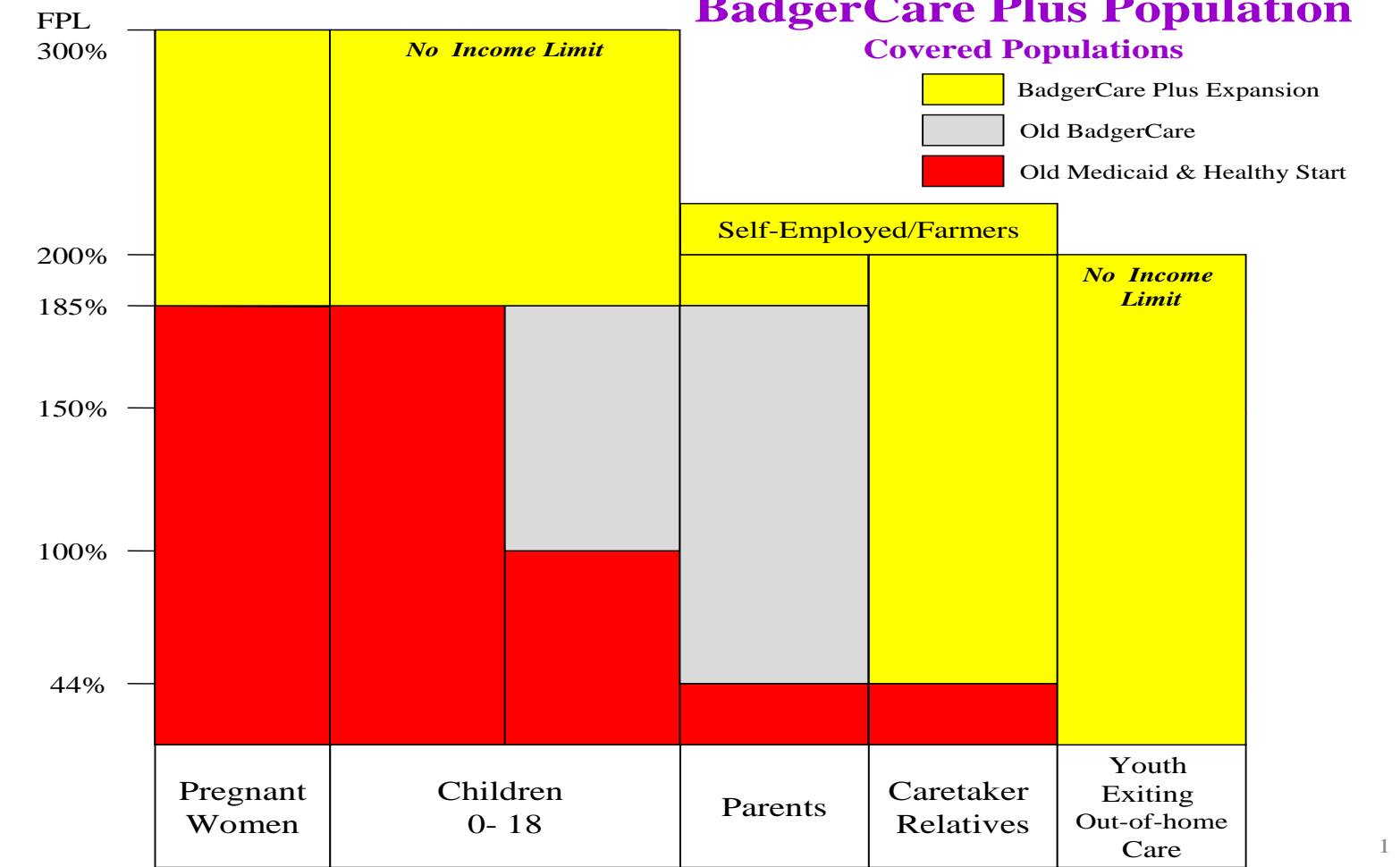




Background

- Goal: Access to coverage for 98% of WI population
- Incremental path to near-universal coverage
- Expansion and simplification of Medicaid and SCHIP program eligibility
- Includes all kids and low-income caretaker adults
- Launched in February 2008



Methods

Phase I: Estimate program enrollment and take-up and assesses program impacts on exits and churning.

Phase II: Assess actual and potential crowd-out of employer-sponsored insurance, either in movement of participants from ESI to public coverage, or changes in employer offering of ESI.

Quantitative component: Data sources include monthly Wisconsin administrative panel data (which provide income and demographic information) from the CARES (eligibility and enrollment system), Current Population Survey (CPS), American Community Survey (ACS), and Wisconsin's Family Health Survey for denominator construction in take-up rates.

Populations studied: All children and eligible parents/caretaker adults. Stratified by FPL (<150%, 150-200%, 200-300%, >300%), and whether county of residence is urban or rural

Qualitative component: Goal: Add an interpretation and explanatory perspective to the quantitative analysis. Data: One-on-one interviews with key stakeholders along with program documents and media reports.

Enrollment Trends: Children

Enrollment December 2007 to September 2008

Child Enrollment in BadgerCare Plus by FPL				
	Dec-07	Sep-08	Change	% of Change
ALL	337,817	379,825	42,008	
<150	317,502	327,375	9,873	24%
150-200	19,157	37,447	18,290	44%
200-300	NA	12,480	11,651	28%
300+	NA	2,520	2,324	6%

- Most (68%) of post BC+ enrollment occurred in children <200% FPL, who may have been previously eligible under former BC, Medicaid or Healthy Start program rules.

WI children enrollment increase
Overall: 12%
< 150% FPL: 3%
150% to 200% FPL: 95%

Take-Up Rates: Uninsured Children

- Point-in-time enrollment: uninsured population
- Compares BC+ enrollment numbers for children to CPS estimates of uninsured WI children

<u>Enrollment/uninsured ratio for children</u>	
Overall:	58%
<150% FPL:	30%
150-200% FPL:	209%
200-300% FPL:	73%
>300% FPL:	15%
Rural counties:	71%
Urban counties:	53%

Enrollment Trends: Parents/Caretaker Adults

Enrollment December 2007 to September 2008

Adult Enrollment in BadgerCare Plus by FPL				
	Dec-07	Sep-08	Change	% of Change
ALL	178,163	209,332	31,169	
<150	167,551	182,591	15,040	48%
150-200	10,093	22,284	12,191	39%
200+ *	389	4,457	4,068	13%

*Note: Adults >200% FPL prior to February 1, 2008 eligible only through spend-down (deductible) or other special circumstances.

- Most (87%) of post BC+ enrollment occurred in Caretaker Adults <200% FPL, who may have been previously eligible under former BC, Medicaid, or Healthy Start program rules.

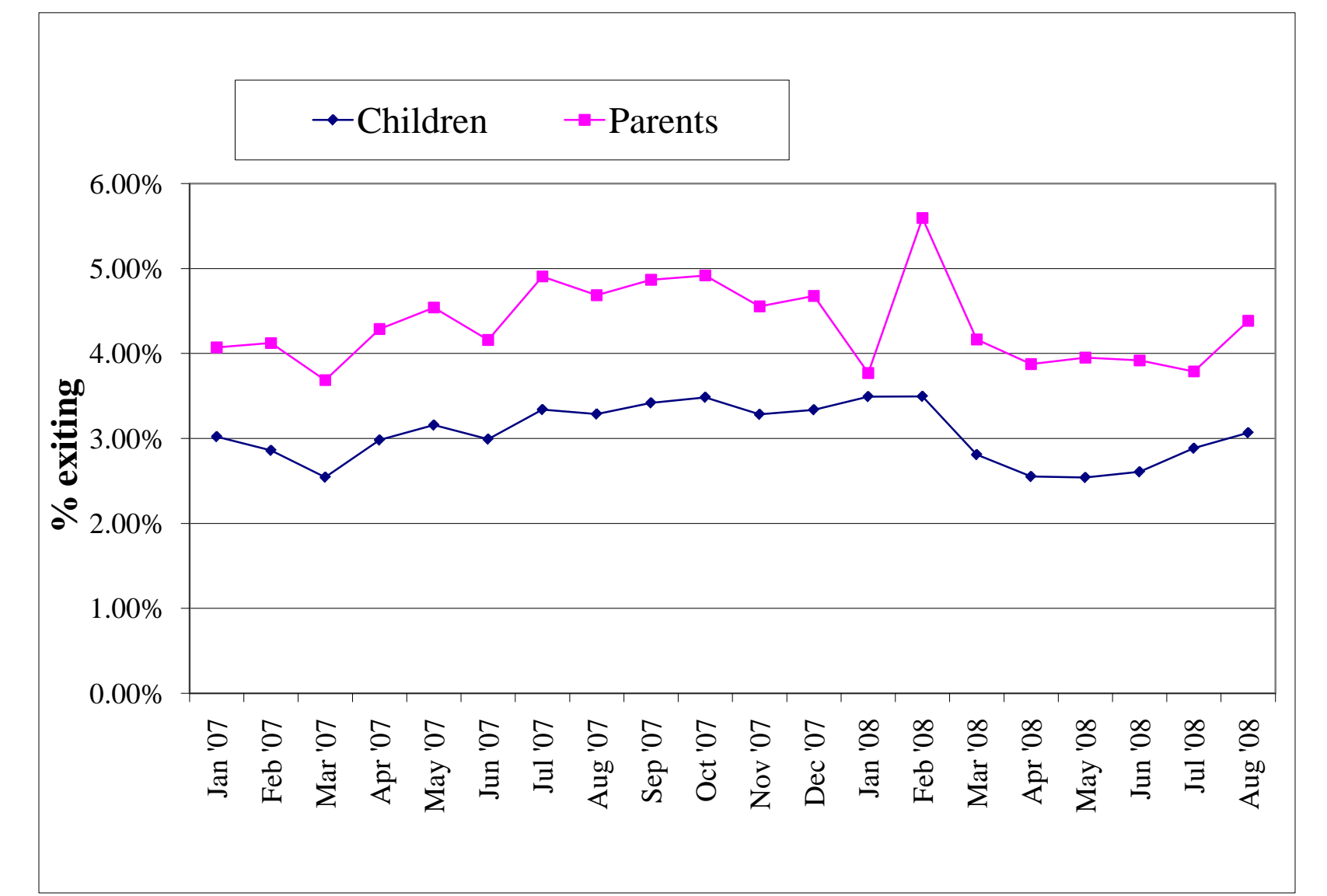
Caretaker Adults enrollment increase
Overall: 18%
<150% FPL: 9%
150% to 200% FPL: 121%

Take-Up Rates: Uninsured Caretaker Adults

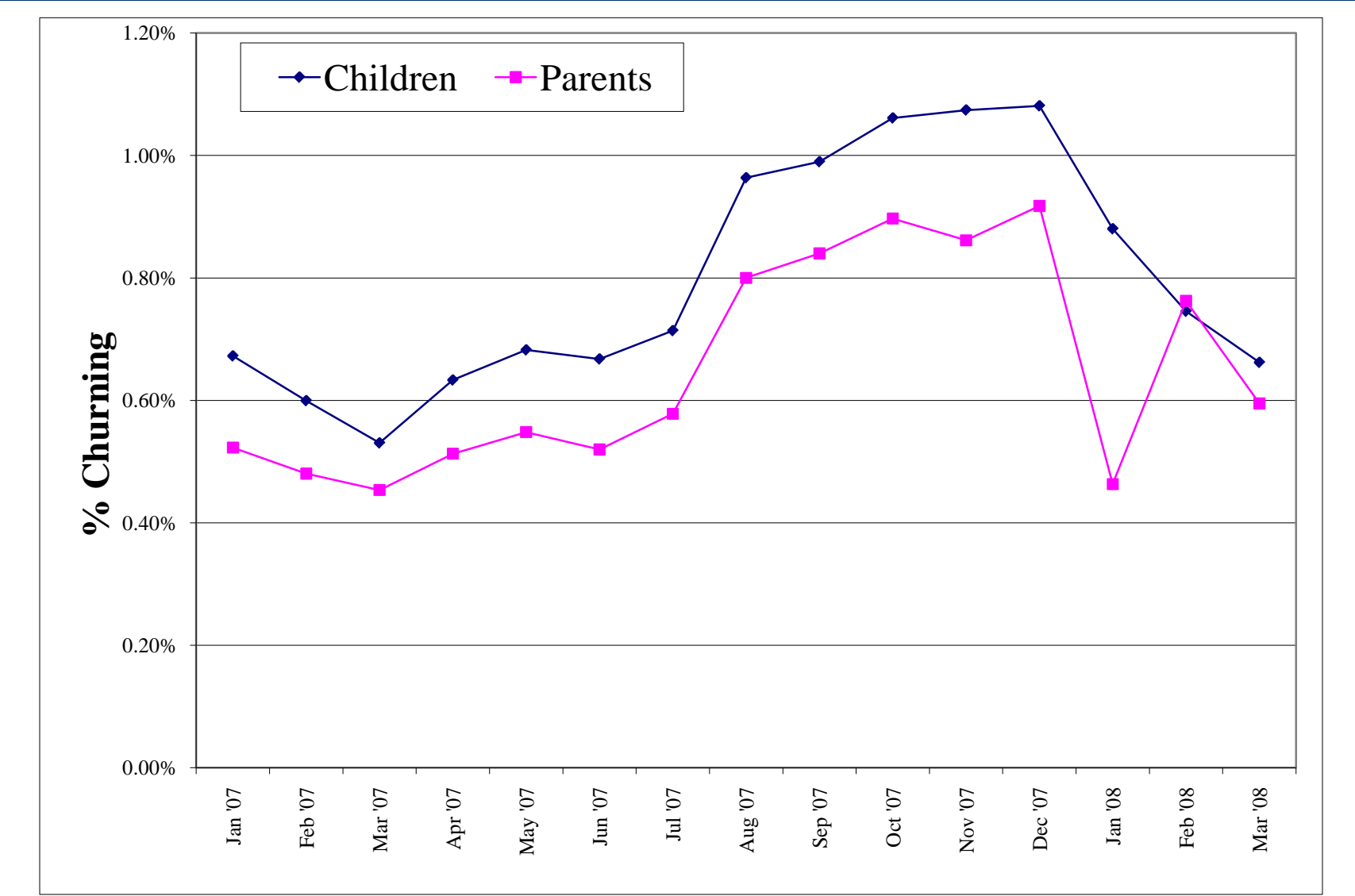
- Point-in-time enrollment: uninsured population
- Compares BC+ enrollment numbers for parents/caretaker adults to CPS estimates of uninsured parents/caretaker adults

<u>Enrollment/uninsured ratio for Caretaker Adults</u>	
Overall	17%
< 150% FPL	19%
150-200% FPL	53%
>200% FPL	5%
Rural counties	25%
Urban counties	14%

Leveling-Off of Program Exits in Early Months



Churning Rate Remains Unstable in Early Months



Churning = % of enrollees in a given month who exit and re-enter the program within a 6 month window

Strengths and Limitations

- Strengths
- Use of CPS-based denominators allow for national comparisons.
 - Universal samples from large administrative datasets.

- Limitations
- Early data from first six months following program implementation, may not reflect longer-term trends.

Implications/Discussion

Substantial enrollment increases, and near-universal access to health insurance coverage, appear possible in the absence of comprehensive financing reform.

Elements that appear to bolster enrollment:

- "All-Kids" branding – simplified message
- Aggressive outreach campaign, outstation eligibility sites, and online application
- Use of auto-enrollment matching with other administrative data
- Applicant removed from employer health insurance verification
- Relax anti-crowd-out provisions for lowest income populations

Elements that enhance continuity of coverage:

- Expanding income eligibility
- Creating seamless program among eligibility categories

Next Steps: Estimate Crowd-Out

- State data sets on third-party liability (TPL) –used for coordination of benefits - excludes self-insured businesses
- Employer-Verification of Health Insurance (EVHI) dataset
- Link to UI records to match enrollment with employment/income changes

Project Sponsors: RWJF and WI DHS



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- (1) UW Population Health Institute
- (2) UW Institute for Research on Poverty
- (3) Wisconsin Department of Health Services