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- Consider the Conversation: documentary on end-of-life care
- Patient Experience Summit
- Rural Hospital Finance Workshop
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- The Art and Science of Integrating Compassionate Care
- 12th Annual Midwest Coding & Practice Management Symposium
- Nurse Practitioners and Physician Assistants Dementia Update
- Statewide Sexual Assault Response Team (SART) Conference

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- Report Details State-by-State Benefits of Smoke-Free Laws
**Governor’s Commission on Waste, Fraud and Abuse: $177M Savings Possible**
The Commission on Waste, Fraud and Abuse has released an interim report citing possible savings of $177 million from increased oversight of public assistance programs, including the Medicaid, Child Care, W-2 and FoodShare. The report asserts that relaxed enrollment standards and limited program integrity efforts over the past several years have led to individuals receiving benefits for which they may not have been eligible and other improper recipient payments. The report notes that no quality assurance activities were conducted related to the enrollment of childless adults in Medicaid and FoodShare from 2008 until December of 2010.

**USDA: Wisconsin Among Most Accurate States for Foodshare Payments**
Wisconsin will receive nearly $1.5 million in bonus payments for having one of the highest FoodShare accuracy rates in the nation, according to an announcement by the United States Department of Agriculture (USDA). A USDA review found that 98% of the benefits issued in Wisconsin were for the correct amount. In FY2010, food stamp benefits totaled $1 billion in Wisconsin and $64.7 billion nationally. Receiving the bonus award for its low payment error rate means Wisconsin is paying FoodShare benefits more accurately compared to other states. Nationally, nearly $2.5 billion in benefits were issued in error. Wisconsin over-issued $13.7 million in benefits and under-issued $5.9 million in benefits.

**DHS Reports on BadgerCare Basic Plan: Unrealistic and Not Sustainable**
The Wisconsin Department of Health Services submitted a required report to the legislature’s Joint Finance Committee, in which it describes various changes being made for coverage of persons on the waiting list for the Core Plan. The program was intended to cover adults without dependent children, who paid a $130 premium while waiting to get other state-sponsored Core Plan coverage. The DHS reports that “Basic was developed by the previous administration using an unrealistic set of assumptions.” Premiums have been increased to $200 per month and will again increase on August 5 to $250 per month.

**Fewer Wisconsin Jobs Offer Health Insurance Benefits**
Data compiled by the State Health Access Data Assistance Center at the University of Minnesota and the Robert Wood Johnson Foundation show that the percentage of Wisconsin's population under 65 that gets health insurance through an employer fell from 79% to 72% in the decade from 1999-2009. An estimated 37% Wisconsin small employers (employers of fewer than 50) offered health benefits in 2008-09, down from 49% in 1998-99. Nonetheless, Wisconsin residents are more likely than are residents in most other states to get employer sponsored health benefits through an employer. The percentage of employer sponsored insurance fell nationally from 69% to 61% from 1999-2009.

**Health Program Changes in WI Budget: Various Views**
The Wisconsin Department of Health Services (DHS) asserts that the 2011-13 state budget takes important steps to make sure Wisconsin’s health, public assistance and long term care programs are financially stable, provide high quality services to those who need them and are accountable to taxpayers. The Wisconsin Council on Children and Families (WCCF) comparative analysis of the 2011-2013 biennial budget bill disagrees with this outlook: while conceding that the
legislature confronted a difficult task in crafting this biennium’s budget, they claim that the Governor has chosen to rely on an all-cuts approach to balance the budget, ultimately digging the deficit hole even deeper. The Legislative Fiscal Bureau provides a non-partisan comparison of the outcome.

**Milwaukee, Madison, Tribes Apply for $30M Federal Prevention Grants**

DHS Secretary Dennis Smith, after an initial, highly publicized and criticized decision to deny necessary letters of support to applicants seeking federal prevention funding, reversed plans and provided the needed letters. This allowed the City of Milwaukee, UW-Madison, and the Great Lakes Inter-Tribal Council to submit their applications for nearly $30 million in federal grants for prevention of tobacco use, obesity, and chronic diseases such as diabetes. The Secretary’s earlier decision prompted Milwaukee’s Mayor Barrett and Congresswoman Moore to speak out, and the “turn-around” was lauded by Assembly Democrats.

**State's High Risk Pool Sound Financial Position, Growing Enrollment**

The audit of Wisconsin's high risk pool summarizes that “[s]ince its inception in 2006, the Health Insurance Risk-Sharing Plan Authority has maintained a sound financial position.” HIRSP enrollment in the state-based HIRSP Plan increased 15.8% t in 2010, reaching 18,965 as of December 31, 2010, and the April 2011 enrollment report shows another 7% increase to 20,330 member. The audit notes that at least part of this increase is a result of reduced premiums and improved affordability. HIRSP raised its rates 15% on July 1 to cover an increase in large medical claims and prescription drug costs.

**Impact of Premiums on Families in BadgerCare Plus: Study**

DHS is considering increasing the amount low-income families’ pay for health care coverage and services through Wisconsin’s Medicaid and BadgerCare Plus programs. Researchers and Georgetown University, using an Urban Institute model, estimate the impact of increasing premiums. The premiums, currently at a maximum of 3% of families’ income, if increased to 4%, would result in between 49,422 and 87,298 fewer children and their parents participating in BadgerCare Plus. The study also warns that such increases could result in “adverse selection,” whereby those that remain enrolled have greater health needs and higher costs.

**Proposed Medicaid Cuts Cost $3.4 Billion in WI Business Activity: Study**

“Jobs at Risk,” a report issued by the liberal Families USA, reports that the Medicaid cuts in the House Republican budget could cost Wisconsin as many as 31,890 jobs and as much as $3.4 billion in state business activity. Assuming cuts of federal funding to current state Medicaid programs of 5 percent in 2013, 15 percent in 2014, and 33 percent in 2021 will cost Wisconsin almost $250.8 million to $1.7 billion in lost federal Medicaid dollars, and put at risk nearly $519.3 million to $3.4 billion in business activity, and 4,830 to as many as 31,890 jobs.

**Wisconsin Cuts Funding for Preventive Services Provided by Planned Parenthood**

The state’s biennial budget recently signed by Governor Walker eliminates state and federal funding that goes to clinics operated by Planned Parenthood. Planned Parenthood of Wisconsin has 27 health centers across the state that provide birth control, cancer screenings, annual exams, and sexually transmitted disease testing and treatment to 73,000 patients every year. Multiple health organizations throughout the state wrote a letter to the legislative leadership expressing their concerns, noting that state and federal law already prohibits health care providers from
using any government funds for abortion and that 97% of the care offered by these clinics is preventive. Supporters of the measure do not want funding to any clinics that would refer a patient for abortion services.

**State's Family Care Enrollment Freeze Draws Criticism**

Through pleas to the federal government to reject a new state cap on enrollments for Wisconsin's frail elderly and younger adults with disabilities, Milwaukee County officials are pushing to end Gov. Scott Walker's freeze on the popular Family Care program. The change was approved at the state level as a part of Wisconsin’s 2011-'13 budget but requires a federal OK for the change in the state's use of federal Medicaid money. Family Care and several related, smaller programs are primarily funded by Medicaid which covers about 60% of their costs.

**New Contractor to Provide Medical Ride Services for Medicaid Enrollees**

LogistiCare has assumed the contract, as of July 1, to provide rides to medical appointments for Medicaid enrollees. WI DHS reports that the new contractor will offer better ride coordination and service quality, regardless of where Medicaid enrollees live in the state. Some critics fear that thousands of Wisconsinites will soon lose the right to pick their health care providers as well as a ride to the doctor. These critics of the Atlanta based LogisticCare claim that the company makes money by attempting to deny rides, possibly forcing some clients to change to health care providers nearer their homes. The system is expected to save the state about $5 million over two years.

**Statewide Health Information Network Preparing to Launch**

The Wisconsin Statewide Health Information Network (WISHIN), which is dedicated to bringing the benefits of widespread interoperable health information technology to caregivers throughout the state, will launch its initial product offering, WISHIN Direct secure messaging service, in September 2011.

**Milwaukee Schools Losing Aurora Nurses**

The Milwaukee Journal-Sentinel reports that Aurora Health Care is withdrawing school nurses and nurse practitioners from 10 Milwaukee public schools. Aurora has provided its services at no cost to Milwaukee Public Schools for over a decade. One Aurora-sponsored full-time registered nurse will remain at one school in Lindsay Heights. Children's Hospital of Wisconsin and other community health organizations are negotiating nursing coverage they will provide to MPS this coming year and are considering increasing their commitment.

**Wisconsin Slips in Health Care Quality Ranking**

Wisconsin’s ranked 7th this year in overall health care quality, according to the federal Agency for Healthcare Research and Quality (AHRQ) annual snapshots. This is a drop from consistent ranks of first or second place. Wisconsin’s lower rank could be due to other state’s more rapid improvement as well as some actual decline in performance by Wisconsin providers.

**Claim Filed against Insurance Commissioner for Consumer Assistance Grant Termination**

Public Interest Law Firm ABC for Health, Inc. (ABC) has filed a supporting brief related to a claim for $176,250 plus expenses against the Wisconsin Commissioner of Insurance Ted Nickel. The claim arises from the termination of the Consumer Assistance Grant contract between the
Commissioner of Insurance (OCI) and ABC. The brief claims that newly appointed Commissioner Ted Nickel and his Deputy Dan Schwartzer’s decision to terminate a carefully crafted and unduplicated consumer assistance program that included ABC was unlawful and inequitable.

**Concealed Carry Law: Health Care Facilities Have Options**
Gov. Scott Walker recently signed into law new legislation that allows licensed individuals to carry concealed weapons into most public places. Hospitals, clinics and other health care entities are not exempt from this law, though the law does not apply to nursing homes. The Wisconsin Hospital Association has created a summary of key aspects of the law as well as model signage that hospitals may choose to use or modify. The summary and model signage can be found at: [www.wha.org/SummaryKeyIssuesConcealedCarryAct7-11.pdf](http://www.wha.org/SummaryKeyIssuesConcealedCarryAct7-11.pdf) and [www.wha.org/NoWeaponsPoster.ppt](http://www.wha.org/NoWeaponsPoster.ppt).

**Wisconsin Dental Association Event Points to Real Problem**
The Wisconsin Dental Association’s Mission of Mercy held recently in central Wisconsin provided free dental care, attracting some 2,000 people to the Greenheck Field House -- some of whom camped out to be among the first in line.

**Raw Milk Advocates Face Public Health Issues**
Raw milk advocates are lobbying for legislative support for a bill to legalize sales of unpasteurized milk. For raw milk advocates, the bill is about the freedom to live without interference from the government, but for health officials in Wisconsin, it’s about potentially exposing unsuspecting citizens to disease-causing bacteria.

**Report Finds More than 27% of Wisconsin's Adults Obese**
Wisconsin is the 25th most obese state in the nation and remains first in the percentage of African-American adults who are obese, according a [new report](http://www.wha.org/SummaryKeyIssuesConcealedCarryAct7-11.pdf), recently released by the Trust for America’s Health and the Robert Wood Johnson Foundation. The obesity rate for African-Americans is 45.8%, up from 44% a year ago. Obesity declined slightly for the state's white and Latino populations, but Wisconsin was one of 16 states that had an increase in obesity among the total adult population compared with last year, the report says.

**Wisconsin Students to Get More Healthful Snacks**
Students at 166 Wisconsin schools will get fresh fruit and vegetables as part of the Fresh Fruit and Vegetable Program, sponsored by the USDA. Approximately 57,000 students in Wisconsin’s poorest schools will be eating the healthful snacks at least three times a week. The Badger State will get just under $3 million in grants, of the $150 million allocated nationwide, from the federal [Fresh Fruit and Vegetable Program](http://www.wha.org/NoWeaponsPoster.ppt).

**New Program Opens Farmers Market to Food Stamp Recipients**
Central Wisconsin food stamp recipients now can buy fresh produce and other food at the Wausau Farmers Market. The new initiative, made possible through the Marathon County Health Department and other partners, is meant to help low-income individuals and families gain access to healthy, fresh food. Low-income people enrolled in FoodShare, the state's food stamp program, can use their Quest cards to receive tokens -- worth $1 each -- that can be used to buy program-approved foods from participating vendors.
Bringing Communities and Technology Together for Healthy Aging Wisconsin
A five-year, $9.5 million grant has been awarded to a collaborative research program led by the Center for Health Enhancement Systems Studies at the University of Wisconsin-Madison. The purpose of the grant is to develop innovations that help older adults remain in their homes as long as possible. The grant comes from the federal Agency for Healthcare Research and Quality (AHRQ), whose mission is to improve the quality, safety, efficiency and effectiveness of health care for all Americans.

RESEARCH AND PROGRAM TOOLS

- **New Issue Briefs from the UW Population Health Institute**
  - Online Application for Medicaid and BadgerCare: How Efficient Relative to Other Application Venues?
  - Increasing Wisconsin's Beer Tax: Would It Improve the State's Health? At What Cost?
  - Health Impact Assessment: Improved Policy-Making or Barrier to Economic Development?
  - Tractor Rollover Protective Structures (ROPS): How to Reduce Wisconsin's Farm Death and Injury
  - Zoning? Supermarkets? Farms and Gardens?: Improving Access to Healthy Affordable Food

- New and Updated Resources from the Kaiser Family Foundation
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- Wisconsin Toolbox:
  - Health Literacy 101 Webinar Series
  - Amish Webinar Series

EVENTS AND ANNOUNCEMENTS

**WISCOM Training / Usage Day**, July 19, Wausau, WI

**Bipolar Disorder: A Critical Mental Health Issue for Wisconsin**, July 21, Webinar

**WISHIN Statewide Health Information Network Training**
August 9 (1:00-4:00 p.m.) - Wisconsin Dells
August 10 (9:00 a.m. to noon) - Wausau.
Consider the Conversation: documentary on end-of-life care
August 10, 11 and 12 – Wisconsin Public Television

Patient Experience Summit
WMS, WCHQ, Gundersen Lutheran Health System, Meriter Health Services and Prevea Health
September 30, La Crosse, WI

Rural Hospital Finance Workshop. August 30, Sauk City, WI

2011 Suicide Prevention Summit, September 13 & 14th, La Crosse, WI

The Art and Science of Integrating Compassionate Care
September 17th & Oct 22nd, La Crosse, WI

12th Annual Midwest Coding & Practice Management Symposium
September 18-20, Wisconsin Dells, WI

Nurse Practitioners and Physician Assistants Dementia Update
September 23, Wausau, WI

Statewide Sexual Assault Response Team (SART) Conference
September 27 -28, Wisconsin Dells, WI

READING ROOM

Appeals Court Upholds Health-Care Law’s Individual Mandate
A federal appeals court in Cincinnati recently upheld the most contentious provision of the health-care overhaul law, ruling that Congress can require Americans to carry insurance coverage. In backing the individual mandate, the U.S. Court of Appeals for the 6th Circuit in Cincinnati became the first appellate court to rule on President Obama’s major domestic initiative. It’s also the first time a Republican-appointed judge has sided with the administration in evaluating the law’s constitutionality.

Connecticut Becomes First State Requiring Paid Sick Time
Connecticut has become the first state to require companies to provide employees with paid sick leave. The new sick leave legislation requires businesses in the service industry with 50 or more employees to allow workers to accrue one hour of sick time for every 40 hours worked. Backers of the measure estimate that between 200,000 and 300,000 workers will benefit, while opponents said the law will make Connecticut less competitive.

Differences in Medicaid Spending, State by State
It’s a well-known fact that Medicaid spending per beneficiary varies widely from state to state, but less is known about the cause of this variation, or about whether increased spending is associated with better outcomes. This article describes and analyzes sources of variation across
states in Medicaid spending over several years. Substantial variations both in the volume of services and in prices were found. Overall, per capita spending in the ten highest-spending states was $1,650 above the average national per capita spending, and $1,186, or 72 percent, was due to the volume of services delivered. Spending in the ten lowest-spending states was $1,161 below the national average, of which $672, or 58 percent, was due to volume.

**Auditing Access to Specialty Care for Children with Public Insurance**
Health care reform has expanded eligibility to public insurance but has not fully addressed concerns about access. This study measured children's access to outpatient specialty care to identify disparities in providers' acceptance of Medicaid and the Children's Health Insurance Program (CHIP) versus private insurance. A disparity in access to outpatient specialty care between children with public insurance and those with private insurance was found to exist and policy interventions that encourage providers to accept patients with public insurance are needed to improve access to care are suggested.

**Innovations to Qualify & Pay for Patient-Centered Medical Homes Look Promising**
A number of states are promoting the spread of patient-centered medical homes through a combination of incentive payments and qualification standards for physician practices in hopes of addressing soaring costs and lagging health outcomes in their Medicaid programs. Promising trends in costs, quality, and access to care have been seen in early results.

**Admin. Compensation for Medical Injuries: Lessons from 3 Foreign Systems**
Patients injured by medical negligence in the U.S. are required to seek compensation through lawsuits. This approach has drawbacks related to fairness, cost, and impact on medical care. New Zealand, Sweden, and Denmark, among other countries, have replaced litigation with administrative compensation systems for patients who experience an avoidable medical injury. These “no-fault” systems enable patients to file claims for compensation without using an attorney. These “no-fault” systems have successfully limited liability costs while improving injured patients’ access to compensation.

**HHS Releases Health Insurance Exchange Rules**
State flexibility in proposed federal rules governing marketplaces where individuals and small businesses can shop for health insurance starting in 2014 is looked at more closely. The recently released rules are less prescriptive than some consumer advocates desired, but grant states’ requests that they be given broad leeway to design and regulate the marketplaces, referred to as exchanges.

**New Ad Campaign Urges Patients to Consider Medical Treatment Options**
"Explore Your Treatment Options," a new multimedia ad campaign recently announced by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) and the Ad Council, encourages patients to become more informed about their options before choosing a treatment for a health condition or illness. The ad campaign includes television, radio, print, web and outdoor ads that encourage consumers to visit AHRQ’s Effective Health Care Program web site.
FDA Unveils Final Cigarette Warning Labels
The U.S. Food and Drug Administration (FDA) recently released their new graphic cigarette warning labels required to appear on every pack of cigarettes sold and in every cigarette advertisement in the United States no later than September 2012. The new labels are intended to prevent children from smoking, encourage adults who do to quit, and ensure every American understands the dangers of smoking.

Restaurants Revamping Menus in Response to Calorie Count Rules
Restaurant chains are working to lower the calorie counts on menu items because of national rules expected by year-end that will require any restaurant chain with 20 or more locations to post calorie information. Chains are scrambling to rework consumer favorites so they have fewer calories, and they are redesigning menus so that high-calorie items are balanced out by more-healthy options.

Report Details State-by-State Benefits of Smoke-Free Laws
The American Cancer Society projects that a million people would quit smoking, nearly 400,000 teenagers would never start, and more than 700,000 lives would be saved if the 27 U.S. states that don’t have good antismoking laws would adopt them. The American Cancer Society Cancer Action Network also claims that $1.3 billion in medical bills alone could be saved by these 27 states over five years if they would adopt comprehensive smoke-free policies. More information can be found in their state-by-state report on the health and economic impact of comprehensive smoke-free laws.