Wisconsin CARTS FY2021 Report

Basic State Information

Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the mdct_help@cms.hhs.gov.

1. State or territory name:

Wisconsin

2.

Program type:

◉ Both Medicaid Expansion CHIP and Separate CHIP

◯ Medicaid Expansion CHIP only

◯ Separate CHIP only

3. CHIP program name(s):

BadgerCare Plus

Who should we contact if we have any questions about your report?

4. Contact name:

Rachel Witthoft

5. Job title:

Eligibility Policy Analyst

6. Email:

rachel.witthoft@wisconsin.gov

7. Full mailing address:

Include city, state, and zip code.

1 West Wilson St., Room 365 Madison, WI 53701

8. Phone number:

608-266-0261

Program Fees and Policy Changes

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

1.

Does your program charge an enrollment fee?

○ Yes

◉ No

2.

Does your program charge premiums?

○   Yes

◉   No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

○   Yes

○   No

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

[   ]

5.

Which delivery system(s) do you use?

Select all that apply.

☑   Managed Care

☐   Primary Care Case Management

☑   Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

> Most BadgerCare Plus members are enrolled in an HMO. If the member lives in an area covered by two or more HMOs, enrollment in an HMO is mandatory. In areas with only one available HMO, enrollment in an HMO is voluntary. Members also may qualify for an exception from HMO enrollment if there are continuity of care concerns, chronic illness, or other situations. Members not enrolled in an HMO are covered by fee-for-service.

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

1.

Does your program charge an enrollment fee?

○ Yes

◉ No

2.

Does your program charge premiums?

○ Yes

◉ No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

○   Yes

◉   No

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

<div style="border:1px solid #000; height:2em;"></div>

5.

Which delivery system(s) do you use?

Select all that apply.

☑   Managed Care

☐   Primary Care Case Management

☑   Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Most BadgerCare Plus members are enrolled in an HMO. If the member lives in an area covered by two or more HMOs, enrollment in an HMO is mandatory. In areas with only one available HMO, enrollment in an HMO is voluntary. Members also may qualify for an exception from HMO enrollment if there are continuity of care concerns, chronic illness, or other situations. Members not enrolled in an HMO are covered by fee-for-service.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

○ Yes

◉ No

○ N/A

2.

Have you made any changes to the eligibility redetermination process?

○ Yes

◉ No

○ N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

○ Yes

◉ No

○ N/A

4.

Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

○ Yes

◉ No

○ N/A

5.

Have you made any changes to the single streamlined application?

○   Yes

⊙   No

○   N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

⊙   Yes

○   No

○   N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

○   Yes

◉   No

○   N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

○   Yes

◉   No

○   N/A

9.

Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10.

Have you made any changes to the enrollment process for health plan selection?

○ Yes

◉ No

○ N/A

11.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

○   Yes

◉   No

○   N/A

12.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

○   Yes

◉   No

○   N/A

13.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

○ Yes

◉ No

○ N/A

14.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

○ Yes

◉ No

○ N/A

15.

Have you made any changes to eligibility for "lawfully residing" children?

○ Yes

◉ No

○ N/A

16.

Have you made changes to any other policy or program areas?

○ Yes

◉ No

○ N/A

17. Briefly describe why you made these changes to your Medicaid Expansion CHIP program.

> Question 6: The Department of Health Services and our community partners have engaged in various strategies to better connect with vulnerable populations in Wisconsin, particularly in light of the COVID-19 pandemic which affected the available methods of communicating with people. See Section 3A: Program Outreach for more details.

18.

Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

○ Yes

○ No

◉ N/A

Part 4: Separate CHIP Program and Policy Changes

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan

Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

○   Yes

◉   No

○   N/A

2.

Have you made any changes to the eligibility redetermination process?

○   Yes

◉   No

○   N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

○   Yes

◉   No

○   N/A

4.

Have you made any changes to the benefits available to enrolees?

For example: adding benefits or removing benefit limits.

○   Yes

◉   No

○   N/A

5.

Have you made any changes to the single streamlined application?

○   Yes

◉   No

○   N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

◉ Yes

○ No

○ N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

○ Yes

◉ No

○ N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

○ Yes

◉ No

○ N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

○ Yes

◉ No

○ N/A

10.

Have you made any changes to an enrollment freeze and/or enrollment cap?

○ Yes

◉ No

○ N/A

11.

Have you made any changes to the enrollment process for health plan selection?

○ Yes

◉ No

○ N/A

12.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

○ Yes

◉ No

○ N/A

13.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

○ Yes

◉ No

○ N/A

14.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

○ Yes

◉ No

○ N/A

15.

Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?

For example: expanding eligibility or changing this population's benefit package.

○ Yes

◉ No

○ N/A

16.

Have you made any changes to your Pregnant Women State Plan expansion?

For example: expanding eligibility or changing this population's benefit package.

○ Yes

◉ No

○ N/A

17.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

○ Yes

⊙ No

○ N/A

18.

Have you made any changes to eligibility for "lawfully residing" children?

○ Yes

⊙ No

○ N/A

19.

Have you made changes to any other policy or program areas?

○ Yes

⊙ No

○ N/A

20.

Have you already submitted a State Plan Amendment (SPA) to reflect any changes that require a SPA?

○   Yes

◉   No

21. Briefly describe why you made these changes to your Separate CHIP program.

> Question 6: The Department of Health Services and our community partners have engaged in various strategies to better connect with vulnerable populations in Wisconsin, particularly in light of the COVID-19 pandemic which affected the available methods of communicating with people. See Section 3A: Program Outreach for more details.

Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	38,435	30,103	-21.678%
Separate CHIP	30,370	28,850	-5.005%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

For FFY2021, Wisconsin changed the methodology used for SEDS to align with T-MSIS requirements. In previous years, Wisconsin reported children ages 6 through 18 with 100% - 156% FPL as Medicaid Expansion CHIP, but we are now reporting 6 through 18 year olds only with incomes from 133% to 156% FPL as Medicaid Expansion CHIP. The 6 through 18 year olds with incomes from 100% to 133% FPL are being reported in SEDS as Medicaid to be consistent with T-MSIS reporting. This methodology change caused almost all of the significant decrease in the Medicaid Expansion CHIP enrollment in the table above. The ongoing economic impact of COVID-19 for many families also contributed to the enrollment numbers changing. Families experiencing a loss of household income may have moved into the Medicaid category. Other families may have had an increase in household income or were able to obtain employer-sponsored insurance as the labor market recovers.

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	26,000	3,000	2%	0.2%
2017	28,000	3,000	2.1%	0.3%
2018	25,000	3,000	1.9%	0.2%
2019	26,000	3,000	2%	0.3%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2019 and 2020
Not Available

1. What are some reasons why the number and/or percent of uninsured children has changed?

2.

Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

○   Yes

○   No

3.

Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

○   Yes

◉   No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

> In past years, Wisconsin has used the Wisconsin Family Health Survey as an alternative data source for measuring the number and percent of uninsured children in Wisconsin. The Wisconsin Family Health Survey is a statewide random sample telephone survey of Wisconsin household residents, conducted through most of the year. Due to the impacts of COVID-19, the Wisconsin Family Health Survey was not conducted in 2020.

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Program Outreach

1.

Have you changed your outreach methods in the last federal fiscal year?

⊙ Yes

○ No

2.

Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

⊙ Yes

○ No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

CWI continues to find that word-of-mouth recommendations and referrals from friends, family, and local trusted resource professionals are one of the most effective ways to raise awareness-especially within underserved and vulnerable communities. CWI measures the effectiveness of word-of-mouth outreach from family and friends, as well as community-serving organizations serving as mobilizers, via a number of methods including tracking consumer referral sources, monitoring social media reach, and collecting data from mobilizers on activities and direct referrals. To support individual consumer and community partner efforts to spread the word via social media, CWI engaged in a PSA-style media campaign that included radio and TV broadcasts in addition to paid social media boosts. CWI receives data from the Wisconsin Broadcasters Association on the effectiveness of this campaign, and found that during the 2021 Marketplace Special Enrollment period this campaign reached over 1 million consumers on TV, over 2.5 million on radio, and had a social media reach of 262,146 individuals with over 2,000 engagements.

4. Is there anything else you'd like to add about your outreach efforts?

> Periods of Marketplace open enrollment are not only a critical time for consumers eligible for or enrolled in plans through the federal Health Insurance Marketplace but are also an opportunity to enroll individuals in Medicaid and CHIP programs- due to the heightened awareness of and attention to health coverage options during these times, and situations in which there are mixed coverage eligibility within a family. Additionally, with the increase in job loss and transitions families experienced throughout the pandemic, many Wisconsin residents found themselves for the first time eligible for Medicaid or CHIP when they may have previously been unaware of these options. As such, outreach and promotions activities conducted during the 2021 Marketplace Special Enrollment period presented an important opportunity for DHS and all outreach contractors to increase awareness in and enrollment in Medicaid and CHIP in addition to Marketplace coverage. CWI outreach & promotions toolkit: www.coveringwi.org/toolkit CWI health insurance educational materials: www.coveringwi.org/learn

5.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Eligibility, Enrollment, and Operations

Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1.

Do you track the number of CHIP enrollees who have access to private insurance?

○   Yes

◉   No

○   N/A

2.

Do you match prospective CHIP enrollees to a database that details private insurance status?

◉   Yes

○   No

○   N/A

	%

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

Question 3: Wisconsin does not currently have the capability to report on this metric because BadgerCare Plus is a combined Medicaid-CHIP program, and so we screen for Medicaid and CHIP eligibility at the same time. We do not have a distinct count of individuals screened just for CHIP eligibility to use in calculating this percentage.

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

| | Browse... |

Eligibility, Enrollment, and Operations

Renewal, Denials, and Retention

Part 1: Eligibility Renewal and Retention

1.

Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

○ Yes

◉ No

○ N/A

2.

In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

○ Yes

◉ No

3.

Do you send renewal reminder notices to families?

◉ Yes

○ No

4. What else have you done to simplify the eligibility renewal process for families?

> Wisconsin does administrative renewals for a portion of our CHIP cases. In addition, members may submit their renewals online through our portal at ACCESS.gov. Finally, most of the managed care organizations in Wisconsin send out their own reminders to members to complete their renewals.

5. Which retention strategies have you found to be most effective?

> We feel that administrative renewals are most effective at providing members with a simplified renewal process that results in the fewest number of terminations for not meeting the administrative requirements of the program. We have not evaluated the effectiveness of the strategies.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

We have not evaluated the effectiveness of the strategies.

7. Is there anything else you'd like to add that wasn't already covered?

Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2021?

Don't include applicants being considered for redetermination - this data will be collected in Part 3.

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

> 3a.
>
> How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

4.

How many applicants were denied CHIP coverage for other reasons?

5. Did you have any limitations in collecting this data?

Wisconsin is unable to provide data for Part 2: CHIP Eligibility Denials (Not Redetermination).

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

Type	Number	Percent
Total denials	Not Answered	Not Answered
Denied for procedural reasons	Not Answered	Not Answered
Denied for eligibility reasons	Not Answered	Not Answered
Denials for other reasons	Not Answered	Not Answered

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in CHIP in FFY 2021?

65473

2.

Of the eligible children, how many were then screened for redetermination?

56705

3.

How many children were retained in CHIP after redetermination?

54944

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

> 1761

> **Computed:** 1761
>
> 4a.
>
> How many children were disenrolled for procedural reasons?
>
> This could be due to an incomplete application, missing documentation, or a missing enrollment fee.
>
> > 3
>
> 4b.
>
> How many children were disenrolled for eligibility reasons?
>
> This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.
>
> > 1758

4c.

How many children were disenrolled for other reasons?

0

5. Did you have any limitations in collecting this data?

No.

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	56705	100%
Children retained after redetermination	54944	96.89%
Children disenrolled after redetermination	1761	3.11%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	1761	100%
Children disenrolled for procedural reasons	3	0.17%
Children disenrolled for eligibility reasons	1758	99.83%
Children disenrolled for other reasons	0	0%

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in Medicaid in FFY 2021?

403842

2.

Of the eligible children, how many were then screened for redetermination?

387096

3.

How many children were retained in Medicaid after redetermination?

383765

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

3331

Computed: 3331

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

50

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

3281

4c.

How many children were disenrolled for other reasons?

0

5. Did you have any limitations in collecting this data?

No.

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	387096	100%
Children retained after redetermination	383765	99.14%
Children disenrolled after redetermination	3331	0.86%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	3331	100%
Children disenrolled for procedural reasons	50	1.5%
Children disenrolled for eligibility reasons	3281	98.5%
Children disenrolled for other reasons	0	0%

Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

○   Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

◉   Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

◉   Yes

○   No

January - March 2020 (start of the cohort): included in 2020 report.

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
5	1158	3002	1087

July - September 2020 (6 months later): included in 2020 report.

4.

How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
3	640	1943	715

5.

How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	98	124	41

6.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	42	76	28

7.

How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	420	935	331

8.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	365	866	309

9. Is there anything else you'd like to add about your data?

January - March 2021 (12 months later): to be completed this year.

This year, please report data about your cohort for this section

10.

How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
3	507	1641	629

11.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
2	138	196	64

12.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	84	153	51

13.

How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	513	1165	394

14.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	465	1095	370

July - September of 2021 (18 months later): to be completed this year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
3	431	1458	550

16.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
2	158	209	76

17.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
1	111	167	64

18.

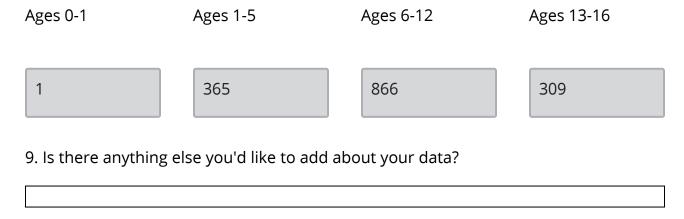How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than CHIPb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	569	1335	461

19.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
0	521	1254	430

20. Is there anything else you'd like to add about your data?

Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2021. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

○　　　Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

⊙　　　Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

⊙　　　Yes

○　　　No

January - March 2020 (start of the cohort): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7946	9129	7480	2861

July - September 2020 (6 months later): included in 2020 report

You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

4.

How many children were continuously enrolled in Medicaid six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7708	8495	6975	2664

5.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
75	194	137	45

6.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
5	69	60	17

7.

How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
163	440	368	152

8.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
17	240	205	74

9. Is there anything else you'd like to add about your data?

January - March 2021 (12 months later): to be completed this year

This year, please report data about your cohort for this section.

10.

How many children were continuously enrolled in Medicaid 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7551	8087	6656	2564

11.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
95	334	263	93

12.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
10	170	166	48

13.

How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
299	714	564	209

14.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
61	396	301	104

July - September of 2021 (18 months later): to be completed next year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
7145	7762	6484	2500

16.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
163	455	345	117

17.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?
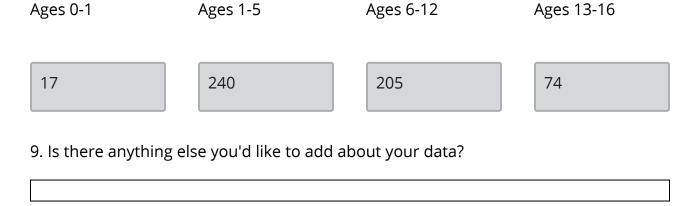
Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
65	273	234	66

18.

How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:b" Transferred to another health insurance program other than Medicaidb" Didn't meet eligibility criteria anymoreb" Didn't complete documentationb" Didn't pay a premium or enrollment fee

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
637	918	654	249

19.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1	Ages 1-5	Ages 6-12	Ages 13-16
331	474	314	112

20. Is there anything else you'd like to add about your data?

Please note that the 12-month and 18 month totals are higher than last year's Title 19 count for the first 6 months. This is due to delayed eligibility findings for a very small number of children. The CARTS form did not permit us to update the data for the first 6 months.

Eligibility, Enrollment, and Operations

Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1.

Does your state require cost sharing?

○   Yes

◉   No

Eligibility, Enrollment, and Operations

Employer Sponsored Insurance and Premium Assistance

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

◉   Yes

○   No

1.

Under which authority and statutes does your state offer premium assistance?

Check all that apply.

☑ Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]

☐ Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]

☐ Section 1115 Demonstration (Title XXI)

2.

Does your premium assistance program include coverage for adults?

◉ Yes

○ No

3. What benefit package is offered as part of your premium assistance program, including any applicable minimum coverage requirements?

This only applies to states operating an 1115 demo.

4.

Does your premium assistance program provide wrap-around coverage for gaps in coverage?

This only applies to states operating an 1115 demo.

○ Yes

○ No

○ N/A

5.

Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program?

This only applies to states operating an 1115 demo.

○ Yes

○ No

○ N/A

6.

Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program?

This only applies to states operating an 1115 demo.

○   Yes

○   No

○   N/A

7.

How many children were enrolled in the premium assistance program on average each month in FFY 2021?

11

8.

What's the average monthly contribution the state pays towards coverage of a child?

$ 364

9.

What's the average monthly contribution the employer pays towards coverage of a child?

$

10.

What's the average monthly contribution the employee pays towards coverage of a child?

$

Table: Coverage breakdown

Child

State	Employer	Employee
364	Not Answered	Not Answered

11.

What's the range in the average monthly contribution paid by the state on behalf of a child?

Average Monthly Contribution

Starts at

$ 123

➔

Ends at

$ 633

12.

What's the range in the average monthly contribution paid by the state on behalf of a parent?

Average Monthly Contribution

Starts at

$ 96

➔

Ends at

$ 1,061

13.

What's the range in income levels for children who receive premium assistance (if it's different from the range covering the general CHIP population)?

Federal Poverty Levels

Starts at

➔

Ends at

14. What strategies have been most effective in reducing the administrative barriers in order to provide premium assistance?

Wisconsin has not evaluated the effectiveness of strategies for reducing administrative barriers.

15. What challenges did you experience with your premium assistance program in FFY 2021?

Fewer employers are offering plans and the premiums/cost shares are increasing on the available plans so fewer plans are cost effective.

16. What accomplishments did you experience with your premium assistance program in FFY 2021?

No changes since last reporting period.

17. Is there anything else you'd like to add that wasn't already covered?

Wisconsin offers Premium Assistance to children in CHIP under authority of section 2105(c)(3) of SSA. Please see sections 4.4.4.1 and 6.4.2.1 through 6.4.2.3 of Wisconsin's CHIP State Plan. Due to data issues, we do not have the child-only average monthly contributions for Q9 and Q10. Using data for both children and parents, we manually calculated the average monthly contribution the employer pays to be $1648.80 and the average monthly contribution the employee pays to be $322.04. We are making changes to our data tables in order to correctly calculate this information in future reporting years.

18.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

| Browse... |

Eligibility, Enrollment, and Operations

Program Integrity

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

⦿   Yes

○   No

2.

Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

◉ Yes

○ No

3.

Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

◉ Yes

○ No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

b" The Fraud Prevention and Investigation Program (FPIP) is designed to provide program integrity for the FoodShare (FS), Wisconsin Medicaid and CHIP programs (i.e., BadgerCare Plus). These programs are administered through contractual agreements between the Department of Health Services (DHS) and local agencies. b" Each agency administering public assistance programs is responsible for providing program integrity for the programs administered by that agency. The DHS State/County Contracts contains the requirement to provide integrity for the programs administered by these agencies. b" Each agency has a FPIP Plan that addresses three specific areas of requirements for Medicaid, CHIP and FS programs.

5.

Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

◉ Yes

○ No

○ N/A

6.

How many eligibility denials have been appealed in a fair hearing in FFY 2021?

[   ]

7.

How many cases have been found in favor of the beneficiary in FFY 2021?

[   ]

8.

How many cases related to provider credentialing were investigated in FFY 2021?

214

9.

How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

0

10.

How many cases related to provider billing were investigated in FFY 2021?

2104

11.

How many cases were referred to appropriate law enforcement officials in FFY 2021?

8

12.

How many cases related to beneficiary eligibility were investigated in FFY 2021?

7530

13.

How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

5

14.

Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

○ CHIP only

◉ Medicaid and CHIP combined

15.

Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

◉ Yes

○ No

16.

Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

○ Yes

○ No

17. Is there anything else you'd like to add that wasn't already covered?

Questions 6 and 7: Eligibility appeals are handled by the Wisconsin Department of Administration, Division of Hearings and Appeals. Due to the way eligibility appeals are managed and categorized, we do not have data on just the CHIP population. Question 8 uses different logic to obtain an answer this year. After review, cases that the OIG has reviewed during the enrollment process were counted. Previously, this was not included. Moderate and High risk providers are reviewed by OIG.

18.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[Browse...]

Eligibility, Enrollment, and Operations

Dental Benefits

Tell us about the children receiving dental benefits in your Separate CHIP program.

Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

◉ Yes

◯ No

2.

How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
2	3943	8021	16023	20666	11493

3.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	453	2463	7252	8786	4172

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	409	2290	6777	7975	3503

Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2021?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	21	674	2991	3704	2194

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6.

How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2021?

2217

Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32.All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7.

Do you provide supplemental dental coverage?

○ Yes

◉ No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

9.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[Browse...]

Eligibility, Enrollment, and Operations

CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

1.

Did you collect the CAHPS survey?

⦿   Yes

◯   No

Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.

1.

Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[   ]
    Browse...

2.

Which CHIP population did you survey?

○   Medicaid Expansion CHIP

○   Separate CHIP

○   Both Separate CHIP and Medicaid Expansion CHIP

◉   Other

3.

Which version of the CAHPS survey did you use?

○ CAHPS 5.0

○ CAHPS 5.0H

◉ Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

☑ None

☐ Children with Chronic Conditions

☐ Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

☐ NCQA HEDIS CAHPS 5.0H

☐ HRQ CAHPS

☑ Other

> 5a. Which administrative protocol did you use?
>
> | NCQA CAHPS 5.1H |

6. Is there anything else you'd like to add about your CAHPS survey results?

Question 2b: 24,418 children were sampled. This includes both CHIP and Medicaid children. We do not have the break out of which of these children were enrolled in CHIP and which were enrolled in Medicaid. Of these 24,418 children, 4,082 responded to the survey. 752 of the 4,082 were in the CHIP program.

Part 3: You didn't collect the CAHPS survey

Eligibility, Enrollment, and Operations

Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section.States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1.

Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

⦿   Yes

◯   No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

Wisconsin Poison Center

2.

Are you currently operating the HSI program, or plan to in the future?

◉ Yes

◯ No

3. Which populations does the HSI program serve?

The population of the State of Wisconsin.

4.

How many children do you estimate are being served by the HSI program?

5.

How many children in the HSI program are below your state's FPL threshold?

Computed:

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Percent of all calls that are children under 19 years old that have used the service, calculated monthly.

7. What outcomes have you found when measuring the impact?

Unknown

8. Is there anything else you'd like to add about this HSI program?

Question 4: See attachment "FFY 2021 Children Served by Wisconsin Poison Center" for numbers by month. Question 5: Wisconsin does not have data on how many children served by the Wisconsin Poison Center are below the state's FPL threshold. The Wisconsin Poison Center's (WPC's) mission is to consistently deliver comprehensive and accurate information to callers presented with complications or real or potential toxicity from any poison or drug. The Wisconsin Poison Center provides emergency information for people exposed to toxic amounts of substances including but not limited to household products, drugs or medications, chemicals, plants, and animal or insect bites. In addition, poison centers provide important standardized public health messaging during times of disaster or pandemics. The WPC is also a resource for healthcare providers for hospitalized patients. On March 2, 2001 the State of Wisconsin (WI) Department of Health Services (DHS) approved the consolidation of poison center services into a single state center. Subsequently, since February 21, 2005, the WPC is the only poison center accredited by the American Association of Poison Control Centers (AAPCC) to provide poison information and guidance services to the entire State of Wisconsin. The WPC falls under administrative direction of Children's Hospital of Wisconsin (CHW) and is a wholly owned and operated program of CHW. The WPC is located in the Corporate Center on the Milwaukee Regional Medical Center complex. The WPC and CH Ware affiliated with adult and pediatric Regional Level 1 Trauma Centers as well as adult and pediatric tertiary care hospitals. Toxicologic expertise is accessed through affiliated colleges and universities. Challenges include the potential for loss of funding through any of the current revenue streams, including loss of CHIP administrative funding after the current federal authorization bill expires. Additional challenges are inherent in the ongoing reduction in case volume for cases that involve pediatric patients, compromising the state's access to pediatric poison center services. A recent societal trend in utilization of communication technologies has expanded layperson and provider access to potentially unreliable poisoning information. Wisconsin's birth rate continues to decline since 1960 and has remained below the national average throughout that time. Anticipated further reduction in the pediatric population in Wisconsin with concomitant increase in the predicted population at risk for poisoning poses a unique challenge for the WPC in the near future.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. What is the name of your HSI program?

Wisconsin Lead-Safe Homes Program

2.

Are you currently operating the HSI program, or plan to in the future?

◉ Yes

◯ No

3. Which populations does the HSI program serve?

Low income children (under age 19) and pregnant women who are eligible for CHIP and live in, or visit regularly, a home built before 1978.

4.

How many children do you estimate are being served by the HSI program?

505

5.

How many children in the HSI program are below your state's FPL threshold?

460

Computed: 91.09%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

No information at this time.

7. What outcomes have you found when measuring the impact?

No information at this time.

8. Is there anything else you'd like to add about this HSI program?

The Wisconsin Lead-Safe Homes Program (LSHP) continues to successfully push forward in making homes lead-safe despite the many challenges that have resulted from the pandemic. The program has encountered multiple challenges, including safety issues related to entering homes to perform risk assessments or work during a time where COVID rates were high. We have had to maneuver and adjust schedules due to extremely long wait times for materials and supplies, upwards of several months. Due to shortages all over the world, supplies were not only backordered, but the average cost of materials and labor increased greatly, as high as 175%. These types of extenuating circumstances have proved challenging for the program. However, the LSHP team continues to work diligently with our families, rental property owners and our contractors to balance worker safety issues and continue to create safe and healthy homes during the pandemic. Despite all the challenges that are currently still playing a role in our day-to-day work, the program outreach that has been carried out over the last year and the momentum behind lead poisoning prevention in Wisconsin has created a space for LSHP to flourish. Enrollment of homes has increased by 48% and the number of children the program serves with the HSI has increased 68% since the last FFY. Currently, LSHP is building new partnerships with many local and community agencies that focus on different ways to build contactor capacity as well as make more homes lead-safe. LSHP is working with the Wisconsin Community Action Program (WISCAP) and the Wisconsin Department of Workforce Development (DWD) to build lead abatement contractor capacity in Wisconsin. We will pilot this program in the spring or early summer of 2022. This particular opportunity will allow LSHP to work closely with agencies that have direct contact with the contracting and small business communities. LSHP is also building a partnership with the Wisconsin Housing Preservation Corps (WHPC). This group is a large non-profit in Wisconsin that looks to secure safe and healthy housing for low income families. They have 8,400 housing units in 53 of the 72 counties in Wisconsin. Approximately 60-70% of their properties potentially meet the requirements for enrollment into the program.

9.

Optional: Attach any additional documents.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

| Browse... |

Do you have another in this list?

Optional

State Plan Goals and Objectives

Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different. Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can add additional objectives and goals to fit what's in your CHIP State Plan.

1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

> Maintain the percent of children without health insurance for an entire year at 2%.

2.

What type of goal is it?

○   New goal

◉   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

Estimated number of children who were uninsured for the entire year.

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

Total estimated number of children in the state of Wisconsin.

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start

mm/yyyy

| 03 | / | 2020 |

End

mm/yyyy

| 12 | / | 2020 |

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Information not available

10. What are you doing to continually make progress towards your goal?

Information not available

11. Anything else you'd like to tell us about this goal?

In previous years, Wisconsin has used the Wisconsin Family Health Survey data for this goal. Due to impacts of COVID-19, the Wisconsin Family Health Survey was not conducted in 2020. We do not have alternative data sources that use similar methodology. Since this goal compares progress from year-to-year, we do not want to introduce a new methodology that could be difficult to compare to past and future years when we use the Wisconsin Family Health Survey data.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase Access to Coverage

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

Monitor/increase the number of previously uninsured children between 100 - 300% FPL who get enrolled in BadgerCare Plus.

2.

What type of goal is it?

○   New goal

◉   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Number of children enrolled in October 2021 - number of children enrolled in October2020.

4.

Numerator (total number)

9770

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Number of children enrolled in October 2020.

6.

Denominator (total number)

140912

Computed: 6.93%

7.

What is the date range of your data?

Start
mm/yyyy

10 / 2020

End
mm/yyyy

10 / 2021

8.

Which data source did you use?

⦿ Eligibility or enrollment data

◯ Survey data

◯ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Yes, Wisconsin continued to monitor the BadgerCare Plus enrollment of children in this category. Enrollment increased from October 2020 to October 2021 by 6.93%.

10. What are you doing to continually make progress towards your goal?

Wisconsin will continue to monitor enrollment data while analyzing the impacts of internal (e.g. policies and operational processes) and external (e.g. economic and political) influences.

11. Anything else you'd like to tell us about this goal?

The economic and other impacts of the COVID-19 PHE has likely contributed to the higher number of children enrolled in CHIP.

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

> Monitor/increase the number of previously uninsured children below 100% FPL who get enrolled in BadgerCare Plus.

2.

What type of goal is it?

- ○ New goal

- ⊙ Continuing goal

- ○ Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

Number of children enrolled in October 2021 - number of children enrolled in October 2020

4.

Numerator (total number)

6314

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Number of children enrolled in October 2020

6.

Denominator (total number)

275214

Computed: 2.29%

7.

What is the date range of your data?

Start
mm/yyyy

10 / 2020

End
mm/yyyy

10 / 2021

8.

Which data source did you use?

⦿   Eligibility or enrollment data

◯   Survey data

◯   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

> Wisconsin continued to monitor the BadgerCare Plus enrollment of children in this category. CARTS will not allow us to enter in a negative number in the numerator field. The numerator should be -6341. Enrollment decreased from October 2020 to October 2021 by 2.3%.

10. What are you doing to continually make progress towards your goal?

> Wisconsin will continue to monitor enrollment data while analyzing the impacts of internal (e.g. policies and operational processes) and external (e.g. economic and political) influences.

11. Anything else you'd like to tell us about this goal?

In the FFY 2020 report, Wisconsin reported a large increase of 11.4 percent of enrollment of children in this category from October 2019 to October 2020. The economic impact of COVID-19 may have influenced this large increase in enrollment. The overall number of children in this category is still about 22,000 children higher in October 2021 than in October 2019. The economic situation for many families may have improved over 2021 which could have led to household income increases that pushed children out of this category. The category of children at 100 - 300% FPL has increased (see Objective 2, Goal 1).

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?
Optional

1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Improved health outcomes and quality of care

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

Improving the immunizations rate for children under 2 years of age.

2.

What type of goal is it?

○   New goal

◉   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

Includes CHIP and Medicaid. Combination 3 - Number of children who turned 2 years of age in the calendar year that had at least: b" 4 DTaP vaccinations b" 3 IPV vaccinations b" 1 MMR vaccination b" 3 HiB vaccinations b" 3 Hep B vaccinations b" 1 VZV vaccination b" 4 PCV

4.

Numerator (total number)

5400

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Includes CHIP and Medicaid. Number of children who turned 2 years of age in the calendar year.

6.

Denominator (total number)

8140

Computed: 66.34%

7.

What is the date range of your data?

Start

mm/yyyy

| 01 | / | 2018 |

End

mm/yyyy

| 12 | / | 2021 |

8.

Which data source did you use?

○ Eligibility or enrollment data

○ Survey data

◉ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

> For CY2020, Wisconsin used Combination 3. Compared to CY2019, Combination 3 rate of 71.3%, the 2020 rate is 66.3%

10. What are you doing to continually make progress towards your goal?

> For CY2021, The state will incentivize HMOs to perform at or above the 75th PCTL from CY19 national results for CIS combo 3.

11. Anything else you'd like to tell us about this goal?

> The data source is Administrative (claims data) and Hybrid (ehr + Claims)
> The date range of this data is: Numerator 01/2018 - 12/2021 Denominator 01/2020 - 12/2021

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

[   ]

4.

Numerator (total number)

0

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

[   ]

6.

Denominator (total number)

[0   ]

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

[01] / [2021]

End
mm/yyyy

[12] / [2021]

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal for this objective.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

6.

Denominator (total number)

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

01 / 2021

End
mm/yyyy

12 / 2021

8.

Which data source did you use?

- ○ Eligibility or enrollment data

- ○ Survey data

- ○ Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

```
```

10. What are you doing to continually make progress towards your goal?

```
```

11. Anything else you'd like to tell us about this goal?

```
```

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?

Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal for this objective.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

[01] / [2021]

End
mm/yyyy

[12] / [2021]

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

_____

10. What are you doing to continually make progress towards your goal?

_____

11. Anything else you'd like to tell us about this goal?

_____

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Do you have another in this list?
Optional

1. What is the next objective listed in your CHIP State Plan?

1. Briefly describe your goal for this objective.

[   ]

2.

What type of goal is it?

○   New goal

○   Continuing goal

○   Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

[   ]

4.

Numerator (total number)

[   ]

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

[   ]

6.

Denominator (total number)

[   ]

Computed:

7.

What is the date range of your data?

Start
mm/yyyy

[01] **/** [2021]

End
mm/yyyy

[12] **/** [2021]

8.

Which data source did you use?

○   Eligibility or enrollment data

○   Survey data

○   Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

```
[                                                    ]
```

10. What are you doing to continually make progress towards your goal?

```
[                                                    ]
```

11. Anything else you'd like to tell us about this goal?

```
[                                                    ]
```

12.

Do you have any supporting documentation?

Optional

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

[Browse...]

Do you have another in this list?

Optional

Do you have another objective in your State Plan?

Optional

Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

Wisconsin has a pay-for-performance (P4P) program with HMOs in which a certain percentage of their monthly capitation payments is withheld and given back to HMOs only if they meet benchmarks on several performance measures. The program started in 2009 and has evolved throughout the years. We have learned that once a measure is included in the P4P program, statewide averages for those measures improve.

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

> Wisconsin plans to continue using the P4P program and other public reporting initiatives like the development of the HMO Report Card to monitor quality of care.

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?
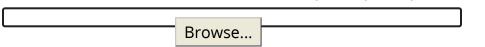
> No

4.

Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Program Financing

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 122,729,677	$ 121,783,143	$ 123,929,024

2.

How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 162,048,589	$ 160,798,814	$ 163,632,171

3.

How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 15,807	$ 15,685	$ 15,962

4.

How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

$ 45,246,744

$ 44,897,785

$ 45,688,907

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	122729677	121783143	123929024
Fee for Service	162048589	160798814	163632171
Other benefit costs	15807	15685	15962
Cost sharing payments from beneficiaries	45246744	44897785	45688907
Total benefit costs	330040817	327495427	333266064

Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on personnel in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

This includes wages, salaries, and other employee costs.

2021	2022	2023
$ 0	$ 0	$ 0

2.

How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 16,884,609	$ 21,279,598	$ 22,224,765

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	$ 0	$ 0

4.

How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	$ 0	$ 0

5.

How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 0	$ 0	$ 0

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021	2022	2023
$ 1,964,285	$ 1,964,285	$ 1,964,285

7.

How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

$ 0

$ 0

$ 0

Table 2: Administrative Costs

This table is auto-populated with the data you entered above. Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

Type	FFY 2021	FFY 2022	FFY 2023
Personnel	0	0	0
General administration	16884609	21279598	22224765
Contractors and brokers	0	0	0
Claims processing	0	0	0
Outreach and marketing	0	0	0
Health Services Initiatives (HSI)	1964285	1964285	1964285
Other administrative costs	0	0	0
Total administrative costs	18848894	23243883	24189050
10% administrative cap	26616369.89	26411095.22	26876472.22

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding. This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

FMAP Table	FFY 2021	FFY 2022	FFY 2023
Total program costs	348889711	350739310	357455114
eFMAP	71.56	71.92	Not Available
Federal share	249665477.19	252251711.75	Not Available
State share	99224233.81	98487598.25	Not Available

8.

What were your state funding sources in FFY 2021?

Select all that apply.

☑ State appropriations

☑ County/local funds

☐ Employer contributions

☐ Foundation grants

☐ Private donations

☐ Tobacco settlement

☐ Other

9.

Did you experience a shortfall in federal CHIP funds this year?

○ Yes

◉ No

Part 3: Managed Care Costs

Complete this section only if you have a Managed Care delivery system.

1.

How many children were eligible for Managed Care in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

| 124955 |

2022

| 126204 |

2023

| 127466 |

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

Round to the nearest whole number.

2021

| $ |

2022

| $ |

2023

| $ |

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	124955	126204	127466
PMPM cost	Not Answered	Not Answered	Not Answered

Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1.

How many children were eligible for Fee for Service in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

2022

2023

10101

10202

10304

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2021

2022

2023

$

$

$

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	10101	10202	10304
PMPM cost	Not Answered	Not Answered	Not Answered

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

Part 1, Table 1: The Total benefit costs line appears to be adding cost sharing instead of subtracting that amount. The attached "2021 CHIP Annual Report Section 5 Tables" document has our calculations for this table. Part 2, Question 6: The HSI amount only includes Poison Control. Part 2, Table 3: The eFMAP that is autopopulated does not include the enhanced COVID FMAP. The table in the attached "2021 CHIP Annual Report Section 5 Tables" document includes the enhanced COVID FMAP in the federal and state shares calculations. Part 3 and 4: Per Member per Month (PMPM) costs are calculated using the annual Total Program costs, divided by the total number of eligible members, before dividing by 12 to get the monthly per member cost. Because Wisconsin carves all drug costs out of managed care, we calculate an overall PMPM which is more representative of actual costs rather than looking at managed care separately. The attached "2021 CHIP Annual Report Section 5 PMPM Table" document includes the PMPM table.

2.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...

Challenges and Accomplishments

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

The state environment continues to be supportive of ensuring the healthcare needs for low-income, uninsured children in particular. Especially in light of the COVID-19 public health emergency, Gov. Tony Evers' administration has made it a priority to enroll more Wisconsin residents in affordable health coverage plans, including Medicaid and CHIP. The Wisconsin Department of Health Services, in partnership with other state and local agencies and organizations, continues to work on educating consumers about available health care programs.

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

While the state has many initiatives and outreach efforts to inform Wisconsin residents about health care programs, including BadgerCare Plus, it is a continuing challenge to make sure that information is shared with all who may be eligible. Due to the economic impacts of COVID-19,many families have experienced a decrease in income. Some of these families may now financially qualify for CHIP, so we want to make information about BadgerCare Plus easily accessible to this population. Health care in general is a complex topic that can be confusing even to the best informed, so it can be a challenge to make sure that the information available is clear and comprehensive. With COVID-19 driving an increased interest in health, we want to make sure that we are sharing timely and accurate information about Wisconsin's health care programs.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

The BadgerCare Plus program continued to enroll families without any major cuts in eligibility and services. The Wisconsin Department of Health Services, the county economic support agencies, and numerous stakeholders throughout the state have collaborated on fast-paced efforts to address the challenges posed by COVID-19 in order to best serve our members.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

Wisconsin has not made changes to the CHIP program in FFY 2021. However, we are in the process of a multi-year project to modernize ACCESS, the online portal where people can apply for and manage their benefits. These enhancements will make ACCESS more user-friendly on both computers and on smartphones. It will also increase accessibility to programs, including BadgerCare Plus.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

The Wisconsin Department of Health Services will continue to address the challenges from theCOVID-19 pandemic while moving forward with our ongoing plans to improve member experience with BadgerCare Plus.

6.

Optional: Attach any additional documents here.

Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.
Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

Browse...