



Improving Medical Support Order Enforcement in Wisconsin

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Report describes

- Background of the initiative
- Early effects of the state changes
 - IV-D children with private health insurance
 - Potential savings in Medicaid/BadgerCare costs
- Employer reactions to the medical support enforcement system



Background

- BCS initiated a multi-year effort to modify KIDS
 - New data fields
 - New automated actions
- Obtained statutory authority that allows child support agencies access to monthly data on private health insurance coverage collected by the Medicaid/BadgerCare program
- Activated the KIDS improvements on August 10, 2007
- Loaded the first match with private insurance from Dept. of Health Services on August 25, 2007

Health Insurance Policies in KIDS

	8/9/2007— “Good Policy Data”	8/26/2007— After 1st DHS Match	7/20/2008— After Last MA Only Match
Total Policies	14,747	98,348	212,030
Individual		49,935 (51%)	80,959 (38%)
Family		48,343 (49%)	125,352 (59%)
Employer ID	14,747 (100%)	56,259 (57%)	127,155 (60%)
No Employer ID	0	42,089 (43%)	84,875 (40%)
<u>Source</u>			
DHS Match	0	98,230 (99.9%)	192,760 (91%)
Emp'yer/Parent (man. entered)	14,747	118 (0.1%)	19,270 (9%)

IV-D Children with Private Health Insurance Coverage

	August 26, 2007 (after 1st match)	July 20, 2008 (after last Medicaid-only match)
IV-D Children	354,230	361,226
With private health insurance	35,109 (10%)	72,984 (20%)
By policy holder		
NCP	17,028 (49%)	41,819 (57%)
CP	17,274 (49%)	29,632 (41%)
Other	807 (2%)	1,533 (2%)



Potential Medicaid/BC Savings

- 8,760 IV-D children were enrolled in private health insurance in the first 6 months of 2008 who, during August-December 2007, had been
 - Not enrolled in private health insurance and
 - Enrolled in MA/BadgerCare
- 3,029 of the 8,760 children were also enrolled in BadgerCare in the first 6 months of 2008.
- Depending on how one calculates savings for children who participated in BC and private health insurance, the annual MA/BC savings would fall between \$5.3 and \$8.8 million (\$2.1 and \$3.4 million GPR).
 - Estimated savings may well be greater in the next report, which will include the effects of the February 2008 expansion of BC.



Employer Reactions

- $n = 6$
- 4 in Dane County; 2 in Jefferson County
- 2 school districts; 1 state agency; 1 large retail operation; 2 manufacturers
- The employers were generally satisfied with the process but offered a few suggestions



The suggestions

- Could the employee receive the same form that goes to the employer, so that the employer is not responsible for breaking the news to the employee?
- Could employers be given a separate phone number for the county agency, rather than the general public number?
- Could there be a clear space on the forms to indicate that the parent's HMO would cover only emergency or urgent care for noncustodial children because of geographic limitations (and a KIDS field to record this)?
- Could the Wisconsin forms be on-line, like the New Jersey NMSN? (PSI operates the New Jersey NMSN system; if interested, Donna Pinckney at 856-323-8090 is the supervisor.)



Conclusions

- We lack good data on the pre-change health insurance status of children with support orders. But:
- The rate of private insurance coverage among IV-D children has doubled
- Employer respondents did not report an overwhelming burden in dealing with NMSNs