

## Catch-Up Briefing Report

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University of Wisconsin  
Population Health Institute  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

An annotated compilation of selected Wisconsin health and health care news stories from January 1, 2016 – February 25, 2016. Archived editions can be found [here](#).



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### STATE NEWS

## Health Care Reform Implementation in Wisconsin

### Nearly 240,000 Wisconsinites Select Healthcare Plans in Third Open Enrollment Period

CMS recently released a final snapshot of the 2016 open enrollment period, which shows that 239,034 Wisconsinites enrolled in coverage through the healthcare.gov platform from November 1 – February 1. Nationally, there were over 9.6 million plan selections across the 38 states that used the healthcare.gov platform during the open enrollment period. Enrollees in Wisconsin cities number 52,161 in Green Bay-Appleton; 24,288 in Lac Crosse-Eau Claire; 35,442 in Madison; 89,480 in Milwaukee at; and 21,172 in Wausau-Rhineland.

### **[Milwaukee Announced as Winner of White House Health Communities Challenge](#)**

The City of Milwaukee was recently announced the winner of the White House Healthy Communities Challenge. The award went to the community that enrolled the highest number in Marketplace plans as a proportion of the eligible uninsured. Milwaukee enrolled 89,000 in a 2016 Marketplace plan during the Affordable Care Act's third open enrollment period, 38,000 of whom selected a new plan. Other cities that made the top five include Chicago, Atlanta, Detroit, and Oakland. President Obama will visit Milwaukee in the near future to celebrate its success.

### **[Report: Milwaukee County ACA Premiums Increased by Over 5% in 2015, Declined in 2016](#)**

A new report out of PricewaterhouseCoopers' (PwC) Health Research Institute reviewed statistics in the most populous county in each state from 2014-2016 and reports that, in Wisconsin, Milwaukee saw an increase of 5.6% in premium costs over 2014-15, and a decline of 2.1% in costs from 2015-16. This equates to a net increase of 3.5%, just below the national average 4.0% increase over the same period, though changes varied widely across states.

### **[Report: 32% of Wisconsin's Remaining Uninsured are Medicaid Eligible, 24% ACA Eligible](#)**

The Kaiser Family Foundation released a report estimating that Wisconsin has 410,000 remaining uninsured persons in 2015, 32% of whom are currently Medicaid eligible and 24% of whom eligible for a federal financial subsidy for federal ACA Marketplace coverage. This highlights the opportunity to reach persons who are eligible for coverage by remain not enrolled. It also shows that 44% of Wisconsin's population remains not eligible for any assistance. This may be because they have access to employer coverage that the ACA deems "affordable," their incomes are too high to qualify for Medicaid or Marketplace subsidies, or because of their immigration status.

### **[Survey: Wisconsinites Have Access to High-Quality Health Care, Though Many Face Rising Costs](#)**

A survey of 503 registered voters in Wisconsin found that 91% of respondents report having access to high quality health care, though many reported facing increased health care costs. The survey, conducted late last year by the Tarrance Group for Wisconsin Manufacturers and Commerce, found that 63% of respondents reported facing increased health care costs, compared to 31% whose costs stayed about the same and 5% who reported decreased costs. 59% of respondents believe they are getting good value for the amount they spend on insurance and services, compared to 33% who believe they are not. Nearly three-quarters of respondents said that health care is very important to the state economy. The survey's margin of error was +/- 4.5%.

### **[Report: Wisconsin Lags Nation in Hispanic ACA Enrollment, Especially Among Children](#)**

A number of reports released recently highlight room for significant improvement in Wisconsin in extending health coverage to Hispanics. A [report](#) from the Georgetown Center for Children and Families found that the state is doing a particularly poor job of reducing uninsured rates among Hispanic children. While Wisconsin's uninsured rate for Hispanic children closely mirrors the national average – at 9.7 percent – Hispanic children are twice as likely to be uninsured as their peers in the state; additionally, the neighboring states of Illinois, Iowa and Michigan all have uninsured rates below 5%. A Citizen Action of Wisconsin [report](#) found a wide range of enrollment among Hispanics across Wisconsin counties as well, with reductions in the uninsured among Hispanics ranging from 0% to 44%. An [analysis](#) by the Wisconsin Council on Children and Families argues that these gaps could be corrected if Wisconsin were to accept federal funding for Medicaid expansion, as parents who enroll in Medicaid are more likely to enroll their children.

### [Wisconsin Files Lawsuit With Five Other States Against ACA Fee on Health Insurance Providers](#)

Wisconsin recently joined a number of other states in a [lawsuit](#) against the Affordable Care Act's Health Insurance Providers Fee, which went into effect in 2014. The lawsuit alleges that the ACA language was not explicit in saying that states would have to pay the fee, and seeks an injunction against the fee as well as remuneration for the fees that states have already paid. Wisconsin joins Texas, Kansas, Louisiana, Indiana and Nebraska in the suit. According to a [statement](#) released from the attorney general's office, the state has already spent more than \$23 million in these fees in 2014 and 2015.

### [DHS submits State Health Innovation Plan \(SHIP\) to CMS](#)

Wisconsin submitted its final State Health Innovation Plan (SHIP), the product of 1 year \$2.5M State Innovation Models (SIM) Design Award from the federal Center for Medicare and Medicaid Innovation. The report, 256 pages plus 34 appendices, makes various recommendations for best practices and desired future vision in health care payment reform, information technology, population health, behavioral health services, care redesign and transformation measurement. Implementation plans remain uncertain as DHS and various private sector partners consider sponsorship options.

## **Medicaid/BadgerCare**

### [Federal Budget Would Give Wisconsin Three Years of 100% Federal Funding for Medicaid Expansion](#)

The President's recent [budget proposal](#) would extend the offer of 100% federal support for the first three years of Medicaid expansion to all states that have not yet expanded their programs. This is the same deal offered to states in 2014 and would put all expansion states on equal footing; the 100 percent match for new enrollees would phase down to 90 percent in 2020. [Proponents](#) of the move suggest that it provides even more incentive for Wisconsin to expand eligibility for its BadgerCare program to those with incomes up to 138 percent of the Federal Poverty Level. The non-partisan Legislative Fiscal Bureau released a [memo](#) suggesting Medicaid expansion could save Wisconsin \$834 million by the end of the 2020-21 fiscal year, and cover 83,000 more people. Opponents have [expressed concern](#) that the 90 percent federal match rates are unsustainable, and are likely to be further ratcheted down in future spending cuts.

### [Report: Uninsured Children in Wisconsin Increase Since 2014](#)

The percent of Wisconsin children who are uninsured increased in 2014, from 4.7% to 5.1%, after years of steady decline from a high of 5.6% in 2010. This is according to a 2014 federal ACS data. In 2014 Wisconsin changed BadgerCare, limiting BadgerCare access to adults whose earnings do not exceed 100% of the federal poverty level (FPL). Previous [research](#) suggests that even when eligible for insurance, children with uninsured parents are much more likely to be uninsured than their peers with insured parents. According to the report, the percent of uninsured children from 0% to 138%FPL increased from 7.3% to 8.6% from 2013 to 2014. The percentage of non-white uninsured children increased from 4.0% to 5.6% over the same time period, after posting steady declines from a high of 7.2% in 2010. The uninsured rate among children was 6.3% [nationally](#) in 2014.

### [BadgerCare Enrollment Shows Small Increase in 2016](#)

Enrollment in BadgerCare Plus increased slightly in January, up 0.2% since December. The total number of enrollees now stands at 802,491, according to the latest statistics from the Department of Health Services. A % increase in childless adult enrollment fueled the increase, with nearly 1,500 new enrollees signing up since the previous month. The total childless adult enrollment is at 147,825.

### **[2016 Updates to Federal Poverty Level Changes BadgerCare Eligibility](#)**

The federal government recently released updated designations for federal poverty income levels, which shifts BadgerCare eligibility. An [analysis](#) by the Wisconsin Budget Project finds that the poverty level increased by 0.3% for a family of three, up to \$20,160. For a single parent with one child, the income limit equals approximately \$7.70 per hour for a forty hour work week. The Wisconsin Council on Children and Families recently released an [infographic](#) depicting the new eligibility levels.

### **[DHS Projects Medicaid Budget to Remain in Balance](#)**

The Department of Health Services recently issued an update on the current status of the Medicaid budget, which is projected to remain in balance for the 2015-17 biennium. However, the report cautions that there is still a large degree of uncertainty at this point, as enrollment, provider claims, and other factors may differ from estimates. Additionally, the lowered projected expenditures are only 1.3% less than budgeted, or only two weeks of Medicaid spending. A [number of factors](#) contribute to the improved estimates since the previous quarterly report, which include a reduction in childless adult enrollment rates, and an increase in federal matching rates above original projections, the result of the state's slower than hoped for income growth. The Wisconsin Budget Project [expressed optimism](#) that the state might realize significant savings in spending on Medicaid and BadgerCare.

### **[DHS Receives Federal Approval to Extend SeniorCare Through 2018](#)**

The Wisconsin Department of Health Services will renew the SeniorCare program through December 31, 2018, after receiving formal approval from CMS. SeniorCare assists nearly 60,000 low-income Wisconsin residents 65 or older each month by reducing prescription costs, and has delivered drug benefits to [more than 260,000 seniors](#) in the state since its inception in 2002. Current members will continue to be enrolled in the program, provided they reapply each year and continue to pay the annual fee.

### **[DHS Releases Concept Papers for Family Care/IRIS 2.0](#)**

The Wisconsin Department of Health Services announced the release of its concept papers for Family Care/IRIS 2.0, describing the re-design of the state's Medicaid-supported long-term care programs. The papers address 1) Self-Direction, and 2) Benefits. DHS hosted eight public hearings and has scheduled two additional hearings, scheduled for March 7 in Eau Claire and Madison. The public hearings will be streamed live on the internet. The Wisconsin Senate has also [passed a bill that allows for care management arrangements](#) outside of existing counties and long-term care districts for operation of Family Care.

### **[Governor Walker Approves Family Care Expansion to Rock County](#)**

Governor Walker recently signed into law a [bill](#) that will expand long-term care services into Rock County. The bill, proposed by Sen. Loudenbeck (R-Clinton), will allow DHS to partner with an Aging and Disability Resource Center and managed care organization to deliver Family Care benefit services to Rock County by July 1, 2016. The bill will extend IRIS self-directed services to the region as well. Rock County is [one of only eight counties](#) in the state that does not currently offer Family Care services. Nearly 400 elderly or disabled people in the county are on a waiting list for services, which is estimated to be 10 years or longer without the bill.

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

### **[Assembly Committee Approves Proposed \\$250,000 Increase in UW Rural Residency Funding](#)**

An Assembly committee recently approved a proposal for a one-year, \$250,000 funding increase for the University of Wisconsin's rural physician residency assistance program. The funding will enable the

Department of Family Medicine to establish new residency positions or rotations in hospitals in rural areas. Funding would come from the critical access hospital fund and be distributed in fiscal year 2016-17. The funding increase is part of the larger Rural Wisconsin Initiative, a [package of legislation](#) aimed at bridging the gap between rural and urban areas in Wisconsin. In addition to rural residency funding, the initiative includes increased funding for STEM education in rural school districts, tuition reimbursement and youth apprenticeship grants, and expansion of student loan repayment options for rural teachers.

#### [HealthPartners to Use \\$750,000 Grant to Launch Rural Residency Program](#)

HealthPartners, stewards of a \$750k grant from the WI Department of Health Services, will launch a residency program aimed at training physicians who want to practice in rural western Wisconsin. Residents will rotate through Methodist Hospital in St. Louis Park, as well as smaller Wisconsin hospitals in Amery, New Richmond, and Hudson. The program attempts to correct a projected shortage of rural physicians. The rural residency program will start with its first doctor rotating through Methodist in 2018, with the hope of adding one new physician per year in by 2021.

#### [Public Hearing Held on Funding Bill for Osteopathic Medical School in Jefferson](#)

The legislature is considering a [bill](#) that would provide \$25 million in state funding for the construction of a new osteopathic medical school in Jefferson. The proposed school would cost \$125 million in total, and funding would be contingent upon the college's ability to raise \$75 million. The bill's authors argue that 60% of D.O.s enter primary care, and the college could address the shortage of primary care doctors in the state's rural areas. [Representatives from MCW](#) and [UW Medical School](#) argue that the state's medical schools are already addressing physician shortages, and the proposed school does nothing to address the need for more residencies, necessary to keep physicians in the state.

#### [Assembly Approves Legislative Package to Improve Care for Alzheimer's and Dementia Patients](#)

The state Assembly recently approved a series of ten bipartisan bills, termed "Wisconsin Cares", that would provide community-based resources and education to people living with Alzheimer's disease and dementia. The bills, proposed by the Wisconsin State Assembly Speaker's Task Force on Alzheimer's and Dementia, grew out of a number of public hearings held throughout the state last year. The package, which is expected to cost around \$2 million this biennium, will provide additional funding for Alzheimer's research and to recruit and certify specialists in the field, as well as for respite care. A complete list of the bills' aims can be found [here](#).

#### [Bill Would Allow Licensed Physical Therapists to Order X-Rays Under Certain Conditions](#)

A new bill introduced by Rep. Joe Sanfelippo (R- New Berlin) and sponsored by the Wisconsin Physical Therapy Association would allow licensed physical therapists who satisfy certain criteria to order x-rays for their patients, a move proponents argue would lower costs and expedite patient care. Currently, physical therapists have to send patients to a physician to order x-rays. Opponents of the bill, including the Wisconsin Medical Society and Wisconsin Radiological Society, [expressed concern](#) that this model could allow patients to bypass an initial comprehensive checkup with a physician, and a physical therapist may miss clinical findings that are outside of their scope of practice. Physical therapists practicing in the US military have had the [privilege of ordering diagnostic imaging](#) since 1972. The bill has been approved by the Assembly's Committee on Health.

#### [Assembly Approves Bill that Would Regulate Dental Service Organizations](#)

The state Assembly has approved a [bill](#) that would require non-dentist practice owners to register with and operate under the authority of the Wisconsin Dentistry Examining Board (DEB). Currently, the Board lacks such authority to regulate Dental Service Organizations (DSOs) and other non-dentist owners of

dental practices. Wisconsin is one of 12 states that allow non-dentists to own dental practices. The Wisconsin Dental Association, [argues](#) that extending such regulatory authority will hold such organizations to the same standards of patient care and safety as other dental offices. [Opponents of the bill](#) argue that dentists contract with DSOs primarily to handle non-clinical, administrative functions, such as payroll and bookkeeping. Opponents expressed concern that the bill would provide DEB unnecessary and excessive regulatory powers that would reduce access to care and drive up costs.

#### **Other Bills Passed in the Wisconsin Assembly:**

- [Require the Medical College of Wisconsin and the University of Wisconsin](#) School of Medicine and Public Health to submit a report to the governor and legislature about rural and underserved urban medicine once every two years rather than annually.
- [Authorize the Pharmacy Examining Board](#) to grant a waiver from rules it promulgates for pharmacies when the variance will improve the safety, quality, or efficiency of the practice.
- [Allow a pharmacist](#) or a pharmacy intern to administer an injectable prescribed drug to a patient outside of the context of teaching the patient self-administration techniques.
- [Change various administrative rules](#) promulgated by the Chiropractic Examining Board.

#### **Funding Awards and Recognition:**

Many academic institutions and research partners received funding to further education and research on health topics. In addition, Wisconsin Hospitals and health plans continue to rank among the best in the nation. This list provides an overview of recent awards and recognition:

- [MCW and UW-Madison Researchers Awarded \\$5 Million Federal Grant to Study Epilepsy](#)
- [More than 200 UW Health Physicians Named to 2015-16 Best Doctors in America List](#)

## **Public Health**

### **[UW SHOW Program Releases Compilation of Population Health Data in Wisconsin](#)**

The University of Wisconsin's Survey of the Health of Wisconsin program recently went live with a data portal containing a trove of data on population health measures across Wisconsin. The portal includes an interactive map of Wisconsin, subdivided by region and county, and depicts data for a wide variety of population health indicators. Searchable metrics include annual flu vaccine rates, smoking and diabetes rates, prescription medication use, physical activity levels, amenities within walking distance, and others. Data are currently available from 2008 to 2013 and includes a visual trend line for each health indicator showing changes over time. Over 5,100 Wisconsinites are included in the survey.

### **[Fourth Office Drunk Driving to Become a Felony in Wisconsin](#)**

Both houses of the Legislature have [passed with strong support](#) a bill that will make a fourth office intoxicated driving a felony. Mothers Against Drunk Driving ([MADD](#)) [provides a table](#) showing Wisconsin joining many other states with this provision, but the majority of states charging felonies on second or third offense. Governor Walker plans to sign the bill, and has also called on the Department of Corrections to [consider lower-cost alternatives](#) than state prisons for repeat drunken drivers.

### **[Wisconsin Assembly Approves HOPE Bills](#)**

The state Assembly recently approved a number of bills as part of the HOPE agenda aimed at curbing the state's heroin and opioid epidemic. The bills, introduced by Rep. John Nygren (R-Marinette), would [require providers](#) to update the state's prescription drug monitoring program (PDMP) within 24 hours of prescribing monitored drugs, and mandate that police officers update the PDMP in the event of a

suspected opioid overdose or death. The bills would also [require certification](#) for pain clinics to operate in the state, [require](#) methadone treatment programs to report information annually to the state, and require physicians to check the PDMP before prescribing methadone. Rep. Nygren championed the bills' passage as another step in targeting Wisconsin's heroin epidemic, referencing the high proportion of heroin users who initially became addicted to legally prescribed opioid painkillers.

### [Assembly Approves Series of Mental Health Bills](#)

The state Assembly recently approved a package of bills aimed at improving mental health in Wisconsin. One [bill](#) would require DHS to accept accreditation of outpatient mental health clinics by specified other organizations as equivalent to its own standards to receive Medicaid reimbursement. Another [bill](#) would require DHS to pay a stipend to public members of the Wisconsin Council on Mental Health who meet certain need-based criteria. Other bills would [set limitations](#) on prior authorization requirements for mental health services, [create](#) a zoning exemption for peer-run respite centers, and prohibit DHS from contracting with managed care organizations that don't have qualified treatment trainees on staff. [Governor Walker has signed a bill](#) that directs DHS to develop at least two mental health pilot projects for coordinated care delivery and payment models designed to reduce costs of Medicaid recipients who have significant or chronic mental illness.

### [Study Finds WI Among States with Highest Number of MA Enrollees Using Tobacco Cessation Meds](#)

People on Medicaid in Wisconsin are using tobacco cessation at a higher rate than in many other states, according to a recent [study](#) by the University of Wisconsin. The study, published in Health Affairs, found that 37% of Wisconsin smokers on Medicaid are utilizing medications to quit smoking, making Wisconsin one of only 8 states in 2013 with utilization rates greater than 30%. The ACA mandates that all states cover tobacco cessation drugs such as nicotine patches and Chantix, but gives states freedom in how to apply the benefit. Nationally, only about 10% of Medicaid enrollees receive medications to help them quit, although MA recipients are approximately twice as likely as the average American to smoke.

### [OCMH 2015 Report Outlines Improvements in Children's Mental Health, Work Still to Be Done](#)

The Office of Children's Mental Health (OCMH) recently released its 2015 annual report, which highlighted its efforts in 2015 in improving children's mental health in the state. The Office helped develop an infrastructure to recruit parents into workgroups and committees so that their perspective is represented at program and policy discussions relevant to children's mental health. OCMH also received a grant to increase workplace awareness of adverse childhood events (ACE) that can negatively impact future health, and developed a workgroup to provide information on best practices for crisis services to Wisconsin counties.

### [State Lawmaker Proposes Bill to Eliminate Vaccination Exemptions for Personal Reasons](#)

A proposed [bill](#) currently being circulated would eliminate the option to reject vaccination because of personal conviction. Currently, Wisconsin allows exemptions for medical, religious, and personal reasons; over 90% of Wisconsin's vaccination exemptions occur via personal exemption. The bill's author, Rep. Gordon Hintz (D-Oshkosh), points to a recent CDC [report](#) finding that Wisconsin parents are opting against vaccination for nonmedical reasons at more than twice the national rate. The Wisconsin Medical Society recently adopted a [policy](#) supporting vaccination exemptions for medical reasons only.

### [Proposed Bill Would Develop Guidelines for Treatment of Lyme Disease](#)

A new bipartisan [bill](#) calls on the Medical Examining Board (MEB) to develop best practice guidelines for providers on the diagnosis and treatment of Lyme disease. The bill's supporters argue that standardized procedures would decrease the rate of misdiagnosis or mistreatment. Opponents of the bill, including

the Wisconsin Medical Society, assert that allowing the MEB to develop such rules would be unprecedented, and there are already national guidelines in place for the treatment of Lyme disease. Opponents also expressed concern that the bill's restrictive guidelines would discourage doctors from performing non-traditional treatments out of fear of having their medical license revoked.

### [Assembly, Senate Committee Back Bill to Increase CBD Oil Access](#)

The [Assembly](#) and a [Senate Committee](#) recently backed a bill that would increase access to Cannabidiol (CBD) medication for children with seizure disorders. The compound, a marijuana derivative that is non-psychoactive, was legalized in Wisconsin in 2014, however [parents have faced difficulty accessing the medication](#). Currently, the drug can only be prescribed by a physician or pharmacist who has applied to receive a special FDA investigational license. The bill would remove that requirement. Opponents of the bill, which include the Wisconsin Medical Society, [argue](#) that the drug needs more research into its safety and efficacy before its providers would feel comfortable prescribing the drug. Law enforcement groups are also against the change.

### **Other Bills passed in the Wisconsin Assembly:**

- [Allow employees](#) to take up to six weeks off to donate organs or bone marrow.
- [Require school districts](#) to provide CPR training.
- [Provide immunity](#) from civil and criminal liability to healthcare providers that perform body cavity searches.

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

### [Milwaukee Health Systems See Sharp Increase in Profits](#)

The *Milwaukee Journal Sentinel* reports that the expansion of health insurance through the Affordable Care Act has brought substantial increases in the operating income and margins to Milwaukee-area health care systems. Health systems are providing less charity care and incurring fewer bad debts. As well, health systems have been working to control costs and become more efficient. Aurora Health Care's operating income was up 221%, Wheaton Franciscan Healthcare's up 158%, ProHealth Care's up 125% and Froedtert Health's up 79%.

### [GIB Approves Request for Proposals on the Impact of Self-Insuring State Employees](#)

The state's Group Insurance Board unanimously voted in favor of requesting proposals for self-insuring state employees. Proponents, which include Governor Walker, [suggest](#) that self-insurance could save the state millions. Those against the proposal [argue](#) that it destroys the state's competitive market, and would put taxpayers on the hook if costs turn out to be much greater than expected. Segal Consulting [reported](#) last year that Wisconsin could save more than \$50 million per year by self-insuring all 207,000 state employees. In 2012, Deloitte [estimated](#) self-insurance could save up to \$20 million, but also cautioned that potential costs could exceed \$100 million each year. Nationally, twenty states self-insure all state employees. A [UW panel discussed](#) the various implications for the state.

### [Governor Signs Legislation to Strip Planned Parenthood of \\$8 Million in Funding](#)

Governor Walker recently signed into law two bills that will cut federal funding for Planned Parenthood in the state by an estimated \$8 million. One [bill](#) will prevent the organization from receiving federal Title X funds, instead directing these funds to the Department of Health Services to distribute to the Wisconsin Well Woman Program and other organizations that provide family planning and preventive health services. The [other](#) will cut the organization's Medicaid payment rates for contraceptives.



[Proponents](#) of the bills argue that diverting funds from Planned Parenthood will deter abortion and maintain access to women's health services through other providers. [Opponents](#) argue that the bills will severely limit access to reproductive health services for low-income women, men, and teens. Planned Parenthood serves 50,000 men and women every year.

### [State Appeals Court Overturns 2014 Ruling That Would Have Clarified Abortion Law](#)

A Wisconsin appeals court recently reversed a 2014 ruling that would have required clarification of a 2012 [law](#) requiring providers to be present when patients take an abortion drug. Abortion pills are typically given in two doses, one during the initial visit and a second 24 hours later at home. Planned Parenthood, the state's largest abortion provider, [filed a lawsuit in 2012](#) alleging that the wording was vague and could put providers at risk of violating the law if they were not present when the patient takes the second dose. A representative of Planned Parenthood nevertheless stated that the organization is satisfied with the ruling, as it confirms that their current practice is legal.

### [Health Cost Report Highlights Disparities in Health Insurance Costs Across State](#)

A large disparity in health insurance costs exists across Wisconsin, with some cities seeing inflation rates two to three times that of others, according to Citizen Action of Wisconsin's 10<sup>th</sup> Annual Health Cost Report. The [report](#) found that health insurance costs have more than tripled since 2000, and are highest in Southeastern and Central Wisconsin. Premiums and deductibles in high cost areas such as Wausau, Stevens Point, and Marshfield are nearly 70% higher than those in Madison, Appleton, and Janesville/Beloit, with differences of over \$4,400 per year. The differences are greatest in the individual market. Although regional variation is extensive, there are also disparities within regions. The report also found no clear correlation between health insurance costs and quality of care provided.

### [Bellin, ThedaCare End Pioneer ACO Model, Form Separate ACOs](#)

Bellin-ThedaCare recently joined a growing list of health systems to abandon the Pioneer Accountable Care Organization model in favor of the new Next Generation ACO model with the potential for increasing the share of savings, in exchange for assuming greater financial risk. Bellin and ThedaCare will each form separate ACOs under the new [model](#), which sets a prospective benchmark on the amount organizations can spend each year to provide care to a population. CMS offers a [detailed comparison](#) of the two models. In total, 21 health systems are participating in the new model, including six that have switched from the Pioneer model.

### [Aspirus, WPS to Offer Health Insurance Plan in North-Central Wisconsin](#)

Aspirus and WPS Health Solutions recently announced their intention to form a new health insurance company to serve north-central Wisconsin. Aspirus Arise Health Plan of Wisconsin would offer individual and employer-based insurance effective in 2017 to 16 counties across north-central Wisconsin, pending approval from the Wisconsin Insurance Commissioner. The announcement, part of a growing trend of health systems offering their own insurance plans, will better position Aspirus to compete with Marshfield Clinic and its Security Health Plan. WPS expects to discontinue the Arise Health Plan in counties where the new Aspirus Arise product will be offered. A recent analysis found that Wisconsin [offers more provider-owned plans](#) than much of the nation.

### [Aurora to Build Network of Pediatric Specialists](#)

Milwaukee-based Aurora Health Care recently announced plans to begin building a network of pediatric specialists throughout eastern Wisconsin. While the move could include a collaborative effort with Milwaukee-based Children's Hospital of Wisconsin (CHW), Aurora would contract with UW Health pediatric specialists who would travel to Green Bay and Oshkosh on a regular basis. While this might be

more convenient and lower costs for families, Children’s Hospital representatives expressed concern that splitting specialty cases between UW Health and Children’s could reduce the patient volume at both hospitals necessary to support strong specialty programs and attract highly sought-after physicians. Aurora recently [partnered](#) with UW Health to extend pediatric care services in northeast Wisconsin.

### [ARCW Launches New Medical Home in Madison](#)

Aids Resource Center of Wisconsin, the state’s largest health service provider for people with HIV, recently opened a new center on Madison’s east side. The new location, a collaborative effort between ARCW and UW Health, offers comprehensive care to people with HIV/AIDS, including medical, dental, legal, food, and housing services. ARCW currently serves nearly 3,700 patients at its Milwaukee, Appleton, and Madison locations. The organization also [announced](#) that it will begin offering pre-exposure prophylaxis (PrEP), a preventive medication for HIV-negative individuals who are at high risk of contracting the virus.

### **Bills Passed in the Wisconsin Assembly**

- [Change the collection, analysis, and dissemination of data](#) by the Wisconsin Hospital Association's Information Center.
- [Require the Department of Health Services](#) to report certain information about an assessment on ambulatory surgical centers.

### **Bills Passed in the Wisconsin Senate:**

- [Modify workers' compensation](#) laws with various technical and administrative provisions.

### **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:

- [ThedaCare and Network Health Agree to Coverage Extension](#)
- [Anthem Adds SSM Health, Dean Clinic to Network](#)
- [Aurora, UW Health will Collaborate on Pediatric Services in Green Bay, Oshkosh](#)
- [Unity, Gundersen Submit Plan to Form a Formal Partnership](#)
- [Beloit Regional Hospice Merges with Beloit Health System](#)
- [Aurora Invests \\$40 Million for Marquette University Athletic Performance Research Center](#)
- [Froedtert and MCW Form Clinical Affiliation with CVS](#)
- [Arizona-based Magellan Health Acquires WI IRIS Provider TMG](#)

## **RESEARCH AND PROGRAM TOOLS**

- [SHOW Data Portal](#): A Compendium of Population Health Data Across Wisconsin Counties
- WHIO Health Ratings for Selecting a Primary Care Physician: [MyHealthWI.org](#)
- [WHIO Atlas, 3<sup>rd</sup> Edition](#), with the addition of Medicare Fee-for-Services claims data
- WHA PricePoint Resource with Data on Hospital Charges and Services: [WIpricepoint.org](#)
- Key Health Data About Wisconsin from [TFAH](#)
- Wisconsin DHS [updated Cancer Modules](#)
- [CMS Accountable Health Communities updated FAQs](#)
- UW’s Wisconsin Partnership Fund RFPs: [Opportunity Grants](#) and [Impact Grants](#)
- MCW’s Partnership Program RFPs: [Change Incubator Funds](#) and [Community Mentoring Funds](#)
- [Updated Federal Poverty Level guidelines for 2016](#)
- New data from the [National Health Interview Survey](#) – Released 2/23/16

- [Commonwealth Fund analysis](#) of new NHIS data – 2/24/16
- [Understanding ACA's 1332 Innovations Waivers](#)
- [7 CMS-AHIP Shared Core Quality Measures](#)
- [New Estimates of Eligibility for ACA Coverage mon the Uninsured](#)

## **EVENTS AND ANNOUNCEMENTS**

- [WHN Newsmaker Event: Rep. John Nygren, R-Marinette](#), Madison, March 1
- [Lyme, West Nile, and now Zika: Science, Surveillance, and Policy in Wisconsin](#), Madison March 3
- [WPA 2016 Annual Conference – Depression: State of the Art](#), Madison, March 3-5
- [2016 Physician Leadership Development Conference](#), Kohler, March 11-12
- [7<sup>th</sup> Annual Wisconsin Women's Health Policy Summit](#), Milwaukee, March 15
- [Waukesha county Medical Society: H.O.P.E. Agenda and its Impact on How Physicians Practice Medicine](#), Milwaukee, March 23
- [WHA 2016 Advocacy Day](#), Madison, March 30
- [Wisconsin Rural Stroke Conference & Meeting](#), Wisconsin Dells, April 1
- Social Impact Bonds: Financing Nurse Home Visiting Pilot Projects, Madison, April 6
- [HealthWatch Wisconsin Annual Conference](#), Madison, April 6-7
- Approaches to Opioid Addiction Treatment, Madison, April 28
- [39<sup>th</sup> Annual Rural Health Conference](#), Minneapolis, May 10-13

## **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.*

Guidance from [@CMSGov](#) Special Enrollment Period for people who lost [#ACA](#) coverage due to failure to file taxes <http://bit.ly/215aFrU>

[@USCBO](#) says avg employer-sponsored health premiums to increase 5%/year next decade, ~2% > than per-capita income <http://1.usa.gov/1ohJWK9>

[#ACA](#) exchanges show most premium growth, fewer plan options, continued competition, reports [@PwC LLP](#) <http://pwc.to/1Ru6FhP>

Two views on the same 12.7M [#ACA](#) 2016 sign-ups: "Success" <http://1.usa.gov/1KernRk> or "very disappointing" <http://onforb.es/1TVsCa5>

[@modrnhealthcr](#) editorial favors expansion of exchanges and move away from employer-sponsored insurance <http://bit.ly/1PQ144t>

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.