OPEN MINDS

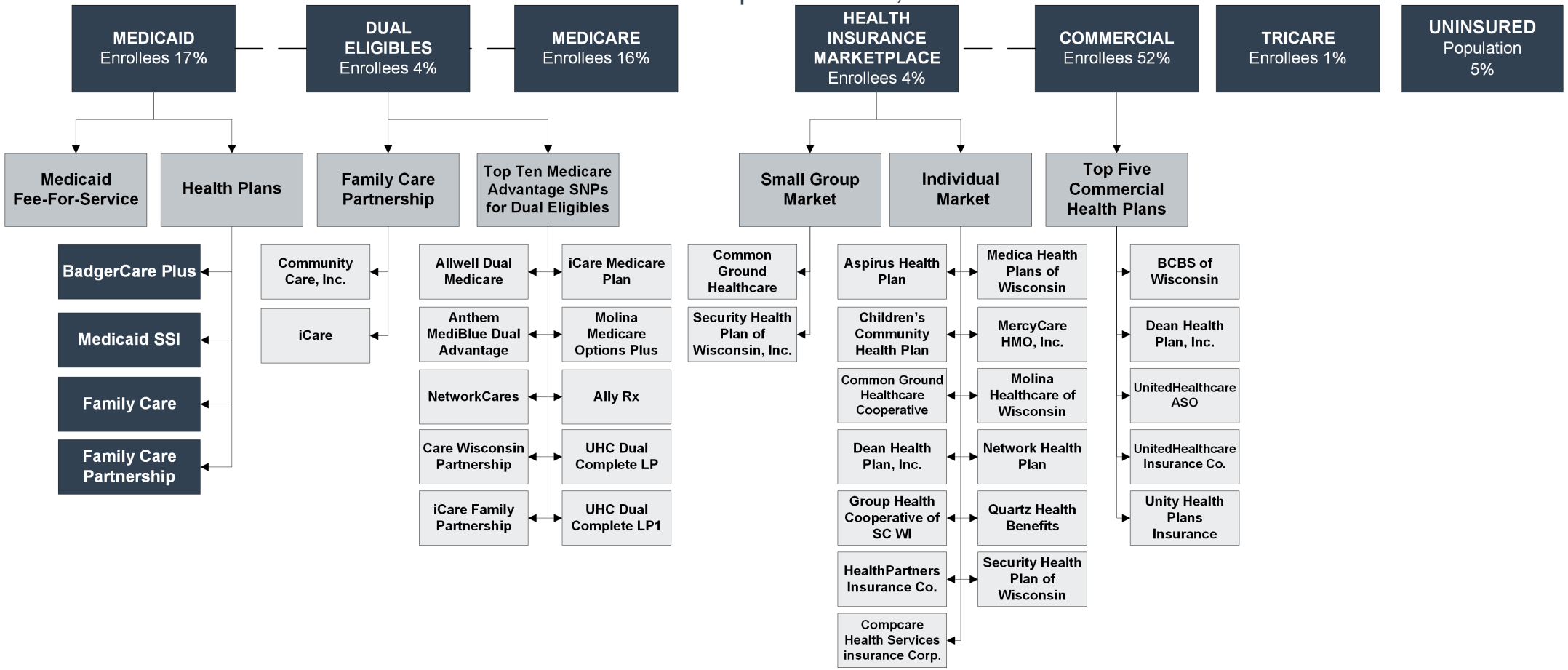
Wisconsin Health & Human Services System Market Profile: 2024

Health & Human Services System Market Profile Overview

A. Executive Summary

A.1. Wisconsin Physical Health Care Coverage by Payer

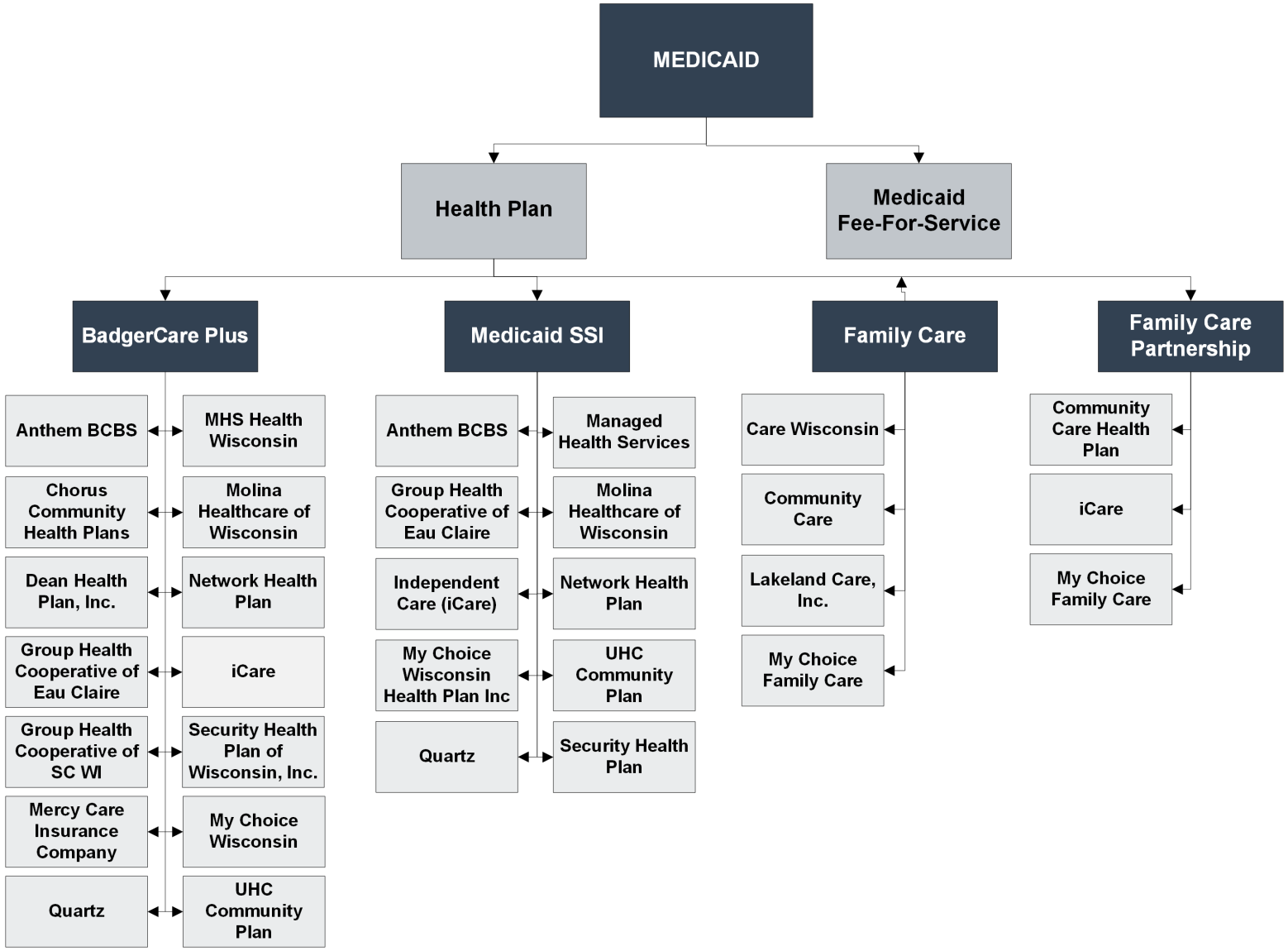
Total Wisconsin Population- 5,892,539
Estimated SMI Population- 471,403



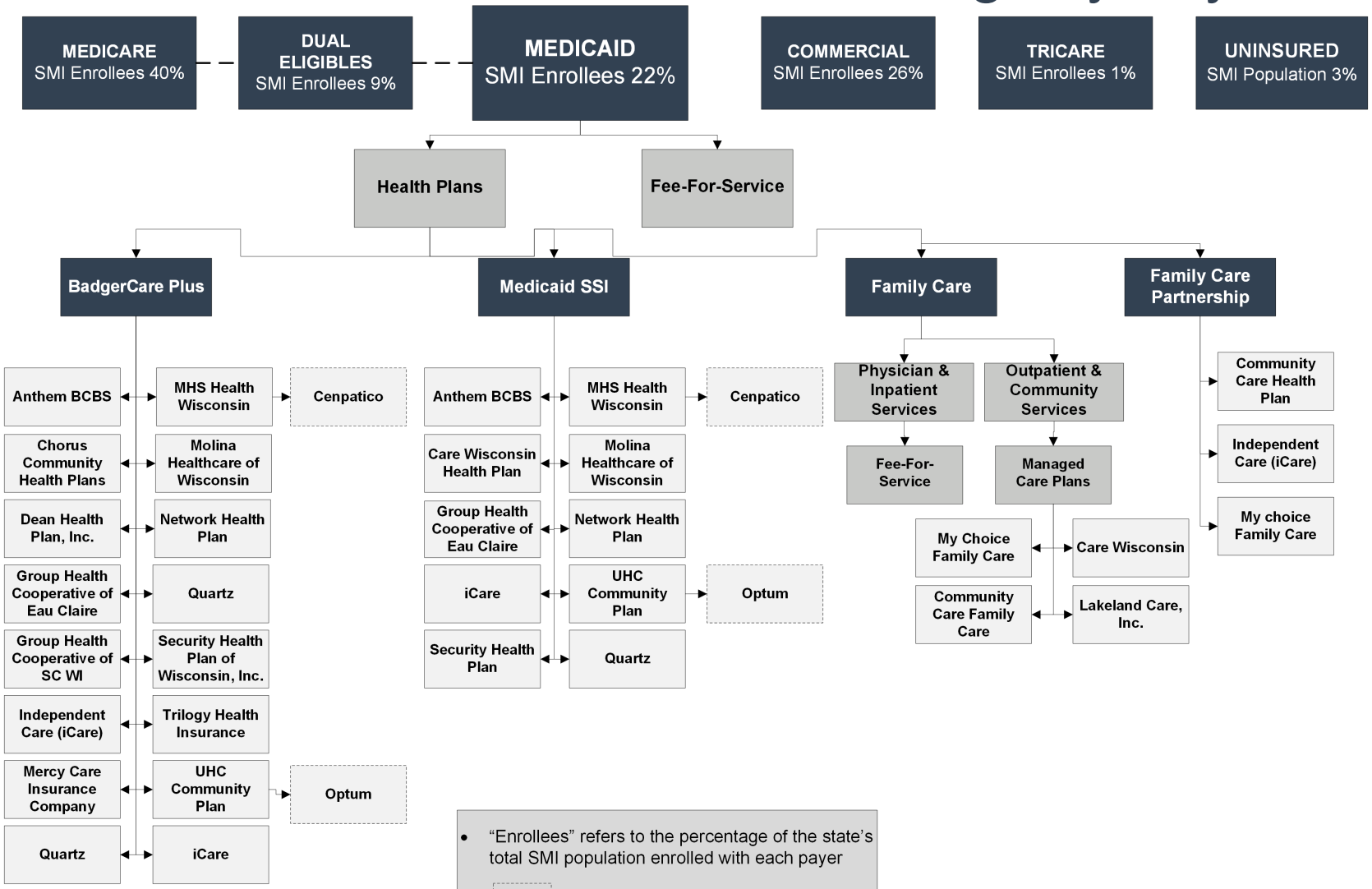
"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

Totals may not equal 100% due to rounding.

A.1. Wisconsin Physical Health Care Coverage by Payer (cont.)



A.1. Wisconsin Behavioral Health Care Coverage by Payer



- "Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer
- Denotes a behavioral health subcontractor

Totals may not equal 100% due to rounding.

A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	The managed care plans provide care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home	✓	The health home program serves individuals with HIV/AIDS.
Patient-Centered Medical Home (PCMH)	✓	• The Obstetrics (OB) Medical Home provides comprehensive, coordinated prenatal and postpartum care to BadgerCare Plus and Medicaid SSI HMO members. • Care4Kids Foster Care medical home serves six southeast counties.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	The Family Care and Family Care Partnership are voluntary programs that provide MLTSS.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state currently has two CCBHC federal grants.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Department of Health Services, along with the Wisconsin Office of Rural Health, provide physical health services to the safety-net population through the Primary Care Program.

Mental Health Services

- County agencies and community-based provider organizations, with the support of the Department of Health Services, Division of Care and Treatment Services (DCTS), deliver mental health services to the uninsured population.

Addiction Treatment Services

- County agencies and community-based provider organizations, with the support of the Department of Health Services, Division of Care and Treatment Services (DCTS), deliver addiction treatment services to the uninsured population.

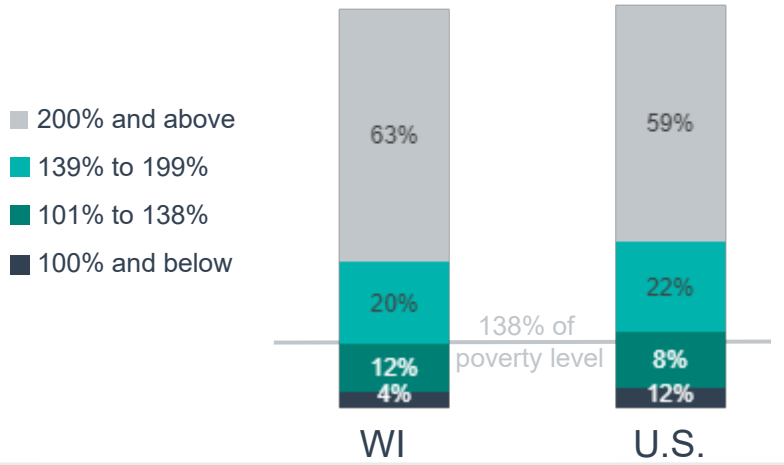
B. Wisconsin Health Financing System Overview

B.1. Population Demographics

Total Wisconsin Population- 5,892,539
Estimated SMI Population- 471,403

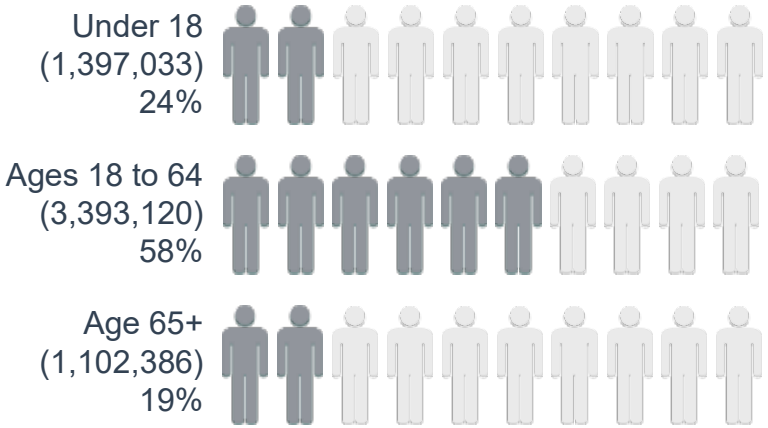
2% of the
U.S. population

Population Distribution By Income To Poverty Threshold Ratio

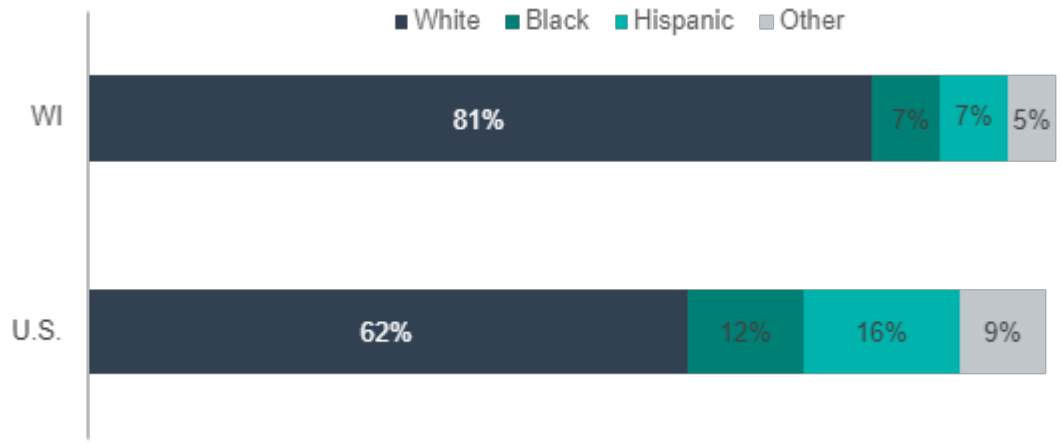


Median Household Income	
WI	$70,996
U.S.	$74,755

Population Distribution By Age

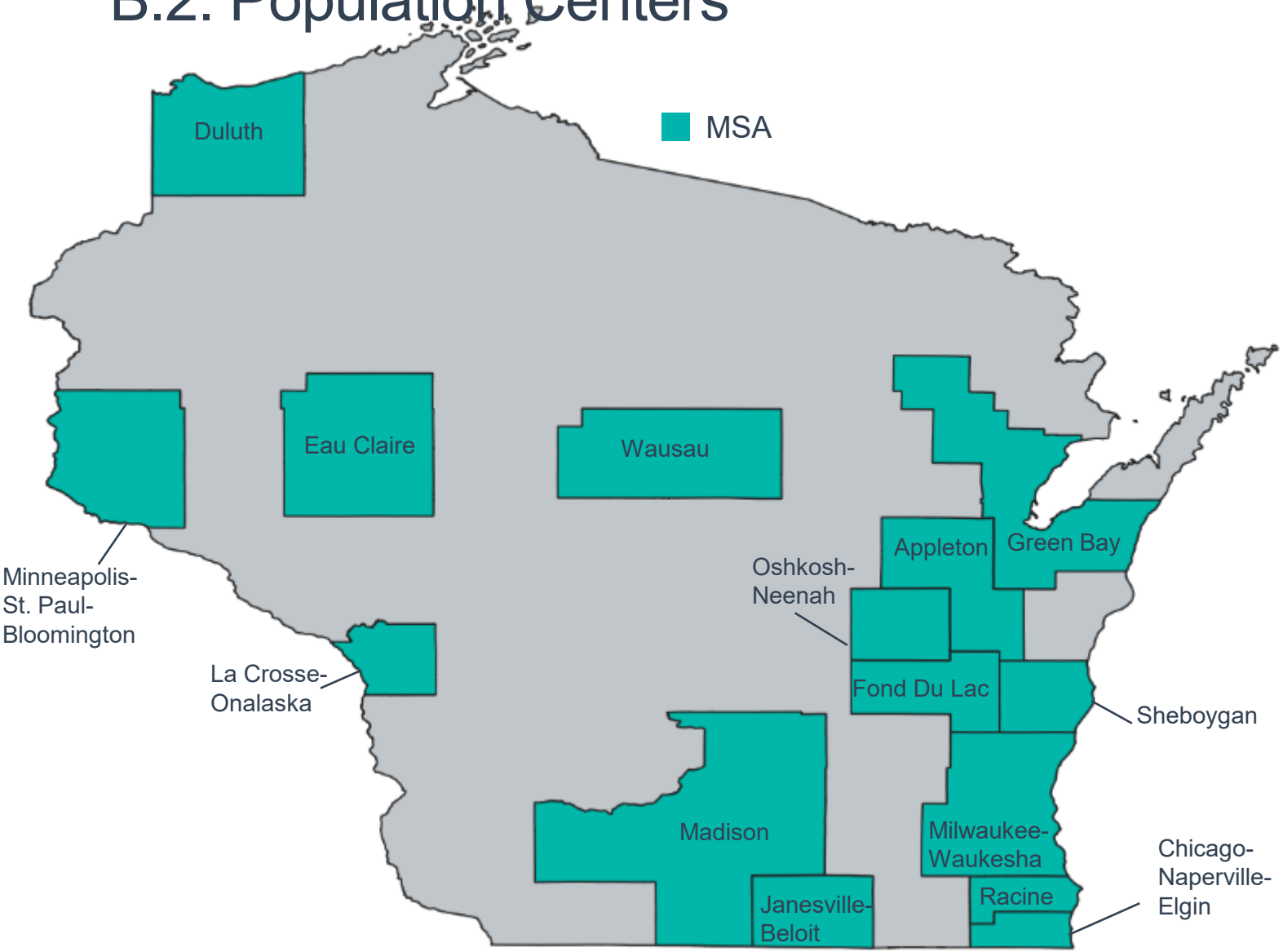


Wisconsin & U.S. Racial Composition



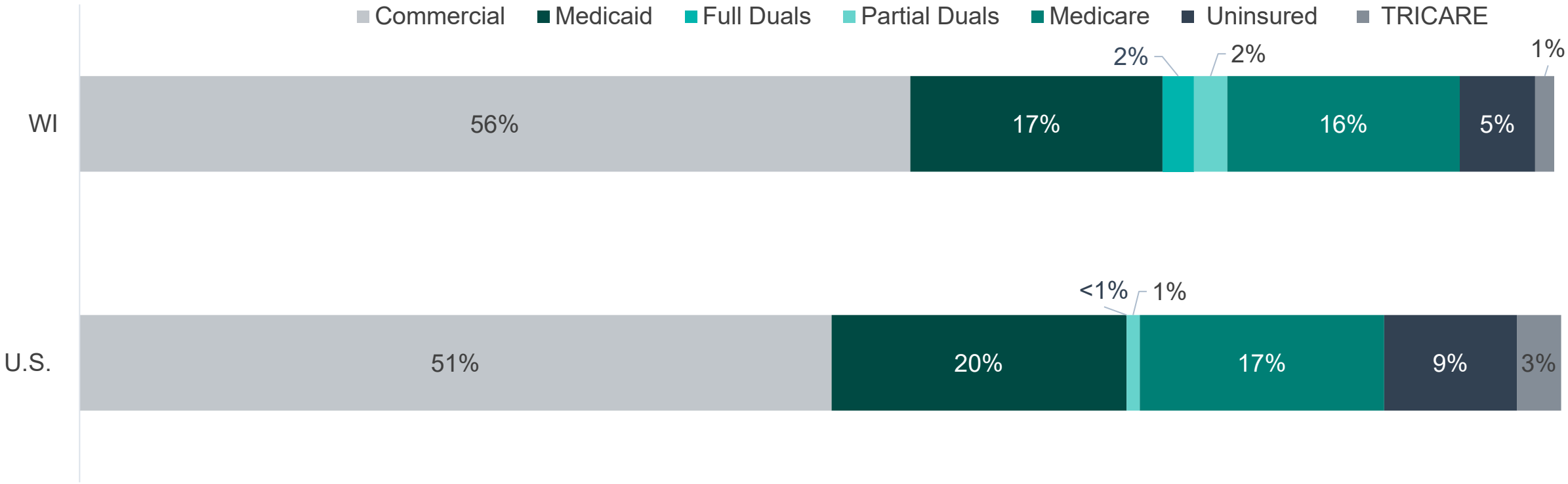
Totals may not equal 100% due to rounding.

B.2. Population Centers

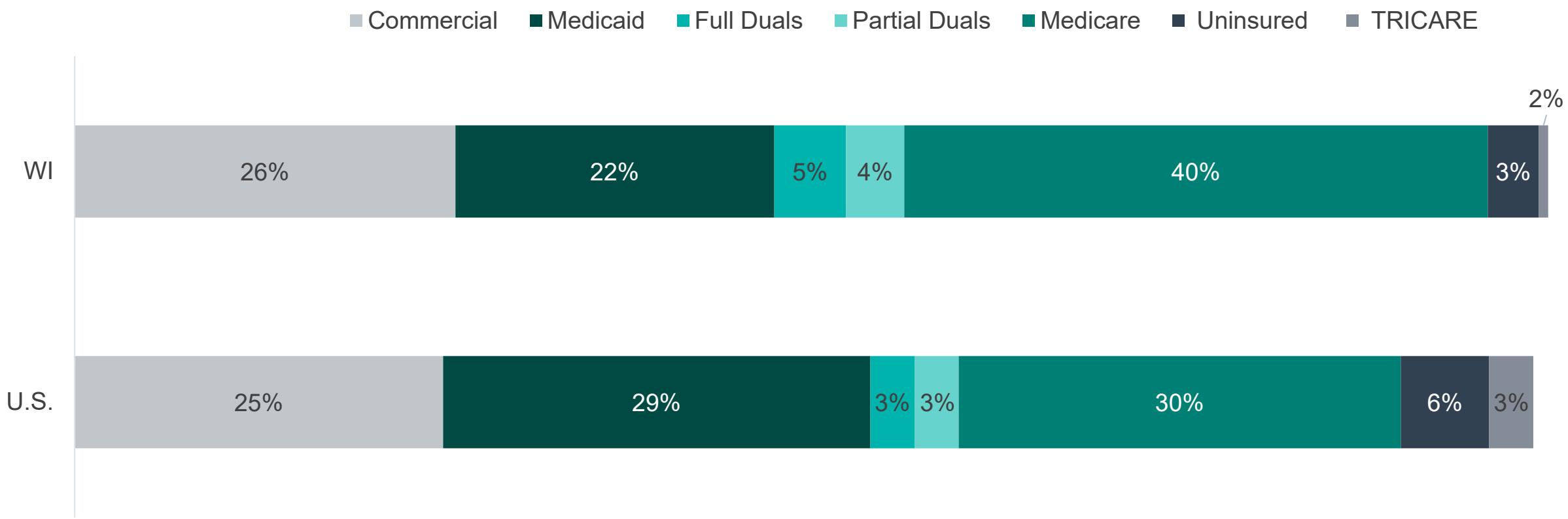


Metropolitan Statistical Areas (MSAs)		
MSA	**MSA Residents**	**Percent of population**
Total MSA Population	**17,533,668**	**-**
Chicago-Naperville-Elgin, IL,IN-WI	9,441,957	-
Minneapolis-St. Paul-Bloomington, MN-WI	3,712,020	63%
Milwaukee-Waukesha, WI	1,560,424	26%
Madison, WI	694,345	12%
Green Bay, WI	331,882	6%
Duluth, MN-WI	281,603	5%
Appleton, WI	246,433	4%
Racine, WI	195,846	3%
Oshkosh-Neenah, WI	171,735	3%
Eau Claire, WI	174,873	3%
Janesville-Beloit, WI	164,278	3%
Wausau-Weston, WI	166,334	3%
La Cross-Onalaska, WI-MN	170,238	3%
Sheboygan, WI	117,752	2%
Fond du Lac, WI	103,948	2%

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Wisconsin Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
United Healthcare	Commercial ASO	460,609
UnitedHealthcare Community Plan	Medicaid managed care - BadgerCare Plus	247,653
Medicaid fee-for-service (FFS)	Medicaid	166,210
Anthem Blue Cross Blue Shield	Medicaid managed care– BadgerCare Plus	155,070
UnitedHealthcare Insurance Company	Commercial	152,876
AARP MedicareComplete	Medicare Advantage	148,456
Unity Health Plans Insurance Corp.	Commercial	139,286
WEA Insurance Corporation	Commercial	108,307
Security Health Plan	Medicaid managed care – BadgerCare Plus	78,812
Wisconsin Physicians Service Insurance Corp.	Commercial	77,916

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of January 2024; Medicare enrollment as of November 2023

B.4. Largest Wisconsin Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare fee-for-service (FFS)	Medicare	556,780	126,389
AARP Medicare Complete	Medicare advantage	148,456	33,700
UnitedHealthcare Community Plan	Medicaid managed care – BadgerCare Plus	247,653	28,728
UnitedHealthcare	Commercial ASO	460,609	19,346
Medicaid FFS	Medicaid	166,210	19,280
Anthem Blue Cross Blue Shield	Medicaid managed care – BadgerCare Plus	155,070	17,988
Network Platinum	Medicare Advantage	70,971	16,110
Sierra Health and Life Insurance Company	Medicare Advantage	67,908	15,415
Security Health Plan of Wisconsin	Medicare Advantage	64,275	14,590
HumanaChoice	Medicare Advantage	42,686	9,690
Security Health Plan	Medicaid managed care -BadgerCare Plus	78,812	9,142

*Medicaid enrollment as of November 2023; TRICARE as of December 2023; Commercial as of January 2024 Medicare enrollment as of November 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Marketplace Plan Percentage	4%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2024 Individual Market Health Plans
1. Aspirus Arise Health Plan
2. Chorus Community Health Plans
3. Common Ground Healthcare Cooperative
4. Compcare dbs Anthem BCBS
5. Dean Health Plan
6. Group Health Cooperative of South Central Wisconsin
7. HealthPartners Insurance Company
8. Medica Health Plans of Wisconsin
9. MercyCare HMO
10. Molina Healthcare of Wisconsin
11. Network Health Plan
12. Quartz Health Benefits
13. Security Health Plan of Wisconsin
14. UnitedHealthcare of Wisconsin, Inc

2024 Small Group Market Health Plans
1. Common Ground Healthcare Cooperative
2. Security Health Plan of Wisconsin, Inc.

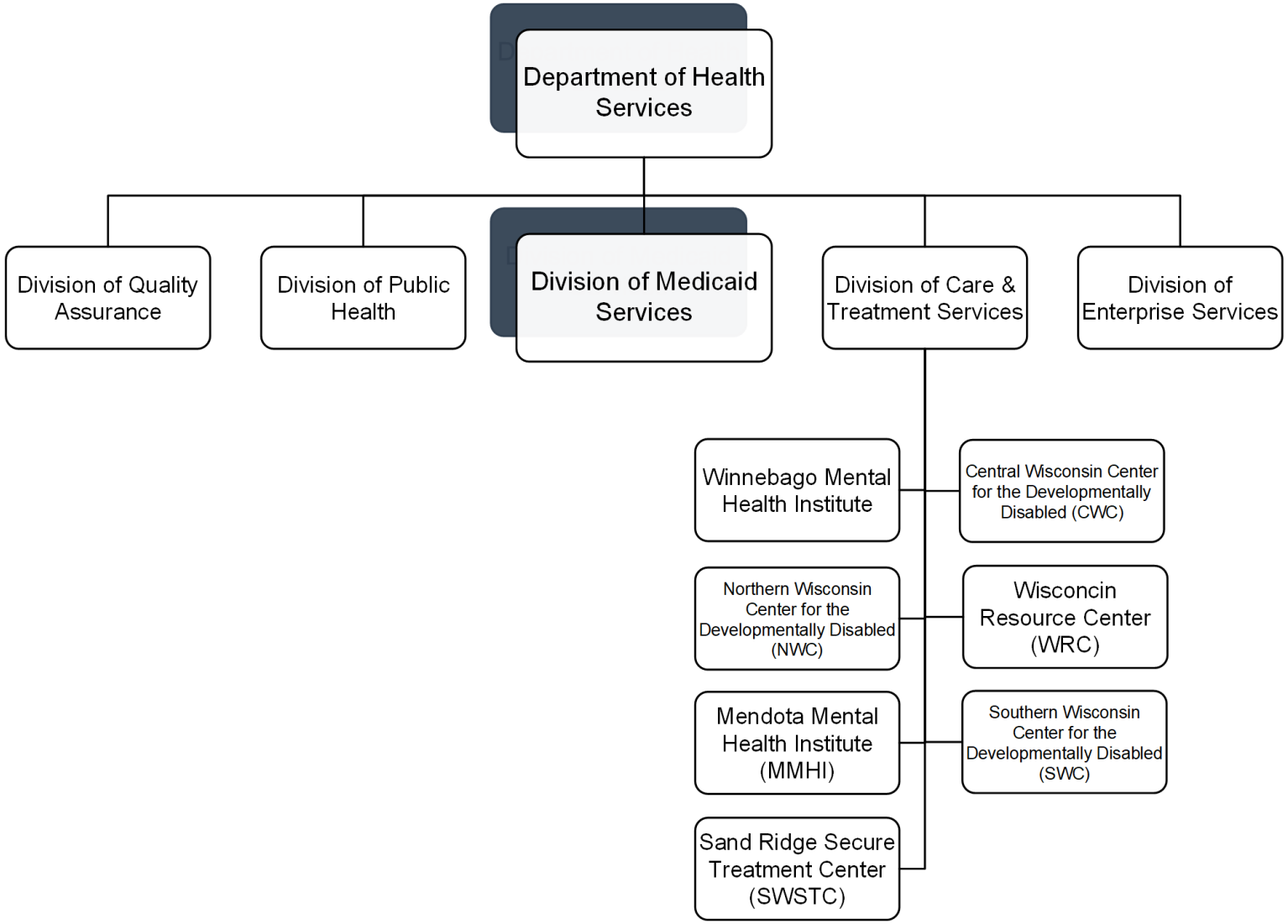
B.6. Accountable Care Organizations

Medicare Shared Savings ACOs
1. Accountable Care Coalition of Southeast Wisconsin, LLC
2. Accountable Care Organization of Aurora, LLC
3. AdvantagePoint Health Alliance – Great Lakes
4. Aurora Accountable Care Organization, LLC
5. Bellin Health Partners
6. Caravan Collaborative Pathways
7. Essentia Health
8. Froedtert & The Medical College of Wisconsin ACO, LLC
9. Mayo Clinic Community Accountable Care Organization, LLC
10. Mercy Health Corporation
11. Mercy Health Network ACO, LLC
12. ProHealth Solutions, LLC
13. Theda Care ACO, LLC
14. USMM Accountable Care Partners
15. UW Health ACO, Inc

Commercial ACOs
1. Aurora Accountable Care Organization, LLC
2. Bellin Health Partners
3. Essentia Health

C. Medicaid Administration, Governance & Operations

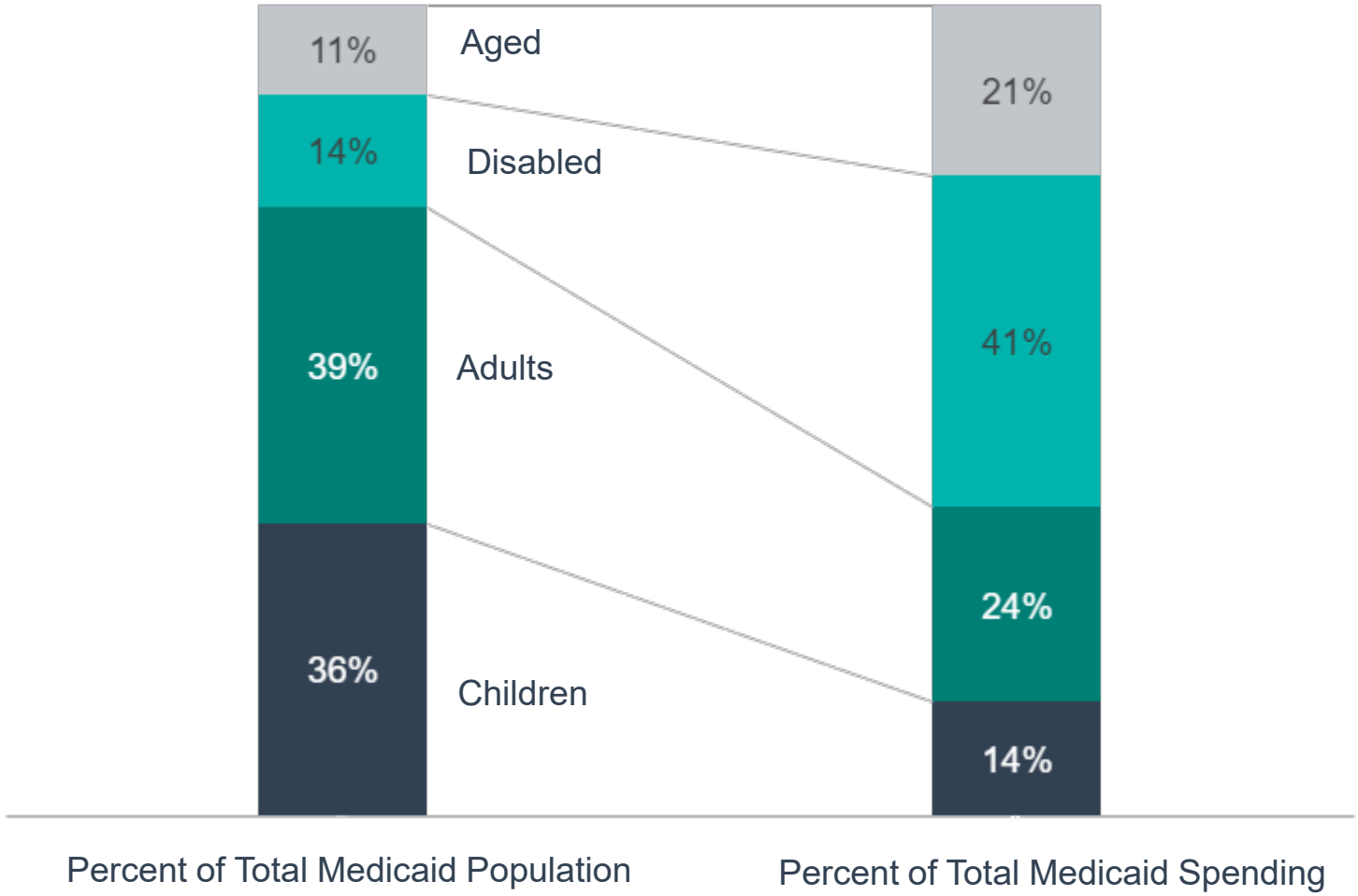
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Kirsten Johnson	Secretary designee	Department of Health Services	kirsten.johnson@dhs.wisconsin.gov
Deb Standridge	Deputy Secretary	Department of Health Services	debra.standridge@dhs.wisconsin.gov
Sarah Valencia	Assistant Deputy Secretary	Department of Health Services	sarah.valencia@dhs.wisconsin.gov
Bill Hanna	Medicaid Director	Division of Medicaid Services	william.hanna@dhs.wisconsin.gov
Nicole Schneider	Assistant Administrator, Benefits and Service Delivery	Division of Medicaid Services	nicole.schneider@dhs.wisconsin.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	WI
All populations	$8,651	$7,868
Children	$3,584	$3,066
Adults	$5,462	$4,934
Expansion adults	$7,486	N/A
Blind and disabled	$23,935	$22,343
Aged	$18,514	$15,407

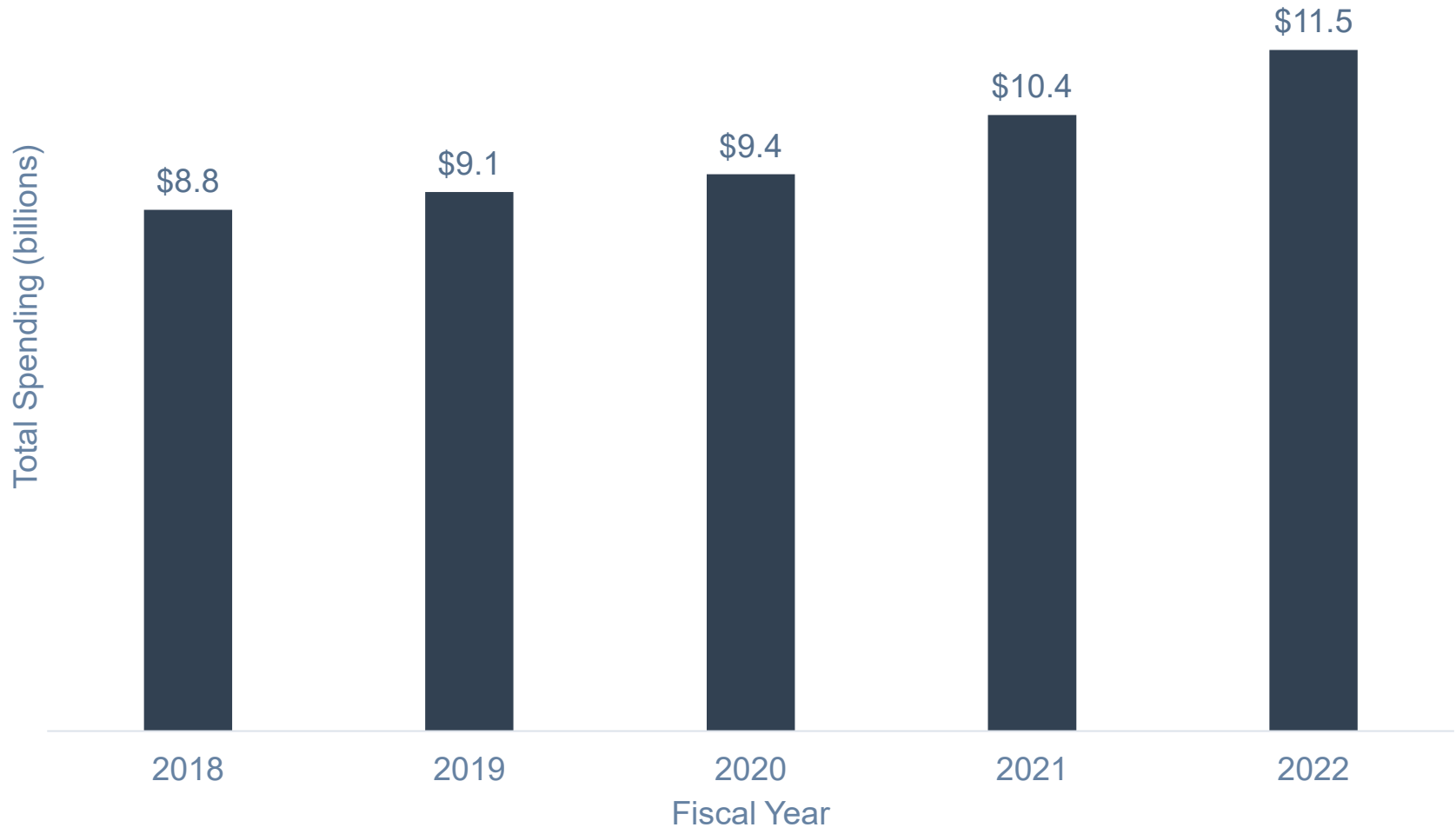
Based on FY 2021 data

C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Spending	Percent Of Budget
Managed care and premium assistance	$5,958,000,000	52%
Home- and community-based LTSS	$1,348,000,000	12%
Other acute services	$1,050,000,000	9%
Hospital	$804,000,000	7%
Institutional LTSS	$777,000,000	7%
Drugs	$616,000,000	5%
Medicare premiums and coinsurance	$431,000,000	4%
Clinic and health center	$368,000,000	3%
Dental	$101,000,000	1%
Other practitioner	$34,000,000	<1%
Physician	$31,000,000	<1%
Budget Total: $11,518,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	60.6%
CY 2024 Newly Eligible FMAP (expansion population)	88.0%
Counties contribute to state Medicaid share	Yes

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	No, the state has partial expansion that provides health care coverage to adults with an income up to 100% of the Federal Poverty Level (FPL).
Date Of Expansion	N/A
Medicaid Eligibility Income Limit For Able-Bodied Adults	100% of the FPL for parents and caretakers and childless adults.
Legislation Used To Expand Medicaid	None; an attempt to expand Medicaid through the 2019-2021 state budget was rejected by the Joint Finance Committee of the state legislature.
Number Of Individuals Enrolled In The Expansion Group (October 2023)	N/A
Number Of Enrollees Newly Eligible Due To Expansion	N/A
Benefits Plan For Expansion Population	Although Wisconsin has not expanded Medicaid to the childless adult population, the state offers a robust benefit package that provides most of the state plan benefits to non-pregnant, non-disabled, non-elderly childless adults with an income up to 100% of the FPL.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies for individuals of child-bearing age
9. Physician services
10. Medical and surgical services of a dentist
11. Home health services
12. Nurse midwife services
13. Nurse practitioner services
14. Pregnancy services, including tobacco cessation programs
15. Free standing birth centers
16. Non-emergency transportation to medical care

Wisconsin's Optional Services

1. Optometry services
2. Chiropractic services
3. Other practitioner services
4. Private duty nursing
5. Physical, occupational, and speech therapy
6. Clinic services
7. Dental services
8. Prescribed drugs
9. Dentures, prosthetic devices, and eyeglasses
10. Diagnostic, preventive, screening, and rehabilitative services
11. Services for individuals 65 years or older in an institution for mental disease (IMD)
12. Hospice care
13. Intermediate care facilities for persons with developmental disabilities (ICF/DD)
14. Inpatient psychiatric services for individuals 22 years or younger
15. Case management services
16. Tuberculosis related services
17. Respiratory care services
18. Care and services provided in a Christian Science sanatorium
19. Home- and community-based services (HCBS)

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (May 2024)	166,210	975,414
SMI Enrollment	• Persons with chronic conditions—including SMI—may receive an exemption from managed care enrollment. • *OPEN MINDS* estimates 85% of the population in managed care, 15% in FFS	
Management	Department of Health Services	• EBD (SSI) Medicaid: Eight health plans • BadgerCare Plus: 14 health plans • Family Care: Six health plans
Payment Model	FFS	• EBD and BadgerCare: Capitated rate • Family Care: Capitated rate for LTSS; all other services FFS
Geographic Service Area	Statewide	Statewide, with plans available by county

Total Medicaid: 1,141,624 | Total Medicaid With SMI: 132,428

Note. Wisconsin utilizes atypical terminology when referring to the aged, blind, and disabled population (ABD). Instead, Wisconsin refers to the ABD population as elderly, blind, and disabled (EBD).

D1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of May 2024: 15% in fee-for-service (FFS), 85% in managed care
SMI population inclusion in managed care	• Persons with chronic conditions—including SMI—may receive an exemption from managed care enrollment. As of May 2020, 75% of the aged, blind, and disabled elected to enroll in FFS. As a result, most of the SMI population is enrolled in FFS. • Estimated 85% of the SMI population in managed care, 15% in FFS
Dual eligible population inclusion in managed care	• Managed care is optional for dual eligibles. • Estimated 17% of population in FFS, 83% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	
Traditional behavioral health	Covered FFS by the state	• Medicaid SSI and BadgerCare Plus: Included in the health plan's capitation rate • Family Care: Included in the prepaid inpatient health plan's (PIHP) capitation rate, except for behavioral health services delivered by a physician and inpatient behavioral health
Specialty behavioral health	Covered FFS by the state	• Medicaid SSI and BadgerCare Plus: Excluded from the health plan's capitation rate and provided FFS by the state • Family Care PIHP: Included in the PIHP's capitation rate
Pharmaceuticals	Covered FFS by the state	All programs: Excluded from the health plan's capitation rate and provided FFS
Long-term services and supports (LTSS)	Covered FFS by the state	For individuals enrolled in the Family Care or Family Care Partnership program, LTSS is included in the health plan's capitation rate. For all others, LTSS is covered FFS.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals		X (must apply for exemption)	
Aged individuals			X
Dual eligibles		X	
Medicaid expansion (Wisconsin has a partial expansion to 100% of the FPL)			X
Individuals residing in nursing homes		X	
Individuals residing in ICF/IDD			X
Individuals in foster care			X
Other populations	Individuals enrolled in the Children's Long-Term Support Waiver	• High risk pregnancy • Continuity of care concerns • Women with a breast or cervical cancer diagnosis	

D.2. Medicaid FFS Program: Overview

- As of May 2024, FFS enrollment was 166,210.
- Medicaid populations are required to enroll in managed care, unless they have a demonstrated need for exemption based on chronic conditions, high-risk pregnancy, or continuity of care issues. SMI is considered a qualifying chronic condition.
- Roughly 75% of the elderly, blind, and disabled (EBD) populations elect FFS.

D.2. Medicaid FFS Program: Behavioral Health Benefits

All behavioral health benefits are provided on an FFS basis.

FFS Mental Health Benefits
1. Inpatient treatment
2. Outpatient treatment
3. Psychotherapy
4. Hypnotherapy
5. Assessments and testing
6. Day treatment and day hospital
7. Crisis intervention
8. Comprehensive community services (CCS)*
9. Community support program services (CSP)*
10. Community recovery services (CRS)*
*Services not available in all counties

FFS Addiction Treatment Benefits
1. Inpatient treatment
2. Evaluations and assessments
3. Outpatient alcohol and other drug abuse (AODA) treatment
4. Addiction treatment day treatment
5. Tobacco cessation

D.2. Medicaid FFS Program: SMI Population

- Persons with chronic conditions—including SMI—may receive an exemption from managed care enrollment.
- Roughly 75% of the EBD population elects to enroll in FFS. As a result, it is presumed that the majority of the FFS population is comprised of individuals with an SMI.
- *OPEN MINDS* estimates that as of May 2024, 15% of the SMI population was enrolled in FFS.*

*For the purposes of this report, the EBD/SSI population in Family Care is not included in the managed care count since it offers limited benefits.

D.2. Medicaid FFS Program: Pharmacy Benefit

Wisconsin FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the state uses one PDL for Wisconsin Medicaid, BadgerCare Plus Standard, and Family Care individuals.
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotics, and anxiolytics are included on the pharmacy's PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid antagonists and alcohol addiction drugs are included on the pharmacy's PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Restrictions vary by drug and may include age limits, diagnosis restrictions, and prior authorization. Individuals prescribed certain mental health or addiction treatment drugs may be required to participate in the pharmacy lock-in program to ensure they do not misuse their medication.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	The state operates a Pharmacy Services Lock-In program under the ForwardHealth Retrospective Drug Utilization Review (DUR) Program. Members who are suspected of pharmaceutical misuse or fail to modify their use of medication, despite intervention, may be placed in the lock-in program. Under this program, members are restricted to one lock-in pharmacy and one lock-in provider organization for two years.

D.3. Medicaid Managed Care Program: Overview

- As of May 2024, managed care enrollment was 975,414.
- Wisconsin has three managed care programs, under the umbrella of ForwardHealth, that serve specific subsets of the Medicaid population:
  - **BadgerCare Plus:** Children, pregnant women, parents/caretaker relatives, childless adults ages 19 through 64 with an income below 100% of the FPL, and former foster care youth younger than 26 who were out of the home at age 18.
  - **Medicaid EBD (SSI) Managed Care**: Individuals who are elderly, blind, or disabled, or who receive Wisconsin Well Woman Medicaid (WWWMA).
  - **Family Care:** Voluntary managed long-term services and supports (MLTSS) program.
- The state has set a threshold that 10% of BadgerCare Plus and Medicaid SSI payments must be in alternative payment arrangements. Health plans are required to report on the percentage of payments in these models, but there is no penalty for missing the target.
  - The state's alternative payment model (APM) program goals are aligned with Learning Action Network's (LAN) goals to move "payments away from fee-for-service (FFS) and into APMs that reduce the total cost of care (TCOC) and improve the quality of care."
  - Additionally, the state applies a 2.5% withhold to the BadgerCare Plus and Medicaid SSI capitation rates, which is returned based on performance on quality measures.

D.3. Medicaid Managed Care Program: BadgerCare Plus

- Wisconsin's BadgerCare Plus managed care program provides Medicaid services to parents/caretaker relatives, childless adults with an income below 100% of the FPL, and children.
  - Persons with commercial HMO, chronic illness, Native American descent, high-risk pregnancies, or continuity of care issues may request exemption from managed care enrollment.
- As of May 2024, BadgerCare Plus managed care enrollment was 861,575.
- There are 14 BadgerCare Plus health plans that operate on a county-by-county basis. Enrollment is mandatory within service areas with two or more health plans, and in rural areas where there is one health plan.
  - In a non-rural areas where there is only one health plan, enrollment is optional.
- The health plans are responsible for providing personalized and coordinated care through a care manager.
  - For childless adults, the health plans must conduct a Health Needs Assessment Screening within 60 days of enrollment in the health plan and help coordinate services based on needs identified in the assessment.

D.3. Medicaid Managed Care Program: EBD Medicaid/SSI Medicaid

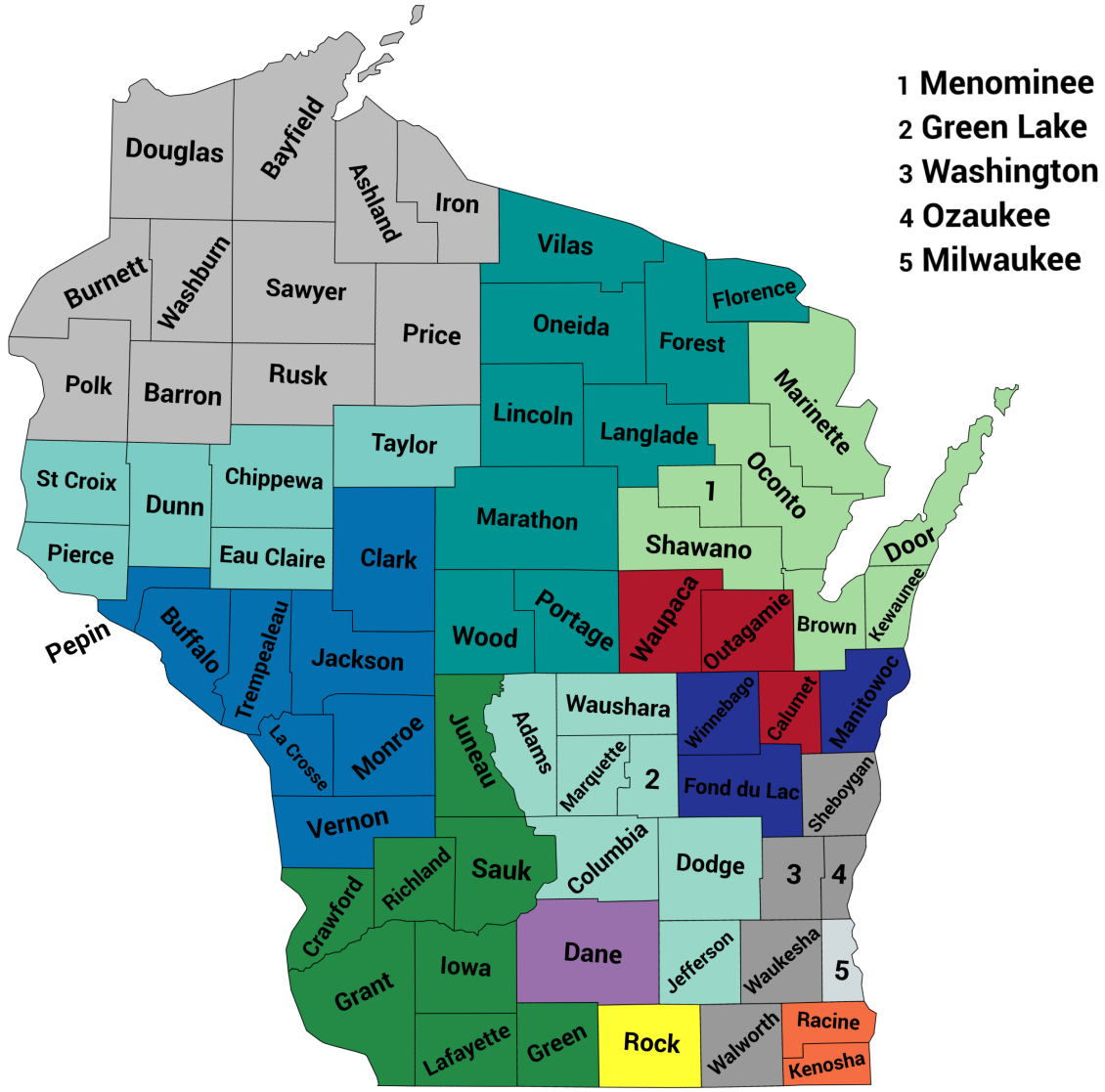
- Wisconsin's Medicaid program for the elderly, blind, or disabled population, including those who receive WWWMA or Supplemental Security Income (SSI).
- As of May 2024, Medicaid SSI managed care enrollment was 53,775.
- Individuals in the Wisconsin Medicaid SSI managed care program receive all state plan services through 1 of 8 health plans.
- The state describes the Medicaid SSI program as mandatory managed care; however, the program is effectively optional.
  - Persons with chronic conditions, high-risk pregnancies, or continuity of care issues may request exemption from enrollment.
  - Approximately 25% of the elderly, blind, and disabled population were enrolled in Medicaid SSI.
- In counties with two or more participating health plans, all eligible, non-exempt individuals are automatically enrolled in a health plan if they do not choose one. Individuals may opt-out in favor of the FFS program after 60 days. For counties with one health plan, enrollment is on an opt-in basis.
- The health plans are responsible for providing personalized and coordinated care through a care manager.
  - Health plans are responsible for ensuring enrollees have a Health Needs Assessment Screening within 60 days of enrollment to develop a Comprehensive Care Plan within 30 days of the screening.
  - Wisconsin Interdisciplinary Care Teams (WICT) are available to provide member-centered care management for members with the highest needs.

D.3. Medicaid Managed Care Program: Family Care

- Family Care is a voluntary program that provides MLTSS to dual eligibles and Medicaid EBD individuals ages 18 years and over.
- As of May 2024, enrollment was 52,846.
- Family Care plans operate as prepaid inpatient health plans (PIHPs) because they provide a limited set of benefits on a capitated basis. Plans are available on a regional basis.
  - The plans provide all home- and community-based waiver services, as well as some state plan benefits related to long-term care.
  - All other services are provided on an FFS basis.
- The Family Care program is statewide. There are four participating plans, and individuals have a choice of plan in their region.
- The state also operates a related program called Family Care Partnership, which provides Medicaid state plan benefits and LTSS through health plans for dual eligible beneficiaries.

D.3. Medicaid Managed Care Program: Family Care Regions

Partnership Service Regions		
	Region	**MCO**
	1	My Choice Family Care, Inclusa
	2	My Choice Family Care, Inclusa
	3	My Choice Family Care, Inclusa
	4	Inclusa, Lakeland Care
	5	My Choice Family Care, Inclusa
	6	Community Care Inc, My Choice Family Care, Inclusa
	7	Inclusa
	8	Community Care Inc, My Choice Family Care
	9	Community Care Inc, Lakeland Care
	10	Community Care Inc, Lakeland Care
	11	Community Care Inc, My Choice Family Care
	12	Community Care Inc, My Choice Family Care
	13	Inclusa, Lakeland Care
	14	My Choice Family Care, Inclusa



D.3. Medicaid Managed Care Program: Health Plan Characteristics

Plan	Profit Status	Parent Company	Behavioral Health Subcontractor	BadgerCare Plus	EBD/ SSI Medicaid	Family Care	Enrollment Share*
Anthem Blue Cross Blue Shield	For-profit	Anthem	None	X	X		13%
Dean Health Plan	Non-profit	None	None	X			4%
Group Health Cooperative Eau Claire	Non-profit	None	None	X	X		5%
Group Health Cooperative South Central	Non-profit	None	None	X			<1%
Independent Care (iCare)	For-profit	Humana and Milwaukee Center for Independence	None	X	X	X	4%
Mercy Care Insurance Company	For-profit	Mercy Health Systems	None	X			1%
Managed Health Services Wisconsin	For-profit	Centene-WellCare	Cenpatico	X	X		6%
Molina Healthcare	For-profit	Molina	None	X	X		6%
Network Health Plan	For-profit	Froedtert Health and Ministry Health Care	None	X	X		5%
Quartz	Non-profit	UW Health and Gundersen Health System	None	X	X		4%
Security Health Plan of Wisconsin	Non-profit	Marshfield Clinic	None	X	X		7%

Pharmacy benefits are excluded from the health plan's capitation rate and provided FFS; therefore, information on pharmacy benefit managers was not provided here.
*Totals may not add up to 100% due to rounding.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Plan	Profit Status	Parent Company	Behavioral Health Subcontractor	BadgerCare Plus	EBD Medicaid	Family Care	Enrollment Share*
UnitedHealthcare Community Plan	For-profit	UnitedHealth	Optum	X	X		23%
My Choice Family Care- Care Wisconsin	For-profit	Molina Healthcare	None	X	X	X	4%
Community Care Inc	Non-profit	None	None			X	2%
Lakeland Care, Inc.	Public	None	None			X	1%
Inclusa	For-profit	iCare	None			X	2%

Pharmacy benefits are excluded from the health plan's capitation rate and provided FFS; therefore, information on pharmacy benefit managers was not provided here.
*Totals may not add up to 100% due to rounding.

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- For both the BadgerCare Plus and the Medicaid SSI managed care programs, traditional Medicaid mental health and addiction treatment services are included in the health plan's capitation rate.
  - Specialty behavioral health benefits not included under capitation are provided by the state on an FFS basis.
  - All prescribed drugs—including mental health drugs—are excluded from the health plan's capitation rate and provided FFS by the state.
- The Medicaid SSI program includes an additional benefit—sub-acute psychiatric community-based recovery center services—which is a short-term, non-hospital residential treatment benefit that may be used in lieu of inpatient treatment.
- The Family Care program includes a limited mental health and addiction disorder treatment benefit in the prepaid inpatient health plan's capitation rate.

D.3. Medicaid Managed Care Program: BadgerCare Plus & Medicaid EBD/SSI Behavioral Health Benefits

Behavioral Health Benefits For BadgerCare Plus & Medicaid SSI Managed Care Enrollees		
Mental Health Benefits Included In The Health Plan's Capitation	**Addiction Treatment Benefits Included In The Health Plan's Capitation**	**Behavioral Health Benefits Excluded From The Health Plan's Capitation & Provided FFS By The State**
1. Inpatient treatment 2. Psychotherapy services 3. Assessments and evaluations 4. Day treatment and day hospital 5. In-home mental health and addiction treatment services for children 6. Cost of all emergency detention and court-related behavioral health treatment 7. Medicaid SSI only: Sub-acute psychiatric community-based recovery center services	1. Inpatient treatment 2. Evaluations and assessments 3. Outpatient alcohol and other drug abuse (AODA) treatment 4. AODA day treatment 5. Narcotic treatment	1. Crisis intervention 2. Community support program services 3. Comprehensive community services (CCS) 4. Community recovery services (CRS) 5. Medication therapy management 6. Targeted case management 7. Prescribed and physician-administered drugs

D.3. Medicaid Managed Care Program: Family Care Behavioral Health Benefits

Mental Health Benefits Included In The Health Plan's Capitation	Addiction Treatment Benefits Included In The Health Plan's Capitation	Behavioral Health Benefits Excluded From Health Plan's Capitation & Provided FFS By The State
1. Outpatient treatment not provided by a physician 2. Case management, including assessment and care planning 3. Community support program services	1. Outpatient alcohol and other drug abuse (AODA) treatment services not provided by a physician 2. AODA day treatment except when hospital-based or physician-provided	1. Mental health and addiction inpatient treatment 2. Services provided by a physician 3. Crisis intervention 4. Pharmacy services

D.3. Medicaid Managed Care Program: SMI Population

- Persons with chronic conditions—including SMI—may receive an exemption from managed care enrollment.
- Only 25% of the elderly, blind, and disabled population is enrolled in a managed care program. As a result, it is presumed that most of the SMI population is enrolled in FFS.
- As of May 2024, *OPEN MINDS* estimates that 85% of the SMI population was enrolled in managed care.*

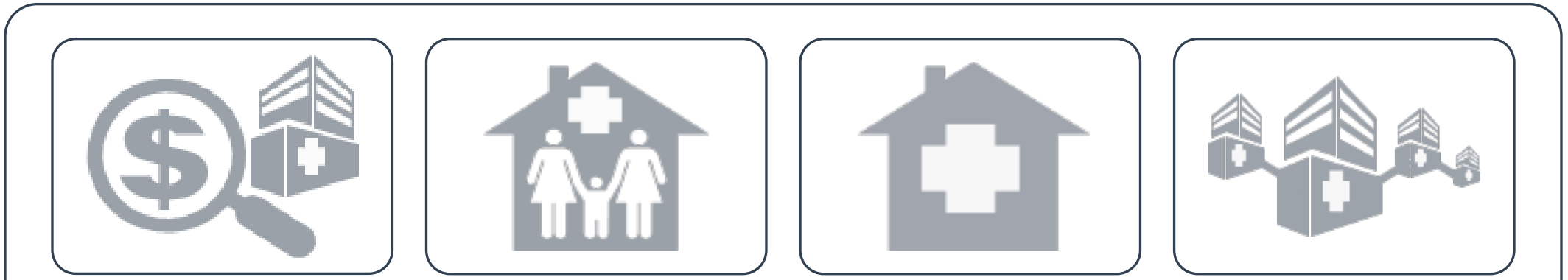
*For the purposes of this report, the EBD population in Family Care is not included in the managed care count since it offers limited benefits.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

All pharmaceutical services for managed care members are covered FFS by the state.

Wisconsin FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes, the state uses one PDL for Wisconsin Medicaid, BadgerCare Plus Standard, and Family Care individuals.
State Uses A PDL For Mental Health Drugs	Yes, anticonvulsants, antidepressants, antipsychotics, and anxiolytics are included on the pharmacy's PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid antagonists and alcohol addiction drugs are included on the pharmacy's PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Restrictions vary by drug and may include age limits, diagnosis restrictions, and prior authorization. Individuals prescribed certain mental health or addiction treatment drugs may be required to participate in the pharmacy lock-in program to ensure they do not misuse their medication.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	The state operates a Pharmacy Services Lock-In program under the ForwardHealth Retrospective Drug Utilization Review (DUR) Program. Members who are suspected of pharmaceutical misuse or fail to modify their use of medication, despite intervention, may be placed in the lock-in program. Under this program, members are restricted to one lock-in pharmacy and one lock-in provider organization for two years.

D.4. Medicaid Program: Care Coordination Initiatives



Accountable Care Organization (ACO) Program	Affordable Care Act Health Home	Patient-Centered Medical Home (PCMH)	Other Care Coordination Initiatives
None	The state operates a small health home program for individuals with HIV/AIDS in four counties.	The state has two PCMH programs. One program is for individuals who are pregnant and at high risk of poor birth outcomes. The other program is for children in foster care.	The state has an SPA for an opioid dependency health home targeted to 8 counties, and 4 tribal areas.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Wisconsin Badger Care Reform*	• Authorizes Wisconsin to provide Medicaid services to childless adults with an income up to 100% of the FPL and requires premiums for Transitional Medicaid Assistance Adults. • The Community Engagement Requirements were originally planned but are indefinitely postponed. • In October 2019, an amendment added SUD provisions. • There is a current amendment pending to add a health savings account component of the waiver.	1115	None	01/01/14	12/31/2024
Wisconsin Senior Care	• Provides a comprehensive prescription drug benefit to aged individuals who are not full benefit dual eligibles and have an income below 200% of the FPL. • There is a current amendment pending to add coverage of vaccinations.	1115	None	09/01/02	12/31/2028
Family Care Program (WI-07)	Allows Wisconsin to competitively procure PIHPs to provide Family Care services. Operates concurrently with WI Family Care Waiver Renewal.	1915 (b)	None	01/01/20	12/31/2024
Children's Long-Term Care Supports Program (WI-08)	Allows Wisconsin to require that children enrolled in the Children's Long-Term Care Supports waiver receive case management through the county waiver agencies or their subcontractors.	1915 (b)	None	01/01/22	12/31/2026

* Waiver is still pending per state and Medicaid sites.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
WI Family Care Waiver (0367.R04.00)	Individuals who are physically disabled or disabled in other ways ages 18 to 64; individuals ages 65 and older; and individuals with I/DD ages 18 and older.	73,973	Division of Medicaid Services, Long-Term Care Benefits and Programs	Yes, runs concurrently with the 1915 (b) Family Care waiver.
WI IRIS (Include, Respect, I Self-Direct) Waiver (0484.R03.00)	Individuals who are physically disabled ages 18 to 64; individuals ages 65 and older; and individuals with I/DD ages 18 and older.	33,734	Division of Long-Term Care	Yes, runs concurrently with the 1915(j) program.
WI Children's Long-Term Support Waiver Program (0414.R04.00)	Individuals who are physically disabled or disabled in other ways ages 0 to 21.	19,147	Division of Long-Term Care	Yes, runs concurrently with the 1915 (b) waiver by the same name.

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (November 2023)	572,925	708,532
SMI Enrollment	• *OPEN MINDS* estimates 55% of the population in Medicare Advantage, 45% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,281,457 | Total Medicare With SMI: 290,890

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of November 2023: 55% Medicare Advantage, 45% in traditional Medicare.
SMI population inclusion in managed care	Estimated 55% of population in Medicare Advantage, 45% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	There are currently no C-SNP plans in Wisconsin.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of November 2023 was 1,281,457.
- Medicare enrollment in Wisconsin amounts to about 21% of the state's population, compared with about 19.5% of the US population enrolled in Medicare.
- Medicare Advantage plans in Wisconsin are available statewide, and residents in nearly every county have access to at least 10 Medicare Advantage plans.
  - In some counties, there are more than 40 Medicare Advantage plans available.
- There are at least 32 insurers that offer traditional Medigap plans in Wisconsin, in addition to three insurers that offer Medicare Select plans, and three that offer Medicare Cost plans.
- There are 23 stand-alone Medicare Part D prescription drug plans in Wisconsin in 2023, with premiums starting at $6.60 per month.
  - About 70% of Wisconsin's traditional Medicare beneficiaries had stand-alone Medicare Part D plans in 2023.
  - Another 579,993 Wisconsin Medicare beneficiaries had Medicare Part D prescription drug coverage integrated with their Medicare Advantage plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs
1. Accountable Care Coalition of Southeast Wisconsin, LLC
2. Accountable Care Organization of Aurora, LLC
3. AdvantagePoint Health Alliance – Great Lakes
4. Aurora Accountable Care Organization, LLC
5. Bellin Health Partners
6. Caravan Collaborative Pathways
7. Essentia Health
8. Froedtert & The Medical College of Wisconsin ACO, LLC
9. Mayo Clinic Community Accountable Care Organization, LLC
10. Mercy Health Corporation
11. Mercy Health Network ACO, LLC
12. ProHealth Solutions, LLC
13. Theda Care ACO, LLC
14. USMM Accountable Care Partners
15. UW Health ACO, Inc

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics				
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Family Care**	**Family Care Partnership**	**PACE**
Enrollment (May 2024)	71,995	52,950	3,430	493
Estimated SMI Enrollment	15,118	11,119	720	103
Management	Department of Health Services	Four health plans that provide LTSS services	Two health plans	One non-profit
Payment Model	FFS	Capitated rate for LTSS; all other services FFS	Capitated rate	Blended capitated rate
Geographic Service Area	Statewide	Statewide, with plans available by county	14 counties	Three counties

Total Dual Eligible Enrollment: 128,868 | Total Dual Eligible Enrollment With SMI: 27,060

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

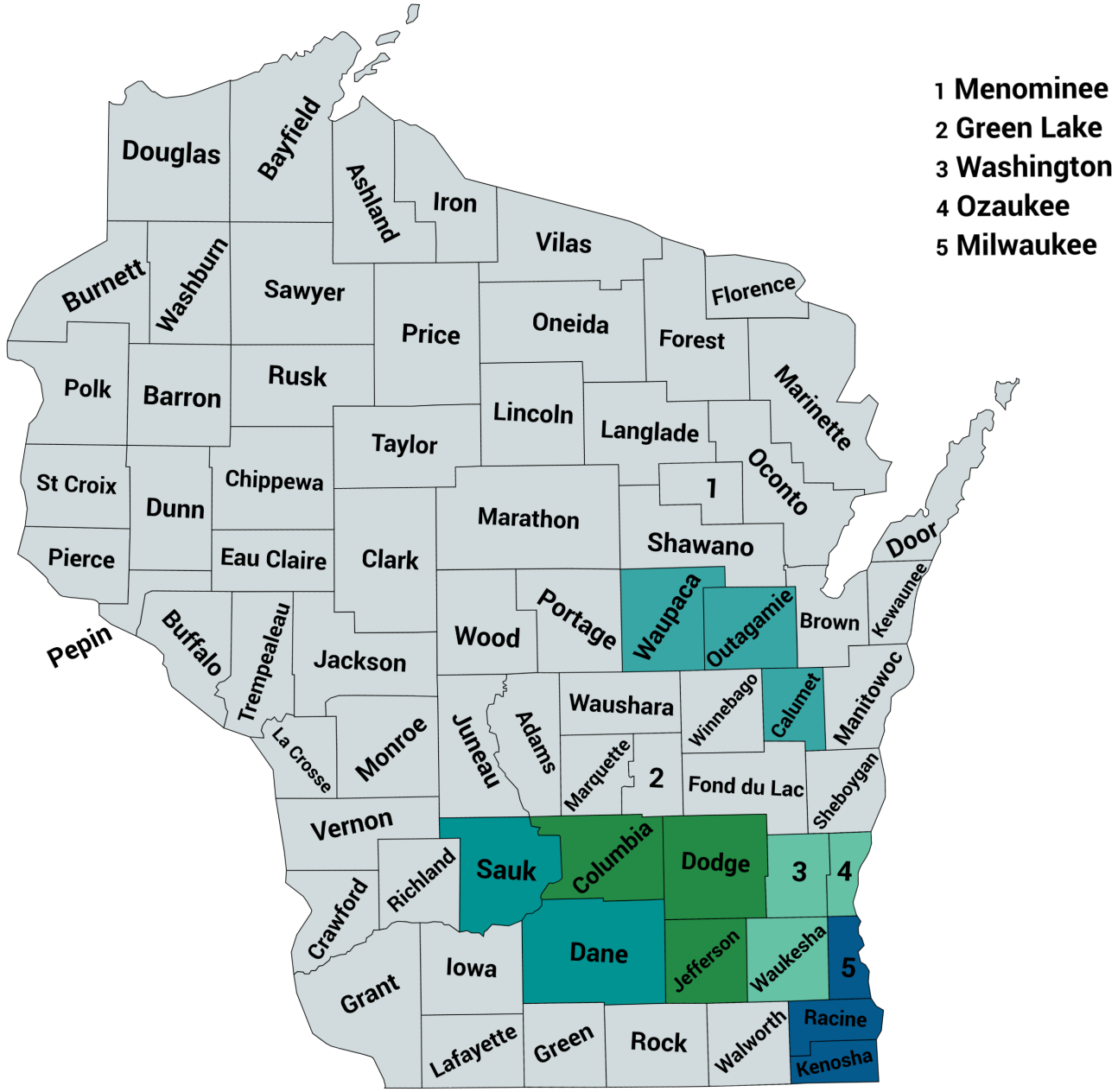
Health Plans	Parent Company	Plan Type	November 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete LP1	UnitedHealthcare	Medicare Advantage D-SNP	32,252	6,773
UnitedHealthcare Dual Complete LP	UnitedHealthcare	Medicare Advantage D-SNP	10,698	2,247
iCare Medicare Plan	Independent Care (iCare) Health Plan	Medicare Advantage D-SNP	9,411	1,976
Anthem MediBlue Dual Advantage	Anthem, Inc	Medicare Advantage D-SNP	8,578	1,801
Allwell Dual Medicare	Centene Corporation	Medicare Advantage D-SNP	3,484	732
NetworkCares	Network Health Insurance Corporation	Medicare Advantage D-SNP	2,533	532
Care Wisconsin Partnership Plan	My Choice Wisconsin	Medicare Advantage D-SNP	1,222	257
Ally Rx	Security Health Plan of Wisconsin, Inc	Medicare Advantage D-SNP	1,161	244
Molina Medicare Complete Care	Molina Healthcare	Medicare Advantage D-SNP	1,101	231
iCare Family Care Partnership	Independent Care (iCare) Health Plan	Medicare Advantage D-SNP	826	173

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of May 2024, dual eligible enrollment was 128,868.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles in Wisconsin have the option to enroll in managed care or FFS.
- Dual eligibles may opt to enroll in the Family Care Partnership program. The Family Care Partnership program is a capitated integrated managed care program that provides LTSS services for individuals with a physical disability, individuals with I/DD, and frail older adults.
- There are three health plans under the Family Care Partnership program that provide services in 14 counties.
- D-SNP enrollment as of May 2024 was 81,277, SMI enrollment for D-SNP was 17,068.

F.3. Dual Eligible Medicaid Financing & Delivery System: Family Care Partnership Service Regions

Partnership Service Regions		
	Managed Care Organization	**Counties**
	Community Care	Calumet, Outagamie, Waupaca
	My Choice Family Care-Care Wisconsin	Columbia, Dodge, Jefferson
	My Choice Family Care-Care Wisconsin and iCare	Dane, Sauk
	Community Care and iCare	Kenosha, Milwaukee, Racine
	Community Care and My Choice Family Care-Care Wisconsin	Ozaukee, Washington, Waukesha
	None	Non-Partnership Region



F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending initiatives currently.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (May 2024)	52,950
Estimated SMI Enrollment	11,119
Management	Family Care: 4 Health Plans Family Care Partnerships: 3
Payment Model	Both: Health Plan Capitation Rate
Geographic Service Area	Specific Counties

Total LTSS Enrollment: 52,950 | Total LTSS Enrollment With SMI: 11,119

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

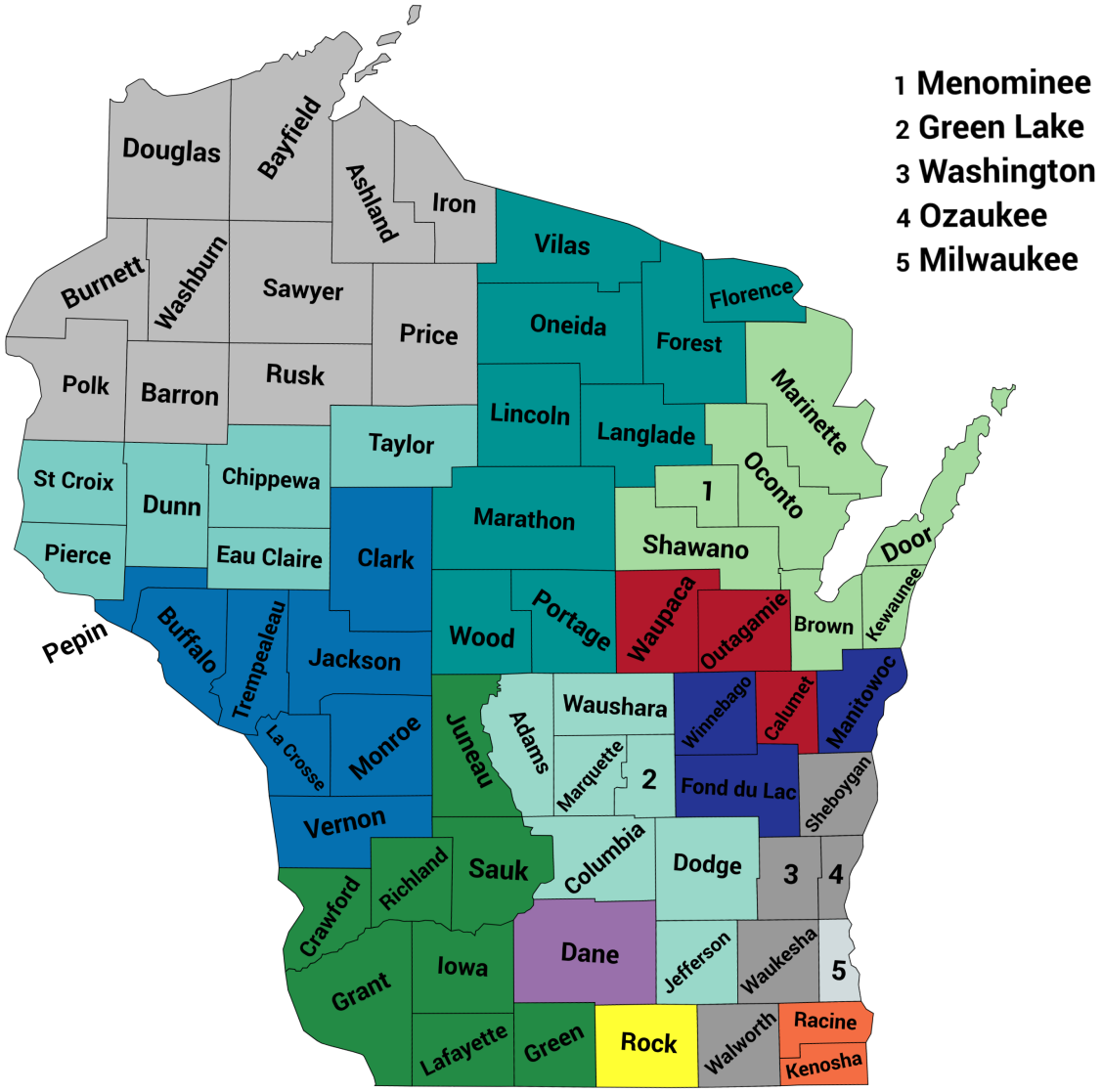
Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults		X (must apply for exemption)	
Disabled children		X (must apply for exemption)	
Blind individuals		X (must apply for exemption)	
Aged individuals			X
Dual eligibles		X	
Individuals with I/DD			X
Individuals residing in nursing homes		X	
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations	Individuals enrolled in the Children's Long-Term Support Waiver	• High risk pregnancy • Continuity of care concerns • Women with a breast or cervical cancer diagnosis	

G.2. LTSS Medicaid Financing & Delivery System: Overview

- MLTTS services are offered through Family Care, a voluntary program that provides MLTSS to dual eligibles and Medicaid EBD individuals ages 18 years and over.
- As of May 2024, there were 52,950 individuals receiving MLTSS services.
- Family Care plans operate as prepaid inpatient health plans (PIHPs) because they provide a limited set of benefits on a capitated basis. Plans are available on a regional basis.
  - The plans provide all home- and community-based waiver services, as well as some state plan benefits related to long-term care.
  - All other services are provided on an FFS basis.
- The Family Care program is offered statewide, with four participating plans, and individuals have a choice of plan in their region.
- The state also operates a related program called Family Care Partnership, which provides Medicaid state plan benefits and LTSS through health plans for dual eligible beneficiaries.

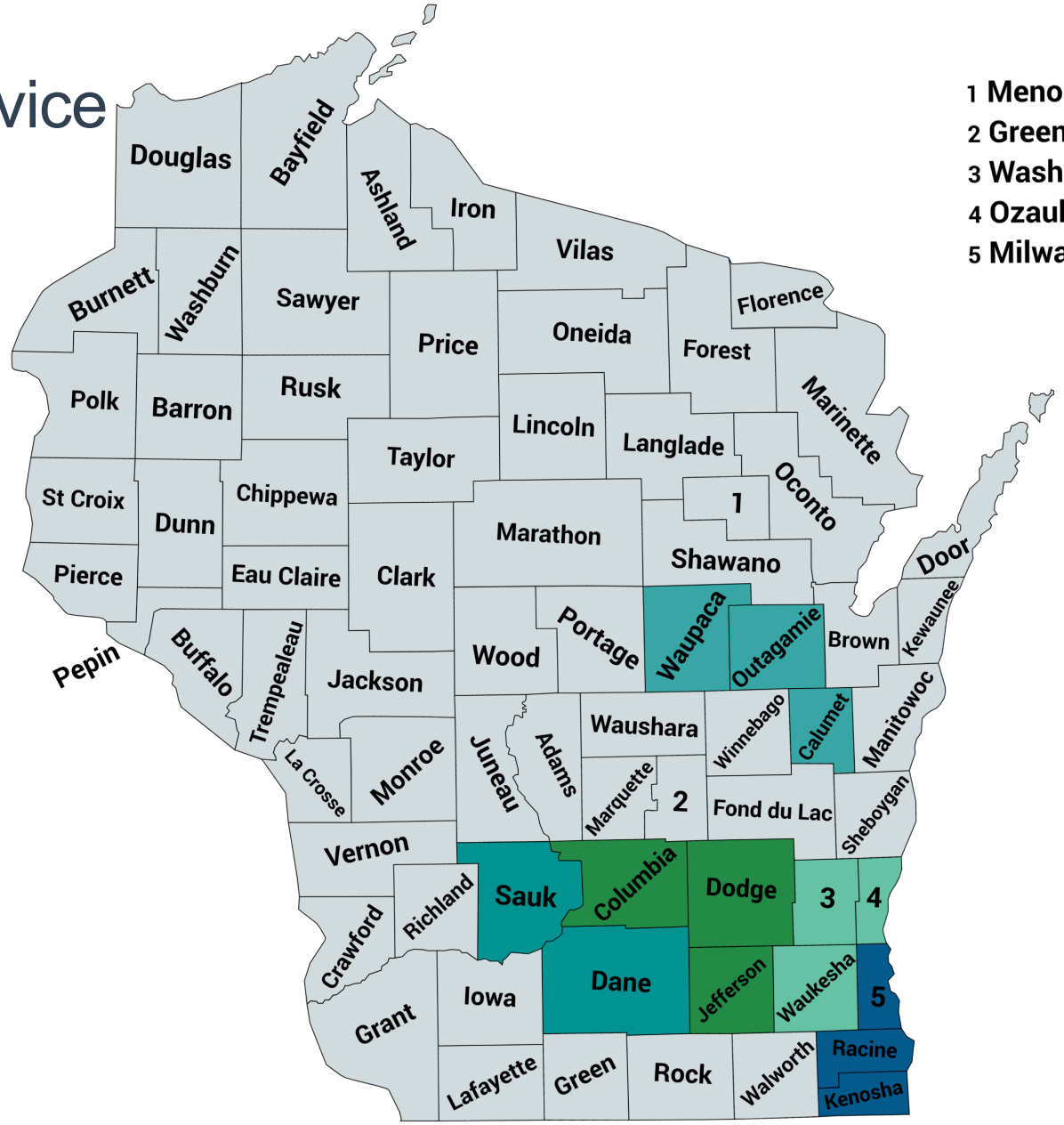
G.2. Family Care Service Regions

Partnership Service Regions		
	Region	**MCO**
	1	My Choice Family Care, Inclusa
	2	My Choice Family Care, Inclusa
	3	My Choice Family Care, Inclusa
	4	Inclusa, Lakeland Care
	5	My Choice Family Care, Inclusa
	6	Community Care Inc, My Choice Family Care, Inclusa
	7	Inclusa
	8	Community Care Inc, My Choice Family Care
	9	Community Care Inc, Lakeland Care
	10	Community Care Inc, Lakeland Care
	11	Community Care Inc, My Choice Family Care
	12	Community Care Inc, My Choice Family Care
	13	Inclusa, Lakeland Care
	14	My Choice Family Care, Inclusa



G.2. Family Care Partnership Service Regions

Partnership Service Regions		
	Managed Care Organization	**Counties**
	Community Care	Calumet, Outagamie, Waupaca
	My Choice Family Care-Care Wisconsin	Columbia, Dodge, Jefferson
	My Choice Family Care-Care Wisconsin and iCare	Dane, Sauk
	Community Care and iCare	Kenosha, Milwaukee, Racine
	Community Care and My Choice Family Care-Care Wisconsin	Ozaukee, Washington, Waukesha
	None	Non-Partnership Region



G.3. LTSS Health Plan Characteristics

Plan	Profit Status	Parent Company	Behavioral Health Subcontractor	BadgerCare Plus	EBD Medicaid	Family Care
My Choice Family Care- Care Wisconsin	Public	None	None		X	X
Community Care Family Care	Non-profit	None	None			X
Lakeland Care, Inc.	Public	None	None			X
Inclusa	Non-profit	None	None			X
Independent Care (iCare)	For-profit	Humana and Milwaukee Center for Independence	None	X	X	X

G.4. Medicaid LTSS Program: Program Benefits

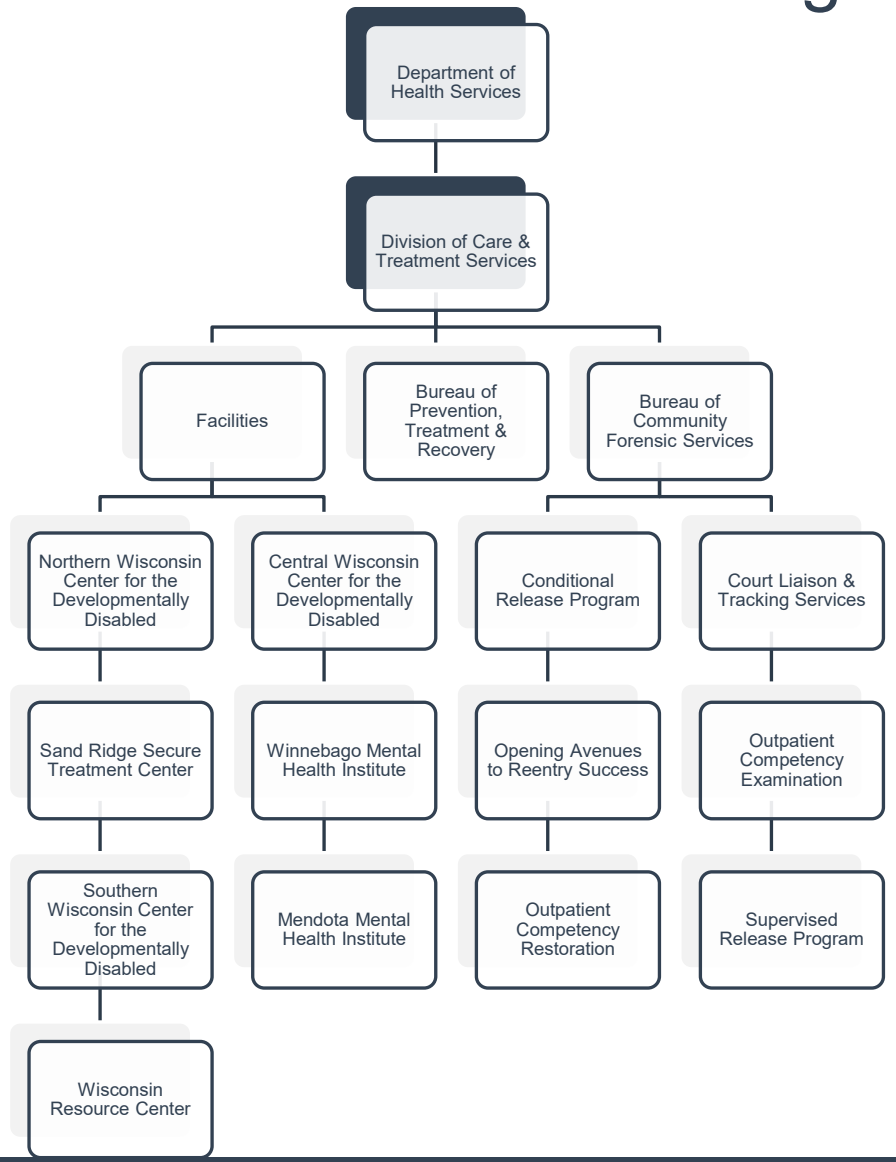
LTSS Benefits		
Mental Health Benefits Included In The Health Plan's Capitation	**Addiction Treatment Benefits Included In The Health Plan's Capitation**	**Behavioral Health Benefits Excluded From Health Plan's Capitation & Provided FFS By The State**
1. Outpatient treatment not provided by a physician 2. Case management, including assessment and care planning 3. Community support program services	1. Outpatient alcohol and other drug abuse (AODA) treatment services not provided by a physician 2. AODA day treatment except when hospital-based or physician-provided	1. Mental health and addiction inpatient treatment 2. Services provided by a physician 3. Crisis intervention 4. Pharmacy services

G.5. LTSS Program: New Initiatives - Regional Consolidation

- Wisconsin Medicaid is rebidding its managed care organization (MCO) Family Care contracts for long-term services and supports (LTSS) in geographic service region 5 (GSR 5), which will include nine counties in south-central Wisconsin when the contracts start January 1, 2025.
- The Wisconsin Department of Health Services (DHS) is in the process of consolidating geographic regions. The request for proposals was released on January 12, 2024; it seeks MCOs for the Family Care program and the Family Care Partnership program.
  - Proposals are due by March 7, 2024, and the initial contract term will run from January 1, 2025, through December 31, 2026, followed by three two-year renewal options through December 31, 2032.
- GSR 5 currently includes Adams, Columbia, Dodge, Green Lake, Jefferson, Marquette, and Waushara counties.
  - By January 1, 2025, DHS will transition two new counties into GSR 5 – Dane (formerly GSR 12) and Rock (formerly GSR 14).

H. State Behavioral Health Administration & Finance System

H.1. Division Of Care & Treatment Services: Organization Chart



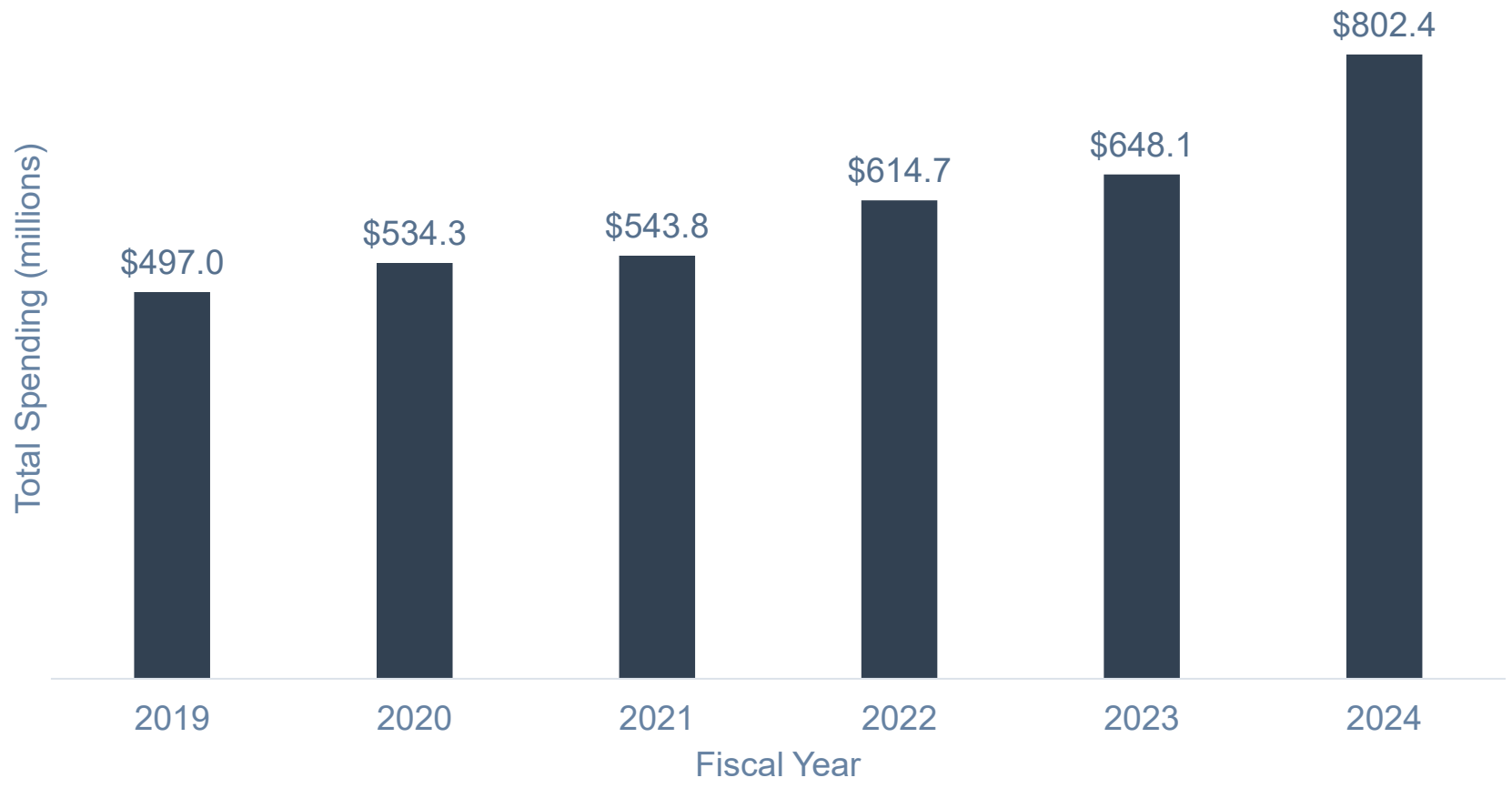
H.1. Division Of Care & Treatment Services: Key Leadership

Name	Position	Department	Email
Kirsten Johnson	Secretary designee	Department of Health Services	kirsten.johnson@dhs.wisconsin.gov
Deb Standridge	Deputy Secretary	Department of Health Services	debra.standridge@dhs.wisconsin.gov
Sarah Valencia	Assistant Deputy Secretary	Department of Health Services	sarah.valnecia@dhs.wisconsin.gov
Patrick Cork	Administrator	Division of Care and Treatment Services	patrick.cork@dhs.wisconsin.gov
Holly Audley	Assistant Administrator	Division of Care and Treatment Services	holly.audley@dhs.wisconsin.gov
Craig Koehler	Director	Northern Wisconsin Center	craig.koehler@dhs.wisconsin.gov
Michelle Bradley Glenn	Director	Southern Wisconsin Center	michelle.bradleyglenn@dhs.wisconsin.gov
Catherine Murray	Director	Central Wisconsin Center	catherine.murray@dhs.wisconsin.gov
Gregory Van Rybroek	Director	Mendota Mental Health Institute	gregory.vanrybroek@dhs.wisconsin.gov
Joel Shirek	Director	Sand Ridge Secure Treatment Center	joel.shirek@dhs.wisconsin.gov
Jessie Andrews	Director	Winnebago Mental Health Institute	jessie.andrews@dhs.wisconsin.gov
Sue DeHaan	Director	Wisconsin Resource Center	suzanne.dehaan@wisconsin.gov

H.2. Division Of Care & Treatment Services: Spending

Budget Item	SFY 2024 Budget	Percent Of Budget
Mental health and development disabilities facilities	$653,406,500	81%
Care and treatment services	$148,997,800	19%
Budget Total: $802,404,300		

H.2. Division Of Care & Treatment Services: Spending Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	**Location**	**Average Daily Population**
Mendota Mental Health Institute	Madison	300
Winnebago Mental Health Institute	Winnebago	184
Sand Ridge Secure Treatment Center	Mauston	270
Wisconsin Resource Center	Winnebago	405
Total		**1,159**

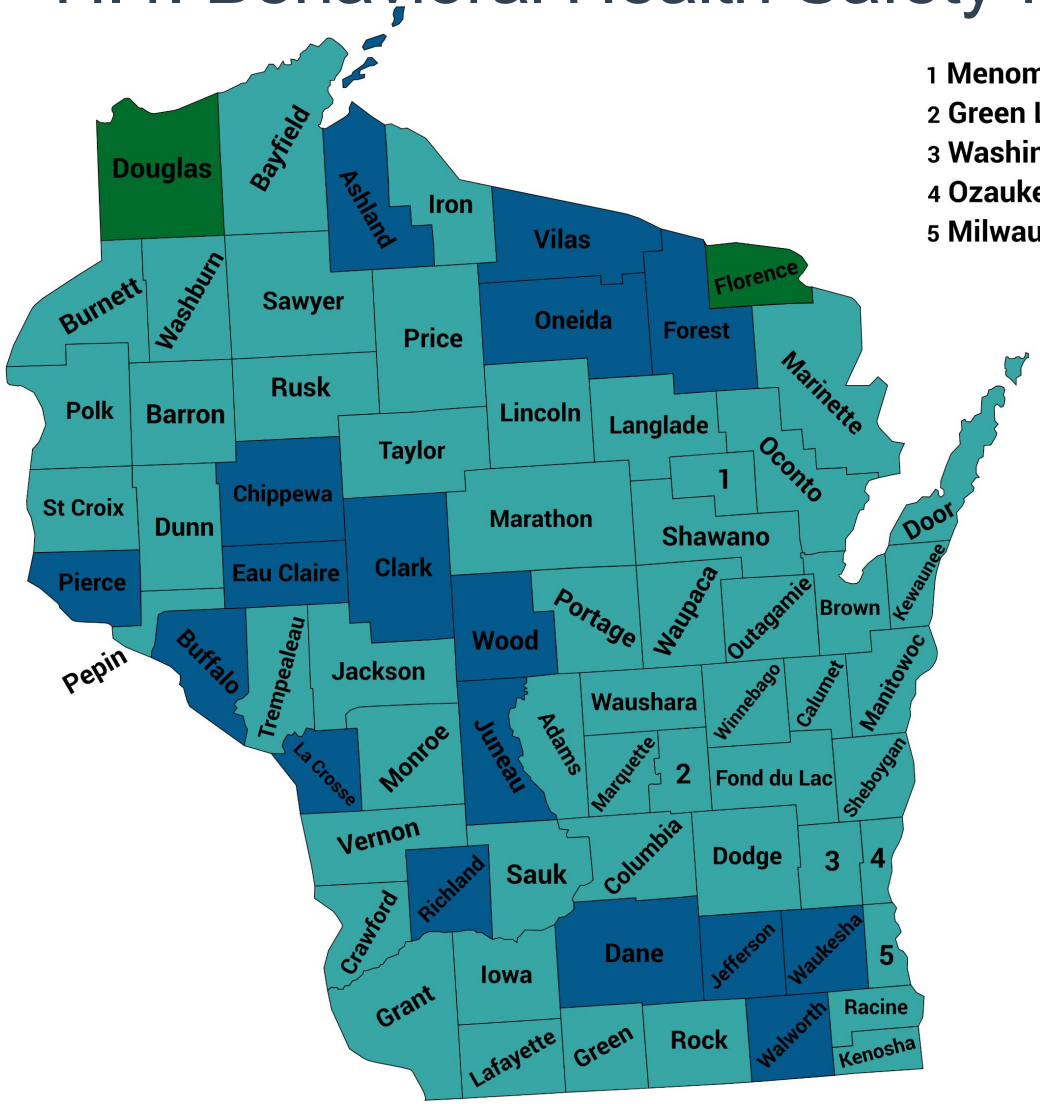
H.4. Behavioral Health Safety-Net Delivery System

- County- and community-based provider organizations deliver mental health and addiction treatment services to the uninsured population.
- The Division of Care and Treatment Services (DCTS), within the Department of Health Services, oversees three programs that are available to both the uninsured and Medicaid populations through the county-based organizations, in addition to other local services. These services are financed by a combination of federal, state, and local funds.
  - The Comprehensive Community Services (CCS) program provides mental health and addiction treatment services in 70 of the state's 72 counties and three tribes. There is no time limit for how long a member can be in CCS.
  - The Community Recovery Services (CRS) program provides community living support, peer support, and supported employment to persons with mental illness in 17 counties. The services are based on an individual service plan that must be reviewed every 12 months.
  - The Community Support Program (CSP) provides crisis services, symptom management, supportive psychotherapy, medication management, employment services, individual and family support, and social and daily living skills training to persons with SMI.

H.4. Behavioral Health Safety-Net Delivery System

	Comprehensive Community Services	Community Support Program	Community Recovery Services
Target Population	Individuals needing treatment for mental illness or addiction disorder beyond occasional outpatient care, but less than inpatient care	Individuals with a mental health diagnosis that imposes a disability in daily living, and a risk of a continuing pattern of hospital or institutional care	• Persons with mood or psychotic disorders with a functional need for community assistance • Household income of 150% of FPL or less
Currently Serving	66 counties and three tribes	61 counties and 11 tribes	15 counties
Benefits	1. Case management services 2. Communication skills training 3. Community skills development and enhancement 4. Employment-related skills training 5. Individual or family psychoeducation and therapy 6. Medication management 7. Physical health and monitoring 8. Recovery education 9. Residential support services 10. Addiction treatment	1. Case management 2. Assessment 3. Treatment plan 4. Psychosocial rehabilitation services 5. Individual, family, and group psychotherapy 6. Crisis intervention	1. Community living supportive services 2. Peer support services 3. Supported employment services

H.4. Behavioral Health Safety-Net Delivery System: Service Areas



1 Menominee
2 Green Lake
3 Washington
4 Ozaukee
5 Milwaukee

Safety-Net Delivery Programs by Counties

- CCS & CSP Service Areas
- Counties that operate all three programs
- CSP only

H.5. Behavioral Health System: New Initiatives - Crisis Stabilization Centers

- Wisconsin has opened five new crisis stabilization centers for adults. They are funded by the Department of Health Services (DHS) and provide a dedicated location for this level of care for most counties.
  - Crisis stabilization facilities support people who cannot stay in their community safely, but don't need to be hospitalized.
- DHS set aside $10 million in American Rescue Plan Act (ARPA) funds reserved for mental health and substance use services to support the development of these facilities for adults, with each location serving multiple counties.

Region/ Counties Served	Facility Operator	Facility Location
Dodge, Ozaukee, Walworth, Washington, and Waukesha	Waukesha County Department of Health and Human Services	Waukesha
Columbia, Dodge, Green Lake, Fond du Lac, and Marquette	Elevate	Beaver Dam
Forest, Langlade, Lincoln, Marathon, Oneida, and Vilas	North Central Health Care	Wausau
Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, and Washburn	Tellurian	La Crosse
Adams, Columbia, Crawford, Dane, Dodge, Grant, Green, Iowa, Juneau, Lafayette, Richland, Rock, Sauk, and Vernon	Tellurian	Madison

I. Appendices

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2024, the FPL is $14,580 for an individual and $30, 000 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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