

**ARE FAMILIES ENROLLED IN BADGERCARE BENEFITING FROM THEIR NEW COVERAGE?**

“Yes, but...”

Yes,

- Excellent program - comprehensive coverage.
- We now have healthier communities.
- Allows family access to health care system - entire families had no options before.
- Families are grateful for BadgerCare, but feel they are abusing their coverage whenever they access care because they're not used to doing this.
- People are more likely to bring kids in on BadgerCare - response is very positive with having entire families covered.
- BadgerCare patients are people that may not have received care in the past.
- Providers also benefit because there is a payor source for services rendered.

But...

- Participants don't have understanding of their coverage.
- Program is not favorable due to pre-existing condition guidelines and coverage for dental and vision.
- Still have a large number of uninsured.
- Some can't get into the HMO they want and some are unwilling to pay premium.
- People think they need to be working to be eligible (so do some eligibility workers.)

**ONCE CHILDREN ARE ENROLLED, DO THEY HAVE ACCESS TO HEALTH CARE SERVICES?**

- Yes, except for dental and mental health.
- Access issues are:
  - closed practices at large clinics
  - lack of providers
  - language barriers
  - large waiting lists for services
  - poor care
  - transportation

**HOW CAN WE HELP CHILDREN GET THE HEALTH CARE SERVICES THEY NEED?**

- Re-evaluate HPSAs – create incentives for providers to establish services in shortage areas.
- Benefit counselors in place at facilities for education - have this service reimbursable as an incentive to create.
- Volunteer drivers take patients to medical appointments.
- Sharing resourceful information – advertisements in TV, local newspapers, schools, and in community.

HOW CAN WE HELP CHILDREN GET THE HEALTH CARE SERVICES THEY NEED? (*continued...*)

- Need a neutral liaison in place (not employed by HMOs) to deal with issues such as billing and contract bureaucracy – service providers/service facilities need to find a way to work together in a partnership instead of creating a fight to reimburse and deal with billing issues and accessibility.
- Language interpreters are needed.
- Undocumented parents are fearful to enroll their eligible children for fear of being deported - getting families in same situation to assist with outreach and encouraging other families through the application process.
- Educate about the importance of preventive care and services available.
- Enrollment workers need to be educated too.

**WHAT NEEDS TO BE DONE TO KEEP CLIENTS ENROLLED?**

- Explain the process to clients and what to expect.
- Educating clients, offering a respectful, dignified, and compassionate service.
  - Keep brochures available.
  - Ask lots of questions of clients – have staff be involved in all the changes in people’s lives for eligibility issues.
  - Provide representation at fair hearings.
  - Inform consumers about patient rights and responsibilities.
  - Be an advocate.
  - Educate parents on need for preventative health care.
- Identify person’s barriers to care and walk them through process to access coverage and care.
  - Assist with transportation issues.
- Follow-up with encouragement.
  - Use member advocate to try to get case workers to call back.
  - Be a resource and liaison – contact other providers on behalf of client.
- Help clients prevent lapses of coverage.
  - Stress the importance of reviews with caseworker.
  - Ask at each visit when renewal date is and ask when they will go in to renew.
  - When patients come in to clinic, ask if they’re keeping in contact with the case worker.
- Educate medical providers and staff - providers are getting more involved in coverage issues.
  - Prove it is fiscally responsible to providers to keep clients enrolled.
  - Educate providers to keep or hire benefits counselors.
  - Keep staff educated so we can inform families.
  - Provide a family-friendly work environment.
  - Personally check EDS system monthly and phone or write client to remind need to update insurance. Give information on where to enroll and what may qualify for.

- Collaborate with other community agencies and organizations.

**WHAT COMMUNITY PARTNER DO YOU USE THAT IS HELPFUL?**

Community Partner	Region
Automated Health Systems, Inc. Community Action Agencies Family Resource Centers Food pantries, local grocery stores, retail stores Head Starts Langlade County Health Department Lions Club – funds for glasses, exams for kids with special needs Public Health Salvation Army – vouchers Shelters Social Services WIC	Northern
Catholic Charities Community Advocates EDS Enrollment specialists GAMP Heritage Isaac Coggs Lutheran Social Services Milwaukee Health Department WIC	Southeastern
Automated Health Systems, Inc. Community Advocates Local Public Health Departments Touchpoint	Northeastern
Automated Health Systems, Inc. BadgerCare Coordination Network Community Advocates EDS Ombudsman Head Start Impact Line La Causa Legal Action Local Public Health Departments Neighborhood Centers – Silver Spring, Northcott, Metcalfe Next Door Foundation Parish Nurses Rosalie Manor Shelters – Hope House St. Joseph’s Hospital for uninsured pregnant women St. Mary’s Hospital WI Well-Women Program WIC	Milwaukee
ABC for Health Automated Health Systems, Inc. Economic Support Workers Lions Club Local Health Departments Salvation Army	Western
Automated Health Systems, Inc. Health Start Jody Joyce at Dean MA HMO Ombudsman Pam Rabe at EDS Public Health Departments	Southern