

# Healthcare Affordability State Policy Scorecard

Polling data repeatedly shows that healthcare affordability is the number one issue that state residents, on both sides of the political aisle, want their policymakers to work on. This scorecard identifies areas where Wisconsin is doing well and areas where it can improve.

STATE:

**WISCONSIN**

RANK:

**18**

out of 42 states + DC

Wisconsin has relatively high healthcare spending per person and a high percentage of residents reporting affordability problems, suggesting a need for policymaker attention.

	POLICY SCORE	OUTCOME SCORE	RECOMMENDATIONS
<b>EXTEND COVERAGE TO ALL RESIDENTS</b> 	<b>7 OUT OF 10 POINTS</b> Medicaid coverage for childless adults extends to 100% of FPL. Certain recent immigrants have state-created coverage options.	<b>8 OUT OF 10 POINTS</b> In 2018, WI was in the top third of states in terms of covering the uninsured, ranking 11 out of 50 states, plus DC.	<i>WI should consider adding affordability criteria to insurance rate review and adding coverage options for undocumented children.</i>
<b>MAKE OUT-OF-POCKET COSTS AFFORDABLE</b> 	<b>1 OUT OF 10 POINTS</b> WI has some protections against skimpy, confusing STLD health plans.	<b>6 OUT OF 10 POINTS</b> Thirty-seven percent of adult residents report healthcare OOP affordability burdens. WI ranked 20 out of 49 states, plus DC, for this measure.	<i>In light of grave affordability problems, Wisconsin should consider a suite of measures to ease consumer burdens, including: SMB protections; stronger protections against STLD health plans; and strategies that lower the cost of high-value care.</i>
<b>REDUCE LOW-VALUE CARE</b> 	<b>1 OUT OF 10 POINTS</b> WI requires some forms of patient safety reporting and performs around average for hospital antibiotic stewardship, but has not yet measured the provision of low-value care.	<b>8 OUT OF 10 POINTS</b> WI ranks highly in terms of reducing C-sections for low-risk mothers (8 out of 50 states, plus DC) and per capita antibiotic prescribing (13 out of 50 states, plus DC).	<i>Curtailing low- and no-value care is a key part of a comprehensive approach to affordability. Wisconsin should use claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it. WI should also stop paying for 'never events,' use other techniques to reduce medical harm and increase efforts to address antibiotic overprescribing.</i>
<b>CURB EXCESS PRICES IN THE SYSTEM</b> 	<b>3 OUT OF 10 POINTS</b> WI has a voluntary APCD, but is otherwise a middle-ranked state with a few policies to curb the rise of healthcare prices.	<b>5.7 OUT OF 10 POINTS</b> WI is among the most expensive states, with private payer prices well above the national median. The state ranks 41 out of 42 states, plus DC, for this measure.	<i>Year-over-year increases in healthcare prices overwhelmingly drive state healthcare spending. Wisconsin should consider strong price transparency requirements, establishing a health spending oversight entity and creating health spending targets.</i>

APCD = All-Payer Claims Database FPL = Federal Poverty Level EHR = Electronic Health Records OOP = Out-of-Pocket Costs SMB = Surprise Medical Bill STLD = Short-Term, Limited-Duration

See state notes on page 2.

Full report and additional details at [www.HealthcareValueHub.org/Affordability-Scorecard/Wisconsin](http://www.HealthcareValueHub.org/Affordability-Scorecard/Wisconsin)

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## WISCONSIN NOTES

### Methodological Notes:

State rank reflects the weighted sum of the policy and outcome scoring components. In this summation, the Extend Coverage to All Residents category received the biggest weight (reflecting its large impact on the uninsured population) and Reduce Low-Value Care received the smallest weight, reflecting its smaller impact on spending. A lower state rank number (i.e. close to 1) reflects a higher overall score and better performance when compared to other states.

For a complete discussion of methodology, please see [healthcarevaluehub.org/affordability-scorecard/methodology](http://healthcarevaluehub.org/affordability-scorecard/methodology).

### The Problem:

Thirty-seven percent of Wisconsin adults report healthcare OOP affordability burdens, giving the state a rank of 20 out of 49 states, plus DC, for this measure. The most common burden reported was ‘trouble paying medical bills’ (28% of adults), followed by ‘made changes to medical drugs because of cost.’ According to the BEA, healthcare spending in Wisconsin totaled \$8,097 per person in 2018.\* Moreover, between 2013 and 2018, healthcare spending per person grew 19.8%.\* Residents are struggling to afford needed healthcare, in part due to high rates of uninsurance among the population. Wisconsin has much work to do to ensure wise health spending and affordability for residents.



### Extend Coverage to All Residents:

Wisconsin did not expand Medicaid under the guidelines laid out in the Affordable Care Act (ACA) but the state’s BadgerCare Medicaid program does cover all legally present residents with incomes under the poverty level. Wisconsin uses reinsurance to reduce costs for those in the non-group market. Lawfully residing immigrant children and pregnant women are covered by Medicaid without a 5-year wait. Some level of prenatal care is also available, regardless of immigration status, through CHIP’s “unborn child” option.



### Make Out-of-Pocket Costs Affordable:

High-deductible health plans create barriers to care for many families. Between 2011 and 2016, the average deductible associated with employer coverage rose 7.5% per year in Wisconsin.\*



### Reduce Low-Value Care:

Addressing medical harm to improve patient safety can take many forms. One form is declining payment for services related to “never events,” serious reportable events identified by the National Quality Forum (NQF) that should never occur in a healthcare setting.

Eighty-five percent of Wisconsin hospitals have adopted the CDC’s ‘Core Elements’ of antibiotic stewardship – short of the goal of 100% of hospitals.



### Curb Excess Prices in the System:

Claims submission to Wisconsin’s APCD is voluntary.

NOTE: The very high healthcare prices seen in Alaska (relative to the national median) means that most other states received a relatively good outcome score for this category.

\* Informational data, not used in state score or ranking. DOI = Department of Insurance • BEA = U.S. Bureau of Economic Analysis • Scorecard Updated: Jan. 7, 2020