BerryDunn

Wisconsin Individual Health Insurance Market Analysis

Enrollment in the Affordable Care Act Marketplace,
Other Coverage, and the Uninsured

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List of Acronyms

ACA	Affordable Care Act
ACS	American Community Survey (U.S. Census)
ADRC	Aging and Disability Resource Center
AHRQ	Agency for Healthcare Research and Quality
APTC	Advanced Premium Tax Credit
ARPA	American Rescue Plan Act
ASPE	Assistant Secretary for Planning and Evaluation (U.S. DHHS)
CAC	Certified Application Counselor
CDC	Centers for Disease Control and Prevention (U.S.)
CMS	Centers for Medicaid and Medicare Services
CSR	Cost Sharing Reduction
CWI	Covering Wisconsin - Navigator agency
DHHS	U.S. Department of Health and Human Services
DHS	Wisconsin Department of Health Services
FPL	Federal Poverty Level
KFF	Kaiser Family Foundation
MEPS	Medical Expenditure Panel Survey
OCI	Office of the Commissioner of Insurance (Wisconsin)
PHE	Public Health Emergency
SAHIE	Small Area Health Insurance Estimates (U.S. Census)
STLDP	Short Term Limited Duration Plan

I. Executive Summary

This report provides data and analysis of Wisconsin's uninsured population, individual health insurance market (individual market) enrollment, consumer perspectives, and enrollment assister need and capacity. The goal: to inform and support the Wisconsin Office of the Commissioner of Insurance (OCI) in its effort to identify barriers to health coverage and increase individual market enrollment. The OCI/Department of Health Services (DHS) Health Care Coverage Partnership working groups will consider this analysis in developing media outreach and enrollment assister activities for the plan year (PY) 2023 open enrollment period, beginning November 1, 2022.

Uninsured Rates and Demographics

Wisconsin has an estimated 312,000 uninsured residents, with the statewide uninsured rate estimated at 5.5% in 2020. People with lower incomes are substantially more likely to be uninsured, as are persons of color and Hispanic/Latinos of any race. Nearly half (47%) of Wisconsin's uninsured residents are estimated eligible for Marketplace-based premium tax credits, with another 28% of uninsured residents estimated eligible for Medicaid/BadgerCare.

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.

Current Individual Market Enrollment

The Affordable Care Act (ACA)-compliant individual market has grown 8% from 2018 to 2021 and shows similar growth in five of the six OCI-defined regions of the state. Along with this, enrollment in non-compliant plans continues to decline, with fewer than 13,000 Wisconsin residents remaining enrolled in transitional and grandfathered plans at the end of 2021.

Plan enrollment through the ACA Marketplace has increased in the past year as well. Open enrollment for plan year 2022 resulted in 212,209 Wisconsin consumers selecting plans through the ACA Marketplace. Most (88%) of these consumers qualified for premium subsidies. This enrollment increase reflects the expansion of premium subsidies under the American Rescue Plan Act (ARPA) — particularly benefiting consumers with incomes over 400% of the federal poverty level (FPL), who previously were not eligible for premium subsidies.

In the past five years, lowest income range consumers (below 250% of the federal poverty level) account for a declining proportion of ACA Marketplace consumers, while consumers with incomes over 300% of the federal poverty level account for an increasing share of Marketplace plan selections. Consumers ages 55 to 64 years account for an increasing share of ACA Marketplace plan selections, while young adults account for a declining portion. For the 2022 plan year, 21% of consumers selecting plans statewide are ages 18 to 34 years. Young adults are also more likely to remain uninsured. Such trends suggest their need for more intensive outreach and enrollment assistance.

The newly enacted 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. Future individual market enrollment will also depend on other federal policy matters that remain unresolved, including 1) when the COVID-19 public health emergency (PHE) will expire, which will trigger the start of Medicaid "unwinding;" and (2) whether the federal government will resolve the ACA "family glitch." Well-targeted outreach and enrollment efforts can optimize opportunities and minimize negative effects associated with these policy uncertainties.

Consumer 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, and that enrolling in a plan was too confusing.

Consumers undergo a decision process, and need information, to initially enroll in coverage and to renew their coverage on an annual basis. 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.

Respondents to a survey of Wisconsin consumers, conducted by BerryDunn for OCI, report relying heavily on "word of mouth, friends, family neighbors, work, social gatherings" for information about health insurance. Respondents also confirm the importance of local resources and trusted community advisors. Of available assister resources, Wisconsin survey respondents were most likely to recognize Aging and Disability Resource Centers (ADRCs), Covering Wisconsin/CWI Connector Tool, and Healthcare.gov.

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.

Enrollment Assistance Need and Capacity

Consumers who receive application assistance are more likely to enroll in coverage, and to consider the full range of available options for coverage. Several different assister types may provide enrollment support for consumers. These include insurance agents and brokers, licensed Navigators, Certified Application Counselors (CACs), hospital and clinic financial/business office staff, county agency eligibility workers, and other agencies and community mobilizers.

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. 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.

However, Wisconsin demonstrates widely varying and limited capacity for enrollment assister services, relying heavily on agents and brokers relative to other enrollment assisters. 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. Even so, Wisconsin will more effectively reach its goals by increasing the workforce of community-based advisors affiliated with trusted local agencies.

In Brief

- 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.
- The number of uninsured residents in Milwaukee County (54,665) far exceeds the total number of uninsured residents in any other Wisconsin county. Clark and Menominee Counties have the largest percentage of uninsured residents, with over 20% of their populations uninsured.
- Nearly half (47%) of Wisconsin's uninsured residents are estimated eligible for Marketplace-based premium tax credits, while another 28% of uninsured residents are estimated eligible for Medicaid/BadgerCare.
- Over 200,000 Wisconsin consumers selected plans through the ACA Marketplace in 2022. Most of these consumers qualified for premium subsidies, expanded under the COVID-19 public health emergency. The newly enacted Inflation Reduction Act of 2022 extends the enhanced subsidies for Marketplace plans for three years, through 2025.
- The coming year may bring an unwinding of pandemic-related Medicaid expansion, with a large shift in eligibility form Medicaid to Marketplace. Well-targeted outreach and enrollment efforts can optimize opportunities, and minimize negative effects associated with these policy uncertainties.
- 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.
- 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 cost exposure through deductibles and other cost-sharing. As well, consumers can have difficulty making optimal decisions when sorting through various plan design features within and across metal levels. 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.
- 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.
- Wisconsin survey respondents report relying heavily on "word of mouth, friends, family neighbors, work, social gatherings" for information about health insurance. Respondents also confirm the importance of local resources and trusted community advisors.
- Effective outreach focuses on using trusted messengers with a localized message and who can organize community events. Consumers are also more likely to enroll in coverage, and make more informed plan selections, when working with an enrollment assister.

II. Introduction and Background

A. Project Scope

The Wisconsin Office of the Commissioner of Insurance (OCI) received federal funding from the U.S. Centers for Medicare and Medicaid Services (CMS) to better understand health insurance accessibility and increase individual market enrollment. OCI engaged BerryDunn to conduct analyses and prepare three reports focused on Wisconsin's individual health insurance market:

- Report 1: Affordable Care Act (ACA) Compliant Comprehensive Coverage and the Uninsured
- Report 2: Short-Term Limited Duration Plan (STLDP) Analysis
- Report 3: Network Adequacy Analysis

This document serves as Report #1, addressing each of the following aims:

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.

B. Users/Stakeholders

OCI will use information from this project to inform future enrollment outreach efforts, including Navigator and enrollment assister activities, a state media campaign, and state information documents. The OCI/Department of Health Services (DHS) Health Care Coverage Partnership (OCI/DHS Partnership) is a significant stakeholder group with a key role in those efforts.[1] The OCI/DHS Partnership formed in June 2019, with private and public sector participants, with the following purpose:

- Increase efficiency by promoting collaboration between interested stakeholders,
- Identify obstacles and improve processes to support health insurance enrollment, and
- Develop strategies to enroll more Wisconsinites into affordable health insurance coverage.

The data and discussion in this report focus on the needs of OCI and the OCI/DHS Partnership. As well, OCI has specifically articulated its goal for use of this report: To address and reduce barriers to health insurance coverage and increase enrollment in the individual health insurance market.

III. Findings and Analysis

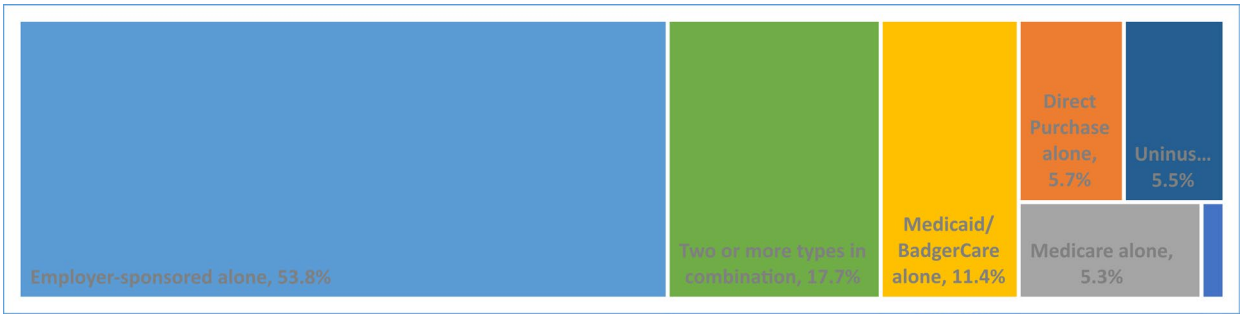
The following sections present findings and analysis for each of the aims identified with the project scope, outlined in Section IIA. Each section closes with a brief summary of key points. The Data and Methods Appendix (Section IV) reviews the data sources, methods, and limitations.

A. Uninsured Rates and Populations

Calendar year 2019 is the most recent year for which single-year county-level estimates of uninsured rates are available, due to pandemic-related disruptions in data collection. (See further discussion in the Data and Methods Appendix.) Census five-year estimates (averaging numbers from 2016 to 2020) support more detailed discussion. This section discusses the uninsured by income, geography, and race/ethnicity, using 2019 single-year estimates and 2020 five-year estimates, and considers how the COVID-19 pandemic may have affected the uninsured rates in 2021 and 2022.

Employer-sponsored insurance provides coverage for over half (53.8%) of Wisconsin residents, while about 11% of Wisconsin residents rely exclusively on Medicaid/BadgerCare for their health coverage.[2].(Figure 1) Over 27% of Wisconsin's population have some form of Medicaid/BadgerCare coverage, alone or in combination with other coverage, with over 1.5 million residents enrolled in Medicaid/BadgerCare in July 2022.[3]

Figure 1. Sources of Insurance Coverage, Wisconsin ACS Five-Year Estimates, 2020

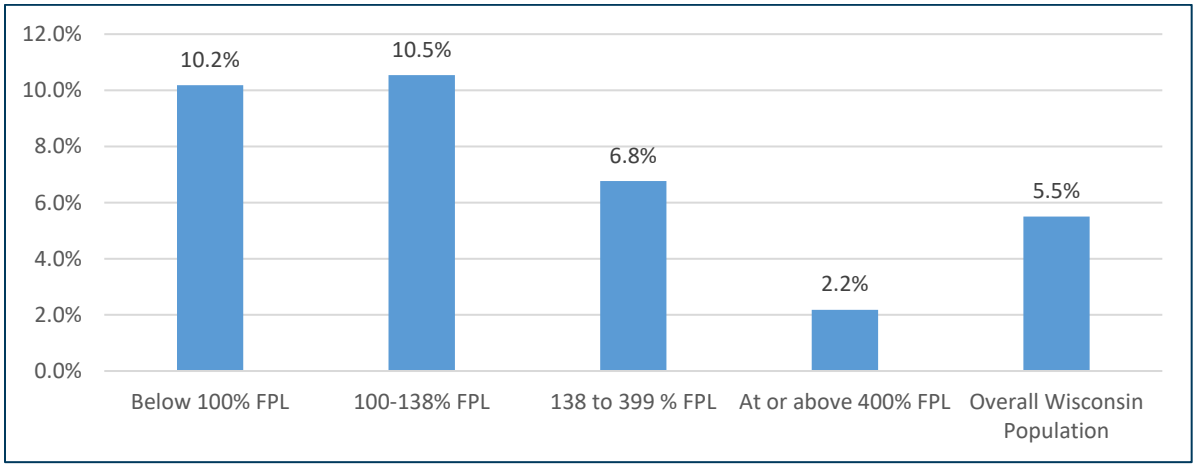


Statewide, Wisconsin has approximately 312,000 uninsured residents, with an overall uninsured rate of 5.5% in 2020.[4] The individual insurance market offers a potential source of coverage for a substantial portion of Wisconsin's uninsured residents. [5] In fact, 47% of Wisconsin uninsured residents are estimated eligible for Marketplace-based premium tax credits, while an additional 28% of uninsured residents are estimated eligible for Medicaid/BadgerCare.[6]

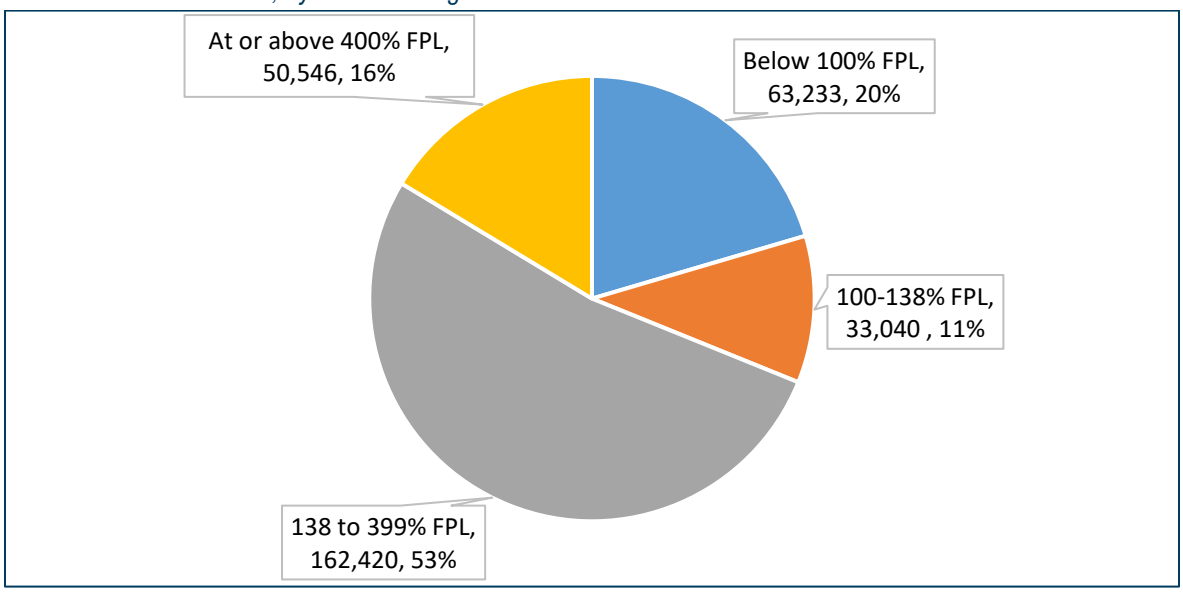
Across the state, people with lower incomes are substantially more likely to be uninsured. Panel A in Figure 2 shows that over 10% of residents with incomes below 138% FPL are uninsured, more than three times as high as the rate for persons with incomes above 400% FPL. Panel B in Figure 2 shows that persons with incomes between 100-400% FPL account for nearly two-thirds of the state's uninsured population. Panel B also shows that 11% of Wisconsin's uninsured population has incomes from 100-138% FPL, totaling over 33,000 residents. These residents would be eligible for coverage under a standard ACA Medicaid expansion elsewhere and, in Wisconsin, may need direction and assistance to help them gain access to affordable coverage in the Marketplace.

Figure 2. Wisconsin Uninsured, by Income Range, ACS 2020

Panel A. Percent Uninsured within Each Income Range



Panel B. Total Uninsured, by Income Range

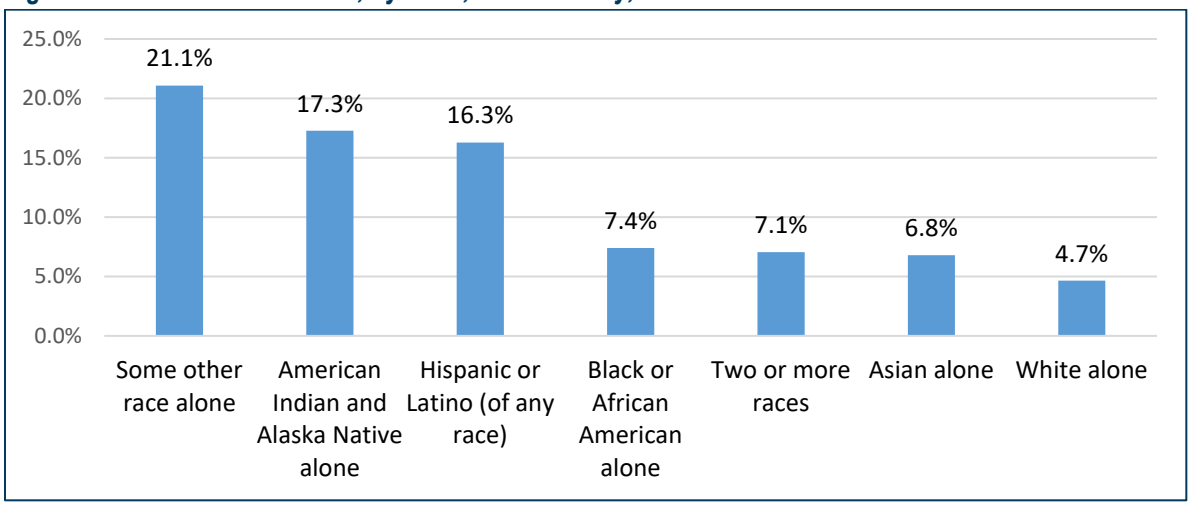


Persons of color and Hispanic/Latinos of any race are also more likely to be uninsured. (Figure 3) Hispanic and American Indian residents have rates of uninsured three times the statewide rate. The Hispanic population faces a range of barriers to accessing coverage:[7, 8] Lawfully residing immigrants are generally subject to a five-year waiting period to qualify for Medicaid eligibility. Immigrants may fear using Medicaid or Marketplace subsidies as public benefits, even when eligible, for concern that it may jeopardize their immigration application status, and some simply do not qualify for participation in Medicaid or Marketplace subsidies. Language barriers and general lack of familiarity with the system can also impede enrollment.

American Indian residents and communities also face specific circumstances that can impede enrollment in health insurance coverage.[9] The federal government, under various treaties and law(s), holds responsibility to provide members of federally-recognized tribes certain rights, protections, and services, including health care. Nonetheless,

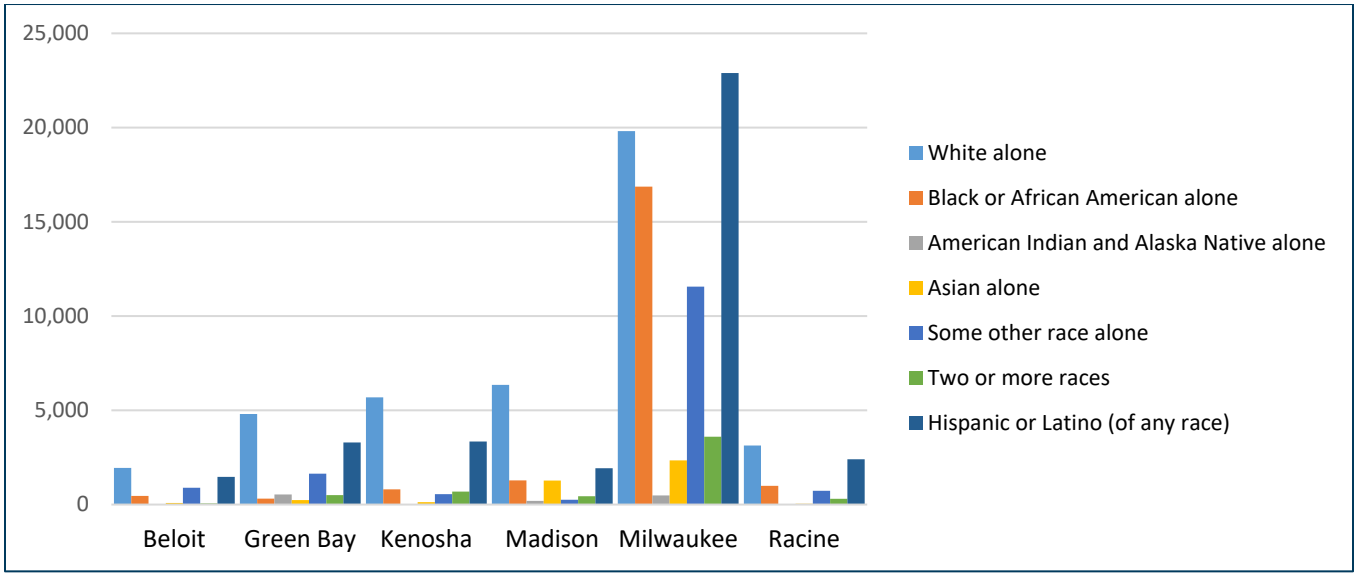
federal support for such services remains limited and insufficient to cover the need of the population.[10] Some writings have cited, as barriers to enrollment in Medicaid and other coverage, mistrust of governments, preference for using tribal clinics and Indian Health Service (IHS) facilities, and the belief among some that the federal government should fund American Indian health care as a treaty obligation.[11] OCI is currently engaged in discussions with Wisconsin's Tribal Health Directors, seeking to better understand such barriers, whether and how tribal clinics participate in Marketplace health plans, and other approaches to strengthen insurance coverage for tribal communities.

Figure 3. Wisconsin Uninsured, by Race, and Ethnicity, ACS 2020



Wisconsin's cities are home to most of Wisconsin's uninsured population, and to most of the state's racial and ethnic diversity. Figure 4 displays the composition of the uninsured by race and ethnicity in Wisconsin's largest cities. This figure demonstrates the particularly large number of uninsured residents in Milwaukee who are Black, some other race, or two or more races, and/or Hispanic/Latino. The numbers of uninsured in Milwaukee, overall and within its racial and ethnic subpopulations, far exceed the total population of uninsured residents in any other Wisconsin county. These data may inform strategies to expand coverage, including how and where to best allocate resources.

Figure 4. Uninsured by Race and Ethnicity, Wisconsin Cities ACS 2020 5-Year Estimates



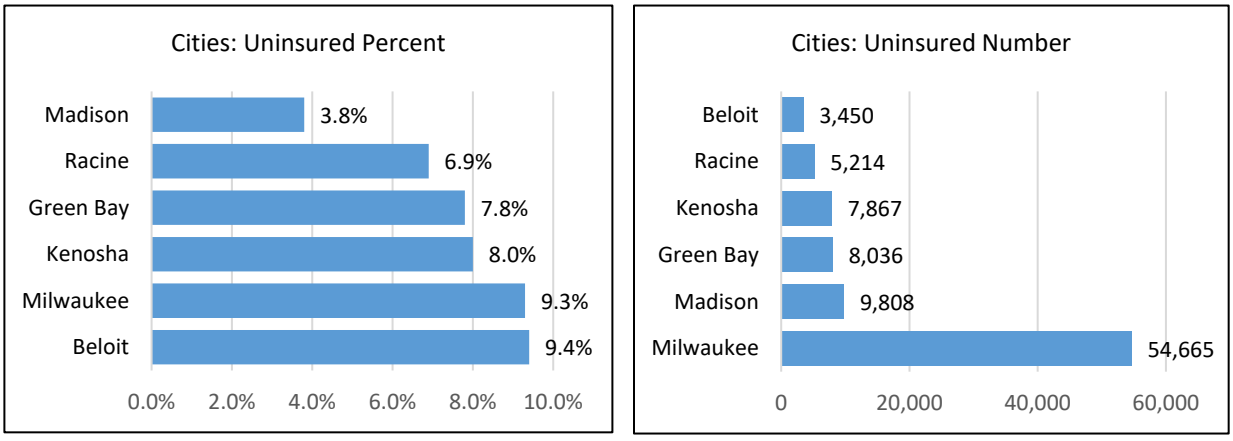
Census five-year estimates (2016 to 2020) also support more detailed discussion of the uninsured by geography, including assessment of cities:

- The counties with the largest percentage of uninsured (Clark and Menominee) have over 20% of their populations uninsured.
    - Clark has 6,981 uninsured residents, and Menominee County has 1,156 uninsured residents.
- However, most of Wisconsin uninsured reside in urban counties. (Table 1) Within those counties, the uninsured predominantly reside in cities. (Figure 5) The cities with the largest numbers of uninsured are Milwaukee and Madison.
    - Milwaukee has 54,665 uninsured residents, and Madison has 9,898 uninsured residents—both substantially higher than Clark and Menominee Counties.
    - However, 9.3% of Milwaukee's total population is uninsured; and 3.8% of Madison's total population is uninsured.
- Generally: Wisconsin cities—Milwaukee, Madison, Green Bay, and Kenosha—all have larger numbers of uninsured residents than all of the Wisconsin counties that rank in the top ten in terms of percentage of residents uninsured. (Table 3)
- The percentage uninsured for the cities of Beloit, Milwaukee, and Kenosha would place them among the top along with counties' percentages uninsured. (Table 3)

Table 1. Wisconsin Top Ten Counties, Percent and Number Uninsured Residents

Top Ten Counties in Percent Uninsured			Top Ten Counties in Number Uninsured		
	Number	Percent		Number	Percent
Menominee	1,156	25.4%	Milwaukee	67,287	7.2%
Clark	6,981	20.4%	Dane	19,219	3.6%
Vernon	4,283	14.1%	Brown	13,360	5.2%
Monroe	4,081	9.0%	Waukesha	12,916	3.3%
Forest	785	9.0%	Kenosha	11,002	6.7%
Lafayette	1,485	8.9%	Racine	9,229	4.9%
Jackson	1,685	8.7%	Rock	9,103	5.7%
Richland	1,479	8.6%	Outagamie	8,776	4.8%
Green Lake	1,548	8.3%	Marathon	7,965	6.0%
Pepin	583	8.1%	Winnebago	7,523	4.6%

Figure 5. Cities, Percent and Number Uninsured, ACS 2020



Generally, individuals with income below 100% FPL are eligible for Medicaid/BadgerCare. Persons with incomes over 400% FPL gained subsidy eligibility under ARPA, for plans years 2021 and 2022, but that eligibility was temporary and may not extend beyond 2022. (See Section IIIC for further discussion.) OCI has a particular interest in ensuring individuals eligible for ACA premium tax credits (persons with household incomes between 100-400% FPL) are aware of and gain access to these resources.

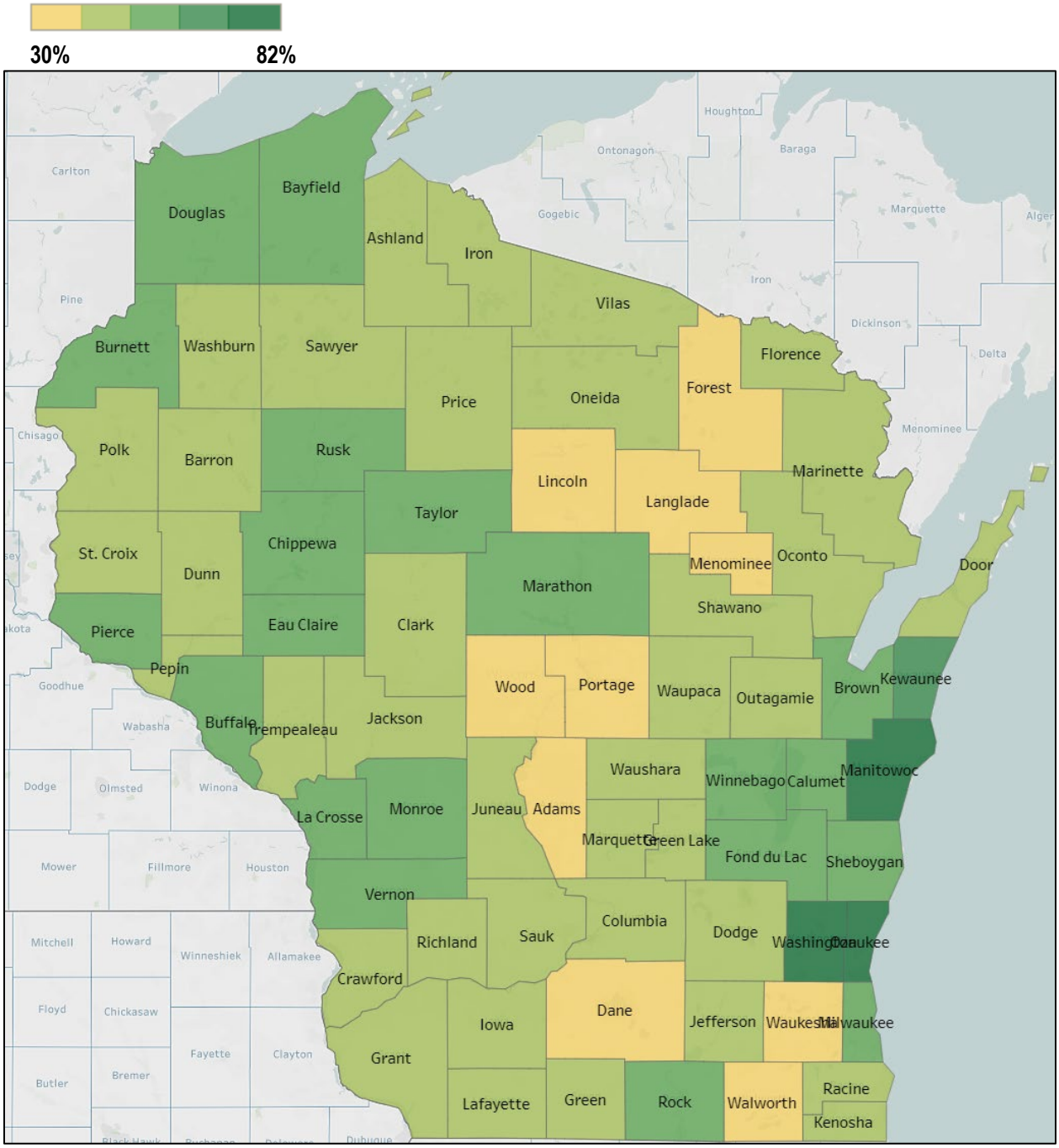
Table 2 displays the top ten counties, in terms of percentage uninsured and in terms of number of uninsured, among residents with income between 100% and 400% of the federal poverty level (FPL) – the population of specific interest for OCI enrollment efforts. The Data Appendix (Section IVC) provides more detailed data about the top 10 counties in total uninsured, and at various income ranges (<100% FPL, 100-399% FPL, >400% FPL).

Figure 6 displays county-level estimates of the number of uninsured with incomes 100 – 400% FPL, who would qualify for subsidized purchase of a qualified health plan—under regular ACA policy apart from existing temporary enhancements in place during the PHE.[12]

Table 2. 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%

Figure 6. Percent of Uninsured, by County, with Incomes 100-399% FPL -- Qualifying for ACA Subsidies



As previously noted, the largest total number of Wisconsin's uninsured residents reside in cities. Table 3 provides detail about the uninsured population in Wisconsin cities in the 100-399% FPL income range. The table also shows the number of uninsured residents with incomes below 100% FPL – who would generally be Medicaid/BadgerCare eligible – and the number of residents with incomes over 400% FPL, for whom subsidies may not be available after plan year 2022. This detail supports targeting of outreach and enrollment services to areas where most potentially eligible people reside, and the tailoring of such efforts to the eligibility profile of these specific populations.

Table 3. Wisconsin 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

Pandemic-Related Uninsured Trends

The COVID-19 pandemic disrupted data collection for federal surveys that provide standard-use estimates of health insurance.[13] This year, the U.S. Census was not able to release its annual update of single-year estimates for uninsured rates by state and counties, providing only five-year averages (2016-2020) to assure reliable numbers. Nonetheless, other sources of administrative data, reporting enrollment in public and private insurance, suggest a stable uninsured rate in 2020 and 2021 despite the pandemic and related recession.[14][15] 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. (See Section IVC-Data Appendix, for detail about trends in Medicaid/BadgerCare.) Sections C2 and C3 discuss trends in individual market and Medicaid enrollment.

In Brief

- Persons with incomes between 100-400% FPL account for nearly two-thirds of the state's uninsured population. As well, 11% of Wisconsin's uninsured population has incomes from 100-138% FPL, totaling over 33,000 residents. These residents would be eligible for coverage under a standard ACA Medicaid expansion elsewhere and, in Wisconsin, need direction and assistance to help them gain access to affordable coverage in the Marketplace.
- 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.
- Persons of color and Hispanic/Latinos of any race are also more likely to be uninsured.
- These data can provide direction and focus for efforts to increase enrollment in the individual health insurance market, and to reduce the state's uninsured rate.

B. Individual Market and ACA-Compliant Plan Enrollment

Wisconsin OCI reports data from its Health Insurer Market Survey (HIMS) for grandfathered, transitional, single risk pool and market segment (individual, small group, large group).[16] The data are reported by carrier and county level, although small numbers prohibit public reporting here at that level. Regional and statewide reporting provide a view of the trend in individual market ACA-compliant plan enrollment, and how it has changed since the onset of the pandemic.

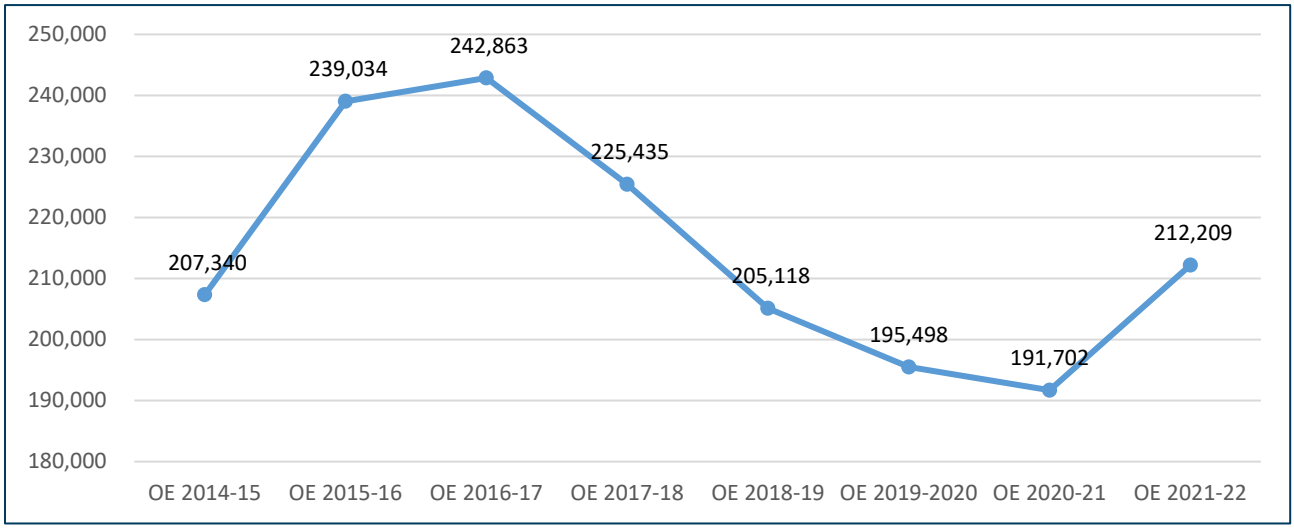
Table 4 compares enrollment from December 2019 through December 2021 (point-in-time averages within the month) in Wisconsin's individual health insurance market. The ACA-compliant individual market shows substantial growth statewide (8% from 2019 to 2021), and in five of the six OCI-defined regions of the state. Along with this, enrollment in non-compliant plans continues to decline, with fewer than 13,000 Wisconsin residents remaining enrolled in transitional and grandfathered plans at the end of 2021.

Table 4. 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%

Plan enrollment through the ACA Marketplace has increased in the past year as well. Open enrollment for plan year 2022 resulted in 212,209 Wisconsin consumers selecting plans through the ACA Marketplace.[17] Most (88%) of these consumers qualified for premium subsidies. Figure 7 displays the trend in plan selections for open enrollment for plan years 2014 through 2022. This increase reflects the expansion of premium subsidies under the American Rescue Plan Act (ARPA). Section IIIC, below, further discusses the enhanced premium subsidies and their effect on consumers joining the Marketplace. Marketplace enrollment trends vary by geography. Section IVC-Data Appendix, Figure 35, displays the number of plan selections in each Wisconsin county for 2022, and the percentage change from 2021 to 2022.

Figure 7. Open Enrollment QHP Selection Trend, Plan Years 2015-2022

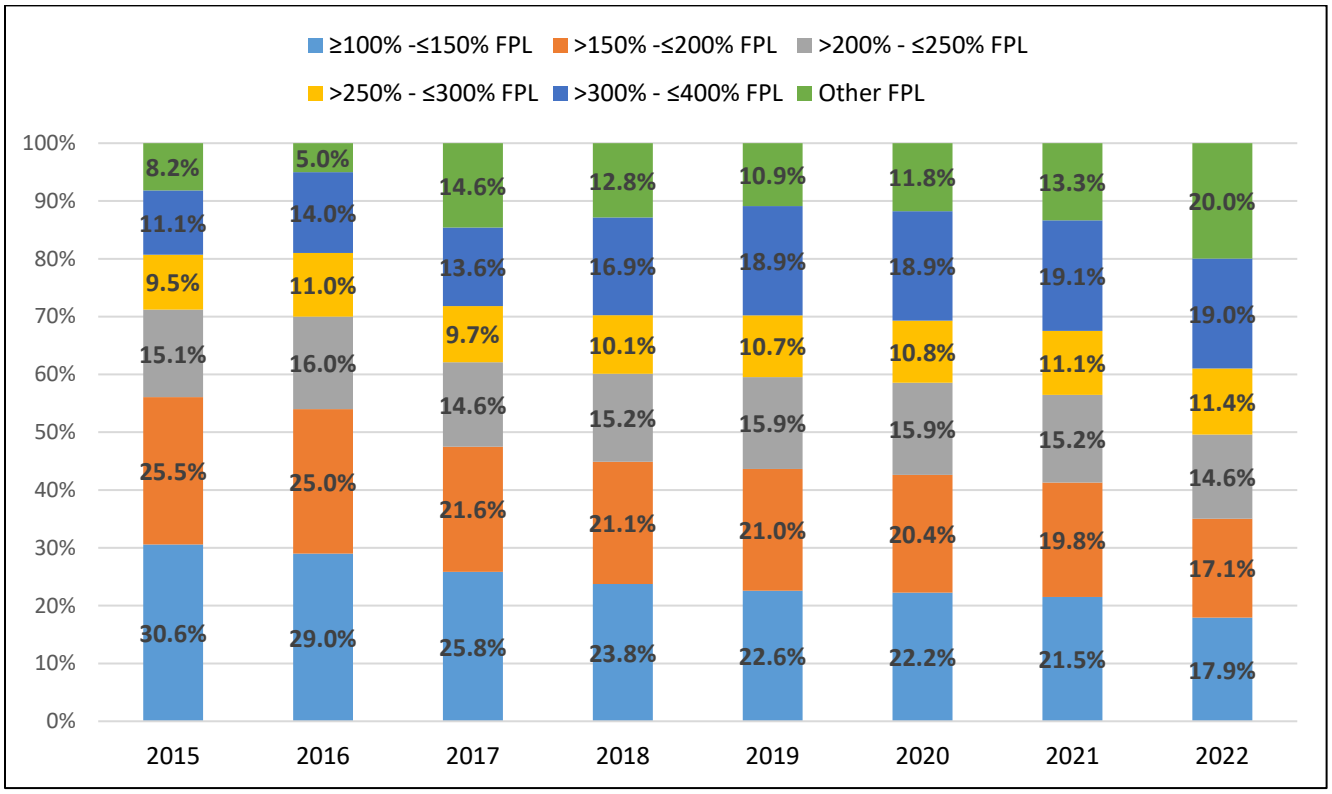


During the period from 2016 – 2020, several factors contributed to an overall decline in the ACA Marketplace.[18] Among them, federal funding substantially decreased for outreach, advertisement, and enrollment assisters, and new regulations supported alternative coverage options such as Association and Short Term Limited Duration Plans. However, such decreases did not occur uniformly across population groups. Table 5 shows the percent change in plan selections by income group from 2015 to 2022. The decreases in enrollment occurred predominantly among the lowest income groups, while the number of consumers with incomes over 300% FPL increased. Figure 8 displays how the lowest income range consumers (including those below 250% FPL that qualify for cost-sharing reductions) 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.

Table 5. 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%

Figure 8. Plan Selections by Income Group, 2015-2022



In Plan Years 2022, consumers with incomes over 250% FPL accounted for half of plan selections and those with incomes above 400% FPL account for 20% of plan selections. Figure 9 displays a trend in qualification for cost-sharing reductions (CSR) as the composition of Marketplace consumer income has changed, with a smaller proportion of consumers qualifying for CSRs. CSRs are linked to selection of silver-metal-level plans, and the decline in consumer CSR-attachment brings a decline in selection of silver-metal plans. (Figure 10)

Figure 9. Consumers with CSR, 2015 – 2022

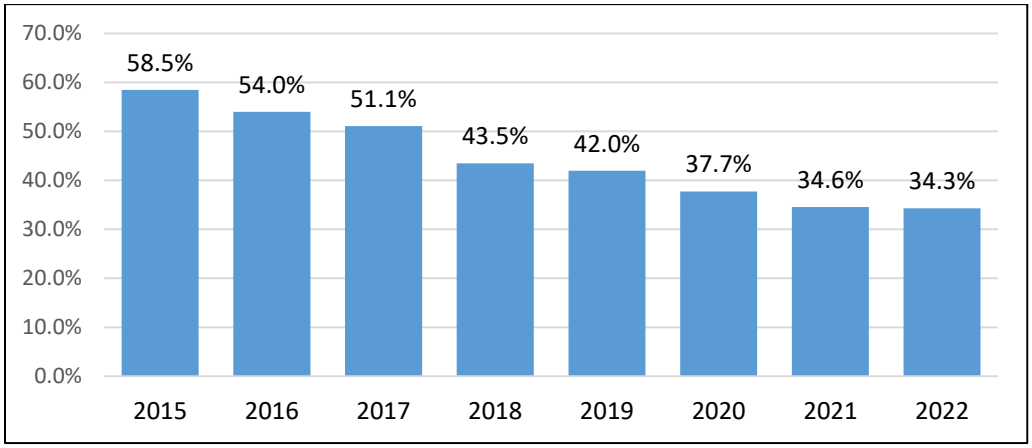


Figure 10. Plan Selections by Metal Level, 2015 – 2022

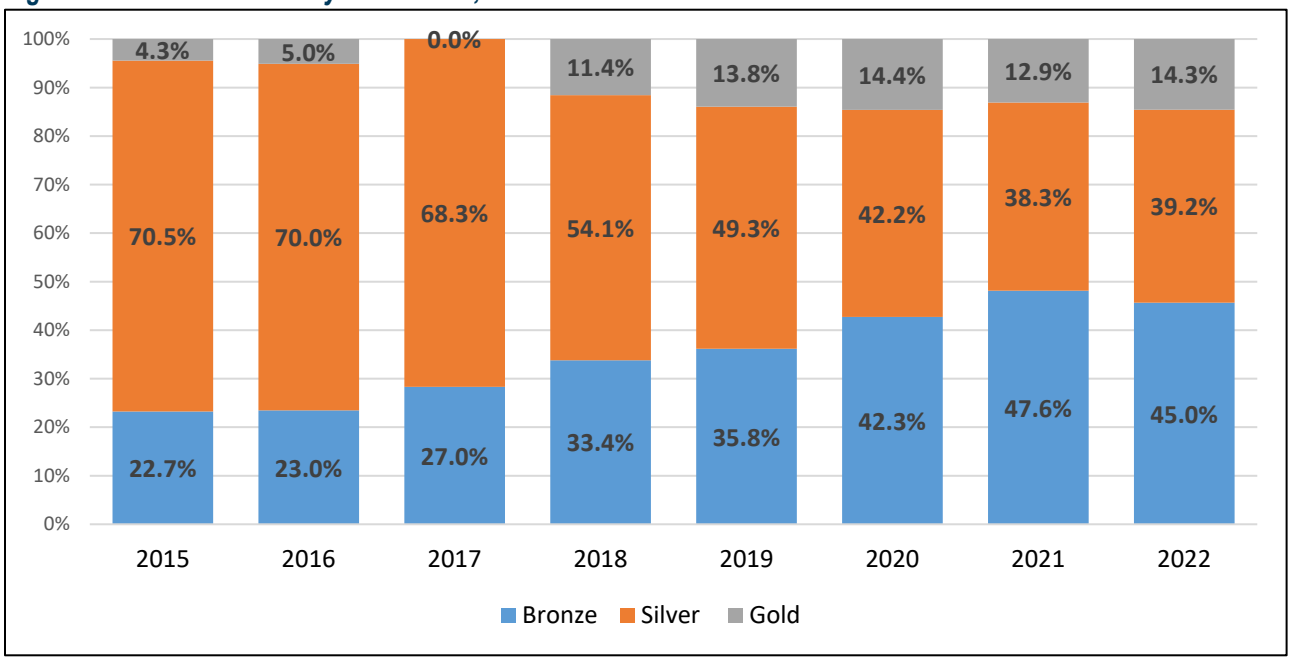


Figure 11 displays the metal-level selections for consumers selecting plans during open enrollment for plan year 2022. About 45% of consumers choose bronze plans (with generally the lowest premium but often with higher cost-sharing). Figure 12 shows that consumers with incomes above 250% FPL favor bronze plans, while lower income level consumers favor silver plans (with associated CSRs).

Note here that a substantial proportion of consumers with incomes below 250% FPL select bronze plans, even though these consumers qualify for CSRs. Generally, bronze plans have lower premiums that may attract this enrollment. But, with the current ARPA subsidies, in Wisconsin many consumers had the opportunity to select silver plans with premiums of less than $50, and some had access to plans with $0 premiums.[19,20]

This study's scope did not include an analysis of the metal level selections by county, which would enable a better understanding of whether those with lower incomes who select bronze over silver plans did in fact have lower cost or $0 silver plans offered in their counties. However, this tendency toward selection of bronze plans suggests a need to support consumer health insurance literacy and, particularly, to promote better understanding of cost-sharing exposure. Section D, below, further discusses factors that affect consumers' health insurance enrollment and plan selection.

Figure 11. Plan Selections by Metal Level, OE 2022

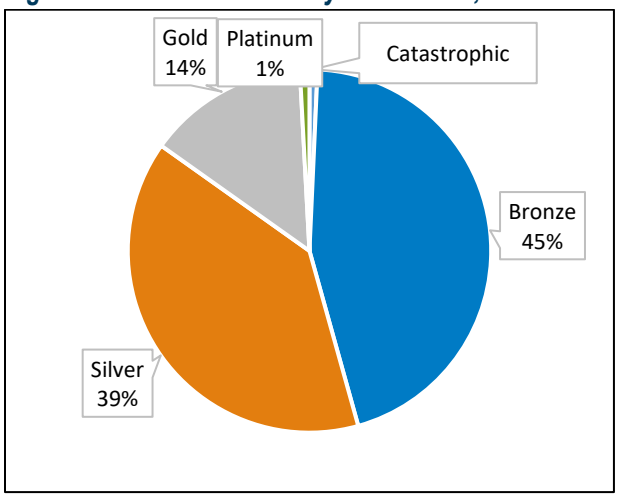
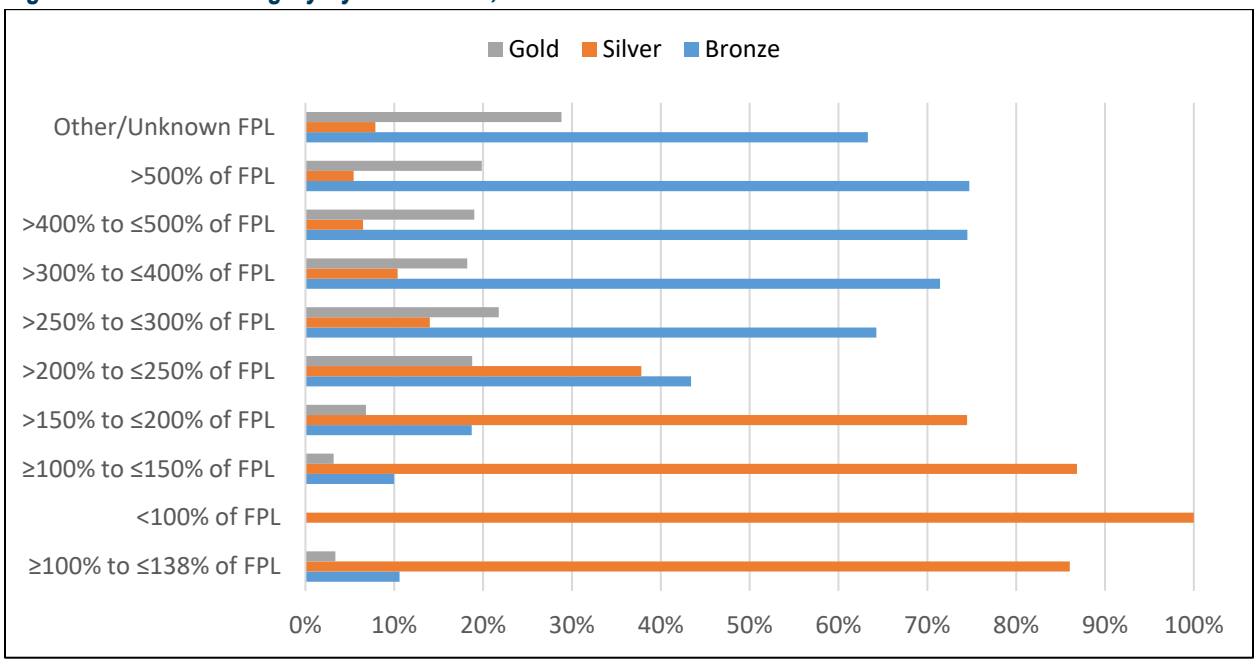


Figure 12. Income Category by Metal Level, PY2022



The overall increase in open enrollment plan selections for plan year 2022 (an increase of 20,507 over plan year 2021) included increases in every age category. Consumers age 55 – 64 account for over half of the total increase. (Figure 13) The ACA Marketplace coverage, particularly with recently enhanced subsidies, makes adequate health care coverage affordable for adults in this age range, as their access to employer-sponsored health coverage declines and they do not yet qualify for Medicare.[21,22]

Figure 13. Change in Plan Selections by Age, Open Enrollment PY2021 and PY 2022

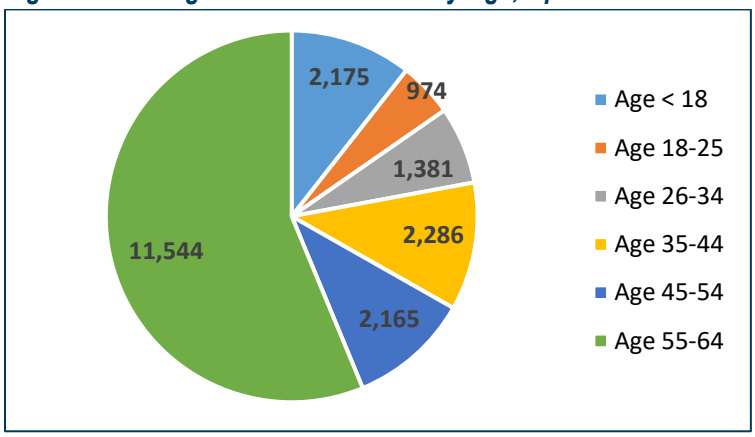


Figure 14 displays the changing age composition of Wisconsin Marketplace consumers, with the 55 – 64 age range accounting for an increasing share of ACA Marketplace plan selections. For the 2022 plan year, 21% of consumers selecting plans statewide are in the 18 – 34 age range. Figure 15 shows that these young adults are also more likely to remain uninsured, and young adults comprise the largest portion of the state's uninsured population. (Figure 16) Such trends suggest a need for more intensive outreach and enrollment assistance to this population. Increased enrollment of young adults will improve the individual risk pool and help reduce premium rates overall, adding momentum that could further decrease the uninsured rate.

Figure 14. Plan Selections by Age Range, 2015-2022

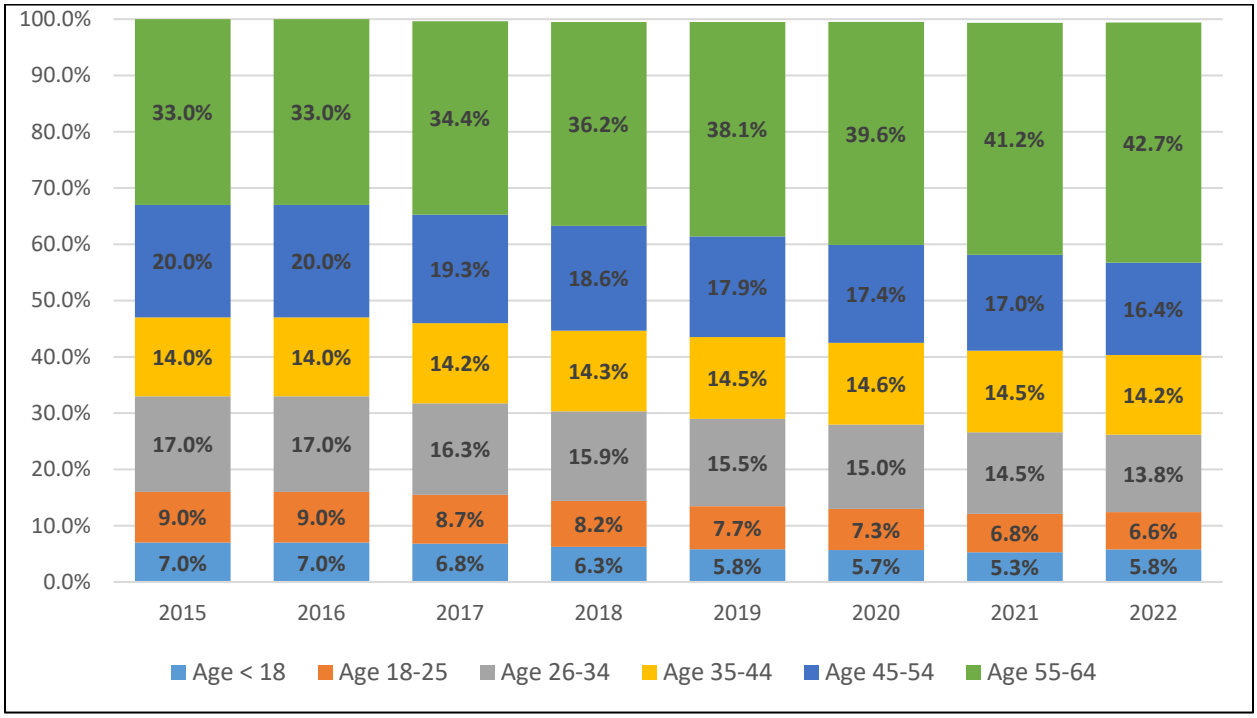


Figure 15. Percent Uninsured by Age Range, Wisconsin, ACS 2020

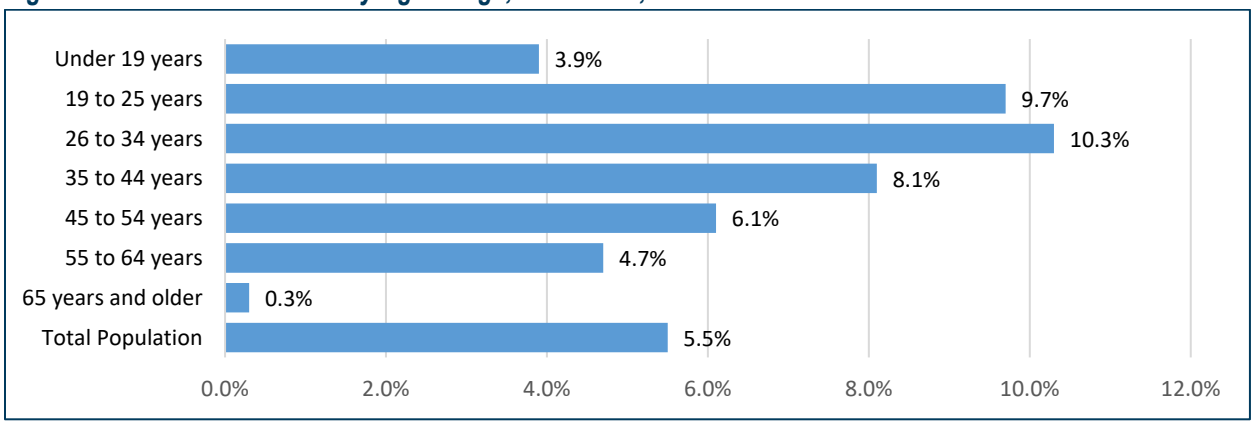
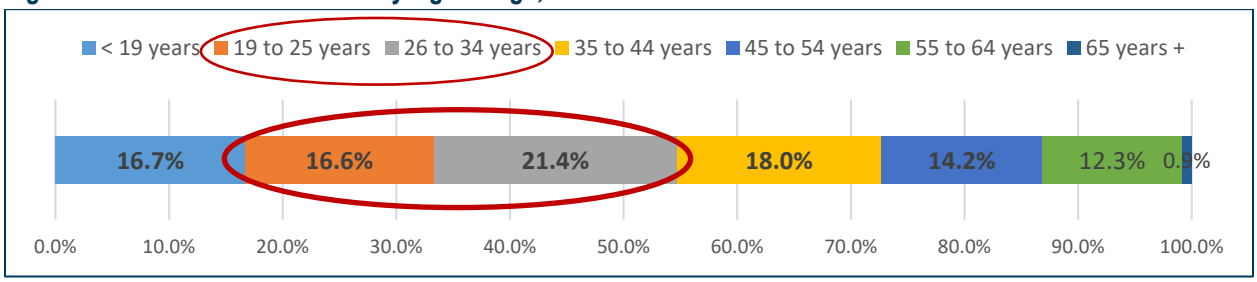
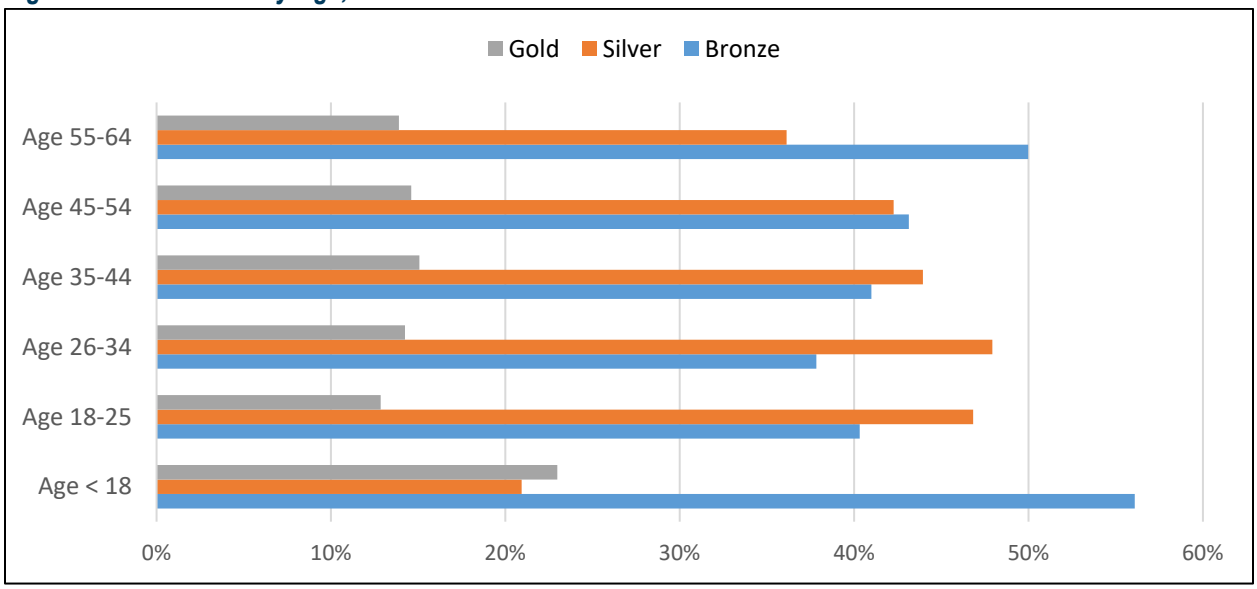


Figure 16. Wisconsin Uninsured by Age Range, ACS 2020



Older consumers are also more likely enrolled in bronze plans than silver plans, as are those below 18 years of age. (Figure 17) Those in the below 18 age group are likely part of a household within a higher income range, as Wisconsin residents below 18 years of age, with incomes below 300% FPL, generally qualify for BadgerCare. As noted, lower income levels favor silver plans (with associated CSRs), while those with incomes above 250% FPL favor bronze plans. (Figure 13)

Figure 17. Metal Level by Age, PY2022



In Brief

- 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 the American Rescue Plan Act (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.
- Generally, bronze plans have lower premiums (with higher deductibles and other cost-sharing), and account for 45% of Wisconsin plan selections.
- 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 ACA Marketplace plan selections, while one-fifth of consumers selecting plans statewide are in the 18 – 34 age range. These young adults are also more likely to remain uninsured, and young adults comprise the largest portion of the state's uninsured population. Such trends suggest a need for more intensive outreach and enrollment assistance to this population.

C. Future Enrollment: Projections and Policy Uncertainty

The newly enacted 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. Future individual market enrollment will also depend on other federal policy matters that remain unresolved, including 1) when the COVID-19 public health emergency (PHE) will expire, which will trigger the start of Medicaid "unwinding;" and (2) whether the federal government will resolve the ACA "family glitch." This section considers each of these factors along with projections for potential future health insurance enrollment.

ARPA Subsidies

The American Rescue Plan Act (ARPA), aiming to support health insurance coverage during the COVID-19 PHE, included a major expansion of the ACA premium tax credits (PTCs) for calendar years 2021 and 2022. PTCs increased overall, and tax credits became available to middle-income consumers (with incomes above 400% of the FPL). These resulting changes brought substantial premium savings and, along with it, increased Marketplace enrollment.[23]

The expiration of ARPA enhancements at the end of 2022 could have rendered premiums out of reach for many consumers.[24] The Urban Institute estimated that enrollment in Wisconsin's individual insurance market would decrease by 38,000 people in 2023 if the enhanced PTCs expired.[25] This change would also bring an increase of 29,000 uninsured Wisconsin residents. In addition, many of the people who disenroll from Medicaid at the end of the PHE are estimated to be eligible for Marketplace subsidies. The enhanced PTCs increase the likelihood of take-up of Marketplace coverage by those leaving Medicaid.

The newly enacted Inflation Reduction Act of 2022 extends these enhanced subsidies for three more years – through the end of 2025.[26] Enhanced subsidies at all income levels will continue; Consumers with income above 400% FPL will continue to have potential access to subsidies, and consumers with incomes below 150% FPL may pay 0% of their income for the benchmark plan.

Nonetheless, the delay in extending this policy has already affected carriers in preparing their rates for plan year 2023, as they anticipated a drop-off in enrollment.[27] Wisconsin carriers have submitted requests for full-price premium rate changes ranging from 1% to 15%.[28] The extension of the ARPA-enhanced subsidies means that most enrollees do not pay full price. The benchmark plan would continue to cost the same percentage of income that consumers have previously paid, even with fluctuations in the underlying premiums.

These 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.

Medicaid Unwinding

Medicaid enrollment has risen substantially during the COVID-19 PHE. Wisconsin's Medicaid/BadgerCare enrollment increased 28% from January 2020 through March 2022—an increase of 296,000 members.[29] (See Section IVC. Data Appendix for detail) Both in Wisconsin[30] and nationally[31], much of the increase in Medicaid enrollment during the PHE was caused by the continuous coverage requirement under the Families First Coronavirus Response Act. The number of enrolled Medicaid members has continually increased even while the total applications to the program declined during the PHE period. This reflects the accumulation of existing members, held over since March 2020, when the Wisconsin Medicaid agency froze most disenrollment and eligibility redeterminations during the PHE.

This trend suggests that nearly 300,000 Wisconsin Medicaid members may lose that coverage in the 12 months following the end of the PHE. The Urban Institute, in 2021, analyzed the effect of people losing Medicaid after the PHE expires, expecting states to return to pre-pandemic coverage levels by the fourth quarter of 2023.[32] This study notes that about a third of adults losing Medicaid could be eligible for subsidized Marketplace plans. However, the degree of take-up in the Marketplace, particularly with the expiration of ARPA-enhanced subsidies, remains uncertain. Existing actuarial projections for Wisconsin's future ACA Marketplace enrollment, discussed below, do not indicate expectation of substantial net growth in overall Marketplace enrollment.

ACA "Family Glitch"

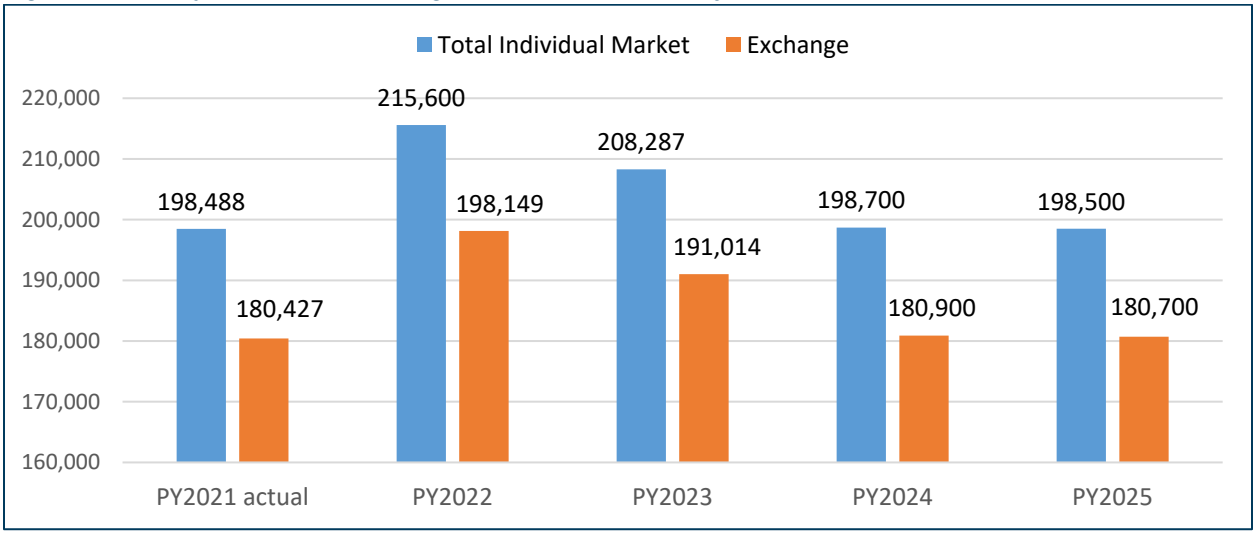
The ACA currently bases its affordability threshold (less than 9.83% of household income) on the cost of the employee's self-only coverage, not on the premium required to cover any dependents. Even where the cost of adding dependents to the employer-sponsored plan exceeds that threshold, the employee and family members remain ineligible for APTC subsidies on the Marketplace. This definition of "affordable" employer coverage has come to be known as the "family glitch." The Kaiser Family Foundation estimated that, in 2019, the family glitch prevents 113,000 Wisconsin residents from access to Marketplace subsidies.[33] The Biden Administration has proposed a regulatory fix to the family glitch,[34] although its resolution remains uncertain.[35]

Actuarial Projections

Wakely Consulting Group recently analyzed the potential effects of Wisconsin's proposed five-year 1332 State Innovation Waiver extension application, estimating future individual market enrollment under various scenarios.[36] Wakely assumed that ARPA PTC enhancements would expire at the end of 2022 and the PHE would end in July 2022 (triggering resumption of Medicaid redeterminations). Wakely also tested several alternative high and low scenarios including 1) further extension of the PHE (retaining existing Medicaid coverage for more Medicaid members), 2) the potential that enhanced premium subsidy provisions under ARPA are extended beyond 2022 (thereby bolstering enrollment), and 3) a regulatory resolution occurs for the ACA's family glitch.

Figure 18 displays the Wakely estimates for average enrollment through plan year 2025, with an extension of Wisconsin's existing Section 1332 State Innovation Waiver. Wakely expects a decline in individual market and ACA exchange enrollment, assuming expiration of ARPA subsides at the end of 2022. This projection suggests that enrollment losses (likely linked to the assumed expiration of the ARPA subsidies) offset a potentially large migration from existing Medicaid to Marketplace coverage with the post PHE Medicaid unwinding (discussed above). Effective outreach and enrollment systems could conceivably produce a more positive trend line, in that many of those migrating from Medicaid may have lower incomes, qualifying them for larger premium subsidies and CSRs. As well, with the ARPA-enhanced Marketplace subsidies now extended under the Inflation Reduction Act, these Wakely projections likely underestimate the future enrollment in Marketplace plans by Wisconsin consumers.

Figure 18. Wakely Estimates of Average Enrollment with ACA § 1332 State Innovation Waiver, 2021-2025



In Brief

- The newly enacted Inflation Reduction Act of 2022 extends ARPA-enhanced subsidies through the end of 2025, averting an estimated loss of 38,000 Wisconsin consumers enrolled in Marketplace plans.
- The unwinding of Medicaid, with the end of the public health emergency, may result in tens of thousands losing that coverage and seeking enrollment in Marketplace plans.
- The extension of ARPA-enhanced subsidies will ease the transition from Medicaid-eligibility to Marketplace enrollment.
- Potential federal resolution of the "family glitch" could extend Marketplace subsidies to over 100,000 Wisconsin residents.
- While these matters remain uncertain, the extension of the ARPA-enhanced subsidies will likely sustain strong Marketplace enrollment, averting prior projected declines in overall Marketplace enrollment linked to the previously assumed expiration of the enhanced subsidies.
- 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 could produce a positive trend line for enrollment.

D. Consumer Decisions about Purchasing Health Insurance

A wide range of reports, in both the scholarly and practice literature, provide data and discussion about consumer experience with health insurance: What affects consumer access to and decisions about enrolling in health insurance coverage? Why do people remain uninsured? What might improve consumer insurance access, enrollment, and continuity of coverage?

The following section reviews various major points in the literature and findings from the following national surveys:

- CDC National Health Interview Survey[37]
- Kaiser Family Foundation[38]
- Commonwealth Fund[39]
- Urban Institute Health Reform Monitoring Survey (HRMS)[40]

BerryDunn also collected primary data, engaging the specific voice of Wisconsin's consumers through a direct survey of residents in target geographic areas. We subcontracted with Wisconsin state-based partners—known and trusted by the local communities—to collect survey data via a convenience sampling method. This approach allowed collection of sufficient input, with limited resource investment, recognizing smaller-population geographies, substantial distraction during the COVID surges and vaccination campaigns.

The survey was fielded in June 2022 through the Rural Wisconsin Health Cooperative, Covering Wisconsin, and the Milwaukee Health Care Partnership. These agencies engaged their local service providers to collect survey data. Each survey respondent received a $25 gift card for a local business.

The partner agencies administered the survey in locations within the state's top ten high need counties (including high need cities), identified in Section IIIA, above. Locations of survey data collection included health and social service facilities and community events. Respondents included residents from neighboring counties who were present at these locations. This resulted in 562 completed responses from consumers identifying themselves as residing in 27 Wisconsin counties. Table 6 provides a summary of the demographic profile of the survey respondents.

Table 6. Characteristics of Survey Respondents

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%

Why Are People Uninsured?

Across surveys from the Kaiser Foundation, the Commonwealth Fund, and the CDC, the cost of coverage is consistently cited as the primary reason why people are uninsured. Generally, three-quarters of uninsured adults consider coverage not affordable. Beyond affordability, other points of note:

- One-fourth of uninsured persons report thinking they are not eligible for coverage.
- About one-fifth of uninsured adults report that coverage is not needed or wanted. This is more often true for uninsured men (26.8) than for uninsured women (14.6%).[41]
- Above one-fifth of non-elderly uninsured adults, in 2019, report that signing up for insurance coverage was too difficult or confusing.[42]
- Hispanic adults are more often uninsured due to limited eligibility for coverage. Lawfully present immigrants under 400% of FPL are eligible for tax credits but qualify for Medicaid only after a 5-year waiting period. Undocumented immigrants remain ineligible for Medicaid and Marketplace coverage.

Some who are eligible might not be aware of options or may not know that they can get financial assistance. In a 2019 survey, two-thirds of uninsured adults reported that they had not looked at Marketplace coverage options; of those, 36% reported they thought they could not afford health insurance.[43] More recently, 2021 survey data demonstrate low awareness and persistent knowledge gaps among uninsured adults related to the Marketplace and available options.[44] Over half (51.8%) of uninsured adult respondents report knowing "a little or nothing at all" about Marketplace coverage options, and nearly 68% of uninsured adults report similarly about Marketplace financial assistance. These responses were recorded as recently as April 2021.

Even when consumers do shop for insurance, they face barriers that deter them from enrolling in coverage. Once again, affordability is the main reason that consumers who shopped the Marketplace did not enroll.[45] But, in addition, 38% of uninsured adults who had visited the Marketplaces but did not enroll in a Marketplace plan or Medicaid reported finding the process difficult or confusing.[46]

Meanwhile, over one-third of uninsured adults who had dropped their previous insurance coverage (either Marketplace or other plan) report inability to afford required payments as the main reason for dropping coverage.[47] Most uninsured persons who lose or drop Medicaid coverage report that they are no longer eligible; although 14% reported that they did not reenroll when required.

Wisconsin survey respondents report perspectives similar to those reported in the national surveys, with cost/affordability cited as the main barrier to insurance coverage when uninsured (Figure 19), and as the main reason for not enrolling in a Marketplace plan (Figure 20). These consumers also frequently cite lack of eligibility and limited options. Over 10% of respondents also cite that they did not want/need health insurance, that they did not know how to find information, and that enrolling in a plan was too confusing. Other reasons listed in open text included:

- Unemployed/between jobs
- Non-citizen status
- Incarceration
- Struggled with homelessness
- No telephone to research/apply
- Confusion/unsure about how to find insurance
- Procrastination

Figure 19. Wisconsin Survey Respondents: Reasons you did not get insurance, when uninsured

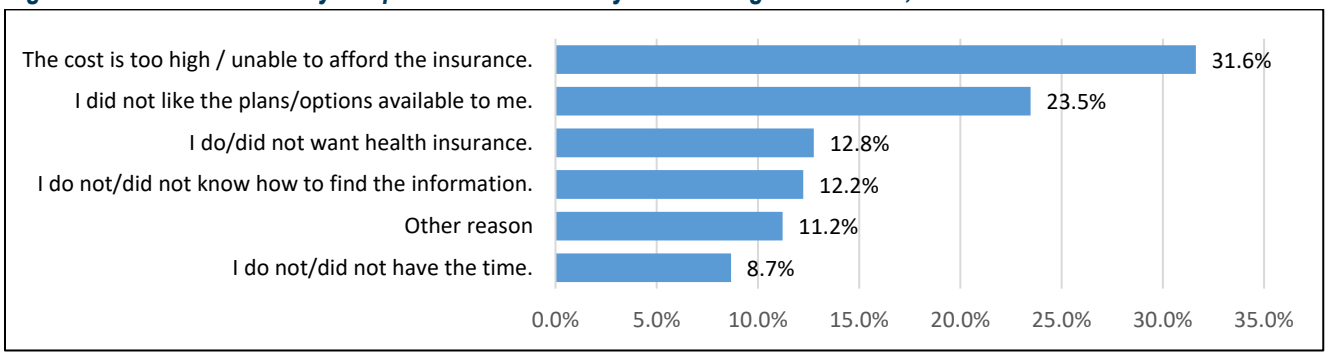
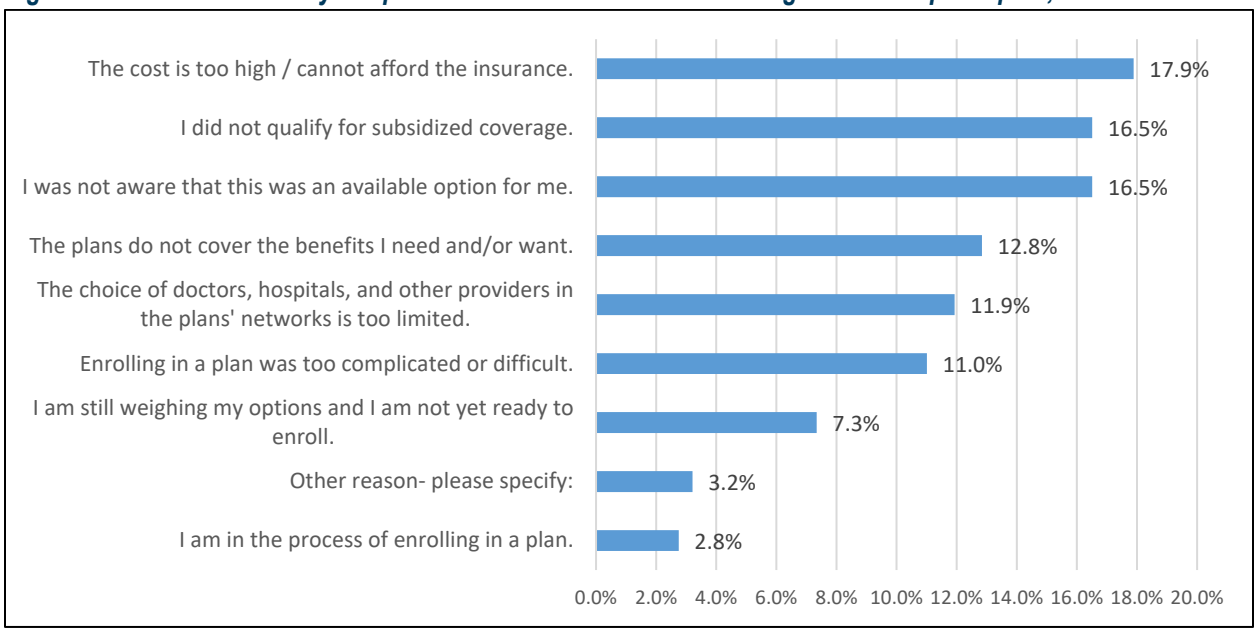


Figure 20. Wisconsin Survey Respondents: Reasons for not enrolling in a Marketplace plan, when uninsured.



What Motivates Enrollment and Plan Selection?

Wisconsin has 14 carriers offering Marketplace plans, with the number of carriers offering plans ranging from two to eight across counties.[48] Nationally, Wisconsin ranks high in the number of participating carriers; on average, states have about six carriers offering Marketplace plans.[49] Each carrier offers multiple plans in each metal level, Wisconsin consumers shopping on Healthcare.gov may face dozens of various plan options, even in counties with few participating carriers. Forest County, for example, has two participating carriers. Residents in this county may choose among ten bronze, seven silver, and three gold plans. Table 7 displays the number of qualified health plans offered by Wisconsin carriers for plan year 2021, in total and by metal level.[50]

Table 7. Plan Offerings: Average Number of QHPs per County, 2021, Weighted by Enrollment, Wisconsin

	All QHPs	Bronze	Silver	Gold	Platinum
Wisconsin	49.7	19.9	18.8	10.5	0.5

Although consumers often hold financial factors primary, nonfinancial factors also weigh heavily in plan selection.[51] Beyond premiums and cost-sharing, considerations include covered services, prescription drug coverage, and provider networks. Wisconsin survey respondents, rating several reasons/factors involved in selecting a health insurance plan, report that they are most likely to seek plans that cover preferred providers, services, and prescriptions, and that also offer lower cost-sharing. (Table 8)

Table 8. 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

While choice offers opportunity, several studies have documented how "choice overload" may challenge consumers to find plans that best fit their needs.[52,53,54] Effective decision-making requires health insurance literacy, allowing consumers to sensibly compare options, sort through the complexities of health insurance pricing and benefit design, and assess their own personal and financial risk.[55]

CMS now aims to simplify the shopping and choice experience for Marketplace consumers, and will require insurers to offer a set of standardized plans through Healthcare.gov, starting in 2023. Each metal level will have plans with a standard actuarial value, maximum out-of-pocket, deductibles, and cost-sharing. Such alignment in financial features may focus consumers in their comparison of plans' provider networks, premiums, and quality.[56] This change, along with expanded outreach and decision support, could improve the shopping experience and enrollment in the individual market.[57]

Meanwhile, Wisconsin survey responses suggest limited understanding of various elements involved in selecting a plan. When asked about the meaning of copayments, 124 respondents answered that they are not sure, with frequencies ranging from 12.7% in Milwaukee to 34.4% in Southeastern (non-Milwaukee) counties. (Figure 21) Respondents also provided various answers about deductibles, but 14% also noted that they were not sure about how deductibles worked.

Among the survey respondents, 18 answered that they were enrolled in a short-term limited duration plan (STLDP). Figure 22 displays the reported reasons for enrolling in this form of coverage. Respondents frequently reference lower prices, limited options, and not expecting to need much health care.

Figure 21. Wisconsin Survey Responses: Answering "Don't Know/Not Sure" to Questions about How Copayments Work

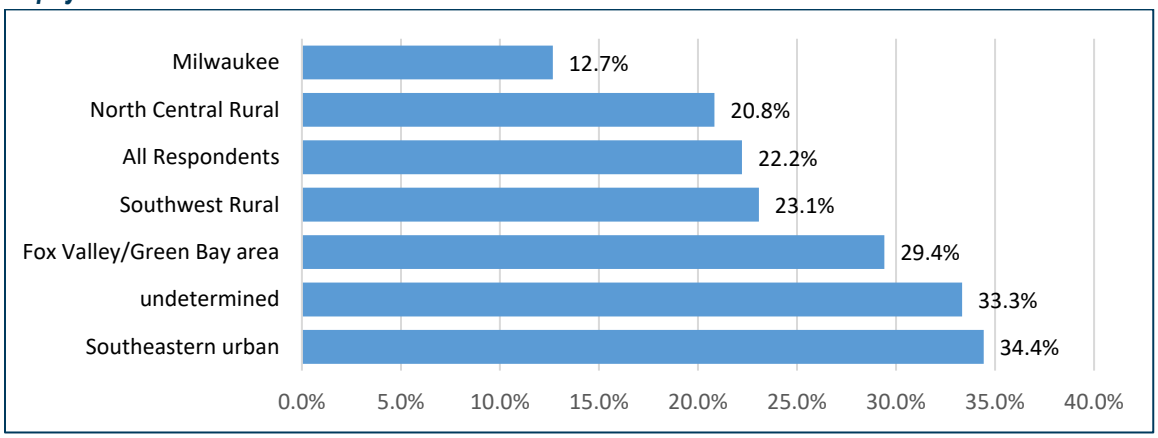
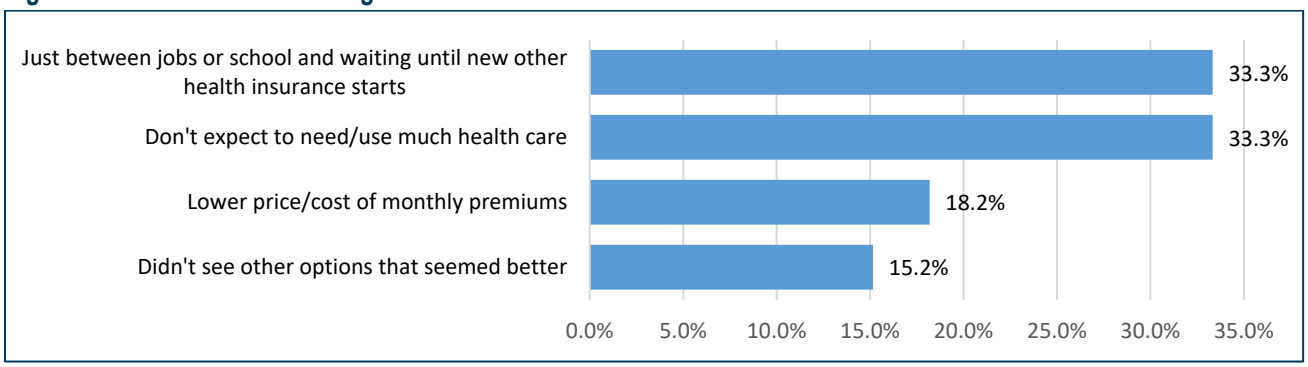


Figure 22. Reasons for Enrolling in Short-Term Limited Duration Plan



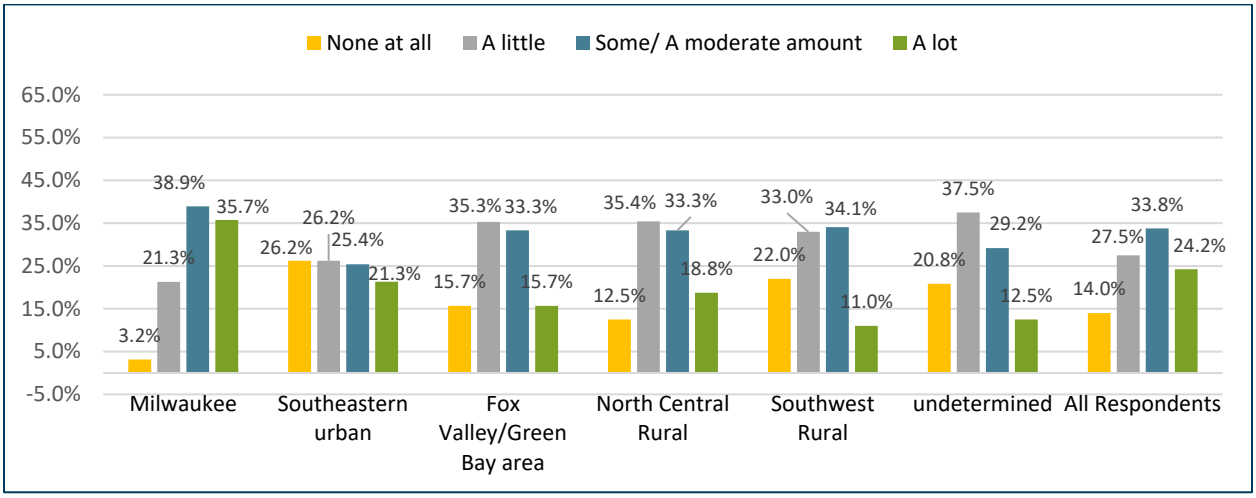
Wisconsin survey respondents report limited familiarity with the Marketplace, and with financial assistance available for purchasing health insurance. (Figure 23) Over 40% answered that they had heard "a little" or "none at all" about the Healthcare.gov. (Panel A). Over 56% had heard "nothing" or "a little" about financial help available. (Panel B). Only 37% report that they had heard anything about the lower premiums and more government help available recently. (Panel C) These answers suggest an opportunity for education and outreach about the potential benefits of more comprehensive coverage, and about available financial assistance.

These responses vary substantially by region, with Milwaukee residents more frequently answering that they had heard some or a lot about the Marketplace and about available financial assistance. Regional variations, however, may reflect the reach of a convenience sampling survey approach, and resulting differences in the respondent groups among the regions—rather than a comparison of, for example, uninsured populations in different geographies. Milwaukee County respondents more frequently reported enrollment or experience with Medicaid, BadgerCare, and the Marketplace, while respondents in rural regions were generally older and more likely to report current enrollment in Medicare and/or commercial insurance.

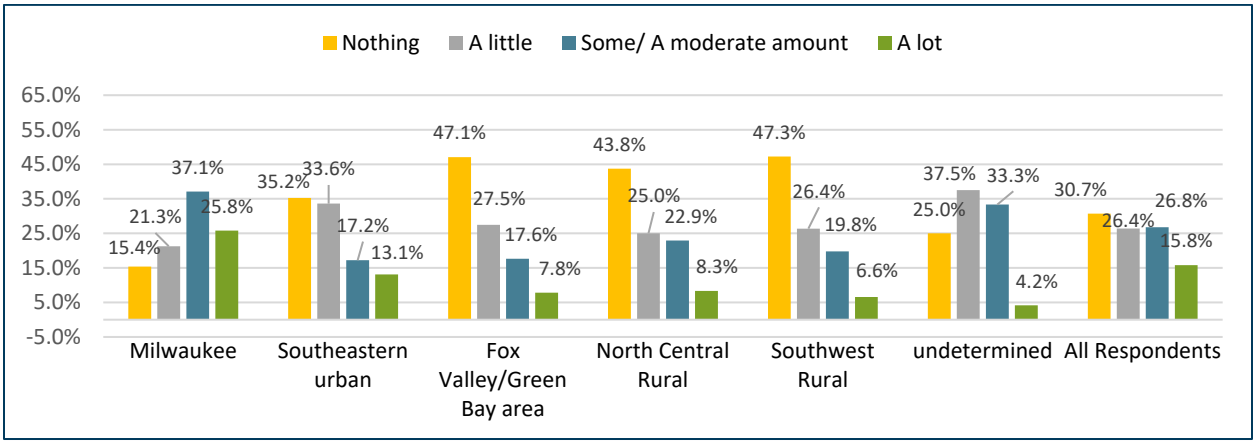
The responses, even from those who are not themselves eligible Marketplace or Medicaid, eligible provide important information, in that they demonstrate the level of ambient awareness of these coverage options in a community. Section E discusses the importance of family, friends, and social networks in transmitting such information.

Figure 23. Wisconsin Survey Respondents: Familiarity with ACA Marketplace

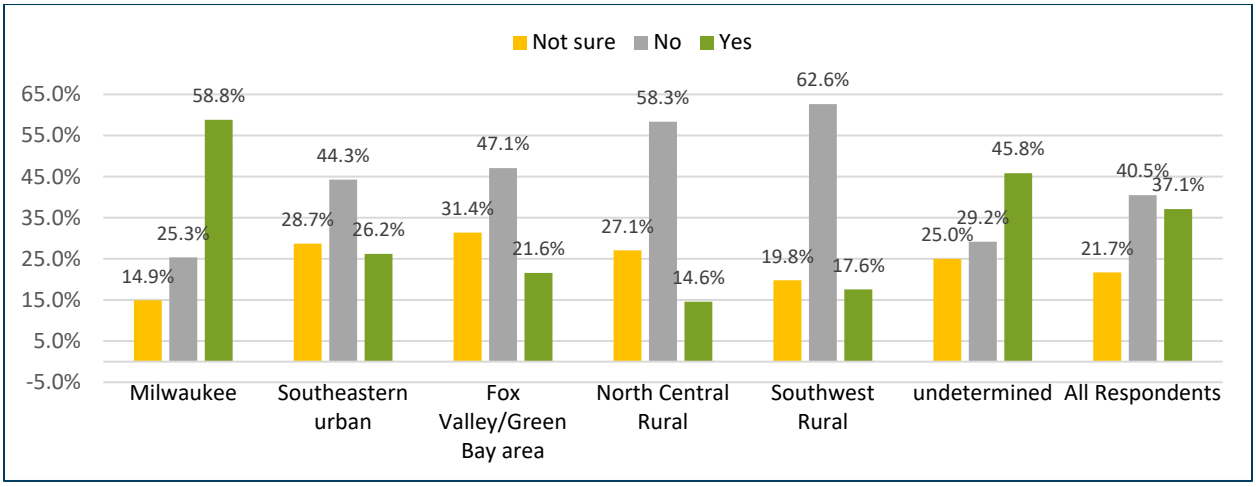
Panel A. "How much have you heard about Healthcare.gov?"



Panel B. How much, if anything, have you heard about financial help available from Healthcare.gov?



Panel C. Have you heard anything about the lower premiums and more government help that is available recently to help people pay for monthly premiums?



In Brief

- 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.

- Wisconsin survey respondents report relying heavily on "word of mouth, friends, family neighbors, work, social gatherings" for information about health insurance. Respondents also confirm the importance of local resources and trusted community advisors.

E. Enrollment Assisters: Consumer Engagement and Capacity

Enrollment assisters help consumers to investigate their options, address what deters and motivates enrollment, and help them sort through a broad range of factors that affect health plan selection. This section discusses the role for enrollment assisters, the current and potential need for enrollment assistance services in Wisconsin, and how the current enrollment assistance capacity compares to need.

How People Look for Health Insurance Information

Consumers undergo a decision process, and need information, to initially enroll in coverage and to renew their coverage on an annual basis. Their reliance on various information sources and assistance tools may vary depending on whether they are currently uninsured, changing their insurance coverage (from Medicaid to Marketplace, for example), or considering a change of plans. Beyond use of a website, consumers responding to a 2018 survey report relying on more direct assistance:[58]

- 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.

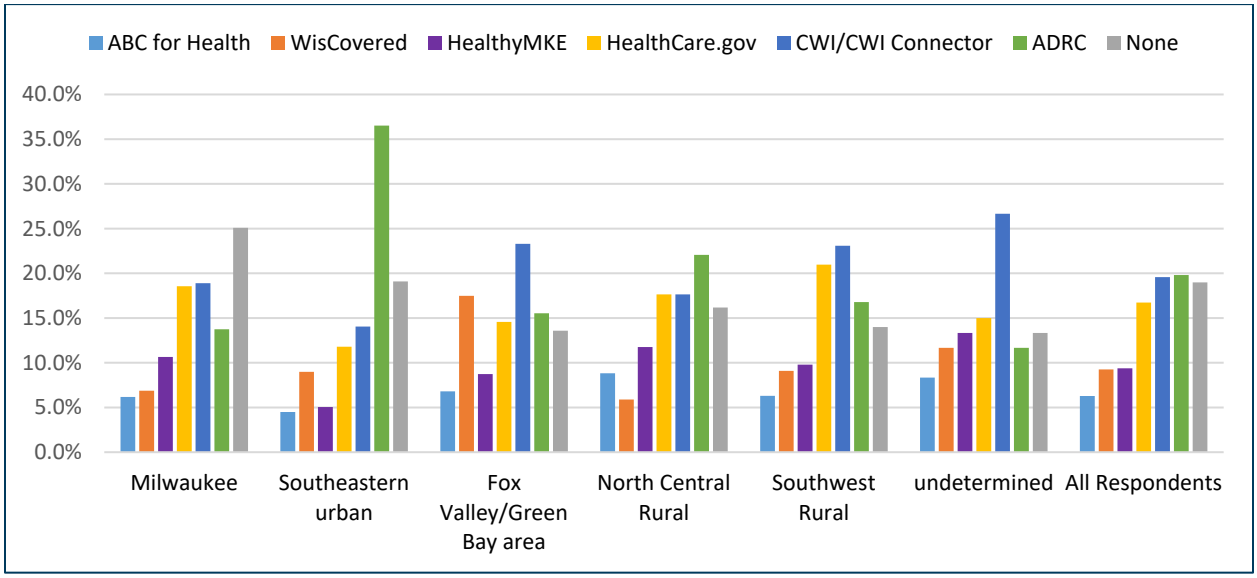
The BerryDunn survey of Wisconsin's consumers also addressed the degree to which they are aware of and use various enrollment assister resources. (Figure 24) These responses vary substantially by region. Here again, each regions' survey reached populations with different demographic characteristics, and these different sample characteristics likely explain at least some of the regional variation in responses.

Respondents most frequently reported recognition or use Covering Wisconsin/CWI Connector Tool, Aging and Disability Resource Centers (ADRCs), and Healthcare.gov. (Panel A) About one-fifth of respondents reported having no recognition of any of the survey's named entities. Panel B displays that, generally, one-third of respondents in most areas reported not having worked with any kind of enrollment assister, although Fox Valley/Green Bay area respondents more frequently reported working with an advisor at a hospital or clinic, a Navigator or Certified Application Counselor (CAC), or an agent or broker. Respondents reported having worked with county agencies, Navigators, CACs, and hospital financial office staff more often than they reported working with agents and brokers.

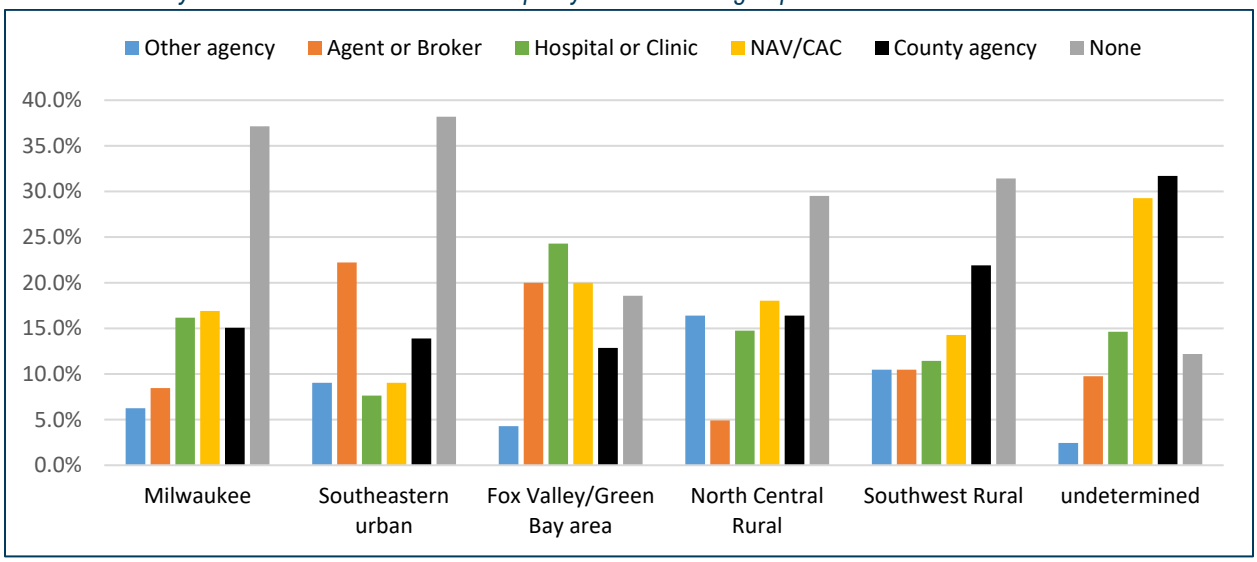
Survey respondents in the rural counties skewed older, and were often Medicare-enrolled, which would explain the strong familiarity with ADRC. At the same time, Wisconsin's ACA-enrolled population also skews older (in the age 55-64 age range, suggesting the importance of aging-related community resources in outreach and education. Younger respondents more often noted recognition of Covering Wisconsin, HealthCare.gov, and other resources, although demonstrating low recognition of any particular resource. The effort to reach and enroll consumers in the ages 18-34 range would benefit from identifying community agencies with which young adults closely identify or engage, parallel to that observed between older adults and ADRCs.

Figure 24. Wisconsin Survey Reponses: Familiarity with Enrollment Assistance Resources

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

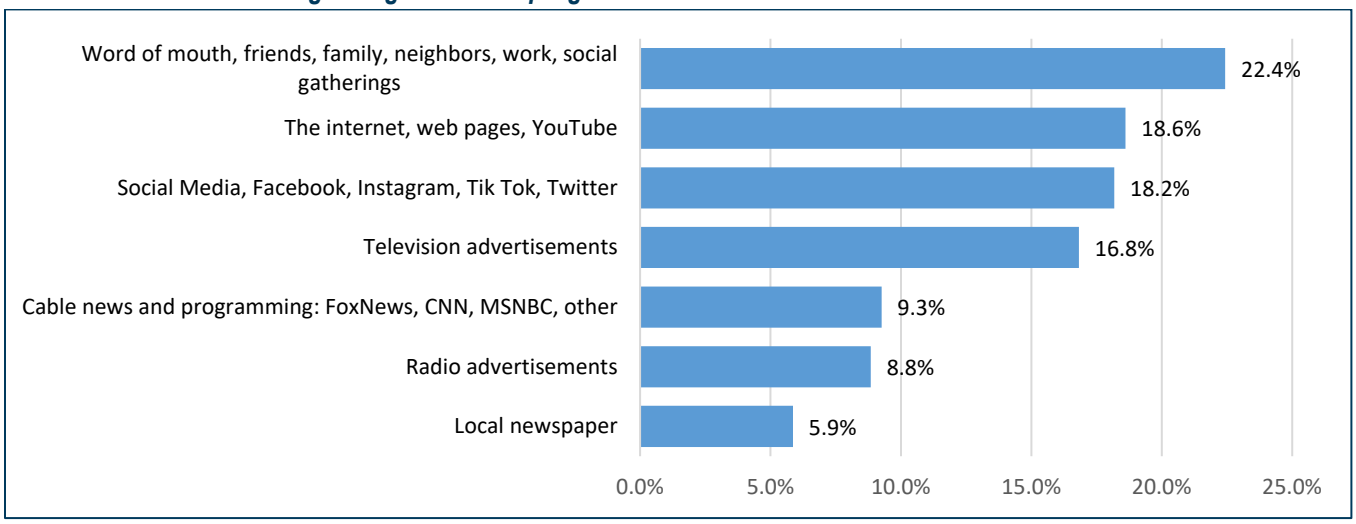


Panel B. Has anyone from the list below ever helped you to find or sign up for health insurance?



Survey respondents most frequently reported learning information about health insurance from "word of mouth, friends, family neighbors, work, social gatherings." (Figure 25) This finding amplifies reports in the literature about the importance of local resources and trusted community advisors.[59] OCI and enrollment assisters might consider these responses in outreach strategy and pursue approaches to leverage social networks.

Figure 25. Wisconsin Survey Responses: "Where are you most likely to hear or learn information about health insurance and changes in government programs?"



Consumers with existing insurance continue to need enrollment assisters as they annually re-evaluate plan options, pricing, and availability. In the ACA Marketplace, the proportion of re-enrollees (compared to new enrollees) has increased steadily and substantially over the years, as would be expected with the maturation of the ACA. (Figure 26): 81% of consumers selecting plans during Wisconsin's ACA open enrollment period for plan year 2022 were re-enrollees. For plan year 2022, 75% of 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. (Table 9) This reflects the need to re-assess available plans, premiums, and available subsidies yearly.

Figure 26. New Consumers and Re-enrollees, 2015-2022

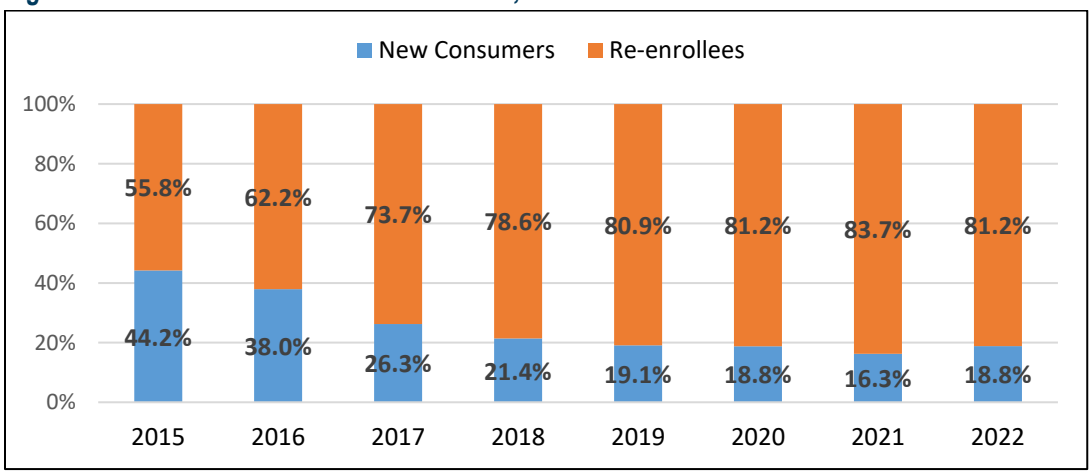


Table 9. Plan Switching among Active Re-enrollees

	Plan Year 2021	Plan Year 2022
Switched Plans	34%	41%
Remained in the Same Plan or a Cross-walked Plan	66%	59%

Enrollment Assisters

Consumers who receive application assistance are more likely to enroll in coverage, and to consider the full range of available options for coverage.[60] Several different assister types may provide enrollment support for consumers. These include the following:

- Insurance agents and brokers
- Licensed Navigators
- Certified Application Counselors (CACs)
- Hospital and clinic financial/business office staff
- County agency eligibility workers
- Medicaid out-stationed eligibility workers
- Other agencies and community mobilizers

The Federal Office of the Assistant Secretary for Planning and Evaluation (ASPE) recently reviewed the evidence on outreach and enrollment strategies for reaching the remaining uninsured.[61] This review concludes that individual assistance and community outreach are necessary to boosting enrollment, beyond broad public educational campaigns aimed toward increasing consumer awareness. ASPE also reports that Navigators and private health insurance brokers serve different populations, with Navigators and other assisters more likely to reach predominantly uninsured populations and to assist people found eligible for Medicaid. Many agents and brokers effectively serve to connect consumers with needed and quality coverage. The ASPE report notes that agents and brokers assisted 4 million Marketplace enrollees using HealthCare.gov for plan year 2020.

BerryDunn surveyed enrollment assisters in Wisconsin to learn about their work with and perspectives about consumer experiences. The survey was distributed electronically -- by Covering Wisconsin, the Milwaukee Health Care Partnership, and the Rural Wisconsin Health Cooperative – to reach agents and brokers, Navigators, CACs, hospital business offices, and others. The survey yielded 90 completed responses.

Table 10 displays the information about the 90 enrollment assisters who responded. The respondents most often listed Healthcare.gov, Covering Wisconsin, and CWI's Get Covered Connector as affiliations and tools that they use. (Table 11) Navigators more frequently reported serving consumers who are lower income, prefer speaking a language other than English, and are Black/African American, American Indian, Hispanic/Latino. (Figure 27)

Table 10. Enrollment Assister Survey Respondents

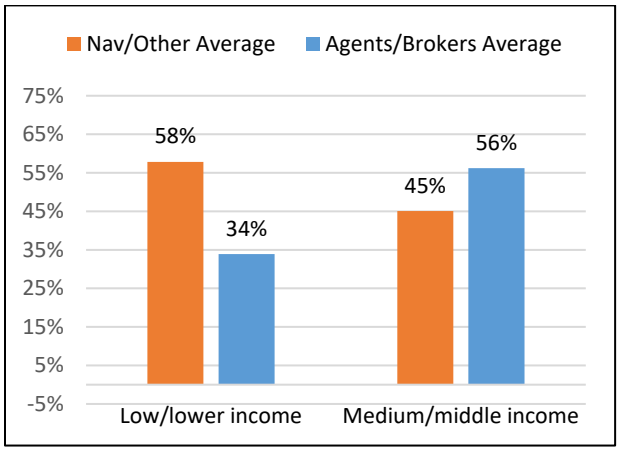
Total Respondents	90
Agents and Brokers	65
Licensed Navigators	20
CACs and other assisters	5

Table 11. Reported Affiliations of and Use of Tools by Enrollment Assisters

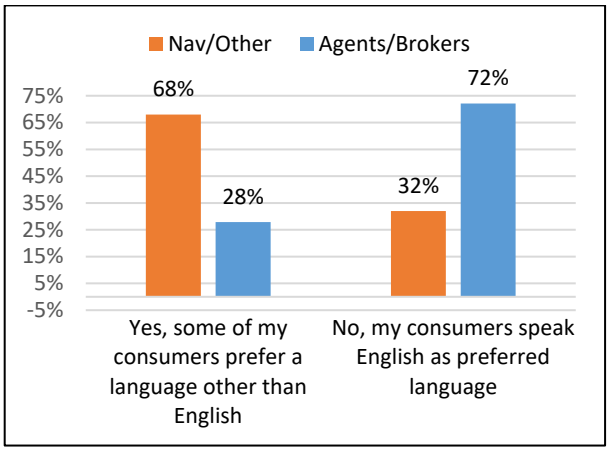
	Percent Reporting Affiliation/Use
HealthCare.gov Find Local Help	35%
Covering Wisconsin	18%
Get Covered Connector Tool	12%
None of these	10%
WisCovered.com	10%
ADRC	9%
ABC for Health	3%
HealthyMKE	3%

Figure 27. Demographics, Consumers Served by Enrollment Assisters, as Reported by Enrollment Assisters

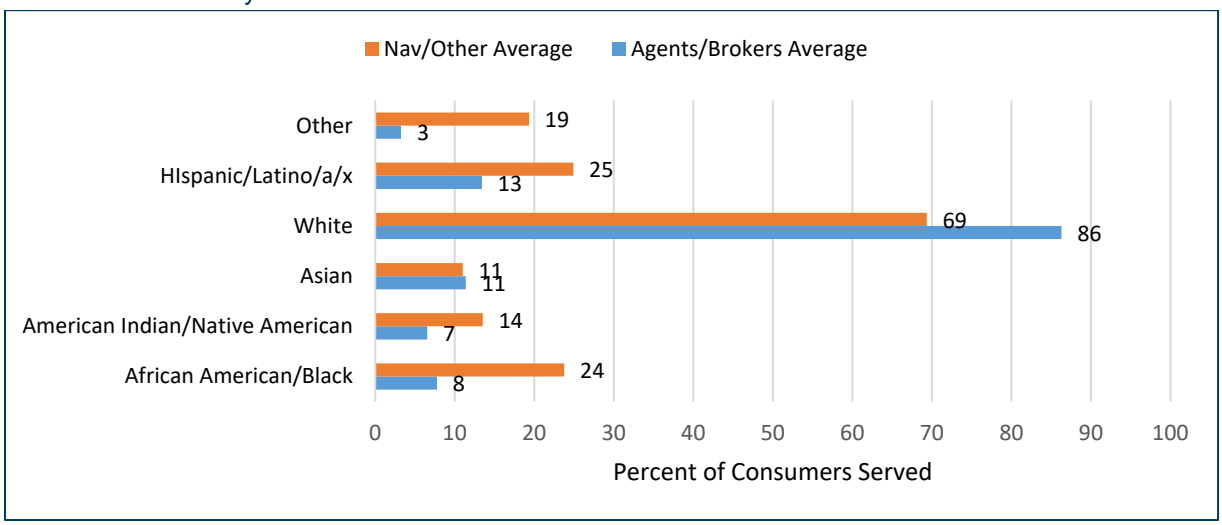
Panel A. Income Category



Panel B. Preferred Language



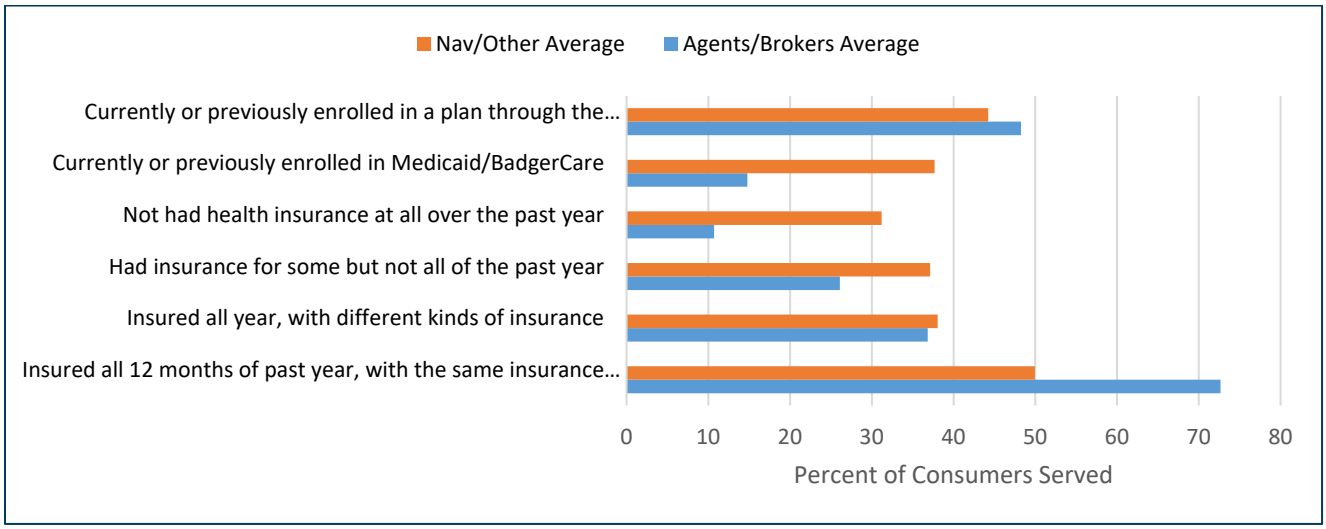
Panel C. Race/Ethnicity



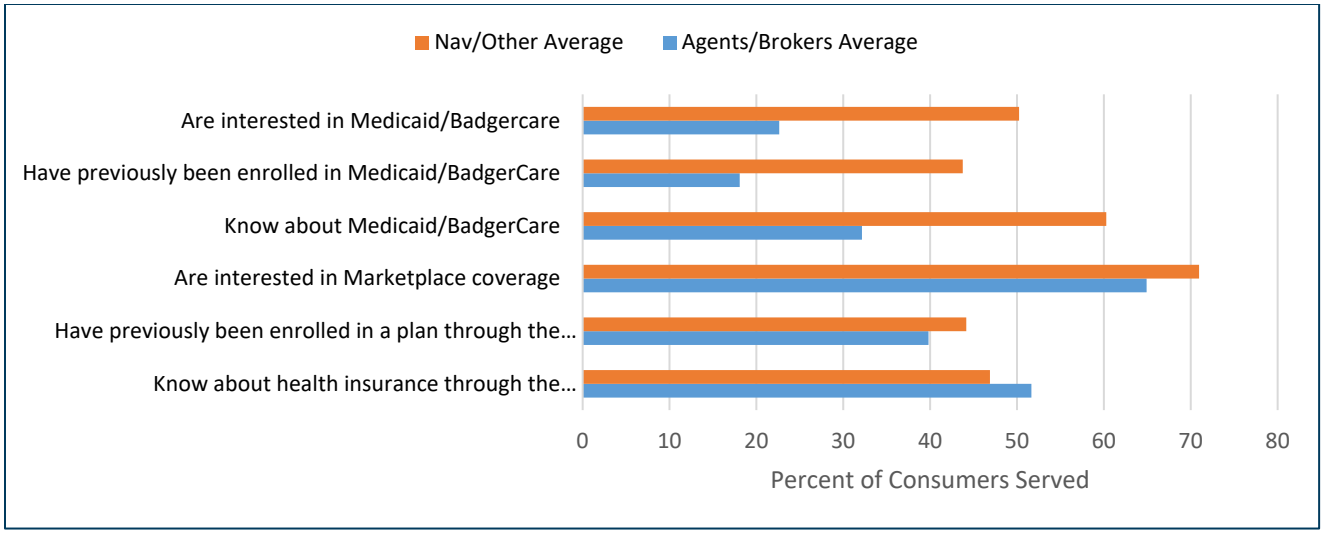
The survey respondents were asked to consider all the consumers that work with them and estimate the percent that match various statements. Asked about their consumers' awareness of and experience with Medicaid and Marketplace plans when they start their process, Navigators more frequently reported that their consumers know about and express interest in Medicaid/BadgerCare. Both Navigators and agents/brokers reported that nearly half their consumers have previous Marketplace coverage. Agents/brokers reported that over 70% of their consumers come to them with consistent insurance for the previous 12 months, compared to 50% of Navigator consumers. (Figure 28. Panel A) Navigator consumers are substantially more likely to have interest in, knowledge about, and prior experience with Medicaid/BadgerCare.(Figure 28. Panel B)

Figure 28. Consumers' Prior Coverage, Interest in and Experience with Medicaid and Marketplace, as Reported by Enrollment Assisters

Panel A. Consumers' Current and Prior Coverage



Panel B. Interest in and Knowledge of Medicaid and Marketplace



Current and Needed Enrollment Assistance Capacity in Wisconsin

BerryDunn compiled a list of agents and brokers, Navigators, CACs, and others, using those listed through the following sources:

- Wisconsin OCI Navigator License and Certified Application Counselor Registration[62]
- National Association of Insurance Commissioners (NAIC) State-Based Systems Lookup[63]
- HealthCare.gov Find Local Help[64]
- Covering Wisconsin Find Local Help[65]

These resources list individuals and entities available to assist Wisconsin consumers in seeking health insurance coverage. They do not provide detail about the amount of time that individuals are available (full-time equivalent capacity), or what specific services or consumers they serve (Marketplace and Medicaid or Marketplace only, for example). This information does, however, offer a point of comparison among geographies about relative workforce capacity.

Enrollment Assistance: Wisconsin

Wisconsin has a total of 30 licensed Navigators and 991 commission-based agents and brokers listed with the Find Local Help portals on Healthcare.gov, CoveringWi.org, or WisCovered.com, or HealthyMKE.com.

In Wisconsin, federal, state, and local grants and contracts fund the Navigator entity (Covering Wisconsin), which directly employs or sub-contracts with other agencies that employ certified Navigators.[66] This service has relied primarily on federal funding, with wide fluctuations limiting the Navigator workforce. This year, however, COVID-related federal and state supplements substantially expanded public awareness and advertising campaigns and helped increase the Navigator workforce.[67]

Wisconsin has previous experience, via BadgerCare, with a model of per-enrollee payments available to a network of partner agencies.[68] In 2008, the Wisconsin's Medicaid agency substantially expanded BadgerCare program eligibility and engaged community organizations in its enrollment assistance campaign. The agency awarded "mini-grants" to 31 organizations (up to $25,000 per organization), and the grantee organizations received a $50 per approved BadgerCare Plus application. Reported success among the grantee agencies varied. Since that time, Wisconsin has relied primarily on county income maintenance agencies for Medicaid/BadgerCare enrollment.

Figure 29 shows the ratio of enrollment assisters, by county, per 1,000 population of uninsured residents. Panel A provides a view of the ratio that includes all enrollment assisters. As noted, many of the remaining uninsured will qualify for Marketplace subsidies and Medicaid. Panel B includes only enrollment assisters that are more likely to serve an uninsured population and persons who may be found eligible for Medicaid (in other words, excluding agents and brokers.)

Note that, particularly given the increasing use of tele-communication as a service model, enrollment assisters do not restrict their service within the counties of their business address. The maps presented here do not reflect actual service areas, or the degree to which services may be available to residents in any county.

However, outreach and engagement with the uninsured is more successful when conducted by entities and individuals that are known and trusted within local communities.[69]

> "Outreach at the community level includes individual/consumer-level assistance but also focuses on using trusted messengers with a localized message…[and] who can organize community events."
>
> U.S. DHHS, ASPE, October, 2021. Reaching the Remaining Uninsured: An Evidence Review on Outreach & Enrollment

These data and maps depict the following related to in-person services:

- Widely varying and somewhat limited capacity for enrollment assister services in several areas of the state.
- Strong reliance on agents and brokers relative to non-commission-based enrollment assisters.

BerryDunn calculated the gap between need and current capacity using the parameter (estimated) that one full-time equivalent enrollment assister serves an average of 417 consumers per year. With that, we calculated the gap between current capacity and need by comparing the current ratio of enrollment assisters per uninsured residents to the needed ratio of at least one enrollment assister per 417 residents. The gap equals the number of enrollment assisters required to achieve at least the 1 to 417 ratio.

Figure 30 displays the Wisconsin counties' gaps in current enrollment assister capacity, relative to the uninsured population, as the number of enrollment assisters needed to close the gap. Panel A displays the number of assisters needed, including agents and brokers in the count of currently available assisters. Sixteen Wisconsin counties show a deficit between available assisters relative to the number of uninsured; residents in these counties may, to some degree, receive services from assisters in counties where adequate capacity exists. The statewide count, with the existing capacity of agents and brokers, is sufficient to serve the population. However, Milwaukee County alone requires an additional 47 assisters to serve its uninsured population – and the neighboring counties of Racine, Kenosha, and Walworth also show a deficit in assister capacity. While adjacent Waukesha County shows an ample supply of agents and brokers, the under-resourced communities of Milwaukee, Racine, and Kenosha will more effectively benefit from community-based advisors affiliated with trusted local agencies.

As noted, many of the remaining uninsured will qualify for Marketplace subsidies or for Medicaid. Panel B shows the number of assisters needed if counting only assisters that also support Medicaid enrollment (thereby excluding commission-based agents and brokers) in the assister-to-uninsured ratio. Counting only Navigators, CACs, and other community-based assisters, 58 of Wisconsin's 72 counties show a deficit in number of assisters relative to the number of uninsured residents. (Panel B) The state would need 519 more assisters to close this gap. Milwaukee County accounts for over 20% of that need.

Figure 29. Enrollment Assisters per 1,000 population by County

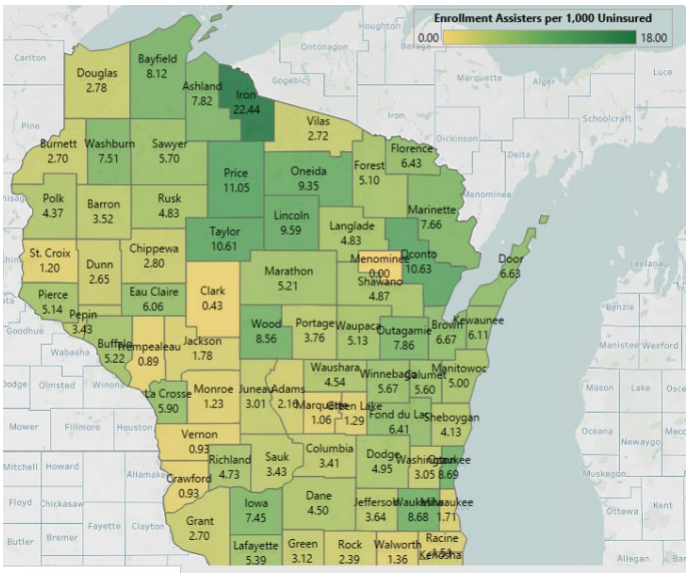
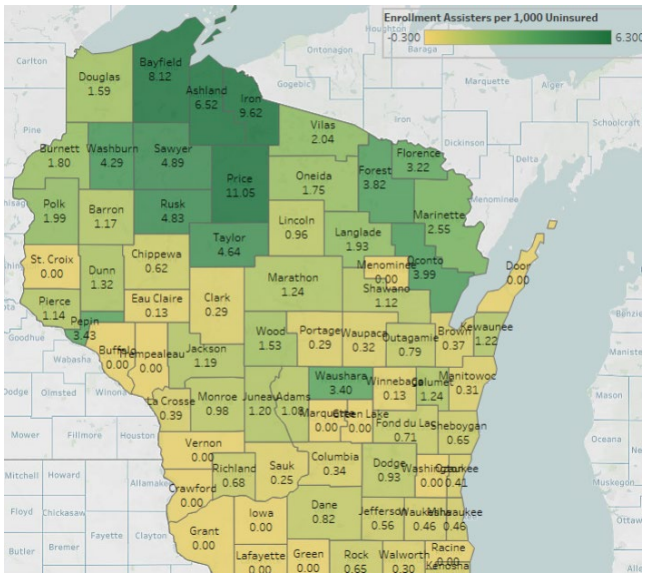
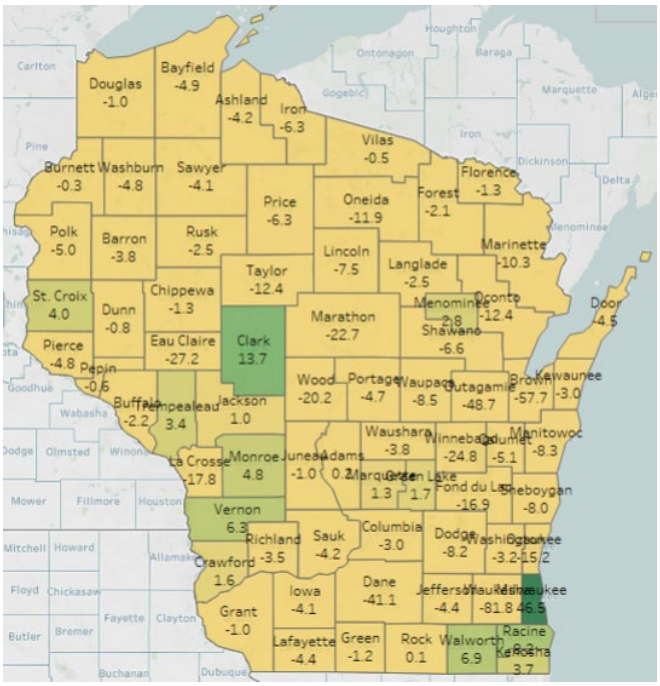
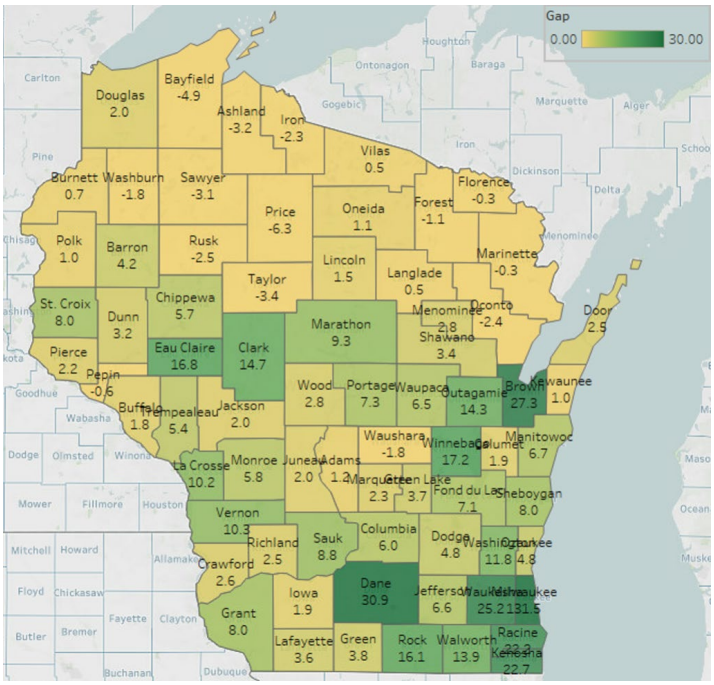
Panel A. All Enrollment Assisters	*Panel B. Assisters handling both Marketplace and Medicaid*
	

Figure 30. Percent of Enrollment Assister Need Not Met

Panel A. All Enrollment Assisters	*Panel B. Assisters Handling both Marketplace and Medicaid*
	

Wisconsin Navigator Activity

Wisconsin's sole Navigator agency, Covering Wisconsin, directly employs staff and subcontracts with agencies throughout the state to provide licensed Navigator services. Navigators serve uninsured consumers, conduct community education and outreach, assist with Marketplace re-enrollment, assist consumers when found eligible for Medicaid, and provide a single stop for household units with members' variously eligible for Marketplace and Medicaid.

The demand for and use of these services increased substantially in the past year. Figure 31 displays the doubling of the unduplicated monthly count of consumers assisted in the open enrollment months of late 2021 (for plan year 2022) compared to late 2020 (for plan year 2021). Figure 32 displays the same trend in overall services provided over this time frame.

Figure 31. Unduplicated Consumers Assisted, October 2020-January 2022

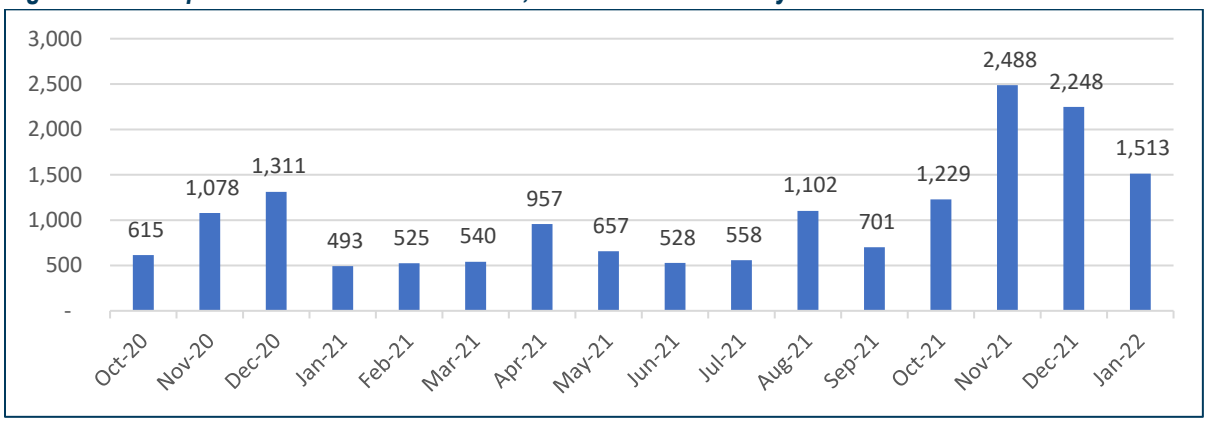
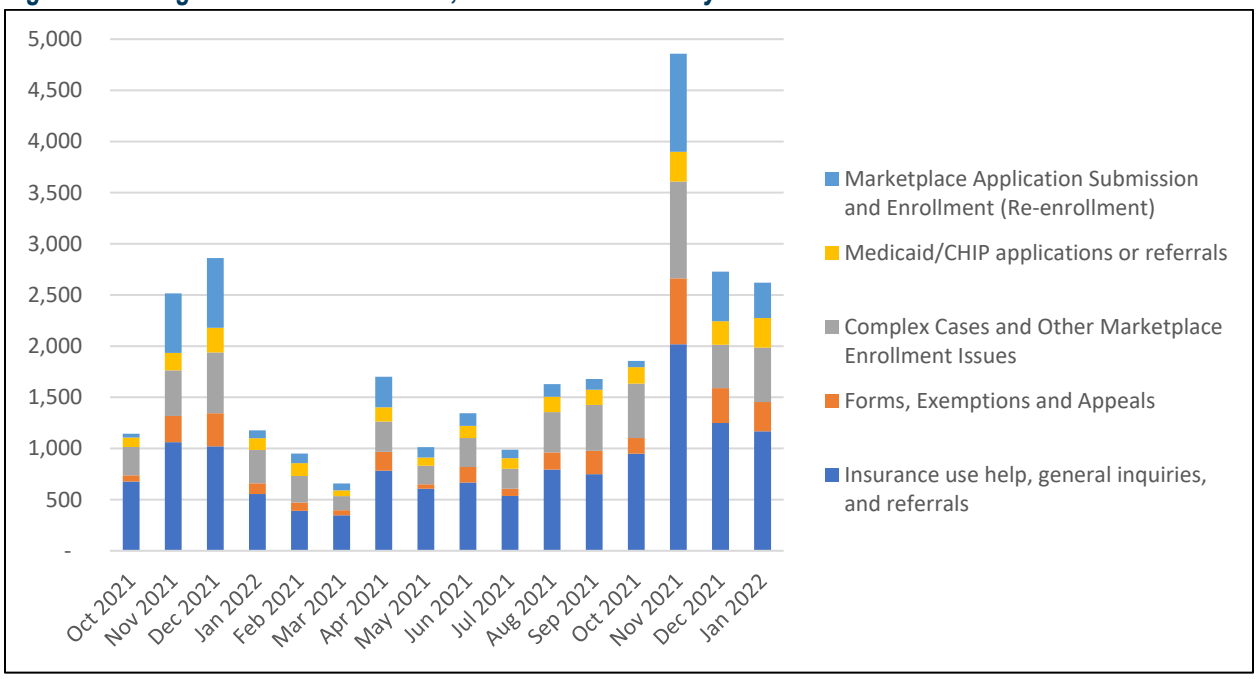


Figure 32. Navigator Services Provided, October 2020-January 2022



In Brief

- Consumers who receive application assistance are more likely to enroll in coverage, and to consider the full range of available options for coverage.
- Wisconsin demonstrates widely varying and somewhat limited capacity for enrollment assister services and relies heavily on agents and brokers relative to other types of enrollment assisters.
- Many agents and brokers effectively serve to connect consumers with needed and quality coverage. Navigators are more likely to reach predominantly uninsured populations, to assist people found eligible for Medicaid, and to conduct community outreach and education.
- Sixteen Wisconsin counties show a deficit between available assisters relative to the number of uninsured
- Wisconsin consumer demand for and use of Navigator services has increased substantially in the past year.
- Ultimately, Wisconsin will more effectively reach its goals by increasing its workforce of community-based advisors affiliated with trusted local agencies.

IV. Discussion and Conclusion

Current federal policy resolves problems of eligibility or affordability as barriers to health insurance coverage for many Wisconsin residents. (Some will continue to face such barriers, due to policies such as the ACA family glitch or immigrant-related restrictions.) The newly enacted Inflation Reduction Act of 2022, extending the enhanced subsidies for Marketplace plans through 2025, offers opportunity to build on Wisconsin's recent gains in health insurance enrollment. 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. These transition points, along with annual reenrollment periods, contribute to churn in coverage -- breaks in insurance enrollment that reduce continuity of care and add cost and uncertainty to insurance markets.[70,71]

Robust consumer support can help Wisconsin residents retain insurance coverage and bring eligible but uninsured residents into coverage. Effective outreach focuses on using trusted messengers and local resources to organize community events and provide community-based enrollment assistance. The state and federal government augmented investment in such efforts during 2021 and 2022, contributing to strong Marketplace enrollment. A continuation of these investments will help sustain and further these enrollment gains.

Forward efforts, in order to grow enrollment and reach the state's remaining uninsured residents, need to be well-targeted. The number of uninsured residents in Milwaukee County far exceeds the total number of uninsured residents in any other Wisconsin county. Other Wisconsin cities are also home to larger numbers of uninsured residents. Clark and Menominee Counties have the largest percentage of uninsured residents, with over 20% of their populations uninsured. Young adults account for a substantial portion of the state's uninsured rate. And nearly 60,000 Wisconsin children and youth under the age of 19 are uninsured, virtually all of whom should be eligible for coverage through Medicaid, BadgerCare, or subsidized Marketplace coverage.

Further outreach efforts need 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. 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; they need specific support in understanding the opportunities for affordable (and perhaps $0 premium) coverage. Consumers can have difficulty making optimal decisions when sorting through various plan design features within and across metal levels.

Wisconsin has strong coordination between its insurance regulating agency (OCI) and its state Medicaid agency (DHS), a productive partnership with private sector stakeholders, and a substantial number of carriers offering plans in the individual market. 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. OCI and its partners may use these data to help guide how and where to best allocate resources as they adopt strategies to expand health insurance coverage among Wisconsin residents.

V. Data and Methods Appendix

A. Data Sources

Table 12 lists the sources of data for the analyses presented throughout this report. We used Wisconsin-specific data, from both federal and state sources, and from analyses published elsewhere. BerryDunn also collected primary data, via a survey of Wisconsin consumers and enrollment assisters. This survey is described within the report narrative.

Table 12. Summary of Data Sources

Insurance Status/ Uninsured	United States Census. American Community Survey. Table S2701. Selected Characteristics of Health Insurance Coverage, Wisconsin. 2020. State, County, and Local Estimates of the Uninsured Population: Prevalence and Key Demographic Features. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. March 12, 2021. https://aspe.hhs.gov/reports/state-county-local-estimates-uninsured-population-prevalence-key-demographic-features U.S. Census. Small Area Health Insurance Estimates (SAHIE). https://www.census.gov/programs-surveys/sahie.html
Insurance Status/ Uncompensated Care	WHA Information Center, LLC. Uncompensated Health Care Report, Wisconsin Hospitals, Fiscal Year 2020 and Fiscal Year 2019. November 2021 and November 2020. https://www.whainfocenter.com/Data-Products/Publications/Uncompensated-Health-Care-Report-Wisconsin/Uncompensated_2020
Individual Market and ACA Marketplace Enrollment	CMS.gov. 2015-2022 Marketplace Open Enrollment Period Public Use Files https://www.cms.gov/research-statistics-data-systems/marketplace-products/2022-marketplace-open-enrollment-period-public-use-files Peper J, Cohen M, Cornish M. Section 1332 State Innovation Waiver Extension. Actuarial and Economic Analysis. State of Wisconsin. Wakely Consulting Group, LLC. April 27, 2022.
Marketplace Plans and Premiums	OCI. Comprehensive Health Insurance Enrollment Reports. Last Updated March 16, 2022. https://oci.wi.gov/Pages/Companies/CompHealthEnrollment.aspx CMS.gov. 2015-2022 Marketplace Open Enrollment Period Public Use Files. https://www.cms.gov/research-statistics-data-systems/marketplace-products/2022-marketplace-open-enrollment-period-public-use-files Buettgens M, Banthin J, Green A. What if the American Rescue Plan Act Premium Tax Credits Expire? Coverage and Cost Projections for 2023. Urban Institute. April 2022. https://www.urban.org/sites/default/files/2022-04/What%20If%20the%20American%20Rescue%20Plan%20Act%20Premium%20Tax%20Credits%20Expire.pdf Peper J, Cohen M, Cornish M. Section 1332 State Innovation Waiver Extension. Actuarial and Economic Analysis. State of Wisconsin. Wakely Consulting Group, LLC. April 27, 2022.
Medicaid / BadgerCare Enrollment Trends	Medicaid.gov. State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data. Accessed July 5, 2021. https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360 Buettgens M, Green A. What Will Happen to Unprecedented High Medicaid Enrollment after the Public Health Emergency? Washington, DC: Urban Institute. September 2021.

	https://www.urban.org/sites/default/files/publication/104785/what-will-happen-to-unprecedented-high-medicaid-enrollment-after-the-public-health-emergency_0.pdf Wisconsin Department of Health Services. ForwardHealth Enrollment Data. https://www.forwardhealth.wi.gov/WIPortal/Content/Member/caseloads/enrollment/enrollment.htm.spage
Consumer Awareness, Knowledge, and Perspectives	Primary data collection – Wisconsin Survey CDC National Health Interview Survey Commonwealth Fund Biennial Health Insurance Survey Kaiser Family Foundation analysis of the National Health Interview Survey Urban Institute Health Reform Monitoring Survey (HRMS)
Enrollment Assister Supply	CMS Center for Consumer Information and Insurance Oversight (CCIIO) In-Person Assistance in the Health Insurance Marketplaces https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance Wisconsin OCI Navigator License and Certified Application Counselor Registration. https://oci.wi.gov/Pages/Agents/NavigatorLicense.aspx NAIO State-Based Systems Lookup. https://sbs.naic.org/solar-external-lookup/ Heatlhcare.gov. Find Local Help. https://localhelp.healthcare.gov/#intro Covering Wisconsin, Find Local Help. https://coveringwi.org/enroll

B. Data Constraints and Limitations

COVID-19 disrupted data collection for standard sources of health insurance information, including the American Community Survey (ACS) and the related Small Area Health Insurance Estimates (SAHIE). The most recent available data from the U.S. census, at smaller geographic levels than states (including county-, city-, and zip-code level) are from CY2019. This provides the basis for reporting single-year estimates of health insurance coverage in Wisconsin. This report often relies on five-year average rates (2016-2020).

Also, important to note: small numbers for single years limit the ability to assess insurance at sub-county geographic levels in Wisconsin. Reporting for Wisconsin cities requires use of five-year combined time frames; however, such intervals do not capture changing circumstances within a rapidly changing program and policy environment. Given these limits, we combine use of different data sources to assess the trends and composition of the uninsured population at the state, county level, and city levels.

BerryDunn also collected primary data via a survey of consumers and of enrollment assisters. The collection of consumer survey data occurred with limited resources and a constrained time frame, during a time when consumers were navigating COVID surges and vaccination campaigns. We relied on a convenience sampling approach—also known as availability sampling, grab sampling, opportunity sampling, and accidental sampling. This approach allowed collection of responses from participants (the sample) in community settings where people find themselves normally. Response numbers do not support analysis at the individual county level and responses may not be generalizable to a larger population.

Observed variations in responses among geographic areas may simply reflect the differences in the respondent groups among the regions; Some regions' convenience sample reached more consumers that had engagement with Medicaid, BadgerCare, and the Marketplace, while other regions' convenience sample reached a generally older population, more likely to report current enrollment in Medicare and/or commercial insurance. In this way, the convenience sampling approach does not support comparison between among different geographies of, for example, the responses of uninsured populations or of commercially insured populations.

Nonetheless, the survey aimed to reach consumers that represented diversity in race, ethnicity, age, incomes, and geography, while assuring sufficient numbers from rural, smaller-population geographies. The resulting responses allow profiles of varying clusters of respondents.

C. Data Supplements

C1. Uninsured Residents, Top Ten Counties - Detail

C2. Marketplace Enrollment Trends by County, Open Enrollment 2021-2022

C3. Wisconsin Medicaid/BadgerCare Enrollment Trends

C1. Uninsured Residents, Top Ten Counties – Detail

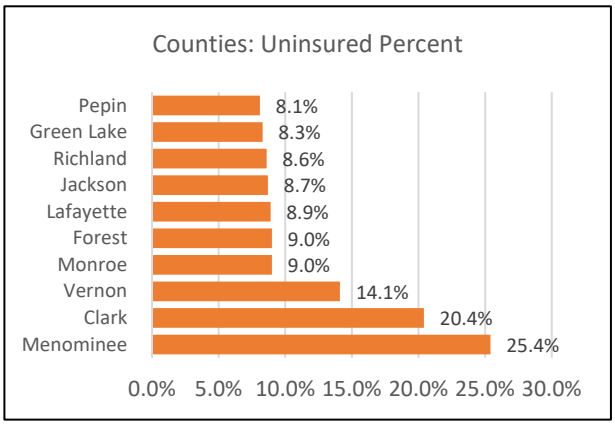
Table 13. Wisconsin Top Ten Counties, Number of Uninsured Residents, ACS 2020

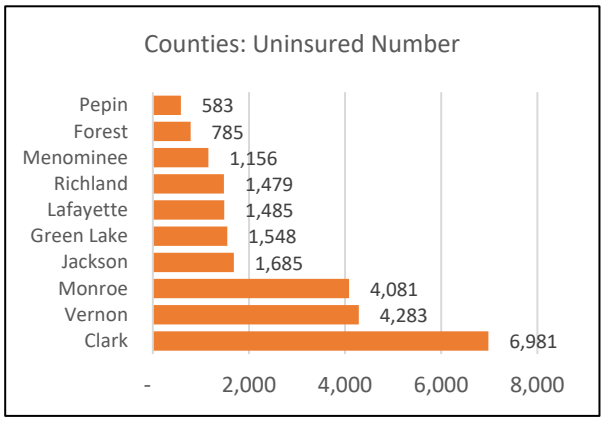
Total Uninsured			<100% FPL		100-399% FPL		≥400% FPL	
	Number	Percent		Number		Number		Number
Milwaukee	67,287	7.2%	Milwaukee	15,803	Milwaukee	42,691	Milwaukee	8,793
Dane	19,219	3.6%	Dane	5,733	Dane	10,383	Waukesha	4,111
Brown	13,360	5.2%	Brown	3,342	Brown	8,208	Dane	3,103
Waukesha	12,916	3.3%	Kenosha	2,243	Waukesha	6,751	Kenosha	2,209
Kenosha	11,002	6.7%	Waukesha	2,054	Kenosha	6,550	Outagamie	1,845
Racine	9,229	4.9%	Rock	1,927	Racine	6,215	Brown	1,810
Rock	9,103	5.7%	Marathon	1,505	Rock	5,527	Rock	1,649
Outagamie	8,776	4.8%	Racine	1,473	Outagamie	5,466	Racine	1,541
Marathon	7,965	6.0%	Outagamie	1,465	Marathon	5,386	Walworth	1,390
Winnebago	7,523	4.6%	Eau Claire	1,416	Winnebago	5,242	Clark	1,277

Table 14. Wisconsin Top Ten Counties, Percent of Uninsured Residents, ACS 2020

Total Uninsured			<100% FPL		100-399% FPL		≥400% FPL	
	Number	Percent		Percent		Percent		Percent
Menominee	1,156	25.4%	Clark	34.2%	Menominee	28.6%	Menominee	13.6%
Clark	6,981	20.4%	Vernon	29.4%	Clark	21.1%	Clark	13.4%
Vernon	4,283	14.1%	Menominee	27.8%	Vernon	16.6%	Forest	9.5%
Monroe	4,081	9.0%	Monroe	22.9%	Lafayette	10.8%	Monroe	3.9%
Forest	785	9.0%	Lafayette	18.7%	Jackson	10.2%	Pepin	3.9%
Lafayette	1,485	8.9%	Waushara	18.6%	Green Lake	10.1%	Richland	3.9%
Jackson	1,685	8.7%	Green Lake	16.3%	Pepin	9.8%	Jackson	3.5%
Richland	1,479	8.6%	Shawano	16.1%	Trempealeau	9.7%	Vernon	3.3%
Green Lake	1,548	8.3%	Crawford	15.6%	Monroe	9.7%	Eau Claire	3.3%
Pepin	583	8.1%	Richland	14.7%	Barron	9.6%	Crawford	3.1%

Figure 33. Counties, Percent and Number Uninsured, ACS 2020

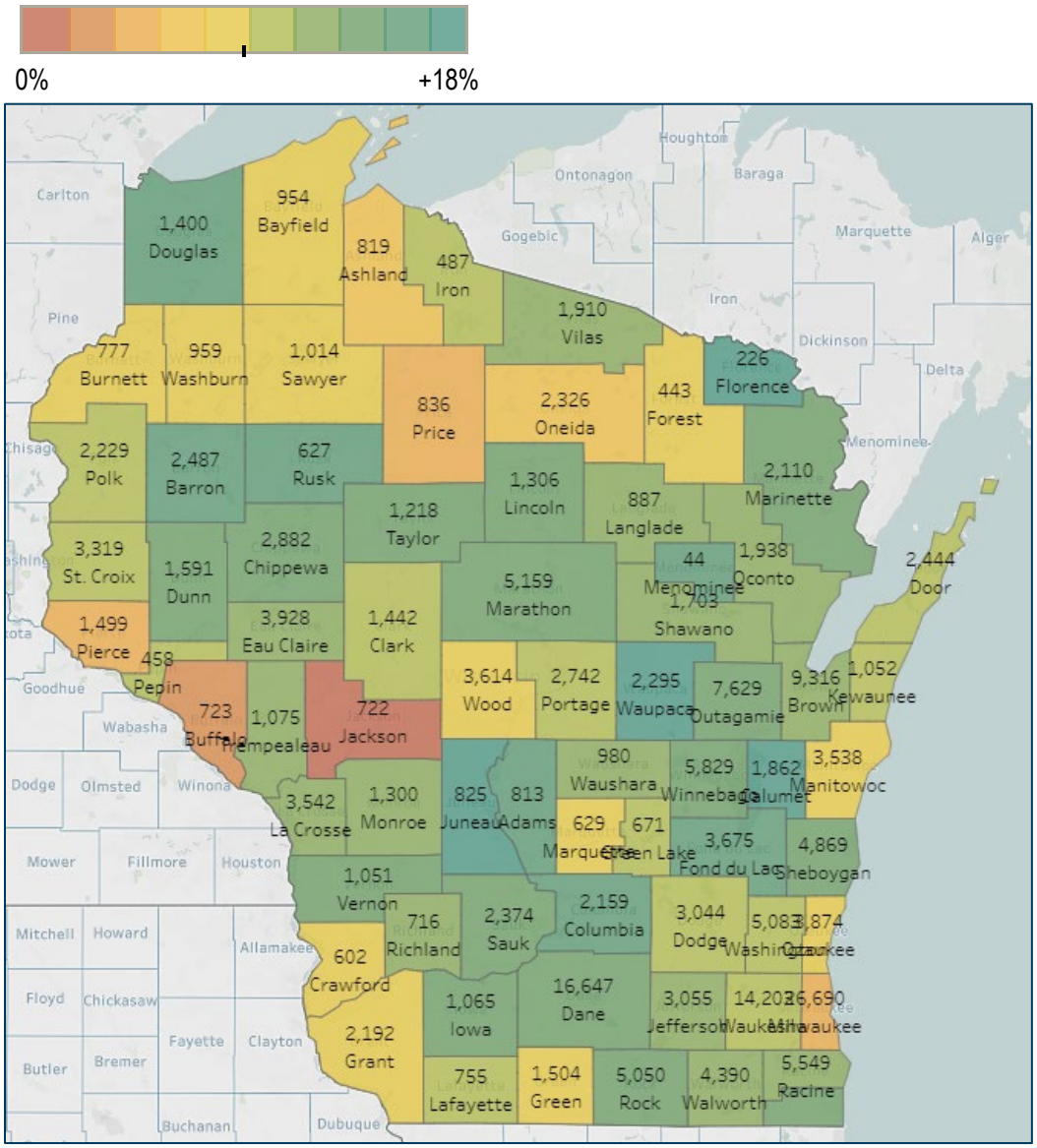




C2. Marketplace Enrollment Trends by County, Open Enrollment 2021–2022

Marketplace enrollment trends vary by geography. Figure 34 displays the number of plan selections in each Wisconsin county for 2022, and the percentage change from 2021 to 2022. The total number of residents who enroll in the ACA Marketplace in a county depends on the total size of the county population, and also reflects other demographics such as age, income, and citizenship composition of the population. The economic and employment circumstances in an area will affect the degree to which residents have access to and are enrolled in employer-sponsored (group) insurance or are Medicaid-eligible and therefore not seeking individual market coverage. And the amount and form of outreach, consumer education, and enrollment assistance will also affect trends and variation in enrollment.

Figure 34. Percent Change in Plan Selections during Open Enrollment, Plan Years 2021-22



C3. Wisconsin Medicaid/BadgerCare Enrollment Trends

Figure 35. Total Medicaid/BadgerCare Enrollment, January 2020-March 2022

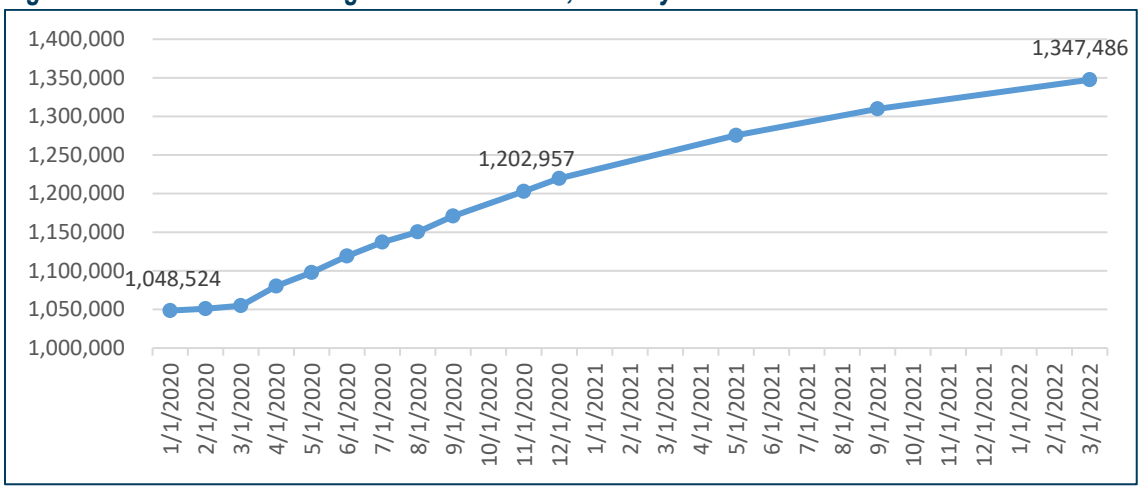
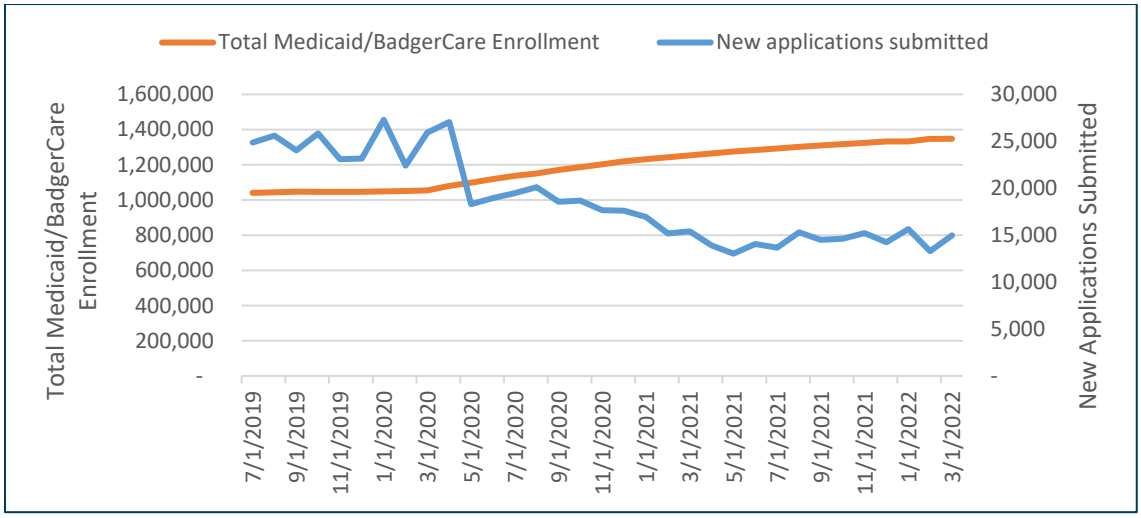


Figure 36. Submitted Applications and Enrollment Trend, 2019-2022



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Wisconsin Health Insurance Survey

These questions will take about 9 minutes to complete.

We want to learn about your experience finding, choosing, and paying for health insurance, being underinsured, or uninsured.

The State of Wisconsin will use this information to improve programs and services

Your answers are confidential.

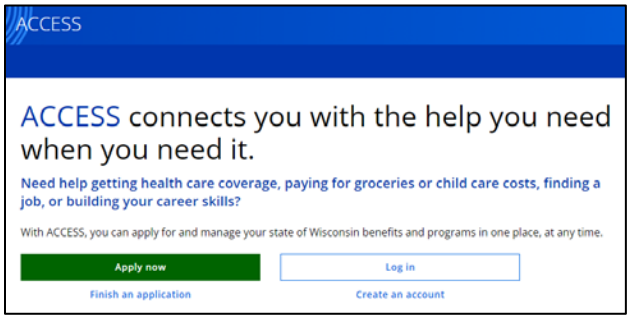
SHOPPING FOR HEALTH INSURANCE

1. Have you ever looked for insurance through any of these places? (select any/all that apply)

☐ HealthCare.gov

☐ ACA Marketplace

☐ Medicaid ACCESS



☐ BadgerCare+

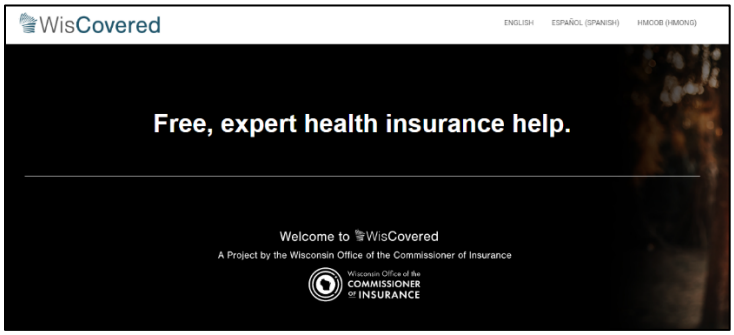
☐ ForwardHealth Wisconsin serving you

☐ None of these

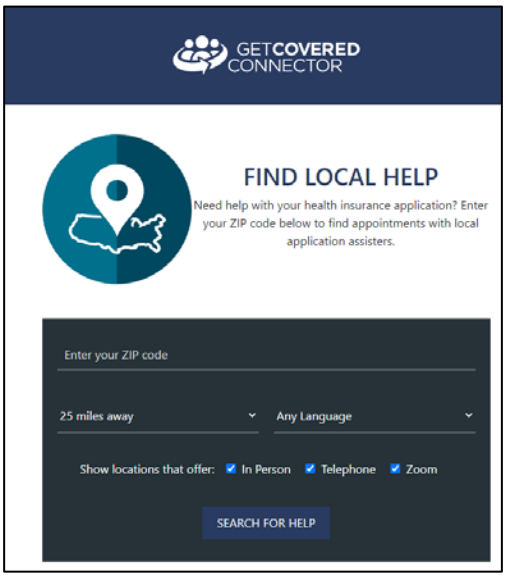
2. Have you heard about or recognize any of the following agencies or websites that help people find and sign up for health insurance? (select any/all that apply)

- [ ] covering Wisconsin
  Connect to Care, Engage in Health

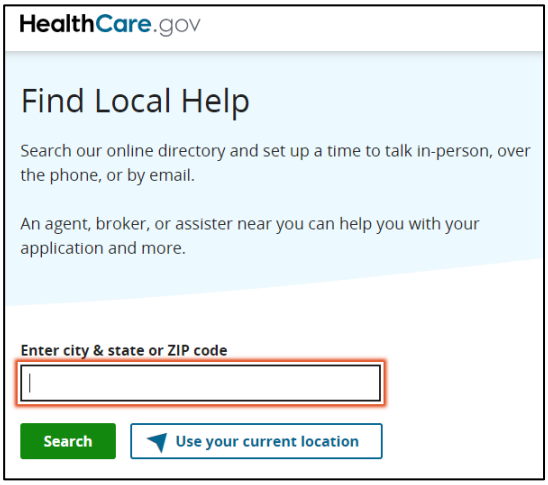
- [ ] WisCovered.com



- [ ] Get Covered Connector Tool



☐ HealthCare.gov Find Local Help



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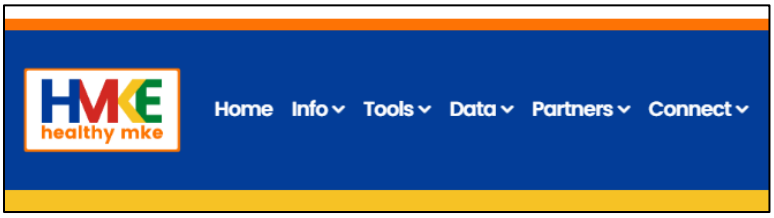
☐ 

☐ None of these

3. Healthcare.gov is the federal health insurance marketplace from the Affordable Care Act (ACA, sometimes called "Obamacare"). It is one place to shop for health insurance and compare prices and benefits. How much have you heard about Healthcare.gov? (select one)

- O A lot
- O Some/ A moderate amount
- O A little
- O None at all

4. Have you looked for health insurance plans through Healthcare.gov? (select one)

- O I currently have a health insurance plan through Healthcare.gov.
- O I had an insurance plan through Healthcare.gov in the past.
- O I looked into plans on Healthcare.gov, but didn't sign up.
- O I applied on Healthcare.gov, but was referred to Medicaid/BadgerCare.
- O I have never looked at health insurance plans on Healthcare.gov.
- O Don't Know

CURRENT COVERAGE

5. How much of the past year did you have health insurance? Please give your best guess for the time period May 2021 through May 2022. (select one)

O I was insured all 12 months of the past year. **SKIP TO QUESTION 6.1**

O I had insurance for some but not all of the past year. **GO TO QUESTION 5.1**

O I did not have health insurance at all over the past year. **GO TO QUESTION 5.1**

5.1 When you are or were uninsured, what were the reasons you did not get insurance? (select any/all that apply)

- ▢ The cost is too high / unable to afford the insurance.
- ▢ I did not like the plans/options available to me.
- ▢ I do/did not want health insurance.
- ▢ I do not/did not have the time.
- ▢ I do not/did not know how to find the information.
- ▢ Other reason-please specify:_____

5.2 When you are uninsured, what are reasons why you do or did not sign up for a health insurance plan in the Marketplace? (select any/all that apply)

- ▢ I was not aware that this was an available option for me.
- ▢ The cost is too high / cannot afford the insurance.
- ▢ I did not qualify for subsidized coverage.
- ▢ The plans do not cover the benefits I need and/or want.
- ▢ The choice of doctors, hospitals, and other providers in the plans' networks too limited.
- ▢ Enrolling in a plan was too complicated or difficult.
- ▢ I am still weighing my options and I am not yet ready to enroll.
- ▢ I am in the process of enrolling in a plan.
- ▢ Other reason- please specify: _____

5.3 In the past 12 months, did you ever ask about or apply for insurance coverage through Medicaid, Medical Assistance (MA), BadgerCare, or ForwardHealth? (select one)

- o Yes, I asked about it or tried to sign up.
- o No, did not ask about or try to sign up through those programs.

>>>>>>Skip to Question 7

6.1 Have you had the same type of health insurance or health coverage plan for all of the past 12 months (May 2021 to May 2022)? (select one)

O I had the same insurance coverage for all 12 months of past year. **Go to Question 6.2**

O I changed insurance coverage during the past 12 months from one plan to a different plan. **Go to Question 6.2**

O I dropped insurance coverage over the past year. **Go to Question 6.1.a.**

6.1.a. You answered that you dropped insurance over the past year. What are the reasons that you dropped your insurance coverage? (select any/all that apply)

O Could no longer afford the monthly premiums.

O Didn't see a need for it / Was not using the coverage.

O Unsatisfied or bad experience with the plan or coverage.

O Other reason: _____

6.1.b. After having dropped insurance coverage last year, do you plan to sign up for health insurance coverage again? (select one)

O Yes, I plan to look for other health insurance options.

O Yes, I have already signed up for another health insurance plan.

O No, not right now.

>>>>>>>> Go to Question 7

6.2 Are you enrolled in any of the following types of health insurance or health coverage? (select any/all that apply)

- ☐ Insurance through a current or former job, employer, or union (of yours or another family member's). This would include COBRA coverage.
- ☐ Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased with an insurance agent or broker or directly with the insurance company.
- ☐ Insurance purchased through the Marketplace/Healthcare.gov
- ☐ Medicaid, Medical Assistance, BadgerCare
- ☐ Medicare
- ☐ TriCare
- ☐ Short-Term Health/Medical Plan or other Limited Benefit Plan **Go to Question 6.2.a.**
- ☐ Any other type of health insurance coverage or health coverage plan
- ☐ Currently do not have health insurance. **GO BACK TO QUESTION 5.1**

>>>>>>>> Go to Question 7

6.2.a. If you have a short-term health/medical plan or other plan with limited benefits, what are the main reasons you selected that plan? (select any/all that apply)

- ☐ Lower price/cost of monthly premiums
- ☐ Don't expect to need/use much health care
- ☐ Just between jobs or school and waiting until new other health insurance starts
- ☐ Didn't see other options that seemed better
- ☐ Other _____

>>>>>>>> Go to Question 7

7. Do you use any of the following places as your usual place to get health care? (select any/all that apply)

- [ ] Tribal Health Center or Urban Indian Clinic
- [ ] Community Health Center or a free clinic
- [ ] Hospital emergency room (other than rare emergency reason)/walk-in urgent care
- [ ] None of these

CHOOSING A HEALTH PLAN

8. Has anyone from the list below ever helped you to find or sign up for health insurance? (select any/all that apply)

- [ ] Insurance agent or broker
- [ ] Health Insurance Navigator or Certified Application Counselor (CAC)
- [ ] Hospital or clinic business office
- [ ] County social services/health agency
- [ ] Other agency
- [ ] None of these

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9. Below is a list of reasons that people may choose to enroll in one health insurance plan instead of another. Please use the slider to identify how important each reason is in your decision about health insurance, with 0 being not important, and 10 being most important.

Low monthly premium

0	1	2	3	4	5	6	7	8	9	10
Not Important					Medium					Very Important

Low co-payments for doctor visits and other health services.

0	1	2	3	4	5	6	7	8	9	10
Not Important					Medium					Very Important

Low deductible

0	1	2	3	4	5	6	7	8	9	10
Not Important					Medium					Very Important

Covers my preferred doctors and hospitals

0	1	2	3	4	5	6	7	8	9	10
Not Important					Medium					Very Important

Covers specific services or prescriptions

0	1	2	3	4	5	6	7	8	9	10
Not Important					Medium					Very Important

Quality ratings from industry and government reports

	1	2	3	4	5	6	7	8	9	10
Not Important					Medium					Very Important

Word-of-mouth, consumer opinions, and/or reputation

0	1	2	3	4	5	6	7	8	9	10
Not Important					Medium					Very Important

10. Many people find information about health insurance coverage confusing to understand. Please rate how often these statements are true for you, with 0 being never and 10 being always.

I understand the letters I receive from the insurance company/health plan.

0	1	2	3	4	5	6	7	8	9	10
Never					Some					Always

I understand what payments are required.

0	1	2	3	4	5	6	7	8	9	10
Never					Some					Always

I understand how changes to the policy or coverage might affect me.

0	1	2	3	4	5	6	7	8	9	10
Never					Some					Always

I know what I need to pay when I get health care, before insurance will cover something.

0	1	2	3	4	5	6	7	8	9	10
Never					Some					Always

I understand how my insurance works.

0	1	2	3	4	5	6	7	8	9	10
Never					Some					Always

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11. In your experience, which of these is true about co-payments? (select one)

- O Usually, insurance requires co-payment for some but not for all services.
- O Insurance always requires a co-payment for all services.
- O Don't know/not sure

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12. In your experience, which of these is true about deductibles? (select any/all that apply)

- [ ] Insurance pays for covered services, and deductibles are paid by the enrolled member for non-covered services.
- [ ] The enrolled member pays deductibles before insurance pays for many covered services.
- [ ] Some covered services don't require payment of a deductible first.
- [ ] The only affordable health insurance plans have high deductibles.
- [ ] Different kinds of insurance have different amounts of deductible.
- [ ] Don't know/not sure

AFFORDABILITY AND ABILITY TO PAY FOR HEALTH CARE

13. Some people are able to get financial help (subsidies) for monthly premiums and other out-of-pocket health care costs, with plans through Healthcare.gov. How much, if anything, have you heard about this financial help? (select one)

- O A lot
- O Some/ A moderate amount
- O A little
- O Nothing

14. Have you heard anything about the lower premiums and more government help that is available recently to help people pay for monthly premiums? (select one)

- O Yes
- O No
- O Not sure

15. Where are you most likely to hear or learn information about health insurance and changes in government programs? (select any/all that apply)

- ☐ The internet – web pages, YouTube
- ☐ Social Media – Facebook, Instagram, Tik Tok, Twitter
- ☐ Television advertisements
- ☐ Radio advertisements
- ☐ Cable news and programming: FoxNews, CNN, MSNBC, other
- ☐ Local newspaper
- ☐ Word of mouth – friends, family, neighbors, work, social gatherings

YOU AND YOUR HOUSEHOLD

16. What is your age group? (select one)

- O 19-26 years
- O 27-34 years
- O 35-54 years
- O 55-65 years
- O Age 65 or above

17. How do you identify your race and ethnicity? (select any/all that apply.)

- [ ] African American/Black
- [ ] American Indian/Native American
- [ ] Asian
- [ ] White
- [ ] Hispanic/Latino/a/x
- [ ] Other _____

18. Do you prefer to speak a language other than English as your first language? (select one)

- O Yes, I prefer to speak a language other than English.
- O No, I speak English as my preferred language.

19. How would you describe your household income? (select one)

- O Low/lower income
- O Medium/middle income
- O Upper/high income

20. Are you currently working for pay/income? (select one)

- O Yes, working for pay
- O Yes, self-employed
- O No, not working

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21. Who lives in your household? (select any/all that apply)

- ☐ Spouse (husband/wife)
- ☐ Child/youth under age 19
- ☐ Another/other adult
- ☐ No other household residents

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22. What County do you live in? _____

Thank you for completing these questions.
For more information about health insurance options, and to get help peying for and enrolling in health insurance, please visit

WisCovered.com

provided by the
Wisconsin Office of the Commissioner of Insurance

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