

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

Due date	Last edited	Edited by	Status
06/29/2026	06/23/2026	Kimberly Schindler	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR 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
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under each plan.	Yes, I submitted it in MDCT

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Wisconsin
A2a	Contact name 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	Contact email address Enter email address. Department or program-wide email addresses ok.	Kimberly.Schindler@dhs.wisconsin.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Kimberly Schindler
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	Kimberly.Schindler@dhs.wisconsin.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	06/23/2026

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	01/01/2025
A5b	Reporting period end date Auto-populated from report dashboard.	12/31/2025
A6	Program name Auto-populated from report dashboard.	BadgerCare Plus (BCP)

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)

This section must be completed if any in lieu of services or settings (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).** (See 42 CFR 438.3(e)(2) and 438.16).

Indicator	Response
ILOS name	Medically Tailored Meals Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<p data-bbox="313 107 586 178">Statewide Medicaid enrollment</p> <p data-bbox="313 201 722 514">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.</p>	1,284,610
BI.2	<p data-bbox="313 569 657 682">Statewide Medicaid risk-based managed care enrollment</p> <p data-bbox="313 705 722 1081">Enter the average number of individuals enrolled in risk-based Medicaid managed care per month during the reporting year (i.e., average member months). Include all MCOs and at-risk PIHPs and PAHPs only, and count each person only once, even if they are enrolled in multiple managed care programs or plans.</p>	897,655

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	<p data-bbox="310 100 618 132">Data validation entity</p> <p data-bbox="310 153 716 310">Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs.</p> <p data-bbox="310 317 716 699">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
BX.1	<p data-bbox="313 107 695 180">Payment risks between the state and plans</p> <p data-bbox="313 201 727 867">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 data-bbox="760 107 1395 1333">"The state completed audits focused on capitation payments made after member dates of death in 2022 and 2023. The state is currently reviewing 2024 dates of death. The state reviewed DME walking boots, birth add-on payments and stillborn capitation payments, ostomies, catheters, provider specific review of spikes in Spravato billing, high level emergency room E&M codes, medically tailored meals, and provider specific personal care agency referrals. The state continues to explore more opportunities for network provider audits which will include authority to recover overpayments from the plans. The state reviewed data but chose not to pursue the following audit areas due to bandwidth and ROI concerns: nasal endoscopies and provider specific review of therapy code 97530. 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>
BX.2	<p data-bbox="313 1388 618 1461">Contract standard for overpayments</p> <p data-bbox="313 1482 727 1640">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p data-bbox="760 1388 1247 1417">State has established a hybrid system</p>
BX.3	<p data-bbox="313 1692 634 1808">Location of contract provision stating overpayment standard</p> <p data-bbox="313 1829 727 1986">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 data-bbox="760 1692 1284 1722">Article XII.L.9. and Article XII.L.11.a.iv.g.1.</p>

BX.4	<p>Description of overpayment contract standard</p> <p>Briefly describe the overpayment standard selected in indicator B.X.2.</p>	<p>The state uses a "finders keepers" model where any overpayments identified by the plan or provider are kept by the plan. The state retains any overpayments identified by the state or its vendors.</p>
BX.5	<p>State overpayment reporting monitoring</p> <p>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.</p>	<p>The state collected 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. Starting in 2026, the state moved this report to a twice monthly report to meet the new definition of prompt reporting within 30 days.</p>
BX.6	<p>Changes in beneficiary circumstances</p> <p>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).</p>	<p>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.</p>
BX.7a	<p>Changes in provider circumstances: Monitoring plans</p> <p>Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.</p>	<p>Yes</p>
BX.7b	<p>Changes in provider circumstances: Metrics</p> <p>Does the state use a metric or indicator to assess plan reporting performance? Select one.</p>	<p>Yes</p>

BX.7c	Changes in provider circumstances: Describe metric	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.
BX.8a	Federal database checks: Excluded person or entities	Yes
	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.	
BX.8b	Federal database checks: Summarize instances of exclusion	EPLS - 1 hit on an application. Application was denied. OIG - 0 hits DEX - 12 hits Providers are removed from the weekly extract of eligible providers that goes to the HMOs.
	Summarize the instances and whether the entity was notified as required in 438.602(d). Report actions taken, such as plan-level sanctions and corrective actions.	
BX.9a	Website posting of 5 percent or more ownership control	Yes
	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.	
BX.9b	Website posting of 5 percent or more ownership control: Link	https://www.dhs.wisconsin.gov/badgercareplus/hmo-info-badgercareplus.htm

What is the link to the website?
Refer to 42 CFR 602(g)(3).

BX.10

Periodic audits

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, 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.

https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Encounters_and_Reporting/Home.htm.spage

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?	Yes
BXIII.1a	<p>Timeframes for standard prior authorization decisions</p> <p>Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and within state-established timeframes. For rating periods that start before January 1, 2026, a state's time frame may not exceed 14 calendar days after receiving the request. For rating periods that start on or after January 1, 2026, a state's time frame may not exceed 7 calendar days after receiving the request. Does the state set timeframes shorter than these maximum timeframes for standard prior authorization requests?</p>	No
BXIII.2a	<p>Timeframes for expedited prior authorization decisions</p> <p>Plans must provide notice of their decisions on prior authorization requests as expeditiously as the enrollee's condition requires and no later than 72 hours after receipt of the request for service. Does the state set timeframes shorter than the maximum timeframe for expedited prior authorization requests?</p>	No

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<p>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	<p>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</p>
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	01/01/2025
C11.2	<p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<p>https://www.forwardhealth.wi.gov/WIPortal/content/Managed%20Care%20Organization/Contracts/Home.htm.spage</p>
C11.3	<p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Managed Care Organization (MCO)
C11.4a	<p>Special program benefits</p> <p>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.</p> <p>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.</p>	<p>Behavioral health</p> <p>Dental</p> <p>Transportation</p>
C11.4b	<p>Variation in special benefits</p> <p>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.</p>	<p>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.</p>
C11.5	<p>Program enrollment</p>	787,155

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

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.

CCHP expanded into 14 counties, iCare expanded into 2 counties, and MCW/Molina expanded into 1 county.

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
C1II.1	<p>Submission Date of Most Recent MLR Report</p> <p>When is the last date the state submitted the MLR Summary Report in the Medicaid Data Collection Tool (MDCT) MLR Portal for this program?</p>	03/16/2026
C1II.2	<p>Most Recent MLR Reporting Period</p> <p>Please report the beginning date of that MLR reporting period.</p>	01/01/2023
N/A	<p>Please report the end date of that MLR reporting period.</p>	12/31/2023
C1II.3	<p>MLR Validation Completion</p> <p>Has the state completed the validation of plan MLR data for the current MCPAR reporting period by the submission date of this report for all plans? (See detailed reporting in Section D1.II by plan.)</p>	No
C1II.3a	<p>Anticipated Validation Date</p> <p>When does the state anticipate doing so?</p>	02/2028

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p data-bbox="313 107 634 136">Uses of encounter data</p> <p data-bbox="313 161 695 317">For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p data-bbox="313 321 727 569">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 data-bbox="760 107 911 136">Rate setting</p> <p data-bbox="760 180 1219 210">Quality/performance measurement</p> <p data-bbox="760 254 1089 283">Monitoring and reporting</p> <p data-bbox="760 327 997 357">Contract oversight</p> <p data-bbox="760 401 987 430">Program integrity</p> <p data-bbox="760 474 1219 504">Policy making and decision support</p>
C1III.2	<p data-bbox="313 625 691 697">Criteria/measures to evaluate MCP performance</p> <p data-bbox="313 722 719 907">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 data-bbox="313 911 727 1224">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 data-bbox="760 625 1240 655">Timeliness of initial data submissions</p> <p data-bbox="760 699 1094 728">Use of correct file formats</p> <p data-bbox="760 772 1094 802">Provider ID field complete</p> <p data-bbox="760 846 1349 913">Overall data accuracy (as determined through data validation)</p>
C1III.3	<p data-bbox="313 1276 716 1348">Encounter data performance criteria contract language</p> <p data-bbox="313 1373 727 1654">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 data-bbox="760 1276 1321 1348">Article XII Section E (Encounter Data Quality Criteria)</p>

C1III.4	Financial penalties contract language 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)
C1III.5	Incentives for encounter data quality Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with N/A if the program does not use incentives to reward encounter data quality.	No incentives awarded.
C1III.6	Barriers to collecting/validating encounter data 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>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</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>State definition of “timely” resolution for standard appeals</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>	<p>Article IX.D.2.b. 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).'</p>
C1IV.3	<p>State definition of “timely” resolution for expedited appeals</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>	<p>Article IX.D.2.c. 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.'</p>

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.

Article IX.D.2.a. defines the 'Standard Resolution of Grievances' timeframe for a 'final written decision resolving the appeal within 30 calendar days of receiving the appeal.'

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	BSS website 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.	https://access.wisconsin.gov/access/
C1IX.2	BSS auxiliary aids and services 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)? 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	BSS LTSS program data 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). If the program does not offer LTSS, enter "N/A".	BadgerCare Plus does not provide long-term services and supports.

C1IX.4	<p>State evaluation of BSS entity performance</p> <p>What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?</p>	<p>"Monthly the BSS submits 12 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 may conduct an Annual Review to assess contract compliance and vendor performance. 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."</p>
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Topic X: Program Integrity

Number	Indicator	Response
C1X.3	<p>Prohibited affiliation disclosure</p> <p>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).</p>	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If “Yes”, please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</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>Did the State or MCOs complete the most recent parity analysis(es)?</p>	MCO
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</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>When was the last parity analysis(es) for this program completed?</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>	06/01/2026
C1XII.9	<p>When was the last parity analysis(es) for this program</p>	01/01/2019

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).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	No
C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website? 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 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.	Yes
C1XII.12b	Provide the URL link(s). Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://www.dhs.wisconsin.gov/medicaid/mh-parity-2025.pdf

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D11.1	<p data-bbox="378 107 605 134">Plan enrollment</p> <p data-bbox="378 161 789 317">Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).</p>	<p data-bbox="878 134 1365 222">Anthem Blue Cross and Blue Shield 116,650</p> <p data-bbox="878 260 1333 386">Chorus Community Health Plans (CCHP) 109,529</p> <p data-bbox="878 424 1122 512">Dean Health Plan 36,436</p> <p data-bbox="878 550 1338 676">Group Health Cooperative of Eau Claire 42,174</p> <p data-bbox="878 714 1365 840">Group Health Cooperative of South Central Wisconsin 6,619</p> <p data-bbox="878 877 1300 1003">Independent Care Health Plan (iCare) 27,816</p> <p data-bbox="878 1041 1317 1129">MercyCare Insurance Company 11,085</p> <p data-bbox="878 1167 1192 1255">MHS Health Wisconsin 44,071</p> <p data-bbox="878 1293 1373 1381">My Choice Wisconsin (MCW)/Molina 64,767</p> <p data-bbox="878 1419 1170 1507">Network Health Plan 40,765</p> <p data-bbox="878 1545 976 1633">Quartz 38,238</p> <p data-bbox="878 1671 1349 1759">Security Health Plan of Wisconsin 57,778</p> <p data-bbox="878 1797 1317 1919">United Health Care Community Plan (UHC) 191,229</p>
D11.2	<p data-bbox="378 1976 695 2003">Plan share of Medicaid</p> <p data-bbox="378 2030 789 2093">What is the plan enrollment (within the specific program) as</p>	<p data-bbox="878 2003 1365 2093">Anthem Blue Cross and Blue Shield 9.1%</p>

a percentage of the state's total Medicaid enrollment?
Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)

Chorus Community Health Plans (CCHP)

8.5%

Dean Health Plan

2.8%

Group Health Cooperative of Eau Claire

3.3%

Group Health Cooperative of South Central Wisconsin

0.5%

Independent Care Health Plan (iCare)

2.2%

MercyCare Insurance Company

0.9%

MHS Health Wisconsin

3.4%

My Choice Wisconsin (MCW)/Molina

5%

Network Health Plan

3.2%

Quartz

3%

Security Health Plan of Wisconsin

4.5%

United Health Care Community Plan (UHC)

14.9%

D1I.3

Plan share of risk-based Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in risk-based managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide

Anthem Blue Cross and Blue Shield

13%

Chorus Community Health Plans (CCHP)

12.2%

Medicaid risk-based managed care enrollment (B.I.2)

Dean Health Plan

4.1%

Group Health Cooperative of Eau Claire

4.7%

Group Health Cooperative of South Central Wisconsin

0.7%

Independent Care Health Plan (iCare)

3.1%

MercyCare Insurance Company

1.2%

MHS Health Wisconsin

4.9%

My Choice Wisconsin (MCW)/Molina

7.2%

Network Health Plan

4.5%

Quartz

4.3%

Security Health Plan of Wisconsin

6.4%

United Health Care Community Plan (UHC)

21.3%

D1I.4: Parent

Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.

If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.

Anthem Blue Cross and Blue Shield
Elevance Health, Inc.

Chorus Community Health Plans (CCHP)
Children Hospital & Health System, Inc. (CHHS)

Dean Health Plan
Dean Health Insurance, Inc.

Group Health Cooperative of Eau Claire

Group Health Cooperative of Eau Claire

Group Health Cooperative of South Central Wisconsin

Group Health Cooperative of South Central WI

Independent Care Health Plan (iCare)

CareNetwork, Inc. and Humana, Inc.

MercyCare Insurance Company

Mercy Health Corporation

MHS Health Wisconsin

Centene Corporation

My Choice Wisconsin (MCW)/Molina

Molina Healthcare, Inc.

Network Health Plan

Froedtert Thedacare Health, Inc. and Network Health, Inc.

Quartz

Advocate Aurora Health, Inc., Gundersen Lutheran Health System, Inc., Iowa Health System, and University Health Care, Inc

Security Health Plan of Wisconsin

Marshfield Clinic Health System, Inc.

United Health Care Community Plan (UHC)

XL Health Corporation

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
D1II.1	<p data-bbox="310 100 578 132">MLR Data Received</p> <p data-bbox="310 153 716 348">Has the state received the MLR data specified at 42 CFR 438.8(k) from this plan for the current MCPAR reporting period as of the submission date of this MCPAR report?</p>	<p data-bbox="813 128 1300 216">Anthem Blue Cross and Blue Shield No</p> <p data-bbox="813 285 1365 373">Chorus Community Health Plans (CCHP) No</p> <p data-bbox="813 443 1057 531">Dean Health Plan No</p> <p data-bbox="813 600 1360 688">Group Health Cooperative of Eau Claire No</p> <p data-bbox="813 758 1300 888">Group Health Cooperative of South Central Wisconsin No</p> <p data-bbox="813 957 1333 1045">Independent Care Health Plan (iCare) No</p> <p data-bbox="813 1115 1247 1203">MercyCare Insurance Company No</p> <p data-bbox="813 1272 1125 1360">MHS Health Wisconsin No</p> <p data-bbox="813 1430 1308 1518">My Choice Wisconsin (MCW)/Molina No</p> <p data-bbox="813 1587 1105 1675">Network Health Plan No</p> <p data-bbox="813 1745 911 1833">Quartz No</p> <p data-bbox="813 1902 1279 1990">Security Health Plan of Wisconsin No</p>

United Health Care Community Plan (UHC)

No

D1II.1c

Projected Date for Receipt of MLR Data for This Reporting Period

When does the state anticipate receiving MLR data for this reporting period from this plan?

Anthem Blue Cross and Blue Shield

12/2027

Chorus Community Health Plans (CCHP)

12/2027

Dean Health Plan

12/2027

Group Health Cooperative of Eau Claire

12/2027

Group Health Cooperative of South Central Wisconsin

12/2027

Independent Care Health Plan (iCare)

12/2027

MercyCare Insurance Company

12/2027

MHS Health Wisconsin

12/2027

My Choice Wisconsin (MCW)/Molina

12/2027

Network Health Plan

12/2027

Quartz

12/2027

Security Health Plan of Wisconsin

12/2027

United Health Care Community Plan (UHC)

12/2027

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p data-bbox="310 100 708 174">Definition of timely encounter data submissions</p> <p data-bbox="310 195 708 453">Describe the state’s standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p data-bbox="813 128 1365 260">Anthem Blue Cross and Blue Shield Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 296 1365 428">Chorus Community Health Plans (CCHP) Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 464 1365 596">Dean Health Plan Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 632 1365 764">Group Health Cooperative of Eau Claire Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 800 1365 932">Group Health Cooperative of South Central Wisconsin Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 999 1365 1131">Independent Care Health Plan (iCare) Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 1167 1365 1299">MercyCare Insurance Company Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 1335 1365 1467">MHS Health Wisconsin Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 1503 1365 1635">My Choice Wisconsin (MCW)/Molina Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 1671 1365 1803">Network Health Plan Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 1839 1365 1971">Quartz Within 120 days from the HMO date of payment to the provider.</p> <p data-bbox="813 2007 1365 2020">Security Health Plan of Wisconsin</p>

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

United Health Care Community Plan (UHC)

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

D1III.2

Share of encounter data submissions that met state's timely submission requirements

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.

Anthem Blue Cross and Blue Shield

97.4%

Chorus Community Health Plans (CCHP)

98.5%

Dean Health Plan

83.8%

Group Health Cooperative of Eau Claire

93.9%

Group Health Cooperative of South Central Wisconsin

100%

Independent Care Health Plan (iCare)

89.3%

MercyCare Insurance Company

99.7%

MHS Health Wisconsin

95.7%

My Choice Wisconsin (MCW)/Molina

97.4%

Network Health Plan

95.9%

Quartz

99.8%

Security Health Plan of Wisconsin

100%

United Health Care Community Plan (UHC)

99.8%

D1III.3**Share of encounter data submissions that were HIPAA compliant**

What percent of the plan's encounter data submissions (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.

Anthem Blue Cross and Blue Shield

94.2%

Chorus Community Health Plans (CCHP)

99.1%

Dean Health Plan

96.3%

Group Health Cooperative of Eau Claire

97%

Group Health Cooperative of South Central Wisconsin

83.5%

Independent Care Health Plan (iCare)

64.5%

MercyCare Insurance Company

76%

MHS Health Wisconsin

100%

My Choice Wisconsin (MCW)/Molina

95.9%

Network Health Plan

100%

Quartz

88.5%

Security Health Plan of Wisconsin

100%

United Health Care Community Plan (UHC)

98.6%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	<p data-bbox="310 100 727 178">Appeals resolved (at the plan level)</p> <p data-bbox="310 197 727 642">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.</p>	<p data-bbox="813 132 1369 220">Anthem Blue Cross and Blue Shield 332</p> <p data-bbox="813 258 1369 346">Chorus Community Health Plans (CCHP) 91</p> <p data-bbox="813 384 1057 472">Dean Health Plan 32</p> <p data-bbox="813 510 1360 598">Group Health Cooperative of Eau Claire 232</p> <p data-bbox="813 636 1304 762">Group Health Cooperative of South Central Wisconsin 0</p> <p data-bbox="813 800 1333 888">Independent Care Health Plan (iCare) 37</p> <p data-bbox="813 926 1248 1014">MercyCare Insurance Company 3</p> <p data-bbox="813 1052 1125 1140">MHS Health Wisconsin 89</p> <p data-bbox="813 1178 1308 1266">My Choice Wisconsin (MCW)/Molina 175</p> <p data-bbox="813 1304 1105 1392">Network Health Plan 60</p> <p data-bbox="813 1430 911 1518">Quartz 63</p> <p data-bbox="813 1556 1281 1644">Security Health Plan of Wisconsin 223</p> <p data-bbox="813 1682 1320 1803">United Health Care Community Plan (UHC) 365</p>
D1IV.1a	<p data-bbox="310 1854 704 1896">Appeals denied</p> <p data-bbox="310 1913 704 2070">Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.</p>	<p data-bbox="813 1885 1369 1974">Anthem Blue Cross and Blue Shield 209</p> <p data-bbox="813 2011 1369 2049">Chorus Community Health Plans (CCHP)</p>

47

Dean Health Plan

19

Group Health Cooperative of Eau Claire

186

**Group Health Cooperative of South
Central Wisconsin**

0

Independent Care Health Plan (iCare)

29

MercyCare Insurance Company

2

MHS Health Wisconsin

50

My Choice Wisconsin (MCW)/Molina

103

Network Health Plan

27

Quartz

37

Security Health Plan of Wisconsin

67

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

193

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.

Anthem Blue Cross and Blue Shield

7

Chorus Community Health Plans (CCHP)

1

Dean Health Plan

1

Group Health Cooperative of Eau Claire

2

**Group Health Cooperative of South
Central Wisconsin**

0

Independent Care Health Plan (iCare)

2

MercyCare Insurance Company

0

MHS Health Wisconsin

9

My Choice Wisconsin (MCW)/Molina

12

Network Health Plan

3

Quartz

1

Security Health Plan of Wisconsin

1

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

4

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.

Anthem Blue Cross and Blue Shield

108

Chorus Community Health Plans (CCHP)

43

Dean Health Plan

10

Group Health Cooperative of Eau Claire

44

**Group Health Cooperative of South
Central Wisconsin**

0

Independent Care Health Plan (iCare)

5

MercyCare Insurance Company

1

MHS Health Wisconsin

29

My Choice Wisconsin (MCW)/Molina

60

Network Health Plan

29

Quartz

25

Security Health Plan of Wisconsin

153

United Health Care Community Plan (UHC)

168

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

8

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.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

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

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.

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.5a

Standard appeals for which timely resolution was provided

Anthem Blue Cross and Blue Shield

306

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.

Chorus Community Health Plans (CCHP)

88

Dean Health Plan

30

Group Health Cooperative of Eau Claire

219

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

34

MercyCare Insurance Company

3

MHS Health Wisconsin

81

My Choice Wisconsin (MCW)/Molina

175

Network Health Plan

52

Quartz

60

Security Health Plan of Wisconsin

164

United Health Care Community Plan (UHC)

282

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.

Anthem Blue Cross and Blue Shield

7

Chorus Community Health Plans (CCHP)

3

Dean Health Plan

0

Group Health Cooperative of Eau Claire

3

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

4

Quartz

0

Security Health Plan of Wisconsin

59

United Health Care Community Plan (UHC)

76

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

332

Chorus Community Health Plans (CCHP)

91

Dean Health Plan

24

Group Health Cooperative of Eau Claire

231

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

35

MercyCare Insurance Company

3

MHS Health Wisconsin

86

My Choice Wisconsin (MCW)/Molina

155

Network Health Plan

60

Quartz

33

Security Health Plan of Wisconsin

219

United Health Care Community Plan (UHC)

345

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)

2

MercyCare Insurance Company

0

MHS Health Wisconsin

2

My Choice Wisconsin (MCW)/Molina

11

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

5

D1IV.6c

Resolved appeals related to payment denial

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.

Anthem Blue Cross and Blue Shield

0

Chorus Community Health Plans (CCHP)

0

Dean Health Plan

8

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

0

My Choice Wisconsin (MCW)/Molina

9

Network Health Plan

0

Quartz

30

Security Health Plan of Wisconsin

4

United Health Care Community Plan
(UHC)

10

D1IV.6d

**Resolved appeals related to
service timeliness**

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).

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.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)
2

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

Anthem Blue Cross and Blue Shield
0

Chorus Community Health Plans (CCHP)
0

Dean Health Plan

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). If not applicable, enter "N/A."

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.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

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)**

3

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	<p data-bbox="316 105 706 178">Resolved appeals related to general inpatient services</p> <p data-bbox="316 199 722 609">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”.</p>	<p data-bbox="820 136 1307 168">Anthem Blue Cross and Blue Shield</p> <p data-bbox="820 189 852 220">23</p> <p data-bbox="820 262 1372 294">Chorus Community Health Plans (CCHP)</p> <p data-bbox="820 315 836 346">1</p> <p data-bbox="820 388 1063 420">Dean Health Plan</p> <p data-bbox="820 441 836 472">2</p> <p data-bbox="820 514 1372 546">Group Health Cooperative of Eau Claire</p> <p data-bbox="820 567 852 598">12</p> <p data-bbox="820 640 1307 703">Group Health Cooperative of South Central Wisconsin</p> <p data-bbox="820 724 836 756">0</p> <p data-bbox="820 798 1339 829">Independent Care Health Plan (iCare)</p> <p data-bbox="820 850 836 882">1</p> <p data-bbox="820 924 1258 955">MercyCare Insurance Company</p> <p data-bbox="820 976 836 1008">0</p> <p data-bbox="820 1050 1128 1081">MHS Health Wisconsin</p> <p data-bbox="820 1102 836 1134">2</p> <p data-bbox="820 1176 1315 1207">My Choice Wisconsin (MCW)/Molina</p> <p data-bbox="820 1228 836 1260">9</p> <p data-bbox="820 1302 1112 1333">Network Health Plan</p> <p data-bbox="820 1354 836 1386">2</p> <p data-bbox="820 1428 917 1459">Quartz</p> <p data-bbox="820 1480 836 1512">1</p> <p data-bbox="820 1554 1291 1585">Security Health Plan of Wisconsin</p> <p data-bbox="820 1606 836 1638">9</p> <p data-bbox="820 1680 1323 1743">United Health Care Community Plan (UHC)</p> <p data-bbox="820 1764 852 1795">57</p>
D1IV.7b	<p data-bbox="316 1858 706 1932">Resolved appeals related to general outpatient services</p> <p data-bbox="316 1953 722 2079">Enter the total number of appeals resolved by the plan during the reporting year that were related to general</p>	<p data-bbox="820 1890 1307 1921">Anthem Blue Cross and Blue Shield</p> <p data-bbox="820 1942 868 1974">278</p> <p data-bbox="820 2016 1372 2047">Chorus Community Health Plans (CCHP)</p>

outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). 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”.

16

Dean Health Plan

24

Group Health Cooperative of Eau Claire

206

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

34

MercyCare Insurance Company

3

MHS Health Wisconsin

14

My Choice Wisconsin (MCW)/Molina

119

Network Health Plan

25

Quartz

61

Security Health Plan of Wisconsin

214

United Health Care Community Plan (UHC)

279

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

4

Chorus Community Health Plans (CCHP)

0

Dean Health Plan

2

Group Health Cooperative of Eau Claire

4

**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

5

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

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

1

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

27

Chorus Community Health Plans (CCHP)

0

Dean Health Plan

3

Group Health Cooperative of Eau Claire

9

**Group Health Cooperative of South
Central Wisconsin**

0

Independent Care Health Plan (iCare)

1

MercyCare Insurance Company

3

MHS Health Wisconsin

3

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

12

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

6

Chorus Community Health Plans (CCHP)

0

Dean Health Plan

0

Group Health Cooperative of Eau Claire

29

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

4

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

1

United Health Care Community Plan (UHC)

3

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

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

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".(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

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.7h

Resolved appeals related to dental services

Anthem Blue Cross and Blue Shield

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".

Chorus Community Health Plans (CCHP)

31

Dean Health Plan

0

Group Health Cooperative of Eau Claire

19

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

18

MercyCare Insurance Company

0

MHS Health Wisconsin

17

My Choice Wisconsin (MCW)/Molina

73

Network Health Plan

15

Quartz

1

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

12

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.7k: Resolved appeals related to durable medical equipment (DME) & supplies

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

Anthem Blue Cross and Blue Shield

37

Chorus Community Health Plans (CCHP)

3

Dean Health Plan

5

Group Health Cooperative of Eau Claire

23

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

0

MercyCare Insurance Company

0

MHS Health Wisconsin

11

My Choice Wisconsin (MCW)/Molina

3

Network Health Plan

4

Quartz

22

Security Health Plan of Wisconsin

26

United Health Care Community Plan (UHC)

42

D1IV.7I:

Resolved appeals related to home health / hospice

Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

14

Chorus Community Health Plans (CCHP)

1

Dean Health Plan

0

Group Health Cooperative of Eau Claire

1

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

8

MercyCare Insurance Company

0

MHS Health Wisconsin

33

My Choice Wisconsin (MCW)/Molina

29

Network Health Plan

5

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

21

D1IV.7m: Resolved appeals related to emergency services / emergency department

Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. 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.7n: Resolved appeals related to
therapies**

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Anthem Blue Cross and Blue Shield

9

Chorus Community Health Plans (CCHP)

2

Dean Health Plan

5

Group Health Cooperative of Eau Claire

35

**Group Health Cooperative of South
Central Wisconsin**

0

Independent Care Health Plan (iCare)

0

MercyCare Insurance Company

0

MHS Health Wisconsin

5

My Choice Wisconsin (MCW)/Molina

5

Network Health Plan

2

Quartz

1

Security Health Plan of Wisconsin

7

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

3

D1IV.7o**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-n paid primarily by Medicaid, enter "N/A".

Anthem Blue Cross and Blue Shield

5

Chorus Community Health Plans (CCHP)

4

Dean Health Plan

2

Group Health Cooperative of Eau Claire

83

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

0

MercyCare Insurance Company

0

MHS Health Wisconsin

15

My Choice Wisconsin (MCW)/Molina

3

Network Health Plan

28

Quartz

12

Security Health Plan of Wisconsin

181

United Health Care Community Plan (UHC)

80

Number	Indicator	Response
D1IV.8a	<p data-bbox="313 107 691 134">State Fair Hearing requests</p> <p data-bbox="313 161 721 317">Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.</p>	<p data-bbox="813 134 1297 161">Anthem Blue Cross and Blue Shield</p> <p data-bbox="813 189 846 216">19</p> <p data-bbox="813 260 1365 287">Chorus Community Health Plans (CCHP)</p> <p data-bbox="813 315 829 342">3</p> <p data-bbox="813 386 1053 413">Dean Health Plan</p> <p data-bbox="813 441 829 468">2</p> <p data-bbox="813 512 1357 539">Group Health Cooperative of Eau Claire</p> <p data-bbox="813 567 846 594">10</p> <p data-bbox="813 638 1300 705">Group Health Cooperative of South Central Wisconsin</p> <p data-bbox="813 732 829 760">0</p> <p data-bbox="813 804 1333 831">Independent Care Health Plan (iCare)</p> <p data-bbox="813 858 829 886">1</p> <p data-bbox="813 930 1247 957">MercyCare Insurance Company</p> <p data-bbox="813 984 829 1012">1</p> <p data-bbox="813 1056 1122 1083">MHS Health Wisconsin</p> <p data-bbox="813 1110 829 1138">5</p> <p data-bbox="813 1182 1305 1209">My Choice Wisconsin (MCW)/Molina</p> <p data-bbox="813 1236 829 1264">3</p> <p data-bbox="813 1308 1105 1335">Network Health Plan</p> <p data-bbox="813 1362 829 1390">5</p> <p data-bbox="813 1434 911 1461">Quartz</p> <p data-bbox="813 1488 829 1516">2</p> <p data-bbox="813 1560 1279 1587">Security Health Plan of Wisconsin</p> <p data-bbox="813 1614 829 1642">1</p> <p data-bbox="813 1686 1317 1753">United Health Care Community Plan (UHC)</p> <p data-bbox="813 1780 829 1808">6</p>
D1IV.8b	<p data-bbox="313 1858 711 1969">State Fair Hearings resulting in a favorable decision for the enrollee</p> <p data-bbox="313 1997 721 2089">Enter the total number of State Fair Hearing decisions rendered during the reporting year that</p>	<p data-bbox="813 1892 1297 1919">Anthem Blue Cross and Blue Shield</p> <p data-bbox="813 1946 829 1974">3</p> <p data-bbox="813 2018 1365 2045">Chorus Community Health Plans (CCHP)</p>

were partially or fully favorable to the enrollee.

1

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

1

My Choice Wisconsin (MCW)/Molina

2

Network Health Plan

1

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Anthem Blue Cross and Blue Shield

8

Chorus Community Health Plans (CCHP)

2

Dean Health Plan

2

Group Health Cooperative of Eau Claire

4

**Group Health Cooperative of South
Central Wisconsin**

0

Independent Care Health Plan (iCare)

1

MercyCare Insurance Company

1

MHS Health Wisconsin

3

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

3

Quartz

2

Security Health Plan of Wisconsin

1

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

4

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

8

Chorus Community Health Plans (CCHP)

0

Dean Health Plan

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

1

My Choice Wisconsin (MCW)/Molina

1

Network Health Plan

1

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

2

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	<p>Grievances resolved</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. A grievance is “resolved” when it has reached completion and been closed by the plan.</p>	<p>Anthem Blue Cross and Blue Shield 365</p> <p>Chorus Community Health Plans (CCHP) 8</p> <p>Dean Health Plan 23</p> <p>Group Health Cooperative of Eau Claire 2</p> <p>Group Health Cooperative of South Central Wisconsin 19</p> <p>Independent Care Health Plan (iCare) 24</p> <p>MercyCare Insurance Company 7</p> <p>MHS Health Wisconsin 222</p> <p>My Choice Wisconsin (MCW)/Molina 742</p> <p>Network Health Plan 204</p> <p>Quartz 77</p> <p>Security Health Plan of Wisconsin 18</p> <p>United Health Care Community Plan (UHC) 558</p>
D1IV.11	<p>Active grievances</p> <p>Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p>Anthem Blue Cross and Blue Shield 0</p> <p>Chorus Community Health Plans (CCHP)</p>

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

4

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

4

Quartz

0

Security Health Plan of Wisconsin

1

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

0

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

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

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

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.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

365

Chorus Community Health Plans (CCHP)

8

Dean Health Plan

23

Group Health Cooperative of Eau Claire

2

Group Health Cooperative of South Central Wisconsin

19

Independent Care Health Plan (iCare)

24

MercyCare Insurance Company

7

MHS Health Wisconsin

222

My Choice Wisconsin (MCW)/Molina

742

Network Health Plan

204

Quartz

77

Security Health Plan of Wisconsin

18

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

558

Grievances by Service

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

Number	Indicator	Response
D1IV.15a	<p data-bbox="326 107 732 180">Resolved grievances related to general inpatient services</p> <p data-bbox="326 201 732 642">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”.</p>	<p data-bbox="826 134 1382 218">Anthem Blue Cross and Blue Shield 46</p> <p data-bbox="826 260 1382 344">Chorus Community Health Plans (CCHP) 0</p> <p data-bbox="826 386 1382 470">Dean Health Plan 1</p> <p data-bbox="826 512 1382 596">Group Health Cooperative of Eau Claire 0</p> <p data-bbox="826 638 1382 764">Group Health Cooperative of South Central Wisconsin 0</p> <p data-bbox="826 806 1382 890">Independent Care Health Plan (iCare) 1</p> <p data-bbox="826 932 1382 1016">MercyCare Insurance Company 0</p> <p data-bbox="826 1058 1382 1142">MHS Health Wisconsin 1</p> <p data-bbox="826 1184 1382 1268">My Choice Wisconsin (MCW)/Molina 29</p> <p data-bbox="826 1310 1382 1394">Network Health Plan 2</p> <p data-bbox="826 1436 1382 1520">Quartz 0</p> <p data-bbox="826 1562 1382 1646">Security Health Plan of Wisconsin 1</p> <p data-bbox="826 1688 1382 1803">United Health Care Community Plan (UHC) 16</p>
D1IV.15b	<p data-bbox="326 1856 732 1950">Resolved grievances related to general outpatient services</p> <p data-bbox="326 1992 732 2087">Enter the total number of grievances resolved by the plan during the reporting year that</p>	<p data-bbox="826 1883 1382 1967">Anthem Blue Cross and Blue Shield 257</p> <p data-bbox="826 2009 1382 2045">Chorus Community Health Plans (CCHP)</p>

were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). 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".

3
Dean Health Plan
14
Group Health Cooperative of Eau Claire
1
Group Health Cooperative of South Central Wisconsin
17
Independent Care Health Plan (iCare)
23
MercyCare Insurance Company
6
MHS Health Wisconsin
42
My Choice Wisconsin (MCW)/Molina
448
Network Health Plan
27
Quartz
18
Security Health Plan of Wisconsin
5
United Health Care Community Plan (UHC)
458

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
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

27

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

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

2

**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

7

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

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

21

Network Health Plan

1

Quartz

1

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

2

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

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.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)

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

1

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances 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 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.15h

Resolved grievances related to dental services

Anthem Blue Cross and Blue Shield

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".

Chorus Community Health Plans (CCHP)

2

Dean Health Plan

0

Group Health Cooperative of Eau Claire

0

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

8

MercyCare Insurance Company

0

MHS Health Wisconsin

8

My Choice Wisconsin (MCW)/Molina

53

Network Health Plan

6

Quartz

1

Security Health Plan of Wisconsin

2

United Health Care Community Plan (UHC)

23

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.15k

Resolved grievances related to durable medical equipment (DME) & supplies

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

Anthem Blue Cross and Blue Shield

20

Chorus Community Health Plans (CCHP)

1

Dean Health Plan

5

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

38

Network Health Plan

0

Quartz

3

Security Health Plan of Wisconsin

2

United Health Care Community Plan (UHC)

14

D1IV.15I

Resolved grievances related to home health / hospice

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

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

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

1

D1IV.15m**Resolved grievances related to emergency services / emergency department**

Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. 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.15n

Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

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

2

Independent Care Health Plan (iCare)

0

MercyCare Insurance Company

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

24

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

0

D1IV.15o**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-n paid primarily by Medicaid, enter "N/A".

Anthem Blue Cross and Blue Shield

52

Chorus Community Health Plans (CCHP)

0

Dean Health Plan

4

Group Health Cooperative of Eau Claire

1

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

3

MercyCare Insurance Company

1

MHS Health Wisconsin

9

My Choice Wisconsin (MCW)/Molina

23

Network Health Plan

12

Quartz

35

Security Health Plan of Wisconsin

2

United Health Care Community Plan (UHC)

11

Grievances by Reason

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

Number	Indicator	Response
D1IV.16a	<p>Resolved grievances related to plan or provider customer service</p> <p>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.</p>	<p>Anthem Blue Cross and Blue Shield 37</p> <p>Chorus Community Health Plans (CCHP) 2</p> <p>Dean Health Plan 14</p> <p>Group Health Cooperative of Eau Claire 0</p> <p>Group Health Cooperative of South Central Wisconsin 8</p> <p>Independent Care Health Plan (iCare) 8</p> <p>MercyCare Insurance Company 0</p> <p>MHS Health Wisconsin 4</p> <p>My Choice Wisconsin (MCW)/Molina 34</p> <p>Network Health Plan 9</p> <p>Quartz 21</p> <p>Security Health Plan of Wisconsin 2</p> <p>United Health Care Community Plan (UHC) 95</p>

D1IV.16b Resolved grievances related to plan or provider care management/case management

Enter the total number of grievances resolved by the plan during the reporting year that 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.

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

2

Independent Care Health Plan (iCare)

0

MercyCare Insurance Company

2

MHS Health Wisconsin

11

My Choice Wisconsin (MCW)/Molina

20

Network Health Plan

7

Quartz

1

Security Health Plan of Wisconsin

1

United Health Care Community Plan (UHC)

1

D1IV.16c Resolved grievances related to network adequacy or 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

106

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)

3

MercyCare Insurance Company

2

MHS Health Wisconsin

19

My Choice Wisconsin (MCW)/Molina

184

Network Health Plan

10

Quartz

7

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

51

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

1

Group Health Cooperative of Eau Claire

1

Group Health Cooperative of South Central Wisconsin

6

Independent Care Health Plan (iCare)

12

MercyCare Insurance Company

2

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

16

Network Health Plan

0

Quartz

1

Security Health Plan of Wisconsin

3

United Health Care Community Plan (UHC)

22

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

2

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

16

Network Health Plan

0

Quartz

1

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

0

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

194

Chorus Community Health Plans (CCHP)

1

Dean Health Plan

6

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

179

My Choice Wisconsin (MCW)/Molina

375

Network Health Plan

170

Quartz

8

Security Health Plan of Wisconsin

1

United Health Care Community Plan (UHC)

367

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

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated 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.

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

3

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

0

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

1

Network Health Plan

1

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 prior authorization/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

11

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)

1

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

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.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)

2

Dean Health Plan

0

Group Health Cooperative of Eau Claire

1

Group Health Cooperative of South Central Wisconsin

0

Independent Care Health Plan (iCare)

1

MercyCare Insurance Company

0

MHS Health Wisconsin

10

My Choice Wisconsin (MCW)/Molina

91

Network Health Plan

11

Quartz

38

Security Health Plan of Wisconsin

12

United Health Care Community Plan (UHC)

21

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

16.93%

Chorus Community Health Plans (CCHP)

19.12%

Dean Health Plan

17.13%

Group Health Cooperative of Eau Claire

14.31%

Group Health Cooperative of South Central Wisconsin

15.60%

Independent Care Health Plan (iCare)

21.63%

MercyCare Insurance Company

15.74%

MHS Health Wisconsin

15.87%

My Choice Wisconsin (MCW)/Molina

17.14%

Network Health Plan

19.27%

Quartz

19.87%

Security Health Plan of Wisconsin

6.71%

United Health Care Community Plan (UHC)

18.42%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

67.18%

Chorus Community Health Plans (CCHP)

80.31%

Dean Health Plan

72.99%

Group Health Cooperative of Eau Claire

73.42%

Group Health Cooperative of South Central Wisconsin

79.52%

Independent Care Health Plan (iCare)

76.78%

MercyCare Insurance Company

72.50%

MHS Health Wisconsin

73.97%

My Choice Wisconsin (MCW)/Molina

64.10%

Network Health Plan

77.56%

Quartz

88.50%

Security Health Plan of Wisconsin

68.23%

United Health Care Community Plan (UHC)

77.51%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

48.82%

Chorus Community Health Plans (CCHP)

65.23%

Dean Health Plan

55.77%

Group Health Cooperative of Eau Claire

56.51%

Group Health Cooperative of South Central Wisconsin

66.27%

Independent Care Health Plan (iCare)

62.34%

MercyCare Insurance Company

53.00%

MHS Health Wisconsin

60.32%

My Choice Wisconsin (MCW)/Molina

44.47%

Network Health Plan

65.71%

Quartz

72.57%

Security Health Plan of Wisconsin

51.57%

United Health Care Community Plan (UHC)

62.70%



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

38.03%

Chorus Community Health Plans (CCHP)

34.27%

Dean Health Plan

40.32%

Group Health Cooperative of Eau Claire

41.58%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

29.41%

MercyCare Insurance Company

N/A

MHS Health Wisconsin

40.78%

My Choice Wisconsin (MCW)/Molina

35.79%

Network Health Plan

39.58%

Quartz

36.94%

Security Health Plan of Wisconsin

33.54%

United Health Care Community Plan (UHC)

38.80%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

35.37%

Chorus Community Health Plans (CCHP)

31.14%

Dean Health Plan

41.69%

Group Health Cooperative of Eau Claire

44.19%

Group Health Cooperative of South Central Wisconsin

23.53%

Independent Care Health Plan (iCare)

30.77%

MercyCare Insurance Company

58.97%

MHS Health Wisconsin

43.86%

My Choice Wisconsin (MCW)/Molina

34.70%

Network Health Plan

39.00%

Quartz

41.33%

Security Health Plan of Wisconsin

33.33%

United Health Care Community Plan (UHC)

36.71%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

65.08%

Chorus Community Health Plans (CCHP)

71.89%

Dean Health Plan

59.13%

Group Health Cooperative of Eau Claire

60.34%

Group Health Cooperative of South Central Wisconsin

63.64%

Independent Care Health Plan (iCare)

55.68%

MercyCare Insurance Company

53.45%

MHS Health Wisconsin

68.09%

My Choice Wisconsin (MCW)/Molina

65.61%

Network Health Plan

70.18%

Quartz

56.94%

Security Health Plan of Wisconsin

58.84%

United Health Care Community Plan (UHC)

61.69%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

59.04%

Chorus Community Health Plans (CCHP)

68.00%

Dean Health Plan

72.09%

Group Health Cooperative of Eau Claire

63.41%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

76.71%

MercyCare Insurance Company

N/A

MHS Health Wisconsin

75.26%

My Choice Wisconsin (MCW)/Molina

62.24%

Network Health Plan

62.64%

Quartz

70.83%

Security Health Plan of Wisconsin

55.17%

United Health Care Community Plan (UHC)

73.83%



Complete

D2.VII.1 Measure Name: Glycemic Status Assessment for Patients with Diabetes - Glycemic Status $\leq 8.0\%$ (GSD-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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

80.86%

Chorus Community Health Plans (CCHP)

75.91%

Dean Health Plan

81.13%

Group Health Cooperative of Eau Claire

87.68%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

79.28%

MercyCare Insurance Company

84.72%

MHS Health Wisconsin

77.66%

My Choice Wisconsin (MCW)/Molina

75.75%

Network Health Plan

79.27%

Quartz

80.53%

Security Health Plan of Wisconsin

89.25%

United Health Care Community Plan (UHC)

82.42%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

34.11%

Chorus Community Health Plans (CCHP)

24.55%

Dean Health Plan

33.77%

Group Health Cooperative of Eau Claire

34.72%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

16.67%

MercyCare Insurance Company

52.78%

MHS Health Wisconsin

37.97%

My Choice Wisconsin (MCW)/Molina

27.08%

Network Health Plan

38.81%

Quartz

21.25%

Security Health Plan of Wisconsin

23.84%

United Health Care Community Plan (UHC)

32.18%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

59.35%

Chorus Community Health Plans (CCHP)

53.07%

Dean Health Plan

67.53%

Group Health Cooperative of Eau Claire

69.44%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

46.67%

MercyCare Insurance Company

77.78%

MHS Health Wisconsin

53.16%

My Choice Wisconsin (MCW)/Molina

57.29%

Network Health Plan

56.72%

Quartz

58.75%

Security Health Plan of Wisconsin

58.72%

United Health Care Community Plan (UHC)

55.28%



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

2800

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

35.51%

Chorus Community Health Plans (CCHP)

25.99%

Dean Health Plan

36.36%

Group Health Cooperative of Eau Claire

34.72%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

20.00%

MercyCare Insurance Company

52.78%

MHS Health Wisconsin

40.51%

My Choice Wisconsin (MCW)/Molina

28.13%

Network Health Plan

40.30%

Quartz

23.75%

Security Health Plan of Wisconsin

25.00%

United Health Care Community Plan (UHC)

33.83%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

53.04%

Chorus Community Health Plans (CCHP)

70.77%

Dean Health Plan

69.44%

Group Health Cooperative of Eau Claire

60.00%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

N/A

MercyCare Insurance Company

N/A

MHS Health Wisconsin

64.44%

My Choice Wisconsin (MCW)/Molina

55.56%

Network Health Plan

68.75%

Quartz

58.97%

Security Health Plan of Wisconsin

61.76%

United Health Care Community Plan (UHC)

65.52%



Complete

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

48.77%

Chorus Community Health Plans (CCHP)

37.83%

Dean Health Plan

38.67%

Group Health Cooperative of Eau Claire

42.52%

Group Health Cooperative of South Central Wisconsin

45.45%

Independent Care Health Plan (iCare)

50.93%

MercyCare Insurance Company

32.84%

MHS Health Wisconsin

46.29%

My Choice Wisconsin (MCW)/Molina

47.94%

Network Health Plan

48.15%

Quartz

40.00%

Security Health Plan of Wisconsin

37.19%

United Health Care Community Plan (UHC)

46.69%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

58.14%

Chorus Community Health Plans (CCHP)

42.21%

Dean Health Plan

72.73%

Group Health Cooperative of Eau Claire

56.76%

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

45.76%

MercyCare Insurance Company

40.48%

MHS Health Wisconsin

50.56%

My Choice Wisconsin (MCW)/Molina

51.42%

Network Health Plan

49.64%

Quartz

47.83%

Security Health Plan of Wisconsin

56.49%

United Health Care Community Plan (UHC)

50.64%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

NA

Measure results

Anthem Blue Cross and Blue Shield

69.34%

Chorus Community Health Plans (CCHP)

68.13%

Dean Health Plan

70.18%

Group Health Cooperative of Eau Claire

69.83%

Group Health Cooperative of South Central Wisconsin

60.13%

Independent Care Health Plan (iCare)

66.67%

MercyCare Insurance Company

71.95%

MHS Health Wisconsin

68.37%

My Choice Wisconsin (MCW)/Molina

67.88%

Network Health Plan

72.26%

Quartz

63.61%

Security Health Plan of Wisconsin

76.90%

United Health Care Community Plan (UHC)

72.26%



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

62.04%

Chorus Community Health Plans (CCHP)

61.07%

Dean Health Plan

58.05%

Group Health Cooperative of Eau Claire

67.40%

Group Health Cooperative of South Central Wisconsin

69.08%

Independent Care Health Plan (iCare)

55.47%

MercyCare Insurance Company

51.37%

MHS Health Wisconsin

57.91%

My Choice Wisconsin (MCW)/Molina

57.91%

Network Health Plan

62.77%

Quartz

69.23%

Security Health Plan of Wisconsin

67.84%

United Health Care Community Plan (UHC)

62.77%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

1.05

Chorus Community Health Plans (CCHP)

1.05

Dean Health Plan

0.91

Group Health Cooperative of Eau Claire

0.95

Group Health Cooperative of South Central Wisconsin

N/A

Independent Care Health Plan (iCare)

1.05

MercyCare Insurance Company

N/A

MHS Health Wisconsin

1.22

My Choice Wisconsin (MCW)/Molina

1.15

Network Health Plan

0.82

Quartz

1.06

Security Health Plan of Wisconsin

0.87

United Health Care Community Plan (UHC)

1.02



Complete

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

62.00%

Chorus Community Health Plans (CCHP)

61.10%

Dean Health Plan

49.50%

Group Health Cooperative of Eau Claire

67.11%

Group Health Cooperative of South Central Wisconsin

58.44%

Independent Care Health Plan (iCare)

58.30%

MercyCare Insurance Company

52.14%

MHS Health Wisconsin

63.54%

My Choice Wisconsin (MCW)/Molina

57.75%

Network Health Plan

63.53%

Quartz

61.13%

Security Health Plan of Wisconsin

66.18%

United Health Care Community Plan (UHC)

62.64%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

78.35%

Chorus Community Health Plans (CCHP)

86.62%

Dean Health Plan

83.15%

Group Health Cooperative of Eau Claire

91.00%

Group Health Cooperative of South Central Wisconsin

76.98%

Independent Care Health Plan (iCare)

82.00%

MercyCare Insurance Company

85.42%

MHS Health Wisconsin

82.73%

My Choice Wisconsin (MCW)/Molina

79.08%

Network Health Plan

82.48%

Quartz

82.00%

Security Health Plan of Wisconsin

83.08%

United Health Care Community Plan (UHC)

88.32%

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

84.91%

Chorus Community Health Plans (CCHP)

89.54%

Dean Health Plan

90.76%

Group Health Cooperative of Eau Claire

91.24%

Group Health Cooperative of South Central Wisconsin

80.16%

Independent Care Health Plan (iCare)

82.97%

MercyCare Insurance Company

90.00%

MHS Health Wisconsin

88.81%

My Choice Wisconsin (MCW)/Molina

84.67%

Network Health Plan

88.32%

Quartz

86.40%

Security Health Plan of Wisconsin

87.31%

United Health Care Community Plan (UHC)

92.21%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

82.73%

Chorus Community Health Plans (CCHP)

88.56%

Dean Health Plan

83.68%

Group Health Cooperative of Eau Claire

64.23%

Group Health Cooperative of South Central Wisconsin

82.24%

Independent Care Health Plan (iCare)

80.29%

MercyCare Insurance Company

87.04%

MHS Health Wisconsin

83.21%

My Choice Wisconsin (MCW)/Molina

72.99%

Network Health Plan

83.94%

Quartz

28.24%

Security Health Plan of Wisconsin

81.65%

United Health Care Community Plan (UHC)

78.59%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

63.50%

Chorus Community Health Plans (CCHP)

75.18%

Dean Health Plan

44.79%

Group Health Cooperative of Eau Claire

59.85%

Group Health Cooperative of South Central Wisconsin

70.56%

Independent Care Health Plan (iCare)

59.85%

MercyCare Insurance Company

61.31%

MHS Health Wisconsin

64.96%

My Choice Wisconsin (MCW)/Molina

61.31%

Network Health Plan

61.56%

Quartz

2.29%

Security Health Plan of Wisconsin

68.88%

United Health Care Community Plan (UHC)

54.99%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

72.51%

Chorus Community Health Plans (CCHP)

78.10%

Dean Health Plan

50.35%

Group Health Cooperative of Eau Claire

63.26%

Group Health Cooperative of South Central Wisconsin

73.48%

Independent Care Health Plan (iCare)

74.21%

MercyCare Insurance Company

65.23%

MHS Health Wisconsin

74.45%

My Choice Wisconsin (MCW)/Molina

65.94%

Network Health Plan

69.59%

Quartz

2.41%

Security Health Plan of Wisconsin

72.61%

United Health Care Community Plan (UHC)

63.26%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

69.10%

Chorus Community Health Plans (CCHP)

70.32%

Dean Health Plan

67.53%

Group Health Cooperative of Eau Claire

65.45%

Group Health Cooperative of South Central Wisconsin

62.77%

Independent Care Health Plan (iCare)

63.02%

MercyCare Insurance Company

72.24%

MHS Health Wisconsin

66.18%

My Choice Wisconsin (MCW)/Molina

66.91%

Network Health Plan

63.26%

Quartz

64.75%

Security Health Plan of Wisconsin

75.41%

United Health Care Community Plan (UHC)

68.86%



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

0038

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

67.40%

Chorus Community Health Plans (CCHP)

61.53%

Dean Health Plan

70.07%

Group Health Cooperative of Eau Claire

58.64%

Group Health Cooperative of South Central Wisconsin

55.48%

Independent Care Health Plan (iCare)

65.45%

MercyCare Insurance Company

60.74%

MHS Health Wisconsin

66.67%

My Choice Wisconsin (MCW)/Molina

58.69%

Network Health Plan

64.72%

Quartz

59.36%

Security Health Plan of Wisconsin

63.50%

United Health Care Community Plan (UHC)

68.86%



Complete

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

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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

68.38%

Chorus Community Health Plans (CCHP)

68.55%

Dean Health Plan

71.93%

Group Health Cooperative of Eau Claire

66.81%

Group Health Cooperative of South Central Wisconsin

56.83%

Independent Care Health Plan (iCare)

66.82%

MercyCare Insurance Company

60.51%

MHS Health Wisconsin

68.22%

My Choice Wisconsin (MCW)/Molina

68.68%

Network Health Plan

66.19%

Quartz

65.51%

Security Health Plan of Wisconsin

71.08%

United Health Care Community Plan (UHC)

73.42%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

64.35%

Chorus Community Health Plans (CCHP)

61.21%

Dean Health Plan

63.22%

Group Health Cooperative of Eau Claire

50.91%

Group Health Cooperative of South Central Wisconsin

38.00%

Independent Care Health Plan (iCare)

63.43%

MercyCare Insurance Company

58.04%

MHS Health Wisconsin

63.30%

My Choice Wisconsin (MCW)/Molina

61.11%

Network Health Plan

62.38%

Quartz

50.80%

Security Health Plan of Wisconsin

72.59%

United Health Care Community Plan (UHC)

65.80%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

36.50%

Chorus Community Health Plans (CCHP)

38.89%

Dean Health Plan

43.31%

Group Health Cooperative of Eau Claire

37.47%

Group Health Cooperative of South Central Wisconsin

36.57%

Independent Care Health Plan (iCare)

33.43%

MercyCare Insurance Company

37.10%

MHS Health Wisconsin

31.63%

My Choice Wisconsin (MCW)/Molina

36.02%

Network Health Plan

29.20%

Quartz

38.95%

Security Health Plan of Wisconsin

30.41%

United Health Care Community Plan (UHC)

34.06%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

55.69%

Chorus Community Health Plans (CCHP)

55.76%

Dean Health Plan

55.78%

Group Health Cooperative of Eau Claire

52.31%

Group Health Cooperative of South Central Wisconsin

41.33%

Independent Care Health Plan (iCare)

49.32%

MercyCare Insurance Company

49.22%

MHS Health Wisconsin

50.99%

My Choice Wisconsin (MCW)/Molina

55.37%

Network Health Plan

51.825

Quartz

49.61%

Security Health Plan of Wisconsin

55.20%

United Health Care Community Plan (UHC)

56.08%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

59.02%

Chorus Community Health Plans (CCHP)

59.37%

Dean Health Plan

58.93%

Group Health Cooperative of Eau Claire

63.36%

Group Health Cooperative of South Central Wisconsin

51.88%

Independent Care Health Plan (iCare)

47.31%

MercyCare Insurance Company

61.43%

MHS Health Wisconsin

52.28%

My Choice Wisconsin (MCW)/Molina

55.87%

Network Health Plan

51.50%

Quartz

63.14%

Security Health Plan of Wisconsin

65.84%

United Health Care Community Plan (UHC)

61.89%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

75.18%

Chorus Community Health Plans (CCHP)

78.52%

Dean Health Plan

72.51%

Group Health Cooperative of Eau Claire

68.86%

Group Health Cooperative of South Central Wisconsin

64.38%

Independent Care Health Plan (iCare)

76.99%

MercyCare Insurance Company

61.20%

MHS Health Wisconsin

80.05%

My Choice Wisconsin (MCW)/Molina

74.94%

Network Health Plan

76.89%

Quartz

68.45%

Security Health Plan of Wisconsin

69.72%

United Health Care Community Plan (UHC)

76.71%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

45.42%

Chorus Community Health Plans (CCHP)

41.31%

Dean Health Plan

52.91%

Group Health Cooperative of Eau Claire

42.06%

Group Health Cooperative of South Central Wisconsin

43.68%

Independent Care Health Plan (iCare)

34.61%

MercyCare Insurance Company

53.79%

MHS Health Wisconsin

39.10%

My Choice Wisconsin (MCW)/Molina

38.37%

Network Health Plan

41.63%

Quartz

48.81%

Security Health Plan of Wisconsin

53.20%

United Health Care Community Plan (UHC)

48.83%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

51.95%

Chorus Community Health Plans (CCHP)

52.90%

Dean Health Plan

48.49%

Group Health Cooperative of Eau Claire

36.40%

Group Health Cooperative of South Central Wisconsin

58.28%

Independent Care Health Plan (iCare)

58.71%

MercyCare Insurance Company

45.16%

MHS Health Wisconsin

54.35%

My Choice Wisconsin (MCW)/Molina

61.77%

Network Health Plan

51.78%

Quartz

47.08%

Security Health Plan of Wisconsin

37.21%

United Health Care Community Plan (UHC)

36.82%



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, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

N/A

Measure results

Anthem Blue Cross and Blue Shield

69.93%

Chorus Community Health Plans (CCHP)

71.45%

Dean Health Plan

67.42%

Group Health Cooperative of Eau Claire

65.91%

Group Health Cooperative of South Central Wisconsin

84.62%

Independent Care Health Plan (iCare)

73.60%

MercyCare Insurance Company

72.86%

MHS Health Wisconsin

72.84%

My Choice Wisconsin (MCW)/Molina

73.87%

Network Health Plan

75.92%

Quartz

64.14%

Security Health Plan of Wisconsin

67.52%

United Health Care Community Plan (UHC)

69.33%

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. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

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

Quality measure performance (e.g., failure to meet benchmarks or make progress on performance improvement projects)

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 repeated 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

Yes, remediated 10/01/2025

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	<p data-bbox="313 107 711 176">Dedicated program integrity staff</p> <p data-bbox="313 201 711 390">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).</p>	<p data-bbox="813 138 1365 218">Anthem Blue Cross and Blue Shield 3.5</p> <p data-bbox="813 264 1365 344">Chorus Community Health Plans (CCHP) 1.5</p> <p data-bbox="813 390 1057 470">Dean Health Plan 6</p> <p data-bbox="813 516 1357 596">Group Health Cooperative of Eau Claire 1</p> <p data-bbox="813 642 1300 764">Group Health Cooperative of South Central Wisconsin 1.5</p> <p data-bbox="813 810 1333 890">Independent Care Health Plan (iCare) 5</p> <p data-bbox="813 936 1247 1016">MercyCare Insurance Company 4</p> <p data-bbox="813 1062 1125 1142">MHS Health Wisconsin 2</p> <p data-bbox="813 1188 1308 1268">My Choice Wisconsin (MCW)/Molina 3</p> <p data-bbox="813 1314 1105 1394">Network Health Plan 2</p> <p data-bbox="813 1440 911 1520">Quartz 3</p> <p data-bbox="813 1566 1279 1646">Security Health Plan of Wisconsin 7</p> <p data-bbox="813 1692 1320 1801">United Health Care Community Plan (UHC) 4</p>

D1X.2

Count of opened program integrity investigations

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

Anthem Blue Cross and Blue Shield

100

Chorus Community Health Plans (CCHP)

16

Dean Health Plan

47

Group Health Cooperative of Eau Claire

220

Group Health Cooperative of South Central Wisconsin

5

Independent Care Health Plan (iCare)

33

MercyCare Insurance Company

25

MHS Health Wisconsin

3

My Choice Wisconsin (MCW)/Molina

21

Network Health Plan

4

Quartz

51

Security Health Plan of Wisconsin

78

United Health Care Community Plan (UHC)

263

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

13

Chorus Community Health Plans (CCHP)

17

Dean Health Plan

46

Group Health Cooperative of Eau Claire

222

Group Health Cooperative of South Central Wisconsin

3

Independent Care Health Plan (iCare)

22

MercyCare Insurance Company

24

MHS Health Wisconsin

3

My Choice Wisconsin (MCW)/Molina

25

Network Health Plan

4

Quartz

47

Security Health Plan of Wisconsin

77

United Health Care Community Plan (UHC)

303

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

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.

24

Chorus Community Health Plans (CCHP)

3

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

3

My Choice Wisconsin (MCW)/Molina

5

Network Health Plan

3

Quartz

3

Security Health Plan of Wisconsin

0

United Health Care Community Plan (UHC)

14

D1X.9a: Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Anthem Blue Cross and Blue Shield

01/01/2025

Chorus Community Health Plans (CCHP)

01/01/2025

Dean Health Plan

01/01/2025

Group Health Cooperative of Eau Claire

01/01/2025

**Group Health Cooperative of South
Central Wisconsin**

01/01/2025

Independent Care Health Plan (iCare)

01/01/2025

MercyCare Insurance Company

01/01/2025

MHS Health Wisconsin

01/01/2025

My Choice Wisconsin (MCW)/Molina

01/01/2025

Network Health Plan

01/01/2025

Quartz

01/01/2025

Security Health Plan of Wisconsin

01/01/2025

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

01/01/2025

**D1X.9b: Plan overpayment reporting
to the state: End Date**

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Anthem Blue Cross and Blue Shield

12/31/2025

Chorus Community Health Plans (CCHP)

12/31/2025

Dean Health Plan

12/31/2025

Group Health Cooperative of Eau Claire

12/31/2025

**Group Health Cooperative of South
Central Wisconsin**

12/31/2025

Independent Care Health Plan (iCare)

12/31/2025

MercyCare Insurance Company

12/31/2025

MHS Health Wisconsin

12/31/2025

My Choice Wisconsin (MCW)/Molina

12/31/2025

Network Health Plan

12/31/2025

Quartz

12/31/2025

Security Health Plan of Wisconsin

12/31/2025

United Health Care Community Plan (UHC)

12/31/2025

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

\$15,117,159.06

Chorus Community Health Plans (CCHP)

\$60,776.71

Dean Health Plan

\$840,016.51

Group Health Cooperative of Eau Claire

\$16,823.58

Group Health Cooperative of South Central Wisconsin

\$781,555.30

Independent Care Health Plan (iCare)

\$270,136.18

MercyCare Insurance Company

\$492,325.03

MHS Health Wisconsin

\$11,150,449.95

My Choice Wisconsin (MCW)/Molina

\$5,633,424.77

Network Health Plan

\$11,150,449.95

Quartz

\$3,020,726.96

Security Health Plan of Wisconsin

\$2,414,239.83

United Health Care Community Plan (UHC)

\$14,502,678.86

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

\$379,890,088.71

Chorus Community Health Plans (CCHP)

\$355,045,294.53

Dean Health Plan

\$101,610,806.22

Group Health Cooperative of Eau Claire

\$119,264,902.48

Group Health Cooperative of South Central Wisconsin

\$20,322,895.66

Independent Care Health Plan (iCare)

\$97,208,832.11

MercyCare Insurance Company

\$33,803,692.16

MHS Health Wisconsin

\$146,406,778.01

My Choice Wisconsin (MCW)/Molina

\$199,651,679.63

Network Health Plan

\$126,586,536.43

Quartz

\$116,717,333.29

Security Health Plan of Wisconsin

\$181,477,990.79

United Health Care Community Plan (UHC)

\$613,818,466.11

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

Daily

Chorus Community Health Plans (CCHP)

Daily

Dean Health Plan

Daily

Group Health Cooperative of Eau Claire

Daily

Group Health Cooperative of South Central Wisconsin

Daily

Independent Care Health Plan (iCare)

Daily

MercyCare Insurance Company

Daily

MHS Health Wisconsin

Daily

My Choice Wisconsin (MCW)/Molina

Daily

Network Health Plan

Daily

Quartz

Daily

Security Health Plan of Wisconsin

Daily

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

Daily

Topic XI: ILOS

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
D4XI.1	<p data-bbox="310 100 607 142">ILOSs offered by plan</p> <p data-bbox="310 155 651 254">Indicate whether this plan offered any ILOS to their enrollees.</p>	<p data-bbox="813 128 1300 163">Anthem Blue Cross and Blue Shield</p> <p data-bbox="813 184 1344 220">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 289 1365 325">Chorus Community Health Plans (CCHP)</p> <p data-bbox="813 342 1344 378">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 447 1057 483">Dean Health Plan</p> <p data-bbox="813 499 1263 535">No ILOSs were offered by this plan</p> <p data-bbox="813 604 1360 640">Group Health Cooperative of Eau Claire</p> <p data-bbox="813 657 1344 693">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 762 1300 835">Group Health Cooperative of South Central Wisconsin</p> <p data-bbox="813 852 1263 888">No ILOSs were offered by this plan</p> <p data-bbox="813 957 1333 993">Independent Care Health Plan (iCare)</p> <p data-bbox="813 1010 1344 1045">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 1115 1247 1150">MercyCare Insurance Company</p> <p data-bbox="813 1167 1263 1203">No ILOSs were offered by this plan</p> <p data-bbox="813 1272 1122 1308">MHS Health Wisconsin</p> <p data-bbox="813 1325 1344 1360">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 1430 1308 1465">My Choice Wisconsin (MCW)/Molina</p> <p data-bbox="813 1482 1344 1518">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 1587 1105 1623">Network Health Plan</p> <p data-bbox="813 1640 1344 1675">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 1745 911 1780">Quartz</p> <p data-bbox="813 1797 1344 1833">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 1902 1279 1938">Security Health Plan of Wisconsin</p> <p data-bbox="813 1955 1263 1990">No ILOSs were offered by this plan</p>

United Health Care Community Plan (UHC)

Yes, at least 1 ILOS is offered by this plan

D4XI.2a

ILOSs utilization by plan

Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter "0".

Anthem Blue Cross and Blue Shield

Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services:

Chorus Community Health Plans (CCHP)

Medically Tailored Meals:

Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services:

Dean Health Plan

Not applicable

Group Health Cooperative of Eau Claire

Medically Tailored Meals:

Group Health Cooperative of South Central Wisconsin

Not applicable

Independent Care Health Plan (iCare)

Medically Tailored Meals:

Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services:

MercyCare Insurance Company

Not applicable

MHS Health Wisconsin

Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services:

My Choice Wisconsin (MCW)/Molina

Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services:

Network Health Plan

Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services:

Quartz

Medically Tailored Meals:

Security Health Plan of Wisconsin

Not applicable

Topic XIII. Prior Authorization



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	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Yes

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	<p>Are you reporting data prior to June 2026?</p> <p>If “Yes”, please complete the following questions under each plan.</p>	Yes

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	<p>BSS entity type</p> <p>What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>Maximus</p> <p>Enrollment Broker</p>
EIX.2	<p>BSS entity role</p> <p>What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p>Maximus</p> <p>Enrollment Broker/Choice Counseling</p>

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to "Review & submit."

Number	Indicator	Response
F1	Notes (optional)	Regarding D1.XIV.5: Based on 42 CFR 438.242(b) (7) through cross reference to 42 CFR 431.61, Patient Educational Resources Regarding the Provider Access API and Payer to Payer API have a compliance date of January 1, 2027. Due to this, we have entered a generic URL for some of the plans to bypass the hard edit in the MDCT. This field will be updated with the correct URL in the CY2026 MCPAR.