

Managed Care Program Annual Report (MCPAR) for Wisconsin: SSI Managed Care (SSI)

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.	SSI Managed Care (SSI)

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
	Group Health Cooperative of Eau Claire
	Independent Care Health Plan (iCare)
	MHS Health Wisconsin
	My Choice Wisconsin (MCW)/Molina
	Network Health Plan
	Quartz
	Security Health Plan of Wisconsin
	United Healthcare 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="313 107 586 176">Statewide Medicaid enrollment</p> <p data-bbox="313 201 724 516">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="313 569 656 680">Statewide Medicaid risk-based managed care enrollment</p> <p data-bbox="313 705 724 1083">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 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 1395 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 1395 1722">Article XII.L.9. and Article XII.L.11.a.iv.g.1.</p>

BX.4	Description of overpayment contract standard	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.
	Briefly describe the overpayment standard selected in indicator B.X.2.	
BX.5	State overpayment reporting monitoring	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.
	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.	
BX.6	Changes in beneficiary circumstances	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.
	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).	
BX.7a	Changes in provider circumstances: Monitoring plans	Yes
	Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	
BX.7b	Changes in provider circumstances: Metrics	Yes
	Does the state use a metric or indicator to assess plan reporting performance? Select one.	

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 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.	Yes
BX.8b	Federal database checks: Summarize instances of exclusion 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.	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.
BX.9a	Website posting of 5 percent or more ownership control 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.	Yes
BX.9b	Website posting of 5 percent or more ownership control: Link	https://www.dhs.wisconsin.gov/medicaid/hmo-info-medicaid.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, 2025-December 31, 2025</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>	52,586

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

Independent Care Health Plan expanded into 2 counties and Molina expanded into 1 county.

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.

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

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 appeal within 30 calendar days of receiving the appeal (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 specialist 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. An SSI managed care external consumer advocate is a person who provides advocacy services to SSI Medicaid HMO members with disabilities.
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".	Medicaid SSI HMO does not provide long-term services and supports.

C1IX.4 State evaluation of BSS entity performance

What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?

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.

Topic X: Program Integrity

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

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>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
D1I.1	Plan enrollment Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	Anthem Blue Cross and Blue Shield 7,540
		Group Health Cooperative of Eau Claire 2,868
		Independent Care Health Plan (iCare) 8,645
		MHS Health Wisconsin 5,691
		My Choice Wisconsin (MCW)/Molina 4,908
		Network Health Plan 3,865
		Quartz 570
		Security Health Plan of Wisconsin 741
		United Healthcare Community Plan (UHC) 17,758

D1I.2	Plan share of Medicaid What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	Anthem Blue Cross and Blue Shield 0.6%
		Group Health Cooperative of Eau Claire 0.2%
		Independent Care Health Plan (iCare) 0.7%
		MHS Health Wisconsin 0.4%
		My Choice Wisconsin (MCW)/Molina 0.4%

Network Health Plan

0.3%

Quartz

0%

Security Health Plan of Wisconsin

0.1%

United Healthcare Community Plan (UHC)

1.4%

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

Anthem Blue Cross and Blue Shield

0.8%

Group Health Cooperative of Eau Claire

0.3%

Independent Care Health Plan (iCare)

1%

MHS Health Wisconsin

0.6%

My Choice Wisconsin (MCW)/Molina

0.5%

Network Health Plan

0.4%

Quartz

0.1%

Security Health Plan of Wisconsin

0.1%

United Healthcare Community Plan (UHC)

2%

D1I.4: Parent

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

Anthem Blue Cross and Blue Shield

Elevance Health, Inc.

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.

Group Health Cooperative of Eau Claire

Group Health Cooperative of Eau Claire

Independent Care Health Plan (iCare)

CareNetwork, Inc. and Humana, Inc.

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 Healthcare Community Plan (UHC)

XL Health Corporation

Topic II: Medical Loss Ratio (MLR) Reporting

Number	Indicator	Response
D1II.1	<p data-bbox="313 107 578 134">MLR Data Received</p> <p data-bbox="313 161 716 348">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="813 134 1300 161">Anthem Blue Cross and Blue Shield</p> <p data-bbox="813 191 854 218">No</p> <p data-bbox="813 296 1360 323">Group Health Cooperative of Eau Claire</p> <p data-bbox="813 350 854 378">No</p> <p data-bbox="813 453 1333 480">Independent Care Health Plan (iCare)</p> <p data-bbox="813 508 854 535">No</p> <p data-bbox="813 611 1125 638">MHS Health Wisconsin</p> <p data-bbox="813 665 854 693">No</p> <p data-bbox="813 768 1308 795">My Choice Wisconsin (MCW)/Molina</p> <p data-bbox="813 823 854 850">No</p> <p data-bbox="813 926 1105 953">Network Health Plan</p> <p data-bbox="813 980 854 1008">No</p> <p data-bbox="813 1083 911 1110">Quartz</p> <p data-bbox="813 1138 854 1165">No</p> <p data-bbox="813 1241 1279 1268">Security Health Plan of Wisconsin</p> <p data-bbox="813 1295 854 1323">No</p> <p data-bbox="813 1398 1308 1463">United Healthcare Community Plan (UHC)</p> <p data-bbox="813 1491 854 1518">No</p>

D1II.1c	<p data-bbox="313 1604 716 1715">Projected Date for Receipt of MLR Data for This Reporting Period</p> <p data-bbox="313 1743 716 1864">When does the state anticipate receiving MLR data for this reporting period from this plan?</p>	<p data-bbox="813 1631 1300 1659">Anthem Blue Cross and Blue Shield</p> <p data-bbox="813 1688 919 1715">12/2027</p> <p data-bbox="813 1764 1360 1791">Group Health Cooperative of Eau Claire</p> <p data-bbox="813 1818 919 1845">12/2027</p> <p data-bbox="813 1890 1333 1917">Independent Care Health Plan (iCare)</p> <p data-bbox="813 1944 919 1971">12/2027</p> <p data-bbox="813 2016 1125 2043">MHS Health Wisconsin</p> <p data-bbox="813 2070 919 2097">12/2027</p>
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My Choice Wisconsin (MCW)/Molina

12/2027

Network Health Plan

12/2027

Quartz

12/2027

Security Health Plan of Wisconsin

12/2027

**United Healthcare Community Plan
(UHC)**

12/2027

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p data-bbox="313 107 708 176">Definition of timely encounter data submissions</p> <p data-bbox="313 201 708 453">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="813 138 1357 260">Anthem Blue Cross and Blue Shield Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 302 1357 424">Group Health Cooperative of Eau Claire Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 466 1357 588">Independent Care Health Plan (iCare) Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 630 1357 751">MHS Health Wisconsin Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 793 1357 915">My Choice Wisconsin (MCW)/Molina Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 957 1357 1079">Network Health Plan Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 1121 1357 1243">Quartz Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 1285 1357 1407">Security Health Plan of Wisconsin Within 120 days from the HMO date of payment to the provider</p> <p data-bbox="813 1449 1357 1570">United Healthcare Community Plan (UHC) Within 120 days from the HMO date of payment to the provider.</p>
D1III.2	<p data-bbox="313 1675 708 1829">Share of encounter data submissions that met state’s timely submission requirements</p> <p data-bbox="313 1850 708 2066">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</p>	<p data-bbox="813 1707 1357 1787">Anthem Blue Cross and Blue Shield 93.8%</p> <p data-bbox="813 1829 1357 1908">Group Health Cooperative of Eau Claire 94%</p> <p data-bbox="813 1950 1357 2039">Independent Care Health Plan (iCare) 89.8%</p>

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.

MHS Health Wisconsin

93.9%

My Choice Wisconsin (MCW)/Molina

93.8%

Network Health Plan

96.9%

Quartz

84.3%

Security Health Plan of Wisconsin

100%

United Healthcare Community Plan (UHC)

99.3%

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%

Group Health Cooperative of Eau Claire

97%

Independent Care Health Plan (iCare)

64.5%

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 Healthcare Community Plan (UHC)

98.6%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	<p data-bbox="313 107 716 180">Appeals resolved (at the plan level)</p> <p data-bbox="313 201 716 642">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="813 134 1360 218">Anthem Blue Cross and Blue Shield 71</p> <p data-bbox="813 260 1360 344">Group Health Cooperative of Eau Claire 39</p> <p data-bbox="813 386 1360 470">Independent Care Health Plan (iCare) 43</p> <p data-bbox="813 512 1360 596">MHS Health Wisconsin 99</p> <p data-bbox="813 638 1360 722">My Choice Wisconsin (MCW)/Molina 82</p> <p data-bbox="813 764 1360 848">Network Health Plan 27</p> <p data-bbox="813 890 1360 974">Quartz 8</p> <p data-bbox="813 1016 1360 1100">Security Health Plan of Wisconsin 14</p> <p data-bbox="813 1142 1360 1262">United Healthcare Community Plan (UHC) 130</p>
D1IV.1a	<p data-bbox="313 1318 699 1346">Appeals denied</p> <p data-bbox="313 1367 699 1528">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 1346 1360 1430">Anthem Blue Cross and Blue Shield 36</p> <p data-bbox="813 1472 1360 1556">Group Health Cooperative of Eau Claire 32</p> <p data-bbox="813 1598 1360 1682">Independent Care Health Plan (iCare) 31</p> <p data-bbox="813 1724 1360 1808">MHS Health Wisconsin 57</p> <p data-bbox="813 1850 1360 1934">My Choice Wisconsin (MCW)/Molina 43</p> <p data-bbox="813 1976 1360 2055">Network Health Plan 15</p>

Quartz

3

Security Health Plan of Wisconsin

2

United Healthcare Community Plan (UHC)

92

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

3

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

3

MHS Health Wisconsin

23

My Choice Wisconsin (MCW)/Molina

15

Network Health Plan

1

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

5

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

32

Group Health Cooperative of Eau Claire

7

Independent Care Health Plan (iCare)

5

MHS Health Wisconsin

19

My Choice Wisconsin (MCW)/Molina

24

Network Health Plan

11

Quartz

5

Security Health Plan of Wisconsin

12

United Healthcare Community Plan (UHC)

37

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

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.3

Appeals filed on behalf of LTSS users

Anthem Blue Cross and Blue Shield

N/A

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).

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare Community Plan (UHC)

N/A

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

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)

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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

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.

United Healthcare Community Plan (UHC)

N/A

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Anthem Blue Cross and Blue Shield

69

Group Health Cooperative of Eau Claire

37

Independent Care Health Plan (iCare)

41

MHS Health Wisconsin

96

My Choice Wisconsin (MCW)/Molina

82

Network Health Plan

24

Quartz

8

Security Health Plan of Wisconsin

13

United Healthcare Community Plan (UHC)

105

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided

Anthem Blue Cross and Blue Shield

2

Group Health Cooperative of Eau Claire

by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

0

Independent Care Health Plan (iCare)

2

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

2

Quartz

0

Security Health Plan of Wisconsin

1

United Healthcare Community Plan (UHC)

19

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

71

Group Health Cooperative of Eau Claire

39

Independent Care Health Plan (iCare)

39

MHS Health Wisconsin

96

My Choice Wisconsin (MCW)/Molina

71

Network Health Plan

27

Quartz

1

Security Health Plan of Wisconsin

14

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

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

4

MHS Health Wisconsin

2

My Choice Wisconsin (MCW)/Molina

8

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

14

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

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

3

Network Health Plan

0

Quartz

7

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

1

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

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

the standard resolution of grievances and appeals.

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.6f

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

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO). If not applicable, enter "N/A."

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

1

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>Resolved appeals related to general inpatient services</p> <p>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>Anthem Blue Cross and Blue Shield 2</p> <p>Group Health Cooperative of Eau Claire 1</p> <p>Independent Care Health Plan (iCare) 2</p> <p>MHS Health Wisconsin 0</p> <p>My Choice Wisconsin (MCW)/Molina 3</p> <p>Network Health Plan 1</p> <p>Quartz 2</p> <p>Security Health Plan of Wisconsin 1</p> <p>United Healthcare Community Plan (UHC) 10</p>

D1IV.7b	<p>Resolved appeals related to general outpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general 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”.</p>	<p>Anthem Blue Cross and Blue Shield 63</p> <p>Group Health Cooperative of Eau Claire 37</p> <p>Independent Care Health Plan (iCare) 39</p> <p>MHS Health Wisconsin 5</p> <p>My Choice Wisconsin (MCW)/Molina 64</p> <p>Network Health Plan 4</p>
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Quartz

5

Security Health Plan of Wisconsin

13

United Healthcare Community Plan (UHC)

117

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

0

Group Health Cooperative of Eau Claire

1

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.7d

Resolved appeals related to outpatient behavioral health services

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

Anthem Blue Cross and Blue Shield

6

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

2

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

1

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.7e

Resolved appeals related to covered outpatient prescription drugs

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

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare Community Plan (UHC)

N/A

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Anthem Blue Cross and Blue Shield

0

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".

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

2

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

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare Community Plan (UHC)

N/A

D1IV.7h

Resolved appeals related to dental services

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

Anthem Blue Cross and Blue Shield

10

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

8

MHS Health Wisconsin

7

My Choice Wisconsin (MCW)/Molina

5

Network Health Plan

5

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

2

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

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare 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

5

Group Health Cooperative of Eau Claire

16

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

4

My Choice Wisconsin (MCW)/Molina

1

Network Health Plan

2

Quartz

0

Security Health Plan of Wisconsin

2

United Healthcare Community Plan (UHC)

9

D1IV.7l: **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
27

Group Health Cooperative of Eau Claire
0

Independent Care Health Plan (iCare)
27

MHS Health Wisconsin
74

My Choice Wisconsin (MCW)/Molina
50

Network Health Plan
15

Quartz
0

Security Health Plan of Wisconsin
0

United Healthcare Community Plan (UHC)
67

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

Group Health Cooperative of Eau Claire
0

Independent Care Health Plan (iCare)
0

MHS Health Wisconsin
0

My Choice Wisconsin (MCW)/Molina
0

Network Health Plan
0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

1

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

1

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

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

0

Group Health Cooperative of Eau Claire

10

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

13

My Choice Wisconsin (MCW)/Molina

6

Network Health Plan

5

Quartz

1

Security Health Plan of Wisconsin

12

**United Healthcare Community Plan
(UHC)**

14

State Fair Hearings

Number	Indicator	Response
D1IV.8a	<p data-bbox="292 94 747 136">State Fair Hearing requests</p> <p data-bbox="292 136 747 315">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="747 94 1383 210">Anthem Blue Cross and Blue Shield 2</p> <p data-bbox="747 210 1383 325">Group Health Cooperative of Eau Claire 3</p> <p data-bbox="747 325 1383 441">Independent Care Health Plan (iCare) 0</p> <p data-bbox="747 441 1383 556">MHS Health Wisconsin 13</p> <p data-bbox="747 556 1383 672">My Choice Wisconsin (MCW)/Molina 6</p> <p data-bbox="747 672 1383 787">Network Health Plan 1</p> <p data-bbox="747 787 1383 903">Quartz 0</p> <p data-bbox="747 903 1383 1018">Security Health Plan of Wisconsin 0</p> <p data-bbox="747 1018 1383 1134">United Healthcare Community Plan (UHC) 4</p>

D1IV.8b	<p data-bbox="292 1285 747 1327">State Fair Hearings resulting in a favorable decision for the enrollee</p> <p data-bbox="292 1327 747 1606">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p>	<p data-bbox="747 1285 1383 1400">Anthem Blue Cross and Blue Shield 0</p> <p data-bbox="747 1400 1383 1516">Group Health Cooperative of Eau Claire 0</p> <p data-bbox="747 1516 1383 1631">Independent Care Health Plan (iCare) 0</p> <p data-bbox="747 1631 1383 1747">MHS Health Wisconsin 2</p> <p data-bbox="747 1747 1383 1862">My Choice Wisconsin (MCW)/Molina 1</p> <p data-bbox="747 1862 1383 1978">Network Health Plan 1</p>
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Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

1

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

0

Group Health Cooperative of Eau Claire

2

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

9

My Choice Wisconsin (MCW)/Molina

4

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

3

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

2

Group Health Cooperative of Eau Claire

1

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

2

My Choice Wisconsin (MCW)/Molina

1

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.9a

External Medical Reviews resulting in a favorable decision for the enrollee

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

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare Community Plan (UHC)

N/A

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

Anthem Blue Cross and Blue Shield

N/A

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).

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare Community Plan (UHC)

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 83</p> <p>Group Health Cooperative of Eau Claire 1</p> <p>Independent Care Health Plan (iCare) 24</p> <p>MHS Health Wisconsin 114</p> <p>My Choice Wisconsin (MCW)/Molina 194</p> <p>Network Health Plan 41</p> <p>Quartz 9</p> <p>Security Health Plan of Wisconsin 6</p> <p>United Healthcare Community Plan (UHC) 98</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>Group Health Cooperative of Eau Claire 0</p> <p>Independent Care Health Plan (iCare) 0</p> <p>MHS Health Wisconsin 1</p> <p>My Choice Wisconsin (MCW)/Molina 0</p> <p>Network Health Plan 0</p>

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare 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

Anthem Blue Cross and Blue Shield

N/A

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

N/A

MHS Health Wisconsin

grievance and critical incident do not have to have been “related” to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter “N/A” in this field. 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

My Choice Wisconsin (MCW)/Molina

N/A

Network Health Plan

N/A

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare 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

83

Group Health Cooperative of Eau Claire

1

Independent Care Health Plan (iCare)

24

MHS Health Wisconsin

114

My Choice Wisconsin (MCW)/Molina

194

Network Health Plan

41

Quartz

9

Security Health Plan of Wisconsin

6

**United Healthcare Community Plan
(UHC)**

98

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="321 94 771 178">Resolved grievances related to general inpatient services</p> <p data-bbox="321 189 771 640">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="771 94 1395 241">Anthem Blue Cross and Blue Shield 11</p> <p data-bbox="771 252 1395 367">Group Health Cooperative of Eau Claire 0</p> <p data-bbox="771 378 1395 493">Independent Care Health Plan (iCare) 4</p> <p data-bbox="771 504 1395 619">MHS Health Wisconsin 3</p> <p data-bbox="771 630 1395 745">My Choice Wisconsin (MCW)/Molina 7</p> <p data-bbox="771 756 1395 871">Network Health Plan 0</p> <p data-bbox="771 882 1395 997">Quartz 1</p> <p data-bbox="771 1008 1395 1123">Security Health Plan of Wisconsin 0</p> <p data-bbox="771 1134 1395 1285">United Healthcare Community Plan (UHC) 2</p>

D1IV.15b	<p data-bbox="321 1285 771 1438">Resolved grievances related to general outpatient services</p> <p data-bbox="321 1449 771 1963">Enter the total number of grievances resolved by the plan during the reporting year that 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”.</p>	<p data-bbox="771 1285 1395 1438">Anthem Blue Cross and Blue Shield 49</p> <p data-bbox="771 1449 1395 1564">Group Health Cooperative of Eau Claire 0</p> <p data-bbox="771 1575 1395 1690">Independent Care Health Plan (iCare) 16</p> <p data-bbox="771 1701 1395 1816">MHS Health Wisconsin 38</p> <p data-bbox="771 1827 1395 1942">My Choice Wisconsin (MCW)/Molina 110</p> <p data-bbox="771 1953 1395 2068">Network Health Plan 8</p>
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Quartz

4

Security Health Plan of Wisconsin

1

United Healthcare Community Plan (UHC)

70

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

1

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

4

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.15d

Resolved grievances related to outpatient behavioral health services

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

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

3

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

2

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

4

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

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare Community Plan (UHC)

N/A

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Anthem Blue Cross and Blue Shield

0

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".

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

4

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

1

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

D1IV.15g

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

Enter the total number of grievances resolved by the plan 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

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare Community Plan (UHC)

N/A

D1IV.15h

Resolved grievances related to dental services

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

Anthem Blue Cross and Blue Shield

5

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

3

MHS Health Wisconsin

5

My Choice Wisconsin (MCW)/Molina

7

Network Health Plan

1

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

6

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

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

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 Healthcare 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

2

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

2

MHS Health Wisconsin

4

My Choice Wisconsin (MCW)/Molina

13

Network Health Plan

1

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

1

D1IV.15l**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

5

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

4

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

17

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

6

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

8

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

3

MHS Health Wisconsin

13

My Choice Wisconsin (MCW)/Molina

10

Network Health Plan

2

Quartz

2

Security Health Plan of Wisconsin

1

**United Healthcare Community Plan
(UHC)**

1

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 17</p> <p>Group Health Cooperative of Eau Claire 0</p> <p>Independent Care Health Plan (iCare) 8</p> <p>MHS Health Wisconsin 7</p> <p>My Choice Wisconsin (MCW)/Molina 9</p> <p>Network Health Plan 2</p> <p>Quartz 4</p> <p>Security Health Plan of Wisconsin 0</p> <p>United Healthcare Community Plan (UHC) 24</p>
D1IV.16b	<p>Resolved grievances related to plan or provider care management/case management</p> <p>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.</p>	<p>Anthem Blue Cross and Blue Shield 0</p> <p>Group Health Cooperative of Eau Claire 0</p> <p>Independent Care Health Plan (iCare) 3</p> <p>MHS Health Wisconsin</p>

17

My Choice Wisconsin (MCW)/Molina

12

Network Health Plan

2

Quartz

0

Security Health Plan of Wisconsin

1

United Healthcare 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

23

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

5

MHS Health Wisconsin

10

My Choice Wisconsin (MCW)/Molina

64

Network Health Plan

6

Quartz

3

Security Health Plan of Wisconsin

0

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

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

6

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

5

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

2

United Healthcare Community Plan (UHC)

14

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

1

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

3

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

6

Network Health Plan

0

Quartz

0

**Security Health Plan of
Wisconsin**

1

**United Healthcare Community
Plan (UHC)**

1

**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**

39

**Group Health Cooperative of Eau
Claire**

0

**Independent Care Health Plan
(iCare)**

2

MHS Health Wisconsin

64

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

70

Network Health Plan

26

Quartz

0

**Security Health Plan of
Wisconsin**

United Healthcare Community Plan (UHC)

30

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

1

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

1

D1IV.16h**Resolved grievances related to abuse, neglect or exploitation**

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Anthem Blue Cross and Blue Shield

1

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

1

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

1

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

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

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

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare 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

0

Group Health Cooperative of Eau Claire

0

**Independent Care Health Plan
(iCare)**

0

MHS Health Wisconsin

11

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

27

Network Health Plan

5

Quartz

2

**Security Health Plan of
Wisconsin**

2

**United Healthcare Community
Plan (UHC)**

4

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 / 19

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 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

7.4%

Group Health Cooperative of Eau Claire

15.20%

Independent Care Health Plan (iCare)

12.30%

MHS Health Wisconsin

10.84%

My Choice Wisconsin (MCW)/Molina

10.34%

Network Health Plan

10.95%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

12.59



Complete

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

2 / 19

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 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

59.14%

Group Health Cooperative of Eau Claire

69.35%

Independent Care Health Plan (iCare)

71.18%

MHS Health Wisconsin

72.88%

My Choice Wisconsin (MCW)/Molina

69.09%

Network Health Plan

75.32%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

74.59%



Complete

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

3 / 19

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 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

43.55%

Group Health Cooperative of Eau Claire

51.61%

Independent Care Health Plan (iCare)

53.53%

MHS Health Wisconsin

63.56%

My Choice Wisconsin (MCW)/Molina

44.55%

Network Health Plan

62.34%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

59.29%



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

4 / 19

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 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

80.10%

Group Health Cooperative of Eau Claire

84.68%

Independent Care Health Plan (iCare)

79.13%

MHS Health Wisconsin

78.66%

My Choice Wisconsin (MCW)/Molina

80.43%

Network Health Plan

75.44%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

78.35%



D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD) 5 / 19

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 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

68.33%

Group Health Cooperative of Eau Claire

78.08%

Independent Care Health Plan (iCare)

75.00%

MHS Health Wisconsin

74.76%

My Choice Wisconsin (MCW)/Molina

74.18%

Network Health Plan

76.00%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

80.52%



Complete

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

6 / 19

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 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

70.32%

Group Health Cooperative of Eau Claire

71.43%

Independent Care Health Plan (iCare)

68.37%

MHS Health Wisconsin

73.48%

My Choice Wisconsin (MCW)/Molina

57.18%

Network Health Plan

67.88%

Quartz

N/A

Security Health Plan of Wisconsin

80.00%

United Healthcare Community Plan (UHC)

77.62%



Complete

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

7 / 19

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 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

1.33

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

1.16

MHS Health Wisconsin

1.03

My Choice Wisconsin (MCW)/Molina

1.04

Network Health Plan

N/A

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

1.09



Complete

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

8 / 19

D2.VII.2 Measure Domain

Care of acute and chronic conditions

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

1800

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

Program-specific rate

D2.VII.6 Measure Set
Medicaid 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

61.90%

Group Health Cooperative of Eau Claire

50.00%

Independent Care Health Plan (iCare)

61.67%

MHS Health Wisconsin

70.45%

My Choice Wisconsin (MCW)/Molina

48.72%

Network Health Plan

60.38%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

54.30%



D2.VII.1 Measure Name: Glycemic Status Assessment for Patients with Diabetes - Glycemic Status <math>\leq 8.0\% (GSD) 9 / 19

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

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

59.12%

Group Health Cooperative of Eau Claire

63.23%

Independent Care Health Plan (iCare)

61.80%

MHS Health Wisconsin

63.75%

My Choice Wisconsin (MCW)/Molina

54.74%

Network Health Plan

65.57%

Quartz

N/A

Security Health Plan of Wisconsin

68.66%

United Healthcare Community Plan (UHC)

66.18%



Complete

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

10 / 19

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 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

57.42%

Group Health Cooperative of Eau Claire

59.12%

Independent Care Health Plan (iCare)

55.23%

MHS Health Wisconsin

62.04%

My Choice Wisconsin (MCW)/Molina

55.72%

Network Health Plan

58.88%

Quartz

30.30%

Security Health Plan of Wisconsin

56.10%

United Healthcare Community Plan (UHC)

62.53%



Complete

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

11 / 19

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 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

55.67%

Group Health Cooperative of Eau Claire

59.94%

Independent Care Health Plan (iCare)

51.71%

MHS Health Wisconsin

60.46%

My Choice Wisconsin (MCW)/Molina

46.84%

Network Health Plan

56.52%

Quartz

N/A

Security Health Plan of Wisconsin

75.61%

United Healthcare Community Plan (UHC)

58.84%



Complete

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

12 / 19

D2.VII.2 Measure Domain

Behavioral health care

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

576

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

Program-specific rate

D2.VII.6 Measure 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

74.00%

Group Health Cooperative of Eau Claire

60.53%

Independent Care Health Plan (iCare)

68.45%

MHS Health Wisconsin

61.47%

My Choice Wisconsin (MCW)/Molina

72.73%

Network Health Plan

69.23%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

54.57%



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 / 19

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 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

47.15%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

59.02%

MHS Health Wisconsin

47.67%

My Choice Wisconsin (MCW)/Molina

47.31%

Network Health Plan

61.11%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

39.46%



D2.VII.1 Measure Name: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 30 day follow-up (Total) 14 / 19

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 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

62.30%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

55.67%

MHS Health Wisconsin

49.09%

My Choice Wisconsin (MCW)/Molina

73.17%

Network Health Plan

65.63%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

58.47%



Complete

D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care (PPC-AD) - Postpartum Care 15 / 19

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 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

78.38%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

75.61%

MHS Health Wisconsin

N/A

My Choice Wisconsin (MCW)/Molina

56.00%

Network Health Plan

N/A

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

70.27%



D2.VII.1 Measure Name: Prenatal and Postpartum Care: Postpartum Care (PPC-AD) - Timeliness of Prenatal Care 16 / 19

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 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

81.08%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

73.17%

MHS Health Wisconsin

N/A

My Choice Wisconsin (MCW)/Molina

66.00%

Network Health Plan

N/A

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

85.14%



Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening (COL-AD), Total 17 / 19

D2.VII.2 Measure Domain

Primary care access and preventative care

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

34

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

Program-specific rate

D2.VII.6 Measure 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

47.87%

Group Health Cooperative of Eau Claire

44.03%

Independent Care Health Plan (iCare)

45.33%

MHS Health Wisconsin

47.71%

My Choice Wisconsin (MCW)/Molina

37.01%

Network Health Plan

46.36%

Quartz

N/A

Security Health Plan of Wisconsin

69.53%

United Healthcare Community Plan (UHC)

55.18%



D2.VII.1 Measure Name: Chlamydia Screening in Women -Total (CHL-AD) 18 / 19

D2.VII.2 Measure Domain

Primary care access and preventative care

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

33

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

Program-specific rate

D2.VII.6 Measure 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

57.30%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

56.52%

MHS Health Wisconsin

65.82%

My Choice Wisconsin (MCW)/Molina

59.09%

Network Health Plan

70.43%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

52.76%



Complete

D2.VII.1 Measure Name: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) Total 19 / 19

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 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

44.74%

Group Health Cooperative of Eau Claire

N/A

Independent Care Health Plan (iCare)

45.00%

MHS Health Wisconsin

59.09%

My Choice Wisconsin (MCW)/Molina

68.75%

Network Health Plan

42.86%

Quartz

N/A

Security Health Plan of Wisconsin

N/A

United Healthcare Community Plan (UHC)

47.20%

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="813 134 1360 218">Anthem Blue Cross and Blue Shield 3.5</p> <p data-bbox="813 260 1360 344">Group Health Cooperative of Eau Claire 1</p> <p data-bbox="813 386 1360 470">Independent Care Health Plan (iCare) 5</p> <p data-bbox="813 512 1360 596">MHS Health Wisconsin 2</p> <p data-bbox="813 638 1360 722">My Choice Wisconsin (MCW)/Molina 3</p> <p data-bbox="813 764 1360 848">Network Health Plan 2</p> <p data-bbox="813 890 1360 974">Quartz 3</p> <p data-bbox="813 1016 1360 1100">Security Health Plan of Wisconsin 7</p> <p data-bbox="813 1142 1360 1262">United Healthcare Community Plan (UHC) 4</p>
D1X.2	<p data-bbox="313 1318 711 1388">Count of opened program integrity investigations</p> <p data-bbox="313 1413 711 1539">How many program integrity investigations were opened by the plan during the reporting year?</p>	<p data-bbox="813 1352 1360 1436">Anthem Blue Cross and Blue Shield 0</p> <p data-bbox="813 1478 1360 1562">Group Health Cooperative of Eau Claire 35</p> <p data-bbox="813 1604 1360 1688">Independent Care Health Plan (iCare) 0</p> <p data-bbox="813 1730 1360 1814">MHS Health Wisconsin 0</p> <p data-bbox="813 1856 1360 1940">My Choice Wisconsin (MCW)/Molina 3</p> <p data-bbox="813 1982 1360 2055">Network Health Plan 0</p>

Quartz

0

Security Health Plan of Wisconsin

3

United Healthcare Community Plan (UHC)

0

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

0

Group Health Cooperative of Eau Claire

34

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

3

United Healthcare Community Plan (UHC)

0

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

Group Health Cooperative of Eau Claire

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

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 Healthcare Community Plan (UHC)

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

D1X.7

Count of program integrity referrals to the state

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

Anthem Blue Cross and Blue Shield

0

Group Health Cooperative of Eau Claire

0

Independent Care Health Plan (iCare)

0

MHS Health Wisconsin

0

My Choice Wisconsin (MCW)/Molina

0

Network Health Plan

0

Quartz

0

Security Health Plan of Wisconsin

0

United Healthcare Community Plan (UHC)

0

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

Group Health Cooperative of Eau Claire

01/01/2025

Independent Care Health Plan (iCare)

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 Healthcare 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

Group Health Cooperative of Eau Claire

12/31/2025

Independent Care Health Plan (iCare)

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 Healthcare 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

\$0

Group Health Cooperative of Eau Claire

\$1,300.37

Independent Care Health Plan (iCare)

\$425,971.19

MHS Health Wisconsin

\$2,327,341.80

My Choice Wisconsin (MCW)/Molina

\$203,761.96

Network Health Plan

\$2,327,341.80

Quartz

\$0

Security Health Plan of Wisconsin

\$85.75

United Healthcare Community Plan (UHC)

\$7,305,476.96

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

\$59,574,977.76

Group Health Cooperative of Eau Claire

\$19,884,535.16

Independent Care Health Plan (iCare)

\$66,278,118.18

MHS Health Wisconsin

\$46,835,724.64

My Choice Wisconsin (MCW)/Molina

\$38,119,989.02

Network Health Plan

\$29,866,973.88

Quartz

\$4,074,128.40

Security Health Plan of Wisconsin

\$5,577,478.32

United Healthcare Community Plan (UHC)

\$129,225,795.82

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

Group Health Cooperative of Eau Claire

Daily

Independent Care Health Plan (iCare)

Daily

MHS Health Wisconsin

Daily

My Choice Wisconsin (MCW)/Molina

Daily

Network Health Plan

Daily

Quartz

Daily

Security Health Plan of Wisconsin

Daily

**United Healthcare 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="313 107 607 134">ILOSs offered by plan</p> <p data-bbox="313 161 651 254">Indicate whether this plan offered any ILOS to their enrollees.</p>	<p data-bbox="813 134 1300 161">Anthem Blue Cross and Blue Shield</p> <p data-bbox="813 189 1344 216">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 294 1360 321">Group Health Cooperative of Eau Claire</p> <p data-bbox="813 348 1344 375">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 453 1333 480">Independent Care Health Plan (iCare)</p> <p data-bbox="813 508 1344 535">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 613 1127 640">MHS Health Wisconsin</p> <p data-bbox="813 667 1344 695">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 772 1308 800">My Choice Wisconsin (MCW)/Molina</p> <p data-bbox="813 827 1344 854">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 932 1105 959">Network Health Plan</p> <p data-bbox="813 987 1263 1014">No ILOSs were offered by this plan</p> <p data-bbox="813 1092 911 1119">Quartz</p> <p data-bbox="813 1146 1344 1173">Yes, at least 1 ILOS is offered by this plan</p> <p data-bbox="813 1251 1279 1278">Security Health Plan of Wisconsin</p> <p data-bbox="813 1306 1263 1333">No ILOSs were offered by this plan</p> <p data-bbox="813 1411 1308 1472">United Healthcare Community Plan (UHC)</p> <p data-bbox="813 1499 1344 1526">Yes, at least 1 ILOS is offered by this plan</p>

D4XI.2a	<p data-bbox="313 1602 647 1629">ILOSs utilization by plan</p> <p data-bbox="313 1656 716 2007">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".</p>	<p data-bbox="813 1629 1300 1656">Anthem Blue Cross and Blue Shield</p> <p data-bbox="813 1684 1360 1745">Sub-Acute Psychiatric Community-Based Psychiatric and Recovery Center Services :</p> <p data-bbox="813 1801 1360 1829">Group Health Cooperative of Eau Claire</p> <p data-bbox="813 1856 1143 1883">Medically Tailored Meals:</p> <p data-bbox="813 1919 1333 1946">Independent Care Health Plan (iCare)</p> <p data-bbox="813 1974 1143 2001">Medically Tailored Meals:</p>
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Sub-Acute Psychiatric Community-Based
Psychiatric and Recovery Center Services :

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

Not applicable

Quartz

Medically Tailored Meals:

Security Health Plan of Wisconsin

Not applicable

**United Healthcare Community Plan
(UHC)**

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

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