

**2017 Annual Report to the Wisconsin Legislature  
on  
the Wisconsin Health Information Organization (WHIO)**

**Submitted by the Department of Health Services and the Department of Employee Trust Funds**

**June 2018**

**Background**

In 2008, the Department of Health Services (DHS) and the Department of Employee Trust Funds (ETF) entered into a contract with the Wisconsin Health Information Organization (WHIO) to serve as the data organization defined in Wis. Stat. § 153.01 (3g). The WHIO was formed to collect and aggregate health care claims data into a centralized repository that could be analyzed to report on the delivery of health care in Wisconsin.

The WHIO was established in 2005 to drive improvements in the quality, safety, efficiency, and cost of health care. The WHIO is governed by a multi-stakeholder Board of Directors (BOD) that includes providers, purchasers, insurance payers, and state agencies. The 2017 BOD included representatives from the following organizations:

- Department of Health Services
- Employee Trust Fund
- Anthem Blue Cross Blue Shield of Wisconsin
- Business Health Care Group
- Humana
- Marshfield Clinic
- The Alliance
- United Healthcare of Wisconsin
- Wisconsin Education Association (WEA) Trust
- Wisconsin Physicians Service (WPS) Health Insurance
- Wisconsin Collaborative for Healthcare Quality (WCHQ)
- Wisconsin Hospital Association (WHA)
- Wisconsin Medical Society (WMS)

The WHIO's initial goal was to create a centralized repository of aggregated administrative medical and pharmacy claims data for Wisconsin, commonly referred to as an All Payers Claims Database (APCD). While the WHIO information is commonly referred to as a "Data Mart," it is a highly-sophisticated information system. The transformation from disparate pieces of data from each claim to actionable information is achieved through a series of steps that starts with the integration of over 300 million claim lines from health plans, self-insured employers through The Alliance, Medicaid and a Pharmacy Benefit Administrator. Once the claims are in a uniform format, provider matching, member matching, de-identification and standard pricing algorithms are applied. The next step is to attribute claims to providers and physicians, apply risk adjustment where appropriate, and group the claims by disease and episode so that the output is information that can be used to make decisions.

## Value of the WHIO Information to the State

The WHIO information has been used by state agencies to evaluate the health of a population, inform the Wisconsin Mental Health and Substance Abuse Needs Assessment, and support key initiatives including several analyses for the State Innovations Model (SIM) Design Grant. Today, over 30 organizations are using information obtained from the WHIO to improve the value of care provided to Wisconsin citizens. Provider systems use the WHIO information to benchmark and monitor the quality of their care against best practices, compare resource use by system, clinic and individual physician, and to identify areas where waste can be safely removed from care processes. Providers are also using the information to determine what care is being provided outside of their system, an important precursor to population health management and value based purchasing. Health plans and employers are using the WHIO information to identify high quality, low cost delivery systems as they work to build high value networks and to differentially pay providers based on value. Many organizations use this information in their contracting process to financially incentivize higher quality, lower cost care.

## Public Reporting and Health Literacy

In 2015, the WHIO debuted its public reporting website, MyHealthWI.org, with clinic level ratings available by regions of the state or by clinic (see Figure 1 below). The ratings are based on primary care quality and utilization measures aggregated to create “easy to understand” results for consumers. The launch was accompanied by a public relations and media campaign.

Figure 1: Sample Report from MyHealthWI.org

REGION: WESTERN REGION		Search Again		Find a Doctor				
Family Medicine		Internal Medicine		Pediatrics		Above  Average  Below		
Clinic	City	Provides the Recommended Care for Your Healthcare Issue at the Right Time			Makes Good Use of Your Healthcare Dollars			*Not Rated
		Above	Average	Below	Above	Average	Below	
AMERY REGIONAL MEDICAL CENTER	Amery							
BALDWIN AREA MEDICAL CENTER	Baldwin							
BURNETT MEDICAL CENTER CLINIC	Grantsburg							
CENTER FOR WOMENS HEALTH AT FRANCISCAN SKEMP	La Crosse							
CUMBERLAND MEDICAL CLINIC SC	Cumberland							
ESSENTIA HEALTH SPOONER CLINIC	Spooner							
ESSENTIA HEALTH SUPERIOR CLINIC	Superior							
FAMILY HEALTH ASSOCIATES	Chippewa Falls							
GUNDERSEN HEALTH SYSTEM	La Crosse							
GUNDERSEN ONALASKA CLINIC	Onalaska							
GUNDERSEN SPARTA CLINIC	Sparta							
GUNDERSEN TOMAH CLINIC	Tomah							

\*NOT RATED COLUMN: INDICATES THAT THIS CLINIC HAS FEWER THAN 3 PHYSICIANS AND/OR DOES NOT HAVE ENOUGH INFORMATION ON PATIENT CARE TO BE RATED BY OUR SYSTEM.

Data Time Period: 10/1/2013 – 9/30/2014

To increase consumer awareness and use of the MyHealthWI.org website, the WHIO worked with public and private sector stakeholders to outline a project, measurable outcomes, research design and an implementation plan for a Health Literacy Program. Between 2014-2016, the

WHIO partnered with Wisconsin Health Literacy, a division of Wisconsin Literacy, Inc. and Covering Wisconsin (a program located in the University of Wisconsin's School of Human Ecology and formerly known as Covering Kids and Families – Wisconsin) to implement the Health Literacy Program, titled “Consumer Engagement & Activation through Health Literacy.” The goals of this project were to 1) assist consumers in their understanding of health care quality and value, 2) engage consumers in decision making using information on the MyHealthWI.org website, 3) raise awareness among health care organizations of the importance of effective consumer communication and 4) teach health care organizations how to support consumers in becoming active partners in their care. These goals were supported through a series of activities including the development of consumer materials (see Appendix A) and workshops for consumers, “train-the-trainer” classes with health care provider staff and completion of health literacy assessments with a limited number of health care organizations. This work achieved very positive outcomes with 77% of consumers indicating that they were “likely to prepare more for a doctor visit.” In addition, a 60-day post workshop survey indicated that 46% “had looked for information on quality of care”, 54% “had asked more questions in a doctor visit” and 41% “chose primary care over an emergency department visit.” The “train-the-trainer” workshops showed that professionals who attended the trainings were up to 32% more confident talking about health insurance topics with consumers than their counterparts who did not attend the training.

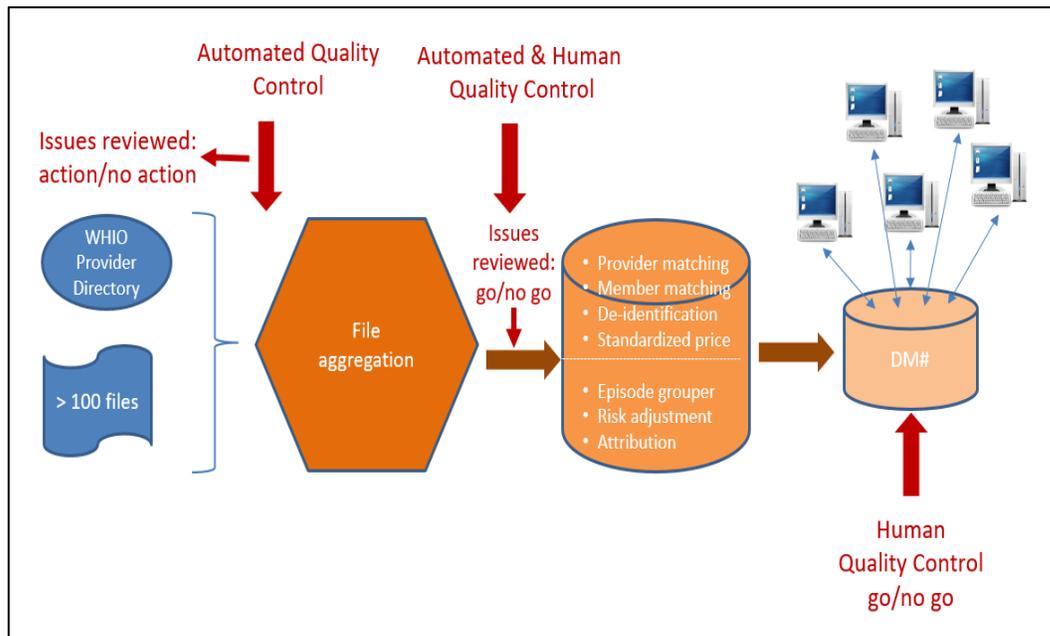
In 2017, the WHIO continued its partnership with Wisconsin Health Literacy and Covering Wisconsin to expand the distribution of consumer materials and train-the-trainer classes to other health care organizations, and to evaluate interest among health plans and provider systems in a health literacy assessment and recognition program. While many individuals who participated in the 2017 program spoke highly of the consumer materials and train-the-trainer classes, health literacy was not identified as a high priority for many organizations due to competing demands.

In 2017, the WHA Information Center added the WHIO information to its leading edge, public Website called PricePoint ([wipricepoint.org](http://wipricepoint.org)). The PricePoint Website now provides consumers, hospitals and health care professionals with the total charge for hundreds of hospital and outpatient surgery procedures. The procedure level total charge is created by adding together the hospital or ambulatory surgery charges and the professional services (e.g., physician, diagnostic tests and lab tests) related to that procedure. Under the authority of Wis. Stat. § 153, the hospital and outpatient surgery billing data is collected by the WHA Information Center and the professional services data are collected by the WHIO as described in this report.

## **Operations**

Since its inception, the WHIO has utilized a third-party vendor, currently The Lewin Group, as its data intake, processing, hosting and analytic/reporting vendor. A new Product Schedule was signed with The Lewin Group in December 2016, so that current services would continue. The WHIO also supports a software application, the Provider Registry, to collect more accurate provider and physician data than was available through the Data Contributors or other sources of physician data. The Provider Registry is populated by the health systems so that changes to physician affiliations are updated regularly. Finally, the WHIO worked with The Lewin Group to develop a series of automated and human quality control reviews and reports throughout the processing cycle to ensure high quality and completeness of the data. (see Figure2).

Figure 2: WHIO’s Integrated Quality Control Process



Currently, an estimated 75% of Wisconsin’s covered lives are included in the WHIO Data Mart. To improve the ability to produce comprehensive comparative performance reports for health care providers throughout the state, the WHIO continues to pursue health care claims data from as many sources as possible. In June 2014, the Group Insurance Board voted to require that all health plans seeking to provide benefits to state employees must submit their claims data to the WHIO and meet the WHIO’s claims submission requirements. While this decision had a significant positive impact on engaging health plans that were not already contributing their claims to the WHIO, the number of health plans providing services to the Employee Trust Fund was decreased in 2017. While most states require submission of claims to their APCD, Wisconsin has continued to rely upon on a voluntary system. Voluntary participation in the WHIO limits its ability to fully represent the health care that is provided across the entire state. More Data Contributors means a more robust Data Mart which benefits not only the Data Mart users, but also the state as it studies public health and other policy issues.

Each Data Mart contains a rolling 27 month of claims and is produced on a 6-month cycle. Each new version is referred to as Data Mart Version (DMV) followed by the sequential number of the edition. The first public use Data Mart, DMV2 was released in October 2009 with the most recent release, DMV18, available in January 2018. With each release of the Data Mart, the volume of aggregated data has increased and the Data Mart has become more robust and useful. Table 1 below provides general facts for every other Data Mart.

Table 1: Data Mart Statistics

	DMV2	DMV4	DMV6	DMV8	DMV10	DMV12	DMV 14	DMV 16	DMV 18
Members Included	1.51 M	3.44 M	3.86 M	3.95 M	4.02 M	4.05 M	4.2 M	4.2 M	4.4 M
% WI Population	26.8%	58.0%	64.9%	65.7%	70.5%	69.9%	74%	73%	76%
Claims Included	72.7 M	207.1 M	247.6 M	247 M	247 M	302 M	308 M	292 M	314 M
% Commercial Claims	92%	40%	42%	40%	41%	37%	37%	39%	38%
% Medicaid FFS Claims	0%	29%	25%	24%	24%	25%	21%	22%	20%
% Medicaid HMO Claims	0%	20%	20%	22%	21%	22%	22%	21%	20%
% Medicare Claims	8%	11%	13%	14%	14%	16%	19%	18%	22%
Claim \$ Included (Std. Cost/ Billed)		\$28.9 B / \$51.6 B	\$34.4 B / \$64 B	\$36.8 B / \$67.5 B	\$40.1 B / \$70.9 B	\$44.5 B / \$74.1 B	\$43.7 B / \$88.8 B	\$44.5 B / \$93.9 B	\$50.1 B / \$106.8 B
Episodes of Care	7.3 M	18.8 M	23.1 M	23.9 M	23.9 M	23.1 M	25.7 M	26.1 M	28.2 M
Providers Included		88,171	95,214	90,956	97,246	106,551	103,172	344,659	460,201 *
Time Period Covered	10/2006 - 12/2008	4/2008 - 6/2010	4/2009 - 6/2011	4/2010 - 6/2012	4/2011 - 6/2013	4/2012 - 6/2014	4/2013 - 6/2015	4/2014 - 6/2016	7/2015 - 9/2017
Data Mart Published	Oct-09	Oct-10	Oct-11	Nov-12	Dec-13	Oct-14	Oct-15	Oct-16	Jan.-18**

\*increase due to increased accuracy with the WHIO Provider Registry and National Provider Identifier numbers to match providers

\*\*publish date adjusted to coincide with calendar year

The Affordable Care Act presented an opportunity for the WHIO to become approved by the Center for Medicare and Medicaid Services (CMS) as a Certified Qualified Entity under the federal statutes to obtain and publicly report Wisconsin’s Medicare Fee-for-Service (FFS) claims when combined with the commercial claims. This opportunity was made possible in part, by the efforts of Senator Tammy Baldwin and Speaker of the House Paul Ryan. The Medicare FFS data represents approximately 900,000 Wisconsin lives, a significant portion of the current gap in covered lives in the WHIO Data Mart. CMS Certified Qualified Entity status may provide additional opportunities for Wisconsin to evaluate the care provided to Medicare beneficiaries beyond those enrolled in Medicare Advantage. While WHIO completed the certification process in August 2016, cost constraints to combine the Medicare FFS data with the existing commercial data prevented the WHIO taking this important step in 2017.

### Health Care Provider and Physician Engagement

Since its inception, the WHA, the WMS and others have assisted the WHIO by hosting multiple regional meetings about the WHIO’s reporting capabilities and convening multi-stakeholder groups to determine how the information could be utilized. In addition, the WHIO has offered several opportunities for all healthcare stakeholders in Wisconsin to engage in discussions of how to realize value from the WHIO information. The WHIO has also conducted user group meetings, webinars and customized on-site training sessions to ensure a common understanding

of the Data Mart and reporting software. In 2016, on-line training modules were developed to facilitate 24x7 “on-demand” access to training. An information sharing web portal is available to users of the WHIO information system which includes documents about the reporting software and detailed release notes for each Data Mart. Finally, between 2011 and 2016, the WHIO hosted an annual learning forum featuring national and state-based speakers who shared their innovations to improve the quality and efficiency of care.

## **Business Model**

The WHIO revenue model is based on an annual fee from organizations that receive access to the WHIO’s Data Mart. Today, health plans and health systems that are interested in and capable of using the WHIO information are customers. Further expansion within these markets is limited as the WHIO information system requires analytical staff with expert level skills in using claims data due to the complexity and volume of the data in each Data Mart. In response, the WHIO developed and conducted a pilot test of a Custom Analytics and Reporting Service which is now available to any organization or State agency that would like a one-time analysis or an ongoing reporting arrangement. The Custom Analytics and Reporting Service will increase access to the rich information available in the WHIO information system, without having to maintain analytical proficiency within an organization.

As with all organizations, the cost of doing business has increased for the WHIO over the past few years, in part driven from an increase in the price of services from The Lewin Group. In response, the WHIO Board of Directors (BOD) engaged a market research firm in 2016 to complete a customer needs assessment to determine how the WHIO is meeting current needs and identify opportunities to meet future information needs as health care continues to transform from fee-for-service to a value-based, patient-centric system. In 2017, the WHIO BOD engaged a consulting firm to conduct a business and technology evaluation to gain insights into the functionality of new technologies in the health care “big data” environment, garner information on what other state APCDs are offering and identify products and services that are in high demand in Wisconsin. In August 2017, the WHIO issued a Request for Proposal for a technology partner that could meet current and future information needs including the integration of other types of data (e.g. clinical data, patient reported data) and state-of-the-art reporting. SymphonyCare, a Wisconsin-based health care technology company headquartered in Madison, was selected as the WHIO’s partner to advance the current information system to WHIO 2.0. This transition will occur in 2018 with new products and services available in 2019.

## **Summary**

In 2017, the WHIO information system continued to provide a unique and trusted source of health care information to multiple health care organizations in Wisconsin. Through its extensive evaluation process, the WHIO charted a roadmap to a future state that will leverage the investments from and the learnings that Wisconsin’s health care stakeholders have gained over the past decade to provide an integrated health care information system that will benefit all Wisconsin citizens.

**HEALTH INSURANCE MARKETPLACE**  
 also known as: Obamacare, healthcare.gov, the Marketplace  
**GETTING STARTED**




**1. Choose a plan with premiums that you can afford every month.**

A **premium** is the **monthly** payment you make to the insurance company for your health care policy.

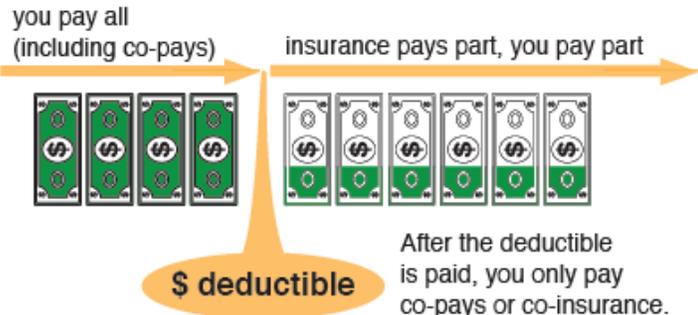


**2. Find a plan that will help you pay the out-of-pocket costs.**

**Out-of-pocket costs** are NOT included in your monthly premium. This is the amount you must pay during a year for your health care in addition to your premium. This includes any **deductible, co-pay, co-insurance**, or extra costs for services.



**Deductible:**  
 The amount you need to pay before the insurance company will start to pay its part.



**Co-pay:**  
 The fixed amount you pay for a service.

**Example:**



doctor's visit  
\$100



you pay \$20



Insurance pays \$80

**\$20 co-pay**

**Co-insurance:**  
 The percentage you pay for a service.

**Example:**



doctor's visit  
\$100



you pay \$30  
 Insurance pays \$70

**30% co-insurance**

**covering Wisconsin**  
 Connect to Care, Engage in Health

This project is supported by Wisconsin Health Information Organization, Ira and Ineva Reilly Baldwin Wisconsin Idea Endowment, & Wisconsin Department of Health Services.



## Costs of Using Health Care

Before you buy a plan, **ask:**

What hospitals / clinics are **in-network**?  
Is my doctor or specialist covered?



How much will I pay to see my doctor or a specialist?

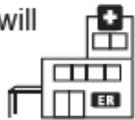


What is the **co-pay**?

How much will **prescriptions** cost with this plan?



How much will I pay to use the **ER**? If I get an ER bill for \$1,000 or \$10,000, what will be my cost?



How much will I pay before the insurance company pays a share? What's my **deductible**?



What is the maximum amount I pay for health care in a year?



What is the **out-of-pocket max**?



## Breakdown for the Year



### Monthly Premium

Pay \$ \_\_\_\_\_ /month



### Out-of-Pocket Cost

#### 1. Pay full cost

Pay full amount for services until deductible is paid.

This includes the full cost, including co-pays, for all doctor visits, emergency room visits, and specialists.

Pay Full Amount

Before the Deductible is reached, you pay the full amount for services.

\$ \_\_\_\_\_  
Deductible

#### 2. Split the cost

Pay part of the bill and the insurance company will pay most of the bill.

After the Deductible is reached, you pay a part of the cost for services.

\$ \_\_\_\_\_  
Max out-of-pocket cost

#### 3. Pay nothing

The insurance company pays the full amount of the bill for covered services.

Pay Nothing

Once you reach the max out-of-pocket cost, you no longer pay for health care services.

### Cost per Visit

	Before Deductible	After Deductible
	Primary Dr. 	
Specialist 		
Emergency Room 		
Prescriptions name-brand 		
Prescriptions generic 		

## Quality Medical Appointments

# How to Get Ready for Appointments

### 1. Schedule an appointment with your provider.

- A. Call your **primary care provider** and ask to make an appointment.
- B. Put your appointment **date** and **time** in your calendar and phone.



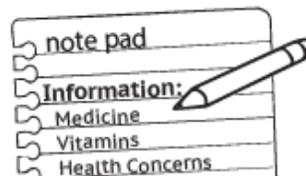
 Cancel your appointment if you cannot make it.



A **primary care provider** is the doctor, nurse, or health care professional you see for routine care.

### 2. What to do before your appointment:

- A. Write down names of medicines and vitamins you are taking, health concerns, and questions.



Take this information to the appointment.

- B. Bring the name and address of a pharmacy where you will pick up prescriptions.



- C. Make sure you have reliable transportation to get to your appointment.



- D. Go to your appointment at least 15 minutes early. You will need time to do paperwork.



 Always bring a list, or the pill bottles, to your appointment. It is hard to remember the names and amounts of medicines and vitamins you might be taking. This information is very important.



**Bring someone** you trust to the appointment. This will help you remember what the doctor said.



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**Wisconsin**  
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### 3. What to do during your appointment:

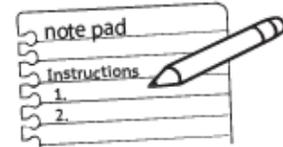
**A.** Tell your doctor your health concerns and questions.



**B.** Ask what tests are right for your age.



**C.** Write down instructions the doctor gives, or ask the doctor to write them.



**D.** Repeat the instructions back to your doctor to make sure you understand.



**E.** If you don't understand something, ask the doctor to tell you again.



**F.** Tell your doctor if you don't understand or don't want what he or she is saying.



#### Some more common questions:

- What is this test for?
- When will I get the results?
- Are there alternative treatments?
- What hospital is best for my situation?
- Why do you recommend this treatment?
- Does this medicine have any side effects?
- Will this medicine react with something I'm already taking?
- How many times have you done this surgery or procedure?

**⚠** At the doctor's office, you may pay a co-pay.

If you haven't met your deductible, you will also get a bill in the mail.

If you have met your deductible, call your insurance company if you get a bill for more than the co-pay of your service.

### 4. What to do after your appointment:

**A.** Read the instructions from your doctor.



**⚠** If you do not understand your doctor's instructions, call the doctor's office.

**B.** Go to the pharmacy to pick up prescriptions.



**C.** Talk to the pharmacist about how to take the medicine.

