

Who Are Wisconsin's Uninsured and Potential Marketplace Customers?

Amie Goldman, WI Health Insurance Risk Sharing Plan (HIRSP)

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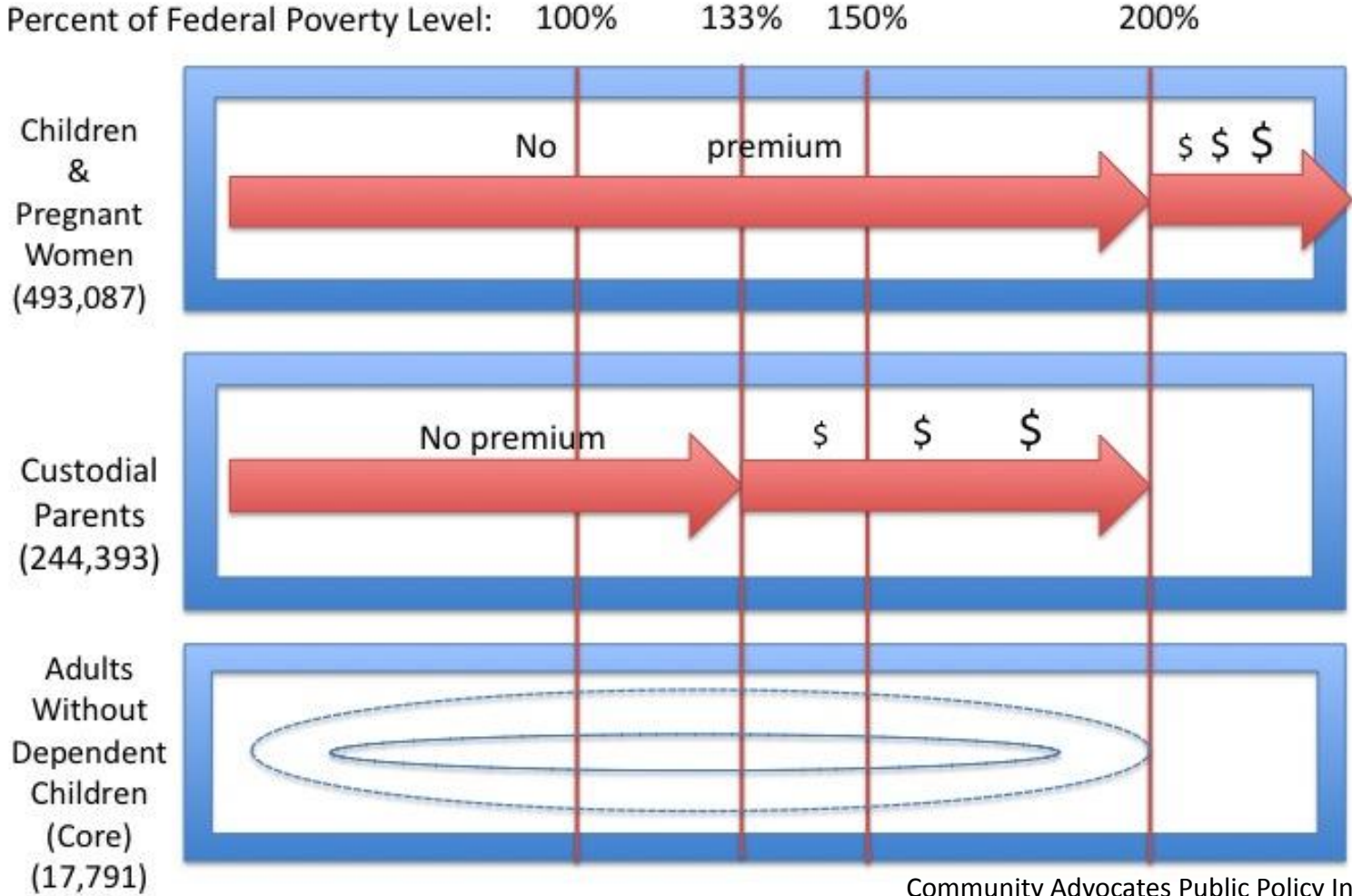
Joy Tapper, Milwaukee Health Care Partnership

Steve Brenton, Wisconsin Hospital Association, Moderator

**Wisconsin Health Insurance Outreach and Enrollment Summit
July 16, 2013**

BadgerCare Coverage

BadgerCare: Today

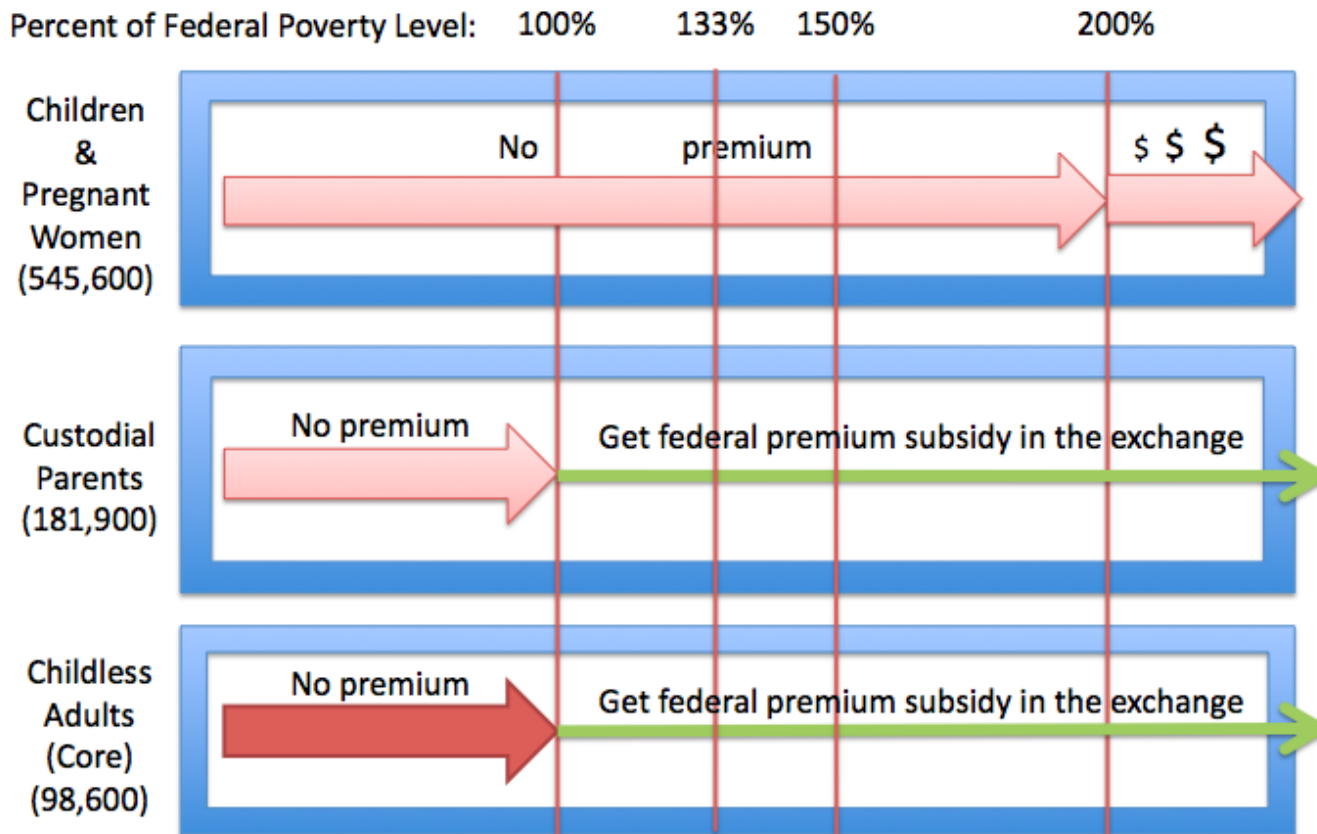


Community Advocates Public Policy Institute

Source: June DHS Enrollment Numbers

BadgerCare Coverage

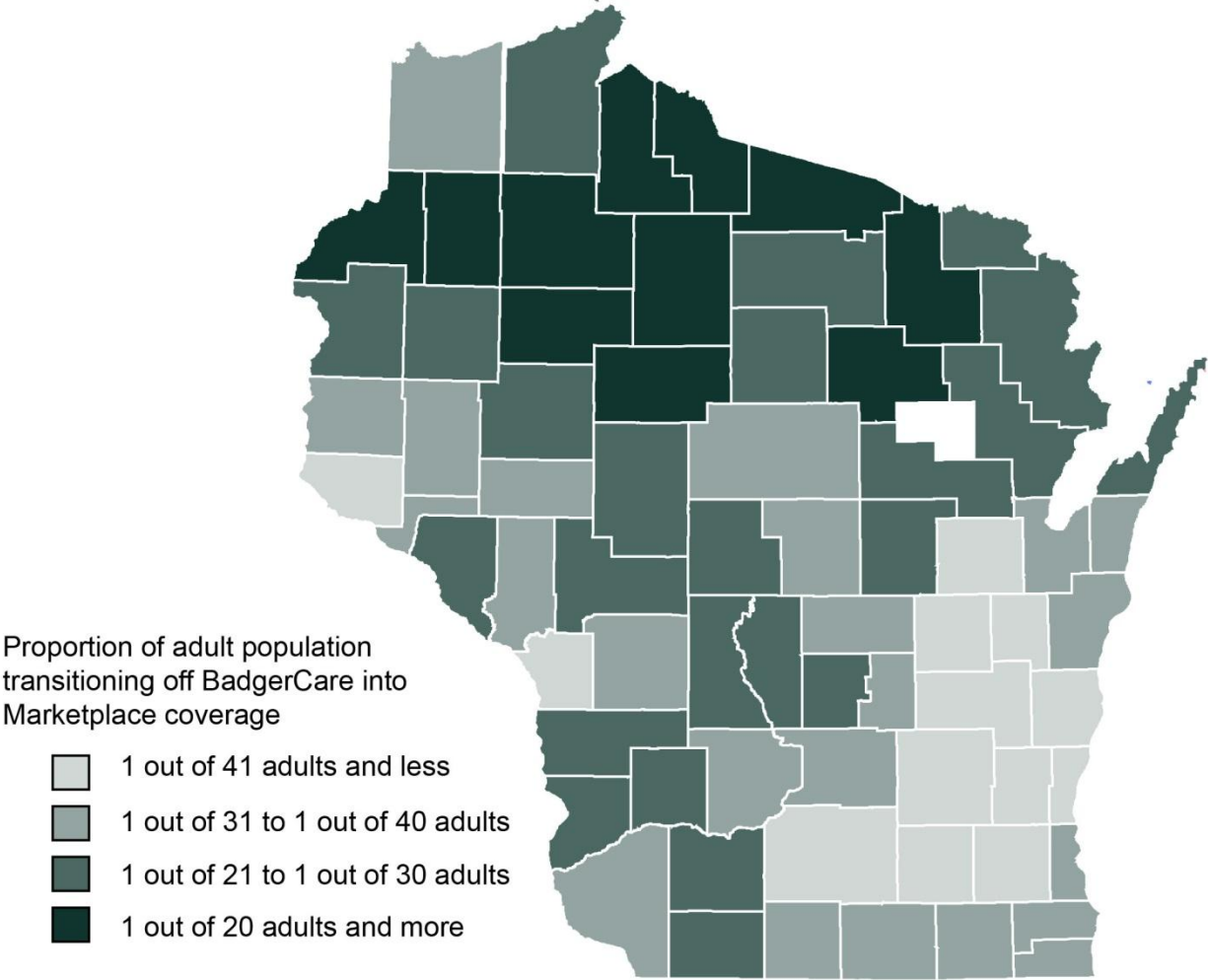
BadgerCare Under WI 2013-15 Budget



GPR Cost: \$149 million in next budget and +490 million to June 2020

Enrollment: -89,000 BadgerCare Parents/Caretakers, + 82,000 childless adults

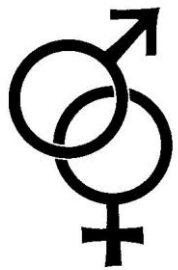
Transitioning BadgerCare Adults by County



Uninsured Wisconsinites

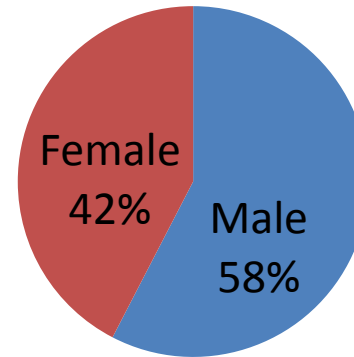


506,700 Total Uninsured Statewide



291,800 Men
214,800 Women

Uninsured by Gender



7.5%, or 38,000 with a Disability

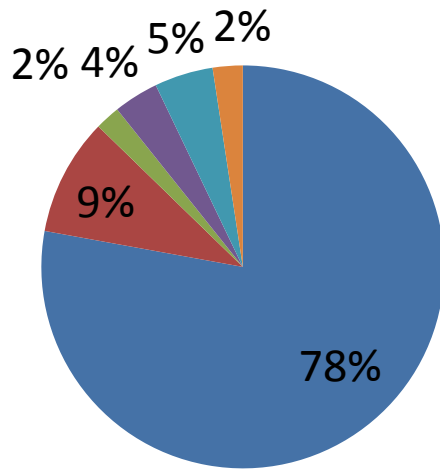
2011 U.S. Census, ACS Public Use Microdata Sample

Uninsured Wisconsinites

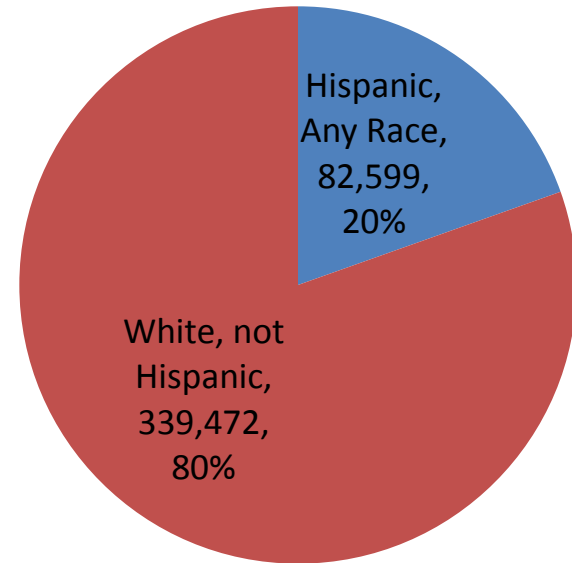


506,700 Total Uninsured Statewide

Race and Ethnicity



- White
- American Indian
- Other Race
- Black
- Asian
- Two or More Races



2011 U.S. Census, ACS Public Use Microdata Sample

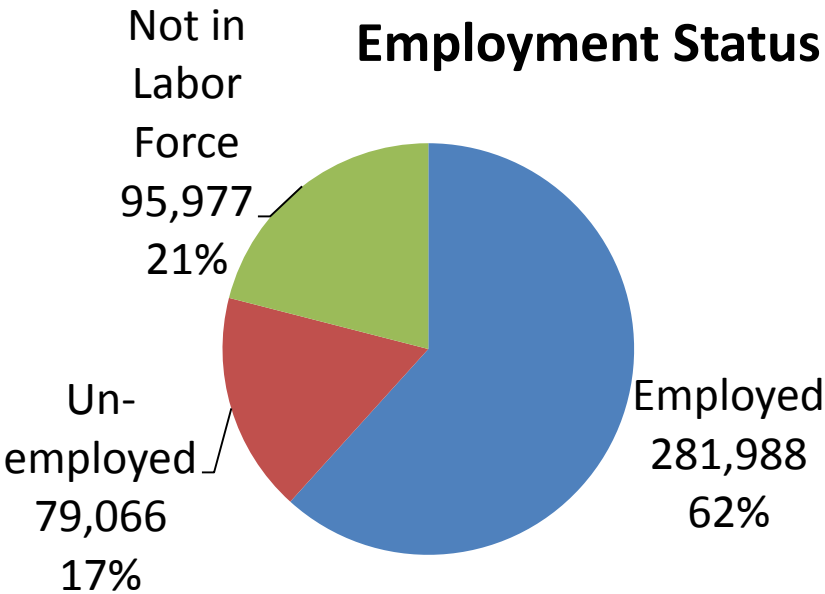
Uninsured Wisconsin Adults



Note: Does Not Include Transitioning BadgerCare Adults

Federal Poverty Level	Annual Income (Single Person & Family of Four)	Currently Uninsured
Below 50%	< \$5,745	64,011
	< \$11,775	12.8%
50-99%	\$5,745 - \$11,375	73,012
	\$11,775 - \$23,314	14.6%
100-149%	\$11,490 - \$17,120	77,013
	\$23,550 - \$35,090	15.4%
150-199%	\$17,235 - \$22,865	72,012
	\$35,325 - \$46,865	14.4%
200-299%	\$22,980 - \$34,355	99,016
	\$47,100 - \$70,415	19.8%
300% +	\$34,470 +	115,019
	\$70,650 +	23%

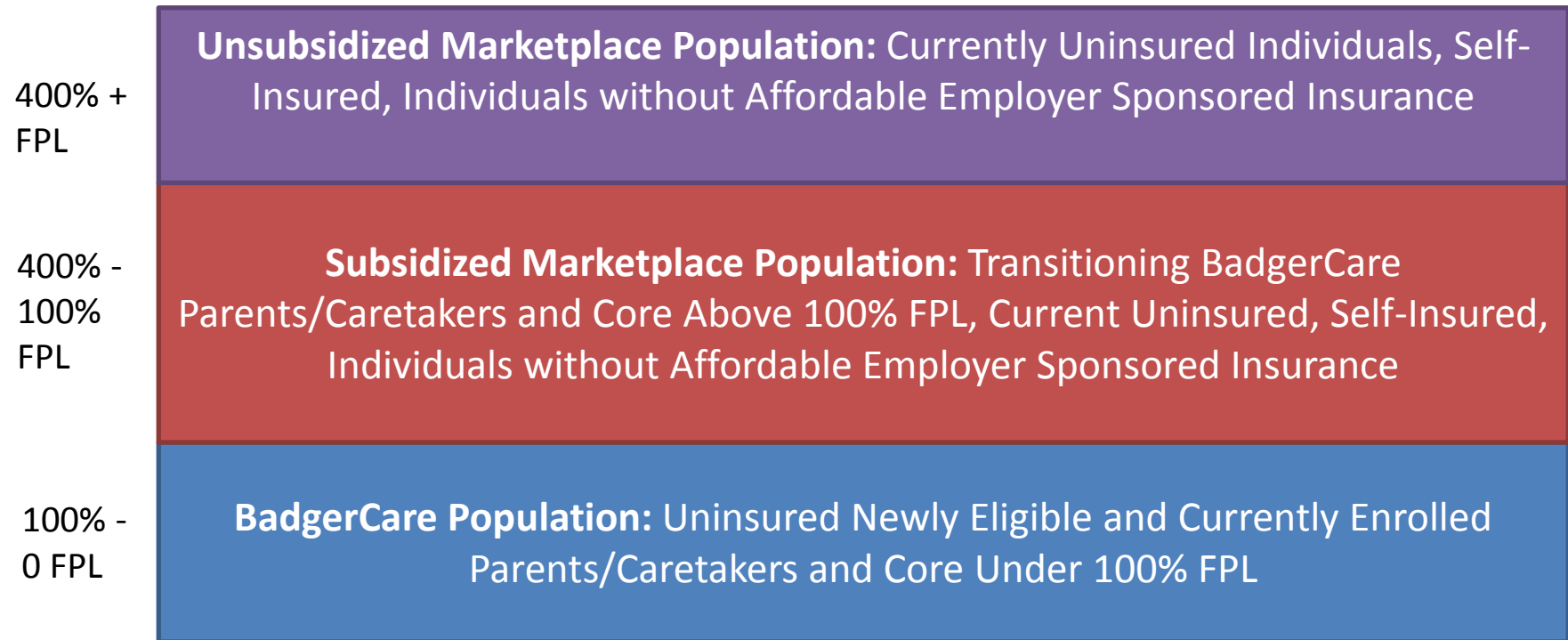
Employment Status



2011 U.S. Census, ACS Public Use Microdata Sample

Population Streams

Where will currently uninsured adults in Wisconsin get their health insurance in 2014?



Insurance Opportunities for BadgerCare and Currently Uninsured *Adult* Wisconsinites in 2014

Sub-segments of Population

Transitioning off BadgerCare

- Adults over 100% FPL, approx. 90,000 adults

Uninsured (approx. 424,675)

- Newly Eligible for BadgerCare
 - Under 100% FPL, approx. 82,000 adults
- Unemployed vs. Employed
 - Employed without access to employer sponsored coverage (e.g. hospitality workers, part time workers, musicians, etc.)
 - Employed opting out of employer insurance (e.g. cash buy-out, high out-of-pocket, etc.)
 - Employed but only offered individual coverage (vs. family coverage)
- Low and moderate income (100%-400% FPL) seeking premium and cost-sharing subsidies
- Young Invincibles
 - Under 26 years old with or without access to parent's employer sponsored coverage
 - Over 26 looking for health insurance

Insured looking for more cost-effective options

- Self Insured (e.g. consultants, self-employed, etc.)
- High-Risk – pre-existing conditions (HIRSP)
- Small Employers – 50 employees (e.g. non-profits like WCCF, small businesses, etc.)

Population Streams

Who will need special considerations for coverage in 2014?

New to Private Insurance Market

- Low Income unemployed or underemployed
- Transitioning BadgerCare population
- Young Invincibles

Individuals with Disabilities and Individuals with Behavioral Health Disorders

- Medicaid and Marketplace options – knowing the differences

HIRSP

- Individuals with preexisting conditions

Children

- Will mean split coverage plans for many families

Pregnant Women

- Still eligible for BadgerCare up to 300% FPL

Special Coverage Benefit to Pay Attention To:

- Dental Coverage: BadgerCare will cover, Marketplaces will sell unsubsidized supplemental dental benefits for adults

All: Maintaining Enrollment to Prevent Churning!

Milwaukee Health Care Partnership

Mission

Improve **health care** for underserved populations in Milwaukee County (Medicaid and Uninsured)

Members

Health Systems, FQHCs, MCW and City, County and State Health Departments

Goals

1. Secure adequate & affordable **coverage** for low income individuals
2. Ensure **access** to quality primary & specialty care
3. Improve **care coordination** across the community

Milwaukee County Coverage Profile

BadgerCare+

Children	122,474
Parents/Caretakers	55,658
Pregnant Women	5,009
Childless Adults	5,234 (~80% <100%FPL)
Other	<u>14,960</u>
Total BadgerCare+	203,335
Elderly/Blind/Disabled	<u>61,884</u>
Total Medicaid Coverage	294,368

31% of Total Milwaukee Co Population in Medicaid
52% of All Children are enrolled in Medicaid

Milwaukee County Uninsured

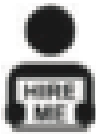
120,764 Uninsured (~13% of County Population)



59%, 71,734 Men
41%, 49,030 Women



6.7%, or 8,091 with a Disability



~60% Employed



~30% with Incomes Below the Poverty Level,
\$11,500 annually for a single individual

2011 U.S. Census, ACS Public Use Microdata Sample

Populations Needing Enrollment Assistance

Individuals Transitioning Off Medicaid ~17,000

Uninsured

Newly Eligible for Medicaid <100% FPL ~44,000

Other Uninsured ~85,000 >100% FPL
100-300% FPL ~60,000

At Risk for Discontinuous Enrollment

Pregnant Women <300% FPL

Families 100 – 300% FPL

Homeless / Transients /Mentally Ill

Released from Incarceration

Population Eligible for Enrollment ~150,000*

Population Needing Enrollment Assistance ~100,000- 120,000

Milwaukee Enrollment Network

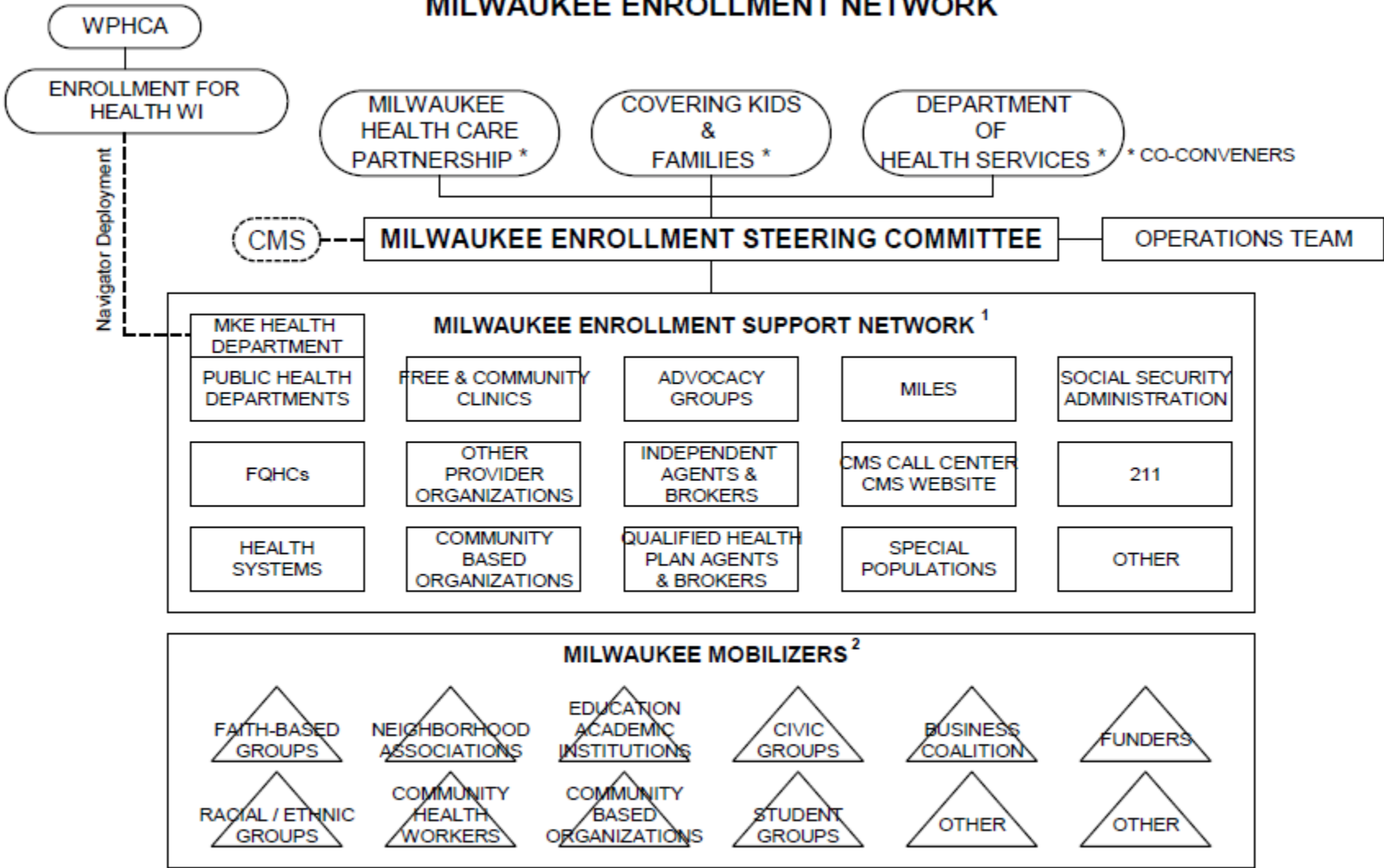
Purpose

The Milwaukee Enrollment Network (MKEN) is a public/private consortium organized to support the enrollment of Milwaukee County residents in public health benefits or private insurance via the Marketplace with a focus on low income, vulnerable populations.

Objectives

- Support Consumer Outreach and Education
- Build the Capacity and Capability of the Enrollment Support Infrastructure
- Help People Enroll and *Stay Enrolled*
- Measure and Monitor Coverage and Enrollment Outcomes

MILWAUKEE ENROLLMENT NETWORK



¹ Those employing/deploying enrollment workers, including Certified Application Counselors, financial counselors, outstation eligibility workers, and other official information and referral agents

² Those supporting consumer education and outreach

Milwaukee Health Care Partnership

Work Plan - Preliminary Strategies

1. Consumer/Mobilizer Outreach and Education
 - a. Leverage DHS, CMS and Other Stakeholder Efforts
 - b. Specific Tactics for Sub-Populations
 2. Building Capacity and Capability of Enrollment Infrastructure
 - a. Leverage and Expand Enrollment Assister Workforce
 - Milwaukee Enrollment Services Center (MILES)
 - Navigator Deployment
 - Certified Application Councilors (CACs)
 - Public Program Enrollment Assisters
 - QHP Agents
 - b. Training and Continuing Education
 - c. Create I&R System
 - Inventory of Inward/Outward Facing Assisters
 3. Premium Assistance and Payee Programs
 4. Measure and Monitor Outcomes
-

- Safety-net for individuals who would otherwise be uninsured.
- Eligible Criteria:
 - Medicare due to disability
 - HIV/AIDS
 - Medically uninsurable
 - Lost group health insurance (HIPAA)
- Medicaid or BC+ Standard Plan are not HIRSP eligible. BC+ Core Plan and Benchmark Plan are eligible.
- **Coverage ends for all members 1/1/14.**

- Almost 25,000 members (2nd largest individual insurer).
- HIRSP members reside in all 72 counties.
- Highest concentrations: Dane, Marathon, Outagamie, Brown, Milwaukee, Racine, Waukesha, Washington and Ozaukee.

2012 Claims Cost

- 14% of HIRSP members = 79% costs
- \$770 PMPM total (\$585 medical;\$185 drug)
- Cost drivers
 - Hospitalizations – 125 admits & 735 days per 1,000
 - Ambulatory care – 4 office visits/3 outpt PMPY
 - Prescriptions – 63% take 4 or more per month

Income and family size data is self-reported on applications. Based on recent application data:

- 12% of applicants had income under 100% FPL
- 68% had income between 100% and 400% FPL
- 20% had income over 400% FPL

HIRSP vs. Marketplace

- HIRSP provider payment rates are lower than commercial rates increasing cost impact to commercial market.
- Average age of HIRSP members is 54 years; HIRSP Federal 49 years; Commercial 35 years.
- 55% of HIRSP members are covered under two HIRSP plans that have OOP limits in excess of ACA limit.
- Premiums for these plans are comparable to (or lower than) commercial premiums, but only cover 60% of the plan costs.
- HIRSP statewide provider network is broader than some commercial networks.

- Some HIRSP members will pay more for their insurance in 2014 due to higher Marketplace premiums and some will pay less because of premium-tax credits.
- Some HIRSP members may pay more and some will pay less due to new community rating rules.
- HIRSP Medicare members may pay more because commercial Medicare Supplement policies don't offer a drug benefit.
- While coverage is expected to be comparable, some members may experience disruption due to network differences.
- Merging HIRSP into market is expected to significantly increase premiums in commercial market, but risk programs under ACA may somewhat mitigate the impact.

Outreach Objective

Intensive communication and outreach plan to ensure that our members are educated about the Health Insurance Marketplace and other reforms taking effect in 2014 and have the information necessary to take action to **ensure continuity of coverage and care.**

Outreach Strategies

- Weekly email updates and countdown clock
- Newsletter and other direct mail pieces
- IVR, EOB and on-hold messaging
- Agent and Health Plan Directories
- Facebook and other forums for live Q&A
- Collaboration with key stakeholders groups
- Telephonic outreach to targeted groups
- Robo calls

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Questions??

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