

*A public-private partnership*

# WisCare 2019

*The path to expanded health coverage for Wisconsin*

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## About ABC for Health

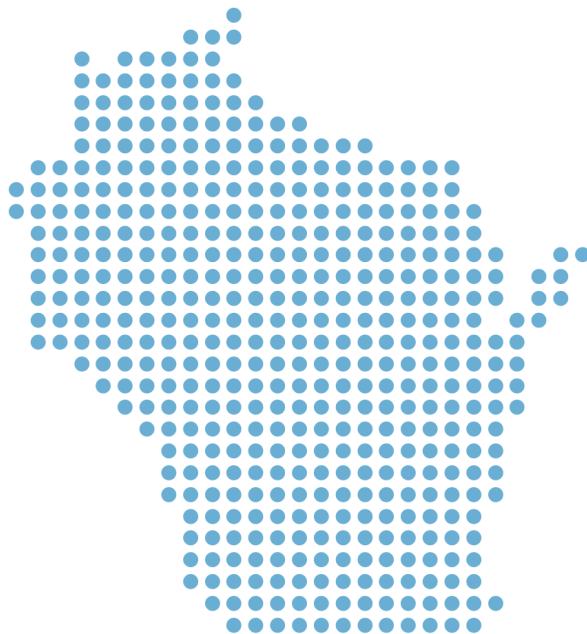
ABC for Health is a Wisconsin-based, nonprofit, public interest law firm dedicated to linking children and families, particularly those with special health care needs, to health care benefits and services.

## Our Mission

ABC for Health's mission is to provide information, advocacy tools, legal services, and expert support needed to obtain, maintain, and finance health care coverage and services.

## Our Vision

ABC for Health, Inc., a nonprofit, public interest law firm, will develop a nationally recognized, integrated model of Health Benefits Counseling, legal services, and policy advocacy that promotes a universal system of health care coverage and access for all people. We will develop multi-purpose education strategies to inform customers, providers, and the broader community about health care coverage options while also advocating directly for individuals disenfranchised from health care coverage and services. ABC for Health will also serve as a catalyst in the development of local HealthWatch Coalitions as well as other partnerships and strategic alliances to influence public policy and opinion while working to maximize all available health care coverage options for all people.



# Contents

<b>Introduction.....</b>	<b>5</b>
<b>The WisCare Plan Proposes Five Fundamental Changes .....</b>	<b>7</b>
<b>Promote Pooling, Spread the Risk and Streamline Administration.....</b>	<b>8</b>
Merge Existing Pools.....	8
Cost Comparison by Category .....	9
Health Care Risk Puddles .....	10
<b>Use BadgerCare Plus as a Foundation for Merged Pools. ....</b>	<b>10</b>
Why Work with the BadgerCare Plus Structure? .....	10
Promote Prevention, Wellness, and Disease Management .....	11
Patient Benefits Advocacy .....	11
Reduce Socialized Medical Debt .....	12
<b>Secure Medicaid Funds &amp; Waivers.....</b>	<b>13</b>
Sec. 1332 Waiver .....	13
Sec. 1115 Waiver .....	13
Medicaid Expansion.....	14
Cost Sharing .....	14
<b>Promote Public-Private Partnerships.....</b>	<b>15</b>
<b>Build Consumer Confidence with Choice, Quality, Strong Consumer Protection, &amp; Accountability .....</b>	<b>15</b>
The Office of Health Care Advocacy & Outreach.....	16
Roles of the Office .....	16
<b>Specialists and Groups in WisCare .....</b>	<b>17</b>
<b>Precision Patient Advocacy .....</b>	<b>18</b>
<b>Conclusion .....</b>	<b>20</b>
<b>Appendix: Case Studies .....</b>	<b>21</b>



## Introduction

Since our founding in 1994, ABC for Health Inc. has steadfastly maintained that access to health care coverage and care is a fundamental right of all people. Yet, our state and country struggles toward a goal and an ideal that remains elusive from both a policy and political perspective—coverage for all! And this Sisyphean task, that includes successes and setbacks, compels us to continue to share our ideas, experiences and concepts to further the debate to a just and equitable conclusion.

We propose the WisCare Plan in response to the people we speak with daily from across Wisconsin who need appropriate health care coverage. Our perspective, embodied in our WisCare Plan, reflects the knowledge and insights gained over 25 years of service to more than 60,000 adults and children from across the Badger state. Grounded in a common sense approach, WisCare responds to the needs of individuals and families as well as businesses that are committed to providing comprehensive health benefits to employees. Our WisCare Plan involves all key stakeholders and promotes neither a government takeover nor an increasingly privatized system. Medicare and most long-term care programs like Family Care remain unchanged.

Aspects of WisCare are familiar from previous thought pieces developed and first circulated by ABC for Health in 2003, 2009, and 2012 under the name “The Pathway Plan.” For our WisCare Plan, we updated our data, research, and structural concepts for today’s environment. ABC for Health is not alone in its thinking. In fact, from 1998-2010, state policy makers—both Republican and Democrat—worked to expand coverage options like BadgerCare Plus that promoted large scale pooling, discounted care, and streamlined administration to promote purchasing power and economic efficiencies.

Changing a system with many entrenched stakeholders is a challenge. To help minimize these obstacles and avoid political battles over benefits and administration, WisCare will not reinvent the wheel. Instead, we modeled the foundation of our plan from a successful existing coverage structure: BadgerCare Plus.

In Wisconsin, over 1.1 million people rely on BadgerCare Plus and Medicaid programs to provide essential, affordable, and effective health care services.<sup>1</sup> The impact of these programs reaches thousands more—our friends, neighbors, grandparents, and colleagues as well as health care providers large and small—in every county of Wisconsin.

Our proposal is not a simple call for BadgerCare Plus as a public option. Instead, building on BadgerCare Plus, WisCare provides an existing standard set of health care services that protect our children and provide essential coverage to adults, including those with special health care needs. The WisCare Plan offers Wisconsin flexibility while maximizing potential for federal matching funds. Low-income individuals insured through the Marketplace will secure subsidized coverage, but with cost-sharing on a sliding fee scale up to 400% of the federal poverty level. All WisCare members would use a Forward Health Card.

Our plan emphasizes risk pooling and purchasing leverage by ultimately reshaping our current system into a much larger purchasing pool. Our plan merges myriad smaller risk pools — or perhaps “risk puddles” is a more apt description — including employer sponsored and government plans, into a combined risk pool of over 3,000,000 people. While building from a solid foundation, our WisCare Plan will fundamentally alter health care coverage, significantly lower costs, and reshape the delivery of coverage in a way that will ensure that all Wisconsinites have access to both coverage and medical services within five years after initial implementation.



While this plan reflects a new course for Wisconsin, we strove to include some of the best elements of current public and private partnerships in BadgerCare Plus and available to many county and state employees, including the Governor and elected representatives, and expand their impact to make affordable, high quality health care coverage available to everyone in Wisconsin over five years.

The current “system” of health care coverage programs is chaotic, inflexible, and lacking in adequate consumer protections and choices. In fact, it really is not a system. Sadly, many politicians demagogue issues and use vulnerable populations as props to manipulate personal fears about cost and access to coverage and care across the life span. Meanwhile, certain profiteers look back at the “good ole days” to resurrect fear and greed in order to manipulate the debate against the needs of the many.

The Affordable Care Act, despite some imperfections, offered a step in the right direction. In its original form, the ACA presented a better opportunity to cover the uninsured than most previous plans. However, the ACA also suffered the effects of repeated political attacks and sabotage. In January 2017, President Trump issued an executive order encouraging agencies to take all legal measures to undermine the Affordable Care Act.<sup>2</sup> Uncertainty, instability, and inherent defects in the ACA have contributed to rising premiums and caused insurance providers to flee certain areas of Wisconsin. Premiums continue to increase as consumer choice continues to decrease. Nevertheless, reviving preexisting condition rules and segregation of the sick to high risk pools are not options we consider.

Overall, Trump Administration’s efforts to promote Short Term Insurance Plans and Association Health Plans have contributed to market segmentation, smaller risk pools, and concentration of high risk populations. At the same time, shorter open enrollment periods have contributed to lower enrollment rates, leading to less revenue for insurance companies and increased premiums for consumers.<sup>3</sup> As fewer people participate in the Marketplace, the composition of the risk pool changes to higher risk individuals which further drives up the cost of premiums for remaining participants. This is particularly true with the increased availability of Short Term Insurance Plans whose minimal coverage and lower price may be attractive to young and healthy individuals. Likewise, most consumer directed health plans like Health Savings Accounts, only work well for the healthy and the wealthy.

We know that the cost of healthcare drives the cost of insurance. Strategies that help reduce the cost of health care must be part of any health care coverage strategy. For that reason, WisCare addresses health care costs more aggressively than the ACA. Although health care markets are unique and do not respond like typical markets, Wisconsin can still take the steps we propose to help lower the cost of healthcare with some basic steps including risk pooling, streamlining administration, securing Medicaid Expansion funds, securing additional federal funds through the ACA waiver process, and promoting a public-private partnership. The manifold benefits of WisCare include promoting consumer choices, protections, and access to services, while reducing the overall costs of uncompensated care.

Wisconsin requested a Sec. 1332 State Innovation Waiver from federal regulators in order to create a state based reinsurance program that will cover a portion of certain claims within a specified dollar range.<sup>4</sup> This strategy, although effective in reducing some health insurance costs, utterly and completely fails to address the issue at the core of America’s health care problem - the cost of health care. Moreover, no reinsurance program can address increasingly segmented risk pools or low consumer confidence in a system that lacks insurer and health plan accountability. WisCare requires the state to submit both a Sec. 1115 Waiver and a Sec. 1332 Waiver to promote the concept of a combined risk pool.

WisCare will generate a critical mass of support by involving all key stakeholders. Everyone will help shape the proposal, but will also be responsible for contributing both resources and time to ensure that our system is responsive to the needs of all Wisconsinites.



# The WisCare Plan Proposes Five Fundamental Changes:

- I. **Promote Pooling, Spread the Risk and Streamline Administration.** WisCare will promote development of a large risk pool over a five year period. The current *silozation* of risk in tens of thousands of employer “risk puddles” increases administrative costs. Risk puddles magnify cost issues for small employers. Size matters! Working together to combine the purchasing power of many into efficient large risk pools will save money and help leverage cost controls.
- II. **Use BadgerCare Plus as the Foundation for WisCare.** Badger Care provides very comprehensive coverage, including dental, mental health, and chiropractic services. The sheer size of the program and favorable risk pool creates financial leverage to increase the participation of many key providers. Under the WisCare Plan we use the system already in place but modify it to accommodate more people. We eliminate enormous front-end costs and political battles associated with the creation of new administrative and billing structures. Using BadgerCare Plus as the framework for WisCare eliminates the lobbying feeding frenzy associated with creating new administrative or coverage elements. WisCare promotes a bid process, similar to the State of Wisconsin Annual Campaign open enrollment process, to facilitate competition and drive down costs.
- III. **Secure Medicaid Funds and Waivers.** Wisconsin has already lost out on over \$1 billion in federal Medicaid funds. Of course we should accept Medicaid Expansion funds! Expanding Medicaid would provide comprehensive health care coverage to thousands of Wisconsin residents and the state would ultimately save money due to enhanced federal matching rates. In addition, we propose to submit a revised Sec. 1332 Waiver in order to merge the BadgerCare Plus and WisCare risk pools without experiencing the complications of merging program operations. The state will separately administer both programs while controlling a combined risk pool. A larger risk pool reduces the per capita cost of insuring Medicaid participants, which creates additional funds for program reinvestment to promote access to comprehensive coverage. Subsidies will continue to ensure affordability for non-Medicaid populations, but will go farther due to lower administrative and service costs under WisCare. Federal funding received under the waiver will expand access to affordable, comprehensive coverage statewide.
- IV. **Promote Public-Private Partnerships.** This plan is funded through combined government, employer, and individual contributions. Like all current health care coverage, WisCare includes some government regulation and laws to ensure compliance. WisCare will capitalize on existing private public partnerships to gain the best elements of both worlds. The WisCare Plan will extend a buy-in to all private employers or self-employed people after 5 years of scaled implementation. By creating large pools at the start of WisCare with diversified risk, we can develop the political will to extend coverage to all individuals within five years.
- V. **Build Consumer Confidence with Choice, Quality, Accountability, & Strong Consumer Protection.** A new system must include compliance and enforcement components to ensure patients get the services they need and deserve. WisCare will create an Office of Health Care Advocacy and Outreach to include a comprehensive advocacy component featuring independent outreach and enrollment brokers. WisCare will incorporate the same kind of due process rights enshrined in Medicaid and will include a capitated advocacy program designed to protect the rights of plan participants. WisCare will also promote development and deployment of innovative technology to help optimize coverage and provide education coupled with continuing education to both consumers and Health Benefits Professionals.





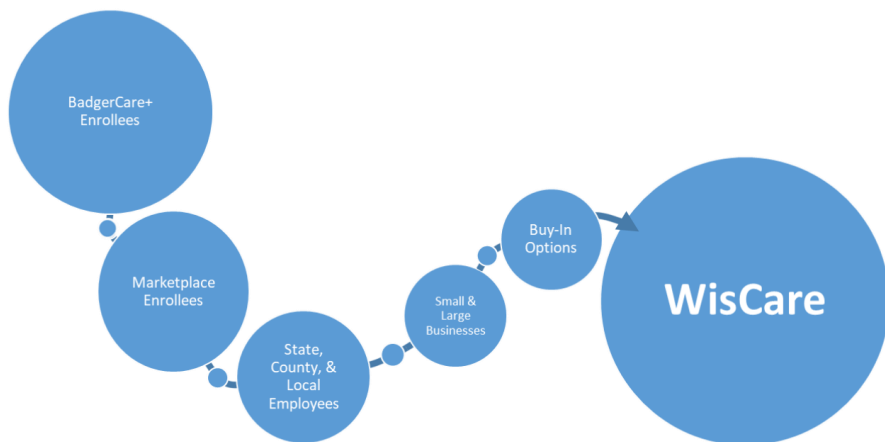
## Promote Pools, Spread Risk, and Streamline Administration

The WisCare plan facilitates the creation of large risk pools. The current *silozation* of risk in tens of thousands of employer risk puddles increases administrative costs and concentrates risk. In addition, while larger employers have reduced premiums due to larger risk pools, small employers generally are not able to provide affordable health insurance because their risk puddles are too small. Moreover, individuals cannot afford comprehensive and affordable health care on their own without resorting to sky-high deductibles, co-insurance, premiums, and co-pays. The Affordable Care Act created an avenue to coverage for those with pre-existing conditions, but consumers are absorbing the costs associated with that increased risk.

The WisCare Plan will gradually merge existing pools into a large purchasing exchange, integrating individuals and families currently insured through state, local, and county workers as well as the currently uninsured. From there, integrating private employees would complete the pool. We envision that WisCare will take five years to implement. First, we will expand Medicaid coverage to individuals below 138% FPL. Next, we will offer enrollment options to other employee groups such as public employees as well as small and large business employees. Enrollment will initially be voluntary but the lower cost of WisCare plans will encourage early enrollment.

### Merge Existing Pools

The WisCare Plan proposes to extend comprehensive coverage, based on a BadgerCare Plus coverage model, to all Wisconsin residents, to allow employers to contribute to coverage at that level, and to offer a buy-in option for consumers with incomes over 400% FPL. Since variation in insurance rates are correlated with buyer characteristics considered to be indicators of risk, diluting the high risk presented by some individuals will drive down premiums.<sup>5</sup>



By working together, we can combine the purchasing power of many Wisconsinites into efficient large risk pools that will save both the consumer and the taxpayer money. Group purchasing power allows the state to streamline and unify systems of administration and negotiate favorable rates. An example of this purchasing power lies in the BadgerCare Plus and Medicaid programs. In 2018, the

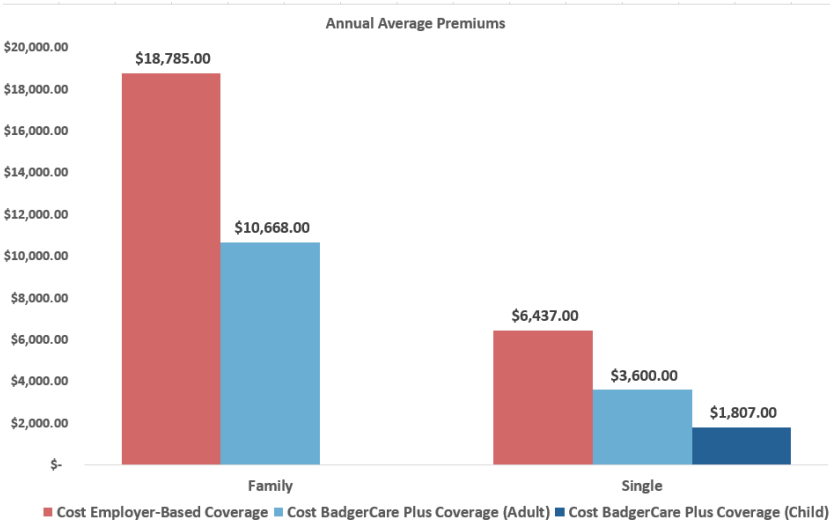
statewide average monthly rate for BadgerCare Plus Standard was \$118.26, and for childless adults was \$319.10.<sup>6,7</sup>

A family of four, between 290-300% FPL, may expect to pay a monthly premium of around \$1,300, a dramatic deviation from any plan available on the private market offering a similarly comprehensive a benefits package.<sup>8</sup> Large scale pooling and purchasing power make this possible. Merging large risk pools of BadgerCare+ enrollees, with state and county workers will create a growing pool of well over 1 million enrollees and dependents, saving state and local taxpayers a great deal of money.<sup>9</sup> In addition, with higher enrollment, WisCare could increase the low Medicaid reimbursement rate typically considered a negative of the program.





# Cost Comparison by Category

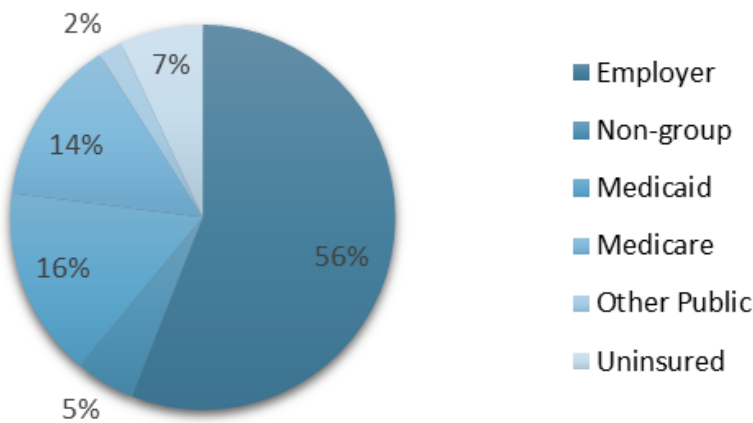


Consider the cost per worker in Wisconsin’s existing, fragmented insurance market. BadgerCare Plus can provide high quality benefits to a family for around \$10,668 a year, while employers and employees pay approximately \$18,785 to insure families annually.<sup>10,11,12</sup> This includes the employer subsidized portion and employee contribution. In comparison, employer sponsored insurance almost doubles the price of insuring a family of the same size compared to BadgerCare Plus. These figures do not even represent the highest cost insurance in the state.

Catastrophic plans or high deductible plans in the fragmented individual market, or as it is often called, the “wild, wild west” of the insurance Marketplace, present even higher costs.

For adults, BadgerCare Plus costs the state approximately \$3,600 per member per year, and about \$1,807 per child enrollee. In contrast, small and large businesses will spend \$6,437 a year on health insurance for its single employees.<sup>13,14</sup> In all, the BadgerCare Plus cost savings is over \$2,000. The demographics of the pool play a large factor—there are over 420,000 children in the existing BadgerCare Plus pool.<sup>15</sup> In addition, other important factors are the cost saving advantages of large scale pooling and streamlined systems of administration.

## Wisconsin Health Insurance Coverage



Consider the size of the existing pools in 2016. There were approximately 72,700 state of Wisconsin government employees (FTE equivalent) and over 212,600 local employees, not including their dependents who may be eligible for insurance enrollment.<sup>16</sup> All of these employees were distributed across numerous pools of workers, including cities, counties, school districts, and smaller municipalities. The estimated 1.2 million people working for small businesses, of which only about half offer health insurance, are also distributed across hundreds of pools if they are insured at all.<sup>17,18</sup> Even if the pools were “grouped by category,” they lack unified administration, purchasing power, and diversity.

WisCare proposes combining the separate pools of small business employees with state and local government employees. The substantial number of combined enrollees will provide the larger risk pool with substantial purchasing power. WisCare will leverage that purchasing power to reduce the overall per member/per month rates for participating pools. In addition to purchasing power, the combined pool would reduce costs due to unified systems of administration. Importantly, elected state and local officials with health insurance would have substantially the same coverage as the people that elect them. This



strategy promotes equity across Wisconsin and an even more watchful eye on the system and process for the benefit of Wisconsinites across the economic spectrum.

A large combined risk pool will save money. Twenty five percent of savings will be directed to provide cost sharing reductions for recipients under 250% FPL, while the another twenty five percent will be returned to state and local taxpayers. Finally, 50% of savings would revert to a health care reserve fund in order to deal with fluctuating expenses and downturns in the economy.

## Health Care Risk Puddles

In Wisconsin, approximately 5% of residents, more than 280,000 people, have health insurance coverage through an individual policy.<sup>19</sup> There are currently eleven issuers participating in Wisconsin's individual health insurance Marketplace. This number reached a high of sixteen in 2016, but has fallen substantially between 2017 and 2018.<sup>20</sup>

The small group and individual markets need help. Managed Care Organizations (MCOs) have developed more efficient and effective models to deliver care than the traditional small group market. BadgerCare Plus serves as an excellent example of this efficient delivery system. Managed care through the BadgerCare Plus program is far more effective and economical than any coverage offered through the individual market. While the Affordable Care Act requires improved efficiency, specifically that health insurance companies spend eighty to eighty-five percent of premium dollars on medical care and health care quality improvement rather than administrative costs, the system continues to be inefficient compared to Medicaid managed care programs.<sup>21</sup>

## Use BadgerCare Plus as a Foundation for Merged Pools

Rather than starting from scratch, the WisCare Plan capitalizes on the positive aspects of an existing system. The structure of WisCare will mirror the basic infrastructure of BadgerCare Plus. The WisCare Plan also proposes a similar private-public partnership. Under BadgerCare Plus, almost all participants are enrolled in a MCO. MCOs will be a vital component of the WisCare plan as well. Enrollment will increase due to the program's competitive rates, giving HMOs an opportunity to gain new members and greater capitated payments. This model of a private-public partnership permits health insurance companies to bid for business with the state but, since the state retains the contract, the state will also retain the ultimate bargaining leverage.

### Year 1

- Accept Medicaid Expansion
- Apply for Federal Waivers (1332 & 1115),
- Establish the Office of Health Care Advocacy & Outreach

### Year 3

- Enroll state and county employees
- Enroll small businesses

### Year 5

- Enroll large businesses
- Open buy-in option for non-qualifying populations

### Year 2

- Create Administrative structure
- Integrate bidding processes for Managed Care Organizations (Medicaid & WisCare Marketplace)

### Year 4

- Enroll state and county employees
- Enroll small businesses



The existing BadgerCare Plus partnership prepares Wisconsin for implementation of the health care reform proposed by WisCare. This partnership is amenable to accommodating care for large numbers of enrollees. By permitting a voluntary employer “buy-in” component to WisCare, we can reduce the political resistance that accompanies mandates. Wisconsin could gradually extend the buy-in to all private employers and self-employed people. The plan will not force employers to buy into the program. Employers would choose to buy in due to the plan’s superior benefits and affordability. Wisconsin would gradually extend the buy-in option to all private employers, self-employed people, and individuals. Small employers and individuals would finally have an opportunity to gain access to comprehensive affordable health care.

Businesses, particularly small businesses, will support this plan. In contrast with Association Health Plans, WisCare can provide employees with reliable quality health care coverage at a lower price.<sup>34</sup> Small businesses will finally be able to provide their employees with affordable health insurance. Private employers currently covering employee health insurance could save almost \$2,000 per single adult enrollee if they were to contribute to WisCare’s large risk pool.<sup>35</sup> The efficient administrative structure of BadgerCare Plus would eliminate the need for political battles and the costs of testing and failure. WisCare would adopt a mirrored administrative structure used by BadgerCare Plus.

## **Promote Prevention, Wellness, and Disease Management**

WisCare Plan’s public-private partnership will provide comprehensive benefits that mirror the benefits provided through BadgerCare Plus. The current BadgerCare Plus state contract requires wellness and disease management programs. WisCare will include these programs. Proactive policies encouraging prevention and wellness will reduce costs because people will reduce the occurrence of emergent health situations. As a result, WisCare will help reduce the high cost of emergency room visits and other high-cost procedures resulting from a lack of primary care.

## **Patient Benefits Advocacy**

Health disparity populations—including people with special health care needs, and those with complex and chronic conditions that limit work but are not yet disabling—will require more help. Health care systems and services are complex, especially if you or a loved one are sick. Currently, Wisconsin provides Aging Disability and Resource Centers (ADRC) that only serve seniors with health coverage and benefits issues over age 60 and people with disabilities over age 17½. WisCare will expand and extend patient advocacy, outreach, and information support to all people in Wisconsin including those families, children and single adults that are not eligible for ADRC services.

Comprehensive Health Benefits Counseling staff will be part of the WisCare plan to provide information, outreach, and advocacy to all people across Wisconsin. The WisCare plan will work with Public Health agencies and the ADRC’s to locate Health Benefits Counselors throughout the state to support people experiencing challenges to accessing appropriate health care services due to language, culture, lack of transportation, distance, or insurance denials. Counselors can then help navigate the managed care network, cut through the red tape and other delays in getting an appointment, and help facilitate disease management for patients with chronic conditions.

Health Benefits Counselors can help patients with the most acute health care coverage challenges. Health Benefits Counselors can pro-actively identify challenges in the enrollment process, identify strategies for disease management, and promote wellness strategies for enrollees with serious health care issues.



By promoting eligibility and helping people with enrollment, WisCare will create a larger risk pool, and enrollees will be more likely to use preventive care—ultimately improving wellness in Wisconsin. In addition, due to lower uninsurance rates and more comprehensive coverage, uncompensated care will decline. Moreover, people who may have coverage but lack access to care will have a powerful resource to help them overcome the system and knowledge barriers that prevent them from accessing appropriate care.

Because more uninsured people will be informed of eligibility and assisted with enrollment, more people will participate, creating a larger risk pool, and enrollees will be more likely to use preventive care—ultimately improving wellness in Wisconsin. In addition, due to lower uninsurance rates and more comprehensive coverage, there will be less uncompensated care. Moreover, people who may have coverage but lack access to care will have a powerful resource to help them overcome the barriers that prevent them from accessing appropriate care.

## Reduce Socialized Medical Debt

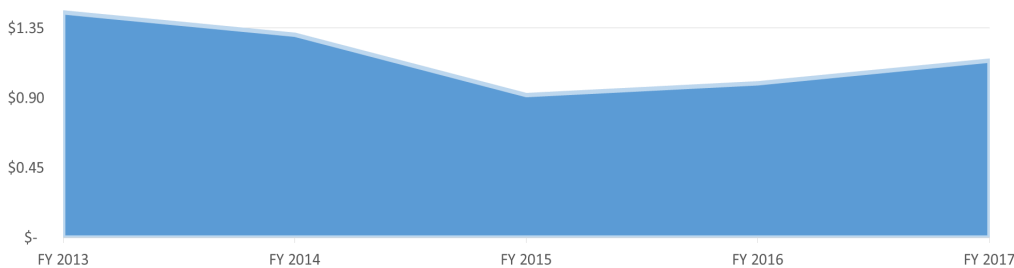
Comprehensive coverage stifles ballooning uncompensated care costs. Following the expansion of health care coverage under the Affordable Care Act, many states saw decreases in uncompensated care.<sup>36</sup> Hospitals' costs increase when they provide free or reduced cost care to uninsured or underinsured individuals.<sup>37</sup> Uncompensated care takes two different forms: bad debt and charity care. Bad debt occurs when hospitals are unable to collect the full cost of providing care, while charity care occurs when the facility provides care to an individual unable to pay.

Consider the impact of BadgerCare Plus on Wisconsin hospitals. Studies suggest the total reduction in Wisconsin hospitals' spending for uncompensated care to be \$283 million from the program's inception in 1999 through 2004.<sup>38</sup> Over the last 4 years of that survey in particular, 2001 to 2004, the average annual reduction in hospitals' uncompensated care costs was \$53.6 million.<sup>39</sup>

Fast forward to the implementation of the Affordable Care Act and the expansion of Medicaid. Hospitals in non-expansion states did not experience dramatic declines in uncompensated care costs.<sup>40</sup> Nonetheless, through its “partial” expansion, Wisconsin saw uncompensated care drop to 64% of its 2011 levels between 2011-2015.<sup>41</sup> The enrollment of more people into comprehensive health plans means a reduction in hospital uncompensated care costs for bad debt and charity care. Uncompensated care costs are not simply absorbed, but are redistributed in the form of higher costs to consumers—also known as the socialization of medical debt.

WisCare will slash socialization of medical debt not only by accepting Medicaid Expansion funds, but also by providing comprehensive coverage. WisCare addresses both prongs of uncompensated care—bad debt as well as

Summary of Uncompensated Health Care Dollars (Billions)  
All Wisconsin Hospitals FY 2013 - 2017



charity care. More coverage will result in less uncompensated care. Additionally, Medicaid Expansion will provide low and mid income people with access to either BadgerCare Plus or WisCare and will reduce hospital uncompensated care overall. This means lower premiums since hospitals will pass on fewer uncompensated care costs to other patients and purchasers.



# Secure Medicaid Funds & Waivers

## Sec. 1332 Waiver

Sec. 1332 Federal Waivers allow states to experiment with alternative methods in order to meet the coverage goals of the Affordable Care Act.<sup>22</sup> More specifically, the provision allows the Department of Health and Human Services (HHS) and the Treasury to waive requirements pertaining to premium tax credits and cost-sharing subsidies.<sup>23</sup> WisCare would seek to moderate and then apply federal tax credits and subsidies toward reducing premiums for low to moderate income individuals below 400% FPL who still do not qualify for BadgerCare Plus following Medicaid Expansion. The WisCare plan is a viable proposal for a revised Sec. 1332 Waiver because:

- The coverage offered would be comprehensive and affordable, since the coverage offered by BadgerCare Plus is some of the most comprehensive available.
- The program would cover more individuals through a buy-in option, use of subsidies, and employer participation.
- The program would not raise the federal deficit because it would use only existing funding, cost saving measures, and cost-sharing. Subsidies would stretch farther since the state would retain leverage over private insurance companies.

## Sec. 1115 Waiver

Sec. 1115 Federal Waivers allow states to submit ideas which are likely to promote the objectives of the Medicaid program.<sup>24</sup> The Waiver provides HHS with broad discretion which includes allowing federal funds to go towards allowing states to cover services and populations not included in the State's Medicaid plan.<sup>25</sup> Submitting a revised Sec. 1115 Waiver would allow the state to allocate federal funds towards subsidizing the cost of insuring populations not covered by the State's Medicaid program—through both increased eligibility and a buy-in option—and would eliminate barriers and streamline the enrollment process.

The Waiver will facilitate the creation of a single large risk pool for Wisconsin that combines both the BadgerCare Plus and the WisCare populations. This approach, over 5 years, will drive costs down further for the entire pool and save state and local resources. Additionally, after WisCare and BadgerCare Plus integration, providers could secure a higher reimbursement for certain services generated by savings. As a result, WisCare will expand patient choice for all enrollees. Finally, as discussed later, the waiver will promote development of an Office of Health Care Advocacy and Outreach that will offer greater consumer support, education, and protections. The excess funds produced by merging risk pools will help fund access to WisCare's advocacy program.

WisCare will increase and strengthen comprehensive coverage for enrollees.. WisCare will increase access to, stabilize, and strengthen providers available to participants by promoting competition. WisCare will increase the efficiency and quality of care for populations through the Office of Health Care Advocacy and Outreach based on a capitated advocacy program.





## Medicaid Expansion

WisCare requires accepting Medicaid Expansion funds and implementing expansion through a Sec. 1115 Waiver. **The failure to accept the expansion has cost Wisconsin taxpayers over \$1 billion dollars!**<sup>26</sup> If Wisconsin expanded Medicaid to include childless adults up to 138% FPL, the federal government would pay between 90-94% of the cost of covering them.<sup>27</sup> Instead of accepting Medicaid Expansion funds from the federal government, the state chose to institute a “partial expansion,” creating eligibility for childless adults with incomes of up to 100% FPL.<sup>28</sup> Currently, the state of Wisconsin fails to make use of available enhanced federal funding that could improve access to health care and health care coverage for many uninsured childless adults. An additional 80,000 people could be eligible for Medicaid if Wisconsin accepted the expansion funds.<sup>29</sup> While Wisconsin’s partial expansion narrows a coverage gap, childless adults up *only* up to 100% FPL have to navigate an eligibility “corn maze” to access BadgerCare Plus or the Marketplace, and there is still an “affordability gap” for adults over the poverty level.<sup>30</sup> In addition, there are still disparities in coverage that affect marginalized socioeconomic and ethnic groups. Accepting the funds available through Medicaid Expansion would not only allow the state to cover more Wisconsinites, but combining the expansion population with WisCare would further increase the risk pool and the state’s leverage in negotiating rates with insurance providers.

## Cost Sharing

People who do not qualify for BadgerCare Plus would buy into the plan, paying either the individual or family premium rate. Each individual MCO will determine co-payments or deductibles, but competition and the large size of the pool will help keep prices low. Purchasers under 250% FPL would benefit from cost sharing reductions. Medicaid Expansion funds could contribute to these reductions. Purchasers between 250%-400% FPL will be eligible for premium tax credits. Purchasers over 400% FPL will also help subsidize low-income enrollees and outreach efforts.

Low income participants between 138% and 250% FPL will be responsible for a nominal capitation fee. The fee will be tiered based on income and family size. While cost sharing can be potentially damaging to low income individuals as well as the state administering the program, WisCare’s cost sharing system will be simple and well targeted. Encouraging payment of these nominal amounts introduces low income individuals to the idea of premium payments and health care coverage responsibility without the damaging effects of a work requirement or lock-out period.<sup>31</sup>

The WisCare plan’s cost sharing mechanisms fit nicely with the cost sharing and subsidies implemented under the Affordable Care Act. For people with incomes up to 400% FPL (\$98,400 for a family of four), the Affordable Care Act provides tax credits to reduce premium costs.<sup>32</sup> These tax credits are available to those who purchase coverage in a health insurance exchange, who do not get insurance through an employer, and who are not eligible for public coverage.<sup>33</sup> WisCare will make premium tax credits available to the same population. Tax credits will go farther, though, due to the reduced cost of coverage.

The premium tax credits will vary with income and will be structured so that the individual or family premium paid will not exceed a specified percentage of income (9.5% for those with incomes between 300 and 400% FPL).



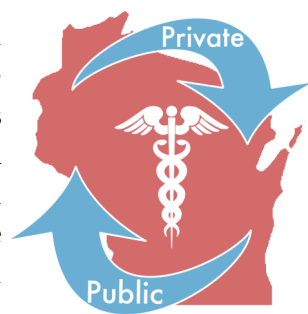


## Promote Public-Private Partnerships

WisCare's public-private partnership provides a set of comprehensive benefits, just like the benefits provided through BadgerCare Plus. Costs would fall with streamlined administration and efficient delivery of both coverage and care. Because of increased enrollment, the program would have the financial leverage to increase participation and reimbursement rates for health care providers, which is one of the few negatives associated with BadgerCare Plus.

The WisCare Plan reduces certain front-end costs and political battles associated with the creation of new administrative and billing structures. Instead of reinventing the wheel by creating an entirely new reinsurance program or a single-payer system, WisCare uses a replicable system that is largely already in place across Wisconsin and can scale up to accommodate more people. WisCare will mitigate adverse selection issues through outreach, enrollment, and the size of the initial risk pool. Once a sizeable base is participating, adverse selection should not be an issue.

The growth of BadgerCare Plus relates to the failures of the small group and individual Marketplace over the last 20 years. This failure is also evident in the decline of the Affordable Care Act's Health Insurance Marketplace, which has been the target of political sabotage.<sup>42</sup> People cannot afford individual and small group policies. For most Wisconsinites, we need coverage as part of a large pool to help spread the risk. Our history in Wisconsin, from 1998-2010, reflects state legislative action from both Republicans and Democrats who worked to expand coverage options like BadgerCare Plus that promoted large scale risk pooling and discounted care due to purchasing power and economic efficiencies. The instability of the current health care environment provides the opportunity for incremental but progressive change.



## Build Consumer Confidence with Choice, Quality, Strong Consumer Protection, & Accountability

A new system must include strong patient advocacy. WisCare will include health benefits counseling, as well as an enforcement component to ensure people get the services they need and deserve. The WisCare Plan also includes outreach, information, and an advocacy infrastructure to build consumer confidence to aid everyone in obtaining and maintaining health care coverage and services. Peer-to-peer contact and individual advocacy for enrollees is a fundamental part of the WisCare Plan. In addition, the new system must include strong quality assurance and comprehensive advocacy with an enforcement component to ensure people get needed services.

We propose data collection from MCOs to help determine quality of care measures and to shape recommendations to improve rates of preventive care and overall quality of care. Managed health plan enrollees would receive annual reports publicizing the findings, thus enabling consumer choice of health insurance coverage. This would motivate MCOs to provide innovative and effective preventive health programs.

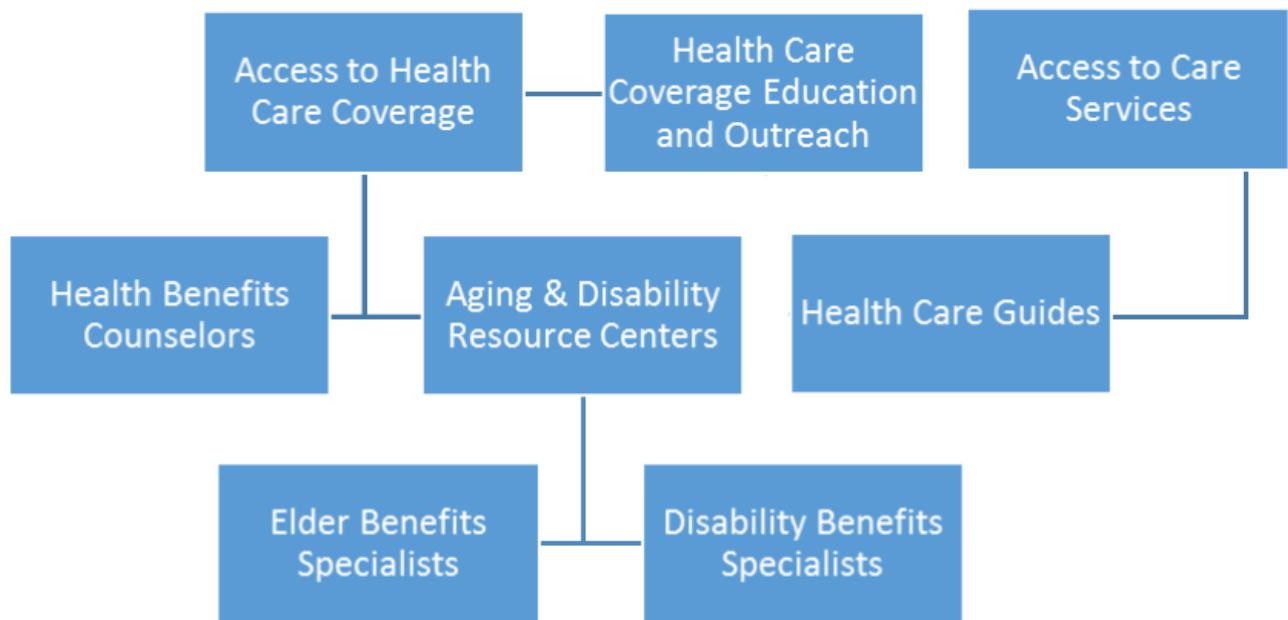


## The Office of Health Care Advocacy & Outreach

Consumers face a bewildering range of choices and obstacles from receiving appropriate health care to connecting to the correct coverage option. The WisCare program creates the Office of Health Care Advocacy and Outreach (“The Office”) to provide for consumer counseling and protection services for plan enrollees and prospective enrollees. The Office will be responsible for outreach and enrollment services as well as consumer advocacy. The Office will employ Health Benefits Counselors, who will aid consumers in evaluating affordable coverage options, along with Health Care Guides, who will help consumers locate and access affordable care.

### Roles of the Office: Outreach and Education

The Office will provide education and outreach, targeting at-risk or underserved populations and will make plan information available to the public to aid in consumer decision-making. The Office will serve as a resource for all public information available on health plans serving the area. The Office will maintain a database of health plan information and local health care resources, and will make this information available to consumers.



The Office will document concerns, inquiries, and problems cited by consumers across the state. The Office will use this knowledge to best inform individual enrollees on how to select and use a health care plan—thereby increasing consumer satisfaction and effectuating a more democratic administration of health care.

### Enrollment Initiative

The Office will also be responsible for coordinating enrollment. This will ensure statewide access to effective and efficient consumer services. Enrollment efforts, together with outreach and education, will dispel misconceptions and inform consumers about plan options. To fight adverse selection, the state can provide open enrollment period incentives.



# Patient Advocacy in WisCare

## Health Benefits Counselors—Accessing Coverage

Health Benefits Counselors (HBC) assist enrollees with finding and maintaining coverage. HBCs inform clients on their options, assist with filing applications or appeals, counsel clients on consumer rights and grievance procedures and, when appropriate, refer clients for legal intervention. Legal staff will support the work of HBCs by providing training and consultation on behalf of clients. HBC services will reduce family stress, foster informed consumer choice, and call greater attention to the health and coverage needs of special populations, such as:

- Legal Services
- Review and/or challenge insurance plan disputes and denials of coverage
- Evaluate eligibility denials for services under childhood disability programs such as Social Security Insurance (SSI)
- Provide consultation (fact-finding and gathering financial, medical or insurance information or documents)
- Negotiate with insurance companies, collection agencies and health care providers
- File complaints with the respective health plans and monitor responses to ensure proper redress for clients
- Provide representation at administrative hearings, or in state and federal court

The involvement of lawyers to help interpret health care coverage program rules and requirements is a highly effective strategy to help families identify and optimize insurance options. Lawmakers in Wisconsin first developed a legal back-up model for seniors in the 1970s—the state’s Senior Benefits Specialists, trained and backed up by attorneys—which provide services in every county. ABC for Health developed its own program of family Health Benefits Counselors, which has served people across Wisconsin for nearly twenty-five years.

Legal backup and training from attorneys gives HBCs increased leverage and credibility when negotiating with recalcitrant third party payers. Moreover, since the issues surrounding eligibility for government programs and the interpretation of insurance contracts are ultimately legal in nature, the capacity of HBCs to refer for legal review and/or intervention is essential.

## Health Care Guides—Accessing Care

For some, the health care system can be particularly difficult to navigate, even after they secure coverage. Red tape and bureaucracy amplify access challenges for individuals with special health care needs, language barriers, and lower incomes. Health Care Guides will target these “high risk” enrollees. Wisconsin currently supports the elderly and people with disabilities through regional Aging and Disability Resource Centers (ADRC). Nonetheless, many families and family groups go unserved. WisCare will provide Health Care Guides for childless adults, families, and children that struggle to access care. The Health Care Guides will work in partnership with local ADRCs to effectuate their mission.

The Guides’ tasks might include connecting clients with resources that can assist with making appointments, providing translation services, working with the client to follow the provider’s recommendations, documenting progress, and educating the client about efficient use of the health care system. An essential component of the Health Care Guide’s role will be development and maintenance of the client’s self-sufficiency.



The Office will promote the program, train Counselors and Guides, and provide certification exams and continuing education requirements to ensure that targeted populations get competent assistance and that they are fully aware about the availability of such services.

Guides can partner with local ADRCs under state oversight. Health Care Guides will be responsible for referring MCOs to the state's Health Benefits Counselors if there are denials of service or other similar issues of concern to the member. If the state receives too many complaints about a health plan, the state can impose fines. Health Care Guides will be located across the state, since a crucial function will be to point consumers to local resources.

## **Funding the Office**

A combination of government, private, and consumer contributions will provide funding for the Office. WisCare will maximize federal matching funds to support the Office. Assessments on contracted health plans will help support state functions. Fees will be lower for plans that choose to maintain Health Benefits Counselors and Health Care Guides in-house. Individuals and employers will pay an additional \$1 per member per month in capitation rates. Finally, the Office will levy fines against poorly performing health plans. The Office will keep fines and forfeitures to support office functions.

## **Precision Patient Advocacy**

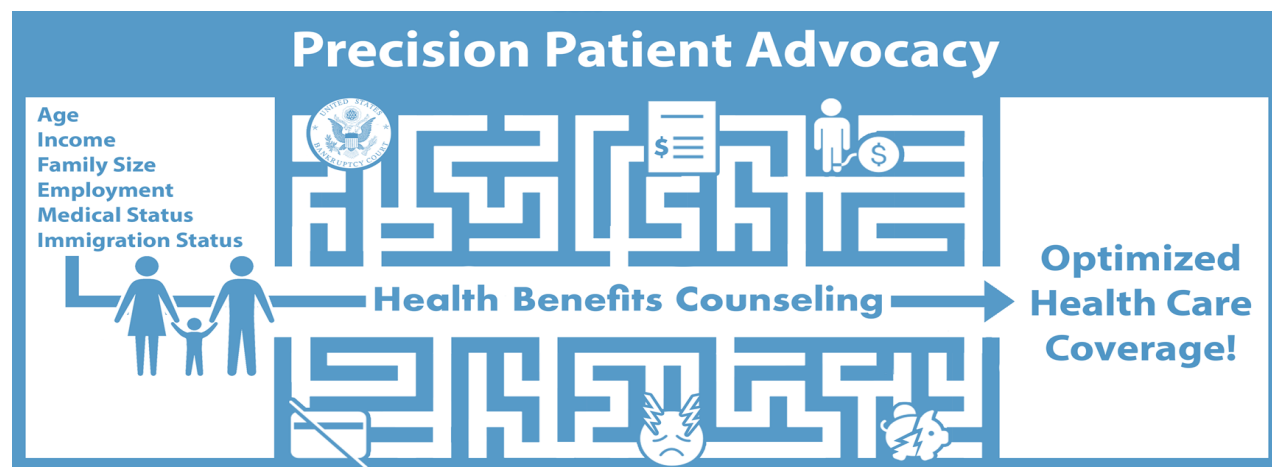
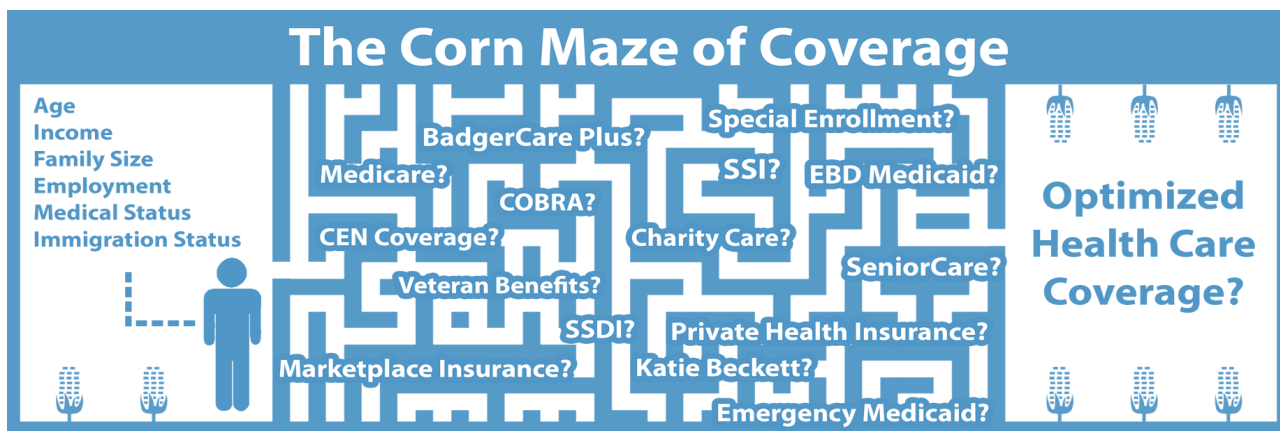
The Office will be equipped with the latest patient advocacy assistance and education technology. Today, technology solutions that enhance patient advocacy strategies through promotion of access to health care and coverage offer a promising path forward. Precision Patient Advocacy™, an emerging patient interview, engagement, and advocacy strategy developed by ABC for Health Inc., offers opportunities to promote health equity through improved access to health coverage and care for disparity patients. Similar to the emergence of Precision Medicine, Precision Patient Advocacy offers exciting possibilities through the use of carefully collected data. The comparison to the Precision Medicine initiative—that in part applies the use of genetic information to provide precise treatment services for patients—is intentional and by analogy.

Precision Patient Advocacy applies a myriad of unique health coverage eligibility markers such as: age, income, immigration status, medical status, and employment information, among others. Technology solutions offer the potential to promote improved alignment of variables unique to each person, then generate optimized health coverage opportunities. With an emphasis on assistance for disparity patients, Precision Patient Advocacy that can align, optimize, and record varied health care coverage information as a strategy to help prevent medical debt and uncompensated care.

## **The Advantage of Precision Patient Advocacy**

Precision Patient Advocacy—coupled with Health Benefits Counseling—can tightly focus on identification of coverage options and interpretation of the health coverage system. Byzantine rules, prior authorizations, self-funded insurance, and public benefit requirements combine to form a labyrinth of health coverage and insurance programs. These programs transition across the human life span and warrant technology solutions which can guide and train staff to identify appropriate health care coverage with a high degree of expertise and commitment.





### Precision Patient Advocacy includes:

- Strong patient engagement and customer service
- Timely and accurate information on public and private health care coverage programs
- Identification of precise data points that promote coverage and coverage transition opportunities
- Optimization of coverage options and empowered client decision making
- Facilitated applications for Medicaid, Disability, Social Security, or hospital charity care programs
- Assistance with grievances and appeals
- Avoidance of uncompensated care and the consequences of medical debt
- Accurate Health Care Coverage Records that identify the emergence of coverage opportunities

Ultimately, obtaining health coverage is only part of the struggle for disparity patients. Health Benefits Counselors work to maintain continuous coverage through ongoing monitoring and support to reduce gaps in coverage. Complicated renewal processes in certain benefit programs cause many families to lose health care coverage. For children, in particular, research identifies readily addressable health care coverage gaps with associated unmet health care needs.



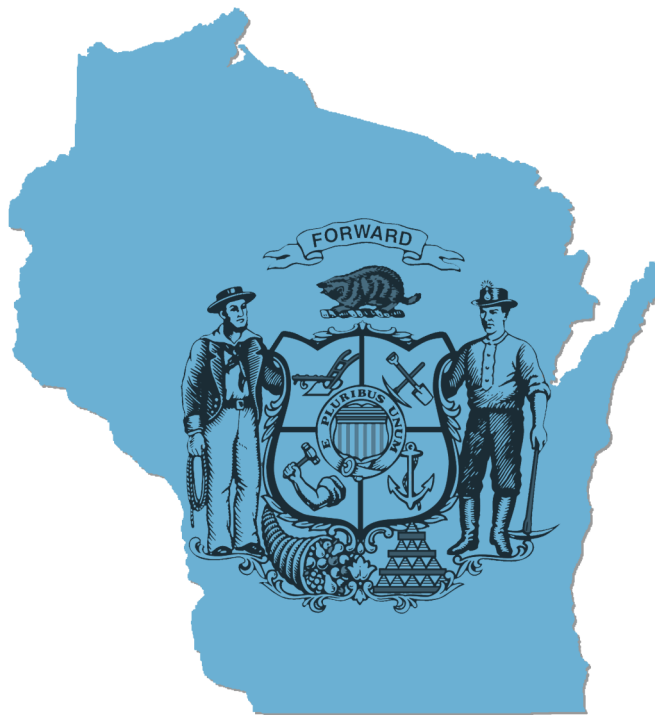
## Conclusion

The need for expanded and affordable access to health coverage in Wisconsin is clear. The recent proposals for “fixing” the system, fail to reach the root of the health care coverage problem. Political instability has undermined the success of the ACA, but WisCare has the ability to revitalize a failing private insurance market and correct some of the fundamental deficits in the ACA. WisCare offers the promise of a system of coverage built on an established private-public partnership. Instead of thousands of small risk puddles, creating a large pool of people will effectively spread risk and increase negotiating leverage through group purchasing power.

In addition, the WisCare Plan has the unique yet vital components of Health Benefits Counselors, who will not only ensure that people connect to vital health care coverage and understand their benefits, but also have access to the care they need by assisting them in navigating the myriad barriers to obtaining necessary medical care.

The WisCare Plan provides for a simple yet comprehensive health care coverage program for accessible for all people in Wisconsin. Employers and individuals will have access to these benefits at a significantly lower cost than existing options.

WisCare builds on an existing and highly effective BadgerCare Plus/Medicaid system. In addition, this plan avoids enormous front-end costs and political battles associated with the creation of new administrative and billing structures. Maintaining a private-public partnership and involving all key stakeholders adds to the likelihood of the success of WisCare. Moreover, the streamlined administrative efficiency and increased amount of preventive care will result in savings for Wisconsin. WisCare will set our state squarely on the course to affordable quality health care that is accessible for everyone.



*A public-private partnership*

# WisCare 2019

*The path to expanded health coverage for Wisconsin*





## Appendix: Case Studies

### Singles Person/Family

Individuals and families would have the opportunity to enroll in WisCare in year 3. Let us consider a family with a child that has special health care needs which do not rise to the level of a formal finding of disability by the state, but that still require ongoing medical attention. A parent would learn about WisCare through outreach efforts. The parent could then contact the Office of Health Care Advocacy and Outreach. Health Benefits Counselors will aid the parents in determining the most affordable coverage option for them, while balancing their interests in the continuity of their child's care, preferred doctors, hospitals, and specialists. A Health Benefits Counselor will assist the family with enrolling in their MCO of choice, explain annual renewals, reporting changes, and the financial responsibilities associated with their plan of choice. The Health Benefits Counselor would be responsible for ensuring access to coverage. From there, since their child would likely be identified as a "high risk" enrollee, a Health Care Guide would ensure access to care. The Guide would ensure that the family was able to make doctors' appointments, access specialists, and overcome any other barriers to care they encountered.

### State and Local Employees

State and local employees would have the opportunity to enroll in WisCare in year 3. Merging these pools with individuals would provide WisCare with a solid base risk pool. Integrating state and local employees into WisCare's risk pool increases the pool by almost 300,000 people.<sup>43</sup> Employees would be offered the same comprehensive coverage available through BadgerCare Plus. In addition, they would have the opportunity to choose between any of the competing MCOs. Some MCOs may offer even more competitive pricing in order to try to capture the interest of this pool. Nonetheless, employees will get to choose which MCO best fits their health needs and covers the providers they are interested in seeing. This opportunity for greater freedom of choice at a lower cost will encourage participation. State and local employees will also have access to Health Benefits Counselors who can walk them through their options. Once enrolled, the services of Health Care Guides will also be available to assist them in accessing the care they need.

### Small Employer

Small employers typically struggle to offer their employees health insurance. The costs of insuring such a small risk pool results in exorbitant costs for employers and the insured. Offering small employers the opportunity to enroll their employees in WisCare in year 4 would further expand the pool and would attract more employees to small employers. WisCare would provide small business employees with access to affordable and reliable comprehensive coverage. This kind of coverage differs significantly from the coverage offered by Association Health Plans, which do not provide the full protection most employees need and are fraught with a history of fraud and scams.<sup>44</sup> WisCare will offer plans with reputable MCOs whose comprehensive benefits will offer full protection. In order to further instill consumer confidence, employees would have access to Health Benefits Counselors and Health Care Guides. The hope is that no mandate would be required, because the coverage offered through WisCare would be affordable for all.



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*A path forward for Wisconsin—and perhaps the nation.*



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