



covering kids & families

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“Multiplying our impact: Bold new partnerships to reach the uninsured”

On November 11, CKF-WI submitted a notice of intent that we’ll be applying for a development grant from the Healthier Wisconsin Partnership Program through the Medical College of Wisconsin. CKF-WI staff would like to extend a special thanks to Dr. John Meurer, the Chief of General Pediatrics at the Medical College of Wisconsin and to Mike Rust of ABC for Rural Health for partnering with us on this effort. The full grant proposal is due December 16. We will keep you updated as this exciting project develops. Below is an abbreviated version of the idea.

Healthy outcomes for Wisconsin’s residents are contingent upon access to health care and health coverage. While many in Wisconsin are linked to our state’s public health coverage programs, far too many others are eligible but remain uninsured. The goal of the project is to pilot test and evaluate two bold new strategies for reducing the number of uninsured in Wisconsin and enhancing healthy outcomes for our state’s low-income population. We will multiply our impact and extend the capacity of current resources to locate and enroll low-income residents.

1) Developing partnerships and linking programs: In three pilot counties, partner with local school districts, health departments, and advocates to link families of children eligible for Free/Reduced Priced Meals (FRPL) with public health coverage programs. Since the FRPL program has the same income eligibility limits as BadgerCare, coordination between schools, the agencies responsible for public health coverage enrollment and advocates should be a natural way to ensure that those who are eligible are getting enrolled. We will develop, test and evaluate ways to connect these two enrollment processes. We will pilot test these coordination strategies in both rural and urban settings to acknowledge the different social, economic and cultural dynamics in different parts of Wisconsin:

- Rural (Polk County): Partner with ABC for Rural Health to test the new coordination strategy and compare enrollment results against control counties with similar economic and cultural conditions.
- Urban (Dane and Milwaukee Counties): Expand and evaluate already-established coordination strategies in Dane and Milwaukee counties and compare enrollment trends against other urban counties.

2) Educating current and future health care providers: In one pilot site, develop a curriculum for our state’s pediatric residency programs that will expand the ability of health care providers to identify uninsured children and families and facilitate their enrollment in public health insurance programs.

We will develop a comprehensive curriculum that synthesizes research about the uninsured and the importance of health insurance in producing healthy outcomes, along with the on-the-ground knowledge and experiences of CKF-WI members who have long histories of effective outreach to low-income populations. This curriculum will be presented as a service learning opportunity for pediatric residents at Children’s Hospital of Wisconsin. Beyond this grant we hope to make the curriculum available as a tool kit for use at the Medical College of Wisconsin, UW-Madison Medical School, and the Marshfield Clinics.



Give the gift of healthcare this holiday season!

Holiday Campaigns are an effective way to reach out to families and encourage them to apply for BadgerCare.

Covering Kids and Families-WI has many materials available, including: bookmarks, flyers and posters in English and Spanish that encourage families to explore BadgerCare for their families.

See the materials via our website at: http://www.ckfwi.org/bts_materials.cfm and contact us at 608-261-1455 or mbjacob@wisc.edu to order free materials for your holiday food, gift or coat campaigns.



Prenatal Care Coverage Expands - Jan 1

From ABC for Health's HealthWatch Wisconsin Update

Starting January 1, 2006 unqualified immigrant and incarcerated women will be eligible for prenatal care covered under BadgerCare.

These pregnant women will receive the full BadgerCare benefits package until the delivery of her baby. Postpartum care will continue to be covered under Emergency Medical Assistance for two months following birth, as before.

Some important eligibility reminders, the woman applying for coverage must:

- Live in Wisconsin
- Prove pregnancy status
- Include pregnancy verification within the same month she is trying to receive prenatal care - no backdating
- Be uninsured; if she is employed, her employer can not pay more than 80% of her health care premiums for her to be considered uninsured
- Cooperate with employment verification procedures



More information on the program should be released soon. In the middle of December the state will be releasing an update for providers and instructions for county workers.

To keep current on developments with this expanded coverage, you can:

- Join the CKF-WI list serve and/or CKF Policy or Outreach committees by e-mailing mbjacob@wisc.edu
- Sign up for the HealthWatch WI Update by e-mailing atrimberger@safetyweb.org

What is Medicaid's Future?

From WCCF's Health Care Coverage #34 by Jon Peacock

The federal budget reconciliation bill passed November 18 by the House differs in many respects from the one passed a week or so earlier by the Senate. The House bill cuts considerably more – about \$50 billion, compared to \$39 billion in the Senate bill – but there are also very substantial differences in the types of cuts. The Senate version makes no harmful cuts to programs that serve children.

Each version of the budget cuts roughly the same amount from health care entitlement programs, but the differences end there. The House bill targets all \$12 billion in cuts to Medicaid, whereas the Senate bill splits the cuts between Medicare and Medicaid, and the Senate cuts generally avoid hurting MA enrollees. Instead, the Senate cuts are primarily from reforming reimbursement policies for drug companies and from adopting the recommendations of a Congressional commission for curbing excessive Medicare payments to managed care plans. Analyzed on the basis of a 10-year time horizon, the House plan would cut nearly \$44 billion from MA spending, which is about three times the 10-year cuts in the Senate bill.

Unlike the Senate budget, the House bill directs the brunt of the cuts at MA recipients themselves, rather than making reforms in reimbursement that have bipartisan support.

For example, the House budget would:

- Allow states to drop the EPSDT (Health Check) benefit for children.
- Expand co-pays for prescription drugs to families earning more than the poverty level.
- Allow states to increase cost sharing (premiums and co-pays combined) to 5% of income for MA and SCHIP families.

For more information on the House and Senate bills visit:

<http://www.cbpp.org/11-2-05health.htm>



Statewide Meeting Outcomes

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



Thanks to everyone who attended the Fall Statewide Meeting CKF-WI co-hosted with HealthWatch Wisconsin in October. The meeting was a big success, with more than 80 attendees.

We hope everyone left the meeting motivated to continue the positive energy and momentum.

The CKF-WI Outreach Committee will take the lead on disseminating information throughout the state on the prenatal expansion starting January 1, 2006. The Outreach Committee is also working on new ways to continue working with the faith community and create a stronger alliance with the coalition. The Policy Committee will keep an eye on David Reimer's Wisconsin Health Plan as it moves through the legislative process.

We look forward to meeting in the Spring in April, for our annual Spring Statewide Meeting. The meeting will be held in central Wisconsin, likely to be hosted in Wausau. Until then, keep up the good work and stay connected through the CKF-WI committees to actively make progress toward connecting children and their families to health insurance in Wisconsin.