



MILWAUKEE COUNTY AMERICAN RESCUE PLAN ACT ALLOCATION Community Support Program Proposal Milwaukee Premium Assistance Program Pilot

COMMUNITY SUPPORT CATEGORY

Please select the community support category that applies to this proposal:

- Household Assistance.** Proposals may include expenditures related to food programs; rent, mortgage, and utility aid; cash transfers; internet access programs; eviction prevention; unemployment benefits or cash assistance to unemployed workers; housing support: affordable housing; and housing support: services for unhoused people.
- Mental & Behavioral Health.** Proposals may include expenditures related to mental health services; substance abuse services; and other public health services.
- Other Social Determinants of Health.** Proposals may include expenditures related to job training assistance; small business economic assistance; aid to nonprofit organizations; aid to other impacted industries; healthy childhood environments: home visiting and services to foster youth or families involved in child welfare system; social determinants of health: community health workers or benefit navigators and community violence interventions; clean water; drinking water; and broadband.

PROJECT DESIGN

Provide an overview of how the community support project being proposed addresses an urgent community need brought on by the COVID-19 pandemic. Demonstrate how the project provides a feasible solution to the demonstrated need and is being coordinated with partners. Include any collaboration that will occur during the project. Explain how the proposal falls within Milwaukee County's scope of services. (500-word max response)

For too many Milwaukee County residents, access to a healthy life is constrained by ability to pay for health care or to pay health insurance premiums. The Milwaukee Premium Assistance Program (MPAP) is a unique, multi-sector program designed to address this need. This two-year pilot aims to provide assistance in paying health insurance premiums for low-income Milwaukee County residents eligible for Marketplace insurance plans, in order to improve health care access and health outcomes. This program features partnership between government, health care, health insurance, and non-profits agencies to invest in prevention for the county's most vulnerable.

The program targets Milwaukee County residents with income between 101 and 138 percent of the Federal Poverty Line (FPL). The program will be led by a Program Administrator housed at Community Advocates. The program model features the Program Administrator verifying eligibility and passing premium subsidies directly to insurance companies on behalf of participants. The County's funding would flow to Community Advocates to administer the health insurance premium assistance funds.

The total cost of the MPAP model is estimated to be about \$3.4M total over two years, and the County's funding would cover a part of health insurance premium funds.

The timing of the pilot is critical because the Medicaid COVID continuous eligibility provision (that had allowed Medicaid enrollees to stay on without proving eligibility) ends in April 2023, with the potential of 90,000 county residents falling off-coverage between June 2023 and June 2024. Lowest income populations (101- 138% FPL) have historically achieved high Marketplace enrollment but their enrollment has declined in recent years, AND this population is most likely to fall off of coverage throughout the year due to premium payment.

The Milwaukee Health Care Partnership (MHCP) is a public/private consortium dedicated to improving health care for low-income, underserved populations in Milwaukee County. The organization has been leading the design, feasibility analysis, and fundraising for the project.

The County would be one of the funding partners, with other entities in discussion about committing funds. If fundraising for the Milwaukee Premium Assistance Program is successful, the program would begin operating in summer of 2023. The MPAP plans to reach target residents will through marketing, as well as through outreach by an established group of enrollment assisters, health insurance agents and brokers that work with vulnerable populations.

TRACKABLE PERFORMANCE INDICATORS

Provide an overview of the project's goals, objectives, outcomes, and/or outputs that will be achieved by December 31, 2024. Please ensure that proposed project outcomes align with the Milwaukee County vision to achieve racial equity and eliminate health disparities. (250-word max response)

GOAL: The goal of the Milwaukee Premium Assistance Program is to provide assistance in paying health insurance premiums for low-income Milwaukee County residents eligible for Marketplace Insurance.

OBJECTIVE 1: To improve access to health care for low-income Milwaukee County residents at risk of being uninsured.

INDICATORS:

- Output Measure: Serve at least 1,750 eligible people in pilot project, eliminating their risk of losing coverage due to the 2023 Medicaid eligibility change.
- Program take-up rate among eligible prospective participants (target of minimum 35%). Potential factors to analyze:
 - Vulnerable zip codes
 - Racial demographics/BIPOC communities
 - Income/education level
- Program retention rate among program participants (target 90%)

OBJECTIVE 2: After increasing access to health care insurance, health outcomes will improve.

INDICATORS: Population health data and indicators to be developed with an Evaluation Consultant.

Future Indicators to be Defined/Explored an Evaluation Consultant:

- Improved health care outcomes, health and well-being
- Improved racial and health equity

INVEST IN EQUITY & INTENTIONAL INCLUSION

Provide an overview of how the proposed project supports historically underserved, marginalized and/or adversely affected groups. Projects will be scored by their alignment with Milwaukee County’s strategic objectives to (1) achieve racial and health equity, (2) dismantle barriers and (3) invest “upstream” to address root causes of health. Demonstrate how this proposal supports any or all of these objectives. If applicable, include how this proposal was informed by community input and builds capacity of community organizations. (500-word max response).

The program is targeted to residents who in Milwaukee County are largely residents of color, and the design of the program is to work upstream and to decrease barriers to access:

POPULATION:

Milwaukee County has a substantially high prevalence of poverty and Medicaid enrollment compared to the rest of the State. According to Wisconsin State data, as of October 2022:

- 43.8% of Milwaukee County residents (402,832 people) are enrolled in Medicaid
- 28.2% of Wisconsin residents (1,616,121 people) are enrolled in Medicaid
- Milwaukee County accounts for a quarter of Wisconsin’s statewide Medicaid enrollments.

In Wisconsin, during 2018-2020 (average), Medicaid coverage percent at the time of birth were highest for Black women (80.0%), followed by American Indian/Alaska Natives (68.3%), Hispanics (67.1%), Asian/Pacific Islanders (39.0%) and Whites (23.8%).

As the Medicaid COVID continuous eligibility provision (that had allowed Medicaid enrollees to stay on without proving eligibility) ends April 2023, a potential of 90,000 county residents will fall off coverage between June 2023 and June 2024.

As some of these residents become uninsured, past evidence on racial disparities suggests that people of color are likely to be more adversely impacted. Residents who are Hispanic/Latino of any race, American Indian, or of two or more races, are three times more often uninsured than the white, non-Hispanic population. African American and Asian residents are also more frequently uninsured.

UPSTREAM INVESTMENT:

Pursuing this pilot allows the County to invest upstream and ensure that residents have health insurance and do not fall into situations where they avoid pursuing care due to lack of insurance, or resort to seeking health care in emergent settings.

REMOVING BARRIERS:

Finally, the design of the Program is for the Program Administrator to pass along premium subsidies directly to insurance companies rather than to residents. This approach removes barriers by removing steps for residents who fit criteria to take to maintain insurance. Rather than having to sign up for the

program, receive funds, and apply funds to pay the premium, the key step required is to sign up for the MPAP.

EVIDENCE-BASED STRATEGY

Please select the statement that aligns with the community support project. This project was developed with:

- Strong Evidence:** can support casual conclusions for the specific program with the highest level of confidence. This consists of one or more well-designed and well-implemented experimental studies conducted on the proposed program with positive findings on one or more intended outcomes.
- Moderate Evidence:** reasonably developed evidence base that can support casual conclusions. The evidence-base consists of one or more quasi-experimental studies with positive findings on one or more intended outcomes OR two or more nonexperimental studies with positive findings on one or more intended outcomes. Examples of research that meet the standards include well-designed and well-implemented quasiexperimental studies that compare outcomes between the group receiving the intervention and a matched comparison group (i.e., a similar population that does not receive the intervention).
- Preliminary Evidence:** can support conclusions about the program’s contribution to observed outcomes. The evidence-base consists of at least one nonexperimental study. A study that demonstrates improvement in program beneficiaries over time on one or more intended outcomes OR an implementation (process evaluation) study used to learn and improve program operations would constitute preliminary evidence. Examples of research that meet the standards include: (1) outcome studies that track program beneficiaries through a service pipeline and measure beneficiaries’ responses at the end of the program; and (2) pre- and post-test research that determines whether beneficiaries have improved on an intended outcome.

Provide an explanation to support the statement that most aligns with the project. Include the experimental studies conducted on the proposed project. *Evidence-based strategies can be found through the following: [Results First Clearinghouse Database](#) | [The Pew Charitable Trusts \(pewtrusts.org\)](#) and [Homepage | CLEAR \(dol.gov\)](#). (250-word max)

The model proposed – of insurance premium assistance for vulnerable residents – has been successful in Dane County for nearly a decade (branded [HealthConnect](#)), and the designers of the MPAP have worked closely with Dane County to incorporate lessons learned. More background and description of the model is below.

Background: Premium Assistance Overview

Premium assistance programs are strategies that government agencies, health care, health insurance issuers, public health and non-profit organizations employ to help -low income individuals and families get, and stay covered by subsidizing insurance premium costs. A majority of states, including WI, have state programs for Medicaid member (Badgercare+) premium assistance called [Health Insurance Premium Payment \(HIPP\) Programs](#).

State programs are generally funded by state Medicaid departments and have become more prevalent with the advent of Children’s Health Insurance Programs (CHIPs). The intention being that low-income families do not drop their employer-sponsored family coverage to

obtain CHIP, and lose full coverage for the family. Additionally, it supports working families to keep working (more information [here](#)). Program design, based on cost-effectiveness, and program eligibility criteria varies by state. In Wisconsin's HIPP Program, only Badgercare+ and Medicaid Purchase Plan (MAPP) members are eligible to apply.

Another strategy is for multi-sector partnerships to implement premium assistance programs for individual consumers that enroll in Marketplace Healthcare.gov plans. This type of collaborative assistance program is generally operated by a local non-profit organization, serves a defined local geographic population, and involves health care, health insurance issuer, and non-profit funding partners. These programs can be based on plan tier selection and income eligibility criteria. A multi-sector funded program catalyzed by MHCP members, and administered by a local non-profit organization is being proposed for a 2-year pilot in Milwaukee County.

Marketplace Premium Assistance Program (MPAP) Description: Local Landscape

This evaluation seeks to characterize what a pilot program for Marketplace insurance premium assistance would look like for Milwaukee County, based on learnings from existing programs in Wisconsin. Statewide, there are currently two programs that administer Marketplace insurance premium assistance - one in Dane County administered by the United Way of Dane County, and in La Crosse and Monroe Counties operated by the Great Rivers United Way. In both programs the sponsorship is comprised of a local health system, health insurance issuers, and the local United Way (LUW). In both cases the LUW functions as the fiscal agent for pooling of leveraged funds and donations, and as program manager for reviewing applicant eligibility and distribution of premium payment subsidy to enrollees. The two LUW programs are both branded as *HealthConnect* and share the same program design and eligibility criteria for participants (Links: [HealthConnect Dane](#) and [HealthConnect Great Rivers](#)).

ARPA REPORTING REQUIREMENTS

Provide a detailed overview of the applicant's experience managing federal funds. Detail any experience ensuring accurate data collection and adherence to federal reporting requirements. If this is an internal application, detail any experience managing contracts and ensuring reporting deadlines are met. If this is an external applicant, detail any experience receiving funding from Milwaukee County and ensuring reporting deadlines are met.

Community Advocates will serve as the Program Administrator for the Milwaukee Premium Assistance Program, and its role will be to verify eligibility and make payments directly to the health insurance company on behalf of the resident. The County's funding would flow to Community Advocates to administer the health insurance premium assistance funds.

The County has partnered with Community Advocates over the last several years on administering federally-funded projects, and the Community Advocates team has leadership and fiscal experience in managing federal funds. Community Advocates managed several millions of dollars for COVID- 19

economic relief that was awarded to Milwaukee County from the US Dept. of the Treasury through the Coronavirus Aid, Relief, and Economic Security (CARES) Act and federal Emergency Rental Assistance (ERA) funds.

Specifically, Community Advocates was one of the County’s partners in administering the County’s COVID-related emergency rental assistance program. In the project, the non-profit served a similar administration role as what is proposed in the MPAP pilot, verifying eligibility and administering assistance for residents facing eviction due to the COVID pandemic.

ARPA FUNDS REQUESTED

Provide the total request amount to be spent between 2022 – 2026. Explain how funds will be incurred and encumbered by December 31, 2024. Include if the project has matching funds or resources. (250-work max)

The total amount requested for this proposal is \$500,000, with \$250,000 budgeted for FY2023 and \$250,000 budgeted for FY2024.

The funding will flow to Community Advocates to administer the program. That organization will use the funding to directly pay health insurance premium subsidies for eligible residents who participate.

The County’s \$500,000 will make up a portion of the overall cost of the program (estimated at \$3.4M). The remaining subsidy and support will come from various other entities. Those organizations may be for-profit (e.g. health insurance providers), not-for-profit agencies (e.g. health care organizations), and/or philanthropic institutions.

BUDGET

Complete the short-form budget and provide a formula for your calculation by defining the expense item, number of units, and cost per unit for the requested project period. Please add rows as necessary. In the table below, outline any matching funds or resources. Please note: all costs needed for a project should be included in the budget below (example: staffing capacity, rent/space, utilities, etc.).

Expense Item	Description	Total Cost
Personnel Expenses (including fringe benefits)		
1.		
2.		
3.		
Professional Services		
1. Direct health insurance premium assistance	Funding to assist with the payment of health insurance premiums for residents with income between 101 and 138 percent of Federal Poverty Line; funding will be transferred to Program Administrator that will verify eligibility and make payments directly to the health insurance company on behalf of the resident.	\$500,000
2.		
3.		

Supplies & Equipment				
1.				
2.				
3.				
Capacity Building Resources for Implementation				
1.				
2.				
3.				
Total Calculations				
Total Expenses				\$500,000

The total cost of the model is estimated to be about \$3.4M over two years. Various entities are in the process of committing funds to the program beyond the County’s funding. Those organizations may be for-profit (e.g. health insurance providers), not-for-profit agencies (e.g. health care organizations), and/or philanthropic institutions. The conversations are ongoing, and there is not yet an estimate of the commitment of each.

Other Revenue Source (s)	Committed or Available Revenue Amount	Potential Revenue Amount
For-Profit agencies (e.g. health insurance companies)		TBD
Not-for-profit agencies (e.g. health care organizations)		TBD
Philanthropy		TBD
Total Other Revenue Amount	\$0	\$2.9M