



Covering Kids & Families

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Wisconsin

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Funding Opportunities

Covering Kids & Families, through its CHILD (Connecting Health Insurance to Lunch Data) project, has allocated approximately \$73,000 over the next two years to subcontract with local organizations to partner with schools and conduct Medicaid outreach and/or enrollment assistance. Subcontracts will range in value from \$2,250 to \$15,500. **Proposals are due December 7, 2007.** The Request for Medicaid Outreach Proposals is available at: www.ckfwi.org. For more information, contact Jeni Bingen jlbingen@wisc.edu.

The Department of Health and Family Services will award grants of \$10,000 to \$24,000 to community-based organizations, faith-based organizations, schools and other organizations to encourage potentially eligible people in Wisconsin to sign up for BadgerCare Plus. **Proposals are due November 30, 2007.** The Request for Proposals is available at: www.dhfs.state.wi.us/rfp. For more information, contact Jeff Burkhart burkhjj@dhfs.state.wi.us.

HealthWatch Wisconsin has allocated a total of \$15,000 to grant to Wisconsin organizations to assist in the start-up or expansion of local HealthWatch coalitions or other local community collaboration efforts to improve access to Medicaid and/or BadgerCare for children and families. Up to four grants will be awarded in amounts of up to \$4,500 and administered through subcontracts with ABC for Health Inc. **Proposals are due December 14, 2007.** The Request for Proposals is available at: www.healthwatchwisconsin.org. For more information, contact Brynne McBride bmcbride@safetyweb.org.

Update on Citizenship and Identity Documentation

Adapted from Jon Peacock's *Health Care Coverage*, an on-line newsletter from WCCF, and the United States Government Accountability Office

A United States Government Accountability Office (GAO) study released last summer confirmed the problems being caused by the citizenship and identity documentation requirements. GAO surveyed state Medicaid offices in 50 states and the District of Columbia. Twenty-two of the 44 states who completed the survey reported declines in Medicaid enrollment due to citizenship documentation requirement, and a majority of these states attributed the declines to delays in or losses of Medicaid coverage for individuals who appeared to be eligible citizens. All 44 states reported taking administrative measures to implement the requirement and assist individuals with compliance.

States that relied primarily on mail-in applications before the requirement were more likely to report declines in enrollment than states where individuals usually applied in person. States specified two aspects of the requirement as increasing the burden for them and for individuals: documents had to be originals, and the list of acceptable documents was complex and did not allow for exceptions.

According to *Health Care Coverage*, in Wisconsin, more than 28,000 people had been denied Medicaid coverage or terminated because of the documentation requirements during the first 13 months of the policy (through Sept. 1, 2007), and about two-thirds of those were people the state knew to be citizens, based on computer matches with the birth records database.

To view the full report visit: www.gao.gov/cgi-bin/getrpt?GAO-07-889.

BadgerCare Plus: Affordable, Comprehensive Health Care Coverage for All

BadgerCare Plus (BC+), Governor Doyle's policy solution to ensure that all of Wisconsin's children and more adults have access to health care under a single health care safety net, will merge Family Medicaid, BadgerCare, and Healthy Start to form a health insurance program for low income children and families. Four strategic goals are part of the initiative:

1. Cover all children
2. Provide coverage and enhanced benefits for pregnant women
3. Make the program simple
4. Promote prevention and healthy behaviors



Under BC+, coverage will be expanded and new populations will be eligible, including:

1. All children—regardless of income

- Children above 200% of the Federal Poverty Level* (FPL) have premiums
- The maximum premium amount (for those above 300% of the FPL) is \$68.25/month
- Newborn children are automatically eligible from the date of birth through the end of the month in which they turn one year old if their natural mother was determined eligible for one of the following: BC+, Other full-benefit Medicaid, Emergency Services BC+, or Emergency Service Medicaid

2. Pregnant women with incomes up to 300% of the FPL

- A pregnant woman who is enrolled in BC+ stays eligible for her entire pregnancy and for two months after the last day of pregnancy
- A pregnant woman with income over 300% FPL can become eligible by meeting a deductible
- Pregnant women do not have to pay a premium
- Non-qualifying immigrant women may be eligible for prenatal services: net income must not exceed 300% of the FPL; premiums are required for those with income above 200% of the FPL; no social security number is required for those without legal status

3. Young adults born after January 1, 1989 who are aging out of foster care

- Youth who turn 18 on or after January 1, 2008 and are under 21 become eligible
- There is no income test, and they are not subject to the BC+ insurance access or coverage policy

4. Relatives caring for a child and parents with incomes up to 200% of FPL

5. Farm and other self-employed families with incomes up to 200% of FPL

6. Parents with children in foster care who are working on a reunification plan for their children to return home

For more information on BC+ visit: www.badgercareplus.org. To see if you might be eligible for BC+ and other health and nutrition programs, for example FoodShare, use ACCESS at: access.wi.gov. Click on the "Am I Eligible" link to see if you might qualify for benefits, or go right to the "Apply for Benefits" link to apply on-line. If you have applied for BadgerCare before, but were denied, you might now be able to enroll. DHFS will start taking applications for BC+ on February 1, 2008.

*Wisconsin's Federal Poverty Level is listed at: www.badgercareplus.org/fpl.htm.

How to Get Involved

The Department of Health and Family Services (DHFS) is encouraging community organizations to become certified to facilitate express enrollment for children using a special application on access.wi.gov. If your organization is interested in receiving funds for outreach and enrollment assistance see the Funding Opportunities on page 1.

Co-chair corner: BadgerCare Plus, A Unique Expansion

By: Andy Heidt & Kathy Kaelin, CKF co-chairs



The passage of the State budget provides the opportunity for BadgerCare Plus to be implemented in the State of Wisconsin. The goal of this expansion is to extend coverage to all of the State's uninsured children and to thousands of uninsured adults (for more details see page 2). Once BadgerCare Plus is fully implemented, state officials hope that it will significantly reduce the State's uninsured population, bringing access to affordable coverage to 98% of residents (570,000 individuals were without insurance for at least part of the year in 2006).



One unique feature of Wisconsin's strategy is to incorporate incentives for healthy behaviors. Wisconsin will be asking its health plans to develop proposals for individual incentive programs. In addition, members are asked to sign a voluntary pledge whereby families promise to practice healthy behaviors and the health plans will promise to support members in these efforts in part through the incentive programs.

Finally, the State is developing a health literacy campaign to educate public plan members on how to ask providers appropriate questions to guide their health care treatment.

Health care is and continues to be a top priority for all Wisconsin citizens. BadgerCare Plus will build upon the success of the BadgerCare Program, which has helped deliver positive health outcomes simply by providing more access to health care through insurance. We look forward with great anticipation to working with the State on this endeavor!

Staff Introduction: Meet Danielle Berman



Danielle Berman joined CKF this fall to develop our "Making A Plan" (MAP) publication, which

provides county-comparative maps to highlight where programs and outreach strategies are likely to have the strongest impact on increasing health care coverage in WI. Danielle is also expanding CKF's dissemination efforts through publications and presentations that will communicate to a wide audience the lessons we have learned from our CHILD and other outreach programs. Danielle received her Master's degree in Sociology from UW-Madison, and is in the process of completing her PhD. She brings her longstanding experience with GIS technology, academic training, and enthusiasm for the critical issue of expanding access to health care.

SAVE THE DATE!!



HealthWatch Wisconsin Annual Conference

Tuesday, March 11, 2008
8:30 AM - 4:30 PM

Evening Reception: Monday, March 10, 2008
6:00 - 8:00 PM

Best Western Inn on the Park
22 South Carroll Street
Madison, WI 53703



For Conference Information

E-mail nfoshager@safetyweb.org Call (608) 261-6939, ext. 204 Visit www.healthwatchwisconsin.org

CHILD Project: Early Lessons Learned



The CHILD project seeks to increase health insurance coverage among Wisconsin's children by better connecting the outreach, application, and enrollment processes for schools' free and reduced price lunch with the state's Family Medicaid health insurance programs, including BadgerCare.

Early into the CHILD project, CKF staff recognized the need for a road map to chart the project's course. This road map was needed to track our own work, but more importantly it provided a set of focal points as local partners engage with this new model for outreach. Over the course of approximately nine months, each CHILD location will work its way through each of these "Benchmark Moments" with an eye on evaluation of both the process of navigating this road map and the results of doing so:

1. Select project location
2. Select/enlist project partners
3. Determine outreach strategies
4. Implement outreach strategies
5. Track results

Each moment is made possible by numerous activities and coordinating efforts. Documenting the progress as it unfolds, both formally and informally, has helped the staff learn lessons along the way, lessons that will help shape years two and three of the project. Some of the early lessons:

Established partnerships support the project — CKF has established many connections over the years through Back-to-School campaigns, MA brochure development, and MA eligibility training projects. Those partnerships were key when it came time to implement the CHILD project. By selecting locations where state and local partners were already in place, the project was able to move forward quickly.

Schools "get it" — As staff worked to set up meetings with school districts and potential local partners in our selected counties, it became clear that "cold calls" to school administrators were well received and officials were open to this pioneering project in their districts. "Our biggest commitment is connecting families to resources," said Pamela Pager-Green, pupil services director at Onalaska School District. "We want to support children and families so they can be healthy." With just two- to three-weeks notice, key players agreed to come together to learn more about the project. And then the real work began.

Details, details, details — In an effort to determine outreach strategies for each of the 10 year-one districts, it was crucial for CKF to fully understand the school processes affected by CHILD: enrolling students in free/reduced price lunch, collecting health insurance status and directory data, and finding opportunities to reach parents. It can be difficult to navigate through school processes and policies; therefore, CKF staff often has drawn information from various school district sources.

Project outreach and evaluation is dependent on data from schools, including district directory data (i.e. student name, address, phone number, and date of birth) and free/reduced price lunch program participants. Understanding and obtaining these data sets is a cumbersome task.

Detailed outreach plans, outlining who is responsible for what and the deadlines by which tasks must be accomplished, help both CKF staff and school officials understand the roles each play. It's important to have these plans prepared and presented before school starts, even as early as the end of the previous school year. Once school starts, it's difficult to keep school officials engaged in "extra-curricular" projects.

Working through these details was expected; what wasn't as expected was the complexity and many situations where even school staff are sometimes unclear on their own processes and policies. This learning animates the challenges that have likely stymied such coordination from happening until now.

More to come — Data sets are now coming from school districts, which means CKF will have many more lessons to learn as the Institute for Research on Poverty begins to analyze the results of initial CHILD project outreach efforts. The landscape changes as the project heads into years two and three with BadgerCare Plus starting in February. This expansion in eligibility for children puts more emphasis on collecting health insurance status in pilot districts.

