

☞ 05hr_SSC-HCR_Misc_pt35



☞ Details: Hearing held in Madison, Wisconsin on September 27, 2006.

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Senate

(Assembly, Senate or Joint)

Select Committee on Health Care Reform...

COMMITTEE NOTICES ...

- [Committee Reports ...](#) **CR**
- [Executive Sessions ...](#) **ES**
- [Public Hearings ...](#) **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- [Appointments ...](#) **Appt** (w/Record of Comm. Proceedings)
- [Clearinghouse Rules ...](#) **CRule** (w/Record of Comm. Proceedings)
- [Hearing Records ...](#) bills and resolutions (w/Record of Comm. Proceedings)
 - (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
 - (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- [Miscellaneous ...](#) **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (August 2012)

Malszycki, Marcie

From: Brett, Allison
 Sent: Wednesday, July 19, 2006 9:33 AM
 To: Malszycki, Marcie
 Subject: FW: info request
 Attachments: ICARE.doc; Montana Attachment 1.doc; Montana Insure Montana overview.doc; Smart Buy Alliance.doc; Overview Dirigo.doc

MA Models Effective in reducing cost
Marcie - PLS PURSUE THANK U

Marcie-
 Here is the NCSL info that Laura Tobler sent me! Let me know what you want me to do with it. Should I forward it to Carol or print it off?

From: Laura Tobler [mailto:laura.tobler@ncsl.org]
 Sent: Friday, July 14, 2006 11:21 AM
 To: Brett, Allison
 Subject: Re: info request

** HSA's nationally
 * Recommendations*

Allison,

Here is the more detailed information that you requested.

Arkansas

Again, has not been implemented yet, so details are unavailable. Here is a short summary of the program:
<http://www.ncsl.org/programs/health/arkmedicaid.htm>

Illinois (legislation; first a Governor's initiative)

Short synopsis on AllKids: <http://www.ncsl.org/programs/health/illinoisallkids.htm>

The AllKids program promises universal coverage to children under age 19 in the state. Kids who are uninsured but whose parents make too much to be eligible for Medicaid or other assistance programs can buy into the insurance program with sliding-scale premiums (based on income); the state is subsidizing the program. Coverage started Saturday, July 1 for those already enrolled. In the lead-up to July 1, some health care providers expressed concern about the program. http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=38254 This is a Web site from the governor's office with details about the program <http://www.allkidscovered.com/> According to the governor's office at the end of June, there were 43,000 kids enrolled in the program in time for the July 1 start date (because of the increased awareness and outreach efforts). According to someone in the governor's office, the program has come to life in Illinois because health care is a major priority of the governor. Press release: <http://www.illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=2&RecNum=5033>

Iowa (1115 Medicaid Waiver)

Below is a short description of the Medicaid expansion program, lowacares. <http://www.ncsl.org/programs/health/iamedicaid.htm> The program started in May of 2005 and the expansion population is now up to about 17,000. The state appropriated about \$65 million to the expansion program, and that money has been divided up among different programs. The Medicaid Director's office was very helpful: (515) 725-1123. Here is the state page on lowacares: <http://www.ime.state.ia.us/lowaCare/index.html>

Kentucky (1115 Medicaid waiver and amendment)

This and the next link are information on KY's waiver amendment allowing them to include a health and wellness promotion within the Medicaid program: <http://www.ncsl.org/programs/health/kymedicaid.htm> <http://chfs.ky.gov/dms/kyhealthchoices.htm> Here is the press release from the governor's office about ICARE (the small business initiative). The program

Please Research

*What's Info
 Marcie*

has not yet been implemented, so there is not much programatic information yet. <http://governor.ky.gov/newsroom/pressreleases/20060308icare.htm>
Also attached is the ICARE legislation

Maine: see attached summary ~~_____~~

Maryland

This is the NCSL information page on the Maryland Fair Share Health Care Fund Act. While the bill passed (on a governor's veto override from the legislature), it has not been implemented because it is tied up in the courts. The Retail Industry Leaders Association sued, stating that the act was prohibited by ERISA. This page also touches on the court case surrounding the law. <http://www.ncsl.org/programs/health/fairsharenews.htm>
For a listing of all states considering legislation of this kind, click here:
<http://www.ncsl.org/programs/health/payorplay2006.htm>

Massachusetts; Universal Access Package (legislative package)

This site includes a brief overview and links to other resources, including the legislative text and summaries from the legislature.

<http://www.ncsl.org/programs/health/massoverview.htm> ~~AAA~~

The Connector Board has not yet been convened and they will be making many of the decisions about the details of the program (like defining "affordable insurance"). The program has not been implemented, so much of the cost or enrollement information is not yet available.

Below is a link to an article on the Massachusetts plan. It's mainly a program overview; if you would like the whole article or don't have a login for the NCSL Website, we can send you a PDF file.

http://www.ncsl.org/programs/pubs/slmag/SLWeeklyJun26_homerun.htm - ~~AAA~~

Minnesota: see attached summary

Montana: see attached summary

New Jersey: Here is a link to the NJ information site on the new law

<http://www.njdobi.org/dependentsunder30.htm>

New Jersey passed a law allowing dependents up to the age of 30 of obtaining covering through their parent's or guardian's group coverage. The employers are obligated to inform employees of this new law and the option for continuation of coverage for dependents. Nationally, if a dependent is not enrolled in college or university they are dropped at the age of (about) 19. If they attend university it is about 22. The state is not collecting enrollment data but the department of banking and insurance reports that informally a "couple of thousand" of young adults took advantage of the new law. Large employers who self insure are exempt from the law and the law does not include the individual market.

+ - Rem. of this States - 

New Mexico (1/13 Medicaid waiver)

The state coverage initiative is a public/private partnership in which individuals (working adults only) making less than 200 percent of the Federal Poverty Level may participate in a health insurance program. The employer pays \$75 per month per employee, the employee pays between \$0 and \$35 per month (depending on income) and the state covers the rest of the cost using Medicaid dollars. The program is a year old and now counts 4,759 people enrolled and another 5,476 eligible and in the enrollment process; according to a communications rep from New Mexico, enrollment has been slow because they did not want to start recruiting in earnest until the enrollment process was as smooth as possible. The state launched a PR campaign (including radio, billboard and print ads as well as mailers to small employers) in April to try to gat another 10,000 people enrolled in FY 2007 (which started July 1); Insurenwemexico! staff is traveling the state visiting various groups to increase enrollment. In FY 2006, the state spent an estimated \$10.5 million (both state and Federal dollars).

This is a short summary of the Medicaid waiver they are using to implement the State Coverage Initiative <http://www.ncsl.org/programs/health/nmmedicaid.htm>

This is a page out of the governor's office with details on all the health insurance programs the state is implementing

<http://insurenwemexico.state.nm.us/>

Oklahoma (1/15 Medicaid waiver and legislative package--new bills still being passed)

Short summary of the Medicaid waiver that is funding O-EPIC; includes details on projected enrollment in the program, etc.

~~Make specific info~~

We have thanks

Pls ck out

<http://www.ncsl.org/programs/health/okmedicaid.htm>

The program began enrollment Nov. of 2005 and, while they hope to have 50,000 enrolled, they are currently at 480 employers and 878 individuals and spouses. Note: the program is only for people aged 19-64; Oklahoma has a program that covers children at that income level for free. The state is doing "everything we can" to expand enrollment, including mailings to small businesses and meeting with insurance agents who might promote the plan to small businesses (the products are purchased at market value by the state, and agents get normal commission on the products, so Oklahoma is trying to engage business/private markets). The legislature just passed a bill expanding O-EPIC to employers with 50 or fewer employees (previously only companies with fewer than 25 employees could participate), which is expected to take effect in October. O-EIPC is also launching an individual plan at the end of the year aimed at capturing people who are self-employed, unemployed (basically ineligible for employer-sponsored insurance), etc. with sliding scale premiums based on income. In the same way O-EIPC for small businesses works, a combo state and Federal dollars (Medicaid) will pay the rest. Currently, the state is spending \$236.56 (June '06) per person per month for the gap in costs for insurance coverage. They have much more to spend, however. The projected cost of the program (with 50,000 enrolled) is \$150 million. The state is contributing \$50 million from tobacco tax revenues (NOT the tobacco settlement money) and the Federal dollars make up the other \$100 million. If you would like more information on the program, Melissa Pratt at O-EPIC was very helpful: (405) 522-7333.

*

Tennessee The Cover Tennessee Initiative has not yet been implemented, but the governor's page has a lot of information: <http://www.tennesseeanytime.org/governor/TennCare.do>

*

Utah (1115 Medicaid waiver)

Utah's expansion program, Primary Care Network and Covered at Work, has been in existence since July 1, 2002. The waiver Utah received would allow only 25,000 people to enroll in the program; now, enrollment is approximately 19,000. The man I spoke with mentioned that Utah could not afford more than 20,000 enrollees, so the state would not get the the 25,000 mark without more funding. In FY 2005, \$19 million was spent on the program. Utah is staying within budget, however, and earning Federal matching funds. While it's difficult to quantify the cost savings, Utah has seen some improvement in hospitalization rates. The PCN has an agreement with hospitals to see PCN patients at no cost (up to \$10 million/year). The state records show that PCN patients have not gone over this cap, but hospitals say they have. The discrepancy comes from reporting; the hospital must report PCN patients that receive care in their hospitals and the state than catalogues the data. If the hospitals do not report patients, they are out the money. Short description of the 1115 waiver: <http://www.ncsl.org/programs/health/utprimarycaresummary.htm> The state's page and extra information on the expansion program: <http://health.utah.gov/pcn/index.htm>

Vermont; Catamount Health (legislative package)

Again, Catamount Health has not yet been implemented, so there is a lot of programatic data still to be determined. This Website (search the table for VT) has a brief overview and links to information from the legislature and longer summaries. <http://www.ncsl.org/programs/health/universalhealth2006.htm>

Pls info
*

West Virginia

All summaries of the WV plan to make insurance or small businesses more affordable. There are 1,000 enrollees representing 200 businesses. <http://www.ncsl.org/programs/health/wvmedicaid.htm> <http://www.statecoverage.net/westvirginiaprofile.htm> <http://www.statecoverage.net/profiles/westvirginia.htm>

*

Please let me know if you need additional information.

Laura Tobler
Program Director
Health Program
National Conference of State Legislatures
303-856-1545

yes ¹ pls re!
these

and
what coverages are
included in Catastrophic
only plans.

HEALTH INSURANCE: Insurance Coverage, Affordability and Relief to Small Employers (ICARE) Program

**HB 380
Part XXIII**

Insurance Coverage, Affordability and Relief to Small Employers (ICARE)

Sections 1 to 8

The bill creates, under the supervision of the Office of Insurance, the Insurance Coverage, Affordability and Relief to Small Employers (ICARE) Program for a 4-year period beginning January 1, 2007 for small employer groups of 2 to 25 employees where the average annual salary of the employer group does not exceed 300% of the federal poverty level. The Office of Insurance may limit enrollment in ICARE based on available funding.

All insurers who issue health insurance policies to small employer groups of 2 to 25 employees are deemed ICARE participating insurers. ICARE does not apply to an insurer that provides coverage solely to Medicaid recipients, Medicare beneficiaries, CHAMPUS insureds, or self-insured groups.

Within ICARE are two incentive programs:

One incentive program is for small employers who pay 50% or more of the premium and has not provided coverage during the previous 12 months. The amount of health care incentive shall be \$40 per employee per month which shall be reduced each year by \$10.

The other incentive program is for small employers who pay 50% or more of the premium and at least 1 employee in the group has a high-cost medical condition. The amount of health care incentive shall be \$60 per employee per month which shall be reduced each year by \$15.

Each ICARE participating insurer must offer at least 3 plans which must be at least 1 of each of the following types of plans: a consumer-driven plan, a basic health benefit plan that excludes mandated benefits, an enriched health benefit plan. Each insurer must conduct a health risk assessment of each employee and must offer disease management services, a wellness program, and case management services. The premium rate must provide for a healthy lifestyle discount after July 1, 2007. A separate class of business may be established for the plan rate filings.

The Office of Insurance is authorized to hire a licensed third party administrator. The Office is to establish the ICARE fund. The Office must work with the Office of Health Policy in the Cabinet for Health and Family Services to review the availability of federal funds for the ICARE Program.

Section 13

Permit the health insurer participating in the ICARE Program to establish a separate class of business for rating purposes to reflect the substantial differences in expected claims experience or administrative cost because the insurer is offering a plan under the ICARE Program.

Section 22

The ICARE Program, Sections 1 to 8, take effect January 1, 2007.

Montana Attachment 1



ASSISTANCE FOR CURRENTLY INSURED SMALL BUSINESSES Employer

refundable (annual) tax credits Description: Provides a refundable state income tax credit to employers who currently pay some or all of the cost of group health insurance for their employees. Also provides additional Tax Credits when employers pay for insurance for the employee's spouse or their dependants. Approximately 40% of the available funding per year is designated to the Employer Tax Credit. The funds for tax credits will be distributed on a first come, first served basis until the money is fully allocated.

Employer Qualifications: In order to qualify for an Employer Tax Credit the employer must meet all the following criteria:

1. The employer already provides employee health insurance;
2. The employer has a number of employees that meets the eligibility criteria established by the State Auditor's Office (between 2-5 employees);
3. The tax credit cannot be more than 50% of premiums paid;
4. No employee is paid more than \$75,000 per year (owner excluded).

Tax Credit Amounts: The following are the tax credits that may be claimed under HB 667 for each eligible employee, spouse and dependants:

Tax Credit Amounts Only	Employee	Employee's Spouse	Employee's Dependants
Employer Tax Credit:	\$100/month	\$100/month	\$40/month

If the average age of employees is 45 or older, the tax credit for an employee increases to \$125.00.



ASSISTANCE FOR CURRENTLY UNINSURED SMALL BUSINESSES Premium

assistance and incentive payments Description: Provides a monthly assistance payment for both the employer and the employee's portion of the health insurance premium. This assistance will pay the cost of an employee's health insurance when the employer has not offered insurance in the past, but begins to do so through the new State Health Insurance Purchasing Pool created by HB 667, or through a qualified Association Plan. About 60% of the available funding is designated to make these Employee Assistance Payments and Employer Premium Incentives. The funds will be distributed on a first come, first served basis. The size of each employee's Premium Assistance Payment will be established by the Purchasing Pool Board of Directors.

Employer/Employee Qualifications: To qualify for Premium Incentive and Assistance Payments employers and employees must meet the following criteria:

1. The employer does not currently provide employee health insurance;
2. The employer has a number of employees that meets the eligibility criteria established by the State Auditor's Office (between 2 – 5 employees);
3. The employer begins to provide health insurance through the new State Health Insurance Purchasing Pool or another qualified Association Plan;
4. No employee is paid more than \$75,000 per year (owner excluded);
5. The employer provides health insurance to eligible employees as defined by the State Purchasing Pool Board of Directors; and
6. Employees meet the income and other eligibility criteria established by the Board of Directors of the Purchasing Pool.

Applications available in September and accepted on a first come, first served basis beginning on 10/01/2005. Funding is provided by a \$1.00 increase to the price of cigarettes, passed in 2004 by Montana voters. Number of applicants admitted to the program, is dependent upon cigarette sales.

If the HEALTH INSURANCE MARKETPLACE MODERNIZATION AND AFFORDABILITY ACT OF 2006 had passed, then Insure Montana would have to revisit their format and insurer mandates to be in compliance. There is believe that there will be a renewed attempt to revise HIMMA laws in 2007 session.

Montana: Insure Montana

Overview:

Administered by the State Auditor's Office, Insure Montana is a two part program that is designed to assist small businesses with the cost of health insurance, whether they have provided health insurance previously or not.

Small businesses with 2-5 employees that are currently providing health insurance to their employees are eligible for refundable tax credits.

For businesses that were previously unable to afford health insurance for their employees, Insure Montana provides health insurance coverage through a small business purchasing pool. Blue Cross Blue Shield of Montana has created two health insurance programs to choose from. Employers and employees that are members of the purchasing pool will receive payments from Insure Montana each month to assist with the cost of coverage^(*).

Timeline:

This initiative began in 2005

Current Status:

Enrolled

Tax Credit	
Enrolled Businesses	611
# of Employees	1,841
# of Spouses	462
# of Children	916
Total Individuals	3219
Average annual TC/ business	\$ 5,025.10

Purchasing Pool for Uninsured Small Businesses	
Enrolled Businesses	223
Total Individuals	1369

- Currently, 723 businesses have applied the purchasing pool. Revenue allows for total enrollment of 300 until late 2006 when move funds will become available.

Montana hopes to extend the program to businesses with up to nine employees in 2007.

Anticipated cost savings and cost to state:

Funding is provided by a \$1.00 increase to the price of cigarettes, passed in 2004 by Montana voters. Number of applicants admitted to the program, is dependent upon cigarette sales.

Mechanism:

Independent oversight board.

Blue Cross, Blue Shield producers

Relevant websites and contact information:

www.insuremontana.org--Insure Montana Website, the most current information available regarding Insure Montana

<http://data.opi.state.mt.us/bills/2005/billhtml/HB0667.htm> Insure Montana (Small Business Health Insurance Program)

<http://www.insuremontana.org> --Insure Montana overview and contact information:

Blue Cross Blue Shield of Montana

(406) 444-8401

Minnesota's Smart Buy Alliance

Overview:

A joint public-private effort between state government, labor unions, and private business which goals are to improve quality and lower costs by reducing inappropriate and unnecessary care, encouraging evidence-based medicine and the use of highest-performing providers, and reducing providers' administrative cost through common reporting requirements. Alliance members, who purchase health care on behalf of 70% of MN population, continue to purchase health care individually, they have agreed to set uniform performance standards, cost/quality reporting requirements, and technology demands on health plans and providers and to favor providers and health plans that are certified for highest quality.

Timeline:

Adopted in 2004 with full implementation in 2006

Current Status:

Pending return email/call from state

- What is the progress with smart card technology?
- Have the 2006 benchmarks been established?
- How is the certification process going?

Anticipated cost savings and cost to state:

Waiting response from state on cost to state

40 percent savings

Mechanism:

A State Health Care Cabinet comprised of six agency heads and private sector partners. A voluntary coalition that is not mandated through legislation or regulation.

Relevant websites:

<http://www.thehealthcabinet.com>-- Official web-site of Minnesota's Health Cabinet

www.mnhealthcare.org --The Community Measurement Project provides information on MinnesotaCare (state-subsidized coverage)

www.health-info.org-- Compare Your Care this site offer consumers the option to rate providers and read other consumer's comments

www.minnesotahealthinfo.org-- Maintained by the Minnesota Department of Health, this site acts as a clearing house for information about cost and quality of care. This site also includes "tips" for consumers on purchasing health care.

Overview:

The Dirigo Health Agency will administer the Dirigo Health plan and establish the Maine Quality Forum. The Dirigo Health agency is an independent agency with a Board of Directors nominated by the Governor. The Board includes five individuals serving staggered terms, appointed by the Governor and approved by the Maine State Senate. There are an additional three ex-officio members from State government serving as Board members. Dirigo Health will seek to insure 110,000 individuals by 2009. Coverage will be available to uninsured individuals, businesses and municipalities with 50 or fewer employees, and the self-employed. Dirigo Health subsidies to individuals and families on a sliding scale based on ability to pay through private health insurance carriers. The Governor will be required to issue a State Health Plan and state health budget every two years. The newly formed Maine Quality Forum will collect and provide information about costs, quality, evidence-based medicine and best practices to be used in the development of the State Health Plan. Information about costs and quality will be available to consumers. Hospitals will be required to maintain price lists and provide them to patients upon request. Health care practitioners will be required to notify patients in writing of their charges for common services. Health insurance carriers will be permitted to offer their enrollees financial incentives to travel further to undergo non-emergency surgical procedures if the carriers can demonstrate cost-effectiveness and that the quality of care is equal to or better in the more distant location(s). The first year of Dirigo Health will be funded with contributions from enrolled individuals and small businesses, federal matching funds for low-income families (those below 200% federal poverty guidelines), and \$53 million in state funds. After the first year of operation, a "savings offset payment" by insurers and third party administrators will be paid in proportion to cost savings achieved. If there are no savings, no payment will be required. In the second year of operation, the Maine Quality Forum and subsidies for eligible Dirigo Health members will be funded by the "savings offset payment" required of health insurers. The payment will be based on savings to Maine's health care system that will result from a reduction in the amount of bad debt and charity care currently provided to the uninsured.

Timeline:

Signed into law in 2003. Blue Ribbon Commission formed in June 2006, report due Dec. 15, 2006

Current Status:

A Blue Ribbon Commission convened to review Dirigo Health to address, by a Dec. 15 deadline, the following criticisms:

- Financing structure (\$44 million in commercial insurances fees) trigger higher insurance premiums for commercial policy-holders
- Administrative overview and cost (Anthem)

DirigoChoice coverage	
Enrolled Businesses	2,000
Total Individuals	15,000

Expanded Medicaid (200 % of poverty)	
Enrolled Parents	2,000

Anticipated cost savings and cost to state:

Unclear and heavily debated

Mechanism:

Dirigo Health plan is administrated through The Bureau of Insurance, the Department of Human Services and the newly created Dirigo Health Agency share responsibilities with the Governor's Office of Health Policy and Finance. That office coordinates implementation of Dirigo Health across all state agencies.

Relevant websites and contact information:

<http://www.me.gov/governor/baldacci/healthpolicy/index.html> Governor Office on Health Policy

<http://www.dirigohealth.maine.gov> Dirigo Health Agency

<http://www.mainequalityforum.gov/> Maine Quality Forum



Malszycki, Marcie

From: Labanowsky, Diane [Labanowskyd@gtc.edu]
Sent: Monday, July 24, 2006 4:23 PM
To: Sen.Roessler; Rep.Kaufert; Rep.Kerkman; Rep.LehmanJ; Sen.Fitzgerald
Cc: rep.krueser@legis.state.wi.us
Subject: Child support statute for special needs children over the age of minority
Attachments: Statementrequestingstudychildsupportlaw[1][1].doc.pdf; child support letter to Sen. Wirch.htm; 50StateSurvey[2].wps.doc

Dear Senators and Representatives,

I am writing to you with a concern about our current legislation regarding child support for special needs children after the age of minority. Presently, in Wisconsin, our state statute allows for child support until the age of 18 or 19. After the age of 18 or high school graduation at age 19, the child is presumed to have the ability to live independently without any financial aid from either parent. Practical, yes, however, unrealistic in the case of a child who does not possess the mental capacity or physical capacity to live independently and support oneself.

In the United States, 36 states have either included language or have incorporated the state's common law which allows judges to address this particular issue. The Wisconsin Child Support Statute does not include language which would allow the judge to award child support to children with special needs who have reach the age of majority. A special needs child/adult relies on the parental support until a group home becomes available or in some cases, the child/adult continues to life with the parent or parents throughout their life. Not having extended child support affects the quality of life for that individual. Presently, a judge cannot even speak to requesting child support from parents because of the current state statute.

I have attached documents that support the need for language regarding child support beyond the age of minority for a child with special needs. The law firm of Friebert, Finnerty, and St. John, in particular Tom St. John and Jennifer Bolger have provided the research necessary to back this cause.

Currently, I am working with Senator Wirch and Representative Steinbrink and we have a preliminary drafted bill which hopefully will be introduced into legislation this year. Please take the time to review the attached documents and consider the value of adding language to our current Child Support Statute which would allow judges to address the issue if needed. This language would not cost taxpayers money, but would affect the life of the special needs child.

Thank you for your time and consideration. If you have any questions, please feel free to contact me at 1-262-496-0264 or email me. You may also contact Jennifer Bishop in Senator Wirch's office or Joe Brydges in Representative Steinbrink's office.

Warmest regards,

Diane Labanowsky

Diane Labanowsky MSN RN
 Associate Degree Nursing Instructor
 Gateway Technical College
 1-262-564-2746

* CR wants
 Info on Foster care
 kids from DTHFS in
 re: to insurance coverage
 after 18y.o.

7/25/2006

WISCONSIN'S CHILD SUPPORT STATUTE SHOULD PROVIDE COURTS WITH THE POWER TO AWARD CHILD SUPPORT POST-MINORITY FOR DISABLED AND SPECIAL NEEDS CHILDREN

CONCERN

Wisconsin's child support statute, § 767.25(4), Wis. Stats. only allows a court to award child support to a child "who is less than eighteen years old, or ... who is less than nineteen years old if the child is pursuing an accredited course of instruction leading to the acquisition of a high school diploma or its equivalent." Neither statute nor common law in Wisconsin allow for a court to consider the needs of a child with a disability beyond the above-stated age limitations. However, the financial needs of a disabled child typically continue into the child's majority as the child is not able to live independently despite his/her chronological age.

Typically, when parents of a disabled child divorce, one parent, the primary care giver, is faced with the financial burden of supporting the disabled child in his/her post-minority years. Not only are health care and living costs typically higher for an individual with special needs, but a disabled individual may not be able to work and earn an income to cover the costs associated with his/her daily living needs. There is a great need in Wisconsin to enact a law that gives a court the power to order that both parents be responsible for the financial needs of their disabled child post-minority.

Many other states across the country provide courts with the discretion to order parents of a disabled child to continue to pay child support into the disabled child's majority. Attached hereto is a table surveying the laws in other states as well as a summary of case law in Wisconsin addressing the limit on Wisconsin courts.

WHO DOES THIS AFFECT

The absence of a law in this area greatly affects divorced parents who provide primary care to a disabled child post-minority. Additionally, it affects disabled individuals who, if a law provided for financial support post-minority, might find a greater quality of life, more financial stability, increased independence, better access to health care and a more individualized level of care from their parents.

PURPOSE FOR STUDY

The purpose of the study is to research the need for a law to be enacted in Wisconsin which would empower courts to consider whether divorced parents should continue to provide financial support for a disabled child post-minority.

INTERESTED GROUPS

Disability Rights Wisconsin
WEAC
Wisconsin Council of Child and Family
Wisconsin Council on Development Disability
Department of Health and Human Services

50-STATE SURVEY OF LAWS PROVIDING POST-MINORITY CHILD SUPPORT FOR DISABLED CHILDREN

STATES WITH STATUTES: 26

STATES WITH COMMON LAW: 10

TOTAL: 36

STATE	STATUTE	COMMON LAW
1 Alabama	Ala. Code § 30-3-1	<i>Ex parte Brewington</i> , 445 So. 2d 294 (Ala. 1983) (stating that certain disabled children may be eligible for post-majority support).
2 Alaska		<i>Streb v. Streb</i> , 774 P.2d 798 (Alaska 1989) (stating that if a child is incapable of supporting himself or herself due to a mental or physical disability, the parents' duty to support continues after the age of majority).
3 Arizona	Ariz. Rev. Stat. Ann. § 25-320(E)(2)	"Every man and woman shall have the duty to provide all reasonable support for his or her natural and adopted minor, unemancipated, children, regardless of the presence or residence of the child in this state and in the case of mentally or physically disabled children, if the court, after considering the factors set forth in § 25-320, subsection A, deems it appropriate, the court may order support to continue past the age of majority." <i>Ferrer v. Ferrer</i> , 138 Ariz. 138, 140 (Ariz. Ct. App. 1983)
4 Arkansas	Ark. Code Ann. § 9-12-312(5)(B)	
5 California	Cal. Family Code § 3910(a)	
6 Colorado	Colo. Rev. Stat. Ann. § 14-10-115(1.5)(a)(II), (1.6)(b)	
7 Connecticut		
8 Delaware		
9 DC		<i>Nelson v. Nelson</i> , 548 A.2d 109 (D.C. Ct. App. 1988) (adopting a rule, in the absence of statutory authority, requiring parental support beyond the age of majority for truly disabled children).

50-STATE SURVEY OF LAWS PROVIDING POST-MINORITY CHILD SUPPORT FOR DISABLED CHILDREN

STATES WITH STATUTES: 26

STATES WITH COMMON LAW: 10

TOTAL: 36

1 0	Florida	Fla. Stat. Ann. § 743.07	
1 1	Georgia		
1 2	Hawaii	Haw. Rev. Stat. § 580-47(a)	
1 3	Idaho	Idaho Code Ann. § 32-1002	
1 4	Illinois	Ill. Comp. Stat. Ann. 5/513(1)	
1 5	Indiana	Ind. Code Ann. § 31-16-6-6	
1 6	Iowa	Iowa Code Ann. § 598.1(9)	
1 7	Kansas		<i>Latterra ex rel. Commercial Nat'l Bank v. Treaster</i> , 844 P.2d 724 (Kan. Ct. App. 1992) (explaining that a parent has no legal duty #to support a child beyond the age of majority, unless that child is physically or mentally unable to maintain and support herself); <i>Crain v. Mallone</i> , 113 S.W. 67 (Ky. 1908) (stating that the duty of a parent may not end when the child becomes an adult if the child is dependent on the parents).
1 8	Kentucky		
1 9	Louisiana	La. Rev. Stat. Ann. § 9:315.22(A)-(D)	
2 0	Maine		
2 1	Maryland		<i>Singer v. Singer</i> , 300 Md. 604 (1984) (imposing a parental duty to support an adult incapacitated child existed in this case regardless of the child's emancipation").

50-STATE SURVEY OF LAWS PROVIDING POST-MINORITY CHILD SUPPORT FOR DISABLED CHILDREN
STATES WITH STATUTES: 26
STATES WITH COMMON LAW: 10
TOTAL: 36

2 2	Massachusetts		<i>Feinberg v. Diamant</i> , 389 N.E.2d 998 (Mass. 1979) (imposing a duty on parents to support adult child who is incapable of supporting himself or herself).
2 3	Michigan		<i>Adkins v. Adkins</i> , 448 N.W.2d 741 (Mich. App. 1989), on rehearing 453 N.W.2d 256, appeal dismissed 451 N.W.2d 512 (1989) (stating that a mental or physical handicap is among the factors to be considered in determining whether exceptional circumstances exist such that child support should continue beyond the age of majority).
2 4	Minnesota	Minn. Stat. Ann. § 518.54, subdivision 2 (West 2002) (defining a child as one “incapable of self-support due to physical or mental condition”).	
2 5	Mississippi		
2 6	Missouri	Mo. Ann. Stat. § 452.340(4)	
2 7	Montana		<i>Maberry v. Maberry</i> , 598 P.2d 1115 (Mont. 1979) (declaring Montana’s public policy that requires parents to care for children who suffer from disabilities and are unable to care for themselves).
2 8	Nebraska		
2 9	Nevada	Nev. Rev. Stat. Ann. § 125B.200(2)(c)	
3 0	New Hampshire	N.H. Rev. Stat. Ann. § 461-A:14(IV)	
3 1	New Jersey	N.J. Stat. Ann. § 2A:34-23	

50-STATE SURVEY OF LAWS PROVIDING POST-MINORITY CHILD SUPPORT FOR DISABLED CHILDREN

STATES WITH STATUTES: 26

STATES WITH COMMON LAW: 10

TOTAL: 36

3	New Mexico		<i>Cohen v. Cohen</i> , 934 P.2d 279 (N.M. App. 1996) (imposing a duty on parents to support a severely disabled child if the disability existed before the child reached the age of majority).
2			
3	New York		
3	North Carolina		
4			
3	North Dakota		
5			
3	Ohio	Ohio Rev. Code Ann. § 3119.86 (A)(1)(a), 3109.01	
6			
3	Oklahoma	Okla. Stat. Ann. tit. 10, § 12	
7			
3	Oregon	Or. Rev. Stat. § 109.010	
8			
3	Pennsylvania		
9			
4	Rhode Island		
0			
4	South Carolina	S.C. Code Ann. § 20-7-420(A)(17)	
1			
4	South Dakota		
2			
4	Tennessee		<i>Sayne v. Sayne</i> , 284 S.W.2d 309 (Ct. App. Tenn. 1955) (adopting a rule to require parents to continue support for children that are incapable of caring for themselves).
3			
4	Texas	Tex. Family Code § 154.001(a)(4)	
4			

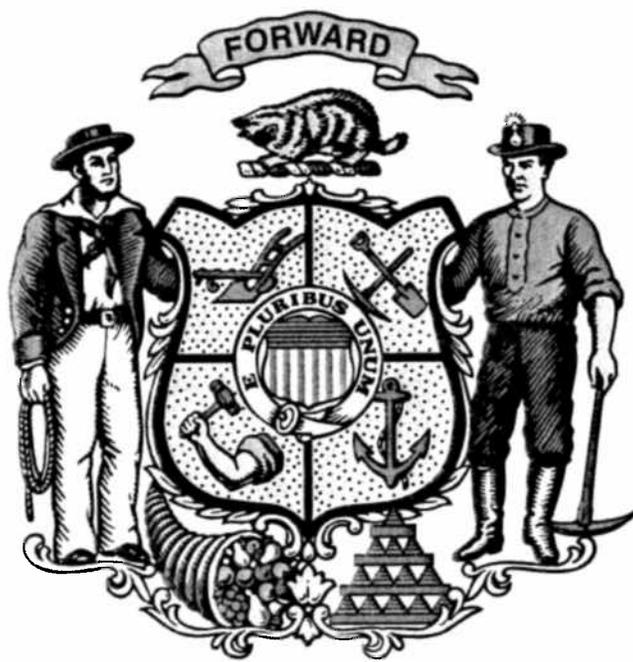
50-STATE SURVEY OF LAWS PROVIDING POST-MINORITY CHILD SUPPORT FOR DISABLED CHILDREN

STATES WITH STATUTES: 26

STATES WITH COMMON LAW: 10

TOTAL: 36

4	Utah	Utah Code Ann. § 78-45-2(6)(c)	
5			
4	Vermont		
6			
4	Virginia	Va. Code Ann. § 16.1-278.15(A)	
7			
4	Washington		
8			
4	West Virginia	W. Va. Code Ann. § 48-11-103(b)	
9			
5	Wisconsin		
0			
5	Wyoming	Wyo. Stat. Ann. § 14-2-204(a)	
1			



Malszycki, Marcie

From: Malszycki, Marcie
Sent: Monday, July 31, 2006 2:32 PM
To: 'Laura Tobler'
Subject: Senate Select Committee on 9/27

Dear Laura,

Thank you for the information that you sent to Allison, our intern. Senator Roessler reviewed it and she is interested in having you speak at the hearing regarding the following states:

1. Kentucky
2. New Jersey
3. New Mexico
4. Oklahoma ✓
5. Tennessee
6. Vermont
7. West Virginia

8. Florida
9. S. Carolina

She also wanted to know if you could provide her with in-depth information on Kentucky as soon as possible.

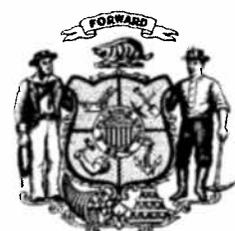
Carol also wants to know what coverage's are included in catastrophic only plans and if MA models are effective in reducing cost? Also, she would like you to present on HSA's if possible and anything you would recommend to the committee. The committee's purpose is to make recommendations to the governor regarding health care reform.

Thank you and please contact me if you have any questions or concerns.

Marcie Malszycki
Office of Senator Carol Roessler
608-266-5300



WISCONSIN STATE LEGISLATURE





The **Hamilton Consulting Group, LLC**
Legislative, Regulatory & Information Services

Patrick J. Osborne

10 E. Doty St., Suite 500
Madison, WI 53703

Phone: (608) 258-9506
Fax: (608) 283-2589

osborne@hamilton-consulting.com

www.hamilton-consulting.com

*Pat
Distributed to
Co-Chairs only -
more as an FYI
than anything.*



Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group (DEHPG)

AUG 22 2006

From: Director
Disabled and Elderly Health Programs Group

Subject: Digital Healthcare Inquiries

To: All Associate Regional Administrators
Division of Medicaid and State Operations

We have become aware that numerous health care plans and other payers and providers have received letters and follow-up automated phone calls from a company named Digital Healthcare (Digital). From a review of copies of the letters that have been shared with CMS it is apparent that Digital is requesting that health plans and managed care organizations "open a gateway" to their subscriber/dependent eligibility files and either send their entire eligibility files to Digital, or respond to eligibility inquiries from Digital. The broadcast letters, in various iterations, state that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires these other covered entities to conform with this request.

It is CMS policy that neither the Administrative Simplification provisions of HIPAA nor the Transactions and Code Sets Standards Rule (codified at 45 C.F.R. Parts 160 and 162) addresses with whom a covered entity may choose to do, or not to do, business. Consequently, these provisions do not prohibit health plans from rejecting standard transactions based on business reasons other than the fact that the transactions are "standard transactions." See 45 C.F.R. § 162.925(a)(2). Additionally, see the preamble language at 65 FR at 50315 which states:

"[W]hile we interpret HIPAA to mean that a health plan cannot refuse to conduct a transaction because it is a standard transaction, we do not believe that use of standard transaction can create a relationship or liability that does not exist."

See also the preamble language at 50336 which notes the need for covered entities to agree to exchange transactions before the standard can be required:

"Under this rule health plans are only required to accept COB transactions from other entities, including those that are not covered entities, with which they have trading partner agreements to conduct COB. Once such an agreement is in place, a health plan may not refuse to accept and process a COB transaction on the basis that it is a standard transaction. For example, a health plan receives a standard ASC X12N 837 transaction from a health care provider with which it has a COB trading partner agreement. If the health plan is not the primary payer, it must accept and process the COB information to adjudicate the claim. If the

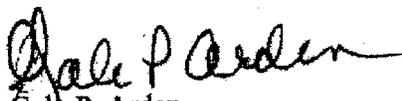
health plan has decided to conduct COB transactions with another payer, it must accept and store the COB information to use in a COB transaction with the other payer. If the health plan is the primary payer and does not have a trading partner agreement with the secondary payer, then it may simply dispose of the COB information and leave the COB activity up to the health care provider. If a health plan electronically conducts COB with another health plan it must do so using the standard transaction. A health care provider that chooses to conduct COB electronically with a health plan must do so using the standard transaction. A COB transmission between a health care provider and a payer that is not a health plan would not be subject to the requirements of this rule; nor would the transmission of a COB transaction from a health plan to another payer that is not another health plan."

In their letters, Digital states that they are representing the Medicaid programs in the States of Arkansas or Kansas in performing claims audits. If health plans would respond to requests from these State Medicaid programs, they could respond to representatives of the programs. If there is any concern about Digital, health plans should contact the respective State Medicaid program.

If a health plan or provider should make a voluntary decision to enter into a business relationship with Digital or any other private company making such a request, we stress that necessary Trading Partner Agreements be negotiated and put in place; that personally identifiable health information be protected by sharing the minimally necessary amount to accomplish the intended result and that the health plan or provider ensure that Digital Healthcare or any other contractor has a plan in place for safeguarding this information. This would include assuring the data is only used for the intended purpose and that there are security arrangements to safeguard the data when it is placed in storage.

We hope that this memorandum is helpful to Regional Offices in responding to inquiries you may receive from States or others on this issue. The CMS Office of E-Health Standards and Services (OESS) is the CMS lead for information on HIPAA transactions and code set issues. Questions related to HIPAA generally may be directed to Stanley Nachimson at 410-786-6513.

If you have any questions regarding this information, please call Phil Otto at 410-786-7252.


Gale P. Arden



Malszycki, Marcie

From: Dan Roth [droth@sncmfg.com]
Sent: Thursday, September 14, 2006 10:43 AM
To: aclark@4imprint.com; barbara.byrnese@aurora.org; Brad. Cauffman@Oshkosh. K12. Wi. Us (E-mail); clehner@oshtruck.com; cubbelohde@lutheranhomes.com; droth@sncmfg.com; dskoglund@waldan.com; ecdougherty@badgerfederal.com; fbau@co.winnebago.wi.us; garyn@sawing.com; heuer@uwosh.edu; Jeffschneider@Oshkoshymca. Org (E-mail); jfitzpatrick@ci.oshkosh.wi.us; jfranz@arrowheadconveyor.com; jniemuth@affinityhealth.org; john.sprangers@oshkosh.k12.wi.us; john@oshkoshchamber.com; jrjanes@omscom.com; jsharon@bgosh.com; Kdward@Bemis. Com (E-mail); kerry.mitchell@usbank.com; kkryzaniak@eaa.org; lmugerauer@radtkecontractors.com; mary.curtin@4imprint.com; mbenak@oshtruck.com; mharvey@mileskimball.com; Mike. Hert@Aurora. Org (E-mail); mpolishinski@co.winnebago.wi.us; Mrohrkaste@Oshtruck. Com (E-mail); mvandyke@suburbanelectric.com; mzito@citizensfirst.com; pkufelebben@lutheranhomes.com; Rep.Underheim; rherneke@wpsr.com; ron_nielsen@mercmarine.com; sboettcher@mileskimball.com; Sen.Roessler; Sjenkins@Networkhealth. Com (E-mail); Sonnleit@Uwosh. Edu (E-mail); sue@oshkoshunitedway.org; tony.clementi@axletech.com; trepenshek@buckstaff.com; vgallucc@affinityhealth.org; wbracken@dkattorneys.com
Subject: FW: BidRx Program

-----Original Message-----

From: John Casper [mailto:John@oshkoshchamber.com]
Sent: Thursday, September 14, 2006 10:47 AM
To: Dan Roth
Subject: BidRx Program

Dan,

Would you be able to forward the following email on to members of the OBCOH?

Employers can lower their prescription benefit costs with BidRx

Act now!

The Oshkosh Chamber of Commerce has entered a partnership with BidRx to reduce prescription drug costs for employers and their employees.

This is a no cost benefit to you for a limited time. If you choose BidRx for your prescription drug benefit by January 31, 2007, administrative fees will be waived, thanks to a partnership between BidRx and your Oshkosh Chamber of Commerce.

Call (920)230-6200 to sign up now!

Oshkosh Chamber members who enter an agreement with BidRx after January 31 will pay \$2.50 per employee per month, a 20 percent savings.

Please complete the tutorial at www.BidRx.com for more information.

Or, to learn more from BidRx representatives, attend one of our free informational meetings:

8 to 10 a.m. September 28 • LaSure's Hall, Oshkosh

Call the Chamber at (920)303-2266 to register for this meeting.

You may also contact BidRx, LLC at (920)230-6200 for more information or contact John Casper at (920)303-2265, ext. 18, or john@oshkoshchamber.com

John Casper
President/CEO
(920) 303-2265 ext. 18
john@oshkoshchamber.com
www.oshkoshchamber.com

--

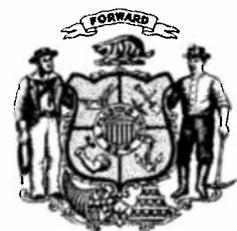
No virus found in this incoming message.
Checked by AVG Free Edition.
Version: 7.1.405 / Virus Database: 268.12.3/447 - Release Date: 9/13/2006

--

No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.405 / Virus Database: 268.12.3/447 - Release Date: 9/13/2006



WISCONSIN STATE LEGISLATURE



Stegall, Jennifer

Subject: FW: Senate Select Committee Hearing, Healthcare reform

From: Malszycki, Marcie
Sent: Tuesday, September 19, 2006 2:35 PM
To: Stegall, Jennifer
Subject: FW: Senate Select Committee Hearing, Healthcare reform

This email is from Glen Pollack who will, as well as others, be at the 9/27 hearing. I already shared this information with Dave but thought you may want it.

Marcie Malszycki
Office of Senator Carol Roessler
608-266-5300

From: Glen Pollack [mailto:GPollack@thomasinsurancegroup.com]
Sent: Friday, September 15, 2006 7:45 AM
To: Malszycki, Marcie
Subject: FW: Senate Select Committee Hearing, Healthcare reform

Hello Marcie,

Thank you very much for the information on the Senate Hearing coming up Sept. 27. Tom Kellenberger and Ralph Kalies will present to the committee from BidRx. Their full names and titles are listed below in Tom's email. Tom also has a couple of questions regarding their presentation. Would you please address these questions and get back to me?

Glen Pollack, President and Brad Vnuk, Vice-President of Health Options For Tomorrow LLC will also be at the hearing. Health Options For Tomorrow LLC is a marketing company that teaches consumers how to use BidRx. Brad and I want to see what questions are asked and we want to see how the committee reacts to the BidRx concept.

I look forward to your response,

Glen A. Pollack, CIC

From: Tom Kellenberger [mailto:tom.kellenberger@gmail.com] **On Behalf Of** tom.kellenberger
Sent: Thursday, September 14, 2006 8:47 PM
To: Glen Pollack; 'Ralph Kalies'
Cc: 'Brad Vnuk'
Subject: RE: Senate Select Committee Hearing, Healthcare reform

Hi Glen. Ralph and I will be there. Dr. Ralph Kalies is CEO and Dr. Tom Kellenberger is VP, Sales & Marketing.

Will we be able to use our projector to show slides about how BidRx works or show the website & how it works? Maybe even play the 7 minute tutorial for consumers?

Thanks.

09/19/2006

Tom

BidRx, LLC
763.442.6657 (cell)
tom.kellenberger@bidrx.com

This e-mail is intended for the addressee shown. It contains information that is confidential and protected from disclosure. Any review, dissemination or use of this transmission or its contents by persons or unauthorized employees of the intended organizations is strictly prohibited. If applicable, please notify the undersigned that you believe you have received this message in error, and then PLEASE DELETE THIS MESSAGE. Thank you.

From: Glen Pollack [mailto:GPollack@thomasinsurancegroup.com]
Sent: Thursday, September 14, 2006 2:27 PM
To: Ralph Kalies; tom.kellenberger@BidRx.com
Cc: Brad Vnuk
Subject: Senate Select Committee Hearing, Healthcare reform

The date for the hearing is September 27th. The starting time is at 10:00 AM however, the first person to present will go from 10:00 AM till 11:00 AM. BidRx will present some time after 11:00 AM. Marcie said she would try to give us a more definite time frame as we get closer to the date. The meeting will be in the State Capital in Room 411 South. BidRx will have 20-30 minutes including question and answer time to present at this hearing.

I need to let Marcie know who will be at the meeting representing BidRx. Please get back to me ASAP so I can let Marcie know. I believe the last time I spoke to Tom and Ralph you both would be at this meeting. Please confirm this for me. Would you like me to give them any titles for you?

Thank you,

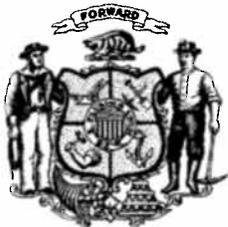
Glen

Thomas Insurance Group
303 Pearl Avenue
P.O. Box 3387
Oshkosh, WI 54903-3387
Phone:920-235-6461
Fax:920-235-3186

09/19/2006



WISCONSIN STATE LEGISLATURE



Stegall, Jennifer

Subject: FW: BidRx Program

From: Malszycki, Marcie
Sent: Wednesday, September 20, 2006 10:28 AM
To: Stegall, Jennifer
Subject: FW: BidRx Program

CR email...in the Bid Rx folder I believe I put in there an email about signing up for Bid Rx. I think that is what he is responding too. Glen Pollack is the contact person that is coming to the hearing.

Marcie Malszycki
Office of Senator Carol Roessler
608-266-5300

From: Tom Sonnleitner [mailto:sonnleit@uwosh.edu]
Sent: Wednesday, September 20, 2006 9:54 AM
To: Harvey, Margie; Dan Roth; aclark@4imprint.com; barbara.byrnese@aurora.org; Brad. Cauffman@Oshkosh.K12. Wi. Us (E-mail); clehner@oshtruck.com; cubbelohde@lutheranhomes.com; dskoglund@waldan.com; ecdougherty@badgerfederal.com; fbau@co.winnebago.wi.us; garyn@sawing.com; heuer@uwosh.edu; Jeffschneider@Oshkoshymca. Org (E-mail); jfitzpatrick@ci.oshkosh.wi.us; jfranz@arrowheadconveyor.com; jniemuth@affinityhealth.org; john.sprangers@oshkosh.k12.wi.us; john@oshkoshchamber.com; jrjanes@omscom.com; jsharon@bgosh.com; Kdward@Bemis. Com (E-mail); kerry.mitchell@usbank.com; kkryzaniak@eaa.org; lmugerauer@radtkecontractors.com; mary.curtin@4imprint.com; mbenak@oshtruck.com; Mike. Hert@Aurora. Org (E-mail); mpolishinski@co.winnebago.wi.us; Mrohrkaste@Oshtruck. Com (E-mail); mvandyke@suburbanelectric.com; mzito@citizensfirst.com; pkufeleben@lutheranhomes.com; Rep.Underheim; rherne@wpsr.com; ron_nielsen@mercmarine.com; Boettcher, Susan; Sen.Roessler; Sjenkins@Networkhealth. Com (E-mail); sue@oshkoshunitedway.org; tony.clementi@axletech.com; trepenshek@buckstaff.com; vgallucc@affinityhealth.org; wbracken@dkattorneys.com; heuer@uwosh.edu
Subject: RE: BidRx Program

I'm interested in signing the University up for this program, but am not quite sure how to pull it off. If anyone has an idea on how to get us on this track, I'd like to talk it through. Thanks, Tom Sonnleitner

At 04:13 PM 9/14/2006, Harvey, Margie wrote:

Hello all,

I know that the Chamber is signing up, along with SNC. Is anyone else signing up? I'm just curious?

Margie Harvey
VP, Human Resources
Miles Kimball Company
(920) 232-6409

09/20/2006

From: Dan Roth [mailto:droth@sncmfg.com]

Sent: Thursday, September 14, 2006 10:43 AM

To: aclark@4imprint.com; barbara.byrnes@aurora.org; Brad. Cauffman@Oshkosh. K12. Wi. Us (E-mail); clehner@oshtruck.com; cubbelohde@lutheranhomes.com; droth@sncmfg.com; dskoglund@waldan.com; ecdougherty@badgerfederal.com; fbau@co.winnebago.wi.us; garyn@sawing.com; heuer@uwosh.edu; Jeffschneider@Oshkoshymca. Org (E-mail); jfitzpatrick@ci.oshkosh.wi.us; jfranz@arrowheadconveyor.com; jniemuth@affinityhealth.org; john.sprangers@oshkosh.k12.wi.us; john@oshkoshchamber.com; jrjanes@omscom.com; jsharon@bgosh.com; Kdward@Bemis. Com (E-mail); kerry.mitchell@usbank.com; kkryzaniak@eaa.org; lmugerauer@radtkecontractors.com; mary.curtin@4imprint.com; mbenak@oshtruck.com; Harvey, Margie; Mike. Hert@Aurora. Org (E-mail); mpolishinski@co.winnebago.wi.us; Mrohrkaste@Oshtruck. Com (E-mail); mvandyke@suburbanelectric.com; mzito@citizensfirst.com; pkufelebben@lutheranhomes.com; rep.underheim@legis.state.wi.us; rhernke@wpsr.com; ron_nielsen@mercmarine.com; Boettcher, Susan; Sen. Roessler@Legis. State. Wi. Us (E-mail); Sjenkins@Networkhealth. Com (E-mail); Sonnleit@Uwosh. Edu (E-mail); sue@oshkoshunitedway.org; tony.clementi@axletech.com; trepenshek@buckstaff.com; vgallucc@affinityhealth.org; wbracken@dkattorneys.com

Subject: FW: BidRx Program

-----Original Message-----

From: John Casper [mailto:John@oshkoshchamber.com]

Sent: Thursday, September 14, 2006 10:47 AM

To: Dan Roth

Subject: BidRx Program

Dan,

Would you be able to forward the following email on to members of the OBCOH?

Employers can lower their prescription benefit costs with BidRx

Act now!

The Oshkosh Chamber of Commerce has entered a partnership with BidRx to reduce prescription drug costs for employers and their employees.

This is a no cost benefit to you for a limited time. If you choose BidRx for your prescription drug benefit by January 31, 2007, administrative fees will be waived, thanks to a partnership between BidRx and your Oshkosh Chamber of Commerce.

Call (920)230-6200 to sign up now!

Oshkosh Chamber members who enter an agreement with BidRx after January 31 will pay \$2.50 per employee per month, a 20 percent savings.

Please complete the tutorial at www.BidRx.com for more information.

Or, to learn more from BidRx representatives, attend one of our free informational meetings:

8 to 10 a.m. September 28 • LaSure's Hall, Oshkosh

Call the Chamber at (920)303-2266 to register for this meeting.

You may also contact BidRx, LLC at (920)230-6200 for more information
or contact John Casper at (920)303-2265, ext. 18, or john@oshkoshchamber.com

John Casper
President/CEO
(920) 303-2265 ext. 18
john@oshkoshchamber.com
www.oshkoshchamber.com

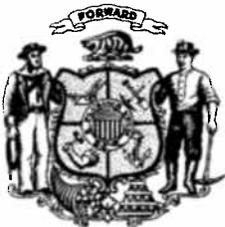
--
No virus found in this incoming message.
Checked by AVG Free Edition.
Version: 7.1.405 / Virus Database: 268.12.3/447 - Release Date: 9/13/2006

--
No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.405 / Virus Database: 268.12.3/447 - Release Date: 9/13/2006

Tom Sonnleitner, Vice Chancellor for Administrative Services
University of Wisconsin Oshkosh
232G Dempsey Hall, 800 Algoma Boulevard, Oshkosh, WI 54901
Voice: 920-424-3030; Cell: 920-420-2030; FAX: 920-424-2240



WISCONSIN STATE LEGISLATURE



*Uly
Johnson*

*Call
Dept -
Tostify*

Stegall, Jennifer

Subject: FW: Select Health Committee hearing notice

*9/2
Called
Ken.*

From: Volz, David
Sent: Wednesday, September 20, 2006 11:31 AM
To: Stegall, Jennifer
Subject: RE: Select Health Committee hearing notice

This is the list of presenters. The Co-ops would prefer not to present for reasons I'll tell you about this afternoon. I extended an invite to the Madison Chamber. They have a small business committee that might want to be added but I haven't heard a confirmation yet. It's 50-50 anyway

*ARE OK -
OK for DHFS
to attend in
Oct.?*

Laura Tobler, National Conference of State Legislatures
Providing Access to Health Care for the Uninsured: State Activities

Cheryl DeMars, CEO, The Alliance, Madison
Employer Health Care Alliance Cooperative

Dr. Ralph Kalies, CEO, BidRx
Dr. Tom Kellenberger, VP Sales & Marketing, Bid Rx

Doug McIntosh, Digital Health Care

DHFS



WISCONSIN STATE LEGISLATURE



Stegall, Jennifer

Subject: FW: Oct 17th Select Committee on Health Care Reform hearing

-----Original Message-----

From: Hermes, Ron

Sent: Friday, September 22, 2006 9:54 AM

To: Stegall, Jennifer

Subject: Re: Oct 17th Select Committee on Health Care Reform hearing

Thanks Jennifer.

>>> "Stegall, Jennifer" <Jennifer.Stegall@legis.wisconsin.gov> 09/21/06

2:33 PM >>>

Hi Ron,

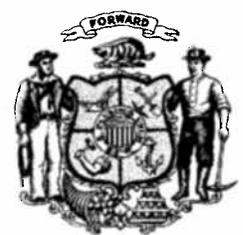
Both Carol and Alberta are fine with the Department testifying on Oct 17th regarding MA.

I will follow up with you regarding whether the co-chairs want the Dept.
to also speak about long term care.

Thanks!
Jennifer



WISCONSIN STATE LEGISLATURE



Stegall, Jennifer

Subject: FW: BidRx
Attachments: 9-25-06 BidRx Seminars.pdf; 9-25-06 BidRx Website.pdf

From: Stegall, Jennifer
Sent: Monday, September 25, 2006 3:51 PM
To: 'tf2@quarles.com'
Subject: BidRx

Hi Tom,

Here is a link to the BidRx website that provides a good Q and A. I took a closer look and this is something Navitus will want to keep an eye on. I initially thought it was something the uninsured would find valuable but it looks like employers can use BidRx to save on prescription drug costs as well.

Here is the link:
www.bidrx.com/about_us/faq.html

I have attached two articles as well.

Let me know if Navitus wants to testify at the hearing or if there are any specific questions you want Sen. Roessler to ask of the BidRx speakers. I can't guarantee she will ask them but I can talk to her about it.

Thanks,
Jennifer



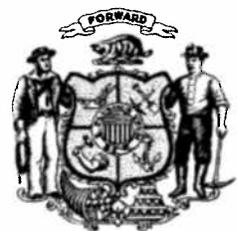
9-25-06 BidRx
Seminars.pdf (1...



9-25-06 BidRx
Website.pdf (453...



WISCONSIN STATE LEGISLATURE



Stegall, Jennifer

Subject: FW: Hearing this week

From: Stegall, Jennifer
Sent: Monday, September 25, 2006 12:16 PM
To: Volz, David
Subject: Hearing this week

Hey,

Laura Tobler, per Carol's request, is modifying her presentation. Her focus will be on what states are doing to make health care more affordable and save money rather than what states are doing to increase access to care. I've listed below the subject areas she plans on discussing. I am going to revise the hearing notice to reflect that she will be discussing health care cost reform rather than access.

Small employer initiatives

Prevention and primary care and personal responsibility (within MA)

Consumer directed health care..HSA's

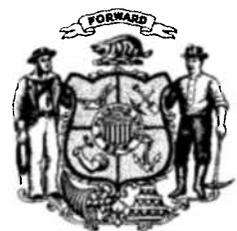
The fact that states need to address LTC (she won't be going into any detail in terms of LTC reform)

Let me know if you have any concerns.

Thanks,
Jennifer



WISCONSIN STATE LEGISLATURE





JUDY ROBSON
Senate Democratic Leader

FOR IMMEDIATE RELEASE
September 27, 2006

CONTACT: Sen. Robson
Capitol: 608-266-2253

Are They Getting the Picture?

Robson Prods Senate Select Committee to Embrace Reform

As the Senate Select Committee on Health Care Reform adds more hearings to its agenda, Senate Democratic Leader Judy Robson holds out hope that the Republicans will realize that fundamental, far-reaching reform is what is needed to rein in health care costs and insure more people.

"Today's committee hearing centered on finding new ways for you and I to pay ever-increasing health care costs instead of getting to the core of the problem, which is to rein in health care costs," Robson said. "I hope the Republicans understand the meaning of the word 'reform'."

Robson noted that the Congressionally-appointed Citizens' Health Care Working Group will present a report to President Bush on Monday that shows that Americans favor a basic guaranteed level of coverage for all citizens.

"This task force heard from 6,650 citizens at 84 meetings around the nation, and another 14,000 via the Internet," Robson said. "The task force concluded that Americans want a system that guarantees health care for everyone. When will the Republicans in the Wisconsin Legislature come to that conclusion? Holding public hearings is fine, but sooner or later we will have to take the bull by the horns. Wisconsin has the opportunity to be a trailblazer in health care reform. We can show the rest of the country how to do it right."

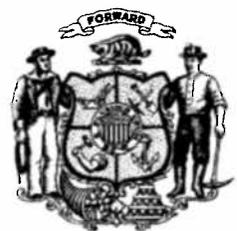
"By the umpteenth meeting, I hope it would dawn on the Republican members of the committee that we can no longer take a piecemeal, patchwork approach to the health care crisis," Robson said. "Report after report shows that health care costs are escalating beyond our power to pay. They are cutting into family savings and business profits. Employers are dropping health insurance like a hot potato. Across the country, people are realizing that we can't tinker around the edges to solve this problem. We have to tackle it head-on."

The Kaiser Family Foundation released a report this week showing that health insurance premiums have gone up 78 percent since 2000, while wages have increased only 20 percent. The proportion of employers offering health benefits fell from 69 percent to 61 percent since 2000. And the nation added 1.3 million people to the ranks of the uninsured in 2005.

-END-



WISCONSIN STATE LEGISLATURE



Stegall, Jennifer

Subject: FW: WI - Yesterday's Hearing
Attachments: HP EDI-Solve Letters 02 09 06.pdf

From: Malszycki, Marcie
Sent: Thursday, September 28, 2006 3:28 PM
To: Stegall, Jennifer
Subject: FW: WI - Yesterday's Hearing

CR email

Marcie Malszycki
Office of Senator Carol Roessler
608-266-5300

From: Doug McIntosh [mailto:dmcintosh@dhinc.biz]
Sent: Thursday, September 28, 2006 3:23 PM
To: Sen.Roessler
Cc: Tony Langenohl
Subject: WI - Yesterday's Hearing

Dear Sen. Roessler:

It was good of you to invite Digital Healthcare to participate in yesterday's hearing, and I was especially pleased to deliver our testimony.

During the hearing I mentioned letters from our technology partners and am attaching them for your reference.

Our IT has a heads-up about renewed probability of a discussion with Medicaid's computer people and I hope to have that happen very soon. You can be sure I will fill you in on the results of that meeting.

Thank you for your continuing interest in Digital's program and how we could assist implementing some of the DRA mandates for coordination of benefits. Having your support and guidance has been a great assist and all of us here appreciate it.

Cordially,

Doug McIntosh

--
No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.407 / Virus Database: 268.12.9/458 - Release Date: 9/27/2006

09/28/2006

20 February 2006



Hewlett-Packard Company

Richard Godoy
President
Digital Healthcare, Inc.
9700 Rockside Rd. #110
Cleveland, OH 44125

Dear Sir:

Hewlett-Packard is listed as the 14th largest US corporation by *Fortune Magazine*, with a very broad global footprint in information technology as indicated by our \$80 Billion in sales. Since a recent change in corporate administration the price of our stock has risen from \$18 to \$33 per share.

Our company was selected ten years ago by Digital Healthcare as your technology partner. Our NonStop platform has a sterling record among stock exchanges, banks, teleco's and other institutions requiring high-transaction volumes, uncompromising security and mission-critical solutions.

Since we learned of Digital Healthcare's unique service offering and its value in improving the fiscal integrity of medical providers and health plans, we have been as enthusiastic and supportive a partner in the hard work of building a new enterprise as any large company possibly could be.

Earlier today I signed an agreement with your Chief of Staff to leverage HP's Advanced Technology Center and its tens of millions of dollars of NonStop systems. Through this arrangement, HP resources will assist Digital Healthcare in conducting an audit of your COB functionality on the NonStop platform. Additionally, HP will provide interim application services for your initial customer, and assist Digital Healthcare in the transition to your own data centers.

This agreement also means that capital expenditures otherwise required before millions of dollars of revenue flow, is mitigated to some degree. This arrangement betokens our faith in this project as both feasible and important to the nation, and we are proud to be able to help.

As before, I'm available by cell phone for any interested party.

Sincerely,

A handwritten signature in black ink, appearing to read 'Pete Coppel', written over a horizontal line.

Pete Coppel
HP NonStop Account Manager
502-552-2711

EDI-Solve, Inc.
Eustis, Florida

09 March 2006

Richard Godoy
President
Digital Healthcare, Inc.
9700 Rockside Rd. #110
Cleveland, OH 44125

Dear Sir:

Last year, our firm, a medical electronic commerce custom software publisher with a long and proven track record of successful deployments including several on the HP Non-Stop platform, was introduced to your firm by Hewlett-Packard, and selected to complete custom coding to bring your Simulator to life on the industry's most robust systems design.

I'd like to add a personal note that our lengthy experience in this market niche tells us that your brilliant innovations are the most-needed product in the industry group. The goal of guaranteeing that false claims cannot be filed against taxpayer-supported health plans nationwide, while also cutting the cost of manual business processes has galvanized my entire development team.

Yesterday, we reported the condition of this massive project to your Chief of Staff and IT Director. This complicated business process, and the idea of parsing 48 Trillion data items per year would be daunting, if at all possible, on any other platform.

We have three weeks of minor refinements to meet the standard of exactitude, at which point your deployment at the HP Advanced Technology Center will be ready to receive your code and face the rigorous audit your team have devised by the end of this month.

I have 25 years in this profession and have deployed e-commerce solutions at Blue Cross, PCS, and many other large entities. Please accept this as my report on the pre-audit meeting that our code will pass audit and, on the Non-Stop, will deliver the results Digital Healthcare has asked for and tested with clients through its Simulator.

We look forward with great excitement to our role in improving the fiscal integrity of US healthcare finance.

Yours,



Steve Baugh