



Wisconsin Regional Enrollment Outreach Strategy

UW Population Health
Enrollment Summit
July 16, 2013



Outline

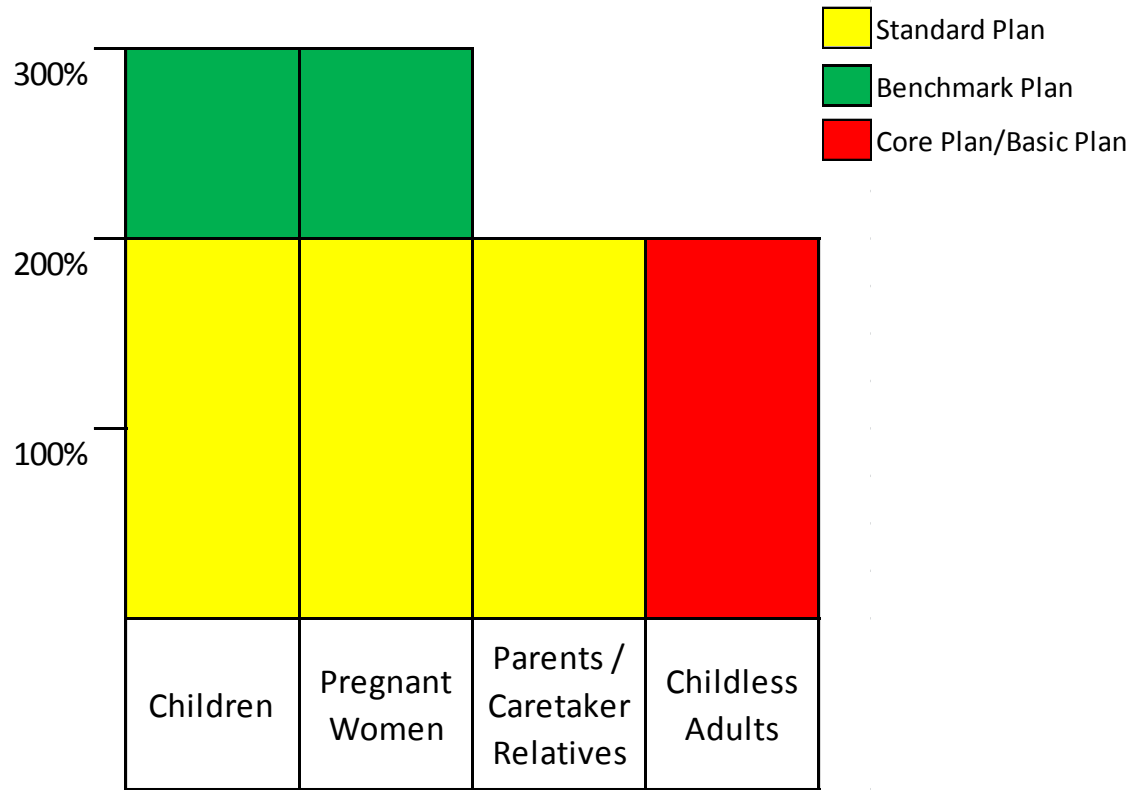
- Wisconsin Vision and Commitment
- Enrollment Background and Estimates
- Proposed Outreach Strategy; Regional Enrollment Networks
- DHS Targeted Outreach
- Enrollment Considerations
- Outreach Timeline
- Questions



Wisconsin Vision and Commitment

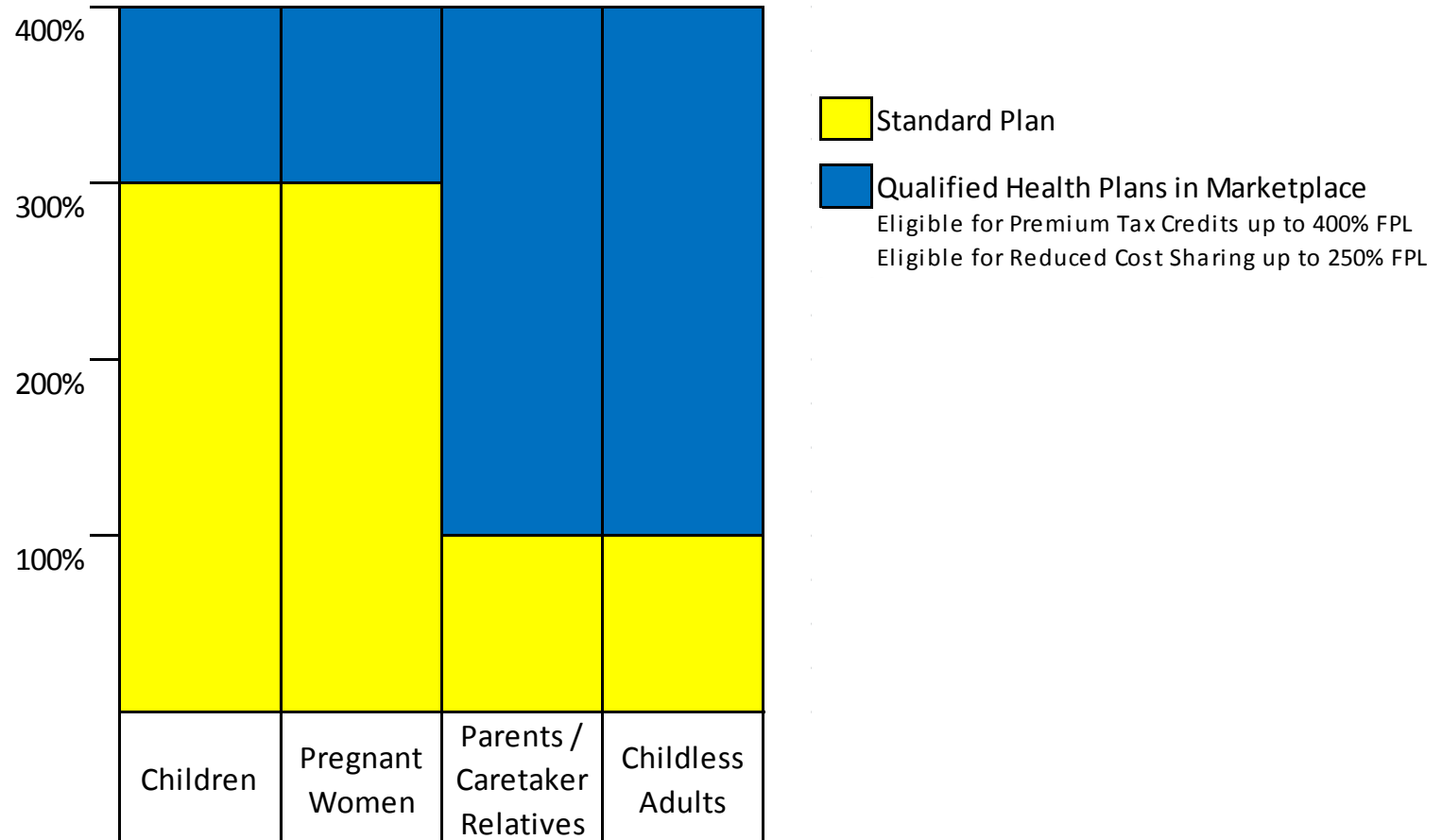
- Ensure that every resident has access to health insurance, create a Medicaid program that is sustainable, reduce reliance upon government health insurance, and maintain the health care safety net for those who need it the most.
- Reduce the number of uninsured non-elderly adults in our state and encourage consumers to be active participants in their healthcare.
- Simplify the Medicaid program by providing a standard set of comprehensive benefits that will lead to improved healthcare outcomes.

Current BadgerCare Plus Enrollment and Benefits





Future BadgerCare Plus & Marketplace Enrollment and Benefits





BadgerCare Plus & Marketplace Estimated Enrollment

	BadgerCare Plus	Marketplace
Children	522,695	No Estimate
Pregnant Women	20,804	No Estimate
Parents / Caretaker Relatives	160,255	232,551
Childless Adults	98,641	459,757

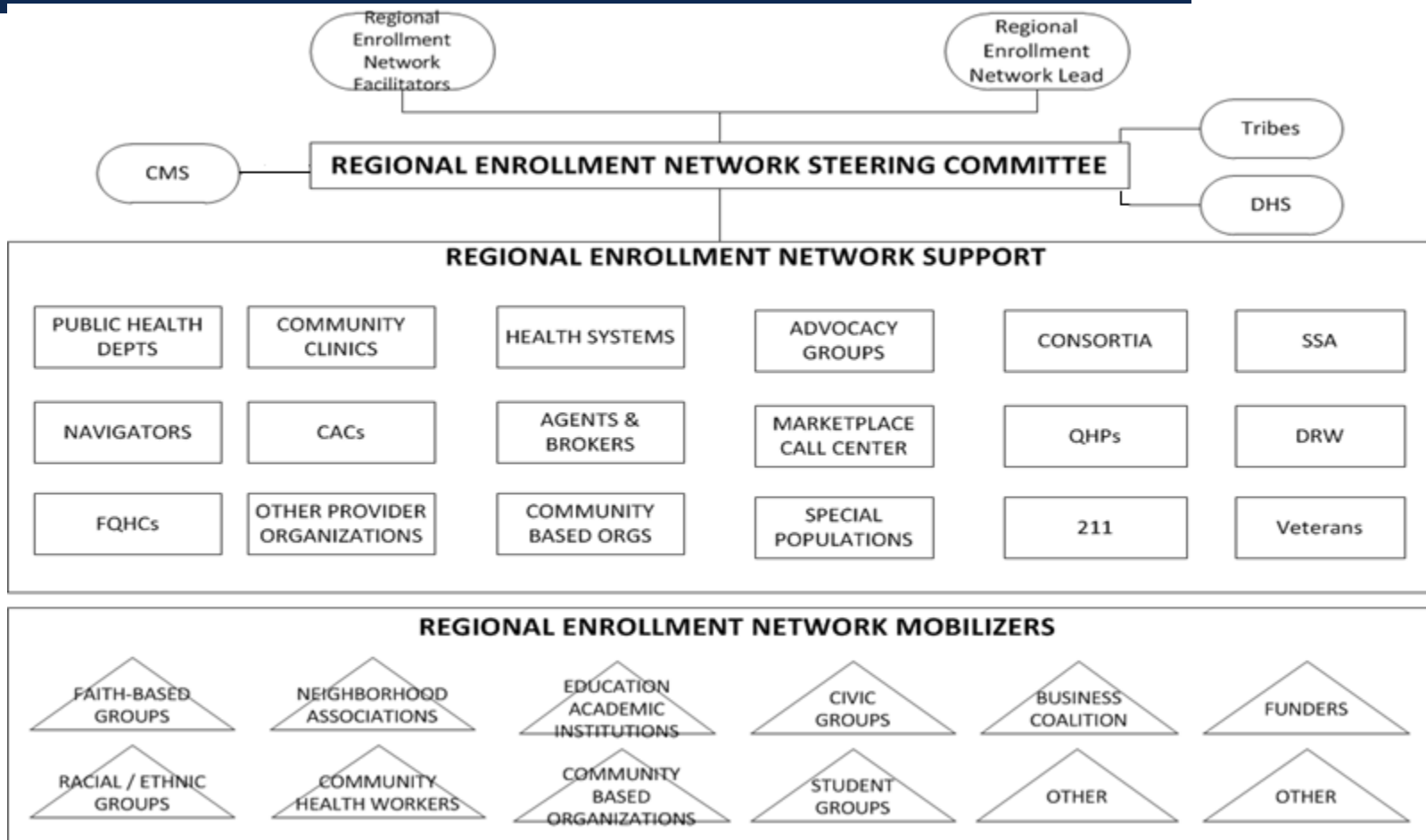


Proposed Outreach Strategy

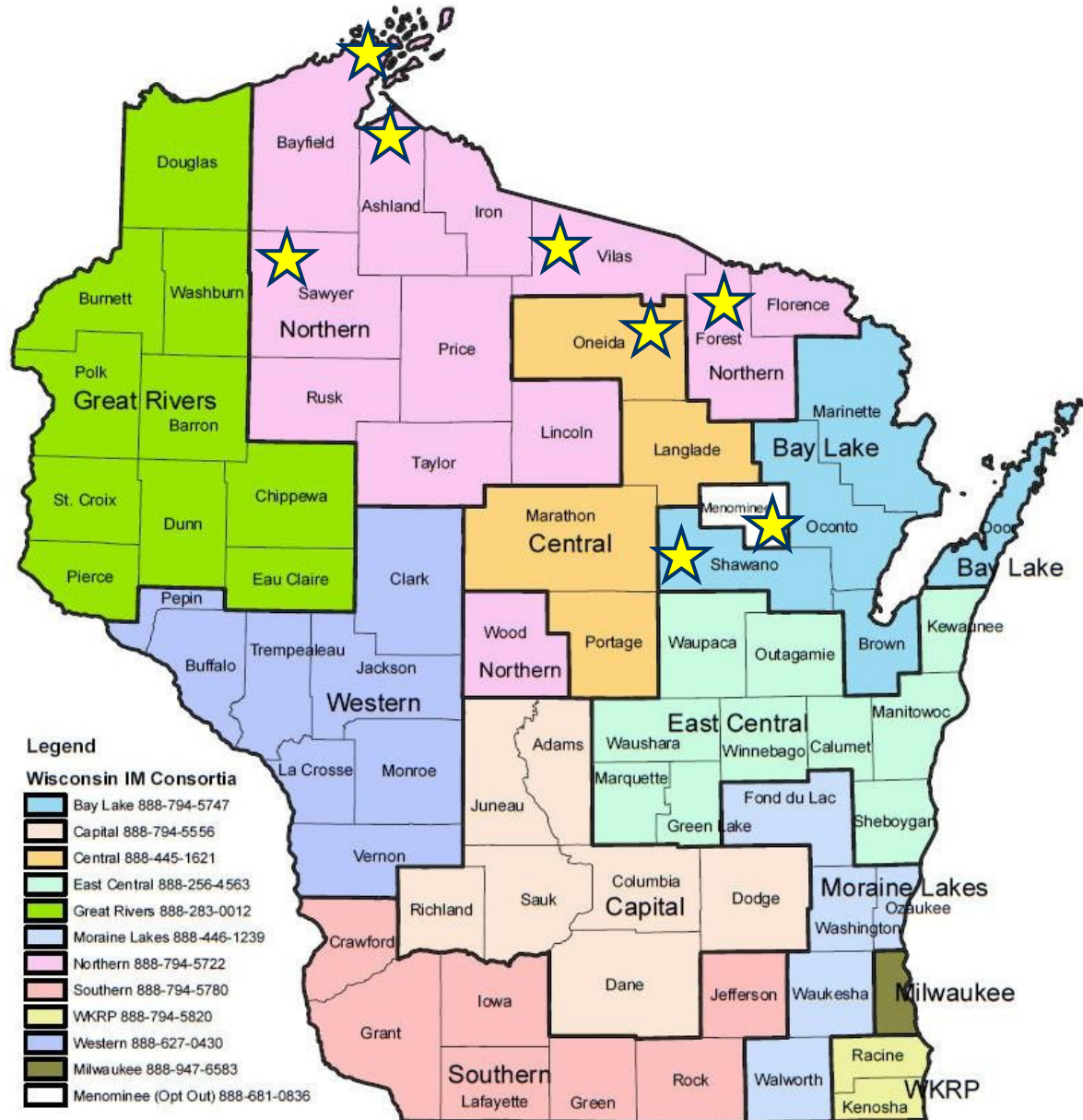
- Leverage Milwaukee Enrollment Network effort currently underway.
- Create regional enrollment networks throughout the state with regional partners, including tribes.
 - Provide application and enrollment assistance.
 - Mobilize other local resources to assist people in gaining healthcare coverage.



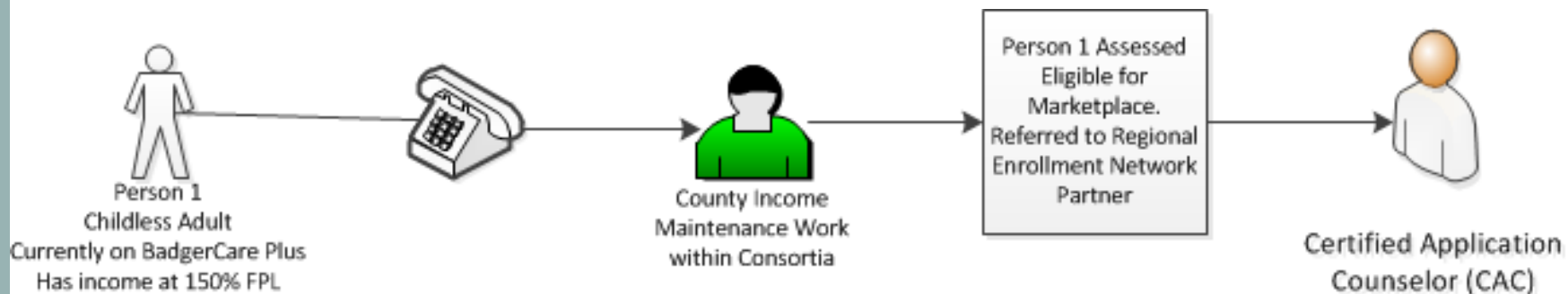
Proposed Regional Enrollment Network



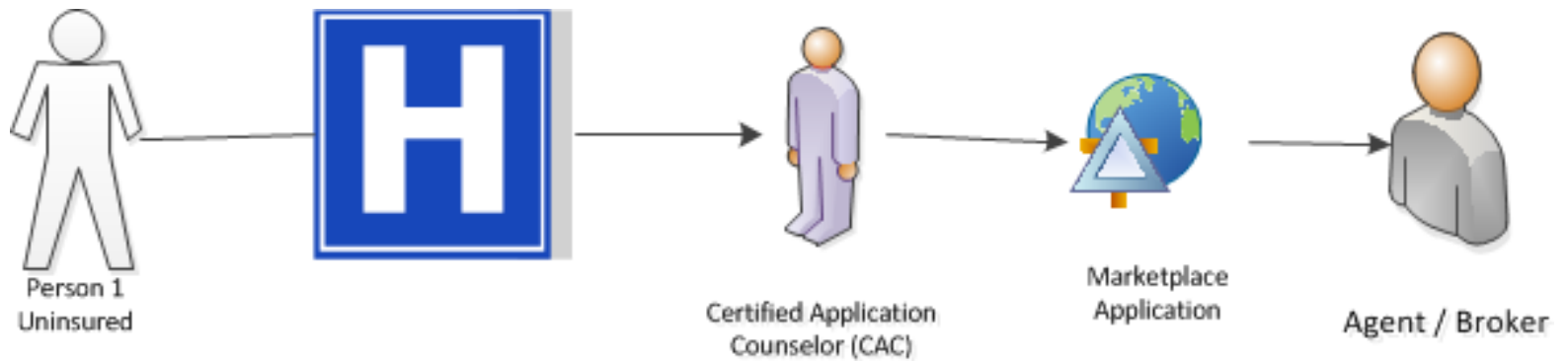
Proposed Wisconsin Regional Enrollment Networks



Example #1



Example #2





Regional Enrollment Network Identification

- Regional Enrollment Network Lead in collaboration with DHS working to ensure maximum participation.
- Regional Enrollment Network Lead in collaboration with DHS will facilitate identification of enrollment assisters and mobilizers.
- Deliverable: Regional Enrollment Network Partners Identified (August 15, 2013).



Regional Enrollment Network Planning

- Determine roles and responsibilities for each partner organization.
- Determine education and training needs for each partner organization.
- Determine capacity for each partner organization.
- Identify supporting materials.
- Identify workload based on enrollment estimates for each partner organization.
- Deliverable: Operations Plan (September 16, 2013).



Regional Enrollment Network Operations

- Periodic checkpoints.
- Adjustments based on regional needs.
- Reporting.
- Deliverable: Regular reporting from each network.



DHS Targeted Outreach

- DHS is focused on outreach to those current members that may transition to the Marketplace, and those uninsured individuals that will be eligible for BadgerCare Plus.
 - DHS will notify current members that may be impacted by coverage changes starting September 20, 2013.
 - 87,000 parents and caretaker relatives.
 - 5,000 childless adults.
 - DHS will notify individuals on Core Plan waitlist and Basic Plan members starting September 29, 2013.
 - DHS anticipates call volumes and foot traffic in the Consortia and MiES will significantly increase.
 - DHS is working closely with the WI Department of Veterans Affairs and will proactively outreach to Veterans (i.e. through Veteran homeless shelters, County Veteran Service Officers, and Veteran Organizations).
- DHS will provide information to contracted HMOs and providers for their members that may be transitioning to the marketplace starting September 20, 2013.
- DHS will begin contacting members that may be impacted by changes starting September 20, 2013.



BadgerCare Plus Enrollment Considerations

- Current members and uninsured individuals may apply for insurance through the Marketplace starting on October 1, 2013.
 - Due to significant eligibility system modifications, DHS will begin processing applications for childless adults transferred from the Marketplace starting November 18, 2013.



BadgerCare Plus Enrollment Considerations cont.

- Starting November 18, 2013, DHS will begin processing applications using the new Modified Adjusted Gross Income (MAGI) based eligibility determination rules.
 - For all people applying at their local consortia/MiES or online via ACCESS, that are determined ineligible for BadgerCare Plus, DHS will electronically transfer their information to the Marketplace.
- On November 23, 2013, DHS will begin notifying members of coverage changes effective January 1, 2014.



Marketplace Enrollment Considerations

- Individuals have until December 15, 2013 to enroll in a QHP.
 - Individuals will be required to pay the first month's premium to ensure coverage effective January 1, 2014.
 - Individuals will have 75 days from October 1, 2013 to enroll.
- Open enrollment for the Marketplace ends March 31, 2014.
- Currently unclear how long it will take for an individual to complete an online application for the Marketplace.
 - This will be important in determining capacity for those partners participating in Regional Enrollment Networks.

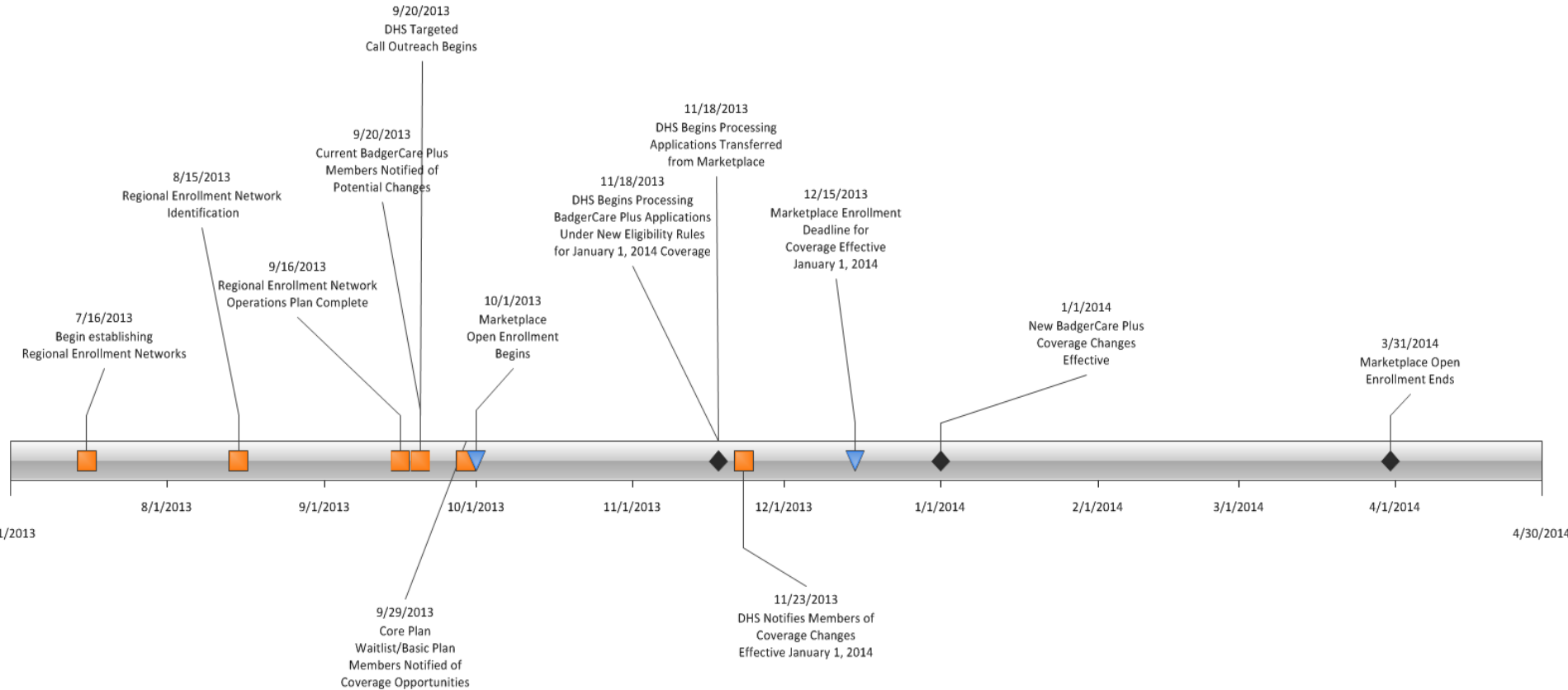


Regional Enrollment Network Operational Timeline

- Network Identification: Now to August 15, 2013.
- Network Planning: August 15, 2013 to September 16, 2013.
- Network Operations: Beginning October 1, 2013.



Overall Outreach Timeline



7/15/2013



Certified Application Counselors (CACs)

State Training/Examination Requirements (*same as those required for Navigators*):

- Complete 16 hours of training.
 - 8 hours state specific health insurance laws/regulations.
 - 4 hours Navigator/CAC specific training.
 - 4 hours WI. Specific Medicaid related training.
- Pass a written examination.
- Complete annual 8 hours of approved training.
- Complete any federal training requirements.



Certified Application Counselors (CACs)

State Training Availability:

- Goal is to have training opportunities to satisfy the 16hr. requirement available by August 15th.
- Individuals interested in serving as CACs have the option, for 2013-14 only, to complete the current 20hr. pre-licensing training affiliated with receiving a health insurance license, in lieu of the 16hr. training requirement.
 - This training is currently available.



Certified Application Counselors (CACs)

Examination Availability:

- The examination and study materials will be available on August 15th.
 - Note that the 16hr. training requirement does not need to be satisfied prior to taking the examination.



Certified Application Counselors (CACs)

State Registration Requirements:

- Entities employing one or more CACs must provide OCI with a list of all CACs that it employs, once the CACs are authorized by the federal Exchange to provide assistance.



Certified Application Counselors (CACs)

Permitted Activities:

- Conduct public education activities to raise awareness of available Qualified Health Plans within the federal Exchange.
- Make consumers aware that plans are available for purchase in the outside market and that they may want to talk with a licensed health insurance agent about health insurance options.



Certified Application Counselors (CACs)

Permitted Activities, continued:

- Facilitate enrollment in a QHP through the federal Exchange.
- Outline information that a consumer will need to have available when applying for coverage through the federal Exchange.
- Explain to the consumer the following information:
 - Potential eligibility for public/governmental programs.
 - How the federal health insurance premium tax credit and cost-sharing reductions work and risks, if any.



Certified Application Counselors (CACs)

Permitted Activities, continued:

- Describe the features and benefits of health insurance coverage in general terms, including cost-sharing mechanisms like deductibles, co-pays or co-insurance and how these work or affect the consumer.
- Describe the different metal tiers and how the benefits may change at different tiers based on the consumer's income.



Certified Application Counselors (CACs)

Permitted Activities, continued:

- Describe what a summary of benefits document is and where to locate a summary of benefits.
- Explain where to find information about provider networks.
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the federal Exchange.



Certified Application Counselors (CACs)

Permitted Activities, continued:

- Provide a referral for an individual to an appropriate state or federal agency who has a grievance, complaint or questions regarding their health plan, coverage or a determination under such plan or coverage.



Certified Application Counselors (CACs)

Prohibited Activities:

- Provide advice comparing health benefit plans that may be better or worse for the consumer or employer.
- Recommend a particular health benefit plan or insurer.
- Advise consumers or employers regarding a particular insurer or health benefit plan selection.



Certified Application Counselors (CACs)

Prohibited Activities, continued:

- Engage in any fraudulent, deceptive or dishonest acts or unfair methods of competition.
- Receive compensation from an insurer, stop-loss insurance or a third-party administrator.
- Provide any information related to enrollment or other insurance products not offered in the federal Exchange.



Certified Application Counselors (CACs)

Prohibited Activities, continued:

- Receive compensation that is dependent upon, in whole or part, on whether an individual enrolls in or renews coverage in a health benefit plan.
- Make or cause to be made false or misleading statements.
- Receive consideration directly or indirectly from any health insurance issuer in connection with the enrollment of individuals or employees into a QHP.



Questions
