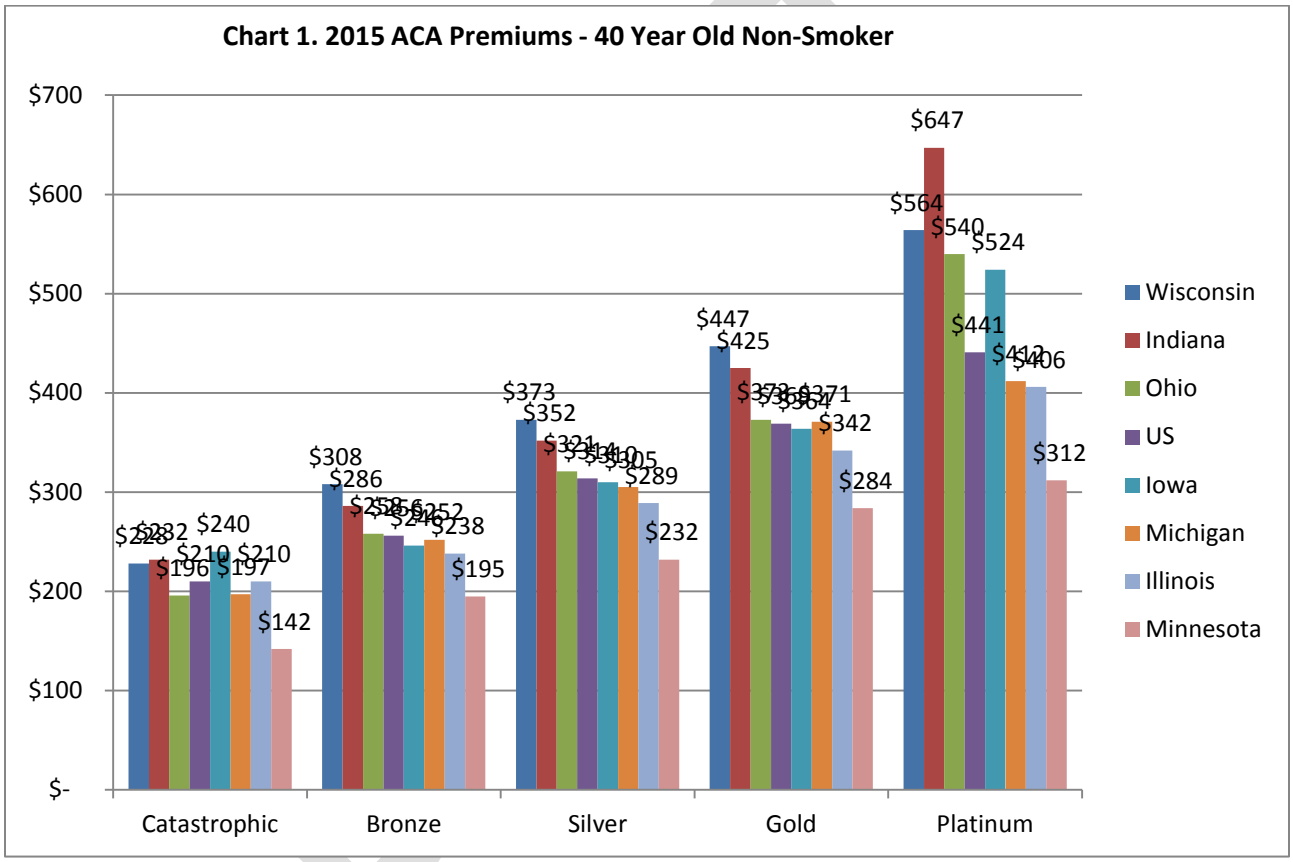
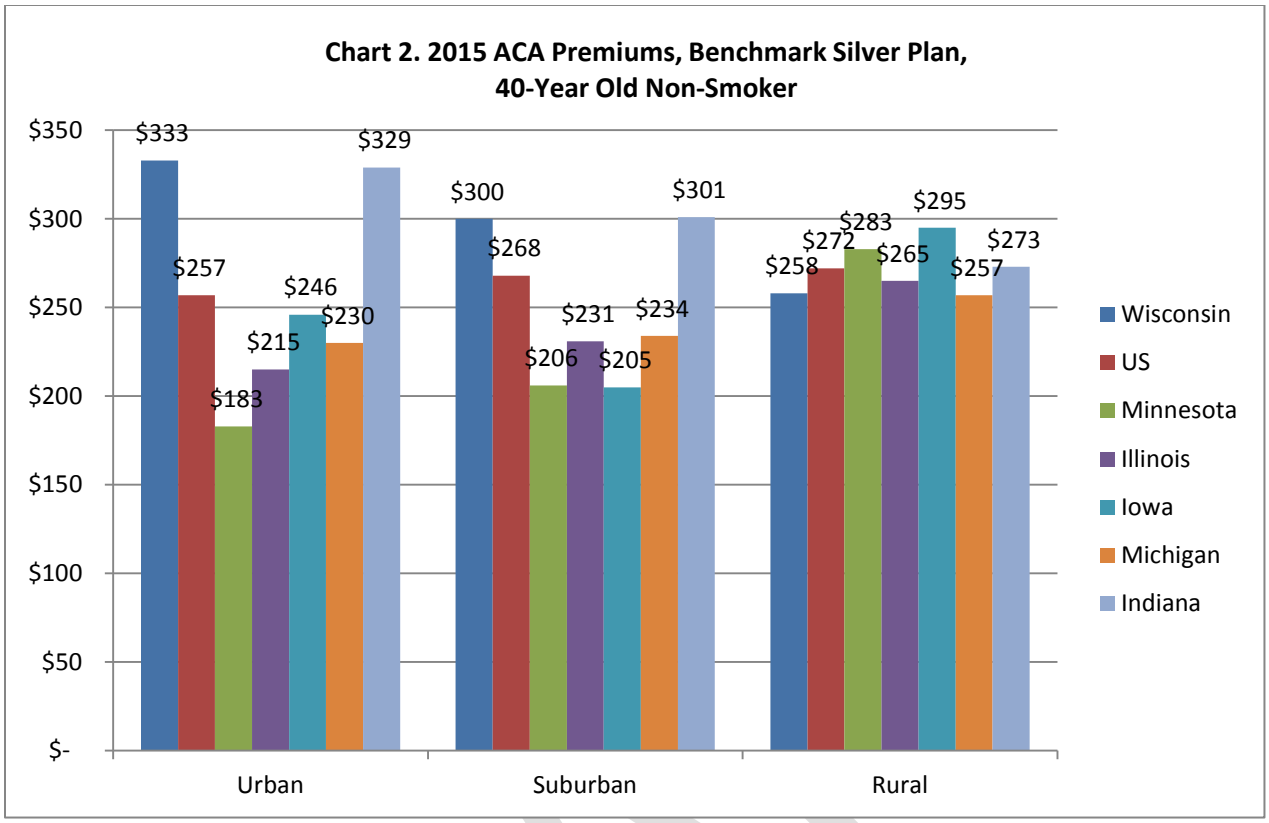
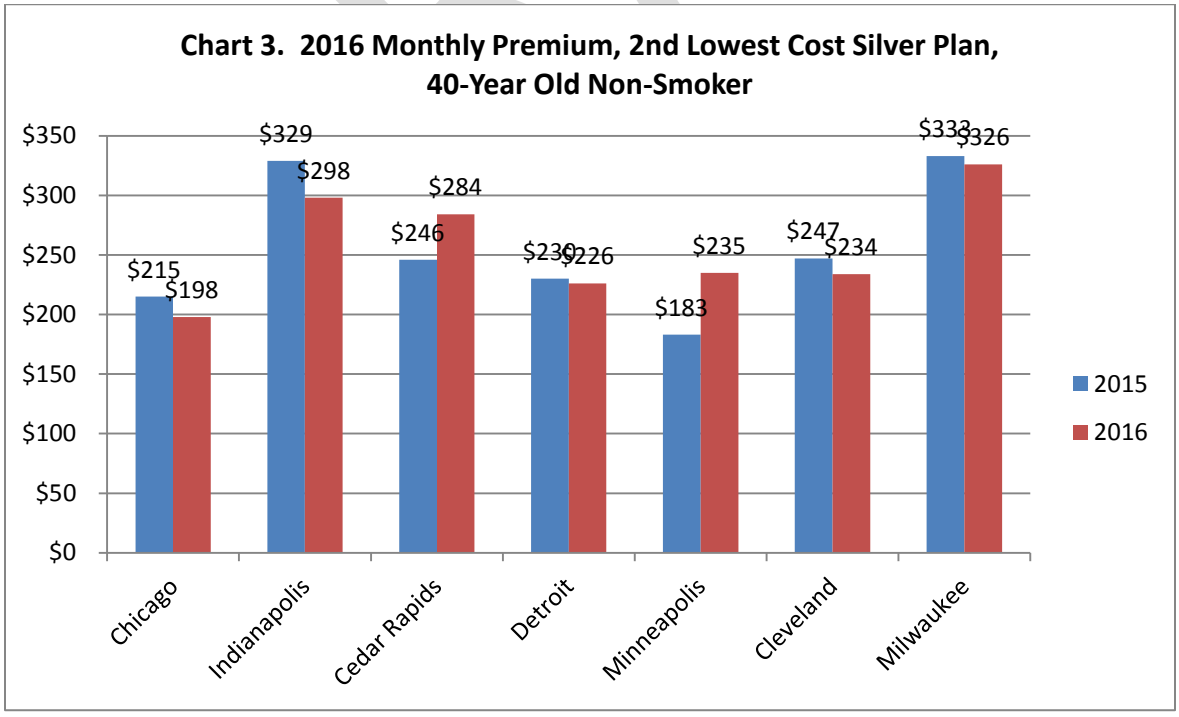
Examining the Factors behind Wisconsin's Health Insurance Premiums Levels: Why do they seem high relative to other states?

Wisconsin insurance premiums are among the highest nationally, both rural[1] and urban[2]. Reports echo one another: A ranking of Affordable Care Act (ACA) benchmark silver plans in a major city in each state ranks Milwaukee as having the fifth most-expensive premiums.[2, 3] (Charts 1 and 2)[4] Western Wisconsin ranked nationally in 2014 as one of "10 Places Where Health Insurance Costs The Most."[5]





Wisconsin's ACA plan premiums for 2016 show a lower rate of increase from 2015 than the national average, with silver plans up 4.7% in Wisconsin and 7.5% nationally.[6] Nonetheless, Wisconsin's exchange-based premiums remain comparatively high (Chart 3).[7]



Outside of the premiums for qualified health plans offered through the ACA exchange, Wisconsin's premiums for employer-sponsored coverage appear closer to the average for the U.S. and other states regionally (Table 1).[8] Yet Wisconsin ranked 42 out of all states nationally in 2012 total single premium per enrolled employee at private sector establishments that offer health insurance.[9]

Table 1. Average total premium per enrolled employee at private-sector establishments that offer health insurance, 2014

	Single	Family
Indiana	$6,041	$17,223
Illinois	$6,126	$17,193
Ohio	$5,930	$15,974
Wisconsin	$5,868	$17,209
United States	$5,832	$16,655
Minnesota	$5,832	$16,361
Michigan	$5,610	$15,608
Iowa	$5,557	$15,899

Source: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2014 Medical Expenditure Panel Survey-Insurance Component. Tables 2C and 2D.

This paper reviews state-level factors that may contribute to the price of Wisconsin's health insurance, including regulation, market composition, variations in utilization, prices, charity care, quality, and other considerations.

Call out box:

Wisconsin's insurance market is more pluralistic, and its delivery system more consolidated, than most other states. The pricing structure reflects these differences, resulting in relatively modest insurance profits alongside more robust provider margins.

Insurance Regulation

Democratic lawmakers in Wisconsin's legislature are circulating a bill that calls for a stronger review process of health insurance rate increases, with additional reporting requirements and public input.[10] This year, many national carriers are seeking large rate increases, and seven major Wisconsin health insurers have filed for rate increases from 10 to 32% for 2016, adding to the call for scrutiny in Wisconsin[11] and nationally[12,13]. When premiums seem high, and when rates increase, critics often turn first to insurance companies – "the bogeymen of American health care" [14] -- suggesting that this industry gains from the lack of strict regulatory review and weak oversight.[15,16]

Closer regulatory review may be warranted. But high rates or large increases may or may not result from excessive profit-taking or administrative waste across the insurance industry. In fact, data from Wisconsin's health plans and provider market suggest other factors at play.

Medical Loss Ratio

The Affordable Care Act requires health insurance companies to disclose their Medical Loss Ratio (MLR), which is how much they spend on health care relative to administrative costs, salaries, marketing, and profits. If an insurance company spends less than 80% (individual and small group market), or 85% (large group market) of premiums on medical care and efforts to improve the quality of care, it must refund the portion of premium that exceed this limit.

Wisconsin's average Medical Loss Ratio refund[17] for 2013 was one of the lowest among other states in the upper Midwest and nationally (Table 2). Table 2.1 suggests that the premiums charged by Wisconsin's insurance carriers are paid out to cover the costs of medical care and quality improvement efforts as defined by MLR guidelines, and moreso than are the premiums charged in other states. Beyond this, many of Wisconsin's insurance companies, particularly state-based, do not generally exceed the 3.2% national average profit margin[18], although with notable exceptions (Table 3).[19]

Table 2. 2013 MLR Average Refund by State, Based on MLR reports filed through June 30, 2014

	All Markets	Individual Market	Small Group Market	Large Group Market
Wisconsin	**$52**	**$52**	**0**	**0**
U.S. average	$80	$85	$79	$73
Minnesota	$522	0	0	$522
Illinois	$120	$88	$492	$83
Iowa	$206	$230	0	$194
Indiana	$84	$106	$82	$628
Michigan	$118	$115	$104	$154
Ohio	$69	$207	$50	0

Source: Centers for Medicare & Medicaid Services. (2014). 2013 MLR Refunds by State.

Table 2.1 PPACA Medical Loss Ratios 2011 and 2012[20]

	All Markets	Individual Market	Small Group Market	Large Group Market
Wisconsin	**94.6**	**93.8**	**94.6**	**94.7**
Minnesota	91.3	92.0	87.2	92.7
Illinois	86.9	82.3	84.1	88.9
Iowa	87.3	84.6	83.8	93.3
Indiana	87.6	83.2	85.6	95.2
Michigan	86.1	82.1	83.6	92.1
Ohio	90.8	95.2	87.7	92.8

Source: U.S. GAO. (2014, July). Private Health Insurance. Early Effects of Medical Loss Ratio Requirements and Rebates on Insurers and Enrollees. U.S. GPO GAO 14-580

Table 3. Wisconsin Insurance Carriers, Net Profits & Market Share 2014			
Insurance Carrier	Net Profit (as a percentage of premiums) 2014	Market Share, 2014	Net income in $
MEDICA INSURANCE CO	16%	1.4	4,813,000
BLUE CROSS BLUE SHIELD OF WI	12%	6.0	84,327,346
GROUP HEALTH COOP OF EAU CLAIRE	12%	1.1	12,538,000
MANAGED HEALTH SERVICES INS CORP	6%	1.1	6,718,000
UNITEDHEALTHCARE INSURANCE CO	6%	10.6	2,658,055,000
COMPCARE HEALTH SERVICES INS CORP	4%	4.0	29,097,842
CHILDRENS COMMUNITY HEALTH PLAN INC	4%	2.4	9,678,000
SECURITY HEALTH PLAN OF WI INC	3%	5.4	28,271,775
UNITEDHEALTHCARE OF WI INC	2%	1.8	31,035,039
HUMANA INSURANCE CO	2%	4.3	505,268,000
PHYSICIANS PLUS INS CORP	1%	2.1	2,871,908
GUNDERSEN HEALTH PLAN INC	1%	2.8	2,312,000
WISCONSIN PHYSICIANS SERVICE INS CORP	1%	2.8	3,617,773
UNITY HEALTH PLANS INS CORP	1%	7.4	4,649,507
NETWORK HEALTH PLAN	1%	3.5	2,489,429
HEALTH TRADITION HEALTH PLAN	0%	1.5	385,000
DEAN HEALTH PLAN INC	0%	8.7	183,337
COMMUNITY CARE HEALTH PLAN INC	0%	1.0	-5,577
HUMANA WISCONSIN HEALTH ORG INS CORP	0%	2.1	-929,000
MOLINA HEALTHCARE OF WI INC	-1%	1.5	-933,000
MERCYCARE HMO INC	-2%	1.0	-1,927,000
WEA INSURANCE CORP	-5%	6.2	-28,004,000
GROUP HEALTH COOP OF SOUTH CENTRAL WI	-5%	3.7	-18,747,000
Source: Wisconsin Commissioner of Insurance. Wisconsin Insurance Report, Business of 2014			

Utilization

Wisconsin's high premium prices, rather than reflecting excessive administrative costs or profits, could reflect payments for more services because of higher utilization and/or a higher need population. But Wisconsin's population, overall, does not show higher need for medical services relative to states nationally or within the upper Midwest region, as measured by relative health status and other factors.[21]

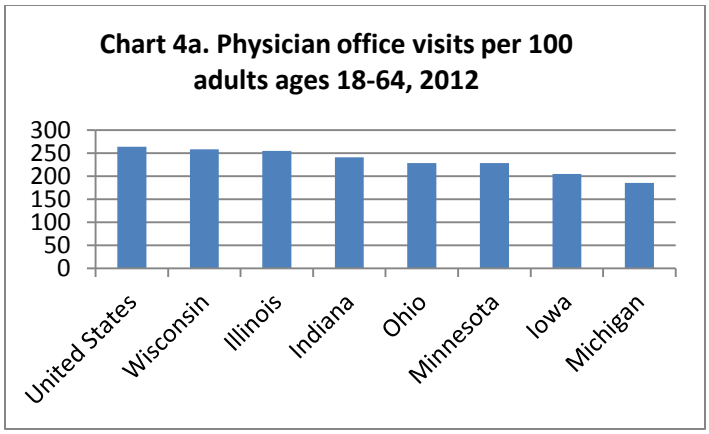
Wisconsin's use of ambulatory services, measured as average number of physician office visits, do not vary in any significant manner from the regional or national rates, nor does percentage of physician office visits with private insurance as the expected source of payment (Charts 4a,4b,4c).[22] Nor do Wisconsin residents utilize hospital services at a higher rate than do residents of other states and may in fact utilize fewer services (Table 4).[23]

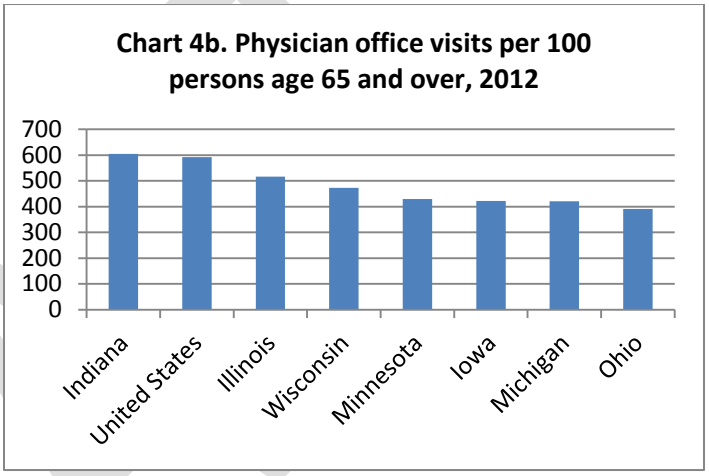
Table 4. Providers & Service Use Indicators, Hospital Utilization 2013

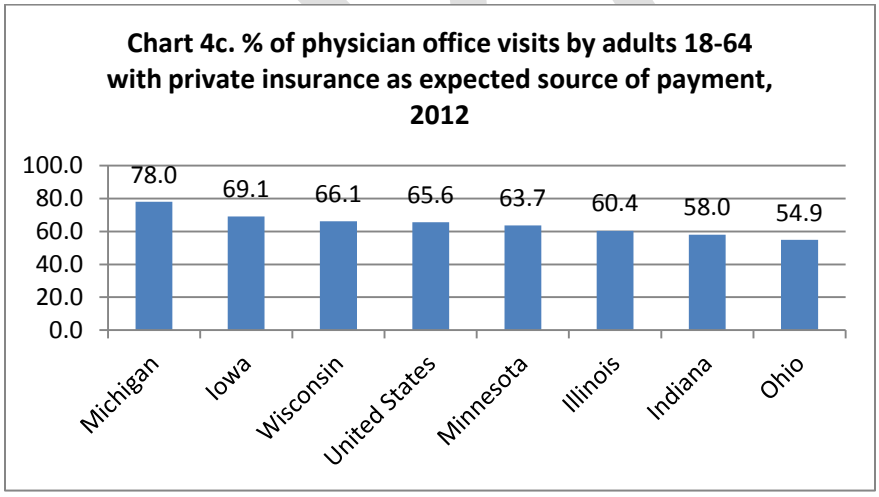
	Hospital Outpatient Visits per 1,000 Population	Hospital Inpatient Days per 1000 Population	Hospital Emergency Room Visits Per 1,000 Population	Hospital Admissions per 1,000 Population
Wisconsin	**2,873**	**489**	**365**	**99**
U.S. average	2,145	577	423	106
Minnesota	2,152	626	357	104
Illinois	2,547	533	408	111
Iowa	3,433	648	418	106
Indiana	2,800	556	476	107
Michigan	3,291	597	493	117
Ohio	3,220	616	560	126

With service volume comparable to other states, Wisconsin's higher premium prices could stem from other factors: 1) other risk pool factors, 2) higher prices paid to its supplier or services -- health care providers, 3) a less favorable payer mix with lower payment by government payers, and/or 4) higher quality care, requiring more resources invested. Ultimately, it will be important to understand the value that Wisconsin residents receive for the dollars invested, particularly as Wisconsin hospitals and health systems often rank at or near the top in national ratings for quality.

Call-Out Box:
Wisconsin hospitals and health systems often rank at or near the top in national ratings for quality.







Source: National Center for Health Statistics. Variation in physician office visit rates by patient characteristics and state, 2012. NCHS data brief, no 212.

Risk Pools

Wisconsin's robust insurance market includes several carriers in the individual, small, and large group markets,[24] with the level employer-sponsored health insurance coverage significantly exceeding the U.S. rate (Table 5).[25] A variety of factors, outside the scope of this paper, contributed to the pluralistic nature of the insurance market, which has been supported by the

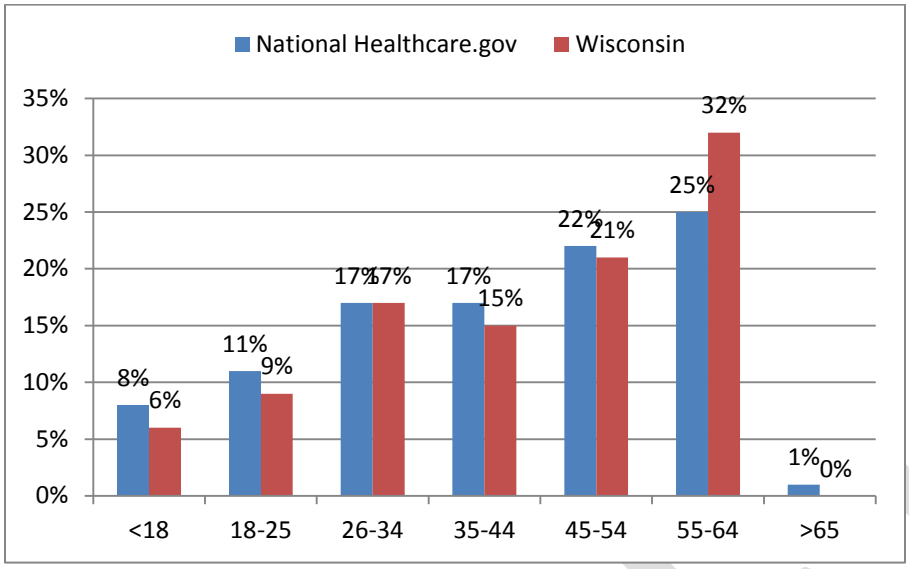
presence of a state-operated high risk pool (pre-ACA) and a relatively limited regulatory oversight.[26] Private c overage declined with the recent recession and continued climb in health insurance prices (Table 6).[27] But Wisconsin's relatively generous eligibility levels for Medicaid/Badgercare allowed the state to maintain a comparatively low rate of uninsured.[28]

Table 5. Sources of Health Insurance, 2013				
	Employer	Other Private	Medicaid	Uninsured
United States	48.2%	6.0%	15.6%	13.4%
Ohio	47.3%	5.5%	14.8%	13.2%
Indiana	52.3%	6.5%	13.6%	12.0%
Illinois	50.4%	8.0%	17.2%	11.1%
Michigan	52.6%	5.0%	15.7%	10.7%
Iowa	54.1%	7.3%	14.4%	9.0%
Wisconsin	55.1%	5.5%	13.1%	8.9%
Minnesota	57.3%	8.7%	12.7%	6.8%
Source: Kaiser Family Foundation. State Health Facts. Health Insurance Coverage of the Total Population, 2013.				

These circumstances determined the demographic and risk characteristics of the remaining uninsured and the persons who were and are likely to enroll in the ACA's qualified health plans. Indeed, Wisconsin's enrollment to date skews relatively older than the national group of those enrolled thus far (Chart 5).[29] Such demographics may contribute to Wisconsin's relatively higher ACA premiums, in that an older group might be considered a higher risk pool.

Table 6. Employer-sponsored health insurance coverage, % of population under age 65, 2001/01 and 2009/10			
	2001/01	**2009/10**	**Change**
Wisconsin	**78.1%**	**68.4%**	**-9.7**
U.S. average	68.5%	59.0%	-9.4
Minnesota	77.3%	68.1%	-9.2
Illinois	72.0%	61.2%	-10.8
Iowa	76.9%	66.9%	-10.1
Indiana	76.4%	62.7%	**-13.6**
Michigan	76.9%	63.9%	-13.0
Ohio	75.2%	63.2%	-12.0
Source: Gould, E. (2012, February 23). A decade of declines in employer-sponsored health insurance. Economic Policy Institute.			

Chart 5: Age Distribution of ACA QHP Enrollees as of February 15, 2015



Source (Chart 4 and Table 7): U.S. DHHS, ASPE. (2015, March 10). Health Insurance Marketplace 2015 Open Enrollment Period: March Enrollment Report, Period: For the period: November 15, 2014 – February 15, 2015

Wisconsin's ACA enrollees are also more likely to depend on federal subsidies (Table 7). This could indicate that they are, as a group, of lower income. However, the use of the federal premium subsidies and cost-sharing reductions depends on health plan metal level choice as well as income, so this distribution may reflect other factors beyond demographics of those seeking coverage.

Table 7

	Percent with Advanced Premium Tax Credit (Premium Subsidy)	Percent with Cost-Sharing Reduction
Wisconsin	90.7%	58.6%
National	85.0%	57.4%

Price Negotiations: Insurance and Providers

Insurers gain negotiating leverage for lower prices from providers by gaining market share — the percentage of enrollees/covered lives. With a large market share, insurers can assure patient volume to their contracted providers, and thus gain discounts. As well, insurers can use narrow networks to increase the volume available to its contracted providers, and thereby enhance negotiating leverage. Insurers with market power have the ability to obtain greater price discounts from providers who need to be in an insurer's provider network.[30]

A health plan, in seeking to bargain for lower prices from a provider, requires sufficient substitutes of one provider for another (provider competition) such that the insurer can credibly use exclusion form the network as negotiating leverage. Attention has thus been

growing toward the market power of health care providers, assessing the ability of dominant hospitals and large physician group practices to negotiate higher prices.[31]

Lower provider payments may, in theory, lead to reduced insurance premiums. But insurance carriers stand as an intermediary between health care providers and insurance purchasers ("insureds"). A dominant insurer with market power, while leveraging provider discounts, may elect to increase margins rather than reducing premiums for insureds.

Indeed, the recently announced mergers among large insurance carriers nationally has amplified this concern.[32,33] Evidence suggests that insurance market consolidation will not alleviate the problem and will likely exacerbate it. In fact, recent studies have demonstrated how more health plans competing in a market results in lower ACA premiums.[34,35]

But this is not the only factor. The dynamic in effect will depend on the degree of insurance market concentration relative to provider concentration in a particular market. New data reveal the complexity, showing lower premiums for plans in markets with higher levels of insurer concentration relevant to insurer bargaining with hospitals, and higher premiums for plans in markets with higher levels of hospital market concentration.[36] The challenge lies in finding the right balance.

…[T}here is substantial evidence that a large share of health care cost increases is caused by dominant providers charging high prices. There are a number of reasons to be skeptical of the idea that consolidated insurers will bargain down prices with providers. There is no compelling economic evidence that "bilateral" monopoly produces better results for consumers; and even if a dominant payor succeeds in bargaining successfully with providers it has little incentive to pass along the savings to its policyholders." Greaney, Health Affairs Blog, July 16, 2015.

Consolidated Provider Markets

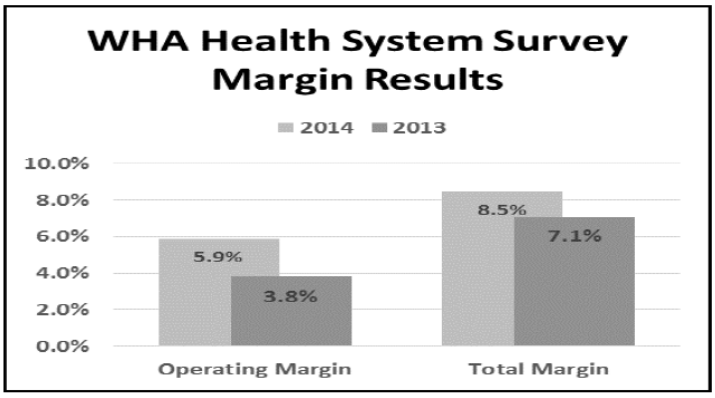
Large, integrated delivery systems, with large provider panels, affiliated hospitals, and strong reputations, dominate Wisconsin's health care sector. The trend in both horizontal and vertical integration has accelerated both nationally and in the state. In Wisconsin, most physicians practice in large groups or integrated health systems with 50 or more physicians.[37] And the state's major systems have recently joined together into two large networks – AboutHealth and the Integrated Health Network -- for contracting purposes.[38,39,40]

These partnerships offer opportunity for development of Accountable Care Organizations, quality improvement, and other collaborations, and may help sustain small, community, and rural hospitals[41], although questions remain about these benefits.[42] At the same time, such consolidation may further increase the health systems' negotiating positions relative to the insurance companies.

The literature offers lively debate about the effect of hospital market concentration on hospital prices.[43,44] Most studies find price increases associated with hospital consolidation,[14,45] even in small systems.[46] Large multi-hospital systems operating in different geographic markets may also negotiate to tie their business together, such that all system's facilities receive higher payment rates.

"The U.S. health care market has become less competitive as consolidation among health care providers has increased, leaving the market vulnerable to increases in prices by dominant providers without a corresponding increase in quality." Catalyst for Payment Reform[47]

Wisconsin's hospitals, all not-for-profit entities, show a broad range of operating margins, but some quite robust (Table 15, attached).[48] The state's hospitals increased their net income in 2014, to an average of 12.2%, while the state's 19 largest health systems averaged an 8.5% total margin and a 5.9% operating margin.[49]



Source: WHA Information Center, LLC. Guide to Wisconsin Hospitals, Fiscal Year 2014, page 8. August 2014.

Southeastern Wisconsin has attracted significant focus. A newly released study that compared 40 health care market prices for 2011-13 identified the Milwaukee-Waukesha-West Allis market as one of eight "noticeable outliers with higher inpatient and outpatient prices."[50]

A 2010 study across health systems in eight metropolitan markets nationally, found significant market power among Milwaukee providers to negotiate higher-than-competitive prices, with inpatient care payment rates, relative to Medicare, among the highest.[51] The period in which payment rates increases slowed, between 2003-2012, occurred during a decline in overall market concentration among the area's hospitals.[52,]

Several other studies since then have reported the state's higher premiums, charges, and profits both regionally and nationally. [53,54,55] (Table 8).

Table 8. Wisconsin payment rates, spending, and profits relative to region, nation

Study	Data Range	Finding
Health Care Cost Institute. September 2015	2011-2015	Compares 40 health care markets nationally, reporting Milwaukee-Waukesha-West Allis market's inpatient and outpatient prices above average. Identified as one of eight "noticeable outlier" markets. Also reports that Green Bay has lower than average inpatient prices and higher than average outpatient prices.
Dreyer, T, Koss, J, Udow-Phillips, M. A Tale of Three Cities: Hospital and Health System Costs in the Midwest. Issue Brief. April 2015. Center for Healthcare Research & Transformation. Ann Arbor, MI	FY 2013	In FY2013, Milwaukee's health systems all had operating and total profit margins far above the national benchmarks. Operating margins ranged from 4.1 to 12.2 percent, compared to a benchmark of 2.2 percent. Total margins ranged from 6.6 to 15.2 percent, compared to a benchmark of 4.2 percent. (Total profit margin is referred to as "excess" profit margin by health care rating agencies such as Standard and Poor's.) (Note: This research was supported by Blue Cross/Blue Shield, an insurance carrier. Wisconsin Hospital Association reports that it was unable to replicate the margins reported in this study.) [56]
		Wisconsin's health systems had higher operating and total profit margins than the national benchmark, with operating margins ranging from 5.8 to 10.6 percent, and the total margins ranging from 15.6 to 16.2 percent. In FY2013, Wisconsin's per-capita hospital costs were $3,107, compared to $2,974 for Indiana and $2,624 for Michigan.
Kieffer K, Giese C, Herrle GJ. Commercial Physician Payment Level Comparison: Southeast Wisconsin Versus Selected Midwest Markets. Milliman report to the Greater Milwaukee Business Foundation on Health. June 12, 2014.	2012	The average per-unit commercial physician payment levels in southeast Wisconsin were almost 50% higher than the Midwest average per-unit payment rates. Southeast WI specialty payment levels ranged from approximately 15% to 95% higher than combined Midwest averages. The difference was estimated to have increased southeast Wisconsin commercial health insurance premiums by approximately 15% compared with estimated premium rates based on the Midwest average physician payment levels.
Milliman, July 23, 2014. reporting trends in Southeast Wisconsin hospitals' commercial payment rates	2003-2012	The increase in average commercial payment levels for southeastern Wisconsin hospitals had slowed substantially, to just 50% of the national rate of increase. This slowing rate occurred in parallel with a consistent decline in overall market concentration among the area's hospitals.

relative to national levels.		http://www.gmbfh.org/documents/20140723KeyFactorsPowerpoint.pdf
U.S. Government Accountability Office (GAO), 2014, Reporting the geographic variation of commercial insurance costs among 78 metropolitan areas.	2009-2010	Milwaukee and Madison ranked among the top seven nationally for both hospital inpatient spending and for professional services, with figures adjusted for difference in cost of living and demographics, in analysis of inpatient services and professional service spending, assessing the number of services, intensity, and price, by metropolitan statistical area (MSA), for each of the three high-cost procedures - coronary stent placement, laparoscopic appendectomy, and total hip replacement. The **price of the initial hospital inpatient admission was the largest contributor to differences** in private sector episode spending across MSAs. When GAO examined how volume, intensity, and prices contributed to differences in spending on professional services, it found that for all three procedures services in MSAs in the highest-spending quintile had higher average prices and higher average intensity than services in MSAsin the lowest-spending quintile, with **price having a greater impact than intensity.**

The U.S. GAO, in its 2014 study that identified Milwaukee and Madison among the top spending areas of the country, notes the significant effect that prices have on geographic variation in spending:

> "These findings are consistent with our finding on hospital inpatient spending and with existing research on private sector data, which has generally found that variation in prices drives overall variation in spending across geographic areas. While high-priced areas tend to have lower utilization and vice versa, the variation in prices has a larger effect."

GAO-15-214 Geographic Variation in Spending

Table 13: Professional Services Spending, Number of Services, Intensity, and Price, by Metropolitan Statistical Area (MSA), for Laparoscopic Appendectomy Episodes

		Average adjusted spending (in dollars)		Average for professional services		
Rank	MSA	Episode	Professional services	Volume (number of services)	Intensity	Price per unit of intensity (in dollars)
1	Salinas, CA[a]	25,924	2,106	5.06	5.51	75.59
2	Madison, WI[a]	18,123	4,090	4.45	5.67	161.98
3	Milwaukee-Waukesha-West Allis, WI[a]	18,096	3,752	4.68	5.77	138.82
4	Charleston, WV[a]	17,640	2,632	4.16	6.45	98.06
5	[a,b]	16,588	2,613	4.75	5.77	95.28
6	[a,b]	16,323	2,104	3.53	6.51	91.45
7	Grand Rapids-Wyoming, MI[a]	15,444	2,058	4.54	6.42	70.67
8	Colorado Springs, CO[a]	15,318	4,054	4.38	5.95	155.40
9	Orlando-Kissimmee-Sanford, FL[a]	15,267	2,423	5.20	5.77	80.79
10	San Diego-Carlsbad-San Marcos, CA[a]	14,859	3,130	5.19	5.64	106.89

Table 14: Professional Services Spending, Number of Services, Intensity, and Price, by Metropolitan Statistical Area (MSA), for Total Hip Replacement Episodes

		Average adjusted spending (in dollars)		Average for professional services		
Rank	MSA	Episode	Professional services	Volume (number of services)	Intensity	Price per unit of intensity (in dollars)
1	Salinas, CA[a]	57,990	4,048	8.30	6.52	74.72
2	Dallas-Fort Worth-Arlington, TX[a]	41,129	4,181	8.35	6.68	74.91
3	San Diego-Carlsbad-San Marcos, CA[a]	37,906	5,450	8.74	6.38	97.81
4	[a,b]	37,669	4,792	13.05	4.89	75.05
5	[a,b]	36,936	4,450	6.78	7.49	87.72
6	Madison, WI[a]	36,258	9,794	5.11	9.47	202.36
7	Milwaukee-Waukesha-West Allis, WI[a]	35,963	6,774	6.67	7.78	130.68
8	New York-Northern New Jersey-Long Island, NY-NJ-PA[a]	35,682	7,839	14.23	4.46	123.44
9	Houston-Sugar Land-Baytown, TX[a]	35,332	5,003	10.08	5.92	83.92
10	San Antonio-New Braunfels, TX[a]	35,319	4,099	15.03	4.03	67.62

Insurance Markets: Statewide vs. Regional Variation

These studies may not capture the regional price variation that occurs within the state, or even among carrier types. The GAO study, for example, excluded managed care and capitated arrangements, which represent the majority commercial enrollees in Dane County. Such plans are able to leverage significantly lower prices from providers[57] and, for Dane County's community-based health plans, offer lower premiums.[58]

Wisconsin has one of the most competitive insurance environments in the U.S., with 19 companies offering individual coverage, 31 companies offering small group coverage, 31

companies offering large group coverage.[59] A measure called the Herfindahl-Hirschman Index (HHI) demonstrates Wisconsin's relatively broad distribution of market share across many viable carriers. HHI values range from 0 to 10,000, where zero indicates perfect competition and 10,000 indicates a complete monopoly.[60,61,62] (Table 9)

Table 9. Relative Competition of State Insurance Markets: Herfindahl-Hirschman Index, Market Share, and # of Insurers by State

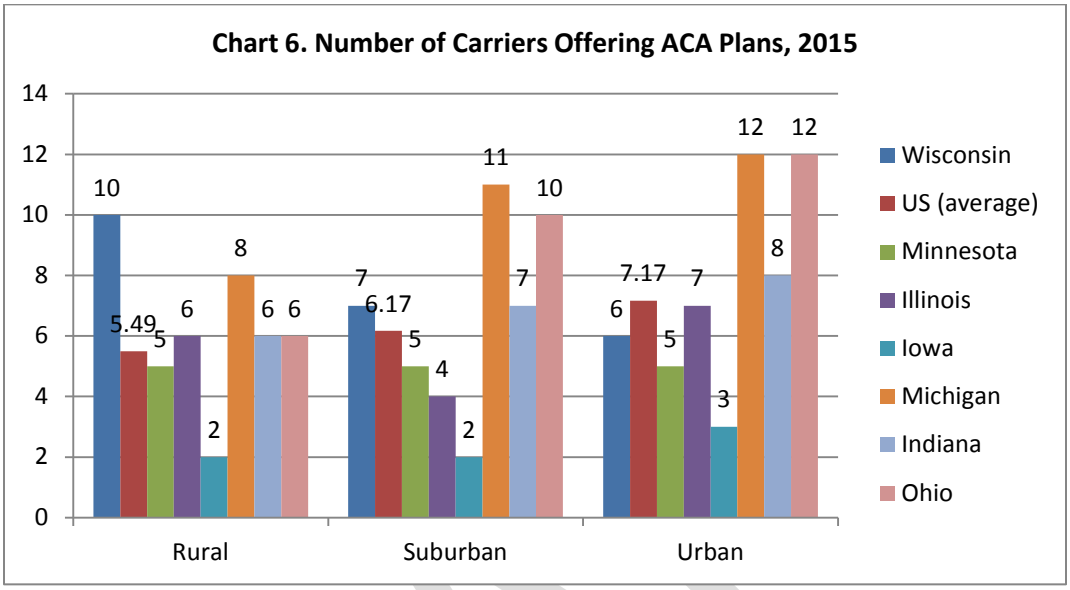
	HII Index			Market Share of Largest Insurer			# of Insurers with >5% Market Share		
Market	Indiv	Small Group	Large group	Indiv	Small Group	Large group	Indiv	Small Group	Large group
Wisconsin	**1,479**	**1,443**	**871**	**23%**	**31%**	**14%**	**6**	**7**	**9**
U.S. average	3,888	3,841	4,038	55%	57%	57%	3	4	4
Minnesota	3,872	3,036	3,317	57%	38%	45%	4	4	3
Illinois	4,757	4,031	5,574	68%	60%	73%	3	4	3
Iowa	7,128	4,726	5,964	84%	64%	76%	3	3	3
Indiana	3,888	3,568	4,038	59%	56%	60%	3	3	3
Michigan	3,234	3,871	3,139	53%	59%	51%	3	3	4
Ohio	2,623	2,468	2,293	35%	38%	39%	3	5	4

Source: Kaiser Family Foundation. State Health Facts. Insurance Market Competitiveness.

An important caveat here: The HHI requires a properly defined geographic market, and Wisconsin's plans are sold within regions. These HHI figures here provide only a general view of the degree of competition that might exist within a state, and do not reveal the true competition that might exist at the local level. An alternative indicator of such competition, in the case of the ACA, might be the number of carriers offering products within each rating region. Using this metric, Wisconsin's level of carrier competition in rural, suburban, and urban rating regions appears relatively strong alongside other upper Midwest states (Chart 6).[63]

Wisconsin's comparatively pluralistic insurance market reduces the bargaining power of any one insurer, as providers can refuse participation with one carrier in favor of another local carrier's network.[64] This likely provides Wisconsin's health systems the ability to negotiate higher prices.

In contrast, other states often have a few dominant insurance carriers. Table 6 shows that other upper-Midwest states generally have a single large insurer with over 50 percent market share, putting those carriers in a strong position to negotiate prices with providers who want or need to be in their networks.



The HHI can also be used to measure competitiveness and market power of hospitals and health systems. Two separate studies in California did this, finding statistically significant relationships between hospital concentration and exchange premiums across regions of that state.[65,66] Wisconsin, with a highly integrated provider system, would be likely to demonstrate a similar dynamic, although such hypothesis awaits further investigation.

Call-Out Box: Wisconsin's comparatively pluralistic insurance market reduces the bargaining power of any one insurer, as providers can refuse participation with one carrier in favor of another local carrier's network. This likely provides Wisconsin's health systems the ability to negotiate higher prices.

Other Purchasers: Self-Insured Firms

The effect on prices of self-insured payers in the market is not clear. The number of self-insured payers in a market could add negotiating leverage and affect the collective negotiating leverage of the payer sector. Or self-insured employers could reduce the bargaining power of other payers in that more self-insured take volume away from other payers thus reducing their market share and bargaining power. Self-insured payers may negotiate directly with providers, as a group through vehicles like Madison's Alliance or, like Milwaukee's Business Health Care Group, work through an insurance company as their third-party administrator.

The prevalence in self-insured plans varies by state. However, Wisconsin's proportion of self-insured firms does not differ in any notable manner from other states in the upper Midwest or nationally (Table 10)[67], so this would not explain observed differentials in premiums across states.

Table 10. Percentage of Private–Sector Enrollees in Self-Insured Plans at Establishments Offering Health Insurance, by Firm Size and State, 2014

	Total	<50 employees	≥ 50 employees	100-999 employees	≥ 1,000 employees
Minnesota	71.5	18.1	79.0	55.3	91.8
Indiana	72.3	18.8	79.2	68.2	87.6
Ohio	63.9	11.4*	74.4	56.5	86.8
Iowa	67.1	10.8	76.2	54.0	94.1
Wisconsin	60.9	7.6*	69.5	42.5	88.4
Michigan	56.0	7.2*	66.6	35.4	84.6
Illinois	52.9	17.3	60.4	35.2	73.5
United States	59.7	10.8	68.7	41.4	85.2

*Figure does not meet stand of reliability or precision

Source: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. 2014 Medical Expenditure Panel

Benefit Design and Insurance Mandates

The scope of the benefit package also affects the premium rates, and states often mandate coverage of various services. The initiation of the essential health benefits (EHB) standard under the Affordable Care Act may reduce variation among states in the scope of insurance coverage benefits.[68] However, some state-specific mandates may not be covered within the federal EHB, and state variation will remain. To the degree that one state's mandate exceed others, it could put upward pressure on prices. However, Wisconsin's mandated benefits fall in the middle range of mandates shared by others states regionally and nationally,[69,70] so this would not explain the observed differentials in premiums across states.

Provider-Owned Health Plans

Wisconsin's market may differ from others in the prevalence and strength of its provider-owned health plans – that is, health insurance plans owned by a hospital or health system. Indeed, Wisconsin leads the region and the nation with nine provider-led plans (Table 11), second only to the state of Texas.[71]

Table 11. Number of Provider-Led Health Plans	
State	**Health Plans**
Wisconsin	9
Michigan	7
Illinois	6
Indiana	6
Ohio	6
Minnesota	4
Iowa	2
Source: McKinsey&Company, 2015	

Such health plans may provide strategic and economic advantages to a hospital-based system, and also potential to support the transition to value-based care. This model can increase net provider revenue through a narrow network, increased patient volume, aligned incentives between payer and provider, and other mechanisms. However, the limited data available suggest that provider-owned plans generally do not offer lower premiums for ACA products compared to non-provider-owned plans.[72] This unique aspect of Wisconsin's market may support the strong clinical and economic performance of the state's integrated delivery systems, but do not appear to place downward pressure on insurance premiums overall.

Charity Care and the Uninsured

The ACA has brought substantial reductions in uncompensated care costs[73], even in states that did not adopt ACA Medicaid expansion.[74,75] Previously strained not-for-profit hospitals are finding some relief.[76] In Wisconsin, over 159,000 childless adults had gained BadgerCare coverage by April 2015[77], and over 183,000 Wisconsin residents effectuated insurance coverage through Affordable Care Act qualified health plans.[78] Wisconsin's hospitals have provided less charity care than the national average, as detailed over time[79] and currently in Table 12.[80]

The point here: To the degree that providers might seek to compensate for charity care in their pricing structure ("shift costs") to private insurers, Wisconsin's providers do not need to do so more than other states. Charity and uncompensated care in Wisconsin would, therefore, not explain the differentially high prices charged, nor would it explain higher insurance premiums in Wisconsin relative to other states.

Table 12

Financial Indicators (expressed as a percentage of adjusted revenue)	Type of Hospital					
	Critical Access %		Other Rural %		Urban %	
	WI	All States	WI	All States	WI	All States
Charity care costs	1.0	1.8	1.2	1.9	0.9	3.5
Non-Medicare and non-reimbursable Medicare bad debt costs	1.7	4.7	1.3	4.3	1.7	2.1
Uncompensated care (charity care and bad debt) costs	2.8	6.6	2.8	6.3	2.7	5.6
Unreimbursed cost of means-tested government programs (Medicaid, SCHIP, state/local indigent care programs)	2.6	3.6	2.9	3.8	2.7	3.4
Source: 2012 Medicare Hospital Cost Reports, reported by Flex Monitoring Team, 2015						

Note: Problems have been reported with hospitals' Medicare cost reports, which provide the data used in this table, including inconsistent, invalid and inaccurate reporting by hospitals.[81] *No other data source, however, yet exists to allow for comparison of hospital across states.*

Low Medicaid Payments & Cost Shifting

Hospitals most commonly cite low payments by Medicaid and Medicare for needing to shift costs to private payers, thereby increasing premiums in the private market.[82] Hospitals nationally broadly assert this problem.[83] As such, if this indeed occurs, it would not explain Wisconsin's relatively higher premiums in comparison to other states that also struggle with this dynamic.

Call out box:

To the degree that providers might seek to compensate for charity care and Medicaid shortfalls in their pricing structure ("shift costs") to private insurers, Wisconsin's providers do not need to do so more than other states.

It might be argued that Wisconsin's payment shortfall exceeds the shortfall experienced by other states and, if so, would thereby put higher cost-shifting pressure on private insurance premiums. Wisconsin, however, shows a relatively favorable Medicaid-to-Medicare Fee Index alongside other states (Table 13).

This index uses only fee-for service Medicaid, and Medicaid managed care payments are often lower. Providers in a state that has a disproportionately higher level of Medicaid managed care might experience relatively greater burden from payment shortfalls. However, Table 13 shows Wisconsin's relatively lower percentage of Medicaid members in managed care compared to

the other states in the upper Midwest regions.[84] This factor would therefore not compromise the Medicaid-to-Medicare ratio more so than other states.

As well, Wisconsin's population brings a relatively favorable payer mix, with relatively fewer uninsured and Medicaid-reliant residents and larger percentages of commercially insured persons (Table 14).[85] This would indicate that whatever Medicaid payment shortfall might exist would not explain Wisconsin's differentially higher private insurance premium prices.

Messages about this can be confusing: The U.S. GAO reported in 2014 that Wisconsin's Medicaid payment rates relative to private insurance stood among the lowest in the country.[86] That finding compares Medicaid payments as a percentage of Wisconsin's hospitals' charges. But to the degree that Wisconsin's hospitals list high prices on their chargemasters, the Medicaid payment percentage will appear relatively low.[87] Such difficulty in using hospital charges as a yardstick for discerning true cost has been well explained in the literature.[88]

Table 13. Medicaid-to-Medicare Fee Index, 2012

	All Services	Primary Care	Other Services	% of Medicaid in managed care, 2011**
Wisconsin	.77	.60	1.01	63.7%
United States	.66	.59	.70	74.2%
Iowa	.88	.77	.90	91.1%
Minnesota	.71	.73	.72	65.7%
Illinois	.62	.54	.64	67.8%
Indiana	.62	.55	.69	70.3%
Ohio	.61	.59	.63	75.4%
Michigan	.71	.46	.50	88.4%

Sources:
*State Health Facts, Kaiser Family Foundation, based on Medicaid and Medicare fee-for-service rates
** State Health Facts. Kaiser Family Foundation. Total Medicaid Managed Care Enrollment, 2011.

Further, what looks like significant losses to government programs and related higher payments by private insurance may be, in fact, weak cost controls related to markets lacking competition.[89] Hospitals in concentrated markets will have high private payment rates and negative Medicare or Medicaid margins to the degree that they feel less pressure to contain relatively higher operating costs, including salaries, amenities, and building projects.

Table 14. Health Insurance Coverage of the Total Population, 2013

	Employer	Other Private	Medicaid	Medicare	Other Public	Uninsured
Minnesota	57.3%	8.7%	12.7%	13.5%	N/A	6.8%
Wisconsin	55.1%	5.5%	13.1%	16.7%	N/A	8.9%
Iowa	54.1%	7.3%	14.4%	13.9%	1.2%	9.0%
Michigan	52.6%	5.0%	15.7%	15.2%	0.8%	10.7%
Indiana	52.3%	6.5%	13.6%	14.4%	1.2%	12.0%
Illinois	50.4%	8.0%	17.2%	12.3%	1.0%	11.1%
United States	48.2%	6.0%	15.6%	14.7%	2.0%	13.4%
Ohio	47.3%	5.5%	14.8%	17.5%	1.7%	13.2%

Source: Kaiser Family Foundation. Health Insurance Coverage of the Total Population, 2013.

Of course, cost-containment efforts are occurring everywhere, particularly as Medicare – which sets prices rather than negotiating them – demands. [90] For example, Milwaukee's Froedtert Health, a three-hospital system, recently reported efficiencies through several cost-containment efforts, including the moving some of its outpatient services to physician offices and clinics. [91] The payer mix has also improved, with a lower proportion of self-pay patients and a higher proportion of Medicaid patients. Froedtert's operating margin has improved, reported at 7.9% to date for 2015, up from 5% in fiscal 2014. It remains to be seen whether or when this might translate to lower insurance premiums.

Quality/Cost = Value

Wisconsin's integrated delivery systems have gained national recognition as models of care transformation.[92,93] Wisconsin hospitals and health systems consistently rank at or near the top in national ratings for quality.[94,95], although not consistently across all measures.[96]

Hospitals report that they and their affiliated health systems subsidize other community services with revenue from core hospital operations, including physician clinics, hospice, nursing homes, home health, assisted living, for example -- services that may not be financially viable on their own.[97] These elements are important, and such quality and service provision may merit some of the higher insurance premiums Wisconsin residents' experience.

As well, the National Committee for Quality Assurance in 2014 ranks five Wisconsin-based health plans in the top 50 commercial health plans, 11 in the top 100.[98] This may be the value returned from any marginal difference between Wisconsin's and other states' insurance premiums.

A substantial literature explores the relationship between health care costs, and quality, with no definitive conclusions. A 2013 systematic review by RAND concludes that the evidence is inconsistent, in some cases showing small to moderate associates either positive or negative between cost and quality.[99] The Dartmouth Atlas, which investigates variations in quality and price, acknowledges this lack of consistency in findings, but insists that many health systems do provide high-quality at lower cost -- and that more spending is not needed to achieve better outcomes.[100]

Going Forward

The health insurance industry has long sustained allegations of consumer abuses and excessive profit.[101] Yet, even on a national level, insurers' profits appear to contribute a small part to premiums relative to the inexplicably variable expense of medical services.[102] This emerging realization has brought scrutiny to hospitals, with critiques of their pricing, charging, and consolidation practices coming from across the ideological spectrum.[103,104,105,106,107]

Yet hospitals are also active partners, and often leaders, in health care transformation. The Wisconsin Hospital Association helped found the state's multi-payer claims database and its associated payment reform initiative[108] and has championed the public reporting of quality and price measures among its members.[109] Hospitals advocated for the ACA's Medicaid expansion[110] and have supported safety net providers.[111] Wisconsin, with its strong, high quality integrated delivery systems, has earlier experience with both the upsides and the challenges of this future trend market structure.

What solutions do lend themselves to this challenge? It is important to recognize the potential upsides of health care integration, currently being pursued through Accountable Care Organization models, which promise to reduce fragmentation, improve care coordination, and achieve efficient utilization. For these reasons, federal antitrust enforcement may be a blunt instrument.[112]

The answer to Wisconsin's high premiums does not lie in a simple tamping down on the insurance sector. Wisconsin's insurance market is more pluralistic, and its delivery system more consolidated, than most other states. The pricing structure reflects these differences. These understandings should inform the policy and programmatic solutions to the state's relatively high insurance premiums.

Market solutions currently underway include price transparency, consumer-directed health care, reference pricing, and narrow networks. These approaches, however, will not work in concentrated markets that offer little choice or competitions among providers.[113] Some propose the application of antitrust rules to promote more competitive contracting between insurers and providers.[114] Direct rate regulation has garnered renewed interest, although

these approaches may suffer from inherent complexity, the risk of agency capture, and bureaucratic inefficiencies. [115]

Financial incentives in health care are changing such that all providers now endeavor to reduce overutilization and become more efficient. Promising signs are emerging that health care providers can achieve substantial gains in productivity.[116]

The dialogue ahead should focus on how Wisconsin residents and state government can leverage their substantial investment, watch carefully, and hold accountable all of those to whom the funds flow.

Table 15. Wisconsin Hospitals, Margins and Net Income, 2014				
Hospital	*City*	*Operating Margin*	*Total Hospital Net Income*	*Net Income*
Oakleaf Surgical Hospital	Altoona	23.1%	11.7%	$4,649,443
Amery Regional Medical Center	Amery	1.2%	1.7%	$909,984
Aspirus Langlade Hospital	Antigo	9.7%	13.3%	$11,592,380
Appleton Medical Center	Appleton	10.2%	10.4%	$25,782,118
St. Elizabeth Hospital	Appleton	18.7%	18.8%	$35,731,389
Memorial Medical Center	Ashland	12.0%	13.7%	$8,248,811
Baldwin Area Medical Center	Baldwin	1.1%	2.2%	$719,397
St.Clare Hospital& Health Services	Baraboo	10.9%	12.3%	$7,810,178
Mayo Clinic Health System	Barron	5.8%	6.8%	$3,857,524
Beaver Dam Community Hospitals	Beaver Dam	-0.5%	6.9%	$6,349,492
Beloit Health System	Beloit	3.3%	4.4%	$9,263,867
Berlin Memorial Hospital	Berlin	-0.3%	-0.6%	-$404,566
Black River Memorial Hospital	Black River Falls	3.6%	4.5%	$1,907,750
Mayo Clinic Health System	Blooomer	2.2%	2.8%	$928,227
Gunderson Boscobel Area Hospital and Clinics	Boscobel	5.0%	5.2%	$879,214
Wheaton Franciscan-Elmbrook Memorial Campus	Brookfield	16.1%	16.1%	$20,902,887
Aurora Memorial Hospital of Burlington	Burlington	20.4%	20.5%	$16,036,586
Calumet Medical Center	Chilton	16.0%	17.8%	$4,609,699
St.Joseph's Hospital	Chippewa Falls	6.7%	18.2%	$14,358,776
Columbus Community Hospital	Columbus	7.2%	8.6%	$2,894,888
Cumberland Healthcare	Cumberland	0.2%	1.1%	$243,397
Memorial Hospital of Lafayette Co	Darlington	-0.2%	1.1%	$147,546
Upland Hills Health Inc	Dodgeville	4.2%	6.1%	$2,429,645
Chippewa Valley Hospital	Durand	-6.8%	-6.8%	-$1,077,398
Ministry Eagle River Memorial Hospital	Eagle River	5.8%	11.7%	$2,000,652
Mayo Clinic Health System in Eau Claire	Eau Claire	21.3%	24.8%	$71,287,695
Sacred Heart Hospital	Eau Claire	14.2%	27.2%	$71,029,948
Edgerton Hospital & Health Services	Edgerton	-4.8%	-4.7%	-$864,139
Aurora Lakeland Medical Center in Elkhorn	Elkhorn	17.5%	17.5%	$14,391,806
Agnesian HealthCare / St. Agnes Hospital	Fond du Lac	0.8%	4.7%	$15,586,593
Fort HealthCare	Fort Atkinson	2.9%	6.0%	$7,543,255
Midwest Orthopedic Specialty Hospital	Franklin	47.1%	47.2%	$36,562,839
Wheaton Franciscan Healthcare - Franklin	Franklin	7.5%	7.5%	$5,030,322
Moundview Memorial Hospital & Clinics, Inc	Friendship	0.5%	1.7%	$265,599
Orthopaedic Hospital of Wisconsin	Glendale	41.7%	41.7%	$25,395,507

Aurora Medical Center in Grafton	Grafton	18.3%	18.3%	$34,927,262
Burnett Medical Center	Grantsburg	0.3%	1.2%	$195,616
Aurora BayCare Medical Center in Green Bay	Green Bay	32.9%	32.8%	$116,107,909
Bellin Hospital	Green Bay	9.0%	8.1%	$32,944,129
St. Mary's Hospital Medical Center	Green Bay	11.7%	16.0%	$21,974,971
St. Vincent Hospital	Green Bay	6.2%	17.5%	$53,597,894
Aurora Medical Center in Hartford	Hartford	10.7%	10.7%	$6,139,990
Hayward Area Memorial Hospital	Hayward	7.3%	8.7%	$3,053,502
Gundersen St. Joseph's Hospital & Clinics	Hillsboro	6.1%	6.6%	$1,251,967
Hudson Hospital & Clinics	Hudson	3.0%	3.2%	$1,693,106
Mercy Hospital and Trauma Center	Janesville	2.5%	3.2%	$13,320,088
St. Mary's Janesville Hospital	Janesville	8.8%	9.3%	$5,986,782
Aurora Medical Center in Kenosha	Kenosha	34.8%	34.8%	$63,166,120
UHS, Inc	Kenosha	9.3%	12.6%	$39,296,519
Gundersen Lutheran Medical Center	La Crosse	27.5%	13.5%	$94,755,893
Mayo Clinic Health System - Franciscan Healthcare in La Crosse	La Crosse	8.8%	8.8%	$20,399,367
Rusk County Memorial Hospital	Ladysmith	-2.2%	-2.3%	-$438,106
Mercy Walworth Hospital and Medical Center	Lake Geneva	2.5%	2.5%	$1,742,071
Grant Regional Health Center	Lancaster	1.7%	4.1%	$1,038,226
Meriter-UnityPoint Health	Madison	5.7%	9.9%	$47,322,521
St. Mary's Hospital	Madison	13.8%	16.1%	$70,318,542
UW Hospital & Clinics	Madison	6.1%	7.6%	$103,843,169
Holy Family Memorial Inc	Manitowoc	0.9%	2.6%	$3,384,290
Bay Area Medical Center	Marinette	4.0%	11.2%	$12,485,012
Ministry Saint Joseph's Hospital	Marshfield	10.7%	14.9%	$57,337,604
Mile Bluff Medical Center	Mauston	3.2%	3.4%	$2,467,563
Aspirus Medford Hospital & Clinics, Inc	Medford	15.3%	20.6%	$13,090,6180
Community Memorial Hospital of Menomonee Falls, Inc	Menomonee Falls	5.6%	6.5%	$11,966,850
Mayo Clinic Health System - Red Cedar, Inc	Menomonie	13.9%	15.4%	$14,645,301
Columbia Center Birth Hospital	Mequon	-7.9%	-7.9%	-$458,0480
Columbia St Mary's Inc - Ozaukee Campus	Mequon	5.5%	5.4%	$6,750,345
Ministry Good Samaritan Health Center	Merrill	-5.1%	6.0%	$1,459,317
Aurora Sinai Medical Center	Milwaukee	1.4%	1.4%	$2,710,967
Aurora St. Luke's Medical Center / South Shore	Milwaukee	18.4%	18.4%	$220,860,272
Children's Hospital of Wisconsin	Milwaukee	10.8%	10.2%	$58,593,863
Columbia St. Mary's Hospital Milwaukee	Milwaukee	3.7%	3.6%	$11,620,151
Froedtert Memorial Lutheran Hospital Inc	Milwaukee	10.2%	10.4%	$119,975,542
Wheaton Franciscan Healthcare - St. Francis	Milwaukee	-14.4%	-14.4%	-$33,605,096

Wheaton Franciscan - St. Joseph Campus	Milwaukee	3.4%	3.4%	$6,291,509
Monroe Clinic	Monroe	4.4%	6.4%	$11,289,636
Children's Hospital of Wisconsin - Fox Valley	Neenah	-4.7%	-4.7%	-$943,288
Theda Clark Medical Center	Neenah	10.3%	10.8%	$20,213,300
Memorial Medical Center	Neilsville	-2.2%	-1.2%	-$271,568
ThedaCare Medical Center - New London	New London	17.2%	13.1%	$4,079,467
Westfields Hospital	New Richmond	4.3%	4.9%	$2,472,963
Oconomowoc Memorial Hospital	Oconomowoc	0.2%	4.1%	$4,052,862
Bellin Health Oconto Hospital	Oconto	-4.5%	-4.4%	-$494,476
St Clare Memorial Hospital	Oconto Falls	-20.2%	-19.8%	-$6,030,090
Osceola Medical Center	Osceola	7.5%	8.0%	$2,624,753
Aurora Medical Center in Oshkosh	Oshkosh	20.1%	20.1%	$22,696,335
Mercy Medical Center	Oshkosh	4.0%	4.2%	$4,477,146
Mayo Clinic Health System - Oakridge in Osseo	Osseo	-1.4%	-1.0%	-$210,701
Flambeau Hospital	Park Falls	4.0%	3.7%	$741,217
Southwest Health Center	Platteville	2.5%	9.9%	$3,193,652
Divine Savior Healthcare	Portage	2.9%	5.5%	$4,292,048
Crossing Rivers Health	Prairie du Chien	6.9%	7.8%	$3,157,254
Sauk Prairie Healthcare	Prairie du Sac	-3.1%	-2.0%	-$1,486,950
Wheaton Franciscan Healthcare - All Saints, Inc	Racine	9.1%	9.5%	$34,328,534
Reedsburg Area Medical Center	Reedsburg	7.3%	8.6%	$5,150,789
Ministry Saint Mary's Hospital	Rhinelander	2.4%	2.6%	$3,424,137
Lakeview Medical Center	Rice Lake	14.1%	14.3%	$9,922,748
The Richland Hospital Inc	Richland Center	6.1%	7.6%	$3,019,005
Ripon Medical Center Inc	Ripon	2.0%	2.2%	$500,824
River Falls Area Hospital	River Falls	14.8%	14.8%	$6,097,889
Shawano Medical Center	Shawano	8.1%	-11.0%	-$3,556,548
Aurora Sheboygan Memorial Medical Center	Sheboygan	23.2%	23.2%	$34,739,425
St. Nicholas Hospital	Sheboygan	2.1%	7.3%	$5,746,689
Indianhead Medical Center / Shell Lake	Shell Lake	-0.4%	18.6%	$1,545,213
Mayo Clinic Health System - Franciscan Healthcare in Sparta	Sparta	11.7%	11.7%	$2,127,578
Spooner Health System	Spooner	8.9%	11.1%	$1,996,980
St. Croix Regional Medical Center	St.Croix Falls	4.9%	8.9%	$6,267,361
Ministry Our Lady of Victory Hospital	Stanley	-5.1%	-5.1%	-$837,277
Ministry Saint Michael's Hospital	Stevens Point	7.5%	10.9%	$21,378,538
Stoughton Hospital Association	Stoughton	4.5%	0.4%	$131,019
Ministry Door County Medical Center	Sturgeon Bay	7.1%	11.5%	$8,558,030
Aurora Medical Center in Summit	Summit	10.3%	10.3%	$11,621,510
St. Mary's Hospital of Superior	Superior	19.2%	21.5%	$9,236,738

Tomah Memorial Hospital	Tomah	7.9%	11.9%	$5,117,017
Ministry Sacred Heart Hospital	Tomahawk	18.6%	18.6%	$3,081,389
Aurora Medical Center of Manitowoc County	Two Rivers	17.2%	17.2%	$11,364,796
Vernon Memorial Healthcare	Viroqua	4.2%	5.4%	$3,483,560
Watertown Regional Medical Center	Watertown	-1.3%	2.5%	$2,426,246
Waukesha Memorial Hospital	Waukesha	7.5%	16.1%	$76,881,169
Riverside Medical Center	Waupaca	12.9%	14.2%	$5,224,983
Waupun Memorial Hospital	Waupun	14.8%	14.8%	$5,901,887
Aspirus Wausau Hospital	Wausau	9.9%	16.4%	$64,443,427
Midwest Spine and Orthopedic Hospital and Wisconsin Heart Hospital	Wauwatosa	-1.8%	-1.8%	-$764,993
Aurora West Allis Medical Center	West Allis	28.0%	28.0%	$76,354,614
St. Joseph's Community Hospital of West Bend Inc	West Bend	15.2%	15.2%	$16,744,915
Ministry Saint Clare's Hospital	Weston	10.0%	10.0%	$10,509,529
Gundersen Tri-County Hospital & Clinics	Whitehall	-3.2%	-2.7%	-$444,755
Wild Rose Community Memorial Hospital	Wildrose	-4.0%	-5.1%	-$653,532
Riverview Hospital Association	Wisconsin Rapids	7.2%	12.2%	$11,937,943
Howard Young Medical Center	Woodruff	9.4%	19.9%	$13,032,154

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