

Wisconsin BadgerCare Reform 1115 Waiver Demonstration
Section 1115 Quarterly Report

Section 1115 Quarterly Report Summary

Demonstration Year:
1 (4/1/2014 – 12/31/2014)
Federal Fiscal Quarter:
1 (1/1/2014 – 3/31/2014)

Table of Contents

Introduction	5
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5).	5
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	5
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	6
Enrollment and Benefits Information	6
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5).	6
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	7
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	10
Enrollment Counts for Quarter and Year to Date	10
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	10
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	11
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	11
Outreach/Innovative Activities to Assure Access	11
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	11
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	12
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	12
Collection and Verification of Encounter Data and Enrollment Data	27
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	27
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	27
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	27
Operational/Policy/Systems/Fiscal Developments/Issues	27
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	27
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	29

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	30
Financial/Budget Neutrality Development/Issues	30
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	30
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	30
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	31
Member Month Reporting.....	31
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	31
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	31
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	31
Consumer Issues	31
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	31
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	32
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	33
Quality Assurance/Monitoring Activity.....	33
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	33
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	34
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	35
Managed Care Reporting Requirements	35
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	35
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	35
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	35
Demonstration Evaluation	35
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	35

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	36
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	36
Enclosures/Attachments.....	37
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	37
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	37
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	37
State Contact(s).....	37
Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)	37
Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5).....	37
Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5).....	37
Attachment A – Budget Neutrality Monitoring Workbook.....	39
Attachment B – Summary of Cost-Sharing for TMA Adults Only.....	40
Attachment C – Demonstration Evaluation Plan	41
Attachment D – Disenrollment Types (11-W-00125/5).....	42
Attachment E – Benefit Changes to the Core Plan as Approved by CMS (11-W-00242/5)	43
Attachment F – Benefits and Cost Sharing Under the Core Benefit Plan (11-W-00242/5)	44
Attachment G – Core Closure Reasons (11-W-00242/5)	48

Introduction

This quarterly report includes the final updates for Wisconsin's two expiring waivers (11-W-00125/5 and 11-W-00242/5), as well as the initial update for Wisconsin's new waiver (11-W-00293/5).

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

In September 2010, Wisconsin submitted an extension request for the Demonstration Project through December 31, 2013. Due to the delay in implementing the BadgerCare Plus policy changes required by the Affordable Care Act (ACA) and 2013 Wisconsin Act 20, Wisconsin received approval to extend this Demonstration Project through March 31, 2014.

This component of the waiver would continue to provide coverage for non-pregnant parents and caretaker relatives with family income between 150-200% of the federal poverty level. A subsequent waiver amendment was approved by CMS in April 2012 and implemented at the program level beginning July 1, 2012. This amendment implements additional eligibility requirements on BadgerCare Plus parents and caretakers with household incomes above 133% of the FPL. Specifically, the amended Demonstration enables Wisconsin to test the effects of increasing premiums on program enrollment, utilization of services, and health outcomes by implementing sliding scale premiums in excess of 5 percent of household income and by permitting a 12 month restrictive re-enrollment policy for individuals who do not pay premiums. The amended Demonstration also tests the application of the 9.5 percent affordability test found under the ACA.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

BadgerCare Plus Health Insurance for Childless Adults (renamed BadgerCare Plus Health Insurance for Adults with No Dependent Children) was implemented following the approval of an 1115 Medicaid demonstration waiver from the Centers for Medicare and Medicaid Services (CMS). This waiver (Project No. 11-W-00242/5) has been approved for a 5-year period, beginning January 1, 2009 through December 31, 2013. The waiver allows Wisconsin to extend Medicaid eligibility to non-pregnant adults, without dependents, who have family incomes at or below 200% of the federal poverty level (FPL), who do not have other health insurance, and are not otherwise eligible for Medicaid.

Wisconsin's Adults with No Dependent Children Program incorporates the following features:

- Covers the most chronically underinsured population as part of a comprehensive strategy to ensure access to affordable health insurance to all Wisconsin residents;
- Centralizes eligibility and enrollment functions;
- Requires participants to complete a health needs assessment that will be used to match enrollees with HMOs and providers that meet the individual's specific health care needs;
- Tiers health plans based on quality of care indicators; and
- Enhances online and telephone application tools that will empower childless adults to choose from a variety of health insurance options.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The Wisconsin BadgerCare Reform demonstration provides state plan benefits other than family planning services and tuberculosis-related services 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.

Due to the state’s 3-month delay in implementing related BadgerCare Plus Program and Affordable Care Act (ACA) Changes, the provisions of the BadgerCare Reform Waiver did not take effect until April 1, 2014. The content pertaining to this specific waiver contained in this report is preliminary and only reflects preliminary enrollment information for the month of April.

Enrollment and Benefits Information

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

DHS clarified its policy on the use of Sovaldi for treatment for hepatitis C and the use of Alpha Hydroxyprogesterone Caproate (17P) Compound and Makena Injections for medical conditions.

Provisions in the federal Patient Protection and Affordable Care Act (PPACA or ACA) and Wisconsin state law required changes in the policies used to determine eligibility for the BadgerCare Plus (BC+) program.

On January 1, 2014, DHS implemented the following changes to the eligibility requirements for its BadgerCare Plus parents and caretakers outlined in Wisconsin’s modified 1115 Demonstration Waiver.

- An individual can be considered a resident of Wisconsin if they are physically present in the State and have entered Wisconsin with a job commitment or seeking employment, whether or not they are employed at the time of application.
- Applicants will have 95 days to provide verification of citizenship and/or identify after this verification is requested.

On February 1, 2014, DHS implemented MAGI eligibility policy for parents and caretakers who apply for BadgerCare Plus on or after February 1, 2014.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

The 2011-13 Wisconsin State Budget, Act 32, required the Department of Health Services (DHS) to pursue eligibility changes to the Medicaid program. In order to comply with Wisconsin law and make the necessary eligibility changes, Wisconsin requested changes to BadgerCare Plus waivers for families and childless adults. CMS approved several changes to BadgerCare Plus policy, including premium reforms which created no premiums for non-pregnant, non-disabled adults in BadgerCare Plus for Families and the Core Plan with household income above 133% of the FPL.

Effective July 1, 2012, non-pregnant, non-disabled BadgerCare Plus adults with household countable income above 133% are required to pay a premium. A single premium applies to all premium paying adults in the household. The new premium policy includes adults eligible under: BadgerCare Plus for Families (Parents and Caretakers), BadgerCare Plus Core Plan (Childless Adults), and BadgerCare Plus Extensions (Transitional Medicaid).

Prior to July 2012, adult parents and caretaker relatives eligible for BadgerCare Plus for Families were required to pay a monthly premium if the household income was at or above 150% of the FPL. The premiums were calculated on an individual basis, and the total was capped at 5% of family income. Core Plan members and members eligible through a BadgerCare Plus Extension were not required to pay premiums. While Core members were not subject to premiums prior to July 2012, they were required to pay an annual \$60 enrollment processing fee.

Adult premiums are calculated based on a sliding scale, ranging from 3% of countable household income for individuals above 133% of the FPL to 9.5% of household countable income for individuals at or above 300% of the FPL. Every adult's premium is calculated based on their actual income and rounded to the nearest dollar. The premium changes do not impact children or self-employed parents or caretaker relatives who are eligible only after subtracting depreciation expenses. Premiums for these individuals are calculated under the pre-July 2012 policy.

Table 1 presents premium payment information for Core Plan members from May 2012 (prior to new premium policy implementation) through December 2013. For July 2012, the 308 members no longer eligible due to non-payment of premiums are those members that did not pay their July premium and became ineligible in August 2012.

Table 1

BadgerCare Plus Childless Adults Plan Enrollment Changes

May 2012 through March 2014

Month	Childless Adults Subject to Premiums	Childless Adults that Paid Premiums	Childless Adults No Longer Eligible due to Nonpayment of Premium	Childless Adults No Longer Eligible for Other Reasons, FPL >=133	Total Enrollment Decrease from Prior Month, All Income Levels ¹
May 2012	0	0	0	N/A	702
June 2012	0	0	0	N/A	807
July 2012	4,189	3,682	308	96	459
August 2012	3,643	3,381	72	121	845
September 2012	3,510	3,101	45	117	665
October 2012	3,485	3,074	54	102	614
November 2012	3,423	3,091	37	96	583
December 2012	3,311	3,013	30	92	565
January 2013	3,213	2,854	37	92	457
February 2013	3,125	2,789	23	79	458
March 2013	2,894	2,541	22	78	474
April 2013	2,873	2,556	19	67	460
May 2013	2,854	2,566	19	70	459
June 2013	2,860	2,591	32	50	462
July 2013	2,815	2,691	19	54	306
August 2013	2,790	2,570	22	91	306
September 2013	2,736	2,440	28	92	405
October 2013	2,723	2,423	39	98	392
November 2013	2,617	2,498	58	72	393
December 2013	2,496	2,392	64	115	409
January 2014	2,335	2,160	128	132	510
February 2014	2,066	1,967	53	151	609
March 2014	1,772	1,594	133	1480 ²	538

¹The total enrollment decrease includes members from all income levels, regardless of whether a premium is due for these members.

² The total includes ongoing premium payers who are now ineligible for other reasons. This reflects the policy changes that took effect 4/1/2014 under the BadgerCare Reform Waiver

Table 2 below provides information on members who did not pay their premiums for the months of October 2013 through March 2014 and includes the most recent data available. It is important to note that the totals may not exactly match the nonpayment totals shown in Table 1 due to timing differences in when the data were pulled. For example, between the time that the summary above was calculated and when the final monthly extracts were pulled, a member's case could have changed so that they

remained eligible for Core at a non-premium paying income level. Despite these slight differences, the table below provides insight into the income levels of those members who have not paid their monthly premium. In addition, a list of the top reasons for Core Plan disenrollment for March 2014 is provided in Attachment G.

Table 2

BadgerCare Plus Childless Adults Enrollment Changes by FPL Level

FPL Range	Total Subject to July 2012 Premium	Total Childless Adults Closed for Non-Payment of Premium ¹					
		Oct. 2013	Nov. 2013	Dec. 2013	Jan. 2014	Feb. 2014	Mar. 2014
<=133 to <140	532	4	4	4	15	7	13
>=140 to <150	729	1	8	11	15	5	25
>=150 to <160	743	3	8	7	14	5	19
>=160 to <170	600	5	8	6	15	11	24
>=170 to <180	561	5	5	13	16	8	17
>=180 to <190	488	8	9	7	26	6	12
>=190 to <200	270	4	7	9	14	3	3
>=200 to <210	54	2	0	3	1	2	5
>=210 to <220	35	0	1	0	0	1	1
>=220 to <230	34	0	0	1	1	0	3
>=230 to <240	24	2	1	0	3	0	3
>=240 to <250	34	0	1	0	2	1	2
>=250 to <260	11	2	2	2	0	1	1
>=260 to <270	14	0	0	0	0	0	0
>=270 to <280	13	0	2	0	0	2	2
>=280 to <290	11	0	1	0	2	0	1

>=290 to <300	6	2	0	0	1	0	0
>=300 to <310	8	0	0	1	0	1	0
>=310 to <310	5	0	0	0	1	0	0
>=320 to <330	1	0	0	0	1	0	0
>=330 to <340	3	0	0	0	0	0	0
>=340 to <350	1	0	0	0	0	0	0
>=350 to <360	1	0	0	0	1	0	0
>=360 to <370	1	0	0	0	0	0	0
>=370 to <380	1	0	0	0	0	0	0
>=380 to <390	1	0	0	0	0	0	2
>=390 to <400	1	0	0	0	0	0	0
>400	7	1	1	0	0	0	0
Total	4,189	39	58	64	128	53	133

¹See prior Quarterly reports for data on prior months.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

For the month of April 2014, following are the preliminary enrollment figures for the childless adults and adults enrolled in transitional medical assistance (TMA).

- Childless Adults: 96,140
- TMA Adults; 100% to 133% FPL: 12,591
- TMA Adults; over 133% FPL: 4,093

Enrollment Counts for Quarter and Year to Date

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

Parents and Caretaker Relatives				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 03/14	Current Enrollees (year to date)	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums
BadgerCare Plus Parents and Caretakers	21,530	21,530	9,002	N/A

TMA Adults	4,747	4,747	3,555	1,392
-------------------	-------	-------	-------	-------

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

As of March 31, 2014, there were 13,923 individuals enrolled in the Core Plan. Due to an enrollment cap designed to maintain budget neutrality restrictions, a waitlist was implemented and no additional members were added during the current reporting period. Individuals allowed on the waitlist are not screened for eligibility and may join the waitlist multiple times. As a result, the Core Plan waitlist does not reflect an unduplicated count of eligible individuals. As of October 2013, there were 163,381 individuals on the Core Plan waitlist. This is the latest waitlist information available.

Childless Adults				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 03/14	Current Enrollees (year to date)	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums
BadgerCare Plus Adults with No Dependent Children	13,923	13,923	626	N/A

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The Current Enrollee numbers included below reflect those members that were enrolled in the respective population effective April 1, 2014, the first month of the new demonstration.

Childless Adults and TMA Adults				
Demonstration Populations	Total Number of Demonstration Participants Quarter Ending – 03/14	Current Enrollees (year to date)	Disenrolled in Current Quarter	TMA Adults Disenrolled Due to Non-Payment of Premiums
BC Reform Adults	N/A	96,140	N/A	N/A
TMA Adults; 100% to 133% FPL	N/A	12,591	N/A	N/A
TMA Adults; >133%	N/A	4,093	N/A	N/A

Outreach/Innovative Activities to Assure Access

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

See outreach activities listed under waiver 11-W-00293/5.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

Current outreach efforts include the development and approval of the Core Annual Redetermination Plan. The plan represents the Department's efforts to address the rate at which individuals are disenrolled from the Demonstration as a result of not completing the annual redetermination process. The plan was approved by CMS on December 28, 2012.

Recent outreach to members to promote enrollment renewals has included monthly emails to members. The first monthly emails were sent January 3-4, 2013. Analysis of the first few months of emails showed that approximately 90 percent of emails were successfully delivered and did not result in a delivery failure notification.

Since January 2013, Department staff have also shared the Core outreach plan at the following ongoing meetings that involve community groups that work with Core Plan members:

- Enrollment Process Improvement Committee (EPIC) – attended by Disability Rights Wisconsin (DRW), City of Milwaukee Community Health Access Program (CHAP), Milwaukee-based BadgerCare+/SSI HMO staff, provider staff (Aurora, Children's Hospital, Froedtert)
- HealthWatch Milwaukee – attended by ABC for Health, DRW, provider staff, HMO staff, CHAP, local healthcare stakeholders and members, FQHC staff, free and community clinic staff
- MilES Community Meeting – attended by Hunger Task Force, Legal Action of Wisconsin, DRW, provider staff, W-2 stakeholders, HMO staff

Also see outreach activities listed under waiver 11-W-00293/5.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

In late summer 2013, work around the state began to intensify to operationalize the Affordable Care Act and BadgerCare Plus changes included in the biennial budget. In order to successfully implement the ACA and reform of Wisconsin's Medicaid program to minimize impact and disruption to Wisconsin consumers, a system or mechanism was created to help people learn about their health care options and take action.

Regional Enrollment Networks

DHS has a variety of outreach strategies for ACA changes and Medicaid reform; however one of Wisconsin's most significant strategies to assist Wisconsin residents with enrolling in the appropriate public or private health insurance coverage is through the creation of 11 Regional Enrollment Networks (RENS). The RENS are comprised of various community partners, insurance agents and brokers, health care providers, income maintenance consortia, tribal representatives and other key local stakeholders.

The Department has a strong community partner network throughout the state. These partners have worked with the Department on various program launches as well as serving as a point of contact for existing BadgerCare Plus members and the uninsured. We realized that the Department could not take on this undertaking of helping Wisconsin residents understand their health care options alone. We also

understand that people may be less likely to listen to government and more likely to learn about their options and listen to trusted individuals in their community—their doctor, pharmacist, neighbor, nurse, or pastor.

DHS staff located in Milwaukee were invited to join efforts of an enrollment network that was created in the Milwaukee area, the Milwaukee Enrollment Network (MKEN). MKEN is a multi-stakeholder collaboration that was established in the summer of 2013. The MKEN is organized by the Milwaukee Health Care Partnership, Covering Kids and Families and DHS to improve consumer outreach and education, strengthen enrollment support resources, and assist Milwaukee County residents in securing adequate and affordable public or private health insurance. MKEN is a group of more than 100 public and private organizations supporting enrollment of eligible residents of Milwaukee County in public or private insurance with a focus on low-income, vulnerable populations. In anticipation of the roll out of the Facilitated federal health insurance exchange and the BadgerCare Plus eligibility changes, the MKEN put together a community-wide plan to help individuals understand, buy and keep health care coverage. The structure was established to have a steering committee, sub-committees focused on various area, and co-host large scale meetings to facilitate community wide approaches. All participants are there on a collaborative basis by incorporating these tasks into their existing roles as there was not notable funding to support facilitation of such mobilization.

Goals of MKEN:

- Support consumer and mobilizer outreach and education.
- Build the capacity and capability of the enrollment assister workforce and infrastructure.
- Support insurance take-up and retention, including alternative, consumer friendly payment options.
- Measure and monitor coverage and enrollment processes and outcomes.

DHS quickly realized the benefits of this type of collaboration and that the MKEN was exactly the type of effort that could be leveraged in other parts of the state. On July 16, 2013, the DHS and Office of Commissioner of Insurance (OCI) presented a proposed model for the RENs at the UW-Population Health Institute's Wisconsin Health Insurance Outreach & Enrollment Summit. The RENs were modeled after the MKEN.

This coordinated public relations and outreach campaign allows for consistent information to be shared in all regions of the state, as well as allow each REN to tailor the message to meet the needs of its residents and decide how to best reach individuals to assist them with enrolling in the appropriate public or private health care coverage. The RENs have been tasked with assisting transitioning BadgerCare Plus members and uninsured Wisconsin residents to enroll in the appropriate health care coverage.

The Department began work with Covering Kids & Families Wisconsin and the Wisconsin Primary Health Care Association to establish 11 Regional Enrollment Networks spanning the state. The RENs are geographically defined using the same regions as the Income Maintenance Consortia. This was

advantageous because we believed that the local agencies in the Income Maintenance Consortia would be one of the main points of contact for individuals who had questions about the Affordable Care Act and Medicaid reforms. The Income Maintenance agencies would then have the ability to refer individuals to the in-person assisters in the RENs for help with securing private coverage and the RENs could refer individuals to the Income Maintenance agencies for assistance with Medicaid or other public assistance benefits.

The Department also pulled together and currently facilitates Regional Enrollment Network Strategic Planning Committee, that meets bi-weekly and includes individuals representing the following organizations:

- Department of Health Services
- Office of the Commissioner of Insurance
- Wisconsin Primary Health Care Association
- Covering Kids & Families – Wisconsin
- Milwaukee Health Care Partnership
- Wisconsin Hospital Association
- Forest County Potawatomi Community Insurance
- Alliance of Health Insurers, U.A.
- University of Wisconsin Population Health Institute
- Wisconsin Association of Health Plans

Because DHS had already established a large, statewide network of community advocates and partners, the Department utilized that list to introduce this outreach model and concept as well as to solicit interest for attending REN kick-off meetings to be held in each region.

Each REN held a kick-off meeting in late August or early September. Community partners, health care providers, income maintenance consortia, managed care entities, and other key stakeholders were invited to attend the REN meeting in their area. Each meeting was hosted and facilitated by a regional host, in partnership with DHS, Covering Kids and Families, and the Wisconsin Primary Health Care Association.

These RENs were developed at the local level and may be different from each other depending on the needs of the local region, but each REN has dedicated facilitators that lead each region's efforts of supporting partners and mobilizers.

The Wisconsin Primary Health Care Association (WPHCA) received a grant from the Corporation for National and Community Service to fund nine AmeriCorps members. Because the Department had been working with the WPHCA on the creation of RENs it was natural that these resources be used to support the RENs. DHS agreed to sponsor these AmeriCorps members and WPHCA agreed to find host sites around the state. These AmeriCorps members, along with staff from the host site and the Department, became the core team that supported each RENs efforts.

AmeriCorps members provided coordination and communication within and across RENS. Each region had a dedicated staff person to serve as the liaison between the Department and the REN. This link has proved critical in keeping local regions informed of the many rapid changes that ensued over the course of the implementation. In addition, the AmeriCorps members were responsible for maintaining the RENS presence on the Enrollment for Health (E4Health) Wisconsin website. This website is a tool for enrollment assistors and mobilizers to share information and for RENS to post events happening in their region. Additional information about Wisconsin's RENS is available on the E4Health Wisconsin website: <http://e4healthwi.org/regional-enrollment-networks/>

The Department's statewide outreach initiative developed materials for and provided information to various stakeholders, including tribes and legislators, regarding the implementation of certain ACA provisions. DHS staff supported the RENS by attending Regional Enrollment Network Steering Committees, co-hosting larger REN meetings, fielding questions from REN members on an ongoing basis, supporting the regional AmeriCorps member, and participating in smaller subcommittee meetings as needed. DHS staff met with Income Maintenance supervisors and directors prior to the kick-off of the RENS to solicit their participation and explain the vision for RENS. Bi-weekly REN calls with the REN leads and AmeriCorps members have been co-hosted by DHS staff in collaboration with the Wisconsin Primary Care Association.

DHS developed a comprehensive web presence to support RENS, stakeholders, and both potential and existing members. All training materials, including archived webinars are available on the DHS website, dhs.wisconsin.gov/health-care.

This website provided a single location for information, including copies of mailings to current BadgerCare Plus members and potential members, links to other helpful sites including HealthCare.gov, and an evolving FAQ section. DHS also set up a dedicated e-mail address to field questions from anyone about the ACA or changes to BadgerCare Plus. In most cases, general responses were provided, but when the Department saw trends in the line of questioning, these questions and answers would be added to the FAQ portion of the website.

The following directories were developed by us as guides for individuals looking for in-person assistance to help them navigate their health care coverage options:

Wisconsin Enrollment Directory – Enrollment for Health Wisconsin
http://e4healthwi.org/wp-content/uploads/Enrollment-Directory_11_27_2013.pdf

MKEN Directory
http://mkehcp.org/wp-content/uploads/2014/02/enrollment_Mar2014.pdf

Letters to BadgerCare Plus Members and Individuals on the Core Plan Waitlist

The Department took a multi-faceted approach to notifying current BadgerCare Plus members who needed to transition to the federal exchange to purchase private health insurance as well as to reach out to individuals who may be newly eligible for BadgerCare Plus. In late September 2013 through

January 2014, the DHS sent out a number of targeted informational letters notifying current members and individuals on the BadgerCare Plus Core Plan Waitlist about the BadgerCare Plus changes.

The first letter – the one sent to the households likely transitioning from BadgerCare Plus to the federal exchange was mailed to a total of 56,246 households representing 77,472 individual members. The letter sent to the individuals on the Core Plan Waitlist was mailed to 163,808 individuals.

The purpose for sending these informational letters was to allow current BadgerCare Plus members to report a change impacting their eligibility and possibly keep them on the program, as well as to allow members whose incomes are above 100% FPL as much time as possible to research their health care options and apply for coverage through the federal exchange. Individuals who received letters that indicated their income may place them above the limits for BadgerCare Plus were encouraged to visit HealthCare.gov or call 1-800-318-2596 after October 1, 2013. If people had questions about these letters, they were encouraged to contact the Income Maintenance agency at the top of the letter and those workers could help them directly, refer them to a community based enrollment resource, or refer them to an insurance agent or broker if they needed help deciding on a health care plan through the federal exchange.

DHS has sent more than 400,000 letters to those on Medicaid or newly eligible for Medicaid.

Outbound Calls

After the informational letters were mailed in late September and early October, the Department initiated proactive phone calls to all households receiving one of the informational notices mentioned previously to ensure the letter was received, the individual understood the letter, and the individual is taking action by either making sure their information is up to date with their income maintenance agency in order to ensure they remained eligible for BadgerCare Plus; or depending on their household income, applying for coverage through the federal exchange or BadgerCare Plus. The Department continues to make these proactive calls to the individuals who received letters from the Department. At the time of this writing, more than 350,000 calls have been made in an effort to reach individuals who have received letters from DHS.

Health Care Provider Outreach

DHS also worked with BadgerCare Plus health care providers and HMOs so providers could do direct outreach to members who would be no longer eligible for BadgerCare Plus in 2014 and would need to purchase health insurance through the federal exchange. As Wisconsin had learned during the Medicare Part D launch in 2005, individuals faced with new health care options and needing to make a decision about their health insurance turn to their health care provider to help them make an educated decision. As a result, the Department made a list available to interested health care providers and HMOs of the BadgerCare Plus members that they had served in the last year who would likely need to transition to the federal exchange, empowering the providers and HMOs to work with these specific members and help them transition to purchasing health care through the federal exchange.

Health care providers and HMOs also received a series of provider updates regarding changes to BadgerCare Plus because of the ACA and entitlement reform. In addition, select partner updates were also shared with providers as an alert message on the secure provider portal.

Town Hall Meetings

Recognizing the complexity of the ACA and the need for consumers to understand how this law may impact them, OCI and DHS held 16 informational sessions across the state in the form of town hall meetings. These meetings, held prior to open enrollment, provided a forum for citizens to gather unbiased information about the ACA. Meetings were open to anyone who had an interest and were informal in nature to allow for an open dialog between attendees and OCI/DHS staff. Issues of interest centered on the new rules governing the health insurance products consumers are newly required to purchase, federal taxes consumers will face if they fail to purchase coverage, the opportunity to offset premiums through premium tax credits/cost-sharing subsidies and changes to Medicaid. In addition to members of the public, news outlets also attended the meetings, further spreading the information shared at these meetings to consumers across the state.

Table – OCI/DHS Town Hall Meetings

Date	Location
September 3	Rhineland, Wausau, Eau Claire and La Crosse
September 4	West Allis and Pewaukee
September 5	Kenosha, Green Bay and Appleton
September 6	Madison and Cleveland
September 25	City of Milwaukee (2 sessions)
September 26	Janesville
October 2	Platteville
October 3	Superior

Town hall meeting locations and dates were distributed through press releases. Legislative offices also received the releases so that they could make their constituents aware of the opportunity.

<http://oci.wi.gov/pressrel/0813townhallmtgs.htm>

http://oci.wi.gov/pressrel/0913janesville_townhall.htm

http://oci.wi.gov/pressrel/0913milwaukee_townhall.htm

http://oci.wi.gov/pressrel/0913superior_platteville.htm

OCI/DHS Presentations: <http://www.dhs.wisconsin.gov/health-care/ren/index.htm#ACATownHallMeetings>

Tribal Outreach

OCI and DHS agency leaders met with tribal representatives from all 11 tribes, including tribal health directors, several times over the past couple of years on many issues, including health care reform. The agencies are a resource for tribal leaders as they work to understand how the ACA affects their members. OCI leadership met one-on-one with tribal leaders. There were also two state tribal consultation meetings, one in 2012 and 2013. The Governor and agency Secretaries led a tribal dinner in the summer of 2013. Additionally, OCI's Educational and Outreach Specialist attends the quarterly

Great Lakes Inter-Tribal Council (GLTC) meetings and sent a formal letter on July 3, 2013, to the GLTC Executive Director offering OCI's assistance in facilitating a discussion with federal representatives regarding the ACA.

In addition, some Wisconsin tribes also administer income maintenance functions for Wisconsin Medicaid programs. DHS regularly met with the tribes to further discuss the ACA and Medicaid reforms. This forum also provided an opportunity for DHS staff and the tribes to discuss and work through the ACA provisions and requirements specific to tribes to ensure Wisconsin was correctly operationalizing and complying with these requirements.

Presentations and Editorial Board Visits

In addition to the town hall meetings, OCI and DHS leadership delivered presentations at numerous events across the state. They educated consumers, and those working with consumers, on key ACA provisions, Medicaid reforms and new opportunities for parents with income over 100% of the FPL who can now use federal dollars to purchase health insurance in the commercial market. Leadership from both agencies also traveled the state to get the word out through eight editorial board visits.

Table - Editorial Board Visits

Date	Location
September 3	Milwaukee
September 4	Appleton
September 5	Janesville and Wausau
September 6	La Crosse and Eau Claire
September 23	Madison
October 2	Platteville (OCI Only)

Educating congressional members on the direct impact of the ACA through one-on-one visits in October was another outreach opportunity OCI and DHS pursued, and viewed as critical to ensuring federal representatives had the information they needed to advocate for Wisconsin consumers at the federal level.

Presentations at various employer events has also helped disseminate information to Wisconsin employers about the ACA provisions that impact them, like the federal SHOP exchange and employer shared responsibility requirements that result in federal employer penalties if a certain minimum level of coverage is not offered to employees.

Leadership from both agencies continue to present on the ACA at events and serve as a resource on countless ACA related issues that have developed, both pre and post October 1, 2013.

Training for Individuals Assisting Consumers

Navigators, CACs and other assisters work very closely with vulnerable populations who rely on their expertise when trying to understand public and commercial health care coverage options. Understanding the Wisconsin health insurance market and Wisconsin Medicaid rules is critical for any assister helping individuals secure health care coverage; in particular, to those enrollees who are transitioning from the Medicaid program into the commercial market. As such, OCI/DHS invested significant state resources to ensure the new state training and examination requirements did not pose a barrier to allowing navigators and CACs carry out their responsibilities during the initial open enrollment period, that began October 1, 2013. The two agencies joined efforts to coordinate free training sessions, often held in one location but broadcast to several other areas of the state for greater accessibility. Each session was two days in length. The table below details the free, state sponsored training opportunities that were made available.

Table - Navigator and Certified Application Counselor Training

Date	Location
August 20 – 21	Madison
September 10 - 11	Milwaukee
September 17- 18	<i>Host site:</i> Sauk City <i>Broadcast to:</i> Fennimore, Eau Claire, Waukesha and Marshfield
September 24- 25	<i>Host site:</i> Madison (DHS) <i>Broadcast to:</i> Madison (OCI), Lac du Flambeau, Weston, Iron River
October 9 – 10	<i>Host site:</i> Racine <i>Broadcast to:</i> Menasha, Rice Lake and Green Bay
October 30-31	Medical College of Wisconsin and St. Joseph’s Hospital

Information for pursuing online training through a vendor was posted to the OCI website for any individual or entity interested in that option.

As a result of the free training opportunities, 578 individuals were trained. An additional 212 individuals completed the training requirements through a private vendor, for a total of 790 trained individuals.

516 individuals who completed the training also completed the state examination. 512 out of 516 individuals taking the state examination passed. To help facilitate a targeted understanding of the concepts captured in the state examination, OCI developed an Examination Content Outline, a Navigator Study Guide and a State Public Assistance Programs document available at:

<http://oci.wi.gov/navigator/examoutline.pdf>

<http://oci.wi.gov/navigator/pi-230.pdf>

<http://oci.wi.gov/navigator/healthcare-assistance.pdf>

Additionally, OCI worked with the vendor administering the examination to ensure testing sites had additional space to accommodate the volume of people expected to sit for the examination. This was important because examination sites are not limited to one state examination; rather, they are shared spaces between individuals sitting for the various other state professional licenses, such as teachers and nurses.

Links to the navigator and CAC lists are below, along with the link to the agent look-up feature.

<http://oci.wi.gov/navigator/naventities-registered.htm>

<http://oci.wi.gov/navigator/cac-registered.htm>

<https://ociaccess.oci.wi.gov/ProducerInfo/PrdInfo.oci>

Medicaid Training for Agents/Public List

While Income Maintenance employees are newly working with individuals who qualify for the federal assistance to purchase commercial health insurance, many licensed health insurance agents are newly working with individuals just leaving public assistance or who newly qualify for public assistance. To ensure agents working with individuals transitioning between the commercial health insurance market and Medicaid have an understanding of the Medicaid program, OCI asked licensed agents intending to work with this population to complete a four hour Medicaid training course. Nearly 400 licensed health insurance agents across the state completed training. This training provided licensed health insurance agents with continuing education credit hours.

In an effort to provide a resource to county income maintenance employees and other community organizations working with individuals ineligible for Medicaid but who may be eligible for federal premium tax credits and cost-sharing subsidies through the federally facilitated exchange (FFE), OCI posted a list of licensed agents who completed the four hour Medicaid training and who agreed to help

this population enroll in private health insurance coverage through the FFE. The list can be found at: <https://ociaccess.oci.wi.gov/ren/>. The list is user friendly as it is sortable by county.

However, the list is an exhaustive list of licensed agents available to assist individuals interested in purchasing coverage on the FFE. There are many agents not listed who have completed the necessary federal requirements to sell products on the FFE.

Educating Income Maintenance Case Workers

As part of operationalizing the ACA, DHS also had to make significant and changes to its eligibility determination systems to reflect the new BadgerCare Plus and federal policies. As such, DHS needed to train Income Maintenance case workers in the state and ensure they understood the new program rules.

Wisconsin's 10 consortia and Miles are responsible for conducting eligibility determinations and as well as ongoing case management for BadgerCare Plus members. The staff at the consortia and Miles not only need to fully understand BadgerCare Plus policies and procedures in order to accurately and fairly administer the program, but they also have to be able to explain how the program works to members and the general public. Their staff assist individuals and families in completing BadgerCare Plus and Medicaid applications and gather the information and materials that they need to submit a complete and accurate applications on a daily basis.

DHS worked very closely with local agencies. Much of the content on the agenda of two monthly meetings, Income Maintenance Advisory Committee (IMAC) and the IMAC PPACA Sub-Committee, with local agencies was devoted to working through operationalizing the ACA and BadgerCare Plus reforms.

Implementation of the Affordable Care Act and Entitlement Reforms as specified in the biennial budget meant a complete overhaul of the BadgerCare Plus program rules and policies for case workers. Since the policy and program changes were so extensive, the entire 384-page BadgerCare Plus handbook was completely revised. One of the main ACA changes that impacted many different BadgerCare Plus policies and procedures was redefining household composition and income in public health care programs to align them with the way the Internal Revenue Service calculates adjusted gross income, called Modified Adjusted Gross Income (MAGI).

These extensive program and policy changes necessitated mandatory training for approximately 1,200 workers at the consortia and Miles that was completed in four different phases. The first phase was a broad overview of the policy changes that was conducted in May 2013. In August and September 2013, DHS conducted 29 in-person training sessions statewide for caseworkers at the consortia. Each session was six-and-a-half hours long. Miles conducted their training through eight sessions in September and October. The purpose of this training was to give in-depth information about the new BadgerCare Plus policies and how to determine eligibility according to the new policies. In October and November 2013, the third phase of training was completed during a three hour training presented to show how the new policies were reflected in Wisconsin's eligibility determination system, Client Assistance for Re-employment and Economic Support (CARES). Phase four of training was a self-paced practice scenario

intended to keep the new policies fresh for the workers during the three month delay. This phase of training was released in January 2014. In addition to the required Income Maintenance training, all MIIES employees completed the federal Certified Application Counselor training.

OCI “Insurance 101” Training for Income Maintenance Employees

As Income Maintenance agencies across the state prepared to work with individuals who may be transitioning between two markets, many income maintenance employees expressed an interest in obtaining a baseline understanding of the commercial health insurance market. Most did not have much knowledge about how the commercial market operates and knew that under the ACA they would likely have some interface with that market. In response to this demand for training, OCI developed an “Insurance 101” webinar for income maintenance employees. The webinar can be found at:

<http://dhsmedia.wi.gov/main/Play/bf07076993cc4ee2a1298fa60636e52c1d>

Three-Month Delay Impact

Due to significant technical issues that made it difficult for Wisconsin individuals to access HealthCare.gov, Wisconsin faced a challenging situation by November 2013. Because the Wisconsin Medicaid reforms included in the biennial budget were scheduled to take effect on January 1, 2014, many of the individuals who were transitioning from Medicaid into the insurance products offered through HealthCare.gov would have had less than one month to apply, select and pay for an insurance plan. Rather than allow these 77,000 individuals to fall through the cracks and experience a gap in coverage, on November 14, 2013, Governor Walker announced a three-month delay in the implementation of the Wisconsin Medicaid reforms in order to provide a safety net during the transition for some of the state’s most vulnerable residents.

On November 22, Governor Walker issued Executive Order #123 calling a special session of the Legislature to address the implications of the failed federal launch of the Affordable Care Act. The special session began on December 2, 2013.

DHS then began working with staff at the federal Centers for Medicare and Medicaid Services to address the programmatic and system changes needed to meet the three month delay while waiver negotiations continued to focus on policies related to premium payments. Between November 14, 2013 and December 19, 2013, DHS met and corresponded with CMS frequently regarding the exact terms of the delay.

In late December, CMS wrote to Wisconsin confirming an agreement between the two entities related to the state’s delay of entitlement reforms until April 1, 2014. The agreement, outlined by CMS, meets the key objectives of the state, while providing both the state and federal governments with systems flexibility to ensure a smooth transition. Under the agreement, CMS agreed to the state’s delay in implementing the entitlement reforms originally approved in the 2013-15 state budget and subsequently delayed under 2013 Wisconsin Act 116.

Under the agreement, all enrolled BadgerCare parents and caretakers who had incomes between 100% and 200% of the Federal Poverty Level (FPL) remain eligible for Wisconsin Medicaid until March 31, 2014. DHS continues communication and outreach efforts to provide these individuals with the most up-to-date information about HealthCare.gov. In addition, DHS continues to remind all populations that access to insurance coverage through the federal exchange's open enrollment period ends March 31, 2014 and that premiums are due March 15, 2014.

At the request of CMS, the agreement did make one modification to new parents and caretakers between 100% and 200% FPL. Under this provision, any new parent or caretaker who applied for Medicaid before February 1, 2014 will be eligible for Wisconsin Medicaid until March 31, 2014. While these individuals were covered under Wisconsin Medicaid, the Department continues to provide information on the federal exchange since Medicaid eligibility for these individuals ended March 31, 2014. Eligibility for new parents and caretakers who applied for Medicaid coverage after February 1, 2014 were tested for eligibility under the new Modified Adjusted Gross Income (MAGI) rules and new income eligibility standards.

As a result of CMS's request, this technical modification was needed to allow Wisconsin to implement the Governor's entitlement reforms envisioned by the state budget on February 1, 2014 instead of April 1, 2014. As such, a technical bill was required to bring Wisconsin statutes and the agreement between Wisconsin and CMS into compliance.

Governor Scott Walker signed Special Session Assembly Bill 1, 2013 Wisconsin Act 116, into law on December 20, 2013.

DHS Outreach during the Delay

During the delay process and special sessions, similar to fall 2013, DHS continued to keep the RENS, community partners, health care providers, tribes, and other stakeholders informed of the changes through a series of notification emails, meetings, webcasts and in-person trainings.

In addition, the Department continued the outbound calls to the transitioning members and individuals on the BadgerCare Plus Core Plan waitlist that had begun in October 2013. Scripting for these calls was frequently updated to reflect the adjusted dates, and policy changes with the waiver agreement; however the key message and directive to members did not change. These proactive phone calls were made to ensure the members or individuals on the waitlist received the letters and notices from DHS, that the individual understood the letter, and that the individual was taking action by either making sure their information is up to date with their local agency in order to ensure they remained eligible for BadgerCare Plus; or depending on their household income, applying for coverage through the federal health insurance exchange or BadgerCare Plus.

In early 2014, the Department took these efforts to another level when we began using these outreach calls as an opportunity to do more targeted outreach and offer more direct assistance to current BadgerCare Plus members with moderate and high-risk health conditions. DHS wants to ensure these transitioning members (i.e. those with chronic illnesses) are successful in securing ongoing coverage.

We accomplished this by having care coordinators call these identified members to provide additional assistance such as which of their current providers are offered in the qualified health plans, or which qualified health plans treat their chronic illness well, etc. In addition, the care coordinators also assisted with connecting the members to a navigator, agent, broker, certified application counselor, or in-person assister to assist with completing a federal exchange application and purchasing private health insurance.

TFI Form

In coming to an agreement with CMS regarding the BadgerCare Reform Waiver, DHS agreed to do additional outreach to the transitioning members to allow them to request to have their case processed under the new MAGI rules to see if they could remain enrolled in BadgerCare Plus after April 1, 2014. In order for a member to get be processed under the new rules, they had to provide tax filer information to the Department. In late December, DHS sent the tax filing information (TFI) form to the members who will likely need to transition to purchasing private health insurance through the federal exchange. If members filled out the TFI form and it was determined that they will remain eligible under the new program rules, their enrollment will continue after April 1, 2014, as long as they continue to meet current program rules.

If the member filled out the TFI form and they were determined to not be eligible under the new program rules or if the member did not return the TFI form, the new BadgerCare Plus income limits were applied to their case on February 15, 2014 when the eligibility conversion was run. If any of the members in the household were no longer eligible for BadgerCare Plus after March 31, 2014, then they received a notice of decision that was mailed on Feb. 17, 2014 letting them know that they needed to apply for and purchase private health insurance through the federal exchange.

Individuals who filled out and returned the TFI form and were determined to not be able to stay enrolled in BadgerCare Plus under the new MAGI rules still had their accounts transferred to the federal exchange. However, since at the time of mailing the notice of decision in mid-February the Department did not know if the federal exchange had begun processing the account transfers, the notice of decision directed the individuals to apply for and purchase private health insurance directly at the federal exchange so they would not have a gap in health care coverage.

Transitioning Members – Notice of Decision

On February 15, 2014, the new BadgerCare Plus income limits were applied to the individuals were transitioning from BadgerCare Plus to the federal exchange (the members who received Letters 1, 1A, 9). As a result, members who no longer met BadgerCare Plus program rules were mailed a notice of decision the week of February 22, 2014 letting them know that they would need to apply for and purchase private health insurance through the federal health insurance exchange.

Individuals who were determined to not be able to stay enrolled in BadgerCare Plus under the new MAGI rules had their accounts transferred to the federal exchange. However, since at the time of mailing the notice of decision in mid-February the Department did not know if the federal exchange had

begun processing the account transfers, the notice of decision directed the individuals to apply for and purchase private health insurance directly at the federal exchange so they would not have a gap in health care coverage.

Account Transfers – Federal Exchange to Wisconsin

CMS had originally planned for the account transfer functionality to be ready and available on October 1, 2013. However, in September 2013, CMS delayed the account transfers until November 1, 2013 and in October 2013 again delayed the account transfers until an unspecified date.

Wisconsin had planned on being able to begin accepting account transfers beginning mid-November 2013 as part of the extensive systems implementation that included the new program rules. When the delay was announced, implementation of this functionality was also delayed until February 2014.

Wisconsin began receiving the Account Transfers from the federal government in mid-December and the eligibility determination system was updated February 1, 2014 to allow local agencies to begin processing the account transfers.

As this was a very new process, one which DHS has never previously done with the federal government, DHS worked very closely with the local agencies to ensure the process went as smoothly as possible as well as to test and validate the data Wisconsin received through the account transfers. DHS also needed to conduct extensive testing and validation because CMS had changed their base logic at least two times for how states needed to program their systems to accept the account transfers. As a result of all of these factors, the account transfers were sent to the agencies in a series of batches over the course of February and March 2014. Once the agency successfully processed an account, the applicant was notified about their enrollment status through the mail via a notice of decision or a verification checklist.

Account Transfers – Wisconsin to the Federal Exchange

Wisconsin confirmed with HealthCare.gov in January 2014 that DHS was able to successfully transfer the accounts of people who are no longer eligible for BadgerCare Plus back to the federal exchange. CMS indicated that they had begun processing the account transfers that they have received from states according to the order in which they received the account transfers from states. As some states began sending account transfers in October 2013 and Wisconsin was not able to begin sending the account transfers until February 3, 2014.

Additional Outreach to Individuals Transitioning to the Federal Exchange

In April, the Department sent a final letter to the BadgerCare Plus members who no longer met the program rules as of April 1, 2014 because they now have access to affordable health insurance through the federal health insurance exchange. The letter reminded them that they need to take action to apply for and purchase health insurance through the federal exchange since they no longer have BadgerCare Plus coverage. These individuals have until May 30, 2014 to apply for and purchase private health insurance through the federal exchange because losing their BadgerCare Plus coverage is a qualifying

event that allows individuals to purchase health insurance through the federal exchange outside of the open enrollment through a special enrollment period (SEP).

The Department is also conducting one final round of outbound calls to these individuals once the letter has been mailed to make sure that they received the letter, that they understood the letter, and that they are taking action to purchase private health insurance through the federal exchange.

Collection and Verification of Encounter Data and Enrollment Data

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

The state does not have any collection and verification of encounter data and enrollment data to report.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

The state does not have any collection and verification of encounter data and enrollment data to report.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

Until July 1, 2014 childless adults will be enrolled in BadgerCare Plus fee-for-service benefits. Starting in July 2014 the state will begin enrolling childless adults into managed care with an initial 10,000 members in the first month, and then 20,000 members in each subsequent month until all new members have been enrolled in managed care as applicable.

Operational/Policy/Systems/Fiscal Developments/Issues

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

The following HMOs offer coverage to BadgerCare Plus enrollees:

- Children's Community Health Plan
- Community Connect Health Plan
- Compcare
- Dean Health Plan, Inc.
- Group Health Cooperative of South Central Wisconsin
- Group Health Cooperative of Eau Claire
- Gundersen Lutheran Health Plan
- Health Tradition Health Plan
- Managed Health Services
- MercyCare Insurance Company
- Molina Healthcare
- Network Health Plan

- Physicians Plus Insurance Corporation
- Security Health Plan of WI, Inc.
- UnitedHealthcare Community Plan
- Unity Health Plan Insurance Corporation

The changes in the Medicaid HMOs and service areas are as follows:

New HMO – Parents and Caretaker Relatives		
HMO Name	Service Area (County)	
Trilogy	Milwaukee Waukesha	Ozaukee Racine (part of this county)
Changes in Service Area		
HMO Name	Service Area (County) added	
Community Connect	Dodge Door Jefferson Kewaunee Oconto	Rock Shawano Waushara Waupaca
Compcare	Ashland Columbia La Crosse Lincoln	Marathon Pepin Price Trempealeau
Group Health Cooperative of Eau Claire	Ashland Columbia Forest Iron Langlade Lincoln Marathon Monroe Oneida	Pepin Price Portage Price Sawyer Trempealeau Vernon Vilas Wood
Managed Health Services	Kenosha Milwaukee Ozaukee Racine Washington	Waukesha Forest Jefferson Polk
Network Health Plan	Kenosha Milwaukee Ozaukee Racine Washington	Waukesha Forest Jefferson Polk
Security Health Plan	Waushara Trempealeau	Monroe Dunn
UnitedHealthcare	Milwaukee Kenosha Ozaukee Racine	Ashland Chippewa La Crosse Marinette

	Washington Waukesha Florence Crawford	Monroe Rock Sawyer Vernon
--	--	------------------------------------

Due to the timing of gathering data, the average medical loss ratio (MLR) for all HMOs offering BadgerCare Plus coverage in Wisconsin is reported a quarter behind.

It should be noted that the Wisconsin Office of the Commissioner of Insurance (OCI) calculates MLRs for HMOs that offer any type of Medicaid coverage, such as long term care services, not just BadgerCare Plus coverage. OCI is also responsible for monitoring the financial solvency of all of our Medicaid HMOs.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

The transition of Core Plan enrollees into managed care increased over the course of federal fiscal year 2010; this trend has continued through FFY 2011, FFY 2012, and FFY 2013. As reported previously, by March 2011, 72% of Core Plan enrollees were receiving their benefits through managed care organizations contracting with the State of Wisconsin. As shown below, the managed care enrollment ratio appears to have stabilized at about 93%.

Childless Adults		
Month Ending	Fee for Service	Managed Care
October 2012	10%	90%
November 2012	9%	91%
December 2012	9%	91%
January 2013	9%	91%
February 2013	8%	92%
March 2013	8%	92%
April 2013	9%	91%
May 2013	8%	92%
June 2013	8%	92%
July 2013	7%	93%
August 2013	7%	93%

September 2013	7%	93%
October 2013	8%	92%
November 2013	7%	93%
December 2013	7%	93%
January 2014	7%	93%
February 2014	7%	93%
March 2014	7%	93%

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The state does not have any issues to report at this time.

Financial/Budget Neutrality Development/Issues

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

There are no financial issues to report during this quarter.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

The budget neutrality level for the BadgerCare Plus Core Plan for each federal fiscal year is the state's federal DSH allotment, net of Rate Based DSH payments. The state's DSH allotment for FFY 2011 is \$94,540,543, as published in the Federal Register, July 2012.

The final DSH allotment for FFY 2012 and the preliminary DSH allotment for FFY 2013 were published in the Federal Register on July 26, 2013. Wisconsin's final DSH allotment for FFY 2012 is \$96,998,597.

Wisconsin's preliminary DSH allotment for FFY 2013 is \$99,326,563. The draft DSH allotment for Wisconsin for FFY 2014 is \$100,816,461.

The Department experienced costs of \$48,713,455 in federal funds for Core Plan members for FFY 2013 and \$41,900,089 in federal funds for Core Plan members for the FFY 2014 (as certified on the CMS 64 for data through March 2014). Current enrollment and expenditure patterns for Core Plan enrollees indicate the state continues to remain within the budget neutrality conditions of the 1115 Demonstration Waiver in FFY 2013 and FFY 2014.

The budget neutrality level for federal fiscal year 2013 is reported below for Childless Adults:

DSH Spending Priorities for FFY 2013	Projected Federal Expenditures
Estimated Childless Adults DSH Funding	\$ 99,266,403
Rate Based DSH	\$ 60,160
<i>Estimated DSH Allocation for FFY 2013</i>	\$ 99,326,563

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The state does not have any issues to report at this time.

Member Month Reporting

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

Not applicable.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

Enter the member months for each of the EGs for the quarter.

Childless Adults				
Eligibility Group	Month 1	Month 2	Month 3	Total for Quarter Ending 03/14
BadgerCare Plus Adults with No Dependent Children	15,070	14,461	13,923	43,454 ¹

¹ Enrollment reflects the number of individuals enrolled at the end of the month.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

Not applicable.

Consumer Issues

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

HMO level grievances: HMOs are required to submit quarterly complaint and grievance reports to the DHS. The types of complaints monitored include: access problems, billing issues, quality of care, and benefit denials. Benefit denials and quality of service account for the highest number of member complaints. Follow-up is conducted with individual HMOs if an unusual increase in appeals occurs.

DHS level grievances: Quarterly trends for several types of grievance denials (e.g., bariatric surgeries, etc.) are tracked for each quarter. DHS grievances are closely monitored for the number of DHS upheld,

overturned, and HMO resolved decisions. HMOs are individually informed of an increase and/or a high number for their DHS overturned grievances.

BadgerCare enrollees who are in an HMO have three levels of appeal available to them. Members may initiate an appeal at any level.

1. Appeal to their HMO;
2. Appeal to the Wisconsin Department of Health Services (DHS); or
3. Appeal to the State Division of Hearings and Appeals (DHA).

	2014 Q1	TOTAL
HMO Level ¹	564	564
<i>Formal</i>	59	59
<i>Informal</i>	505	505
Department Level	9	9
State Level	8	8

¹ The above grievance and complaint data is not limited to the demonstration population. HMO Level grievances and complaints include all BadgerCare Plus populations (Standard, Benchmark, and Core). The Department Level and State Level grievances are for Standard Plan members only (up to 200% of the FPL).

² Due to one HMO adjusting reporting protocols. DHS follow-up has begun.

There were 9 standard grievances, 89% were upheld at the DHS level, 0% were overturned by DHS, and 11% were resolved by the HMO (Meaning the HMO reversed their decision after the second review). Common areas of grievances this quarter were medical surgery, personal care services, and “other” service areas.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

Members may file a grievance with the Department of Health Services, the Department of Administration Division of Hearings and Appeals, or with the HMO. Members have the right to appeal any adverse decision made by the HMO and have the right to file a complaint or grievance on any aspect of the HMO’s service delivery.

From January 1, 2014 to March 31, 2014, zero BadgerCare Plus Core Plan members enrolled in an HMO filed a grievance with the Department regarding an HMO denied request. However, from January 1, 2014 to March 31, 2014, one BadgerCare Core member enrolled in an HMO filed a grievance/appeal with the Division of Hearing and Appeals regarding an HMO/DHS denied service. That request was

denied for requesting the use of an out-of network provider. However, the HMO internally resolved their original denial by approving the referral/service.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The state does not have any issues to report at this time.

Quality Assurance/Monitoring Activity

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

Managed Care

HMO Pay-for-Performance (P4P)

In the first quarter of CY 2014, DHS finalized the earn back amounts for HMOs that met the 2012 P4P targets and issued the P4P payments. DHS also worked with HMOs to make adjustments to the 2014 HMO P4P methodology due to the impact of ICD-10.

In January and February of 2014, DHS reviewed with HMOs the timeline of quality activities for 2013 and 2014 P4P, assisted HMOs in the completion of section 5 of the HEDIS Roadmap related to the processing of pharmacy claims through fee-for-service, and developed a process with the fiscal vendor to share fee-for-service data with HMOs to supplement their P4P results. DHS also shared with HMOs the amount of monies that each HMO earned back for meeting the 2012 P4P targets. In March 2014, DHS had several conference calls with HMOs to discuss the impact of ICD-10 on the 2014 P4P goals and possibly modify the methodology for setting P4P goals in 2015.

Striving to Quit: This initiative is funded through a CMS grant to help members change their behavior. Wisconsin's initiative provides incentives for BadgerCare Plus members to quit smoking.

In this quarter, DHS enrollment increased in the following manner:

- Quit Line Component –Enrollment in the Quit Line component increased from 460 members in January 2014 to 563 members in March 2014.
- First Breath Component - The First Breath component of Striving to Quit (STQ) had 517 women enrolled in January 2014 which increased to 606 in March 2014.

Healthy Birth Outcomes

During the first quarter of 2014, DHS continued the record review process for 2012 and 2013 deliveries. DHS collaborated with HMOs on the planning for implementation of the medical home initiative with new HMO partners and providers and expansion into new areas. Newly participating HMOs will be developing their medical home sites and planning care coordination processes until July 1, 2014 when

new medical home enrollment begins. The three HMOs that have already implemented medical homes continue to grow in enrollment and share best practices with newly participating health plans.

External Quality Review Organization

MetaStar, the external quality review organization for Wisconsin performed the following activities during this quarter:

- Conducted one Information Systems Capabilities Assessment
- Continued validating and reporting Performance Improvement Projects (PIPs) including for the two Special Managed Care Organizations
- Consulted with DHS staff on performance measures; validation continued for 2014 baseline measures
- Continued Healthy Birth Outcome reviews for medical home enrollees and delivered Quarter 1 2013 report. Continued to work with DHS and HP on portal updates
- Supported DHS in its review of certification documents for HMOs

Fee-for-Service

Hospital P4P Plan

There are two components in the hospital P4P: the hospital withhold P4P and the hospital assessment P4P.

Withhold P4P – The 2014 measurement year (MY14) spans from May 15, 2013 through March 31, 2014.

During the first quarter of 2014, DHS worked actively with hospitals and the WI Hospital Association to finalize the measures used in MY2015 P4P and set the targets for MY2015 P4P. In this quarter, DHS conducted several conference calls and multiple discussions with all participating hospitals and the WI Hospital Association to clarify questions and finalize the measures and goals for MY2015 P4P. In this quarter, DHS also issued the MY2015 Hospital P4P Guide with measure specifications, goals, methodology, etc. for hospitals to prepare for the next measurement year.

Assessment P4P – The assessment P4P started in 2009 with \$5 million reserved for acute care and children's hospitals in Wisconsin. The 2014 measurement year (MY14) spans from May 15, 2013 through March 31, 2014

DHS communicated changes to the initiative for the MY2015 measurement year in both writing via the Hospital P4P Guide and on conference calls.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

The Department has taken several steps to assure quality healthcare is provided to Core Plan enrollees. As described in previous reports, a primary objective of the Core Plan managed care enrollment process is to enroll members in either the HMO that best manages their health condition or the HMO of the

highest quality in their service area. The developed methodology was implemented beginning with non-GAMP Core Plan enrollees who were assigned to an HMO during the final quarter of FFY 2010.

To effectively assign members to managed care providers, a Health Needs Assessment (HNA) was implemented in the form of a health screening questionnaire administered to Core Plan applicants before enrollment. GAMP transitional members were not administered the HNA during their initial transition into the Core Plan, but completed the HNA during the annual reenrollment period. The HNA assesses a member's medical history and specifically screens for the following conditions or diseases: asthma, cancer, COPD, depression, diabetes, emphysema, heart problems, high blood pressure, or a stroke. The HNA also assesses tobacco use, previous hospitalizations, substance abuse, use of more than five prescription medications, and whether the member has a regular doctor or hospital/clinic.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The state does not have any quality assurance issues or quality of care findings to report at this time.

Managed Care Reporting Requirements

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

Not applicable.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

Not applicable.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

Until July 1, 2014 childless adults will be enrolled in BadgerCare Plus fee-for-service benefits. Starting in July 2014 the state will begin enrolling childless adults into managed care with an initial 10,000 members in the first month, and then 20,000 members in each subsequent month until all new members have been enrolled in managed care as applicable.

Demonstration Evaluation

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

Due to the delay in implementing the BadgerCare Plus policy changes required by the ACA and 2013 Wisconsin Act 20, DHS and CMS agreed on an extension to the timeline for this program evaluation. The state is not required to submit a draft evaluation report for this 1115 Demonstration Waiver until September 30, 2014. DHS and UW signed an amendment to the previously signed contract to extend the contract period to account for the adjusted timeline for the evaluation report. DHS and UW staff

continued to meet monthly for status updates and to identify any additional information needed to conduct the evaluation.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

The Department developed an agreement with the University of Wisconsin Population Health Institute (UWPHI) to partner in conducting the evaluation plan approved by CMS on February 5, 2010 and interim evaluation reports were submitted to CMS on July 17, 2012.

The interim studies were designed to measure impacts related to initial implementation of the Core benefit and focus on a population that almost exclusively had income below 100 percent of the federal poverty level. Much of this population had previously been served by the Milwaukee County General Assistance Medical Program (GAMP). Providers typically paid their enrollment fees.

Some highlights of the evaluations include:

- Medicaid coverage did not reduce the use of hospital emergency rooms. Total emergency department (ED) visits increased 40 percent.
- Most of the increase in ED visits was due to visits that were non-emergent.
- Monthly hospitalization rates declined.
- Enrollees have high rates of chronic illness.
- There was no increase in the utilization of preventive services.
- Utilization of specialty care increased.
- There was no evidence of pent up demand because individuals already had access to care, though not in the most appropriate setting.
- Systems and budgets will need to accommodate a sustained overall increase in outpatient utilization.

Additional demonstration evaluation work will be completed and, as described in the Special Terms and Conditions, will include studying the effects of the policy changes that took effect July 1, 2012.

A plan for this future evaluation work was submitted to CMS on July 1, 2012 and CMS comments were received on December 28, 2012. The evaluation plan was discussed with CMS on the February monitoring call. The Department has contracted with the University of Wisconsin Population Health Institute (UWPHI) for this evaluation.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The state submitted the draft evaluation design to CMS on April 30, 2014. The state anticipates CMS comments by June 30, 2014.

Enclosures/Attachments

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

The state does not have any additional enclosures or attachments to include.

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

Identify by title the budget neutrality monitoring tables and any other attachments along with a brief description of what information the document contains.

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

The state does not have any additional enclosures or attachments to include.

State Contact(s)

Wisconsin Medicaid Section 1115 Health Care Reform Demonstration (BadgerCare) (11-W-00125/5)

Rachel Witthoft
Program and Policy Analyst
Bureau of Enrollment Policy and Systems
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street
Madison, WI 53701-0309
Tel: 608-266-0234, email: Rachel.Witthoft@dhs.wisconsin.gov

Wisconsin BadgerCare Plus Health Insurance for Childless Adults Section 1115 Demonstration (11-W-00242/5)

Elizabeth Drilias Elgar
Budget and Policy Analyst
Division of Health Care Access and Accountability
Wisconsin Department of Health Services
1 West Wilson Street, Room 318
Madison, WI 53701-0309
Tel: 608-266-8473, email: Elizabeth.Elgar@dhs.wisconsin.gov

Wisconsin BadgerCare Reform Demonstration Project (11-W-00293/5)

Craig Steele
Project Manager
Division of Health Care Access and Accountability
Wisconsin Department of Health Services

1 W. Wilson Street, Room 350
Madison, WI 53701-0309
Tel: 608-266-7024, e-mail: craig.steele@wisconsin.gov

Attachment A – Budget Neutrality Monitoring Workbook

The state does not have a budget neutrality update at this time.

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

Attachment D – Disenrollment Types: Parents and Caretaker Relatives (11-W-00125/5)

Voluntary Disenrollments:

- Cumulative Number of Voluntary Disenrollments within Current Demonstration Year:
- Reasons for Voluntary Disenrollments:
 - Declined the program
 - No longer requesting program assistance
 - Did not sign the application
 - Did not complete renewal
 - Did not provide verifications
 - Did not pay premium
 - Entered a restrictive-reenrollment period due to non-payment of premiums
 - Not cooperating with medical support liability

Involuntary Disenrollments:

- Cumulative Number of Involuntary Disenrollments within Current Demonstration Year:
- Reasons for Involuntary Disenrollments:
 - *Income*: income exceeds program thresholds.
 - *Household*: individual left the household; individual is not in a valid living arrangement; the individual does not have a qualifying relationship to the primary person; the individual is no longer a caretaker of a non-legally responsible relative; the individual is no longer a parent of a qualifying child.
 - *Residency*: the individual does not reside in Wisconsin; the individual does not intend to reside in Wisconsin.
 - *Health Insurance Access*: the individual is covered by health insurance; the individual has access to health insurance that met the 80% access test; the individual had access to health insurance that met the 9.5% access test.

Other Disenrollments:

- Cumulative Number of Other Disenrollments within Current Demonstration Year: Reasons for Other Disenrollments: the individual receives health insurance through another BadgerCare Plus program; the individual died.

Attachment E – Benefit Changes to the Childless Adults Core Plan as Approved by CMS (11-W-00242/5)

Core Plan Amendment Requests to CMS		
Item	Date Requested	Status
Add Chiropractic services	May 2009	Approved July 2009
Update Disposable Medical Supplies (DMS) benefit to include ostomy supplies	May 2009	Approved July 2009
Addition of specific brand name drugs to Core benefit	May 2009	Approved July 2009
Add coverage of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	October 2009	Approved January 2010
Add coverage of Podiatry services	October 2009	Approved January 2010
Add coverage of Hospice services	October 2009	Approved January 2010
Add coverage of Home Health (limited to 30 days post-hospitalization)	October 2009	Approved January 2010
Add limited coverage of angiotensin receptor blockers (ARBs) using prior authorization	October 2009	Approved January 2010
Apply quantity limits, step-therapy, and diagnosis restrictions for certain brand-name drugs	October 2009	Approved January 2010
Modify drug copays to \$4 for generics and \$8 for brand name drugs with a \$24 monthly maximum	October 2009	Approved January 2010
Increase the copayment for emergency room services from \$0 to \$3.00 for individuals with income below 100% of the federal poverty level (FPL)	October 2009	Approved January 2010
Add option for Compassionate Care catastrophic benefit for Basic Plan members	June 2010	Approved July 2010

Attachment F – Benefits and Cost Sharing Under the Core Benefit Plan: Childless Adults (11-W-00242/5)

The table below shows services effective during all quarters of Demonstration Year 3 as well as Quarters 1 through 3 of Demonstration Year 4; all services were effective by March 31, 2011.

Service	Description of Coverage	Co-Payment
<i>Covered Services</i>		
Ambulatory Surgical Centers	Full coverage of certain surgical procedures and related laboratory services.	\$3.00 per service
Chiropractic	Full coverage.	\$.50 to \$3.00 per service
Dental	Coverage is limited to certain emergency services only.	None
DMS	Coverage of diabetic supplies, ostomy supplies, and DMS that is required with the use of a DME item.	\$.50 to \$3.00 per priced unit. \$.50 per prescription for diabetic supplies.
DME	Full coverage up to \$2,500 per enrollment year.	\$.50 to \$3.00 per item. Rental items are not subject to co-payment but count toward the \$2,500 annual limit.
Drugs	Generic-only formulary drug benefits with a few generic OTC drugs. Some brand name drugs are also covered. Opiod (pain management) drugs are limited to 5 prescriptions per month. Members automatically enrolled in Badger Rx Gold plan. This is a separate program administered by Navitus, which provides for a discount on the cost of drugs. Expanded formulary to 100 brand name drugs effective January 1, 2010.	\$4.00 per generic, up to \$8.00 per brand; co-payment monthly maximum \$24 per provider, per month.
End Stage Renal Disease (ESRD)	Full coverage.	None
Home Care Services	Coverage of home health services for 30 days following an inpatient stay if discharge from the hospital is contingent on	None

(Home Health, Private Duty Nursing, and Personal Care)	the provision of follow-up home health services. Coverage limited to 100 visits post-hospitalization per 30-day period of eligibility.	
Hospice	Full coverage.	None
Inpatient Hospital	Full coverage (not including inpatient psychiatric stays in either an Institute for Mental Disease (IMD) or the psychiatric ward of an acute care hospital and inpatient substance abuse treatment).	<p>\$3.00 per day for members with income up to 100% FPL with a \$75 maximum cap per stay.</p> <p>\$100 copayment per stay for members with income from 100% to 200% FPL.</p> <p>There is a \$300 total copayment cap per enrollment year for inpatient and outpatient hospital services for all income levels.</p>
Mental Health and Substance Abuse	Limited to services provided by a psychiatrist under the physician services benefit.	\$.50 to \$3.00 per service, limited to \$30 per provider, per enrollment year.
Outpatient Hospital - Emergency Room	Full coverage.	<p>\$3.00 copayment for members up to 100% FPL.</p> <p>\$60 copayment per visit for members with income from 100% to 200% FPL (waived if member admitted to hospital).</p>
Outpatient Hospital	Full coverage. Outpatient mental health and substance abuse services are not covered.	\$3.00 per visit for members with income

		<p>up to 100% FPL.</p> <p>\$15 per visit for members with income from 100% to 200% FPL.</p> <p>There is a \$300 total co-payment cap per enrollment year for inpatient and outpatient hospital services for all income levels.</p>
Physical Therapy, Occupation Therapy, Speech and Language Pathology	Full coverage, limited to 20 visits per therapy discipline per enrollment year. (Cardiac rehabilitation counts toward the 20 visit limit for physical therapy).	<p>\$.50 to \$3.00 per visit.</p> <p>Co-payment obligation limited to the first 30 hours or \$1,500, whichever occurs first, during one enrollment year (co-payment limits calculated separately for each discipline).</p>
Physician	Full coverage, including laboratory and radiology.	<p>\$.50 to \$3.00 per service, limited to \$30 per provider per enrollment year.</p> <p>No co-payment for emergency services, preventive care, anesthesia or clozapine management.</p>
Podiatry	Full coverage.	\$.50 to \$3.00 per service, limited to \$30 per provider per

		enrollment year.
Reproductive Health	Family planning services provided by family planning clinics will be covered separately under the Family Planning Waiver Program.	Not applicable.
Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier	Limited to emergency transportation by ambulance.	None.
<i>Non-Covered Services</i>		
Hearing	No coverage.	
Nursing Home	No coverage.	
Prenatal/Maternity\	Not applicable.	
Routine Vision	Routine vision is not covered. Will cover some non-routine vision services with certain diagnoses.	None.

Attachment G – Childless Adults Core Closure Reasons (11-W-00242/5)

Members counted here had their case closed in March 2014, but could have opened their case in April by taking various actions such as making a late premium payment. Therefore, the counts represented here may not reflect permanently closed cases. The reasons below include both financial and non-financial reasons as recorded in the eligibility system. Member counts may be duplicated across reason codes because members may show up in the counts below for both financial and non-financial reasons.

Closure Reason	Count of Individuals Closed for this Reason
No person is determined eligible.	176
Renewal has not been completed.	176
BC+ premium has not been paid - Subject to RRP.	50
Not within BCLA age limits.	42
Does not meet program requirements.	40
Did not verify answers.	38
Declined this type of aid.	37
Is covered by an insurance plan.	24
Earned income increased.	20
Unearned income increased	15