WISCONSIN LEGISLATIVE COUNCIL
ACT MEMO

2017 Wisconsin Act 279 [2017 Assembly Bill 871]	Medical Assistance Intensive Care Coordination Program

2017 Wisconsin Act 279 requires the Department of Health Services (DHS) to create and implement a program to reimburse participating hospitals and health care systems for intensive care coordination services provided to Medical Assistance (MA) recipients. Subject to some limitations, DHS must develop a process for selecting hospitals and health care systems that submit an application, including a description of their programs as specified in the Act. The application must include a statement that the hospital or health care system will use emergency department (ED) utilization data to identify MA recipients to receive intensive care coordination to reduce ED visits. MA recipients who are enrolled in coverage under Medicare are not eligible to receive services under the intensive care coordination program.

Participating hospitals and health care systems must agree to share information with the state-designated entity for health information exchange or with another appropriate data-sharing mechanism. Participating hospitals and health care systems must also provide specified information to a managed care organization (MCO), at the MCO's request, regarding the participation in the program of an MA recipient that is enrolled in the MCO. DHS must encourage participating hospitals and health care systems to collaborate with MCOs with which they have agreements to provide services; however, DHS may not require applicants to collaborate with an MCO in order to participate in the program. In addition, DHS may not limit patient populations in the program to either those who receive MA services through an MCO or those who receive MA services on a fee-for-service basis.

Hospitals or health care systems in the intensive care coordination program will receive payments from DHS in connection with their participation in the program, as follows:

- A payment of $250 for each recipient initially enrolled in the program.

One East Main Street, Suite 401 • Madison, WI 53703-3382
(608) 266-1304 • Fax: (608) 266-3830 • Email: leg.council@legis.wisconsin.gov
http://www.legis.wisconsin.gov/lc

- An additional $250 per enrollee if the hospital or health care system demonstrates progress in reducing ED visits for at least half of its enrollee population during the first six months.
- If the hospital or health care system enrolls recipients in the program for an additional six-month period, a payment of $250 for each recipient enrolled for the additional period.
- An additional $250 per enrollee if the hospital or health care system demonstrates progress in reducing ED visits for at least half of its enrollee population during the additional period.

DHS may distribute no more than $1.5 million cumulatively in each fiscal year from all funding sources for the payments described above.

In addition to the above payments, the Act requires DHS to calculate the costs saved to the MA program as a result of the intensive care coordination program and to distribute a portion of the savings to the participating hospital or health care system, in certain cases. The shared savings payments are distributed based on criteria specified in the Act.

The Act requires DHS to implement at least two pilot programs for intensive care coordination by a deadline specified in the Act. DHS must obtain any necessary approval from the federal Department of Health and Human Services to implement the intensive care coordination program. If the federal department disapproves the request for approval, DHS may implement any part of the program, in its discretion.

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Prepared by: Brian Larson, Senior Staff Attorney May 1, 2018

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