

State of Wisconsin
2011-2013 Biennial Report

Wisconsin Department of Health Services

Biennial Report 2011-2013

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Department Overview

The Department of Health Services (DHS) is one of the largest and most diverse state Departments in Wisconsin with an annual budget of roughly \$10 billion and nearly 6,200 employees.

The Department oversees Medicaid, the single largest program in the state budget, and other health and social service programs. Department activities include alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, regulation of state nursing homes and numerous other programs that aid and protect the citizens of our state. The Department also oversees seven 24/7 institutions: three centers for the developmentally disabled; a facility for mentally ill inmates; two psychiatric hospitals; and a facility for treating sexually violent persons.

The Department has six divisions.

The *Division of Health Care Access and Accountability (DHCAA)* focuses on the purchase of health care for low income families with children, pregnant women, the elderly and persons with disabilities. In addition, it manages eligibility determinations for Medicaid and FoodShare, the federal supplemental security income and social security disability insurance programs, and the provision of Medicaid and FoodShare benefits.

The *Division of Long Term Care (DLTC)* manages programs involving long term support and care, aging, physical and developmental disabilities, and sensory disabilities. In addition, the Division operates three state institutions that provide care and treatment for persons with developmental disabilities.

The *Division of Public Health (DPH)* manages programs in the areas of environmental health, occupational health, family and community health, injury prevention, chronic disease prevention, health promotion, communicable disease prevention and preparedness, emergency medical services, public health preparedness and health information.

The *Division of Mental Health and Substance Abuse Services (DMHSAS)* manages programs that provide community mental health and substance abuse services. The Division also operates two mental health institutions, one secure treatment facility for individuals with sexually violent behavior and one center for incarcerated individuals with mental illnesses. DMHSAS is responsible for client rights reviews and investigations at the institutions and in the community. The Division's community forensics program provides treatment for persons placed on conditional release and monitors the outpatient competency evaluation process.

The *Division of Quality Assurance (DQA)* assures the safety, welfare and health of persons utilizing health, long-term care and community-care provider services. The Division ensures quality of care and quality of life through the development of rules and standards, on-site inspections (surveys), complaint investigations, enforcement activities, facility plan reviews, training, policy interpretations, best practice initiatives, nurse aide registration, caregiver background checks and investigations, provider information and education, proactive relationships among providers and consumers, and through the development of rules and standards.

The *Division of Enterprise Services (DES)* provides management support for fiscal services, information and technology services, purchasing and contract management, intergovernmental relations, personnel, affirmative action and employment relations, institutional support services, internal audit and project management to the program divisions of the Department.

Our Mission

To support economic prosperity and quality of life, the Department of Health Services exercises multiple roles in the protection and promotion of the health and safety of the people of Wisconsin.

Our Guiding Principles

The Department of Health Services has a vital mission that touches the lives of all Wisconsinites. Our collective path to success in meeting our mission lies in always acting true to our shared conviction — **“We are all in this together.”**

The following principles guide our actions as we collectively strive to fulfill our mission:

We serve the citizens of Wisconsin by being effective stewards of the resources with which they have entrusted us.

We recognize health care costs are not sustainable at current levels.

We need new models for care delivery, regulation development, prevention strategies, risk sharing and purchasing.

We believe that competition, choice, and transparency are critical elements to these emerging models if we are to increase the value of health care to our citizens.

We must, in this transition, enhance the role of our citizens as primary stakeholders in managing their health and associated costs.

We will align resources to achieve positive outcomes and hold ourselves accountable for achieving results.

We will provide support systems to help vulnerable people lead fulfilling, self-directed, healthy lives that promote independence, while recognizing the value of and utilizing supports from families and the community.

We will work to eliminate cost shifting to the private sector and among different systems (acute, mental health, long-term care). Public programs shall complement rather than compete against the private market.

We will promote quality health care delivery, protect the interests of citizens receiving services, and develop policies to reflect evidence-based standards of practice that promote optimal health.

We will promote development of information, assistance and care provision systems that help citizens obtain quality support and care in a least restrictive setting and at an appropriate cost, consistent with need and available resources.

We will promote collaboration in pursuit of innovation, increased value and improved outcomes for the benefit of all our citizens.

Performance and Operation of the Agency During the 2011-13 biennium

2012

Reforming Health Care: One of the top accomplishments of DHS was the progress made on meeting the savings target required for the Medicaid budget. Through commonsense changes to the program and careful management of expenditures, the Department was able to address that need.

The enrollment in and cost of our current Medicaid and BadgerCare Plus programs continued to increase while the amount of federal funding we receive to administer these programs and provide these benefits continued to decrease. At the beginning of the biennium, Medicaid was faced with a shortfall of more than \$500 million all funds. This shortfall existed even after Governor Walker allocated an unprecedented additional amount of GPR funding to the Medicaid program.

Over the course of the year, the Department continued to implement its Medicaid savings measures outlined in Fall 2011. On July 1, 2012 non-disabled and non-pregnant adults in BadgerCare Plus with incomes at or above 133% of the federal poverty level (FPL) became subject to the same premium amounts that will be required of individuals eligible for federal tax credit subsidies through the health insurance marketplace. The premiums are based on a percentage of the individual's family income according to a sliding scale. Individuals who do not pay a premium are allowed a grace period to pay their premium, before they are subject to a 12 month restrictive re-enrollment period.

Reforming Long-Term Care: The Department implemented the Long Term Care Sustainability Plan, which sought to reduce the utilization of high cost residential settings, improving program integrity, accountability, and self-direction in the IRIS program, preventing nursing home and hospital stays with better medication management, expanding opportunities for people to relocate from nursing homes to the community, promoting evidence-based models regarding chronic disease self-management, falls prevention, and Alzheimer's care, and improving employment supports and transitions for young adults with disabilities

Reforming Government: The Office of the Inspector General (OIG) successfully ramped up to nearly full operations in 2012. In July of 2012, the Recipient Fraud & Trafficking Section was officially rolled out and the recruitment of the 19 newly funded Act 32 positions began.

In September 2012, a joint federal and state investigation resulted in the arrests and charging of four individual vendors with defrauding state and federal food benefit programs designed to provide nutrition to the poor in Milwaukee. The OIG's WIC Management Unit partnered with the federal government in the 18-month long investigation.

Reforming Long-Term Care: DHS was able to reach the goal of lifting the enrollment cap on Family Care and bringing the program's many benefits to our elderly and individuals with disabilities. Providing long term care services in a coordinated, efficient manner, and providing the supports these citizens need to live well in their communities, are the important goals of long-term care services in Wisconsin.

Improving Services: In August 2012, DMHSAS published its first Annual Performance Report based on data collected over an 18 month period on more than 280 identified measures. The report summarizes the top priority measures for the Division in 2012.

The Division is responsible for inpatient psychiatric services for civil and forensic populations, specialized secure treatment services, community mental health and substance abuse services, community forensic treatment services, and the protection of client's rights in mental health and substance abuse treatment settings statewide. This project follows the Division mission of providing services to the people of Wisconsin and supporting the development of services and systems which are recovery focused, person and family centered, clients rights compliant, evidence based and cost-effective. The Division promotes an atmosphere of accountability through performance outcomes; utilizing data to inform our policy and decision making. Each area in the Division identified a Quality Improvement project as of December 2012 as a result of this report and staff will meet quarterly to review progress on the plans. The report will now be prepared annually to track the performance of the Division.

Improving Services: The surveillance and preparedness work within DPH stood out as a top success in 2012. The Trust for America's Health (TFAH) Ready or Not? Report listed Wisconsin as one of five top states nationally for preparedness and response. Our Communicable Diseases, Emergency Preparedness, and Environmental and Occupational Health staff responded to numerous serious threats to public health, quickly disseminating public health messages in response to:

- The H3N2 virus that affected swine; several individuals who attended county fairs contracted the virus.
- A widespread pertussis outbreak that resulted in more than 5,700 cases statewide.
- A national fungal meningitis outbreak caused by certain products manufactured at an out-of-state drug compounding facility (which fortunately had not been shipped to Wisconsin).
- Foodborne illnesses, including a salmonella outbreak caused by raw tuna from the Moon Marine USA Corporation.
- Heat emergencies created by high summer temperatures in 2012. Emergency Preparedness staff coordinated the dissemination of information on heat warnings and prevention steps, as well as cooling centers available statewide. Staff tracked heat-related illnesses and fatalities to keep all preparedness staff current and to provide information for reporters to help get accurate messages out to the public.
- An increase in West Nile Virus cases over 2011; In 2012 there were 57 confirmed and probable cases. Of these, there were four fatalities and 27 hospitalizations.

- Environmental health issues around the state in 2012. These included a gasoline pipeline spill in Jackson County that affected many households; ongoing hearings on elevated PCB levels in homes near the Madison Kipp Corporation; frac sand mining, which was the subject of community meetings and inquiries; and numerous environmental hazard situations in communities where Bureau of Environmental and Occupational Health staff provided health information and remediation recommendations.

2013

Reforming Government: DHS continued to prevent waste, fraud and abuse in state government and among Wisconsin's public assistance programs through its OIG. In 2013 the OIG:

- Collected more than \$74 million through drug settlements,
- Recovered/Identified more than \$20 million in Medicaid provider overpayments,
- Increased recipient fraud savings and recoveries by 70 percent,
- Doubled the number of individuals sanctioned for program violations,
- Tripled the amount of savings through the PARIS Match Program, and
- Increased the number of audits of Medicaid providers.

Reforming Government: In 2013, for the first time since 2007, the Legislature did not need a budget repair bill to cover the current biennium's (2011-13) Medicaid costs. In addition, DHS implemented numerous health care efficiencies to assist in bringing health care costs in line with the available benefits budget while still providing health care benefits to more than 1.1 million Wisconsin residents.

Entitlement Reform: Governor Walker's entitlement reforms mean that for the first time in state history all Wisconsin citizens will have access to affordable health care coverage. As noted in a recent report by the Kaiser Family Foundation, Wisconsin will have no gaps in coverage for our citizens. In addition, Governor Walker is investing in an enhanced set of benefits for people who need it, which includes mental health and preventive dental services. Beginning in April 2014, all Wisconsin residents will have access to affordable health insurance. Some individuals and families will get health care through Wisconsin's public health care program, BadgerCare Plus, while others will purchase it through the private market, their employer, or through the federal Health Insurance Marketplace. The Department has implemented a very proactive and aggressive outreach plan, not only for current BadgerCare Plus members, but also to those adults living in poverty who do not currently have access to coverage.

Developing our Workforce: DHS, in collaboration with the Department of Workforce Development and the Department of Children and Families, has initiated multiple job training projects for youth with developmental disabilities.

Reforming Government: DHS has utilized Lean Government principles and methods to identify the most efficient and value added way to provide plan review and inspection services for Wisconsin's nursing home, hospital, hospice, ambulatory surgery centers and assisted living facilities. In 2013, DHS processed more than 1,000 plan submittal projects equating to more than \$600 million of improvements in Wisconsin's health care physical environment. The lean methods employed to date have resulted in a 25% reduction of incomplete plan applications and a 33% reduction in plans

submitted lacking sufficient detail, resulting in a net reduction in overall processing time for plan reviews by the Department by 14 to 21 days.

Reforming Government: DHS is working to assist in the creation of the Office of Children's Mental Health which will ensure the coordination and integration of mental health services to children across state agencies. The office will ensure better coordination between federal, state and local services to children with mental health needs. It will improve access to services provided by DHS, DCF, the Department of Public Instruction and the Department of Corrections, and supports administrative efficiencies to avoid duplication of efforts among state organizations devoted to children's programming.

Reforming Government: In 2012 and 2013, DHS created an online background check application system that replaces the former paper background check application process for caregivers. The new system makes it easier and more convenient for DHS regulated entities to meet their reporting requirements and complete required background checks. In addition, the online application also saves applicant information for use in subsequent renewal years and allows the applicant to quickly access their information and allows them to make updates as needed.

Reforming Government/Eliminating Fraud: DHS received nearly \$3 million from the federal Food and Nutrition Service to transition to an Electronic Benefits Transfer (EBT) system for the Wisconsin Infants and Children program. This will replace paper food vouchers with a swipe card similar to a credit or debit card. This initiative will improve accountability and program monitoring to reduce errors and make it easier to detect fraud so resources reach those who truly need assistance.

Transparency in Government: DHS launched the provider search tool which greatly expands consumer access to Wisconsin health and residential care (nursing homes, assisted living facilities, etc.) through posting inspection reports and correction plans on the Department's website. This new online tool gives Wisconsin families another important tool for researching facilities in which a friend or loved one may currently reside or prospectively reside.

Reforming Health Care: DHS collaborated with the Governor's office to apply for and become one of seven states accepted into the National Governor's Association Policy Academy to promote strategies to address super-utilizers of health care services. DHS will be using this technical assistance to lead a public/private initiative to address issues related to over, under or inappropriate use of the health care system and possible contributing social issues in Milwaukee County.

Reforming Health Care: The Department is committed to redesigning care received by people with dementia. The Department held a Wingspread Summit on the issue and included representatives from medicine and health care, long term care provider organizations, nursing home and assisted living associations, law enforcement, state legislators and the UW system. Six policy priorities were identified at the summit that will form the foundation for a bold DHS initiative that will put Wisconsin in the forefront for dementia care across the country.

Reforming Health Care: Recalibrated Pay for Performance initiative with both HMOs and hospitals. All Medicaid HMOs now have the same Pay for Performance requirements, after some requirements were phased in over time. 2013 was the first year that DHS implemented a "withhold" Pay for Performance incentive for Hospitals in which DHS withholds 1.5% of hospital claims and

hospitals are able to earn back the withhold and qualify for bonus payments based on how they achieve certain performance targets.

Reforming Health Care: DHS completed first year of implementation of the Medication Therapy Management benefit for Medicaid members. Medication Therapy Management utilizes pharmacists to assist members in managing their medications. This program helps to improve health care outcomes in a cost-effective manner. In the first year of operation, 16,743 members received this service with 21,578 member interactions with pharmacists.

Protecting Public Safety: With resources provided by the Legislature, DHS was able to successfully treat and contain a tuberculosis outbreak in Sheboygan county. The outbreak involved an unusually high number of cases at one time, including a multi-drug resistant case. The legislature approved an appropriation of nearly \$5 million which covered additional staff and medication to help treat and contain the disease.

Flexible Work Schedules

The Department supports the use of alternative work patterns where applicable and without impacting the day to day operational needs of the Department. In 2012, the Department implemented Human Resources Policy and Procedure 407 – Alternative Work Schedules to establish uniform procedures for reviewing and approving alternative work schedules. The policy applies to all non-shift workers, and includes provisions for establishing deviated work weeks, flextime, and staggered hours.

Performance and Operation of Agency

Programs, Goals and Objectives as Outlined in the 2013-15 Biennial Budget Request

Program 1: Public Health Services Planning, Regulation and Delivery

1. Measure: Adopt innovative models of care for special populations.

Goal: To provide QuitLine tobacco cessation services for up to 8,000 BadgerCare Plus adults and First Breath face-to-face cessation counseling for up to 3,000 pregnant BadgerCare Plus members using financial incentives as a tool for increasing engagement in treatment and increasing quit rates.

Objective/Activity: Create structure and process to link BadgerCare Plus members in South Central and Northeastern WI to the Quitline by January 2012.

Objective/Activity: Create structure and process to link BadgerCare Plus pregnant women in Southeastern WI to First Breath by January 2012.

Objective/Activity: Implement protocols for evaluation by March 2012. Evaluate effectiveness and ROI of individual incentives on tobacco cessation by December 2015.

2. Measure: Reduce preterm, low birth weight and infant mortality rates for BadgerCare Plus HMO members in Southeastern Wisconsin

Goal: Improve the capacity for monitoring and tracking birth outcomes among BadgerCare Plus members by race/ethnicity.

Objective/Activity: Design and implement a web-based data system to improve access to the high-risk registry, improve data management and identify trends in care delivery.

Goal: Expand reviews of fetal and infant deaths to better understand the causes and identify interventions to reduce such deaths.

Objective/Activity: Increase the proportion of fetal and infant deaths (< age1) that are reviewed by local or regional teams using a standardized process, including the collection of uniform data elements.

Goal: Continue the Medical Home Pilot for High-Risk Pregnant women and the Poor Birth Outcome Assessment.

Objective/Activity: Explore the feasibility of expanding the Medical Home Pilot to other high-risk populations and/or counties.

Goal: Develop and implement a pay-for-performance (P4P) healthy birth outcome measure.

Goal: Improve breastfeeding initiation and duration rates through the use of peer counselors. Monitor use of 17-alpha-hydroxyprogesterone (17-P) for pregnant women who have had a previous preterm birth and address policy issues, as appropriate. Identify metrics for P4P measure and develop baselines.

Objective/Activity: Examine breast feeding initiation and duration rates for women receiving peer counseling services compared to women without peer counseling

Objective/Activity: Define and identify women with a previous preterm birth who should be given 17-P to develop a baseline.

Program 2: Mental Health and Developmental Disabilities Services; Facilities

3. Measure: Ensure that the three state centers meet the Baldrige National Quality Indicators and participate in the Wisconsin Center for Performance Excellence program.

Goal: Each center achieves high quality standards, as measured by the Baldrige benchmarks for quality.

Objective/Activity: All centers will have a visible mission, vision and values.

Objective/Activity: All centers will have a strategic plan with 2-3 strategic objectives.

Objective/Activity: All centers will measure and track key customer satisfaction over time.

Objective/Activity: All centers will establish a set of performance indicators that are regularly reviewed by center leaders.

Objective/Activity: All centers will assess employees' satisfaction/engagement and address key issues.

Objective/Activity: All centers will have 1-3 defined process improvement projects focused on improving resident care.

4. Measure: Monitor the incidence of civil re-admissions to MMHI and WMHI.

Goal: Reduce the number of civil patients who are re-admitted to a state MHI within 30 days of discharge following treatment at MMHI and WMHI.

Objective/Activity: Track the number of civil patients who are re-admitted to a state MHI within 30 days of discharge following treatment.

5. Measure: State MHI transmit continuing care plan (including all required elements) to the next level of care provider within 5 days of the patient's discharge.

Goal: To have all continuing care plans transmitted to the next level of care provider within 5 days of the patient's discharge.

Objective/Activity: Track the percentage of continuing care plans transmitted to the next level of care provider within 5 days of the patient's discharge.

Program 4: Health Care Access and Accountability

6. Measure: Reduce the incidence of preventable admissions and readmissions to institutional-based care.

Goal: To improve the quality of care and eventually reduce the cost of care provided by hospitals to Wisconsin Medicaid Fee for Service (FFS) members.

Objective/Activity: Implement an initial Pay for Performance (P4P) program for hospitals serving FFS members in addition to the current assessment-based P4P initiative by July 2012.

Objective/Activity: Enhance hospital quality with the use of new claims analysis software and additional P4P measures aligned with Federal and State quality initiatives.

7. Measure: Expand the use of integrated health care for all individuals with complex medical needs who are enrolled in publicly-financed health care programs.

Goal: To improve care coordination and reduce costs. DHS will seek approval from CMS for a State Plan Amendment (SPA) to implement health homes for Fee-For-Service (FFS) and BadgerCare Plus populations.

Objective/Activity: Establish health homes for FFS/SSI and BadgerCare Plus populations.

Objective/Activity: Create new reimbursement models for care management services

8. Measure: Reduce the rate of growth in the per capita cost of each population group.

Goal: Reduce the rate of growth in the per member cost of individuals in the Medicaid program.

9. Measure: Improve management and control funds appropriated to administer the Medicaid program.

Goal: Fully implement a new fiscal control planning and monitoring process in order to more closely manage and control the Medicaid administrative budget.

Goal: Address any funding gaps and bring costs in the Medicaid administration appropriations into closer balance through revenue and/or expenditure changes.

Objective/Activity: Develop a fiscal monitoring tool that presents budget, actual and projection data for the Medicaid administrative appropriations in a timely, accurate, consistent and accessible manner.

Objective/Activity: Establish monthly Medicaid administrative appropriation review meetings to present and discuss fiscal reports generated from the fiscal monitoring tool.

Program 5: Mental Health and Substance Abuse Services Planning, Regulation and Delivery

10. Measure: Adopt innovative models of care

Goal: Implement s. 1937 state plan amendment for mental health services

Objective/Activity: By June 30, 2012, Wisconsin will have transitioned community recovery services to a s. 1937 benchmark benefit plan.

Program 6: Quality Assurance Services Planning, Regulation and Delivery

11. Measure: Reduce the prevalence of facility acquired pressure ulcers in long-term care settings.

Goal: Reduce the percent of nursing home residents with pressure ulcers.

Objective/Activity: Analyze and report the latest data on a quarterly basis as updated information becomes available.

Program 7: Long-Term Care Services Administration and Delivery

12. Measure: Adopt innovative models of care - Virtual PACE

Goal: Secure approval for and implementation of the Virtual PACE program from the Centers for Medicare and Medicaid Services (CMS).

Objective/Activity: Implementation of four pilots in different regions in Wisconsin.

Objective/Activity: Enter into contractual arrangements with providers.

Objective/Activity: Enroll members into program.

Objective/Activity: Achieve budget savings.

13. Measure: Ensure every child while in the foster care system has a medical home.

Goal: To provide comprehensive, coordinated health care services for children in out-of-home care (OHC).

Objective/Activity: Draft and secure approval of a s. 1937 state plan amendment to provide coordinated, trauma-informed health care under a medical home framework to children in out-of-

home care in southeast Wisconsin. The new plan would: Provide for improved continuity of care; address the specific health care needs of children in OHC, including behavioral and dental health; define and provide appropriate access to medical histories for children in OHC; gain the support of critical stakeholders.

Objective/Activity: Prepare to implement the plan in the southeast region of the state, with the intention of eventually expanding statewide.

14. Measure: Reduce the incidence of falls in Wisconsin nursing homes.

Goal: DHS will build on existing work with the nursing home industry and other stakeholders to determine which nursing home falls prevention programs are effective and spread their use.

Objective/Activity: Identify nursing home falls prevention programs in Wisconsin.

Objective/Activity: Evaluate them for effectiveness.

Objective/Activity: Spread use of the falls prevention programs found to be effective and track their utilization.

Objective/Activity: Track incidence of falls in Wisconsin nursing homes.

15. Measure: Triple the number of individuals who self-direct their long term services and supports.

Goal: To triple the number in the IRIS program from 3,292 in 2011 to 10,700 in 2015.

Objective/Activity: Track the number of individuals who self-direct their long term services and supports.

Program 8: Office of the Inspector General (OIG)

16. Measure: Expand and improve program integrity efforts to increase compliance and reduce the incidence and risk of fraudulent or misuse of department funds.

Goal: To reduce waste, fraud and abuse related to DHS programs.

Objective/Activity: To establish a new OIG with wide ranging department-wide oversight responsibilities by October, 2011.

Objective/Activity: To have a fully functioning OIG, ready to incorporate additional resources to fight fraud and abuse provided under 2011 Act 32, by July 1, 2012.

PERFORMANCE MEASURES

2011 – 15 GOALS AND ACTUALS

Measure Number	Performance Measure	Performance Data		Future Goals		
		Actual 2011 (or most current available)	Actual 2012 (or est. if not available)	Goal 2013	Goal 2014	Goal 2015
1	Percent of BadgerCare Plus HMO members who smoke. ¹	38%	38%	37%	36%	35%
2	Percent of pregnant women receiving a prenatal visit within the 1 st trimester ²	83.67% (2010)	83.67% est.	85%	86%	87%
	Percent of women who had a post-partum visit between 21 -56 days after delivery ³	64.38% (2009)	64.38% est.	66%	67%	68%
	Percent of pregnant women who smoke ⁴	27% (2010)	27% est.	26%	25%	24%
3	Number of individuals voluntarily choosing to relocate from a State Center to the community	3 (fy)	2	5	4	4
4	Percent of civil patients re-admitted to MMHI within 30 days of discharge following treatment.	7.3%	8.05% (Jan – Jun)	7.8%	7.8%	7.8%
	Percent of civil patients re-admitted to WMHI within 30 days of discharge following treatment.	9.5%	7.20% (Jan – Aug)	7.8%	7.8%	7.8%
5	Percent of continuing care plans transmitted to the next level of care provider within 5 days of discharge (MMHI). ⁵	85.98%	97.55% (Q1 & Q2)	90%	90%	90%
	Percent of continuing care plans transmitted to the next level of care provider within 5 days of discharge (WMHI). ⁶	75.79%	84% (Q1 & Q2)	90%	90%	90%
6	Percent of patients readmitted to hospitals after 30 days.	17.5% (2010)	NA	Hospital Specific Goals	Hospital Specific Goals	Hospital Specific Goals
8	Reduce the rate of growth in the per member cost of individuals in the Medicaid program	\$6,135 (fy)	\$6,325 (3.1%)	\$6,622 (4.7%)	\$6,649 (0.4%)	\$6,848 (3.0%)
9	Implement improved fiscal monitoring and controls for Medicaid administration.	In Progress	Implemented	Implemented	Further Automate	Further Automate
10	Wisconsin to receive an approved 1937 Benchmark Benefit Plan for mental health services from CMS.	In Progress	In Progress	Completed	Completed	Completed
11	Percent nursing home residents with	2.48%	3.07%	2.8%	2.6%	2.4%

¹ Estimated percent of smokers among Medicaid population according to the CDC.

² HEDIS 2011 Quality Compass Report, national data for 2010.

³ HEDIS 2011 Quality Compass Report, national data for 2010.

⁴ <http://www.dhfs.wi.us/wish/> Maternal Smoking Prevalence Module

⁵ Civil and forensic

⁶ Civil and forensic

Measure Number	Performance Measure	Performance Data		Future Goals		
		Actual 2011 (or most current available)	Actual 2012 (or est. if not available)	Goal 2013	Goal 2014	Goal 2015
	pressure ulcers		(Q1 & Q2)			
13	Percent of foster children in southeast Wisconsin who have a medical home	0%	0%	100%	100%	100%
14	Average percent of Wisconsin nursing homes with falls.	21.1%	20% (April 2011 – March 2012)	20.7%	19.7%	18.3%
	Number of nursing home citations related to preventable accidents	229	113 (Jan-June)	224	213	198
15	Triple number of individuals self-directing services in the IRIS program	3,292 (1/11)	6,192 (6/12)	7,890	9,800	10,700
16	Claims established for Medical Assistance and Food Share program overpayments (client and non-client error) in dollars	\$4.6 million	\$5.5 million (est.)	\$6.1 million	\$6.3 million	\$6.3 million
	Dollars recovered per dollar spent by the Inspector General.	18.49	21.47 (est.)	22.0	23.0	23.0

Notes: Measures #7 and #12 are in the development phase.
Data in calendar years unless otherwise noted.