

DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services P-02484-26 (12/2025)

Managed Care Organization (MCO) Scorecard Frequently Asked Questions

What is the purpose of the Scorecard?

The purpose of the Scorecard is to help you choose a managed care organization (MCO) based on the factors that are most important to you. The Scorecard gives you information about how current members feel about their MCO and how well MCOs meet state standards. The Scorecard also provides contact information and other facts about the MCOs that are available for you to choose from.

Where does the information in the Scorecard come from?

Information in the Scorecard comes from a variety of sources:

- Member Survey section shows results from the state's annual member satisfaction survey
- Quality and Compliance section shows results from the state's annual MCO quality compliance review
- Care Team Characteristics section and Additional Information section show information reported by the MCOs about their organization

What is the member satisfaction survey?

The member satisfaction survey is an annual set of questions mailed to current members of each MCO to gather feedback on their experience with their MCO. The state collects and analyzes survey responses to find out how happy members are with their care team, how engaged they are in creating their care plan, and how well their MCO helps to meet their needs.

What is the MCO quality compliance review?

The MCO quality compliance review is an assessment that captures how well MCOs meet certain performance standards set by the state. It is conducted every year by an external quality review organization that works with the state. The external quality review organization looks to make sure that the MCO has policies, procedures, and processes in place to deliver high-quality services to members.

What do nonprofit and for profit mean?

The Type of Agency section in the Scorecard describes which type of organization each MCO is. A nonprofit organization is a group organized for purposes other than generating a profit and in which no part of the organization's income is distributed to its directors or officers. A for profit organization is a business that operates for the purpose of making a profit.

When was the Scorecard last updated? How frequently is it updated?

The Scorecard was last updated in 2025. It is updated annually.

Why doesn't the Scorecard provide other information about MCOs I am interested in? The

Scorecard presents only information that has been validated by the state. The ratings provided in the Scorecard are based on only the most current verifiable data, providing you with the most objective factors to help you make your MCO selection.

2026 Managed Care Organization (MCO) Measure Guides

MEMBER SURVEY				
Measure	Overall Satisfaction			
Data Source	 2024 Satisfaction Survey—a combined score using responses from the following survey questions: Can you contact your care team when you need to? When asking for help, how often do you get the help you need from your care team? How satisfied are you with getting clear explanations about your care plan from your care team? When you speak with your care team, how well do they listen to you? 			
	 When you speak with your care team, now wen do they listen to you? How kindly does your care team treat you? How satisfied are you with getting clear explanations about the self-directed supports (SDS) option from your care team? To make sure you are the focus of your care plan, how much does your care team involve you in the planning, development, and communication of your care plan? How well does your care plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering? How often does your care plan include the things that are important to you? How kindly do the people who provide you with supports and services treat you? How well do the supports and services you receive meet your needs? 			
Rating System	12. Overall, how Score 95.0% - 100% 90.0% - 94.9% 85.0% - 89.9% 75.0% - 79.9% 70.0% - 74.9% 65.0% - 69.9% 60.0% - 64.9% < 60.0%	Stars 5 4.5 4 3.5 3 2.5 2 1.5	Rating Excellent Excellent Very Good Very Good Good Good Fair Fair Poor	r managed care organization? Percentage of all survey question responses that are "Very Satisfied" or "Extremely Satisfied."

Measure	Care Team Respons	Care Team Responsiveness			
Data Source	 2024 Satisfaction Survey—a combined score using responses from the following survey questions: 1. Can you contact your care team when you need to? 2. When asking for help, how often do you get the help you need from your care team? 				
Rating System	Score	Stars	Rating		
Rating System	95.0% - 100%	5	Excellent	Percentage of survey	
	90.0% - 94.9%	4.5	Excellent	question responses	
	85.0% - 89.9%	4	Very Good	that are "Very	
	80.0% - 84.9%	3.5	Very Good	Satisfied" or	
	75.0% - 79.9%	3	Good	"Extremely Satisfied."	
	70.0% - 74.9%	2.5	Good		
	65.0% - 69.9%	2	Fair		
	60.0% - 64.9%	1.5	Fair		
	< 60.0%	1	Poor		
		•		<u></u>	
Measure	Care Team Quality of Communication				
Data Source	following survey que 3. How satisfied are from your care to	estions: e you with peam? with your	getting clear expl	using responses from the anations about your care plan yell do they listen to you?	

	Score	Stars	Rating]
Rating System	95.0% - 100%	5	Excellent	Percentage of survey
	90.0% - 94.9%	4.5	Excellent	question responses that
	85.0% - 89.9%	4	Very Good	are "Very Satisfied" or
	80.0% - 84.9%	3.5	Very Good	"Extremely Satisfied."
	75.0% - 79.9%	3	Good	
	70.0% - 74.9%	2.5	Good	
	65.0% - 69.9%	2	Fair	
	60.0% - 64.9%	1.5	Fair	
	< 60.0%	1	Poor	

QUALITY AND COMPLIANCE				
Measure	Measure Overall Quality Standards			
Data Source	2023-2025 external quality review organization quality compliance review (QCR)			
	This score comes from combining MCO performance on metrics related to:			
	Member-Centered Care Delivery: How well the MCO does offering member-centered care planning, timely access to services, member choice, and protection of member rights.			
	 Quality Management: How well the MCO does at supporting access to services and providers, as well as improving processes to minimize gaps or delays in services. 			
	Grievance System: How well the MCO does at working with members to resolve disputes and keeping them informed throughout the process.			

Rating System

Score	Stars	Rating
95.0% - 100%	5	Excellent
90.0% - 94.9%	4.5	Excellent
85.0% - 89.9%	4	Very Good
80.0% - 84.9%	3.5	Very Good
75.0% - 79.9%	3	Good
70.0% - 74.9%	2.5	Good
65.0% - 69.9%	2	Fair
60.0% - 64.9%	1.5	Fair
< 60.0%	1	Poor

Percentage of QCR points earned out of the total number of QCR points possible. This is calculated as all points earned in the 2022-2023 Member-Centered Care Delivery section and all points earned in the 2023-2024 Quality Management and Grievance System sections,

divided by the total number of points possible in each section.

Measure	Member-Centered	l Care De	livery	
Data Source	2024-2025 external quality review organization quality compliance review (QCR) MCO Standards Section How well the MCO does offering member-centered care planning, timely access to services, member choice, and protection of member rights.			
	Score	Stars	Rating	1
Rating System	95.0% - 100%	5	Excellent	_
	90.0% - 94.9%	4.5	Excellent	-
	85.0% - 89.9%	4	Very Good	_
	80.0% - 84.9%	3.5	Very Good	-
	75.0% - 79.9%	3	Good	-
	70.0% - 74.9%	2.5	Good	-
	65.0% - 69.9%	2	Fair	
	60.0% - 64.9%	1.5	Fair	
	< 60.0%	1	Poor	
	_	_	•	d, out of the number of MCO Standards Section.
Measure	Quality Managem	ent		
Data Source	2023–2024 external quality review organization quality compliance review (QCR) Quality Assurance and Process Improvement Section How well the MCO does at supporting access to services and providers, as well as improving processes to minimize gaps or delays in services			

Measure	Quality Managem	ent		
	Score	Stars	Rating	
Rating System	95.0% - 100%	5	Excellent	
	90.0% - 94.9%	4.5	Excellent	
	85.0% - 89.9%	4	Very Good	
	80.0% - 84.9%	3.5	Very Good	
	75.0% - 79.9%	3	Good	
	70.0% - 74.9%	2.5	Good	
	65.0% - 69.9%	2	Fair	
	60.0% - 64.9%	1.5	Fair	
	< 60.0%	1	Poor	
	Improvement sec	tion that	QCR Quality Assura achieved criteria o	f "Met" or "Partially Met."
Measure	Grievance Systen	n		
Data Source	2023–2024 external quality review organization quality compliance review (QCR) Grievance System Section How well the MCO does at working with members to resolve disputes and keeping them informed throughout the process			
Rating System	Score	Stars	Rating	
Mating System	95.0% - 100%	5	Excellent	
	90.0% - 94.9%	4.5	Excellent	
	85.0% - 89.9%	4	Very Good	
	80.0% - 84.9%	3.5	Very Good	
	75.0% - 79.9%	3	Good	
	70.0% - 74.9%	2.5	Good	
	65.0% - 69.9%	2	Fair	
	60.0% - 64.9%	1.5	Fair	
	< 60.0%	1	Poor	
	Percentage of all criteria of "Met"			em section that achieved

CARE TEAM CHARACTERISTICS				
Measure	Care Manager Turnover			
Data Source	2022–2024 annual data reported to the Wisconsin Department of Health Services by MCOs			
Rating System	Turnover Score	Stars	Rating	
	0.0% - 5.0%	5	Excellent	
	5.1% - 10.0%	4.5	Excellent	
	10.1% - 15.0%	4	Very Good	
	15.1% - 20.0%	3.5	Very Good	
	20.1% - 25.0%	3	Good	
	25.1% - 30.0%	2.5	Good	
	30.1 % - 35.0%	2	Fair	
	35.1% - 40.0%	1.5	Fair	
	>40.0%	1	Poor	
Measure	staff leave the MCO within a year, so a smaller percentage of turnover is favorable and corresponds to a higher star rating. Nurse Turnover			
ivicasure	ivaise rainovei			
Data Source	2022–2024 annual Health Services by	-	oorted to the Wis	consin Department of
Rating System	Turnover Score	Stars	Rating	Percentage of nurses
	0.0% - 5.0%	5	Excellent	that separated from the
	5.1% - 10.0%	4.5	Excellent	MCO, calculated as a
	10.1% - 15.0%	4.5	Very Good	three-year average. A
	15.1% - 20.0%	3.5	Very Good	lower turnover
	20.1% - 25.0%	3	Good	percentage indicates fewer staff leave the
	25.1% - 30.0%	2.5	Good	MCO within a year, so a
	30.1 % - 35.0%	2	Fair	smaller percentage of
	35.1% - 40.0%	1.5	Fair	turnover is favorable
	>40.0%	1	Poor	and corresponds to a
				higher star rating.

Measure	Care Manager to Member Ratio		
Data Source	Ratio is reported as of July 1, 2025, based on staff full-time equivalents (FTE) and enrollment. The staff to member ratio expresses a comparison between the number of staff in the MCO to the number of members in the MCO. "1:x" is interpreted as: For every 1 care manager, there are x members. A lower ratio indicates that there are fewer MCO members to each care manager, whereas a higher ratio indicates that there are more MCO members to each care manager.		
Rating System	No ratings are assigned for staff to member ratios. All MCO staff ratios are in compliance with state standards.		
Measure	Nurse to Member Ratio*		
Data Source	Ratio is reported as of July 1, 2025, based on staff full-time equivalents (FTE) and enrollment. The staff to member ratio expresses a comparison between the number of staff in the MCO to the number of members in the MCO. "1:x" is interpreted as: For every 1 care manager, there are x members. A lower ratio indicates that there are fewer MCO members to each care manager, whereas a higher ratio indicates that there are more MCO members to each care manager.		
Rating System	No ratings are assigned for staff to member ratios. All MCO staff ratios are in compliance with state standards.		
	*Nurse Practitioners are also part of the Family Care Partnership member's care team, although their staff ratio is not included here.		