medical necessity determination for MH/SUD benefits made available to members.</li><li>• Three organizations needed to submit reason for payment denials for MH/SUD.</li></ul>
<b>C1XII.11a</b>	<b>As of the end of this reporting period, have these deficiencies been resolved for all plans?</b>	Yes
<b>C1XII.12a</b>	<b>Has the state posted the current parity analysis(es) covering this program on its website?</b>  The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO	No

may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.

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<b>C1XII.12c</b>	<b>When will the state post the current parity analysis(es) on its State Medicaid website in accordance with 42 CFR § 438.920(b)(1)?</b>	07/01/2026
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## **Section D: Plan-Level Indicators**

### **Topic I. Program Characteristics & Enrollment**

Number	Indicator	Response
D1I.1	<b>Plan enrollment</b>  Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<b>Anthem Blue Cross and Blue Shield</b>
		125,229
		<b>Chorus Community Health Plans (CCHP)</b>
		123,342
		<b>Dean Health Plan</b>
		41,294
		<b>Group Health Cooperative of Eau Claire</b>
		46,736
		<b>Group Health Cooperative of South Central Wisconsin</b>
		7,050
		<b>Independent Care Health Plan (iCare)</b>
		27,503
		<b>MercyCare Insurance Company</b>
		13,021
		<b>MHS Health Wisconsin</b>
		48,148
		<b>My Choice Wisconsin (MCW)/Molina</b>
		73,862
		<b>Network Health Plan</b>
		44,924
		<b>Quartz</b>
		43,501
		<b>Security Health Plan of Wisconsin</b>
		64,892
		<b>United Health Care Community Plan (UHC)</b>
		206,137

D1I.2	<b>Plan share of Medicaid</b>  What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? • Numerator: Plan enrollment (D1.I.1)	<b>Anthem Blue Cross and Blue Shield</b>
		9.2%
		<b>Chorus Community Health Plans (CCHP)</b>
		9%
		<b>Dean Health Plan</b>



- Denominator: Statewide Medicaid enrollment (B.I.1)

3%

**Group Health Cooperative of Eau Claire**

3.4%

**Group Health Cooperative of South Central Wisconsin**

0.5%

**Independent Care Health Plan (iCare)**

2%

**MercyCare Insurance Company**

1%

**MHS Health Wisconsin**

3.5%

**My Choice Wisconsin (MCW)/Molina**

5.4%

**Network Health Plan**

3.3%

**Quartz**

3.2%

**Security Health Plan of Wisconsin**

4.8%

**United Health Care Community Plan (UHC)**

15.1%

**D1I.3**

**Plan share of any Medicaid managed care**

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

**Anthem Blue Cross and Blue Shield**

12.8%

**Chorus Community Health Plans (CCHP)**

12.6%

**Dean Health Plan**

4.2%

**Group Health Cooperative of Eau Claire**

4.8%

**Group Health Cooperative of South Central Wisconsin**

0.7%

**Independent Care Health Plan (iCare)**

2.8%

**MercyCare Insurance Company**

1.3%

**MHS Health Wisconsin**

4.9%

**My Choice Wisconsin (MCW)/Molina**

7.6%

**Network Health Plan**

4.6%

**Quartz**

4.5%

**Security Health Plan of Wisconsin**

6.6%

**United Health Care Community Plan (UHC)**

21.1%

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## **Topic II. Financial Performance**

Number	Indicator	Response
D1II.1a	<b>Medical Loss Ratio (MLR)</b>  What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	<b>Anthem Blue Cross and Blue Shield</b>
		86.1%
		<b>Chorus Community Health Plans (CCHP)</b>
		86.5%
		<b>Dean Health Plan</b>
		85.6%
		<b>Group Health Cooperative of Eau Claire</b>
		84.1%
		<b>Group Health Cooperative of South Central Wisconsin</b>
		83.9%
		<b>Independent Care Health Plan (iCare)</b>
		86.2%
		<b>MercyCare Insurance Company</b>
		87%
		<b>MHS Health Wisconsin</b>
		87.5%
		<b>My Choice Wisconsin (MCW)/Molina</b>
		88.1%
		<b>Network Health Plan</b>
		86.1%
		<b>Quartz</b>
		86.3%
		<b>Security Health Plan of Wisconsin</b>
		88%
		<b>United Health Care Community Plan (UHC)</b>
		86.4%

D1II.1b	<b>Level of aggregation</b>  What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting	<b>Anthem Blue Cross and Blue Shield</b>
		Statewide all programs & populations
		<b>Chorus Community Health Plans (CCHP)</b>
		Statewide all programs & populations

purposes across programs and populations.

**Dean Health Plan**

Statewide all programs & populations

**Group Health Cooperative of Eau Claire**

Statewide all programs & populations

**Group Health Cooperative of South Central Wisconsin**

Statewide all programs & populations

**Independent Care Health Plan (iCare)**

Statewide all programs & populations

**MercyCare Insurance Company**

Statewide all programs & populations

**MHS Health Wisconsin**

Statewide all programs & populations

**My Choice Wisconsin (MCW)/Molina**

Statewide all programs & populations

**Network Health Plan**

Statewide all programs & populations

**Quartz**

Statewide all programs & populations

**Security Health Plan of Wisconsin**

Statewide all programs & populations

**United Health Care Community Plan (UHC)**

Statewide all programs & populations

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**D1II.2**

**Population specific MLR description**

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion

**Anthem Blue Cross and Blue Shield**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**Chorus Community Health Plans (CCHP)**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

enrollees? If so, describe the populations here. Enter “N/A” if not applicable.  
See glossary for the regulatory definition of MLR.

**Dean Health Plan**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**Group Health Cooperative of Eau Claire**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**Group Health Cooperative of South Central Wisconsin**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**Independent Care Health Plan (iCare)**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**MercyCare Insurance Company**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**MHS Health Wisconsin**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**My Choice Wisconsin (MCW)/Molina**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**Network Health Plan**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**Quartz**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**Security Health Plan of Wisconsin**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

**United Health Care Community Plan (UHC)**

BadgerCare Plus Standard, CLA, SSI Only, Dual Eligible

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**D1II.3**

**MLR reporting period  
discrepancies**

Does the data reported in item  
D1.II.1a cover a different time  
period than the MCPAR report?

**Anthem Blue Cross and Blue Shield**

Yes

**Chorus Community Health Plans (CCHP)**

Yes

**Dean Health Plan**

Yes

**Group Health Cooperative of Eau Claire**

Yes

**Group Health Cooperative of South Central  
Wisconsin**

Yes

**Independent Care Health Plan (iCare)**

Yes

**MercyCare Insurance Company**

Yes

**MHS Health Wisconsin**

Yes

**My Choice Wisconsin (MCW)/Molina**

Yes

**Network Health Plan**

Yes

**Quartz**

Yes

**Security Health Plan of Wisconsin**

Yes

**United Health Care Community Plan (UHC)**

Yes

N/A	Enter the start date.	<b>Anthem Blue Cross and Blue Shield</b> 07/01/2022
		<b>Chorus Community Health Plans (CCHP)</b> 07/01/2022
		<b>Dean Health Plan</b> 07/01/2022
		<b>Group Health Cooperative of Eau Claire</b> 07/01/2022
		<b>Group Health Cooperative of South Central Wisconsin</b> 07/01/2022
		<b>Independent Care Health Plan (iCare)</b> 07/01/2022
		<b>MercyCare Insurance Company</b> 07/01/2022
		<b>MHS Health Wisconsin</b> 07/01/2022
		<b>My Choice Wisconsin (MCW)/Molina</b> 07/01/2022
		<b>Network Health Plan</b> 07/01/2022
		<b>Quartz</b> 07/01/2022
		<b>Security Health Plan of Wisconsin</b> 07/01/2022
		<b>United Health Care Community Plan (UHC)</b> 07/01/2022
N/A	Enter the end date.	<b>Anthem Blue Cross and Blue Shield</b> 06/30/2023
		<b>Chorus Community Health Plans (CCHP)</b> 06/30/2023
		<b>Dean Health Plan</b> 06/30/2023

**Group Health Cooperative of Eau Claire**

06/30/2023

**Group Health Cooperative of South Central Wisconsin**

06/30/2023

**Independent Care Health Plan (iCare)**

06/30/2023

**MercyCare Insurance Company**

06/30/2023

**MHS Health Wisconsin**

06/30/2023

**My Choice Wisconsin (MCW)/Molina**

06/30/2023

**Network Health Plan**

06/30/2023

**Quartz**

06/30/2023

**Security Health Plan of Wisconsin**

06/30/2023

**United Health Care Community Plan (UHC)**

06/30/2023

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## **Topic III. Encounter Data**



Number	Indicator	Response
D1III.1	<p><b>Definition of timely encounter data submissions</b></p> <p>Describe the state's standard for timely encounter data submissions used in this program.</p> <p>If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p><b>Anthem Blue Cross and Blue Shield</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Chorus Community Health Plans (CCHP)</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Dean Health Plan</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Group Health Cooperative of Eau Claire</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Group Health Cooperative of South Central Wisconsin</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Independent Care Health Plan (iCare)</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>MercyCare Insurance Company</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>MHS Health Wisconsin</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>My Choice Wisconsin (MCW)/Molina</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Network Health Plan</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Quartz</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p> <p><b>Security Health Plan of Wisconsin</b></p> <p>Within 120 days from the HMO date of payment to the provider.</p>

**United Health Care Community Plan (UHC)**

Within 120 days from the HMO date of payment to the provider.

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<b>D1III.2</b>	<b>Share of encounter data submissions that met state's timely submission requirements</b>  What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.	<b>Anthem Blue Cross and Blue Shield</b>
		99.3%
		<b>Chorus Community Health Plans (CCHP)</b>
		94.6%
		<b>Dean Health Plan</b>
		97.7%
		<b>Group Health Cooperative of Eau Claire</b>
		99.6%
		<b>Group Health Cooperative of South Central Wisconsin</b>
		100%
		<b>Independent Care Health Plan (iCare)</b>
		93.1%
		<b>MercyCare Insurance Company</b>
<b>D1III.3</b>	<b>Share of encounter data submissions that were HIPAA compliant</b>  What percent of the plan's encounter data submissions	99.9%
		<b>MHS Health Wisconsin</b>
		98.3%
		<b>My Choice Wisconsin (MCW)/Molina</b>
		98.6%
		<b>Network Health Plan</b>
		98.6%
		<b>Quartz</b>
		99.4%
		<b>Security Health Plan of Wisconsin</b>
		99.98%
		<b>United Health Care Community Plan (UHC)</b>
		99.6%

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<b>D1III.3</b>	<b>Share of encounter data submissions that were HIPAA compliant</b>  What percent of the plan's encounter data submissions	<b>Anthem Blue Cross and Blue Shield</b>
		94.8%
		<b>Chorus Community Health Plans (CCHP)</b>

(submitted during the reporting year) met state requirements for HIPAA compliance?  
If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

94.5%

**Dean Health Plan**

99.8%

**Group Health Cooperative of Eau Claire**

75.2%

**Group Health Cooperative of South Central Wisconsin**

98.4%

**Independent Care Health Plan (iCare)**

81%

**MercyCare Insurance Company**

93.4%

**MHS Health Wisconsin**

100%

**My Choice Wisconsin (MCW)/Molina**

99.98%

**Network Health Plan**

99%

**Quartz**

78.9%

**Security Health Plan of Wisconsin**

99.99%

**United Health Care Community Plan (UHC)**

96.7%

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## Topic IV. Appeals, State Fair Hearings & Grievances



**Beginning June 2025, Indicators D1.IV.1a-c must be completed.  
Submission of this data before June 2025 is optional; if you choose not  
to respond prior to June 2025, enter “N/A”.**

## **Appeals Overview**

Number	Indicator	Response
D1IV.1	<b>Appeals resolved (at the plan level)</b>  Enter the total number of appeals resolved during the reporting year. An appeal is “resolved” at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary’s representative) chooses to file a request for a State Fair Hearing or External Medical Review.	<b>Anthem Blue Cross and Blue Shield</b> 375
		<b>Chorus Community Health Plans (CCHP)</b> 132
		<b>Dean Health Plan</b> 30
		<b>Group Health Cooperative of Eau Claire</b> 221
		<b>Group Health Cooperative of South Central Wisconsin</b> 1
		<b>Independent Care Health Plan (iCare)</b> 38
		<b>MercyCare Insurance Company</b> 6
		<b>MHS Health Wisconsin</b> 68
		<b>My Choice Wisconsin (MCW)/Molina</b> 141
		<b>Network Health Plan</b> 36
		<b>Quartz</b> 54
		<b>Security Health Plan of Wisconsin</b> 231
		<b>United Health Care Community Plan (UHC)</b> 446

D1IV.1a	<b>Appeals denied</b>  Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.	<b>Anthem Blue Cross and Blue Shield</b> 245  <b>Chorus Community Health Plans (CCHP)</b> 90  <b>Dean Health Plan</b>
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14

**Group Health Cooperative of Eau Claire**

150

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

14

**MercyCare Insurance Company**

2

**MHS Health Wisconsin**

26

**My Choice Wisconsin (MCW)/Molina**

62

**Network Health Plan**

10

**Quartz**

22

**Security Health Plan of Wisconsin**

42

**United Health Care Community Plan (UHC)**

133

**D1IV.1b**

**Appeals resolved in partial favor of enrollee**

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".

**Anthem Blue Cross and Blue Shield**

1

**Chorus Community Health Plans (CCHP)**

5

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

1

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

7

**My Choice Wisconsin (MCW)/Molina**

3

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

2

**United Health Care Community Plan (UHC)**

7

**D1IV.1c**

**Appeals resolved in favor of enrollee**

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee. If you choose not to respond prior to June 2025, enter "N/A".

**Anthem Blue Cross and Blue Shield**

66

**Chorus Community Health Plans (CCHP)**

2

**Dean Health Plan**

3

**Group Health Cooperative of Eau Claire**

33

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

12

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

4

**My Choice Wisconsin (MCW)/Molina**

46

**Network Health Plan**

0

**Quartz**

18

**Security Health Plan of Wisconsin**

159

**United Health Care Community Plan (UHC)**

251

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**D1IV.2**

**Active appeals**

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

**Anthem Blue Cross and Blue Shield**

60

**Chorus Community Health Plans (CCHP)**

1

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

2

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

1

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

3

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

5

**Quartz**

0

**Security Health Plan of Wisconsin**



**D1IV.3****Appeals filed on behalf of LTSS users**

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.4****Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal****Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".

Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".

The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

N/A

#### **Dean Health Plan**

N/A

#### **Group Health Cooperative of Eau Claire**

N/A

#### **Group Health Cooperative of South Central Wisconsin**

N/A

#### **Independent Care Health Plan (iCare)**

N/A

#### **MercyCare Insurance Company**

N/A

#### **MHS Health Wisconsin**

N/A

#### **My Choice Wisconsin (MCW)/Molina**

N/A

#### **Network Health Plan**

N/A

#### **Quartz**

N/A

#### **Security Health Plan of Wisconsin**

N/A

#### **United Health Care Community Plan (UHC)**

N/A

### **D1IV.5a**

#### **Standard appeals for which timely resolution was provided**

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.

See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

#### **Anthem Blue Cross and Blue Shield**

365

#### **Chorus Community Health Plans (CCHP)**

126

#### **Dean Health Plan**

26

#### **Group Health Cooperative of Eau Claire**

216

<b>Group Health Cooperative of South Central Wisconsin</b>	1
<b>Independent Care Health Plan (iCare)</b>	35
<b>MercyCare Insurance Company</b>	6
<b>MHS Health Wisconsin</b>	68
<b>My Choice Wisconsin (MCW)/Molina</b>	141
<b>Network Health Plan</b>	36
<b>Quartz</b>	54
<b>Security Health Plan of Wisconsin</b>	231
<b>United Health Care Community Plan (UHC)</b>	445

**D1IV.5b**

**Expedited appeals for which timely resolution was provided**

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.  
See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

<b>Anthem Blue Cross and Blue Shield</b>	10
<b>Chorus Community Health Plans (CCHP)</b>	6
<b>Dean Health Plan</b>	4
<b>Group Health Cooperative of Eau Claire</b>	5
<b>Group Health Cooperative of South Central Wisconsin</b>	0
<b>Independent Care Health Plan (iCare)</b>	3
<b>MercyCare Insurance Company</b>	0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

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**D1IV.6a**

**Resolved appeals related to denial of authorization or limited authorization of a service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.  
(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

**Anthem Blue Cross and Blue Shield**

374

**Chorus Community Health Plans (CCHP)**

132

**Dean Health Plan**

15

**Group Health Cooperative of Eau Claire**

221

**Group Health Cooperative of South Central Wisconsin**

1

**Independent Care Health Plan (iCare)**

36

**MercyCare Insurance Company**

5

**MHS Health Wisconsin**

63

**My Choice Wisconsin (MCW)/Molina**

135

**Network Health Plan**

35

**Quartz**

38

**Security Health Plan of Wisconsin**

215

**United Health Care Community Plan (UHC)**

426

**D1IV.6b**

**Resolved appeals related to reduction, suspension, or termination of a previously authorized service**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

1

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

5

**My Choice Wisconsin (MCW)/Molina**

1

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

8

<b>D1IV.6c</b>	<b>Resolved appeals related to payment denial</b>	<b>Anthem Blue Cross and Blue Shield</b> 0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	<b>Chorus Community Health Plans (CCHP)</b> 0
		<b>Dean Health Plan</b> 14
		<b>Group Health Cooperative of Eau Claire</b> 0
		<b>Group Health Cooperative of South Central Wisconsin</b> 0
		<b>Independent Care Health Plan (iCare)</b> 0
		<b>MercyCare Insurance Company</b> 1
		<b>MHS Health Wisconsin</b> 0
		<b>My Choice Wisconsin (MCW)/Molina</b> 4
		<b>Network Health Plan</b> 0
		<b>Quartz</b> 16
		<b>Security Health Plan of Wisconsin</b> 7
		<b>United Health Care Community Plan (UHC)</b> 11

<b>D1IV.6d</b>	<b>Resolved appeals related to service timeliness</b>	<b>Anthem Blue Cross and Blue Shield</b> 0
	Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	<b>Chorus Community Health Plans (CCHP)</b> 0
		<b>Dean Health Plan</b> 0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

1

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

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**D1IV.6e**

**Resolved appeals related to lack of timely plan response to an appeal or grievance**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

1

**D1IV.6f**

**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

**Anthem Blue Cross and Blue Shield**

1

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

1

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0



**Network Health Plan**

1

**Quartz**

0

**Security Health Plan of Wisconsin**

9

**United Health Care Community Plan (UHC)**

0

**D1IV.6g**

**Resolved appeals related to denial of an enrollee's request to dispute financial liability**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

1

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

## Appeals by Service

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<b>Resolved appeals related to general inpatient services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services.  Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	<b>Anthem Blue Cross and Blue Shield</b>
		30
		<b>Chorus Community Health Plans (CCHP)</b>
		1
		<b>Dean Health Plan</b>
		2
		<b>Group Health Cooperative of Eau Claire</b>
		9
		<b>Group Health Cooperative of South Central Wisconsin</b>
		0
		<b>Independent Care Health Plan (iCare)</b>
		1
		<b>MercyCare Insurance Company</b>
		0
		<b>MHS Health Wisconsin</b>
		2
		<b>My Choice Wisconsin (MCW)/Molina</b>
		10
		<b>Network Health Plan</b>
		1
		<b>Quartz</b>
		1
		<b>Security Health Plan of Wisconsin</b>
		8
		<b>United Health Care Community Plan (UHC)</b>
		45

D1IV.7b	<b>Resolved appeals related to general outpatient services</b>  Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory	<b>Anthem Blue Cross and Blue Shield</b>
		314
		<b>Chorus Community Health Plans (CCHP)</b>
		21
		<b>Dean Health Plan</b>

services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.

23

**Group Health Cooperative of Eau Claire**

201

**Group Health Cooperative of South Central Wisconsin**

1

**Independent Care Health Plan (iCare)**

36

**MercyCare Insurance Company**

3

**MHS Health Wisconsin**

21

**My Choice Wisconsin (MCW)/Molina**

6

**Network Health Plan**

17

**Quartz**

49

**Security Health Plan of Wisconsin**

222

**United Health Care Community Plan (UHC)**

351

**D1IV.7c**

**Resolved appeals related to inpatient behavioral health services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.

**Anthem Blue Cross and Blue Shield**

7

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

2

**Group Health Cooperative of Eau Claire**

2

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

1

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

**D1IV.7d**

**Resolved appeals related to outpatient behavioral health services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

**Anthem Blue Cross and Blue Shield**

24

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

1

**Group Health Cooperative of Eau Claire**

8

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

1

**MHS Health Wisconsin**

1

**My Choice Wisconsin (MCW)/Molina**

5

**Network Health Plan**

0

**Quartz**

4

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

8

**D1IV.7e****Resolved appeals related to covered outpatient prescription drugs**

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

11

**Network Health Plan**

0

**Quartz**

1

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

16

**D1IV.7f****Resolved appeals related to skilled nursing facility (SNF) services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

14

**D1IV.7g****Resolved appeals related to long-term services and supports (LTSS)****Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A".

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.7h**

**Resolved appeals related to dental services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

**Anthem Blue Cross and Blue Shield**

128

**Chorus Community Health Plans (CCHP)**

50

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

10

**Group Health Cooperative of South Central Wisconsin**



0

**Independent Care Health Plan (iCare)**

22

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

17

**My Choice Wisconsin (MCW)/Molina**

57

**Network Health Plan**

10

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

21

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**D1IV.7i**

**Resolved appeals related to non-emergency medical transportation (NEMT)**

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.7j**

**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter "N/A".

**Anthem Blue Cross and Blue Shield**

63

**Chorus Community Health Plans (CCHP)**

1

**Dean Health Plan**

8

**Group Health Cooperative of Eau Claire**

119

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

1

**MHS Health Wisconsin**

25

**My Choice Wisconsin (MCW)/Molina**

32

**Network Health Plan**

18

**Quartz**

## **State Fair Hearings**

Number	Indicator	Response
D1IV.8a	<b>State Fair Hearing requests</b> Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	<b>Anthem Blue Cross and Blue Shield</b>
		6
		<b>Chorus Community Health Plans (CCHP)</b>
		2
		<b>Dean Health Plan</b>
		0
		<b>Group Health Cooperative of Eau Claire</b>
		10
		<b>Group Health Cooperative of South Central Wisconsin</b>
		0
		<b>Independent Care Health Plan (iCare)</b>
		0
		<b>MercyCare Insurance Company</b>
		0
		<b>MHS Health Wisconsin</b>
		4
		<b>My Choice Wisconsin (MCW)/Molina</b>
		0
		<b>Network Health Plan</b>
		4
		<b>Quartz</b>
		0
		<b>Security Health Plan of Wisconsin</b>
		1
		<b>United Health Care Community Plan (UHC)</b>
		5

<b>D1IV.8b</b>	<b>State Fair Hearings resulting in a favorable decision for the enrollee</b>  Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.	<b>Anthem Blue Cross and Blue Shield</b>
		1
		<b>Chorus Community Health Plans (CCHP)</b>
		1
		<b>Dean Health Plan</b>
		0
		<b>Group Health Cooperative of Eau Claire</b>
		2
		<b>Group Health Cooperative of South Central Wisconsin</b>
		0
		<b>Independent Care Health Plan (iCare)</b>
		0
		<b>MercyCare Insurance Company</b>
<b>D1IV.8c</b>	<b>State Fair Hearings resulting in an adverse decision for the enrollee</b>  Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.	0
		<b>MHS Health Wisconsin</b>
		3
		<b>My Choice Wisconsin (MCW)/Molina</b>
		0
		<b>Network Health Plan</b>
		4
		<b>Quartz</b>
		0
		<b>Security Health Plan of Wisconsin</b>
		1
		<b>United Health Care Community Plan (UHC)</b>
		4
		<b>Anthem Blue Cross and Blue Shield</b>
		1
		<b>Chorus Community Health Plans (CCHP)</b>
		0
		<b>Dean Health Plan</b>
		0

**Group Health Cooperative of Eau Claire**

5

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

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**D1IV.8d**

**State Fair Hearings retracted prior to reaching a decision**

Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

1

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

**D1IV.9a**

**External Medical Reviews  
resulting in a favorable  
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central  
Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.9b**

**External Medical Reviews  
resulting in an adverse  
decision for the enrollee**

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A".

External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A



Grievances Overview

Number	Indicator	Response
D1IV.10	<b>Grievances resolved</b>  Enter the total number of grievances resolved by the plan during the reporting year. A grievance is “resolved” when it has reached completion and been closed by the plan.	<b>Anthem Blue Cross and Blue Shield</b>
		329
		<b>Chorus Community Health Plans (CCHP)</b>
		11
		<b>Dean Health Plan</b>
		25
		<b>Group Health Cooperative of Eau Claire</b>
		3
		<b>Group Health Cooperative of South Central Wisconsin</b>
		22
		<b>Independent Care Health Plan (iCare)</b>
		27
		<b>MercyCare Insurance Company</b>
		16
D1IV.11	<b>Active grievances</b>  Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	<b>MHS Health Wisconsin</b>
		260
		<b>My Choice Wisconsin (MCW)/Molina</b>
		973
		<b>Network Health Plan</b>
		270
		<b>Quartz</b>
		61
		<b>Security Health Plan of Wisconsin</b>
		31
		<b>United Health Care Community Plan (UHC)</b>
		254
		<b>Anthem Blue Cross and Blue Shield</b>
		9
		<b>Chorus Community Health Plans (CCHP)</b>
		0
		<b>Dean Health Plan</b>

0
<b>Group Health Cooperative of Eau Claire</b>
0
<b>Group Health Cooperative of South Central Wisconsin</b>
0
<b>Independent Care Health Plan (iCare)</b>
0
<b>MercyCare Insurance Company</b>
0
<b>MHS Health Wisconsin</b>
10
<b>My Choice Wisconsin (MCW)/Molina</b>
0
<b>Network Health Plan</b>
9
<b>Quartz</b>
0
<b>Security Health Plan of Wisconsin</b>
0
<b>United Health Care Community Plan (UHC)</b>
50

#### **D1IV.12**

##### **Grievances filed on behalf of LTSS users**

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users.

An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

##### **Anthem Blue Cross and Blue Shield**

N/A

##### **Chorus Community Health Plans (CCHP)**

N/A

##### **Dean Health Plan**

N/A

##### **Group Health Cooperative of Eau Claire**

N/A

##### **Group Health Cooperative of South Central Wisconsin**

N/A

##### **Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.13**

**Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user.

If the managed care plan does not cover LTSS, the state should enter "N/A" in this field.

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.14**

**Number of grievances for which timely resolution was provided**

Enter the number of grievances for which timely resolution was provided by plan during the reporting year.  
See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

**Anthem Blue Cross and Blue Shield**

320

**Chorus Community Health Plans (CCHP)**

11

**Dean Health Plan**

25

**Group Health Cooperative of Eau Claire**

3

**Group Health Cooperative of South Central Wisconsin**

22

**Independent Care Health Plan (iCare)**

27

**MercyCare Insurance Company**

16

**MHS Health Wisconsin**

292

**My Choice Wisconsin (MCW)/Molina**

973

**Network Health Plan**

301

**Quartz**

61

**Security Health Plan of Wisconsin**

31

**United Health Care Community Plan (UHC)**

254

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## **Grievances by Service**

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	<b>Resolved grievances related to general inpatient services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	<b>Anthem Blue Cross and Blue Shield</b>
		24
		<b>Chorus Community Health Plans (CCHP)</b>
		0
		<b>Dean Health Plan</b>
		2
		<b>Group Health Cooperative of Eau Claire</b>
		0
		<b>Group Health Cooperative of South Central Wisconsin</b>
		0
		<b>Independent Care Health Plan (iCare)</b>
		9
		<b>MercyCare Insurance Company</b>
D1IV.15b	<b>Resolved grievances related to general outpatient services</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including	0
		<b>MHS Health Wisconsin</b>
		4
		<b>My Choice Wisconsin (MCW)/Molina</b>
		36
		<b>Network Health Plan</b>
		1
		<b>Quartz</b>
		0
		<b>Security Health Plan of Wisconsin</b>
		1
		<b>United Health Care Community Plan (UHC)</b>
		21
		<b>Anthem Blue Cross and Blue Shield</b>
		151
		<b>Chorus Community Health Plans (CCHP)</b>
		3
		<b>Dean Health Plan</b>

diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter “N/A”.

18

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

153

**My Choice Wisconsin (MCW)/Molina**

226

**Network Health Plan**

141

**Quartz**

31

**Security Health Plan of Wisconsin**

4

**United Health Care Community Plan (UHC)**

162

**D1IV.15c**

**Resolved grievances related to inpatient behavioral health services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter “N/A”.

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

2

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**



4

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

2

**My Choice Wisconsin (MCW)/Molina**

12

**Network Health Plan**

0

**Quartz**

1

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

**D1IV.15d****Resolved grievances related to outpatient behavioral health services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

**Anthem Blue Cross and Blue Shield**

5

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

1

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

2

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

3

**MHS Health Wisconsin**

1

**My Choice Wisconsin (MCW)/Molina**

22

**Network Health Plan**

0

**Quartz**

2

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

13

**D1IV.15e**

**Resolved grievances related to coverage of outpatient prescription drugs**

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

1

**My Choice Wisconsin (MCW)/Molina**

47

**Network Health Plan**

0

**Quartz**

2

**Security Health Plan of Wisconsin**

0

United Health Care Community Plan (UHC)

3

**D1IV.15f****Resolved grievances related to skilled nursing facility (SNF) services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

**D1IV.15g****Resolved grievances related to long-term services and supports (LTSS)**

Enter the total number of grievances resolved by the plan

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.15h**

**Resolved grievances related to dental services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

**Anthem Blue Cross and Blue Shield**

39

**Chorus Community Health Plans (CCHP)**

1

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

6

**MercyCare Insurance Company**

1

**MHS Health Wisconsin**

14

**My Choice Wisconsin (MCW)/Molina**

78

**Network Health Plan**

14

**Quartz**

2

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

32

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**D1IV.15i**

**Resolved grievances related to non-emergency medical transportation (NEMT)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

**Anthem Blue Cross and Blue Shield**

N/A

**Chorus Community Health Plans (CCHP)**

N/A

**Dean Health Plan**

N/A

**Group Health Cooperative of Eau Claire**

N/A

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

N/A

**My Choice Wisconsin (MCW)/Molina**

N/A

**Network Health Plan**

N/A

**Quartz**

N/A

**Security Health Plan of Wisconsin**

N/A

**United Health Care Community Plan (UHC)**

N/A

**D1IV.15j**

**Resolved grievances related to other service types**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".

**Anthem Blue Cross and Blue Shield**

123

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

7

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

7

**Independent Care Health Plan (iCare)**

3

**MercyCare Insurance Company**

5

**MHS Health Wisconsin**

162

**My Choice Wisconsin (MCW)/Molina**

115

**Network Health Plan**

178

**Quartz**

## Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	<b>Resolved grievances related to plan or provider customer service</b>  Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	<b>Anthem Blue Cross and Blue Shield</b> 41
		<b>Chorus Community Health Plans (CCHP)</b> 2
		<b>Dean Health Plan</b> 0
		<b>Group Health Cooperative of Eau Claire</b> 0
		<b>Group Health Cooperative of South Central Wisconsin</b> 8
		<b>Independent Care Health Plan (iCare)</b> 4
		<b>MercyCare Insurance Company</b> 1
		<b>MHS Health Wisconsin</b> 11
		<b>My Choice Wisconsin (MCW)/Molina</b> 25
		<b>Network Health Plan</b> 3
		<b>Quartz</b> 17
		<b>Security Health Plan of Wisconsin</b> 4
		<b>United Health Care Community Plan (UHC)</b> 45

D1IV.16b	<b>Resolved grievances related to plan or provider care management/case management</b>  Enter the total number of grievances resolved by the plan during the reporting year that	<b>Anthem Blue Cross and Blue Shield</b> 0
		<b>Chorus Community Health Plans (CCHP)</b> 0
		<b>Dean Health Plan</b>



were related to plan or provider care management/case management.  
Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

0  
**Group Health Cooperative of Eau Claire**  
0  
**Group Health Cooperative of South Central Wisconsin**  
2  
**Independent Care Health Plan (iCare)**  
0  
**MercyCare Insurance Company**  
0  
**MHS Health Wisconsin**  
6  
**My Choice Wisconsin (MCW)/Molina**  
13  
**Network Health Plan**  
4  
**Quartz**  
8  
**Security Health Plan of Wisconsin**  
5  
**United Health Care Community Plan (UHC)**  
0

**D1IV.16c**

**Resolved grievances related to access to care/services from plan or provider**

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

**Anthem Blue Cross and Blue Shield**  
108  
**Chorus Community Health Plans (CCHP)**  
0  
**Dean Health Plan**  
0  
**Group Health Cooperative of Eau Claire**  
0  
**Group Health Cooperative of South Central Wisconsin**  
2  
**Independent Care Health Plan (iCare)**

8

**MercyCare Insurance Company**

8

**MHS Health Wisconsin**

28

**My Choice Wisconsin (MCW)/Molina**

308

**Network Health Plan**

38

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

10

**D1IV.16d**

**Resolved grievances related to quality of care**

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

**Anthem Blue Cross and Blue Shield**

1

**Chorus Community Health Plans (CCHP)**

2

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

3

**Group Health Cooperative of South Central Wisconsin**

9

**Independent Care Health Plan (iCare)**

15

**MercyCare Insurance Company**

5

**MHS Health Wisconsin**

8

**My Choice Wisconsin (MCW)/Molina**

8

**Network Health Plan**

3

**Quartz**

0

**Security Health Plan of Wisconsin**

1

**United Health Care Community Plan (UHC)**

90

**D1IV.16e**

**Resolved grievances related to plan communications**

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications.

Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

**Anthem Blue Cross and Blue Shield**

10

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

2

**My Choice Wisconsin (MCW)/Molina**

20

**Network Health Plan**

0

**Quartz**

3

**Security Health Plan of Wisconsin**

**United Health Care Community Plan (UHC)****D1IV.16f****Resolved grievances related to payment or billing issues**

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

**Anthem Blue Cross and Blue Shield**

153

**Chorus Community Health Plans (CCHP)**

1

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

1

**MHS Health Wisconsin**

227

**My Choice Wisconsin (MCW)/Molina**

359

**Network Health Plan**

248

**Quartz**

10

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

148

**D1IV.16g****Resolved grievances related to suspected fraud**

Enter the total number of grievances resolved by the plan

**Anthem Blue Cross and Blue Shield**

1

**Chorus Community Health Plans (CCHP)**

during the reporting year that were related to suspected fraud.

Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

2

**My Choice Wisconsin (MCW)/Molina**

1

**Network Health Plan**

0

**Quartz**

1

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

1

**D1IV.16h**

**Resolved grievances related to abuse, neglect or exploitation**

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation.

Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

**Anthem Blue Cross and Blue Shield**

4

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

0

**My Choice Wisconsin (MCW)/Molina**

2

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

---

**D1IV.16i**

**Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)**

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

**Anthem Blue Cross and Blue Shield**

9

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

1

**My Choice Wisconsin (MCW)/Molina**

4

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

**D1IV.16j****Resolved grievances related to plan denial of expedited appeal**

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

**Anthem Blue Cross and Blue Shield**

0

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

0

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

1

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

0

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

0

---

**D1IV.16k**

**Resolved grievances filed for other reasons**

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

**Anthem Blue Cross and Blue Shield**

2

**Chorus Community Health Plans (CCHP)**

7

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

1

**Independent Care Health Plan (iCare)**

0

**MercyCare Insurance Company**

1

**MHS Health Wisconsin**

6

**My Choice Wisconsin (MCW)/Molina**

233

**Network Health Plan**

5

**Quartz**

22

**Security Health Plan of Wisconsin**

21

**United Health Care Community Plan (UHC)**

7

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## **Topic VII: Quality & Performance Measures**

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

## D2.VII.1 Measure Name: Initiation & Engagement of Alcohol & Other Drug Dependence Treatment (IET)- Engagement - Total, All Drugs

1 / 34

### D2.VII.2 Measure Domain

Behavioral health care

### D2.VII.3 National Quality Forum (NQF) number

0004

### D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

### D2.VII.6 Measure Set

Medicaid Child Core Set and Medicaid Adult Core Set

### D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

### D2.VII.8 Measure Description

N/A

### Measure results

#### Anthem Blue Cross and Blue Shield

13.03%

#### Chorus Community Health Plans (CCHP)

12.04%

#### Dean Health Plan

11.88%

#### Group Health Cooperative of Eau Claire

9.47%

#### Group Health Cooperative of South Central Wisconsin

11.59%

#### Independent Care Health Plan (iCare)

11.16%

#### MercyCare Insurance Company

13.13%

**MHS Health Wisconsin**

10.63%

**My Choice Wisconsin (MCW)/Molina**

13.41%

**Network Health Plan**

11.27%

**Quartz**

12.43%

**Security Health Plan of Wisconsin**

6.20%

**United Health Care Community Plan (UHC)**

13.76%



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment**

2 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0105

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

70.75%

**Chorus Community Health Plans (CCHP)**

79.95%

**Dean Health Plan**

78.55%

**Group Health Cooperative of Eau Claire**

72.64%

**Group Health Cooperative of South Central Wisconsin**

82.14%

**Independent Care Health Plan (iCare)**

76.76%

**MercyCare Insurance Company**

65.22%

**MHS Health Wisconsin**

75.31%

**My Choice Wisconsin (MCW)/Molina**

58.66%

**Network Health Plan**

76.50%

**Quartz**

87.69%

**Security Health Plan of Wisconsin**

69.44%

**United Health Care Community Plan (UHC)**

78.52%



Complete

**D2.VII.1 Measure Name: Antidepressant Medication Management (AMM) -Effective Continuation Phase Treatment**

3 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0105

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

51.52%

**Chorus Community Health Plans (CCHP)**

64.15%

**Dean Health Plan**

61.45%

**Group Health Cooperative of Eau Claire**

51.80%

**Group Health Cooperative of South Central Wisconsin**

72.32%

**Independent Care Health Plan (iCare)**

61.70%

**MercyCare Insurance Company**

48.62%

**MHS Health Wisconsin**

61.60%

**My Choice Wisconsin (MCW)/Molina**

36.87%

**Network Health Plan**

61.44%

**Quartz**

71.73%

**Security Health Plan of Wisconsin**

49.15%

**United Health Care Community Plan (UHC)**

63.62%



Complete

**D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) - Continuation and Maintenance Phase**

4 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0108

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

40.32%

**Chorus Community Health Plans (CCHP)**

39.83%

**Dean Health Plan**

34.85%

**Group Health Cooperative of Eau Claire**

52.78%

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

28.30%

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

34.41%

**My Choice Wisconsin (MCW)/Molina**

37.70%

**Network Health Plan**

39.22%

**Quartz**

33.78%

**Security Health Plan of Wisconsin**

40.22%

**United Health Care Community Plan (UHC)**

37.19%



Complete

**D2.VII.1 Measure Name: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) - Initiation Phase**

5 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

0108

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

34.98%

**Chorus Community Health Plans (CCHP)**

36.64%

**Dean Health Plan**

33.99%

**Group Health Cooperative of Eau Claire**



44.19%

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

25.00%

**MercyCare Insurance Company**

57.35%

**MHS Health Wisconsin**

36.31%

**My Choice Wisconsin (MCW)/Molina**

31.58%

**Network Health Plan**

36.90%

**Quartz**

32.39%

**Security Health Plan of Wisconsin**

36.95%

**United Health Care Community Plan (UHC)**

37.78%



Complete

**D2.VII.1 Measure Name: Follow-Up After Hospitalization for Mental Illness (FUH)- 30 day follow-up, Total**

6 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality  
Forum (NQF) number**

0576

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

63.49%

**Chorus Community Health Plans (CCHP)**

62.49%

**Dean Health Plan**

62.98%

**Group Health Cooperative of Eau Claire**

66.45%

**Group Health Cooperative of South Central Wisconsin**

67.35%

**Independent Care Health Plan (iCare)**

65.72%

**MercyCare Insurance Company**

61.87%

**MHS Health Wisconsin**

69.32%

**My Choice Wisconsin (MCW)/Molina**

65.67%

**Network Health Plan**

70.24%

**Quartz**

59.01%

**Security Health Plan of Wisconsin**

55.43%

**United Health Care Community Plan (UHC)**

61.29%



Complete

**D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)**

7 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

1879

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

64.36%

**Chorus Community Health Plans (CCHP)**

65.93%

**Dean Health Plan**

55.93%

**Group Health Cooperative of Eau Claire**

51.16%

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

58.54%

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

71.79%

**My Choice Wisconsin (MCW)/Molina**

40.58%

**Network Health Plan**

66.99%

**Quartz**

83.33%

**Security Health Plan of Wisconsin**

48.61%

**United Health Care Community Plan (UHC)**



Complete

**D2.VII.1 Measure Name: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)**

8 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

1932

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**Medicaid Child Core Set,  
Medicaid Adult Core Set**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Anthem Blue Cross and Blue Shield**

88.33%

**Chorus Community Health Plans (CCHP)**

74.63%

**Dean Health Plan**

77.44%

**Group Health Cooperative of Eau Claire**

72.66%

**Group Health Cooperative of South Central Wisconsin**

74.51%

**Independent Care Health Plan (iCare)**

75.46%

**MercyCare Insurance Company**

73.33%

**MHS Health Wisconsin**

78.47%

**My Choice Wisconsin (MCW)/Molina**

75.17%

**Network Health Plan**

77.95%

**Quartz**

80.52%

**Security Health Plan of Wisconsin**

78.19%

**United Health Care Community Plan (UHC)**

77.27%



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) - Blood Glucose and Cholesterol Testing (Total)**

9 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

## Measure results

### **Anthem Blue Cross and Blue Shield**

30.97%

### **Chorus Community Health Plans (CCHP)**

27.04%

### **Dean Health Plan**

36.84%

### **Group Health Cooperative of Eau Claire**

33.71%

### **Group Health Cooperative of South Central Wisconsin**

N/A

### **Independent Care Health Plan (iCare)**

17.14%

### **MercyCare Insurance Company**

N/A

### **MHS Health Wisconsin**

24.14%

### **My Choice Wisconsin (MCW)/Molina**

18.92%

### **Network Health Plan**

21.11%

### **Quartz**

25.00%

**Security Health Plan of Wisconsin**

30.32%

**United Health Care Community Plan (UHC)**

29.09%



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) - Blood Glucose Testing (Total)**

10 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

58.58%

**Chorus Community Health Plans (CCHP)**

53.09%

**Dean Health Plan**

61.05%

**Group Health Cooperative of Eau Claire**

65.17%



**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

42.86%

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

44.83%

**My Choice Wisconsin (MCW)/Molina**

41.89%

**Network Health Plan**

47.78%

**Quartz**

50.00%

**Security Health Plan of Wisconsin**

56.77%

**United Health Care Community Plan (UHC)**

54.13%



Complete

**D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) - Cholesterol Testing (Total)**

11 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Anthem Blue Cross and Blue Shield**

31.72%

**Chorus Community Health Plans (CCHP)**

29.97%

**Dean Health Plan**

36.84%

**Group Health Cooperative of Eau Claire**

33.71%

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

17.14%

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

25.86%

**My Choice Wisconsin (MCW)/Molina**

20.27%

**Network Health Plan**

22.22%

**Quartz**

30.00%

**Security Health Plan of Wisconsin**

30.97%

**United Health Care Community Plan (UHC)**

30.49%



Complete

**D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) - Total Ages**

12 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

2801

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

65.29%

**Chorus Community Health Plans (CCHP)**

57.89%

**Dean Health Plan**

51.06%

**Group Health Cooperative of Eau Claire**

44.19%

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

N/A

**MercyCare Insurance Company**

N/A

**MHS Health Wisconsin**

62.86%

**My Choice Wisconsin (MCW)/Molina**

56.00%

**Network Health Plan**

50.00%

**Quartz**

46.34%

**Security Health Plan of Wisconsin**

47.37%

**United Health Care Community Plan (UHC)**

61.62%

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) - 30 day follow up (total)** 13 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

3488

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

46.99%

**Chorus Community Health Plans (CCHP)**

37.32%

**Dean Health Plan**

38.30%

**Group Health Cooperative of Eau Claire**

37.36%

**Group Health Cooperative of South Central Wisconsin**

39.36%

**Independent Care Health Plan (iCare)**

50.29%

**MercyCare Insurance Company**

31.88%

**MHS Health Wisconsin**

42.41%

**My Choice Wisconsin (MCW)/Molina**

41.47%

**Network Health Plan**

39.92%

**Quartz**

44.11%

**Security Health Plan of Wisconsin**

33.45%

**United Health Care Community Plan (UHC)**

47.52%



Complete

**D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 day follow-up (Total)** 14 / 34

**D2.VII.2 Measure Domain**

Behavioral health care

**D2.VII.3 National Quality Forum (NQF) number**

3489

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

48.91%

**Chorus Community Health Plans (CCHP)**

46.46%

**Dean Health Plan**

60.38%

**Group Health Cooperative of Eau Claire**

53.90%

**Group Health Cooperative of South Central Wisconsin**

51.28%

**Independent Care Health Plan (iCare)**

43.75%

**MercyCare Insurance Company**

65.52%

**MHS Health Wisconsin**

42.71%

**My Choice Wisconsin (MCW)/Molina**

44.95%

**Network Health Plan**

50.89%

**Quartz**

43.89%

**Security Health Plan of Wisconsin**

46.05%

**United Health Care Community Plan (UHC)**

49.36%



Complete

**D2.VII.1 Measure Name: Controlling High Blood Pressure (CBP-AD)**

15 / 34

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0018

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

NA

**Measure results**

**Anthem Blue Cross and Blue Shield**

65.69%

**Chorus Community Health Plans (CCHP)**

59.85%

**Dean Health Plan**

71.39%

**Group Health Cooperative of Eau Claire**

66.18%

**Group Health Cooperative of South Central Wisconsin**

66.11%



**Independent Care Health Plan (iCare)**

65.45%

**MercyCare Insurance Company**

65.81%

**MHS Health Wisconsin**

65.45%

**My Choice Wisconsin (MCW)/Molina**

54.94%

**Network Health Plan**

66.18%

**Quartz**

66.67%

**Security Health Plan of Wisconsin**

71.48%

**United Health Care Community Plan (UHC)**

73.48%



Complete

**D2.VII.1 Measure Name: Hemoglobin A1c Control for Patients with Diabetes - HbA1c Control (<8%)**

16 / 34

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality Forum (NQF) number**

0059

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

53.28%

**Chorus Community Health Plans (CCHP)**

57.66%

**Dean Health Plan**

53.41%

**Group Health Cooperative of Eau Claire**

66.42%

**Group Health Cooperative of South Central Wisconsin**

57.28%

**Independent Care Health Plan (iCare)**

53.77%

**MercyCare Insurance Company**

51.34%

**MHS Health Wisconsin**

58.15%

**My Choice Wisconsin (MCW)/Molina**

58.64%

**Network Health Plan**

54.99%

**Quartz**

57.18%

**Security Health Plan of Wisconsin**

59.75%

**United Health Care Community Plan (UHC)**

57.42%



Complete

**D2.VII.1 Measure Name: Plan All-Cause Readmissions (PCR) (18-64)  
Observed/Expected (OE)**

17 / 34

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality  
Forum (NQF) number**

1768

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

0.8309

**Chorus Community Health Plans (CCHP)**

0.8337

**Dean Health Plan**

0.8273

**Group Health Cooperative of Eau Claire**

0.8013

**Group Health Cooperative of South Central Wisconsin**

N/A

**Independent Care Health Plan (iCare)**

1.0313

**MercyCare Insurance Company**

0.8087

**MHS Health Wisconsin**

1.049

**My Choice Wisconsin (MCW)/Molina**

0.9233

**Network Health Plan**

1.0042

**Quartz**

0.7724

**Security Health Plan of Wisconsin**

0.9911

**United Health Care Community Plan (UHC)**

0.8659



Complete

**D2.VII.1 Measure Name: Asthma Medication Ratio (AMR) - Total**

18 / 34

**D2.VII.2 Measure Domain**

Care of acute and chronic conditions

**D2.VII.3 National Quality  
Forum (NQF) number**

1800

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

62.65%

**Chorus Community Health Plans (CCHP)**

70.94%

**Dean Health Plan**

60.25%

**Group Health Cooperative of Eau Claire**

76.02%

**Group Health Cooperative of South Central Wisconsin**

62.83%

**Independent Care Health Plan (iCare)**

63.82%

**MercyCare Insurance Company**

54.44%

**MHS Health Wisconsin**

70.42%

**My Choice Wisconsin (MCW)/Molina**

61.39%

**Network Health Plan**

68.32%

**Quartz**

66.54%

**Security Health Plan of Wisconsin**

72.76%

**United Health Care Community Plan (UHC)**

61.64%



Complete

**D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care (PPC-AD) - Postpartum Care** 19 / 34

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

1517

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

81.27%

**Chorus Community Health Plans (CCHP)**

85.89%

**Dean Health Plan**

88.08%

**Group Health Cooperative of Eau Claire**

87.83%

**Group Health Cooperative of South Central Wisconsin**

80.17%

**Independent Care Health Plan (iCare)**

74.21%

**MercyCare Insurance Company**

83.75%

**MHS Health Wisconsin**

79.32%

**My Choice Wisconsin (MCW)/Molina**

82.22%

**Network Health Plan**

83.70%

**Quartz**

82.80%

**Security Health Plan of Wisconsin**

81.54%

**United Health Care Community Plan (UHC)**

80.78%

**D2.VII.2 Measure Domain**

Maternal and perinatal health

**D2.VII.3 National Quality Forum (NQF) number**

1517

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

86.13%

**Chorus Community Health Plans (CCHP)**

84.67%

**Dean Health Plan**

93.85%

**Group Health Cooperative of Eau Claire**

92.21%

**Group Health Cooperative of South Central Wisconsin**

82.76%

**Independent Care Health Plan (iCare)**

82.24%

**MercyCare Insurance Company**

92.08%



**MHS Health Wisconsin**

88.56%

**My Choice Wisconsin (MCW)/Molina**

90.74%

**Network Health Plan**

89.78%

**Quartz**

82.80%

**Security Health Plan of Wisconsin**

86.92%

**United Health Care Community Plan (UHC)**

90.75%



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - (WCC-CH) - BMI percentile (Total) Total Ages**

21 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

83.21%

**Chorus Community Health Plans (CCHP)**

86.62%

**Dean Health Plan**

91.37%

**Group Health Cooperative of Eau Claire**

73.24%

**Group Health Cooperative of South Central Wisconsin**

80.54%

**Independent Care Health Plan (iCare)**

74.94%

**MercyCare Insurance Company**

84.46%

**MHS Health Wisconsin**

82.48%

**My Choice Wisconsin (MCW)/Molina**

72.02%

**Network Health Plan**

84.67%

**Quartz**

69.80%

**Security Health Plan of Wisconsin**

77.60%



**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) - Counseling for Physical Activity (Total Ages)**

22 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

63.50%

**Chorus Community Health Plans (CCHP)**

71.53%

**Dean Health Plan**

78.59%

**Group Health Cooperative of Eau Claire**

66.18%

**Group Health Cooperative of South Central Wisconsin**

71.53%

**Independent Care Health Plan (iCare)**

49.15%

**MercyCare Insurance Company**

59.04%

**MHS Health Wisconsin**

62.77%

**My Choice Wisconsin (MCW)/Molina**

63.02%

**Network Health Plan**

60.83%

**Quartz**

55.27%

**Security Health Plan of Wisconsin**

65.30%

**United Health Care Community Plan (UHC)**

22.87%



Complete

**D2.VII.1 Measure Name: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)- Counseling for Nutrition (Total Ages)**

23 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0024

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Anthem Blue Cross and Blue Shield**

68.86%

**Chorus Community Health Plans (CCHP)**

72.51%

**Dean Health Plan**

80.51%

**Group Health Cooperative of Eau Claire**

69.34%

**Group Health Cooperative of South Central Wisconsin**

73.97%

**Independent Care Health Plan (iCare)**

66.67%

**MercyCare Insurance Company**

65.82%

**MHS Health Wisconsin**

72.75%

**My Choice Wisconsin (MCW)/Molina**

70.80%

**Network Health Plan**

71.53%

**Quartz**

54.70%

**Security Health Plan of Wisconsin**

68.03%

**United Health Care Community Plan (UHC)**

28.22%



Complete

**D2.VII.1 Measure Name: Cervical Cancer Screening (CCS-AD)**

24 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

0032

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

71.53%

**Chorus Community Health Plans (CCHP)**

70.32%

**Dean Health Plan**

70.06%

**Group Health Cooperative of Eau Claire**

66.18%

**Group Health Cooperative of South Central Wisconsin**

57.66%

**Independent Care Health Plan (iCare)**

54.99%

**MercyCare Insurance Company**

66.00%

**MHS Health Wisconsin**

58.39%

**My Choice Wisconsin (MCW)/Molina**

68.16%

**Network Health Plan**

61.07%

**Quartz**

67.23%

**Security Health Plan of Wisconsin**

67.29%

**United Health Care Community Plan (UHC)**

66.67%



Complete

**D2.VII.1 Measure Name: Childhood Immunization Status (CIS-CH) - Combo 3**

25 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**  
Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Anthem Blue Cross and Blue Shield**

61.01%

**Chorus Community Health Plans (CCHP)**

61.07%

**Dean Health Plan**

66.67%

**Group Health Cooperative of Eau Claire**

58.15%

**Group Health Cooperative of South Central Wisconsin**

50.00%

**Independent Care Health Plan (iCare)**

64.48%

**MercyCare Insurance Company**

59.01%

**MHS Health Wisconsin**

60.62%

**My Choice Wisconsin (MCW)/Molina**

54.99%



**Network Health Plan**

56.69%

**Quartz**

58.14%

**Security Health Plan of Wisconsin**

69.34%

**United Health Care Community Plan (UHC)**

65.21%



Complete

**D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life (W30-CH) - (15 Months-30 Months)** 26 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

1392

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

65.44%

**Chorus Community Health Plans (CCHP)**

64.14%

**Dean Health Plan**

66.64%

**Group Health Cooperative of Eau Claire**

63.50%

**Group Health Cooperative of South Central Wisconsin**

53.23%

**Independent Care Health Plan (iCare)**

58.52%

**MercyCare Insurance Company**

54.71%

**MHS Health Wisconsin**

64.09%

**My Choice Wisconsin (MCW)/Molina**

65.53%

**Network Health Plan**

61.23%

**Quartz**

63.19%

**Security Health Plan of Wisconsin**

73.28%

**United Health Care Community Plan (UHC)**

66.42%



**D2.VII.1 Measure Name: Well-Child Visits in the First 30 Months of Life (W30-CH) - (First 15 Months)** 27 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

1392

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

56.97%

**Chorus Community Health Plans (CCHP)**

59.31%

**Dean Health Plan**

52.87%

**Group Health Cooperative of Eau Claire**

51.62%

**Group Health Cooperative of South Central Wisconsin**

40.40%

**Independent Care Health Plan (iCare)**

54.13%

**MercyCare Insurance Company**

60.48%

**MHS Health Wisconsin**

62.59%

**My Choice Wisconsin (MCW)/Molina**

59.48%

**Network Health Plan**

60.56%

**Quartz**

47.62%

**Security Health Plan of Wisconsin**

67.25%

**United Health Care Community Plan (UHC)**

61.87%



Complete

**D2.VII.1 Measure Name: Immunizations for Adolescents (IMA-CH) - Combo 2**

28 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

1407

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

33.38%

**Chorus Community Health Plans (CCHP)**

38.80%

**Dean Health Plan**

41.61%

**Group Health Cooperative of Eau Claire**

38.44%

**Group Health Cooperative of South Central Wisconsin**

47.89%

**Independent Care Health Plan (iCare)**

29.44%

**MercyCare Insurance Company**

38.92%

**MHS Health Wisconsin**

31.39%

**My Choice Wisconsin (MCW)/Molina**

36.49%

**Network Health Plan**

32.59%

**Quartz**

38.40%

**Security Health Plan of Wisconsin**

33.31%

**United Health Care Community Plan (UHC)**

35.04%



Complete

**D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits (WCV-CH) - Total** 29 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

1516

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

51.07%

**Chorus Community Health Plans (CCHP)**

52.40%

**Dean Health Plan**

51.91%

**Group Health Cooperative of Eau Claire**

46.40%

**Group Health Cooperative of South Central Wisconsin**

42.42%

**Independent Care Health Plan (iCare)**

41.99%

**MercyCare Insurance Company**

46.27%

**MHS Health Wisconsin**

46.48%

**My Choice Wisconsin (MCW)/Molina**

51.81%

**Network Health Plan**

48.72%

**Quartz**

47.08%

**Security Health Plan of Wisconsin**

51.80%

**United Health Care Community Plan (UHC)**

50.32%



Complete

**D2.VII.1 Measure Name: Breast Cancer Screening (BCS-AD)**

30 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

2372

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Anthem Blue Cross and Blue Shield**

57.85%

**Chorus Community Health Plans (CCHP)**

56.18%

**Dean Health Plan**

53.95%

**Group Health Cooperative of Eau Claire**

59.33%

**Group Health Cooperative of South Central Wisconsin**

52.36%

**Independent Care Health Plan (iCare)**

44.11%

**MercyCare Insurance Company**

59.34%

**MHS Health Wisconsin**

49.00%

**My Choice Wisconsin (MCW)/Molina**

54.91%

**Network Health Plan**

50.75%

**Quartz**



59.67%

**Security Health Plan of Wisconsin**

63.70%

**United Health Care Community Plan (UHC)**

57.25%



Complete

**D2.VII.1 Measure Name: Blood Lead Level Screening (LSC)**

31 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

67.63%

**Chorus Community Health Plans (CCHP)**

73.61%

**Dean Health Plan**

67.40%

**Group Health Cooperative of Eau Claire**

62.29%

**Group Health Cooperative of South Central Wisconsin**

60.58%

**Independent Care Health Plan (iCare)**

72.02%

**MercyCare Insurance Company**

50.00%

**MHS Health Wisconsin**

65.64%

**My Choice Wisconsin (MCW)/Molina**

69.91%

**Network Health Plan**

65.62%

**Quartz**

45.56%

**Security Health Plan of Wisconsin**

69.83%

**United Health Care Community Plan (UHC)**

70.07%



Complete

**D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-AD), Total** 32 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality  
Forum (NQF) number**

0034

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting  
period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Anthem Blue Cross and Blue Shield**

41.25%

**Chorus Community Health Plans (CCHP)**

29.59%

**Dean Health Plan**

48.07%

**Group Health Cooperative of Eau Claire**

37.52%

**Group Health Cooperative of South Central Wisconsin**

40.06%

**Independent Care Health Plan (iCare)**

29.42%

**MercyCare Insurance Company**

50.04%

**MHS Health Wisconsin**

34.51%

**My Choice Wisconsin (MCW)/Molina**

37.86%

**Network Health Plan**

36.43%

**Quartz**

41.59%

**Security Health Plan of Wisconsin**

48.90%

**United Health Care Community Plan (UHC)**

42.40%



Complete

**D2.VII.1 Measure Name: Chlamydia Screening in Women -Total (CHL-AD)** 33 / 34

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

0033

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results**

**Anthem Blue Cross and Blue Shield**

52.48%

**Chorus Community Health Plans (CCHP)**

55.62%

**Dean Health Plan**

45.89%

**Group Health Cooperative of Eau Claire**

39.56%

**Group Health Cooperative of South Central Wisconsin**

48.74%

**Independent Care Health Plan (iCare)**

58.29%

**MercyCare Insurance Company**

51.68%

**MHS Health Wisconsin**

54.56%

**My Choice Wisconsin (MCW)/Molina**

62.81%

**Network Health Plan**

53.63%

**Quartz**

49.66%

**Security Health Plan of Wisconsin**

41.83%

**United Health Care Community Plan (UHC)**

42.01%



Complete

**D2.VII.2 Measure Domain**

Primary care access and preventative care

**D2.VII.3 National Quality Forum (NQF) number**

N/A

**D2.VII.4 Measure Reporting and D2.VII.5 Programs**

Program-specific rate

**D2.VII.6 Measure Set**

Medicaid Child Core Set,  
Medicaid Adult Core Set

**D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range**

No, 01/01/2023 - 12/31/2023

**D2.VII.8 Measure Description**

N/A

**Measure results****Anthem Blue Cross and Blue Shield**

72.12%

**Chorus Community Health Plans (CCHP)**

71.83%

**Dean Health Plan**

68.55%

**Group Health Cooperative of Eau Claire**

71.31%

**Group Health Cooperative of South Central Wisconsin**

94.29%

**Independent Care Health Plan (iCare)**

76.08%

**MercyCare Insurance Company**

74.36%

**MHS Health Wisconsin**

73.82%

**My Choice Wisconsin (MCW)/Molina**

76.36%

**Network Health Plan**

73.60%

**Quartz**

71.71%

**Security Health Plan of Wisconsin**

70.52%

**United Health Care Community Plan (UHC)**

70.50%

## Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

**D3.VIII.1 Intervention type: Corrective action plan**

1 / 1

**D3.VIII.2 Plan performance issue**

Performance improvement

**D3.VIII.3 Plan name**

Anthem Blue Cross and Blue Shield

**D3.VIII.4 Reason for intervention**

The plan did not meet contractual obligations related to policy, quality standards and performance criteria. There were issues related to claims processing, provider grievances, appeals, customer service and quality of reporting and communications sent to the Department.

**Sanction details**

**D3.VIII.5 Instances of non-compliance**

3

**D3.VIII.6 Sanction amount**

N/A

**D3.VIII.7 Date assessed**

08/19/2024

**D3.VIII.8 Remediation date non-compliance was corrected**

Remediation in progress

**D3.VIII.9 Corrective action plan**

Yes

**Topic X. Program Integrity**



Number	Indicator	Response
D1X.1	<b>Dedicated program integrity staff</b>  Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	<b>Anthem Blue Cross and Blue Shield</b>
		3.5
		<b>Chorus Community Health Plans (CCHP)</b>
		2
		<b>Dean Health Plan</b>
		7
		<b>Group Health Cooperative of Eau Claire</b>
		1
		<b>Group Health Cooperative of South Central Wisconsin</b>
		2
		<b>Independent Care Health Plan (iCare)</b>
		4.04
		<b>MercyCare Insurance Company</b>
		4
D1X.2	<b>Count of opened program integrity investigations</b>  How many program integrity investigations were opened by the plan during the reporting year?	<b>MHS Health Wisconsin</b>
		1
		<b>My Choice Wisconsin (MCW)/Molina</b>
		3
		<b>Network Health Plan</b>
		1
		<b>Quartz</b>
		3
		<b>Security Health Plan of Wisconsin</b>
		7
		<b>United Health Care Community Plan (UHC)</b>
		4
D1X.2	<b>Count of opened program integrity investigations</b>  How many program integrity investigations were opened by the plan during the reporting year?	<b>Anthem Blue Cross and Blue Shield</b>
		130
		<b>Chorus Community Health Plans (CCHP)</b>
		18
		<b>Dean Health Plan</b>

44

**Group Health Cooperative of Eau Claire**

94

**Group Health Cooperative of South Central Wisconsin**

4

**Independent Care Health Plan (iCare)**

56

**MercyCare Insurance Company**

26

**MHS Health Wisconsin**

6

**My Choice Wisconsin (MCW)/Molina**

33

**Network Health Plan**

6

**Quartz**

58

**Security Health Plan of Wisconsin**

15

**United Health Care Community Plan (UHC)**

270

**D1X.3****Ratio of opened program integrity investigations to enrollees**

What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

**Anthem Blue Cross and Blue Shield**

1.04:1,000

**Chorus Community Health Plans (CCHP)**

0.15:1,000

**Dean Health Plan**

1.07:1,000

**Group Health Cooperative of Eau Claire**

2.01:1,000

**Group Health Cooperative of South Central Wisconsin**

0.57:1,000

**Independent Care Health Plan (iCare)**

2.04:1,000

**MercyCare Insurance Company**

2:1,000

**MHS Health Wisconsin**

0.12:1,000

**My Choice Wisconsin (MCW)/Molina**

0.45:1,000

**Network Health Plan**

0.13:1,000

**Quartz**

1.33:1,000

**Security Health Plan of Wisconsin**

0.23:1,000

**United Health Care Community Plan (UHC)**

1.31:1,000

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**D1X.4**

**Count of resolved program  
integrity investigations**

How many program integrity  
investigations were resolved by  
the plan during the reporting  
year?

**Anthem Blue Cross and Blue Shield**

41

**Chorus Community Health Plans (CCHP)**

27

**Dean Health Plan**

45

**Group Health Cooperative of Eau Claire**

91

**Group Health Cooperative of South Central  
Wisconsin**

2

**Independent Care Health Plan (iCare)**

30

**MercyCare Insurance Company**

26

**MHS Health Wisconsin**

1

**My Choice Wisconsin (MCW)/Molina**

**Network Health Plan**

0

**Quartz**

63

**Security Health Plan of Wisconsin**

17

**United Health Care Community Plan (UHC)**

236

**D1X.5****Ratio of resolved program integrity investigations to enrollees**

What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.

**Anthem Blue Cross and Blue Shield**

0.33:1,000

**Chorus Community Health Plans (CCHP)**

0.22:1,000

**Dean Health Plan**

1.09:1,000

**Group Health Cooperative of Eau Claire**

1.95:1,000

**Group Health Cooperative of South Central Wisconsin**

0.28:1,000

**Independent Care Health Plan (iCare)**

1.09:1,000

**MercyCare Insurance Company**

2:1,000

**MHS Health Wisconsin**

0.02:1,000

**My Choice Wisconsin (MCW)/Molina**

0.32:1,000

**Network Health Plan**

0:1,000

**Quartz**

1.45:1,000

**Security Health Plan of Wisconsin**

**United Health Care Community Plan (UHC)**

1.14:1,000

**D1X.6****Referral path for program integrity referrals to the state**

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

**Anthem Blue Cross and Blue Shield**

Makes some referrals to the SMA and others directly to the MFCU

**Chorus Community Health Plans (CCHP)**

Makes some referrals to the SMA and others directly to the MFCU

**Dean Health Plan**

Makes some referrals to the SMA and others directly to the MFCU

**Group Health Cooperative of Eau Claire**

Makes some referrals to the SMA and others directly to the MFCU

**Group Health Cooperative of South Central Wisconsin**

Makes some referrals to the SMA and others directly to the MFCU

**Independent Care Health Plan (iCare)**

Makes some referrals to the SMA and others directly to the MFCU

**MercyCare Insurance Company**

Makes some referrals to the SMA and others directly to the MFCU

**MHS Health Wisconsin**

Makes some referrals to the SMA and others directly to the MFCU

**My Choice Wisconsin (MCW)/Molina**

Makes some referrals to the SMA and others directly to the MFCU

**Network Health Plan**

Makes some referrals to the SMA and others directly to the MFCU

**Quartz**

Makes some referrals to the SMA and others directly to the MFCU

**Security Health Plan of Wisconsin**

Makes some referrals to the SMA and others directly to the MFCU

**United Health Care Community Plan (UHC)**

Makes some referrals to the SMA and others directly to the MFCU

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**D1X.7**

**Count of program integrity referrals to the state**

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of referrals made to the SMA and the MFCU in aggregate.

**Anthem Blue Cross and Blue Shield**

4

**Chorus Community Health Plans (CCHP)**

0

**Dean Health Plan**

0

**Group Health Cooperative of Eau Claire**

0

**Group Health Cooperative of South Central Wisconsin**

1

**Independent Care Health Plan (iCare)**

1

**MercyCare Insurance Company**

0

**MHS Health Wisconsin**

1

**My Choice Wisconsin (MCW)/Molina**

0

**Network Health Plan**

0

**Quartz**

**Security Health Plan of Wisconsin**

0

**United Health Care Community Plan (UHC)**

29

**D1X.8****Ratio of program integrity referral to the state**

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

**Anthem Blue Cross and Blue Shield**

0.03:1,000

**Chorus Community Health Plans (CCHP)**

0:1,000

**Dean Health Plan**

0:1,000

**Group Health Cooperative of Eau Claire**

0:1,000

**Group Health Cooperative of South Central Wisconsin**

0.14:1,000

**Independent Care Health Plan (iCare)**

0.04:1,000

**MercyCare Insurance Company**

0:1,000

**MHS Health Wisconsin**

0.02:1,000

**My Choice Wisconsin (MCW)/Molina**

0:1,000

**Network Health Plan**

0:1,000

**Quartz**

0.11:1,000

**Security Health Plan of Wisconsin**

0:1,000

**United Health Care Community Plan (UHC)**

0.14:1,000

<b>D1X.9a:</b>	<b>Plan overpayment reporting to the state: Start Date</b>	<b>Anthem Blue Cross and Blue Shield</b>
	What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	01/01/2024
		<b>Chorus Community Health Plans (CCHP)</b>
		01/01/2024
		<b>Dean Health Plan</b>
		01/01/2024
		<b>Group Health Cooperative of Eau Claire</b>
		01/01/2024
		<b>Group Health Cooperative of South Central Wisconsin</b>
		01/01/2024
		<b>Independent Care Health Plan (iCare)</b>
		01/01/2024
		<b>MercyCare Insurance Company</b>
		01/01/2024
		<b>MHS Health Wisconsin</b>
		01/01/2024
		<b>My Choice Wisconsin (MCW)/Molina</b>
		01/01/2024
		<b>Network Health Plan</b>
		01/01/2024
		<b>Quartz</b>
		01/01/2024
		<b>Security Health Plan of Wisconsin</b>
		01/01/2024
		<b>United Health Care Community Plan (UHC)</b>
		01/01/2024

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<b>D1X.9b:</b>	<b>Plan overpayment reporting to the state: End Date</b>	<b>Anthem Blue Cross and Blue Shield</b>
	What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?	12/31/2024
		<b>Chorus Community Health Plans (CCHP)</b>
		12/31/2024
		<b>Dean Health Plan</b>
		12/31/2024



**Group Health Cooperative of Eau Claire**

12/31/2024

**Group Health Cooperative of South Central Wisconsin**

12/31/2024

**Independent Care Health Plan (iCare)**

12/31/2024

**MercyCare Insurance Company**

12/31/2024

**MHS Health Wisconsin**

12/31/2024

**My Choice Wisconsin (MCW)/Molina**

12/31/2024

**Network Health Plan**

12/31/2024

**Quartz**

12/31/2024

**Security Health Plan of Wisconsin**

12/31/2024

**United Health Care Community Plan (UHC)**

12/31/2024

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**D1X.9c: Plan overpayment reporting to the state: Dollar amount**

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

**Anthem Blue Cross and Blue Shield**

\$14,466,270.96

**Chorus Community Health Plans (CCHP)**

\$3,319,487.89

**Dean Health Plan**

\$1,009,794.81

**Group Health Cooperative of Eau Claire**

\$13,844.68

**Group Health Cooperative of South Central Wisconsin**

\$79,703.18

**Independent Care Health Plan (iCare)**

\$15,624.31

**MercyCare Insurance Company**

\$284,549.27

**MHS Health Wisconsin**

\$3,065,290.58

**My Choice Wisconsin (MCW)/Molina**

\$855,939.36

**Network Health Plan**

\$3,065,290.58

**Quartz**

\$2,396,266.27

**Security Health Plan of Wisconsin**

\$248,866.91

**United Health Care Community Plan (UHC)**

\$14,626,880.26

**D1X.9d: Plan overpayment reporting to the state: Corresponding premium revenue**

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

**Anthem Blue Cross and Blue Shield**

\$320,344,288.90

**Chorus Community Health Plans (CCHP)**

\$302,007,510

**Dean Health Plan**

\$92,140,058.69

**Group Health Cooperative of Eau Claire**

\$115,328,145.38

**Group Health Cooperative of South Central Wisconsin**

\$17,383,442.08

**Independent Care Health Plan (iCare)**

\$75,606,429.95

**MercyCare Insurance Company**

\$31,039,966.94

**MHS Health Wisconsin**

\$123,549,736.75

**My Choice Wisconsin (MCW)/Molina**

\$176,469,379.26

**Network Health Plan**

\$112,233,789.20

**Quartz**

\$103,347,295.89

**Security Health Plan of Wisconsin**

\$168,379,245.87

**United Health Care Community Plan (UHC)**

\$527,587,093.39

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**D1X.10****Changes in beneficiary circumstances**

Select the frequency the plan reports changes in beneficiary circumstances to the state.

**Anthem Blue Cross and Blue Shield**

Weekly

**Chorus Community Health Plans (CCHP)**

Weekly

**Dean Health Plan**

Weekly

**Group Health Cooperative of Eau Claire**

Weekly

**Group Health Cooperative of South Central Wisconsin**

Weekly

**Independent Care Health Plan (iCare)**

Weekly

**MercyCare Insurance Company**

Weekly

**MHS Health Wisconsin**

Weekly

**My Choice Wisconsin (MCW)/Molina**

Weekly

**Network Health Plan**

Weekly

**Quartz**

Weekly

**Security Health Plan of Wisconsin**


Weekly

**United Health Care Community Plan (UHC)**

Weekly

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## Topic XI: ILOS

 **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
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**D4XI.1**

**ILOSs offered by plan**

Indicate whether this plan offered any ILOS to their enrollees.

**Anthem Blue Cross and Blue Shield**

No ILOSs were offered by this plan

**Chorus Community Health Plans (CCHP)**

Not answered

**Dean Health Plan**

Not answered

**Group Health Cooperative of Eau Claire**

Not answered

**Group Health Cooperative of South Central Wisconsin**

Not answered

**Independent Care Health Plan (iCare)**

Not answered

**MercyCare Insurance Company**

Not answered

**MHS Health Wisconsin**

Not answered

**My Choice Wisconsin (MCW)/Molina**

Not answered

**Network Health Plan**

Not answered

**Quartz**

Not answered

**Security Health Plan of Wisconsin**

Not answered

**United Health Care Community Plan (UHC)**

Not answered

**⚠ Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

Number	Indicator	Response
N/A	<b>Are you reporting data prior to June 2026?</b>  If “Yes”, please complete the following questions under each plan.	Not reporting data

## Topic XIV. Patient Access API Usage

**⚠ Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.**

Number	Indicator	Response
N/A	<b>Are you reporting data prior to June 2026?</b>  If “Yes”, please complete the following questions under each plan.	Not reporting data

## Section E: BSS Entity Indicators

### Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	<b>BSS entity type</b> What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Maximus</b> Enrollment Broker
EIX.2	<b>BSS entity role</b> What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	<b>Maximus</b> Enrollment Broker/Choice Counseling