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**SCHOOL OF MEDICINE
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Wisconsin's BadgerCare Plus Coverage Expansion: Early Evaluation Results

Presentation to Academy Health ARM

June 30, 2009

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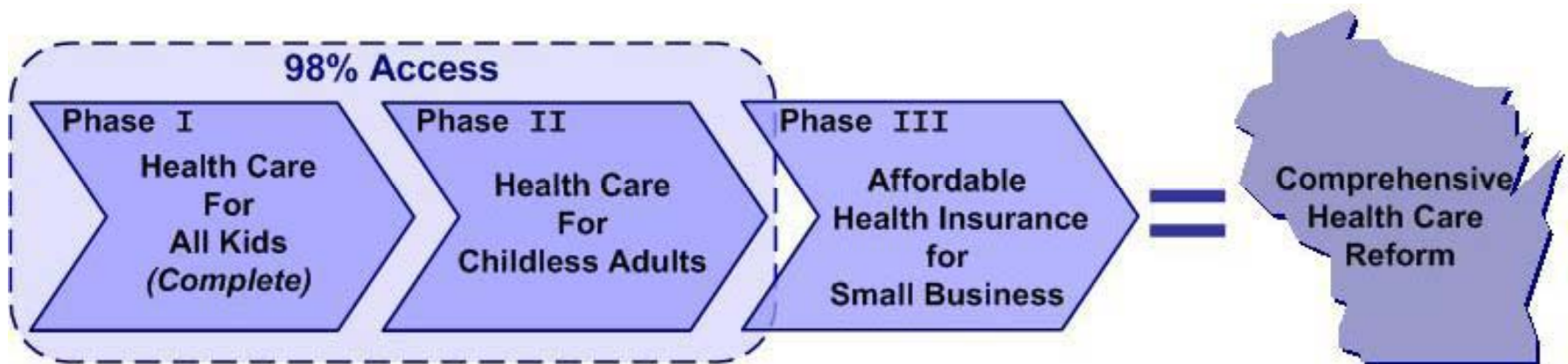
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University of Wisconsin-Madison



Proposed Path to Near Universal Coverage

- Goal: Access to Coverage for 98% of Wisconsin's Population
- Phases I underway; Phase II newly launched
- Phase III on hold pending federal reform





BadgerCare Plus (BC+)

- Statewide reform effort launched in 2/2008
- Three overarching goals
 - Ensure universal access to coverage for kids
 - Simplify and streamline existing programs
 - Eliminate barriers to family cohesion and coverage stability
- Current evaluation focuses on Phase I expansion of coverage for children and caretaker adults



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Phase I: “All Kids” Marketing and Coverage of Parents



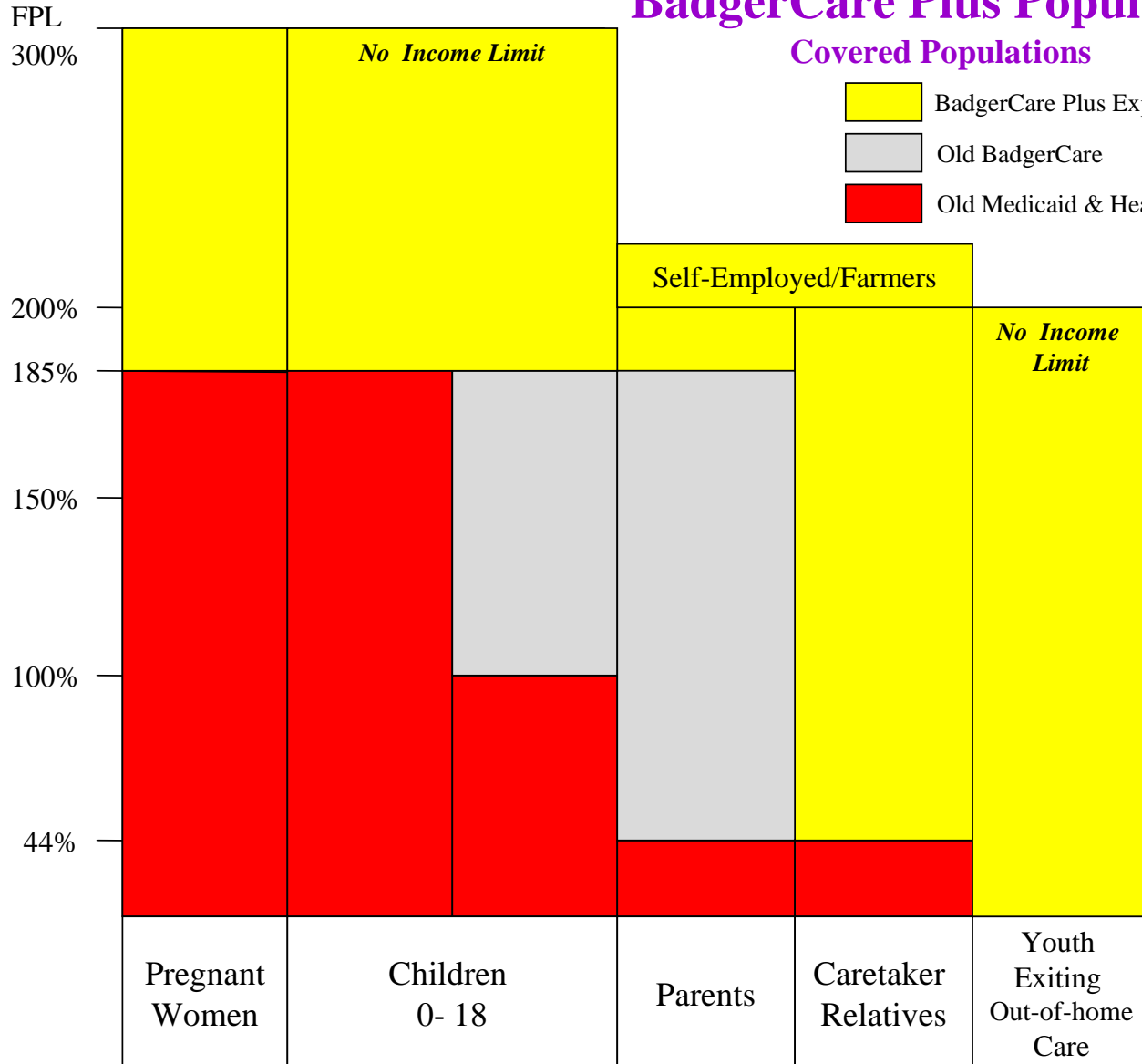
Health insurance for all kids

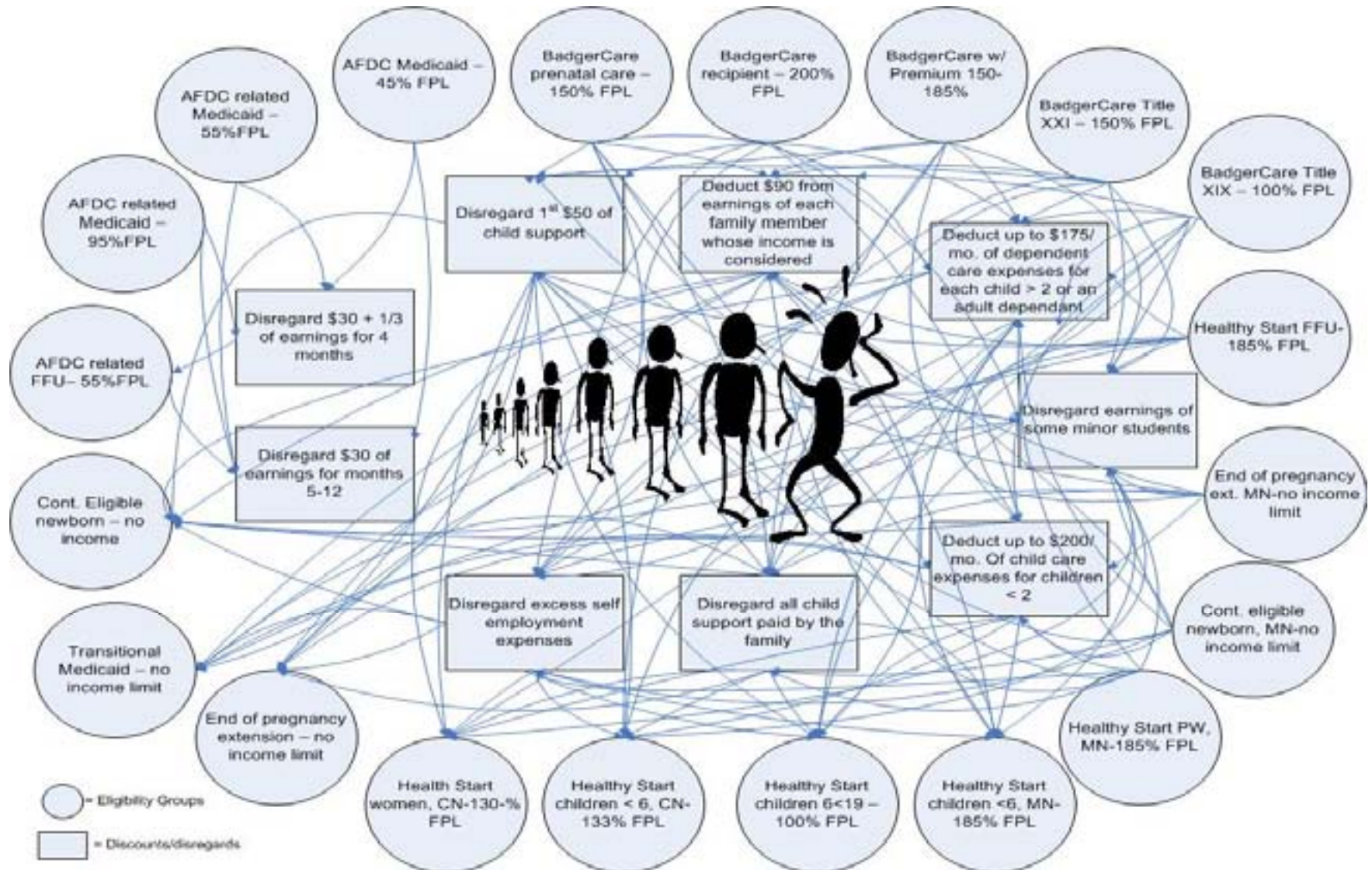


BadgerCare Plus Population

Covered Populations

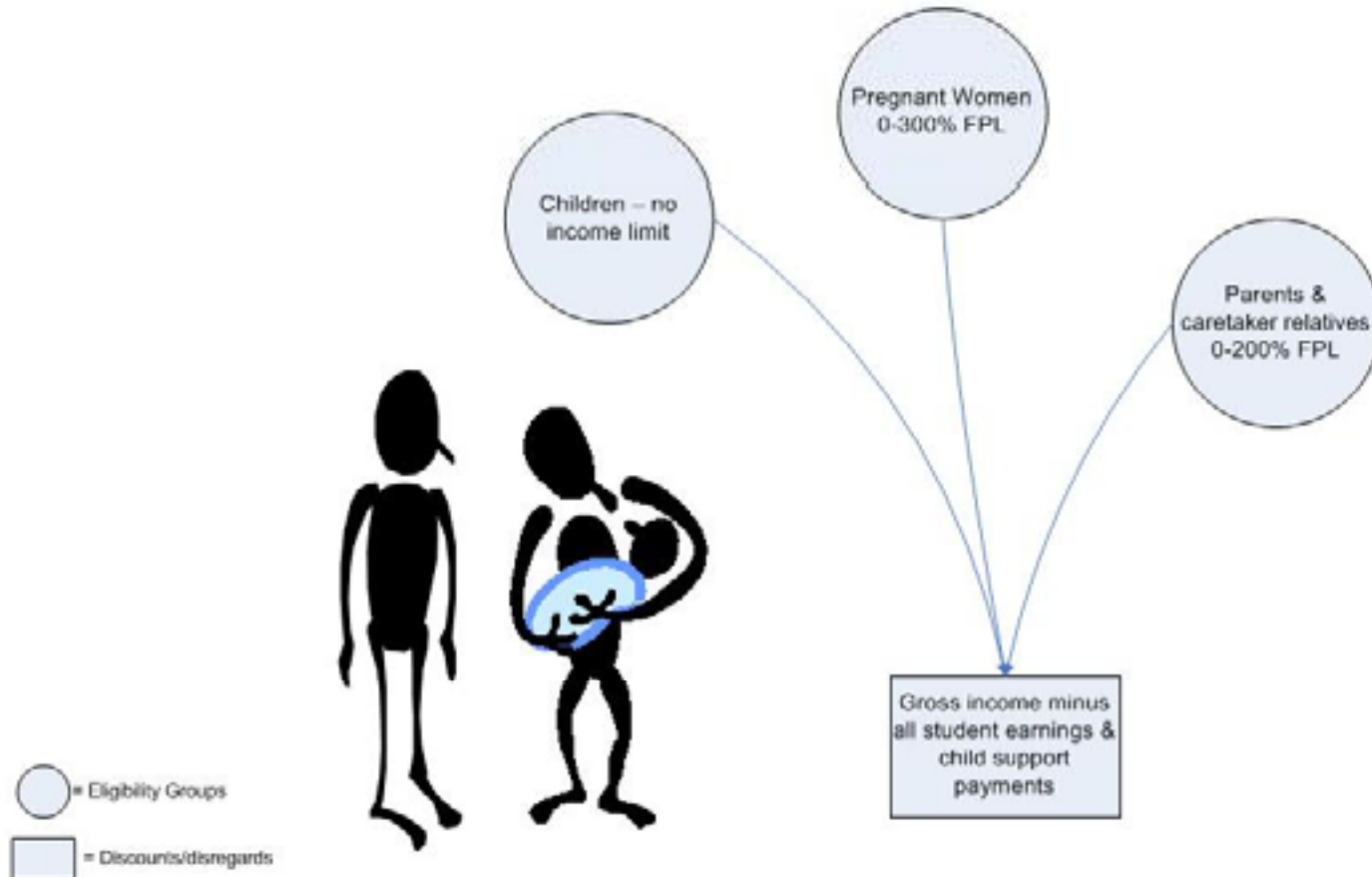
- BadgerCare Plus Expansion
- Old BadgerCare
- Old Medicaid & Healthy Start







BadgerCare Plus Eligibility System





Crowd-Out Provisions Altered

Under BadgerCare:

- Individuals with access to “affordable” health insurance or had any health insurance were ineligible

Under BC+:

- Only individuals in families above 150% FPL with access to “affordable” health insurance were ineligible



Changes in Crowd-Out Enforcement

- Responsibility for employer verification shifted from applicant to employer/state
- Intended to ease enrollment for applicants
- Current verification mechanisms are limited
 - Employer Health Insurance Verification database
 - Under-populated
 - Employer reporting not enforced
 - Third-Party Liability data base
 - Does not include self-insured employers



Enrollment Efforts Leading Up to the February 2008 Launch

- Effort to “auto-convert” individuals who were newly eligible under new BC+ rules
 - For example, children with siblings already on assistance
- New online application tool (ACCESS)
 - About 39 percent of all applications come through ACCESS
- Outreach efforts
 - Mini-grants to 31 organizations (up to \$25,000 per organization), paying “finders fee” of \$50 per approved BC+ application
 - Use of more than 200 community partner organizations to help sign up families



Phase I Evaluation Plan

- Quantitative component
 - Estimate program enrollment and take-up
 - Focus on initial enrollment
 - Estimate program impacts on exits and “churning”
 - Estimate “crowd-out”
- Qualitative component



Data Sources

- Monthly WI administrative panel data
 - Data from 1/2007 through 9/2008
 - Income and demographic information
- Current Population Survey, American Community Survey, and Wisconsin's Family Health Survey



Key Income Cutoffs

- < 150% of FPL: BC+ crowd out provisions do not apply
- < 185% of FPL: Eligible for BC/Medicaid/Healthy Start pre-expansion
- < 200% of FPL: BC+ Standard plan (limited cost-sharing)
- > 200% of FPL: BC+ Benchmark plan (premiums and cost sharing), parents/caretakers are ineligible
- > 300% of FPL: Kid's premium = full cost

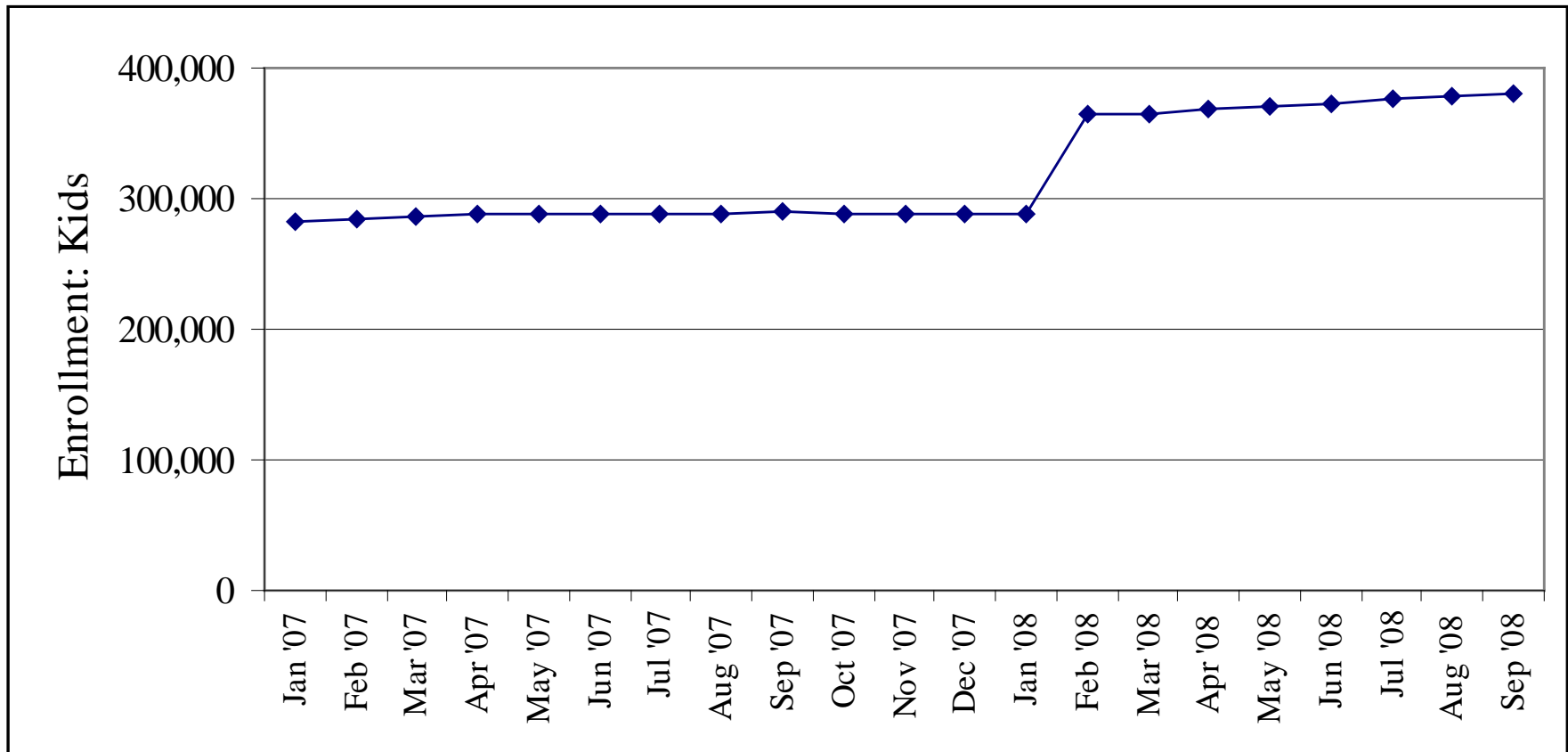


Populations Examined

- All children
 - Stratified by FPL (<150% FPL, 150-200% FPL, 200-300% FPL, 300% + FPL)
 - Stratified by urban county / rural county
- Low-income (<200% FPL) parents
 - Stratified by FPL poor (<150% FPL), near-poor (150-200% FPL)
 - Stratified by urban county / rural county



Enrollment: Children





Child Enrollment by FPL

	Dec-07	Sep-08	Change	% of Change
All	287,496	379,819	92,323	100%
< 150	270,000	327,372	57,372	62%
150-200	17,400	37,447	20,047	22%
200-300	75	12,480	12,405	13%
300+	21	2,520	2,499	3%



Child Enrollment by Urban/Rural

	Dec-07	Sep-08	Change	% of Change
All	287,496	379,819	92,323	100%
Urban	188,101	248,884	60,783	66%
Rural	99,395	130,935	31,540	34%



Change in Enrollment per Uninsured Population: Children

	<u>Change in</u> <u>Enrollment</u> <u>(DHS)</u>	<u>Uninsured</u> <u>(CPS)</u>	<u>Ratio</u>
All	92,323	72,674	127%
< 150	57,372	32,433	177%
150-200	20,047	8,772	229%
200-300	12,405	28,772	43%
300+	2,499	2,697	93%
Urban	60,783	53,165	114%
Rural	31,540	19,509	162%

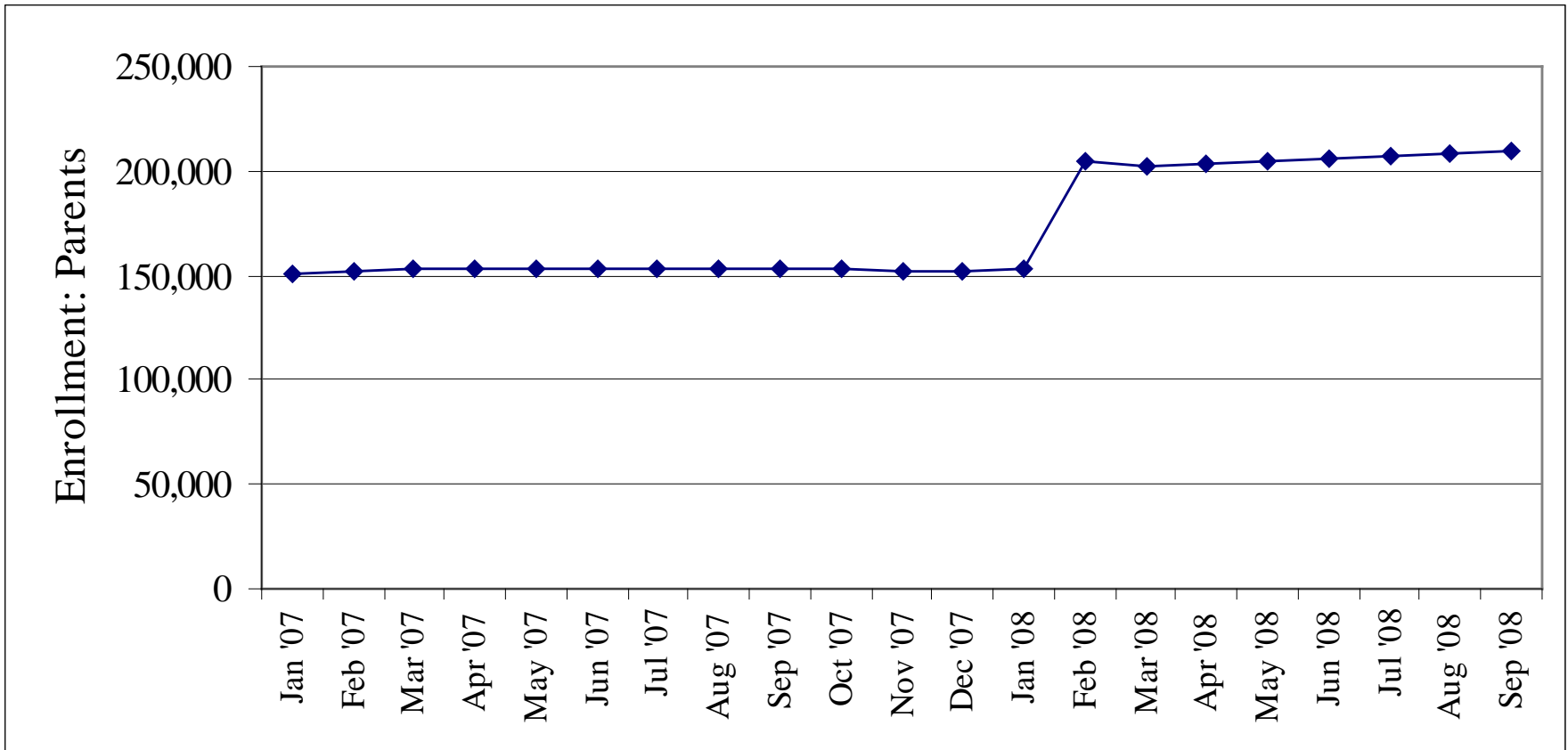


Enrollments Relative to Population Estimates: Children

	<u>Dec-07</u>	<u>Sep-08</u>	<u>Change</u>
All	21%	27%	7%
< 150	71%	87%	15%
150-200	18%	38%	20%
200-300	0%	5%	5%
300+	0.0%	0.4%	0.4%
Urban	18%	23%	6%
Rural	30%	40%	10%



Enrollment: Parents





Parent Enrollment by FPL

	Dec-07	Sep-08	Change	% of Change
All	152,023	209,331	57,308	100%
< 150	142,624	182,590	39,966	70%
150-200	9,321	22,284	12,963	23%
200+	78	4,457	4,379	8%



Parent Enrollment by Urban/Rural

	Dec-07	Sep-08	Change	% of Change
All	152,023	209,331	57,308	100%
Urban	99,516	136,973	37,457	65%
Rural	52,507	72,358	19,851	35%



Change in Enrollment per Uninsured Population: Parents

	<u>Change in</u> <u>Enrollment</u> <u>(DHS)</u>	<u>Uninsured</u> <u>(CPS)</u>	<u>Ratio</u>
All	57,308	187,394	31%
<150	39,966	81,100	49%
150-200	12,963	22,980	56%
200+	4,379	83,315	5%
Urban	37,457	145,255	26%
Rural	19,851	42,139	47%



Enrollments Relative to Population Estimates: Parents

	<u>Dec-07</u>	<u>Sep-08</u>	<u>Change</u>
All	8%	11%	3%
<150	44%	57%	12%
150-200	9%	21%	12%
200+	0%	0%	0%
Urban	6%	9%	2%
Rural	12%	17%	5%



Who Are the Auto-Converts?

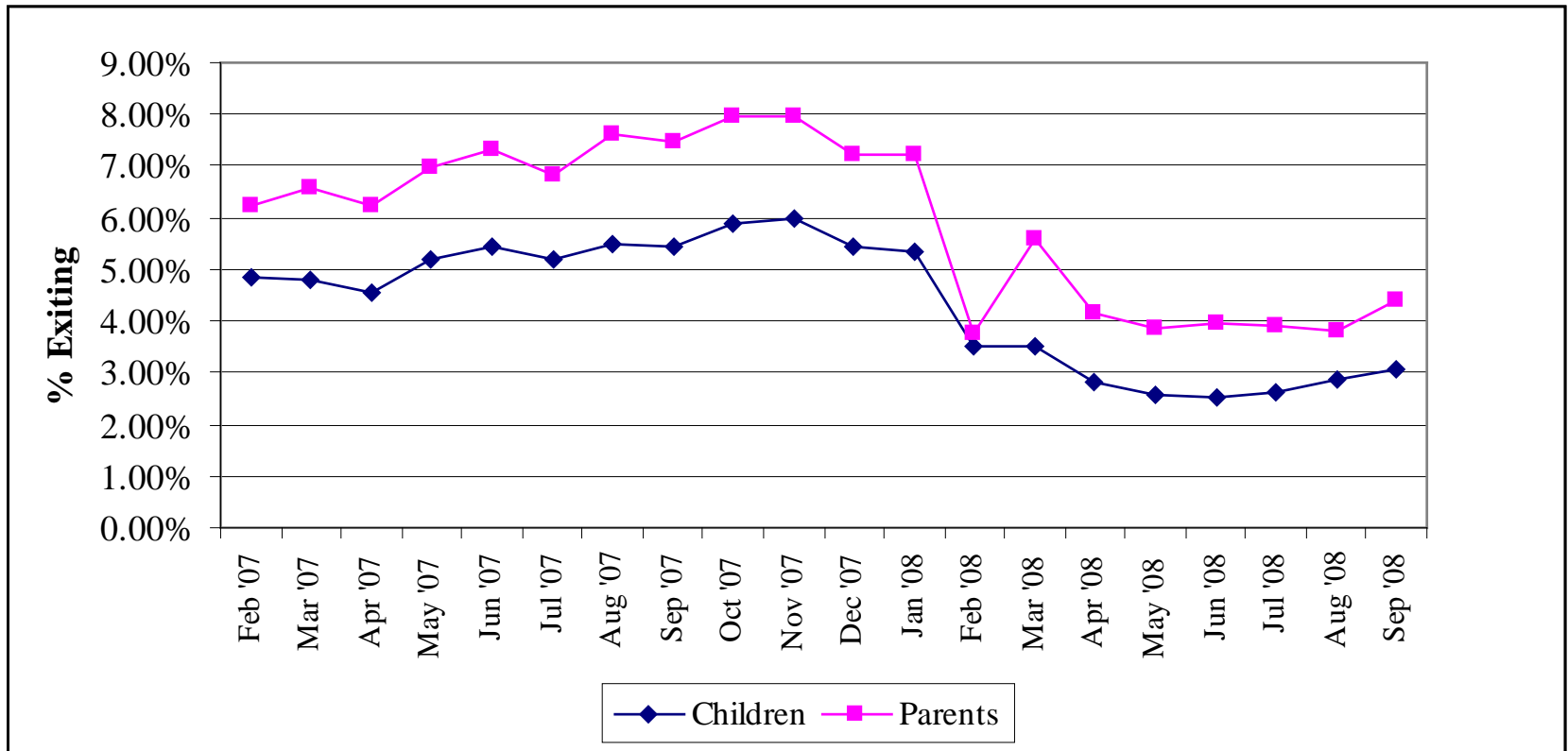
	<u>All</u>	<u>Kids</u>	<u>Parents</u>
Entered in Feb 2008	143,130	79,593	65,718

Of these, what % had a family member enrolled in Jan 08?

Any family member	23%	13%	35%
Parent/Spouse	7%	6%	7%
Sibling/Child	20%	9%	33%
Previously Enrolled (2007)	67%	68%	66%

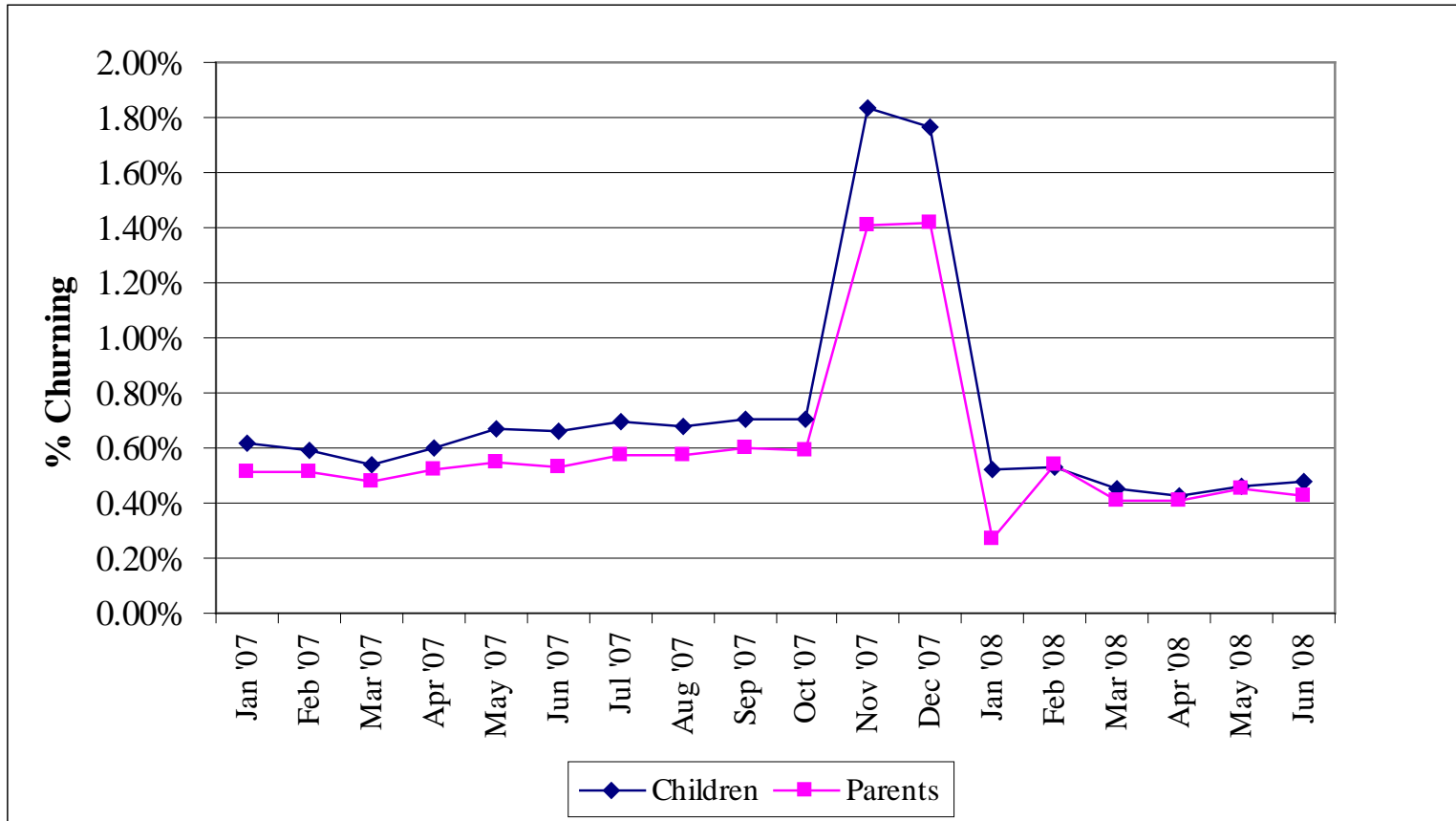


Exit Rates





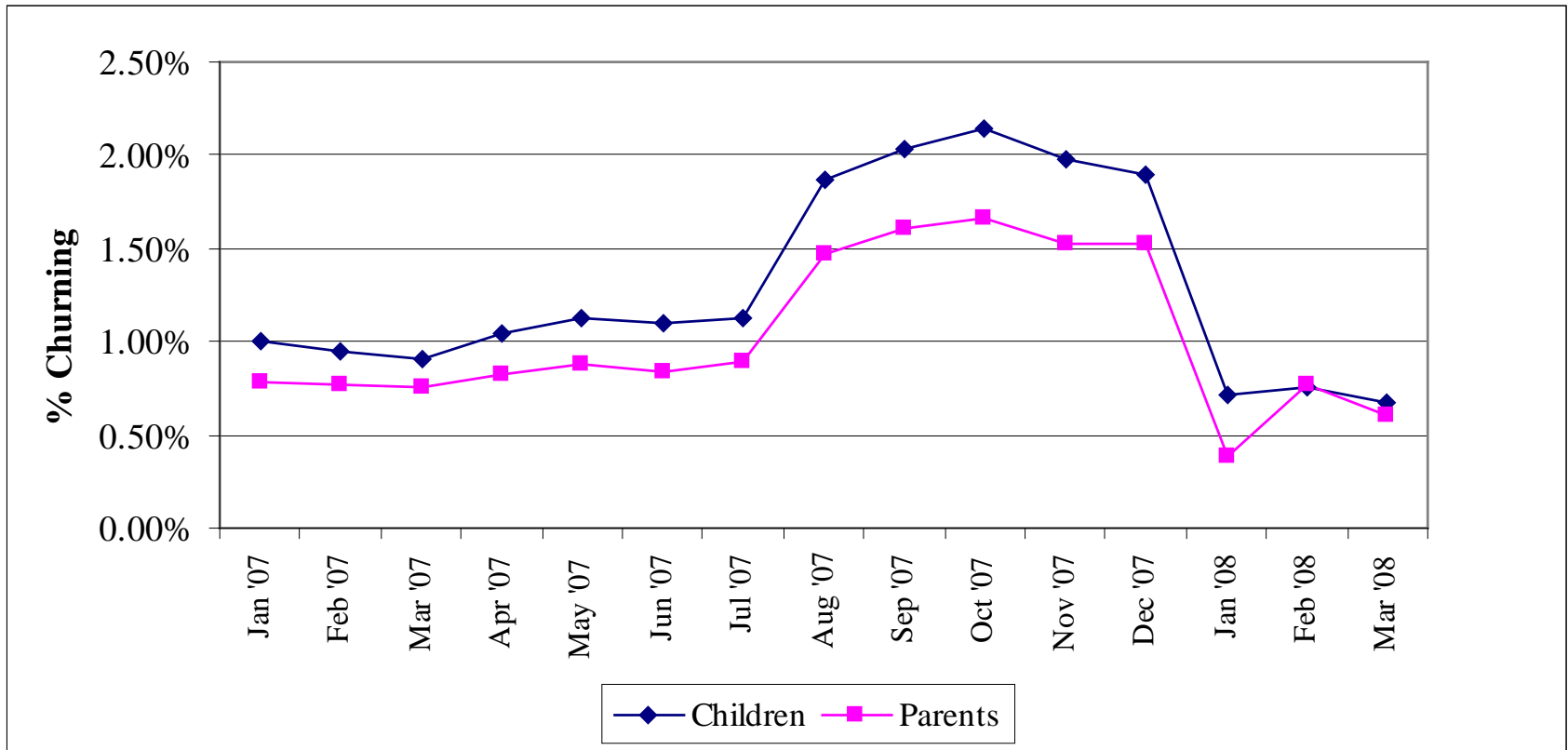
Churning: 3 Months



Churning = % of enrollees in a given month who exit and re-enter the program within a 3 month window



Churning: 6 Months



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



Summary of Preliminary Findings

1. Large increase in enrollment, particularly among those who were already income eligible
 - Much of this increase occurred at program start-up
2. Substantial take-up relative to population or relative to number of uninsured
3. Substantial reduction in exits
4. Modest reduction in program churning



Next Steps: Estimate Crowd-Out

- Very important to State, very hard to do
 - State data sets on third-party liability (TPL) – used for COB - excludes self-insured businesses
 - Employer-Verification of Health Insurance (EVHI) dataset – employer ESI offering - reporting not enforced, dataset underpopulated
 - Link to UI records to match enrollment with employment/income changes



Lessons for Reformers

- Very large increase in enrollment can be achieved
 - “Auto-enrollment” at launch
 - Expanded presumptive eligibility
 - “All kids” branding
 - Limiting anti-crowd-out provisions for <150% FPL
 - Next phase of analysis will address whether these new enrollees at <150% FPL came from other coverage or from uninsured
- Also possible to reduce program exits/churning
 - Program simplification
 - Change in responsible party for employer verification
 - Expanded income eligibility / limited crowd-out provisions



Qualitative Analysis

- Interviews with 18 key stakeholders
 - Follow-up planned
- Review of documents and media reports
- Aim: Add an interpretation and explanatory perspective to quantitative analysis



Qualitative Analysis: Early findings

- Strong belief in success of outreach efforts and branding as “all-kids” coverage
- Concerns about crowd-out not broadly held but strong concerns among some
- Skepticism about plans for financing program expansions and budget neutrality
- Questions about enrollment projections
- View that Premium Assistance Program (HIPP) not viable
- Advocates remain uncomfortable with varying Standard and Benchmark Plans



Challenges & Rewards of State-Specific Analysis

- Administrative data analysis
 - Large samples, accurate (used for program administration)
 - Lack of comparability with national data
 - Limited / No “control” groups
- State policymakers care very much about this analysis



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