

Public Insurance: Medicaid and Medicare

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Ice Breaker

Spend a few minutes with your table and discuss what would happen if there were a roll back of Medicare and Medicaid in United States. Impacts? Challenges? Gaps?



Key Terms



ACA: The Patient Protection and Affordable Care Act of 2010, it went into effect in 2014

It had 3 goals:

1. Make health insurance more affordable
2. Expand Medicaid
3. Decrease the cost of healthcare

States had the ability to choose to expand with the ACA or not

Wisconsin is a unique state that did expand, just not fully to the ACA requirements so it does not receive federal funding (Assistant Secretary for Public Affairs, 2022)

Medicaid: public insurance for low-income children and adults, joint federal and state funding (Institute of Medicine (US) Committee on the Consequences of Uninsurance, 1970)

Badgercare: Medicaid, just Wisconsin's version of it

SCHIP: State Children's Health Insurance Program

FPL: Federal Poverty Limit, used to determine eligibility for Medicaid

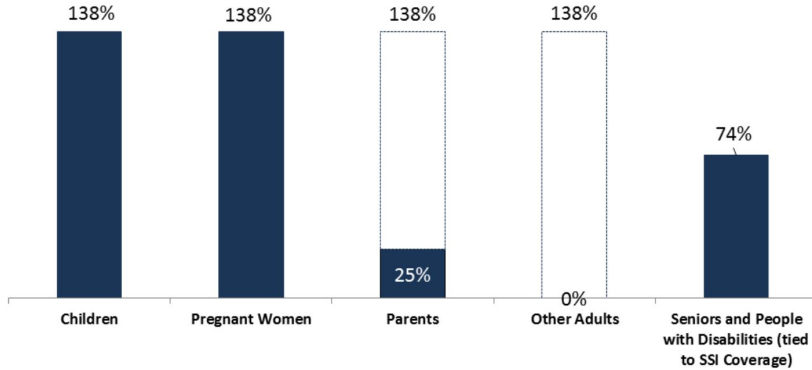
The ACA Marketplace: The Health Insurance Marketplace created by the ACA where you can find an enroll in health coverage (that you do have to pay for); an alternative to ESI or public insurance (*How to get insurance through the ACA Health Insurance Marketplace, 2024*)

The ACA in US vs Wisconsin

Figure 2

Minimum Eligibility Standards by Group

ACA established minimum eligibility standards for adults, but the Supreme Court ruling effectively made these levels optional for states.



NOTE: Parent minimums vary across states; median minimum shown. 138% FPL is \$16,394 for an individual and \$27,821 for a family of three in 2016.



(Artiga et al., 2017)

In Wisconsin:

Parents 100% FPL

Other Adults 100% FPL

Pregnant People 300% FPL

Children 300% FPL

Wisconsin did not expand with the ACA

(Medicaid eligibility and enrollment in Wisconsin, 2024)

Medicare: Health insurance for individuals that are 65+, are disabled, receiving Social Security benefits or that have end-stage renal disease; federally funded (Institute of Medicine (US) Committee on the Consequences of Uninsurance, 1970)

Part A: hospital coverage, automatic enrollment, no premiums

Part B: covers outpatient and physicians, monthly premium of around \$54

Part C: Medicare Advantage - a bundled plan of benefits that usually has A, B and D included with its premium; most include dental and eye which the others do not have

Part D: helps cover the cost of prescription drugs, monthly premium (*Parts of Medicare*, n.d.)

Medicare / Medicaid Dual-Eligible: individuals that qualify for Medicare and are low-income can be dual-eligible (*People dually eligible for Medicare and Medicaid*, 2023)

Many will use their Medicare coverage for preventive care, prescription drugs and primary care

And they'll use their Medicaid coverage for long-term care, ex. Nursing Homes

Unwinding: “the term used by our federal partners to describe the steps for state Medicaid agencies to replace temporary policies established during the COVID-19 emergency with regular eligibility, enrollment, and benefits management processes” (*Unwinding Partner Toolkit*, 2024)

Demographics

Medicaid (BadgerCare)

Wisconsin Members February 2024: **998,913**

Dane County Members February 2024: **76,232**

Medicare

Wisconsin Members December 2023: **1,292,163**

Dane County Members December 2023: **98,877**

Madison Members 2022: **36,850**

Client Example

Case ID # [REDACTED]

About: Patient [REDACTED] needed help paying for [REDACTED] medication and to get on insurance. [REDACTED] was on medical leave [REDACTED] [REDACTED] serious health problems. Patient was also trying to get help for drug use but the treatment center [REDACTED] was not accepting [REDACTED] [REDACTED] not paid [REDACTED] premium for [REDACTED] insurance and thus it was inactive.

Steps Taken: Sheray helped [REDACTED] apply and get on Badgercare as well as getting [REDACTED] approved under Badgercare for inhouse treatment at a recovery center.



Comparing the Market Place to Badgercare for Client



Dean Healthcare

Monthly Premium: \$76.00

Co-Pay: varies by provider



Badgercare

Monthly Premium: \$0.00

Co-Pay: none*

* did have a \$1.00
co-payment on an Rx
medication



Resources

Applying to Badgercare

1. Online
 - Only available in Spanish or English
2. Phone
 - Each County has an agency phone number to call
3. Mail (or Fax)
 - There is a 42 page application that you can print and send in
 - Available in English, Spanish, Dari, Hmong and Pashto
4. In Person
 - Going in person to your County's agency

(Guide to applying - wisconsin department of health services, 2023)

(Access, n.d.)

Agency Numbers

Bad River Band of Lake Superior Tribe of Chippewa Indians	715-682-7127
Bay Lake	888-794-5747
<ul style="list-style-type: none"> • Brown • Door • Marinette • Oconto • Shawano 	
Capital	888-794-5556
<ul style="list-style-type: none"> • Adams • Columbia • Dane • Dodge • Juneau • Richland • Sauk • Sheboygan 	
Central	888-445-1621
<ul style="list-style-type: none"> • Langlade • Marathon • Oneida • Portage 	
East Central Income Maintenance Partnership	888-256-4563
<ul style="list-style-type: none"> • Calumet • Green Lake • Kewaunee • Manitowoc • Marquette • Outagamie • Waupaca • Waushara • Winnebago 	
Forest County Potawatomi Community	715-478-4433
Great Rivers	888-283-0012
<ul style="list-style-type: none"> • Barron • Burnett • Chippewa • Douglas • Dunn • Eau Claire • Pierce • Polk • St. Croix • Washburn 	
Lac Courte Oreilles Band of Lake Superior Tribe of Chippewa Indians of Wisconsin	715-634-8934
Lac du Flambeau Band of Lake Superior Tribe of Chippewa Indians	715-588-4235
Menominee Indian Tribe of Wisconsin	715-799-5137

MILES	888-947-6583
Milwaukee	
Moraine Lakes	888-446-1239
<ul style="list-style-type: none"> • Fond du Lac • Ozaukee • Walworth • Washington • Waukesha 	
Northern	888-794-5722
<ul style="list-style-type: none"> • Ashland • Bayfield • Florence • Forest • Iron • Lincoln • Price • Rusk • Sawyer • Taylor • Vilas • Wood 	
Oneida Nation	800-216-3216
Red Cliff Band of Lake Superior Chippewa	715-779-3706
Sokaogon Chippewa Community	715-478-3265
Southern	888-794-5780
<ul style="list-style-type: none"> • Crawford • Grant • Green • Iowa • Jefferson • Lafayette • Rock 	
Stockbridge-Munsee Community	715-793-4032
Western Region for Economic Assistance	888-627-0430
<ul style="list-style-type: none"> • Buffalo • Clark • Jackson • La Crosse • Monroe • Pepin • Trempealeau • Vernon 	
Wisconsin's Kenosha Racine Partnership (WGRP)	888-794-5820
<ul style="list-style-type: none"> • Kenosha • Racine 	

(Guide to applying - wisconsin department of health services, 2023)



What you Need to Apply

1. SSN
2. DOB
3. Address
4. US Citizenship or immigration status
5. Housing and utility expenses
6. Job information
7. Income
8. Some other information: if someone in your home gets child support, unemployment or SS

(Guide to applying - wisconsin department of health services, 2023)

Application/ Information Resources

- Call: 2 - 1 - 1 (United Way resource line)
- Wisconsin Department of Health Services (DHS)
State Health Insurance Assistance Prog. [SHIP]
- Medicare.gov
- Medicaid.gov
- Health Insurance Counseling and Advocacy
Program (HICAP)



Medicaid Advantage Plans



PROGRAMS

- This is a Medicare Supplement (Medigap) policy, that offers additional benefits within one's Health Maintenance Organization and prescription drug coverage
- Usually has low premiums, but contracts can change annually

ENROLLMENT

- Medicare Advantages plans must have Annual Open Enrollment periods
 - October 15 - December 7
 - January 1 to March 31 (for non-Part D plans)



Medicare Part D (Extra Help)

QUALIFICATIONS

- \leq \$1,903 in 2024 (\$2,575 for couples)

OR

- Enrolled in one of the following (automatically qualify):
 - Medicaid
 - Medicare Savings Program (MSP)
 - Supplemental Security Income (SSI)

BENEFITS / PROGRAM

- Helps people with low income pay for out of pocket prescription drug costs.
- Pays for part D premium
- Eliminates Part D late enrollment penalty
- Qualifies member a one time special election enrollment
- AKA
 - Part D, Low-income subsidy (LIS)

Return to Routine Healthcare Operations Work Plan, (Local Unwinding Timeline)

Returning to Regular Operations after COVID-19

DONE

TO DO

March 2023 - One time letters sent verifying citizenship and notifying what to expect in unwinding for members in CARES



April 2023 - One time letters sent to Letters and emails sent to members of BadgerCare Plus, Medicaid, and FPOS members to notify reapplication necessary (text messages sent as well)



May 2023 - One time letters sent to those who didn't re-apply and had benefits manually extended.



Members who did not qualify, notified coverage is discontinued.

Continued

DONE

TO DO

(May 2023) - Standard renewal package sent to members.



Text messages / email sent to members of 45-day renewal

Other reminders (renewal and address updates)



June 2023 - First health care renewals due in 30 days,

Message to update address and renewal reminder throughout the remaining of unwinding.



May 2024 - Last health care renewals due by May 31, 2024





Discussion Questions

1. Brainstorm ways the enrollment can be made easier for returning Badgercare/Medicaid customers
2. Imagine there was another unwinding period or significant change to our public health insurance system, discuss what workplan you would develop to provide notice of changes as well as offer support those who might be impacted.

Key Takeaways

- Medicaid/Badgercare is a joint federal and state partnership that is for low income individuals
- Medicare is federally funded for people ages 65+ or with people with disabilities (i.e. renal kidney failure, significant schizoaffective disorders)
- Wisconsin is a unique state that did not expand with the ACA but still did expand coverage more so than states that did not expand at all
- Exceptions arise for individuals in unique circumstances to offer support and benefits outside regular seasons.

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