

2026 Health Maintenance Organization (HMO) Performance Improvement Project (PIP) Topics, Aims, and Interventions

This table is posted to comply with 42 CFR 438.340(b)(3)(ii), which requires States to provide a description of the PIPs being implemented annually in accordance with its quality assessment and performance improvement program. Interested parties can contact the HMOs for more information about these projects.

Anthem Blue Cross and Blue Shield – Annual Dental Care to Reduce Emergency Room Visits			
Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Christopher Pretti christopher.pretti@anthem.com</p> <p>Kathryn Ames katie.ames@anthem.com</p> <p>Rosha Hamilton Rosha.hamilton@elevancehealth.com</p>	Annual Dental Visit	<ol style="list-style-type: none"> From January 1, 2026, through December 31, 2026, Anthem Blue Cross Blue Shield (BCBS) will implement a targeted DentaQuest Outreach intervention to reduce the rate of emergency department (ED) utilization for non-emergent dental conditions (NTDCs) among African American BadgerCare Plus (BC+) members in Medicaid Regions 5 and 6, achieving a 5% relative reduction from a baseline rate of 1.57% in MY2024 to 1.49% by December 31, 2026. From January 1, 2026, through December 31, 2026, Anthem Blue Cross Blue Shield (BCBS) will implement a targeted DentaQuest Outreach intervention to reduce the rate of emergency department (ED) utilization for non-emergent dental conditions (NTDCs) among African American SSI members in Medicaid Regions 5 and 6, achieving a 5% relative reduction from a baseline rate of 1.78% in MY2024 to 1.69% by December 31, 2026. 	<ul style="list-style-type: none"> Targeted Outreach and Education Access Coordination and Navigation Continuous Monitoring and Feedback
Anthem Blue Cross and Blue Shield – Post Provider Survey			
Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Christopher Pretti christopher.pretti@anthem.com</p> <p>Kathryn Ames katie.ames@anthem.com</p> <p>Rosha Hamilton Rosha.hamilton@elevancehealth.com</p>	Member Satisfaction	Between January 1, 2026 and December 31, 2026, Anthem Blue Cross Blue Shield (BCBS) will improve Member Satisfaction of rural BC+ members receiving services from the Marshfield Health System, as measured by the Post Provider Visit Survey’s “Rating of All Health Care” (9–10) from CY2024 60.6% to CY2026 65.4% by implementing a new real-time provider scorecard and targeted education to rural Marshfield Health System.	<ul style="list-style-type: none"> Administer Post Provider Visit (PPV) Surveys to Contracted Provider Groups Implement Real-Time Provider Scorecards Provide Targeted Provider Education and Coaching

Chorus Community Health Plan (CCHP) – Improving PCP visits in Pediatric Members 0-21 years of age

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Jacqueline Whelan JWhelan@chorushealthplans.org</p> <p>Valecia Watson VWatson2@chorushealthplans.org</p> <p>Katherine Nothnagel KNothnagel@chorushealthplans.org</p> <p>Tinesse Clark tclark@chorushealthplans.org</p> <p>Mary Lindstrom MLindstrom@chorushealthplans.org</p> <p>Lisa Toy ltoy@chorushealthplans.org</p>	Ambulatory Care	By December 31st, 2026, CCHP will decrease the percentage of BadgerCare Plus members aged 18-21 years who are not attributed to a PCP from a baseline of 25.09% in CY2025 to 23.09% in CY2026. This decrease will be achieved by distributing targeted educational materials and offering a one-time monetary incentive for completing a preventive visit with a PCP between January 26, 2026, and December 31, 2026.	<ul style="list-style-type: none"> Proactive Outreach and Education Pediatric PCP visit incentive

Chorus Community Health Plan (CCHP) - Improving the rate CRC in the Medicaid Population

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Jacqueline Whelan JWhelan@chorushealthplans.org</p> <p>Valecia Watson VWatson2@chorushealthplans.org</p> <p>Katherine Nothnagel KNothnagel@chorushealthplans.org</p> <p>Tinesse Clark tclark@chorushealthplans.org</p> <p>Mary Lindstrom MLindstrom@chorushealthplans.org</p> <p>Lisa Toy ltoy@chorushealthplans.org</p>	Colorectal Cancer	Through the implementation of disparity-reducing strategies such as targeted member outreach, community-based awareness building, and proactive distribution of fecal immunochemical tests (FIT, e.g., Cologuard), the MY2026 HEDIS Colorectal Cancer Screening (COL-E) rate for African American CCHP BadgerCare Plus members 45 years and older will increase from 34.78% in MY2025 (September 2025) to 37.78% in MY2026, representing a statistically significant improvement.	<ul style="list-style-type: none"> Targeted Messaging Strategy Tailored messaging campaigns at community events Partner with Exact Sciences Laboratories (ESL) to offer fecal immunochemical testing (Cologuard) for at-home use to eligible Medicaid members

Dean Health Plan - Colorectal Cancer Screening Health Disparities PIP (Year 2)

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Michelle Baier michelle.baier@deancare.com</p> <p>Stefanie Schulz Stefanie.Schulz@deancare.com</p> <p>Jaspreet Samra Jaspreet.samra@deancare.com</p>	Colorectal Cancer	Dean Health Plan will increase the percentage of BadgerCare Plus Black and African American members who complete colorectal cancer screening (COL-E) from a baseline rate of 42.92% in Measurement Year (MY) 2024 to a goal of 48.22% in MY2026 by continuing at-home Cologuard testing kit campaigns, and by implementing targeted care gap closure letters, and a member incentive program.	<ul style="list-style-type: none"> Continued Partnership with Exact Sciences for At-Home Cologuard Testing Kit Campaigns for Eligible Members Launch of Care Gap Letters to Eligible BadgerCare Plus Members Colorectal Cancer Screening Member Incentive Program

Dean Health Plan - Reducing SDoH Utilities Payment Needs for Eligible Members

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Michelle Baier michelle.baier@deancare.com</p> <p>Stefanie Schulz Stefanie.Schulz@deancare.com</p> <p>Jaspreet Samra Jaspreet.samra@deancare.com</p>	Social Needs	From January 1 to September 30, 2026, Dean Health Plan by Medica (DHP) aims to reduce the proportion of newly enrolled BadgerCare Plus (BC+) Medicaid members residing in Rock County who report needing information on or help with paying their utilities from the baseline rate of 23% (established during January 1 – September 30, 2025) to 13%. This initiative will be supported through concise strategies, including mailing utility assistance resource packets to members and collaborating with local utilities and clinics to streamline outreach and resource distribution.	<ul style="list-style-type: none"> Utility Resource Guides Mailed Proactively to all Eligible Members Partner with Local Utilities and Health Systems for a Streamlined and Cohesive Outreach Approach for Member Education and Support

Group Health Cooperative of Eau Claire - Improving Rates of Colorectal Cancer Screening in Asian BadgerCare Plus Members

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Christina McConaughy cmconaughey@group-health.com</p> <p>Sara Starck sstarck@group-health.com</p> <p>Taylor Hanson Thanson@group-health.com</p> <p>Mindy Bremness Mbremness@group-health.com</p> <p>Stephanie Kopp Skopp@group-health.com</p>	Colorectal Cancer	Group Health Cooperative of Eau Claire will increase the rate of colorectal cancer screening (HEDIS COL-E measure) in Asian BC+ Medicaid members 45-75 years of age from a rate of 32.9% in MY 2024 to a rate of 51.4% (or greater) in MY 2026 through distribution of at-home sDNA FIT (Cologuard) testing kits via mail.	<ul style="list-style-type: none"> Cologuard Testing

Group Health Cooperative of Eau Claire - Improving Rates of Male SSI Members That Have a PCP

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Christina McConaughey cmcconaughey@group-health.com</p> <p>Sara Starck sstarck@group-health.com</p> <p>Taylor Hanson Thanson@group-health.com</p> <p>Mindy Bremness Mbremness@group-health.com</p> <p>Stephanie Kopp Skopp@group-health.com</p>	Ambulatory Care	The Cooperative will decrease the rate of male SSI members without an identified PCP from 14.55% to 11.5% from January 1st-December 31st, 2026, through revised new member resources and targeted education.	<ul style="list-style-type: none"> Member Education through UpToDate Engagement Manager Revised, new-member packets

Group Health Cooperative of South-Central Wisconsin (GHC-SCW) - Reducing disparities in well child visits for African American BadgerCare members

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Jack Donisch JDonisch@ghcscw.com</p> <p>Diana Herschleb DHerschleb@ghcscw.com</p> <p>Morgan Norton MNorton@ghcscw.com</p> <p>Jennifer Ibrahim JIbrahim@ghcscw.com</p>	Well-Child Visits	In MY 2026, GHC-SCW will reduce the disparity in well-child visit (WCV) completion rates between African American BC+ members (37.95%) and White BC+ members (46.97%) from 9.02% to 4.02%, representing a 5% disparity reduction through collaboration with Access Community Health Centers and Quartz, implementation of culturally appropriate outreach, expansion of community partnerships, and proactively addressing barriers such as scheduling and transportation.	<ul style="list-style-type: none"> WCV Education and Outreach Care Coordination and Transportation Support Appointment Reminders Community Clinic Partnership

Group Health Cooperative of South-Central Wisconsin (GHC-SCW) – WCV/PHE No Show Reduction

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Jack Donisch JDonisch@ghcscw.com</p> <p>Diana Herschleb DHerschleb@ghcscw.com</p> <p>Morgan Norton MNorton@ghcscw.com</p> <p>Jennifer Ibrahim</p>	Well-Child Visits	GHC-SCW will reduce the well-child visit (WCV)/routine physical exam (PHE) no show disparity rate by one-third among Black pediatric (0–17 years old) BadgerCare Plus members who schedule WCV/PHE visits at GHC-SCW staff model clinics between January 1 and December 31, 2026, lowering the disparity rate from 16% (CY 2024 baseline) to 11% compared to White members. This will be accomplished through phone and text appointment reminders and	<ul style="list-style-type: none"> Appointment Reminder Phone Call BadgerCare Coordinator Barrier Support Text Message Reminder

Jbrahim@ghcscw.com		BadgerCare Coordinator support to address transportation, scheduling, and other barriers to care.	
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Independent Care Health Plan (iCare) – Improving Cervical Cancer Screening Rates Among Asian SSI Members

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Amy Hoyt ahoyt@icarehealthplan.org</p> <p>Claire Steele csteele@icarehealthplan.org</p> <p>Sanam Vazirabadi svazirabadi@icarehealthplan.org</p>	Cervical Cancer	From January 1, 2026, through December 31, 2026, the Health Maintenance Organization (HMO) aims to increase the MY 2026 HEDIS percentage of SSI-enrolled Asian women in the Cervical Cancer Screening (CCS) measure, using MY 2026 specifications, from a baseline of 40.35% to a remeasurement rate of 52%. This initiative is designed to promote health equity, enhance service delivery, and improve health outcomes for an underserved population by implementing culturally and linguistically tailored outreach strategies, expanding access to culturally appropriate providers, and introducing self-testing kits to reduce barriers and improve access to preventive care.	<ul style="list-style-type: none"> • Culturally and Linguistically Tailored Outreach • Enhanced Access to Testing Through Self-Testing Kits • Increased Access to Culturally Competent Providers

Independent Care Health Plan (iCare) - Increasing Health Risk Screening Rates for African American Female Members (Year 2)

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Amy Hoyt ahoyt@icarehealthplan.org</p> <p>Claire Steele csteele@icarehealthplan.org</p> <p>Sanam Vazirabadi svazirabadi@icarehealthplan.org</p>	Health Risk Assessment	<p>Goal 1: Through the paper modified HRS and targeting community events with face-to-face interaction, iCare will improve the rate of initial Health Risk Screening completion (per the contract specified timeline within 60 days of enrollment) for SSI African Americans who are female from 13.58% (current rate as of 09/30/2025; 84/619) to 20% from 01/01/2026-12/31/2026.</p> <p>Goal 2: Through the paper modified HRS and targeting community events with face-to-face interaction, iCare will improve the rate of initial Health Risk Screening completion (per the contract specified timeline within 90 days of enrollment) for BadgerCare Plus African American females from 9.56% (current rate as of 09/30/2025; 155/1622) to 15% from 01/01/2026-12/31/2026.</p>	<ul style="list-style-type: none"> • Redesign of the paper HRS and community distribution • Streamlining data • Modification of the TruCare HRS assessment

MercyCare Health Plans - Improvement in lead testing for children under two in urban areas			
Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
Heather Kampmeier hkampmeier@mhemail.org Amy Dora adora@mhemail.org Reid Buerer rbuerer@mhemail.org Melanie Phillips mphillips@mhemail.org Heather Filer hfiler@mhemail.org	Lead Screening	Through implementation of disparity-reducing improvement strategies, such as targeted outreach like social media campaigns, partnership with Nutrition and Health Associates, Inc (WIC), and provider education, the HEDIS Lead Screening in Children (LSC) rate for BadgerCare Plus members, turning two during MY2026, who reside in the urban areas of Rock County (zip codes 53511, 53545, 53546 and 53548) will improve from 57.0% in MY2024 to 67.0% by the end of MY2026.	<ul style="list-style-type: none"> Target social media campaign and testimonials Re-engagement of provider champions for the lead screening measure, re-visiting best practices, and continuing to educate low performing providers of best practices Partnership with Nutrition and Health Associates, Inc., WIC to expand access to diverse populations in the urban areas of Rock County
MercyCare Health Plans - Increasing collection of food insecurity screenings and subsequent follow-up			
Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
Heather Kampmeier hkampmeier@mhemail.org Amy Dora adora@mhemail.org Reid Buerer rbuerer@mhemail.org Melanie Phillips mphillips@mhemail.org Heather Filer hfiler@mhemail.org	Social Needs	By using MyChart to distribute food insecurity screenings to members and implementing screening during preventive care reminder calls, the percentage of BC+ children, ages 0-17 years old, who have been screened for food insecurity using a valid screening will increase from 6.89% in MY2024 to 12.00% in MY2026 as reported by the SNS-E HEDIS measure.	<ul style="list-style-type: none"> Food insecurity screening via MyChart (a secured messaging platform) for BC+ children with an active MyChart Addition of food insecurity screenings to reminder calls for regular preventive care services conducted for children

MHS Health Wisconsin - Enhancing Culturally Responsible Care for Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Communities

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Amanda Pipkorn Amanda.Pipkorn@mhswi.com</p> <p>Jenifer Simon Jenifer.Simon@mhswi.com</p> <p>Anna Kanter Anna.kanter@mhswi.com</p>	<p>Cultural and Linguistic Needs</p>	<p>From January 1, 2026, to December 31, 2026 (CY2026), MHS Health aims to decrease the average number of open Pay-For-Performance (P4P) care gaps* among AANHPI SSI members from 2.1 in CY2025 to 1.1 in CY2026 by increasing health education and member materials available in AANHPI languages to improve health literacy and improve cultural responsiveness through provider-targeted gap closure incentives.</p> <p>*For the purpose of this PIP, care gap is defined as having a status of “noncompliant” in a P4P measure wherein a member falls into the denominator. P4P measures include:</p> <ul style="list-style-type: none"> • Follow up within 30 days after hospitalization for mental health (FUH), • Follow up within 30 days after ED admission for mental illness (FUM), • Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD), • Glycemic Status Assessment for Patients with Diabetes (GSD), • Breast Cancer Screening (BCS-E), and • Cervical Cancer Screening (CCS-E). 	<ul style="list-style-type: none"> • Increase Member Materials Available in AANHPI Languages to Improve Health Literacy • Improve Cultural Responsiveness through Provider-Targeted Gap Closure Incentive

MHS Health Wisconsin - Reduction in Health Disparities in Controlled Blood Pressure

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Amanda Pipkorn Amanda.Pipkorn@mhswi.com</p> <p>Jenifer Simon Jenifer.Simon@mhswi.com</p> <p>Anna Kanter Anna.kanter@mhswi.com</p>	<p>Controlling Blood Pressure</p>	<p>Will the use of focused interventions (Bucks Health and Wellness Program, NationsBenefits® Heart Health Monitoring Program, and Member Incentive Kit for Heart Health) that are designed to address health disparities from January 1, 2026, through December 31, 2026, improve the NCQA HEDIS CBP measure rate for Black and/or African American MHS Health BadgerCare Plus members residing in Milwaukee County from 40.7% (204/483) in MY2025 to 43.0% in MY2026?</p>	<ul style="list-style-type: none"> • Bucks Health and Wellness (BHW) Program • NationsBenefits Heart Health Monitoring Program • Member Incentive Kit for Heart Health

Molina Healthcare of WI (MHWI) - Increase the percent of HRA-identified food, transportation, and utility needs that achieve a successful referral outcome within 90 days of need identification for Hispanic or Latino/a BC+ members

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Julie Utter Julie.Utter@molinahealthcare.com</p> <p>Jacqueline Urban Jacqueline.Urban@MolinaHealthcare.com</p>	<p>Social determinants of health</p>	<p>MHWI will increase the percentage of Health Risk Assessment (HRA)-identified food, transportation, and utilities needs among BC+ Hispanic members that achieve a “need met” or “got help” referral outcome within 90 days of the need identification from 2.45% (4/1/2025 – 2/18/2026*) to 20.25% (4/1/2026-3/31/2027), a statistically significant increase, by implementing Community Health Worker outreach interventions in the member’s preferred language, mailers with identified culturally relevant resources based on connecting with CBOs, and portal message outreach/surveys to UTC members to determine if members’ needs were met or if follow-up with more resources is required.</p> <p>* The baseline will be updated in the final PIP report once all the data is available. The baseline timeframe will be April 1, 2025 to March 31, 2026. This is the timeframe we are using to identify referrals with “Need Met” or “got help” outcomes within 90 days that are connected to needs our Hispanic members identified on HRAs completed between April 1, 2026 and December 31, 2026.</p>	<ul style="list-style-type: none"> • Culturally Relevant Resource Identification • Spanish-Speaking Outreach • Member and Care Manager Education • Follow-Up Portal Message

Molina Healthcare of WI (MHWI) - Increasing the rate of Colorectal Cancer Screening (COL-E) for SSI members who are ages 46-50

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Julie Utter Julie.Utter@molinahealthcare.com</p> <p>Jacqueline Urban Jacqueline.Urban@MolinaHealthcare.com</p>	<p>Colorectal Cancer</p>	<p>MHWI will increase the COL-E rate for the 46-50-year-old SSI population from 29.61% (5th percentile per NCQA Quality Compass national Medicaid benchmark for COL-E) in MY2024 to 41.71% (50th percentile per NCQA Quality Compass national Medicaid benchmark for MY2024 for COL-E) in MY2026, which is a statistically significant increase, by implementing at-home testing kits and tailored member communications.</p>	<ul style="list-style-type: none"> • At-Home Colorectal Cancer Screening Test Kits • Tailored Member Communication Campaigns

Network Health Plan - Addressing Homelessness in Wisconsin

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Amanda Pipkorn Amanda.Pipkorn@mhswi.com</p> <p>Jenifer Simon Jenifer.Simon@mhswi.com</p> <p>Anna Kanter Anna.kanter@mhswi.com</p>	Social Needs	Will the use of targeted interventions (CBO Referral Partnerships, Enhanced Housing Screening Tool(s) for Improved Data Collection, and a Bus Pass Access Program) that are designed to address disparities among members who are experiencing homelessness from January 1, 2026 through December 31, 2026 reduce the disparity rate for Black and/or African American members compared to White members with reported housing needs from 4.2% in CY 2025 to 3.0% in CY2026?	<ul style="list-style-type: none"> Community-Based Organization (CBO) Referral Partnerships Enhanced Housing Screening Tool(s) for Improved Data Collection Bus Pass Access Program

Network Health Plan - Reduction in Health Disparities in Colorectal Cancer Screenings

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Amanda Pipkorn Amanda.Pipkorn@mhswi.com</p> <p>Jenifer Simon Jenifer.Simon@mhswi.com</p> <p>Anna Kanter Anna.kanter@mhswi.com</p>	Colorectal Cancer	Will the use of focused interventions (Member Incentive with Cologuard [®] , FQHC Provider Partnership Incentive, and Patient Navigation/Peer Support Services) that are designed to reduce health disparities from January 1, 2026, through December 31, 2026 improve the HEDIS COL-E compliance measure rate for Black and/or African American, male, Network Health BadgerCare Plus members from 29.7% (63/225) in MY2025 to 32.0% in MY2026?	<ul style="list-style-type: none"> Member Incentive with Cologuard+ FQHC Provider Partnership Incentive

Quartz - Improving Rates of Child and Adolescent Well Care Visits among Black or African American members

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Jennifer Laszewski Jennifer.Laszewski@QuartzBenefits.com</p> <p>Julie Wallace julie.wallace@quartzbenefits.com</p> <p>Robin Haelke robin.haehlke@quartzbenefits.com</p>	Well-Child Visits	By collaborating with top volume clinics to distribute culturally informed plain-language educational information and deploy patient navigator outreaches between January 1 and December 31, 2026, Quartz will increase our percentage of Black or African American BadgerCare Plus members ages 3 to 21 who receive an annual wellness visit based on the HEDIS Child and Adolescent Well-Care Visits (WCV) measure from 42% (1,183/2,788) in MY2024* to 48% in MY2026.	<ul style="list-style-type: none"> Provide culturally informed, plain-language educational information to the target population Deploy patient navigator outreaches facilitated by top volume clinics (UW Health, Access Community Health Centers, UnityPoint Health Meriter, and Emplify Health) Deploy Quartz Population Health outreaches

Quartz - Improving Rates of Clinical Attribution Among Black or African American SSI Members in Milwaukee County

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Jennifer Laszweski Jennifer.Laszewski@QuartzBenefits.com</p> <p>Julie Wallace julie.wallace@quartzbenefits.com</p> <p>Robin Haelke robin.haehlke@quartzbenefits.com</p>	SSI Health Disparities	<p>By providing culturally informed, plain-language educational information and deploying patient navigator and care management outreaches between January 1 and December 31, 2026, Quartz will increase our percentage of Black or African American Medicaid SSI members in Milwaukee County who have received care from a primary care provider from 17%* (23/137) in August 2025 to 25%* in December 2026.</p> <p>*Once the December 2025 Provider Attribution report is available, we will recalculate our baseline rate and update the goal rate accordingly.</p>	<ul style="list-style-type: none"> • Unattributed Member Education • Unattributed Member Outreach

Security Health Plan (SHP) - Colorectal Cancer Screening (COL-E)

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Mary Meyers Meyers.mary.j@securityhealth.org</p> <p>Rebecca Myszka Myszka.rebecca@securityhealth.org</p> <p>Sarah Jakel Jakel.sarah@securityhealth.org</p>	Colorectal Cancer	<p>SHP aims to increase colorectal cancer screening rates among non-white BadgerCare Plus members aged 45-75 from 45.27% in Measurement Year (MY) 2024 to 53.59% in MY2026, through targeted gap reminders via mailings, culturally relevant social media education, and collaboration with a provider partner to facilitate screening access and completion.</p>	<ul style="list-style-type: none"> • Exact Sciences Cologuard Testing • Targeted Gap Reminders via Mailing • Culturally relevant social media posts

Security Health Plan (SHP) - Initial Assessment Completion

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Mary Meyers Meyers.mary.j@securityhealth.org</p> <p>Rebecca Myszka Myszka.rebecca@securityhealth.org</p> <p>Sarah Jakel Jakel.sarah@securityhealth.org</p>	Health Risk Assessment	<p>Security Health Plan aims to decrease the percentage of new male SSI care management eligible members that are not reached to complete an Initial Assessment within 60 days of enrollment or notification of enrollment from 34% to 26% in calendar year 2026. This will be achieved through targeted education of male SSI care management eligible members related to HIPAA compliance.</p>	<ul style="list-style-type: none"> • HIPAA Education on the need for legal paperwork or a PHI release to help aid in the successful completion of assessments when the telephone number we are provided by DHS belongs to someone other than the member

UnitedHealthcare Community Plan (UHCCP)- Reducing breast cancer screening disparities among the BIPOC populations

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Trisha Houghton trisha.houghton@uhc.com</p> <p>Angela Lauffer angela_lauffer@uhc.com</p> <p>Kim Wildes Kim.wildes@uhc.com</p>	<p>Breast Cancer Screening</p>	<p>From January 1, 2026 to December 31, 2026, through the implementation of disparity-reducing strategies including patient navigation and targeted gift card incentives that focus on the SSI BIPOC population, UnitedHealthcare Community Plan of Wisconsin (UHCCP WI) will decrease the Index of Disparity for the HEDIS® Breast Cancer Screening (BCS-E) measure for SSI-enrolled members aged 52–74 from a baseline of 5.65 in Measurement Year (MY) 2024 to less than 5.0 in MY2026.</p>	<ul style="list-style-type: none"> • UHCCP WI Patient Navigator • Gift Card Incentives

UnitedHealthcare Community Plan (UHCCP) - Reducing HRA completion rate disparities among Black/African Americans

Points of Contact	PIP Topic	PIP Aim(s)	PIP Interventions
<p>Trisha Houghton trisha.houghton@uhc.com</p> <p>Angela Lauffer angela_lauffer@uhc.com</p> <p>Kim Wildes Kim.wildes@uhc.com</p>	<p>Health Risk Assessment</p>	<p>From January 1st through December 31st, 2026, UHCCP WI aims to increase the initial Health Risk Assessment (HRA) completion rate among newly enrolled (within the first 90 days) Black and African American BadgerCare Plus (BC+) members from a baseline of 12.89% in CY2024 to 19.62% in CY2026 through implementing disparity-reduction strategies including engagement with community health workers (CHWs) and offering gift card incentives or healthy meals for HRA completion.</p>	<ul style="list-style-type: none"> • UHCCP WI Community Health Worker (CHW) • Nutritious Meals • Gift Card Incentives