

2022 Healthcare Affordability State Policy Scorecard

This Scorecard looks at both policies and related outcomes across four affordability-related areas that were implemented as of Dec. 31, 2021. Lawmakers, regulators, consumer advocates and the public can use the Scorecards to understand how their state performs when it comes to healthcare affordability policies and outcomes relative to other states and identify opportunities to improve.

STATE:

WISCONSIN

RANK:

25

out of
50 states
+ DC

POLICY SCORE

9.5

out of 40

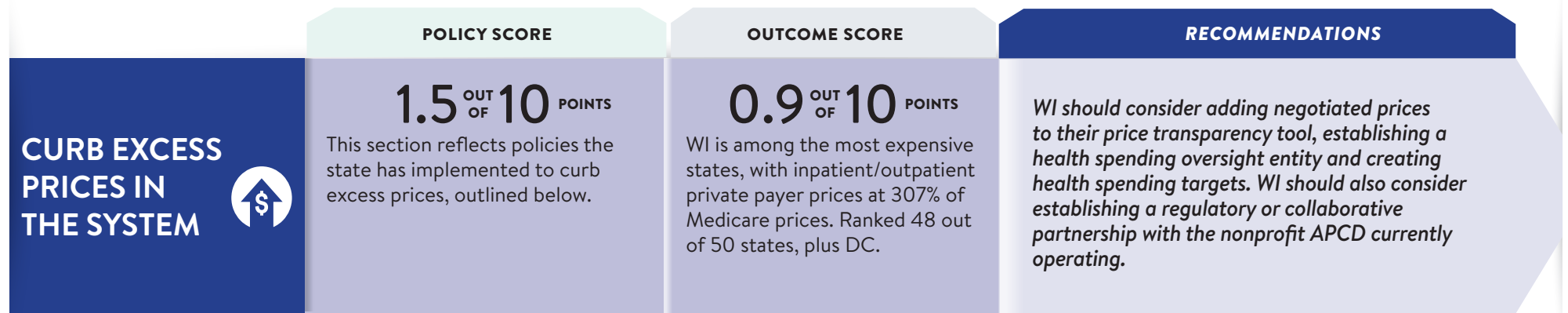
OUTCOME SCORE

21.9





out of 40

TOTAL
31.4 out of 80
POSSIBLE POINTS

Setting the Stage: According to the Healthcare Value Hub's 2022 CHES survey, 50% of Wisconsin adults experienced healthcare affordability burdens. According to the Personal Consumption Expenditure, healthcare spending per person in Wisconsin grew 24% between 2013 and 2021, totaling \$8,313 in 2021. Please note some of the outcome measures in this Scorecard include data from 2020, which may have been impacted by the COVID-19 pandemic.



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization Wisconsin has a voluntary all-payer claims database (APCD) operated by the nonprofit Wisconsin Health Information Organization. It includes medical, dental and pharmacy claims from commercial payers, Medicaid and Medicare, capturing roughly 75% of the population (notably 100% of Medicaid and 68% of the commercially insured population). Data is available by request for a fee.
	Create a permanently convened health spending oversight entity Wisconsin did not have a permanently convened health spending oversight entity as of Dec. 31, 2021. Policymakers attempted to pass a bill in the 2021-2022 session that would have created a prescription drug affordability board in Wisconsin, but the measure did not pass.
	Create all-payer healthcare spending and quality benchmarks for the state Wisconsin did not have active health spending benchmarks as of Dec. 31, 2021.
	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Wisconsin did not have a tool that met the criteria to receive credit. To receive credit, a state's tool has to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate). Wisconsin's PricePoint website provides median charges by specific insurers, hospitals and procedures, but does not provide negotiated prices.

KEY:  = implemented by state  = not implemented by state  = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Wisconsin

Healthcare Affordability State Policy Scorecard

STATE:

WISCONSIN

RANK:

25

out of 50 states + DC

POLICY SCORE

1.2 OUT OF **10** POINTS

WI has not yet measured the extent of low-value care being provided. They have not enacted meaningful patient safety reporting. 92% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

7.9 OUT OF **10** POINTS

Wisconsin was among the states with the least low-value care, with 12% of residents having received at least one low-value care service. Ranked 4 out of 50 states, plus DC.

RECOMMENDATIONS

WI should consider using claims and EHR data to identify unnecessary care and enacting a multi-stakeholder effort to reduce it.

REDUCE LOW-VALUE CARE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Analyze claims and electronic health records data to understand how much is spent on low- and no-value services
	Wisconsin did not measure the provision of low-value care as of Dec. 31, 2021.
	Require validated patient-safety reporting for hospitals
	Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Wisconsin does not mandate reporting for CLABSI or CAUTI, and requires validation for CAUTI if there is a report, but not for CLABSI.
	Universally implement antibiotic stewardship programs using CDC's 7 Core Elements
	Improper use of antibiotics is another type of low-value care. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients, and states were scored on what share of their hospitals follow the CDC's stewardship program. 92% of Wisconsin hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

KEY: = implemented by state = not implemented by state = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Wisconsin

Healthcare Affordability State Policy Scorecard

STATE:

WISCONSIN

RANK:

25

out of 50 states + DC

POLICY SCORE

6.8 OUT OF **10** POINTS

WI Medicaid coverage for childless adults extends to 100% of FPL. Only some immigrants can access state coverage options (see below). WI uses reinsurance to reduce costs in the non-group market.

OUTCOME SCORE

8.1 OUT OF **10** POINTS

WI is among the states with the least uninsured people, still 6% of WI residents are uninsured. Ranked 11 out of 50 states, plus DC.

RECOMMENDATIONS

WI should expand Medicaid to all low-income residents and consider additional options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in or a Public Option. WI should also consider offering coverage options for undocumented children and adults and consider adding affordability criteria to rate review.

EXTEND COVERAGE TO ALL RESIDENTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Expand Medicaid to cover adults up to 138% of the federal poverty level

Wisconsin has not expanded Medicaid under the guidelines laid out in the Affordable Care Act (ACA); however, the BadgerCare Medicaid program covers all legally present residents with incomes under 100% FPL. The state charges premiums for Medicaid coverage, and certain enrollees who fail to pay can't re-enroll for six months unless they pay all past-due premiums. Premiums have been suspended during the COVID-19 public health emergency, and it is unclear if they will be reinstated given CMS decisions in other states under the Biden administration. Governor Evers has introduced budget proposals including Medicaid expansion in both FY 2021-2022 and FY 2022-2023 and called for a special session on Medicaid expansion using ARPA funds in 2021, but the legislature did not include expansion in either of the final budgets and adjourned the special session without further action.



Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies

In 2018, Wisconsin received federal approval to implement a reinsurance program for the next five years. The state passed legislation in 2021 ordering the study and pursuit of a public option plan and, in 2022, Wisconsin legislators and health policy advocates reintroduced the BadgerCare Public Option bill which endeavored to create a basic health plan for Wisconsinites whose incomes fall between 133% and 200% FPL and would provide a public option to small employers. However, it failed to pass in this legislative session pursuant to Senate Joint Resolution 1.



Provide options for immigrants that don't qualify for the coverage above

Wisconsin offers Medicaid coverage to lawfully residing immigrant pregnant women and children without a 5-year wait and provides comprehensive benefits similar in scope to pregnancy-related Medicaid/CHIP regardless of immigration status through CHIP's "unborn child" option. The state offers no coverage options for undocumented children/non-pregnant adults.



Conduct strong rate review of fully insured, private market options

Wisconsin has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review.

KEY: = implemented by state = not implemented by state = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Wisconsin

Healthcare Affordability State Policy Scorecard

STATE:

WISCONSIN

RANK:

25

out of 50 states + DC

POLICY SCORE

0.0 OUT OF **10** POINTS

WI has not enacted any of the policies to reduce out-of-pocket costs, outlined below.

OUTCOME SCORE

5.0 OUT OF **10** POINTS

WI ranked 27 out of 50 states, plus DC on affordability burdens—23% of adults faced an affordability burden: not getting needed care due to cost (6%), delaying care due to cost (7%), changing medication due to cost (8%), problems paying medical bills (14%) or being uninsured due to cost (60% of uninsured population).

RECOMMENDATIONS

WI should consider a suite of measures to ease consumer burdens, such as enacting protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act. WI should also consider waiving or reducing cost-sharing for high-value services. If WI wants to pursue standard plan design, they can establish a state-based exchange.

MAKE OUT-OF-POCKET COSTS AFFORDABLE



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Limit the availability of short-term, limited-duration health plans

Wisconsin has no protections against short-term, limited duration health plans (STLDs) beyond federal regulations. Some people choose STLD health plans for their lower monthly premiums compared to ACA-compliant plans. However, they offer poor coverage, can discriminate against people with pre-existing conditions and pose financial risks for consumers. States received credit depending on how much they limit these plans.



Protect patients from inadvertent surprise out-of-network medical bills

Wisconsin has no state-level protections against surprise medical bills (SMBs). The federal No Surprises Act prohibits SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area—70% of ground ambulance rides in WI charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Wisconsin did not require waiving or reducing cost-sharing for high-value services as of Dec. 31, 2021.



Require insurers in a state-based exchange to offer evidence-based standard plan designs

Wisconsin has an exclusively federally facilitated marketplace and cannot implement standardized plans unless they establish a state-based exchange. Standard plan design makes cost-sharing the same across plans within metal tiers, making it easier for consumers to compare plans. They also help regulators and exchanges negotiate or set rates with insurance carriers, which may translate to lower prices for consumers.

KEY: = implemented by state = not implemented by state = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Wisconsin