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Information for eNews is compiled from several sources, including websites and lists from the Agency for Healthcare Research and Quality, Blue Cross/Blue Shield, Commonwealth Fund, Health Affairs, Kaiser Family Foundation, Milwaukee Journal-Sentinel, Milwaukee Business Journal, Milbank Quarterly, The New York Times, Urban Institute, Wheeler Report, Wisconsin Council on Children and Families Wisconsin Health News, Wisconsin Medical Journal, Wispolitics.com, Wisconsin State Journal, Wisconsin Technology Network and others.

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### Summary: [2013-15 Biennial Executive Budget Proposal](#)

#### [Medicaid/BadgerCare](#)

- Governor Walker: Reduce the upper income limit for eligibility of adults from 200% to 100% FPL. Lift the current cap on Core Plan enrollment for Childless Adults, up to 100% FPL. Send those above 100% FPL to purchase coverage through the Affordable Care Act exchange/marketplace, using federal subsidies.
- Administration estimates that 87,000 currently enrolled parents will lose BadgerCare coverage, while 82,000 childless adults will gain Core Plan coverage (for a net reduction in enrollment of 5,000).
- [Governor projects](#) reduction of 224,580 in uninsured, based on the assumption that those no longer eligible for Medicaid will purchase coverage through the ACA's federal Exchange.
- [Legislative Fiscal Bureau estimates \(and subsequent clarification\)](#) of five coverage scenarios are released.
- Compared to Governor's plan, adult income eligibility at PPACA-funded level of 133% FPL would require less in state revenue and bring in more in federal revenue, and result in larger overall Medicaid enrollment.
- Governor's plan, however, anticipates that federal Medicaid cost-sharing will not materialize at levels specified by the ACA.
- Coverage through the exchange/marketplace, instead of BadgerCare, will cost more the form of premiums, deductibles and co-payments and will likely cover fewer services.
- If persons are employed and purchase federally-subsidized exchange coverage, employers may face a federal [\\$2,000-\\$3,000 "shared responsibility" tax](#).
- Legislative Fiscal Bureau [comprehensive summary](#) of the Governor's budget.
- WCCF: [An Overview of Health Care Issues in the 2013-15 Budget](#)
- The [Wisconsin Budget Project](#) series of [short papers](#) on the 2013-15 budget bill.
- Green Bay Press Gazette: [Health care will be accessible, but not inexpensive](#)
- WI State Journal: [Walker: Budget returns Medicaid to 'intended purpose as a safety net'](#)
- Milwaukee Journal-Sentinel: [Taxpayers pay more under Walker Medicaid plan](#)
- [Wisconsin Medical Society Urges Prudence in Medicaid Decision](#)

#### **Health Homes/Medical Homes**

- Continue Medicaid Medical Homes for high-risk pregnant women, expand to additional high-risk populations, and provide care under a medical home framework to foster children in southeast Wisconsin (with an eventual statewide expansion in the future).
- Establish health homes for Fee-for-Service/Supplemental Security Income population.

## **Mental Health**

- \$12.5 million over the biennium to fund two additional inpatient units at the Mendota Mental Health Institute
- \$3.75 million for Coordinated Service Team expansion
- \$16.7 million (all in FY15) to expand Comprehensive Community Services programs
- \$1.3 million to establish peer-run crisis centers
- \$1.3 million to support the cost of in-home counseling for Medicaid patients
- \$535,400 to establish an Office of Children’s Mental Health Services

## **Medical and Graduate Medical Education**

- \$3 million to expand the UW SMPH [Wisconsin Academy for Rural Medicine](#) (WARM) and [Training in Urban Medicine and Public Health](#) (TRIUMPH) programs.
- \$7.4 million in bonding for MCW’s new medical education campuses in [Central Wisconsin](#) and [Green Bay](#)
- \$1.75 million to expand MCW’s medicine residency program by 12 slots
- \$4 million in matching funds to help rural hospitals pool their resources and apply for graduate medical education accreditation
- \$1 million to support medical residencies in primary care.

## **Wisconsin Health Information Organization**

- \$5 million over the biennium to WHIO to support increased transparency of cost, quality data, and consumer education. Specific projects include a consumer-based website to compare health insurance options, statewide programs to increase health literacy, information technology enhancements, and quality improvement activities.

## **Other**

- \$3.75 million to expand imaging services through the UW Carbone Cancer Center
- \$76 million related to the implementation of the Affordable Care Act (“compliance costs”).
- \$11 million capital budget request to support new facilities in Milwaukee and Madison that serve victims of domestic abuse.

## **Wellness and Health Insurance Reform**

- Require the Group Insurance Board to offer a health care coverage option that consists of a high deductible health insurance plan and a health savings account. The Director of the Office of State Employment Relations is directed to set the amount to be contributed to a health savings account to be used with an optional high-deductible health plan
- \$190K/year for the Group Insurance Board to expand the current wellness program and implement a tobacco use surcharge for state employees beginning in calendar year 2014.
- The maximum amount state and local employers participating in the health insurance plan may pay toward health insurance premiums be based on the average premium cost of plans in each tier, rather than the lowest tier.
- Implement an initial Medicaid Pay-for-Performance program for hospitals serving Fee-for-Service members in addition to the current assessment-based Pay-for-Performance initiative.

## ***Other Medicaid***

### [Study: Employers Face \\$36M Tax Penalty for Gov. Walker's Medicaid Plan](#)

Wisconsin and other states that do not expand Medicaid leave employers exposed to higher “shared responsibility” payments under the Affordable Care Act (ACA), reports a new study by Jackson Hewitt Tax Service titled [The Supreme Court's ACA Decision and Its Hidden Surprise for Employers](#). If a state foregoes the Medicaid expansion, then eligible employees between 100-138% FPL may enroll in the federal premium assistance tax credits to purchase coverage through the ACA's exchange/marketplace. For anyone who receives such subsidy, employers with the equivalent of 50 or more full-time workers would face tax liability between \$2,000 and \$3,000 per employee. Jackson Hewitt estimates that Wisconsin employers would pay such a tax for over 12,000 people.

### [Outagamie Co. Executive Considers County Medicaid Expansion](#)

The county executive of Outagamie County is considering exploring the possibility of bypassing the state, which decided to reject funding for Medicaid expansion, and going directly to the federal government for funding of Medicaid expansion. According to Nelson, the Outagamie County, County Executive, other counties in Wisconsin are considering this option, including Green Lake County. Other counties in states such as Texas and California are also considering banding together to seek federally funded Medicaid expansion.

### [Pregnant Women in WI Retain Full Health Care Coverage](#)

The Dept. of Health Services (DHS) asserts that despite the proposed budget cuts that would reduce Medicaid coverage for many pregnant women in the state, these women will maintain full coverage. The proposed budget changes would move pregnant women who make more than 133% FPL into an existing prenatal care program set up for women who are imprisoned or in the country illegally, that covers prenatal care but not other services (like postpartum care) and does not provide full Medicaid coverage.

### [DHS Prepares for Medicaid Primary Care Rate Increase](#)

Medicaid will pay an [estimated 78% fee increase](#) for Wisconsin's family physicians, internists and pediatricians for many primary care services, under federal Affordable Care Act policy. The primary fee increase applies in 2013 and 2014, and fully federally funded up to the difference between a state's Medicaid reimbursement amounts in effect on July 1, 2009 and Medicare reimbursement rates as determined under a formula for 2013 and 2014. States are required to submit state plan amendments to CMS by March 31. Once implemented, payments will be retroactive to January 1, 2013

## ***Health Reform, Innovations & Incentives***

### [WI Insurance Regulators Prepare for ACA Implementation](#)

Wisconsin's Office of the Commissioner of Insurance (OCI) is working on a website for consumers to share answers to frequently-asked questions about the major changes for health

insurance in 2014. OCI also expects to see statutory language related to regulating navigators, including training requirements as well as requirements around liability. The Wisconsin HIRSP authority, which runs the state's high risk pool, will shut down on December 31, 2013, or when the health insurance exchange is operational.

#### [Wisconsin Received Notice of Federally-Facilitated Exchange Timeline](#)

On March 1, Wisconsin insurers received a letter from CMS on operational and technical information for offering products in states, like Wisconsin, that have declined operating their own state-run exchange. The letter lays out the timeline for insurers to submit applications to offer qualified health plans in the exchange and for CMS to certify and approve those plans. The letter provides standards for health plan networks to meet the essential community provider requirement. Consumers will enroll in a qualified health plan and submit an initial premium payment by December 31, 2013 in order for coverage to begin January 1, 2014.

#### [OCI Proposes Insurance Geographic Rating Areas](#)

Currently, insurers in Wisconsin set their own geographic rating areas, which OCI approves based on whether they are actuarially justified. In 2014, the federal PPACA will allow Wisconsin 16 rating areas. OCI plans to submit a proposal to CMS that would provide for 16 rating areas along county boundaries.

#### [Local ACOs Request One Year Delay on Quality Benchmark's from CMS](#)

Local ACOs Bellin-ThedaCare Healthcare Partners and Allina Health, part of Pioneer ACOs, have requested that CMS keep the program at a reporting only status until CMS has had more time to collect benchmark quality data. The ACO group is concerned that CMS would use flat percentage benchmarks instead of percentile rankings for assessing bonuses and penalties, so hope to delay them until more data have been gathered.

#### [Wisconsin Grade "B" in Health Care Transparency](#)

Wisconsin was one of five states, along with Minnesota, Main, Colorado and Virginia, that received a B grade on a report card on health care price transparency by the Catalyst for Payment Reform and the Health Care Incentives Improvement Institute. Massachusetts and New Hampshire were the only two states with A grades. An F grade was assigned to 29 states. The report shows that, at this point, most states require only reporting of prices based on charges rather than actual paid amounts (which would include negotiated and allowed discounts). Time Magazine analyzes the limits of such information: [Bitter Pill, Why Medical Bills are Kill Us.](#)

#### [Public-Reporting of Quality of Care Measures Improved Wisconsin Performance](#)

A study of Wisconsin clinics, published in *Health Affairs*, finds that public reporting of how physicians and hospitals perform in quality of care measures leads to improved care for patients. A collaborative team of researchers from both the Medical College of Wisconsin and UW School of Medicine and Public Health analyzed measures reported for five years among members of the Wisconsin Collaborative for Healthcare Quality (WCHQ).

### [Milwaukee Hospital Information Sharing Network Going Statewide](#)

The Wisconsin Health Information Exchange (WHIE), which established information-sharing among 15 hospitals in southeastern Wisconsin, is closing and shifting the data to a new statewide network. WHIE had focused on data sharing to reduce inappropriate utilization of emergency departments, and its associated costs. The WHIE functions will be assumed by the Wisconsin Statewide Health Information Network (WISHIN), which is operated as a coalition of the Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Collaboration For Health Care Quality and the Wisconsin Health Information Organization.

### [State Group Insurance: Cost-Containment Strategies Considered](#)

The State of Wisconsin has hired Deloitte Consulting to analyze potential savings or costs in [moving to a self-insured model](#) for state employees. A [preliminary report](#) Deloitte produced in October 2012 showed a wide range, with potential savings up to \$20 million or costs up to \$100 million. Wisconsin's current "managed competition" approach currently brings claims costs 4.1% below the national average trend and shows better performance than other states Deloitte studied.

### [New Alliance of EHR Vendors Excludes Epic](#)

A new alliance of electronic health record (EHR) vendors, called the CommonWell Health Alliance, has recently been created with the goal of promoting health care data interoperability. Epic Systems, a Verona-based company, was not initially asked to join the new alliance. The alliance plans on promoting and certifying a national infrastructure that has common standards and policies.

### [Ministry Health Care Pilots Innovative APNP Hospitalist Program](#)

Ministry Health Care has created a new program that will allow advanced practice nurses (APNPs) to admit patients at Ministry Eagle River Memorial Hospital (MERMH). The program, which was approved by the Wisconsin Dept. of Health Services and the Wisconsin Board of Nursing, will allow area patients to receive care within their community by allowing APNPs to act as non-physician hospitalists at MERMH.

## ***Workforce/Health Professions Education***

### [MCW, UW Medical Graduate Career Choices Identified](#)

Graduating medical students at the Medical College of Wisconsin (MCW) and the UW School of Medicine and Public Health (UWSMPH), along with their peers nationwide, found out on "Match Day" where they will be serving their post-graduate residency training. Sixty of MCW's 190 graduating fourth-year students (31%) will remain in Wisconsin to serve post-graduate residency training. Primary care fields attracted 38% of MCW graduates this year. Those fields include internal medicine (14% of the class), and many internal medicine residents eventually move to sub-specialties. [Graduates of the UW School of Medicine and Public Health](#) were also reported by residency geographic destination, but the SMPH has not yet reported the specialty choices of its graduates.

### [Viterbo to Offer Nursing Doctorate Program](#)

Viterbo University will offer its first doctorate this fall. The university said its Doctor of Nursing Practice degree will meet growing demands for nurse practitioners with advanced degrees, and for quality health care in the region. About 780 students are enrolled in the university's nursing programs, which produce more bachelor-level nursing graduates than any other private college in the state.

### [UW SMPH Family Medicine Program Ranked 6<sup>th</sup> Nationally](#)

UW News and World Report recently released its national ranking of U.S. graduate programs. The University of Wisconsin – Madison School of Medicine and Public Health (SMPH) Family Medicine program was ranked 6<sup>th</sup> nationwide.

### [School Reaccredited for Continuing Medical Education](#)

For the fourth time, the University of Wisconsin School of Medicine and Public Health has earned accreditation with commendation, the highest level of accreditation which comes with a six-year term, from the Accreditation Council for Continuing Medical Education.

## **Public Health**

### [Report: State's excessive alcohol consumption costs \\$6.8 billion a year](#)

Wisconsin's binge drinking rates are known to be the highest in the nation. *The Burden of Excessive Alcohol Use in Wisconsin* quantifies this impact. Wisconsin taxpayers pay out \$2.9 billion annually to deal with the costs associated with excessive alcohol consumption. Wisconsin's drinking habits brings along a \$6.8 billion/year economic toll as well as 1,500 deaths. Wisconsin's binge drinking rates are almost 30% higher than the national average while in 2011, the state collected just \$69 million in alcohol taxes, about 1% of the \$6.8 billion economic costs associated with excessive alcohol use. Listen to [the NPR interview](#) of the UW Population Health researcher who conducted the analysis, or read the [Milwaukee Journal-Sentinel coverage](#).

### [Sequestration Makes Public Health Impact in Wisconsin](#)

The White House detailed the various impacts that the budget sequestration has on each states, the several health-related impacts identified for Wisconsin. These include 2,540 fewer children will receive vaccines, loss of approximately \$543,000 in funds to help upgrade its ability to respond to public health threats, \$1,390,000 to prevent and treat substance abuse, about \$108,000 for HIV tests, and approximately \$653,000 that provide meals for seniors.

### [Female Mortality Rising in Some Wisconsin Counties](#)

A new [study](#) reports that, while male death rates declined in every single of Wisconsin's 72 counties, female mortality increased in Wisconsin, particularly in the central and northern counties. Nationwide, female mortality rates rose 43% in U.S. counties (between 1992-2006) while male death rates declined in most counties across the U.S. in the same time period. The

study found socio-economic and behavioral factors were associated with the mortality in each county (such as educational level, household income, ethnicity, and population density).

#### [Health First Wisconsin: Don't Penalize Smokers](#)

A proposal in Gov. Scott Walker's budget bill suggests that state employees who use tobacco products pay a \$50/month premium surcharge. Health First Wisconsin disagrees with the proposal, asserting that it is not an evidence-based strategy to reduce tobacco use, and such penalty can deny health insurance to those who need to quit such behavior. Health First is also asking the state to restore funding to the Tobacco Prevention and Control Program that has been cut in the past few years, and calls for the budget to close tax loopholes on "little cigars."

#### [2013 County Health Rankings Released: Ozaukee County Tops Wisconsin](#)

Ozaukee County ranks as Wisconsin's healthiest county in the 2013 County Health Rankings, conducted by the UW Population Health Institute. The 2013 County Health Rankings rely on data and analysis that allows counties to see what it is that is making residents sick or healthy, and how they compare to other counties in the same state. A county's level of income/poverty and education of its residents are the factors most strongly correlated with its rank.

#### [WI Drug Monitoring Program Begins Tracking Data April 1](#)

Wisconsin's [Drug Monitoring Program \(PDMP\)](#) will begin tracking data on April 1, 2013. Training events are planned around the state to help physicians and other health care professionals learn about the monitoring program.

#### [Wisconsin Communities Awarded \\$3.4 Million to Reduce Infant Mortality](#)

The [Wisconsin Partnership Program](#) recently awarded \$3.4 million through the [Lifecourse Initiative for Healthy Families \(LIHF\)](#) to 20 different projects to improve infant mortality in African-Americans in Wisconsin. These efforts are aimed at improving support for African-American families, attempting to eliminate racial disparities in birth outcomes in Wisconsin. The grants are particularly targeting the communities in Wisconsin with the worst infant mortality rates, in Milwaukee, Beloit, Kenosha and Beloit.

#### [MCW's Community HIV Care System Funding Renewed](#)

The Medical College of Wisconsin and Children's Hospital of Wisconsin received a three-year, \$2.5 million award from the U.S. Health Resources and Services Administration to continue a statewide, community-based HIV care system for women, infants and children. The Wisconsin Primary Care Support Network was organized in 1991 and brings together nine agencies and more than 1,000 community providers.

#### [Grant Supports Development of Wisconsin Health Equity Alliance](#)

A new Wisconsin Health Equity Alliance created in the school of Human Ecology at the University of Wisconsin – Madison, has recently been funded with a \$50,000 grant to help build an alliance of committed partners across the state, create an action plan, and convene a Wisconsin Health Equity Summit to align strategies in order to improve health outcomes and reduce health disparities.

### [West Allis Health Department 1 of 11 to Receive National Accreditation](#)

The Public Health Accreditation Board (PHAB) recently announced 11 five-year accreditation awards, one of which was given to the West Allis Health Dept in Wisconsin. The national program is supported by the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention and the goal is to improve and protect the health of the public by advancing the quality and performance of the nation's state, tribal, local, and territorial public health departments.

### [Medical Society, Public Health Association Oppose Raw Milk Sales](#)

The Wisconsin Medical Society, the Wisconsin Public Health Association, and Children's Hospital of Wisconsin have joined with dairy industry leaders to oppose the sale of raw milk. The Safe Milk Coalition sent a letter to the legislature noting that they "strongly urge you to not support legislation permitting the sale of unpasteurized (raw) milk " and asserting "that it is impossible to make unpasteurized (raw) milk safe."

## ***Clinics, Hospitals and Health Plans***

### [Aurora Health Care's New Institute Centralizes Research Projects](#)

Aurora Health Care said that it has launched the [Aurora Research Institute](#) to centralize its existing research projects, reports the *Milwaukee Journal-Sentinel*. Aurora is participating in 700 research projects, including more than 400 clinical trials. It received \$25 million last year in federal research grants and payments from pharmaceutical and medical device companies.

### [Milwaukee County Mental Health Complex Plans Down-Sizing](#)

Milwaukee County plans to shut down the part of the Mental Health Complex for people with severe disabilities. The proposed closure would take place within three years and would mean moving 116 people to community-based care, with local- and state-approved individual care plans for each of the patients. Some have lived at the complex for decades, and many have development disabilities as well as mental illness.

### [Planned Parenthood Closes Four Clinics](#)

Planned Parenthood of Wisconsin is closing four of its nine health centers as the result of the legislature's decision in the current budget to eliminate \$1 million in state funding for family planning. The clinics are in rural areas -- Beaver Dam, Johnson Creek, Chippewa Falls and Shawano. These clinics serve nearly 2,000 patients. The centers do not provide abortion services. They provide well-woman care, cancer screenings, breast exams, and birth control.

### [WI has 4 of the best 100 Heart Hospitals](#)

Becker's Hospital Review recently named the "100 Hospitals with Great Heart Programs," four of which are found in Wisconsin (Aspirius (Wausau), Aurora St. Luke's Medical Center (Milwaukee), Bellin Hospital (Green Bay), and Meriter Hospital (Madison)). These hospitals

were selected based on clinical accolades, recognition for quality care and contributions to the field, and cardiovascular surgery.

#### [Four Wisconsin hospitals named to Truven Health top 100 list](#)

Four Wisconsin hospitals are named by Modern Healthcare among Truven Health's 100 best for 2013. Hospitals' performance is evaluated in 10 areas: mortality, medical complications, patient safety, average patient stay, expenses, profitability, patient satisfaction, adherence to clinical standards of care, post-discharge mortality, and readmission rates for heart attacks, heart failure and pneumonia.

#### [WI SSM, Aurora Hospitals Among Top QUEST Performers](#)

The QUEST® collaborative – QUality, Efficiency, Safety and Transparency – has designated hospitals from Aurora and SSM Health Care in Wisconsin among its top performance. QUEST is the largest broad-based, multidimensional and multiyear initiative designed to help hospitals and health systems reliably deliver the most efficient, effective, and caring experience. QUEST includes hospitals nationwide that voluntarily share data transparently and define a common framework with consistent measures of top performance.

#### [13 Wisconsin Hospitals among Top 100 Critical Access Hospitals](#)

With 13 Wisconsin Critical Access Hospitals ranking in the Top 100 nationally, Wisconsin has more hospitals than all other states ranking in this list by HealthStrong. The list measured all Critical Access Hospitals across 56 performance metrics including quality, outcomes, patient perspective, affordability and efficiency.

#### [Common Ground Healthcare Cooperative Certified to Enroll Members](#)

A Milwaukee area health insurance cooperative, [Common Ground Healthcare Cooperative](#), recently received its certificate of authority from the Office of the Commission of Insurance of the State of Wisconsin. The receipt of this certificate means that the cooperative is on track to start enrolling individuals and small employers into their coop starting January 1, 2014.

## **RESEARCH AND PROGRAM TOOLS**

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  - [Health System Data Center](#)
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- [RWJF Library of 'Promising Practices' Helps Providers Improve Quality of Care](#)
- New and Updated Resources from [Kaiser Health News](#)
- New and Updated Resources from [AHRQ](#)
  - [2012 Annual Progress Report to Congress National Strategy for Quality Improvement in Health Care](#)

- New and Updated Resources from the [ADA](#)
- Wisconsin Toolbox:
  - [2012 Milwaukee Health Report](#)  
Describes the health and well-being of the people of Milwaukee on a variety of health measures and summarizes and characterizes the relationships between health status and socioeconomic status
  - [HealthyDane](#)  
S wide variety of easy-to-access information on the health needs in Dane County.
  - [How Does Your Doctor Compare](#)  
The Wisconsin special edition of *Consumer Reports* provides information on 19 provider-groups statewide.

## **EVENTS AND ANNOUNCEMENTS**

- [County Health Rankings & Roadmaps 101 and Website Tour](#), March 27<sup>th</sup>, Webinar
- [WI Organization of Nurse Executives 2013 Annual Convention](#), April 3-5, Stevens Point, WI
- [2013 Wisconsin Health Literacy Summit](#), April 8-10, Madison, WI
- [Wipfli Rural Health Clinic Conference](#), April 9-10, Baraboo, WI
- [HIPAA COW 2013 Spring Conference](#), April 12<sup>th</sup>, Pewaukee, WI
- [WMS Foundation's Annual Fundraising Dinner and Silent Auction](#), April 12<sup>th</sup>, Madison
- [Social Justice in the Era of Health Care Reform and Resistance](#), April 18, Madison
- [WHA Advocacy Day](#), April 23, Madison, WI
- [What's Next for the Affordable Care Act? The View from Researchers, Regulators, and Providers](#), April 25, Madison
- [Wisconsin Women's Health Spring Gala](#), May 4, Madison, WI
- [WI ORH "Hospital Best Practice Events,"](#) May 8, Black River Falls, WI
- [WPHA/WALHDAB 2013 Annual Conference](#), May 21-23, Wisconsin Dells, Wisconsin

## **READING ROOM**

### [Hospital Ratings: Multiple, Confusing, Contradictory](#)

An expanding number of groups offer ratings, rankings, and approval of hospital performance, The ratings, each using its own methodology, often come to wildly divergent conclusions, Consumers are left with as much confusion as clarity for consumers when choosing a hospital.

### [Bitter Pill: Why Medical Bills Are Kill Us](#)

Time Magazine's 36-page cover story that has attracted wide attention. The article focuses on challenges people have navigating the health system and understanding health care prices as reflected in the "chargemaster." [Read another perspective here.](#)

### [New Study: 'Activated' Patients Incur Lower Costs](#)

In an attempt to lower health care costs while improving health outcomes, many health care delivery systems are trying a new idea of “patient activation,” giving patients a more active role in their treatment and management of care. A recent Commonwealth study found that “activated patients” had significantly lower health care related costs than those patients that were not “activated.”

### [Studies: Employee Wellness Program Cost Savings Not Apparent](#)

More employers are launching wellness programs to encourage healthy behaviors among their workers and control health care spending. Two new studies published in *Health Affairs* of employee wellness program shows address these outcomes. [One study](#) shows a substantial decrease in hospitalizations for targeted conditions, but with increased spending for prescription drugs and outpatient care there was no observed decrease in overall costs. [The other study](#) shows cost savings achieved through cost shifting to unhealthy workers.

### [Medicaid Incentive Programs To Encourage Healthy Behavior Show Mixed Results](#)

There is little published evidence about the effectiveness of such incentives within the Medicaid program. Researchers evaluated the available studies from three Medicaid incentive programs and found mixed results. Findings suggest that Medicaid incentive programs should be designed so that enrollees can understand them and so that the incentives are attractive enough to motivate participation.

### [Perceived Neighborhood Quality, Sleep Quality, and Health Status](#)

Data from the Survey of Health in Wisconsin (SHOW) tested the hypothesis that disadvantaged neighborhoods show poor health, in part, because they undermine sleep quality. The study found that perceptions of low neighborhood quality are associated with poorer self-rated sleep quality, poorer self-rated health, and more depressive symptoms. The researchers also found that poorer self-rated sleep quality is associated with poorer self-rated health and more depressive symptoms. The study asserts that these results confirm the indirect effect of perceived neighborhood context on health status through sleep quality.

### [Turning Readmission Reduction Policies into Results](#)

A recently study examining programs that have been implemented to reduce preventable readmissions has three key findings they identify as obstacles to success. The study found that 1) forming productive, collaborative relationships across care settings; 2) identifying effective interventions, especially across settings; and 3) addressing a lack of quality improvement capabilities among some health care providers were the biggest obstacles to hospitals successfully limiting patient readmissions.

### [Americans Uncomfortable Around Mentally Ill](#)

A recent poll shows that Americans have conflicting views of mental illness. Most Americans believe and are aware that people with mental illness are victimized and discriminated against, but at the same time, the same poll finds that most Americans admit to having issues working

in the same place as people with such illness or having children attend school with children with mental illness.

#### [Feds Outline What Insurers Must Cover](#)

The federal government recently released the final rules on essential health benefits, outlining what much be covered by insurers starting in January 2014. Included in the essential health benefits are 10 overarching categories of care and these essential benefit requirements apply mainly to individual and small group plans and very few of the provisions in the rules affect self-insured plans and large group plans offered by employers.

#### [Federal Exchange to Handle States with Most Uninsured](#)

New data from [Enroll America](#) shows that the federal government is going to be responsible for running many of the states' health exchange marketplaces, many of which have the most uninsured Americans in the country. The federal government will run the 13 states' exchanges that account for 2/3 of uninsured Americans.