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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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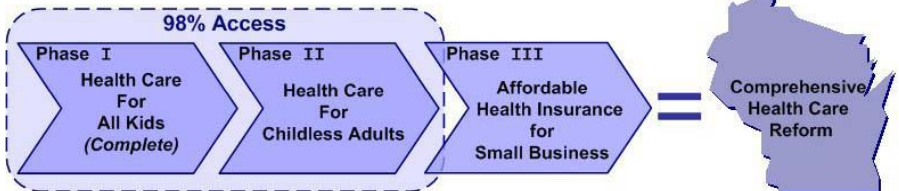
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Proposed Path to Near Universal Coverage


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




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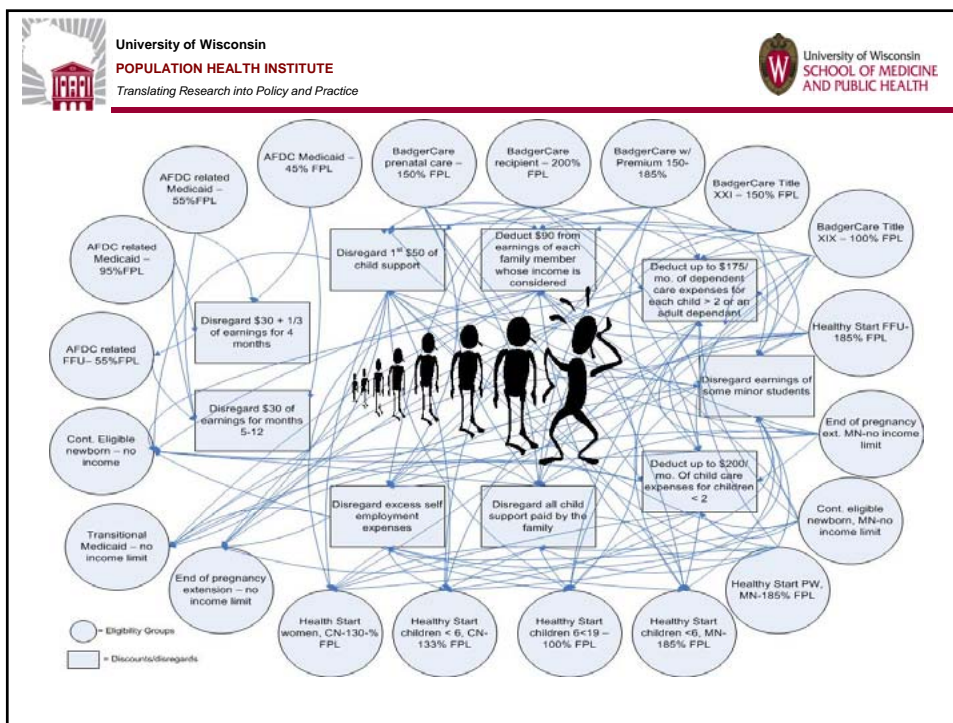
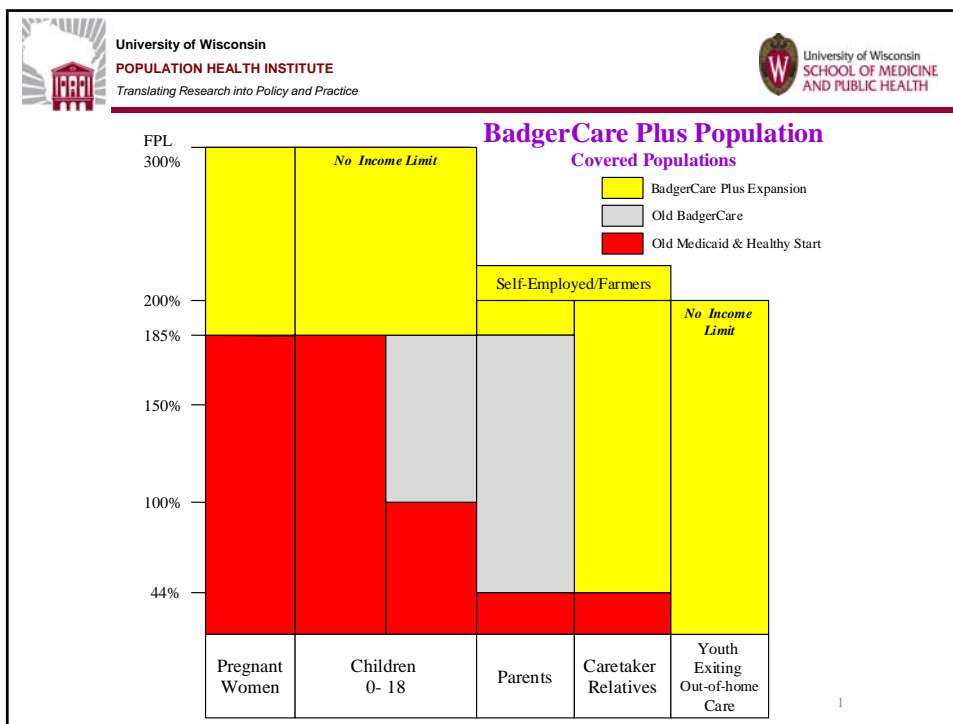
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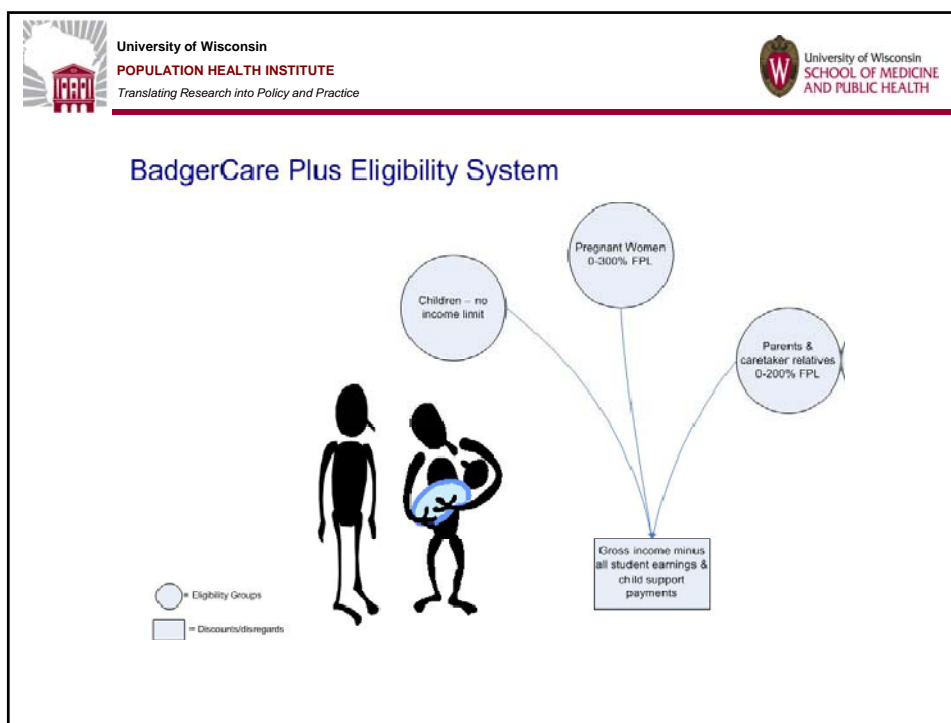
Phase I: “All Kids” Marketing and Coverage of Parents



BADGERCARE+

Health insurance for all kids





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Crowd-Out Provisions Altered

Under BadgerCare:


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

Under BC+:

- This policy does not apply to people in families <150% FPL




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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




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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




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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




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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




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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



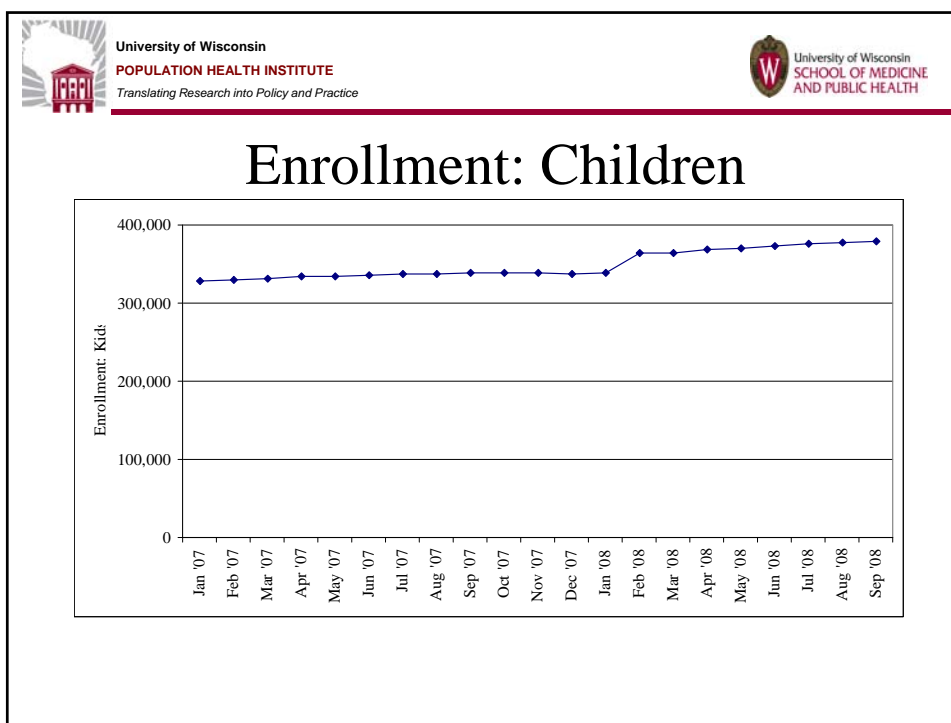
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Populations Examined

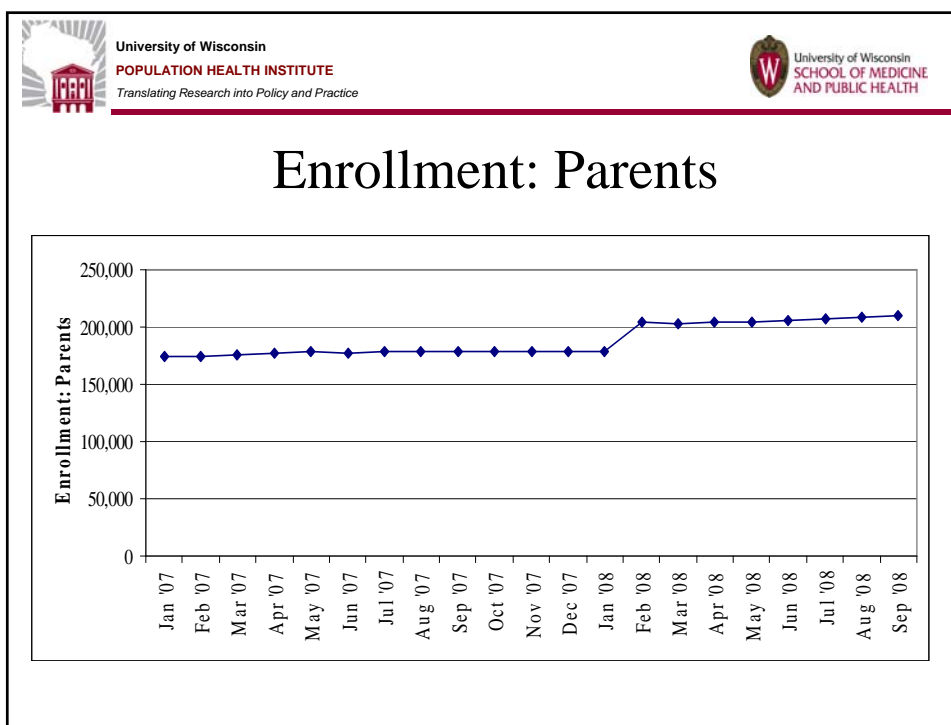
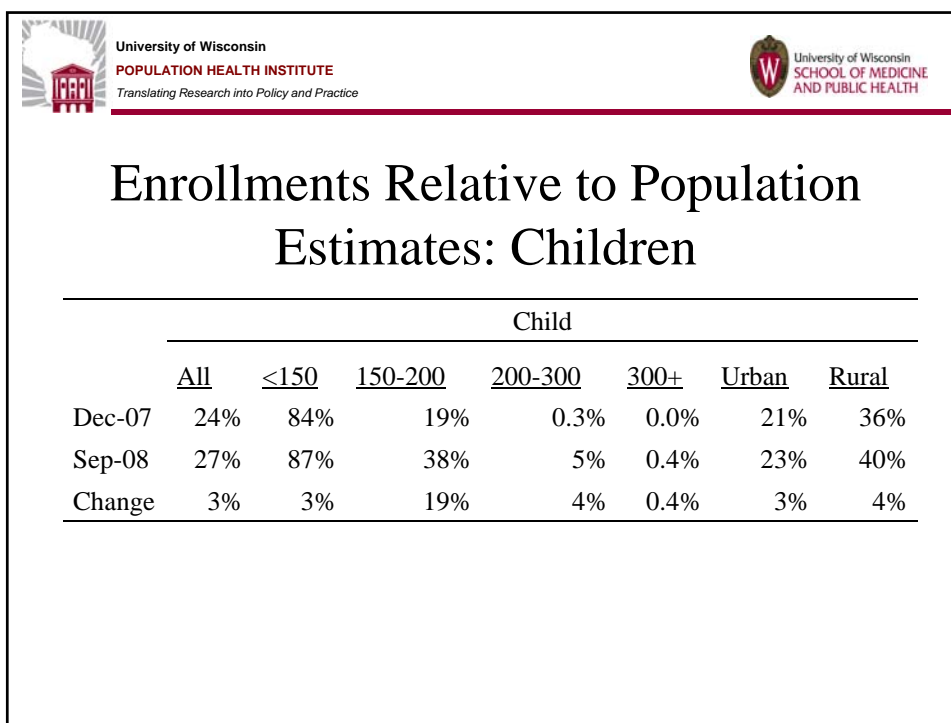
- All children
 - Stratified by FPL (<150% FPL, 150-200% FPL, 200-300% FPL, 300% + FPL)
 - Stratified by urban county / rural county
- Low-income (<200% FPL) parents
 - Stratified by FPL poor (<150% FPL), near-poor (150-200% FPL)
 - Stratified by urban county / rural county



	Dec-07	Sep-08	Change	% of change
All	337,817	379,825	42,008	100%
<150	317,502	327,375	9,873	24%
150-200	19,157	37,447	18,290	44%
200-300	829	12,480	11,651	28%
300+	196	2,520	2,324	6%


	Dec-07	Sep-08	Change	% of change
All	337,817	379,825	42,008	100%
Urban	220,465	248,607	28,142	67%
Rural	117,352	131,218	13,866	33%

	Change in Enrollment (DHS)	Uninsured (CPS)	Ratio
All	42,008	72,674	58%
<150	9,873	32,433	30%
150-200	18,290	8,772	209%
200-300	11,651	16,061	73%
300+	2,324	15,408	15%
Urban	28,142	53,165	53%
Rural	13,866	19,509	71%



	Dec-07	Sep-08	Change	% of change
All	178,163	209,332	31,169	100%
<150	167,551	182,591	15,040	48%
150-200	10,093	22,284	12,191	39%
200+	389	4,457	4,068	13%


	Dec-07	Sep-08	Change	% of change
All	178,163	209,332	31,169	100%
Urban	116,713	137,413	20,700	66%
Rural	61,450	71,919	10,469	34%



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Change in Enrollment per Uninsured Population: Parents

	Change in Enrollment (DHS)	Uninsured (CPS)	Ratio
All	31,169	187,394	17%
<150	15,040	81,100	19%
150-200	12,191	22,980	53%
200-300	4,068	83,315	5%
Urban	20,700	145,255	14%
Rural	10,469	42,139	25%

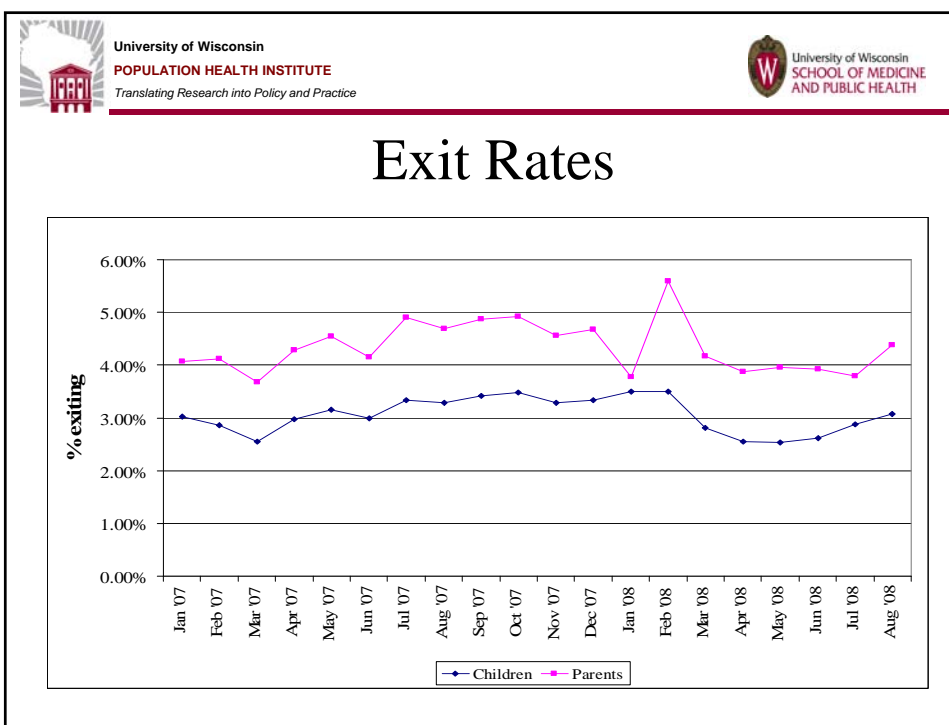


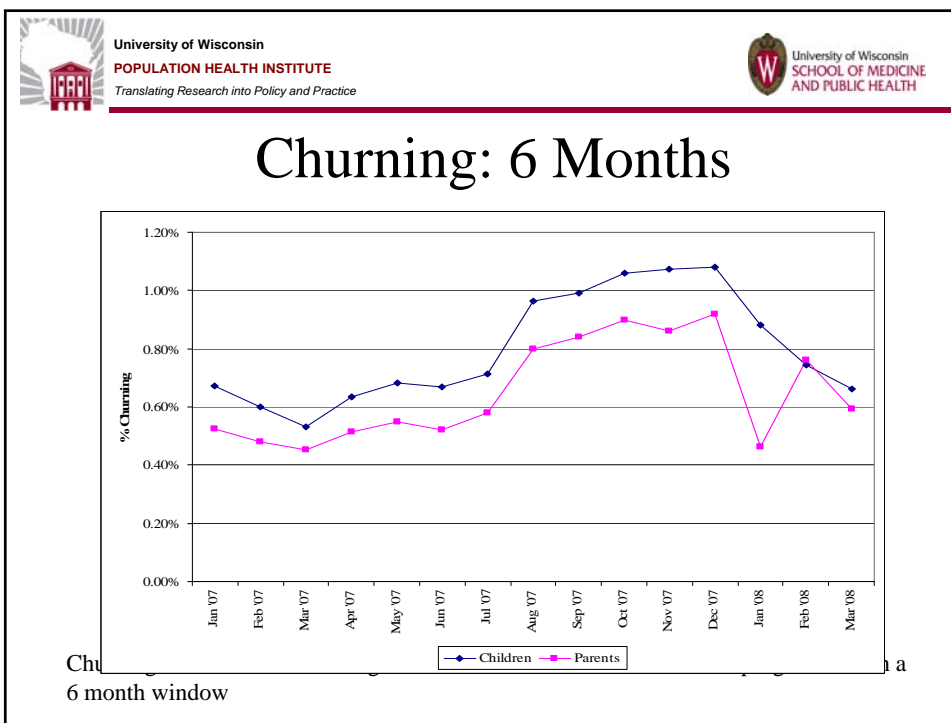
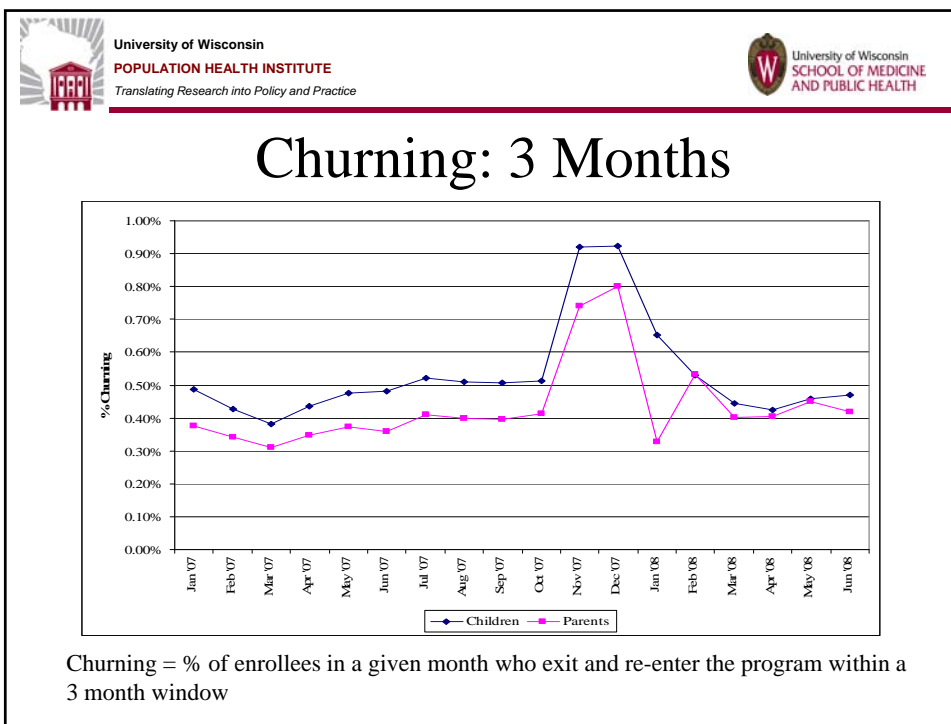
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Enrollments Relative to Population Estimates: Parents

	Parents/Caretakers					
	<u>All</u>	<u><150</u>	<u>150-200</u>	<u>200+</u>	<u>Urban</u>	<u>Rural</u>
Dec-07	9%	52%	10%	0%	7%	14%
Sep-08	11%	57%	21%	0%	9%	17%
Change	2%	5%	12%	0%	1%	2%

	<u>All</u>	<u>Kids</u>	<u>Parents</u>
Auto-enrolled in Feb. 2008	41,156	17,181	23,975
<i>Of these, what % had a family member enrolled in Jan 08?</i>			
Any family member	92%	87%	96%
Parent/Spouse	26%	41%	15%
Sibling/Child	80%	61%	94%
<u>Previously Enrolled (2007)</u>	<u>62%</u>	<u>71%</u>	<u>56%</u>







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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




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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




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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




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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




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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 (HIPA) not viable
- Advocates remain uncomfortable with varying Standard and Benchmark Plans



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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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