



Submitted electronically on 10/14/2022 to DHSdmsbadgercare1115@dhs.wisconsin.gov

Dear Secretary Timberlake and Director Olson,

Thank you for the opportunity to share comments regarding Wisconsin's request for the extension of the BadgerCare Section 1115(a) Waiver.

The Wisconsin Primary Health Care Association is the member association for Wisconsin's 17 Community Health Centers (also known as FQHCs or Community Health Centers). In 2021, Wisconsin CHCs served nearly 300,000 patients with medical, dental, behavioral health along with other supportive services. Over 50% of patients served received integral coverage through Wisconsin's Medicaid program.

WPHCA continues to remain committed to working with the Department of Health Services in advancing many of the shared goals and priorities that the department initially cited they hoped to achieve through the proposed waiver amendments. These include:

- **Ensuring that every Wisconsin resident has access to affordable health insurance by expanding pathways and reducing barriers to accessible coverage and services.** CHCs have played a significant role in connecting patients and community members to coverage through both Medicaid and the Health Insurance Marketplace and have reinforced that coverage by connecting patients to care and through health literacy education.
- **Building infrastructure to ensure that everyone who has a substance use disorder can access treatment.** Two CHCs continue their HOPE grant work, one was chosen as a demonstration site for the state's Hub and Spoke initiative, and nearly every CHC is providing or has expanded SUD services over the past five years. We recognize that addiction frequently co-occurs with mental health issues, and CHCs work to stabilize and treat both conditions.
- **Supporting patients to become active consumers of health care to improve their health outcomes.** CHCs believe that patients must play an active role in their health care in order to achieve improved outcomes. We use several approaches, from providing classes for parenting and healthy eating to assistance in building health literacy skills, to help our patients create their own plans for improved health, and to address the external barriers that may hinder their progress.

WPHCA provided comments during the initial 1115 BadgerCare Waiver application in 2017 and we continue to express concern regarding the extension of policies that remain in the initial waiver extension. The majority of these new policies were not implemented due to pandemic related policies, thus evaluation of their effectiveness in meeting the stated goals of the initial waiver amendment is not available. The feedback below outlines input in relation to monthly premiums, copays, and other components of the waiver extension application.



Monthly Premiums: DHS proposes extension of monthly premiums for childless adult BadgerCare enrollees between 51% and 100% of the Federal Poverty Level coupled with a failure to pay premiums resulting in a termination and a 6-month enrollment lock-out period for members. WPHCA does not support termination of coverage for individuals due to inability to make premium payments, and given CHC experience caring for the population targeted by this policy, WPHCA is concerned that implementing premiums will result in loss of coverage, increased use of the emergency department, and exacerbating barriers to health care access. This will especially impact continuity of care for low-income individuals.

While premiums are low, it will be difficult for those living below the poverty level to make monthly payments or may result in disenrollment as a result of failure to navigate administrative red tape. Previous BadgerCare waivers implementing premiums for the BadgerCare Core Plan and the BadgerCare Basic plan resulted in a loss of coverage for BadgerCare members. Potential for inappropriate use of the Emergency Department due to coverage losses will result in individuals going without care and medication, accessing care in inappropriate settings, and increased emergency department use.

Copays for Emergency Department Utilization: DHS proposes extension of a provision requiring childless adult beneficiaries pay an \$8 copayment for non-emergent use of the hospital emergency department. Given our CHCs' success in deterring inappropriate emergency department use through initiatives like the Emergency Department Care Coordination (EDCC) program in Milwaukee, which connects patients who recently presented in the Emergency Department with a primary care medical home, WPHCA is concerned that an \$8 charge for a non-emergent Emergency Department visit is cost prohibitive for individuals living under 100% of FPL. Individuals without alternatives, like urgent care or routine access to a primary care provider, will be discriminated against for a lack of providers in their area.

Health Risk Assessment (HRA) as a Condition of Eligibility: DHS proposes extension of a policy that would require childless adults to complete an HRA as a condition of eligibility, with failure to answer the substance use question on the HRA resulting in denial of coverage. Using this approach will result in denial of coverage and will not provide a significant new value-add for clinical decision-making, thus WPHCA opposes conditioning eligibility on the completion of an HRA.

Healthy Behavior Assessments and Premium Reductions: DHS is seeking an extension of allowing premium reductions tied to self-reported healthy behaviors to encourage HRA completion. In February 2020, DHS implemented the BadgerCare Plus Health Survey for Childless Adults. According to the current policy in the BadgerCare Plus Eligibility Handbook the survey is optional and available to all childless adults and collects self-attested answers to questions about health habits (wearing a seatbelt, exercising, not smoking) and health conditions preventing healthy habits. Responses to the survey will be used to determine premium reductions, and responses will be shared with the beneficiaries HMO or MCO. Due to the public health emergency, this policy was discontinued in March 2020.

CHCs find great value in individually assessing their patients' health care needs. We also believe in supporting our patients to play an active role in their own health care. Given our experience in



working with patients to understand their health history and how their social and economic situations contribute to their health and health risks, WPHCA is concerned with:

- Potential inaccuracy of information presented by patients on the Health Risk Assessment. A financial incentive is not likely to motivate individuals to improve their health behavior; rather, it will motivate individuals to access a lower premium. For low-income individuals, the choice between being forthright on a health risk assessment versus the ability to pay more in premiums is not a choice at all. Further, this may leave providers with incomplete/inaccurate information about their patients' health.
- Potential for redundancy or duplication.
- Lack of patient readiness to answer a question related to Substance Use, resulting in loss of access to insurance and a lost care opportunity.

Increased administrative complexity: We remain concerned with the level of administrative complexity created by this waiver for both patients and the State.

- **Premium Payments:** The current state policy allows for premium payments through various methods, including by check, ETF, credit card, or money order. Many members may not have access to bank accounts or credit cards resulting in difficulty making monthly payments. Additionally, there is little training available outlining how to use MyAccess for these payments.
- **Health Risk Assessment and Substance Use Disorder Question Requirement:** If the state is requiring clients to answer a question regarding SUD use, and conditioning eligibility on answering that question, we are concerned that if a client indicates a need for SUD care, there may not be mechanisms to ensure that there are adequate, culturally appropriate options available for those who need it.
- **Health Risk Assessments:** We continue to have questions and concerns regarding the administration of HRAs. These include: How will health risk assessments be administered? How will HRA information be shared with providers so that it can be incorporated in a patient care plan? How frequently will they be administered and updated to reflect the most recent health information which trigger lower premiums?

Thank you for the consideration of these comments. If you would like to discuss any of the feedback included in this comment, please contact me at sgregory@wphca.org.

Sincerely,

Sashi Gregory, Director of Policy and Research
Wisconsin Primary Health Care Association