Overview: The Monitoring Report for the section 1115 eligibility and coverage demonstrations consists of a Monitoring Report Workbook (Part A), Monitoring Report Template (Part B), and a Budget Neutrality Workbook (Part C). This Monitoring Report Template contains information for section 1115 demonstrations **with any eligibility and coverage** policies. Each state with an approved eligibility and coverage demonstration should complete a Monitoring Report Template that includes sections applicable for each eligibility and coverage policy in its demonstration and the demonstration overall, as outlined in the state's special terms and conditions (STC).[1] A state with any eligibility and coverage policy will be completing information outlined in this template; however, this document is provided for illustrative purposes. The state will receive a state-specific version of this template, supplemented with other relevant Monitoring Report Template sections, that reflects the eligibility and coverage policies in the state's demonstration. If the eligibility and coverage policies are part of a broader section 1115 demonstration, the state should report on the entire demonstration in the sections that apply to all eligibility and coverage demonstrations.[2]

CMS will work with the state to ensure there is no duplication in the reporting requirements for different components of the demonstration. For more information, the state should contact the section 1115 eligibility and coverage demonstration monitoring and evaluation mailbox (1115MonitoringandEvaluation@cms.hhs.gov), copying the state's CMS demonstration team on the message.[3]

[1] States should complete Parts A and B for any of the following eligibility and coverage policies included in the demonstration: premiums or account payments, health behavior incentives, community engagement, retroactive eligibility waivers, and non-eligibility periods. For other eligibility and coverage policies that do not have a Monitoring Report, such as waiver of non-emergency medical transportation and marketplace-focused premium assistance, states should follow the guidance in the STCs.

[2] Detailed guidance is available in the Monitoring Report Instructions.

[3] Note: PRA disclosure statement to be added here.

1. Title page for the state's eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration

The state should complete this title page at the beginning of a demonstration and submit as the title page of all monitoring reports.

This section collects information on the approval features of the state's section 1115 demonstration overall. This form should be submitted as the title page for all eligibility and coverage monitoring reports. The content of this table should stay consistent over time. Definitions for certain rows are provided below the table.

Overall section 1115 demonstration	
State	Wisconsin
Demonstration name	BadgerCare Reform
Approval period for section 1115 demonstration	*(10/31/2018 - 12/31/2023)*
Demonstration year and quarter	DY10 Q3
Reporting period	07/1/2023-09/30/2023

2. Executive summary

The executive summary should be reported in the fillable box below. It is intended for summary level information only. The recommended word count is 500 words or less.

The State of Wisconsin was approved for the extension and amendment of the BadgerCare Reform Waiver as of October 31, 2018, authorizing the Wisconsin Division of Medicaid Services to operate the BadgerCare Reform Services through December 31, 2023.

The BadgerCare Reform demonstration primarily provides authority for the state to provide a robust benefit package to non-pregnant, non-disabled, non-elderly childless adults with incomes of up to and including 100 percent of the FPL. This demonstration approval continues coverage for this population for five years.

The state of Wisconsin received a letter from CMS about our ongoing effort to implement the requirements for our Continuous Engagement module. The letter explained that in light of the ongoing disruptions caused by the COVID-19 pandemic, Wisconsin's community engagement requirement risks significant coverage losses and harm to beneficiaries. For the reasons discussed below, CMS is now withdrawing approval of the community engagement requirement in the October 31, 2018 extension of the BadgerCare Reform demonstration, which is not currently in effect and which would have expired by its terms on December 31, 2023.

Section 1115 of the Social Security Act (the Act) provides that the Secretary of Health and Human Services (HHS) may approve any experimental, pilot, or demonstration project that, in the judgment of the Secretary, is likely to assist in promoting the objectives of certain programs under the Act. In so doing, the Secretary may waive Medicaid program requirements of section 1902 of the Act, and approve federal matching funds per section 1115(a)(2) for state spending on costs not otherwise match-able under section 1903 of the Act, which permits federal matching payments only for "medical assistance" and specified administrative expenses. Under section 1115 authority, the Secretary can allow states to undertake projects to test changes in Medicaid eligibility, benefits, delivery systems, and other areas across their Medicaid programs that the Secretary determines are likely to promote the statutory objectives of Medicaid.

The letter also stated, under section 1115 and its implementing regulations, CMS has the authority and responsibility to maintain continued oversight of demonstration projects in order to ensure that they are currently likely to assist in promoting the objectives of Medicaid. CMS may withdraw waivers or expenditure authorities if it "find[s] that [a] demonstration project is not likely to achieve the statutory purposes." 42 C.F.R. § 431.420(d); see 42 U.S.C. § 1315(d)(2)(D). 2018, the state has not yet implemented the community engagement requirement. Since that time, the COVID-19 pandemic and its expected aftermath have made the BadgerCare Reform community engagement requirement infeasible. In addition, implementation of the community engagement requirement is currently prohibited by the Families First Coronavirus Response Act (FFCRA), Pub. L. No. 116-127, Div. F, § 6008(a) and (b), 134 Stat. 208 (2020), which conditioned a state's receipt of an increase in federal Medicaid funding during the pandemic on the state's maintenance of certain existing Medicaid parameters. Wisconsin has chosen to claim the 6.2 percentage point FFCRA Federal Medical Assistance Percentage (FMAP) increase, and therefore, while it does so, must maintain the enrollment of beneficiaries who were enrolled as of, or after, March 18, 2020.

The letter noted that, although the FFCRA's bar on disenrolling such beneficiaries will expire after the COVID-19 public health emergency ends, CMS still has serious concerns about testing policies that create a risk of substantial loss of health care coverage and harm to beneficiaries even after the expiration of the bar on disenrolling beneficiaries. The COVID-19 pandemic has had a significant impact on the health of Medicaid beneficiaries. Uncertainty regarding the current crisis and the pandemic's aftermath, and the potential impact on economic opportunities (including job skills training, work and other activities used to satisfy the community engagement requirement, i.e., work and other similar activities), and access to transportation and affordable child care, have greatly increased the risk that implementation of the community engagement requirement approved in this demonstration will result in substantial coverage loss. In addition, the uncertainty regarding the lingering health consequences of COVID-19 infections further exacerbates the harms of coverage loss for Medicaid beneficiaries.

Accordingly, the letter indicated that, taking into account the totality of circumstances, CMS had preliminarily determined that allowing the community engagement requirement to take effect in Wisconsin would not promote the objectives of the Medicaid program. Therefore, CMS provided the state notice that we were commencing a process of determining whether to withdraw the authorities approved in the BadgerCare Reform demonstration that permit the state to require work and other community engagement activities as a condition of Medicaid eligibility through the demonstration. The letter explained that if CMS ultimately determined to withdraw those authorities, it would "promptly notify the state in writing of the determination and the reasons for the amendment and withdrawal, together with the effective date, and afford the state an opportunity to request a hearing to challenge CMS's determination prior to the effective date." Id.

The letter indicated that, if the state of Wisconsin wished to submit to CMS any additional information that in the state's view may warrant not withdrawing those authorities, such information should be submitted to CMS within 30 days. CMS have not received any additional information from Wisconsin in response to the February 12, 2021, letter.

In light of these concerns, for the reasons set forth below, CMS has determined that, on balance, the authorities that permit Wisconsin to require work and community engagement as a condition of eligibility are not likely to promote the objectives of the Medicaid statute. Therefore, we are withdrawing the community engagement authorities that were added in the Secretary's October 31, 2018 extension approval of the BadgerCare Reform demonstration.

Per guidance from CMS, starting in DY7 the Transitional Medicaid Assistance (TMA) population is no longer considered a part of the target population for the waiver. Based on this, the State of Wisconsin will no longer be submitting data on this population.

3. Narrative information on implementation, by eligibility and coverage policy

The state should refer to the templates for each eligibility and coverage policy included in its demonstration for policy-specific narrative information on implementation relevant to its demonstration.

4. Narrative information on implementation for any demonstration with eligibility and coverage policies

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
AD.Mod_1. Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state's broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for <u>all beneficiaries in the demonstration</u>, not only those subject to eligibility and coverage policies.)			
AD.Mod_1.1. Metric trends			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.		*AD_1-6*	In the third quarter of demonstration year 10 the number of unique program participants decreased from 306,156 to 300,699. This represents a 1.8% increase from the prior quarter of the total number of unique program participants. There were 10,564 new enrollees this quarter.
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.		*AD_7-10*	The State of Wisconsin does not have any mid-year loss of demonstration eligibility data trend to report this quarter. There were 28,823 beneficiaries who were determined ineligible for Medicaid other than at renewal and 28,329 after the state processed a change in circumstance. 5,071 beneficiaries were no longer eligible for the demonstration due to transfer to another Medicaid eligibility group.
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.		*AD_11-14*	This metric is recommended, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics.

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.		*AD_15-21*	The total beneficiaries whose renewals were completed this quarter increased from 21,432 to 67,085. 18,618 of those beneficiaries were determined ineligible and disenrolled from Medicaid for the same reasons noted above: voluntarily declining benefits or no longer being a resident of the state (including individuals who passed away). 1848 were determined ineligible because they transferred to another Medicaid eligibility category. 34,908 beneficiaries were disenrolled from Medicaid because they did not complete their renewal and 15,824 retained eligibility by completing their renewal forms.
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.		*AD_23*	The total beneficiaries who met their cost sharing limit this quarter increased from 451 to 572. This represents a 27% increase from the previous quarter.
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.		*AD_24-28*	This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.		*AD_29-36*	The total number of primary care providers enrolled to deliver Medicaid services this quarter increased from 26,393 to 26926. This represents a 2% change from the prior quarter. Of those primary care providers 10,291 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries. The total number of specialist providers enrolled to deliver Medicaid services this quarter increased from 52,521 to 53898. This represents a 2.6% change from the prior quarter. Of those specialist providers 15,201 delivered Medicaid services with service claims for 3 or more demonstration beneficiaries The total utilization of emergency department (ED) visits for the demonstration beneficiary months during this quarter is 123 per 1000. There were 5 non-emergent ED visits this quarter. AD-34 is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.		*AD_37-44*	**Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)** 1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 49% for calendar year 2022. 2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 38% for calendar year 2022. **Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)** 1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) is 71% for calendar year 2022. 2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days) is 66% for calendar year 2022. **Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)** **"Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following:** **1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis** a. Initiation of AOD Treatment - Alcohol abuse or dependence (rate 1, cohort 1) is 43% for calendar year 2022.

			b. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2) is 64% for calendar year 2022. c. Initiation of AOD Treatment - Other drug abuse or dependence (rate 1, cohort 3) is 42% for calendar year 2022. d. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4) is 44% for calendar year 2024. **2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit** a. Engagement of AOD Treatment - Alcohol drug abuse or dependence (rate 2 cohort 1) is 15% for calendar year 2022. b. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2) is 38% for calendar 2022. c. Engagement of AOD Treatment - Other AOD abuse or dependence (rate 2, cohort 3) is 13% for calendar year 2022. d. Engagement of AOD Treatment - Total AOD abuse or dependence (rate 2, cohort 4) is 17% for calendar year 2022. **PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)** The total number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older rate for calendar year 2022 is 0.99.

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
			PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) The total number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older rate for calendar 2022 is 0.12. **PQI 08: Heart Failure Admission Rate (PQI08-AD)** The total number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries' age 18 and older rate for calendar year 2022 is 6.1. **PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)** The total number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39 rate for calendar year 2022 is 0.
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.		*AD_45*	This is a recommended metric, but not required. The state of Wisconsin has reviewed the recommended metrics provided by CMS but at this point Wisconsin plans to satisfy the required metrics prior to completing any recommended metrics. The state will review its ability to provide CMS recommended metrics for future quarterly reports.

Prompt	State has no trends/ update (place an X)	Related metric(s) (if any)	State response
AD.Mod_1.2. Implementation update			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			
AD.Mod_2. State-specific metrics			
AD.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.			

5. Narrative information on other reporting topics

Prompt	State has no update (place an X)	State response
1. Budget neutrality		
1.1 Current status and analysis		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.		
1.2 Implementation update		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.		
2. Eligibility and coverage demonstration evaluation update		
2.1 Narrative information		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations for annual monitoring reports. See Monitoring Report Instructions for more details.		On April 6, 2021, CMS sent a letter to the state updating the STCs for this demonstration and requesting that the state update the list of provisions, hypotheses, and research questions—and commensurate design elements—to reflect these changes. The State of Wisconsin requested 30-day extension beyond the 60-day timeframe through PMDA to complete the requested revisions to CMS's feedback. CMS approved the State's extension request. The State submitted the requested response memo and revised evaluation design through PMDA on September 20, 2021.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		On April 6, 2021, CMS sent a letter to the state updating the STCs for this demonstration and requesting that the state update the list of provisions, hypotheses, and research questions—and commensurate design elements—to reflect these changes. The State of Wisconsin requested 30-day extension beyond the 60-day timeframe through PMDA to complete the requested revisions to CMS's feedback. CMS approved the State's extension request. The State submitted the requested response memo and revised evaluation design through PMDA on September 20, 2021.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		

Prompt	State has no update (place an X)	State response
3. Other demonstration reporting		
3.1 General reporting requirements		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.		The state of Wisconsin plans on submitting its monitoring protocol once we have an approved implementation plan.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.i The schedule for completing and submitting monitoring reports		The state of Wisconsin plans to continue submitting the metrics that pertain to any demonstration as scheduled.
3.1.2.ii The content or completeness of submitted monitoring reports and or future monitoring reports		
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		
3.2 Post-award public forum		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.		

Prompt	State has no update (place an X)	State response
4. Notable state achievements and/or innovations		
4.1 Narrative information		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.		

*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

Measures MSC-AD, FUA-AD, FUM-AD, and IET_AD (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Information Set (HEDIS®) measures that are owned and copyrighted by the National Committee for Quality Assurance (NCQA). HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA makes no representations, warranties, or endorsement about the quality of any organization or clinician who uses or reports performance measures and NCQA has no liability to anyone who relies on HEDIS measures or specifications or data reflective of performance under such measures and specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called a "HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS rates."

Limited proprietary coding is contained in the measure specifications and HEDIS VS for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications and HEDIS VS.