

# Managed Care in Wisconsin

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

## Overview of Current Managed Care Programs

In July 2011, about two thirds of Medicaid beneficiaries were enrolled in at least one of six managed care programs. In 1999, the state began using managed care to provide Medicaid (**BadgerCare** in Wisconsin) acute, primary, and behavioral health services to parents and children. In 2008, the program – now called **BadgerCare Plus** – merged Medicaid with CHIP, and extended eligibility to childless adults with income up to 200% of the federal poverty level under a federal demonstration waiver (the state is currently seeking to reduce qualifying income levels for adults with dependent children and childless adults). Most BadgerCare Plus beneficiaries are required to enroll in a managed care plan. The state also operates the **Medicaid SSI Managed Care Program**, which was launched in 2005 and covers provides primary and acute care benefits, including coordination of social and vocational services. The state requires low income adults and individuals with disabilities who live in select regions and receive social security income (SSI) to enroll in and receive services from a risk-based MCO (there are exceptions for dual eligibles, those enrolled in home and community-based service waiver programs, or those who have only one HMO in the region of residence).

Beginning in the mid-1990's, Wisconsin developed a number of voluntary managed care demonstration programs designed to rebalance the long term care system in favor of home and community-based services. The first programs - **Children Come First**, started in Dane County in 1993, and **Wrap Around Milwaukee**, started in Milwaukee county 1997 - provide behavioral health services to children with severe emotional disturbances in home and community settings rather than in residential treatment centers and inpatient psychiatric hospitals. In 1999, the state began two programs to reform the long term care system for older adults and adults with disabilities who qualify for institutional level of care, including full duals. **Wisconsin Family Care Partnership**, which began in 1996, provides participants in 14 counties with Medicaid long term services and supports as well as Medicare acute care, through Medicare Advantage Special Needs Plans (MA-SNPs). **Family Care**, which started in 1999 and has since expanded nearly statewide, provides all Medicaid-covered long term services and supports, as well as outpatient behavioral health, to people who qualify for, or are at risk of, institutional level of care.

Wisconsin also operates a small **PACE** program, which covers all acute care and long term services and supports to individuals in Milwaukee county age 55 and over who meet a nursing home level of care. As of January 2013, the state is also creating a "virtual PACE" program that will contract with a set of entities that are not co-located (as in other PACE programs) but together would provide Medicare and Medicaid-covered services to dual eligibles in select regions of the state.

In 2014, Wisconsin received federal approval of a new Alternative Benefit Plan under 1937 authority, to operate a medical home to provide benefits to foster children entitled Care4Kids. Care4Kids provides benefits to qualifying foster kids via a non-risk PIHP.

Effective April 1, 2014, additional populations became eligible for BadgerCare Plus, including: parents and caretaker relatives with incomes at or below 100 % of the Federal Poverty Level (FPL); pregnant women with incomes at or below 300 % of the FPL; children (ages 18 and younger) with household incomes at or below 300 % of the FPL; childless adults (adults ages 19-64 without dependent children living in the household) with incomes at or below 100 % of the FPL; transitional medical assistance individuals, also known as members on extensions, with incomes over 100 % of the FPL.

## Participating Plans, Plan Selection, and Rate Setting

In total, Wisconsin contracts with 18 plans, some of which participate in more than one program. Many of the health plans are **community-operated for-profit or nonprofit entities**; only three plans (Managed Health Services, Molina, and United) are **nationally-based for-profit entities**. County human service agencies administer the Children Come First and Wrap Around Milwaukee programs through a direct contract with the state. PACE is provided by a local, non-profit organization (Community Care), which also participates in the Family Care and Family Care Partnership programs. Wisconsin selects its plans through a competitive approach only in one region of the state, and contracts with all health plans that meet state qualifications ("any willing plan") elsewhere. The state sets rates for its plans using actuarial

processes that account for the relative risk of enrollees and, in the Family Care and Partnership programs, uses functional screen data to adjust for expected long term care utilization.

## **Quality and Performance Incentives**

Wisconsin requires all MCO programs to submit HEDIS data and to conduct an annual consumer satisfaction survey. For its long term care programs (Family Care and Family Care Partnership), the survey also includes a set of twelve personal experience outcome measures (called PEONIES) that are designed to measure quality of life and whether the program is providing beneficiaries with the services and supports needed to help reach their goals. The state also requires that MA-SNPs participating in Partnership or PACE submit any quality report submitted to CMS to the state as well. The Badger Care Plus and Medicaid SSI Managed Care programs offer plans incentive payments, which cannot exceed total capitation revenue by more than 5%. The state withholds 1.5% from each participating MCO, which can be earned back, based on annual performance related to clinical outcomes, case management, access and availability of services, and member satisfaction. MCOs can also earn a bonus amount on top of the withhold for high ratings on select measures. Plans that are accredited by a nationally recognized body can qualify for an additional Accreditation Incentive payment. The state has neither bonuses nor penalties tied to performance of Partnership, Family Care, or PACE programs, but it reserves the right to investigate problems, impose correct actions, revise inadequate care plans, or take action to correct systematic quality problems.

**Table: Managed Care Program Features, as of August 2014**

Program Name	Children Come First (CCF)	Wraparound Milwaukee	WI Family Care Partnership Program	Family Care	Program for All-Inclusive Care for the Elderly (PACE)	Medicaid SSI Managed Care Program	BadgerCare Plus Managed Care	Care4Kids
<b>Program Type</b>	MH/SUD PIHP	MH/SUD PIHP	MCO	PIHP	PACE	MCO	MCO	PIHP
<b>Program Start Date</b>	April 1993	March 1997	January 1999	January 2001	November 2003	April 2005	February 2008	June 2014
<b>Statutory Authorities</b>	1915(a)	1915(a)	1932(a)/1915(c)	1915(b)/1915(c)	PACE	1932(a)	1932(a)	1937
<b>Geographic Reach of Program</b>	Single county	Single county	Select counties	Select counties	Single county	Select counties	Statewide	Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha counties
<b>Populations Enrolled</b> <i>(Exceptions may apply for certain individuals in each group)</i>								
<i>Aged</i>			X	X	X			
<i>Disabled Children &amp; Adults</i>	X	X	X	X	X (age 55+)	X		
<i>Children</i>	X	X					X	
<i>Low-Income Adults</i>							X	
<i>Medicare-Medicaid Eligibles ("duals")</i>			X (excludes partial duals)	X (excludes partial duals)	X (age 55+)	X (excludes partial duals)	X (excludes partial duals)	
<i>Foster Care Children</i>	X	X						X
<i>American Indians/ Alaska Natives</i>	X	X				X		
<b>Mandatory or Voluntary enrollment?</b>	Voluntary	Voluntary	Voluntary	Voluntary	Voluntary	Mandatory (with exceptions)	Mandatory (except duals)	Voluntary
<b>Medicaid Services Covered in Capitation</b> <i>(Specialized services other than those listed here also may be covered. Services not marked with an X are "carved out" or not included in the benefit package.)</i>								
<i>Inpatient Hospital</i>			X		X	X	X	X
<i>Primary Care and Outpatient services</i>	X	X	X		X	X	X	X
<i>Pharmacy</i>			X		X			
<i>Institutional LTC</i>			X	X	X			X
<i>Personal care/HCBS</i>			X	X	X	X	X	X

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<i>Inpatient Behavioral Health Services</i>	X	X	X		X	X	X	X
<i>Outpatient Behavioral Health Services</i>	X	X	X	X	X	X	X	X
<i>Dental</i>			X		X	X	X	X
<i>Transportation</i>			X	X	X	X		
<b>Participating Plans or Organizations</b>	* See notes for plans or organizations participating in each program							
<b>Uses HEDIS Measures or Similar</b>			X		X	X	X	
<b>Uses CAHPS Measures or Similar</b>			X		X	X	X	
<b>State requires MCOs to submit HEDIS or CAHPS data to NCQA</b>	NA	NA	X	NA	NA	X	X	
<b>State Requires MCO Accreditation</b>	NA	NA	X	NA	NA	X	X	
<b>External Quality Review Organization</b>	MetaStar, Inc.							
<b>State Publicly Releases Quality Reports:</b>	Yes							

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.  
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.  
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).  
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.  
\* Participating plans and organizations are as follows:

- Care4Kids: Children's Hospital and Health System, Inc.

- Children Come First (CCF): Dane County Human Services Department
- Wraparound Milwaukee: Milwaukee County Human Services Department
- WI Family Care Partnership Program: Care Wisconsin Health Plan, Inc., Community Care Health Plan, Inc., Independent Care Health Plan
- Family Care: Care Wisconsin First, Inc., Community Care of Central Wisconsin, Community Care, Inc., ContinuUs, Lakeland Care District, Milwaukee County Department of Family Care, Western Wisconsin Cares
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- PACE: Community Care Organization
- Medicaid SSI Managed Care Program: Care Wisconsin Health Plan, CompCare, Group Health Cooperative of Eau Claire, Independent Care Health Plan (iCare), Managed Health Services, Molina Healthcare, Network Health Plan, Trilogy Health Insurance, UnitedHealthcare
- BadgerCare Plus Managed Care: Children's Community Health Plan, CommunityConnect Healthplan, CompCare, Dean Health Plan, Group Health Cooperative of Eau Claire, Group Health Cooperative of South Central WI, Gundersen Lutheran Health Plan, Health Tradition Health Plan, Independent Care Health Plan (iCare), Managed Health Services, MercyCare Insurance Company, Molina Healthcare, Network Health Plan, Physicians Plus Insurance Corporation, Security Health Plan of WI, Inc., Trilogy Health Insurance, UnitedHealthcare of WI, Inc., Unity Health Plan