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The HealthWatch Wisconsin Update Newsletter

Your Source for Strategies, Suggestions & Stories on Accessing Health Care and Coverage in Wisconsin.

May 14 , 2010

Vol. 6 No. 9

HealthWatch Wisconsin

A Project of ABC for Health, Inc.

A statewide membership assuring a more competent, coordinated public health workforce.

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HealthWatch Membership: Join or Renew Today!

A new membership year begins July 1st!

A new membership drive for 2010-2011 has begun! Take 5 minutes to complete this [MEMBERSHIP FORM](#) to make sure you are connected to great materials, information and events.

Join as an individual member for \$30

- OR -

Get together with co-workers and join as an organization or only \$120

Join an organization committed to unifying the public health workforce, with emphasis on teaching, training, and information sharing! The membership year runs July 1, 2010-June 30, 2011.

If you join HealthWatch Wisconsin as an individual member **BEFORE JULY 1**, you are eligible for the very first **Green Bay Packer Ticket Prize Drawing** on July 2nd! The winner will receive two indoor deluxe club seat tickets to the very first pre-season game being played at Lambeau Field:

Packers v. Cleveland Browns
Saturday, August 14, 2010, 7:00PM



Local HealthWatch Coalition Meetings:

Barron: TBA, 12:00-1:00pm. Barron County Workforce Resource, Inc., 331 S. Main St., Ste. 6, Rice Lake. Contact [Mike Rust](#) or (715) 485-8525 with questions.

Chippewa: May 11, 2010, 10:45am-12:00pm. Chippewa County Courthouse, Room 121, 711 N. Bridge St., Chippewa Falls. Contact [Rose Marsh](#) or 1-800-400-3678 with questions.

Dane: June 7, 9:00-11:00am. Harambee Center, 2202 S. Park St., Madison. Contact [Erin McBride](#) or (608) 261-6939, ext. 211 with questions.

Dunn: TBD, 11:45am-1:00pm. Red Cedar Medical Center (Education Center), 2321 Stout Rd., Menomonie. Contact [Patrick Rebman](#) or (715) 233-7309 with questions.

Eau Claire: September 2, 2010, 12:00-1:30pm. Luther Hospital Cafeteria, Dining Room 1, 1221 Whipple St., Eau Claire. Contact [Lou Kelsey](#) or (715) 834-4455 or [Pat Perkins](#) or (715) 839-4718 with questions.

Milwaukee: June 9, 9:30am-11:30am. Aurora Family Services, 3200 W. Highland Blvd., Milwaukee. Contact [Kari Lerch](#) or (414) 449-4777, ext. 145 or [Ginger Dzick](#) at (414) 443-4527 with questions.

Milwaukee CHASE (Children's Health Access for the Special and Equal): TBA, 11:30am-1:30pm. ARC of Milwaukee, 7203 W. Center St., Milwaukee. Contact [Brad Holman](#) or (414) 266-3189 with questions.

Polk: TBA, 10:45am-12:00pm. Polk County Health Department, Conference Room A & B, 100 Polk County Plaza, Balsam Lake. Contact [Mike Rust](#) or (715) 485-8525 with questions.

Coalitions Under Development

La Crosse: Contact [Lindsey Schwarz](#) or (608) 785-5841 with questions.

Tri-County Coalition: Winnebago, Calumet and Outagamie Counties. May 25, 9:00-10:00am, Goodwill Community

Other Benefits of Joining HealthWatch Wisconsin:

Think the new rules of national health reform will be confusing?

HealthWatch can help! Members will receive a new publication, "My Guide to National Health Reform" in the fall, free with membership. This is in addition to the multiple publications members receive, such as the "AdvoKit," "2010 Resources Guide," "My Guide To Medical Debt," "Non-qualified Immigrant Coverage Chart," BadgerCare Plus fact sheets and charts, and more. Membership materials total over \$200 in value.

Want to watch video trainings at your desk or in the comfort of your own home? HealthWatch Members throughout the 2010-2011 membership year will be eligible to login to the HealthWatch Training Portal accessible wherever there is an internet connection. Members also receive significant discounts to training events and conferences!

Questions? Call HealthWatch Wisconsin staff for more information: (608) 261-6939 ext. 210.

Legislative Audit of the Partnership Program Complete

Over the past several months, the Legislative Audit Bureau has conducted an evaluation of the Wisconsin Partnership Program and the Advancing a Healthier Wisconsin Program. Under the terms of a March 2000 order issued by the Office of the Commissioner of Insurance, Blue Cross Blue Shield United of Wisconsin converted from a not-for-profit hospital service insurance corporation to a for-profit, publicly held stock insurance corporation and provided \$630.4 million to endowments held by the Medical College of Wisconsin and the University of Wisconsin (UW) School of Medicine and Public Health. The order specified that 65% of funds be used for medical education and research and 35% be spent for public health initiatives.



In a [full report](#) issued May 12, 2010, called "[Medical Education, Research, and Public Health Grants](#)," the auditors noted that the Medical College expended \$32.1 million and the UW School of Medicine and Public Health expended \$44.1 million from endowments that were established when Blue Cross Blue Shield United became a for-profit corporation. Both medical schools have generally complied with requirements for awarding and monitoring their grant funding, and most projects achieved their objectives. However, guidance from the Commissioner of Insurance could help clarify certain policy issues.

Recommendations

The Audit Report includes recommendations for the Medical College of Wisconsin and the University of Wisconsin School of Medicine and Public Health to:

- Ensure that project proposals include clear objectives before funds are awarded
- Improve project monitoring, including clarifying when grantees must notify program staff of modifications to project objectives
- Ensure that grant applicants disclose all external funding on their supplanting forms
- Clarify conflict-of-interest policies

Center, Menasha Room. Contact [Susan Garcia Franz](#) for more information.

Coming Soon: Immigrant Health Coverage Workshops

Stay tuned for an announcement about our **Immigrant Health Coverage Trainings** for 2010 that will include the latest information on expansions in health coverage under the new CHIPRA legislation. Weigh in on where you would like to see this spring training as we plan the details for this event. Call Brynne at (608)261-6939 ext 210 or email: bmcbride@safetyweb.org.

Links of Interest

Congratulations to Sara Finger-Warmuth, Executive Director of the Wisconsin Alliance for Women's Health, Named Women's Health Rising Star by the Wisconsin Women's Health Foundation. Sara served on the HealthWatch Wisconsin Council from 2008-2010. [Click here for more information on this award](#)

New in May

National Health Law Program (NHLP) Working Group on Health Disparities and Health Reform

This [website](#) seeks to provide a clearinghouse of the principles, position papers, issue briefs and other materials from members of the Working Group

Health Reform [Glossary!](#)

New Video from the Kaiser Foundation: In this [Kaiser Health News video](#), Washington Post staff writers, David Hilzenrath, Amy Goldstein, Ceci Connolly, Alec MacGillis and David Brown, also contributors to the Post's new book, *Landmark: The Inside Story Of America's New Health Care Law And What It Means For Us All*, discuss the new health care law and its implications. The event was moderated by the Kaiser Family Foundation's Jackie Judd. [Watch the discussion.](#)

In addition, the Audit Bureau offers the following recommendations (on page 93 of the report):

- The Medical College of Wisconsin include its unallowable cost policy in the guidelines for medical education and research grants
- The Commissioner of Insurance work with the Foundation and both medical schools to clarify several policy issues in order to ensure that funds are spent in a manner that is consistent with the intent of the order.

Let Your Voice Be Heard!



There are opportunities to comment or ask questions about the audit report. Read the report, recommendations, and weigh-in! Your input could influence the distribution of valuable funds to public health in Wisconsin. The easiest way to comment is to email: [Paul Stuiber](mailto:Paul.Stuiber).

ABC for Health Response to Audit Report

ABC for Health has been actively involved in ensuring that money entrusted to the medical schools is indeed applied as intended to improve the public health of the people of Wisconsin. In our capacity as advocates for low-income and underserved populations, we have taken every opportunity to discuss achievable options for proper oversight and enforcement of the partnership funds. Over the past six years, we have met with representatives of the Partnership Program, Wisconsin United for Health Foundation Board and Legislative Audit Bureau, sharing information and suggestions. ABC for Health will continue our efforts to ensure that the medical schools effectively and appropriately apply fund resources to improve the public health of Wisconsin.

We have made various recommendations to the Office of the Commissioner of Insurance, Legislative Audit Bureau and Wisconsin United for Health Foundation Board as the Partnership Programs evaluates their first five years:

1. The WUHF Board and Office of the Commissioner should re-join the conversation on funds distribution from the medical schools to community partners. In a period of difficult economic times, the Partnership Program has cut funds to existing grantees, including a 15% cut in funds to all Community-Academic Partnership grantees. The Program described these cuts as necessary due to the UW Foundation endowment dropping below a "floor." Yet, the Program offers few guidelines to describe the protocol for funding in this situation. The Partnership Program set aside the contract signed with Grantees with no authority to do so.
2. The Office of the Commissioner must exercise the capacity to investigate violations and enforce the order issued to the medical schools, especially with respect to the supplanting of funds. ABC for Health identified a series of medical school projects and programs that appear to supplant funds from a wide variety of other sources. The original Commissioners' order defines and strictly prohibits supplanting of grant funds. However the order fails to articulate a means to investigate or enforce violations by the partnership programs.
3. The WUHF Board, University of WI, Medical College of WI, and Commissioner of Insurance each has a special opportunity to fulfill a leadership role in improving the health status of Wisconsinites. As trustees of public funds, the medical schools must prioritize and direct that these scarce public health resources benefit people in Wisconsin. The insurance Commissioner must monitor this trust relationship

Blogs, Blogs, Blogs! Consider following some of these bloggers as they dig into Health Reform:

[Shawn Doherty](#) of the Capital Times "Vital Signs"

[Ezra Klein](#) of the Washington Post "Economic and Domestic Policy, and Lots of it: Health Reform"

[Minna Jung](#) of the Robert Wood Johnson Foundation "Users Guide to the Health Reform Galaxy"

[Kevin Drum](#) for Mother Jones "Drum Beat"

[Huffington Post](#) Health Care News Blog

[David Corn](#) for Mother Jones "MOJO"

[Prescriptions](#) Blog for the New York Times

[Daily Dose](#) of the Washington Post

[Katherine Hobson](#) for the Wall Street Journal "Health Blog"

[US DHHS](#) (Department of Health and Human Services) "Health Reform Blog"

HealthWatch Wisconsin Membership

There has never been a better time to become a member of HealthWatch Wisconsin. Whether you are joining for the first time or renewing your membership, you are teaming up with an impressive new effort in Wisconsin that will work to focus and amplify the voices of health care advocates across the state.

Your individual membership fee is still only \$20 and ensures that you are lending your voice and passion toward developing a more comprehensive system of health care and coverage. Your workplace can purchase an **organizational membership for just \$75.** [Click here](#) for more information about HealthWatch Wisconsin and the ticket drawings, or call Brynne at 1-800-585-4222 ext. 210.

between the schools and the people of Wisconsin.

Media Response to Audit Report

- [Audit: Medical schools using Blue Cross grant money properly - by Guy Boulton for the *Milwaukee Journal Sentinel*, May 12](#)
- [Audit OKs Blue Cross fund - by Doug Erickson for the *Wisconsin State Journal*, May 12](#)
- [Audit: Medical Education, Research, and Public Health Grants - by Sen. Mary Lazich \(R-New Berlin\) for *Franklinnow.com*, May 12](#)
- [Med Schools Vow To Tighten Conflict Policies - Associated Press as reported on *WTMJ*, May 12](#)

BadgerCare Plus Basic: Enrollment Opens June 1

Governor Jim Doyle signed the BadgerCare Plus Basic Plan into law on April 30, 2010. This health care insurance plan potentially impacts the over 45,000 people who are now on the waiting list for the BadgerCare Plus Core Plan.

How To Enroll

To enroll in the Basic Plan, you must be on the Core Plan Waiting List. It's not too late to join the growing waiting list! To do so, either "[Apply for Benefits](#)" online or call the Enrollment Services Center at 1-800-291-2002. You will get a letter to confirm you have been placed on the list.

If you are *already* on the Waiting List, you don't need to do anything right now. In a few weeks, you will receive a fact sheet and instructions on how to enroll in Basic.

Monthly Premiums and Enrollment Dates for the Basic Plan:

- All members must pay a premium of \$130 per person, per month for coverage in the Basic Plan.
- Enrollment in the Basic Plan always starts on the 1st of the month. Which month coverage starts depends on when one pays the first premium.
 - If your first premium is received before 4:30 p.m. on the 15th of the month, your enrollment will start on the first of the next month.
 - If your first premium is received after 4:30 p.m. on the 15th of the month, enrollment will be delayed a month.

For example: If you sign up and pay your first premium between June 1 and June 15 by 4:30 p.m., your coverage will start July 1. If you sign up and pay your first premium between June 15 at 4:30 p.m. and June 30 by 4:30 p.m., your coverage will begin on August 1.

- Each month members will get a premium payment slip in the mail.
- A full premium payment will be due on the 5th of each month for coverage the next month. These premiums can be paid through the mail using the premium payment slip.
- If an individual fails to pay a monthly premium **in full** by the 5th of the month, coverage will end and the individual will not be able to re-enroll in the Basic Plan for 12 months.

Bill Signing Season!

Since April 30, 2010, the date of the **BadgerCare Plus Basic Bill** signing, Governor Doyle has signed no fewer than 141 Bills into law. Of those, many addressed health care, health reform, or private health insurance. Below is a sampling of notable health legislation signed into law between May 1 and May 15:

Senate Bill 630 sets reimbursement amounts for counties and Indian tribes for unexpected or unusually high-cost placement of Indians in mental health treatment facilities. This bill appropriates \$500,000 in Indian gaming receipts to the Department of Health Services in the 2009–11 fiscal biennium to reimburse tribes and county departments of human services or social services for unexpected or unusually high-cost placements of Indian tribe members in a mental health institute. Governor Doyle thanked Senator Holperin and Representative Mursau for their work on the bill.

Assembly Bill 296 makes various changes to the law regarding children and families involved in two or more systems of care. Governor Doyle thanked the members of the Joint Legislative Council for their work on the bill.

Senate Bill 163 requires health insurance coverage of colorectal cancer screening. Governor Doyle thanked Senators Wirch and Taylor and Representatives Colon and Barca for their work on the bill.

Senate Bill 358 creates new grounds for discipline for hearing instrument specialists, audiologists and speech-language pathologists and changes licensing requirements for audiologists. Governor Doyle thanked Senators Lehman and Taylor and Representatives Zepnick and Turner for their work on the bill.

Senate Bill 389 licenses sign language interpreters, creates evidentiary privilege for communications with those interpreters and creates the Sign Language Interpreter Council. Governor

- Individuals on the Basic Plan will be invited to enroll in the Core Plan as openings are available based on funding, in the order in which they applied.
- For more information, including covered services, visit the [Basic Plan Web Page](#).

BadgerCare Plus Core Plan Renewals:

Renewing Your Core Plan for the First Time?

Not only is it time for BadgerCare Plus Basic to begin, but families who registered for BadgerCare Plus Core Plan last year in June will be coming up for renewal!

- Current enrollees will get a letter in the mail that will indicate "it is time to renew" Core Plan benefits.
- Renewal applications must be submitted in the "renewal month" or the following month
- If not submitted in time, the individual will have to apply for the waiting list.
- Step 1: Start the Renewal Application within the first 5 days of the renewal month.
- Step 2: Submit the Renewal Application by the end of the renewal month or the following month
- Step 3: 30 days to pay the \$60 fee
- Step 4: 30 days to provide the required verifications
- NOTE: Even if all the steps are completed "in time," any steps completed after the month following the renewal month will create a gap in eligibility.

Example 1: Not In Time

- Jim's renewal is due 6/31/10.
- He does not renew during the month of June.
- He does not renew during the month of July.
- Jim will have to apply to get on the Core Plan Waitlist.

Example 2: The Month Following the Renewal Month

- Jim's renewal is due 6/31/10.
- He calls the Enrollment Services Center (ESC) in July.
- Jim's benefits will start 7/1/10
- (if he pays AND submits verifications during July)

Example 3: Completion after the renewal months

- Jim's renewal is due 6/31/10.
- He calls the ESC in July.
- He now has 30 days to pay the \$60 fee.
- Jim pays on 8/1/10.
- He has another 30 days to provide required verifications.
- He verifies everything on 9/2/10.
- Jim's "completion date" is 9/2/10.
- Core Plan Benefits only start the 1st or 15th of the month.
- Jim's benefits will start 9/15/10.
- Since Jim did not complete the entire process in the "renewal month"

Doyle thanked Senators Kedzie and Lazich and Representatives Lothian and Townsend for their work on the bill.

Assembly Bill 588 makes changes to the regulation of massage therapy and bodywork and creates the Massage Therapy and Bodywork Therapy Examining Board. Governor Doyle thanked Representatives Berceau and Kaufert and Senators Hansen and Taylor for their work on the bill.

Assembly Bill 701 makes a number of changes to state health insurance laws. Governor Doyle thanked Representative Cullen and Senator Taylor for their work on the bill.

Senate Bill 520, requires that municipalities pay health insurance premiums for the families of firefighters who die, or have died, in the line of duty. "Families of firefighters who have lost their lives shouldn't have to worry about whether or not they're going to be able to pay their health care bills," Governor Doyle said. "This bill ensures that these families are protected when their loved ones make the ultimate sacrifice." Governor Doyle thanked Senators Hansen and Coggs and Representatives Hraychuck and Turner for their work on the bill.

Assembly Bill 779, the WIRED for Health Act, will strengthen the ability of Wisconsin health care providers to securely share electronic patient data in order to avoid duplicative tests, improve health outcomes, and decrease costs.

Senate Bill 96 eliminates limitations on diversions under a community integration program of Medical Assistance-eligible individuals from imminent entry into nursing homes. Governor Doyle thanked Senators Leibham and Darling and Representatives LeMahieu and Townsend for their work on the bill.

Senate Bill 127 amends certain notification requirements to the state and certain public agencies regarding a medical malpractice claim. Governor Doyle thanked Senators Risser and Lehman and Representatives Cullen and Staskunas for their work on the bill.

Senate Bill 323 requires newborn hearing screening. Governor Doyle

or the following month, he will have no coverage from 7/1/10 to 9/14/10.

Calling All Advocates!

- Help individuals complete all necessary steps to either get on the Core Plan Waiting list or Renew ASAP!
- When helping individuals renew Core Plan benefits, do your own eligibility review:
 - Does the enrollee now have Access to Insurance?
 - Is the individual eligible for a different benefits program?
 - BadgerCare Plus: pregnancy, children
 - Elderly, Blind, Disabled Medicaid: disability determinations, worsening medical conditions
 - Medical Assistance Purchase Plan: disability determinations, worsening medical conditions, ability to work
 - Health Insurance Risk Sharing Plan (HIRSP): medications, therapies, mental health treatments needed that Core Plan didn't cover
- Due Process Under The BadgerCare Plus Core Plan:
 - Appeal Denials: You have a legal right to a written explanation of the denial of service, reduction of coverage, or termination of coverage.
 - How to Appeal: Attempt to resolve the matter through a phone call or letter to the Enrollment Service Center staff. If that doesn't correct the problem, Contact the Division of Hearings & Appeals and Request a Medicaid Fair Hearing
- There is NO Appeals Process Under BadgerCare Plus Basic Plan! Consumers unhappy with a decision should request a reconsideration (in writing) from the Department of Health Services.

Coalition Roundup!

Local HealthWatch Coalitions have been busy! Below is a brief look at some events, announcements, and news from around the State. Coalition contacts are listed if you have questions on a story or would like to follow up with the coalition directly.

Dane County HealthWatch Coalition Takes Stock: Dane County HealthWatch Coalition had a successful planning meeting May 3 to "take stock" of coalition priorities and participants. As a group, coalition members identified potential training topics, discussed speakers the group would be interested in learning from, and created a "wish list" of agenda items for upcoming meetings. Other discussion focused on coalition stakeholders—namely, *who should be at the table* each month. This brief planning process helped the coalition get back to its roots and get re-energized for 2010! For more information, contact [Erin](#) at 608-261-6939 ext. 211.

Having trouble **assembling stakeholders** to your local coalition? Consider the following:

- Identify key stakeholders who are in a position to effect change and link the group with other members.
- Identify individuals with a vested interest in access to care and coverage issues, such as this sampling:
 - County and local Health Departments
 - Head Start

thanked Senators Lassa and Taylor and Representatives Dexter and Kaufert for their work on the bill.

Senate Bill 460 allows a health care provider to treat the partner of a patient diagnosed with a sexually transmitted disease without a physical examination of the partner in special cases when the partner is unlikely to seek treatment. Governor Doyle thanked Senators Robson and Lehman and Representatives Pasch and Roys for their work on the bill.

Senate Bill 609 requires informed consent before administration of psychotropic medication to a nursing home resident who has a degenerative brain disorder. Governor Doyle thanked Senator Holperin and Representatives Meyer and Pasch for their work on the bill.

Senate Bill 667 requires behavior analysts to be licensed and extends insurance coverage for autism treatment provided by behavior analysts. Governor Doyle thanked Senator Wirch and Representative Hintz for their work on the bill.

Senate Bill 684 changes certain provisions regarding agreements between political subdivisions to operate a nursing home or intermediate care facility. Governor Doyle thanked Senators Vinehout and S. Fitzgerald and Representatives Shilling and J. Fitzgerald for their work on the bill.

Senate Bill 647 requires the Department of Health Services to develop a proposal to leverage additional federal funding for non-profit or public agencies providing services to persons with HIV or at risk of contracting HIV. The additional federal funding will be used to create a pilot program to better coordinate services for HIV Medicaid patients.

Senate Bill 491 requires an aging and disability resource center to perform a financial screening for, provide information to, and assist individuals choosing to participate in the self-directed services option. Governor Doyle thanked the members of the Law Revision Committee for their work on the bill.

- Hospitals, clinics, health care providers
- School nurses and counselors
- Parents
- Birth-to-3 Coordinators
- Public health nurses
- Economic support workers
- Advocates
- Employers
- HMO staff, advocates, representatives
- Faith Community or clergy
- Work to create partnerships with policymakers

Need some guidance in **focusing your coalition** purpose? Consider these simple tips:

- Identify the health care coverage and access problems important in your area
- Asset map: assess the landscape of your local community
- Government agencies, social services and non-profits devote thousands of man-hours and millions of dollars to initiatives for under-represented or disadvantaged populations. When a group joins in the mission to end social inequities, these existing agencies can be a great support.
- Engage community or agency members in an active discussion of your program's mission and goals.
- Bring in trainers! Get details on new programs, resources or community agencies.

Still have questions? [Contact](#) HealthWatch Wisconsin staff to discuss how to work with your coalition in 2010-2011.

Digging into Dependent Coverage

Federal health reform included a dramatic change to private insurance coverage—but a change Wisconsin was already familiar with: dependent coverage. If a group health plan offered dependent coverage in the past, the new rules require that that plan make coverage available to “children” until age 26. (In Wisconsin, dependent coverage is extended through age 27.) The effective date for this new rule is for plans that start on or after September 23, 2010. Karen Sebelius and the US Department of Health and Human Services (HHS) has strongly encouraged insurers to start before this September date.

The IRS, Department of Labor and HHS have issued [interim final regulations](#) on the implementation of dependent health coverage. The regulations are effective July 12, 2010. To help sort through dependent coverage questions, the Department of Labor has issued a [fact sheet](#) and [FAQs page](#). Here's a quick peek at some of the new regulations:

Defining “Dependent:” A plan must define a “dependent” in terms of the relationship between a child and the plan participant. Enrollment in school, financial dependency or residency will not impact eligibility.

Age: Terms of a plan cannot vary for children under age 26. Plan terms can be more varied for children over age 26.

Families of Dependents: Plans are not required to cover a child's spouse or children (although, the regulations do not define the word “child.”)

Senate Bill 494 allows a non-profit corporation to operate an aging and disability resource center. Governor Doyle thanked the members of the Law Revision Committee for their work on the bill.

Health Reform Data and Research

Here's a great new resource for Wisconsin from the Legislative Fiscal Bureau - a [report](#) about what Health Reform means for Wisconsin.

New: The National Association of Insurance Commissioners and the Center for Insurance Policy and Research has released this very useful [Glossary of Health Insurance](#), designed to make navigating the complex and often daunting world of health insurance and reform a little easier for the average consumer.

The May 14, 2010 [Kaiser Daily Health Policy Report](#) featured several new research projects and briefs on elements of health reform and best practices. We are highlighting a few here. **Of Special Note:** See the George Washington University School of Public Health and Health Services summary below--a call for legal assistance and medical-legal partnerships to assist patients as health reform becomes a reality.

Commonwealth Fund: Blueprint For The Dissemination Of Evidence-Based Practices In Health Care -- "Despite the substantial literature on evidence-based clinical care practices that have proven effective in controlled environments and trials, a major challenge for health care systems has been to spread these advances broadly and rapidly," write the authors, who propose a blueprint for dissemination of best practices by national quality improvement campaigns. The eight key strategies to success include the need to: "highlight the evidence base and relative simplicity of recommended practices; ... develop practical implementation tools and guides for key stakeholder groups; ... create networks to foster learning opportunities; and ... incorporate monitoring and evaluation of milestones

How to Enroll: Eligible children must be given written notice of enrollment rights by the first day of the plan year. (Notice to an employee counts as notice to employee's children.) They will have 30 days to enroll regardless of open enrollment periods. This applies to:

- Children who were previously on the plan and aged out
- Children who were not previously enrolled
- Children who were not previously eligible to enroll
- Children under age 26 currently on COBRA (after losing dependent status under the plan) and whose parent is an active employee, must be allowed to enroll. The child may be entitled to COBRA again later, which could be for a 36-month period following a loss of eligibility relating to turning age 26.

Wisconsin's [Legislative Fiscal Bureau](#) released a report on May 13 of the impact of Federal health reform provisions on Wisconsin. See their analysis of dependent coverage here:

Dependent Coverage Rules: Impact on Wisconsin

2009 Wisconsin Act 28 required that all private insurance policies and self-insured governmental health plans that provide dependent coverage provide such coverage for a policyholder's child who meets all of the following criteria:

1. The child is over 17 but less than 27 years of age;
2. The child is not married; and
3. The child is not eligible for group health coverage that is offered by the child's employer, or is eligible for employer-based coverage with a required premium contribution that exceeds the premium amount for coverage under his or her parent's plan.

These provisions in state law only apply to fully-insured employer-based coverage (where an employer purchases a policy from an insurer), individual insurance policies, and self-funded governmental plans. Self-funded private employer plans (where the employer assumes the risk of paying for health benefits from its own funds) are not subject to state mandates. The new dependent coverage provision in the federal law will apply to all private employer-based coverage, regardless of the type of coverage arrangement an employer chooses. Those plans currently regulated by state law will continue to be subject to those requirements to cover dependents less than 27 years of age, as well as the new federal requirements. As the HHS Secretary has JUST promulgated regulations, we will have to compare the definition of a dependent in state and federal law.

Additional Resources:

From the Kaiser Family Foundation's Commission on Medicaid and the Uninsured:

- [Explaining Health Care Reform: Questions About the Extension of Dependent Coverage to Age 26](#) discusses the requirement in the law that private health insurers offer dependent coverage to children to allow young adults up to age 26 to remain on their parents' insurance policy. This provision is among the first in the reform law to take effect.
- [How Will Health Reform Impact Young Adults?](#) explains the key ways in which the new law will affect adults ages 19 to 29
- [Health Affairs Blog: Implementing Health Reform: Young Adult](#)

and goals" (Yuan, Nembhard, Stern et al., 5/4).

[Kaiser Family Foundation](#): Explaining Health Reform: Medicare and the New Independent Payment Advisory Board -- "This [brief](#) (.pdf) describes how the new board created under the 2010 health reform law is expected to limit the growth in Medicare spending over time. Starting in 2014, if projected per capita Medicare spending exceeds targets set in the law, the board must recommend ways to reduce Medicare spending, while maintaining quality and access to care for beneficiaries. The board's recommendations automatically take effect the next year unless Congress adopts an alternative plan to achieve an equivalent level of savings" (5/5).

[George Washington University School of Public Health and Health Services](#) (.pdf): Medical-Legal Partnerships: Addressing the Unmet Legal Needs of Health Center Patients -- Medical-legal partnerships are when "health care staff at hospitals, clinics, and other sites are trained to screen for health-related legal issues, refer the patient to an affiliated lawyer or legal services team as necessary, and work with the attorney to resolve problems that impact patient health." "While health reform greatly expands coverage for most health center patients who are uninsured, health center patients will need significant information and assistance in navigating the new rules and regulations," the authors write. "Working with social workers and other enabling service staff, attorneys can help address some of the complex social-cultural and legal needs of their patients and their families. Further, the need for legal assistance is likely to increase, particularly with significant changes in the terms of eligibility, plan enrollment, provider selection, and service delivery embodied in the newly enacted health reform law" (Shin et al., 5/4).

[Kaiser Family Foundation/Georgetown University](#): Financing New Medicaid Coverage Under Health Reform: The Role of the Federal Government and States - This authors of this [brief](#) write: "Under the health reform law, the Medicaid program will undergo a significant expansion by 2014. Millions of low-income adults who currently cannot qualify for coverage in most

Coverage

Health IT in the News

The focus on health care reform has been on its intended plans to revamp the health insurance industry. It also will provide hundreds of millions of dollars to help make medical records electronic. [In this piece](#) from the Washington Post, Marjorie Censer examines one company's role on that forefront and the possible challenges they and others might face.

In a [recent survey](#) of healthcare IT professionals on current industry trends:

- 41% of health IT professionals surveyed believe that health IT will improve health care quality as a result of the new health reform law
- 34% of respondents said that health IT will improve access to health care
- 10% said IT would reduce costs
- 11% of respondents said they do not believe health IT will have an impact in any of these areas

This week, Governor Doyle signed into law 10 bills, including important electronic medical record legislation. [Assembly Bill 779](#), the WIRED for Health Act, will strengthen the ability of Wisconsin health care providers to securely share electronic patient data in order to avoid duplicative tests, improve health outcomes, and decrease costs. Remember, at the close of 2009, Governor Jim Doyle signed [Executive Order #303](#), creating the [Wisconsin Relay of Electronic Data \(WIRED\) for Health Board](#) to develop plans for a statewide health information exchange by June 1, 2010. In a press release issued by the Governor's office, Governor Doyle states, "This is an important step in creating a governance structure for a statewide electronic medical records exchange...A secure exchange will make it easier to transfer needed medical records from one hospital to another, benefiting patient safety while reducing duplication in medical tests and decreasing administrative costs." The WIRED for Health Board replaces the eHealth Care Quality and Safety Board and will develop a plan for a statewide health information exchange.

Opposition persists, however. Just this week, [Sen. Grothman \(R-West Bend\)](#) [has asked](#) the Doyle administration to "put on the brakes" on making Wisconsin part of a national medical database system.

Wisconsin's Option for Early Medicaid Expansion Under Health Reform

In April, Centers for Medicare and Medicaid Services (CMS) issued a letter to state health officials and Medicaid directors. The letter is one of a series intended to provide guidance on the implementation of the health insurance reform legislation, addressing Medicaid coverage for populations with the lowest incomes. The guidance explains that the law expands Medicaid eligibility of individuals with low incomes (up to 133 percent FPL) who have traditionally not been eligible for Medicaid. States have an **option** to phase-in coverage for this population beginning April 1, 2010. In January 2014, states participating in Medicaid **must** cover the expanded eligibility population.

To be eligible, an individual must have income of less than 133% of the federal poverty level and are **NOT**:

states will be made eligible for Medicaid. The federal government will finance the vast majority of the new costs of coverage." The Congressional Budget Office "estimates suggest the federal government will finance some 96 percent of the new Medicaid and CHIP costs associated with coverage initiatives under health reform, while states will finance roughly four percent ... Working with CMS, states will need to develop systems to claim the higher federal matching rate available for newly-eligible (versus already-eligible) Medicaid beneficiaries. One practical challenge that states face is accurately determining who is eligible for Medicaid under the new rules rather than the old rules, and establishing procedures for states to claim the different matching rates for their Medicaid and CHIP populations without imposing additional barriers to enrollment" (Heberlein, Guyer and Rudowitz, 5/7).

Calls for Submissions and Volunteers

[ABC for Health](#) is seeking legal interns for Summer 2010! All interested volunteers, students with public interest fellowships or work-study awards are encouraged to apply by sending an email with a cover letter and resume to mbcbride@safetyweb.org.

DHS Resources: BadgerCare Plus Core Plan:

- [To Apply Online \(ACCESS\)](#)
- [Core Plan Publications Page](#)
- [ForwardHealth Enrollment and Benefits Booklet](#)
- [BadgerCare Plus Policy Handbook \(Core Plan is Ch. 43\)](#)

Phone Support

- For questions from **applicants: The Enrollment Services Center: 1-800-291-2002**
- For questions from

- Included in a **state plan** or **waiver** before December 1, 2009;
- An adult under the age of 65;
- Pregnant;
- Eligible for Medicare Part A or B; or
- Already eligible under the Medicaid statute, described in any of the other mandatory groups in the statute such as certain parents, children, or people eligible based on their receipt of benefits under the Supplemental Security Income (SSI) program.

The letter also provides further details on increased federal matching rates for the newly eligible group of individuals in calendar year 2014, as well as benefit packages, and income and asset rules.

What does it mean for Wisconsin? When the [Christian Science Monitor](#) asked Secretary of Wisconsin's Department of Health Services, she replied: "we are in the process of working on the numbers, but we are confident they will come out net to the good."

Wisconsin's Legislative Fiscal Bureau predicts the following: "Unlike some states, Wisconsin will not need to increase its current MA income standards to comply with federal health reform. **Special Note:** Adults without dependent children in families with income up to 133% of the FPL will no longer be placed on waiting lists for services under the Core Plan because these individuals will be entitled to MA coverage."

For more information on the letter from CMS, [click here](#).

Insurers "Gaming" New Laws

As health care reform is set to be implemented, insurance companies are strategizing ways to turn these efforts to their favor. Senator John Rockefeller (D-W.Va.) [reprimands](#) the insurance industry for turning these much needed measures into a game. Rockefeller and others are concerned that the insurance providers will manipulate how their services are categorized to take advantage of the new reform bill's requirements. In an [article for Politico.com](#), Sarah Kliff points to a few examples where Rockefeller and consumer advocacy groups:

- Worry that insurers will re-categorize administrative spending as medical (so as to inflate their numbers without spending more on medical costs of consumers.)
- Suggest requiring health insurance companies to consistently apply the same health care quality standards to their balance sheets. (An insurer should not be able to define an expense as medical one year...but then define it as administrative another year.)
- Recommend a geographic breakdown of medical spending. (Senate investigations have found that the same insurance company's spending on medical costs can vary by as much as 25% among markets.)

What will oversight and enforcement of the insurance industry look like under health reform? Karen Sebelius, Secretary of the US Department of Health and Human Services says "**Greater Oversight of Private Insurance Abuses:** The new law provides enhanced tools and authorities to address abuses of multiple employer welfare arrangements and protect employers and employees from insurance scams. It also gives new powers to the Secretary and Inspector General to investigate and audit the health insurance Exchanges. This, plus the new rules to ensure accountability in the insurance industry, will protect consumers and increase the affordability of health care."

advocates/professionals:
(608)261-9305 or 1-888-415-2116. (DHS has asked that this number not be shared with the public.)

For Milwaukee Residents--the new Milwaukee Enrollment Services (MILES) contacts:

Phone: 1-888-947-6583 (voice) 711 (TTY)

Mail : Milwaukee Enrollment Services Center (MILES), P.O. Box 05676, Milwaukee, WI 53205-0676
 FAX: (414) 438-4580

In Person: 1220 W Vliet Street -or- UMOs Job Center Southeast, 2701 South Chase Ave. -or- clients can call 211 for information on a community access point in their area

Emails:

dhsmls@wisconsin.gov - for new applications, verifications, etc.

dhsmlschanges@wisconsin.gov - for scanning changes (HTF only scanning changes from cases)

dhsmlscustomerservice@wisconsin.gov

- Note: This is an email for advocates only: use to email MILES with advocate questions.

Contact Information in Milwaukee County:

- [Contact Information Fliers](#)
- [Online Order Form](#)
- [Referral Sheet](#)
- [Guide to Applying](#)

Wisconsin State Journal Focus on Rural Health Care

Wisconsin State Journal health and medicine reporter David Wahlberg is undertaking a special reporting project this year, examining the challenges of providing health care services to rural communities.

Pieces thus far have focused on: the loss of [pharmacies](#) in rural areas, [doctor shortages](#) in rural areas, and special feature stories, such as "[Life and Death in Park Falls](#)."

Installments on a variety of related issues will follow in the year ahead.

Joining Wahlberg on the project is State

New HHS Office of Consumer Information and Insurance Oversight

On April 19, the United States Department of Health and Human Services (HHS) created the [Office of Consumer Information and Insurance Oversight](#), whose mission is to provide guidance on implementing private health insurance provisions of the new health reform law.

Staffing: The new office will begin with staff detailed on a volunteer basis from within HHS and will then add new federal staff. While staffing of the new office has yet to take place, a Director has been named. Jay Angoff, an attorney who previously practiced insurance law and served as Insurance Commissioner of Missouri and Deputy Insurance Commissioner of New Jersey, will work closely with the Centers for Medicare and Medicaid Services' components that currently oversee Medicare and Medicaid to ensure effective coordination between public and private insurance.

Divisions: Divisions with the Office include an Office of Oversight, which will be responsible for rate reviews and implementing and monitoring compliance with new rules governing the insurance market and medical loss ratios; and an Office of Consumer Support, which will provide assistance to consumers to aid them in benefiting from the new health insurance system. The Office's responsibilities include:

- Collecting, compiling and maintaining comparative pricing data for the Department's Web site;
- Providing assistance to enable consumers to obtain maximum benefit from the new health insurance system; and
- Establishing and issuing consumer assistance grants to states.

For additional information, [click here](#) for the Federal Register notice.

Updates from DHS

Operations Memos

Below, find Wisconsin's Department of Health Services (DHS) Operation Memos (Ops Memos) or information updates, with brief summaries and/or rationales drawn from the information provided by DHS. Any "Opinions" highlighted below are interpretations of HealthWatch Wisconsin staff and Update editors. Follow the links to view the actual memos:

[Operations Memo 10-37:](#) Employer Verification of Health Insurance (EVHI) (Released May 7, 2010)

New Policy: Beginning May 7, 2010, there will be two changes to the Employer Verification of Health Insurance process: (1) Employers will be able to send the health insurance information to the State using an online process; and (2) Employer comments submitted to the EVHI database will be available in CWW for IM workers to view.

[Ops Memo 10-20:](#) Income Maintenance Self-Employment Policy Clarifications (Released May 5)

New Policy: This memo is intended to clarify how certain Self-Employment expenses for the FoodShare, Medicaid, and BadgerCare Plus programs are used to prospectively calculate income and announce the availability of a new

Journal photographer Craig Schreiner. To contact them, e-mail dwahlberg@madison.com or cschreiner@madison.com or call Wahlberg at 608-252-6125.

The project is partly supported by the nonprofit, nonpartisan Kaiser Family Foundation, which awarded a fellowship to Wahlberg to pursue this health policy issue. To see previous chapters about the rural doctor shortage and challenges in the North Woods, [click here](#).

Previous Issues of the Update:

[View our Update Newsletter Library Online!](#)

Recent HealthWatch WatchDog Episodes:

Did you miss an episode? [Visit our WATCHDOG LIBRARY to view videos](#) from 2008-present.

Lifeline and Link-Up Services!

Telecommunications assistance is available for many in Wisconsin! If you receive health benefits, housing, FoodShare or other public program assistance, and are under 135% FPL, you may qualify. To learn more, watch the new video filmed by ABC for Health on Lifeline and Link-Up services. Please [click here](#) to view the video.

We're on Facebook and Twitter!

Look for ABC for Health and Health Watch Wisconsin on [Facebook](#), and become a follower of ABC for Health on [Twitter!](#)

form, Self-Employment Income Report - Farmer (F-00219), for use when it is appropriate for SEIRFs to be used to calculate income for a farm business. The new form and corresponding worksheet can be [accessed online](#).

Policy Clarification: A "Disallowed Expense" section will be added to the FoodShare, Medicaid, and BadgerCare Plus Handbooks to clarify the way that some self-employment expenses are counted differently when determining prospective income across the BadgerCare Plus, Medicaid, and FoodShare programs.

Provider Updates

[BadgerCare Plus Benchmark Plan Limits Eliminated for Mental Health and Substance Abuse Treatment Services](#)

Effective for dates of service or dates of discharge on and after January 1, 2010, the BadgerCare Plus Benchmark Plan service limitations for mental health and substance abuse treatment services have been eliminated. This change in policy is a result of federal mental health parity laws.

[New Contact Information and Forms for the Pharmacy Services Lock-In Program](#)

The purpose of the Pharmacy Services Lock-In Program (previously referred to as the Member Lock-In Program) is to coordinate the provision of health care services for members who abuse or misuse Wisconsin Medicaid, BadgerCare Plus, or SeniorCare benefits by seeking duplicate or medically unnecessary services, particularly prescriptions for controlled substances. Providers may refer to the Forms page of the [Provider area of the Portal](#) for copies of the Pharmacy Services Lock-In Program forms. Providers may call the Pharmacy Services Lock-In Program at (800) 225-6998, extension 3045, with questions about the program. Providers may call Provider Services at (800) 947-9627 with questions about a member's enrollment in the Pharmacy Services Lock-In Program and the member's designated Lock-In pharmacy and primary care provider.

[Dental Claims and Adjustments Using the ForwardHealth Portal](#)

The [ForwardHealth Portal](#) accommodates a new claims submission option for dentists that may be completed via the secure Provider area of the ForwardHealth Portal. Dental providers can also use the portal to submit adjustments for claim details, correct errors on claims submitted, copy a previously submitted claim, alter it to reflect the new data, and resubmit it as a new claim, search for and view status of all claims submitted or void claims as a way to return overpayments to ForwardHealth.

[Centers for Medicare and Medicaid Services to Begin Auditing Medicaid Providers](#)

Within the next few months, certain Wisconsin Medicaid providers will be receiving audit announcement letters for the contractor selected by Centers for Medicare and Medicaid Services to conduct audits of Medicaid claims. For information on the Medicaid Integrity Program, please visit their [website](#) or send them an [email](#).

[Some Males Now Eligible for the Family Planning Waiver](#)

Covered services for males include family planning-related office visits, condoms, testing and treatment of sexually transmitted infections, and voluntary sterilizations. All claims for family planning services must include a diagnosis code in the V25 series to identify the services as contraceptive management. Refer to the Attachment of this for a list of covered services

Rent the ABC for Health Studio

ABC for Health has developed a web casting studio with state of the art technology to reach a mass audience in the comforts of their own homes or offices. Agencies and organizations are invited to rent this studio space. [Click here](#) for more information.

Support Our Efforts!

On behalf of the staff and students at ABC for Health, thank you for being a subscriber to the HealthWatch Wisconsin Update and WatchDog. Please consider making a tax-deductible donation to ABC for Health, to keep projects like HealthWatch Wisconsin sustainable! **To make a donation, please click the donation button** to be re-directed to our PayPal site where you can donate with a credit card.

[Make A Donation](#)

To donate via check, please make the check payable to "ABC for Health, Inc.," at 32 N. Bassett St., Madison, WI 53703. We greatly appreciate your generous donations. ABC for Health is a tax-exempt 501(c)(3) organization, and your contribution is deductible to the extent allowed by law. **Thank you!**

Contact Us

Have ideas, events, or success stories to share? [Email your suggestions!](#) All submissions should be limited to 150 words.

HealthWatch Wisconsin Update Staff

[Bobby Peterson](#)

[Adam VanSpankeren](#)

ABC for Health, Inc. is a Wisconsin-based, nonprofit public interest law firm dedicated to linking children and families, particularly those with special

and notification of which codes require the V25 series code in the primary position. Inpatient hospital services are not covered under the FPW. Note: Members Enrolled in the BadgerCare Plus Core Plan are eligible to also enroll in FPW. Members enrolled in both the Core Plan and the FPW are eligible for all the services covered under each of these plans. Members may apply for the FPW by the following three ways: [Online](#); telephone at (800) 291-2002; or on paper. Paper applications may be obtained from county certifying agencies or may be downloaded from the BadgerCare Plus [Website](#).

CASE TIP: Changes to Express Enrollment Eligibility Criteria for Children

In the past, all children (under age 19) had the option of temporarily enrolling in BadgerCare Plus Standard Plan through the Express Enrollment process. These children would receive a temporary ForwardHealth card to use immediately. Once the child is temporarily enrolled, the child will remain enrolled for up to two months. Please note: A full application was still required for full BadgerCare Plus benefits.

While the procedure for express enrolling has not changed, as of February 25, 2010, the financial and non-financial eligibility criteria for the express enrollment program have changed.

- Non-Financial Eligibility Change: children under 19 may express enroll **as long as they are applying with a parent/guardian.**
- Non-Financial Eligibility Change: A child is allowed **only one period of temporary enrollment in a 12 month period.**
- Financial Eligibility Change: Eligibility for express enrollment now depends on **the age of the child** in addition to the household's monthly income:
 - Children under age 1: Gross monthly income for household must be under 250% FPL
 - Children ages 1-5: Gross monthly income for household must be under 185% FPL
 - Children ages 6-19: Gross monthly income for household must be under 150% FPL

Grapevine Issue: HIRSP Expansion?



Under federal healthcare reform, states are charged with developing their own health insurance programs for adults with pre-existing conditions. This means states could be eligible for funding (up to \$21 Million annually) to establish and administer "high risk" insurance pools for their residents. (These high risk pools will serve as a precursor to the health insurance exchanges planned for 2014.)

At present, residents of Wisconsin who are uninsured due to a pre-existing condition have the option of purchasing insurance through Wisconsin's Health Insurance Risk Sharing Plan (HIRSP). These individuals are eligible for health benefits subject to a 6 month wait, with immediate pharmaceutical coverage. (See [HIRSP online](#) for more information on benefits, covered drugs, and premium rates.) Many assumed, then, that Wisconsin's HIRSP Authority would be the natural recipient of these federal health care reform funds.

Last week, the Department of Health Services had proposed a plan for similarly situated individuals: **The BadgerCare Plus Risk Sharing Program**. This new program for adults with pre-existing conditions would have provide the same benefits as those currently available under the

health care needs, to health care benefits and services. ABC for Health's mission is to provide information, advocacy tools, legal services, and expert support needed to obtain, maintain, and finance health care coverage and services.



(608)261-6939
info@safetyweb.org

If you know someone who might be interested, please [Forward this Newsletter >>](#)

BadgerCare Plus Core Plan. The State factors it had the funds to provide health care coverage to coverage to 11,600 members per year under the BadgerCare Plus Risk Sharing Program.

THIS JUST IN: Instead of creating a new program through the Department of Health Services, the Governor has decided to use the federal health care reform funding to expand the current HIRSP program. It is expected the new funding will create a new category of HIRSP eligibility, while maintaining its current coverage program for those already enrolled. Watch the "Update" for more information on the future of HIRSP!

■ **CKSN Corner** ■
 Covering Kids with Special Needs



Mark Your Calendars Now

Check Out These Excellent Events in 2010!

- **The Center for Health and Health Care in Schools - Promising Models for Sustaining School Mental Health Services** - a Webinar, Thursday, May 20. [Click here](#) for more information.
- **Autism Society of Southeastern Wisconsin Parenting Series - Oct. 17 through May 15**, Nicolet High School, D-Wing Library, Glendale, WI, 9:30-11:30am. Call (414)427-9345 or email info@assew.org to register.
- **The Open Hands Initiative - "Youth Ability Summit"** - **applications must be received by May 21!** This is a great opportunity for youths aged 12-21 who are interested in creating international change for peers with disabilities by advocacy and raising awareness. Those selected will receive a free, round-trip ticket to the Summit in Damascus. To apply, [click here](#). For more information, contact Rachel Walsh of the Open Hands Initiative, 917-544-7260.
- **9th Annual Wisconsin Youth Leadership Forum - June 22 - July 2, 2010**, Edgewood College campus, Madison. A FREE weeklong leadership and development program for high school students with disabilities. Students will sharpen leadership and self-advocacy skills, increase career opportunity awareness, experience college life, hear from successful speakers from across the state, and develop their own Personal Leadership Plan. Applications are due March 1, 2010, and include 2 brief essays and 3 letters of recommendation. To apply, [click here](#).

Wisconsin First Step Help Book 2010 A Directory of Services for Children with Special Needs Directories are now [available on-line](#). Five regional directories are available, each serving specific counties in Wisconsin. Directories are produced in "real-time" with the most up-to-date information provided at the time they are downloaded. For information or assistance in

downloading the directories please contact Teresa Halverson or Karen Brandt at [Wisconsin First Step](#); 1-800-642-7837.

Updated Contact Listing (12/10/2009) for the Regional CYSHCN Centers. Questions? [Email Jayne Vargas](#)

Katie Beckett Program Consultants: [View the Map and Listing of Consultants](#)

Tip Sheets for Siblings of People with Disabilities: [Adolescent and Young Adult Siblings](#); [Adult Siblings](#); [Information for Parents](#)

Champions for Inclusive Communities published a [fact sheet](#) on the 2005/6 National Survey of CSHCN.

NEWS: Health Care in Wisconsin

Use the links below to access recent news on health care and coverage in Wisconsin:

- [Press Release: Governor Doyle Signs Bill to Help Fund Rural Dental Education Outreach Facility in Marshfield - contact Laura Smith, Office of the Governor, on the *Wheeler Report*, May 14](#)
- [Pharmacists play key role in program to trim health care costs - by Guy Boulton for the *Milwaukee Journal Sentinel*, May 12](#)
- [Press Release: Wisconsin Women's Health Advocates Prepare for More Victories - contact Amanda Harrington, Planned Parenthood Advocates of Wisconsin, on the *Wheeler Report*, May 12](#)
- [Wisconsin Alliance for Women's Health: Advocates Convened at First-ever Wisconsin Women's Health Policy Summit - contact Eve Galanter, Wisconsin Alliance for Women's Health, on the *Wheeler Report*, May 12](#)
- [BadgerCare drops mental health, abuse coverage limits - by the *Business Journal of Milwaukee*, May 11](#)
- [AG Van Hollen: Announces settlement with Novartis, by Bill Cosh, *WisBusiness*, May 11](#)
- [Wis. to get \\$4 million in multistate drug lawsuit - by the *Wisconsin State Journal*, May 11](#)
- [Press Release: Governor Doyle signs electronic medical record bill - by *WisPolitics*, May 11](#)
- [Press Release: PPAWI: Expedited partner therapy bill signed into law - by *WisPolitics*, May 11](#)
- [OCI: 2009 Insurance Complaints and Administrative Actions in Wisconsin - issued by the Office of the Commissioner of Insurance, May 10](#)
- [Press Release: Sen. Grothman: Asks Doyle to put brakes on making Wisconsin part of a nationwide medical database - by *WisPolitics*, May 8](#)
- [Rep. Steve Kagen, D-Appleton, introduces Transparency in All Health Care Pricing Act of 2010, May 7](#)
- [Home care workers might unionize - by Guy Boulton for the *Milwaukee Journal Sentinel*, May 5](#)
- [Winnebago County, Neenah, Menasha consider health department merger - by Duke Behnke for the *Post Crescent*, May 5](#)
- [State fills mental-health gap left until nation's health care reform takes effect - by Steve Wideman for the *Green Bay Press Gazette*, for May 3](#)
- [New online Wis. organ donor registry is popular - by the *Associated*](#)

[Press, May 2](#)

NEWS: Health Care Reform

Follow the links below to access recent news articles on reforming the health care system:

- [Health-care overhaul is up against long campaign across U.S. - by N.C. Aizenman for the *Washington Post*, May 12](#)
- [Dems sell benefits of health reform - by Sarah Kliff and Jennifer Haberkorn for *Politico*, May 11](#)
- [White House offers lawmakers its support in selling health reform - by Julian Pecquet for *The Hill*, May 11](#)
- [HHS touts health care 'progress' - by Jennifer Haberkorn for *Politico*, May 10](#)
- [New health-care law raises concerns about respecting providers' consciences - by Rob Stein for the *Washington Post*, May 11](#)
- [New Law Could Help Hospice Patients Continue Aggressive Medical Treatments - by Jordan Rau for *Kaiser Health News*, May 10](#)
- [Vangent prepares to tap in to on increased federal spending on health IT - by Marjorie Censer for the *Washington Post*, May 10](#)
- [Health Law's "Grandfather Clause" Could Deprive Consumers Of Key Benefits - by Phil Galewitz and Mary Agnes Carey for *Kaiser Health News*, May 10](#)
- [Retail clinics look to health reform to boost business - by Pamela Lewis Dolan for *American Medical News*, May 10](#)
- [Jay Rockefeller: Insurers "game" new law - by Sarah Kliff for *Politico*, May 9](#)
- [Health care politics: Obama fast-tracks new law's coverage of adult children - by Patrik Jonsson for the *Christian Science Monitor*, May 8](#)
- [Does the Law Encourage Preventive Care? - by Michelle Andrews for the *New York Times*, May 7](#)
- [What Health Law Didn't Fix: Medicare Doctor Pay - by Julie Rovner for *NPR*, May 6](#)

NEWS: Opinion

Click below for editorials and opinion pieces about health care reform:

- [Op-Ed: Saving lives with safe food - by Erik D. Olson for the *Lexington Herald-Leader*, May 14](#)
- [Op-Ed: Rubbing salt in FDA's wounds - by Sylvia Pagan Westphal for the *Boston Globe*, May 14](#)
- [Op-Ed: The Wavering War on AIDS - by *New York Times* editorial staff, May 14](#)
- [Op-Ed: What is Psychological Health in the 21st Century? - by Douglas LaBier for the *Huffington Post*, May 13](#)
- [Op-Ed: Barack Obama, Campaign Manager: How The 2008 Playbook Passed Health Care - by Sam Stein for the *Huffington Post*, May 13](#)
- [Op-Ed: Deadly Consequences: Why We Need to Integrate Health and Mental Health - by Lloyd I. Sederer, MD, for the *Huffington Post*, May 11](#)
- [Op-Ed: States, not feds, should oversee insurance industry - by State Sen. Dan Kapanke for the *Wisconsin State Journal*, May 11](#)
- [Op-Ed: Family Care Program falls short of its goals and needs audit - by Wayne Jessen for the *Capital Times*, May 8](#)
- [Op-Ed: Health care reform bill good for small business - by John Murphy for the *Wisconsin State Journal*, May 8](#)

- [Op-Ed: Letters: Poll shows many are in favor of health care law - by John Lepinski for the *Post Crescent*, May 8](#)
- [Op-Ed: Why the AMA Wants to Muzzle Your Doctor - by Hal Scherz for the *Wall Street Journal*, May 7](#)
- [Op-Ed: End to Rescission, and More Good News - a *New York Times* editorial, May 2](#)

NEWS: Health Care Costs and Access

Click the links below to read the latest news on health care costs and access:

- [Budget office clarifies health care costs update - by the *Associated Press*, May 13](#)
- [Disabled Veterans Face A Faceless Bureaucracy - by John McChesney for *NPR*, May 11](#)
- [Premiums may undermine coverage guarantee for kids - by Ricardo Alonso-Zaldivar for the *Associated Press*, May 9](#)
- [Fight Erupts Over Rules Issued for 'Mental Health Parity' Insurance Law - by Robert Pear for the *New York Times*, May 9](#)
- [How to navigate the newly reformed health care system - by the *Chatham Journal*, May 8](#)
- [Press Release: HHS Awards ARRA Funds to Establish a Center of Excellence in Research on Disability Services, Care Coordination and Integatration - U.S. Department of Health and Human Services, May 6](#)
- [Health coverage extensions for young not universal - by Tom Murphy for the *Associated Press*, May 5](#)
- [Sebelius: Hotline Coming Soon - by Mary Agnes Carey for *Kaiser Health News*, May 4](#)
- [Teaching Physicians the Price of Care - by Susan Okie for the *New York Times*, May 3](#)
- [Avoiding Surprise Bills With Homework and Negotiation - by Walecia Konrad for the *New York Times*, April 30](#)

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32 N. Bassett St.
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