

2007 SENATE BILL 147

April 13, 2007 – Introduced by Senators ROESSLER, DARLING, OLSEN and SCHULTZ, cosponsored by Representatives STRACHOTA and ALBERS. Referred to Committee on Health and Human Services.

1 **AN ACT to create** 49.45 (55), 49.45 (56), 49.665 (4g) and 49.665 (4m) of the
2 statutes; **relating to:** requiring a disease management program and health
3 risk assessments.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers the Medical Assistance (MA) program and the Badger Care health care program, which provide health care benefits for eligible individuals (generally, pregnant women, certain children, and elderly or disabled individuals, all of whom must meet specific low-income or low asset requirements). Families, children who do not reside with their parents, and unborn children whose mothers are not eligible for MA or Badger Care may be eligible for Badger Care if their incomes do not exceed 185 percent of the federal poverty line and they meet certain nonfinancial criteria.

This bill requires that a physical health risk assessment be performed for every individual who is eligible for MA or for Badger Care. Based on the health conditions identified by the health risk assessments, DHFS must develop and implement, for MA and Badger Care recipients, disease management programs. These programs must use information science to improve health care delivery; educate health care providers on health care process improvement by developing best practice models; improve and expand care management programs; establish a system of provider

SENATE BILL 147

compensation that is aligned with clinical quality, practice management, and care cost; and focus on patient care interventions for certain chronic conditions.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 49.45 (55) of the statutes is created to read:

2 **49.45 (55) DISEASE MANAGEMENT PROGRAM.** Based on the health conditions
3 identified by the physical health risk assessments required to be performed under
4 sub. (56), the department shall develop and implement, for Medical Assistance
5 recipients, disease management programs that are similar to that developed and
6 followed by the Marshfield Clinic in this state under the Physician Group Practice
7 Demonstration Program authorized under 42 USC 1315 (e) and (f). These programs
8 shall have at least the following characteristics:

9 (a) The use of information science to improve health care delivery by
10 summarizing a patient's health status and providing reminders for preventive
11 measures.

12 (b) Educating health care providers on health care process improvement by
13 developing best practice models.

14 (c) The improvement and expansion of care management programs to assist in
15 standardization of best practices, patient education, support systems, and
16 information gathering.

17 (d) Establishment of a system of provider compensation that is aligned with
18 clinical quality, practice management, and cost of care.

19 (e) Focus on patient care interventions for certain chronic conditions, to reduce
20 hospital admissions.

21 **SECTION 2.** 49.45 (56) of the statutes is created to read:

SENATE BILL 147

1 **49.45 (56) PHYSICAL HEALTH RISK ASSESSMENT.** For each individual who is
2 determined to be eligible for Medical Assistance, the department shall cause to be
3 performed a physical health risk assessment.

4 **SECTION 3.** 49.665 (4g) of the statutes is created to read:

5 **49.665 (4g) DISEASE MANAGEMENT PROGRAM.** Based on the health conditions
6 identified by the physical health risk assessments required to be performed under
7 sub. (4m), the department shall develop and implement, for individuals who are
8 eligible under sub. (4), disease management programs that are similar to that
9 developed and followed by the Marshfield Clinic in this state under the Physician
10 Group Practice Demonstration Program authorized under 42 USC 1315 (e) and (f).
11 These programs shall have at least the following characteristics:

12 (a) The use of information science to improve health care delivery by
13 summarizing a patient's health status and providing reminders for preventive
14 measures.

15 (b) Educating health care providers on health care process improvement by
16 developing best practice models.

17 (c) The improvement and expansion of care management programs to assist in
18 standardization of best practices, patient education, support systems, and
19 information gathering.

20 (d) Establishment of a system of provider compensation that is aligned with
21 clinical quality, practice management, and cost of care.

22 (e) Focus on patient care interventions for certain chronic conditions, to reduce
23 hospital admissions.

24 **SECTION 4.** 49.665 (4m) of the statutes is created to read:

