

Q & A from Webinar*: Wisconsin's BadgerCare Plus: How streamlined eligibility and an innovative web-based application tool have impacted enrollment

Respondents from the Wisconsin Department of Health & Family Services:

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*Q & A based on transcript of webinar, with minor editing for readability and formatting

Q & A

Q: Did Wisconsin have to submit a state plan amendment in order to use the gross income test?

JJ: Actually we sat down with our colleagues at the Centers for Medicare and Medicaid Services for weeks upon weeks in Baltimore – I spent hours and hours basically going through calculations with them and the technical experts at CMS and arriving at a number that was satisfactory and then submitting a state plan amendment. For those of you technical people out there, under 1902-R2 we were able to adopt a more liberal methodology. We actually just had to show that we wouldn't make anybody ineligible who would have been eligible under the old methodology.

Q: How long did it take to get approval of that state plan amendment?

JJ: We worked on it for about nine months. I didn't submit it until the end – it only took about a month and half to get approval, but it took nine months of working with them to get it into shape to the point where they could approve it. We worked ahead of time with a draft, long before we ever submitted it.

Q: Are you giving every applicant the same deductions and disregards – do you have any deductions and disregards – or is it all based on gross income?

JJ: The only deduction we allow for families and kids and pregnant women is child support obligation. Otherwise, everyone gets the same gross income test.

Q: When you're talking about how the eligibility rules are similar across programs, did you mean that the percent of poverty is the same or were you talking about auto-enrollment? What did you mean by making the eligibility rules similar?

JJ: We try to make the program rules for things like unearned income... as close as possible. In our state, you enroll for BadgerCare Plus and FoodShare at exactly the same time – you say, 'I want FoodShare, I want BadgerCare Plus' – boom, we ask you the right questions, determine your eligibility in our automated system and then basically say, 'Yep, you're eligible for this much in FoodShare; you're eligible for BadgerCare Plus for the following people.' So we're doing it all at the same time.

Q: So there are still different eligibility requirements for those two programs?

JJ: There are definitely different eligibility requirements – we can't get that to change that much. We didn't want to dumb down our Medicaid program to get there.

Q: Could you talk about how this web-based application system interfaces with the MMIS – what some people call the legacy system? Also, did you use a contractor or RFP process and how did that work?

JJ: The ACCESS system as you're seeing it – where they apply for benefits, renew benefits, all the pieces that have something to do with determining eligibility – has an interface directed automatically to our eligibility system which is called CARES. CARES determines eligibility for Medicaid, BadgerCare Plus, our Pharmacy Plus waiver, FoodShare, TANF programs, a lot of things. We have an automated legacy system – it takes all the data, moves it into an inbox in CARES, and then the worker picks up that case, whether its assigned to them or they basically take the next one on the list, and then as they actually walk through the CARES web pages where they fill in the information (they type it in), the data from the application actually flows into the pages of CARES. The second part of this is that we do have a consultant; we have a contract for "Maintenance and Enhancement of the CARES system", which includes ACCESS that you're seeing in an electronic case file. The contract is currently with Deloitte Consulting. We are right now on the street for a new RFP for "Maintenance and Enhancement of CARES," and I'm sure there will be a number of people who will be interested in it because it also includes the health benefit exchange.

Q: Do you think that this system will be able to accommodate eligibility through the insurance exchange under health care reform?

JJ: We have been thinking about the insurance exchange for a number of years in , and the things we've been working on with BadgerCare Plus – I talked about an HMO-selection tool – all of those things have actually been contemplated in the way we built them in so that they lead towards the health benefit exchange. The fact that we included the health benefit exchange in our RFP for CARES' Maintenance and Operation is indicative of the fact that we're going to use CARES and ACCESS for the exchange.

Q: Could you tell us more about the 42,000 people who were enrolled almost instantaneously? How did the state learn about these people, determine they were uninsured and then establish eligibility?

JJ: Actually, they told us about it. They were all members of cases where other people were open. So, you know, there might be a kid under six and a kid who's twelve in a household and a mom and a dad, and the kid under six is eligible but mom, dad and the other kid weren't eligible. We're checking on insurance status for the entire family and we have the income information, so we were able to, in an overnight batch fashion, actually re-determine everybody's eligibility based upon the new rules and find these people eligible. I'm sure there are other systems in the country that do the same kind of thing, but basically we had the information, we knew it was current because it was an open case, so we were able to find these people eligible. The kind of people they were – they were kids between 6 and 19 who we liberalized some of the rules on, whether you've had access to insurance or coverage by insurance. They were parents between 100-150% [FPL] who had access to a low level of insurance. They were pregnant women who didn't meet some of the requirements as well. As we expanded the program and streamlined the rules, we had these 42,000 people who all of a sudden qualified. Again, older siblings... We also raised the income limit for caretaker

relatives – the grandmas – from basically 40% of poverty to 200% - we added a few hundred of those as well.

Q: Do you determine eligibility or does a subcontractor do it for you? For those people that are eligible for programs not available on the web, how do you tell them how to get access to the other programs?

JJ: We use county workers and public workers who are state employees to determine eligibility using our CARES system. For telling people about other programs, the one we're really talking about here is the TANF program – is we basically put a message at the end of the screener telling them how they can apply for those programs and actually give them links to either the application that they can print off and send in or ties in the system that they can go to and apply with a fillable pdf kind of form. That's how we do that. We do determine eligibility, of course, for FoodShare, BadgerCare Plus and SHARES, which is the vast majority of individuals who apply in our state and who are determined eligible.

Q: Can you talk a little bit about how you handle the requirements to verify documents that are submitted online - in terms of verifying income or verifying residence requirements?

JJ: Sure, we do so much over the phone and through the mail and on the internet now, but what we're doing right now is we send a verification checklist to people – or we call them at times depending on the circumstances and how much information is needed – and ask them for additional information. The verification checklist actually lists the items that they actually have to send – documentation of certain things like income, pay stubs from the last 30 days, that kind of thing. So what happens is the ACCESS application goes into CARES, the worker moves it all the way into CARES 'worker web' which is how we insert the information. When they get to the point of determining eligibility, it pops up and says, 'here's the verification that you're going to need', 'send the person the verification checklist' and then the person sends that into us. This fall, actually in October of this year, we're actually going to self-service scanning – so if you have a scanner hooked up to your computer that you're using to do ACCESS, you will be able to both email in documentation so we won't have to have the original document or photocopy of it, and you'll also be able to scan it and send in the scanned image as well.

Q: Do you know how many people you lose between signing up and then submitting all their documents that are required?

JJ: How many people that weren't eligible because they failed to verify? Not a tremendously large number, but some. I don't have the actual percentages around me now, but it's not a huge number. All the childless adults – we signed up about 67,000 in about four months, 59% of those people had no income at all so they were very easy to verify. We were able to do citizenship and identity using data matches with our birth records, vital statistics, DMV and other places so there really isn't that much for people to verify.

Q: Can you talk about how you verify information with other states – you do have some data-matching systems – are those ongoing or do you do them every six months? How does that work?

JJ: We have ongoing data matches. We do some of them online at the time that we're actually processing the application or renewal. We have others that are batched, that are done at various times of the month and year, depending upon the source. We get a state wage match every month,

we run that every month and we get the matches back to our workers. We have a number of matches – we also have a match with the Social Security Administration – the match with SSA we actually automatically update our records in CARES and never ask for any verification of social security information from the member or the applicant.

Q: How did the process affect your enrollment and eligibility staff? Obviously, their roles and responsibilities changed quite a bit – how was that implemented and what effect did it have?

JJ: A number of effects and some of them surprising, some of them not so surprising. One of the reasons we implemented ACCESS was we were trying to reduce workload on our local agencies and the eligibility workers. We wanted a process that would reduce their workload because we didn't have any more money to pay them as agencies to do what was turning out to be more and more work every year. So that's the first thing – what it did was, we didn't get rid of eligibility staff, but I will tell you that the money has remained stagnant and has actually gone down a little bit over the years as budget deficits have hit the state of Wisconsin. Second, the local agencies themselves adapted to this very quickly. The ones who were very innovative, the first thing they did was they started putting ACCESS terminals in their lobbies and directing people who wanted to apply and now, to renew, to sit down at a terminal and do the application online. What that did was it saved the local agency the time of having to key the information in. So it was a way of, you know as we used to do so many years ago – hand the person an application form and have them fill it out, and then they'd see a worker – you know, for a number of years we got rid of that and we just talked to them and entered the information as we went along, but this literally took, probably 20 to 25 minutes out of the whole interview process that we used to do. The other thing that's happened – the number of people who apply in ACCESS goes up every month; the number of childless adults who apply online was 82% of the total. The number of people who apply [online] now exceeds that of the number of people who apply in person and mail-in together. So as we see these changes, we're really seeing the population adapt to ACCESS and our local agencies adapt as well.

Q: For the renewal/redetermination process, is that done online and is the form pre-populated with the info they've provided previously that is in the CARES system?

TF: Yes. So they log in to their account and then there's an option, in fact, there's an alert that will basically say, 'hey your renewal is due, do you want to do it?' So they go in and they start doing it and all the information that is already known is displayed to them.

Q: Have you had any challenges around individuals not having broadband access or internet access around the state?

JJ: We've heard a little bit, but not too much. One of the things we really tried to emphasize was that this doesn't have to be the individual who is applying who has internet access – this can be used at your local library, you can go to a senior center, you can go to a family resource center. Any number of places have internet. The other thing we've discovered is a lot of grandkids apply for elderly folks. A lot of moms and dads have internet access and their kids who live apart from them come home and use their terminal. The last thing is we have built up over 200 community access points around the state where people can go there, and with a trusted advocate person that they probably have known for a very long time, they can actually fill out the application there as well, or the renewal, or to check their benefits or any of these functions.

Q: Do you have any information on the overall cost to implement or what the average annual administrative cost is? Do you have any aggregate costs for states who might be interested in setting up a similar system?

JJ: I will tell you that it's going to vary widely among the different states. What Wisconsin can do and has done now in a number of situations, is because we paid for this using federal public funds, we actually can put all the code and all the documentation on DVDs and hand that over to a state. They can load that onto their web server and they can modify it as they see fit. My guess for about how much ACCESS cost us to build, and all the costs for doing focus groups, is in excess of \$8 million.

Q: My understanding is that you did all the program simplification ahead of time before you went to the ACCESS development, is that right?

JJ: Actually, no. Actually when it first came out, a lot of the program simplification stuff I talked about wasn't there. So when we implemented BadgerCare Plus in 2008, one of the challenges was – and it becomes a challenge now that you have to get used to – you can't just go to your written application or going to your mainframe or legacy system – it's also that you have to change ACCESS. So we spent a lot of time working on ACCESS and making changes to it – eliminating questions, changing the kind of questions we were asking, changing the order of those questions, adding the health needs assessment, all those kinds of things. So ACCESS is a constantly evolving thing and one of the things we've discovered is everybody wants to put their thing in it. The disability people want us to put the disability determination form in it; we have a lot of people lined up now who want to make changes to it and add stuff.

Q: How do you handle those programs that want to be added? Is there a cost to get added? Do you have a queue? How do you make that determination?

JJ: Most of the things we're talking about adding are within the purview of this department, our Department of Health Services. So the Secretary and the Division Administrators make those kinds of calls. We talk about the priority and how important is this to the state – when it comes to programs outside of this department, we ask them to pay for the changes that are being made to ACCESS and to work through Deloitte Consulting. Wisconsin Shares was added and it probably cost – I'd guess, around \$100,000, maybe a little less, but they made pretty extensive changes. The thing is we've done all the base work; we've got the infrastructure in place; we've got everything just sitting there that what they can do is just add little pieces here and there to modify things here and there – so it's not as expensive to add things as it is to build.

Q: Did you say who the vendor was?

JJ: Deloitte Consulting is our vendor. But again, that may change because like I said, we're right in the middle of our procurement for our new vendor.

Q: How does this work for transitional medical assistance (TMA)? How does this work for family planning waiver services?

JJ: Very good questions. Transitional Medicaid –We do it, it's in our system. We constantly put people on 12-month extensions as their income goes above the 1931 limit of 100% of poverty, but we sort of keep this information sort of in our back pocket as it's important to that particular member or they would have lost eligibility some other way. So transitional Medicaid –for some very

small number, it probably benefits them. When you've expanded your program as much as we had, streamlined it as much as we had, it actually becomes sort of this administrative thing that we do in the background.

TF: For family planning – I'm having a great time with our whole network of family planning providers across the state right now. Really, what they had been doing was submitting a lot of paper applications and so we're in the middle of an initiative to train them and support them to roll out a more ACCESS-based approach that requires changes to their business process and sometimes their clinic flow. So we're working with them and by the end of the year we hope to have transitioned from a paper-based process to a more ACCESS-based approach, and they are definitely are starting to see the advantage in it. Everybody is implementing kind of a different model – some people are going to do as Jim described – run the participant over to the terminal for their appointment, others are going to do sort of a assisted approach as our partners do, but really this is our key time and by the end of the year we expect to see all of our family planning waiver applications coming in on ACCESS instead of paper.

JJ: From a policy standpoint, the family planning waiver which is now moving to a state plan in our state, we cover women 15-44 and actually males 15-44 under family planning right now, and basically what happens is we provide all the same family planning services to people who are in BadgerCare Plus. If you don't qualify for BadgerCare Plus, we determine if you're eligible for the family planning waiver program using the exact same criteria we use for BadgerCare Plus.

Q: Did you have to make any adjustments to meet HIPAA regulations – for example, private health information at enrollment or the "Check My Benefits" modules?

JJ: Our attorneys have reviewed the HIPAA regulation and do not believe that CARES, our eligibility system, contains any information that would be regarded as private health information. So it falls under the privacy requirements of the regular Medicaid confidentiality requirements and regulations that are there. With ACCESS, ACCESS now has to be HIPAA compliant, so we have to encrypt our information – especially that health needs assessment – so we are HIPAA compliant at this particular point.

Q: How flexible is your system and will you be able to adapt to changes from health reform – specifically to the Medicaid expansion to 133% of the federal poverty level?

JJ: For us, that's not an expansion. For us, we're at 300% for kids and pregnant women; we're at 200% for parents and caretakers, so we're well above 133%. When it comes to the health benefit exchange, we believe that we're very well poised to really take advantage of ACCESS. ACCESS is very flexible – we've really built in a lot of, sort of places where we can add in the necessary additional business logic to handle those types of things. To give you an idea for how fast we move in this state, we basically have implemented brand new programs for brand new populations with all new rules and new information in ACCESS and new logic, in about four months. Our normal target is about 6-9 months – we can put a new program up in 6-9 months, but we've gotten pretty good at it and we're probably down to 4-6 months now.

Q: Are schools involved in helping families apply? Do you have any connection with the school system? For prisoners who are leaving prison, do you have any connection with the prison system?

JJ: The school system is an interesting outreach effort. The issue with schools for us, for the most part is we really need parents to fill these things out. So we don't have any sort of official 'Boy, let's get out there and hit the schools.' Our Covering Kids and Families Coalition has been working in that direction and making some progress and we're watching them with interest, but we really don't have anything with the schools. On the other hand, we have been working very closely with our Department of Corrections, on working with their pre-release counselors to basically get applications done in ACCESS for our FoodShare programs and TANF programs and BadgerCare Plus before people leave prison. Because one of the things that they determined is that if you make sure that a person has medical care, especially things like mental health drugs – usually the Department of Corrections only gives them a two-week supply – if you get them set up for that, there's a much lower incidence of recidivism. So it's in the interest of the Corrections people and just the people of the state of Wisconsin to make sure these people get on benefits right away.

Q: Have you evaluated the program? Do you have any written reports that we could provide to those on the call today? Have there been any formal evaluations of the program?

JJ: Yeah, it's actually of the BadgerCare Plus program – and of ACCESS to some extent. We have a formal evaluation that was done by the University of Wisconsin Population Health Institute and we can provide a pdf copy or link so people can take a look at that. Changes we made in BadgerCare Plus – simplification, streamlining, the expansions – it's kind of amazing the impact that it had. Some of them were surprising – other ones were things we intended.

The SHARE research team led by Tom Oliver and Tom DeLeire at the University of Wisconsin Population Health Institute recently conducted an evaluation of Wisconsin's BadgerCare Plus program, studying the effect of program simplification efforts on enrollment, efficiency, and churning. The following are links to resources produced as part of this SHARE-funded research:

[Link to SHARE brief "Wisconsin's BadgerCare Plus Coverage Expansion and Simplification: Early Data on Program Impact"](#)

[Link to presentation by Tom DeLeire at the AcademyHealth Research Meeting in June 2010 - Getting Parents Enrolled in Medicaid: Lessons from Wisconsin's BadgerCare Plus Auto-Enrollment Process](#)