

**Evaluation of Wisconsin's BadgerCare Plus Health Coverage  
for  
Parents & Caretaker Adults and for Childless Adults  
2014 Waiver Provisions**

**SURVEY SCIENTIFIC REPORT**

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SCHOOL OF MEDICINE AND PUBLIC HEALTH

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## A. EXECUTIVE SUMMARY

The UW Population Health Institute is conducting an evaluation of Wisconsin's 2014 Medicaid 1115 Waiver Demonstration related to populations: (1) individuals who are eligible for Medicaid through Transitional Medical Assistance (TMA Adults) and (2) childless adults (CLAs) with an effective income level at, or below, 100% of the federal poverty level (FPL). The evaluation will field a survey at two separate points in the four-year evaluation period. This report details the initial findings from the first of the two surveys, fielded in April-June 2016. A mixed-mode mail and telephone survey yielded 1,305 responses out of 2,559 individuals in the sample, for response rate of 51%. The survey was intended primarily to support understanding of three evaluation questions.

Key findings include the following:

*Question 6: (RRP) Is there any impact on utilization, costs, and/or health care outcomes associated with individuals who were disenrolled and re-enrolled after a 3-month restrictive re-enrollment period (RRP)?*

We compared individuals who had recent RRP experience with individuals in TMA with no recent RRP experience.

- Individuals in the RRP groups and TMA groups were similar in some key demographics, but the RRP group was more likely to be racial/ethnic minority
- The groups had similar self-reported physical health status, but the RRP group reported lower levels on one measure of mental health than the TMA group
- Individuals in the RRP group were twice as likely to report being currently uninsured, and much more likely to report lacking a usual source of care and holding medical debt.
- Individuals in the RRP group were significantly more likely than the TMA group to report high levels of dissatisfaction with changes that took place in BadgerCare since April 2014.

*Question 9: (TMA) How is access to care affected by the new, or increased, premium amounts?*

We assessed financial burden in the TMA population and differences between individuals in TMA who were sampled from program groups with incomes between 100-133% of the federal poverty level (FPL) relative to those with incomes >133% FPL, who had more exposure to premiums.

- TMA members across in the two groups look substantially similar on almost all dimensions.
- Within the overall TMA population, among those who were enrolled in BadgerCare before the April 2014 program changes, 52% report that they were affected by the program changes, while a fifth (19%) report that they do not know if they were affected. A third were not sure if there had been a change in their premiums.
- About 80% report getting all medical care and medications they needed over the past year.
- Of those who report not getting all care of medications needed, most cite cost-related reasons.
- In summary, findings indicate much higher levels of unmet medical need and financial distress among people with recent RRP experiences.

*Question 17: (CLA) Will the provision of a benefit plan that is the same as the one provided to all other BadgerCare adult beneficiaries demonstrate an increase in the continuity of health coverage?*

We compared outcomes for the CLA sample in the 2016 survey to outcomes for the CLA sample in the 2014 survey of Wisconsin Medicaid/BadgerCare beneficiaries.

- The likelihood and duration of health insurance coverage increased from 2014 to 2016.
- CLAs' reported need for medical care increased as did their likelihood of obtaining all needed care under the Standard plan compared to the Core plan period.
- The likelihood of borrowing money or skipping payment of other bills in order to pay for health care decreased.
- No significant change occurred in overall self-reported health status. However, the probability of having a work-limiting health problem increased from 2014 to 2016.
- In general, the CLAs under the Standard plan period report better outcomes with respect to coverage and access than CLAs reported under the Core plan period.

These observational findings, while not causal, offer important indicators of the relative experience of BadgerCare members with the 2014 waiver. The interim findings contribute toward our overall analysis of each study hypothesis. This process continues, as we move toward fielding the second survey in 2018, deepening our analysis of the administrative data.

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## B. BACKGROUND

The UW Population Health Institute (the Institute) is conducting an evaluation of the Wisconsin BadgerCare Reform Demonstration Project, as outlined by the Wisconsin Department of Health Services (DHS) and approved by the federal Centers for Medicare and Medicaid Services (CMS). The evaluation uses rigorous methods to arrive at an understanding of how the changes implemented under Wisconsin's 2014 Medicaid 1115 Waiver Demonstration affect two Medicaid populations — (1) those individuals who are eligible for Medicaid through Transitional Medical Assistance (TMA Adults) and (2) those childless adults (CLAs) with an effective income level at, or below, 100% of the federal poverty level (FPL).

The evaluation addresses the 17 evaluation questions defined by DHS in the “BadgerCare Reform Demonstration Draft Evaluation Design,” of 10/31/2014. The hypotheses focus on programmatic changes authorized by the 1115 Waiver: Premium changes; 3-month restrictive reenrollment period (RRP); and Standard Plan coverage for CLAs.

The evaluation design included plans to use a survey at two separate points in the four-year evaluation period. The survey was intended primarily to support understanding of three evaluation questions:

Question 6: (RRP) Is there any impact on utilization, costs, and/or health care outcomes associated with individuals who were disenrolled, but re-enrolled after the 3-month restrictive re-enrollment period?

Question 9: (TMA) How is access to care affected by the application of new, or increased, premium amounts?

Question 17. (CLA) Will the provision of a benefit plan that is the same as the one provided to all other BadgerCare adult beneficiaries demonstrate an increase in the continuity of health coverage?

This report details the initial findings from the first of the two surveys, fielded in May-September 2016. The Year 01 progress report, submitted to the Wisconsin Department of Health Services in April 2017, included an initial descriptive view of some of the data elements. The data presented in that report reflected preliminary, unweighted responses, and were not intended to be representative of the state's Medicaid population.

This follow-up scientific report provides a more detailed description of the survey methodology and the responses from the 2016 survey. Additionally, the current estimates are weighted to represent the underlying populations. It links the 2016 survey's responses to the three questions noted above and identifies what this first survey contributes toward answering these questions.

The report and findings presented here represent an interim product within the context of a four-year evaluation, including a second survey and analysis of administrative data. None of the findings from a single interim product stand on their own or can be considered final conclusions about the waiver hypotheses. As the evaluation proceeds, we will place the survey findings in context with the analysis of the administrative data. Section F of this report describes next steps with the survey and further analyses.

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## C. Waiver Overview and Target Populations

The 2014 Wisconsin waiver concerns two beneficiary populations, adults who are eligible for Transitional Medical Assistance, and adults without dependent children (referred to as “childless adults”). In the following paragraphs, we describe these populations and provide an overview of waiver’s provisions. The waiver provisions were effective on April 1, 2014.<sup>1</sup>

Transitional Medical Assistance (TMA). TMA extends Medicaid coverage for current beneficiaries for up to 12 months following an increase in income beyond 100% of the federal poverty level (FPL). TMA is available to qualifying adults who were enrolled in Medicaid under parent/caretaker eligibility and had an income of less than 100% FPL for 3 of the last 6 months of their enrollment. The July 2012 DHS waiver introduced a premium requirement for TMA beneficiaries with income at or above 133% FPL. The premium amount was based on a sliding scale relative to household income with a cap of 9.5% of household income. Under the 2014 waiver, these provisions remained in place. The 2014 waiver introduced a premium requirement for TMA beneficiaries with income between 100% and 133% FPL. Unlike the higher-income TMA beneficiaries, however, this requirement only takes effect after the 6<sup>th</sup> month of TMA enrollment.

The method for calculating the premium amount is the same for all TMA beneficiaries. The 2014 waiver also stipulates that TMA adults who do not make a required premium payment are disenrolled from BadgerCare at the end of their eligibility month and placed in a three-month Restrictive Reenrollment Period (RRP). During the 3-month RRP, these individuals are ineligible for TMA if and until they pay their outstanding premium balance. This RRP policy differs from the policy in place before the 2014 waiver. Specifically, from July 2012 to March 2014, TMA beneficiaries with income at or above 133% FPL who failed to pay a premium were subject to a 12-month RRP. During that 12-month RRP, these individuals were ineligible for TMA. There was no mechanism for a return to TMA within those 12 months.

Childless Adults (CLA). The 2014 waiver introduced a change in income eligibility and benefits for non-pregnant, non-disabled adults between 19 and 64 years of age, without dependent children, referred to as “childless adults” (CLAs). Previously, the DHS offered coverage under its Core Plan to a limited number of CLAs with income up to 200% FPL. These plans required enrollment fees and provided a limited set of benefits relative to standard WI Medicaid coverage, the Standard Plan. Effective April 1, 2014, DHS eliminated the Core and Basic Plans. The DHS transitioned CLAs beneficiaries with incomes at or below 100% FPL to the Standard Plan, and going forward all new childless adult applicants with incomes not exceeding 100% FPL enroll in the Standard Plan. The WI Medicaid Standard Plan has no premiums for eligible members below 100% FPL, and provides the full range of Medicaid benefits.<sup>2</sup> CLAs with income above 100% FPL are no longer eligible for Medicaid coverage.

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<sup>1</sup> Additional detail regarding the 2014 WI Medicaid waiver and the Special Terms and Conditions may be found online at the following locations: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wi/Badger-Care-Reform/wi-BadgerCare-reform-demo-project-app-11102011.pdf>; and <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/wi/wi-BadgerCare-reform-ca.pdf>

<sup>2</sup> Additional detail regarding the CLA population and a comparison of benefits under the Core, Basic, and Standard plans may be found online: <https://www.dhs.wisconsin.gov/BadgerCareplus/standard.htm>; and <https://www.forwardhealth.wi.gov/kw/pdf/2008-199.pdf>



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## **D. Survey: Process and Methods**

### **D1. Overview**

The UW Survey Center, our team's subcontracted partner on this project, conducted a mixed-mode mail and telephone survey. The survey protocol was designed to obtain a representative sample of individuals across subgroups (described below) that are of interest to different populations affected by the waivers. The 2016 survey updates a cross-sectional survey of enrollees conducted in 2014. The 2016 survey sampling frame included current beneficiaries who met our study categories (thus permitting cross-sectional analysis in 2016) and a sample of respondents from the 2014 survey, permitting us to conduct longitudinal analysis. Additional information about the 2014 survey and our longitudinal analyses is included in Section D5.

The 2016 survey samples were drawn from four groups:

1. Parents and Caretakers
  - Parents/Caretakers who remained on the program pre- and post-April 2014
  - Parents/Caretakers who joined post-2014
  - Parents/Caretakers >100% FPL who transitioned off of the BadgerCare program after the April 2014 policy change
2. Childless adults (CLA)
  - CLA who remained eligible from pre-2014 Core Plan coverage
  - CLA who gained eligibility post-2014
  - CLA who, with incomes >100% FPL, lost BC coverage post-April 2014
3. Transitional Medical Assistance (TMA)
  - Current TMA members who did not recently experience a restrictive reenrollment period (RRP) in two groups: 100-133% FPL and >133% FPL
4. TMA individuals who recently experienced a Restrictive Reenrollment Period (RRP)

The UW Survey Center conducted the mixed-mode mail and telephone survey to reach a sample size powered to detect differences between groups. The survey was fielded from May 10-September 26, 2016. It included an initial mailing with two follow-letters, and then a telephone follow-up to non-respondents.

### **D2. Survey Domains**

Consistent with the scientific goals of the study, the survey was designed to measure demographics, health status, utilization of care, and health care experiences. Wherever possible we drew upon validated and widely used survey measures, such as those used in the National Health Interview Survey, the Urban Institute Health Reform Monitoring Survey, and the Behavioral Risk Factor and Surveillance System. Items in the survey have been validated for representative population samples, including individuals with low reading proficiency. Additionally, the survey included measures related to satisfaction with program changes, knowledge of program requirements, and health insurance literacy. The 2016 survey instrument is available in the appendix.

### **D3. Sample Construction and Response Rate**

The 2016 survey sample includes a new sample and a resample of Medicaid beneficiaries. To obtain the new sample, the WI DHS drew a random sample of individuals from each enrollee population of interest for the current evaluation and provided this list to the UW Survey Center. The UW Survey Center

selected a random sample from this list to generate the new sample for the 2016 survey. The resample includes all respondents to the 2014 survey of WI Medicaid beneficiaries conducted as part of the 2012 section 1115 waiver evaluation. Additional detail regarding the 2014 survey is provided in section D5. Table D.1 presents the size of the enrollee population in February 2016 when the new sample was drawn. The total sample of 2,597 individuals reflects the combined total of new and resampled beneficiaries. Using administrative data, the Survey Center determined a small subgroup of these individuals were not eligible for the survey (for example, people who had moved out-of-state). The remaining eligible cases (N=2,559) comprise the effective survey sample from which the response rate is calculated.

The survey was fielded from May 10, 2016 - September 26, 2016. It included an initial mailing with a \$5 incentive, two follow-up letters, and then a telephone follow-up to non-respondents. The survey attained an overall 51% response rate, with rates by specific subgroups detailed in Table D.1.

**Table D.1: Enrollee Population, Survey Sample, and Response Rates by Subgroup**

	Parents/ Caretaker Adults	Childless Adults	TMA	Current RRP	Total
Enrolled Population	42,271	142,003	9,812	3,830	197,916
Total Sample N	997	600	600	400	2,597
Ineligible Cases	31 total were deemed ineligible			7 ineligible	38
Respondents N	591	278	317	119	1,305
<b>Response rate</b>	<b>59%</b>	<b>46%</b>	<b>53%</b>	<b>30%</b>	<b>51%</b>
Mail	443	210	246	73	972
Phone	148	68	71	46	333
Notes: Ineligible cases are all individuals who met survey criteria for being interviewed and who were contacted to take the survey. Respondents are individuals in the population of eligible cases who completed the survey.					

#### **D4. Weighting**

We created a raking weight<sup>3</sup> for each survey respondent, allowing us to account for under-representation of some population groups in the survey sample relative to their size in the population from which they were sampled (due to differential non-response or to differential sampling of groups). These weights allow us to calculate statistics that are more representative of the underlying populations. Weights were created using a raking weight survey package in Stata that adjusts the marginal proportion of survey respondents to the underlying population using age, sex, race, and geographic location. All estimates presented in this report are weighted.

#### **D5. Longitudinal Design**

As noted in section D1, the 2016 survey was designed to facilitate both cross-sectional and longitudinal analysis. It is possible to conduct longitudinal analyses because the 2016 survey includes a planned resample of the respondents to a 2014 survey of WI Medicaid beneficiaries, and a large subset of the questions posed in the 2014 survey. The Institute conducted the 2014 survey as part of the evaluation of the 2012 section 1115 waiver that introduced changes in premium and restrictive reenrollment policies. As describe above, the 2016 total sample (Table D.1) includes all 2014 survey respondents and

<sup>3</sup> Deville J, Sarndal C, Sautory O. 1993. Generalized Raking Procedures in Survey Sampling. Journal of the American Statistical Association 88(423): 1013-1020.

a random sample of individuals enrolled in Medicaid in 2016. Individuals who responded to both the 2014 and 2016 surveys comprise the longitudinal cohort.

The inclusion of a common set of questions across surveys allows us to compare changes within these same individuals over this time of important programmatic changes. We define a cohort sample member's Medicaid eligibility category according to his/her 2014 sampling group, in the interest of attaining a sufficient sample size for a resample population. For example, a cohort member who was selected for the 2014 survey sample within the CLA eligibility category is included in the 2016 CLA sample. This approach allows us to examine the post-waiver experience of individuals who were enrolled in Medicaid before implementation of the 2014 waiver. We anticipate that cohort members' responses to insurance coverage and Medicaid enrollment may differ across the two surveys because of changes in Medicaid eligibility and the health insurance market more generally during this time period.

In this report, we specifically use the 2014 survey data in our analysis of CLAs' outcomes before and after implementation of the 2014 waiver. We applied the same weighting methodology to the 2014 data as was applied to the 2016 data. Additional discussion about the 2014 sample for these analyses is included in section E, question 17.

#### **D6. Recoding and Analysis**

We recoded some survey responses from their original response categories, in order to the ability to interpret the study measures. For example, we dichotomized ordinal scales where there was either an obvious cut point in the data or a justification from prior studies in the literature. We calculated means and proportions for each of the study variables, applying survey weights. To calculate statistical significance for differences between two groups, we calculated standard test statistics (i.e., *t*-statistics for proportions and *chi*-squared statistics for categorical and ordinal data). These statistics were adapted for weighted data in the survey routine in Stata. We consider  $p < .05$  to indicate statistically significant differences.

All results reported here are unadjusted. Regression-adjustment can be accomplished by estimating a regression model that includes the survey outcome as the dependent variable and a predictor for group membership along with covariates for other survey-measured characteristics common to the two groups. Predicted margins can then be calculated to capture differences between samples after accounting for these covariates. Regression adjustment can be helpful in diminishing the influence of observed differences between samples due to factors like demographics, as such differences can operate as confounders (variables that independently influence membership in a particular group and the outcome, and which can bias the association between group membership and the outcome).

However, adjusting also requires care particularly in small survey samples, as there are situations in which "over-adjustment" can introduce bias. This could arise if the adjusting variables are modified by the group membership status. For example, one might consider adjusting for income between TMA and RRP groups when comparing differences in access to care because income differences can plausibly confound the association between RRP status and access. However, household income itself may also respond to the 2014 waiver-related program changes, and thus adjusting for income may diminish meaningful and important differences between the groups. We intend, in future iterations of our analyses, to select items where regression adjustment may be scientifically merited and might add to our understanding of existing findings. We believe that the unadjusted associations presented here are important as a starting point for understanding associations.

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## **E. Data Analysis and Application to Hypotheses**

The following section addresses each of the three survey-related evaluation questions in turn. It is important to note that the survey was not designed to provide stand-alone answers to any of the evaluation questions. Rather, it is designed as a complement to analysis of administrative data. We view the survey analyses as helping us to uncover dimensions related to individual experience that might not otherwise be identified with administrative data.

The tables in each section present data about survey responses to a series of questions. Some of the survey questions included multi-level responses, directing respondents to skip various questions depending on their answers to prior questions. The tables identify, for each question, the total number of respondents eligible to answer that question. In some cases, it will be the full sample, and in other cases, a subset of the sample based on responses to a previous question.

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### **Question 6: Impact of RRP on utilization, costs, and/or health care outcomes**

**Is there any impact on utilization, costs, and/or health care outcomes associated with individuals who were disenrolled, but re-enrolled after the 3-month restrictive re-enrollment period?**

The 2014 waiver introduced changes to the TMA program related to restrictive reenrollment periods (RRPs). The prior waiver, initiated in 2012, enforced 12-month RRP for non-payment of premiums, with no opportunity for re-entry during that period apart from a change in income status bring the member into a new eligibility category. The 2014 waiver lowered the RRP maximum length to three months and allows individuals to reenter TMA prior to the end of the 3-month period by repaying owed premiums.

#### **Key Findings**

There are several key findings: 1) Individuals in the RRP groups and TMA groups were similar in some key demographics, but the RRP group was more likely to be racial/ethnic minority; 2) The groups self-reported similar physical health status, but the RRP group reported at least one symptom of mental health lower than the TMA group (Table 6.3); 3) Striking differences emerge in insurance coverage and access to care, with individuals in the RRP group twice as likely to report being currently uninsured, and much more likely to report having access to care challenges such as lacking a usual source of care and holding medical debt (Table 6.2); and 4) Individuals in the RRP and TMA groups generally reported similar levels of knowledge about health insurance, but individuals in the RRP group were significantly more likely to report high levels of dissatisfaction with changes that took place in BadgerCare since April 2014 (Table 6.5).

#### **Research Design**

The current evaluation considers the impact of the new form of RRP on outcomes related to access and health care use. We used the survey to contribute toward this objective, drawing a sample of current and former TMA members with recent RRP experience such that they could accurately report their experience during that short three-month period (while not enrolled in BadgerCare). This posed a survey sampling challenge, with a short three-month RRP time frame and the potential of some to

return prior to completing that full period. We thus designed a rapid-turnaround process, sampling and surveying members immediately as they were completing the second month of an RRP.

RRP individuals, by definition, were at one point enrolled in TMA, and had the option to reenroll in TMA after serving an RRP. To understand how RRP status might be associated with health care experiences, we compare them to members of the general TMA population sampled in the 2016 survey. The survey yielded data on 119 individuals with RRP experience and a comparison sample of 317 individuals in the TMA category. (Table 6.1)

Although we would ideally like to compare responses for the same members before and after an experience of RRP, the demographic similarities of the TMA population to the RRP population provides a plausible comparison group for considering the access and health care outcomes of the RRP population. Additionally, assessing program knowledge and satisfaction (questions added to the 2016 survey) allow us to understand how individuals with recent RRP experience may differ in their understanding of program changes or experiences with these changes compared to the overall TMA population.

### **Description of Sample (Table 6.1)**

Overall, 56% of eligible TMA respondents completed the survey and 35% of eligible RRP respondents completed the survey (Table D.1.). The lower response rate among RRP respondents is perhaps not surprising as this population is likely to have lower attachment to the program. As noted, our weighting strategy enables us to account for differential non-response by characteristics like race/ethnicity, age, and sex. Table 6.1 compares the demographic and socioeconomic characteristics of the TMA and RRP samples. The TMA sample was more likely to be 35 or older (60%) relative to the RRP sample (44%). About three-quarters of both groups were female (76% for TMA and 75% for RRP). The TMA sample was significantly different than the RRP sample by race/ethnicity: they were more likely to be white (71% versus 47%) and less likely to be black (8% versus 38%). The groups were similar in terms of educational attainment and income: about half had high school degrees or less and two thirds were in households with annual incomes <\$30,000. They were similar in terms of household composition and presence of children in the household.

### **Analysis**

We calculated means and proportions for each of the study variables, applying survey weights. To calculate statistical significance for differences between two groups, we calculated standard test statistics (i.e., *t*-statistics for proportions and *chi*-squared statistics for categorical and ordinal data). These statistics were adapted for weighted data in the survey routine in Stata. We consider  $p < .05$  to indicate statistically significant differences between groups. Unless otherwise noted, all between-group differences reported in this section are statistically significant.

### **Results**

The findings detailed below underscore that those TMA members who fall into an RRP differ from the general TMA population on several salient dimensions. They are much more likely to report a lack of current insurance coverage and a lack of coverage over the prior year. They are also more likely to report problems with access to care, such as not having a usual source of care and financial burden. They are also more likely to report being dissatisfied with changes that occurred in BadgerCare since April 2014. These findings are consistent with the hypothesis that experiencing an RRP leads to greater

periods of being uninsured and to worse access to health care. These findings are useful to consider alongside preliminary analyses conducted with the state CARES data that indicated substantially greater risk of disenrollment after the April 2014 policy (albeit for shorter spells of RRP on average).<sup>4</sup>

### **Coverage, Service, and Access to Care (Table 6.2 and Table 6.3)**

Table 6.2 reports findings on health insurance coverage. TMA is a time-limited program, and so we would expect that significant proportions from both the TMA and RRP groups would be observed in non-Medicaid/BadgerCare coverage status. However, individuals in the RRP group were much more likely to report being currently uninsured than the TMA group (18% versus 9%). People in the RRP group were also significantly more likely than the TMA group to report being uninsured for the entire prior year (11% versus 1%). Overall, 45% of TMA respondents reported currently being in Medicaid/BadgerCare compared to 24% of RRP respondents. Conversely, 11% of TMA respondents reported being currently enrolled in employer sponsored insurance compared to 32% of RRP respondents. Coverage under the ACA/Obamacare exchanges was reported by 15% of TMA respondents and 4% of RRP respondents. Other forms of coverage such as private and Medicare were less frequently reported.

While no significant differences emerge between TMA and RRP respondents in reported need for medical care and prescription drugs, large and significant differences appear in ability to access care (Table 6.3). While 78% of TMA respondents said they got “all needed care” in the prior year, only 62% of RRP respondents said the same. While 86% of TMA respondents said their usual source of care was a doctor’s office, only 71% of RRP respondents said the same. RRP respondents were much more likely to report receiving care in the emergency department in the prior year (15% of TMA versus 32% of RRP). While 65% of TMA respondents said their medical care in the prior year was “excellent” or “very good” only 41% of RRP respondents said the same. Finally, RRP respondents were much more likely to report medical financial burden: for example, 69% said they had current medical debt compared to 30% of TMA respondents. No significant differences emerged in unmet mental health care need or in receipt of dental care.

### **Self-Reported Health Status (Table 6.4)**

No significant differences appear in self-reported general health status (Table 6.4). For example, 43% of individuals in both groups reported excellent or very good general health, and 13% of TMA and 17% of RRP respondents reported a work-limiting disability. However, RRP respondents were significantly more likely to report mental health problems related to being bothered or not being able to experience pleasure in the last month (a symptom of depression or anxiety): 50% of the TMA sample reported that they experienced these symptoms “at least a few times” compared to 63% of the RRP sample.

### **Insurance Knowledge and Attitudes About Program Changes (Table 6.5)**

No significant differences emerge in self-reported confidence about health insurance terminology between the TMA and RRP group, except that individuals in the RRP group were significantly less likely to report confidence in the term “deductible” (6% of TMA reported “not at all confident” compared to 16% of RRP). (Table 9.6) In terms of self-reported understanding of program changes, individuals in the TMA group were more likely to state that they were enrolled in the program before April 2014 (88% versus 71%). (Table 9.5) No significant differences appear in self-reporting that the respondent was affected by changes in program requirements, and specifically there was no difference in reporting

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<sup>4</sup> Evaluation of Wisconsin’s BadgerCare Plus Health Coverage for Parents & Caretaker Adults and for Childless Adults 2014 Waiver Provisions Interim Evaluation Report – Year 01. UW Population Health Institute. Submitted to the Wisconsin Department of Health Services. April 20, 2017.

being affected by penalties for not paying a premium. However, RRP respondents were significantly more likely to report dissatisfaction with changes that have taken place since April 2014: whereas 7% of TMA respondents said they were “very dissatisfied” 25% of RRP respondents said the same.

### **Limitations**

These findings are subject to several important limitations. First, although the RRP population is a subsample of individuals with TMA experience, they may differ from the TMA subjects surveyed here due to factors unrelated to being in RRP. For example, this group is different in its racial/ethnic composition and in some measures of socioeconomic status. In future analysis, we will add some limited set of controls to adjust for potential confounding -- although such adjustment will not necessarily allow us to interpret these differences causally. As noted, while it would be better to track the same individuals before and after entry into an RRP, doing so using a survey approach under current resource constraints is not feasible. Our approach thus represents the best attempt to understand how the health and health care access experiences differ between individuals with RRP experiences and other TMA enrollees (or individuals who were at one point eligible for the TMA survey).

**Table Q6.1. Demographic and Socioeconomic Characteristics of TMA and RRP Sample**

	<b>TMA</b>	<b>RRP</b>	
<b>AGE</b>	N=317	N=319	
Younger than 35	0.40	0.54	*
35 and above	0.60	0.44	
Missing	0	0.01	
<b>SEX</b>	N=317	N=319	
Female	0.76	0.75	
Male	0.24	0.25	
<b>RACE</b>	N=317	N=319	
Spanish, Hispanic or Latino	0.07	0.08	**
White , Non-Hispanic	0.71	0.47	
Black, Non-Hispanic	0.08	0.38	
Other race (Asian, Indian), not Hispanic	0.07	0.05	
Mixed Race, not Hispanic	0.05	0.02	
Missing	0.02	0.01	
<b>EDUCATION</b>	N=317	N=319	
High school diploma or Less than high school	0.50	0.50	
More than high school	0.50	0.48	
Missing	0.01	0.02	
<b>INCOME</b>	N=317	N=319	
< \$30000	0.61	0.67	
>= \$30000	0.39	0.33	
<b>PARENTAL STATUS</b>	N=317	N=319	
No	0.88	0.89	
Yes	0.11	0.10	
Missing	0.01	0.02	
<b>HOUSEHOLD COMPOSITION</b>	N=317	N=319	
Living alone	0.07	0.05	
Living with partner or spouse	0.27	0.15	
Living with Others	0.63	0.77	
Missing	0.03	0.04	
<b>HOUSEHOLD SIZE</b>	N=317	N=319	
>2 members	0.82	0.79	
<=2 members	0.18	0.21	
<b>HOUSEHOLD AGE</b>	N=317	N=319	
>=Two HH members below 19	0.58	0.61	
0-1 HH member below 19	0.42	0.39	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.			
**Indicates a statistically significant different at p <0.01			



**Table 6.2 Health Insurance Status TMA v RRP**

	<b>TMA</b>	<b>RRP</b>	
<b>Currently Have Health Insurance</b>	N=317	N-119	
No	0.09	0.18	*
Yes	0.91	0.82	
<b>Some kind of health care coverage in past 12 months</b>	N=317	N-119	
Full year uninsured	0.01	0.11	**
1-11 months	0.27	0.44	
all 12 months	0.71	0.45	
Missing	0.01	0	
<b>Current health care coverage</b>	N=317	N-119	
Medicaid, BC, BC core	0.45	0.24	**
Employer or family member's employer	0.11	0.32	
Private (I pay for myself), Other	0.07	0.06	
Medicare	0.04	0.08	
ACA/Obamacare	0.15	0.04	
Uninsured	0	0	
Missing	0.18	0.27	
<b>For those who no longer have BadgerCare coverage: Reasons why</b>	N=104	N=50	
Not eligible	0.69	0.40	**
Premium related	0.03	0.37	
Other reasons	0.09	0.13	
Missing	0.2	0.1	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.			
**Indicates a statistically significant different at p <0.01			

**Table 6.3 Utilization and Access, TMA v RRP**

	<b>TMA</b>	<b>RRP</b>	
<b>Needed medical care in past 12 months</b>	N=317	N=119	
No	0.04	0.01	
Yes	0.95	0.97	
Missing	0.01	0.01	
<b>Among those who needed care in the past 12 months: Got all the treatment needed</b>	N=297	N=116	
No	0.21	0.37	**
Yes	0.79	0.63	
Missing	0	0	
<b>Among those who went without needed medical care: Main reasons<sup>a</sup></b>	N=60	N=41	
Non-cost related reasons	0.10	0.03	
Cost related reasons	0.88	0.95	
Missing	0.02	0.02	
<b>Needed prescription medication in past 12 months</b>	N=317	N=119	
No	0.22	0.24	
Yes	0.78	0.74	
Missing	0	0.02	
<b>Among those who needed prescription medications in the past 12 months: Got all medications needed?</b>	N=249	N=89	
No	0.16	0.27	
Yes	0.83	0.72	
Missing	0.02	0.02	
<b>Among those who went without needed prescription medications you needed: Reasons why</b>	N=42	N=29	
Non-cost related reasons	0.16	0.07	
Cost related reasons	0.73	0.87	
Missing	0.1	0.06	
<b>Usual source of care</b>	N=263	N=96	
Doctor's office, health center, clinic	0.86	0.72	**
Urgent care	0.05	0.2	
No usual place, don't know	0.01	0	
Other	0.04	0.06	
Missing	0.04	0.02	
<b>ER visit in the last 12 months</b>	N=317	N=119	
Zero times	0.64	0.51	**
1 time	0.21	0.16	
2 or more times	0.15	0.31	
Missing	0	0.01	

<b>Among those with an ER visit in last 12 months: Main reason<sup>b</sup></b>	N=109	N=56	
Other reasons	0.73	0.77	
Needed ER only	0.26	0.17	
Missing	0.01	0.06	
<b>Quality of the medical care received in the last 12 months</b>	N=317	N=119	
Did not receive medical care	0.06	0.05	**
Excellent, Very good	0.65	0.41	
Good	0.22	0.19	
Fair, poor	0.07	0.33	
Missing	0	0.01	
<b>Currently owe money to a health care provider, credit card company, or anyone else for medical expenses</b>	N=317	N=119	
No	0.69	0.30	**
Yes	0.29	0.69	
Missing	0.02	0.02	
<b>Had to borrow money, skip paying other bills, or pay other bills late in order to pay health care bills in last 12 months</b>	N=317	N=119	
No	0.80	0.49	**
Yes	0.20	0.47	
Missing	0	0.04	
<b>Refused treatment by a doctor, clinic, or medical service because of money owed</b>	N=317	N=119	
No	0.97	0.83	**
Yes	0.02	0.13	
Missing	0.02	0.04	
<b>During the past 12 months, had either a flu shot or a flu vaccine that was sprayed in your nose?</b>	N=317	N=119	
No	0.72	0.82	
Yes	0.28	0.17	
Missing	0.01	0.02	
<b>Needed but did not get because of cost: mental health care or counseling</b>	N=317	N=119	
No	0.75	0.66	
Yes	0.09	0.16	
Missing	0.16	0.18	

<b>Last visited a dentist for any reason</b>	<b>N=317</b>	<b>N-119</b>	
Less than 12 months ago	0.51	0.46	
Between 1 and 5 years	0.32	0.39	
More than 5 years ago	0.14	0.10	
Never	0.01	0.02	
Not sure	0.02	0.03	
<b>Problems paying any medical bills in past 12 months</b>	<b>N=317</b>	<b>N-119</b>	
Yes	0.27	0.62	**
No	0.73	0.35	
Missing	0	0.03	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.			
**Indicates a statistically significant different at p <0.01			
<sup>a</sup> Respondents could select more than one reason for this question. “Cost-related reasons” indicates that the respondent selected options a-d on Q.11, while “non-cost-related reasons” indicates the respondent selected options e-h on the survey. See Attachment for the survey question and response options.			
<sup>b</sup> Respondents could select more than one reason for this question. “Needed ER Only” indicates that the respondent selected only one response. “Other Reasons” indicates the respondent selected more than one response. See Q.18 in Attachment for the survey question and response options.			

**Table 6.4 Self-Reported Health Status, TMA v RRP**

	<b>TMA</b>	<b>RRP</b>	
<b>Self-reported physical and mental health</b>	N=317	N=119	
Excellent, Very good	0.43	0.43	
Good	0.38	0.33	
Fair, poor	0.19	0.24	
<b>A physical, mental, or emotional problem limits ability to work at a job</b>	N=317	N=119	
No	0.87	0.83	
Yes	0.13	0.17	
<b>Smokes cigarettes</b>	N=317	N=119	
Everyday	0.20	0.22	
Some days	0.09	0.14	
Never	0.71	0.62	
Missing	0	0.02	
<b>Been advised by a doctor or health professional to quit smoking</b>	N=84	N=37	
Yes	0.5	0.71	*
No	0.4	0.28	
No visit in past 12 months	0.05	0.01	
Missing	0.05	0	
<b>Over the past two weeks, bothered by having little interest or pleasure in doing things</b>	N=317	N=119	
Not at all	0.50	0.37	*
A few times	0.28	0.24	
More than half the days	0.08	0.11	
Nearly every day	0.08	0.17	
Don't know	0.06	0.09	
Missing	0	0.01	
<b>Over the past two weeks, bothered by feeling down, depressed, or hopeless?</b>	N=317	N=119	
Not at all	0.55	0.46	
A few times	0.26	0.28	
More than half the days	0.08	0.08	
Nearly every day	0.07	0.15	
Don't know	0.03	0.02	
Missing	0	0.01	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.			
**Indicates a statistically significant different at p <0.01			

**Table 6.5 Knowledge and Attitudes about 2014 Waiver Changes, TMA v RRP**

	<b>TMA</b>	<b>RRP</b>	
<b>Enrolled in BadgerCare program before Apr 2014</b>	N=317	N=119	
Yes	0.88	0.71	*
No	0.07	0.17	
Don't know	0.05	0.11	
Missing	0	0.01	
<b>Affected by any new program requirements</b>	N=292	N=101	
Yes	0.53	0.38	
No	0.25	0.38	
Don't know	0.19	0.22	
Missing	0.02	0.02	
<b>Lost eligibility for BadgerCare Plus and were no longer enrolled because of changes made after Apr 2014</b>	N=292	N=101	
Yes	0.52	0.49	
No	0.42	0.41	
Missing	0.05	0.11	
<b>April 2014 Changes: Effect on MONTHLY premium/payment for health care coverage</b>	N=147	N=51	
Increase	0.49	0.36	
Decrease	0.03	0.04	
No change	0.24	0.34	
Not sure	0.14	0.21	
Missing	0.1	0.06	
<b>April 2014 Changes: Effect on PENALTIES for not paying a monthly premium</b>	N=147	N=51	
Increase	0.08	0.17	
Decrease	0	0	
No change	0.45	0.48	
Not sure	0.33	0.28	
Missing	0.14	0.07	
<b>April 2014 Changes: Effect on COPAYMENTS to visit a doctor or clinic</b>	N=147	N=51	
Increase	0.09	0.09	
Decrease	0.03	0	
No change	0.54	0.57	
Not sure	0.22	0.27	
Missing	0.13	0.07	

<b>April 2014 Changes: Effect on MENTAL HEALTH or SUBSTANCE ABUSE TREATMENT BENEFITS</b>	<b>N=147</b>	<b>N=51</b>	
Increase	0.01	0.03	
Decrease	0.01	0	
No change	0.45	0.55	
Not sure	0.37	0.35	
Missing	0.15	0.07	
<b>Satisfaction with the changes that have taken place since Apr 2014</b>	<b>N=146</b>	<b>N=49</b>	
Very satisfied	0.11	0.04	*
Somewhat satisfied	0.16	0.23	
Neither satisfied nor dissatisfied	0.46	0.37	
Somewhat dissatisfied	0.13	0.09	
Very dissatisfied	0.07	0.25	
Missing	0.06	0.01	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.			
**Indicates a statistically significant different at p <0.01			

**Table 6.6 Understanding of Health Insurance Terms, TMA v RRP**

	<b>TMA</b>	<b>RRP</b>	
<b>Confident that you understand what the word means: PREMIUM</b>	N=317	N-119	
Very confident	0.55	0.51	
Somewhat confident	0.21	0.17	
Slightly confident	0.17	0.17	
Not at all confident	0.05	0.13	
Missing	0.02	0.02	
<b>Confident that you understand what the word means: DEDUCTIBLES</b>	N=317	N-119	
Very confident	0.51	0.50	*
Somewhat confident	0.24	0.14	
Slightly confident	0.17	0.18	
Not at all confident	0.06	0.16	
Missing	0.01	0.02	
<b>Confident that you understand what the word means: COPAYMENTS</b>	N=317	N-119	
Very confident	0.62	0.63	
Somewhat confident	0.2	0.14	
Slightly confident	0.11	0.11	
Not at all confident	0.06	0.1	
Missing	0.01	0.02	
<b>Confident that you understand what the word means: COINSURANCE</b>	N=317	N-119	
Very confident	0.27	0.39	
Somewhat confident	0.26	0.18	
Slightly confident	0.18	0.16	
Not at all confident	0.28	0.26	
Missing	0.01	0.02	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.			
**Indicates a statistically significant different at p <0.01			



## Question 9: Effect of new or increased premium amounts on access to care

### How is access to care affected by the application of new, or increased, premium amounts?

The survey fielded in 2016 included a range of questions intended to help assess how the application of new, or increased, premium amounts affected access to care. This question pertains to BadgerCare parents (BCP) who experience an increase in income above 100% FPL and enter Transitional Medical Assistance (TMA). As part of Wisconsin's 2014 waiver, TMA enrollees with incomes 100-133% FPL were not required to pay premiums for the first six months of their TMA enrollment, and faced a sliding-scale premium set as a percentage of their income in subsequent months. TMA enrollees with incomes greater than 133% FPL faced a premium for each month enrolled in TMA.

Premiums' effect on the TMA population could manifest in two ways: 1) via enrollment: those in the premium paying category disenroll or lapse their payments and fall into a restrictive reenrollment period (RRP), or 2) differences emerge in program and utilization experience between those in TMA category not immediately exposed to premiums (<133% FPL) and those immediately exposed to premiums (>133% FPL). The discussion in the preceding section (Question 6) explores how premiums affect access to care via enrollment, assessing the impact of RRP on utilization, costs, and/or health care outcomes. We now assess how premiums differentially affect those in the TMA categories.

### Key Findings

The main finding is that TMA members across the income ranges look substantially similar on almost all dimensions. Because the experience of the TMA group as a whole is of interest, we summarize some key dimensions related to access to care from the survey using the entire TMA population. For the TMA group as a whole, 88% report having been enrolled in BadgerCare before the April 2014 program changes, so have experienced the program both before and after the changes (Table 9.5). Slightly over half (52%) report that they were affected by the program changes, while a fifth (19%) report that they do not know if they were affected; a quarter say they were not affected, and third were not sure if there had been a change in their premiums (Table 9.5). About 80% report getting all medical care and medications they needed over the past year (Table 9.3). Of those who report not getting all care of medications needed, most cite cost-related reasons. In sum, these findings suggest low levels of understanding of program changes and relatively common financial burden in the TMA program, but the exact linkage to program policy change cannot be established with the survey data.

### Research Design

Actively enrolled TMA adults were surveyed in 2016 in two groups stratified by income, which determined the premium policy they faced: 100-133% FPL (Group A) and >133% FPL (Group B). We compare access to care for TMA Group B, who would always have been required to pay a premium to that of TMA Group A, who become subject to a premium requirement only after six months of TMA enrollment. Hypothetically, Group B's immediate exposure to premiums, in comparison to Group A's more limited exposure, might demonstrate the degree to which the April 2014 premium changes affected access to care.

## Description of Sample (Table 9.1)

The TMA sample for the 2016 survey, described in Table D.1 included a total of 600 individuals comprised of two groups separated by income at the time the sample was drawn: 100-133% FPL (Group A) and >133% FPL (Group B). Of these 600 persons, 36 were ineligible to participate in the survey, and a total of 317 completed the survey for an overall response rate of 56%. These 317 respondents to the survey included 165 individuals in Group A and 152 individuals in Group B.

Table 9.1 summarizes the demographic and socioeconomic characteristics of the TMA respondents. The two groups represented among the respondents appear remarkably similar. The only statistically significant difference is age: on average, Group A is more likely to report age older than 35. The two groups do appear to report different household incomes, contrary to what might be expected, with group B more likely to report income less than \$30,000/year. However, to compare poverty status in the two groups it would be necessary to further adjust for household income.

Overall the two groups appear to be similar in terms of observable demographics. Sex is similarly distributed across the two groups, both at close to 75% male. About 70% of both groups report that they are non-Hispanic white, and other race and ethnicity categorizations are also similarly distributed across the two groups. Educational attainment is also very similar across the groups with roughly an even split between those having a high school diploma or less and those having more than a high school education. Both groups are highly likely to have children they financially support (close to 90%) and live in households of more than two members (more than 80%).

## Analysis

We calculated means and proportions for each of the study variables, applying survey weights. To calculate statistical significance for differences between two groups, we calculated standard test statistics (i.e., *t*-statistics for proportions and *chi*-squared statistics for categorical and ordinal data). These statistics were adapted for weighted data in the survey routine in Stata. We consider  $p < .05$  to indicate statistically significant differences between groups. Unless otherwise noted, all between-group differences reported in this section are statistically significant.

## Results

TMA Groups A and B look remarkably similar in their insurance status and other experience over the 12 months prior to the survey (Tables 9.2-9.6). TMA Groups A and B do not demonstrate statistically significant differences on almost any of the survey items. This result is consistent with what we would expect based on the existing literature: that premiums primarily affect health care access and use via enrollment.<sup>5</sup>

Although we do not find any statistically significant differences between TMA groups A and B, we believe there is also value in considering the responses of the TMA group as a whole (i.e., combining the response of the two groups to look at overall TMA patterns). This group in total experienced changes in

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<sup>5</sup> Dague L. 2014. "The Effect of Medicaid Premiums on Enrollment: A Regression Discontinuity Approach," *Journal of Health Economics*, 37: 1-12. Available at <http://www.sciencedirect.com/science/article/pii/S0167629614000642>

premiums and other program rules after April 1, 2014. The responses reflect how those in a premium-paying eligibility group experience the BadgerCare program and health care generally.

### **Insurance Status (Table 9.2)**

About 9% of TMA respondents report being currently without health insurance coverage, and 71% report having had insurance coverage for all 12 months of the previous year. About 45% of respondents report that they are covered by Medicaid/BadgerCare, with 15% reporting ACA coverage and 18% other private coverage. Proportionately more persons in Group B report Medicaid/BadgerCare coverage, while more in Group A report ACA coverage, but the difference is not statistically significant. For both groups, 70% of the persons who report no longer having BadgerCare report that the reason is that they are no longer eligible. This is perhaps not surprising, as TMA is, by definition, time-limited coverage.

### **Access and Service Use (Table 9.3)**

About 95% of those in the TMA groups report having needed medical care in the past 12 months and, of those, 79% report getting all the treatment they needed. About 20% identify “cost-related reasons” Among the 21% who report not getting all the care they needed, 88% cited cost-related reasons.

Over three-quarters of respondents on these groups reported needing a prescription medication in the past year and, of these, over 80% reported getting all the medications needed. Among those 16% who went without needed medications, 73% cite cost-related reasons. About 86% report having a doctor’s office, health center or clinics as a usual source of care, while 5% report using urgent care as their usual source. About 36% report visiting the emergency department times in the last 12 months, with 15% reporting more than one visit in the last year. Of those reporting emergency department visits, over three-quarters cite reasons other than needing emergency care.

About half of respondents reported that they had last visited a dentist within the past 12 months and about 14% reporting that their dental visit had been over 5 years ago. Only 28% of respondents report having received a flu vaccine in the last year.

Nearly 30% of respondents report owing money for medical expenses, and 27% said they had problems paying medical bills. But very few said they were refused care due to owing money to a provider.

### **Self-Reported Health Status (Table 9.4)**

No significant differences are noted between TMA Groups A and B in their self-reported health status. About 71% of respondents report good, very good, or excellent health, while 19% report fair or poor health; 13% report that a physical, mental, or emotional problem limits their ability to work at a job. A fifth of this group reports smoking cigarettes, and 71% of them have been advised by a health professional within the past year to quit smoking.

A substantial proportion of these groups report signs of depression, with 16% reporting being “bothered by having little interest or pleasure in doing things” more than half of the days to nearly every day in the past two weeks. The same proportion reports being “bothered by feeling down, depressed, or hopeless” in the past two weeks. Beyond this, an additional 26-28% report having these feelings a few times over the past two weeks, leaving about half of the respondents reporting not having these feelings in that time period. This domain is the only area where statistically significant differences emerge between TMA Groups A and B, with Group B about twice as likely as Group A to report feeling various signs of depression on most or all days in the past two weeks.

### **Knowledge and Attitudes about 2014 Waiver Changes (Table 9.5)**

Here again, both TMA groups appear quite similar in their responses. Of these groups, 88% report having been enrolled in BadgerCare before the April 2014 program changes, so have experienced the program both before and after the changes. Slightly over half (52%) report that they were affected by the program changes, while a fifth (19%) report that they do not know if they were affected, and a quarter say they were not affected. Half reported that they lost eligibility due to the April 2014 program changes. Half reported that their monthly premium increased. Less than 10% identified changes in the penalties for not paying a monthly premium, while 45% thought there had been no change, and a third were not sure. About 10% thought that co-payments had increased or decreased, while over half thought there had be no change, and 22% were not sure. Virtually no respondents were able to identify changes in mental health or substance abuse treatment benefits, with 45% reporting no change and 37% reporting that they were not sure.

Overall, 27% of respondents report that they are somewhat or very satisfied with program changes, while 20% report that they somewhat or very dissatisfied.

### **Understanding about Health Insurance Terms (Table 9.6)**

TMA members face premiums and, after 12 months, are expected to move to other sources of coverage. Their understanding of their financial responsibilities under TMA and within private insurance affect their ability to maintain coverage.

Three-quarters of TMA members (76%) report feeling very or somewhat confident in their understanding of the word “premium” and 75% in the word “deductibles.” Even more (82%) report confidence in understanding “copayments,” while substantially fewer (53%) reporting such confidence in the word “coinsurance.” These appear strong relative to findings reported by other surveys<sup>6</sup>, but at the same time it is important to note that over 20% report that they are only slightly or not at all confident in their understanding of “premium” and deductibles” and a fully 46% reported such lack of confidence in their understanding of the word “coinsurance.”

### **Limitations**

It is possible that other factors explain the lack of observed differences between Groups A and B. First, the two groups are in relatively close income range, and may have churn above and below the income dividing line between sample draw and survey response, such that neither group has a continuous experience under a single set of program rules. Second, the number of TMA survey respondents was limited, which means that any differences would need to be fairly large in order for us to reach statistical significance.

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<sup>6</sup> Kenney GM, Karpman M, Long SK. 2013. Uninsured Adults Eligible for Medicaid and Health Insurance Literacy. Health Reform Monitoring Survey. The Urban Institute. Available at [http://hrms.urban.org/briefs/medicaid\\_experience.pdf](http://hrms.urban.org/briefs/medicaid_experience.pdf)

**Table Q9.1. Demographic and Socioeconomic Characteristics of TMA Sample**

	<b>TMA A 100-133% FPL</b>	<b>TMA B &gt;133 FPL</b>	<b>Total</b>	
<b>AGE</b>	N=165	N=152	N=317	
Younger than 35	0.30	0.50	0.40	*
35 and above	0.70	0.50	0.60	
Missing	0	0	0	
<b>SEX</b>	N=165	N=152	N=317	
Female	0.74	0.78	0.76	
Male	0.26	0.22	0.24	
<b>RACE</b>	N=165	N=152	N=317	
Spanish, Hispanic or Latino	0.04	0.09	0.07	
White , Non-Hispanic	0.74	0.68	0.71	
Black, Non-Hispanic	0.07	0.1	0.08	
Other race (Asian, Indian), not Hispanic	0.07	0.07	0.07	
Mixed Race, not Hispanic	0.07	0.04	0.05	
Missing	0.01	0.02	0.02	
<b>EDUCATION</b>	N=165	N=152	N=317	
High school diploma or Less than high school	0.51	0.48	0.5	
More than high school	0.49	0.51	0.5	
Missing	0.01	0.01	0.01	
<b>INCOME</b>	N=165	N=152	N=317	
< \$30000	0.51	0.71	0.61	**
>= \$30000	0.49	0.29	0.39	
<b>PARENTAL STATUS</b>	N=165	N=152	N=317	
No	0.88	0.88	0.88	
Yes	0.11	0.11	0.11	
Missing	0.01	0.01	0.01	
<b>HOUSEHOLD COMPOSITION</b>	N=165	N=152	N=317	
Living alone	0.03	0.11	0.07	
Living with partner or spouse	0.31	0.24	0.27	
Living with Others	0.63	0.62	0.63	
Missing	0.02	0.03	0.03	
<b>HOUSEHOLD SIZE</b>	N=165	N=152	N=317	
>2 members	0.82	0.82	0.82	
<=2 members	0.18	0.18	0.18	
<b>HOUSEHOLD AGE</b>	N=165	N=152	N=317	
>=Two HH members below age 19	0.53	0.64	0.58	
0-1 HH member below age 19	0.47	0.36	0.42	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.				
**Indicates a statistically significant different at p <0.01				

**Table 9.2 Health Insurance Status, TMA Sample**

	<b>TMA A</b>	<b>TMA B</b>	<b>Total</b>	
<b>Currently Have Health Insurance</b>	N=165	N=152	N=317	
No	0.09	0.08	0.09	
Yes	0.91	0.92	0.91	
<b>Some kind of health care coverage in past 12 months</b>	N=165	N=152	N=317	
Full year uninsured	0.03	0	0.01	
1-11 months	0.26	0.28	0.27	
all 12 months	0.71	0.71	0.71	
Missing	0.01	0.01	0.01	
<b>Current health care coverage</b>	N=165	N=152	N=317	
Medicaid, BC, BC core	0.39	0.51	0.45	
Employer or family member's employer	0.10	0.11	0.11	
Private (I pay for myself), Other	0.08	0.06	0.07	
Medicare	0.04	0.04	0.04	
ACA/Obamacare	0.19	0.12	0.15	
Uninsured	0	0	0	
Missing	0.21	0.16	0.18	
<b>For those who no longer have BadgerCare coverage: Reasons why</b>	N=60	N=44	N=104	
Not eligible	0.74	0.62	0.69	
Premium related	0.01	0.05	0.03	
Other reasons	0.09	0.08	0.09	
Missing	0.15	0.25	0.2	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.				
**Indicates a statistically significant different at p <0.01				

**Table 9.3 Utilization and Access, TMA Sample**

	<b>TMA A</b>	<b>TMA B</b>	<b>Total</b>	
<b>Needed medical care in past 12 months</b>	N=165	N=152	N=317	
No	0.04	0.04	0.04	
Yes	0.96	0.94	0.95	
Missing	0.01	0.02	0.01	
<b>Among those who needed care in the past 12 months: Got all the treatment needed</b>	N=155	N=142	N=297	
No	0.21	0.21	0.21	
Yes	0.79	0.79	0.79	
Missing	0	0	0	
<b>Among those who went without needed medical care: Main reasons<sup>a</sup></b>	N=31	N=29	N=60	
Non-cost related reasons	0.12	0.08	0.1	
Cost related reasons	0.85	0.92	0.88	
Missing	0.04	0	0.02	
<b>Needed prescription medication in past 12 months</b>	N=165	N=152	N=317	
No	0.24	0.19	0.22	
Yes	0.76	0.80	0.78	
Missing	0	0.01	0	
<b>Among those who needed prescription medications in the past 12 months: Got all medications needed?</b>	N=128	N=121	N=249	
No	0.15	0.17	0.16	
Yes	0.82	0.83	0.83	
Missing	0.03	0.01	0.02	
<b>Among those who went without needed prescription medications you needed: Reasons why</b>	N=20	N=22	N=42	
Non-cost related reasons	0.23	0.10	0.16	
Cost related reasons	0.6	0.86	0.73	
Missing	0.17	0.03	0.1	
<b>Usual source of care</b>	N=140	N=123	N=263	
Doctor's office, health center, clinic	0.88	0.85	0.86	
Urgent care	0.06	0.04	0.05	
No usual place, don't know	0	0.01	0.01	
Other	0.05	0.04	0.04	
Missing	0.02	0.06	0.04	

<b>ER visit in the last 12 months</b>	N=165	N=152	N=317	
Zero times	0.67	0.61	0.64	
1 time	0.21	0.2	0.21	
2 or more times	0.12	0.18	0.15	
<b>Among those with an ER visit in last 12 months: Main reason<sup>b</sup></b>	N=52	N=57	N=109	
Other reasons	0.75	0.72	0.73	
Needed ER only	0.25	0.26	0.26	
Missing	0	0.02	0.01	
<b>Quality of the medical care received in the last 12 months</b>	N=165	N=152	N=317	
Did not receive medical care	0.07	0.05	0.06	
Excellent, Very good	0.63	0.67	0.65	
Good	0.23	0.21	0.22	
Fair, poor	0.06	0.08	0.07	
<b>Currently owe money to a health care provider, credit card company, or anyone else for medical expenses</b>	N=165	N=152	N=317	
No	0.69	0.69	0.69	
Yes	0.29	0.29	0.29	
Missing	0.02	0.02	0.02	
<b>Had to borrow money, skip paying other bills, or pay other bills late in order to pay health care bills in last 12 months</b>	N=165	N=152	N=317	
No	0.76	0.84	0.8	
Yes	0.24	0.16	0.2	
<b>Refused treatment by a doctor, clinic, or medical service because of money owed</b>	N=165	N=152	N=317	
No	0.96	0.98	0.97	
Yes	0.03	0.01	0.02	
Missing	0.01	0.02	0.02	
<b>During the past 12 months, had either a flu shot or a flu vaccine that was sprayed in your nose?</b>	N=165	N=152	N=317	
No	0.74	0.69	0.72	
Yes	0.26	0.3	0.28	
<b>Needed but did not get because of cost: mental health care or counseling</b>	N=165	N=152	N=317	
No	0.76	0.74	0.75	
Yes	0.09	0.09	0.09	
Missing	0.14	0.18	0.16	



<b>Last visited a dentist for any reason</b>	N=165	N=152	N=317	
Less than 12 months ago	0.56	0.46	0.51	
Between 1 and 5 years	0.3	0.33	0.32	
More than 5 years ago	0.12	0.17	0.14	
Never	0.01	0.02	0.01	
Not sure	0.02	0.01	0.02	
<b>Problems paying any medical bills in past 12 months</b>	N=165	N=152	N=317	
Yes	0.27	0.27	0.27	
No	0.73	0.73	0.73	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.				
**Indicates a statistically significant different at p <0.01				
<sup>a</sup> Respondents could select more than one reason for this question. “Cost-related reasons” indicates that the respondent selected options a-d on Q.11, while “non-cost-related reasons” indicates the respondent selected options e-h on the survey. See Attachment for the survey question and response options.				
<sup>b</sup> Respondents could select more than one reason for ER use. “Needed ER Only” indicates that the respondent selected only one response. “Other Reasons” indicates the respondent selected more than one response. See Q.18 in Attachment for the survey question and response options.				

**Table 9.4 Self-Reported Health Status, TMA Sample**

	<b>TMA A</b>	<b>TMA B</b>	<b>Total</b>	
<b>Self-reported physical and mental health</b>	N=165	N=152	N=317	
Excellent, Very good	0.44	0.42	0.43	
Good	0.41	0.36	0.38	
Fair, poor	0.15	0.22	0.19	
<b>A physical, mental, or emotional problem limits ability to work at a job</b>	N=165	N=152	N=317	
No	0.85	0.89	0.87	
Yes	0.15	0.11	0.13	
<b>Smokes cigarettes</b>	N=165	N=152	N=317	
Everyday	0.22	0.18	0.2	
Some days	0.06	0.12	0.09	
Never	0.72	0.7	0.71	
Missing	0	0	0	
<b>Been advised by a doctor or health professional to quit smoking</b>	N=40	N=44	N=84	
Yes	0.7	0.73	0.71	
No	0.3	0.25	0.28	
No visit in past 12 months	0	0.02	0.01	
Missing	0	0	0	
<b>Over the past two weeks, bothered by having little interest or pleasure in doing things</b>	N=165	N=152	N=317	
Not at all	0.59	0.41	0.50	**
A few times	0.26	0.29	0.28	
More than half the days	0.03	0.13	0.08	
Nearly every day	0.07	0.08	0.08	
Don't know	0.04	0.09	0.06	
<b>Over the past two weeks, bothered by feeling down, depressed, or hopeless?</b>	N=165	N=152	N=317	
Not at all	0.66	0.45	0.55	**
A few times	0.22	0.31	0.26	
More than half the days	0.05	0.11	0.08	
Nearly every day	0.04	0.09	0.07	
Don't know	0.03	0.04	0.03	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.				
**Indicates a statistically significant different at p <0.01				

**Table 9.5 Knowledge and Attitudes about 2014 Waiver Changes, TMA Sample**

	<b>TMA A</b>	<b>TMA B</b>	<b>Total</b>	
<b>Enrolled in BadgerCare program before Apr 2014</b>	N=165	N=152	N=317	
Yes	0.84	0.92	0.88	
No	0.09	0.06	0.07	
Don't know	0.07	0.03	0.05	
<b>Affected by any new program requirements</b>	N=149	N=143	N=292	
Yes	0.52	0.54	0.53	
No	0.24	0.27	0.25	
Don't know	0.21	0.17	0.19	
Missing	0.03	0.02	0.02	
<b>Lost eligibility for BadgerCare Plus and were no longer enrolled because of changes made after Apr 2014</b>	N=149	N=143	N=292	
Yes	0.53	0.51	0.52	
No	0.4	0.45	0.42	
Missing	0.06	0.04	0.05	
<b>April 2014 Changes: Effect on MONTHLY premium/payment for health care coverage</b>	N=75	N=72	N=147	
Increase	0.49	0.49	0.49	
Decrease	0.03	0.03	0.03	
No change	0.22	0.26	0.24	
Not sure	0.14	0.14	0.14	
Missing	0.11	0.09	0.1	
<b>April 2014 Changes: Effect on PENALTIES for not paying a monthly premium</b>	N=75	N=72	N=147	
Increase	0.05	0.10	0.08	
Decrease	0.01	0	0	
No change	0.42	0.47	0.45	
Not sure	0.37	0.3	0.33	
Missing	0.16	0.13	0.14	
<b>April 2014 Changes: Effect on COPAYMENTS to visit a doctor or clinic</b>	N=75	N=72	N=147	
Increase	0.12	0.07	0.09	
Decrease	0.04	0.01	0.03	
No change	0.44	0.62	0.54	
Not sure	0.25	0.19	0.22	
Missing	0.15	0.11	0.13	

<b>April 2014 Changes: Effect on MENTAL HEALTH or SUBSTANCE ABUSE TX BENEFITS</b>	<b>N=75</b>	<b>N=72</b>	<b>N=147</b>	
Increase	0.02	0	0.01	
Decrease	0.01	0.01	0.01	
No change	0.42	0.49	0.45	
Not sure	0.39	0.36	0.37	
Missing	0.16	0.14	0.15	
<b>Satisfaction with the changes that have taken place since Apr 2014</b>	<b>N=74</b>	<b>N=72</b>	<b>N=146</b>	
Very satisfied	0.09	0.13	0.11	
Somewhat satisfied	0.12	0.19	0.16	
Neither satisfied nor dissatisfied	0.5	0.44	0.46	
Somewhat dissatisfied	0.11	0.15	0.13	
Very dissatisfied	0.10	0.05	0.07	
Missing	0.08	0.04	0.06	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.				
**Indicates a statistically significant different at p <0.01				

**Table 9.6 Understanding of Health Insurance Terms, TMA Sample**

	<b>TMA A</b>	<b>TMA B</b>	<b>Total</b>	
<b>Confident that you understand what the word means: PREMIUM</b>	<b>N=165</b>	<b>N=152</b>	<b>N=317</b>	
Very confident	0.59	0.50	0.55	
Somewhat confident	0.21	0.22	0.21	
Slightly confident	0.13	0.22	0.17	
Not at all confident	0.05	0.05	0.05	
Missing	0.03	0.01	0.02	
<b>Confident that you understand what the word means: DEDUCTIBLES</b>	<b>N=165</b>	<b>N=152</b>	<b>N=317</b>	
Very confident	0.56	0.47	0.51	
Somewhat confident	0.24	0.25	0.24	
Slightly confident	0.13	0.21	0.17	
Not at all confident	0.06	0.06	0.06	
Missing	0.01	0.01	0.01	
<b>Confident that you understand what the word means: COPAYMENTS</b>	<b>N=165</b>	<b>N=152</b>	<b>N=317</b>	
Very confident	0.66	0.58	0.62	
Somewhat confident	0.14	0.26	0.2	
Slightly confident	0.12	0.1	0.11	
Not at all confident	0.06	0.06	0.06	
Missing	0.01	0	0.01	
<b>Confident that you understand what the word means: COINSURANCE</b>	<b>N=165</b>	<b>N=152</b>	<b>N=317</b>	
Very confident	0.27	0.27	0.27	
Somewhat confident	0.24	0.27	0.26	
Slightly confident	0.21	0.15	0.18	
Not at all confident	0.26	0.3	0.28	
Missing	0.01	0.01	0.01	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.				
**Indicates a statistically significant different at p <0.01				

## Question 17: Childless Adult Beneficiary Enrollment in the Medicaid Standard Plan

### Will the provision of a benefit plan that is the same as the one provided to all other BadgerCare adult beneficiaries demonstrate an increase in the continuity of coverage?

The objective of this question is to understand whether and to what extent the provision of standard Medicaid benefits to childless adult (CLAs) beneficiaries increased continuity of health coverage. In the 2016 Interim Evaluation Report, we focused on enrollment-related outcomes from the CARES administrative data. We compared the continuity of coverage for newly eligible CLA beneficiaries to the continuity of coverage for continuing CLA beneficiaries enrolled in the Standard Plan after April 2014. Continuing CLA beneficiaries refer to childless adults enrolled in the Core plan immediately before April 2014 and enrolled in the Standard Plan after April 2014. This survey report complements those initial findings by characterizing outcomes that are directly related to continuity of health *care* -- health care access and health outcomes-- in addition to the continuity of health insurance coverage.

### Key Findings

There are several key findings that provide insight into the continuity of coverage and health care for childless adults under the Core and Standard plans: 1) The likelihood and duration of health insurance coverage increased from 2014 to 2016, the Core- and Standard- plan periods for this analysis (Table 17.4); 2) CLAs' reported need for medical care increased as did their likelihood of obtaining all needed care under the Standard plan compared to the Core plan period (Table 17.5); 3) The likelihood of borrowing money or skipping payment of other bills in order to pay for health care substantially decreased after implementation of the 2014 waiver (Table 17.5); and 4) No significant changes occurred in overall self-reported health status. However, the probability increased from 2014-2016 of having a work-limiting health problem (Table 17.6). In general, the CLAs under the Standard plan period report better outcomes with respect to coverage and access than CLAs reported under the Core plan period. These observational findings, while not causal, provide important indicators of the relative experience of childless adult beneficiaries under two distinct coverage and enrollment policy periods.

### Research Design

The Wisconsin Department of Health Services requested an assessment of CLA Standard Plan enrollees' outcomes relative to the two comparators, A and B, described below. The 2014 and 2016 surveys provide a unique data source to implement comparison A using two alternative samples. Table 17.1 describes these sample, followed by a discussion of their strengths and limitations. The survey data do not support a robust comparison of post-waiver outcomes for new and continuing CLA beneficiaries (i.e., Comparison B).

- A. Comparison of CLA beneficiaries' outcomes while enrolled in the Standard Plan relative to their outcomes while enrolled in the Core Plan; and
- B. Comparison of post-waiver outcomes for two groups of CLA beneficiaries enrolled in the Standard Plan: new CLA beneficiaries who became eligible on or after April 2014; and continuing CLA beneficiaries who transitioned from Core plan coverage to Standard Plan coverage in April 2014.

**Table 17.1 Study groups and sample sizes**

	<b>Sample Description</b>	<b>2014 Sample Size</b>	<b>2016 Sample Size</b>
<b>Sample A1</b>	The cohort of CLA 2014 survey respondents who responded to both the 2014 and 2016 surveys.	118	118
<b>Sample A2</b>	All CLA beneficiaries who responded to the 2014 survey and all CLA beneficiaries who responded to the 2016 survey.	194	278

*Sample A1* supports a comparison of outcomes for each individual at two time points, before and after the implementation of the 2014 waiver. This comparison describes the experience of CLA beneficiaries under two Medicaid coverage policies: Core and Standard plan coverage. To attribute a change in outcomes to Standard plan coverage, it is necessary to assume no plausible alternative explanations. By using a cohort sample, we eliminate changes in sample composition as one important alternative explanation. It remains possible that changes over the same time period in factors related to the outcomes may contribute to changes in the outcomes.

For example, this cohort was defined based on their CLA eligibility status before implementation of the 2014 waiver as described in Section D5. A change in insurance coverage options (e.g., ACA exchange plans) after 2014 may affect survey outcomes related to health care access independent of the introduction of Standard plan coverage. It is also worth noting that the generalizability of these estimates may be limited to the degree that cohort sample members differ from the current CLA beneficiary population in ways related to the outcomes (e.g., income, health, etc.).

*Sample A2* supports a comparison of outcomes for two cross-sectional samples: CLA beneficiaries enrolled in the Core plan before implementation of the 2014 waiver; and CLA beneficiaries enrolled in the Standard plan after implementation of the 2014 waiver. A potential difference in outcomes between these 2 groups is attributable to Standard plan coverage when two assumptions hold: the groups are comparable with respect to the outcomes and factors related to the outcomes; and no unobserved events or trends confound the relationship between CLA enrollment and outcomes. The cross-sectional samples offer an important potential advantage in generalizability over the cohort Sample A1. Membership in the cross-sectional samples required participation in only one survey, 2014 or 2016, in contrast to the cohort Sample A1 that required a response to both surveys. The attrition in participation that occurs from one survey to the next may reduce the representativeness of the remaining sample.

The survey sampling design does not allow Comparison B, a comparison of post-waiver outcomes for CLA beneficiaries newly enrolled in the Standard plan and continuing CLA beneficiaries. To do so requires samples of the newly enrolled and continuing CLA beneficiaries that represent those two Medicaid populations. The 2016 survey includes the former but not the latter. The administrative data are well suited to support the implementation of Comparison B, and we will continue to use those resources to evaluate this second comparison of interest.

## Sample Construction

The analytic sample for this report includes CLA respondents from the 2014 and 2016 surveys. The response rate for CLAs to these surveys was 65% and 55% respectively. The 2014 survey aimed to assess beneficiaries' health, health care use, and health insurance status after the July 2012 implementation of new premium and restricted reenrollment policies. The 2014 survey sample included a random selection of CLA beneficiaries who were enrolled in the Core plan between January 2012-March 2014. For programmatic reasons, the survey was fielded just after implementation of the April 2014 waiver. However, because the reference period for most of the survey questions assessed the beneficiary's experience in the past 12 months, the responses provide an estimate of study outcomes during the Core plan period.

The 2016 survey resampled all of the CLA respondents to the 2014 survey in addition to CLA beneficiaries currently enrolled in the Standard plan in 2016. The subset of 2014 CLA respondents who responded to the 2016 survey comprise Sample A1 (N=118). The CLA respondents to the 2014 survey serve as the comparison population for Sample A2 (N=194). The sample construction is depicted in Table 17.2.

**Table 17.2 Survey Sample Construction for Childless Adult Beneficiaries**

	(I) 2014 Survey	(II) 2016 Survey
Total Sample N	300	600
* Ineligible	n/a	96
All CLA Respondents (Sample A2)	194	278
Respondents to both 2014 & 2016 (Sample A1)	118	118
Dates of Survey Data Collection	4/1/2014-8/30/14	5/10/16 – 9/26/16
*Individuals who died, moved out of state, or reported no history of Medicaid coverage		

### Description of Sample (Table 17.3)

Table 17.3 presents the socio-demographic characteristics of the CLA samples. The data included in column I summarizes the responses for the cohort of individuals under two coverage policies, Core and Standard plan coverage. Few differences appear in the socio-demographic characteristics of this cohort over time; this finding is not surprising given that several outcomes are relatively time-invariant within-person. Educational achievement is an exception. In the 2016 survey, 45% of respondents reported more than a high school education compared to 27% in the 2014 survey. More generally, about 63% of the cohort is female, and more than 70% are White and older than 35 years of age.

Table 17.3 presents the same characteristics for the second comparison of interest in column II, all 2014 CLA survey respondents compared to all 2016 CLA survey respondents. The general profile of the 2016 CLA beneficiary sample after implementation of the waiver is similar to the pre-waiver sample with respect to age, educational achievement, and household size. Several differences in sample characteristics are noteworthy. First, a larger proportion of CLA beneficiaries in the post-waiver period report a non-White race; 55% of the CLA population in 2016 is male compared to 41% in the 2014 CLA population; and the percentage of CLA beneficiaries that report annual income less than \$30,000 increased from 83% to 96% consistent with the lower income eligibility threshold after 2014.



## Analysis

We calculated means and proportions for each of the study variables, applying survey weights. To calculate statistical significance for differences between two groups, we calculated standard test statistics (i.e., *t*-statistics for proportions and *chi*-squared statistics for categorical and ordinal data). These statistics were adapted for weighted data in the survey routine in Stata. We consider  $p < .05$  to indicate statistically significant differences between groups. Unless otherwise noted, all between-group differences reported in this section are statistically significant.

The overall outcomes of interest for Q17 are health care continuity and health insurance continuity. The survey includes several domains of questions that map directly to these outcomes. Each of the following tables includes the results for Samples A1 and/or A2 for one of these domains. Because the 2016 survey was designed with the current Section 1115 waiver in mind, some questions appear for the first time in 2016. In those instances, the results are reported for the 2016 CLA sample only. While these outcomes have no comparison group, they provide a richer characterization of the current CLA population.

## Results

### Coverage, Service, and Access to Care (Table 17.4 and Table 17.5)

Insurance Coverage. Within the cohort of CLA subjects (i.e., Sample A1), the percentage that report having any type of health insurance increased from 68% in 2014 to 84% in 2016 as shown in Table 17.4, column I. Similarly, the duration of insurance coverage within the past 12 months increased: 62% of cohort members reported full-year coverage in 2016 compared to 44% in 2014. The percentage of the cohort that reported Medicaid as the current source of health insurance coverage remained constant over time at 15%. The percentage of the group that reported Medicare or the ACA as the source of current health insurance coverage increased from 2014 to 2016 while the proportion reporting other private coverage or no coverage declined.

The relatively low percentage of the CLA cohort that reported Medicaid as the *current* source of coverage is likely a consequence of the time lag between sample selection and survey implementation for the 2014 survey. The 2014 sample was selected based on their Core plan enrollment status before 2014 while survey implementation was delayed until April 2014 for programmatic reasons. Thus, sample members with income greater than 100% FPL were ineligible for Medicaid when the 2014 survey was fielded. When resurveyed in 2016, the percentage of the CLA cohort that reported Medicaid as their current source of coverage remained low.

The results in column II of Table 17.4 compare health insurance coverage for all CLA respondents in 2014 to all CLA respondents in 2016 (i.e., Sample A2). In 2016, CLAs were more likely to report having health insurance; 95% of the sample reported that they currently had health insurance compared to 68% of the 2014 CLA sample. Just over three-quarters of CLAs in 2016 reported having health insurance coverage for 12 of the past 12 months compared to 47% of CLAs in 2014. Significant change occurred in the sources of health insurance coverage for CLAs from 2014 to 2016. The percentage of CLAs that reported Medicaid as the current source of coverage increased from 15% to 68%. Among those who reported no longer having Medicaid/BadgerCare coverage, CLAs in the 2016 sample were less likely to report ineligibility or premium-related reasons than were individuals in the 2014 sample. These differences are expected given the relatively short time lag between sample selection and survey administration in 2016, and the lack of premium-related programmatic changes for CLAs in 2016.

Service use and access to care. The first column of Table 17.5 shows that self-reported need for medical care and prescription medications increased for the CLA cohort (i.e., Sample A1) from 2014 to 2016 as did the likelihood of obtaining all of the care and prescription medications that were needed. No significant changes occurred in the cohort's reported use of the emergency room, the usual source of care, the quality of care received, or the likelihood of owing money to providers or creditors for medical expenses. The experience of health care use and access for the full 2014 and 2016 CLA sample (i.e., Sample A2) is presented in column II. In 2016, CLAs were more likely than their peers in 2014 to report a need for medical care in the past 12 months and more likely to note that they received all of that care.

For those individuals who went without needed medical care, the probability of reporting a cost-related reason decreased from 87% in 2014 to 72% in 2016 (column II). Similarly, CLAs in 2016 were more likely to report obtaining all of the prescription medications needed in the past 12 months. Among those who did not, 69% reported cost-related reasons in 2016 compared to 95% in 2014. Relatedly, the percentage of CLAs that reported borrowing money or not paying other bills to pay health care bills declined from 32% in 2014 to 8% in 2016. The probability of having one or more emergency room visits in the past 12 months increased from 27% to 43% for CLAs from 2014 to 2016. Overall, 60% of CLAs in 2016 rated their medical care in the prior 12 months as excellent or very good compared to 48% of CLAs in 2014.

#### **Self-reported health (Table 17.6)**

Table 17.6 presents the results for self-reported health outcomes. Within the cohort of individuals who participated in both the 2014 and 2016 surveys (i.e., Sample A1), approximately 35% reported excellent or very good health in both years, and the percentage of cohort members who reported a work-limiting physical, mental or emotional problem increased over time from 16% to 24% (column I). As shown in column II, there was no significant difference in self-reported general health between the full 2014 and 2016 samples. However, 46% of individuals in the 2016 sample reported a work-limiting physical, mental, or emotional problem compared to 19% in the full 2014 sample (column II). This finding is likely associated with the reduction in the income eligibility for CLAs from 200% FPL to 100% FPL in April 2014 rather than a consequence of health care continuity or discontinuity. On average, individuals with health problems have lower incomes than similarly situated, healthy individuals because poor health limits employment. As the average income of the CLA enrollee population declines (in response to the income criterion), the prevalence of the correlates or causes of lower personal income increases, including work-limiting health problems.

As previously noted, some survey questions were only available in 2016. Results for these questions are shown in column II. Approximately, 38% of the 2016 CLA sample reports smoking cigarettes at least some days. Among smokers, 61% reported that a physician or health care professional advised them to quit smoking within the past 12 months. Symptoms of poor mental health were relatively prevalent in the CLA population in 2016. Specifically, 28% of CLA individuals in 2016 report mental health problems on more than half of the days in the past two weeks related to being bothered or not being able to experience pleasure in the last two weeks (symptoms of depression or anxiety).

#### **Insurance Knowledge and Attitudes About Program Changes (Table 17.7)**

The 2016 survey includes several questions related to the implementation and provisions of the 2014 1115 waiver. Table 17.7 presents the responses to these questions for the full 2016 CLA sample (N=278). Almost half of the sample reported that they were enrolled in BadgerCare before April of 2014. Among this subgroup, 17% were affected by the waiver's new program requirements, and 18% reported that they were no longer enrolled because of the changes made. Overall, within the sample subgroup who had prior BadgerCare enrollment, 46% reported that they were somewhat or very satisfied with the

changes in the program since April 2014. This group reported limited awareness of the differences in coverage for mental health and substance use disorder (MHSUD) treatment under the standard plan relative to the core plan. Specifically, among CLAs who reported enrollment in BadgerCare before 2014, 84% reported either no change in MHSUD coverage or uncertainty about any such change after April 2014.

### **Limitations**

There are several limitations to consider when interpreting these findings. First, the results of the 2014 survey reflect the responses of childless adults who were enrolled in the Core plan at the time the sample was constructed rather than at the time the survey was implemented. Questions that pertain to the respondent's current status rather than his/her status during the past 12 months are unlikely to reflect his/her Core plan experience. Second, to attribute the observed outcome differences between the 2014 and 2016 samples (Sample A2) to Standard plan coverage, it is necessary to assume that the two groups are comparable in factors related to the outcomes. These samples differ across several observable characteristics related to health care access and coverage (e.g., sex, race, income), suggesting that this assumption may not hold. Finally, secular changes between 2014 and 2016 related to health insurance coverage and care access (e.g., employment, ACA, etc.,) may contribute the differences we observe in our study outcomes.

**Table 17.3. Demographic Characteristics of Childless Adults**

	(I) Sample A1			(II) Sample A2		
	2014	2016		2014	2016	
<b>AGE</b>	118	118		194	278	
Younger than 35	0.19	0.16		0.23	0.26	
35 and above	0.77	0.82		0.75	0.72	
Missing	0.04	0.02		0.02	0.02	
<b>SEX</b>	118	118		194	278	
Female	0.63	0.62		0.59	0.45	
Male	0.37	0.37		0.41	0.55	
<b>RACE</b>	118	118		194	278	
Spanish, Hispanic or Latino	0.05	0.07	*	0.05	0.03	**
White , Non-Hispanic	0.73	0.74		0.69	0.64	
Black, Non-Hispanic	0.11	0.15		0.15	0.19	
Other race (Asian, Indian), not Hispanic	0.01	0.02		0.01	0.07	
Mixed Race, not Hispanic	0.02	0.02		0.02	0.04	
Missing	0.08	0.01		0.09	0.02	
<b>EDUCATION</b>	118	118		194	278	
High school diploma or Less than high school	0.71	0.52	**	0.70	0.69	
More than high school	0.27	0.45		0.28	0.30	
Missing	0.03	0.03		0.02	0.02	
<b>INCOME</b>	118	118		194	278	
< \$30000	0.80	0.77		0.83	0.96	**
>= \$30000	0.20	0.23		0.17	0.04	
<b>PARENTAL STATUS</b>	118	118		194	278	
No	0.88	0.94	*	0.89	0.93	
Yes	0.09	0.06		0.10	0.06	
Missing	0.03	0		0.02	0.01	
<b>HOUSEHOLD COMPOSITION</b>	118	118		194	278	
Living alone	0.30	0.35		0.35	0.24	**
Living with partner or spouse	0.33	0.37		0.32	0.28	
Living with Others	0.34	0.27		0.31	0.47	
Missing	0.03	0.01		0.02	0.01	
<b>HOUSEHOLD SIZE</b>	118	118		194	278	
>2 members	0.27	0.30		0.28	0.36	
<=2 members	0.73	0.70		0.72	0.64	
<b>HOUSEHOLD AGE</b>	118	118		194	278	
>=Two HH members below 19	0.12	0.11		0.15	0.12	
0-1 HH member below 19	0.88	0.89		0.85	0.88	
*Indicates a difference between outcomes that is statistically significant at p< 0.05.						
**Indicates a statistically significant different at p <0.01						

**Table 17.4. Health Insurance Status, Childless Adults**

	(I) Sample A1			(II) Sample A2		
	2014 N=118	2016 N=118		2014 N=194	2016 N=278	
<b>Currently Have Health Insurance</b>						
No	0.3	0.09	**	0.3	0.03	**
Yes	0.68	0.84		0.68	0.95	
Missing	0.03	0.06		0.02	0.02	
<b>Some kind of health care coverage in past 12 months</b>	N=118	N=118		N=194	N=278	
Full year uninsured	0.24	0.12	**	0.23	0.04	**
1-11 months	0.32	0.21		0.29	0.17	
all 12 months	0.44	0.62		0.47	0.76	
Missing	0	0.05		0.01	0.03	
<b>Current health care coverage</b>	N=118	N=118		N=194	N=278	
Medicaid, BC, BC core	0.15	0.15	**	0.15	0.68	**
Employer or family member's employer	0.2	0.2		0.17	0.04	
Private (I pay for myself), Other	0.12	0.09		0.12	0.06	
Medicare	0.08	0.16		0.11	0.05	
ACA/Obamacare	0.13	0.19		0.13	0.11	
Uninsured	0.3	0.09		0.3	0.03	
Missing	0.03	0.11		0.02	0.04	
<b>For those who no longer have BadgerCare coverage: Reasons why</b>	N=92	N=87		N=153	N=56	
Not eligible	0.52	0.67	**	0.49	0.25	**
Premium related	0.23	0.05		0.24	0	
Other reasons	0.17	0.2		0.15	0.23	
Missing	0.08	0.08		0.11	0.52	
<p>*Indicates a difference between outcomes that is statistically significant at <math>p &lt; 0.05</math>.  **Indicates a statistically significant different at <math>p &lt; 0.01</math>.  Sample A1 refers to the cohort of childless adults who responded to both the 2014 and 2016 surveys. Sample A2 refers to all childless adults who responded to the 2014 survey and all childless adults who responded to the 2016 survey.</p>						

**Table 17.5 Utilization and Access, Childless Adults**

	(I) Sample A1			(II) Sample A2		
	2014	2016		2014	2016	
<b>Needed medical care in past 12 months</b>	N=118	N=118		N=194	N=278	
No	0.33	0.06	**	0.3	0.08	**
Yes	0.67	0.93		0.7	0.9	
Missing	0	0.02		0	0.02	
<b>Among those who needed care in the past 12 months: Got all the treatment needed</b>	N=82	N=108		N=137	N=250	
No	0.37	0.19	*	0.3	0.14	**
Yes	0.61	0.81		0.67	0.86	
Missing	0.02	0		0.02	0	
<b>Among those who went without needed medical care: Main reasons</b>	N=27	N=20		N=41	N=32	
Non-cost related reasons	0	0.04		0.01	0.18	*
Cost related reasons	0.87	0.96		0.87	0.72	
Missing	0.13	0		0.11	0.1	
<b>Needed prescription medication in past 12 months</b>	N=118	N=118		N=194	N=278	
No	0.23	0.2		0.21	0.19	
Yes	0.77	0.8		0.79	0.81	
Missing	0	0		0	0.01	
<b>Among those who needed prescription medications in the past 12 months: Got all medications needed?</b>	N=93	N=93		N=154	N=226	
No	0.26	0.14	*	0.29	0.11	**
Yes	0.73	0.81		0.7	0.88	
Missing	0.01	0.05		0.01	0.01	
<b>Among those who went without needed prescription medications you needed: Reasons why<sup>a</sup></b>	N=22	N=16		N=40	N=28	
Non-cost related reasons	0.04	0.18	*	0.03	0.2	**
Cost related reasons	0.93	0.55		0.95	0.69	
Missing	0.03	0.27		0.02	0.11	
<b>Usual source of care</b>	N=87	N=93		N=148	N=220	
Doctor's office, health center, clinic	0.85	0.86		0.85	0.79	
Urgent care	0.06	0.02		0.09	0.06	
No usual place, don't know	0.02	0.01		0.01	0.03	
Other	0.05	0.08		0.04	0.07	
Missing	0.02	0.03		0.01	0.05	

<b>ER visit in the last 12 months</b>	N=118	N=118		N=194	N=278	
Zero times	0.76	0.77		0.73	0.56	*
1 time	0.13	0.14		0.13	0.22	
2 or more times	0.11	0.09		0.14	0.21	
<b>Among those with an ER visit in last 12 months: Main reason<sup>b</sup></b>	N=30	N=29		N=53	N=120	
Other reasons	0.68	0.77		0.69	0.57	
Needed ER only	0.32	0.23		0.31	0.41	
Missing	0	0		0	0.02	
<b>Quality of the medical care received in the last 12 months</b>	N=118	N=118		N=194	N=278	
Did not receive medical care	0.19	0.1		0.18	0.06	**
Excellent, Very good	0.46	0.51		0.48	0.6	
Good	0.19	0.26		0.18	0.22	
Fair, poor	0.16	0.12		0.16	0.1	
<b>Currently owe money to a health care provider, credit card company, or anyone else for medical expenses</b>	N=118	N=118		N=194	N=278	
No	0.53	0.49		0.52	0.63	
Yes	0.47	0.48		0.47	0.36	
Missing	0	0.02		0.01	0	
<b>Had to borrow money, skip paying other bills, or pay other bills late in order to pay health care bills in last 12 months</b>	N=118	N=118		N=194	N=278	
No	0.72	0.76		0.68	0.91	**
Yes	0.28	0.21		0.32	0.08	
Missing	0	0.03		0	0.01	
<b>Refused treatment by a doctor, clinic, or medical service because of money owed</b>	N=118	N=118		N=194	N=278	
No	0.93	0.92		0.91	0.91	
Yes	0.03	0.07		0.06	0.05	
Missing	0.04	0.02		0.04	0.03	
<b>During the past 12 months, had either a flu shot or a flu vaccine that was sprayed in your nose?<sup>a</sup></b>					N=278	
No					0.75	
Yes					0.25	
Missing					0	
<b>Needed but did not get because of cost: mental health care or counseling<sup>a</sup></b>					N=278	
No					0.68	
Yes					0.09	
Missing					0.22	

<b>Last visited a dentist for any reason<sup>a</sup></b>					N=278	
Less than 12 months ago					0.44	
Between 1 and 5 years					0.32	
More than 5 years ago					0.21	
Never					0.02	
Not sure					0.01	
<b>Problems paying any medical bills in past 12 months<sup>a</sup></b>					N=278	
Yes					0.22	
No					0.76	
Missing					0.02	
<p>*Indicates a difference between outcomes that is statistically significant at <math>p &lt; 0.05</math>.  **Indicates a statistically significant different at <math>p &lt; 0.01</math>.  Sample A1 refers to the cohort of childless adults who responded to both the 2014 and 2016 surveys. Sample A2 refers to all childless adults who responded to the 2014 survey and all childless adults who responded to the 2016 survey.  <sup>a</sup>Indicates a question introduced in the 2016 survey.</p>						
<p><sup>a</sup>Respondents could select more than one reason for this question. “Cost-related reasons” indicates that the respondent selected options a-d on Q.11, while “non-cost-related reasons” indicates the respondent selected options e-h on the survey. See Attachment for the survey question and response options.</p>						
<p><sup>b</sup>Respondents could select more than one reason for ER use. “Needed ER Only” indicates that the respondent selected only one response. “Other Reasons” indicates the respondent selected more than one response. See Q.18 in Attachment for the survey question and response options</p>						



**Table 17.6 Self-Reported Health, Childless Adults**

	(I) Sample A1			(II) Sample A2		
	2014	2016		2014	2016	
<b>Self-reported physical and mental health</b>	N=118	N=118		N=194	N=278	
Excellent, Very good	0.36	0.35		0.31	0.27	
Good	0.38	0.37		0.38	0.34	
Fair, poor	0.26	0.28		0.31	0.39	
<b>A physical, mental, or emotional problem limits ability to work at a job</b>	N=118	N=118		N=194	N=278	
No	0.84	0.76	*	0.81	0.54	**
Yes	0.16	0.24		0.19	0.46	
<b>Smokes cigarettes<sup>a</sup></b>					N=278	
Everyday					0.26	
Some days					0.12	
Never					0.61	
Missing					0.01	
<b>Been advised by a doctor or health professional to quit smoking<sup>a</sup></b>					N=278	
Yes					0.61	
No					0.31	
No visit in past 12 months					0.04	
Missing					0.04	
<b>Over the past two weeks, bothered by having little interest or pleasure in doing things<sup>b</sup></b>					N=278	
Not at all					0.36	
A few times					0.26	
More than half the days					0.14	
Nearly every day					0.14	
Dont know					0.09	
Missing					0.01	
<b>Over the past two weeks, bothered by feeling down, depressed, or hopeless?<sup>b</sup></b>					N=278	
Not at all					0.43	
A few times					0.28	
More than half the days					0.09	
Nearly every day					0.14	
Don't know					0.05	
Missing					0.01	

\*Indicates a difference between outcomes that is statistically significant at  $p < 0.05$ . \*\*Indicates a statistically significant different at  $p < 0.01$ . <sup>a</sup>Responses from 2014 are omitted because the skip pattern differs from the 2016 survey. <sup>b</sup> Indicates a question introduced in the 2016 survey. Sample A1 refers to the cohort of childless adults who responded to both the 2014 and 2016 surveys. Sample A2 refers to all childless adults who responded to the 2014 survey and all childless adults who responded to the 2016 survey.

**Table 17.7 Knowledge and Attitudes about 2014 Waiver Changes, Childless Adults**

	<b>Sample A2</b>
	2016
<b>Enrolled in BadgerCare program before Apr 2014</b>	N=278
Yes	0.43
No	0.39
Don't know	0.17
Missing	0.01
<b>Affected by any new program requirements</b>	N=174
Yes	0.17
No	0.5
Don't know	0.29
Missing	0.04
<b>Lost eligibility for BadgerCare Plus and were no longer enrolled because of changes made after Apr 2014</b>	N=174
Yes	0.18
No	0.74
Missing	0.08
<b>MENTAL HEALTH or SUBSTANCE ABUSE TREATMENT BENEFITS</b>	N=143
Increase	0.01
Decrease	0
No change	0.55
Not sure	0.29
Missing	0.13
<b>Satisfaction with the changes that have taken place since Apr 2014</b>	N=143
Very satisfied	0.28
Somewhat satisfied	0.18
Neither satisfied nor dissatisfied	0.36
Somewhat dissatisfied	0.05
Very dissatisfied	0.01
Missing	0.11

Sample A2 refers to all childless adults who responded to the 2014 survey and all childless adults who responded to the 2016 survey. The questions in this table were introduced in the 2016 survey.

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## F. NEXT STEPS

The results reported here contribute important interim findings toward our overall analysis of each study hypothesis. This process continues, as we move toward fielding the second survey in 2018, and deepen our analysis of the administrative data.

We continue to use the data from the 2016 survey for further analyses:

1. Replicate these survey analyses with adjustment. We will identify a common set of adjustment variables and apply adjustment for specific cases where such methods will improve the comparability of the groups.
2. We have linked virtually all subjects in the survey to their administrative (claims) records.

Linkage of the survey to the claims data may offer several strengths to the evaluation. First, it provides a means of validating some survey-reported measures (e.g., current enrollment status in BadgerCare or Medicaid). Second, the survey domains may be useful in predicting outcomes in the administrative data. For example, we could analyze risk of disenrollment using survey-reported measures (such as self-reported satisfaction with care) in addition to administrative measures (exposure to premium relative to income and health care use, for example). These analyses are complex, and the decision to pursue them will depend on whether they are likely to yield significant new insights and are feasible within current resource and time constraints.

Finally, the 2016 survey results will help inform the design of the 2018 survey. We intend to preserve many of the same questions for 2018, facilitating multi-year comparisons. Different sampling scenarios are possible. We may continue the longitudinal component of this study, depending on sample size required for making over-time within-subject comparisons. Or we may decide to more intensively sample specific groups in 2018 and forgo re-interviewing some from prior surveys.

We will also consider how new Medicaid program changes might affect or relate to the timing of the 2018 survey. Potential changes in state and federal policy in 2018 will pose challenges to fielding a survey intended to capture respondents experience of the 2014 BadgerCare policy changes. However, the 2018 survey could serve as a baseline for the new 1115 waiver. We will work closely with DHS to assure that the survey meets the state's and CMS' evaluation needs and requirements.

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**G. ATTACHMENT: SURVEY INSTRUMENTS**



University of Wisconsin  
Population Health Institute  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

## **Current or Former BadgerCare Plus Member Survey**

Thank you for taking the time to answer the questions on the following pages. This survey is about your health care coverage through Wisconsin Medicaid or BadgerCare Plus. Your answers will help the Wisconsin Department of Health Services understand how changes to these programs affect your health and health care.

Taking part in this survey is voluntary. You can skip questions that you do not want to answer. If you choose not to take this survey, it will not affect any health care benefits you are getting right now or might get in the future. All information is private and confidential. You will not be individually identified with your responses.

For each question, please fill in the circle next to the answer you choose, or write your answer in the box provided. When you are finished, please place the completed survey into the postage-paid envelope provided, and put it in the mail.

If you have questions about the survey, you can contact one of the people listed below:

Bob Cradock at the University of Wisconsin Survey Center  
608-265-9885  
cradock@ssc.wisc.edu

Donna Friedsam at the UW Population Health Institute  
608-263-4881  
dafriedsam@wisc.edu

Thank you again for your help!

**Your Health Care Coverage**

**1. In the past 12 months, how many months did you have some kind of health care coverage? Select *one* answer only.**

- No health care coverage during the last 12 months
- 1 to 2 months of health care coverage
- 3 to 5 months of health care coverage
- 6 to 8 months of health care coverage
- 9 to 11 months of health care coverage
- Covered for all of the last 12 months → **Go to Question 3**

**2. If you did not have health care coverage in some or all of the past 12 months, what are the reasons you did not have coverage? Select *all* that apply.**

	Yes	No
a. I did not qualify for Medicaid/BadgerCare Plus anymore	<input type="radio"/>	<input type="radio"/>
b. I could not afford payments to remain on Medicaid or BadgerCare Plus	<input type="radio"/>	<input type="radio"/>
c. I could not afford payments for private health care coverage, an employer's insurance, or from the federal Marketplace/Healthcare.gov/ACA/Obamacare	<input type="radio"/>	<input type="radio"/>
d. I was not offered health care coverage from an employer	<input type="radio"/>	<input type="radio"/>
e. I was not able to afford the health care coverage an employer offered	<input type="radio"/>	<input type="radio"/>
f. I did not have access to any health care coverage	<input type="radio"/>	<input type="radio"/>
g. I did not want health care coverage	<input type="radio"/>	<input type="radio"/>
h. I did not know how to find information on available health care coverage options	<input type="radio"/>	<input type="radio"/>
i. I did not have the time to get health care coverage	<input type="radio"/>	<input type="radio"/>

**3. What type of health care coverage do you *currently* have? Select *all* that apply.**

	Yes	No
a. Wisconsin Medicaid Program	<input type="radio"/>	<input type="radio"/>
b. BadgerCare Plus	<input type="radio"/>	<input type="radio"/>
c. Medicare	<input type="radio"/>	<input type="radio"/>
d. Employer or family member's employer	<input type="radio"/>	<input type="radio"/>
e. A private plan I pay for myself	<input type="radio"/>	<input type="radio"/>
f. A health plan from Healthcare.gov, the federal Affordable Care Act (ACA/Obamacare) Marketplace	<input type="radio"/>	<input type="radio"/>
g. Other coverage. Please specify: <input style="width: 200px; height: 15px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
h. None - no coverage/insurance	<input type="radio"/>	<input type="radio"/>

If you *currently* have coverage from Medicaid or BadgerCare Plus, please skip to Question 7.

**4. For those who no longer have Medicaid/BadgerCare coverage: What are the reasons you no longer have that coverage? Select *all* that apply.**

	Yes	No
a. I am not eligible anymore because I have access to other health care coverage.	<input type="radio"/>	<input type="radio"/>
b. I am not eligible anymore because my income has changed.	<input type="radio"/>	<input type="radio"/>
c. I am not eligible anymore for other reasons.	<input type="radio"/>	<input type="radio"/>
d. The premiums increased and so I dropped my Medicaid/BadgerCare Plus coverage.	<input type="radio"/>	<input type="radio"/>
e. I missed a premium payment, so the Medicaid/BadgerCare Plus program temporarily removed me from coverage.	<input type="radio"/>	<input type="radio"/>
f. Other reason. Please specify: <input style="width: 200px; height: 15px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

**5. Have you ever looked for information on health care coverage available from the federal Health Insurance Marketplace (healthcare.gov)? Select *one* answer only.**

- Yes
- No, but I plan on looking for information → Go to Question 7
- No, and I do not plan on looking for information → Go to Question 7
- I have not heard about this kind of health care coverage → Go to Question 7
- I do not know how to look for health care coverage → Go to Question 7

**6. How did the health care coverage available from the federal Health Insurance Marketplace (healthcare.gov) seem to you? Select *one* answer only.**

- There are some good options for me
- I can't afford the required premium payments
- The plans don't cover/include the doctors and providers that I need to see
- I'm not sure

**Your Health Care**

**7. Is there a place you *usually* go to get health care? Select *one* answer only.**

Yes

No → **Go to Question 9**

**8. Where do you usually go to get health care? Select *one* answer only.**

A private doctor's office or clinic

A public health clinic, community health center, or tribal clinic

A walk-in clinic in a store, such as Walmart or a pharmacy

A hospital-based clinic

A hospital emergency room

An urgent care clinic

Some other place. Please specify:

I don't have a usual place

I don't know

**9. Do you have at least one person you think of as your personal doctor or health care provider? Select *one* answer only.**

Yes, more than one person

Yes, only one person

No, no one

I don't know



10. If you needed health care in the past 12 months, did you get all the care you needed?

Yes → Go to Question 12

No

I did not need care in the last 12 months → Go to Question 12

11. Think about the *most recent time* you went *without* needed health care in the last 12 months. What were the main reasons you went without care at that time? Select *all* that apply.

	Yes	No
a. It cost too much	<input type="radio"/>	<input type="radio"/>
b. I didn't have health care coverage	<input type="radio"/>	<input type="radio"/>
c. The doctor wouldn't take my insurance	<input type="radio"/>	<input type="radio"/>
d. I owed money to the doctor	<input type="radio"/>	<input type="radio"/>
e. I couldn't get an appointment quickly enough	<input type="radio"/>	<input type="radio"/>
f. The office wasn't open when I could get there	<input type="radio"/>	<input type="radio"/>
g. I didn't have a doctor	<input type="radio"/>	<input type="radio"/>
h. Other reason. Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

12. Was there a time in the *last 12 months* when you needed *prescription medication*?

Yes

No → Go to Question 15

13. If you needed prescription medications in the past 12 months, did you get all the medications you needed? Select *one* answer only.

Yes → Go to Question 15

No

I did not need medications in the last 12 months → Go to Question 15

14. Think about the *most recent time* you went *without* prescription medications that you needed in the last 12 months. What were the main reasons you went without prescription medications at that time? Select *all* that apply.

	Yes	No
a. They cost too much	<input type="radio"/>	<input type="radio"/>
b. I didn't have health care coverage	<input type="radio"/>	<input type="radio"/>
c. I didn't have a doctor	<input type="radio"/>	<input type="radio"/>
d. I couldn't get a prescription	<input type="radio"/>	<input type="radio"/>
e. I couldn't get to the pharmacy	<input type="radio"/>	<input type="radio"/>
f. Some other reason. Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

**15. How long has it been since you last visited a dentist or a dental care provider for any reason? *Include visits to dental specialists, such as orthodontists.***

- Less than 12 months ago
- Between 1 and 5 years ago
- More than 5 years ago
- I have never visited a dentist or dental care provider
- Not sure

**16. In the last 12 months, how many times did you visit a doctor's office, an urgent care or walk-in clinic, or other health care provider to get care for yourself? *Do not include hospital and emergency room visits or dental care. Please give your best guess.***

- 0 times
- 1 time
- 2 times
- 3 or 4 times
- 5 or more times

**17. In the last 12 months, how many times did you go to an emergency room to get care for yourself? *Please give your best guess.***

- 0 times → **Go to Question 19**
- 1 time
- 2 times
- 3 or 4 times
- 5 or more times

**18. Think about the most recent time you went to the emergency room in the last 12 months. What were the main reasons you went to the emergency room instead of somewhere else for health care at that time? Select *all* that apply.**

	Yes	No
a. I needed emergency care	<input type="radio"/>	<input type="radio"/>
b. I didn't have health insurance	<input type="radio"/>	<input type="radio"/>
c. The doctors' office/clinic was closed	<input type="radio"/>	<input type="radio"/>
d. I couldn't get an appointment to see a regular doctor soon enough	<input type="radio"/>	<input type="radio"/>
e. I didn't have a personal doctor	<input type="radio"/>	<input type="radio"/>
f. I couldn't afford the copay to see a doctor	<input type="radio"/>	<input type="radio"/>
g. I needed a prescription drug	<input type="radio"/>	<input type="radio"/>
h. I didn't know where else to go	<input type="radio"/>	<input type="radio"/>
i. Some other reason. Please specify: <input style="width: 200px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

**19. In the last 12 months, how many different times were you a patient in a hospital for at least one overnight? Do not include hospital stays to deliver a baby.**

times

**20. Overall, how would you rate the quality of the medical care you have received in the last 12 months?**

- Excellent
- Very good
- Good
- Fair
- Poor
- I did not receive medical care in the last 12 months

**21. How satisfied or dissatisfied are you with the following aspects of your current health care?**

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
a. The range of health care services available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The choice of doctors and other providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Your Health Care Costs**

**22. In the past 12 months, did you have problems paying any medical bills, including bills for doctors, dentists, hospitals, therapists, medical equipment, nursing home, or home care?**

- Yes
- No

**23. In the past 12 months, did you need any of the following at any time but not get it because of how much it cost? Select all that apply.**

	Yes	No
a. Prescription drugs	<input type="radio"/>	<input type="radio"/>
b. Medical care	<input type="radio"/>	<input type="radio"/>
c. To see a general doctor	<input type="radio"/>	<input type="radio"/>
d. To see a specialist	<input type="radio"/>	<input type="radio"/>
e. To get medical tests, treatment, or follow-up care	<input type="radio"/>	<input type="radio"/>
f. Dental care	<input type="radio"/>	<input type="radio"/>
g. Mental health care or counseling	<input type="radio"/>	<input type="radio"/>
h. Eyeglasses or vision care	<input type="radio"/>	<input type="radio"/>

**24. Do you *currently* owe money to a health care provider, credit card company, or anyone else for medical expenses?**

Yes

No → Go to Question 26

**25. About how much do you owe?**

\$  .00 amount owed

**26. In the *last 12 months*, have you had to borrow money, skip paying other bills, or pay other bills late in order to pay health insurance bills?**

Yes

No

**27. In the *last 12 months*, has a doctor, clinic, or medical service refused to treat you because you owed money to them for past treatment?**

Yes

No

I don't know

### Your Health

**28. In general, would you say your health is:**

Excellent

Very good

Good

Fair

Poor

**29. How has your health changed in the *last 12 months*?**

My health has gotten better

My health is about the same

My health has gotten worse

**30. Have you ever been told by a doctor or other health care provider that you have any of the health conditions listed below? Select *all* that apply.**

	Yes	No
a. Diabetes or sugar diabetes	<input type="radio"/>	<input type="radio"/>
b. Asthma	<input type="radio"/>	<input type="radio"/>
c. High blood pressure	<input type="radio"/>	<input type="radio"/>
d. Emphysema or chronic bronchitis (COPD)	<input type="radio"/>	<input type="radio"/>
e. Heart disease, angina, or heart attack	<input type="radio"/>	<input type="radio"/>
f. Congestive heart failure	<input type="radio"/>	<input type="radio"/>
g. Depression or anxiety	<input type="radio"/>	<input type="radio"/>
h. High cholesterol	<input type="radio"/>	<input type="radio"/>
i. Kidney problems, kidney disease, or dialysis	<input type="radio"/>	<input type="radio"/>
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l. Cancer, except for skin cancer	<input type="radio"/>	<input type="radio"/>

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a. I have been to a doctor or clinic	<input type="radio"/>	<input type="radio"/>
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- Yes, within the last 12 months
- Yes, but it's been more than 12 months
- Never

**33. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?**

- Yes
- No

**34. Do you currently smoke cigarettes every day, some days, or not at all?**

- Every day
- Some days
- Not at all → **Go to Question 36**

**35. In the last 12 months, have you been advised by a doctor or health professional to quit smoking?**

- Yes
- No
- I haven't seen a doctor in the last 12 months

**36. Does a physical, mental, or emotional condition now limit your ability to work at a job?**

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**37. Over the past two weeks, how often have you been bothered by having little interest or pleasure in doing things?**

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- A few times
- More than half the days
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- Don't know

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**Your Health Care Coverage Experiences**

**39. Some people find health care coverage and insurance difficult to understand. For each of the words below, please indicate how confident you are that you understand what the word means.**

	Very Confident	Somewhat Confident	Slightly Confident	Not At All Confident
a. Premiums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Deductibles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Copayments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**40. Were you enrolled in the BadgerCare program before April 2014?**

- Yes
- No → Go to Question 45
- Don't know

**41. In April 2014, the BadgerCare Plus program changed its program requirements, including how people can become eligible for the program, what services are covered, and what kinds of payments might be required to participate in the program.**

**To the best of your knowledge were you affected by any new program requirements?**

- Yes
- No
- Don't know

**42. Did you ever lose eligibility for BadgerCare Plus and were no longer enrolled because of changes made after April 2014?**

- Yes → Go to Question 45
- No

**43. Think about changes since April 2014 in the BadgerCare Plus program. Please indicate how each of the items below affected you.**

	Increased	Decreased	No Change	Not Sure
a. Monthly premium/payments for health care coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Penalties for not paying a monthly premium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Copayments to visit a doctor or clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mental health or substance abuse treatment benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**44. Overall, how satisfied or dissatisfied are you with the changes that have taken place since April 2014? Select one answer only.**

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

**About You**

**45. Are you male or female?**

- Male
- Female

**46. What is your current age?**

- Younger than age 19
- Age 19 to 25
- Age 26 to 34
- Age 35 to 44
- Age 45 to 64
- Age 65 or older

**47. Are you currently employed or self-employed?**

- Yes, employed by someone else
- Yes, self-employed
- Not currently employed
- Retired

**48. About how many hours per week, on average, do you work at your current job(s)?**

- I don't currently work
- I work less than 20 hours per week
- I work 20 to 29 hours per week
- I work 30 or more hours per week



**49. What was your household's gross income (before taxes and deductions are taken out) for 2015? Include any cash assistance or unemployment benefits you may have received, and include the income of all members of your household. Select *one* answer only. If you do not know, give your best guess.**

- Less than \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 or more

**50. Would you describe yourself as Spanish, Hispanic, or Latino?**

- Yes
- No

**51. How would you describe your race? Select *all* that apply.**

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other, please specify:

**52. What is the *highest* level of education you have completed? Select *one* answer only.**

- Less than high school
- High school diploma or General Education Development (GED) certificate
- Vocational training or 2-year degree
- Some college but no degree
- A 4-year college degree or more

**53. What is your current living arrangement? *Select all that apply.***

- I live alone
- I live with my partner or spouse
- I live with my parents
- I live with other relatives (including children)
- I live with friends or roommates
- Other, please specify:

**54. How many family members, including yourself, counting adults and children, are living in your home? (*For example, if you live alone, you should write "1".*)**

family member(s) in my home

**55. Of the family members living in your home, how many are under age 19?**

family member(s) in my home are under age 19

**56. Do you have any children under age 19 who you financially support but that do not live in your home?**

- Yes
- No

**Thank you for your participation. When you have finished your survey, please place it in the included postage-paid envelope, and drop it in the mail.**

**SURVEY INSTRUMENT: RRP VERSION**



**University of Wisconsin  
Population Health Institute**  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

## **Current or Former BadgerCare Plus Member Survey**

Thank you for taking the time to answer the questions on the following pages. This survey is about your health care coverage through Wisconsin Medicaid or BadgerCare Plus. Your answers will help the Wisconsin Department of Health Services understand how changes to these programs affect your health and health care.

Taking part in this survey is voluntary. You can skip questions that you do not want to answer. If you choose not to take this survey, it will not affect any health care benefits you are getting right now or might get in the future. All information is private and confidential. You will not be individually identified with your responses.

For each question, please fill in the circle next to the answer you choose, or write your answer in the box provided. When you are finished, please place the completed survey into the postage-paid envelope provided, and put it in the mail.

If you have questions about the survey, you can contact one of the people listed below:

Bob Cradock at the University of Wisconsin Survey Center  
608-265-9885  
cradock@ssc.wisc.edu

Donna Friedsam at the UW Population Health Institute  
608-263-4881  
dafriedsam@wisc.edu

Thank you again for your help!

## Your Health Care Coverage

**1. In the past 12 months, how many months did you have some kind of health care coverage? Select *one* answer only.**

- No health care coverage during the last 12 months → **Go to Question 3**
- 1 to 2 months of health care coverage
- 3 to 5 months of health care coverage
- 6 to 8 months of health care coverage
- 9 to 11 months of health care coverage
- Covered for all of the last 12 months

**2. What type of health care coverage do you *currently* have? Select *all* that apply.**

	Yes	No
a. Wisconsin Medicaid Program	<input type="radio"/>	<input type="radio"/>
b. BadgerCare Plus	<input type="radio"/>	<input type="radio"/>
c. Medicare	<input type="radio"/>	<input type="radio"/>
d. Employer or family member's employer	<input type="radio"/>	<input type="radio"/>
e. A private plan I pay for myself	<input type="radio"/>	<input type="radio"/>
f. A health plan from Healthcare.gov, the federal Affordable Care Act (ACA/Obamacare) Marketplace	<input type="radio"/>	<input type="radio"/>
g. Other coverage. Please specify: <input style="width: 200px;" type="text"/>	<input type="radio"/>	<input type="radio"/>
h. None - no coverage/insurance	<input type="radio"/>	<input type="radio"/>

**If you *currently* have coverage from Medicaid or BadgerCare Plus, please skip to Question 4.**

**3. For those who no longer have Medicaid/BadgerCare coverage: What are the reasons you no longer have that coverage? Select *all* that apply.**

	Yes	No
a. I am not eligible anymore because I have access to other health care coverage.	<input type="radio"/>	<input type="radio"/>
b. I am not eligible anymore because my income has changed.	<input type="radio"/>	<input type="radio"/>
c. I am not eligible anymore for other reasons.	<input type="radio"/>	<input type="radio"/>
d. The premiums increased and so I dropped my Medicaid/BadgerCare Plus coverage.	<input type="radio"/>	<input type="radio"/>
e. I missed a premium payment, so the Medicaid/BadgerCare Plus program temporarily removed me from coverage.	<input type="radio"/>	<input type="radio"/>
f. Other reason. Please specify: <input style="width: 200px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

**4. Some individuals in the BadgerCare Plus program who don't pay their monthly premiums are subject to a "restrictive re-enrollment period", meaning that the program does not allow them to re-enroll in the program for a certain number of months.**

**Have you been placed in a restrictive re-enrollment period at any point in the last 12 months?**

- Yes, I am in a restrictive re-enrollment period right now and plan to re-enroll in Medicaid/BadgerCare Plus when I am able
- Yes, previously, but I re-enrolled in Medicaid/BadgerCare Plus and am not in a restrictive reenrollment period right now
- I stopped paying my premiums because I no longer **→ Go to Question 7** want Medicaid/BadgerCare Plus coverage
- No, I have not been in a restrictive re-enrollment period **→ Go to Question 7**
- Don't know **→ Go to Question 7**

**5. During the period of time you could not be enrolled because of Restrictive Reenrollment, which of the following statements applied to your health care needs? Select *all* that apply.**

	Yes	No
a. I did not need any health care	<input type="radio"/>	<input type="radio"/>
b. I needed health care, but I decided to delay until I had health care coverage again	<input type="radio"/>	<input type="radio"/>
c. I received health care in the hospital emergency room	<input type="radio"/>	<input type="radio"/>
d. I received health care at a community health center or clinic	<input type="radio"/>	<input type="radio"/>
e. I received health care from a private doctor or clinic	<input type="radio"/>	<input type="radio"/>
f. I received health care where I usually do when I have health care coverage	<input type="radio"/>	<input type="radio"/>

**6. How did you pay for the health care you got during the period of time you could not be enrolled in BadgerCare Plus? Select *all* that apply.**

	Yes	No
a. I, or a friend or family member, paid directly (out-of-pocket)	<input type="radio"/>	<input type="radio"/>
b. I was able to get free/charity care	<input type="radio"/>	<input type="radio"/>
c. I used a different health insurance plan	<input type="radio"/>	<input type="radio"/>
d. I still owe money/have debt for those bills	<input type="radio"/>	<input type="radio"/>

## Your Health Care

**7. Is there a place you *usually* go to get health care? Select *one* answer only.**

Yes

No → Go to Question 9

**8. Where do you usually go to get health care? Select *one* answer only.**

A private doctor's office or clinic

A public health clinic, community health center, or tribal clinic

A walk-in clinic in a store, such as Walmart or a pharmacy

A hospital-based clinic

A hospital emergency room

An urgent care clinic

Some other place. Please specify:

I don't have a usual place

I don't know

**9. Do you have at least one person you think of as your personal doctor or health care provider? Select *one* answer only.**

Yes, more than one person

Yes, only one person

No, no one

I don't know

10. If you needed health care in the past 12 months, did you get all the care you needed?

Yes → Go to Question 12

No

I did not need care in the last 12 months → Go to Question 12

11. Think about the *most recent time* you went *without* needed health care in the last 12 months. What were the main reasons you went without care at that time? Select *all* that apply.

	Yes	No
a. It cost too much	<input type="radio"/>	<input type="radio"/>
b. I didn't have health care coverage	<input type="radio"/>	<input type="radio"/>
c. The doctor wouldn't take my insurance	<input type="radio"/>	<input type="radio"/>
d. I owed money to the doctor	<input type="radio"/>	<input type="radio"/>
e. I couldn't get an appointment quickly enough	<input type="radio"/>	<input type="radio"/>
f. The office wasn't open when I could get there	<input type="radio"/>	<input type="radio"/>
g. I didn't have a doctor	<input type="radio"/>	<input type="radio"/>
h. Other reason. Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>

12. Was there a time in the *last 12 months* when you needed *prescription medication*?

Yes

No → Go to Question 15

13. If you needed prescription medications in the past 12 months, did you get all the medications you needed? Select *one* answer only.

Yes → Go to Question 15

No

I did not need medications in the last 12 months → Go to Question 15

14. Think about the *most recent time* you went *without* prescription medications that you needed in the last 12 months. What were the main reasons you went without prescription medications at that time? Select *all* that apply.

	Yes	No
a. They cost too much	<input type="radio"/>	<input type="radio"/>
b. I didn't have health care coverage	<input type="radio"/>	<input type="radio"/>
c. I didn't have a doctor	<input type="radio"/>	<input type="radio"/>
d. I couldn't get a prescription	<input type="radio"/>	<input type="radio"/>
e. I couldn't get to the pharmacy	<input type="radio"/>	<input type="radio"/>
f. Some other reason. Please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>



**15. How long has it been since you last visited a dentist or a dental care provider for any reason? *Include visits to dental specialists, such as orthodontists.***

- Less than 12 months ago
- Between 1 and 5 years ago
- More than 5 years ago
- I have never visited a dentist or dental care provider
- Not sure

**16. In the last 12 months, how many times did you visit a doctor's office, an urgent care or walk-in clinic, or other health care provider to get care for yourself? *Do not include hospital and emergency room visits or dental care. Please give your best guess.***

- 0 times
- 1 time
- 2 times
- 3 or 4 times
- 5 or more times

**17. In the last 12 months, how many times did you go to an emergency room to get care for yourself? *Please give your best guess.***

- 0 times → **Go to Question 19**
- 1 time
- 2 times
- 3 or 4 times
- 5 or more times

**18. Think about the *most recent time* you went to the emergency room in the last 12 months. What were the main reasons you went to the emergency room instead of somewhere else for health care at that time? Select *all* that apply.**

	Yes	No
a. I needed emergency care	<input type="radio"/>	<input type="radio"/>
b. I didn't have health insurance	<input type="radio"/>	<input type="radio"/>
c. The doctors' office/clinic was closed	<input type="radio"/>	<input type="radio"/>
d. I couldn't get an appointment to see a regular doctor soon enough	<input type="radio"/>	<input type="radio"/>
e. I didn't have a personal doctor	<input type="radio"/>	<input type="radio"/>
f. I couldn't afford the copay to see a doctor	<input type="radio"/>	<input type="radio"/>
g. I needed a prescription drug	<input type="radio"/>	<input type="radio"/>
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times

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- Excellent
- Very good
- Good
- Fair
- Poor
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- Yes
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- Every day
- Some days
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- Yes
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- Don't know

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**To the best of your knowledge were you affected by any new program requirements?**

- Yes
- No
- Don't know

**42. Did you ever lose eligibility for BadgerCare Plus and were no longer enrolled because of changes made after April 2014?**

- Yes → Go to Question 45
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**43. Think about changes since April 2014 in the BadgerCare Plus program. Please indicate how each of the items below affected you.**

	Increased	Decreased	No Change	Not Sure
a. Monthly premium/payments for health care coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Penalties for not paying a monthly premium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Copayments to visit a doctor or clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Mental health or substance abuse treatment benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**44. Overall, how satisfied or dissatisfied are you with the changes that have taken place since April 2014? Select one answer only.**

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

**About You**

**45. Are you male or female?**

- Male
- Female

**46. What is your current age?**

- Younger than age 19
- Age 19 to 25
- Age 26 to 34
- Age 35 to 44
- Age 45 to 64
- Age 65 or older

**47. Are you currently employed or self-employed?**

- Yes, employed by someone else
- Yes, self-employed
- Not currently employed
- Retired

**48. About how many hours per week, on average, do you work at your current job(s)?**

- I don't currently work
- I work less than 20 hours per week
- I work 20 to 29 hours per week
- I work 30 or more hours per week

**49. What was your household's gross income (before taxes and deductions are taken out) for 2015? Include any cash assistance or unemployment benefits you may have received, and include the income of all members of your household. Select *one* answer only. If you do not know, give your best guess.**

- Less than \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 or more

**50. Would you describe yourself as Spanish, Hispanic, or Latino?**

- Yes
- No

**51. How would you describe your race? Select *all* that apply.**

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other, please specify:

**52. What is the *highest* level of education you have completed? Select *one* answer only.**

- Less than high school
- High school diploma or General Education Development (GED) certificate
- Vocational training or 2-year degree
- Some college but no degree
- A 4-year college degree or more



**53. What is your current living arrangement? *Select all that apply.***

- I live alone
- I live with my partner or spouse
- I live with my parents
- I live with other relatives (including children)
- I live with friends or roommates
- Other, please specify:

**54. How many family members, including yourself, counting adults and children, are living in your home? (*For example, if you live alone, you should write "1".*)**

family member(s) in my home

**55. Of the family members living in your home, how many are under age 19?**

family member(s) in my home are under age 19

**56. Do you have any children under age 19 who you financially support but that do not live in your home?**

- Yes
- No

**Thank you for your participation. When you have finished your survey, please place it in the included postage-paid envelope, and drop it in the mail.**