

OCTOBER 2010

Wisconsin's ACCESS Internet Portal

The recently-enacted health reform law provides for a national expansion of Medicaid eligibility, effective January 1, 2014, that will extend coverage to an estimated 16 million more low-income Americans, primarily uninsured adults, by 2019. In addition, the law requires implementation of a coordinated system for determining eligibility for Medicaid and subsidized coverage in the new health insurance exchanges. With these impending new demands on Medicaid eligibility and enrollment processes, and continuing strains on state resources stemming from the recession, the impetus to streamline and automate Medicaid systems has never been greater.

In a recent report, *“Optimizing Medicaid Enrollment: Perspectives on Strengthening Medicaid’s Reach under Health Reform,”* the Kaiser Commission on Medicaid and the Uninsured explored how the Medicaid program might be improved to prepare it for its expanded coverage role. Springing from that work, this new series profiles innovative applications of technology in Medicaid in selected states, illustrating a range of approaches states can adopt to enhance their systems and gear up to implement the Medicaid expansion and health reform overall. This second in the series examines **ACCESS**, Wisconsin’s online tool for applying for the state’s health coverage programs for low-income people, known as BadgerCare Plus, as well as other assistance programs.

What is ACCESS?

ACCESS is an web-based, self-service tool developed by the state of Wisconsin that makes it easy for Wisconsinites to find out whether they may be eligible for BadgerCare Plus, as well as FoodShare (Food Stamps) and other assistance, apply for benefits, check their benefits, renew their benefits or check their renewal date, and report changes to keep their eligibility current – *all online* (see <https://access.wisconsin.gov/access/>). Consumers can use ACCESS anywhere that they have internet access, including at home, at public libraries, at ACCESS kiosks in county and tribal agencies, and at over 200 designated “community partners,” such as health centers and food pantries, which can also apply for or manage benefits online for individuals who may need help with the process. Outreach specialists with laptops and scanners have been trained to use ACCESS to help people with applications in less traditional settings in rural areas, at targeted outreach events, and in schools. In addition, health care providers can use ACCESS to temporarily enroll children and pregnant women in BadgerCare Plus based on preliminary information. ACCESS is available 24 hours a day, 7 days a week, so people can use it whenever it is convenient for them, and it is available in English and Spanish, the languages spoken by all but a tiny percentage of residents. ACCESS text is written at a 4th grade reading level, and the website also uses graphic elements (e.g., icons for women, men, and children) to increase both its appeal and its accessibility.



ACCESS’ potential to optimize enrollment in health coverage was greatly enhanced when, in 2008, Wisconsin merged its Medicaid programs for families, children, and pregnant women into the single BadgerCare Plus program, dramatically streamlined and simplified eligibility, and expanded eligibility to all children and to parents up to 200% of the federal poverty level (FPL); in 2009, the state extended more limited benefits, known as BadgerCare Plus Basic, to childless adults (there is currently a waitlist of 700,000 for this coverage). With simplified eligibility rules – e.g., gross income test, no asset test, nearly same rules for everyone below 200%FPL – the number and complexity of questions ACCESS had to ask BadgerCare Plus applicants could be cut sharply. Wisconsin also kept the online BadgerCare Plus application from getting too cumbersome by building about 90% of eligibility policy into the system, but leaving out elements that bogged down the process for separate telephone follow-up.

How does ACCESS work?

Conceptually, ACCESS is the online “front door” for consumers seeking assistance, and the work of determining eligibility goes on behind it, through sophisticated information systems. Here is how it works. Because ACCESS is fully integrated with Wisconsin’s eligibility system, known as CARES, and its Medicaid management information system (MMIS), when consumers enter basic data like age, income, and household size on ACCESS, ACCESS can “figure out” whether they are or may be eligible for BadgerCare Plus (the focus here) and many other programs, based on the data the user submitted and data that may already exist in the system, including data from exchanges between CARES and other federal and state databases. All applications from childless adults must be made using ACCESS or by telephone through the Enrollment Services Center established by the state for this purpose and to assist childless adults using ACCESS.

ACCESS has three functionalities: *Am I Eligible*, *Apply for Benefits*, and *Login to Account*. Using *Am I Eligible*, individuals can screen themselves and their families for eligibility for assistance by entering a few basic pieces of information; they can do this anonymously, without registering.

Apply for Benefits means just that. A user begins by creating an account, with a user ID and password. All information related to the applicant’s eligibility is saved in the account and can be updated and checked anytime. Community partners and providers can use *Apply for Benefits* on behalf of applicants, using designated “buttons” on the website. Once an account is established, ACCESS prompts the applicant for the information needed to determine eligibility. ACCESS is interactive and has an “intelligent driver flow,” asking only what is necessary based on who the applicant is, what he or she is seeking, and how questions are answered. For many questions, help text is available at the click of a “Help” button. When the application is completed, ACCESS produces a list of any documents still required to verify eligibility. These must be scanned or uploaded, or faxed, mailed, or carried to a county office where eligibility workers scan them into the system. The share of all BadgerCare Plus applications that come through ACCESS is rising steadily and already exceeds 60%. More than four of every five childless adult applications for BadgerCare Plus — which can only be made on ACCESS or by phone — come through ACCESS.

Using ACCESS’ third functionality, *Login to Account*, users with accounts can check their benefits, renew their benefits and keep track of their renewal dates, and report changes (e.g., changes in income or employment).

What did it take?

Wisconsin has been oriented toward integrating and automating eligibility systems since the 1970s and has moved progressively in that direction over time. The introduction in the early 1990s of CARES, which automated most of the eligibility process, was a major milestone. ACCESS got off the ground in 2003 with a \$1.7 million Food Stamps Program Participation Grant to develop an online “customer service toolbox” that would, essentially, automate the eligibility worker function as a means to increase Food Stamps participation and reduce workload. Wisconsin contracted with Deloitte to bring needed expertise in information technology to the enterprise and the highly effective partnership that developed continues today.

Before implementing, Wisconsin held six months of consultations, including focus groups with enrollees and community members, to gather input about what the online tool should look and feel like. The ACCESS team mined cooking, travel, and other websites for graphics ideas and even hired a fiction writer to develop plain language for the ACCESS site. Wisconsin has increased ACCESS’ functionality incrementally, first putting up the eligibility screening tool, adding the other components piece by piece, and making improvements steadily based on experience gained and stakeholder input.

Finally, Wisconsin’s commitment to providing access to affordable coverage for all Wisconsin residents is an important frame in which to consider ACCESS’ success in facilitating BadgerCare Plus participation. The simplification and streamlining of BadgerCare Plus eligibility, part of Wisconsin’s strategy to expand coverage, also enabled the state to more fully tap ACCESS’ power as an enrollment tool.

What impact has ACCESS had?

ACCESS has increased participation in BadgerCare Plus, FoodShare, and other programs by raising awareness about potential eligibility, simplifying the process of applying for and keeping benefits, and reducing stigma. It has also eased caseworker burden by reducing data entry and customer phone calls, and it has improved error rates. Application processing time is down, from 45 minutes previously to 25 minutes with ACCESS.

ACCESS gives consumers 24/7 service and empowers them to manage their own benefits. ACCESS has also turned out to be a great means of enlisting community organizations and providers in Wisconsin’s enrollment effort because they don’t have to know the BadgerCare Plus eligibility rules — ACCESS handles that. All the state has to do is train them to use the tool.

In Wisconsin, public assistance is generally county-administered. The online application through ACCESS has gone a long way toward eliminating inconsistent application of the rules across counties and neutralizing the stigma of lining up at a government office and getting approval from program staff to apply for public services.

What key issues have emerged?

Onerous federal requirements — in particular, the telephone or in-person interviews and 6-month eligibility reviews required in FoodShare — constrain ACCESS' potential to optimize enrollment in BadgerCare Plus for the many residents seeking multiple types of assistance. Such extra eligibility “hoops,” which stigmatize and slow participation, highlight tradeoffs between efforts to connect people with diverse programs through a single portal and efforts to optimize enrollment in health coverage.

The federal Medicaid requirement that a public employee must verify eligibility has also emerged as a key issue. If county or state workers must check each application, the process cannot be fully automated even if the eligibility rules are. Applicants lose out because of the extra processing time — online applications, which now go into a caseworker's electronic inbox for verification, still take 20 to 30 days to process. Wisconsin officials stated that CMS guidance and flexibility is needed on this matter.

Documentation requirements still present a challenge. Currently, applicants must submit required documents (e.g., pay stubs) by fax, mail, or in person, and an eligibility worker scans them. Applicants will soon be able to scan or upload documents with a tracking number that will “attach” them automatically to the applicant's case file; the data will transfer electronically into CARES. Even with these improvements, however, documentation burdens continue to pose a barrier.

Enrollment Services Center employees are not always able to provide the help that callers request immediately or to handle the volume of calls they receive. As a result of these gaps in training and capacity, customers sometimes receive an appointment for help at a later time, preventing them from completing their applications in one call.

Hispanics are much less likely than others to use ACCESS to apply for BadgerCare Plus, and the Spanish-language version is little used. Wisconsin is considering what steps it can take to better support Hispanics' use of ACCESS.

What's next in Wisconsin?

Wisconsin is always working on new functionalities in ACCESS. One that is being phased in now permits BadgerCare Plus family applicants to choose their managed health plan. The applicant completes a health needs assessment. Based on that assessment and plan quality data, ACCESS produces a list of plan options that best meet the preferences indicated by the applicant (e.g., distance from home, individual's primary care physician or hospital). With this “guided choice,” the applicant then selects a plan. The state also has plans to use the health needs assessment to target outreach to people with chronic conditions for help managing their care.

Looking ahead

Consistent with its tradition of innovation, Wisconsin is already in high gear preparing for 2014. The state is building on ACCESS to serve as the portal to its fully integrated health insurance exchange and BadgerCare Plus/Medicaid programs. The exchange will be integrated with the current eligibility system, ensuring a simple and streamlined eligibility and enrollment process for exchange customers, no matter which health coverage program they are enrolling in.

Over 80% of the 70,000 childless adults who have enrolled in BadgerCare Plus used ACCESS' web-based application to do so, and the balance enrolled over the telephone. This impressive track record gives the state confidence that it can leverage these enrollment processes for the exchange, with community partners and counties continuing to provide assistance for those who need it.

As Wisconsin conceives of its exchange, it is more than an aggregator of health insurance options — it is an active purchaser of health coverage that achieves low administrative costs, maximizes affordability, and ensures long-term sustainability. Building on its existing IT infrastructure, Wisconsin is creating an environment in which individuals are provided with accurate, useful information to support their decisions regarding the purchase of health coverage.

In November, Wisconsin will release a prototype of the exchange website that the public can try out to see what it will be like to apply for health coverage. The prototype incorporates the strengths of the existing systems and a well-planned diagram of how ACCESS will evolve into a “one-stop shop” for health care in Wisconsin. The prototype website includes a survey tool to document the application experience. In addition, as the state did so fruitfully in the design phase of ACCESS, it will seek input from consumers and community partners on how it can improve the experience. Demonstrations of the prototype have already begun in Wisconsin and nationally.

This publication (#8119) is available on the Kaiser Family Foundation's website at www.kff.org.