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FROM OUR TWITTER FEED
Selected items recently tweeted, re-posted in this section.
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STATE NEWS

Health Care Reform Implementation in WI

40,754 WI residents sign up for ACA Health Coverage as of December 31, 2013
U.S. HHS monthly report shows that, of the ~41K WI residents so far enrolled, 88% qualify for a subsidy; 69% have selected a Silver plan, and 23% are between ages 18-34. The report also shows that an additional 43,444 applicants for ACA coverage have been determined eligible instead for Medicaid. These 85,000 persons newly connected to either ACA or Medicaid coverage come from a total pool of 102,755 Wisconsin applications thus far submitted.
**Request to Direct Purchase from Insurers**

Wisconsin's insurance commissioner, Ted Nickel, has asked the federal government to include Wisconsin in a pilot program to allow consumers to go directly to insurers to buy the health insurance plans that are available through the ACA Exchange. The ACA includes this direct enrollment option. The Walker Administration also sent a letter to DHHS requesting the use of premium tax credits to all qualified health insurance plans in the individual market, rather than restricting the subsidy to the plans sold through the Exchange. Such a move, however, would counter the ACA’s statutory language and intent.

**Health Insurance for Children in Wisconsin Down**

The Wisconsin Council of Children and Families reported in conjunction with the Georgetown Center on Children and Families that the number of uninsured children in Wisconsin has remained stagnant for the past two years. Although Wisconsin’s rates are better than several other states, some states have shown improvement and surpassed Wisconsin. Wisconsin again ranked 17th among all states on children's health coverage for 2012, falling three places behind its previous 2010 ranking. About 4.7 percent of children, 61,557, were uninsured in 2012, a 0.3 percent drop from 2010 when 67,110 children were uninsured.

**Small Businesses in WI Counties without a SHOP Plan able to Claim Small Business Tax Credit**

Starting in 2014, small businesses must offer coverage through a SHOP Marketplace qualified health plan in order to claim the small business tax credit. However, some counties in Wisconsin do not currently have qualified SHOP plans offered. The federal government offered transitional relief for 2014 for those Wisconsin counties, as long as their coverage would have qualified for the tax credit prior to January 1, 2014. Counties include: Green Lake, Lafayette, Marquette, Florence, and Menominee.

**Wisconsin Insurance Commissioner: CACs, Navigators registered and listed**

WI now has 465 individuals in 88 organizations as Certified Application Counselors to assist with enrollment for Affordable Care Act Coverage. Four organizations are registered to service as official Navigator entities. These designations mean that the organizations and individuals have passed both federal and state training requirements, and have paid state fees associated with their registration.

**WI scores a "B" for price transparency and a "D" for quality transparency**

The recently release Report Card on State Price Transparency Laws represents a joint effort between Catalyst for Payment Reform and the Health Care Incentives Improvement Institute to examine existing transparency laws in all 50 states and grade them, using well-defined criteria, on how well they support the information needs of consumers.

**Medicaid/BadgerCare**

**Delay in BadgerCare Changes Approved; Take Effect February 1 and April 1**

In late December, Wisconsin legislators supported a request by Governor Walker for a three-month delay of reducing eligibility for Medicaid/BadgerCare for some adults and sending them to the federal health insurance Marketplace, while and enrolling newly eligible low-income childless adults in Medicaid. The bill that passed the legislature retain 2013 levels of eligibility until April 2014, but approximately 83,000 childless adults below poverty will wait until April 2014 to enroll in Medicaid. The three-month extension of coverage will also apply to Wisconsin's high-risk insurance pool, which was originally scheduled to terminate at the end of 2013.
Negotiations with the federal government (CMS) about the three-month delay of BadgerCare changes led to final agreement that transitions parent and caretaker adult eligibility and tests of income by February 1, rather than April 1. All waiver related documents can be viewed here. The final numbers, as summarized by the Milwaukee Journal Sentinel: about 83,000 childless adults will gain BadgerCare coverage, while 77,000 parents and caretaker adults above 100% FPL will lose such coverage.

A DHS webinar about the recent and upcoming Medicaid and BadgerCare changes is available for viewing here.

DHS letters being sent to current and potential BadgerCare enrollees affected by the policy changes are available here.

**Operation Memo: Six BadgerCare Policy Changes That Took Effect Jan 1**
Current BadgerCare policies relating to coverage groups, income limits, benefit plans, and eligibility policies will remain in effect until April 1, 2014. However, there are six policies that will be effective January 1, 2014 for BadgerCare recipients. The changes include: pregnancy verification, foster care youths age eligibility, restrictive re-enrollment, residency, verification of citizenship or immigration status, and the definition of lawful presence.

**State Restructuring Provider Contracts for Wisconsin Well Woman Program**
The Wisconsin Department of Health Services is cancelling provider contracts for the Wisconsin Well Woman Program (WWWP). For years, the program has provided breast and cervical cancer screenings and diagnostic services to low income women with little or no health insurance. But this program, which fills gaps in insurance coverage, faces funding constraints. Changes in health care coverage related to the ACA and Medicaid changes should provide an alternative route to expand access to the well-woman services. Provider contracts will be terminated as of June 30, 2014.

**Wisconsin Receives $13.9 Million CHIPRA Bonus Award**
For the fourth year in a row, Wisconsin received nearly $14 million in performance bonus awards through the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA). This is the final year of awards, granted for state improvements in streamlining enrollment procedures and increase coverage levels from the baseline year. 23 states received a 2013 award.

**Wisconsin and CMS Terminate Virtual PACE Pilot Program**
According to letters reported by Wisconsin Health News, CMS and the state Department of Heath Services have concluded the state's participation in the federal demonstration program integrating care for dual eligible individuals. The CMS letter can be found here, and the Wisconsin DHS response can be found here. The state decided that too many revisions would need to be made to the state memorandum of understanding to comply with the federal government pilot program. However, Wisconsin plans to continue to use the data and analytics to improve PACE Program coordination.

**Workforce/Health Professionals/Training & Education**

**WI Receives Federal Grants for Dental, Nursing Workforce**
Wisconsin received $350,000 for state oral health workforce activities and $162,000 for a nurse faculty loan program from a $55.5 million federal grant program to strengthen training for health professionals and increase the health care work force. The grants nationally will address health workforce needs in nursing, public health, behavioral health, health workforce development, and dentistry.
Further Funding for Wisconsin Health Centers Providing Enrollment Support
16 health centers in Wisconsin will receive an additional $926,141 in fiscal year 2014 from the federal Health Services Resource Administration (HRSA) to assist consumers enrolling in new health care options through the ACA. These health centers have now received a total of over $2.69 million for outreach and enrollment assistance from HRSA.

Study: Improvements Needed in College Instruction to Retain Science Majors
A recent essay co-authored by UW’s Dr. Angela Byars-Winston in Science asserts the gap between students’ aspiration in science-related fields and actual achievement is due in part to receiving inadequate classroom instruction from professors. Racial and ethnic minority students and women with interests in science, technology, engineering, and medical (STEM) majors are less likely to complete degrees. The authors suggested implementing the “persistence framework” to retain students in STEM fields, focusing on student confidence, motivation, learning, and professional identification.

WHA: Wisconsin Health Care Workforce Report 2013
The Wisconsin Hospital Association’s annual health care workforce report predicts that the demand for nurse practitioners and physician assistants would escalate to remedy the shortage of primary care physicians. Wisconsin hospitals reported a 7.6 percent vacancy rate in 2012 for advanced health professionals; only four reported vacancy rates lower than 5 percent. The press release also asserts that, while vacancies for most hospital positions are low now, retirements loom.

UW SMPH to Launch New Academic Field in Emergency Medicine
The UW School of Medicine and Public Health emergency division will transition into an independent academic discipline July 2014. UW Madison Provost and Vice Chancellor for Academic Affairs Paul DeLuca approved the School of Medicine and Public Health’s proposal in creating an independent academic department in emergency medicine. Dr. Azita Hamedani, division chief, stated that the establishment of the emergency medicine program and increase in patient visits to the emergency department has allowed UW’s Division of Emergency Medicine program to expand. In the past seven years, patient visits rose 50 percent at UW Hospital’s emergency department. This expansion will benefit Wisconsin medical students and communities.

Public Health

Wisconsin Overall Cancer Incidence and Mortality Rates Continue to Decline
The Wisconsin Cancer Facts & Figures 2013-2014 report shows trends and provides state and local cancer statistics along with cancer information and risk factors. Cancer is currently the leading cause of death in Wisconsin. Overall, the cancer incidence rates for both males and females in Wisconsin have declined from 1995 to 2010.

WI Kids Increasingly Able to Purchase Tobacco Products
A recent report from Wisconsin Department of Health Services shows 35% increase from 2009 to 2012 in the number of retailers who sold tobacco to minors. By avoiding the state cigarette tax, several tobacco products, for example the little cigar, are becoming cheaper and more accessible to minors. Legislation is considering an alternative bill that would close tobacco tax loopholes and ensure all tobacco related products are taxed at the level of cigarettes. Advocates are pushing for this bill as well as increasing funding for tobacco prevention and control programs. DHS provides online education tool to help retailers avoid tobacco sales to minors.
U.S. Surgeon General: 106K WI Children Face Premature Death Due to Smoking
Surgeon General released a new report, 50 years after the first Surgeon General’s report on smoking, that adds to the list of harms incurred by smoking and second-hand smoke. It also reports on the number of children in each state today who, if smoking rates remain as is, will have early death due to smoking.

Poverty influences Children’s Early Brain Development
UW Madison researchers found that children in families with income below 200% federal poverty level showed decreased brain developments in the parietal and frontal areas. These areas are essential for storing information, controlling attention, and regulating behavior. The study can be read here.

The University of Wisconsin Population Health Institute released the 2013 Health of Wisconsin Report Card to provide residents with an assessment of the state’s health. Health outcomes are examined and graded on overall health and health disparities. Wisconsin’s overall health grade of a B- has remained the same since 2007 when the initial report was published, and received a D- for health disparities. The report also provided suggestions to improve health for all residents. Meanwhile, Wisconsin drops from 16th to 20th place in national health rankings.

DHS: “Redesigning Wisconsin’s Dementia Care System”
The Department of Health Services and Johnson Foundation co-hosted a Dementia Care Stakeholder Summit to identify ways in which DHS and its partners can collaboratively improve services for individuals with Alzheimer’s Disease and other dementias. Six probable ideas were established during the summit to initiate discussions, investigations, and planning of future interventions.

Wisconsin Abortion Provider Admitting Privileges Law Injunction Upheld
The Seventh Circuit Court of Appeals upheld the preliminary injunction, continuing to block implementation of the July 2013 Wisconsin law that would require abortion providers to have admitting privileges at nearby hospitals. The law is being contested by Affiliated Medical Services and Planned Parenthood of Wisconsin. The Associated Press summarizes of the decision.

Changes to WI Law that Aims to Protect Newborn Abandonment
Law officials may amend state law so that an unharmed baby can be left with health care or emergency workers within 30 days without fear of prosecution. The current Wisconsin safe haven law has a time frame limited to 72 hours. Some officials however stated that increasing the time frame maybe problematic, especially in emergency panic situations. A change to the current safe haven law has yet to be finalized.

WI Graded “F” in Disaster Preparedness, “C” for its "emergency care environment"
The American College of Emergency Physicians (ACEP) convened a blue-ribbon task force of experts to produce a national report card and grade states on their emergency care environments. Wisconsin ranks 21st among states overall, with “C” grades for access to emergency care, quality/safety, liability, public health/injury prevention, and an “F” for disaster preparedness.

Early Wisconsin Flu Season
State and local public health officials reported an early flu season for Wisconsin residents this year. A total of 25 influenza cases have been confirmed statewide, 15 of which resulted in hospitalizations.
Public health officials say it is not too late to get vaccinated, although it does take about 2 weeks to develop full immunity.

**Chronic Wasting Disease Found in Deer Preserve**
State Department of Agriculture, Trade and Consumer Protection reported a white-tailed deer tested positive for chronic wasting disease on a Marathon County hunting preserve. State regulations require that deer or elk killed on game farms and hunting preserves must be tested for CWD. CWD was first discovered in Wisconsin in February 2002, its source remains unknown.

**UW Partnership Fund Awards $3.65M in Grants to 16 Community Projects**
The Partnership Fund, which manages as a result of the Blue Cross/Blue Shield conversion from a public to privately held interest, has awarded funds in the former of large, small, and development grants. (full list of grantees here)

**Clinics, Hospitals, and Health Plans**

**15 WI Hospitals Rank Among Best Nationally for Overall Readmission Rates**
Medicare’s new comprehensive measure of hospital readmissions shows hospital rates of Medicare patients of all diagnoses who returned within a month for unplanned reasons from July 2011 through June 2012. Patients at 315 hospitals nationally, or 7 percent of those rated across the country, were readmitted at a lower rate than the national average. These include 15 Wisconsin hospitals.

**First Wisconsin School Clinic Launched**
St. Anthony Catholic Schools of Milwaukee received a federal grant to open the first full-service school clinic in Wisconsin. CBS news in Milwaukee reported on the opening. Padre Pio Clinic offers urgent care, physicals, immunizations, hearing checks, vision checks and more for students. Part of the clinic's mission is to address health disparities in the Latino community. More information and clinic hours can be found on its website.

**Health Care Providers Testify Against Bill that Bars Employers from Requiring Flu Shots**
Health care providers are strongly opposing AB 247. The bill introduced in June 2013 would prevent employers from mandating employees to receive flu vaccines as a condition of their employment. Health care providers argued that vaccination is the best tool currently to combat influenza and that health providers have a responsibility to maintain patient safety.

**Marshfield Clinic Opens in Stevens Point with New Care Model**
The Marshfield Clinic opened its new location in Stevens Point earlier this month. The clinic is designed to be very patient-focused with no waiting rooms -- patients go directly to an exam room to be seen by a health care provider. The clinic will offer general family medicine and more than twenty specialties.

**Aurora and UW Health Merger Speculated**
Media coverage of the emerging partnership between Aurora Health Care and UW Health considers the potential for corporate merger, as seen in the Journal Sentinel and WI State Journal. However, Medical College of Wisconsin CEO Dr. John Raymond asserts to the Business Journal that the two institutions are more likely to collaborate rather than commit to a full merger.
Mercer Study: WI Health Care Costs Rise

The Business Journal reports that according to Mercer’s 2013 National Survey of Employer-Sponsored Health Plans, Wisconsin employers will see a 7.5% increase in health care costs in 2014. In response, employers anticipate to inflate the increase to 5.1% by raising employee deductions and co-payments, implementing financial incentives for wellness programs and adding surcharges for spousal coverage. Based off 82 employers, the estimate for Wisconsin is slightly lower than the national average.

UW Hospital Earns National Award for Reducing Infections

The UW Hospital received the 2013 Partnership in Prevention Award through the U.S. Department of Health and Human Services, the Association for Professionals in Infection Control and the Society for Healthcare Epidemiology of America for astounding work in reducing common healthcare-associated infections (HAI). The hospital implemented several prevention initiatives that decreased HAI cases by 25% in 2012 compared to the previous year. Staff hand-washing compliance has also doubled after implementing World Health Organization’s hygiene campaign “Five Moments for Hand Hygiene,” along with additional training videos, incentives, and hand-washing observation forms.

Greendale Medical Clinic Joins Froedtert

The new affiliation between Greendale Medical Clinic and Froedtert & Medical College of Wisconsin became official on December 1. Mark Lodes, MD, president of Froedtert & the Medical College Community Physicians stated in the Business Journal that the goal of this new partnership is to “build upon the academic-community partnership” and bring “the benefits of greater access to advanced technology and specialty care across a broader network of providers.”

Rogers Opens Inpatient Eating Disorders Program

Rogers Memorial Hospital in Oconomowoc opens a 13-bed inpatient eating disorder unit for children and adolescents. The calm, patient-centered environment enables patients to learn more about eating disorders and work through treatments. The new unit strengthens the hospital’s current adolescent eating disorders services, which uses evidence-based treatment for both males and females, ages eight to eighteen.

Worker’s Comp Fee Schedule Proposed

The Wisconsin’s Compensation Advisory Council proposed for the first time a government imposed health care fee for the Worker’s Compensation program. Under the proposal, the government will ultimately set the cost of health care services provided to injured workers. Strong opposition for the fee schedule led health care liaisons such as Wisconsin Medical Society and Wisconsin Health Association suggested an alternative method.

Pending Legislation

- **SB 391** Allowing health care providers licensed outside the state to participate in and requirements on nonprofit agencies in the volunteer health care provider program
- **SB 311** and **AB 408** A dental hygienist’s administration of nitrous oxide inhalation analgesia and practice of dental hygiene
- **SB 357** and **AB 465** Causing harm to a child by cosleeping while intoxicated, providing information about cosleeping while intoxicated, and providing a penalty
- **SB 413** and **AB 552** Updating the definition and practice of dentistry for professional licensing purposes
- **SB 212** and **AB 249** Instructional program for nurse aides
• **SB 353** and **AB 445** Identification presentation and monitoring of certain prescription drugs
• **AB 500** Emergency detention pilot program in Milwaukee County

• **Mental Health Bills:**
  • **AB 450** and **SB 362** Grants for crisis intervention team training
  • **AB 452** and **SB 359** Child psychiatry consultation program
  • **AB 454** and **SB 366** Primary care and psychiatry shortage grant program
  • **AB 455** and **SB 368** Grants to establish peer run respite centers
  • **AB 457** and **SB 374** Expansion of treatment and alternatives diversion program for individuals diagnosed with mental illness
  • **AB 459** and **SB 409** Individual placement and support programs
  • **AB 460** Grants for mental health mobile crisis teams

• **Public Notices** related to: Medicaid Payment for Graduate Medical Education, Medicaid Reimbursement for Inpatient Hospital Services, Medicaid Reimbursement for Outpatient Hospital Services, Increased Federal Share for Clinical Preventive Services Under Medicaid, Medical Assistance Reimbursement for Home Health Services, Medical Assistance Reimbursement for Coverage of Prescription Drugs Under Medicare Part D, and Foster Care Medical Home.

**Passed Legislation**

**WI Act 111: The duty of physicians to inform patients of treatment options**
This law responds to the Wisconsin Supreme Court *Jandre* decision, clarifying the informed consent requirements.

**WI Act 116: Delaying eligibility changes to BadgerCare Plus and BadgerCare Plus Core and delaying other changes to the Medical Assistance program; and extending coverage under, and the deadline for the dissolution of, the Health Insurance Risk-Sharing Plan**
See more discussion under the BadgerCare section.

**JFC Long Term Care Expansion Report**
No legislative action is required on this report. However, DHS recommends the statewide expansion of Family Care, which would eliminate the waiting list in fifteen counties and reduce state spending by $34.7 million over the next ten years.

**RESEARCH AND PROGRAM TOOLS**

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o Waisman Center Day with the Experts: Autism, Madison, January 25, 2014
o Wisconsin Academy of Family Physicians: Healthcare Reform: Where are we now? Where are we going? Pewaukee, February 5, 2014
o Marketplace Pathways to Health Care, Madison, February 20-21, 2014

SELECTED TWEETS FROM OUR TWITTER FEED

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Popular press reviews #ACA: @TIME Magazine http://ti.me/1iSEdlh and @NYMag: http://nym.ag/1eGKXR7

Older skew of #ACA enrollees: http://nyti.ms/1gFi6yr but @urbaninstitute shows ACA can survive early adverse select: http://urbn.is/1d3vMyJ

WSJ: "Obamacare Is Slowing Health Inflation": http://on.wsj.com/1iFJNG, then counterpoint: http://on.wsj.com/1iWlqYM

More republican governors considering #Medicaid expansion: http://politi.co/1eDm8Ys
NPRHealth reports on #ACA glitches in assuring pediatric dental coverage: http://n.pr/1cKKAps

Reminder: Medicaid not only for poor people - pays for more than 2/3 of long-term care for elderly. http://on.wsj.com/K8wRP4

United HealthCare 15% profit increase with #ACA: http://bloom.bg/1b2fc6o ; Insurance execs bullish on obamacare: http://wapo.st/1cAbeOE


Data analysts study health care habits under #ACA: http://on.wsj.com/1avEidm

New #ACA regulations coming in 2014, governing hospitals, long terms care, vending machines, restaurants...: http://bit.ly/1gUPEZy

CMSGov guidance to states on reducing non-urgent use of emergency departments: http://bit.ly/1d8mHBX #Medicaid

Study: 26% of hospitalizations of dual Medicare-Medicaid eligibles are potentially avoidable: http://go.cms.gov/1aqbvqz

Churning between #Medicaid and #ACA exchanges could leave gaps in coverage http://wapo.st/1hu2kK8

Health_Affairs Baseline characteristics of early #ACOs compared to non-ACO patients, providers: http://bit.ly/1cRR3vd

CMSGov announced 123 organizations joining Medicare ACO program, including CHCs, others safety net providers: http://go.cms.gov/KtJioU

How hospitals and health systems can develop effective physician leaders to support more accountable care: http://bit.ly/1dQlUcX

washingtonpost reports "Medicare pricing drives high health-care costs," perverse incentives: http://wapo.st/1a1EPR0

"No, There Won't Be a Doctor Shortage": http://nyti.ms/1bKbXlp

CBO analysis of the budgetary impact of policies that could improve people's health: http://1.usa.gov/1gHA4k2

Research Summary on "The Economics of Obesity" reviews consequences, programs, policies: http://bit.ly/1g8kuXw

Poor kids who succeed suffer higher obesity, stress, blood pressure than those who don't succeed: http://nyti.ms/KtDVGI
RANDCorporation reports that workplace wellness programs do not save employers significantly more than they cost http://bit.ly/KDEA8j

RANDCorporation reports that workplace chronic disease management programs saved $3.78 saved for $1 invested: http://bit.ly/KDEA8j

Health disparities 'could be eliminated in a generation': study http://reut.rs/1itTsp6 via @reuters