

Catch-Up Briefing Report
Year-End Issue
Vol. 15, No. 6



An annotated compilation of selected Wisconsin health and health care news stories from November 1 – December 17, 2015. 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 dustman@wisc.edu with the word "subscribe" or "unsubscribe" in the subject line. *Sources for the Catch-Up Briefing are listed at the end.*

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STATE NEWS

Health Care Reform Implementation in Wisconsin

More than 75,000 Wisconsinites Select Plan in First 5 Weeks of Open Enrollment

From November 1st through December 5th, 75,938 Wisconsinites selected a health plan through the health insurance Marketplace. This includes new enrollees, as well as customers renewing their coverage. Nationwide, nearly 804,338 people selected health plans through HealthCare.gov the week of November 29th through December 5th. This brings the national total since November 1st to over 2 million selections. 36 percent of selections were made by new consumers, while 64 percent were plan renewals.

[Majority WI ACA Enrollees Expected to See Net Increase in Premiums in 2016](#)

Fifty-seven percent of Wisconsin ACA enrollees will see a net premium increase in the lowest-price silver plan, according to recent state-by-state estimates on ACA trends released by the McKinsey Center for U.S. Health System Reform. The report also expects that another 40 percent of Wisconsin ACA enrollees will see a net decrease in premiums for lowest-price silver plans. This includes Milwaukee marketplace premiums which a [report](#) by the Kaiser Family Foundation estimates a decline of 2.1% before tax credits, or 1.0% after tax credits. The McKinsey estimates

[Wisconsin Among Highest Rates of ACA Plan Selection by Tax-Credit Eligible People 150-400% FPL](#)

Wisconsin residents who are eligible for tax credits enroll in ACA plans at a higher rate than the national average, reports the Urban Institute. The report compared ACA plan enrollment rates across states as a percentage of total enrollees who are eligible for subsidies, and found that Wisconsin enrollment rates exceed the national average in nearly every category. 69.0% of WI residents – as compared to national average of 55.1% – between 150-200% FPL enrolled in plans through Healthcare.gov; 41.1% of Wisconsin residents – as compared to 30.8% nationally – between 200-300% FPL; and 21.9% of Wisconsin residents – as compared to 13.8% nationally – between 300-400% FPL. Across all states, selection rates were found to decline with rising income.

[Report: Wisconsin among States with Highest Rural Enrollment Rates in Marketplace Plans](#)

Wisconsin's rural enrollment rates in health insurance Marketplaces rank among the highest in the nation, according to a recent [report](#) by the University of Iowa's RUPRI Center for Rural Health Policy Analysis. The rural enrollment rate is 50.3% in Wisconsin, outpacing the metropolitan rate of 40.7%. The rural enrollment rate averages 37.3% across all non-Medicaid expansion states and 33.9% in states that expanded Medicaid. Additionally, although the report found that people living in urban areas were generally more likely to enroll in health insurance marketplaces than were people in rural areas, this pattern was reversed in states with larger non-metropolitan populations, such as Wisconsin, which showed higher rural than urban enrollment rates.

[EnrollAmerica Releases Snapshots Estimating Uninsured Rates by State](#)

EnrollAmerica recently released state-level snapshots on health insurance enrollment rates. Overall, Wisconsin's uninsured rate declined 3.6% from 2013 to 2015, falling to a current estimated rate of 8.6%. This is 3.6% lower than the national uninsured rate of 12.2%. According to the Wisconsin [report](#), 26% of the state's uninsured reside in Milwaukee County, followed by Dane County which accounts for 8%. The highest rate of uninsured is in Menominee County at 31%, followed by Sawyer County at 15%, Ashland County with 13%, and Vilas County at 12%. The organization also released an [interactive map](#) showing changes in uninsured rates by county from 2013 to 2015.

[White House Releases Fact Sheet on Milwaukee's Status in Health Communities Challenge](#)

Milwaukee is one of twenty cities participating in the White House Healthy Communities challenge to increase enrollment among the community's uninsured. President Obama will visit the winning city. In Milwaukee, 6 insurers are offering individual health plans in the Marketplace in Milwaukee; 75% of people can find a plan for \$100 or less, and the average monthly premium in Milwaukee for silver plans will decrease by 2% from 2015 to 2016. Despite a drop in the rate of uninsured from 11.7% in 2013 to 5.6% in 2015, an estimated 51,000 people in Milwaukee who are eligible for the Marketplace remain uninsured. The New York Times [reports](#) that, as of early December, Milwaukee, Detroit and Philadelphia have done the best among the 20 challenge cities.

[Consulting Firm Says Self-Insuring Could Save Wisconsin \\$42 Million](#)

A new [report](#) by Segal Consulting predicts annual savings of \$42.1 million if the state were to self-insure public workers. According to the report, \$18 million of the savings would come from Affordable Care Act fees, \$11 million from administrative costs, and another \$11 million in savings from insurance company profits. Segal also recommended consolidating the number of health plans in the state to no more than seven instead of 18, which would save \$40-70 million a year. The Wisconsin Association of Health Plans [opposes the move](#), which it argues would limit competition and reduce access to care. Segal released a [report](#) earlier this year suggesting \$50 to \$70 million in savings from self-insuring. Previous reports from another consulting firm, Deloitte, suggest \$20 million in savings but potential cost of up to \$100 million. Governor Walker signed [2015 Wisconsin Act 119](#), giving the Legislature's budget committee oversight of any contract moving Wisconsin public workers into a self-insurance system.

[2014 Family Health Survey: Majority of WI Residents Covered by Health Insurance](#)

According to a recent telephone survey conducted by WI DHS, 89% of Wisconsin residents were covered by health insurance for the entire 2014 year. Another 6% had insurance for some portion of the 12 months prior to the interview, and 4% had no insurance coverage during this time. Adults aged 18-64, full- and part-time self-employed as likely to be uninsured as those not in the workforce. Other findings of the report can be found [here](#).

Medicaid/BadgerCare

[WI could save \\$1.07B through 2021, \\$102.9M This Year by Accepting Medicaid Expansion](#)

A Wisconsin Legislative Fiscal Bureau memo reports significant savings if Wisconsin were to adopt the full ACA Medicaid expansion. As part of the 2013-15 biennial budget the Legislature reduced eligibility standards for parents from 200% to 100% FPL, while providing Medicaid coverage for childless adults up to 100% FPL -- below the levels required for ACA financial benefit. Updated enrollment projections and fiscal estimates suggest that if the full expansion were to go into effect in January of 2016, the state could see a net decrease in GPR expenditures of \$102.9M in 2015-16 and \$220.6M in 2016-17, due to increases in federal payments. Coverage would increase by 83,000. The Wisconsin Council on Children and Families provides a [summary of the memo](#) from an advocacy perspective.

[Assembly Committee Approves Behavioral Healthcare Coordination Pilot Project](#)

The Assembly Committee on Mental Health Reform unanimously approved a bill that would require DHS to develop two behavioral health pilot projects aimed at reducing Medicaid costs in the state for those with chronic mental illness, and create a tracker to monitor inpatient psychiatric bed availability. One pilot project would test coordinated care delivery and payment models, the other would reimburse psychiatrists for providing consultations to primary care providers treating adults with mild to moderate mental illness. The Wisconsin Hospital Association [supports](#) the bill.

[Report: Medicaid Claims Majority of New State Spending in Upcoming Budget](#)

A new [report](#) from the Wisconsin Taxpayer's Alliance found that increased Medicaid spending by the Department of Health Services will account for \$658 million of \$1.1 billion in new state spending in the upcoming budget. Medicaid spending has risen an average of 4.2% per year since 2005, far outpacing the 2.4% annual growth in GPR spending on all other state programs. In the new state budget, Medicaid spending will rise 7.5% per year compared to just 1.4% for the remainder of all other programs.

[BadgerCare Enrollment Steadily Declines Since March](#)

Enrollment in BadgerCare has declined by nearly 20,000 since March, the highest on record since January 2008, dropping 822,719 to 803,100. Parent and caretaker enrollment in the program declined by 0.9% from October to November, to a low of 154,737, the lowest enrollment since January 2008. The number of children in the program experienced a slight decline as well, falling by 0.3% to 422,312 from October to November. This represents the lowest enrollment for this demographic since January 2014. As of November, 422,312 children were enrolled in BadgerCare.

Workforce/Health Professionals/Training & Education

[DHS: New Graduate Medical Education Program to Serve Northwest Wisconsin](#)

The WI Department of Health Services recently announced a new graduate medical education program in the St. Croix Valley area, citing data that shows Northwest Wisconsin will experience a decline in the number of physicians within the next few years. HealthPartners Institute for Education and Research and Methodist Hospital will serve as program partners. Additional partners include: Amery Hospital & Clinic, Hudson Hospital & Clinic, and Westfields Hospital & Clinic in New Richmond. The program is supported a grant from DHS, and will support five primary care specialties.

[Governor Signs Medical & EMS Licensure, Ambulance Staffing Bills into Law](#)

Governor Walker recently signed a number of health bill into law, including two bills aimed at facilitating the provision of emergency medical services in the state. One [proposal](#) will allow out-of-state emergency medical service members in neighboring states to respond to requests for aid across state lines, without requiring them to obtain licensure to practice in Wisconsin. The other [bill](#) will ease ambulance staffing requirements in rural areas to require one emergency medical technician (EMT) and one first responder, rather than the current requirement of two EMTs. The final [bill](#) will enter the state into an interstate medical licensure compact, facilitating physician licensure across multiple states. Wisconsin is the [12th state](#) to enact such a compact.

[WI hospitals face high vacancy rates for APNs, LPNs, other nursing professionals](#)

Wisconsin Hospital Association [reported](#) significant vacancy rates among nurses and with over 40% of registered RNs working in the state over 50 years old the retirement rate is expected to accelerate. Hospitals vacancy rates for RNs were 4.5%; vacancies were for advanced practice nurses (APNs) were 9.7%; for licensed practical nurses (LPNs) 8.8%; and for certified nurse practitioners (CNAs) 7.1%. Along with new models of care, the shortage of clinical professionals is contributing to the redesign of the hospital workforce, which includes new positions such as patient navigator, care coordinator, health coach and telehealth-trained physicians.

[New Bill Allows PAs, APNPs to Certify Disabled for Hunting Permits](#)

Governor Walker recently signed a new bipartisan bill into law that will allow Physician Assistants and Advanced Practice Nurse Prescribers to provide disability determinations to the Department of Natural Resources for hunting and fishing permit applications. Previous law required applicants to submit a statement from a physician, chiropractor or podiatrist to verify a disability. Hunters with physical disabilities can apply for a permit that eases some restrictions, such as allowing them to fire from a stationary vehicle and use a laser sight.

[Walgreens to Start Using Epic EHR in 2016](#)

The nation's largest drugstore chain recently announced that it will begin using Epic at its 400 HealthCare Clinics in early 2016. Walgreens, which has been using its own electronic health record system, cited Epic's capacity for secure communication with other health care providers as a benefit of the new partnership. CVS, the nation's second-largest drugstore chain, began using Epic in 2014.

[Exact Sciences Abandons Plans to Expand Into Downtown Madison](#)

Exact Sciences has scrapped its plans to relocate to the Judge Doyle Square project in downtown Madison, and will instead expand its Research Park location. The decision comes on the heels of a U.S. Preventive Services Task Force report that classified the biotech company's noninvasive colorectal cancer screening test as an "alternative" screening measure rather than a "recommended" one, leading to a [precipitous drop](#) in the company's stock price.

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:

- [Madison-based Dean & St. Mary's Hospital Offer \\$450,000 in Community Health Grant](#)

Public Health

[Wisconsin Continues Decline in America's Health Rankings Report](#)

Wisconsin fell to 24th in the 2015 edition of America's Health Ranking's Report, continuing a negative trend since 2011 when the state ranked 12th nationally. Wisconsin ranked highly in high school graduation rates, health insurance coverage, and TDAP immunization in adolescents. Alcohol measures continue to plague the state, which ranked 49th in binge drinking, 49th in excessive drinking, and 45th in chronic drinking. Wisconsin ranked 47th in the nation for per capita public health funding, and ranked 39th in health disparities. A separate [report](#) by the Commonwealth Fund ranks Wisconsin 11th nationally in health system performance. The report was based on metrics that included access and accountability, equity, and avoidable hospital use and cost. Minnesota ranked 1st.

[Report: Health Gaps Cause 3,200 Preventable Deaths Per Year in Wisconsin](#)

Nearly 3,200 deaths in Wisconsin could be avoided if residents in all Wisconsin counties had the same opportunities for health, according to a new report from the UW Population Health Institute and Robert Wood Johnson Foundation. While most of the state's excess deaths occur in counties with larger populations, such as Milwaukee and Kenosha, some smaller counties also have a disproportionate share of preventable deaths. In Menominee County, 57 percent of premature deaths could be avoided if health opportunities more closely approximated those of healthier counties.

[Report: Wisconsin Teen Overdose Deaths Have Quadrupled in Recent Years](#)

Drug overdose deaths in Wisconsin teenagers ages 12-25 have risen sharply from 1999 to 2013, according to a recent report released by Trust for America's Health. According to the report, teen overdoses have risen from an average of 2.0 per 100,000 between 1999 and 2001, to 8.8 per 100,000 from 2011 to 2013. Overdose deaths in males account for most of the increase, increasing from a low of 2.4 between 1999 and 2001 to a high of 12.7 between 2011 and 2013. Nationally, overdose death rates have increased for all teenagers from 3.1 to 7.3 during the same time intervals. The report also ranked Wisconsin highly on a number of policies for teen well-being and substance misuse prevention, including

high school graduation rates, tobacco prevention measures, and enacting Good Samaritan laws to provide immunity for those who seek help following an overdose.

[CMS Releases New Medicare Part D Opioid Drug Mapping Tool](#)

CMS recently released a new interactive map showing geographic comparisons of opioid prescription claims, broken down by state, county, and zip code levels. In Wisconsin, opioid claims comprise 5.15% of total claims, just under the national average of 5.32%. Average opioid claims in Milwaukee County were 7.09%, totaling nearly 355,000. The only other county in the state that topped 7% was northern Florence County, where average claims comprised 17.53% of the 16,612 total claims submitted. The site also includes a searchable [data set](#) of opioid prescription claims written by providers who participate in the Medicare Part D program.

[Grant to Raise Awareness of Adverse Childhood Experiences and Bring Mindfulness to Workplaces](#)

Wisconsin's Children's Mental Health Collective Impact Coalition will serve as one of fourteen communities across the country to implement a program to address childhood adversity in the state. The state's Office of Children's Mental Health will oversee the project, and will distribute \$150,000 of funding to project partners. The project aims to raise national awareness and develop solutions to prevent Adverse Childhood Experiences (ACEs), which include neglect, abuse, and abandonment. Wisconsin's proposal will involve a two year public-private initiative to develop a workplace curriculum to raise awareness of ACEs, and will also allow employees to participate in a research-based mindfulness practice that will use smartphones to promote awareness and develop a culture of health.

[Rep. Thiesfeldt Withdraws Proposed Vaccination Bill](#)

Lawmakers have withdrawn a proposed [bill](#) that would prohibit health care organizations and other employers from penalizing employees for refusing to be vaccinated against the flu. Rep. Thiesfeldt withdrew the bill after reaching agreement with the Wisconsin Hospital Association on a [memo](#) sent to hospitals and providers notifying employees of allowable exemptions vaccination. Proponents of the bill [argued](#) that workers should be protected from retribution if they refuse to get a mandated flu shot. [Opponents](#) of the bill, including the Wisconsin Hospital Association, [point to](#) the important public health implications of seasonal influenza vaccination, especially for health care workers.

[Marquette Law School Poll Finds Majority of Wisconsinites Oppose Fetal Tissue Research Ban](#)

A new poll conducted by Marquette Law School finds that 47 percent of respondents oppose a proposed ban on the use of fetal tissue from abortions in medical research. 32 percent of respondents support such a ban, while 18.5 percent remained undecided. The poll's margin of error was 4.2 percent. The [bill](#) in question would make it a felony to sell or use fetal body parts obtained from abortions in research. The bill is supported by pro-life groups, while academic institutions including UW-Madison and the Medical College of Wisconsin have expressed opposition. The bill passed a senate health committee and is currently available for scheduling for a full senate hearing.

[DHS Report: State Births Show Slight Increase, Infant Mortality Rates Decrease](#)

The state experienced a slight uptick in births in 2014, according to an annual report by the Department of Health Services. The number of births in 2014 totaled 67,119, 553 more than in 2013. Teenage birth rates declined among American Indian/Alaska Natives, Asian, and White populations. However, rates in Hispanic and African American teenagers remained steady compared to the previous year. The report also found that 2014 infant mortality rate was 5.7 per 1000 births, down from 6.2 in 2013, and over 75 percent of infants were breastfed at hospital discharge.

[Briefing Highlights Population-Based Approaches to Addressing Children’s Mental Health](#)

A recent briefing coordinated by the UW Population Health Institute’s Evidence-Based Health Policy Project shed light on the issue of children’s mental health. The briefing included a discussion on improving children’s mental health care by a representative from the state’s Office of Children’s Mental Health; a presentation on the need to bridge clinical medicine and public health to target the issue; an overview of non-clinical approaches to treat and manage children’s mental health; and Waupaca County Health and Human Services agency’s journey as a model for the implementation of Trauma Informed Care. An [infographic](#) from Wisconsin DHS highlights the mental health burden in WI.

Clinics, Hospitals, and Health Plans

[Low Medicare spending does not mean low health care spending, especially in Wisconsin](#)

For years, work conducted at the Dartmouth Medical School suggested that localized differences in health care spending resulted from the amount of care patients received. Mapping this data, the [Dartmouth Atlas](#) demonstrated that areas able to curb fraud and abuse could lower health care spending while providing equal, if not superior health outcomes than higher spending communities. This model made national stars of some communities, such as Grand Junction, CO; Rochester, MN; and [LaCrosse, WI](#). But, this work was based on Medicare data and a [new study](#) utilizing private insurance data in addition to Medicare data finds that there is no relationship between Medicare spending and spending in the private system. Some places with low Medicare spending also have low-cost private health care – but just as many have high private insurance spending, including Wisconsin. The difference between the two systems is the price of care.

[Wisconsin Health System Ranks 11th Nationally](#)

The Commonwealth Fund annual report on State Health System Performance ranks Wisconsin 11th nationally. Minnesota ranks #1. The states are ranked on 42 indicators grouped into five domains: access and affordability, prevention and treatment, avoidable hospital use and cost, healthy lives, and equity. Wisconsin’s rank in 2015 fell from 7th in 2014. The state’s performance for African Americans and Latinos is particularly poor, a point emphasized in [reporting by the Milwaukee Journal Sentinel](#).

[Wisconsin Second in Nation in Number of Provider-led Health Plans](#)

Wisconsin has the second-largest number of provider-led health plans in the country according to a recent report. The report, conducted McKinsey & Company, provides a breakdown of provider-led plan distribution by state, and outlines their advantages and risks. There are 9 provider-led health plans operating in Wisconsin, second only to Texas at 15. New York and Michigan providers offer a number of plans as well, at 8 and 7 respectively. Overall, 39 states offer a total of 107 provider-led plans covering nearly 18 million members. Approximately half of those covered are enrolled in Medicaid products. The report also outlines advantages associated with provider-led plans, which include increased volume, ability to leverage economies of scale and skill, and lowered barriers to entry.

[Children’s Hospital of Wisconsin Eyes ACA Exchange in 2017](#)

The health insurance arm of Children’s Hospital of Wisconsin is considering offering an exchange plan through the federal Marketplace in 2017. The health care system’s Children’s Community Health Plan (CCHP) is currently Wisconsin’s largest provider of BadgerCare Medicaid coverage, covering 130,000 adults and children in 13 counties in the state. In a statement to Wisconsin Health News, CCHP President Bob Duncan [expressed a desire](#) to recapture parents who lost coverage through the plan as a result of

the state's recent restructuring of Medicaid eligibility requirements, and to reposition the plan in the event that Wisconsin opts for Medicaid privatization.

JFC Backs Bill to Expand Family Care and IRIS Programs to Rock County

The Joint Finance Committee unanimously backed a [bill](#) that would expand long-term care programs into Rock County. The bill would require DHS, before July 1, 2016, to contract with an Aging and Disability Resource Center and a managed care organization to deliver Family Care benefit services, as well as provide IRIS self-directed services in Rock County. The bill would ease DHS arrangements with managed care organizations by lifting requirements on JFC approval. Without the bill, nearly 400 people in Rock County would have to wait 10 years or longer to receive these services.

WI Hospitals' Charity Care Declines; WHA Report Highlights the Economic Impact of WI Hospitals

Hospital community benefit spending has declined in recent years, with hospitals [reporting](#) \$100M less spending on community benefits in 2014 compared to 2013, and \$50M less charity care. Separately, a recent report by the Wisconsin Hospital Association discusses the role hospitals and health systems play in Wisconsin's economy, representing some of the largest employers in the state. The report estimates that Wisconsin hospitals have contributed an economic impact of nearly \$26 billion in 2013, and employed around 107,000 people in 2014.

Southeast WI Hospital Operating Costs Increase at Much Slower Rate than National Average

Operating costs for hospitals in southeast Wisconsin increased roughly 1.5% from 2003 to 2014, one-half the national benchmark during the same period, despite full implementation of the ACA. According to a recent [report](#) by Milliman, operating costs for southeast WI hospitals have remained nearly unchanged since 2008. Average per-unit operating costs for these hospitals actually decreased by 0.8% from 2013 to 2014.

Thirty-Six Wisconsin Hospitals Recognized As Top Performers in Annual Report

The Joint Commission's annual "America's Hospitals: Improving Quality and Safety" report has identified thirty-six Wisconsin hospitals as top performers. 84 Hospitals submitted information throughout the state in 2014. Nationwide, 31.5 percent of hospitals contributing data received top performer status in 2014. The rankings are based on how well hospitals provide care for a number of diverse conditions, which include heart attack, pneumonia, stroke, immunization, and substance use. The full list of hospitals is available in the [report](#).

Twelve Wisconsin Hospitals Receive Top Score in Patient Safety

A new ranking by a national nonprofit organization, the Leapfrog Group, gave 12 Wisconsin hospitals an "A" ranking for patient safety. Another 21 hospitals received a "B" ranking from the organization, which reviewed a total of 46 hospitals in the state. The Hospital Safety Score ranked Wisconsin 18th overall in the country for patient safety. The scores were [determined](#) from an analysis of publicly available hospital safety data.

15 Wisconsin Hospitals Receive 1% Medicare Payment Penalty for Hospital- Acquired Conditions

Fifteen hospitals in Wisconsin will see a 1% reduction in Medicare reimbursement rates this fiscal year for placing in the bottom quartile of hospitals with respect to Hospital-Acquired Conditions (HACs). The Affordable Care Act's HAC Reduction Program is intended to provide an incentive for hospitals to reduce HACs. The number of hospitals penalized this year is down from the previous fiscal year, where 18 hospitals saw reductions in reimbursements. A breakdown of the measures and scoring methodology used can be found [here](#).

[Integrated Health Network-UnitedHealthcare ACO Exceeds First Year Quality Goals](#)

Brookfield-based Integrated Health Network recently announced that it exceeded its clinical quality goals in its first year of a three-year accountable care partnership with UnitedHealthcare. The results are based on 60,000 employer-sponsored health plan participants who visited IHN physicians in 2014. In 2014, the value-based partnership boasted increases in breast cancer screenings by 7 percent, colorectal cancer screenings by 5 percent, and diabetic screenings 4 percent. Unnecessary emergency room use decreased by 4 percent as well, and generic prescription drug use was up by more than 2 percent in participants.

[CMS Releases Data on Medical Loss Ratio Rebates in 2014](#)

The federal government released a new report with a state-by-state [breakdown](#) of premium rebates to consumers as a result of provisions in the Affordable Care Act. The Medical Loss Ratio, also known as the 80/20 rule, requires insurers in the individual and small group markets to spend at least 80% of all premium dollars on health care or activities that improve care. Insurers who fail to meet this standard must issue a refund to consumers. In Wisconsin, nearly 5,000 consumers received an average rebate of \$179 across all markets in 2014. In the small group market, eligible consumers received an average rebate of \$208. In total, \$566,915 in rebates was distributed in Wisconsin, an [increase](#) from 2013 and higher than the national average. Nationwide, more than 5.5 million consumers received nearly \$470 million in rebates in 2014.

[WHIO Selected for Total Cost of Care Pilot Program](#)

The Wisconsin Health Information Organization (WHIO) will join a national Total Cost of Care (TCoC) pilot program led by the Network for Regional Healthcare Improvement (NRHI) and funded by the Robert Wood Johnson Foundation (RWJF). The TCoC pilot was developed to identify the drivers of regional health care costs and develop strategies to reduce spending at the community level. This group developed a standard way to implement total cost of care reports that enable direct comparisons from one physician to another and across states. WHIO is now one of four organizations and two expansion sites to join the original five in broadening the project's focus to include breaking down barriers to reporting total cost of health care in their communities

[Wisconsin Hospitals Among Those Required to Pay DOJ in Settlement](#)

A few Wisconsin hospitals were required to pay the Department of Justice as part of a nationwide settlement for violating Medicare coverage requirements. The case alleged that hospitals prematurely implanted cardiac devices in Medicare patients who had recently undergone heart surgery. Typically, Medicare does not cover these devices until the patient has had time to recover to determine if the device is necessary. In total, [457 hospitals](#) nationwide across 43 states were implicated, and required to pay more than \$250 million. This [included](#) Columbia St. Mary's Hospitals in Milwaukee and Ozaukee, which were required to pay \$14.9 million, and Saint Mary's Hospital in Madison, which paid \$4.1 million.

[WI Home Health Agency to Pay \\$3.7 Million to Settle Medicaid Fraud Lawsuit](#)

Milwaukee-based Deaconess Home Health, Inc. (formerly Outreach Healthcare) and its owner have reached an agreement with the U.S. Department of Justice to pay more than \$3.7 million to resolve a lawsuit alleging false Medicaid claims submitted by the organization. Three separate lawsuits were submitted by whistleblowers alleging that Deaconess submitted false claims to Wisconsin Medicaid for personal care services that were either not provided or not medically necessary.

[Report: Health Plans Cost Nearly 50% More in Wisconsin Compared to Minnesota](#)

A Citizen Action of Wisconsin report found that health insurance premium and deductible costs for benchmark silver plans in Wisconsin far exceed those in Minnesota. Annual costs for benchmark silver plans offered to 40 year old applicants in Wisconsin averaged \$2,711 (47%) more than those for the average Minnesotan. The cost disparity varies across Wisconsin metro areas as well; Madison consumers paid \$737 more per person than the average Minnesotan, while Wisconsin Rapids/Marshfield, Stevens Point, and Wausau consumers paid \$5,207 more.

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:

- **[Marshfield, Aspirus Call Off Partnership](#)**
- **[Ministry Health Care and the Medical College of Wisconsin Announce New Partnership](#)**
- **[Meriter-UnityPoint to Partner with UW Health in Rehabilitation Hospital](#)**
- **[Meriter-UnityPoint Health Partners with UnitedHealthcare in New Network](#)**

RESEARCH AND PROGRAM TOOLS

- [50-State Survey Results: Medicaid Reforms to Expand Coverage, Control Costs, Improve Care](#)
- Information on the Health Insurance Marketplace and Health Care Reform: healthcare.gov
 - [Spanish Language Marketplace](#)
 - [Marketplace Enrollment Data](#)
- [Centers for Medicare and Medicaid Services \(CMS\)](#)
- New and Updated Resources from the [Kaiser Family Foundation](#)
- New and Updated Resources from the [Commonwealth Fund](#)
 - [Health Reform Resource Center](#)
- [Enroll America](#) Resources
 - [Get Covered Plan Explorer](#)
 - [State Uninsured Profiles](#)
- [2016 Health Plans in Exchange by County](#)
- [2015 Exchange Enrollment Information by County](#)
- Healthcare.gov [Affordability Tool](#)
- New and Updated Resources from [HRSA](#)
- New and Updated Resources from [AHRQ](#)
- [Health Care Pricing Project](#) data about variation in health spending, provider pricing
- [State Refor\(u\)m](#)
- Key Health Data About Wisconsin from [TFAH](#)
- New data on 2014 Wisconsin health insurance coverage, health status, mental health, from [Wisconsin Family Health Survey](#)
- Value Penguin Map: [Changes to the Obamacare Exchanges 2015 v. 2014](#)
- Avalere Health Analysis: [2015 Exchange Premium File](#)
- [WI CI Individual Health Insurance Carriers in WI Map](#)

EVENTS AND ANNOUNCEMENTS

- [Wisconsin Health News Event on Interoperability](#), Madison, January 19

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.

Full impact on patient outcomes of electronic health information exchange undergoes systematic review by [@AHRQNews](#) <http://1.usa.gov/1ISXPYB>

Given the new regs for [#ACA](#) 1332 State Innovation Waivers, how likely that WI will pursue this route? <http://bit.ly/1mmrJdV>

Plan offered to replace [#ACA](#) with major reforms to the tax treatment of ESI, Medicaid, Medicare, HSAs, other, <http://bit.ly/1MfDcRi>

Roles For State Agencies In PCMH Payment Reforms, via [@NASHPhealth](#) [@Health_Affairs](#) <http://bit.ly/1NRZ8Yf>

Low [#Medicare](#) spending does not mean low health care spending, especially in Wisconsin <http://nyti.ms/1ZazeTc>

The Experts Were Wrong About the Best Places for Better and Cheaper Health Care, reports [@UpshotNYT](#) <http://nyti.ms/1ZazeTc>

ICYMI How, when patients have info about benefits and risks, they tend to consent to fewer interventions <http://nyti.ms/1Qz0fZ>

Adults aged 18-64, full- and part-time self-employed as likely to be uninsured as those not in the workforce, <http://1.usa.gov/1Nlud55>

The limits of health policies based on "nudges" and behavioral economics. via [.@TheAtlantic](#) - [@plremington](#) <http://theatl.in.tc/1O09ikY>

[.@USCBO](#) reviews [#ACA](#) effect on labor market, job-lock, co-authored by our former grad student S.Mok [@LauraDague](#) <http://bit.ly/1OrUGeQ>

Final regs on [@ACA](#) 1332 state flexibility waivers: <http://bit.ly/1YfA26V> with overview via [@modrnhealthcr](#) <http://bit.ly/1OrUGeQ>

[.@Forbes](#) reports that nonprofit [#hospitals](#) have "solid financial cushion to absorb potential operating volatility" <http://onforb.es/1I4wKBN>

Savings from actively shopping the Marketplace rather than relying on [#ACA](#) auto-re-enrollment, via [@KaiserFamFound](#) <http://kaiserf.am/1MBBSts>

Amid much bad news about [#ACA](#) deductibles, here's some perspective on covered care before deductible, via [@CMSGov](#) <http://1.usa.gov/1WZ4O8V>

The impossible: cheap,comprehensive health-care coverage without tackling provider prices, via [@asymmetricinfo](#) <http://bv.ms/1MA43c6>

Review of GOP states' [#Medicaid](#) expansion cites our [@LauraDague](#) on premiums' effect on enrollment [@MorningConsult](#) <http://bit.ly/1lrz7Ed>

[#ACA](#) signups ahead of last year, but renewals and fewer newcomers, reports [@washingtonpost](#) <http://wapo.st/1ObTDSM>

"Many Say High Deductibles Make Their Health Law Insurance All but Useless" via [@nytimes](#) <http://nyti.ms/1ONj1B>

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Even with large increase in med school grads, no looming shortage in GME positions, via [@NEJM](#) [#UnconventionalWisdom](#) <http://bit.ly/1WCIIZA>

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Relationship/trade-of betw health insurance premiums and wages not clear. [#UnconventionalWisdom](#) via [@sarahkliff](#) <http://bit.ly/1kqcP4R>

New on [#CostShifting](#): Hospitals pass along 1/3 of costs of uninsured tx by raising rates, via [@nberpubs](#) [@afrakt](#) <http://bit.ly/1iBhKyP>

More from [@afrakt](#) on [#CostShifting](#): "Don't expect coverage expansion to pay a dividend to premium payers" <http://bit.ly/1GWXZO4>

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.