

Wisconsin BadgerCare Reform 1115 Waiver Demonstration
Section 1115 Quarterly Report

Section 1115 Annual Report Summary

Demonstration Year:
2 (1/1/2015 – 12/31/2015)

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Introduction

The Wisconsin BadgerCare Reform demonstration provides state plan benefits to childless adults who have family incomes up to 95 percent of the Federal Poverty Level (FPL) (effectively 100 percent of the FPL considering a disregard of 5 percent of income), and permits the state to charge premiums to adults who are only eligible for Medicaid through the Transitional Medical Assistance eligibility group (hereinafter referred to as “TMA Adults”) with incomes above 133 percent of the FPL starting from the first day of enrollment and to TMA Adults from 100-133 percent of the FPL after the first 6 calendar months of TMA coverage.

The demonstration will allow the state to provide health care coverage for the childless adult population at or below an effective income of 100 percent of the FPL with a focus on improving health outcomes, reducing unnecessary services, and improving the cost-effectiveness of Medicaid services. Additionally, the demonstration will enable the state to test the impact of providing TMA to individuals who are paying a premium that aligns with the insurance affordability program in the Marketplace based upon their household income when compared to the FPL.

The state’s goals for the program are to demonstrate whether the program will:

- Ensure every Wisconsin resident has access to affordable health insurance and reduce the state’s uninsured rate.
- Provide a standard set of comprehensive benefits for low income individuals that will lead to improved healthcare outcomes.
- Create a program that is sustainable so Wisconsin’s healthcare safety net is available to those who need it most.

Enrollment and Benefits Information

Childless Adults (Population Group 2) - In demonstration year 2 the number of unique program participants decreased as did the total number of childless adults enrolled in the program for the year. From the beginning to the end of demonstration year 2 the total number of unique program participants decreased from 174,320 to 168,756, a total decrease of 5,564. Total monthly enrollment also decreased from the start to the end of the demonstration year with 155,330 childless adults in January 2015 and 151,417 childless adults in December 2015, for a total drop of 5,357.

Transitional Medical Assistance (TMA) Adults - In demonstration year 2 the number of unique program participants increased significantly while the total number of TMA adults enrolled in the program also increased. From the beginning to the end of the demonstration year the total number of unique program participants increased from 19,218 to 55,973, for a total increase of 36,755 unique program participants. Total monthly enrollment also increased from during the demonstration year with 14,059 TMA adults in January 2015 and 20,459 TMA adults in December 2015.

For demonstration year 2 the rate of disenrollment for non-payment of premiums for the TMA Adult population 100% to 133% FPL was 5%, compared to 21% for the TMA Adult population over 133% FPL.

We will attempt to learn more about the reasons behind the variances between the two populations through the formal evaluation that will be conducted during demonstration year 3.

The DHS has not identified any issues related to access to care or delivery of benefits given the current enrollment trends and will continue to monitor.

Enrollment Counts for Demonstration Year 2				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 03/31/2015*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	174,320	174,320	17,565	N/A
TMA Adults – 100% to 133% FPL	12,741	12,741	1,724	436
TMA Adults – Over 133% FPL	6,477	6,477	1,954	1,216
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 06/30/2015*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	176,378	194,217	33,147	N/A
TMA Adults – 100% to 133% FPL	15,214	20,091	2,473	791
TMA Adults – Over 133% FPL	7,778	11,030	2,641	1,623
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 09/30/2015*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	166,401	213,664	23,109	N/A
TMA Adults – 100% to 133% FPL	17,173	27,410	2,713	833
TMA Adults – Over 133% FPL	9,118	15,975	3,286	1,938
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 12/31/2015*	Current Enrollees (year to date)**	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums (current quarter)***
BC Reform Adults	168,756	234,578	24,579	N/A
TMA Adults – 100% to 133% FPL	19,082	34,910	2,955	1,071
TMA Adults – Over 133% FPL	9,998	21,063	3,546	2,158
*Reflects total unduplicated count of members enrolled during the demonstration year				
** Reflects total unduplicated count of members enrolled during the demonstration year.				
***Disenrollment does not reflect those who maintained eligibility after the closure month for any benefit plan				

Member Month Reporting				
Eligibility Group	Month 1 (January 2015)	Month 2 (February 2015)	Month 3 (March 2015)	Total for Quarter Ending 03/2015
BC Reform Adults	155,330	161,907	163,781	481,018
TMA Adults – 100% to 133% FPL	8,791	8,764	9,020	24,575
TMA Adults – Over 133% FPL	5,268	4,011	4,046	13,325
Eligibility Group	Month 4 (April 2015)	Month 5 (May 2015)	Month 6 (June 2015)	Total for Quarter Ending 06/2015
BC Reform Adults	161,681	154,786	148,945	465,412
TMA Adults – 100% to 133% FPL	9,879	10,435	11,072	31,386
TMA Adults – Over 133% FPL	5,927	4,698	5,311	15,936
Eligibility Group	Month 7 (July 2015)	Month 8 (August 2015)	Month 9 (September 2015)	Total for Quarter Ending 09/2015
BC Reform Adults	150,727	150,244	149,291	450,262
TMA Adults – 100% to 133% FPL	11,504	11,947	12,447	35,898
TMA Adults – Over 133% FPL	7,363	5,707	5,908	18,978
Eligibility Group	Month 10 (October 2015)	Month 11 (November 2015)	Month 12 (December 2015)	Total for Quarter Ending 12/2015
BC Reform Adults	149,973	150,612	151,417	452,002
TMA Adults – 100% to 133% FPL	13,206	13,515	14,028	40,749
TMA Adults – Over 133% FPL	8,188	6,330	6,431	20,949

Childless Adult and TMA Re-Enrollment Statistics

In September 2015 CMS requested that Wisconsin analyze the demonstration groups to identify how many members had been disenrolled and subsequently regained program eligibility.

In providing these statistics we included those members that regained full-benefit eligibility within 12 months of the current reporting quarter. The initial statistics provided below include those childless adult and TMA members who were disenrolled since April 2014 (the start of the demonstration) and were enrolled in the final quarter of demonstration year 2.

The table below shows that the percentage of childless adults who were disenrolled in demonstration year 1 and (population group 2) regained eligibility in demonstration year 2 rose to 45%, and for TMA adults (population group 1) nearly 62% had regained eligibility by the end of demonstration year 2.

Quarter of Disenrollment	Waiver Group	Number re-enrolled within one year by benefit plan										Total Disenrolled	% Re-enrolled within one year
		BCSP	FSTMA	MAP	MAPW	MCD	MCDW	SSIMA	WWMA	All Benefit Plans			
04/14 - 06/14	CLA (Group 2)	4,962	1	260	16	399	97	155	8	5,898	16,291	36.20%	
04/14 - 06/14	TMA (Group 1)	6,289	0	7	1	25	4	15	2	6,343	10,551	60.12%	
07/14 - 09/14	CLA (Group 2)	5,686	1	229	14	386	95	142	3	6,556	14,478	45.28%	
07/14 - 09/14	TMA (Group 1)	5,691	0	6	0	15	4	13	3	5,732	9,531	60.14%	
10/14 - 12/14	CLA (Group 2)	6,890	1	277	13	412	101	121	2	7,817	17,310	45.16%	
10/14 - 12/14	TMA (Group 1)	5,733	0	3	0	14	3	9	1	5,763	9,334	61.74%	

CLA = Childless Adults
TMA = Transitional Medical Assistance

Outreach/Innovative Activities to Assure Access

All HMOs serving BadgerCare Plus members, which includes members of this demonstration waiver population, but are not limited to the demonstration population, are required to submit their member communication and outreach plans to the DHS for review. All materials are reviewed and approved by the DHS prior to distribution to members. Such materials include HMO-developed member handbooks, HMO-developed new member enrollment materials, and HMO-developed brochures.

The DHS also contracts with the City of Milwaukee Health Department to focus on outreach to current and prospective BadgerCare Plus members in Milwaukee County. As part of this agreement, staff is available at multiple locations throughout the county, including Milwaukee Health Department sites, in order to provide assistance with ACCESS applications and renewals, as well as with other enrollment and eligibility troubleshooting.

The seven county public health departments are:

- Dunn County Health Department
- Chippewa County Public Health
- Juneau County Health Department
- La Crosse County Health Department
- Polk County Health Department
- Sauk County Health Department
- Washburn County Health Department

Collection and Verification of Encounter Data and Enrollment Data

Following is a summary of the annual managed care enrollment. Managed care enrollment for demonstration year 2 shows X with approximately 85% of all childless adults enrolled in managed care which is comparable with managed care enrollment for other BadgerCare Plus populations.

Managed care enrollment for demonstration year 2 is

BadgerCare Plus Childless Adult HMO Enrollment	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Anthum Blue Cross Blue Shield	12489	13704	14325	14,994	14,503	13,733	14,062	14,072	14,067	14,043	14,029	13,820
Childrens Community Health Plan	10154	10710	11030	11,347	10,913	10,305	10,624	10,304	10,749	10,726	10,794	10,705
Compcare	3306	3647	3750	4049	3896	3644	3803	3806	3796	3798	3784	3800
Dean Health Plan	5112	5059	5027	4836	4478	4214	4521	4573	4626	4663	4724	4717
Group Health Eau Claire	4889	5229	5602	6070	5898	5884	6241	6378	6409	6443	6388	6393
Group Health South Central	2216	2473	2485	2664	2571	2348	2406	2394	2322	2279	2223	2179
Gundersen	2116	2292	2378	2398	2372	2278	2425	2465	2414	2407	2413	2402
Health Tradition	1083	1197	1258	1335	1247	1152	1220	1220	1191	1210	1227	1226
iCare	7255	7597	7753	7873	7446	6918	7043	7073	7058	6988	6905	6826
Managed Health Services	9500	9738	9959	10,230	9669	8991	9123	9174	9094	8952	8862	8724
Mercy	1879	2064	2156	2250	2278	2161	2234	2287	2287	2303	2311	2307
Molina	9227	9643	10132	10,525	10,023	9423	9282	9772	9771	9580	9562	9381
Network	9312	9587	9774	10,200	9547	9120	8986	9049	8939	8937	8905	8746
Physicians Plus	2208	2475	2777	3,089	3,004	2881	2969	2961	2936	2931	2885	2801
Security	6860	7710	8259	8672	8541	8220	8520	8666	8612	8624	8590	8532
Trilogy	3237	3513	3667	3,686	3,514	3398	3502	3493	3499	3,481	3493	3430
UnitedHealthcare	25,552	27,559	28,585	29,962	29,220	28,161	28,833	28,969	28,802	28,560	28,532	28,420
Unity	1785	1757	1723	1621	1499	1351	1389	1369	1361	1324	1340	1348
Total	118,180	125,954	130,640	135,801	130,619	124,182	127,183	128,025	127,933	127,249	126,967	125,757

Operational/Policy/Systems/Fiscal Developments/Issues

The state has not identified program developments/issues/problems that have occurred in the current quarter or are anticipated to occur in the near future that affect health care delivery, quality of care, approval and contracting with new plans, health plan contract compliance and financial performance relevant to the demonstration, fiscal issues, systems issues, and pertinent legislative or litigation activity.

Financial/Budget Neutrality Development/Issues

Consumer Issues

Consumers have not reported any significant issues related to coverage and/or access to the program and benefits in the current quarter.

Quality Assurance/Monitoring Activity

The DHS consistently monitors activities using a systematic approach that ensures services for all BadgerCare Plus populations are reviewed for quality assurance.

Health Needs Assessment Requirement for Childless Adults

The 2014-2015 BadgerCare Plus HMO contract required health plans to conduct a Health Needs Assessment (HNA) screening of newly enrolled BadgerCare Plus childless adult members within two months of HMO enrollment. The contract requires HMOs to include the following elements in the HNA screening:

- a. Urgent medical and behavioral symptoms (e.g., shortness of breath, rapid weight gain/loss, syncope, suicidal ideations, psychotic break);

- b. Members' perception of their general well-being;
- c. Identify usual sources of care (e.g., primary care provider, clinic, specialist, dental provider);
- d. Frequency in use of emergency and inpatient services;
- e. History of chronic physical and mental health illnesses (e.g., respiratory disease, heart disease, stroke, diabetes/pre-diabetes, back pain and musculoskeletal disorders, cancer, overweight/obesity, severe mental illness(es), substance abuse);
- f. Number of prescription medications used monthly;
- g. Socioeconomic barriers to care (e.g., stability of housing, reliable transportation, nutrition/food resources, availability of family/caregivers to provide support);
- h. Behavioral and medical risk factors including member's willingness to change their behavior such as:
 - i. Symptoms of depression
 - ii. Alcohol consumption and substance abuse
 - iii. Tobacco use
- i. Weight (e.g., using BMI or waist circumference) and blood pressure indicators.

HMOs can conduct the screening in-person, over the phone, via mail or online. Most HMOs conduct the HNA with members either via mail or over the phone. HMOs must use different modes of contact for reaching out to members, even those that are considered hard-to-reach.

Calendar year 2015 was the first year in which HMOs started to report data on their HNA performance. All 19 BadgerCare Plus HMOs participated. HMOs voiced their concerns about the challenges they face conducting outreach to engage the childless adult population. According to HMOs, there is a significant number of members with poor contact information (incorrect phone numbers and addresses). DHS will continue working with HMOs and members to address the issue of bad contact member information in 2016.

In 2015, DHS also worked with HMOs to modify the HNA contract requirements for 2016 including setting up benchmarks for each HMO on HNA performance and financial penalties for HMOs that do not meet the benchmark.

- For 2016, BadgerCare Plus HMOs are required to meet the lesser of the following targets of timely HNA Screenings:
 - a. Performance Level Target: 35% rate of timely HNA Screenings in calendar year 2016-2017;
 - OR
 - b. Reduction in Error Target: 10% improvement from baseline.
- HMOs who do not meet the HNA target in 2016 will be subject to liquidated damages. The amount will be the lesser of either \$250,000 or \$40 per BadgerCare Plus Childless Adult member for whom the HMO failed to meet the target in the calendar year.

In 2015 and early 2016, DHS worked with HMOs on reconciling their HNA quarterly results for the period of 7/1/2014 to 6/30/2015 which was used to set the baselines for the 2016 HNA benchmarks.

External Quality Review Activities

Following are a summary of the annual activities for demonstration year 2 by the External Quality Review Organization (EQRO) – MetaStar for the HMOs operating the BadgerCare+ program.

DY2 – Quarter 1

- Collaborated with the DHS to plan and schedule comprehensive reviews for FY 2014.
- Validated and reported preliminary results of Performance Improvement Projects (PIPs); final reports in progress.
- Collaborated with DHS and HP staff on the review of performance measure charters. Validated performance measures for measurement year 2013; validation will continue in the fourth quarter of 2014 for 2015 baseline measures.
- Performed data abstraction and delivered CY 2013 report for Healthy Birth Outcomes initiative (medical home enrollees). Deployed the OBMH registry (transition from Center for Urban and Population Health).

DY2 – Quarter 2

- Supported DHS in its review of accreditation and certification processes for HMOs.
- Reviewed 2015 Performance Improvement Project (PIPs) proposals for two SMCPs.
- Conducted and/or reported on Compliance with Standards reviews for three HMOs.
- Performed data abstraction and delivered quarterly report for HBO initiative (medical home enrollees). Participated in conference calls with new HMOs regarding medical record submission process.
- Initiated tracking of Performance Improvement Project submissions from HMOs for validation beginning July 1, 2015.
- Delivered the draft FY 15 Annual Technical Report.

DY2 – Quarter 3

- Supported DHS in its review of accreditation and certification processes for HMOs.
- Validated 2014 Performance Improvement Project (PIPs) proposals for all HMOs but one (who received an extension).
- Conducted Certification reviews for assigned sections for all HMOs; held teleconference with contract monitor to deliver findings for one HMO.
- Performed data abstraction and delivered annual report for HBO initiative (medical home enrollees).
- Developed/reviewed SSI CMR materials and delivered to DHS for review and approval.

DY2 – Quarter 4

- In collaboration with DHS, developed and distributed accreditation deeming strategy document request lists for accredited HMOs. Conducted review of documents for accreditation gaps.
- Completed 2016 PIP Proposal Reviews for three HMOs who received extensions.

- Performed data abstraction for HBO initiative (medical home enrollees). Delivered records request lists to HMOs (July-December 2015 postpartum visits). Maintained OBMH registry, triaged questions as needed.
- Met with DHS and began developing HIV/AIDs health home review criteria.
- Developed and delivered to BBM, a Timeline of Activities for External Quality Reviews.

Managed Care Reporting Requirements

Starting April 1, 2014 childless adults were enrolled in BadgerCare Plus fee-for-service benefits. Starting in July 2014 the state began enrolling childless adults into managed care with an average of 20,000 members in each month until all new members have been enrolled in managed care as applicable. HMOs are required to report to the DHS on the status of quality initiatives, PIPs, and other programmatic requirements.

Demonstration Evaluation

On November 12, 2014, the Centers for Medicare and Medicaid Services (CMS) approved the Department of Health Services (DHS) evaluation plan. The DHS has incorporated the approved evaluation plan as Attachment C.

The DHS has signed an interagency agreement and contracted with the UW Population Health Institute to conduct the evaluation. DHS and the UW began work on the evaluation September 1, 2015. The UW's Scope of Work and Workplan are included as Attachment D.

The UW is on schedule to begin the first evaluation survey and report starting in April 2016.

State Contact(s)

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Attachment A – Budget Neutrality Monitoring Workbook

Childless Adults Draft Financial Statistics - Waiver Reporting for Year Ending Dec. 2015

Childless Adult Quarterly Comparison	Claim Expenditures (\$ in AF)	Prior Year QE Expenditures (\$ in AF)	Ave Monthly Enrollment	Prior Year QE Ave Monthly Enrollment	Ave Monthly PMPM	Prior Year QE Ave Monthly PMPM
QE June 2014	101,210,605	22,157,735	111,187	18,660	302.75	395.80
QE Sept. 2014	137,243,424	21,246,908	130,036	17,487	351.42	404.97
QE Dec. 2014	167,024,246	20,296,922	143,883	16,288	386.86	415.43

Adult Waiver Quarterly Trends	Claim Expenditures (\$ in AF)	Quarter-over-Quarter Percent Change	Ave Monthly Enrollment	Quarter-over-Quarter Percent Change	Ave Monthly PMPM	Quarter-over-Quarter Percent Change
QE June 2015	194,345,577	-	155,819	-	415.89	-
QE Sept. 2015	195,141,175	0.41%	150,702	-3.28%	431.63	3.78%
QE Dec. 2015	194,565,204	-0.30%	150,993	0.19%	429.53	-0.48%

CORE Baseline (Childless Adults)	Claim Expenditures (\$ in AF)	Fee for Service Enrollees	CAP Expenditures	CAP Members	Total Expenditures	Total Enrollees	Overall PMPM
Apr-13	2,624,273	2,383	4,956,173	16,741	7,580,446	19,124	396.38
May-13	2,582,125	2,333	4,832,357	16,330	7,414,482	18,663	397.28
Jun-13	2,409,378	2,203	4,753,430	15,989	7,162,808	18,192	393.73
Jul-13	2,553,051	1,926	4,721,124	15,922	7,274,175	17,848	407.56
Aug-13	2,395,752	1,832	4,671,819	15,674	7,067,571	17,506	403.72
Sep-13	2,359,752	1,836	4,545,410	15,272	6,905,162	17,108	403.62
Oct-13	2,568,860	1,898	4,411,923	14,809	6,980,783	16,707	417.84
Nov-13	2,222,150	1,657	4,372,572	14,633	6,594,722	16,290	404.83
Dec-13	2,444,132	1,579	4,277,285	14,288	6,721,417	15,867	423.61
Jan-14	2,372,043	1,519	4,069,353	13,844	6,441,396	15,363	419.28
Feb-14	2,153,802	1,403	3,929,873	13,330	6,083,675	14,733	412.93
Mar-14	2,373,347	1,360	3,793,829	12,830	6,167,176	14,190	434.61

BC Reform Adult Waiver (Childless Adults)	Claim Expenditures (\$ in AF)	Fee for Service Enrollees	CAP Expenditures	CAP Members	Total Expenditures	Total Enrollees	Overall PMPM
Apr-14	26,293,463	96,182	3,144,558	9,532	29,438,021	105,714	278.47
May-14	31,276,064	100,972	2,951,909	8,878	34,227,973	109,850	311.59
Jun-14	33,724,699	105,854	3,819,912	12,144	37,544,611	117,998	318.18
Jul-14	34,866,576	100,968	7,541,232	23,898	42,407,808	124,866	339.63
Aug-14	31,278,043	86,034	13,633,326	44,239	44,911,369	130,273	344.75
Sep-14	31,688,502	73,344	18,235,745	61,625	49,924,247	134,969	369.89
Oct-14	30,266,965	56,976	23,979,739	82,485	54,246,704	139,461	388.97
Nov-14	25,478,921	44,182	28,569,601	99,066	54,048,522	143,248	377.31
Dec-14	26,403,009	35,918	32,326,011	113,022	58,729,020	148,940	394.31
Jan-15	26,394,875	33,569	34,803,062	121,838	61,197,937	155,407	393.79
Feb-15	25,007,418	33,697	36,623,234	128,387	61,630,652	162,084	380.24
Mar-15	29,129,303	30,584	38,064,738	133,765	67,194,041	164,349	408.85
Apr-15	29,438,428	29,713	37,521,165	132,325	66,959,593	162,038	413.23
May-15	27,308,302	28,206	36,308,926	127,152	63,617,228	155,358	409.49
Jun-15	28,788,801	28,508	34,979,955	121,553	63,768,756	150,061	424.95
Jul-15	29,565,936	26,454	35,854,746	124,366	65,420,682	150,820	433.77
Aug-15	28,755,176	25,718	36,162,073	125,054	64,917,249	150,772	430.57
Sep-15	28,643,707	25,500	36,159,537	125,014	64,803,244	150,514	430.55
Oct-15	29,000,002	25,920	36,178,029	124,141	65,178,031	150,061	434.34
Nov-15	28,052,991	26,931	36,063,150	123,987	64,116,141	150,918	424.84
Dec-15	29,387,582	28,766	35,883,450	123,233	65,271,032	151,999	429.42

*MC Enrollees have some of their expenditures in FFS Claims as well: Wrap around, Pharmacy, etc.
 **FFS Claims are pulled on a date of service basis. PMPM comparisons may be skewed due to claims lag for months of October 2015 through December 2015
 *** Expenditures and enrollment may not tie to future quarterly reports as numbers will be adjusted to account for claims lag
 **** All data pulled on March 30, 2016 from DSS, not from MBES quarterly report

Attachment B – Summary of Cost-Sharing for TMA Adults Only

Individuals affected by, or eligible under, the demonstration with the co-payments below

TMA Adults (Demonstration Population 1)

Monthly Premium Amount Based on FPL Percentage	Monthly Premium Amount as Percentage of Income
100.01 – 132.99%	2.0%
133 – 139.99%	3.0%
140 – 149.99%	3.5%
150 – 159.99%	4.0%
160 – 169.99%	4.5%
170 – 179.99%	4.9%
180 – 189.99%	5.4%
190 – 199.99%	5.8%
200 – 209.99%	6.3%
210 – 219.99%	6.7%
220 – 229.99%	7.0%
230 – 339.99%	7.4%
240 – 249.99%	7.7%
250 – 259.99%	8.05%
260 – 269.99%	8.3%
270 – 279.99%	8.6%
280 – 289.99%	8.9%
290 – 299.99%	9.2%
300% and above	9.5%

Attachment C – Demonstration Evaluation Plan



WI BadgerCare Reform Final Approval



BadgerCare Reform Demonstration Evaluation Plan

Attachment D – BadgerCare Plus Reform Waiver Project Work Plan



BadgerCare Plus
Reform Waiver Project

Attachment E – University of Wisconsin Scope Work & Project Work Plan



BadgerCare Reform
Waiver Evaluation - S