

Wisconsin Individual Health Insurance Market Analysis

Uninsured Residents
Marketplace and Other Enrollment
Consumer Engagement
Enrollment Assistance

Acknowledgements

This work was supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to the Wisconsin Office of the Commissioner of Insurance totaling \$175,558 with 100 percent funded by CMS/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.

Covering Wisconsin, the Milwaukee Health Care Partnership, and the Rural Wisconsin Health Cooperative contributed substantial effort toward survey data collection. Rachel Cissne Carabell, Darcy Paskey, Sarah Smith, and Jennifer Stegall, of the Wisconsin Office of the Commissioner of Insurance, provided ongoing guidance, review, and comments in preparation of this report.



Focus of Study

1. Identify counties and sub-county areas/populations with the highest uninsured rates and demographics related to the uninsured.
2. Explain current and potential future individual market coverage and Affordable Care Act (ACA) compliant plan enrollment, with discussion of future enrollment projections and uncertainty.
3. Identify behavior decision patterns among the uninsured and underinsured, factors driving consumers' decisions, and primary barriers to coverage, focusing on the top 10 high-need communities identified in the analysis.
4. Assess Marketplace-eligible consumers' engagement with enrollment assistance by county, and the extent Navigator and assister resources are known and accessible.



Uninsured in Wisconsin

1. Identify counties and sub-county areas/populations with the highest uninsured rates and demographics related to the uninsured.
2. Explain current and potential future individual market coverage and Affordable Care Act (ACA) compliant plan enrollment, with discussion of future enrollment projections and uncertainty.
3. Identify behavior decision patterns among the uninsured and underinsured, factors driving consumers' decisions, and primary barriers to coverage, focusing on the top 10 high-need communities identified in the analysis.
4. Assess Marketplace-eligible consumers' engagement with enrollment assistance by county, and the extent Navigator and assister resources are known and accessible.



Uninsured in Wisconsin

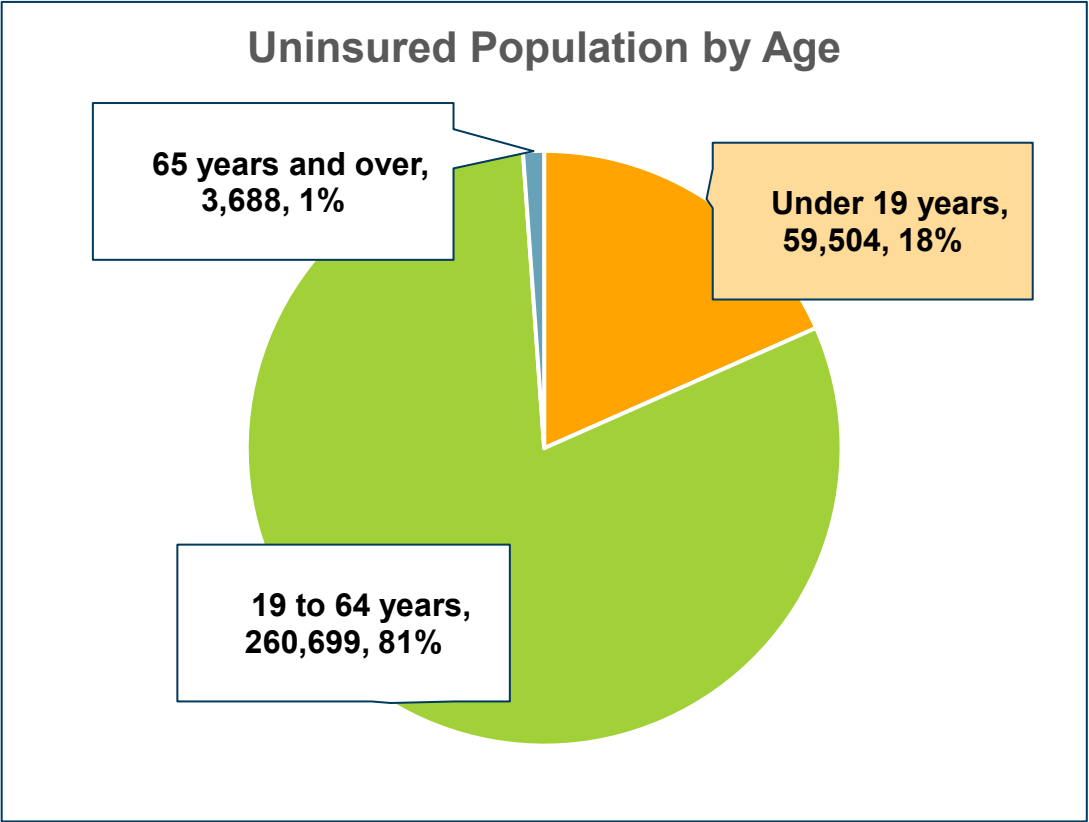
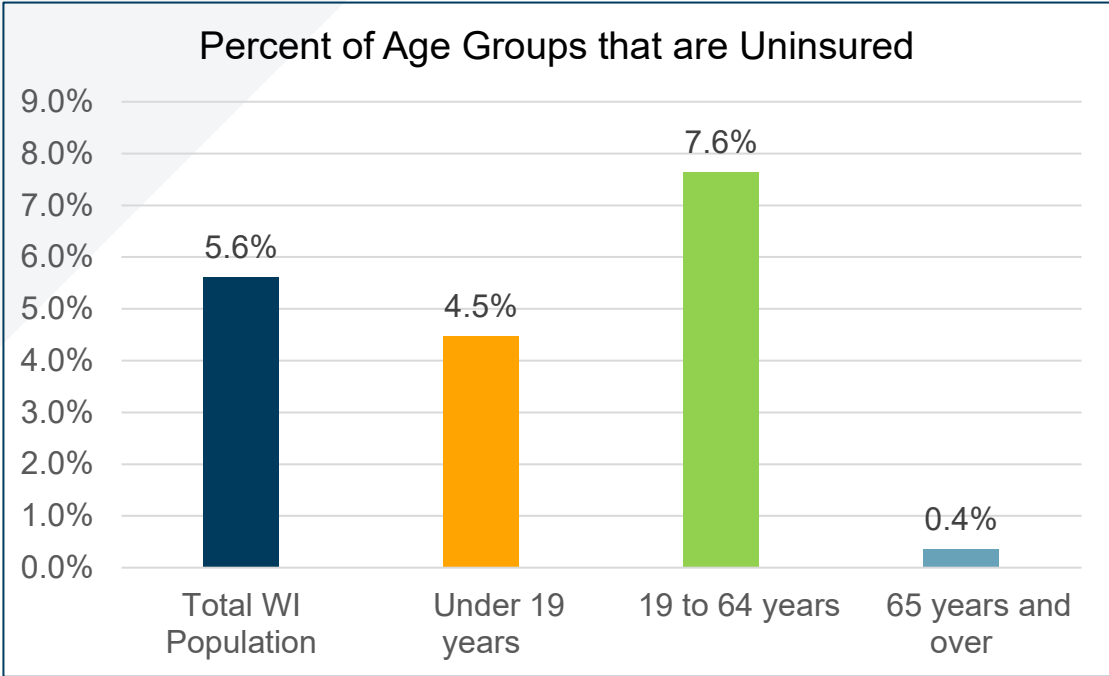
Take-Away Points

- An estimated 312,000 Wisconsin residents are uninsured, with the statewide uninsured rate estimated at 5.5% in 2020.
- Nearly 200,000 uninsured persons have incomes between 100-400% FPL (Marketplace-subsidy-eligible), accounting for nearly two-thirds of the state's uninsured population. Another 63,000 uninsured residents are likely eligible for Medicaid/BadgerCare, with incomes below 100% FPL.
- People with lower incomes are substantially more likely to be uninsured, as are persons of color and Hispanic/Latinos of any race.
- The counties with the largest percentage of uninsured (Clark and Menominee) have over 20% of their populations uninsured. At the same time, most of Wisconsin uninsured persons reside in urban counties. Within those counties, the uninsured predominantly reside in cities.
- Generally: Wisconsin cities—Milwaukee, Madison, Green Bay, and Kenosha—all have larger numbers of uninsured residents than all the Wisconsin counties that rank in the top ten in terms of percentage of residents uninsured. Milwaukee alone has 54,665 uninsured residents.



Uninsured, Statewide, 2020

Nearly one-fifth of this group are children and youth (under age 19).
An estimated 59,504 Wisconsin children and youth are uninsured.
Virtually all of these young people qualify for Medicaid/BadgerCare or Marketplace subsidized coverage.



Note: These data are based on 2020 experimental estimates from the Census, ACS, due to COVID-related challenges in collecting data for that year. Updated data for 2021 will become available, with more detail, in September 2022.

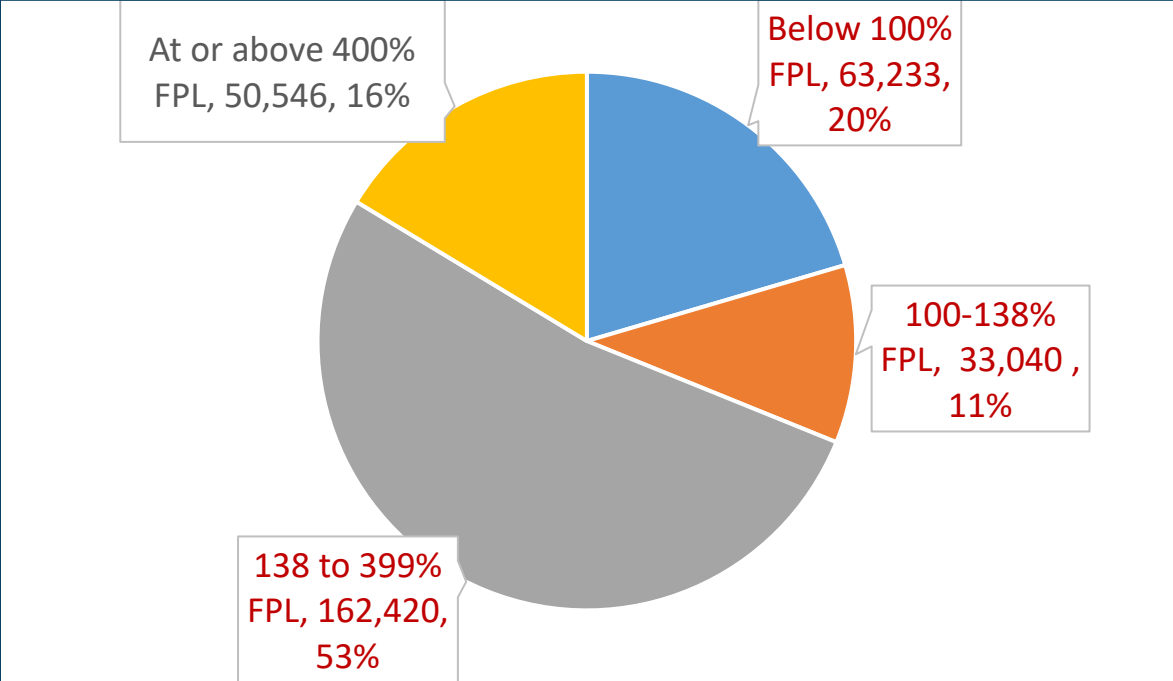
Source: 2020 ACS 1-Year Experimental Data Tables.

<https://www.census.gov/programs-surveys/acs/data/experimental-data/1-year.html>

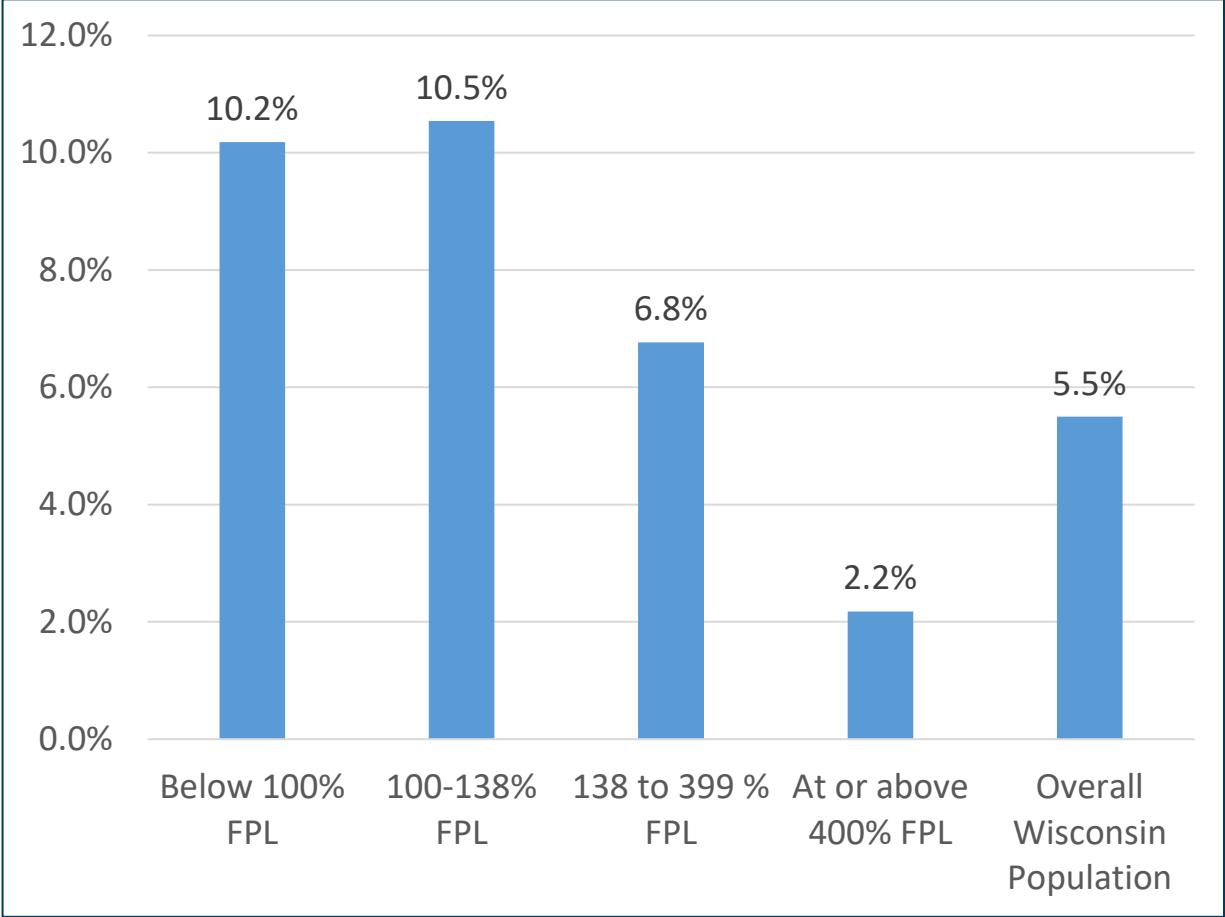
Uninsured in Wisconsin

Uninsured by Income Range, ACS 2020

Total Uninsured, by Income Range

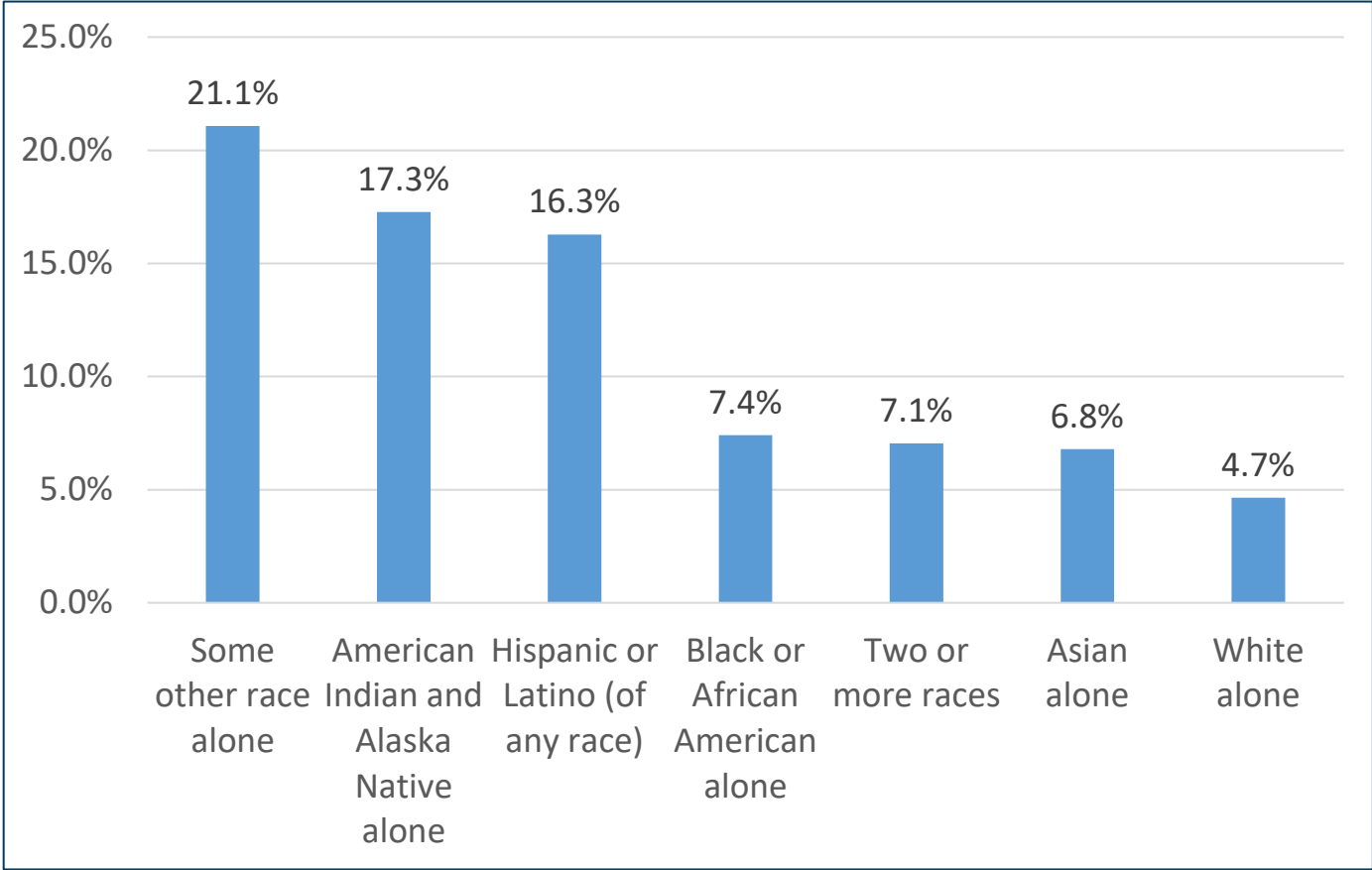


Percent Uninsured within Each Income Range



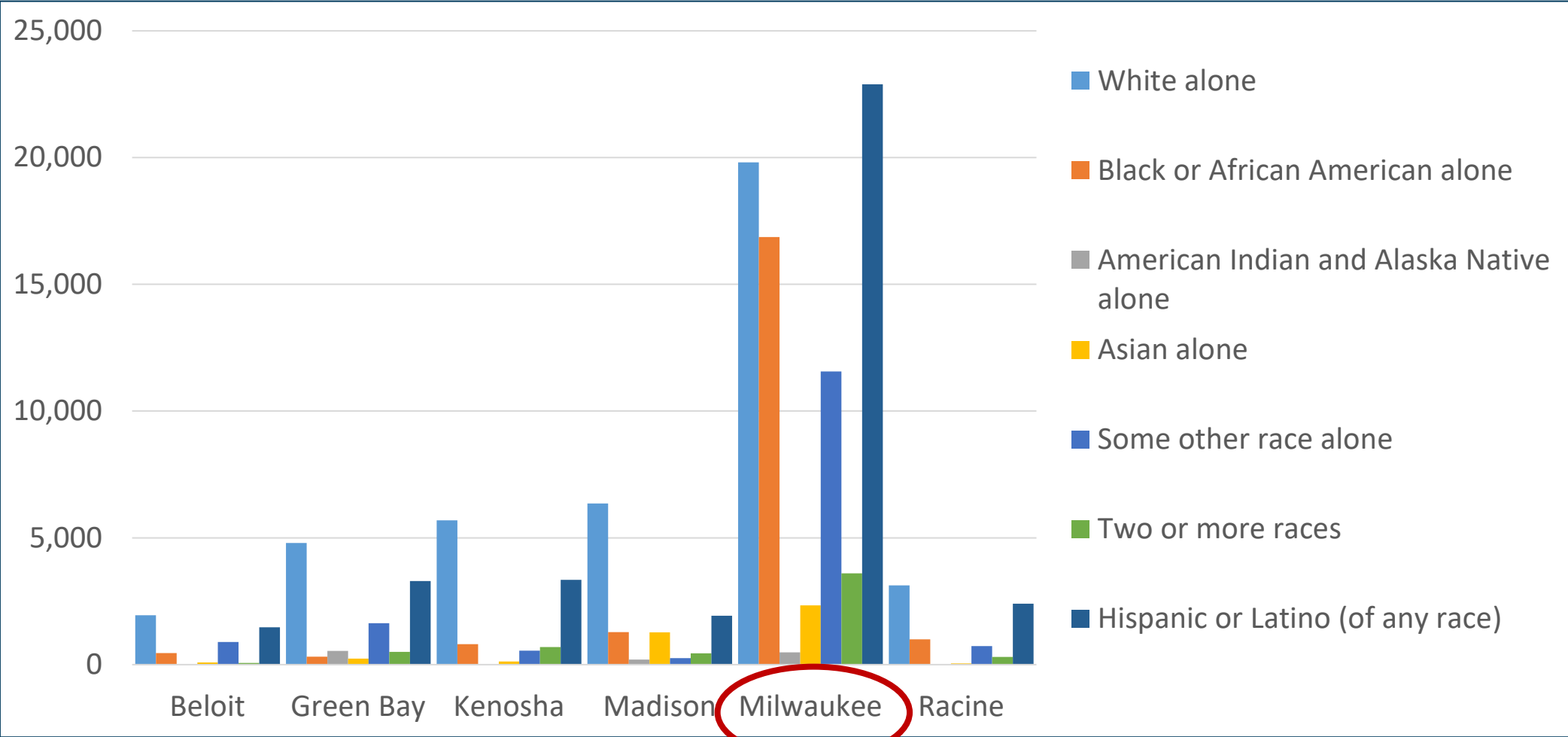
Uninsured in Wisconsin

Uninsured by Race and Ethnicity, ACS 2020



Uninsured in Wisconsin

Uninsured by Race and Ethnicity, Wisconsin Cities ACS 2020 5-Year Estimates



Uninsured in Wisconsin

Top Ten Counties, Percent and Number Uninsured Residents, 100-399% FPL

Top Ten Counties in Percent Uninsured, 100-399% FPL Uninsured			Top Ten Counties in Number Uninsured, 100-399% FPL		
	Number	Percent		Number	Percent
Menominee	676	28.6%	Milwaukee	42,691	7.2%
Clark	4,293	21.1%	Dane	10,383	3.6%
Vernon	2,611	16.6%	Brown	8,208	5.2%
Lafayette	999	10.8%	Waukesha	6,751	3.3%
Jackson	1,114	10.2%	Kenosha	6,550	6.7%
Green Lake	1,045	10.1%	Racine	6,215	4.9%
Pepin	368	9.8%	Rock	5,527	5.7%
Trempealeau	1,642	9.7%	Outagamie	5,466	4.8%
Monroe	2,481	9.7%	Marathon	5,386	6.0%
Barron	2,412	9.6%	Winnebago	5,242	6.4%



Uninsured in Wisconsin

Geographies and populations with the highest uninsured rates

- Clark and Menominee Counties have the largest percentage of uninsured residents, with over 20% of their populations uninsured.
- However, Wisconsin's more heavily populated cities are home to most of Wisconsin's uninsured population, and for much of the state's racial and ethnic diversity.
- The numbers of uninsured in Milwaukee, overall, and for its racial and ethnic subpopulations, far exceed the total population of uninsured residents in any other Wisconsin county.
- Milwaukee has 54,665 uninsured residents, and Madison has 9,898 uninsured residents – both substantially higher than Clark and Menominee Counties.
- Generally, Wisconsin cities – Milwaukee, Madison, Green Bay, and Kenosha – all have larger numbers of uninsured residents than all the Wisconsin counties that rank in the top ten in terms of percentage of residents uninsured.



Wisconsin Uninsured

Larger Cities, Number and Percent Uninsured, ACS 2020

	Beloit	Green Bay	Kenosha	Madison	Milwaukee	Racine
Total Uninsured 100-399% FPL	1,734	4,905	4,783	5,231	34,955	3,872
100-137% FPL	412	843	680	593	6,498	1,057
138-399% FPL	1,322	4,062	4,103	4,638	28,457	2,815
Percent Uninsured 100-399% FPL	8.7%	8.6%	9.8%	5.4%	11.4%	9.0%
<100% FPL	973	2,353	1,833	3,080	13,580	888
≥ 400% FPL	692	682	1,172	1,203	5,786	436



Uninsured in Wisconsin

Pandemic-Related Uninsured Trends

- Administrative data, reporting enrollment in public and private insurance, suggest a stable uninsured rate in 2020 and 2021 despite the pandemic and related recession.
- Enrollment increases in Medicaid and the Marketplace appear to have offset decreases in employer coverage and, with the economic recovery, the uninsured rate may be lower now than in early 2021.



Individual Market Enrollment

1. Identify counties and sub-county areas/populations with the highest uninsured rates and demographics related to the uninsured.
2. Explain current and potential future individual market coverage and Affordable Care Act (ACA) compliant plan enrollment, with discussion of future enrollment projections and uncertainty.
3. Identify behavior decision patterns among the uninsured and underinsured, factors driving consumers' decisions, and primary barriers to coverage, focusing on the top 10 high-need communities identified in the analysis.
4. Assess Marketplace-eligible consumers' engagement with enrollment assistance by county, and the extent Navigator and assister resources are known and accessible.



Individual Market Enrollment

Summary Points

- Plan enrollment through the ACA Marketplace has increased in the past year, and most consumers qualified for premium subsidies. This increase reflects the expansion of premium subsidies under ARPA.
- Consumers with incomes over 300% FPL account for a growing portion of Marketplace consumers, and lowest income range consumers (including those below 250% FPL that qualify for cost-sharing reductions) account for a declining proportion of Marketplace consumers.
- CSRs are linked to selection of silver-metal-level plans, and the decline in consumer CSR-attachment is associated with a decline in selection of silver-metal plans.
- A substantial proportion of consumers with incomes below 250% FPL select bronze plans, even though these consumers qualify for CSRs. This suggests a need to support consumer health insurance literacy and, particularly, to promote better understanding of cost-sharing exposure.
- Consumers in the 55 – 64 age range account for an increasing share of Marketplace plan selections, while one-fifth of consumers selecting plans statewide are in the 18 – 34 age range. Young adults are also more likely to remain uninsured, and young adults comprise the largest portion of the state's uninsured population.



Individual Market Enrollment

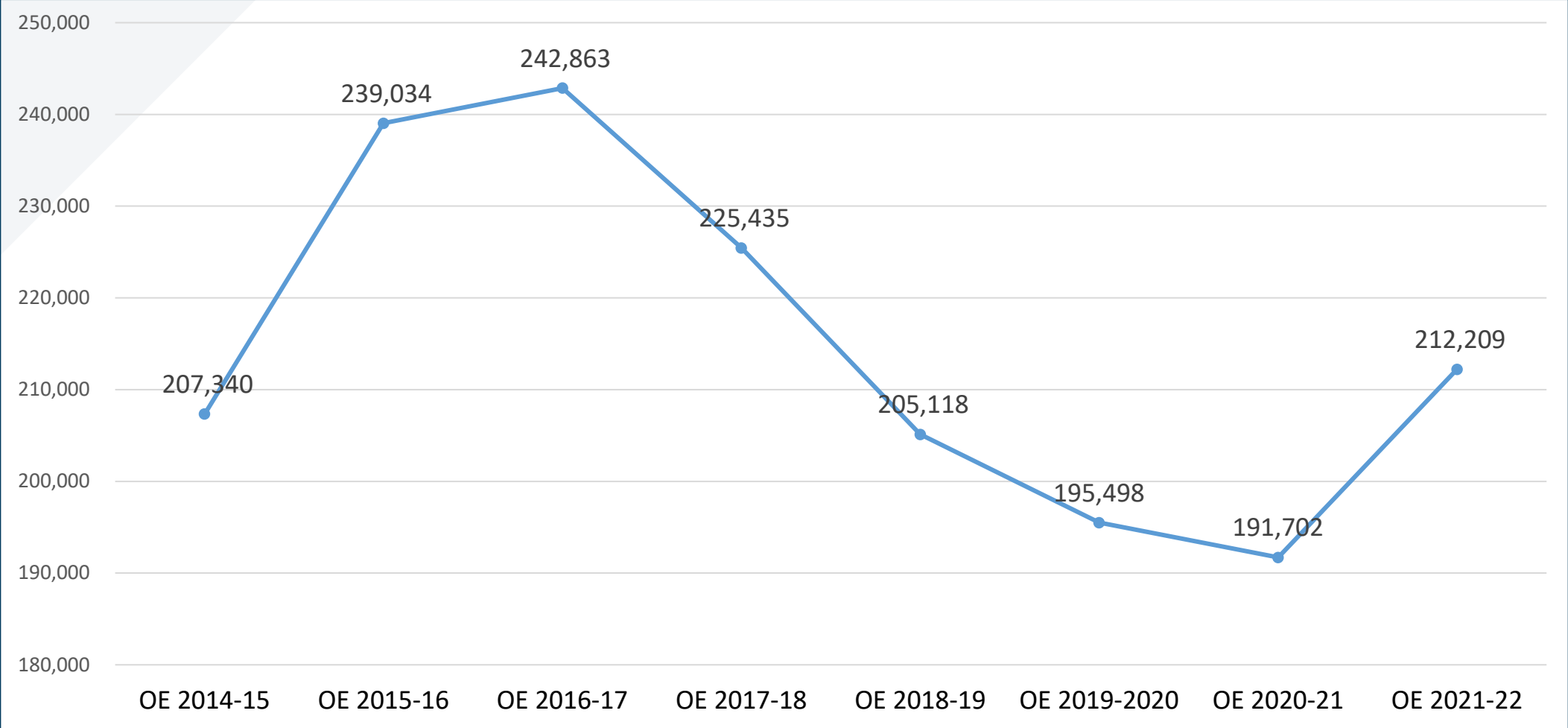
Individual Market, Single Risk Pool, Transitional, and Grandfathered Plans, 2019-2021

		12/31/2019	12/31/2020	12/31/2021	Change 2019-2021	% Change 2019-2021
Single Risk Pool: fully compliant with the ACA.	Milwaukee	22,113	21,574	23,473	1,360	6.2%
	Northeastern	44,274	42,693	48,520	4,246	9.6%
	Northern	22,789	21,412	22,685	-104	-0.5%
	Southeastern	28,618	28,656	31,524	2,906	10.2%
	Southern	40,226	41,386	44,546	4,320	10.7%
	Western	26,226	26,319	27,879	1,653	6.3%
	Statewide	184,246	182,040	198,627	14,381	7.8%
Transitional: subject to limited provisions of the ACA.	Milwaukee	1,153	968	774	-379	-32.9%
	Northeastern	2,635	2,217	1,853	-782	-29.7%
	Northern	992	812	668	-324	-32.7%
	Southeastern	3,694	3,119	2,645	-1,049	-28.4%
	Southern	6,477	5,445	4,646	-1,831	-28.3%
	Western	1,006	779	625	-381	-37.9%
	Statewide	15,957	13,340	11,211	-4,746	-29.7%
Grandfathered: not subject to most provisions of the Affordable Care Act (ACA).	Milwaukee	388	318	203	-185	-47.7%
	Northeastern	558	451	232	-326	-58.4%
	Northern	238	207	61	-177	-74.4%
	Southeastern	1,206	1,022	629	-577	-47.8%
	Southern	674	561	359	-315	-46.7%
	Western	336	284	94	-242	-72.0%
	Statewide	3,400	2,843	1,578	-1,822	-53.6%



Open Enrollment QHP Selections Trend

Plan Years 2015-2022



ACA Plan Selections, Open Enrollment

Plan Year 2022 Dashboard

	OE Plan Year 2022
Total Consumers Selecting Plans	212,209
Consumers with APTC	187,555 (88%)
Consumers with CSRs	72,746 (34%)
Average Premium statewide (before APTCs)	\$629
Average Premium statewide (after APTCs)	\$161
Average APTC among consumers receiving APTCs	\$530
Average Premium for Consumers receiving APTC	\$118

- ✓ Young adults (ages 18-34) account for a declining portion of individual market enrollees. Young adults also account for a substantial portion of the state's uninsured rate. Targeted efforts to increase enrollment of young adults will improve the individual risk pool and help reduce premium rates overall – attracting enrollment by others and further reducing the uninsured rate.
- ✓ Consumers in the lowest income ranges (including those below 250% FPL that qualify for cost-sharing reductions) account for a declining proportion of Marketplace consumers. Consumers with incomes over 300% FPL account for an increasing share of Marketplace plans, with consumers in the 300-400% FPL range increasing the most.



ACA Plan Selections, Open Enrollment

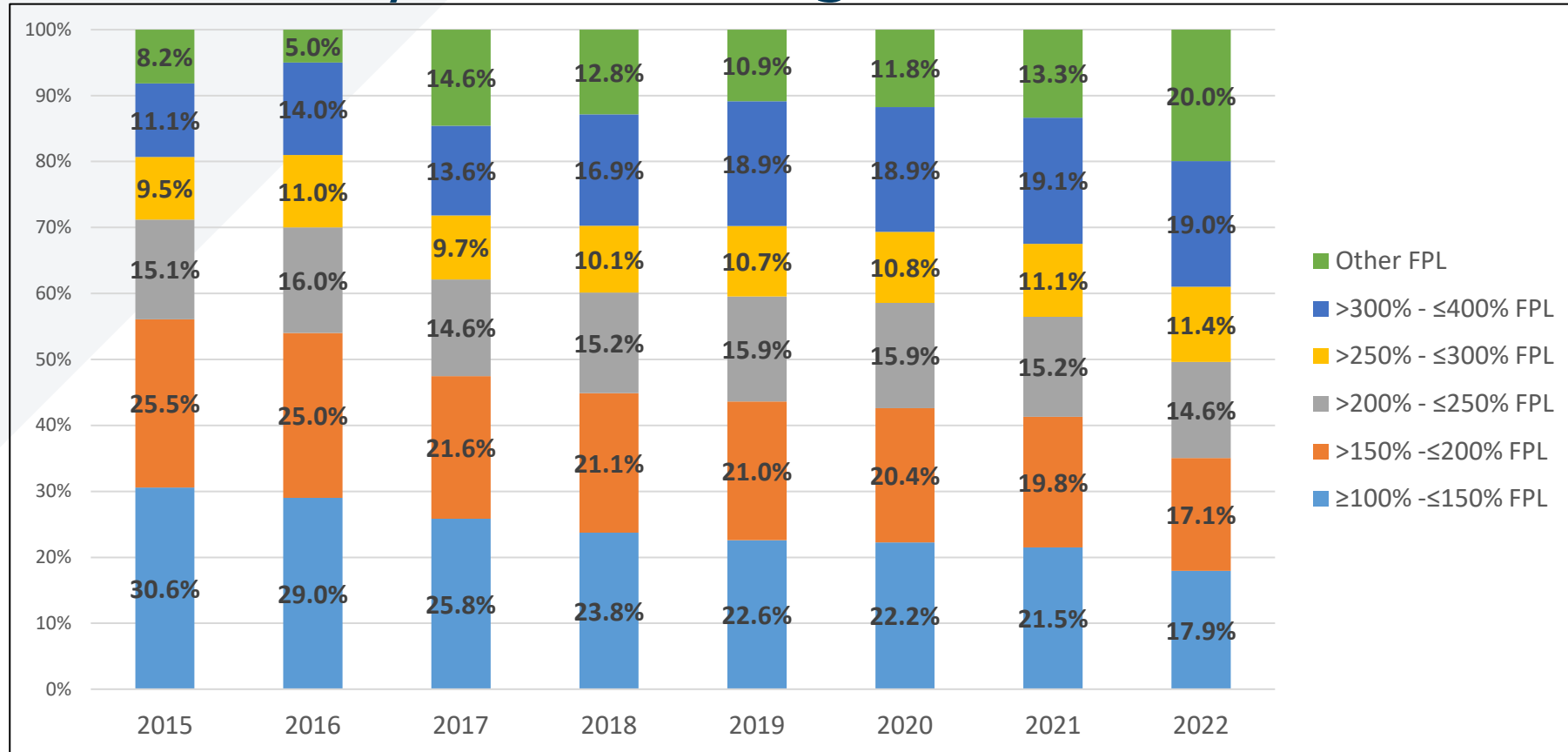
Trend in Plan Selections by Income Group, 2015-2022

	Net Change ≥100% - ≤150% FPL	Net Change >150% - ≤200% FPL	Net Change >200% - ≤250% FPL	Net Change >250% - ≤300% FPL	Net Change >300% - ≤400% FPL	Net Change Other FPL	Net Change Total
2015-22	(25,369)	(16,528)	(486)	4,531	17,296	25,425	4,869
% change	-40.0%	-31.3%	-1.5%	23.0%	75.0%	150.2%	2.3%

- The **decreases** have occurred predominantly among the lowest income groups.
- The number of consumers with incomes over 300% FPL has **increased**.

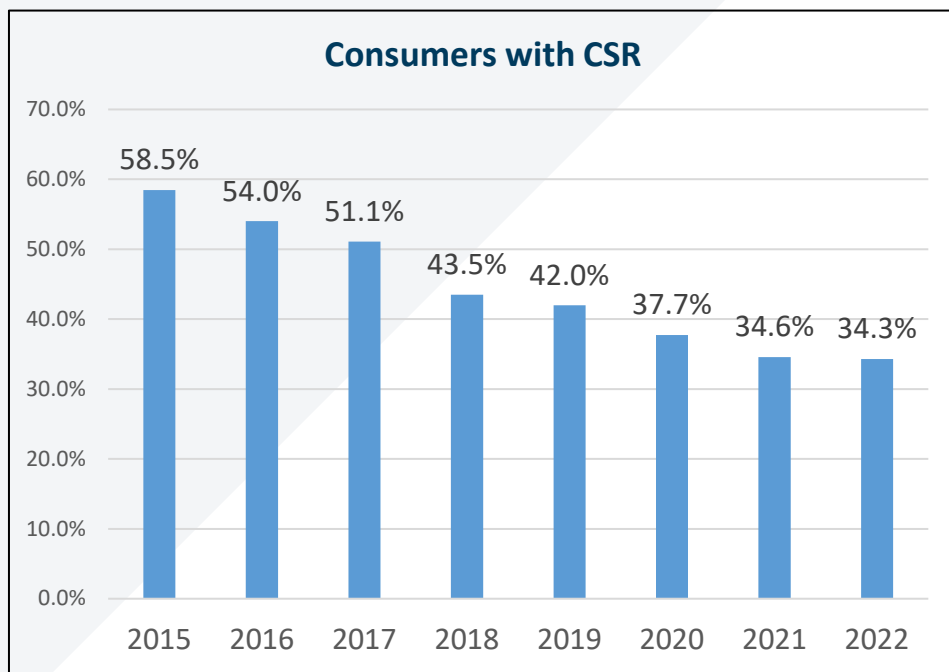


Plan Selections by Income Range, 2015-2022



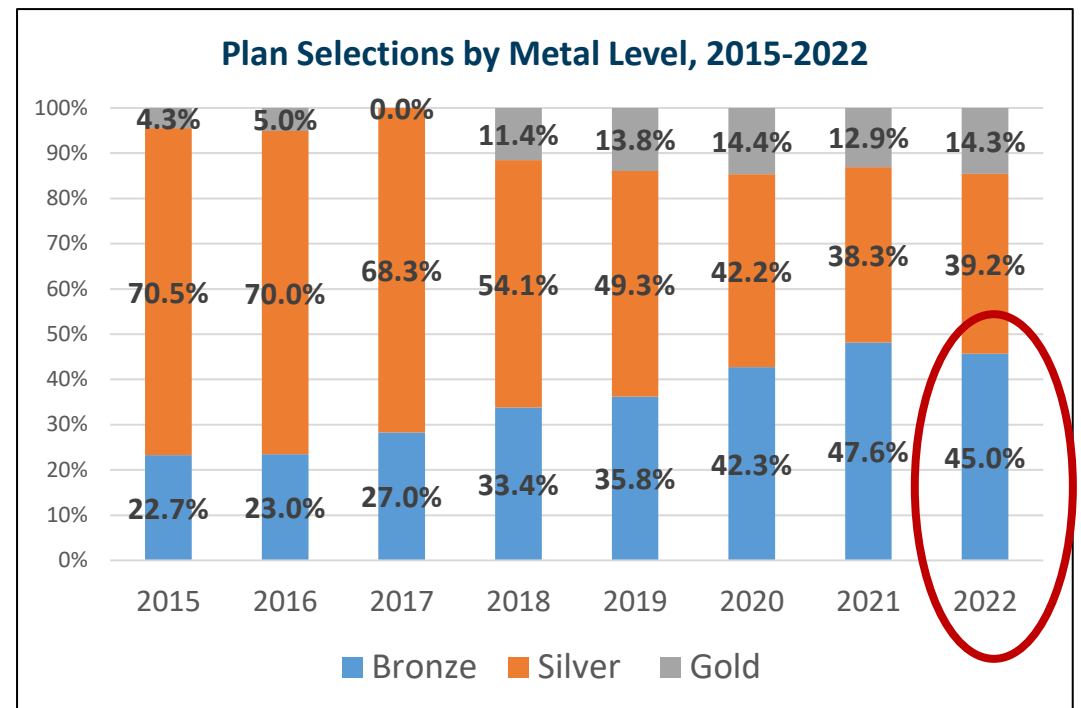
- Lowest income range consumers (100-150% FPL) account for a declining proportion of Marketplace consumers.
- Consumers with incomes >300% FPL account for an increasing share of Marketplace plans, with consumers in the 300-400% FPL range increasing the most.





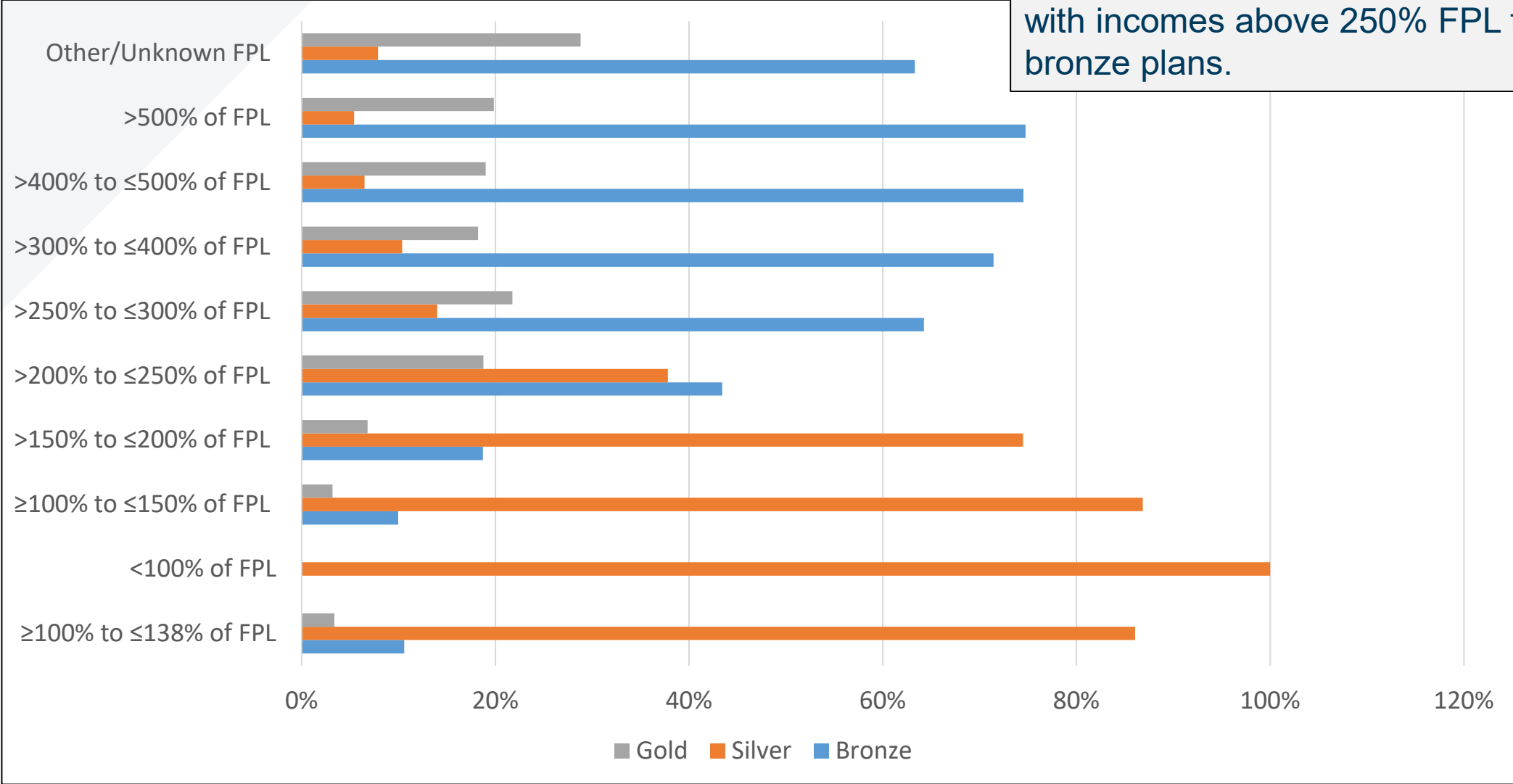
Consistent with the changing income composition of Marketplace consumers, a declining proportion qualify for Cost-Sharing Reductions (CSRs), which require income <250% FPL.

- Increasing proportion of consumers select bronze and gold plans, while a decreasing proportion select silver plans – consistent with the decline in CSR-linked plans.
- This trend also likely reflects the effect of silver loading in premiums after 2017, and the ability of consumers to apply their APTCs to other metal levels.

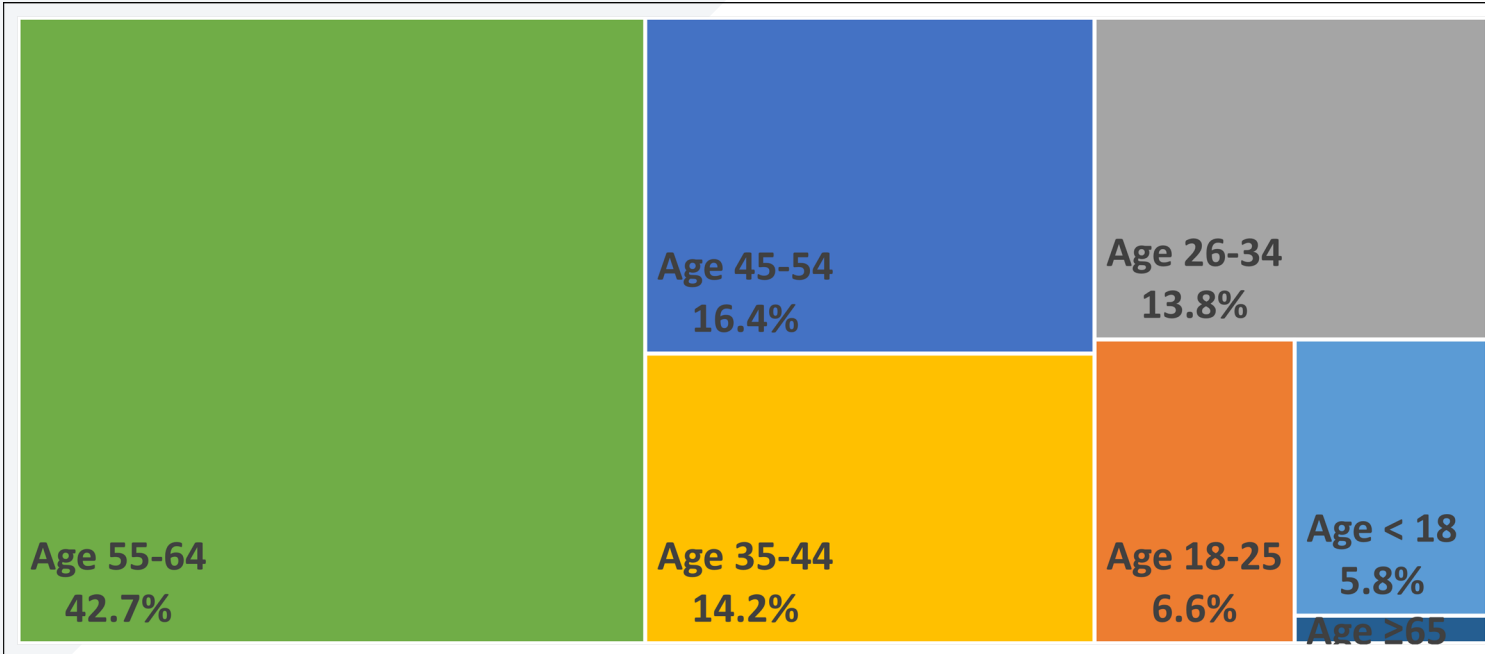


Income Category by Metal Level

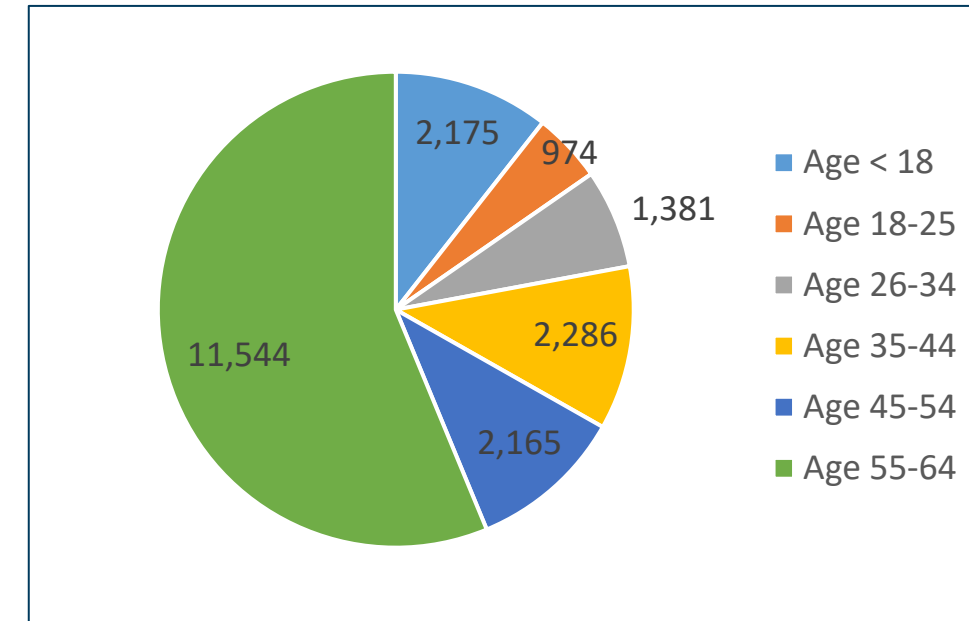
Lower income levels favor silver plans (with associated CSRs), while those with incomes above 250% FPL favor bronze plans.



Plan Selections by Age, 2022



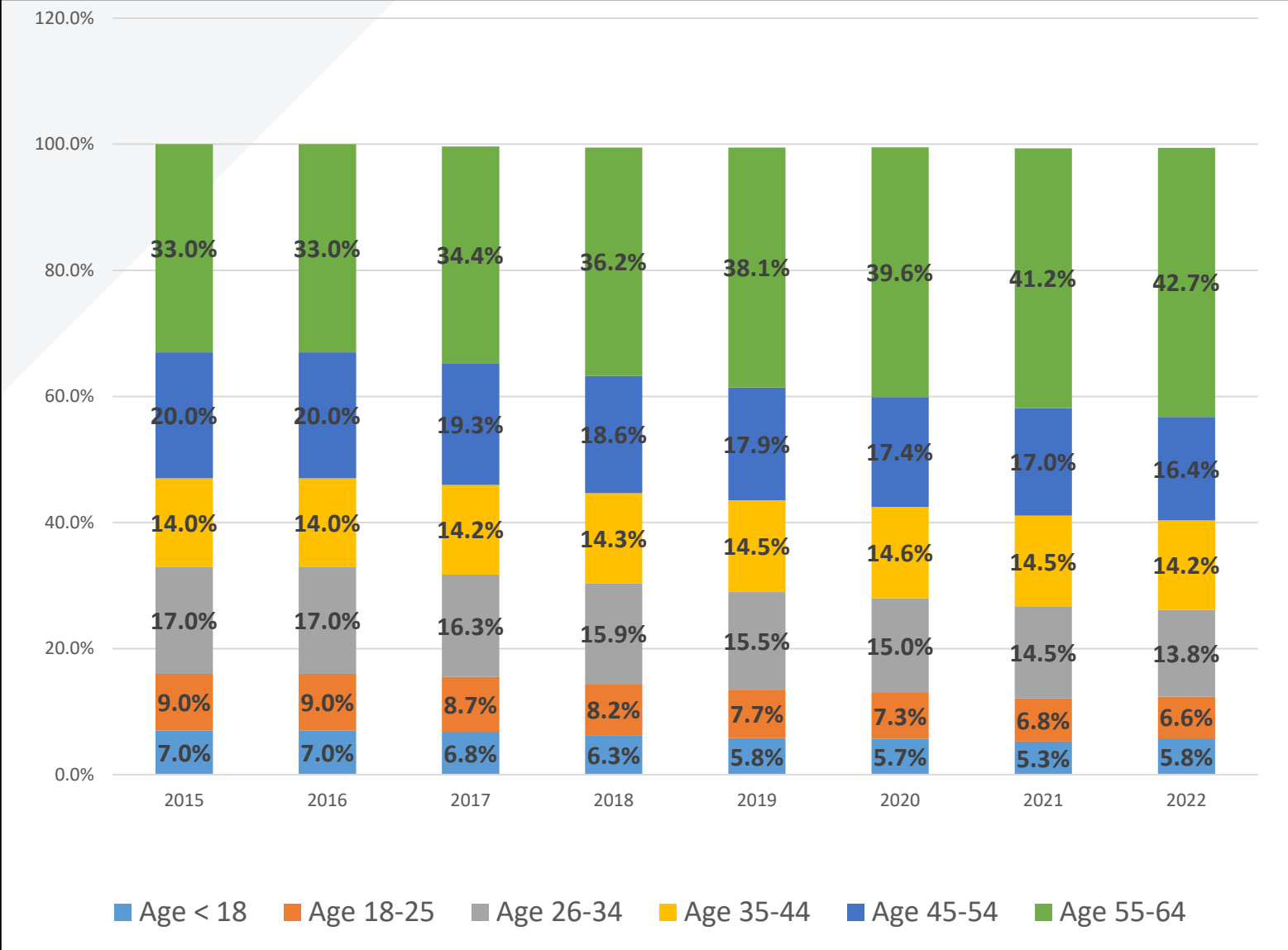
Change in Plan Selections by Age, OE2021-2022



- For the 2022 plan year, 21% of consumers selecting plans statewide are in the 18–34-year age range.
- Consumers age 55 – 64 account for over half of the total increase from PY2021-2022.
- 55 – 64 age range accounting for an increasing share of ACA Marketplace plan selections overall.



Plan Selections by Age Range, 2015-2022



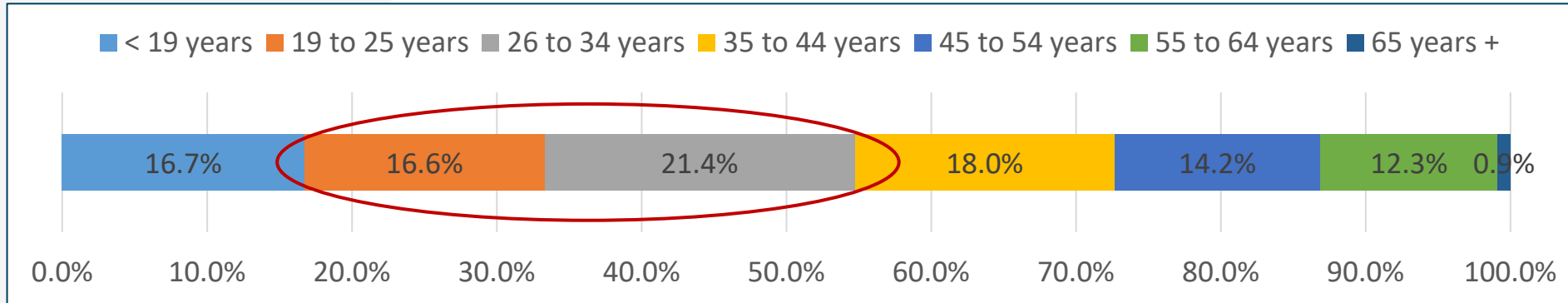
Consumers in the 55-64 age range account for an increasing share of ACA Marketplace plan selections.



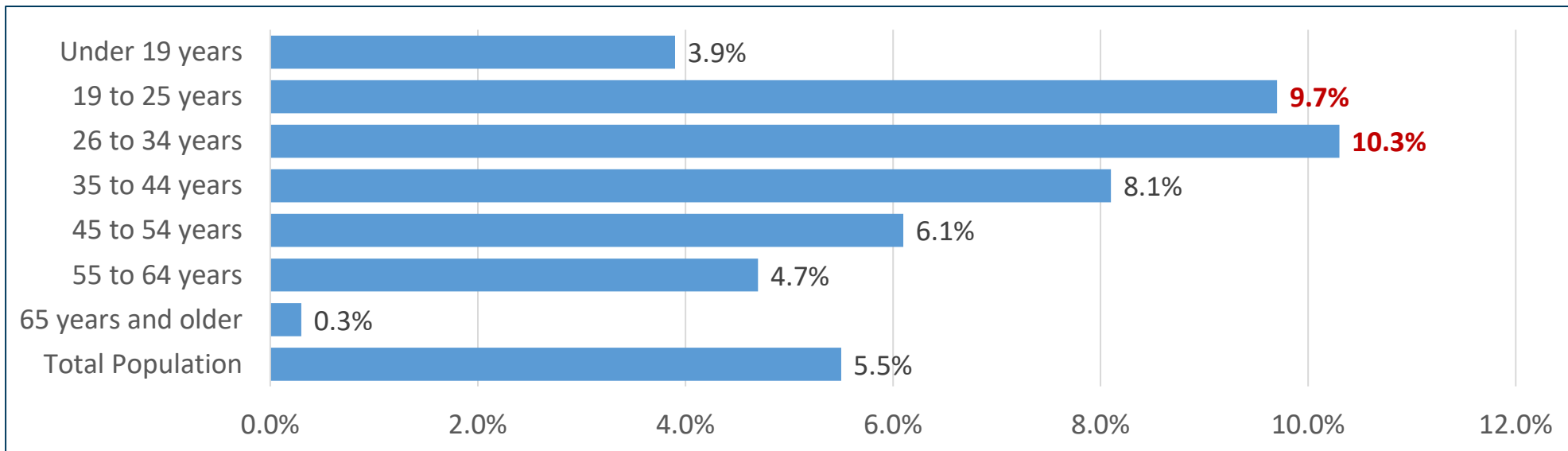
Plan Selections by Age Range

Younger Adults More Likely to Remain Uninsured

Wisconsin Uninsured by Age Range, ACS 2020

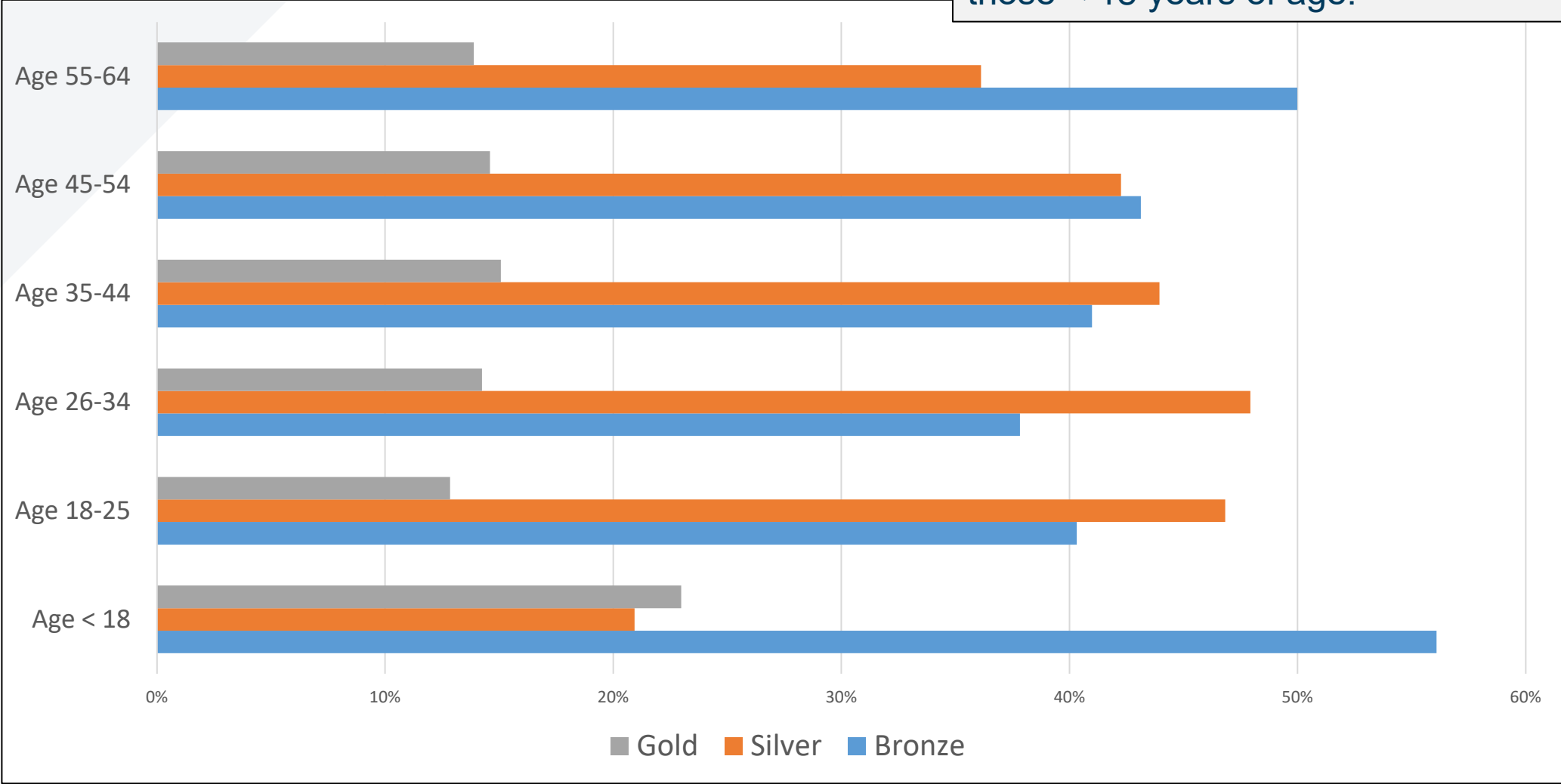


Percent Uninsured by Age Range, Wisconsin, ACS 2020



Metal Level by Age

Older consumers are more likely enrolled in bronze plans over silver plans, as are those < 18 years of age.



Outlook for Future Enrollment

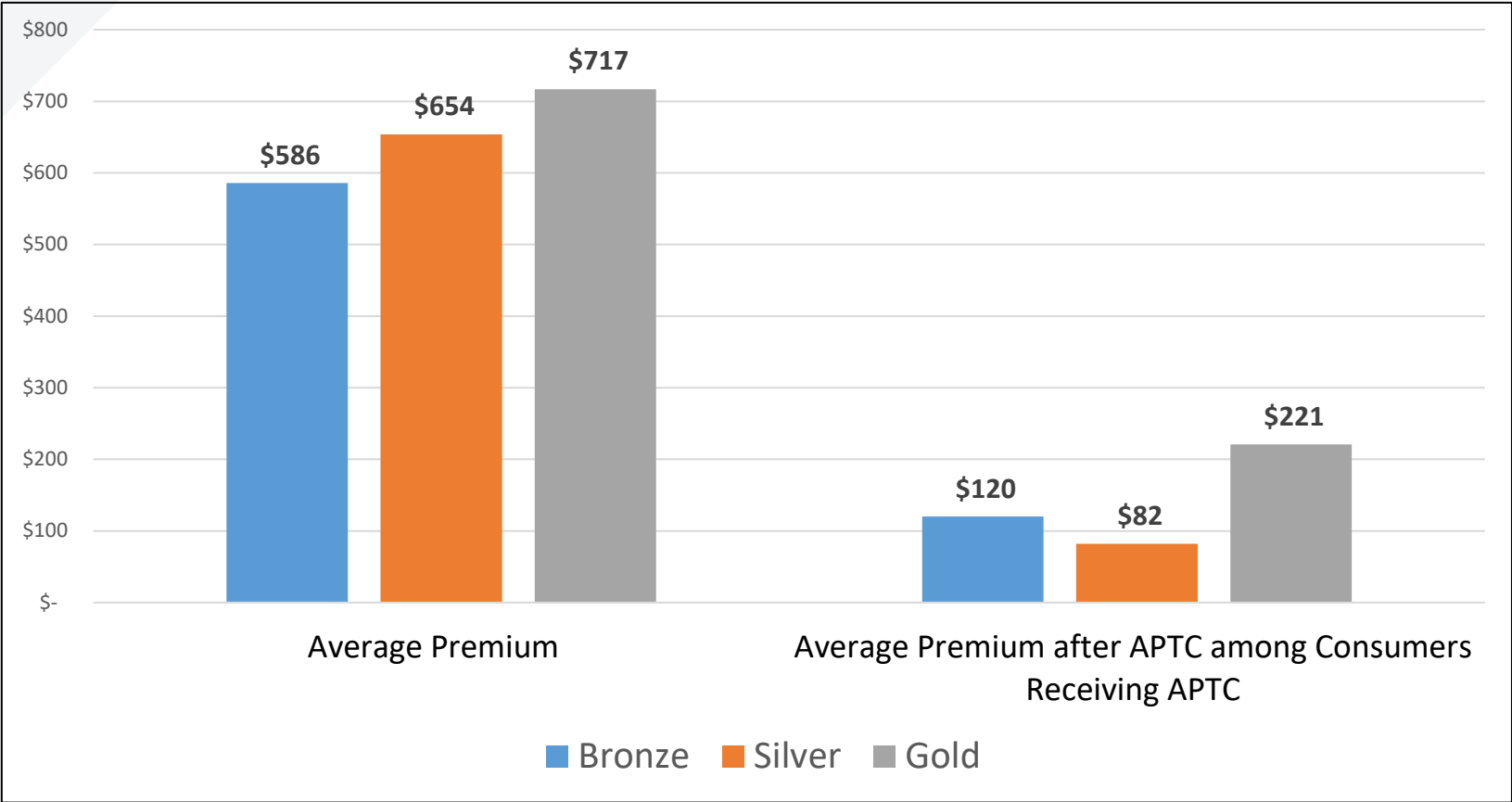
Uncertainty and Opportunity

- Inflation Reduction Act of 2022 extends the ARPA-enhanced subsidies for Marketplace plans for three years, through 2025, promising sustained gains in affordability and enrollment. The IRA's extension of enhanced subsidies will likely avert prior projected declines in overall Marketplace enrollment linked to the previously assumed expiration of the enhanced subsidies.
- Future individual market enrollment will depend on federal policy matters that remain unresolved.
 - When the COVID-19 public health emergency (PHE) will expire, which will trigger the start of Medicaid “unwinding;” and
 - Whether the federal government will resolve the ACA “family glitch.”
- The changes in underlying premiums, along with the late-breaking change in federal policy pertaining to subsidies, amplify the need for robust consumer outreach, education, assistance, and active re-enrollment.
- Well-targeted outreach and enrollment efforts can optimize opportunities and minimize negative effects associated with these policy uncertainties.



Average Premiums by Metal Level, PY 2022

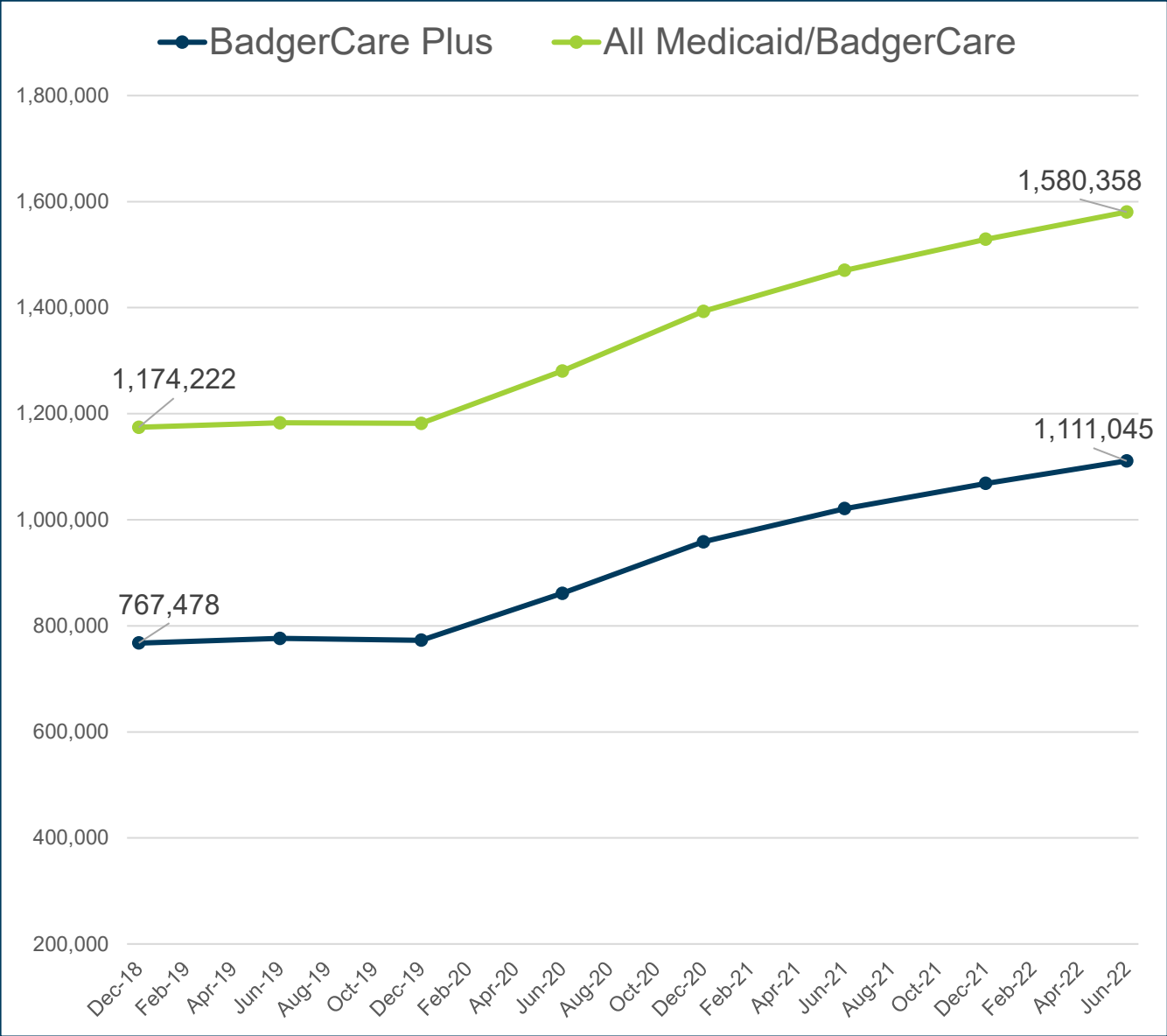
Before and After APTC



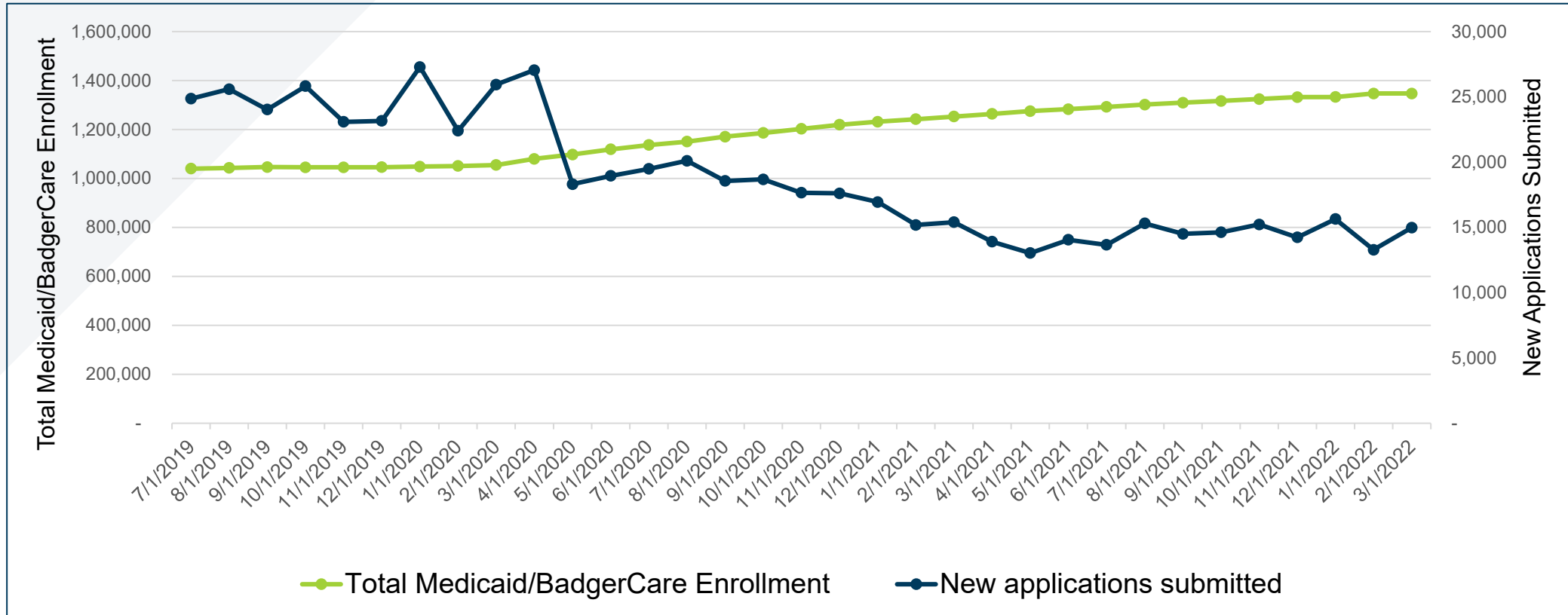
Medicaid Enrollment Trend, 2019-2022

Total Medicaid enrollment increased 33.7% since late 2019 to June 2022.

BadgerCare enrollment has increased 43.8%



Medicaid Application and Enrollment Trend, 2019-2022



- Since March 2020, enrollment has increased even as submitted applications have declined.
- This shows the effect of the freeze on disenrollment that took effect with the COVID-19 public health emergency.



Data source: Data.Medicaid.gov. State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data

Consumer Decision-Making and Engagement

1. Identify counties and sub-county areas/populations with the highest uninsured rates and demographics related to the uninsured.
2. Explain current and potential future individual market coverage and Affordable Care Act (ACA) compliant plan enrollment, with discussion of future enrollment projections and uncertainty.
3. Identify behavior decision patterns among the uninsured and underinsured, factors driving consumers' decisions, and primary barriers to coverage, focusing on the top 10 high-need communities identified in the analysis.
4. Assess Marketplace-eligible consumers' engagement with enrollment assistance by county, and the extent Navigator and assister resources are known and accessible.



Consumer Decision-Making and Engagement

Data and Methods

- Review of Existing Survey Data and Literature
 - CDC National Health Interview Survey
 - Kaiser Family Foundation
 - Commonwealth Fund
 - Urban Institute Health Reform Monitoring Survey (HRMS)

- Primary Data Collection
 - Direct survey of consumers, with Wisconsin partner agencies
 - ❖ Rural Wisconsin Health Cooperative, Covering Wisconsin, and the Milwaukee Health Care Partnership
 - Convenience sample, fielded June 2022
 - Locations of survey data collection included health and social service facilities and community events
 - Also surveyed enrollment assisters: Agents and Brokers, Navigators, CACs.



Consumer Decision-Making and Engagement

Wisconsin Survey Respondents

Survey Respondents: N = 562

Wisconsin Region of Residence (county self-reported)	
Milwaukee County	38.7%
Southeastern urban (non-Milwaukee)	22.5%
Southwest Rural	16.6%
Fox Valley/Green Bay area	9.2%
North Central Rural	8.5%
Undetermined	4.6%
Age Range (self-reported)	
19 – 26 years	13.6%
27 – 34 years	25.6%
35 – 54 years	32.4%
55 – 64 years	13.1%
Age 65 or above	15.4%
Income Range (self-reported)	
Low/lower income	46.9%
Medium/middle income	49.5%

Race/Ethnicity (self-reported)	
White	51.7%
African American/Black	31.7%
American Indian/Native American	3.5%
Asian	2.3%
Other	1.7%
Hispanic/Latino/a/x	9.22%
Language of Survey Completion	
English	96.3%
Spanish	3.7%
Employment Status (self-reported)	
Yes, working for pay	44.8%
Yes, self-employed	17.4%
No, not working	37.9%



Consumer Decision-Making and Engagement

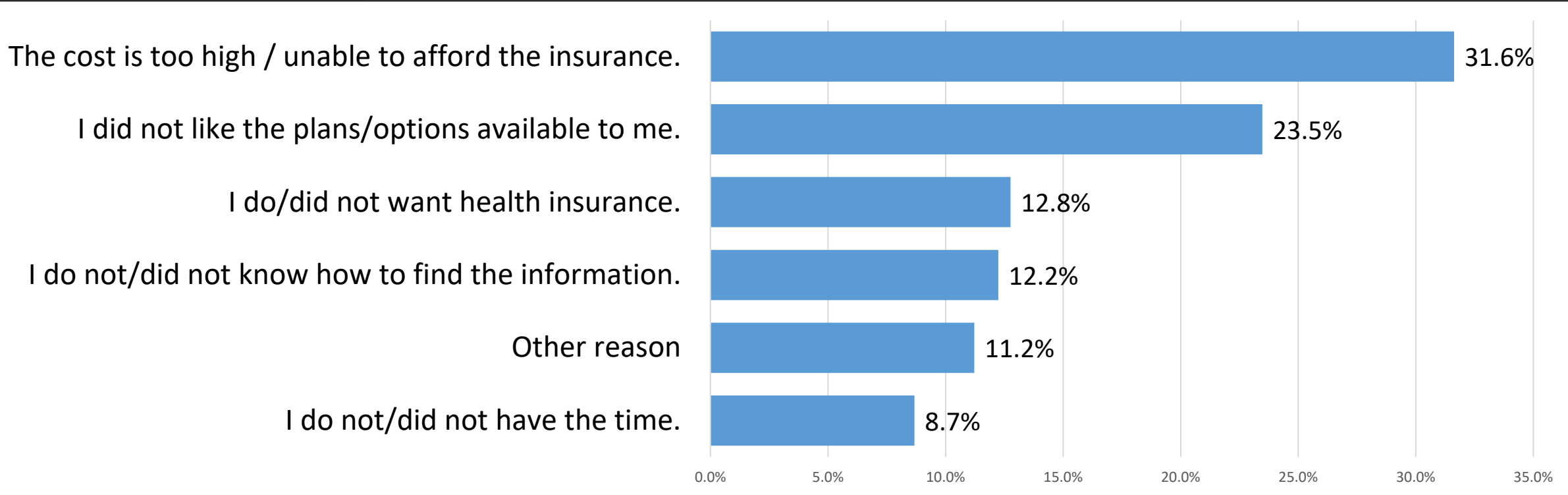
Knowledge and Understanding

- State survey results aligned with national surveys, **confirming the need for further outreach** efforts to address consumer knowledge and understanding of 1) coverage options, available subsidies, and enrollment assister resources; and 2) cost-sharing, deductibles, and other health insurance plan design features.
- Confusion around insurance plan design commonly impedes effective plan selection. Consumers often select plans based on lower premiums and **may not fully account for their exposure through deductibles and other cost-sharing**. As well, consumers have difficulty sorting through various plan design features within and across metal levels; “choice overload” may lead to sub-optimal decisions,
 - Confusion sometimes leads consumers to forego health insurance coverage.
 - Consumers who purchase non-comprehensive forms of coverage, such as short term limited duration plans, cite lower prices, limited other options, and not expecting to need much health care.
 - Consumers are more likely to enroll in coverage, and make more informed plan selections, when working with an enrollment assister.



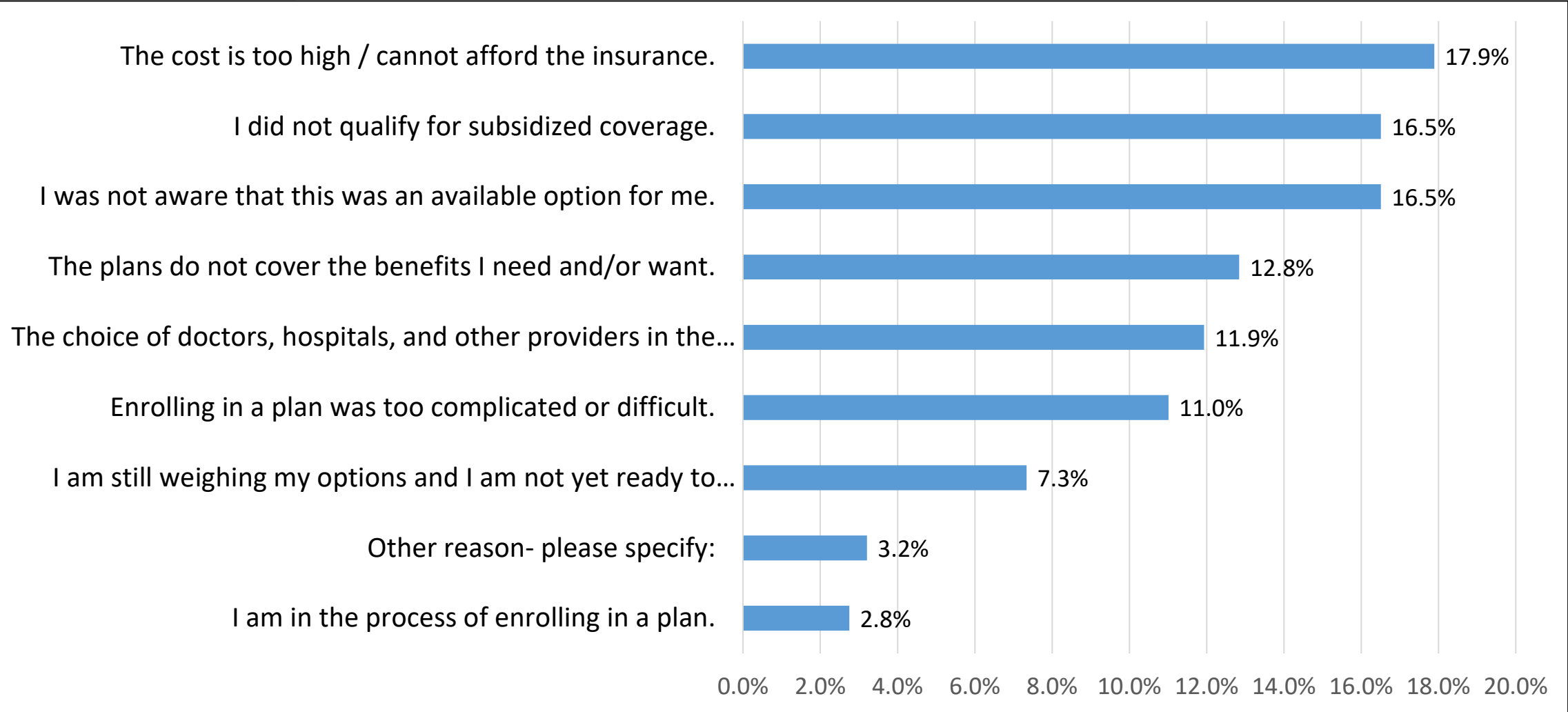
Consumer Decision-Making and Engagement

Wisconsin Survey Respondents: Reasons you did not get insurance, when uninsured



Consumer Decision-Making and Engagement

Wisconsin Survey Respondents: Reasons for not enrolling in a Marketplace plan, when uninsured



Consumer Decision-Making and Engagement

Wisconsin Survey Respondents: Factors in Selecting a Health Insurance Plan

Reason/Factor	Ranked Average (out of 10 points)
Covers my preferred doctors and hospitals	8.17
Covers specific services or prescriptions	7.98
Low copayments for doctor visits and other health services	7.85
Low deductible	7.71
Low monthly premium	7.67
Quality ratings from industry and government reports	6.84
Word of mouth, consumer opinions, and/or reputation	6.72



Consumer Decision-Making and Engagement

Knowledge and Understanding

Question	Response		
	Yes	No	Not Sure
Have you heard anything about the lower premiums and more government help that is available recently to help people pay for monthly premiums?	37.1%	40.5%	21.7%

Question	Response			
	A lot	Some / A moderate amount	A little	None at all
How much have you heard about Healthcare.gov?	24.0%	33.8%	27.5%	14.0%
How much, if anything, have you heard about financial help available from Healthcare.gov?	15.8%	26.8%	26.4%	30.7%



Consumer Decision-Making and Engagement

Enrollment Decisions and Plan Selection Factors

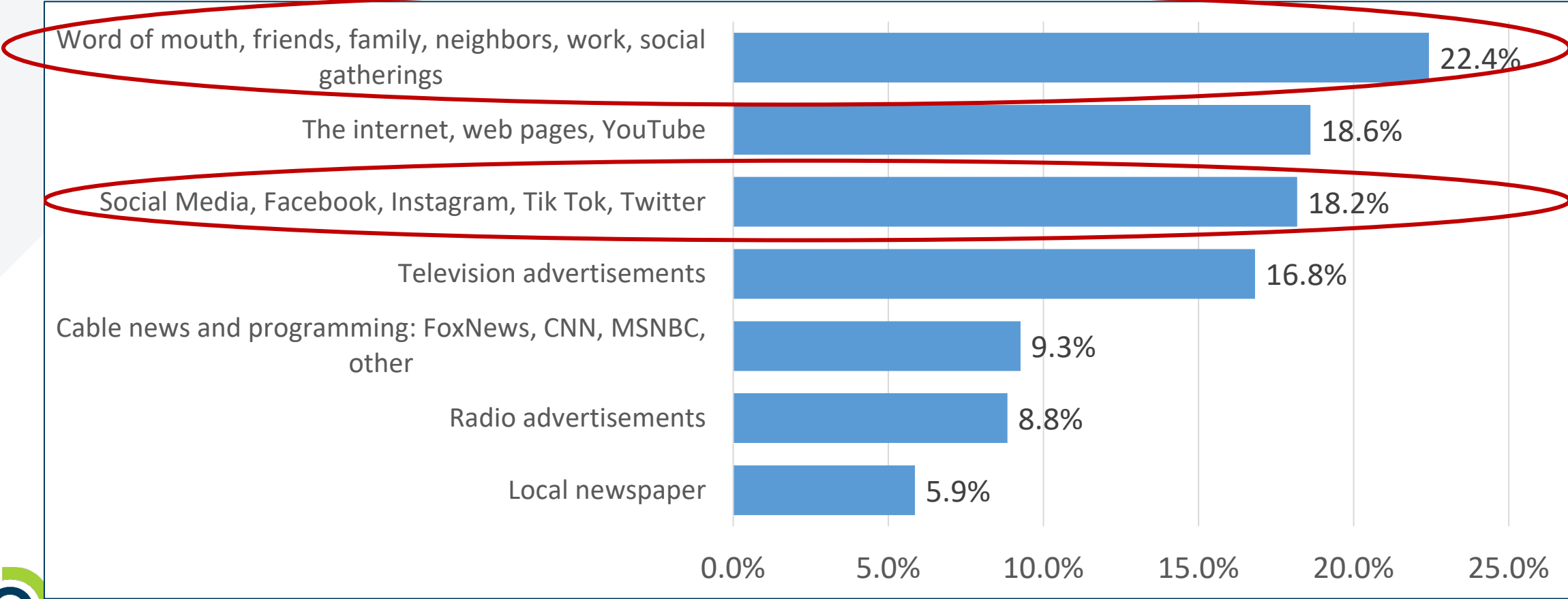
- ▲ **Consumers consistently cite cost/affordability of coverage as their primary concern**, and as the main reason for not enrolling in an insurance plan.
- ▲ Consumers also frequently cite
 - lack of eligibility and limited options
 - that they did not want/need health insurance
 - that they did not know how to find information
 - that enrolling in a plan was too confusing
- ▲ Survey data demonstrate **low awareness and persistent knowledge gaps among uninsured adults** related to the Marketplace and available options.
- ▲ **Over half of uninsured adult respondents report knowing “a little or nothing at all”** about Marketplace coverage options and about Marketplace financial assistance.



Consumer Decision-Making and Engagement

Information Sources Used by Consumers

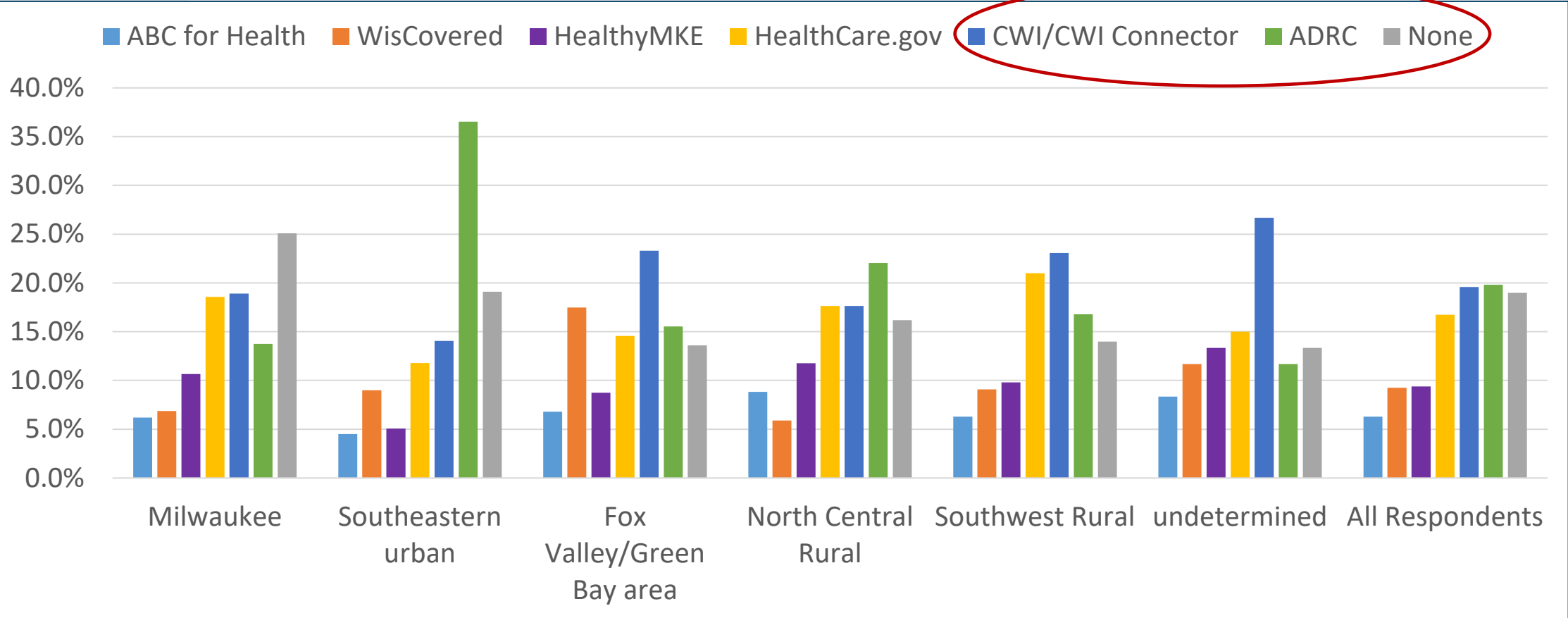
Where are you most likely to hear or learn information about health insurance and changes in government programs?



Consumer Decision-Making and Engagement

Information Sources Used by Consumers

Have you heard about or recognize any of the following agencies or websites that help people find and sign up for health insurance?



Enrollment Assistance

1. Identify counties and sub-county areas/populations with the highest uninsured rates and demographics related to the uninsured.
2. Explain current and potential future individual market coverage and Affordable Care Act (ACA) compliant plan enrollment, with discussion of future enrollment projections and uncertainty.
3. Identify behavior decision patterns among the uninsured and underinsured, factors driving consumers' decisions, and primary barriers to coverage, focusing on the top 10 high-need communities identified in the analysis.
4. **Assess Marketplace-eligible consumers' engagement with enrollment assistance by county, and the extent Navigator and assister resources are known and accessible.**



Enrollment Assistance

Assister Capacity

- ▶ Wisconsin demonstrates widely varying and limited capacity for enrollment assister services, relying heavily on agents and brokers relative to other enrollment assisters.
- ▶ Wisconsin consumer demand for and use of Navigator services has increased substantially in the past year.
- ▶ Sixteen Wisconsin counties show a deficit of available assisters relative to the number of uninsured; Milwaukee County alone requires an estimated 47 additional assisters to serve its uninsured population.
- ▶ Enrollment assisters do not restrict their services to county boundaries, and adequate supply in one county may back-fill deficits elsewhere.
- ▶ Consumers, however, are more likely to use trusted local advisers.



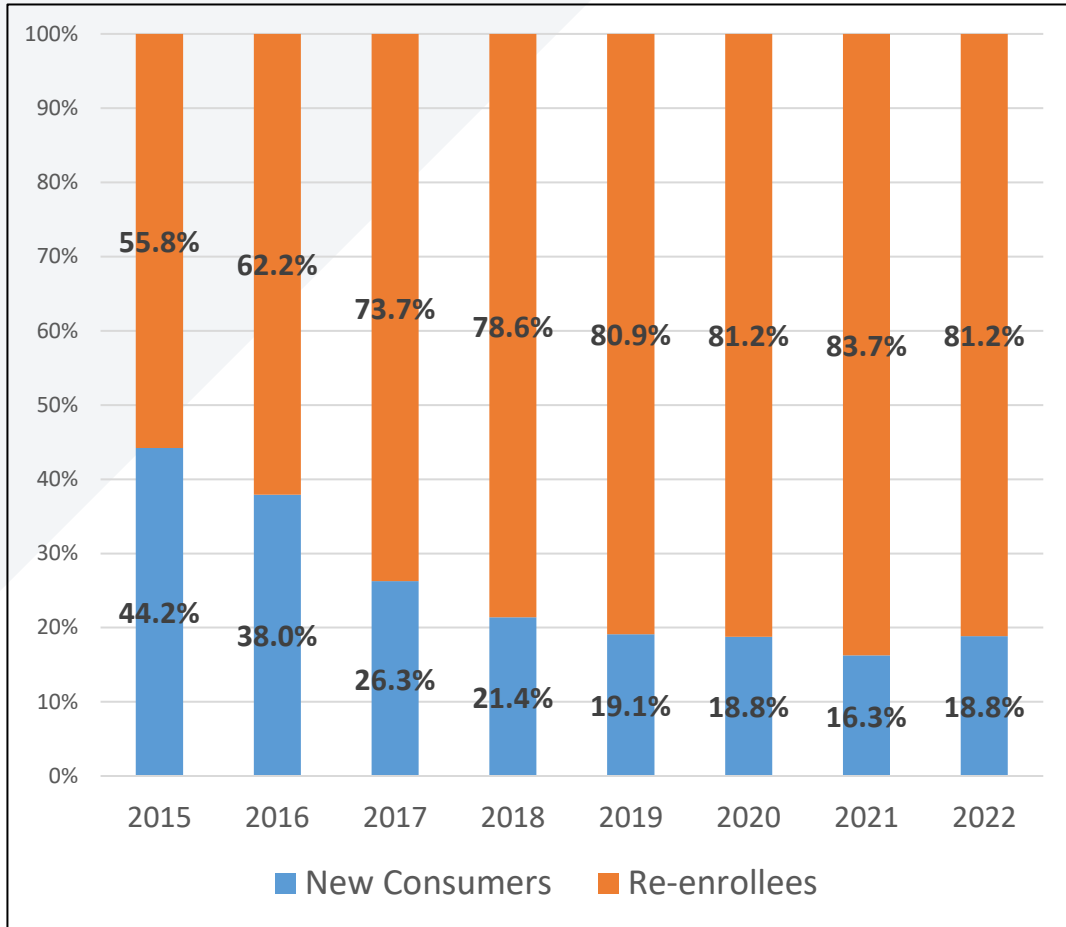
Enrollment Assistance

Consumer Engagement with Assistance

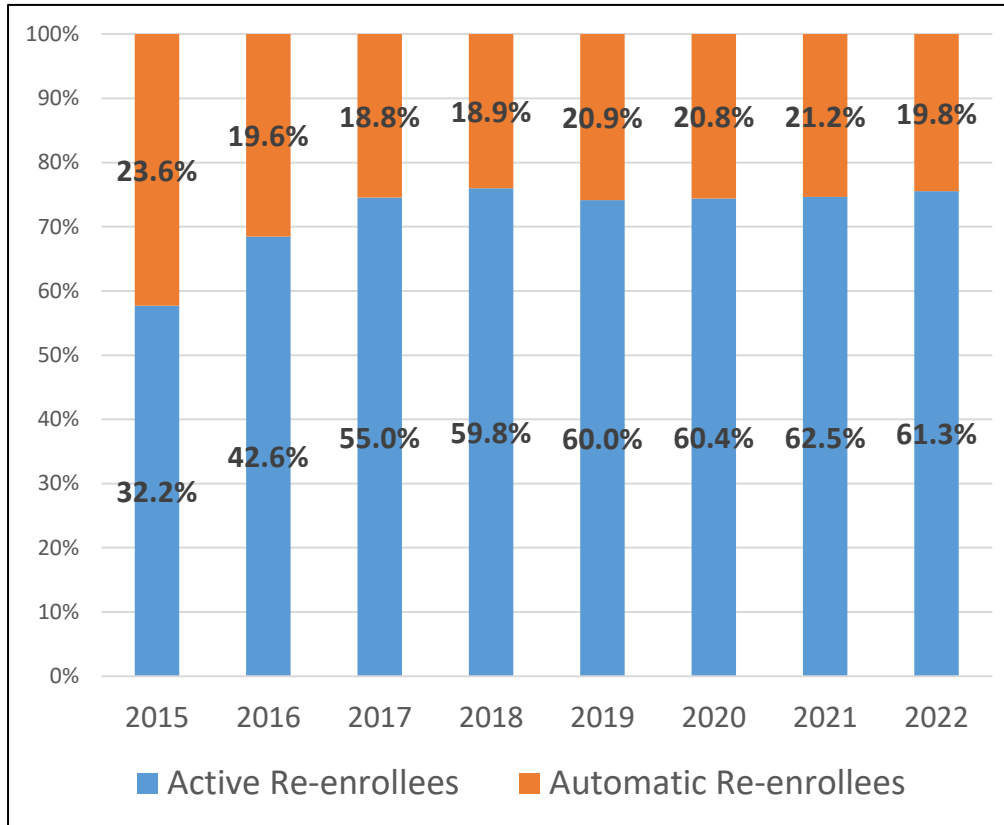
- ▲ Currently insured consumers also rely on various information sources and assistance tools when changing their insurance coverage (from Medicaid to Marketplace, for example), or considering a change of plans.
- ▲ In Wisconsin, 75% of plan year 2022 Marketplace re-enrollees engaged in active re-enrollment, rather than relying on automatic processes. The proportion of re-enrollees who switched plans increased to 41% in 2022, from 34% in 2021.
- ▲ This reflects consumers' understanding the need to re-assess available plans, premiums, and available subsidies every year.



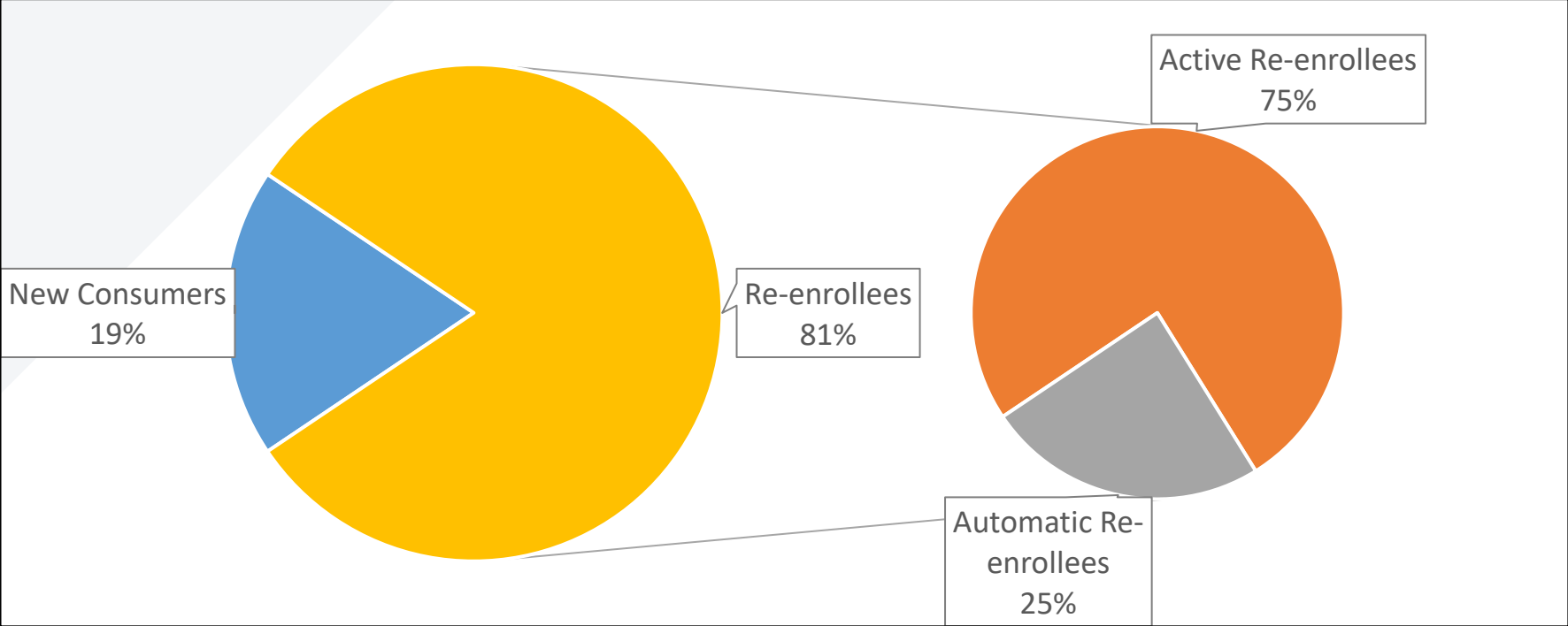
New Consumers and Re-enrollees, 2015-2022



- The proportion of re-enrollees has increased steadily and substantially.
- Many re-enrollees continue to rely on active reenrollment, rather than relying on automatic processes.
- This reflects the need to re-assess available plans, premiums, and available subsidies every year.



Plan Selections, New and Re-Enrollments, OE 2022



Plan Switching among Active Re-Enrollees		
	Plan Year 2021	Plan Year 2022
Switched Plans	34%	41%
Remained in the Same Plan or a Crosswalked Plan	66%	59%

Substantial increase in plan switching among re-enrollees from 2021 to 2022.



Enrollment Assistance

Need and Capacity

Examples of Enrollment Assisters	
Insurance agents and brokers	County agency eligibility workers
Licensed Navigators and CACs	Medicaid out-stationed eligibility workers
Hospital or clinic business office staff	Other agencies and community mobilizers

- ▶ Individual assistance and community outreach are necessary to boosting enrollment, beyond broad public educational campaigns aimed toward increasing consumer awareness.
- ▶ Consumers who receive application assistance are more likely to enroll in coverage, and to consider the full range of available options for coverage.
- ▶ Navigators and private health insurance brokers generally serve different populations, with Navigators more likely to reach predominantly uninsured populations, assist people found eligible for Medicaid, and conduct community outreach and education



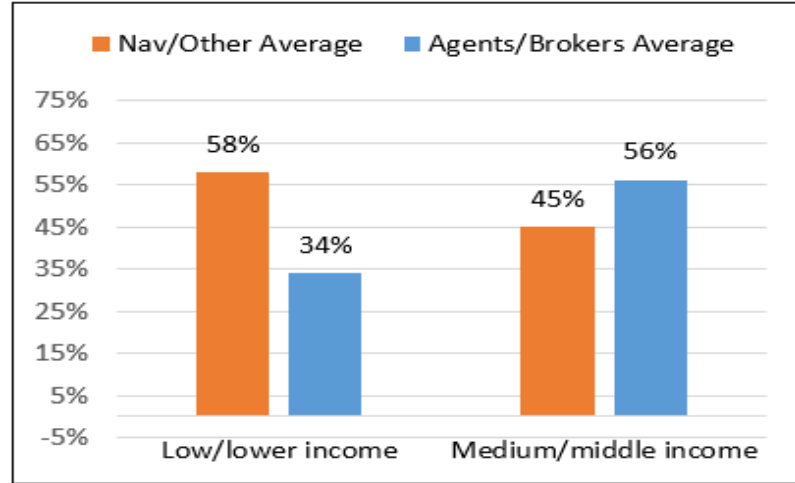
Issue Brief No. HP-2021-21 Reaching the Remaining Uninsured: An Evidence Review on Outreach & Enrollment Strategies.
Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. October 2021.
<https://aspe.hhs.gov/reports/reaching-remaining-uninsured-outreach-enrollment> <https://aspe.hhs.gov/reports/reaching-remaining-uninsured-outreach-enrollment>

Enrollment Assistance

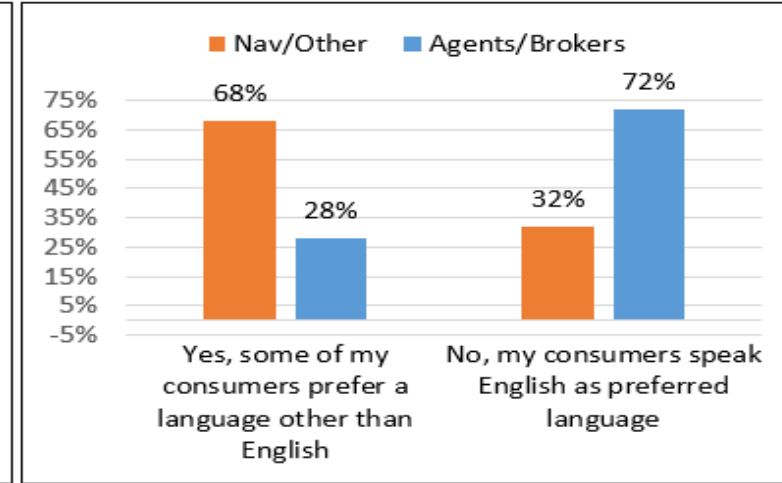
Wisconsin Assister Survey

Total Respondents	90
Agents and Brokers	65
Licensed Navigators	20
CACs and other assisters	5

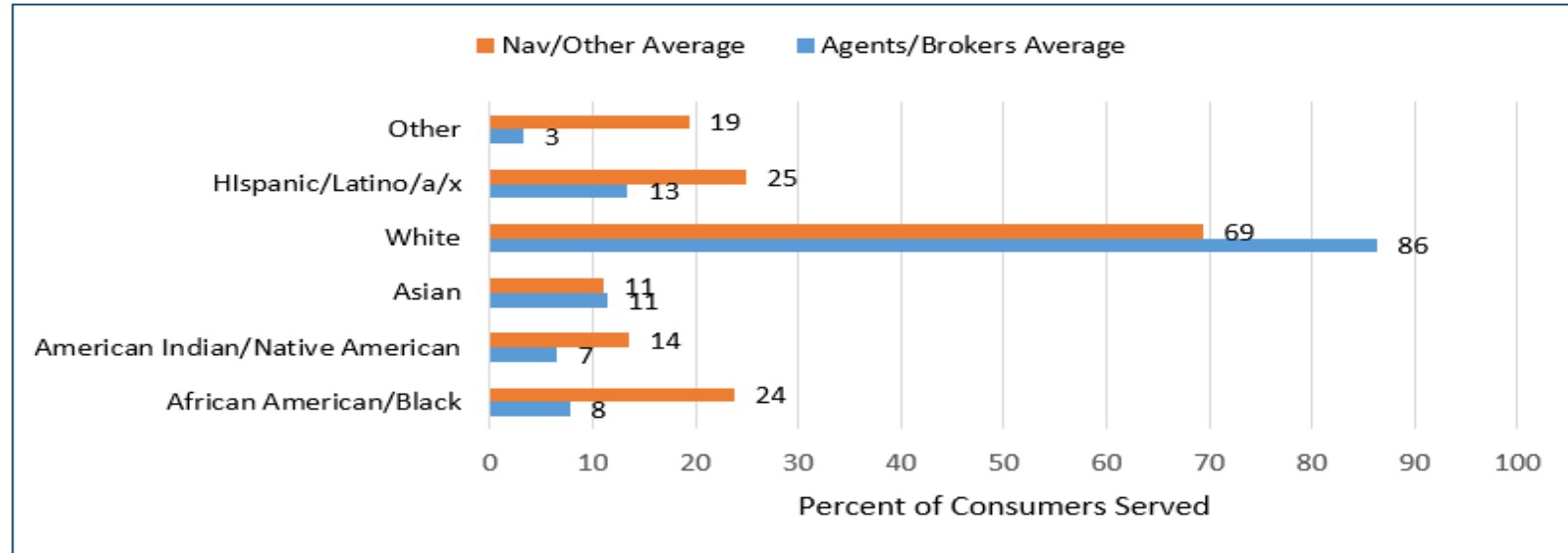
Panel A. Income Category



Panel B. Preferred Language



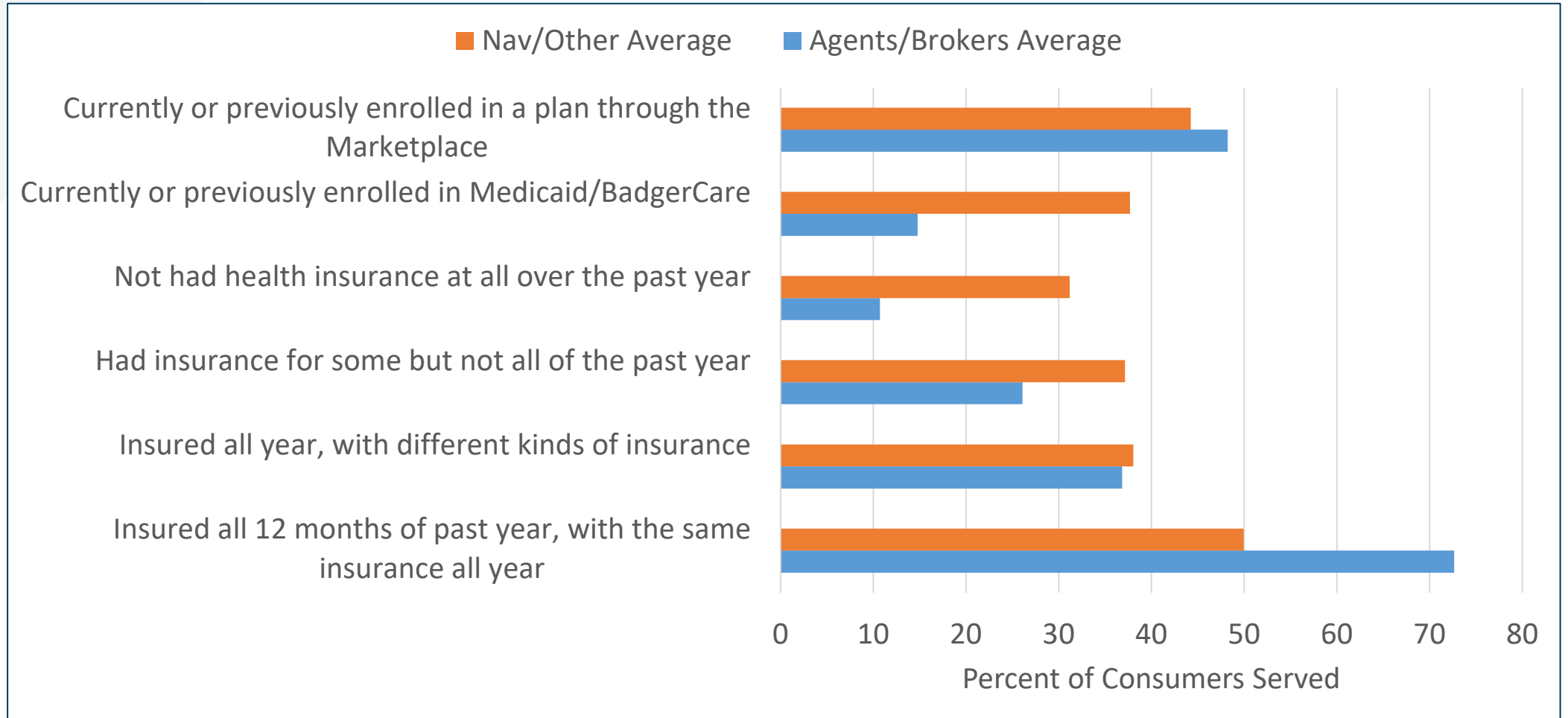
Panel C. Race/Ethnicity



Enrollment Assistance

Wisconsin Assister Survey

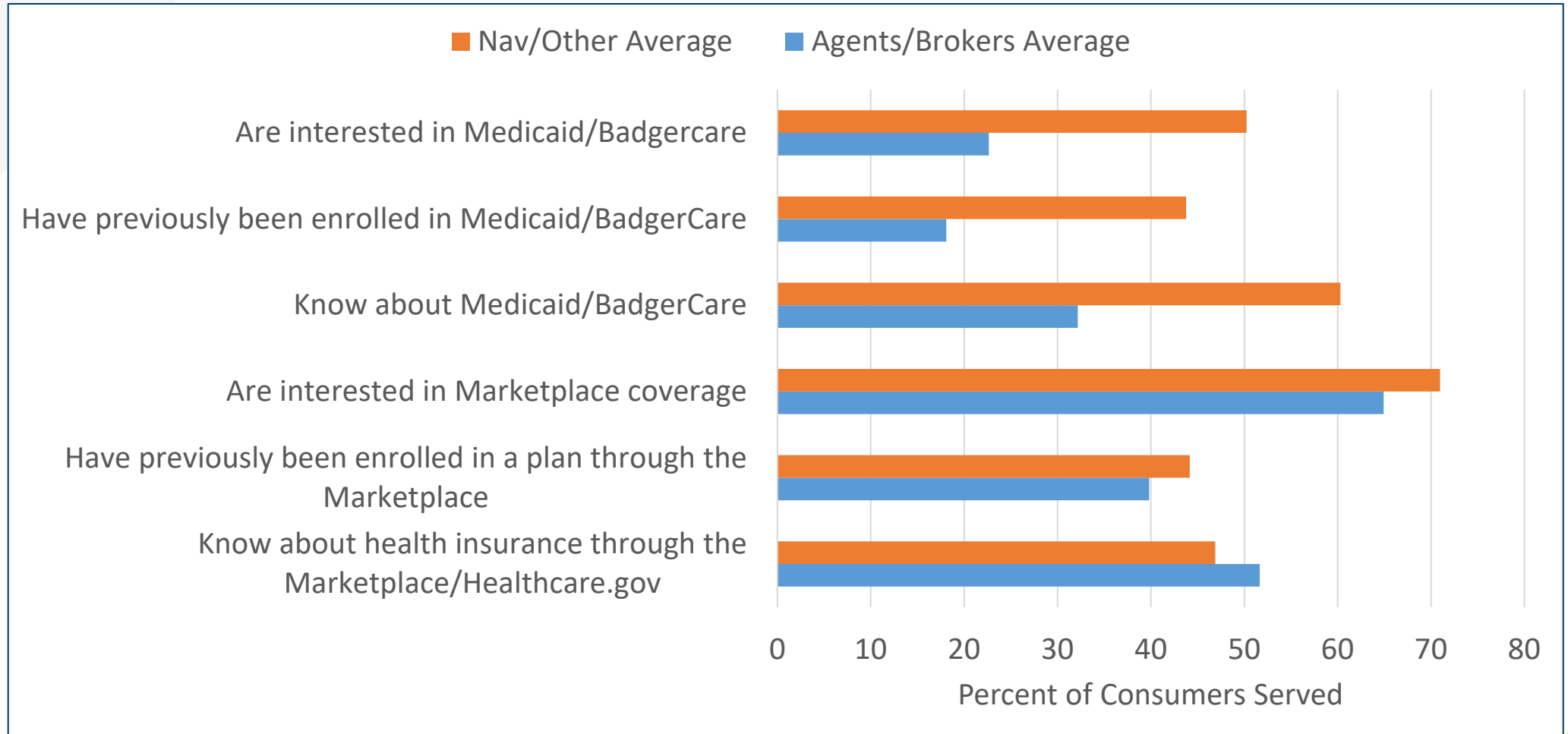
Consumers' Current and Prior Coverage



Enrollment Assistance

Wisconsin Assister Survey

Interest in and Knowledge of Medicaid and Marketplace



Enrollment Assistance

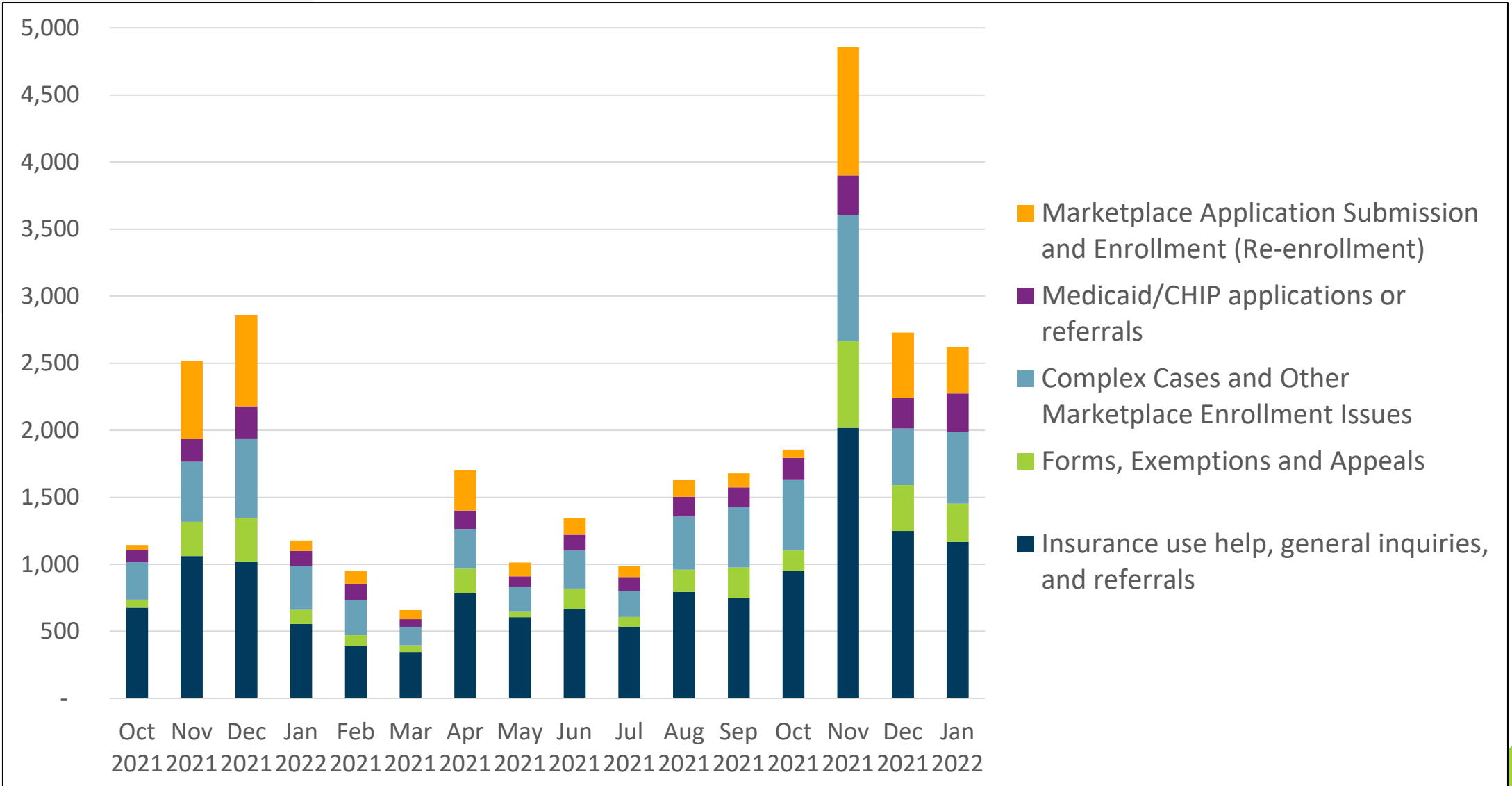
Assister Use and Trends

- ▶ Wisconsin consumer demand for and use of Navigator services has increased substantially in the past year; Wisconsin's Navigator agency doubled the unduplicated monthly count of consumers assisted and services provided in the open enrollment months of late 2021 (for plan year 2022) compared to late 2020 (for plan year 2021).
- ▶ ARPA subsidies contributed to this increase, and the State of Wisconsin allocated \$2 million in ARPA funding to support those activities during the 2022 open enrollment period.



Enrollment Assistance

Navigator Services Provided, October 2020–January 2022



Enrollment Assistance

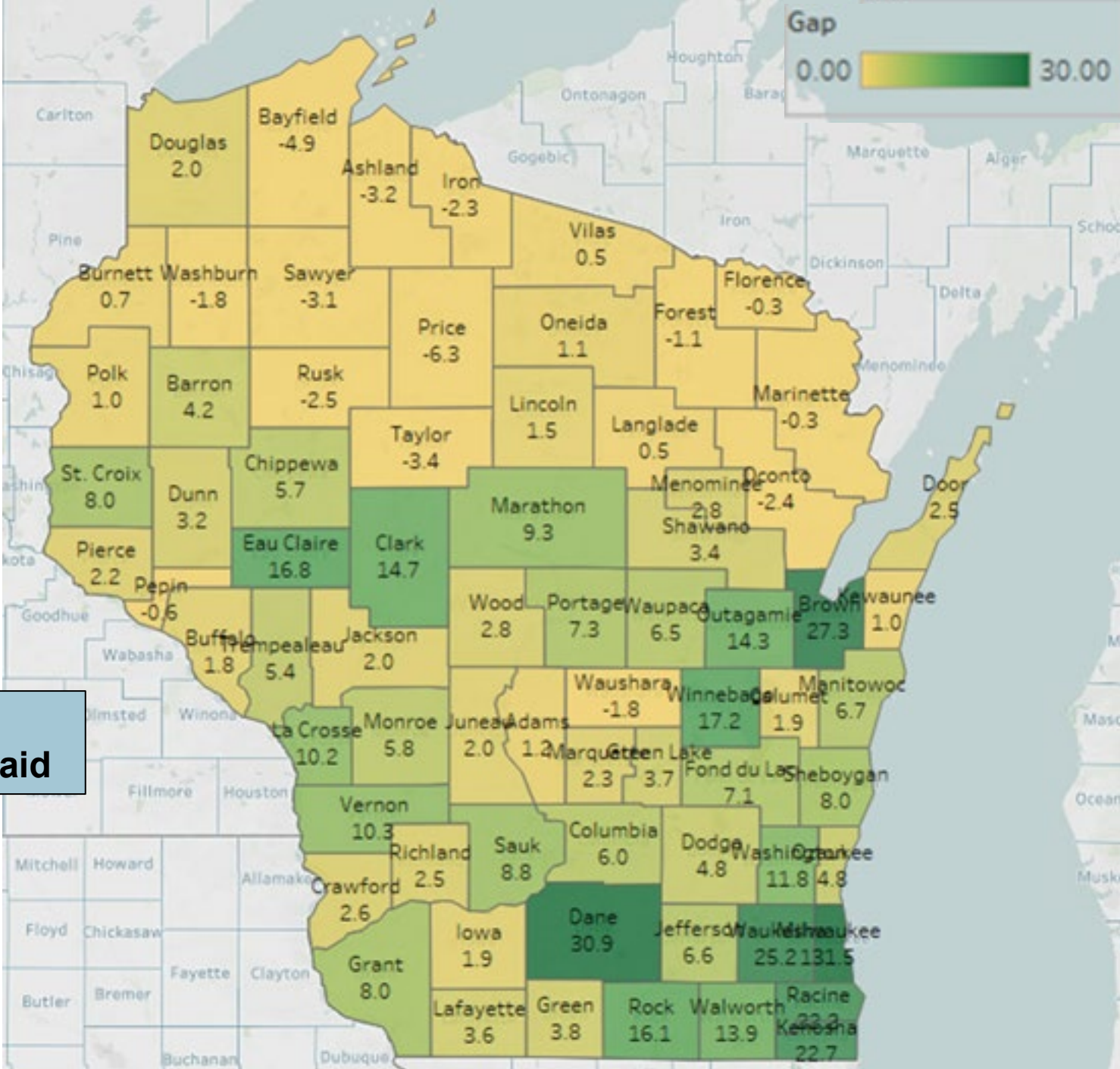
National data, 2018

- ▲ About 20.6% of Marketplace enrollees received information or assistance from insurance agents or brokers.
- ▲ About 18.5% of Marketplace enrollees received help from a call center.
- ▲ 10.0 % of 2018 Marketplace enrollees nationwide received assistance from a Navigator or similar professional.
- ▲ 11.2% report receiving help from family or friend.
- ▲ Other, less frequently reported, sources of help include health care provider, state agency, tax preparer, and employer.



Enrollment Assistance

Percent of EA Need Not Met



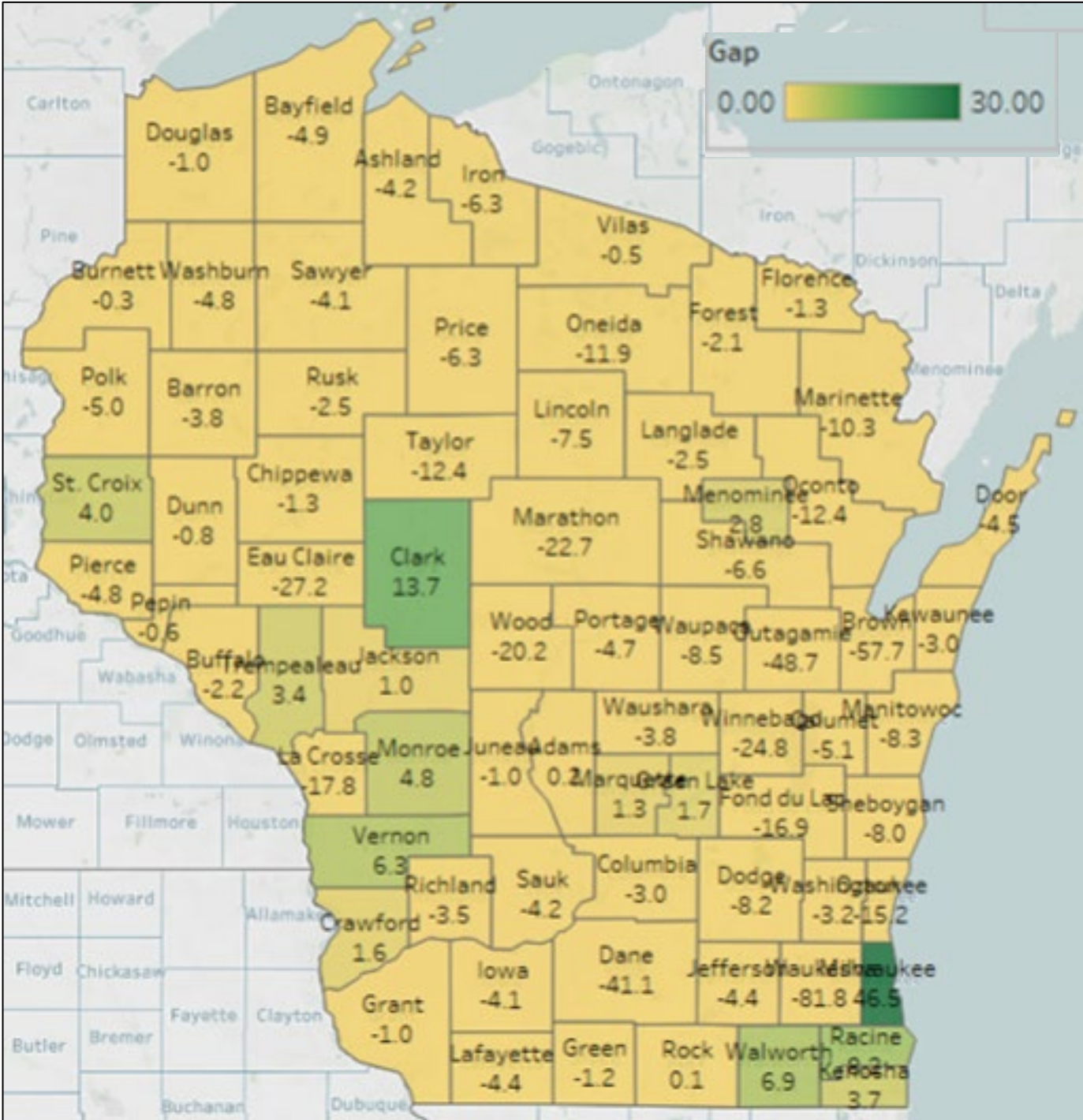
**Counting Assisters
Handling both Marketplace and Medicaid**



Enrollment Assistance

Percent of EA Need Not Met

Counting All Enrollment Assisters



Consumer Engagement and Assistance: Conclusions

- ▲ The data reported here suggest an opportunity for education and outreach about the options, available financial assistance for, and benefits of comprehensive coverage in the individual market. The data also help inform strategies that could be adopted to expand coverage, including how and where to best allocate resources.
- ▲ State survey results align with national surveys and confirm the need for further outreach efforts to address consumer knowledge and understanding of 1) coverage options, available subsidies, and enrollment assister resources; and 2) cost-sharing, deductibles, and other health insurance plan design features.
- ▲ Effective outreach focuses on using trusted messengers who can organize community events with a local message.
- ▲ Wisconsin will more effectively reach its goals by increasing the workforce of community-based advisors affiliated with trusted local agencies.



Final Notes

- Current federal policy resolves problems of eligibility or affordability as barriers to health insurance coverage for many Wisconsin residents.
- Nearly half of Wisconsin's uninsured residents are estimated eligible for Marketplace-based premium tax credits, while another quarter of uninsured residents are estimated eligible for Medicaid/BadgerCare. Most Wisconsin consumers who seek Marketplace plans qualify for premium subsidies.
- Now, insurance coverage largely depends on robust outreach and enrollment systems, along with programs and policies to assure continuity of coverage and successful transition between public and private coverage.
- Lower income residents are particularly likely to experience changes in income and employment that result in changing eligibility for Medicaid and Marketplace, and the need to reassess their enrollment status.
- Robust, well-targeted consumer support can help Wisconsin residents retain insurance coverage and bring eligible but uninsured residents into coverage.





Donna Friedsam donna.friedsam@berrydunn.com

Dina Nash dina.nash@berrydunn.com

