

Catch-Up Briefing Report

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An annotated compilation of selected Wisconsin health and health care news stories through the date of delivery. *Archived editions can be found [here](#).*



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The UW Population Health Institute's *Catch-Up Briefing* is delivered bi-monthly. Check our web site for additional information and updates: <http://www.pophealth.wisc.edu/uwphi/news.htm>. To subscribe or unsubscribe, reply to alfisher5@wisc.edu with the word "subscribe" or "unsubscribe" in the subject line. *Sources for the Catch-Up Briefing are listed at the end.*

In This Issue

STATE NEWS

- [Health Care Reform Implementation in Wisconsin](#)
- [Medicaid/BadgerCare](#)
- [Workforce/Health Professionals/Training & Education](#)
- [Public Health](#)
- [Clinics, Hospitals, and Health Plans](#)

RESEARCH AND PROGRAM TOOLS

EVENTS AND ANNOUNCEMENTS

SELECTED TWEETS FROM OUR TWITTER FEED

STATE NEWS

Health Care Reform Implementation in Wisconsin

Wisconsin OCI Completes Rate Filings for 2015 Marketplace Insurers

The Wisconsin Office of the Insurance Commissioner (OCI) completed the process of approving insurers for the federally-facilitated Marketplace in Wisconsin. Plans must also be approved by the federal government to be certified as qualified health plans. Fifteen plans in the individual market and ten plans in the small group (SHOP) market were reviewed by OCI, two more plans in the individual market than the 2014 open enrollment period. HHS also issued an [ASPE Issue Brief](#) reviewing the national landscape for health insurer participation, noting a 25% increase in the number of issuers offering plans through the ACA marketplaces.

[HHS and DHS Release County-Level ACA Enrollment Data](#)

The U.S. Department of Health and Human Services (HHS) released data of insurance plan selection totals by zip code in all federally-facilitated Marketplace states. Additionally, the Wisconsin Department of Health Services (DHS) matched the county-based enrollment comparisons for those who lost BadgerCare coverage and those who successfully enrolled in Marketplace insurance; the Wisconsin Hospital Association website provides a [downloadable document](#) with these county-by-county estimates.

[OCI Bulletin Regarding Transitional Plans](#)

OCI provided brief guidance to Wisconsin insurers clarifying interpretations of the federal government's policy for transitional plans under the ACA. Though all plans will eventually need to be compliant with ACA regulations, deadlines for plans to comply have been changing throughout implementation of the law. These are referred to as transitional relief plans, allowing individuals and employers to change from one transitional plan to another transitional plan under the same insurer product, but not from one non-ACA compliant product to another non-ACA compliant product. The guidance also clarifies the definition of product vs. plan.

[New National Estimates Show County-by-County Change in Uninsured Rates 2013-14](#)

New data published by the *New York Times*, released by Enroll America, show trends in insurance coverage for adults ages 19-64 at the county level, along with other demographic details, since the start of ACA open enrollment in 2013. These data show substantial changes in some parts of Wisconsin with, for example Milwaukee county's adult uninsured reduced from 16% to 13%, Menominee County's from 22% to 15%, and Ashland County from 18% to 13%. A [second set of interactive maps show, at the county level](#), the current rate of adult uninsured and what that rate would be if the state were participating in the ACA's Medicaid expansion. Milwaukee County's current 13.5% uninsured, for example, would be 10% under a Medicaid expansion. Green Lake County's 11.1% would be 8.1%.

[Wisconsin Drops in Rank to 14th Nationally in Percentage of Insured Kids](#)

A new report by a Georgetown University research center ranks Wisconsin 14th nationally in the percentage of insured children, down from 11th in 2011 and 6th in 2008. Approximately 4.7% of the state's children (61,000 kids) were uninsured in 2013. Wisconsin's rate of 4.7% uninsured kids stands substantially below the nationally rate of 7.1% uninsured. The Wisconsin figures have remained virtually unchanged since 2008, while the national uninsured rate for children has declined by 24% in the same time period. Rural areas, with 30% of all kids in the state, have 42% of the state's uninsured children.

Medicaid/BadgerCare

[DHS Submits 2015-17 Budget Request](#)

The Wisconsin Department of Health Services (DHS) submitted a budget request in mid-September to the Department of Administration for consideration in the Governor's annual budget proposal. The request includes an increase of \$760 million in general purpose revenue to fund an increase in anticipated Medicaid spending due to higher enrollment and service utilization trends. The [Wisconsin Council on Children and Families](#) commented on the budget request.

[DHS September Budget Report to JFC Shows Significantly Reduced Budget Gap](#)

In the September DHS budget report to the Joint Finance Committee (JFC), the Medicaid program for the 2013-15 budget showed a \$700,000 deficit, reduced from the \$93 million budget deficit reported in June. The deficit reduction resulted from using \$51.2 million in revenues from drug manufacture settlements to cover part of the Medicaid deficit, and from smaller growth in program costs and enrollment that will significantly reduce the estimated need for savings. The Secretary also included information on the implementation of regional comprehensive community services and the ongoing fraud prevention efforts. The [Journal Sentinel reported](#) on the budget.

[Operations Memo: “Gap Filling” Referrals from the Marketplace](#)

A Wisconsin DHS memo addresses eligibility issues that have arisen in Wisconsin between BadgerCare and the new health insurance Marketplace. The Marketplace uses IRS tax rules to determine eligibility for advanced premium tax credits based on annual expected income, and BadgerCare uses the Modified Adjusted Gross Income (MAGI) rules to determine eligibility based on current monthly income. The memo sets up a process for individuals with variable income throughout the year, particularly those near the eligibility cutoff of 100% of the federal poverty level, to be determined eligible for BadgerCare if they are denied both BadgerCare and Marketplace advanced premium tax credits because of discrepancies between monthly actual income and annual projected income.

[Perspectives: Survey Results on ACA Impacts in Milwaukee Region](#)

HCTrends has released a [report](#) and [detailed data](#) from its annual Greater Milwaukee Employer Health Care Benefits Survey. It reports an increase in emergency room visits, more residents enrolled in Medicaid and one in five large Milwaukee companies considering switching to more part-time workers. An increase in emergency department visits has [been reported previously](#) following expansions in coverage [in Milwaukee](#) and [elsewhere](#). A new study indicates that such a [spike in ED visits is temporary](#).

Workforce/Health Professionals/Training & Education

[MCW Exploring Opening A School of Pharmacy](#)

The Medical College of Wisconsin (MCW) has proposed a feasibility study about opening a pharmacy school with potential campuses in Green Bay or Central Wisconsin. The Milwaukee Business Journal [article](#) notes that the first class would likely start in 2018. MCW is opening a new medical school campus in Green Bay in 2015, and projects opening a medical school campus in Central Wisconsin in 2016.

[UW Launches Capstone Certificate Program in Population Health Leadership](#)

The UW School of Medicine and Public Health is inviting applicants for its new Capstone Certificate in Leadership for Population Health Improvement. This one-year program, from June through May, is taught entirely on-line, with four core leadership courses. Applications for next year’s class are due by December 31, 2014.

Funding Awards:

Many academic institutions and research partners received funding to further education and research on health topics. Links below provide information on the award:

- [Chippewa Valley Technical College Receives Federal Job-Driven Training Grant](#)
- [UW-Madison and MCW Awarded FY2014 NIH Big Data Grants](#)

- [HHS Provides *Now Is the Time* Grant Funds to Improve Mental Health Services for Young People](#): The University of Wisconsin System [received \\$330,474](#) for behavioral health workforce and education training grants. Detailed funding award amounts are listed [here](#).
- [MCW and Illumina Partner on \\$2.4 Million NIH Grant to Sequence Genes of Patients with Rare Diseases](#)
- [UW Receives \\$7 Million NIH Funding to Continue Developing Tissue Chip to Screen for Neurological Toxins](#)
- [UW-Madison Awarded \\$8.3 Million NIH Grant for New Urological Research Center](#)
- [UW Department of Dermatology Earns \\$2.57 Million NIH Skin Disease Research Center Grant](#)
- [MCW Center for AIDS Intervention Research Funded Through 25th Year with \\$8.7 Million NIH and National Institutes for Mental Health Grant](#)
- [Wisconsin Partnership Program Grants Nearly \\$2 Million UW Researchers to Study Cancer, Asthma, Vitamin D, and Fungal Disease](#)

Public Health

[Three Health Systems Designated to Provide Ebola Care in Wisconsin](#)

The Wisconsin Department of Health Services (DHS) announced that it is collaborating with three Wisconsin health systems to care for patients with a confirmed diagnosis of Ebola. Even though Ebola has not been diagnosed in Wisconsin and the risk of contracting it remains very low, if a case of Ebola is confirmed, DHS will work with the medical team caring for the patient to transfer them to one of the following designated hospitals:

- UW Health – University of Wisconsin Hospital, Madison, and the American Family Children’s Hospital, Madison (for pediatric patients only)
- Froedtert & the Medical College of Wisconsin – Froedtert Hospital, Milwaukee
- Children’s Hospital of Wisconsin, Milwaukee (for pediatric patients only)

[Milwaukee Journal Sentinel Reports: Mental Health System Crisis Has Widespread Impacts](#)

In a series of special reports titled “Chronic Crisis,” the *Milwaukee Journal Sentinel* asserts that Milwaukee County’s mental health system focuses less on continual care and more on emergency treatment than any in the nation. Milwaukee County has the highest known rate of emergency detentions in the U.S.

[Race for Results: Wisconsin’s Need to Reduce Racial Disparities](#)

The Wisconsin Council on Children and Families produced a follow-up report to the Annie E. Casey Foundation’s [Race for Results: Building a Path to Opportunity for All Children](#) that ranked Wisconsin as the worst state in the nation for African-American children. The WCCF publication highlights data elements from the report with graphs and charts specific to Wisconsin and provides recommendations, reflections, and next steps based on the [Race to Equity](#) project’s work in Dane County.

[Increase Funding for Mental Health Services in Milwaukee County Executive’s Budget](#)

Milwaukee County Executive Chris Abele proposed an increase of \$3 million in his county budget for the Behavioral Health Division. This is now run by a new, independent, appointed Milwaukee Mental Health Board comprised of medical professionals, advocates and consumers. Previously the Division was overseen by the County Board, but was stripped of its authority after investigations revealed years of

patient abuse and neglect. The budget increase will fund the transition to more community based care. The [Journal Sentinel](#) reported further on the budget request.

[HHS Awards Nearly \\$212 Million to Prevent Chronic Diseases, Funded in Part by ACA](#)

Over \$1.67 million was awarded to the Great Lakes Inter-Tribal Council, the Red Cliff Band of Lake Superior Chippewa Indians, and the state of Wisconsin to assist coordination of chronic disease prevention activities. Specifically, the funds will support work to reduce rates of death and disability due to tobacco use, reduce the prevalence of obesity, and reduce the rates of death and disability due to diabetes, heart disease, and stroke. The HHS press release can be found [here](#).

[Frac Sand Mining Report Highlights the Upper Midwest](#)

Boston Action Research, a project of the Civil Society Institute, released a report on the impact of frac sand mining in the upper Midwest, highlighting concerns about water, air quality, and financial issues. The report provides an overview of frac sand mining and operations, counts 145 mines in Wisconsin in 2013, highlights the impact of those mines on communities and human health and environmental costs, and provides recommendations for government and regulatory authorities. The [Wisconsin Gazette](#) article on the report provides an overview.

[UW Hospitals and Clinics to Stop Selling Sugar-Sweetened Beverages](#)

University of Wisconsin Hospital and Clinics, the UW Medical Foundation, and the American Family Children's Hospital announced a new beverage policy that will remove sugar sweetened beverages from their locations by the end of the year. The hospital is also removing fried foods from the adult and pediatric menus. This policy is motivated by a desire to make the healthy choice the easy choice, and follows Baldwin Area Medical Center as the only other health care system in Wisconsin to eliminate sugar sweetened beverages.

[Wisconsin Pre-Term Births Continue to Decline, Disparities Persist](#)

Wisconsin's rate of premature births (births before 37 weeks), has declined to 10.4%, from 11.4% in 2006, a steady decline toward the 2020 goal of 9.6%, reports the March of Dimes. Despite this improvement, African American pre-term birth rates continue at rates 50% higher than those of the wider population, at 15.7%.

Clinics, Hospitals, and Health Plans

[\\$570 Million in Uncompensated Care Costs for Wisconsin Hospitals: Fiscal Year 2013 Report](#)

The Wisconsin Hospital Association (WHA) released its annual report on uncompensated health care, summarizing results from data provided by all Wisconsin hospitals for fiscal year 2013. Hospitals provided over 1.4 million patients with uncompensated health care services. Measured against hospital cost rather than charges, hospital uncompensated care at cost averaged 3.3% over all reporting hospitals, or \$569.5 million. This was split evenly between total charity care at cost and bad debt at cost. Hospitals also measure uncompensated care based on their charges, reporting here an increase in total uncompensated health care from FY2012 to FY2013, but it is uncertain how much of this may reflect an increase in the charge schedule.

A complementary [report](#) from WHA notes that community outreach efforts from hospitals totaled \$1.7 billion in 2013. This includes all services and activities that hospitals provide at or below costs, like charity care and outreach activities.

Non-profit hospitals are required by the IRS to provide and report on their community benefits in order to maintain their tax-exempt status. The ACA increased requirements for transparency in reporting and requires that community benefits activities be aligned with a community health needs assessment that must be conducted every three years. The UW Population Health Institute provides further resources at www.improvingwihealth.org,

[Wisconsin Hospital Revenues, Income Improving; Combined Net Income of 11.3%](#)

The Wisconsin Hospital Association released its annual [Guide to Wisconsin Hospitals](#), which shows that the net-income (difference between revenue and expenses) across all Wisconsin hospitals was 11.3% of total revenue in FY 2013. Twenty-two hospitals lost money in FY 2013, down from 25 in FY 2012.

[ACO Preliminary Results Show Variable Performance](#)

CMS released updates on the first year of the Medicare Shared Savings Program Accountable Care Organization's (ACO) with start dates in 2012 or 2013. Wisconsin ACOs had variable results. The Accountable Care Organization of Southeast Wisconsin earned \$8.67 million in shared savings, Dean and St. Mary's owe \$3.96 million in losses, and others did not earn savings or owe losses. CMS provided a [fact sheet](#) on the preliminary program results. CMS also released 2013 [quality results](#).

[HHS Awards \\$295 Million To Increase Primary Care Access At Health Centers, 14 In Wisconsin](#)

The Health Resources and Services Administration (HRSA) awarded fourteen health centers in Wisconsin a total of over \$3.38 million to increase access to primary care. The [press release](#) highlights that this funding will enable health centers to hire additional staff, stay open for longer hours, and expand services. The funding to Wisconsin is expected to support 44 new employees and allow access for over 19,000 new patients.

[Wisconsin Awarded Six HRSA Grants to Improve Access to Health Care in Rural Areas](#)

The Office of Rural Health Policy within the Health Resources and Services Administration (HRSA) awarded \$22.1 million to support health care in rural areas, including six grants in Wisconsin. The Rural Wisconsin Health Cooperative was awarded a rural health network development grant; Indianhead Community Action Agency, Lakes Community Health Center, Northwest Wisconsin Concentrated Employment Program and the Rural Health Initiative were awarded rural health network development planning grants; and Columbus Community Hospital was awarded a rural access to emergency devices grant. In sum, Wisconsin received over \$785,000.

[Critical Access and Rural Hospital Discussions Continue with CMS](#)

The Wisconsin Hospital Association and Rural Wisconsin Health Cooperative released a follow-up letter to CMS regarding their meeting on critical access and rural hospital issues. The letter identifies strengths of Wisconsin rural hospitals, and regulatory areas the groups are asking CMS to focus on improving. Wisconsin Senators Tammy Baldwin and Ron Johnson also signed a [letter](#) to CMS commenting on the rulemaking process' effect on rural providers.

[47 Wisconsin Hospitals Assessed Medicare Readmission Penalty in Year Three](#)

Kaiser Health News reported that a CMS examination of hospital readmission rates for the third year of the Hospital Readmissions Reduction Program in Medicare, is resulting in penalties for 37% of the state's hospitals, or 47 Wisconsin hospitals. Penalized hospitals will receive, on average, 0.43% lower payments for every Medicare Patient stay from October 2014 to September 2015. The [full story](#) notes that a record number of hospitals nationwide -- three-quarters of all hospitals subject to the program -- are

being penalized. Although overall readmission rates are going down, increased penalties are partially the result of CMS adding two new categories of patients to its evaluation criteria this past year.

[Analysis of Adult Bed Capacity for the Milwaukee County Behavioral Health System](#)

A report prepared by the Human Services Research Institute and Public Policy Forum recommends that the current 60-bed allocation for acute adult psychiatric care in Milwaukee is necessary, until more community support is established. The report is written in the context of recently reduced capacity for inpatient care at both the national and local level. The [Milwaukee Journal Sentinel](#) also wrote about the report.

[The Alliance Announces QualityPath Hospitals](#)

The Alliance, an employer-owned cooperative focused on controlling costs, improving quality, and engaging individuals in their health care, recently announced a new QualityPath designation for hospitals. This designation means that hospitals are meeting standards for total hip replacements, total knee replacements, and coronary artery bypass grafts. Hospitals include: Meriter Hospital, Monroe Clinic, Rockford Memorial Hospital, St. Clare Hospital, and St. Mary's Hospital.

[WI ETF Hires Consultant to Study Self-Insurance, Other Benefit Reforms](#)

The *Wisconsin State Journal* reports that the Wisconsin Department of Employee Trust Funds plans to hire an Atlanta-based consultant to study possible reforms to the \$1.5 billion state worker benefits program, including replacing a competitive HMO model with self-insurance. The consultant will evaluate 10 aspects of the program, including pharmacy, wellness, mental health, disease management, the use of consumer-driven plans, efforts to steer patients to certain providers and switching to self-insurance. With self-insurance, the state would pay benefits directly and assume the risk of losses instead of buying insurance from about 18 HMOs from which employees choose.

[Milwaukee Survey Reports 8-10% Premium Increase for Employers](#)

The Milwaukee Journal Sentinel reviews findings from the [HCTrends Annual Employer Health Care Benefit Survey](#), which reports that the cost of health benefits in the Milwaukee area saw an average increase of 8-10% this year. Small employers showed the largest increases. The survey also suggests that 10% of companies may be approaching the ACA's "Cadillac Tax" threshold.

Hospital Mergers, Partnerships, and Expansions

Health systems across the state are merging, expanding, consolidating and partnering in new ways. This list provides an overview of recent merger and partnership announcements:

- [UW Health and SwedishAmerican Sign Merger Agreement](#): After announcing their intent to merge in April, UW Health and SwedishAmerican Health Systems have definitively agreed to merge, pending state and federal regulatory approval. They expect to finalize the transaction by January 2015.
- [Mercy Health System and Rockford Health System Announce Merger](#): The boards of Mercy Health System in Janesville and Rockford Health System announced that they will create a merged multi-regional health system with five hospitals, 80 outpatient clinics and other service sites, providing care to more than 40 communities in southern Wisconsin and northern Illinois. The [Milwaukee Journal Sentinel](#) article notes that this is one of many health system mergers affecting the Wisconsin market.
- [Watertown Regional Medical Center Forms Joint Venture Partnership with LifePoint Hospitals](#): Watertown Regional Medical Center, a UW Health Partner affiliate, announced its intention to form a joint venture partnership with LifePoint Hospitals in early 2015. This would be the first

for-profit hospital to buy a stake in a nonprofit community hospital in Wisconsin. The final agreement will have to be reviewed by the Wisconsin Attorney General. Watertown Regional Medical Center noted their intention to remain clinically affiliated with UW Health, while the [Journal Sentinel](#) noted that UW Health is reviewing the new affiliation. Further updates on this process can be found on this Watertown Regional Medical Center [website](#).

- **[ThedaCare Moving Forward with New Regional Cancer Center in Appleton](#)**: The ThedaCare board approved a \$44 million project to build a new cancer center in Appleton, to be completed in 2016. The center aims to provide more convenient, full-spectrum cancer care. ThedaCare health system currently consists of seven hospitals in the Fox Cities.
- **[Aspirus Selects Wisconsin Rapids for Clinic Expansion](#)**: Aspirus health system announced that a \$30 million expansion project will move forward on their current site in Wisconsin Rapids, rather than a new site in nearby Biron. The clinic expansion will enable patients and providers to easily move between the clinic and hospital setting. It is expected to open in the fall of 2017. The [Wisconsin Rapids Tribune](#) provides further context for the decision in their story.
- **[WPS and QuadMed Partner to Launch Intellicare](#)**: WPS Health Insurance and QuadMed are offering a new partnership to provide health care options for employers. The partnership may include employees' access to QuadMed clinic services, including on-site, near-site and shared site clinics, and third-party 25/7 telehealth services, as well as third-party insurance administration from WPS.

RESEARCH AND PROGRAM TOOLS

- Information on the Health Insurance Marketplace and Health Care Reform: [healthcare.gov](#)
 - [Spanish Language Marketplace](#)
 - [Marketplace Enrollment Data](#)
 - HHS [Partner Official Resources](#)
- Health and Human Services
 - [Announcement: \\$840 Funding for the Transforming Clinical Practice Initiative](#)
 - [ASPE Issue Brief: Survey Data on Health Insurance Coverage for 2013 and 2014](#)
 - [Plan Selection by ZIP Code in the Health Insurance Marketplace](#)
 - [Wisconsin ACA Impact Update](#)
 - [Impact of Insurance Expansion on Hospital Uncompensated Care Costs in 2014](#)
- Centers for Medicare and Medicaid Services (CMS)
 - [Medicaid & CHIP: August 2014 Monthly Applications, Eligibility Determinations and Enrollment Report](#)
- New and Updated Resources from the [Kaiser Family Foundation](#)
 - [Tracking Poll: Nine in Ten Uninsured Unaware that Second Open Enrollment Period Starts in November](#)
 - [2014 Employer Health Benefits Survey](#)
 - [Implementing the ACA: Medicaid Spending & Enrollment Growth for FY 2014 and FY 2015](#)
- New and Updated Resources from the [Commonwealth Fund](#)
 - [Health Reform Resource Center](#)
 - [Are American's Finding Affordable Coverage in the Health Insurance Marketplaces? Results from the Commonwealth Fund Affordable Care Act Tracking Survey](#)
 - Implementing the Affordable Care Act: [Revisiting the ACA's Essential Health Benefits Requirements](#)

- [Enroll America](#) Resources
 - [Third-Party Payment – Featuring HealthConnect \(United Way Dane County\)](#)
- New and Updated Resources from [HRSA](#)
- New and Updated Resources from [AHRQ](#)
 - [Wisconsin Quality Measures Compared to Achievable Benchmarks](#)
- [State Refor\(u\)m](#)
 - [Alignment Between Separate CHIP and Marketplace Issuers, 2014](#)
- Catalyst for Payment Reform, [National Scorecard and Compendium on Payment Reform](#)
- Wisconsin Toolbox:
 - [Assessing and Improving Community Health in Wisconsin](#)
 - [Affordable Care Act & Medicaid Reforms in Wisconsin: Enrollment Trends Chartpack](#)
 - [Enroll WI](#) (Formerly E4Health)
 - [DHS Ebola Webpage](#) and Toll-Free Line, 1-844-684-1064

EVENTS AND ANNOUNCEMENTS

- [Leadership for Population Health Improvement Certificate](#), UW School of Medicine and Public Health, Apply by December 31, 2014
- [MCW Conversations for Change](#), Wausau, November 11
- [Wisconsin Council on Medical Education & Workforce](#), “Building a Culture for Patient-Centered Team Based Care,” Wisconsin Dells, November 12
- [Wisconsin Health News Briefing on Hospital Partnerships](#), Madison, December 2
- [Wisconsin Health Literacy Summit](#), Madison, April 14-15

Selected Tweets from our Twitter Feed

Please follow us on [Twitter @UWHealthPolicy](#) to receive notice of relevant reports, research, federal and state news. Tweets below include national news and resources.

What employers need to know about #ACA requirements: New FAQs about from the [@USDOL](#)
<http://1.usa.gov/1zfBlaW>

Young adults increased health care use following #ACA allowing coverage on parents' policies, via [@HealthCostInst](#) <http://bit.ly/1ry9P2r>

Hospital conversion to for-profit status improved financials, no difference in quality or care for poor, via [@jama](#) <http://bit.ly/1FTsDDR>

This month's [@JAMA current](#) looks at health care price and quality transparency. Uwe Reinhardt sums it up: <http://bit.ly/1tC6rZG>

#ACA Implementation Research Network meeting at [@BrookingsInst](#), with #Medicaid paper from [@UWiscPHI](#)'s [@DonnaFriedsam](#) <http://bit.ly/1FCCGgF>

Home health care aides - U.S. fastest growing profession - join fight for higher minimum wage, via @washingtonpost <http://wapo.st/1oaCaBe>

#ACA #Medicaid expansion and non-expansion states note welcome mat/woodwork effect contributing to enrollment growth <http://bit.ly/1w7uZZy>

Challenges for the Next #Obamacare Open Enrollment, from @DrewAltman via @WSJ <http://on.wsj.com/1vsytJ3>

U.S. life expectancy reaches record high; age-adjusted mortality rates declining across groups, reports @CDCgov <http://1.usa.gov/1EV0nQQ>

How will patients use new data about whether their doctors receive payment from #pharma or medical device companies? <http://bit.ly/1z8oNpN>

Why #Walmart's dropping of health insurance for part-time workers may be good news, from @sarahkliff @voxdotcom <http://bit.ly/1r4BCHz>

How much control do physicians have on patient-factors that will determine physician effectiveness? via @JAMA_current <http://bit.ly/1sdfT3M>

#NASHPconf14 We need real-time data for innovators and for rapid-cycle improvement, from @CMSgov CMO Stephen Cha

.@Health_Affairs · Sep 19 Debates About #Medicaid: The Way Forward on Health Affairs Blog <http://bit.ly/1u6DshP> @DonnaFriedsam @UWMadison

How States try to tame health premiums - rate review, HIX regulation, #Medicaid expansion - reviewed by @GOVERNING <http://bit.ly/1o9k3G7>

HealthConnect program in Dane County, WI highlighted as model #ACA premium assistance model, from @EnrollAmerica <http://bit.ly/1uLIVJU>

WI at Crossroads for Health Care Reform, reports study released by Rockefeller/@BrookingsInst, @UWiscPHI researcher <http://bit.ly/1wflI9R>

Information for *Catch-Up Briefing* is compiled from several sources, including websites and lists from the Agency for Healthcare Research and Quality, Blue Cross/Blue Shield, Commonwealth Fund, Georgetown Center for Health Insurance Reform and Center for Children and Families, Health Affairs, Kaiser Family Foundation, Milbank Quarterly, Milwaukee Journal-Sentinel, Milwaukee Business Journal, The New York Times, Urban Institute, U.S. Department of Health and Human Services, Wisconsin Council on Children and Families, Wisconsin Health News, Wisconsin Hospital Association, Wisconsin Medical Journal, Wisconsin Office of Rural Health, Wispolitics.com, Wheeler Report, Wisconsin State Journal, Wisconsin Technology Network, and others.