

Wisconsin Medicaid provides comprehensive health benefits and services to more than **1.3 million low-income children, pregnant women, seniors and people with disabilities**, and low-income adults who qualify.

Wisconsin spends **\$8.7 billion in state funds – nearly 20% of the state budget** – on Medicaid, which is less than the national average, and at 4.9%, Wisconsin’s uninsured rate is 38% lower than the national average.

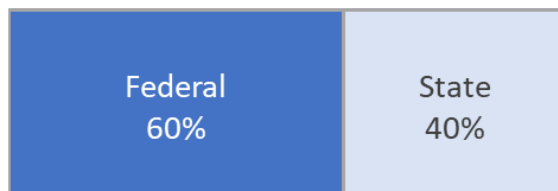
Who Medicaid Covers

Medicaid covers ~22% of Wisconsinites, including:

- ◇ 34% of all births in Wisconsin
- ◇ 33% of Wisconsin children
- ◇ 57% of all nursing home residents
- ◇ 16% of all Medicare beneficiaries (called “**dual eligibles**” because they qualify for both Medicare and Medicaid)
- ◇ 33% of Wisconsinites with disabilities

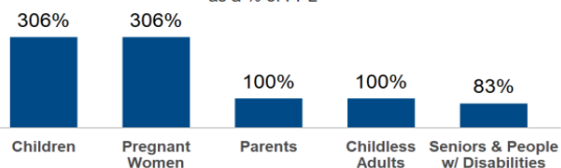
How Medicaid is Funded

Medicaid funding is shared between the state and federal governments. In Wisconsin, the federal medical assistance percentage (FMAP) is 60%.

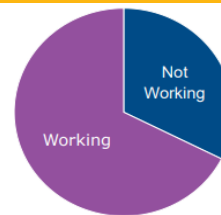


Eligibility Levels as a % of FPL*

Source: KFF



68% of adults in WI on Medicaid are working



Source: KFF

How Medicaid is Delivered

Medicaid enrollees access benefits and services through **fee-for-service (FFS)** or **managed care**. In FFS, no one entity is responsible for coordinating enrollees’ care. Beneficiaries must find their own primary care, specialty, and other providers who accept Medicaid and must **navigate the health care system on their own**. Providers have little incentive to improve quality or lower costs because they are paid based on **volume, not value**, and the State has few tools to improve quality or contain costs.

Benefits of Medicaid Managed Care

Since 1984, Wisconsin has relied on managed care **health maintenance organizations (HMOs)** to coordinate enrollees’ care and promote **access, quality, and affordability** in Medicaid. Most **BadgerCare Plus** and Supplemental Security Income (**SSI**) beneficiaries are in managed care.

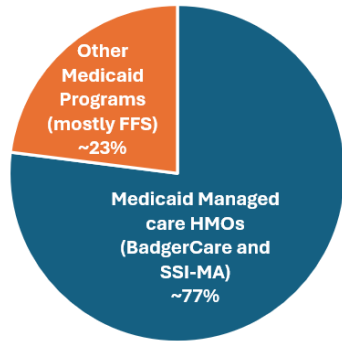
HMOs assume full financial risk for all covered benefits in exchange for a fixed monthly fee – called a **capitation rate** – for each member. This provides policymakers and taxpayers with greater budget predictability. HMOs also:

- √ **Coordinate** members’ care, including all medical and behavioral health providers and specialists
- √ Offer **chronic disease management** and **wellness programs**
- √ Develop **provider networks** and are responsible for ensuring members have **access to care**
- √ Assist members in arranging for services, including **scheduling appointments and language assistance services**
- √ Address **Social Drivers of Health** (transportation, homelessness, food insecurity, etc.)
- √ Provide **member incentives** for completing check-ups and other care goals
- √ Provide **24-hour nurse advice** lines

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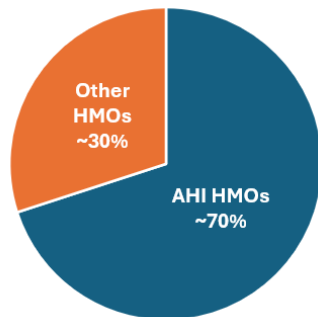
HMOs partner with the Department of Health Services (DHS) to promote **access, quality, and value** in our health care system, **fight fraud, waste, and abuse**, and **maintain the integrity** of the Medicaid program.

~77% of Wisconsin Medicaid recipients are enrolled in a Managed Care HMO



Choice & Competition

Enrollees choose from at least 4 HMOs in each county and as many as 13 HMOs in other counties. AHI HMOs cover 70% of BadgerCare Plus and 85% of SSI-MA enrollees.



*Snapshot of data from November 2024

Medicaid Covered Services:

- Inpatient and outpatient hospital services
- Prescription drugs
- Physician services
- Dental
- Vision care
- Ambulatory surgical center services
- Hearing services
- Transportation
- Speech and language pathology services
- Medical supplies and equipment
- Chiropractic services
- Physical and occupational therapy
- Mental health and substance abuse disorder services
- Nurse practitioner services
- Case management services
- Autism treatment services
- Prenatal care coordination services
- Hospice care
- School-based medical services
- Early and periodic screening, diagnostic and treatment services (EPSDT)
- Home health services
- Personal care services
- Private duty nursing services
- Certified nurse-midwife and certified professional midwife services
- Family planning services and supplies
- Housing support services

About the Alliance

The Alliance of Health Insurers is a 501(c)3 non-profit advocacy organization representing commercial and local health plans in Wisconsin. Our members collectively provide coverage to more than *2.9 million* Wisconsinites through public and private insurance programs, including over 630,000 enrollees in **Badger Care Plus** and **SSI-MA** (Wisconsin's Medicaid managed care programs). AHI serves to promote quality, affordability, and competition in our health care system.



Value not Volume

HMOs promote quality improvement through their contracts with network providers, such as:

- ⇒ pay-for-performance bonuses
- ⇒ incentives to close gaps in care
- ⇒ outcomes-based payments

Access to Care

HMOs must submit – and **DHS must approve** – provider **networks** with enough primary care, specialty, and other providers to meet the physical and behavioral health needs of their members.

Members also must be **able to schedule appointments** within a reasonable timeframe and distance from their homes.