



Covering Kids & Families

Wisconsin

March / April 2010

Covering Kids & Families (CKF)

is a statewide coalition dedicated to reducing health disparities and improving overall health in Wisconsin by cultivating a network of informed individuals and organizations, thereby enhancing capacity to maximize participation in public health insurance programs.

CKF is housed at the UW-Madison School of Human Ecology, working in partnership with UW-Extension and other partners throughout the state.

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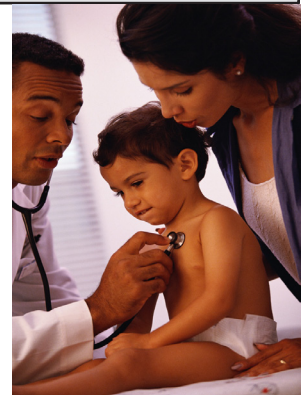
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National Health Care Reform: Virtually, NOTHING Changes in Wisconsin's BadgerCare Plus Program, until at least 2014

No doubt you have questions about the historic passage of comprehensive health care legislation and what effect, if any, it will have on Wisconsin's BadgerCare Plus program. For all practical purposes, until at least 2014, the answer to those questions is "nothing." BadgerCare Plus remains available to virtually all children, regardless of income, and most parents and caretaker relatives. It remains the single best option for children and families without coverage. Agencies and advocates should continue to assist families with enrolling new families into the program and helping those who are up for their annual renewal. You can access a variety of enrollment assistance tools through the **Covering Kids & Families'** Toolbox at www.ckfwi.org/toolbox.html.

Meanwhile, there are numerous reforms that begin to take effect this year. Below is a partial list, courtesy of the Kaiser Family Foundation. You can see the complete reform timeline at www.kff.org/healthreform/8060.cfm.



National Health Care Reform Highlights Kaiser Family Foundation

2010: Insurance Reforms

- Establish a temporary national high-risk pool to provide health coverage to individuals with pre-existing medical conditions. (Effective 90 days following enactment until January 1, 2014)
- Provide dependent coverage for adult children up to age 26 for all individual and group policies.
- Prohibit individual and group health plans from placing lifetime limits on the dollar value of coverage and prior to 2014, plans may only impose annual limits on coverage as determined by the Secretary. Prohibit insurers from rescinding coverage except in cases of fraud and prohibit pre-existing condition exclusions for children.
- Require qualified health plans to provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force, recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women.
- Provide tax credits to small employers with no more than 25 employees and average annual wages of less than \$50,000 that provide health insurance for employees.
- Establish a process for reviewing increases in health plan premiums and require plans to justify increases. Require states to report on trends in premium increases and recommend whether certain plans should be excluded from the Exchange based on unjustified premium increases.

(continued on Pages Six & Seven)



Toolbox: www.ckfwi.org



What's in the BadgerCare Plus Toolbox?

Covering Kids & Families has been working closely with 16 diverse school districts in Wisconsin to help them identify families who are uninsured and connect them to BadgerCare Plus. Now the BadgerCare promotional materials we've developed for families and the training tools we've developed for school staff are available on line.

Drawer 1:

BadgerCare Plus Resource Center



This section of the Toolbox has information about what BadgerCare Plus is, how to apply for the program, and how to assist others in applying for benefits. Learn how to use the quick eligibility screener or how your school can register as an Express Enrollment provider, so you can help families get started right away.

Drawer 2:

BadgerCare Plus Outreach Materials

Help connect families to BadgerCare Plus with these easy to download, localizable promotional resources--tailored for use in schools. There are sample newsletter articles and ads, bookmarks, website content and more, in both English and Spanish. This section includes several PowerPoint presentations to orient school staff on BadgerCare Plus and the outreach strategies used by our 16 pilot school districts.



Drawer 3:

County-Specific Tools

Covering Kids & Families' county-specific benefit brochures provide information on seven critical state programs for families in need of economic assistance--along with local and state contact numbers and links. This section also includes samples of Making-A-Plan (MAP), a county-specific data mapping publication to help with BadgerCare outreach planning.



Drawer 4:

The Covering Kids & Families' Research Center

The research library puts the most current and relevant information about Wisconsin's uninsured at your fingertips, along with the key state and national links you need to compile more information.



Drawer 5:

Feedback: We Want to Hear From You!

The Covering Kids & Families' Toolbox is a dynamic and ever-changing resource. As we continue our efforts to develop and refine outreach and informational materials, we will add them to this site. Help guide the evolution of our tools and the toolbox by sharing your experiences and providing feedback.





Governor Jim Doyle

Health Care Reform in Wisconsin

Governor Creates Office of National Health Care Reform

The Governor issued an executive order on Tuesday, April 6, 2010, announcing the creation of the Office of National Health Care Reform to usher the implementation of national health care reform in Wisconsin.

- DHS Secretary, Karen Timberlake and OCI Commissioner, Sean Dilweg will chair the Office and are charged with developing an implementation plan for national health care working closely with health care stakeholders.
- The Governor is directing that the office ensure that Wisconsin's residents and businesses realize the benefits of national health care reform by doing all of the following:
 - Provide transparent access to information so individuals and businesses can make informed decisions on the cost of health care coverage.
 - Assess insurance market reforms needed to prepare Wisconsin for final implementation of national health reform in 2014.
 - Create a health insurance purchasing exchange to:
 - Create a virtual marketplace through an easy-to-use, easy-to-understand web-based consumer portal to connect eligible residents and businesses with health insurance options;
 - Provide a single point of access for all eligible residents and businesses to choose their insurance;
 - Promote consumer choice by providing easy comparability of health plans and lower health care premium costs by creating a large pool of employees to increase consumer purchasing and bargaining power;
 - Ensure that the health insurance purchasing exchange is structured to reward highest quality and most cost-effective health care providers and insurers.
- Provision of a "single access point for affordable health care coverage" means that enrollment for the health insurance purchasing exchange for small businesses will be fully integrated with BadgerCare Plus so that there will be one virtual entry point from which individuals will be directed to the appropriate point for health care.
- The Office will apply for federal grants to assist in funding the exchange and will launch a web site to provide information to the people of Wisconsin on the new health care reform legislation as well as important implementation information.
- Department of Health Services will launch and regularly update a new web site that will provide all Wisconsin residents with information about the new legislation as well as a tracking of Wisconsin's planning and implementation efforts:
www.healthcarereform.wisconsin.gov

"The bonus funding is a significant increase in the federal match rate for each Medicaid child above the growth target, which in Wisconsin ought to save the state at least a couple of million dollars per year."

-- Jon Peacock

Improvements to BadgerCare Plus May Yield Federal Bonus Funding

by Jon Peacock

Wisconsin Council on Children and Families



Jon Peacock

The Department of Health Services (DHS) continues to make improvements in the BadgerCare Plus program, taking advantage of opportunities provided by the Children's Health Insurance Program Reauthorization Act (CHIPRA). The latest change, which was announced by DHS in late March, will help expedite the annual renewal process for BadgerCare Plus. It may also enable Wisconsin to qualify for extra financial assistance.

CHIPRA Offers Bonus Funding

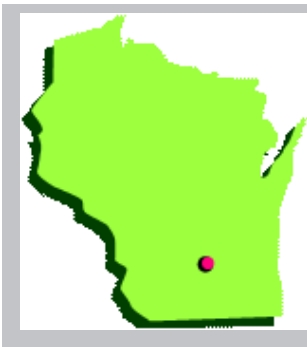
CHIPRA gives states an incentive to increase enrollment of low-income children and to implement policies to improve enrollment and retention of children. States are eligible for CHIPRA bonus funding if they exceed certain targets for increasing Medicaid enrollment of children, and if they meet 5 of 8 CHIPRA standards for improving enrollment and retention. The bonus funding is a significant increase in the federal match rate for each Medicaid child above the growth target, which in Wisconsin ought to save the state at least a couple of million dollars per year.

One of the 8 standards is adopting a process for administrative or ex parte renewals, which is a way of expediting the renewal process by automatically using recent income figures or other relevant information from other state databases. DHS took initial steps toward meeting that standard in January 2010, when it began allowing online renewal, including use of "pre-populated" forms for people coming up for their annual review of BadgerCare Plus eligibility. Those forms automatically fill in information needed for renewal if it is accessible in the state's computer databases. However, federal officials told DHS that making this option available only to people who apply online would not be sufficient to meet this particular standard for bonus funding.

Wisconsin May Meet Five of Eight Standards

On March 29, DHS issued an Operations Memo (#10-25) that initiates the use of pre-populated forms for people who request mail-in renewal forms. This change appears to be sufficient for Wisconsin to meet the administrative renewal standard. If so, it should be the 5th standard Wisconsin meets and should make our state eligible for CHIPRA bonus funding in the current federal fiscal year. That funding should help the state maintain and continue to strengthen BadgerCare Plus coverage for Wisconsin children.

I have been regularly updating a checklist of options created by CHIPRA to improve access to health care for children. The latest version describes the standards states can meet to qualify for bonus funding and the status of Wisconsin's efforts to meet 5 of those standards: http://www.wccf.org/pdf/CHIPRA_checklist_o81909.pdf



"If members do not renew in a timely manner, their coverage will lapse and they will be placed on the waitlist if they renew at a later time."

--Claire Smith

The Name of the Game in 2010 is RENEWALS: BadgerCare Plus CORE Plan

by Claire Smith
Senior Communications Specialist
Wisconsin Department of Health Services



Claire Smith

Many BadgerCare Plus Core Plan members will be renewing their benefits during the next six months.

Currently, approximately 12,000 individuals who were transitioned onto the BadgerCare Plus Core Plan in January 2009 will be completing their renewals in March, April and May. A majority of these individuals live in Milwaukee County.

A member will be designated a month in which their renewal is due depending upon their birth month. A letter will be sent to them with the due date of their renewal and how to complete their renewal. If members do not renew in a timely manner, their coverage will lapse and they will be placed on the waitlist if they renew at a later time.

BadgerCare Plus Core Plan members (with the exception of those that meet the HUD definition of homeless) must pay a \$60 annual enrollment processing fee. This must be paid in order for the renewal process to be complete and the member's coverage continued. However, please note that they do have 30 days from the time in which they submit their renewal to make their payment, although we strongly encourage them to make their payment online at the time of the renewal or as soon as possible.

Beginning as soon as July, the rest of the BadgerCare Plus Core Plan members will start renewing their benefits. More information regarding this renewal process, including a training for partners, will be provided closer to the renewal date.

BadgerCare Plus CORE Renewal Deadlines

Birth Month:	Renewal Due:
January-February-March-April	March 31, 2010
May-June-July- August	April 30, 2010
September-October-November-December	May 31, 2010

Covering Kids & Families' web site: new look, easier navigation



If you visited the **Covering Kids & Families'** web site recently, you no doubt noticed we have a new look, more resources and an easier-to-navigate layout. If you haven't been to the site, the new look and resources are a good excuse to check it out today.



National Health Care Reform Highlights Kaiser Family Foundation

(continued from Page One)

2011: Prevention/Wellness

- Provide Medicare beneficiaries access to a comprehensive health risk assessment and creation of a personalized prevention plan and provide incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs.
- Provide grants for up to five years to small employers that establish wellness programs.
- Require chain restaurants and food sold from vending machines to disclose the nutritional content of each item.

Medicaid

- Create a new Medicaid state plan option to permit Medicaid enrollees with at least two chronic conditions, one condition and risk of developing another, or at least one serious and persistent mental health condition to designate a provider as a health home.

Quality Improvement

- Improve access to care by increasing funding by \$11 billion for community health centers and the National Health Service Corps over five years; establish new programs to support school-based health centers and nurse-managed health clinics.

2012: Quality Improvement

- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.

2013: Insurance Reforms

- Create the Consumer Operated and Oriented Plan (CO-OP) program to foster the creation of non-profit, member-run health insurance companies in all 50 states and the District of Columbia to offer qualified health plans.

Medicaid

- Increase Medicaid payments for primary care services provided by primary care doctors for 2013 and 2014 with 100% federal funding.

Quality Improvement

- Require disclosure of financial relationships between health entities, including physicians, hospitals, pharmacists, other providers, and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies.

2014: Individual and Employer Requirements

- Assess employers with more than 50 employees that do not offer coverage and have at least one full-time employee who receives a premium tax credit a fee of \$2,000 per full-time employee, excluding the first 30 employees from the assessment. Require employers with more than 200 employees to automatically enroll employees into health insurance plans offered by the employer. Employees may opt out of coverage.

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National Health Care Reform Highlights

(continued from Page Six)

Kaiser Family Foundation

- Require U.S. citizens and legal residents to have qualifying health coverage (phase-in tax penalty for those without coverage).

Insurance Reforms

- Create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a governmental agency or non-profit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage.
- Require guarantee issue and renewability and allow rating variation based only on age, premium rating area, family composition, and tobacco use in the individual and the small group market and the Exchanges.
- Limit deductibles for health plans in the small group market to \$2,000 for individuals and \$4,000 for families unless contributions are offered that offset deductible amounts above these limits.
- Limit any waiting periods for coverage to 90 days.
- Create an essential health benefits package that provides a comprehensive set of services, covers at least 60% of the actuarial value of the covered benefits, limits annual cost-sharing to the current law HSA limits (\$5,950/individual and \$11,900/family in 2010), and is not more extensive than the typical employer plan.
- Require the Office of Personnel Management to contract with insurers to offer at least two multi-state plans in each Exchange. At least one plan must be offered by a non-profit entity and at least one plan must not provide coverage for abortions beyond those permitted by federal law.
- Provide grants for up to five years to small employers that establish wellness programs.
- Permit states the option to create a Basic Health Plan for uninsured individuals with incomes between 133-200% FPL who would otherwise be eligible to receive premium subsidies in the Exchange.

Premium Subsidies

- Provide refundable and advanceable premium credits and cost sharing subsidies to eligible individuals and families with incomes between 133-400% FPL to purchase insurance through the Exchanges.

Medicaid

- Expand Medicaid to all individuals under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133% FPL based on modified adjusted gross income (MAGI).

Prevention/Wellness

- Permit employers to offer employees rewards of up to 30%, increasing to 50% if appropriate, of the cost of coverage for participating in a wellness program and meeting certain health-related standards.



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Andy Heidt

Co-Chair Corner

Health Care Reform



Jennifer Winter

by **Andy Heidt & Jennifer Winter**
Steering Committee Co-Chairs

Mental Health Access On the Brink . . .

We all breathed a sigh of relief when mental health parity passed. However, now that "parity" is unfolding, the reality is startlingly different. Consumers and mental health providers have told us that they are now seeing patients / therapists less because co-pays ranging from \$40 to \$60 have been added per visit because mental health services are considered "specialty" services. What has really happened is that mental health access is now more limited for many people. While policy makers congratulated themselves after the passage of "parity," the actuaries were there to find the loopholes and profit.

The current morass of for-profit health care is hurting our communities, our state, our economy and our nation. We can do better, but not while our political leadership is a captive audience to special interests. When lobbyists get more of an ear than citizens, dramatic reforms are necessary.

Covering Kids and Families will work for health care coverage and access for all. We have a long way to go, but an incredible team and diverse partnerships are working together to make it happen!