

**WISCONSIN STATE PLANNING GRANT  
INTERIM REPORT TO THE SECRETARY**

**SEPTEMBER 28, 2005**

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## EXECUTIVE SUMMARY

Wisconsin's uninsured rate continues to be one of the lowest in the nation. Based on estimates from the 2004 Wisconsin Family Health Survey (FHS), the overall level of uninsurance has held steady at 5%. At any point in time during 2004 the FHS estimates that 4.96 million residents (93%) had some type of private or public health insurance coverage. Likewise, approximately 377,000 (7%) residents were uninsured at a given point in time during 2004.

Wisconsin is also committed to continuing investment in public programs that expand access to health insurance coverage for all its citizens. Between state fiscal years 2002 and 2005, Wisconsin Medicaid enrollment increased 39%. As of July 2005, over 800,000 Wisconsin residents, or 15% of the state's population, were covered by one of the Medicaid programs. The current budget signed by Governor Doyle in July preserves eligibility and benefit coverage for the Medicaid and SCHIP programs.

Wisconsin's success in maintaining a low uninsured rate and in developing successful public programs has been aided by support from Governor Jim Doyle and members of the Legislature. In the spring of 2004, Governor Doyle announced the KidsFirst Initiative.

“The single most important thing we can do today to ensure a strong, successful future for Wisconsin is invest in our kids early. That's why I have launched KidsFirst, a comprehensive initiative to ensure that our kids are healthy, safe, prepared for success, and supported by strong families.”

Wisconsin is second only to Rhode Island in the percentage of children insured. As of 2002, an estimated 53,000 of the State's children lacked health insurance. This represents a 22% decrease from two years previous, but to ensure that the number continues to decrease and that all of Wisconsin's children are insured, the KidsFirst program proposes:

- Public and private partnerships that will identify and enroll eligible low-income families in Medicaid;
- Providing grants to assist with efforts to enroll eligible minority families in Medicaid; and
- Extending the Volunteer Health Care Provider Liability Coverage Program to all health care professionals who volunteer their services in schools.

To further this effort, Wisconsin has been approved for a 2005 State Planning Grant Pilot Project grant. The grant funds will be used to meet four goals: 1) identify all uninsured children under 300% FPL; 2) establish contacts with community-based organizations and health care providers who assist this population; 3) conduct a cost analysis of extending BadgerCare coverage to uninsured children under 300% FPL and develop a budget neutral expansion model; and 4) conduct focus group research to better refine the expansion model to accommodate the specific needs of minority populations.

The 2005 award allows Wisconsin to further develop work supported by earlier SPG awards. The 2004 funds are being used to compile county specific uninsured rates, which will provide a

basis for identifying the uninsured children. In addition, 2004 funds will also be used to study the impact of the BadgerCare program on hospital uncompensated costs. It is anticipated the study will confirm that hospital uncompensated care cost trends have decreased with the enactment and expansion of BadgerCare. The study results will provide an additional rationale to expand the BadgerCare program to cover the remaining uninsured children.

## **Summary of Grant Activities**

The 2004 SPG award is supporting activities that continue to build on the work from the 2000 and 2003 SPG awards. Two projects are being supported by the 2004 funds:

### **1. Small Area Estimates of the Uninsured**

Wisconsin utilizes two major health insurance reporting tools, the Medical Expenditure Panel Survey (MEPS) and FHS, to collect and monitor insured rates in the state. As part of the 2000 SPG, the Wisconsin Department of Health and Family Services (DHFS) purchased an increase MEPS sample to ensure greater reliability in the data. DHFS also added new questions to the FHS. The additional questions focused on employment items including employer offerings of insurance and employee acceptance or refusal of insurance.

The 2003 Supplemental SPG funds supported additional analysis of the data collected through the FHS. The analysis allowed DHFS to determine how many adults have employer sponsored insurance, employer versus employee contribution to insurance plans, and the rate of acceptance for employer sponsored plans. To further refine the collected data, 2004 SPG funds are being used to develop a reliable method to derive county level estimates for all 72 Wisconsin counties. The final project will include county-level demographic information relevant to health insurance coverage, including income distribution, age distribution, education distribution, unemployment rate, racial and ethnic distribution, and Medicaid enrollment.

### **2. Analysis of the Uninsured/Public Program Enrollment, Expenditures and Uncompensated Care.**

Beginning with the original grant award, Wisconsin has utilized SPG funding to establish viable estimates of the uninsured and conduct analysis of current program enrollment and related fiscal information to inform options to expand access within the constraints of current fiscal resources.

One hundred forty-four Wisconsin hospitals reported over \$570 million in total uncompensated health care services to over 884,000 patients in fiscal year 2004, either as charity care (\$234 million) or as bad debt (\$343 million). The cost of uncompensated care grew over 16% from 2003 to 2004. Since July 2003, total enrollment in Medicaid programs including BadgerCare and SeniorCare has increased from 746,000 to over 817,000 individuals – an increase of almost 10%.

Wisconsin will conduct impact analysis of changes in public program enrollment on hospitals' provision of uncompensated care. The study findings will quantify the effect of program expansion, most specifically the introduction of BadgerCare, on uncompensated care.

## **Policy Options**

Based on the findings of the 2004 SPG projects, DHFS will develop policy analysis and recommendations for consideration by policymakers.

## **Recommendations for Federal Action**

At this time Wisconsin is unable to make substantial recommendations. All 2004 SPG activities are still being conducted. After the completion of the grant projects, recommendations will be submitted with the final report in September 2006.

**Wisconsin State Planning Grant  
Final Report to the Secretary**

**UNINSURED INDIVIDUALS AND FAMILIES**

**Characteristics of the Uninsured**

All of the data reported on the characteristics of the uninsured are estimates from the 2004 Family Health Survey (FHS). This random sample telephone survey is an ongoing project in the Wisconsin Department of Health and Family Services (DHFS), providing estimates of health insurance coverage, health status, health problems, and health care utilization to program managers and policymakers within DHFS and across the State.

According to the 2004 FHS, Wisconsin's overall level of uninsurance for this population was approximately 5%. Table 1 displays characteristics of the 275,000 Wisconsin residents who had no health insurance for a continuous 12-month period. See Appendix I for a complete summary of the 2004 FHS.

**Table 1. Characteristics of People Uninsured for 12 Months, Wisconsin, 2004**

	Number Uninsured	Percent Uninsured
<b>Total</b>	275,000	5%
<b>Household Income Reported in 2004</b>		
Less than \$25,000	108,000	12%
\$25,000 – 49,999	86,000	6%
\$50,000 – 74,999	22,000	2%
\$75,000 or more	21,000	2%
Not ascertained	40,000	6%
<b>Age Group</b>		
Younger than 18 years	28,000	2%
18 – 24 years	71,000	14%
25 – 34 years	51,000	8%
35 – 44 years	55,000	6%
45 – 65 years	57,000	4%
65 years and older	13,000	2%
<b>Gender</b>		
Male	152,000	6%
Female	123,000	5%

	Number Uninsured	Percent Uninsured
<b>Family Composition</b>		
Lives in household that includes at least one child	132,000	5%
Lives in household with no children present	143,000	6%
<b>Health Status (self-reported)</b>		
Excellent	62,000	4%
Very good	68,000	4%
Good	105,000	8%
Fair or Poor	40,000	7%
<b>Employment Status (Ages 18 – 64)</b>		
Employed full time	93,000	5%
Self-employed full time	23,000	10%
Employed part-time	38,000	10%
<b>Race/Ethnicity</b>		
White Non-Hispanic	174,000	4%
Black Non-Hispanic	28,000	9%
Hispanic	57,000	30%
<b>Geographic Location</b>		
Milwaukee County	69,000	8%
All other metropolitan counties	116,000	4%
Nonmetropolitan counties	90,000	6%
<b>Farm Resident</b>	40,000	12%
<b>Poverty Status</b>		
Below 200% poverty level	148,000	10%
At or above 200% poverty level	113,000	3%
Not ascertained	14,000	7%

**Source:** 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services

**Note:** The column title “Percent Uninsured” displays the percentage uninsured in the group identified in the left-hand column. For example, 2% of all individuals under the age of 18 were uninsured, while 14% of individuals between the ages of 18 – 24 were uninsured.

Data collected in the 2004 FHS illustrates the vulnerability of low-income Wisconsin household residents. While the overall uninsured rate in Wisconsin is 5%, low-income household residents 17% are uninsured.

“Low-income” is defined as living in a household with an annual income below 200% of the federal poverty guideline for that household size. Out of an estimated 1.2 million low-income Wisconsin household residents under age 65, approximately 17% or 198,000 were uninsured at one point in time during 2004. Table 2 illustrates the relationship between insured rates and having a low-income.

**Table 2. Insurance Status for Low-Income Residents, Ages 0-64**

	<b>Ages 0-17</b>	<b>Ages 18-64</b>	<b>Ages 0-64</b>
<b>Currently Uninsured and Low-Income</b>	31,000 7%	167,000 23%	198,000 17%
<b>Currently Insured and Low-Income</b>	416,000 93%	562,000 77%	978,000 83%
<b>All Low-Income</b>	447,000 100%	733,000 100%	1,180,000 100%

**Source:** 2004 Family Health Survey, Wisconsin Department of Health and Family Services

Among the 167,000 low-income uninsured adults, about 93,000 lived in households that included children under the age of 18.

The data collected also shows that the majority of the low-income individuals are employed. There were an estimated 733,000 adults (ages 18-64) living in low-income households. Of these close to 62% had some employment, either full- or part-time. Table 3 displays the employment status for the Wisconsin low-income adults.

**Table 3. Employment and Insurance Status for Low-Income Adults, Ages 18-64**

	<b>Employed Full Time</b>	<b>Other Employment</b>	<b>No Employment</b>
<b>Currently Uninsured and Low-Income</b>	62,000 20%	32,000 23%	71,000 26%
<b>Currently Insured and Low-Income</b>	249,000 80%	109,000 77%	201,000 73%
<b>All Low-Income Adults</b>	312,000 100%	142,000 100%	275,000 100%

**Source:** 2004 Family Health Survey, Wisconsin Department of Health and Family Services

**Note:** “Employed Full Time” includes adults who had an employer and who usually worked 30 hours or more per week. Adults who are self-employed or who usually worked less than 30 hours per week for an employer are included in “Other Employment.”



## EMPLOYER-BASED COVERAGE

### Employer and Employee Characteristics

In examining employer-based coverage, businesses are grouped into two categories. Small businesses are those with fewer than 50 employees, and large businesses are those with 50 or more employees. In Wisconsin, large employers are more likely to offer health care coverage to their employees than small employers, and employees of large employers are more likely to be eligible for offered coverage. Table 4 provides more detailed information on health care coverage in Wisconsin by employer size.

**Table 4. Establishments That Offer Health Insurance and Their Employees.**

	<b>Total</b>	<b>Small Employers</b>	<b>Large Employers</b>
<b>Establishments in Wisconsin</b>	129,482	99,317	30,165
<b>Number That Offer Health Insurance</b>	72,510 (56%)	43,699 (44%)	28,355 (94%)
<b>Employees in Wisconsin</b>	2,393,849	768,380	1,625,469
<b>In Establishments That Offer Health Insurance</b>	2,034,772 (85%)	489,458 (64%)	1,545,821 (95%)
<b>Eligible for Employer-Offered Insurance</b>	1,601,366 (67%)	358,283 (47%)	1,242,840 (77%)
<b>Enrolled in Health Insurance</b>	1,192,376 (50%)	249,624 (33%)	944,497 (58%)

**Source:** U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component, 2003.

### Premium Costs

Among employers offering coverage, the cost of health coverage and the employee contribution to those costs was examined across employer groups. While large employers are more likely to offer health insurance, small employers are more likely to offer at least one plan that does not require any employee contribution. For single coverage, the employee contribution is on average less for employees of small employers than for those of large employers. The employee contribution for family coverage is only slightly higher for employees of a small employer.

**Table 5. Employers That Require No Employee Contribution for at Least One Plan**

	<b>Total</b>	<b>Small Employer</b>	<b>Large Employer</b>
<b>Single Coverage</b>	21,028 (29%)	19,228 (44%)	1,134 (4%)
<b>Family Coverage</b>	14,502 (20%)	14,421 (33%)	284 (1%)

**Table 6. Average Annual Employee Contribution for Coverage**

	<b>Total</b>	<b>Small Employer</b>	<b>Large Employer</b>
<b>Single Coverage</b>	\$830	\$856	\$822
<b>Family Coverage</b>	\$2,258	\$2,443	\$2,214

**Source:** U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey-Insurance Component, 2003.

### **Current Projects on Employer Coverage**

In 2001, new questions were added to the FHS using SPG funds. The new survey questions focus on job characteristics (tenure, hours per week), employer characteristics (type of employer, small business status), employer offer of insurance, employee acceptance or refusal of insurance, and dependent coverage under employer insurance. Supplemental SPG funds were used to support analysis of these data for calendar years 2002 and 2003.

The final analysis found that employment does not guarantee access to employer-sponsored insurance. Age, employment status (part-time versus full-time), and poverty status are factors that can and do impact insurance coverage. The 2003 FHS showed:

- ✓ 18% of all employed adults work for employers that do not offer health insurance, however:
  - ✓ 38% of workers between the ages of 18 and 29 work for employers that do not offer health insurance.
  - ✓ 66% of part-time workers work for employers that do not offer health insurance.
  - ✓ 46% of poor workers work for employers that do not offer health insurance.

## OPTIONS AND PROGRESS IN EXPANDING COVERAGE

Wisconsin State Planning Grant Program (SPG) supplemental funds will support the completion of research to develop specific estimates of the uninsured at the local and regional level as well as to support the analysis of recent coverage expansion of public coverage on the provision of uncompensated care in Wisconsin. These projects establish current research-based quantification of health policies at a local level.

Primary goals of these projects are to 1) provide new public information on the geographic circumstances of the remaining uninsured to allow policymakers specific and valid data to support deliberations relating to the utility of current programs and regional viability of expansion proposals, and 2) provide new fiscal analysis of the effect of recent large public program expansions on state health care costs. Each project builds on historical interest demonstrated by requests for data relating to uncompensated care, Wisconsin Medicaid coverage, and the uninsured at the local and county level. By extending development of data sources supported through prior year SPG funds, each project will produce results appropriate for local and regional decision making as well as state policymakers. In particular, the projects address the need for information on localized health care costs and the uninsured to support discussions relating to incremental expansions to health insurance access.

Grant funds are allowing Wisconsin to complete and enhance previous SPG goals and activities to define target uninsured populations through the enhancement of the Wisconsin Family Health Survey. In particular, the small area estimation and uncompensated care analysis projects are consistent with and build upon the original SPG grant award goals as described in the original Wisconsin SPG application:

- 1) Fostering local-state data-sharing will enhance an existing network of programs providing access to health care and improve measurement of the costs of providing care to the uninsured*
- 2) Effectively target resources to expand access to the remaining uninsured*
- 3) Design of a state of the art state health and health insurance survey*
- 4) Modify current health survey and analyze results*

- **Small Area Estimates of the Uninsured**

The proposal utilizes SPG funded development of the Wisconsin Family Health Survey in order to develop analysis of populations and geographic variability that may contribute to the risk of being uninsured. The project is refining existing survey tools and program fiscal and administrative data in order to evaluate the impact and effectiveness of current programs and potential models to expand access to health insurance.

The project includes county-level demographic information relevant to health insurance coverage, including income distribution, age distribution, education distribution, unemployment rate, racial and ethnic distribution, and Medicaid enrollment. The analysis will involve the following tasks:

1. Obtain and format county-level data (e.g., Medicaid enrollment, unemployment rate, percent minority, etc.). Link administrative data to the FHS health insurance survey data.
2. Run statistical models that combine the micro-level survey data with aggregate county-level data.
3. Evaluate which models fit the data appropriately and refine models as needed.
4. Prepare a comprehensive report that describes the estimation process, summarizes health insurance coverage rates for each of Wisconsin's 72 counties and presents a discussion of the implications of the study findings, including an electronic chart book with color graphics highlighting the results of the analysis.
5. Prepare a methodology report that provides step-by-step instructions in construction county-level estimates with the data resources selected for this process.

See Appendix II for a copy of the contract and workplan.

- **Analysis of the Uninsured/Public Program Enrollment, Expenditures and Uncompensated Care.**

The statistics suggest that Wisconsin has been successful in providing access to either private or public health insurance to most residents. However, existing data does not quantify the financial impact of Wisconsin's comprehensive public programs on providers' provision of uncompensated care. Hospitals and other providers give care to the uninsured and underinsured in the form of uncompensated care as part of their mission and/or service to their communities.

Extension of insurance to the previously uninsured and stabilization of insurance for the sporadically insured should improve access to primary care and concomitantly reduce the proportion of uncompensated care provided by hospitals.

Quantifying the success of public program expansions, such as BadgerCare, gives policy makers tested, data-driven rationales for program continuation and/or expansion. These data can provide critical information to policy makers in deliberations on how to implement and finance such programs so that financial impacts are distributed proportionately among stakeholders.

Wisconsin will evaluate the impact of the BadgerCare expansion on the provision of Wisconsin hospitals' uncompensated care. The analysis will involve the following tasks:

1. Obtain and format the following data for the study period: county-specific Medicaid/BadgerCare enrollment figures, bad debt and charity care figures for every hospital in the state, inpatient and outpatient hospital utilization data with county identifiers, hospital characteristics including total hospital admissions, number of licensed hospital beds, total operating expenditures per year, and designation as government-run, church-run or private.
2. Conduct multivariate and advanced statistical modeling analysis.
3. Prepare a report that describes how the analyses were done and summarizes the findings for the purpose of review of current and future program expansions.

See Appendix II for a copy of the contract and workplan.

## **RECOMMENDATIONS TO THE FEDERAL GOVERNMENT**

Wisconsin has no recommendations to make at this time. The Department looks forward to sharing findings and recommendations when all projects are completed and final report is issued in September 2006.

**APPENDIX I**  
**2004 WISCONSIN HEALTH INSURANCE COVERAGE**

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# **Wisconsin Health Insurance Coverage**

## **2004**

**September 2005**

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*Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services*

## Foreword

This report on health insurance coverage in Wisconsin is based on information from the 2004 Wisconsin Family Health Survey.

This report was compiled in the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy (BHIP). Ann Spooner, Family Health Survey manager, created the final data set. Stephanie Ward was assisted in the production of this report by Eleanor Cautley and Chris Miller. Patricia Nametz edited the report. It was prepared under the supervision of Christine Hill-Sampson, Section Chief, Population Health Information Section, and the overall direction of Susan Wood, Director, Bureau of Health Information and Policy.

Survey sampling and interviewing were conducted by the University of Wisconsin Survey Center.

The Division of Health Care Financing and the Division of Public Health contributed funding for the Family Health Survey.

The Bureau of Health Information and Policy greatly appreciates the cooperation of the 2,441 survey respondents. We thank them for their contribution to making this information available.

This report is available on the Department of Health and Family Services Web site at the following address: <http://dhfs.wisconsin.gov/stats/familyhealthsurvey.htm>

Comments, suggestions and requests for further information about this report and the Family Health Survey may be addressed to Stephanie Ward at:

Division of Public Health  
Bureau of Health Information and Policy  
P.O. Box 2659  
Madison, WI 53701-2659  
608-267-0246  
wardsL1@dhfs.state.wi.us

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## **Introduction**

The Wisconsin Family Health Survey (FHS) collects information about health insurance coverage, health status, health problems and use of health care services among Wisconsin residents. This survey was started in 1989 and has been conducted annually since that time.

The survey results presented in this report are representative of Wisconsin household residents, who constitute approximately 97 percent of all persons residing in the state. (Non-household residents, including persons living in nursing homes, dormitories, prisons and other institutions, constitute the remaining 3 percent not represented by this survey.) Additional information about the survey design and the results presented here is included in the Technical Notes at the end of this document.

In the Family Health Survey, trained interviewers telephone a random sample of households and ask to speak with the household member most knowledgeable about the health of all household members. This respondent provides information for all people living in the household at the time of the interview. In 2004, the FHS interviewed respondents in 2,441 households; these households included 6,330 persons. Background characteristics, such as age, race, sex, poverty status, employment status and education, are also obtained for all persons in the household.

The tables in this report show estimated percentages of Wisconsin residents based on survey responses. These estimates should not be treated as precise results because they are derived from a sample. A 95 percent confidence interval ( $\pm$ ) is printed in a column next to each percentage estimate; this means that 95 percent of similar surveys would obtain an estimate within the confidence interval specified. Tables also include estimated numbers of the Wisconsin household population, based on the weighted sample. Confidence intervals, weighting procedures and statistical tests for significance are described in the Technical Notes at the end of this document, as are variables used in this report, such as insurance coverage, poverty status and metropolitan areas.

## ***Key Findings***

### **Comparison of 2003 and 2004**

- A comparison between 2003 (4%) and 2004 (5%) estimates of the percent without health insurance for all of the past year shows a statistically significant increase in 2004.
- There was a statistically significant increase in the estimates of the currently uninsured from 2003 (6%) to 2004 (7%).

### **Coverage Over the Past Year**

- The majority of Wisconsin household residents were covered by health insurance for an entire year, based on findings of the 2004 Wisconsin Family Health Survey. Eighty-nine percent of Wisconsin residents had insurance for all 12 months prior to the survey interview, 5 percent had insurance for some of the past 12 months, and 5 percent had no insurance coverage at all during the past 12 months (see Table 1). The survey was conducted from February through December, 2004.
- An estimated 4.8 million state residents were insured for all 12 months prior to the survey; 270,000 were insured part of the past year and uninsured part of the year; 275,000 had no insurance coverage during the past year.
- Among working-age adults, ages 18 to 64, those working full time for an employer were without health insurance for the entire past year at a lower rate (5%) than were the full-time self-employed (10%).
- Adults age 65 and older had the highest proportion insured among all age groups, with 99 percent insured for the entire past year.
- The proportion without health insurance coverage for the entire year was higher among Hispanic residents (30%) than among non-Hispanic whites (4%) and non-Hispanic blacks (9%). It was also higher among poor residents (13%) than among near-poor (9%) and non-poor (3%) residents.
- Eleven percent of children, ages 0-17, living in poor households were uninsured for part or all of the past year, compared to 12 percent of children in near-poor households and 4 percent of children in non-poor households.

### ***Current Coverage (Point-in-Time)***

- At any point in time during 2004, an estimated 5 million Wisconsin household residents were covered by health insurance, while about 377,000 residents were uninsured. This is an estimated 7 percent of the state's household population without health insurance at one point in time (Table 2).
- Younger adults, ages 18 to 44, were more likely to be uninsured than other age groups (12% uninsured in 2004). Conversely, close to 100 percent of all adults age 65 and older were reported to have insurance coverage at any point in time.
- Black and Hispanic adults ages 18-64 were more likely to be uninsured than were white adults of the same age.

### **Type of Health Insurance Coverage**

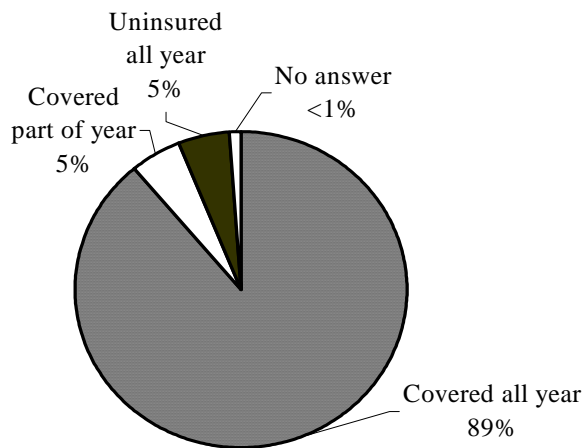
- Employer-sponsored insurance is the most prevalent type of coverage for people aged 0-64; it covers just over three-quarters of all people in this age group (Table 3).
- Among adults age 65 and older, 95 percent have Medicare coverage and 4 percent have Medicaid coverage (Figure 6).
- An estimated 9 percent of Wisconsin household residents have Medicaid coverage, including BadgerCare, Healthy Start, and other forms of Wisconsin Medicaid. Some also have other types of insurance in addition to Medicaid--either private insurance or Medicare. Among Wisconsin children, an estimated 19 percent have Medicaid coverage (Figure 6).

## Health Insurance Coverage Over Past Year

Based on results of the 2004 Family Health Survey, the majority of Wisconsin residents in 2004 had health insurance for the entire past year. That is, they were continuously covered during the 12 months prior to the survey interview. An estimated 4.8 million residents (89%) were insured for all of the past 12 months.

An estimated 275,000 Wisconsin household residents (5%) had no health insurance of any kind during the past 12 months. Another 270,000 residents (5%) had health insurance for part of the year and were uninsured for part of the year. Together, an estimated total of 546,000 residents (10%) were uninsured during part or all of the past year (Figure 1). Those less likely to be insured for the entire year were people aged 18-44, blacks, Hispanics, those living in the city of Milwaukee and those with low incomes (see Table 1, pages 6-7).

**Figure 1. Health Insurance Coverage Over Past Year, Wisconsin 2004**



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

These estimates were obtained by asking survey respondents about their health insurance coverage for the 12 months prior to the interview in 2004. Respondents were asked about all kinds of private and government health insurance, including Medicare, Medical Assistance, BadgerCare, employer-provided coverage, and insurance bought directly from an insurance agent or insurance company. Respondents were also asked about whether they were covered for all 12 months since (date one year ago), or covered for part of that time, or not covered at all by health insurance since (date one year ago). (These questions were asked for all household members.)

**Comparisons with national data.** In the past, the FHS estimate of household residents who were uninsured for the entire year has been smaller than the estimate of persons uninsured for an entire calendar year produced by the U.S. Census Bureau's Current Population Survey. The differences between these two estimates are due primarily to differing survey methods (see Technical Notes, page 29). Current Population Survey results are useful in comparing

Wisconsin to other states, while the FHS estimate is preferable for descriptions of Wisconsin's population.

**Table 1. Health Insurance Coverage Over Past Year, Wisconsin 2004**

	Insured All Year		Insured Part of Year			
	Percent <b>89%</b>	(C.I.±) <b>(1%)</b>	Percent <b>5%</b>	C.I.± <b>(1)</b>	Number <b>270,000</b>	(C.I.±) <b>(29,000)</b>
<b>Total</b>						
<b>Age Groups</b>						
0-17	93	(1)	4	(1)	57,000	(13,000)
18-44	82	(2)	8	(1)	163,000	(24,000)
45-64	92	(1)	4	(1)	46,000	(11,000)
65+	99	(1)	1	(1)	4,000	(4,000)
18-64	86	(1)	6	(1)	209,000	(26,000)
<b>Sex and Age Groups</b>						
<b>Male (Ages 18+)</b>	<b>86</b>	<b>(1)</b>	<b>6</b>	<b>(1)</b>	<b>116,000</b>	<b>(19,000)</b>
18-44	79	(2)	9	(2)	89,000	(18,000)
45-64	92	(2)	4	(1)	27,000	(9,000)
65+	99	(1)	--	(1)	1,000	(2,000)
<b>Female (Ages 18+)</b>	<b>90</b>	<b>(1)</b>	<b>5</b>	<b>(1)</b>	<b>97,000</b>	<b>(17,000)</b>
18-44	85	(3)	7	(2)	74,000	(16,000)
45-64	92	(2)	3	(1)	19,000	(7,000)
65+	99	(1)	1	(1)	3,000	(3,000)
<b>Race/Ethnicity and Age Groups</b>						
<b>All Ages</b>						
White, non-Hispanic	91	(1)	4	(1)	199,000	(25,000)
Black, non-Hispanic	79	(3)	11	(3)	34,000	(8,000)
Hispanic	62	(7)	8	(4)	16,000	(8,000)
<b>Ages 0-17</b>						
White, non-Hispanic	95	(1)	3	(1)	36,000	(11,000)
Black, non-Hispanic	84	(5)	11	(4)	12,000	(5,000)
<b>Ages 18-64</b>						
White, non-Hispanic	89	(1)	5	(1)	159,000	(23,000)
Black, non-Hispanic	73	(5)	12	(4)	22,000	(6,000)
Hispanic	45	(10)	10	(6)	11,000	(6,000)
<b>Residence</b>						
City of Milwaukee	83	(2)	7	(2)	46,000	(10,000)
Other Metropolitan (excluding City of Milwaukee)	91	(1)	4	(1)	136,000	(21,000)
Nonmetropolitan	88	(2)	6	(1)	88,000	(17,000)
<b>Poverty Status</b>						
Poor	77	(3)	9	(2)	45,000	(11,000)
Near-poor	80	(2)	10	(2)	90,000	(17,000)
Not poor	93	(1)	4	(1)	134,000	(21,000)
<b>Employment</b>						
<b>Ages 0-17</b>						
Live with employed adult(s)	93	(1)	4	(1)	50,000	(12,000)
Live with no employed adult(s)	87	(6)	8	(5)	8,000	(4,000)
<b>Ages 18-64</b>						
Employed full-time	89	(1)	6	(1)	116,000	(19,000)
Self-employed full-time	82	(4)	8	(3)	17,000	(6,000)
Employed part-time	84	(3)	5	(2)	21,000	(8,000)

**Table 1. Health Insurance Coverage Over Past Year, Wisconsin 2004 (continued)**

	<b>Uninsured All Year</b>			
	Percent	(C.I.±)	Number	(C.I.±)
<b>Total</b>	<b>5%</b>	<b>(1%)</b>	<b>275,000</b>	<b>(29,000)</b>
<b>Age Groups</b>				
0-17	3	(1)	34,000	(10,000)
18-44	9	(1)	180,000	(27,000)
45-64	4	(1)	58,000	(12,000)
65+	--	(--)	3,000	(3,000)
18-64	7	(1)	238,000	(27,000)
<b>Sex and Age Groups</b>				
<b>Male (Ages 18+)</b>	<b>7</b>	<b>(1)</b>	<b>136,000</b>	<b>(20,000)</b>
18-44	10	(2)	109,000	(20,000)
45-64	4	(1)	26,000	(8,000)
65+	--	(1)	1,000	(2,000)
<b>Female (Ages 18+)</b>	<b>5</b>	<b>(1)</b>	<b>106,000</b>	<b>(18,000)</b>
18-44	7	(2)	72,000	(16,000)
45-64	5	(1)	32,000	(9,000)
65+	--	(1)	2,000	(2,000)
<b>Race/Ethnicity and Age Groups</b>				
<b>All Ages</b>				
White, non-Hispanic	4	(1)	174,000	(24,000)
Black, non-Hispanic	9	(2)	28,000	(7,000)
Hispanic	30	(7)	57,000	(12,000)
<b>Ages 0-17</b>				
White, non-Hispanic	2	(1)	18,000	(8,000)
Black, non-Hispanic	4	(3)	4,000	(3,000)
<b>Ages 18-64</b>				
White, non-Hispanic	5	(1)	154,000	(22,000)
Black, non-Hispanic	13	(4)	24,000	(7,000)
Hispanic	45	(10)	48,000	(11,000)
<b>Residence</b>				
City of Milwaukee	9	(2)	58,000	(11,000)
Other Metropolitan (excluding City of Milwaukee)	4	(1)	127,000	(21,000)
Nonmetropolitan	6	(1)	90,000	(17,000)
<b>Poverty Status</b>				
Poor	13	(3)	64,000	(13,000)
Near-poor	9	(2)	84,000	(16,000)
Not poor	3	(1)	113,000	(19,000)
<b>Employment</b>				
<b>Ages 0-17</b>				
Live with employed adult(s)	3	(1)	31,000	(10,000)
Live with no employed adult(s)	3	(3)	3,000	(3,000)
<b>Ages 18-64</b>				
Employed full-time	5	(1)	93,000	(17,000)
Self-employed full-time	10	(4)	23,000	(7,000)
Employed part-time	10	(3)	38,000	(11,000)

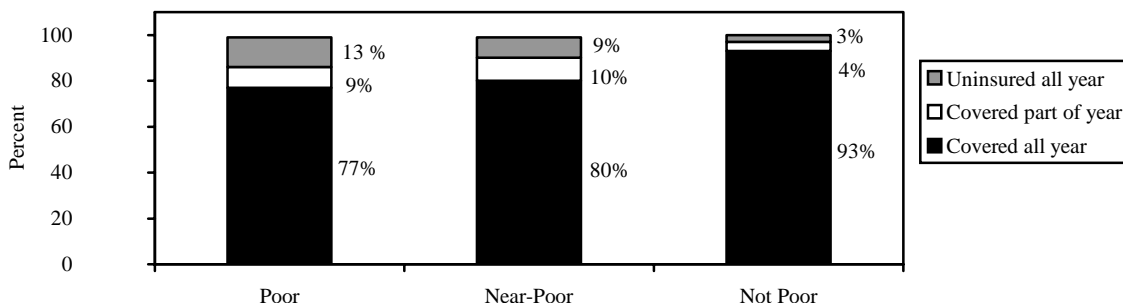
Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

A dash (--) indicates 0.5% or less, or fewer than 1,000 persons.

In 2004, 22 percent of the poor and 19 percent of the near-poor were uninsured during part or all of the past year. In comparison, only 7 percent of non-poor residents had been uninsured during the year (Figure 2). Overall, 10 percent of all Wisconsin residents were uninsured during part or all of the past year (see Table 1, pages 6-7).

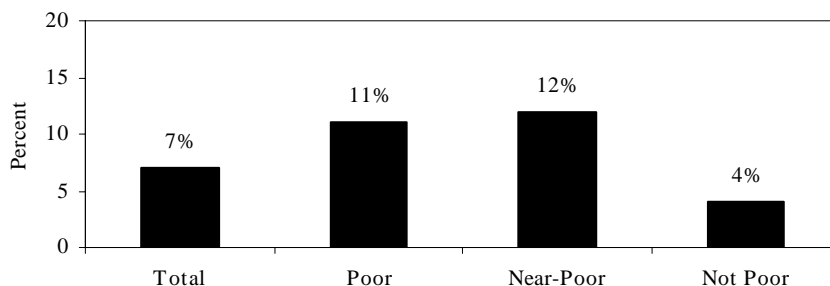
**Figure 2. Health Insurance Coverage Over Past Year by Poverty Status, Wisconsin 2004**



Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

In 2004, about 91,000 Wisconsin children (7 percent of the 1,310,000 children in the state) were uninsured for part or all of the past year. Eleven percent of children living in poor households (20,000) and 12 percent of children living in near-poor households (33,000) had no health insurance during part or all of the past year (Figure 3). This contrasts with 4 percent of children living in non-poor households (36,000) who had no insurance during part or all of the past year.

**Figure 3. Children Uninsured for Part or All of Past Year by Household Poverty Status, Wisconsin 2004**



Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

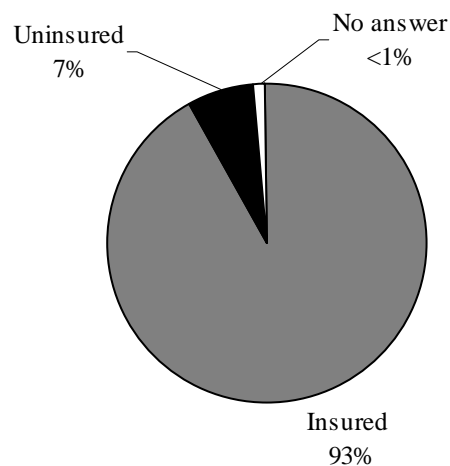


### Current Health Insurance Coverage

The great majority of Wisconsin household residents have health insurance (counting both private and public coverage). In 2004, an estimated 4,955,000 Wisconsin household residents (93%) had health insurance and 377,000 (7%) did not. This estimate is a “snapshot” of Wisconsin at one point in time (Figure 4). (Respondents report on the health insurance coverage of each household member at the time of the survey interview; interviews are conducted throughout the year.)

The highest proportion insured is among older adults (age 65 and older), among whom nearly 100 percent are insured. Those significantly less likely to report having insurance were non-Hispanic blacks, Hispanics, and those aged 18-44 (see Table 2, page 10).

**Figure 4. Current Health Insurance Coverage, Wisconsin 2004**



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

These data were obtained by asking respondents several questions about their current health insurance coverage. Separate questions were asked about Medicare, Wisconsin Medicaid (including Healthy Start and BadgerCare), private health insurance, employer-sponsored health insurance and other kinds of health care coverage for each household member. Those without any current health care coverage were considered uninsured at the time of the interview. (See Table 3, page 12, for specific types of health insurance coverage.)

**Table 2. Current Health Insurance Coverage, Wisconsin 2004**

	<b>Insured</b>		<b>Uninsured</b>			
	Percent <b>93%</b>	(C.I.±) <b>(1%)</b>	Percent <b>7%</b>	(C.I.±) <b>(1%)</b>	Number <b>377,000</b>	(C.I.±) <b>(34,000)</b>
<b>Total</b>						
<b>Age Groups</b>						
0-17	96	(1)	4	(1)	55,000	(13,000)
18-44	88	(1)	12	(1)	243,000	(28,000)
45-64	94	(1)	6	(1)	77,000	(14,000)
65+	100*	(--)	--	(--)	3,000	(3,000)
18-64	90	(1)	10	(1)	319,000	(31,000)
<b>Sex and Age Groups</b>						
<b>Male (Ages 18+)</b>	<b>90</b>	<b>(1)</b>	<b>10</b>	<b>(1)</b>	<b>188,000</b>	<b>(24,000)</b>
18-44	85	(2)	14	(2)	148,000	(22,000)
45-64	94	(2)	6	(2)	38,000	(10,000)
65+	100*	(1)	--	(1)	1,000	(2,000)
<b>Female (Ages 18+)</b>	<b>93</b>	<b>(1)</b>	<b>7</b>	<b>(1)</b>	<b>134,000</b>	<b>(20,000)</b>
18-44	91	(2)	9	(2)	94,000	(18,000)
45-64	94	(2)	6	(2)	38,000	(10,000)
65+	100*	(1)	--	(1)	2,000	(2,000)
<b>Race/Ethnicity and Age Groups</b>						
<b>All Ages</b>						
White, non-Hispanic	94	(1)	5	(1)	246,000	(28,000)
Black, non-Hispanic	85	(3)	15	(3)	45,000	(9,000)
Hispanic	66	(7)	34	(7)	64,000	(13,000)
<b>Ages 0-17</b>						
White, non-Hispanic	97	(1)	3	(1)	30,000	(10,000)
Black, non-Hispanic	91	(4)	9	(4)	10,000	(4,000)
<b>Ages 18-64</b>						
White, non-Hispanic	92	(1)	7	(1)	215,000	(26,000)
Black, non-Hispanic	80	(4)	20	(4)	35,000	(8,000)
Hispanic	52	(10)	48	(10)	52,000	(11,000)
<b>Residence</b>						
City of Milwaukee	87	(2)	13	(2)	79,000	(13,000)
Other Metropolitan (excluding City of Milwaukee)	94	(1)	6	(1)	179,000	(24,000)
Nonmetropolitan	92	(1)	8	(1)	119,000	(19,000)
<b>Poverty Status</b>						
Poor	83	(3)	16	(3)	79,000	(14,000)
Near-poor	87	(2)	13	(2)	121,000	(19,000)
Not poor	95	(1)	4	(1)	164,000	(23,000)
<b>Employment</b>						
<b>Ages 0-17</b>						
Live with employed adult(s)	96	(1)	4	(1)	51,000	(12,000)
Live with no employed adult(s)	95	(4)	4	(3)	4,000	(3,000)
<b>Ages 18-64</b>						
Employed full-time	93	(1)	7	(1)	136,000	(21,000)
Self-employed full-time	88	(4)	12	(4)	27,000	(9,000)
Employed part-time	88	(3)	11	(3)	45,000	(12,000)

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 29.

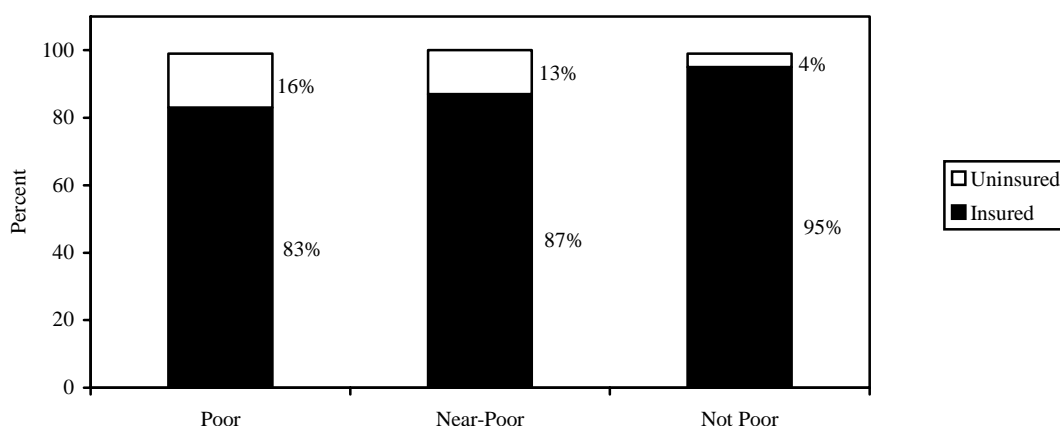
A dash (--) indicates 0.5% or less, or fewer than 1,000 persons.

\* Rounded percentage: actual percentage more than 99.5 percent.

The estimated proportion uninsured was highest among the poor (16%) compared with near-poor and non-poor residents (13% and 4%, respectively) (Figure 5).

Poverty status is determined by household size at the time of the survey and household income in the calendar year preceding the survey. A household of four people was considered “poor” (below the federal poverty guideline) in the 2004 survey if total income was below \$18,000 (see Table 10, Technical Notes). The “near-poor” category includes all people in households where the income was greater than the poverty guideline but less than twice the guideline. For a household of four, this was \$37,000. All others (in households with income twice the poverty guideline or higher) were considered “not poor.”

**Figure 5. Insured and Uninsured by Poverty Status, Wisconsin 2004**



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Type of health insurance coverage varies by age (Tables 3 and 4). The majority of working-age people (ages 18-64) have employer-sponsored insurance (76%, not shown in table). The majority of children (ages 0-17) are also covered by employer-sponsored insurance (75%). The highest percentage of Medicaid coverage among all age groups is among children (17%).

The types of insurance in Tables 3 and 4 are mutually exclusive. A person who has two types of insurance is included in only one column. For example, a child with both employer-sponsored and Medicaid coverage is included only in the employer-sponsored column.

**Table 3. Health Insurance Coverage by Type, Ages 0-64, Wisconsin 2004**

Type of Health Insurance										
Employer-Sponsored			Private		Medicaid		Other Types		No Health Insurance	
	Percent	(C.I.+)	Percent	(C.I.+)	Percent	(C.I.+)	Percent	(C.I.+)	Percent	(C.I.+)
Ages 0-64	76%	(1)	5%	(1)	9%	(1)	2%	(--)	8%	(1)
0-17	75	(2)	3	(1)	17	(2)	1	(1)	4	(1)
18-44	73	(2)	5	(1)	8	(1)	1	(1)	12	(1)
45-64	80	(2)	6	(1)	4	(1)	3	(1)	6	(1)

Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes:

C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

A dash (--) indicates 0.5% or less.

The columns in this table, types of health insurance, are mutually exclusive.

**Employer-Sponsored** insurance is coverage provided by or through an employer. The insurance policyholder and any covered dependents are included here. Everyone with employer-sponsored coverage is represented in this column, including people with other types of insurance (such as Medicaid or private) in combination with employer-sponsored coverage.

**Private** insurance includes individually purchased coverage. Some people in this category also have Medicaid coverage.

**Medicaid** includes BadgerCare, Healthy Start, and other Medicaid types. This column includes anyone with other types of insurance in combination with Medicaid, except for those in the "Employer-Sponsored" and "Private" columns.

**Other Types** includes military coverage (Tricare, VA, CHAMP-VA), Health Insurance Risk Sharing Plan (HIRSP), GAMP, and other types, including combinations not in other columns.

Six percent of people under age 65 had two or more types of insurance coverage.

**Table 4. Health Insurance Coverage by Type, Age 65 and Older, Wisconsin 2004**

	<b>Type of Health Insurance</b>					
	<b>No Health Insurance</b>		<b>Insured, No Medicare</b>		<b>Medicare Only</b>	
	Percent	(C.I.+)	Percent	(C.I.+)	Percent	(C.I.+)
<b>Ages 65+</b>	--	(--)	5%	(1)	8%	(2)
<b>65-74</b>	1	(1)	7	(2)	7	(2)
<b>75+</b>	--	(--)	2	(1)	10	(3)

	<b>Medicare and Employer-Sponsored</b>		<b>Medicare and Medigap</b>		<b>Medicare and Private</b>		<b>Medicare and Other</b>	
	Percent	(C.I.+)	Percent	(C.I.+)	Percent	(C.I.+)	Percent	(C.I.+)
<b>Ages 65+</b>	38%	(3)	38%	(3)	6%	(2)	6%	(2)
<b>65-74</b>	41	(4)	39	(4)	2	(1)	4	(2)
<b>75+</b>	33	(5)	38	(5)	10	(3)	7	(3)

Source: 2004 Wisconsin Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes:

C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

A dash (--) indicates 0.5% or less.

The columns in this table, types of health insurance, are mutually exclusive.

**Insured, No Medicare** includes anyone with one or more types of insurance, but not Medicare.

**Medicare Only** includes anyone who has only Medicare without any other type of insurance.

**Medicare and Employer-Sponsored** includes anyone who has Medicare in combination with employer-sponsored insurance. Some in this group have Medigap (supplemental insurance policies to cover expenses not paid for by Medicare), private, military, or Medicaid coverage as well.

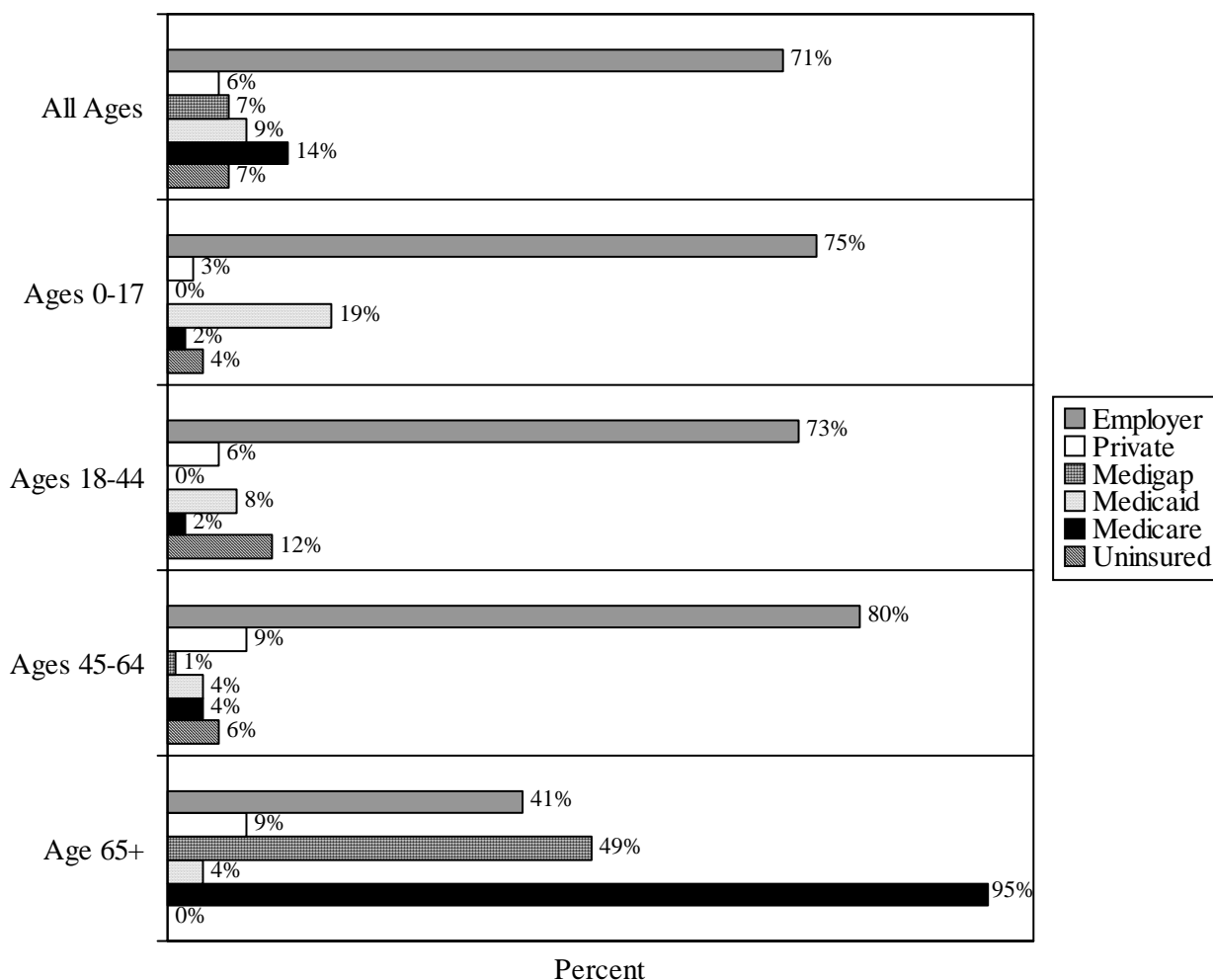
**Medicare and Medigap** includes those with Medicare and Medigap coverage, except for those who also have employer-sponsored coverage. It also includes some with private, military, or Medicaid coverage.

**Medicare and Private** includes all those with Medicare and privately purchased insurance, except people who also have either employer-sponsored or Medigap insurance.

**Medicare and Other** includes all other types of insurance and other combinations. This includes anyone with Medicare and military insurance, or Medicare and Medicaid, as long as they were not included in one of the categories above.

Eighty-seven percent of people 65 and older had two or more types of insurance.

**Figure 6. Health Insurance Coverage by Type, Wisconsin 2004**



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

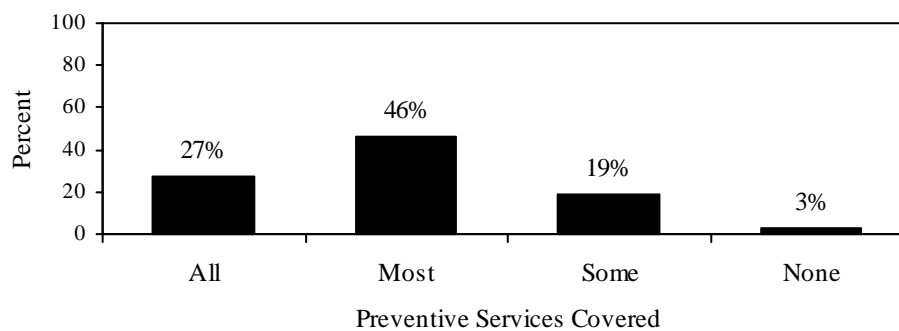
Note: Each insurance type includes anyone who has that type, either alone or in combination with other types. The insurance types are not mutually exclusive; percentages for each age group may total more than 100%. See Tables 3 and 4 for definitions of employer and private insurance.

Most household residents age 65 and older have Medicare coverage (95%) and 4 percent of them have Medicaid coverage (Figure 6).

Figure 6 presents information about type of insurance in a different manner than do Tables 3 and 4. In Figure 6, a person who has two types of insurance is shown twice.

The costs of general checkups and other preventive services were not covered for 3 percent of people with employer-sponsored or private health insurance (Figure 7). This can be considered a measure of underinsurance in the population. These data were obtained by asking privately insured respondents: *“Does this health insurance plan pay for all, most, some, or none of the costs of general checkups and other preventive services?”* (The question about coverage of preventive care was asked only for persons with employer-sponsored and other private insurance. In general, Wisconsin Medicaid covers preventive services; Medicare covers limited preventive services, primarily screenings for specific diseases.)

**Figure 7. Coverage of Preventive Care Among Those Who Have Employer-Sponsored Insurance or Are Privately Insured, Wisconsin 2004**



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: Data on this question were not available for 4 percent of those surveyed.

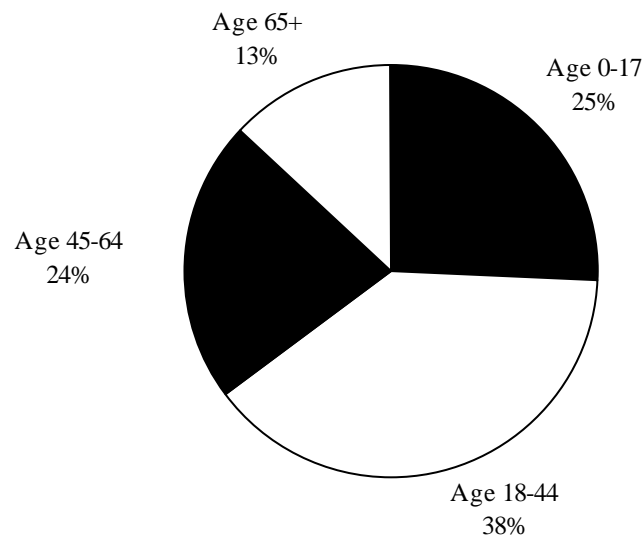
## Household Population Characteristics

This section describes characteristics of the Wisconsin household population subgroups for whom health statistics are presented in this report. All of the characteristics described here are estimates from the 2004 Family Health Survey weighted data. The Family Health Survey is considered to be representative of all persons who live in Wisconsin households. Survey results can be used to describe household residents, keeping in mind that survey estimates are going to differ from results of a complete count, such as a census.

According to 2004 Family Health Survey results, approximately 63 percent of the household population is in the age bracket generally considered to be “working age” (ages 18-64) (Figure 8). Another 13 percent are adults aged 65 and older, while 25 percent of the household population are children.

The household population consists of males and females in roughly equal proportions (49% and 51%, respectively) (not shown in figure).

**Figure 8. Household Population by Age, Wisconsin 2004**



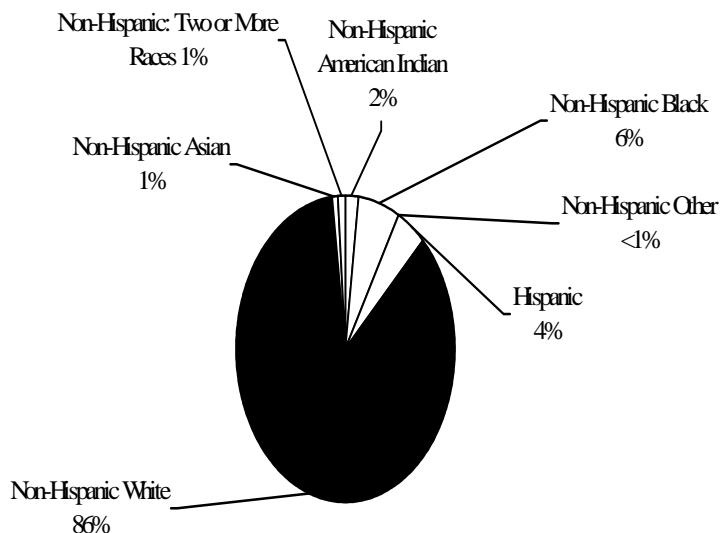
Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.



The vast majority of the Wisconsin household population is non-Hispanic white (86%), according to estimates from the Family Health Survey. Six percent of the population is non-Hispanic black and 4 percent is Hispanic or Latino. Two percent of the population is non-Hispanic American Indian, 1 percent is composed of non-Hispanic members of two or more racial groups, and 1 percent is non-Hispanic Asian (Figure 9).

Among children (ages 0-17), 79 percent are non-Hispanic white, 8 percent are non-Hispanic black and 6 percent are Hispanic or Latino. Two percent of children are non-Hispanic American Indian and 2 percent are non-Hispanic members of two or more racial groups. One percent of children are non-Hispanic Asian.

**Figure 9. Household Population by Race and Ethnicity, Wisconsin 2004**

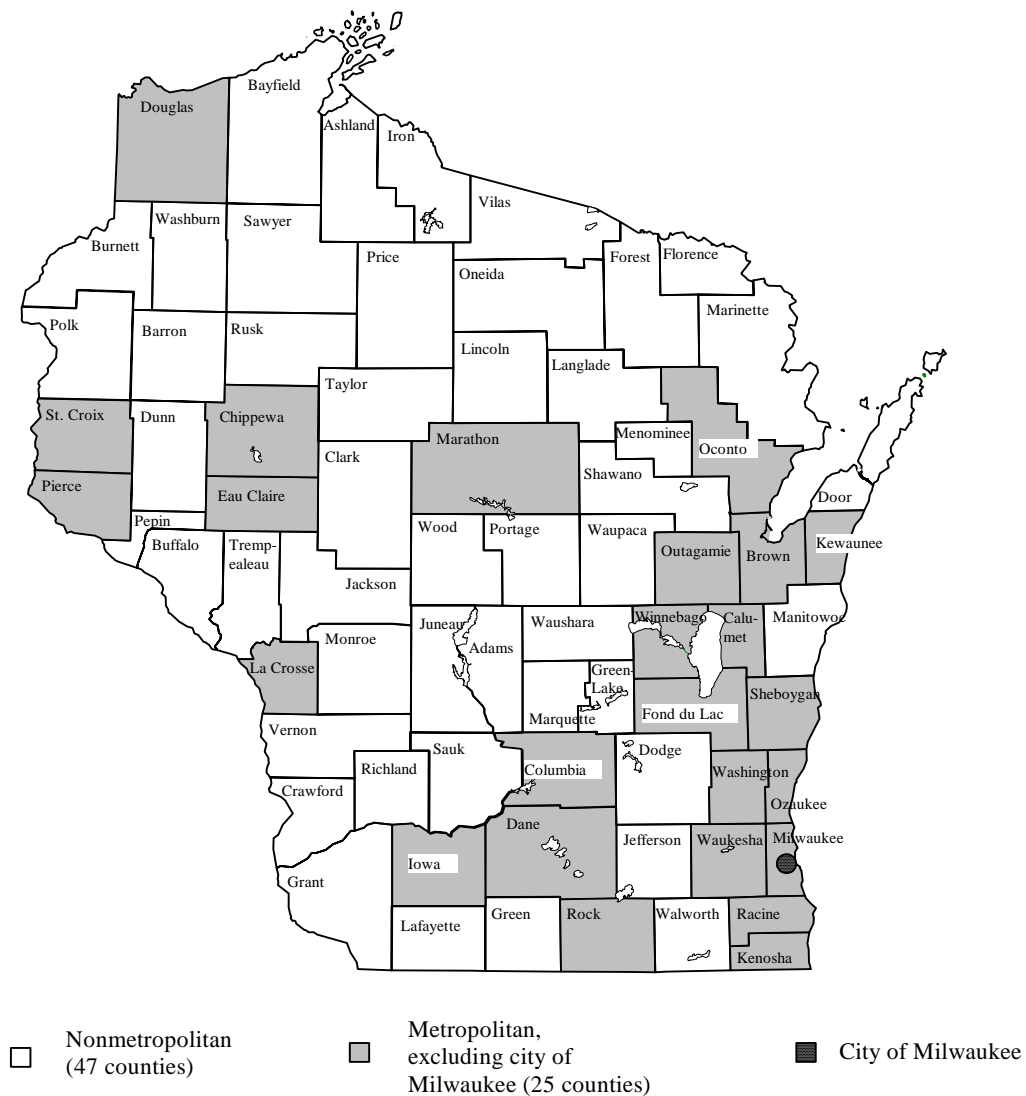


Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Race and ethnicity estimates are based on two survey questions. Respondents are first asked: “Are you Hispanic or Latino?” This is followed by: “Which one or more of the following is your race: American Indian, Asian, Black or African American, White, or something else?” These questions are then asked for each member of the household.

Based on 2004 Family Health Survey estimates, 12 percent of the state's household population live in the city of Milwaukee, 60 percent live in the balance of Milwaukee County and the other 24 metropolitan counties, and 28 percent live in the 47 nonmetropolitan counties (Table 8, page 22).

**Figure 10. Metropolitan and Nonmetropolitan Wisconsin**



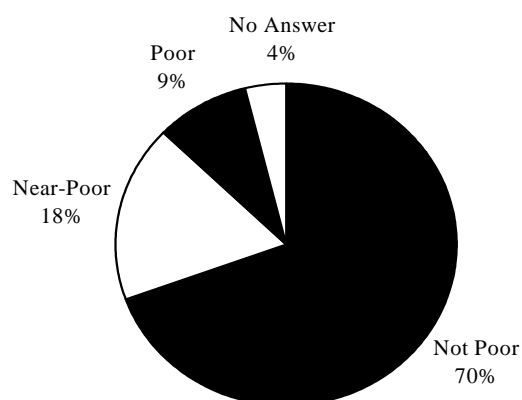
Source: U.S. Office of Management and Budget and U.S. Bureau of the Census.

According to 2004 Family Health Survey results, 9 percent of Wisconsin's household population lived in a poor household in 2003 (Figure 11).

Fourteen percent of Wisconsin children lived in households considered poor, and another 20 percent lived in households considered near-poor (Table 5).

Poverty status was determined by asking respondents about total household income from all sources in 2003 and the number of people living in the household (see Technical Notes, pages 26-27).

**Figure 11. Household Population by Poverty Status, Wisconsin 2004**



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

**Table 5. Household Population by Poverty Status and Age, Wisconsin 2004**

Age Group*	Poverty Status							
	Poor				Near-Poor		Not Poor	
	Percent	(C.I.±)	Number	(C.I.±)	Percent	(C.I.±)	Percent	(C.I.±)
0-17	14%	(2%)	180,000	(22,000)	20%	(2%)	64%	(2%)
18-44	9	(1)	178,000	(25,000)	18	(2)	72	(2)
45-64	5	(1)	69,000	(14,000)	9	(1)	83	(2)
Total (all ages)	9	(1)	489,000	(38,000)	18	(1)	70	(1)

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

\* Poverty status could not be estimated for persons aged 65 and older because the household income questions were not answered for 14 percent of this age group.

An estimated 91 percent of all adults living in households (3,685,000 people) have completed high school or more education (Table 6, below, and Table 8, page 22).

The proportion of “working-age” adults (ages 18-64) who have completed high school or more education (93%) is larger than the proportion among adults aged 65 and older (84%).

**Table 6. Adult Household Population by Educational Attainment and Age, Wisconsin 2004**

Age Groups	Education Completed					
	Less than high school		High school graduate		More than high school	
	Percent	(C.I.±)	Percent	(C.I.±)	Percent	(C.I.±)
18-44	6%	(1%)	32%	(2%)	60%	(2%)
45-64	6	(1)	35	(2)	58	(2)
65+	14	(2)	44	(3)	40	(3)
All Adults (18+)	8	(1)	35	(1)	56	(1)

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Notes: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

The category “Less than high school” includes all those who did not graduate from high school and do not have a G.E.D. (General Educational Development certificate).

In 2004, an estimated 60 percent of adults ages 18-64 (2,008,000 people) were employed full-time, 7 percent (227,000) were self-employed full-time, and 12 percent (396,000 people) were employed part-time, making a total of 79 percent who were employed. Men and women differ considerably in the proportion employed full or part-time, with men more likely to be employed full-time (Table 7 and Figure 12, next page).

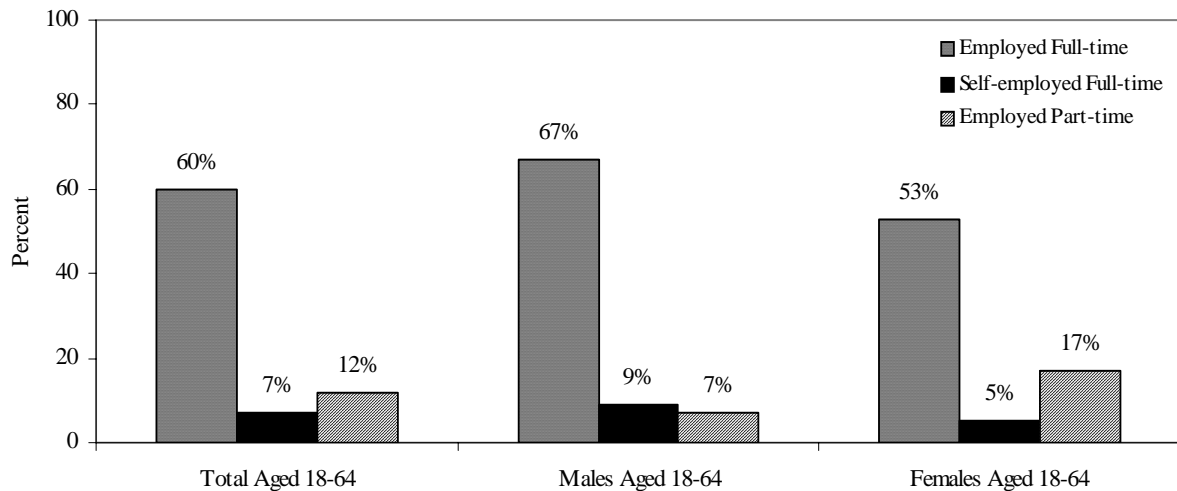
**Table 7. Household Population Aged 18-64 by Employment Status and Sex, Wisconsin 2004**

	Employment					
	Employed Full-time		Self-employed Full-time		Employed Part-time	
	Percent	(C.I.±)	Percent	(C.I.±)	Percent	(C.I.±)
Males	67%	(2%)	9%	(1%)	7%	(1%)
Females	53	(2)	5	(1)	17	(2)
Total Aged 18-64	60	(2)	7	(1)	12	(1)

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Note: C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical Notes, page 31.

**Figure 12. Household Population Aged 18-64 by Employment Status and Sex, Wisconsin 2004**



Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

**Table 8. Characteristics of Wisconsin's Household Population, 2004**

	Percent	(C.I.±)	Number	(C.I.±)
<b>Total</b>	<b>100%</b>		<b>5,343,000</b>	
<b>Age Groups</b>				
0-17	25	(1%)	1,310,000	(57,000)
18-44	38	(1)	2,050,000	(64,000)
45-64	24	(1)	1,294,000	(56,000)
65+	13	(1)	689,000	(44,000)
<b>Sex and Age Groups</b>				
<b>Male</b>				
0-17	25	(2)	669,000	(40,000)
18-44	39	(2)	1,038,000	(45,000)
45-64	24	(2)	645,000	(40,000)
65+	11	(1)	288,000	(29,000)
<b>Female</b>				
0-17	24	(1)	641,000	(40,000)
18-44	37	(2)	1,011,000	(45,000)
45-64	24	(1)	649,000	(40,000)
65+	15	(1)	400,000	(27,000)
<b>Race/Ethnicity</b>				
White, non-Hispanic	86	(1)	4,617,000	(45,000)
Black, non-Hispanic	6	(1)	300,000	(30,000)
Hispanic	4	(--)	189,000	(24,000)
<b>Residence</b>				
City of Milwaukee	12	(1)	617,000	(42,000)

Other Metropolitan (excluding city of Milwaukee)	60	(1)	3,218,000	(64,000)
Nonmetropolitan	28	(1)	1,508,000	(59,000)
<b>Poverty Status</b>				
Poor	9	(1)	489,000	(38,000)
Near-poor	18	(1)	940,000	(50,000)
Not poor	70	(1)	3,723,000	(60,000)
<b>Educational Attainment</b>				
<b>Ages 18 and older</b>				
Less than high school diploma	8	(1)	308,000	(31,000)
High school graduate	35	(1)	1,423,000	(55,000)
Education beyond high school	56	(1)	2,262,000	(57,000)
<b>Employment</b>				
<b>Ages 0-17</b>				
Live with employed adult(s)	93	(1)	1,216,000	(17,000)
Live with no employed adult(s)	7	(1)	94,000	(17,000)
<b>Ages 18-64</b>				
Employed full-time	60	(2)	2,008,000	(54,000)
Self-employed full-time	7	(1)	227,000	(28,000)
Employed part-time	12	(1)	396,000	(35,000)

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health,  
Wisconsin Department of Health and Family Services.

Notes: A dash (--) indicates 0.5 percent or less.

C.I. = Confidence Interval (specifies a range within which the true value probably lies). See Technical  
Notes, page 31.

## Technical Notes

### Wisconsin Family Health Survey Design

The Wisconsin Family Health Survey (FHS) is a telephone survey of Wisconsin households, designed to provide estimates of health care coverage, various health problems and use of health care services among people across the state.

The Family Health Survey sampling frame consists of all Wisconsin households with a working telephone. In 2004, the sample design for selecting telephone numbers for the survey divided the state into six sample strata, five of which were defined geographically by grouping all 72 counties into five areas. Telephone area code/prefix combinations from these five strata were randomly sampled at rates proportionate to the population size of each stratum. A sixth sample stratum consisted of telephone prefixes within the city of Milwaukee that had previously been found to include at least 20 percent black respondents. This stratum was also randomly sampled.

The University of Wisconsin Survey Center, University of Wisconsin-Madison, the contracted survey laboratory, drew the samples and conducted all interviews for 2004. Trained interviewers called the sampled telephone numbers and conducted the survey using a computer-assisted telephone survey system (CASES). Each telephone number was called at least 10 times before being designated unanswered. The final overall response rate was 59 percent.

The questions asked in the FHS were designed in the Wisconsin Bureau of Health Information and Policy. Interviews were conducted from February through December of 2004. The final FHS sample consisted of 2,441 household interviews, representing a total of 6,330 Wisconsin household residents. A total of 571 households were interviewed from February through March; 614 from April through June; 754 from July through September; and 502 from October through December. The demographic characteristics of the 2004 sample are displayed in Table 9 (next page), which presents the unweighted frequencies. The results in this table are not representative of the Wisconsin population because they have not been weighted to correct for disproportionate sampling rates.

The adult in each household who knows the most about the health of all household members is selected to answer all survey questions during the telephone interview. This respondent answers survey questions for him/herself as well as for all other household members. Since each household member does not speak directly to the interviewer, survey answers are “reported” by the respondent. The reader will see the phrase *... was reported to be ...* in this report. In places where this phrase is not used, the reader should keep in mind that all information here is reported by one respondent on behalf of all household members. In 2004, 70 percent of the respondents were women. Abbreviated versions of various survey questions appear with some of the tables in this report and in the Appendix. A copy of all questions asked in 2004 may be obtained from the Bureau of Health Information and Policy.

The data set for analysis of the 2004 Family Health Survey was constructed in the Bureau of Health Information and Policy, using the individual as the basic unit for analysis. Some missing data (i.e., respondent refused to answer or answered “don’t know”) on the age and sex variables were imputed, using interview transcripts and similar cases. About 9 percent of respondents did not answer questions needed to calculate poverty status. Through imputation from other income information, the final proportion of households with missing information on poverty status was reduced to 5 percent (unweighted for households).

**Table 9. Wisconsin Family Health Survey 2004 Sample**

<b>Total</b>	<b>6,330</b>		
<b>Age Groups</b>		<b>Residence</b>	
0-17	1,606	City of Milwaukee	1,031
18-44	2,075	Other Metropolitan (excluding	
45-64	1,782	city of Milwaukee)	3,553
65+	867	Nonmetropolitan	1,746
<b>Sex and Age Groups</b>			
<b>Male</b>		<b>Poverty Status</b>	
0-17	815	Poor	620
18-44	1,012	Near-poor	1,077
45-64	869	Not poor	4,391
65+	398		
<b>Female</b>		<b>Educational Attainment</b>	
0-17	791	<b>Ages 18 and older:</b>	
18-44	1,063	Less than high school diploma	376
45-64	913	High school diploma	1,698
65+	469	More than high school	2,603
<b>Ethnicity and Race</b>			
Hispanic or Latino	186	<b>Employment</b>	
White, not Hispanic/Latino	5,279	<b>Ages 0-17</b>	
Black or African American,		Live with no employed adult(s)	138
not Hispanic/Latino	557	Live with employed adult(s)	1,468
American Indian or Alaska Native,		<b>Ages 18-64</b>	
not Hispanic/Latino	97	Employed full-time	2,257
Asian, not Hispanic/Latino	53	Self-employed full-time	280
Other, not Hispanic/Latino	35	Employed part-time	448
Two or more races, not			
Hispanic/Latino	88		

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

A weight was constructed for each person record in the data set, to adjust for the varying sampling rates, response rates by stratum and number of telephone numbers in each interviewed household. When these weights are applied to the data set, the results are considered to be representative of all Wisconsin household residents in 2004.

One additional component was included to construct the final weight: the total estimated household population in Wisconsin, tabulated for 40 separate subgroups. These subgroups were composed of the combinations of four age groups (0-17, 18-44, 45-64, 65+), by two sex groups, by five geographic regions. The sum total of the 40 subgroups is the estimated household population. Also, the black population within Milwaukee County was adjusted to match the proportion black in the 2000 Census. The population used to weight this data set was 5,343,044, the total estimated household population for Wisconsin on July 1, 2003. This "post-stratification" weight component is applied to each data set record along with the weight described above.

These data set weights were used in computing each percentage and number of people presented in this report. This is the best available method to produce reliable results from the survey data. All references to "weighted" data in this report refer to data that have been adjusted by using these weights so they are representative of the Wisconsin household population.



## Definitions of Variables Used in This Report

**Age and Sex.** These characteristics are reported by the respondent for each household member. Individual years of age are classified into four groups for analysis: ages 0 through 17, 18 through 44, 45 through 64, and 65 and older.

**Ethnicity and Race.** FHS respondents were first asked if anyone in the household was Hispanic or Latino. Then they were asked to report each household member's race or races. Up to five races could be reported for each person.

In this report, all persons who were reported to be Hispanic or Latino are in the Hispanic/Latino category. All persons not reported as Hispanic/Latino, but for whom two or more races were reported, are in the "two or more races" category. All remaining persons are distributed in the "single-race, not Hispanic/Latino" categories. Some ethnic and racial groups are not included in the tables due to small sample sizes.

**Metropolitan and Nonmetropolitan.** In 2004, 25 Wisconsin counties were designated as metropolitan counties by the federal Office of Management and Budget, based on the 2000 U.S. Census standards. These counties are: Brown, Calumet, Chippewa, Columbia, Dane, Douglas, Eau Claire, Fond du Lac, Iowa, Kenosha, Kewaunee, La Crosse, Marathon, Milwaukee, Oconto, Outagamie, Ozaukee, Pierce, Racine, Rock, St. Croix, Sheboygan, Washington, Waukesha, and Winnebago. Counties are designated as metropolitan because they either 1) have a central city of at least 50,000 people or 2) are adjacent and economically linked to a "central city" county. For the tables in this report, results for the city of Milwaukee have been separated from the rest of the metropolitan counties. The "Other Metropolitan" category includes Milwaukee County outside the city plus the remaining 24 metropolitan counties. The other 47 counties are nonmetropolitan.

**Poverty Status.** The relationship between the number of people in a household and the annual income of that household determines the poverty status. The Family Health Survey asked several questions about total household income during the calendar year prior to the survey (2003), and used current household size to determine whether a household's income was below the federal poverty guideline. A household of four people was considered poor if the total income was below \$18,000. (This is an approximation of the 2003 federal guideline, which was \$18,400.) The "near-poor" category used in this report includes all people in households where the income was greater than the poverty guideline but less than twice the guideline. For a household of four, this was \$37,000 (Table 10, next page).

**Educational Attainment.** Years of schooling completed are categorized in three groups for this report. Adults who finished 11 grades of school or less are in the first group, "less than high school diploma." Adults who completed 12 years of school or a G.E.D. are in the "high school graduate" group, and adults who attended college or technical school beyond high school are in the "education beyond high school" group.

**Working-Age Adults (ages 18 to 64).** People in this age range are classified by employment status. Those who were working full-time for an employer at the time of the survey interview are grouped together; some in this group also were self-employed. Among those not working full-time for an employer, those who were self-employed full-time are grouped together, as are those who were working part-time. The remaining adults ages 18-64 include homemakers, the retired, full-time students, persons laid off, the unemployed (either looking or not looking for work), and those disabled persons who are unable to work. These adults were not grouped together, as they are too disparate.

**Table 10. Wisconsin Family Health Survey Poverty Guidelines, 2003**

Household Size	Poor	Near-Poor
1	\$9,000	\$18,000
2	\$12,000	\$24,000
3	\$15,000	\$31,000
4	\$18,000	\$37,000
5	\$22,000	\$43,000
6	\$25,000	\$49,000

Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services. Guidelines derived from *Federal Register*, February 7, 2003, and rounded to nearest \$1,000.

Note: All members of a household were considered “poor” if total household income was less than the poverty guideline shown for a household of that size. Household members were considered “near-poor” if total household income fell between the poor and near-poor guidelines shown for a household of that size.

**Children Under Age 18.** All children under age 18 are classified by the employment status of the adults in their household. If at least one adult was employed either part-time or full-time, then the child was classified as living with an employed adult. If no adult in the child’s household was employed at the time of the interview, then the child was classified as living with no employed adults.

**Health Insurance.** As used in this report, “health insurance” includes any kind of private or public coverage for health care costs, including Medicare, Wisconsin Medicaid (or BadgerCare) and other government-funded insurance. The FHS does not obtain detailed information about the extent of services covered by insurance, nor information about costs of premiums, deductibles and co-payments.

Questions about health insurance coverage inquire about specific types of insurance in this sequence: Medicare, employer-sponsored, Medicare supplement or Medigap, private (insurance bought directly from an agent or company), coverage from someone not living in the household, military health care (TRICARE, CHAMPUS, CHAMP-VA, VA), Medicaid (including Title 19, BadgerCare and Healthy Start), and other types of coverage (HIRSP and GAMP are specifically mentioned). For each type of insurance, the respondent is asked whether any household members are currently enrolled and, for each enrolled person, whether that person has been enrolled for less than or more than 12 months.

At the end of this set of questions, the respondent is asked about each person who was not reported to be covered by any type of insurance. This verification question locates another small group of people who otherwise would mistakenly be considered uninsured.

People with Indian Health Service medical care and no other coverage are considered uninsured in this report.

***Health Insurance Coverage Over the Past Year.*** This estimates three groups: the percentage of residents who were covered by any type of insurance over the entire 12 months preceding the telephone interview, the percentage who had coverage during part of the 12 months and had no insurance part of the time, and the percentage who had no health insurance at all during the preceding 12 months.

Because FHS interviews were conducted throughout the year, the “preceding 12-month” period is variable. For example, respondents interviewed in May 2004 were asked to report their health insurance coverage for the 12-month period between May 2003 and May 2004.

A comparison between 2003 (4%) and 2004 (5%) estimates of the percent without health insurance for all of the past year shows a statistically significant increase in 2004.

The annual FHS estimate of uninsured for the entire year has not been identical to that reported annually by the U.S. Census Bureau’s Current Population Survey (CPS). Though both surveys estimate the proportion of persons who were uninsured for the entire past year, differences in measurement methods may explain most of the discrepancy between estimates. For example:

- The sample design for the FHS is a random sample of telephone numbers, stratified by regions, while the CPS uses a nationally representative multistage cluster sample.
- The FHS insurance question refers to the past 12 months while the CPS asks about the previous calendar year.
- The study designs are different: the CPS is longitudinal, conducting eight interviews with each household over a two-year period, while the FHS is a point-in-time study, conducting one interview with each household.
- There are variations in interviewer training and methods. The first CPS interview is conducted face-to-face, while the FHS is conducted only by telephone.
- The survey questions are worded differently.
- The FHS is designed to collect health-related information, while the CPS is primarily a labor force survey.

Despite the differences between the two surveys, findings on the characteristics of people without health insurance are consistent in both surveys. The Wisconsin Family Health Survey, the Census Bureau’s Current Population Survey and other reputable surveys find that persons are much more likely to be uninsured if they (or their family members) are unemployed, members of some minority groups, low-income or poor, or lacking a high school diploma.

The reader is advised to use CPS estimates to make comparisons between states. However, for program purposes, the FHS is a better source of information about health insurance among Wisconsin residents since the FHS is focused on health information, and offers the capacity for more detailed analysis.

***Insured and Uninsured.*** The “current” estimate of health insurance coverage is the percentage (or number) who had health insurance coverage at the time of the interview. It is a “snapshot” estimate, a cross-section of the Wisconsin household population at one point in time. Any type of public or private insurance coverage at the time of the interview classifies a person as having health insurance. Those with no insurance at the time of the interview are considered uninsured.

There was a statistically significant increase in the estimates of the currently uninsured from 2003 (6%) to 2004 (7%).

***Type of Health Insurance Coverage.*** As previously described, respondents were asked specifically about whether household members had various types of health insurance coverage at the time of the survey interview. Results of these questions are shown in Tables 3 and 4, and Figure 6.

Table 3 includes everyone under the age of 65. Everyone who had employer-sponsored insurance, with or without any other type of insurance, is included in the “Employer-Sponsored” column. The “Private” column includes everyone with private coverage, with or without other types, except for those with both private and employer-sponsored coverage (shown in the Employer-Sponsored column). The Medicaid column includes everyone with Medicaid, BadgerCare, Healthy Start, and other types of Medicaid. It excludes those who have Medicaid coverage in combination with employer-sponsored or private coverage. Everyone who has insurance and is not included in the first three columns is shown in the “Other Types” column. The types of insurance shown in Table 3 are mutually exclusive and exhaustive, so each age group totals to about 100 percent.

Table 4 includes everyone age 65 and older. Virtually everyone in this age group has some type of health insurance coverage; fewer than 1 percent are uninsured. The column “Insured, No Medicare” includes everyone who is insured without having Medicare coverage; this includes various combinations of employer-sponsored, military and private coverage. “Medicare Only” includes the small group who have Medicare without any other type of insurance. The remaining four columns display various combinations of insurance with Medicare. As in Table 3, the column “Medicare and Employer-Sponsored” includes everyone with this combination, even if they also have other types of insurance. The next column, “Medicare and Medigap,” includes all combinations with these types except those that include employer-sponsored insurance, which are displayed in the “Employer-Sponsored” column. This pattern also holds for the two remaining columns. The types of insurance in Table 4 are mutually exclusive and exhaustive, so each age group totals to about 100 percent.

Figure 6 displays types of insurance in a different way than Tables 3 and 4. In Figure 6, five major types of insurance are shown without regard to whether or not they are combined with other types. The categories are not mutually exclusive; they overlap. Thus, people with two types of insurance are represented twice in Figure 6. Everyone who has any employer-sponsored insurance, private insurance, Medigap, Medicaid and Medicare is shown. Each group includes people who have other types of insurance as well.

## **Tables in This Report**

With the exception of Table 9, all information presented in the tables and figures in this report, including the estimates of Wisconsin’s household population characteristics, was produced from the weighted 2004 Family Health Survey.

The tables include estimated percentages, 95 percent confidence intervals, and estimated numbers of people. Results are referred to as “estimated” percentages and numbers because all of the results are derived from a sample survey. The weighted survey data provide reliable estimates of characteristics of Wisconsin’s population. The percentage estimates, as well as the percentage confidence intervals, are rounded to whole numbers to avoid the impression of greater precision than is warranted from a sample survey. The estimated numbers of people, which are estimates of the Wisconsin household population, are rounded to the nearest 1,000 for the same reason.

The Family Health Survey conducts interviews with randomly selected households, a sample of all Wisconsin households. The random sample is used to represent the actual Wisconsin population, but the sample will have some small amount of variation from the actual population. Statistical procedures, such as constructing confidence intervals, are a guide to the amount of precision attributed to the survey results.

In most tables presented in this report, the 95 percent confidence interval (for both the estimated percents and number of people) is in parentheses. Add the confidence interval value to the estimated percent to find the high boundary of the 95 percent confidence interval, and subtract it from the percent to find the low boundary. For example, on the top line of Table 2 (page 10), 7 percent of Wisconsin household residents were reported to be uninsured at the time of the survey interview. Adding and subtracting the 1 percent value yields a 95 percent confidence interval of 6 to 8 percent. This means that 95 out of 100 random surveys would estimate that 6 to 8 percent of Wisconsin household residents in 2004 were uninsured at a given point in time. The same procedure applies to the estimated number of people: adding and subtracting 34,000 from 377,000 yields a 95 percent confidence interval of 343,000 to 411,000 persons who were currently uninsured.

### **Statistical Tests**

A statistical test was used each time a difference between two estimates is identified in the text. For example, the phrase “those more likely to be uninsured ” means that the difference between the identified groups was tested and found to be a statistically significant difference, not due to random variation. Only those differences that are statistically significant at the 0.05 level are mentioned in this report. A t-test of the differences between percents was used to determine statistical significance.

In some tables the percentage estimates would be expected to sum to 100 percent, but they do not. This is due to two factors: rounding to whole numbers and the omission of “no answer” categories. The “no answer” category includes refusals to answer and answers of “don’t know.” Information about the “no answer” or missing data category is presented in tables when it is a notable percentage.

# Appendix

## Abbreviated Interview Schedule 2004 Family Health Survey Insurance Questions

The questions are presented here as if they were asked only of the respondent, but in fact most questions were asked about each person living in the respondent's household. The respondent answered all questions on behalf of the other household members. The complicated skip patterns built into the interview schedule are not shown here (nor are the response categories); skip patterns are based on the answers to prior questions. This is a simplified version of the survey's health insurance and demographic questions only, presented for ease of understanding.

After the interviewer asks who is the most knowledgeable person in the household (in matters related to the health of other household members), that person is selected to be the respondent and answers questions on behalf of everyone in the household. At the start of the interview, the respondent is asked to list all persons living in the household and to give their first name, their relationship to the respondent, and their age and sex.

### FAMILY HEALTH SURVEY INTERVIEW SCHEDULE (PARTIAL)

- Now I have some questions about insurance coverage. At this time, is anyone in your household enrolled in:
  - Medicare, the health insurance for people 65 and older and people with certain disabilities?
  - Insurance provided through a current or former employer or union?
  - A Medicare supplement or Medigap plan?
  - An insurance plan bought directly from an insurance agent or insurance company?
  - An insurance plan of someone who does not live in this household?
  - TRICARE, CHAMPUS, CHAMP-VA, VA, other military health care, or the Indian Health Service?
  - There are a number of government programs that pay for health care for low-income and working families. At this time, is anyone in your household enrolled in Medicaid, Title 19, T-19, Medical Assistance, BadgerCare, Healthy Start or any other Medicaid program?
  - HIRSP, the Health Insurance Risk Sharing Plan, WisconCare, GAMP, the General Assistance Medical Program, or any other insurance?

*(The next questions were asked as needed for each type of insurance coverage.)*

- Have you been enrolled in this health insurance plan for less than 12 months or for more than 12 months?
- Whose employer or union provides this plan?
- At this time, in addition to the policyholder, who else is covered by this plan?
- Does this health plan cover all, most, some or none of the costs of general check-ups and other preventive services?
- When you are sick or injured, does this health plan cover all, most, some or none of the costs of health care at a doctor's office or health care clinic?
- For overnight hospital stays, does this health plan cover all, most, some or none of the costs?
- Is this plan an HMO, that is, a Health Maintenance Organization?

*(The next questions were asked for those who were insured for less than 12 months.)*

- Were you uninsured at some time during the past 12 months?
- For how many months were you uninsured?

*(The next questions were asked of those who did not have health insurance coverage at the time of the interview.)*

- According to the information I have so far, you do not have health care coverage at this time. Is that correct?
  - Were you covered by health insurance at any time during the last 12 months?
  - For how many of the past 12 months did you have health insurance?
  - What kind of health insurance did you have during the time you were insured?
  - What was the main reason your health insurance coverage stopped?

*(The next questions were asked about household members of working-age, 18-64.)*

- Last week, did you do any work, either full-time or part-time for pay or profit?
- Do you have a job from which you were temporarily absent last week?
- What was the main reason you did not have a job last week?
- Are you going to school full-time?
- Last week, did you have a second job or business, in addition to your main job or business?
- Let's talk about your main job – the job where you worked the most hours last week. Were you working for an employer, self-employed, or both?
- Was your employer the government, a privately-owned company or business, a non-profit organization, or something else?
- How long have you been working for this employer?
- Were you working on a farm?
- Do you work at a place that has more than 50 employees?
- How many hours per week do you usually work on this job?
- Do you consider your job temporary? Why?
- You said that you have health insurance coverage from a current or former employer or union and that other household members are covered through that policy. Is that insurance through this job?
- Do you pay all, most, some, or none of the costs of premiums for this health insurance?
- Has the employer or the union offered you health insurance?
- Does your employer or union offer health insurance to any other employees?
- Would the health insurance offered by your employer or union cover anyone in your household besides you?

*(The next two questions were asked about all household members aged 18 and older.)*

- What is the highest grade or level in school or college you have completed?
- Are you now married, widowed, divorced, separated, or never married?

*(The next questions were asked about all household members.)*

- Are you Hispanic or Latino?
- What is your Hispanic or Latino origin? Is it Mexican-American, Puerto Rican, Cuban, or something else?
- Which one or more of the following is your race? American Indian, Asian, Black or African American, White, or something else?
- In what county is this residence located?
  - (Asked if residence is in Milwaukee County.)*
    - Is this residence in the city of Milwaukee?
- What is your Zip code?
- Do you live on a farm?

*(The next series of questions was about annual household income. Respondents were asked three income questions, depending on their household size. Answers to these questions were used to compute poverty status. Because this is a complex section of the interview, only one example is given here, based on a household of four.)*

- Thinking of the total income for everyone in your household from all sources, before taxes, in 2003, was that income less than \$18,000, between \$18,000 and \$37,000, or greater than \$37,000?

*(If the respondent answers “greater than \$37,000,” the following question is asked.)*

- Was your total household income in 2003 less than \$55,000 or greater than \$55,000?

*(If the respondent answers “greater than \$55,000,” a final income question is asked.)*

- Would you say that your household’s total income from all sources, before taxes, in 2003 was less than \$75,000 or greater than \$75,000?

Thank you very much for your time and cooperation.



**PPH 5369-04 (09/05)**

## APPENDIX II

### CONTRACT FOR WISCONSIN SMALL AREA ESTIMATION AND UNCOMPENSATED CARE ANALYSIS 1517 DHCF – ES

THIS AGREEMENT is made and entered into for the period June 1, 2005 through May 31, 2006, by and between the State of Wisconsin, hereinafter called the “State”, represented by the Department of Health and Family Services, hereinafter called the “Department” and Innovative Resource Group d/b/a APS Healthcare, hereinafter called the “Contractor.”

WHEREAS, the Department deems it advisable to engage the professional services of the Contractor, and it appears that such services can be performed more economically under a contract;

WHEREAS, the Contractor has signified willingness to provide professional services to the Department;

NOW, WHEREFORE, in consideration of the premises and of their mutual and dependent agreements, the parties hereto agree as set forth in Department's State Planning Grant Program Grant and Request for Grant Authority, the contents of both which are hereby incorporated into this contract by reference.

This contract is complete and valid as of the above date.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Jenny Donnelly  
Director, Informatics Consulting

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Mark B. Moody  
Administrator, Division of Health Care Financing  
Wisconsin Department of Health and Family Services

#### I. GENERAL

- A. The Contractor will provide the services hereinafter set forth in accordance with professional standards.
- B. Subletting or Assignment of Agreement. The Contractor will not sublet or assign all or any part of the work under this Agreement without prior written approval of the Department.
- C. Employment. The Contractor will not engage the services of any person or persons now employed by the State, including any department, commission or board thereof, without the written consent of the employer of such person or persons and of the Department.

- D. Nondiscrimination in Employment. Chapter 16.765 of the Wisconsin Statutes requires the following provision to be included in every contract executed by agencies of the State. The contractor agrees to the provisions as stated below:

In connection with the performance of work under this contract, the Contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s. 51.01(5) sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; advertising; layoff or termination; rates of pay or other forms of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the Contractor further agrees to take affirmative action to ensure equal employment opportunities. The Contractor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

Contracts estimated to be twenty-five thousand dollars (\$25,000) or more require the submission of a written affirmative action plan. Contractors with an annual work force of less than 25 employees are exempted from this requirement, however, such contractors shall submit a statement to the Department's Affirmative Action/Civil Rights Compliance Officer certifying that its work force is less than twenty-five employees.

Within fifteen (15) days after the award of a contract, the affirmative action plan shall be submitted to the Department of Health and Family Services, AA/CRC Office, P.O. Box 7850 Madison, Wisconsin 53707-7850. Contractors are encouraged to contact the State's Affirmative Action/Civil Rights Compliance Officer at (608) 266-5462 for technical assistance.

- E. Legal Relations. (1) The Contractor will at all times comply with and observe all federal and state laws, local laws, ordinances, and regulations which are in effect during the period of this contract and which in any manner affect the work or its conduct.
- (2) In carrying out any provisions of this agreement or in exercising any power or authority granted to the Contractor thereby, there will be no personal liability upon the Department, it being understood that in such matters the Department acts as agent and representative of the State.
- (3) Each party will indemnify and save harmless the other party and all of its officers, agents and employees from all suits, actions or claims of any character brought for or on account of any injuries or damages received by any persons or property resulting from the operations of the Contractor, or of any of its contractors, in performing work under this agreement.
- (4) The Contractor will be acting in its independent capacity and not as an employee of the Department. Contractor shall not be deemed or construed to be an employee of the Department for any purpose whatsoever.

- F. Review. Liaison with the Department will be through Russell Pederson, who will represent the Department's interest in coordinating the contractor's provision of services as outlined in the contract.
- G. Termination of Agreement. The Department may terminate this Agreement at any time at its sole discretion by delivering 30 days' written notice to the Contractor. Upon termination, the Department's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred with the prior written approval of the Department. In the event that the Contractor terminates this Agreement, for any reason whatsoever, it will refund to the Department within 48 hours of said termination, all payments made hereunder by the Department to the Contractor for work not completed or not accepted by the Department. Such termination will require written notice to that effect to be delivered by the Contractor to the Department not less than 30 days prior to said termination.
- H. All material produced under this Agreement shall remain property of the State. Use of same by the Contractor shall be only with the advance written permission of the Department.
- I. Right to Publish. The Contractor will be allowed to write and have such writing published provided the Contractor has written approval from the Department before publishing writings on subjects associated with the work under this contract.
- J. Examination of Records. The Contractor agrees that the Department will have access to and the right to examine, audit, excerpt and transcribe any directly pertinent books, documents, papers and records of the Contractor, involving transactions relating to this contract. Such material will be retained for three years by the Contractor following completion of the contract.
- K. Continuance of Contract. As required by Wisconsin State Statutes, this Agreement must include the following provision: continuance of this contract beyond the limits of funds available shall be contingent upon appropriations of the necessary funds, and the termination of this contract by lack of appropriations shall be without penalty.

## **II. SCOPE OF SERVICES**

- A. The scope of the services is outlined in the terms and conditions of the Department's Request for Grant Authority.
- B. The Contractor shall complete all project activities within the period of the Contract and according to the timeframe as described in Attachment 1, or according to a modified timeframe as agreed upon by the Department and the Contractor.
- C. The Contractor agrees to provide the Department with written monthly progress reports which are to be submitted to the Department's designated contact person according to an agreed upon schedule which corresponds to the project activity timeframe (or the modified timeframe as allowed under II. B.) described in Attachment 1.

- D. The Contractor shall forward a written final report to include a summary of all project tasks as described in Attachment 1 within 10 days after the end of the contract period.

### **III. TIME, COST AND ADMINISTRATION**

- A. The total cost of this Agreement is not to exceed \$170,000 for work completed by May 31, 2006. Costs in excess of this maximum will not be reimbursed unless there is prior, written amendment to this Agreement.
- B. The \$170,000 is the combined total for both the small area estimate and the uninsured analysis. If both components cannot be completed by the contract deadline, the amount will be prorated to compensate only for the work actually completed.
- C. Payment shall be by the Department to the Contractor upon receipt of monthly invoices, submitted in duplicate to the following address:

Department of Health and Family Services  
Division of Health Care Financing  
Attn: Russell Pederson  
P.O. Box 309  
Madison, WI 53701-0309

- D. Invoices must itemize categories of expenses actually incurred, including professional fees at stated rates, hours expended, travel and other direct costs. Payment for air travel will be for tourist class only.
- E. Final invoice will be submitted to the Department not later than 60 days following close of the Agreement.

**Attachment 1**

### Project Management Plan/Project Matrix

Action Step	Timetable	Responsible Agency or Person	Anticipated Results	Evaluation/ Measurement
<b>Task 1: Develop a Model-Based Approach to Estimation of Health Insurance Coverage at the County Level.</b>				
Enter consultant memorandum of understanding (MOA) for project coordination, oversight, and promoting acceptance of final product.	May 2005	APS, DHFS Project Director and Policy Analyst	Final estimation product will meet needs of stakeholders and will be acceptable.	Signed agreement, deliverables  Completed:
Convene stakeholders meeting(s) to discuss issues and define key outcomes of estimation process.	November 2005 and ongoing	APS	Establish parameters for success of project.	Final estimation products are used by stakeholders.  Completed:
Obtain data sets and documentation for estimation modeling, format as needed, resolve data issues.	November – December 2005	APS	Combine direct estimates from available survey data with modeled estimates.	Meeting and discussion notes  Completed:
Run statistical estimation model. Test and evaluate results. Revise and re-specify model.	January – March 2006	APS	Completed computer runs.	Contractor Work Plan and meeting notes.  Completed:
Consult with stakeholders as needed while developing final model specifications.	January – March 2006	APS	Model meets stakeholder needs as defined in outcomes discussions.	Meeting and discussion notes  Completed:
Run final model and check results.	March – April 2006	APS	Parties agree that model has been successfully developed and applied to Wisconsin data.	Meeting and discussion notes  Completed:
SPG projects and activities incorporated into state staff assignments, responsibilities, and position detailed requirements as maintained and reported to Department management.	Ongoing	DHFS	Project will meet milestones and timeline.	Monthly meetings, monthly progress reports, and personnel performance evaluations  Completed:
<b>Task 2: Prepare Reports on Estimation Methodology and Results for County-Level Insurance Estimates.</b>				
Prepare draft written report on estimation methodology.	March – April 2006	APS	Describe data sets, data preparation, estimation model, and programs used to prepare county level insurance estimates.	Electronic draft available  Completed:

### Project Management Plan/Project Matrix

Action Step	Timetable	Responsible Agency or Person	Anticipated Results	Evaluation/ Measurement
Prepare draft electronic report on estimation results for each Wisconsin county.	March – April 2006	APS	Present results in a manner useful to stakeholders, including local health departments.	Electronic draft available  Completed:
Review and revise reports. Prepare final version for public release.	April – May 2006	APS, DHFS Project Director and Policy Analyst	Publish on DHFS Web site. County-level estimates available for use by DHFS program and policy staff, UW researchers, and local public health department staff.	Final reports published.  Completed:
<b>Task 3: Present Estimation Methods and Results to Stakeholders.</b>				
Plan meeting(s) with stakeholders for presentation of estimation products.	April – May 2006	APS, DHFS Project Director and Policy Analyst	All critical stakeholders will be included in meetings.	Agenda outline.  Completed:
Convene meeting(s) with stakeholders, including DHFS staff, UW research staff, and local public health departments.	May 2006	APS, DHFS Project Director and Policy Analyst	Stakeholders and partners will have clear understanding of appropriate uses of estimation results.	Meeting notes  Completed:
Evaluate application of methods for production of other local data estimates.	May 2006	APS	Groundwork for further applications of methods will be completed.	Included in final report from Consultant  Completed:
Prepare final report to HRSA	Ongoing	APS, DHFS Project Director and Policy Analyst	Summarize process, results, and useful future directions	Final report  Completed:
<b>Task 4: Develop Model to Explore Relationship Between Public Program Participation and Levels of Uncompensated Care.</b>				
Enter MOA with APS for project coordination, oversight, and promoting acceptance of final product.	May 2005	APS, DHFS Project Director and Policy Analyst	Final product will meet needs of stakeholders and will be acceptable.	Signed agreement, deliverables  Completed:
Conduct planning sessions to identify needed and available resources, become familiar with available data (including all relevant hospital and BadgerCare data), and develop methodology to meet DHFS needs.	July 2005	APS	Required resources will be assigned to meet DHFS data requirements.	Signed agreement, deliverables  Completed:



### Project Management Plan/Project Matrix

Action Step	Timetable	Responsible Agency or Person	Anticipated Results	Evaluation/ Measurement
For relevant time period, format data on county-specific Medicaid/BadgerCare enrollments, capitation payments, uncompensated care dollars for every hospital, hospital utilization statistics, and hospital characteristics.	August 2005	APS	Five years of data will be collected and analyzed.	Contractor work plan.  Completed:
Combine the micro-data collected and run multivariate statistical analyses.	September 2005	APS	Create model(s) that can be further evaluated for stakeholder requirements.	Meeting and discussion notes.  Completed:
Evaluate the appropriateness of random effects estimation.	September - October 2005	APS	Model(s) will be identified that meet stakeholder needs.	Meeting and discussion notes.  Completed:
Refine models and estimates.	October 2005	APS	Parties agree that model has been successfully developed and applied to Wisconsin data.	Final product is used by stakeholders.  Completed:
SPG projects and activities incorporated into state staff assignments, responsibilities, and position detailed requirements as maintained and reported to Department management.	Ongoing	DHFS	Project will meet milestones and timeline.	Monthly meetings, monthly progress reports, and personnel performance evaluations  Completed:
<b>Task 5: Prepare Reports on Estimation Methodology and Results of Utilized Models.</b>				
Prepare draft written report on estimation methodology and the different models utilized.	November 2005	APS	Describe data sets, data preparation, and the models utilized.	Electronic draft available.  Completed:
Prepare draft electronic report on analysis.	November 2005	APS	Present results in a manner useful to stakeholders, including local health departments and hospitals.	Electronic draft available.  Completed:
Review and revise reports. Prepare final version for public release.	December 2005 – January 2006	APS, DHFS Project Director and Policy Analyst	Publish on DHFS website. Data available for use by DHFS program and policy staff, local public health department staff, and hospital staff.	Final reports published.  Completed:

### Project Management Plan/Project Matrix

Action Step	Timetable	Responsible Agency or Person	Anticipated Results	Evaluation/ Measurement
<b>Task 6 : Preparation of SPG Reports</b>				
Coordinate consultant summary reports	Ongoing	DHFS Project Director and Project Analyst	Progress notes on MOA deliverables and state staff activities	DHFS/consultant meetings Completed:
Prepare SPG/HRSA required reports	Ongoing	APS, DHFS Project Director and Project Analyst	Expansion plan presentation; policy options.	Summary report Completed:

## **BUSINESS ASSOCIATE AGREEMENT**

This Business Associate Agreement (Agreement) supplements and is incorporated into the existing Underlying Contract (Contract) known as the Contract for Wisconsin Small Area Estimation and Uncompensated Care Analysis 1517 DHCF-ES covering the provision of production of county level estimates of the uninsured in Wisconsin and of a study on the impact of BadgerCare on Wisconsin hospitals uncompensated care level entered into by and between Innovative Resource Group d/b/a APS Healthcare (Business Associate) Department of Health and Family Services (Covered Entity). This Agreement is effective upon the signature of both parties, and shall remain in effect until the termination of the Contract or execution of a business associate agreement that terminates this agreement. This Agreement covers all current and future State Planning Grant activities, and terminates any prior existing Agreements.

This Agreement is specific to those services, activities, or functions performed by the Business Associate on behalf of the Covered Entity when such services, activities, or functions are covered by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Services, activities, or functions covered by this Agreement include, but are not limited to:

- production of county level estimates of the uninsured in Wisconsin: and
- completion of a study on the impact of BadgerCare on Wisconsin hospitals uncompensated care level

The Covered Entity and Business Associate agree to modify the Contract to incorporate the terms of this Agreement and to comply with the requirements of HIPAA addressing confidentiality, security and the transmission of individually identifiable health information created, used or maintained by the Business Associate during the performance of the Contract and after Contract termination. The parties agree that any conflict between provisions of the Contract and the Agreement will be governed by the terms of the Agreement.

### **1. DEFINITIONS**

***Protected Health Information (PHI)*** means:

Health information, including demographic information, created, received, maintained, or transmitted by the Business Associate, on behalf of the Covered Entity, where such information relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual, that identifies the individual or provides a reasonable basis to believe that it can be used to identify an individual.

PHI excludes individually identifiable health information in education records covered by the Family Educational Rights and Privacy Act (FERPA) and employment records held by the Covered Entity in its role as employer.

***Individual*** means:

The person who is the subject of protected health information or the personal representative of an Individual as defined and provided for under applicable provisions of HIPAA.

***Disclosure*** means:

The release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

***Designated Record Set*** means:

- (1) A group of records maintained by or for a covered entity that is:
  - (i) The medical records and billing records about individuals maintained by or for a covered health care provider;
  - (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
  - (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals.
- (2) For purposes of this Agreement, the term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

***Incident*** means:

A use or disclosure of PHI by the Business Associate or subcontractor not authorized by this Agreement or in writing by the Covered Entity. Also included in this definition are any attempted, successful or unsuccessful, unauthorized access, modification, or destruction of PHI, including electronic PHI, or interference with the operation of any information system that contains PHI.

## **2. PROHIBITION ON UNAUTHORIZED USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

The Business Associate shall not use or disclose any PHI except as permitted or required by the Contract or this Agreement, as permitted or required by law, or as otherwise authorized in writing by the Covered Entity.

## **3. PERMITTED USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

The Business Associate may use or disclose PHI only for the following purpose(s):

- a. for the delivery of the services, program management, activities, or functions contracted for in the Contract; or

- b. for meeting contractual or legal obligations as established in any agreements between the parties evidencing their business relationship; or
- c. as permitted by HIPAA if such use or disclosure were made by the Covered Entity or otherwise required by applicable law, rule or regulation; or
- d. for use in the operations of the Business Associate as provided in paragraph 4 of this Agreement; or
- e. as otherwise authorized by the Covered Entity in writing; or
- f. data aggregation for the health care operations of the Covered Entity.

#### **4. USE OF PROTECTED HEALTH INFORMATION IN BUSINESS ASSOCIATE OPERATIONS**

The Business Associate may use or disclose PHI as necessary for the delivery of the services or programs provided for in the Agreement, including appropriate management and administration of programs or services, or to fulfill the contractual or legal obligations of the Business Associate provided:

- a. the disclosure is permitted or required by law; or
- b. the Business Associate obtains reasonable assurances, evidenced by a written contract, from any person or organization to which the Business Associate will disclose PHI that such person or organization shall:
  - (i) hold all PHI in confidence and use or further disclose it only for the purpose for which the Business Associate disclosed it to the person or organization, or as required by law; and
  - (ii) notify the Business Associate, who will in turn promptly notify the Covered Entity, of any instance that the person or organization becomes aware of in which PHI was improperly disclosed.

#### **5. SAFEGUARDING AND MAINTENANCE OF PROTECTED HEALTH INFORMATION**

- a. The Business Associate will develop, implement, maintain, and use:
  - (i) reasonable and appropriate administrative, technical, and physical safeguards to prevent improper use or disclosure of PHI, in any form or media; and,
  - (ii) reasonable and appropriate administrative, technical, and physical security measures that protect the confidentiality, integrity and availability of electronic PHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
- b. The Business Associate will document PHI safeguards and security measures and agrees to provide the Covered Entity with access and review of this documentation if requested by the Covered Entity or an agent of the Covered Entity. Security measures employed by the Business Associate must be sufficient to ensure that the Covered Entity is compliant with the HIPAA privacy and security requirements for those covered services, activities, or functions performed on behalf of the Covered Entity on or before the date such requirements become effective.
- c. The Business Associate agrees to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the Business Associate. The Business Associate and Covered Entity agree that all costs associated with performance of these

activities will be the responsibility of the Business Associate unless the Covered Entity agrees to be responsible for some or all of the costs associated with the performance of these activities.

## **6. USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION BY SUBCONTRACTORS AND AGENTS OF THE BUSINESS ASSOCIATE**

The Business Associate agrees to require any agent, including subcontractors, to whom the Business Associate provides PHI to comply with the same restrictions and conditions applicable to the Business Associate with respect to PHI. Business Associate further agrees to ensure that any agents or subcontractors, to whom the Business Associate provides PHI received from, or created or received by the Business Associate on behalf of the Covered Entity agrees to the same restrictions and conditions applicable to the Business Associate with respect to such information. This provision does not apply to the use or disclosure of PHI by subcontractors that provide health care treatment to individuals or to other persons or organizations that have entered into an Organized Health Care Arrangement (OHCA) as provided for under the provisions of HIPAA.

## **7. COMPLIANCE WITH ELECTRONIC TRANSACTIONS AND CODE SET REGULATIONS**

If the Business Associate conducts any HIPAA-covered standard electronic transactions on behalf of the Covered Entity, the Business Associate will comply with the applicable provisions of HIPAA for such standard transactions. The Business Associate will likewise require any subcontractor or agent conducting any standard electronic transactions on behalf of the Business Associate, for services or programs covered by the Contract, to comply with the applicable provisions of HIPAA relating to standard transactions.

### **a. General requirements.**

- (i) If any entity requests the Business Associate to conduct any of the standard electronic transactions, the Business Associate must comply with the request.
- (ii) The Business Associate may not delay or reject a transaction, or otherwise adversely affect or impact the other entity or the transaction submitted, because the transaction is a standard electronic transaction.
- (iii) The Business Associate may not reject a standard electronic transaction on the basis that it contains data elements not needed or used by the Business Associate (e.g., coordination of benefits data elements).
- (iv) The Business Associate may not offer an incentive to a health care provider to conduct a covered transaction through direct data entry rather than as a standard electronic transaction.
- (v) Business Associates operating as a health care clearinghouse, or requiring an entity to use a health care clearinghouse to receive, process, or transmit standard electronic transactions may not charge fees or impose costs in excess of the fees or costs for normal telecommunications that the entity incurs when it directly transmits, or receives, a standard electronic transaction to, or from, the Business Associate.

- b. The Business Associate will not enter into, or permit its subcontractors or agents to enter into, any agreement related to the conducting of standard electronic transactions for or on behalf of the Covered Entity that:
  - (i) changes or modifies the definition, data condition, or use of a data element or segment in an implementation specification; or
  - (ii) adds any data elements or segments to the maximum defined data set; or
  - (iii) uses any code or data elements that are marked “not used” in the implementation specification or are not contained within the implementation specification; or
  - (iv) changes the meaning or intent of any implementation specification.
- c. If the Business Associate receives a standard electronic transaction and coordinates benefits with another health plan, it must store the coordination of benefits data it needs to forward the standard electronic transaction to the other health plan.

## **8. ACCESS TO PROTECTED HEALTH INFORMATION**

At the request of the Covered Entity, the Business Associate agrees to provide access to PHI held by the Business Associate that the Covered Entity has determined to be part of the Designated Record Sets of the programs covered by the Agreement. Access to PHI will be provided to the Covered Entity or to an Individual as directed by the Covered Entity to comply with applicable HIPAA requirements. The Covered Entity may delegate to the Business Associate responsibility for performing any or all obligations related to the Designated Record Set, including those activities required under HIPAA to permit an individual to exercise their HIPAA privacy rights.

## **9. AMENDMENT OR CORRECTION TO PROTECTED HEALTH INFORMATION**

At the direction of the Covered Entity, the Business Associate agrees to amend or correct PHI that the Covered Entity determines is included in the Designated Record Set held by the Business Associate. The Business Associate agrees to complete any amendment or correction to PHI in accordance with HIPAA requirements.

## **10. REPORTING OF INCIDENTS TO COVERED ENTITY BY BUSINESS ASSOCIATE**

The Business Associate agrees to inform the Covered Entity of any Incident covered by this Agreement within one (1) business days of becoming aware of such Incident. The Covered Entity, at its discretion, may require a written report. If a written report is requested by the Covered Entity, the Business Associate agrees to forward a written report to the Covered Entity not more than five (5) business days after such request is made. Written and verbal reports of Incidents will include:

- a. a complete description of the circumstances of the Incident;
- b. the name of persons assigned to review and investigate the Incident;
- c. a description of all PHI used or disclosed during the Incident;
- d. the names of persons and organizations involved in the Incident;
- e. the actions the Business Associate has undertaken or will undertake to mitigate any harmful effect of the Incident; and,

- f. a corrective action plan that includes steps the Business Associate has taken or will take to prevent future similar Incidents from occurring.

#### **11. MITIGATING EFFECT OF UNAUTHORIZED DISCLOSURES OR MISUSE OF PROTECTED HEALTH INFORMATION**

The Business Associate agrees to mitigate, to the extent practicable, any harmful effect known to the Business Associate created by an improper use or disclosure of PHI by the Business Associate in violation of the requirements of this Agreement.

#### **12. STATUTORY DUTY OF COVERED ENTITY TO REPORT MATERIAL BREACHES BY BUSINESS ASSOCIATE TO SECRETARY OF HEALTH AND HUMAN SERVICES (HHS)**

Business Associate and Covered Entity agree that if the Business Associate engages in a pattern of activity or practice that constitutes a material breach or violation of this Agreement, and the Covered Entity becomes aware of such pattern or practice, the Covered Entity is required to take reasonable steps to cure the breach or end the violation, as applicable, and, if such steps are not successful and termination of the Contract is not feasible, the Covered Entity is required to report the problem to the Secretary of HHS.

#### **13. TRACKING AND ACCOUNTING OF DISCLOSURES OF PROTECTED HEALTH INFORMATION BY THE BUSINESS ASSOCIATE**

- a. The Business Associate agrees to track disclosures of PHI as required by the applicable provisions of HIPAA and applicable Wisconsin State law. Specifically, the Business Associate agrees that it will maintain a record of all PHI disclosures made to third parties, except as provided for by the subsections to this paragraph below. The Business Associate agrees that the following information will be recorded:
  - (i) the date the PHI was disclosed;
  - (ii) the name and address, if known, of the person or entity that the PHI was disclosed to;
  - (iii) a brief description of the PHI disclosed; and
  - (iv) a brief statement describing the purpose for the disclosure.
- b. For repetitive disclosures that the Business Associate makes to the same person or entity for a single purpose, the Business Associate will provide:
  - (i) the disclosure information as specified in paragraph 13(a)(i-iv) of this Agreement for the first of such repetitive disclosures;
  - (ii) the frequency, periodicity or number of such repetitive disclosures; and
  - (iii) the date of the most recent of such repetitive disclosures.
- c. The Business Associate will make the record of disclosures available to the Covered Entity within one (1) business days after receiving a request by the Covered Entity.
- d. Exceptions from Disclosure Tracking.  
The Business Associate is not required to track or record disclosures of PHI, or to provide an accounting of disclosures for PHI meeting the following conditions:
  - (i) disclosures of PHI that are permitted under this Agreement, or otherwise expressly authorized by the Covered Entity in writing; and
  - (ii) disclosures of PHI for the following:



- (1) for purposes of treatment, payment or health care operations activity of the Covered Entity;
  - (2) in response to a request from an Individual who is the subject of the disclosed PHI, or to that Individual's Personal Representative;
  - (3) made to persons involved in health care or payment for health care of the Individual;
  - (4) for disaster relief notification purposes;
  - (5) for national security or intelligence purposes; or,
  - (6) to law enforcement officials or correctional institutions regarding Individuals in custodial situations.
- e. Agreement to Obtain Valid Authorization or Informed Written Consent Prior to Disclosure of PHI.  
Business Associate agrees to obtain a valid authorization or informed written consent from the individual that is the subject of the PHI disclosure or a personal representative of such individual except for those exceptions listed in this Agreement or otherwise required by law.
- f. Disclosure Tracking Time Periods.  
Business Associate agrees to maintain and make available to the Covered Entity upon its request information on disclosures of PHI made by the Business Associate for the six-year period preceding the request, but not including disclosures made prior to April 14, 2003, or the date that the Business Associate began performing covered services, activities, or functions on behalf of the Covered Entity, whichever is later.

#### **14. ACCOUNTING TO THE COVERED ENTITY AND TO GOVERNMENT AGENCIES**

The Business Associate agrees to make its internal practices, books, and records relating to the use and disclosure of PHI available to the Covered Entity, or to the Secretary of Health and Human Services (HHS) in a time and manner determined by the Covered Entity or the Secretary or designee, for purposes of determining compliance by the Covered Entity with the requirements of HIPAA. Further, the Business Associate agrees to promptly notify the Covered Entity of communications with HHS regarding PHI and will provide the Covered Entity with copies of any PHI or other information the Business Associate has made available to HHS under this provision.

#### **15. TERM AND TERMINATION OF AGREEMENT**

- a. The Business Associate and Covered Entity agree that this Agreement becomes effective upon the signature of both parties.
- b. The Business Associate agrees that if in good faith the Covered Entity determines that the Business Associate has materially breached any of its obligations under this Agreement, the Covered Entity at its discretion, has the right to:
  - (i) exercise any of its rights to reports, access and inspection under this Agreement, and, or
  - (ii) require the Business Associate to conduct monitoring and reporting, as the Covered Entity determines reasonably necessary to maintain compliance with this Agreement; and, or

- (iii) provide the Business Associate with a defined time period to cure the breach; or
  - (iv) terminate the Agreement in accordance with applicable state statutes.
- c. Before exercising any of these options, the Covered Entity will provide written notice of preliminary determination to the Business Associate describing the violation and the action the Covered Entity intends to take.

## **16. RETURN OR DESTRUCTION OF PROTECTED HEALTH INFORMATION**

Upon termination, cancellation, expiration or other conclusion of this Agreement, the Business Associate will:

- a. Return to the Covered Entity or, if return is not feasible, destroy all PHI and any compilation of PHI in any media or form. The Business Associate agrees to ensure that this provision also applies to PHI in possession of subcontractors and agents of the Business Associate provided to the agent or subcontractor by the Business Associate. The Business Associate agrees that any original record or copy of PHI in any media is included in and covered by this provision, as are all original or copies of PHI provided to subcontractors or agents of the Business Associate by the Business Associate. The Business Associate agrees to complete the return or destruction as promptly as possible, but not more than five (5) business days after the effective date of termination of this Agreement. The Business Associate will provide written documentation evidencing that return or destruction of all PHI has been completed. Business Associate agrees to extend the requirements of this provision to contracts entered into with subcontractors and agents that create, receive, or maintain PHI on behalf of the Business Associate.
- b. If the Business Associate believes that the return or destruction of PHI is not feasible, the Business Associate shall provide written notification of the conditions that make return or destruction not feasible. If the Business Associate and Covered Entity agree that return or destruction of PHI is not feasible, the Business Associate shall extend the protections of this Agreement to PHI and prohibit further uses or disclosures of the PHI of the Covered Entity without the express written authorization of the Covered Entity. Subsequent use or disclosure of any PHI subject to this provision will be limited to the use or disclosure that makes return or destruction not feasible.

## **17. MISCELLANEOUS PROVISIONS**

- a. Automatic Amendment: This Agreement shall automatically incorporate any change or modification to HIPAA as of the effective date of the change or modification. The Business Associate agrees to maintain compliance with all changes or modifications to HIPAA as required.
- b. Interpretation of Terms or Conditions of Agreement: Any ambiguity in this Agreement shall be construed and resolved in favor of a meaning that permits the Covered Entity and Business Associate to comply with HIPAA.
- c. Submission of Compliance Plan: The Business Associate agrees that a HIPAA compliance plan may be requested by the Covered Entity. If requested by the Covered

Entity, the Business Associate agrees to provide periodic reports of the progress of the compliance plan. Further, the Business Associate agrees that the plan and progress reports will comply with the requirements of the Covered Entity.

**IN WITNESS WHEREOF**, the undersigned have caused this Agreement to be duly executed by their respective representatives.

**COVERED ENTITY**

**BUSINESS ASSOCIATE**

**By:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## APPENDIX III

### Baseline Information for Wisconsin

**Total Population (2004 U.S. Census Bureau):** 5,509,026

**Number and Percentage Uninsured (2004 FHS)** 275,000 (5%)

**Median Age (2004 U.S. Census Bureau):** 37.4

**Percent of population living in poverty (2004 U.S. Census Bureau):** 12.3%

**Non-Farm Industries in Wisconsin by Employment (2004 Quarterly Census of Employment and Wages):**

Trade, Transportation, and Utilities	554,082
Education and Health Services	545,011
Manufacturing	503,002
Business, Financial, and Information Services	412,271
Leisure and Hospitality	261,003
Construction and Mining	149,685
Government	141,705
Miscellaneous Services	83,050

**Number and Percent of Employers Offering Coverage:**

The following data was obtained from the 2003 MEPS-IC survey conducted by AHRQ.

Number of Establishments in Wisconsin, 2003:	129,482
Number that Offer Health Insurance, 2003:	72,510
Percent:	56%

For more detailed information, please see the Employer Based Coverage section.

**Number and Percent of Self-Insured Firms** Not available

### Payer Mix

In the 2004 FHS, questions were asked about respondents' current health insurance status. This provides an estimate that is a "snapshot" of Wisconsin at one point in time. Based on the responses to questions about current health insurance status,

- 77% of Wisconsin residents have private health insurance including employer sponsored and privately purchased coverage.
- 14% of Wisconsin residents have Medicare.

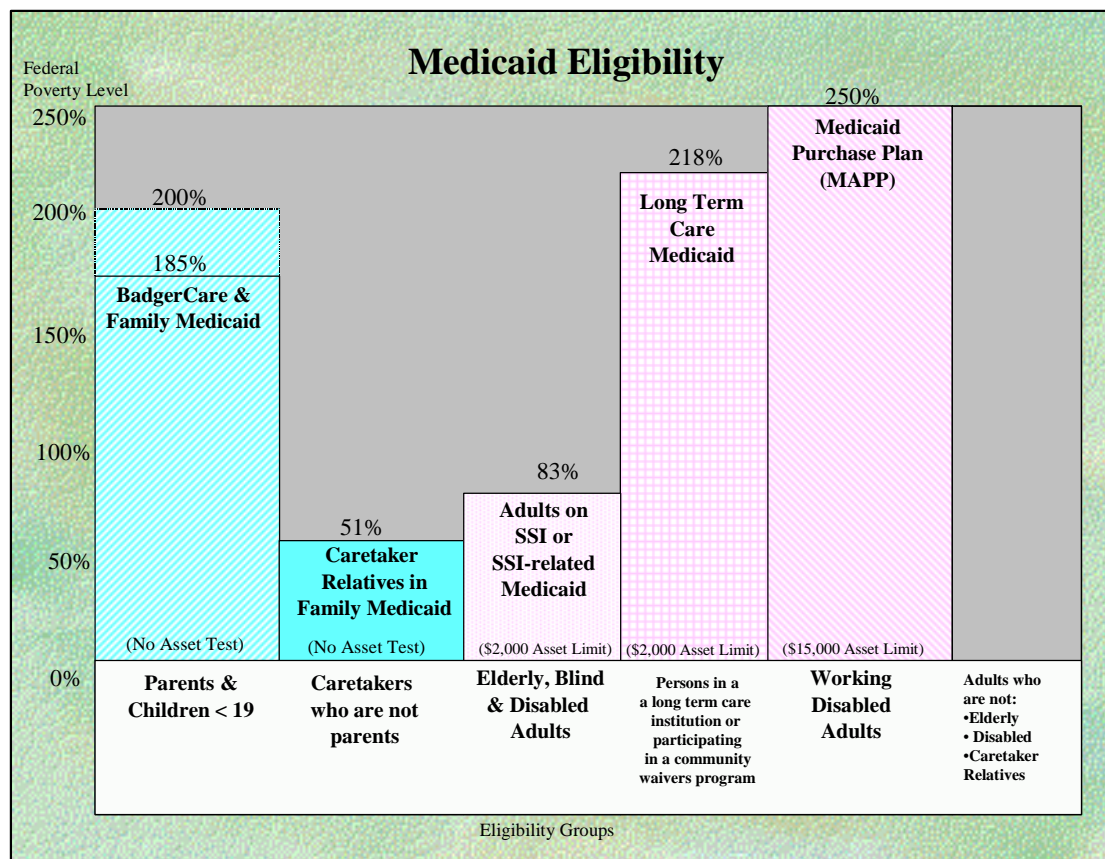
- 9% of Wisconsin residents report having Medicaid or BadgerCare.

It should be noted that Medicaid and BadgerCare wrap around other insurance coverage, so the percentage of residents with private health insurance coverage and the percentage covered under public programs are not mutually exclusive.

## Provider Competition

SPG activities are not assessing provider competition in Wisconsin's marketplace.

## Eligibility for Existing Coverage Programs (Medicaid/SCHIP/others)



## Use of Federal Waivers

A workgroup is reviewing Wisconsin's BadgerCare waiver and developing proposals for waiver expansion.

## **APPENDIX IV**

### **Links to Research Findings and Methodologies**

#### **Wisconsin Family Health Survey:**

<http://www.dhfs.state.wi.us/stats/familyhealthsurvey.htm>

The Wisconsin Family Health Survey methods are described and results are presented in the annual report, *Wisconsin Health Insurance Coverage, 2004*, available at this site.

#### **Wisconsin State Planning Grant**

<http://dhfs.wisconsin.gov/medicaid8/state-grant/index.htm>

The State Planning Grant section of the Department website contains SPG reports as they are finalized. Final reporting on 2004 grant-funded activities will be posted to this website upon completion.