



**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

**Committee on ... Health, Health Insurance,
Privacy, Property Tax Relief, and Revenue
(SC-HHIPTRR)**

COMMITTEE NOTICES ...

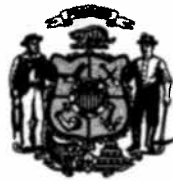
- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

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**

**DEPARTMENT OF EMPLOYEE
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**State of Wisconsin
Governor Jim Doyle**

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June 1, 2010

The Honorable Jon B. Erpenbach
Chairman, Committee on Health, Health Insurance,
Privacy, Property Tax Relief, and Revenue
8 South, State Capitol
Madison, WI 53702

The Honorable David Hansen
Chairman, Committee on Public Health, Senior Issues,
Long-Term Care, and Job Creation
18 South, State Capitol
Madison, WI 53702

Dear Senators Erpenbach and Hansen:

Wis. Stat. § 153.05 (2s) directs the Department of Health Services and the Department of Employee Trust Funds to jointly prepare an annual report on the activities of the Wisconsin Health Information Organization (WHIO). The Departments are required to submit this report to the standing committees of the Legislature with jurisdiction over health issues.

At both the national and state levels, efforts are under way to transform health care through the use of health information technology (HIT). The American Recovery and Reinvestment Act of 2009 appropriated over \$35 billion to advance the adoption of electronic health records and to create standardized electronic health information exchange (HIE). Health IT allows comprehensive management of medical information and its secure exchange between health care consumers and providers. Broad use of HIT has the potential to improve health care quality, prevent medical errors, increase the efficiency of care, reduce unnecessary health care costs, increase administrative efficiencies, decrease paperwork, expand access to affordable care, and improve population health.

WHIO is just one example of Wisconsin's leadership in using electronic health information to drive changes in the health care system and prepares Wisconsin well to move forward in developing statewide HIE—an effort that is proceeding under the stewardship of the WIRED for Health Board. As a result of the ground-breaking work done by WHIO, and once statewide HIE becomes available, both public and private sector health care purchasers will have the ability to measure the quality and price of health care services and use that information to increase the value of future purchases. Health care providers will be better able to identify where quality and cost variation exists and answer the question, "What care provides the most value to patients?"

Senators Erpenbach and Hansen

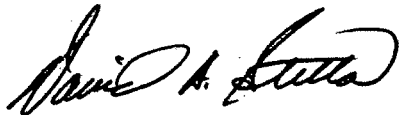
June 1, 2010

Page 2

WHIO is an excellent example of a collaborative public-private partnership and an extremely important initiative for Wisconsin to achieve transparency in health care and promote better health care outcomes for the people of Wisconsin. We continue to be fully committed to working in partnership with the other health care stakeholders across the state through WHIO.

Please find enclosed the second annual report on the activities of WHIO, as well as a fact sheet on WHIO, and a Frequently Asked Questions document. If you have any questions, please contact Denise Webb, State Health IT Coordinator, at (608) 267-6767.

Sincerely,



David A. Stella, Secretary
Department of Employee Trust Funds

Sincerely,



Karen E. Timberlake, Secretary
Department of Health Services

Enclosures

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

May 2010

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). WHIO was formed to collect and aggregate health care claims data into a centralized repository (“Data Mart”) and subsequently analyze and report on the delivery of health care in Wisconsin.

WHIO is a collaborative, public-private partnership established in 2005 to drive improvements in the quality, safety, efficiency, and cost of health care. WHIO is governed by a multi-stakeholder board that includes providers, purchasers and insurance payers. Board members include representatives from the following organizations:

- DHS
- ETF
- Anthem Blue Cross Blue Shield of Wisconsin
- Dean Health System
- Greater Milwaukee Business Foundation on Health
- Humana
- Marshfield Clinic
- The Alliance
- UnitedHealthcare of Wisconsin
- WEA Trust
- WPS Health Insurance (WPS)
- Wisconsin Collaborative for Healthcare Quality (WCHQ)
- Wisconsin Hospital Association (WHA)
- Wisconsin Medical Society (WMS)

WHIO’s initial goal was to create a centralized repository of aggregated administrative medical and pharmacy claims data for Wisconsin. This data is used by member organizations to generate comparative performance reports for providers, evaluate population health and perform additional analysis on the delivery of health care. WHIO’s longer term goal is to develop and disseminate public reports on health care quality, safety and efficiency.

WHIO Operations

WHIO and its founding members signed a three-year, \$4.8 million contract with Ingenix Consulting (Ingenix) on March 31, 2008. This contract tasked Ingenix with responsibilities for constructing and hosting the Data Mart and developing the data analysis and reporting tools. Ingenix is a health and human services consulting organization with significant experience working with hospitals, physicians, health plans, employers, government agencies and pharmaceutical companies.

Ingenix delivered the first version of the Data Mart to WHIO on December 2, 2008. This version of the repository included claims data submitted by Anthem, Humana, UnitedHealthcare, WEA Trust, and WPS. To create a flexible and accurate data mart, the health insurers had to comply with a rigorous, standard data submission process. The Wisconsin health insurers voluntarily agreed to submit their data and made a significant resource investment to prepare their data to meet the WHIO Data Mart standards.

To assure compliance with federal and state patient privacy, confidentiality, and anti-trust laws and regulations, Ingenix removed all patient, commercial payer and employer identifiers from the WHIO Data Mart in the claims data aggregation process. The WHIO Board developed and approved a “data use agreement” in December 2008, which guides the appropriate use of the Data Mart by WHIO and all member organizations. The agreement is revisited every six months by the Board to ensure it continues to comply with current law and incorporates the policies developed by WHIO.

To improve the ability to produce comprehensive comparative performance reports for health care providers throughout the state, WHIO is actively pursuing the capture of health care claims data from as many sources as possible. However, WHIO recognizes it will be impossible to capture all medical care activity through insurance claims.

Ingenix delivered the second version of the Data Mart (DMV2) in August 2009. This version included improvements based on findings of the 90-day study period that WHIO conducted in early 2009. The study identified minor defects and data gaps, as well as recommendations to improve the data quality, usability and functionality of the Data Mart. WHIO decided not to add any new data contributors to DMV2 in order to provide Ingenix the ability to focus on technical corrections, functional upgrades to the data aggregation methodology and reporting system, and a refresh of the data from the existing data contributors. DMV2 contained claims data from October 1, 2006 – December 21, 2008. DMV3 was released in April 2010 and contains claims data from October 1, 2007 – December 31, 2009. This version of the Data Mart included two new data contributors: Wisconsin Medicaid Fee-for-Service (FFS) and Gundersen Lutheran Health Plan. A DMV3 summary is attached as reference.

DHS worked through the State’s Medicaid fiscal agent (HP Enterprise Services) and Medicaid Management Information System (MMIS) administrator to develop the technical specifications and queries necessary to extract Medicaid data for inclusion in the Data Mart. The Medicaid claims data submitted for DMV3 only included FFS claims. To assist WHIO users in

distinguishing between different types of Medicaid members, DMV3 allows for the data to be grouped by Product Type (i.e. FFS, HMO, Dual FFS, and Dual HMO). This feature will become increasingly more valuable when the Medicaid HMO encounter data is added to Data Mart version 4 in October 2010.

With each release of the Data Mart, the aggregated data increases and becomes more meaningful and useful for the WHIO users. The table below shows the increase in data available after each data mart release. WHIO expects substantial growth with each release.

| Type of Data | DMV1 | DMV2 | DMV3 |
|------------------------|------------------|--------------------|--------------------|
| # of Data Contributors | 5 | 5 | 7 |
| # of Members | 1.5M | 1.6M | 2.8M |
| # of Medical Claims | 39M | 54M | 102M |
| # of Pharmacy Claims | 16M | 18M | 34M |
| Episodes of Care | 5.9M | 7.3M | 11.1M |
| Reporting Period | 1/1/06 – 3/31/08 | 10/1/06 – 12/31/08 | 10/1/07 – 12/31/09 |

The next release of the Data Mart is scheduled for October 2010 and will include four new data contributors: Dean Health Plan, Security Health Plan, MercyCare Insurance Company and Wisconsin Medicaid HMO.

Physician Engagement

Throughout 2009 and into 2010, WHIO has focused on physician outreach and engagement by encouraging physician groups to participate in the configuration and reporting associated with the WHIO Data Mart. WHIO has created a standard format for provider performance reporting to assist in building awareness of the data as well as gaining acceptance of the WHIO data in the provider community. This report summarizes information at the practice group site and compares overall quality and cost performance of a practice site specialty group relative to their peers across the state. It includes the morbidity index and breaks down resource use by type of service based on fixed fees and relative to peer group.

In addition, the Wisconsin Medical Society supports WHIO's engagement efforts by facilitating multiple "Leader 15" groups. Each group includes 15 physicians who meet monthly to look at the WHIO data and discuss how it can benefit their practice. The Wisconsin Hospital Association (WHA) has also contributed in engaging providers by hosting four regional meetings that included as many as 35 organizations at each meeting to present WHIO concepts and demonstrate the reporting tool as a key business asset for their organizations.

A copy of the standard provider performance report is attached as reference.

Payment Reform Initiative

WHIO launched a payment reform initiative focused on the design and implementation of a health care reimbursement methodology that rewards value over volume of services delivered. It involves stakeholders from the payer, provider, purchaser and consumer perspective. On April 6, 2010, WHIO hosted a Wisconsin Payment Reform Leadership Summit to initiate discussions

around potential reform in the areas of preventive, acute and chronic care. An event summary is attached for your reference.

Sales and Marketing

Prior to 2009, WHIO has depended exclusively on the contributions of member organizations and the State contract for revenue; funding remains a challenge. During 2009, WHIO developed its business plan and started to generate additional revenue through the sale of subscriptions to the Data Mart for an annual fee. Aspirus became the first subscriber in late 2009. Bellin Health Care Systems and ThedaCare have since purchased subscriptions. Collectively, these sales resulted in \$210,000 in revenue. Several other subscriptions are currently being negotiated, setting WHIO on its way to become a self-sustaining organization based on value to its stakeholders.

In order to continue to promote and market the Data Mart, WHIO engaged Wood Communications Group to produce a website (www.wisconsinhealthinfo.org), marketing collateral, talking points, media attention, and PR campaigns. All of these communication mediums have assisted with promotion and visibility of the WHIO Data Mart and contributed to additional membership and subscriber sales.

WHIO is also investigating opportunities that may be available through federal stimulus funding for health care quality and technology. WHIO recently presented the WHIO Data Mart at a University of Wisconsin workshop along with other Wisconsin organizations to educate and inform researchers about the various data available to them as grant funding opportunities arise.

Another source of revenue is partnering with research organizations. With such an expansive data set, research organizations such as the Dartmouth Institute for Health and Policy and the Brookings Institute are considering leveraging WHIO's data for cost and quality measurement projects.

Member Education

WHIO has an opportunity to support its members, subscribers and the physician community by proving how the WHIO data can help solve strategic business problems. WHIO has produced organization-specific presentations designed to answer common business questions to demonstrate how the data and analytical software can be leveraged for their organizations. WHIO also conducts monthly user group calls where users provide input to presentations to ensure a common understanding of the data and tools available through the Data Mart.

Training webinars for new users of the Data Mart are held each month and advanced training topics are scheduled as needed for those users who want to gain an in-depth understanding of the tool.

WHIO Membership

WHIO is continually working to expand its membership and the number of data contributors. Eighteen organizations are currently participating members. WHIO is soliciting all health plans

in the state to become members. Seven members currently contribute data. The health plans that are members of WHIO that are not yet contributing data have committed to contributing their data in the future. See the attached WHIO Fact Sheet for a complete list of members.

Consumer Reporting

Current analysis and reporting is limited to WHIO's member organizations, subscribers, and provider groups. As the Data Mart expands and improves, WHIO will be able to generate reports for public distribution to inform and assist consumers in their health care purchasing decisions.

Attachments

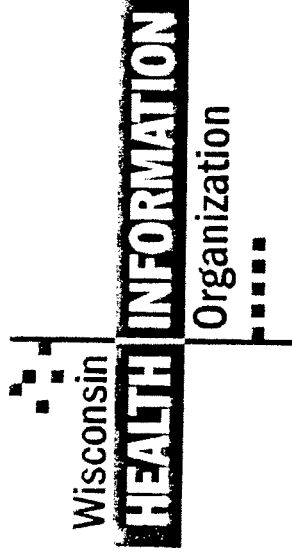
WHIO DMV3 Summary

Sample Provider Performance Report

Wisconsin Payment Reform Leadership Summit Event Summary

WHIO Fact Sheet

WHIO FAQs



WHIO Project:
Data Mart Version 3 Summary
May 14, 2010

DMV3 Data Summary Report

- Section 1 - Pre-Processing of Members and Claims Summary
- Section 2 - Data Quality Issues Summary
- Section 3 - Member Matching Summary
- Section 4 - Provider Matching Summary

Pre-Processing of Members and Claims

Summary – Final Data

| | DMV2 (10/1/06-12/31/08) | DMV3 (10/1/07-12/31/09) |
|-----------------------|-------------------------|-------------------------|
| # of DCs | 5 | 7 |
| # of Members | | |
| - Overall | 1,627,846 | 2,822,985 |
| - Always Medicaid FFS | 0 | 908,967 |
| - Medicaid Dual FFS | 0 | 280,679 |
| # of Medical Claims | | |
| - Overall | 53,995,450 | 102,458,672 |
| - Medicaid FFS | 0 | 25,360,485 |
| - Medicaid Dual FFS | 0 | 21,162,063 |
| # of Rx Claims | | |
| - Overall | 18,736,029 | 34,379,997 |
| - Medicaid FFS | 0 | 6,827,960 |
| - Medicaid Dual FFS | 0 | 8,685,714 |

Additional Data Facts (Training Notes)

| | DMV2 (10/1/06-12/31/08) | DMV3 (10/1/07-12/31/09) |
|------------------------------|-------------------------|-------------------------|
| # of Episodes | | |
| - Overall | 7,292,196 | 11,127,469 |
| - Medicaid FFS | 0 | 2,237,359 |
| - Medicaid Dual FFS | 0 | 1,370,726 |
| # of Episodes in PNA | | |
| - Overall | 1,234,382 | 1,503,696 |
| - Medicaid FFS | 0 | 281,350 |
| # of Providers | | |
| - Overall | 72,281 | 133,856 |
| - WI | 41,138 | 100,381 |
| # of Providers in PNA | | |
| - Overall | 18,364 | 22,339 |
| - WI | 10,633 | 14,236 |

WISCONSIN

HEALTH INFORMATION

Organization

Reports

- Population Summary
- Physician Summary Quick List
- Facility Summary QL
- Quality by Product
- Cost and Use Episodes by Product
- Disease Prevalence Costs by Product
- Questions and Answers

Population Summary Prior and Current Periods Combined

| Population - Cost and Use | Product Level 1 | | | | Summary |
|------------------------------|-----------------|------------------|-----------------|--|------------------|
| | COMMERCIAL | MEDICAID | MEDICARE | | |
| Inpatient Admits | 132,281 | 233,664 | 70,221 | | 436,166 |
| Inpatient Days | 550,359 | 16,483,435 | 658,150 | | 17,691,944 |
| Days per 1,000 Members | 240 | 12,892 | 2,483 | | 4,610 |
| Member Months | 27,529,255 | 15,342,689 | 3,181,356 | | 46,053,300 |
| Encounters | 43,181,822 | 46,781,945 | 10,086,329 | | 100,050,096 |
| Std Cost per Encounter | \$171.19 | \$225.53 | \$271.13 | | \$206.67 |
| Encounters per 1,000 Members | 18,822.95 | 36,589.63 | 38,045.40 | | 26,069.82 |
| Total Std Cost | \$7,392,146,306 | \$10,550,613,415 | \$2,734,676,688 | | \$20,677,436,410 |
| Std Cost PMPM | \$268.52 | \$687.66 | \$859.59 | | \$448.99 |

Physician Summary – WHIO Provider Reporting Templates

- Pediatrics Providers Increased 94 (4.85%) and Episodes increased 31,667 (24.33%)
- Ob/Gyn increased Episodes 19.24%
- Otolaryngology increased Episodes 17.42%
- Hem/Onc Providers increased by 18 (4.1%) and Episodes increased 1,196 (13.55%)
- General Surgery Providers increased 47 (6%); Episodes increased 12.53%

Facility Summary Prior and Current Periods Combined

| Measures | COMMERCIAL | MEDICAID | MEDICARE | Summary |
|------------------------------|-----------------|-----------------|---------------|-----------------|
| TOS Level 2 | | | | |
| Member Months | 27,529,255 | 15,342,689 | 3,181,356 | 46,053,300 |
| Total Std Cost | \$1,202,012,579 | \$1,978,201,352 | \$690,946,916 | \$3,871,160,848 |
| Std Cost PMPM | \$43.66 | \$128.93 | \$217.19 | \$84.06 |
| Encounters | 127,997 | 174,015 | 51,951 | 353,963 |
| Encounters per 1,000 Members | 55.79 | 136.1 | 195.96 | 92.23 |
| Inpatient Admits | 127,997 | 174,015 | 51,951 | 353,963 |
| Inpatient Days | 464,671 | 1,263,331 | 242,021 | 1,970,023 |
| Days per 1,000 Members | 203 | 988 | 913 | 513 |
| Member Months | 27,529,255 | 15,342,689 | 3,181,356 | 46,053,300 |
| Total Std Cost | \$62,218,893 | \$2,224,557,833 | \$276,273,836 | \$2,563,050,562 |
| Std Cost PMPM | \$2.26 | \$144.99 | \$86.84 | \$55.65 |
| Encounters | 4,284 | 59,649 | 18,270 | 82,203 |
| Encounters per 1,000 Members | 1.87 | 46.65 | 68.91 | 21.42 |
| Inpatient Admits | 4,284 | 59,649 | 18,270 | 82,203 |
| Inpatient Days | 85,688 | 15,220,104 | 416,129 | 15,721,921 |
| Days per 1,000 Members | 37 | 11,904 | 1,570 | 4,097 |

Rehab/Skilled
Nursing
Facility

Quality Measures by Product

- Cases with disproportionate increases in opportunities due to Medicaid members:
 - CAD
 - CHF
 - Diabetes
 - HIV/AIDS
 - Drug/Disease Interactions
 - Chronic Renal Failure
 - CVA/TIA
 - Epilepsy
 - Alcohol Treatment
 - Mental Health Follow-Up

Episodes by Product

- Some MPC's have disproportionately high episode counts in Medicaid
 - Chemical Dependency
 - Neonatology
 - Nephrology
- Some MPC's have disproportionately high standard costs per episode in Medicaid
 - Cardiology
 - Chemical Dependency
 - Endocrinology
 - Infectious Disease
 - Late Effects, Environmental Trauma and Poisoning
 - Neonatology
 - Nephrology
 - Neurology
 - Psychiatry
 - Pulmonology

Disease Prevalence

Time Period (Current Period)

| Disease Prevalence and Cost | Product Level 1 | | | | Summary |
|--|-----------------|---------------|--------------|--|---------------|
| | COMMERCIAL | MEDICAID | MEDICARE | | |
| Disease Related | | | | | |
| Mental Health | \$52,264,099 | \$372,533,123 | \$13,965,756 | | \$438,762,978 |
| Depression | \$107,588,054 | \$235,258,169 | \$12,950,681 | | \$355,796,904 |
| Back and Spine, Pain or Condition | \$170,157,036 | \$90,572,203 | \$55,831,975 | | \$316,561,214 |
| Chronic Renal Failure, ESRD | \$26,708,278 | \$214,056,727 | \$55,874,967 | | \$296,639,972 |
| Other Infections and Inflammatory Disease of CNS | \$28,960,521 | \$245,605,742 | \$16,691,928 | | \$291,258,191 |
| Fractures and Dislocations | \$121,166,919 | \$89,940,737 | \$53,008,760 | | \$264,116,417 |
| Diabetes | \$76,677,447 | \$143,864,261 | \$34,866,976 | | \$255,408,684 |
| Osteoarthritis | \$111,135,585 | \$67,914,506 | \$73,525,644 | | \$252,575,735 |
| CHF | \$30,257,654 | \$122,350,313 | \$77,472,014 | | \$230,079,981 |
| Infections/inflammations of the GI system | \$113,859,105 | \$64,120,726 | \$26,850,313 | | \$204,830,144 |
| CAD, Other | \$44,681,081 | \$92,951,796 | \$47,722,616 | | \$185,355,492 |
| Hypertension | \$78,015,207 | \$63,009,281 | \$41,657,218 | | \$182,681,706 |
| Pregnancy | \$94,677,085 | \$80,577,343 | \$44,120 | | \$175,298,548 |
| Neonates | \$43,557,970 | \$123,052,498 | \$86,898 | | \$166,697,366 |
| Cerebrovascular Disease, including Stroke | \$27,691,228 | \$94,563,815 | \$37,019,678 | | \$159,274,722 |
| Endocrine disorder | \$55,020,525 | \$77,740,531 | \$18,958,560 | | \$151,719,616 |
| Pneumonia | \$20,787,446 | \$95,799,350 | \$23,461,433 | | \$140,048,229 |
| Cancer, Breast | \$85,471,131 | \$29,807,792 | \$23,145,491 | | \$138,424,414 |

Wisconsin

HEALTH INFORMATION
Organization

Member Health Risk by Product Current Period

| Health Risk | Product Level 1 | | | Summary |
|--------------------|-----------------|----------|----------|-----------|
| | COMMERCIAL | MEDICAID | MEDICARE | |
| Number of Members | 1,188,163 | 976,029 | 140,935 | 2,305,127 |
| Retrospective Risk | 0.97 | 1.78 | 3.26 | 1.42 |
| Prospective Risk | 1.04 | 1.47 | 3.54 | 1.37 |

Analyzing by Product

- Use Online Analysis with Product Level 1 as a dimension
 - PNA for physician and facility comparisons to peer group
 - Cost and Use for overall population, episode, admissions, radiology or pharmacy costs and utilization
 - Population and Care Management for disease prevalence and health risk analysis
- Add in Measures of interest to the data area

Impact of Adding Medicaid

| Peer Definition | Commercial and Medicaid FFS | | | | Difference | | | | Commercial Only | | | | | |
|---------------------|-----------------------------|--------------------|--------------------------------------|----------------------------------|-----------------------|---------------------|----------------------------|-----------------------------------|--------------------------------------|-------------------------|--------------------|--------------------------------------|----------------------------------|-----------------------|
| | Avg. Number of Episodes | Case Mix, Episodes | Avg. Number of Quality Opportunities | Overall Std Cost Index, Episodes | Overall Quality Index | % Medicaid Episodes | Case Mix Both to Comm Only | Cost Index Diff Both to Comm Only | Quality Index Diff Both to Comm Only | Avg. Number of Episodes | Case Mix, Episodes | Avg. Number of Quality Opportunities | Overall Std Cost Index, Episodes | Overall Quality Index |
| Family Practice | 258 | 1.03 | 347 | 0.98 | 0.99 | 12.6% | -0.7% | -0.6% | 0.4% | 226 | 1.04 | 312 | 0.98 | 0.99 |
| Cardiology | 103 | 0.97 | 278 | 0.98 | 1.00 | 6.0% | -3.4% | 1.1% | 0.4% | 97 | 1.01 | 258 | 0.97 | 1.00 |
| Invasive Cardiology | 159 | 0.99 | 284 | 0.96 | 0.99 | 9.5% | -1.5% | -0.8% | 0.0% | 144 | 1.01 | 256 | 0.97 | 0.99 |

Medicaid FFS added about 10% more episodes

Case mix became slightly less intensive

Cost Index change small and variable

Quality Impact was negligible

Comparison is only WI physicians with both commercial and Medicaid episodes

Specialty Patterns of Care

Affiliation Group
 Affiliation ID: U999999410030080410
 Affiliation Description: UW HOSPITAL & CLINICS - GENERAL SURGERY

Peer Group
 Peer Group Number of Episodes: 15,276
 Peer Group Name: WHIO General Surgery

Key Statistics

| | | | |
|----------------------|------|---|----------------|
| Number of Providers: | 11 | Overall Quality Index: | 1.08 |
| Number of Episodes: | 81 | Overall Cost Index, Episode: | 1.08 |
| Case Mix Episodes: | 2.31 | Confidence Intervals for the Index | |
| | | Overall Quality Index: | 1.06 to 1.1 ** |
| | | Overall Cost Index, Episode: | 0.9 to 1.22 |

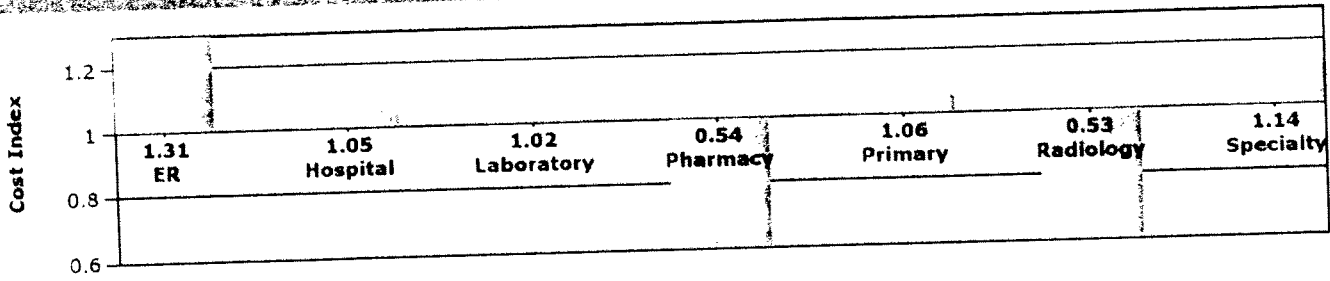
Statistical significance of difference between Index and peer group average: * p<0.10; ** p < 0.05

Episode Case Mix Summary

Top 10 ETGs, by Total Cost (Completed Episodes of Care)

| ETG Family Description | Episodes | | | Encounters (Per 1000 Episodes) | |
|---|-----------|-----------------------|----------------------|-----------------------------------|----------------------------------|
| | Episodes | Actual Cost / Episode | Peers Cost / Episode | Actual Encounters / 1000 Episodes | Peers Encounters / 1000 Episodes |
| Inflammatory bowel disease | 8 | \$23,929.16 | \$22,078.05 | 62,075 | 37,838 |
| Malignant neoplasm of stomach & esophagus | 1 | \$174,593.23 | \$150,977.22 | 298,625 | 234,546 |
| Malignant neoplasm of rectum or anus | 3 | \$48,094.42 | \$55,481.45 | 79,922 | 67,862 |
| Burns | 6 | \$18,927.66 | \$8,687.94 | 19,542 | 10,609 |
| Malignant neoplasm of breast | 2 | \$26,718.46 | \$28,819.14 | 40,092 | 49,626 |
| Malignant neoplasm of skin, major | 5 | \$10,217.46 | \$8,424.28 | 26,421 | 19,390 |
| Cholelithiasis | 7 | \$6,084.79 | \$9,032.32 | 20,107 | 15,167 |
| Bowel obstruction | 2 | \$19,524.56 | \$17,258.14 | 15,298 | 15,924 |
| Obesity | 6 | \$5,954.59 | \$6,878.65 | 14,667 | 11,603 |
| Diverticulitis | 1 | \$27,460.78 | \$21,105.03 | 56,333 | 20,899 |
| All Others | 40 | \$3,441.38 | \$4,165.41 | 10,115 | 9,713 |
| All Episodes | 81 | \$12,555.93 | \$12,071.20 | 25,919 | 20,079 |

Cost Index Summary by Service Category



Cost and Utilization Summary Measure

| | Profiled Costs | | | | | Actual Total Cost |
|-------------------|-------------------|------------------|-----------------------|----------------------|----------------------|-----------------------|
| | Actual Encounters | Peers Encounters | Actual Cost / Episode | Peers Cost / Episode | Cost / Episode Index | |
| ER | 35 | 20 | \$189.19 | \$144.51 | 1.31 | \$15,277.36 |
| Hospital Services | 525 | 302 | \$5,834.74 | \$5,576.46 | 1.05 | \$471,155.04 |
| Laboratory | 164 | 151 | \$363.49 | \$356.90 | 1.02 | \$29,351.54 |
| Pharmacy | 207 | 221 | \$226.48 | \$422.01 | 0.54 | \$18,288.26 |
| Primary Care Core | 84 | 87 | \$83.65 | \$78.63 | 1.06 | \$6,754.74 |
| Radiology | 64 | 83 | \$344.94 | \$655.89 | 0.53 | \$27,853.61 |
| Specialty Care | 1,014 | 757 | \$5,513.44 | \$4,836.81 | 1.14 | \$445,210.48 |
| Total | 2,093 | 1,621 | \$12,555.93 | \$12,071.20 | 1.04 | \$1,013,891.03 |

Overall Cost Index: 1.08

Utilization Rates Per 1,000 Episodes

| | Actual | Peers | Index |
|---------------------------|--------|-------|-------|
| Specialist Visit Rate | 1,709 | 1,335 | 1.28 |
| Other Specialty Care Rate | 2,724 | 2,149 | 1.27 |
| Radiology Procedure Rate | 989 | 1,162 | 0.85 |
| MRI Procedure Rate | 27 | 39 | 0.70 |
| Laboratory Procedure Rate | 2,340 | 2,273 | 1.03 |
| Overall Prescribing Rate | 2,563 | 2,743 | 0.93 |
| Generic Prescribing % | 84% | 90% | 0.93 |
| ER Visit Rate | 297 | 157 | 1.89 |
| Admits per 1000 Episodes | 372 | 312 | 1.19 |
| Days per 1000 Episodes | 1,895 | 1,592 | 1.19 |
| Average Length of Stay | 5.10 | 5.11 | 1.00 |

Episode Detail and Analysis**Appendicitis**

Total Specialty Episode Costs: \$26,067

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|------------|-------------------|----------------|------------|-----------|------------|----------|----------|
| Actual | 4 | \$6,516.71 | \$23.30 | \$1,994.46 | \$113.03 | \$77.73 | \$3,896.81 | \$12.90 | \$398.49 |
| Peers | | \$8,612.43 | \$50.65 | \$2,302.54 | \$158.57 | \$738.58 | \$4,860.71 | \$16.56 | \$484.81 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-----|-------|-------|-----|-------|-------|-----|
| Actual | | | 250 | 3,500 | 1,000 | 500 | 1,500 | 1,000 | 750 |
| Peers | | | 650 | 5,223 | 1,487 | 840 | 2,780 | 1,076 | 835 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Diverticulitis

Total Specialty Episode Costs: \$27,461

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|-------------|-------------------|----------------|------------|-----------|-------------|----------|------------|
| Actual | 1 | \$27,460.78 | \$170.43 | \$5,754.50 | \$402.77 | \$305.99 | \$18,642.87 | \$259.85 | \$1,924.37 |
| Peers | | \$21,105.03 | \$109.21 | \$4,338.96 | \$178.35 | \$912.09 | \$15,121.67 | \$58.57 | \$386.18 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-------|--------|-------|-------|--------|--------|-------|
| Actual | | | 2,667 | 15,000 | 3,500 | 4,000 | 16,667 | 10,000 | 4,500 |
| Peers | | | 2,022 | 9,724 | 1,604 | 1,336 | 2,493 | 3,220 | 499 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Non-malignant neoplasm of intestines & abdomen

Total Specialty Episode Costs: \$21,051

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|-------------|-------------------|----------------|------------|-----------|------------|----------|---------|
| Actual | 2 | \$10,525.73 | \$0.00 | \$2,583.23 | \$438.94 | \$0.00 | \$7,483.96 | \$19.60 | \$0.00 |
| Peers | | \$2,547.49 | \$13.35 | \$935.26 | \$269.99 | \$72.53 | \$1,227.02 | \$19.09 | \$10.24 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-----|-------|-------|-----|-------|-------|----|
| Actual | | | 0 | 6,000 | 2,000 | 0 | 4,500 | 2,000 | 0 |
| Peers | | | 284 | 2,460 | 1,073 | 156 | 1,350 | 401 | 27 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Hernias, except hiatal

Total Specialty Episode Costs: \$4,802

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|------------|-------------------|----------------|------------|-----------|----------|----------|--------|
| Actual | 5 | \$960.42 | \$0.00 | \$373.88 | \$0.00 | \$0.00 | \$586.54 | \$0.00 | \$0.00 |
| Peers | | \$1,377.00 | \$31.92 | \$489.59 | \$12.84 | \$67.05 | \$762.72 | \$3.60 | \$9.28 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-----|-------|-----|----|-------|-----|----|
| Actual | | | 0 | 2,000 | 0 | 0 | 1,800 | 0 | 0 |
| Peers | | | 480 | 1,868 | 125 | 84 | 583 | 144 | 18 |

Index

Hemorrhoids

Total Specialty Episode Costs: \$8,913

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|------------|-------------------|----------------|------------|-----------|----------|----------|---------|
| Actual | 5 | \$1,782.60 | \$11.97 | \$930.65 | \$62.89 | \$0.00 | \$763.23 | \$13.86 | \$0.00 |
| Peers | | \$1,649.36 | \$32.71 | \$696.58 | \$44.37 | \$7.78 | \$827.79 | \$23.53 | \$16.60 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-----|-------|-----|----|-------|-------|----|
| Actual | | | 200 | 4,100 | 600 | 0 | 3,400 | 800 | 0 |
| Peers | | | 501 | 2,846 | 378 | 20 | 962 | 1,047 | 58 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Cholelithiasis

Total Specialty Episode Costs: \$42,594

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|------------|-------------------|----------------|------------|-----------|------------|----------|----------|
| Actual | 7 | \$6,084.79 | \$132.33 | \$2,722.92 | \$377.28 | \$81.62 | \$2,309.27 | \$239.32 | \$222.05 |
| Peers | | \$9,032.32 | \$86.05 | \$2,761.83 | \$207.74 | \$471.59 | \$5,248.88 | \$33.94 | \$222.28 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-------|-------|-------|-------|-------|-------|-----|
| Actual | | | 1,446 | 6,976 | 2,542 | 429 | 5,214 | 2,857 | 643 |
| Peers | | | 1,229 | 5,868 | 1,650 | 1,390 | 3,136 | 1,515 | 378 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Non-malignant neoplasm of breast

Total Specialty Episode Costs: \$3,822

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|------------|-------------------|----------------|------------|-----------|------------|----------|--------|
| Actual | 1 | \$3,822.48 | \$0.00 | \$1,788.79 | \$210.40 | \$350.95 | \$1,399.55 | \$72.79 | \$0.00 |
| Peers | | \$3,709.30 | \$28.66 | \$1,360.05 | \$264.72 | \$611.03 | \$1,435.44 | \$7.03 | \$2.37 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-----|--------|-------|-------|-------|-------|----|
| Actual | | | 0 | 12,000 | 1,000 | 1,000 | 9,000 | 2,000 | 0 |
| Peers | | | 449 | 4,574 | 1,413 | 1,965 | 1,805 | 289 | 7 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Non-malignant neoplasm of skin

Total Specialty Episode Costs: \$1,726

| Cost per Episode | # of Episodes | Total | Primary Care Core | Specialty Care | Laboratory | Radiology | Hospital | Pharmacy | ER |
|------------------|---------------|------------|-------------------|----------------|------------|-----------|------------|----------|--------|
| Actual | 1 | \$1,726.00 | \$0.00 | \$641.75 | \$69.05 | \$0.00 | \$1,005.82 | \$9.38 | \$0.00 |
| Peers | | \$1,235.79 | \$11.14 | \$597.17 | \$98.97 | \$8.62 | \$515.64 | \$4.25 | \$0.00 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Encounters per 1000 Episodes

| | | | | | | | | | |
|--------|--|--|-----|-------|-----|----|-------|-------|----|
| Actual | | | 0 | 3,000 | 500 | 0 | 3,000 | 1,000 | 0 |
| Peers | | | 230 | 2,758 | 860 | 13 | 970 | 513 | 0 |
| Index | | | -- | -- | -- | -- | -- | -- | -- |

Specialty Patterns of Care

Reporting Period : 10/1/2006 - 9/30/2008

Affiliation Group ID: U999999410030080410

**Affiliation Group Name: UW HOSPITAL & CLINICS -
GENERAL SURGERY**

Report Introduction and Interpretation**Patterns of Care**

This section gives an overview of the performance of the report entity for the 12 month period ending on the date in the banner of the section. Note that claims paid in the 3 months after that date for dates of service in those 12 months prior to the date are included in the data. All comparisons in the report are with the report entity peer group, based on a peer definition centered on a specialty. The peer group defines how and what episodes and quality measures are attributed, as well as how those episodes are attributed. For example, a specific subset of ETGs and quality measures are assigned to the peer group General Surgery. The Peer Group Name identifies the comparison group for the report. Note that the episode information on which all of this report is based is for completed, non-outlier episodes that ended during the last 12 months of the report period. Episodes may be attributed to only one provider in a peer group, but may be attributed to more than one peer group.

Number of Providers: This field, in a group report only, reports the number of providers in this peer group with the same affiliation ID, who had episodes attributed during the 12 month reporting period.

Number of Episodes: The total number of complete, non-outlier, within the peer group definition episodes attributed to the providers included in the report during the 12 month reporting period

Case Mix Episodes: This ratio expresses the relative health risk represented by the report entity's attributed episodes compared to that represented by the attributed episodes for the peer group. Episode Risk Groups (ERGs) are used for the calculation. Thus, a value equal to 1 would indicate that the disease burden for the episodes attributed in this report is exactly the same as the disease burden for all of the episodes captured by all members of the peer group.

Overall Quality Index: This ratio represents the relative performance of the report entity on the set of evidence-based medicine measures included in the peer group definition compared to the performance of the peer group as a whole. The set of rules included for primary care is quite large, approximately 250 rules, spanning a number of disease entities. The higher the index, the better the performance of the report entity relative to the peer group on these measures. This ratio will usually be different from the Quality Index in the Quality Measures section of the report as that index only represents the relative performance for the subset of measures included in that section of the report.

Overall Cost Index, Episode: This ratio represents the costs for the episodes attributed to the report entity relative to the average costs for the peer group for the exact same set of episodes, with the comparisons made at the episode severity level. The lower the number, the lower the costs are for the report entity relative to the peer group for the set of episodes. Note that all claims are standard priced, eliminating contractual payment differences as drivers of cost differences throughout the report. Cost differences are driven by units of service and mix of services for an episode of care. The overall cost index is adjusted across the peer group by weighting at the service category level to account for differences in estimated impact of control by a peer group specialty (see Cost Index Summary, by Service Category section of the report explanation).

Confidence Intervals: Each index has a range that reflects the 90% confidence interval around the index value. The confidence intervals are used to indicate the reliability of the value. A 90% confidence interval represents the 90% statistical probability that the value actual value lies within that interval. As a general rule, the more episodes or EBM measures the narrower the confidence interval.

The asterisks associated with the confidence intervals represent the statistical significance of the difference between the index and the peer group average, expressed as a p value. This is attempting to answer the question, "is this entity's performance truly statistically different from peers?" The peer group index is 1.0. One asterisk, representing $p < 0.10$, would indicate that the answer to that question is yes, as the 90 % confidence interval does not include 1.0. Two asterisks, representing $p < 0.05$, would indicate that the answer to that question is a statistically stronger yes, as the 95% confidence interval does not include 1.0.

Episode Case Mix Summary

This section of the report is a tabular summary of the top 10 episode families by total cost (number of episodes times average standard cost per episode for the report entity). This provides an overview of those episodes that contribute the most to costs of care for the report entity. Note that the term actual throughout the report should be interpreted as the standard priced result for the report entity for cost measures and the actual encounters for the report entity for encounter measures. These results will be compared to the standard priced results and encounter results for the peer group for the exact same set of episodes, with the comparisons made at the episode severity level.

Cost and Use

The 3 subsections of this report contain cost and utilization information for the report entity. Every claim that is part of an episode attributed to the report entity or the peer group is allocated into one of the seven service categories, based on CPT/Revenue code, place of service, rendering provider and ordering provider. This section of the report provides a ratio of the standard pricing results for the report entity relative to the exact same mix of episodes, compared at the severity level, for the peer group. This, combined with the next section of the report, helps to illuminate specific drivers of cost variation from the peer group. Examples of services that are included in the different categories are:

Hospital Services: All inpatient facility services; Outpatient facility services, including surgery, diagnostic (other than imaging and lab), and facility-based PT/OT; DME/MedSurg supplies

Radiology: Facility and professional components of radiology services, excluding therapeutic radiology. Selected diagnostic x-rays performed or ordered by a primary care provider are also excluded (these are assigned to Primary Care Core per below)

Laboratory: Facility and professional components of laboratory and pathology services, excluding selected lab tests performed or ordered by a primary care provider and typically performed in a PCP/physician office

ER: Professional and facility components of ER services

Primary Care Core: Evaluation and management services rendered by a primary care provider (office visits, nursing home visits, preventive care – does not include inpatient visits, ER visits or consultations); CXR, abdominal XR, and sinus XR; Minor lab procedures; Minor procedures and diagnostic tests, including diagnostic endoscopy, EKG and pulmonary function tests

Specialty Care: Evaluation and management services rendered by a physician other than a primary care provider; Diagnostic testing (other than lab and radiology); Allergy tests; Physical medicine and rehab; Professional component of surgery and anesthesia; Chemotherapy

Pharmacy: All pharmacy claims

The summary and measures subsection provides the cost and encounter detail that drove the service category indices in the previous subsection. Again, the values labeled actual represent the performance of the report entity. See portion of Episode Cost and Detail labeled "Using the cost and encounters ratios." The Actual Total Cost column provides the ability to get a sense of the relative importance of a particular service category variation to the overall cost variation for the report entity. For example, a total cost for a service category of \$50,000 with a cost index of 2.0 represents \$25,000 of cost variation (1.0 for the peer group would be \$25,000), while a total cost for a different service category of \$500,000 with a cost index of 1.25 represents \$100,000 of cost variation (1.0 for the peer group would be \$400,000). Note that that Overall Cost Index in this section is the same as in the Specialty Patterns of Care overview and is different, in most cases, from the Cost/Episode Index. That is because the Overall Cost Index is compiled from service category indices that are weighted depending on the peer group specialty. For example, the Primary Care Core category is weighted higher for an internist than for a general surgeon, while the Hospital category is weighted higher for a general surgeon than for an internist.

Utilization Rates Per 1,000 Episodes

This utilization rates subsection provides additional detail for helping to hone in on report entity cost variation. Some of these rates tie directly to the service categories in the Cost Index Summary above. The rates reflect results for the report entity (actual) relative to the exact same mix of episodes, compared at the severity level, for the peer group. Note that the results are reported as rates per 1,000 episodes as opposed to per 1,000 patients. The exception to this is the generic prescribing rate, which is defined as number of generic prescriptions divided by the number of prescriptions for which a generic rate is available for the episodes attributed to the report entity. Prescriptions for which a generic is not available are not included in the denominator. This can result in different rates than those seen in other generic calculation rates performed across all prescriptions. The index is calculated by dividing the actual rate by the peer rate. A higher index for generic prescribing rate would generally be considered better performance, while lesser utilization indices for the other metrics would typically be considered better performance. Note that the three inpatient measures may not be consistent with the Hospital service category above, as inpatient services are only one component of that category and typically represent less than half of the costs for the category.

Episode Detail

This section contains information similar to that in the Cost and Utilization Summary Measures section, except at a level of detail of the episode family. These are specific to the peer group, reflecting the most common episode families for that peer group, and there can be up to eight episode families displayed in a report. The Total Specialty Episode Costs represent the standard pricing costs for all of the episodes in that episode family attributed to the report entity. The comparisons are exactly the same as in the Cost and Utilization Summary and can be used similarly to determine the significant drivers of any cost variation and whether that variation is being driven by units or mix of services.

Using the cost and encounters ratios:

The encounters category can encompass a wide variety of unit types, ranging from E&M visits to units of chemotherapy administered. While caution should be exercised in some categories due to unit type variety, comparing the cost index in a service category with the relative ratio of the encounters can help illuminate whether units of service or mix of services is driving variation. For example, if the cost index is 1.5 in pharmacy where the actual encounters are 1,500 and the peer encounters are 1,000, it is likely that the cost variation of 50% (1.5 represents 50% more than the 1.0 of peers) is being driven by units (in this case prescriptions, most likely), rather than mix of services (more expensive medications). The ratio of actual encounters to peer encounters is 1.5 (1500/1000), exactly the same as the cost ratio. If in this case the actual encounters were 1,000, and the peer group encounters, 1,500, the encounter ratio would be 0.67 (1000/1500), making it very likely that mix of services was driving the cost variation of 50%.

Again note that comparisons at the episode family level should only be considered meaningful if there are sufficient numbers of episodes (a minimum of 30 has been suggested by some authorities).

Wisconsin Payment Reform Leadership Summit
April 6th, 2010
Event Summary

The Summit was attended by 150 senior level attendees which represented large medical systems, hospitals, physician groups, physicians, employer groups, the Department of Health Services, and insurance companies. They provided direction on where Wisconsin will move in terms of designing a reimbursement system that targets improved overall performance and lower costs.

The Summit began with presentations from Karen Timberlake, Secretary of the Wisconsin Department of Health Services and Harold Miller, the Executive Director of the Center for Healthcare Quality and Payment Reform and the President and CEO of the Network for Regional Healthcare Improvement. Secretary Timberlake's presentation provided information on what the WHIO Health Analytics Exchange is and how the data can support answering key questions:

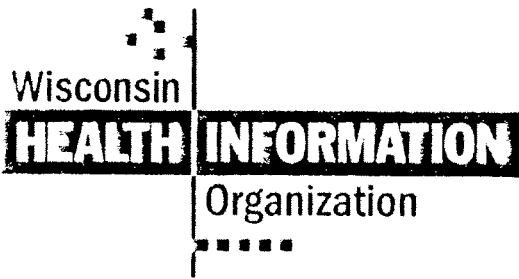
- **The WHIO Health Analytics Exchange provides the tools to answer key questions:**
 - Which health systems deliver the best patient care for heart or diabetes treatment?
 - Are there differences in patient treatments and results among physicians practicing in a particular specialty area such as joint replacement surgery?
 - Which health systems have the lowest rate of preventable hospital readmissions?
 - Do patterns of treatment and pricing vary in different ZIP codes, even within the same hospital or health system?
 - In what ways does utilization of preventive services vary among specific demographic populations or communities?

Source: slide 8 of Secretary Timberlake's presentation

Following the presentations, each of the attendees participated in a work group of their choice to further discuss issues and options that were presented prior to the Summit. There were six work groups in total, two for each area of interest: Chronic Care, Preventive Care and Acute Care. In each work group the teams discussed and presented opportunities to transition toward a bundled payment structure that will reward efficient, high quality care.

Summit Report: The Summit generated an enormous amount of information and literally hundreds of ideas to be synthesized into a report that can be shared as a reference for those in attendance, as an informational white paper to those who were unable to be there and as a starting point for work groups to move forward in designing payment reform.

Work Groups: At the close of the Summit attendees were asked to participate in follow-up work groups to move this initiative forward. Over 80 attendees signed up to participate in the Preventive Care, Acute Care or Chronic Care work groups. The first meetings of the Work Groups will be scheduled the week of May 24th providing some time for participants to review the full report.



FOUNDERS

- Anthem Blue Cross
Blue Shield of
Wisconsin
- Greater Milwaukee
Business Foundation
on Health
- Humana
- The Alliance
- United Healthcare of
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- WEA Trust
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- Wisconsin Medical
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of Health Services
- Wisconsin Department
of Employee Trust
Funds
- Wisconsin Hospital
Association

FACT SHEET

A more transparent, rational health care market is the most effective way to achieve improvements in quality, affordability, safety and efficiency of health care in Wisconsin

What is the Wisconsin Health Information Organization?

- WHIO is a voluntary partnership that brings together key health care stakeholders in Wisconsin to develop a statewide data mart of health care information that spans providers and systems. The goal is to use the data to improve the quality, affordability, safety and efficiency of health care delivered to patients in Wisconsin.
- The WHIO data mart is to be an all-inclusive, central repository for health care claims data that will provide for tracking, analysis and measurement of entire episodes of care that can be used in determining value based on quality measures and cost over time.
- WHIO collects an unprecedented volume of data that spans multiple systems and settings, including the physician office, outpatient services, pharmacy, lab and hospital. This data will reflect insurance claims and payers from across the state.
- The data mart holds a rolling twenty-seven (27) months of administrative claims data. This scope of data allows providers to compare their personal performance over time and to their peers at any point in time, identify best practices and make quality improvements.
- WHIO is an opportunity for key health care stakeholders to influence the health care transparency initiatives and dialogue that are emerging every day in Wisconsin, and the nation. WHIO provides a forum and a vehicle for these stakeholders to participate in important decisions that will determine the nature and operation of transparency in Wisconsin.

Who is participating?

- WHIO's members include Anthem Blue Cross Blue Shield of Wisconsin, the Greater Milwaukee Business Foundation on Health, Humana, The Alliance, United Healthcare of Wisconsin, WEA Insurance Trust, WPS Health Insurance, Group Health Cooperative of South Central Wisconsin, Gundersen Lutheran Health Plan, Mercy

Care Insurance Company, Health Tradition Health Plan , Dean Health Plan, Security Health Plan, the Wisconsin Collaborative for Healthcare Quality, the Wisconsin Medical Society, the Wisconsin Hospital Association and the State Departments of Health Services and Employee Trust Funds.

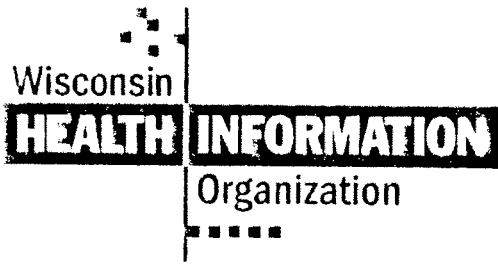
How is it funded?

- WHIO's ten (10) Founding members have agreed to contribute \$3,000,000 in addition to in kind support of business and technical operations staff.
- Other members pay an annual fee and agree to contribute their data in the future.
- A contract with the State of Wisconsin Departments of Health Services and Employee Trust Funds to aggregate claims data and produce public reports from that data will contribute up to \$1,650,000 of additional funds over 3 years.
- Annual subscriptions to the WHIO Health Analytics Exchange are available to non-members.

What's in the Data Mart?

- The first production version of the data mart was released in August, 2009. It includes aggregated medical and pharmacy claims from Anthem BCBS, Humana, United Healthcare, WEA Insurance Trust and Wisconsin Physicians Service. It holds 27 months (October 2006 through December 2008) of data, including 1.6 million members, 72 million claims records representing \$9.3 billion in standardized costs, and 7.3 million episodes of care. Version 3 of the data mart was released in April 2010 and contains 2.8 million members.
- De-identified member, payor and purchaser information.
- Servicing Provider and Provider Practice Group information.
- The data mart is refreshed every 6 months with the most current 27 months of data.
- Medicaid data and other health plans' claims data have been added to the April 2010 version 3 release.
- WHIO's partners encourage other health care providers and payers to join the organization and contribute their data. The more information in the repository, the more robust, credible and useful it will be.

For more information about WHIO, please contact:
Julie Bartels, Executive Director
Wisconsin Health Information Organization
(920) 336-0409 | Julie.Bartels@thedacare.org



FOUNDERS

Anthem Blue Cross
Blue Shield of
Wisconsin

Greater Milwaukee
Business Foundation
on Health

Humana

Employer Health Care
Alliance Cooperative

United Healthcare of
Wisconsin

WEA Trust

WPS Health Insurance

Wisconsin
Collaborative for
Healthcare Quality

Wisconsin Medical
Society

Wisconsin Department
of Health & Family
Services

Wisconsin Department
of Employee Trust
Funds

Wisconsin Hospital
Association

Frequently Asked Questions

Q: What is the Wisconsin Health Information Organization?

A: The Wisconsin Health Information Organization is a voluntary partnership of insurers, provider organizations, employer coalitions and state agencies committed to improving health care quality and efficiency by increasing the transparency of health care information and developing the capability for comparative analysis.

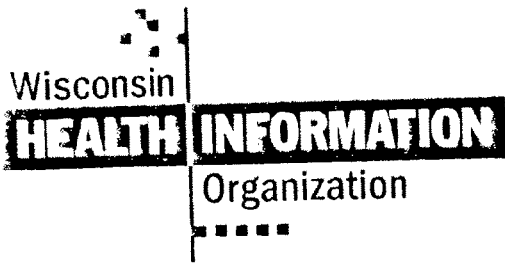
The founding members of the group established the WHIO Health Analytics Exchange as a central, statewide repository of administrative claims data that could be accessed through an intelligent, Web based reporting system. Called the WHIO Health Analytics Exchange, the system functions as a data-driven marketplace that enables members to invest information and create standard or custom reports as well as independent queries to analyze health system and physician performance based on hundreds of variables.

The Exchange can be used to identify gaps in care for treatment of chronic conditions, costs per episode of care, population health, preventable hospital readmissions and variations in generic prescribing. This comparative information can be used to support product benefit design and network development or understand regional differences in care.

Q: What role do the different participants play?

A: Our founding members contributed start-up funds and the intellectual know-how to establish the Wisconsin Health Information Organization and create the first repository of administrative claims. The repository was established using claims data contributed by the founding insurance company members.

As we grow, our membership will include additional data contributors who will integrate their claims information into ongoing updates of the WHIO Health Analytics Exchange. Meanwhile, a steadily expanding number of subscribers will gain access to this information resource through a series of standard or customized reports. As our members and subscribers put this analytical information into action, health care quality and value will improve.



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Wisconsin
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Wisconsin Medical
Society

Wisconsin Department
of Health & Family
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of Employee Trust
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Wisconsin Hospital
Association

Q: How would our organization benefit from the WHIO Health Analytics Exchange?

Medical and Hospital Systems:

A: Health care providers, hospitals and physicians have the most important role to play in the efforts to improve the quality, affordability and efficiency of health care. The WHIO Health Analytics Exchange can provide a road map for your organization to identify quality opportunities and implement initiatives.

The user-friendly reports and independent query functions equip you with the information you need to take a leadership role in the industry by evaluating the quality and cost effectiveness of your organization and comparing it with your peers. At the same time, you will be able to actively participate in the public dialogue because you will have credible, actionable data.

Consultants, Actuaries, Agents, and Brokers:

A: The high value data and powerful analytical tools of The Exchange allow you to conduct provider analysis to compare networks and find the best value for your customer. The easy-to-interpret reports and independent query functions also enable you to uncover gaps in care for chronic diseases that may direct you to make changes in benefit design or develop preventive and wellness initiatives. The clear and comprehensive reports also give you another highly valued service to pass on to your clients.

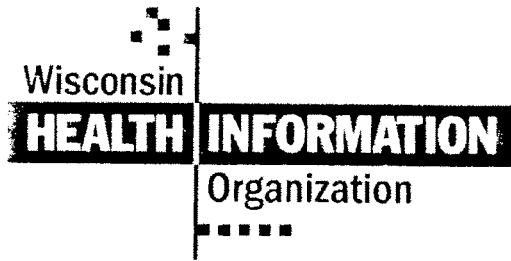
Q: What is the process for subscribing to the WHIO Health Analytics Exchange?

Medical and Hospital Systems:

A: There are several options for subscribing depending on the structure of your organization. And you can choose how you wish to access this unprecedented reservoir of data. The most flexible and powerful approach involves a subscription to The Exchange through a user-friendly interface that produces standard reports and provides for independent queries. A second option is to subscribe to a set of standard reports published twice yearly.

Consultants and Actuaries:

A: Your organization can maximize the value and flexibility of the data through access to the full WHIO Health Analytics Exchange. There is an annual subscription fee and discounts for multi-year subscriptions.



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Wisconsin

WEA Trust

WPS Health Insurance

Wisconsin
Collaborative for
Healthcare Quality

Wisconsin Medical
Society

Wisconsin Department
of Health & Family
Services

Wisconsin Department
of Employee Trust
Funds

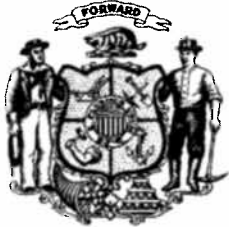
Wisconsin Hospital
Association

Agents and Brokers:

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WISCONSIN STATE LEGISLATURE



The National Multiple Sclerosis Society - Wisconsin Chapter is pleased to submit the attached report to the Governor and State Legislature, pursuant to Wisconsin Act 71.10(5m), "Multiple Sclerosis Programs Check-off." The report reflects the disbursements made from January 1, 2009-December 31, 2009. Disbursements made in 2010, will be reported prior to January, 2011, and thereafter annually, as promulgated in Wisconsin Act 71.

In December 2005, Governor Jim Doyle and members of the State Legislature created Wisconsin ACT 71 to assist those who live with Multiple Sclerosis (MS) in Wisconsin. This law established a voluntary income tax check-off on Wisconsin State income tax forms for 2006 and beyond to fund health-related programs and services for people with MS in Wisconsin. Under Wisconsin Act 71, Provision 71.10(5m)(L), the National Multiple Sclerosis Society - Wisconsin Chapter was directed to file a report prior to January 1, 2010, that "details the entities to which the society distributed funds under paragraph (k), the amount of money each entity received, and the health-related multiple sclerosis programs on which the money was spent."

The National Multiple Sclerosis Society - Wisconsin Chapter is proud to partner with the Governor, State Legislature, Wisconsin taxpayers, and entities in moving forward to provide vital programs and services to people living with MS in Wisconsin.

Please contact me if you have any questions.

Kim

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MS Snowmobile Tour

January 28-31, 2010

Register today!

The Wisconsin Chapter of the National MS Society is proud to be a source of information about MS. Our comments are based on professional advice, published experience and expert opinion,

*# Referred to committee on Health, Health Insurance, Privacy,
Property Tax Relief, & Revenue*

but do not represent therapeutic recommendation or prescription. For specific information and advice, consult a qualified physician.

The Wisconsin Chapter of the National MS Society does not endorse products, services, or manufacturers. Such names appear solely because they are considered valuable information. The chapter assumes no liability whatsoever for the contents or use of any product or service mentioned.

JOIN THE MOVEMENT



National
Multiple Sclerosis
Society
Wisconsin
Chapter

Multiple Sclerosis Tax Check-off Program

Reporting Period January 1, 2009 – December 31, 2009

Filed December 23, 2009

Multiple Sclerosis Tax Check-off Program

Reporting Period January 1, 2009 – December 31, 2009

Filed December 23, 2009

The National MS Society's Mission Statement:

We mobilize people and resources to drive research for a cure and to address the challenges of everyone affected by MS.

BACKGROUND

MS interrupts the flow of information between brain and body and stops people from moving. Every hour in the United States, someone is newly diagnosed with MS, an unpredictable, often disabling disease of the central nervous system. Symptoms range from numbness and tingling to blindness and paralysis. The progress, severity and specific symptoms of MS vary with each person. However, advances in research and treatment are moving us closer to a world free of MS. In Wisconsin, MS strikes 1 in 500 of our friends, neighbors and family members.

Current estimates indicate that the average economic toll per individual affected by MS is approximately \$57,000 per year-- due to lost wages and increased medical expenses, among other factors. With more than 10,000 Wisconsin residents diagnosed with this disease, MS costs more than one-half billion dollars annually for our state.

While more than 90% of people with MS have worked at sometime in their lives, and more than 60% are working at the time of diagnosis, only 20-30% remain in the workforce 10-15 years after diagnosis. In addition, approximately 20-25% of people with MS will need long-term care, either in an institutional facility or non-institutional setting over a prolonged time. Long-term care refers to health care, home care, adult care, respite care, assisted living, and nursing home care.

In December 2005, Governor Jim Doyle and members of the State Legislature, led by a bi-partisan group of legislators, created 2005 Wisconsin ACT 71 to assist those who live with MS in Wisconsin. This law established a voluntary income tax check-off on Wisconsin State income tax forms for 2006 and beyond, to fund health-related programs and services for people with MS in Wisconsin. Individuals filing Wisconsin State tax returns may now choose to allocate a portion of their tax refund, or add to their tax liability, any amount to fund health-related programs and services.

Under the provisions of ACT 71, the amount received under the income tax check-off, after administrative expenses, are to be disbursed by the National MS

Society - Wisconsin Chapter, to fund health-related programs and services for people living with MS in Wisconsin. In September 2007, the National MS Society - Wisconsin Chapter, received its first appropriation of \$84,955.84, from the State of Wisconsin. Then, in September 2008, the National MS Society - Wisconsin Chapter, received its second appropriation of \$88,611.05, from the State of Wisconsin. In September 2009, The National MS Society – Wisconsin Chapter, received its third appropriation of \$92,563.75.

As required by Wisconsin Act 71, this report summarizes for the State Legislature and the Governor the entities that received check-off funds and for what purposes for the calendar year 2009.

DISBURSEMENT PROCESS

To ensure the fair disbursement of Wisconsin Act 71 funds to residents of Wisconsin, the National MS Society -Wisconsin Chapter established a seven-member advisory committee, whose members were all diagnosed with MS. Interviews were conducted with 15 applicants, selected from a pool of more than 30 interested volunteers. Criminal background and reference checks were also conducted.

The Act 71 Advisory Committee is composed of professionals whose educational backgrounds and professional experiences complement the evaluation process for the financial aid requests. Volunteers with occupations as: an attorney, occupational therapist, hospice nurse, doctor, loan coordinator for people with disabilities, social worker, and foundation member, serve this committee.

As defined by the National MS Society - Wisconsin Chapter, health related programs and services suitable for funding include: aquatic therapy, personal counseling, respite care programs, durable medical equipment, and home and auto modifications, as well as other expenses at the discretion of the committee and interpreted as "health related programs." Financial assistance from this fund intend to aid an individual in maintaining his or her independence in the community, thereby funding "health related programs" and "needs," not "wants," as best defined by the National MS Society - Wisconsin Chapter, and/or interpreted by the volunteer committee.

To determine eligibility for financial aid, income guidelines were also established based upon 350% of federal poverty criteria and household size.

**For incomes at 350% of federal poverty guidelines,
or other documented financial obligations**

| Size of Family | Gross Annual Income Guidelines |
|----------------------------|--------------------------------|
| 1 | \$37,905 |
| 2 | \$50,995 |
| 3 | \$64,085 |
| 4 | \$77,175 |
| 5 | \$90,265 |
| 6 | \$103,355 |
| 7 | \$116,445 |
| 8 | \$129,535 |
| For each additional member | \$13,090 |

Source: <http://aspe.hhs.gov/poverty/09poverty.shtml>

APPLICATION PROCESS

To request financial aid, applicants are required to submit:

- A complete financial aid request form
- Proof of a MS diagnosis
- A prescription for the requested item or service
- Proof of finances, including SSDI/SSI statements
- The past year's W-2 form
- A price quote or quotes from independent vendors or service providers

Applications are carefully assessed by National MS Society - Wisconsin Chapter financial assistance staff. Applications meeting the above submission requirements are forwarded to the seven member Act 71 committee, who evaluate the requests and determine the financial assistance. The applicants' names are not disclosed to the committee to ensure confidentiality and objectivity. Applicants deemed eligible for funding are notified that their requests have been granted and checks are issued to the appropriate entities (service providers or vendors). Chapter staff also attempts to support the applicants' requests by identifying and securing donated and/or discounted services and products. These efforts augment the Wisconsin Act 71 funds, while striving to serve as many people living with MS as possible. Augmenting financial assistance with donations and/or discounted services and goods also mobilizes the community in the spirit of cooperation and volunteerism. In the past calendar

year, over \$50,000 in services and products have been contributed via vendor donations and/or discounted labor.

DISBURSEMENTS

The table provided below summarizes the Wisconsin Act 71 Fund disbursements from January 1 through December 31, 2009.

| Entity | County of Client | Amount of Aid Given | For what purpose |
|--|-------------------------|----------------------------|---|
| Sears (client saved \$100 by purchasing on sale) | Jefferson | \$599.99 | Exercise equipment for client to use in home and build strength in legs and arms |
| Oconto Electric Cooperative | Marinette | \$129.00 | Personal Emergency Response phone system providing client independence in home |
| Rite-Hite YMCA | Milwaukee | \$505.00 | 12 month YMCA membership, including aquatic therapy classes |
| Tri-County YMCA | Waukesha | \$600.00 | 12 month YMCA membership, including aquatic therapy classes |
| Adaptive Driving Specialists | Milwaukee | \$180.00 | Driving assessment and training for client |
| Bioness | Racine | \$2,500.00 | Walk-Aide, to improve walking ability by reducing the effects of drop-foot |
| Sunshine Service Dogs, Inc | Barron | \$300.00 | Training and certification of new service dog |
| HandiRamp | Dunn | \$95.77 | 2 foot portable ramp to allow client access into and out of home |
| Midwest Mobility, Inc | Kenosha | \$113.00 | Installation of parking brake extender for vehicle following installation of hand controls |
| Hetzel Plumbing & Heating | Oneida | \$2,500.00 | Modifications to clients bathroom, lowering of sink and shower to enhance client's ability to utilize her home more fully |
| Midwest Mobility, Inc | Rock | \$1,541.50 | Installation of hand controls for vehicle |
| Options for Independent Living | Outagamie | \$250.00 | Used computer with voice activated software |
| Cherubini Enterprises, Inc. | Pepin | \$2,015.00 | Manual wheelchair with tilt to alleviate pressures sores |

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|--|-----------|------------|---|
| AccessAbility | Racine | \$449.00 | Replace seat cushion for power wheelchair |
| Waukesha Family YMCA | Waukesha | \$504.00 | 12 month YMCA membership, including aquatic therapy classes |
| Sullivan Systems | Bayfield | \$315.00 | Repairs to electric scooter |
| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients) | Milwaukee | \$75.00 | Wheeled walker to allow client greater independence inside and outside of home |
| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients) | Milwaukee | \$330.00 | Manual wheelchair with lift to provide greater mobility and independence for client |
| M&I Bank (WisLoan) | Winnebago | \$502.18 | Modification to client's accessible vehicle to enhance mobility outside of home |
| Radloff's Remodeling | Rock | \$2,850.00 | Accessible ramp leading into and out of the home |
| Menards | Columbus | \$1,500.00 | Modifications to clients bathroom, widening of doors and lowering of items to enhance client's ability to utilize her home more fully – work done by client's husband |
| Actra Rehab Assoc. | Milwaukee | \$659.26 | Knee, Ankle, Foot Orthotics for client to enhance his stability |
| Walkabout Orthotics & Prosthetics | Portage | \$126.95 | Co-pay for Knee, Ankle, Foot Orthotics for client to enhance his stability |
| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients, average cost savings is 1/5 of buying new) | Walworth | \$500.00 | Hoyer Lift to provide client greater independence with home |
| Jim Haverkorn Construction | Brown | \$1,350.00 | Modifications to clients bathroom, widening of doors and lowering of items to enhance client's ability to utilize home more fully |
| Home Care Medical | Milwaukee | \$768.04 | Co-pay on power wheelchair to provide client great mobility and independence |

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| Life Style Solutions (vendor provides 25% discount) | Rock | \$450.00 | In-home therapy for client with MS who is also blind to build strength in legs and arms |
| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients, average cost savings is 1/5 of buying new) | Milwaukee | \$135.00 | Manual wheelchair to provide client greater mobility and independence |
| Aurora Wellness Center | Racine | \$699.00 | 12 month fitness membership, including aquatic therapy classes |
| A&J Mobility | Sauk | \$533.00 | Docking plate for power wheelchair for accessible vehicle |
| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients | Dane | \$265.00 | Manual wheelchair with tilt feature to provide client greater mobility and independence |
| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients | Milwaukee | \$210.00 | Manual wheelchair to provide client greater mobility and independence |
| Kjelstad Plumbing & Heating, Inc | Eau Claire | \$2,635.00 | Modifications to clients bathroom, widening of doors and lowering of items to enhance client's ability to utilize his home more fully |
| The Theresian Institute, Inc. | Milwaukee | \$120.00 | Counseling related to client's MS diagnosis |
| Bioness | Chippewa | \$2,000.00 | Walk-Aide, to improve walking ability by reducing the effects of drop-foot |
| YMCA of Metro Milwaukee (80% discount) | Milwaukee | \$92.00 | 12 month YMCA membership, including aquatic therapy classes |
| Valley Planning Mill, Inc | Outagamie | \$1,523.55 | Modifications to clients home, widening of doors and lowering of items to enhance client's ability to utilize his home more fully |
| National Seating and Mobility | Dane | \$2,069.00 | Co-pay on manual wheelchair to provide client great mobility and independence |

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| Wal-Mart | Dane | \$250.00 | Air conditioner to assist client with heat sensitivity |
| H.J. Martin & Sons, Inc | Brown | \$2,500.00 | Modifications to clients bathroom, widening of doors and lowering of items to enhance client's ability to utilize home more fully |
| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients, average cost savings is 1/5 of buying new) | Milwaukee | \$870.00 | Power wheelchair to allow client greater independence outside of home |
| Theda Care at Home | Waupaca | \$1,900.00 | Trailer hitch scooter lift allowing client independence outside of home |
| On the Go Mobility | Jefferson | \$998.00 | Power scooter to allow client greater independence outside of home |
| Sears | Milwaukee | \$725.84 | Special sized air conditioner to assist client with heat sensitivity |
| Menards | Milwaukee | \$350.00 | Air conditioner to assist client with heat sensitivity |
| Matravers Hardware | Oconto | \$259.00 | Air conditioner to assist client with heat sensitivity |
| Independent Mobility Plus, Inc. | Brown | \$356.34 | Repairs to electric scooter |
| Menards | Brown | \$245.00 | Air conditioner to assist client with heat sensitivity |
| Wal-Mart | Columbia | \$625.00 | Exercise equipment for client to use in home and build strength in legs |
| AccessAbility | Milwaukee | \$1,194.00 | Portable ramp and commode to provide client greater independence within home |
| Life Alert | Brown | \$195.00 | Personal Emergency Response system providing client independence in home |
| Adaptive Technology Resources | La Crosse | \$903.00 | Voice activated computer software providing client the independence to communicate |
| Wal-Mart | Milwaukee | \$206.00 | Air conditioner to assist client with heat sensitivity |
| R&M Sales | Milwaukee | \$100.00 | Adaptive phone system |

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| Jason Eggert Plumbing | Waupaca | \$1,500.00 | Modifications to clients bathroom, widening of doors and lowering of items to enhance client's ability to utilize home more fully |
| Bioness | Eau Claire | \$2,000.00 | Walk-Aide, to improve walking ability by reducing the effects of drop-foot |
| Waukesha Family YMCA (15% discount) | Waukesha | \$444.00 | 12 month YMCA membership, including aquatic therapy classes |
| Rollx Vans | Marathon | \$2,500.00 | Installation of wheelchair lift on accessible van |
| Knueppel Healthcare | Waukesha | \$876.00 | 2 portable ramps to allow greater access into home and vehicle |
| Erickson Mobility | Marquette | \$2,500.00 | Installation of power seat lift on accessible van |
| TK Building & Home Improvement, LLC | Racine | \$1,600.00 | Accessible ramp leading into and out of the home |
| Lowe's Home Centers | Milwaukee | \$157.34 | Air conditioner to assist client with heat sensitivity |
| Lutheran Social Services | Brown | \$340.20 | In-home assessment of client's needs to allow client to remain in home and living independently |
| Lowe's Home Centers | Milwaukee | \$250.00 | Air conditioner to assist client with heat sensitivity |
| YMCA Pines Fitness Center (50% discount) | Vilas | \$270.00 | 12 month YMCA membership, including aquatic therapy classes |
| Waukesha Family YMCA | Waukesha | \$684.00 | 12 month YMCA membership, including aquatic therapy classes |
| Miller Mobility (vendor provides 15% discount) | Waukesha | \$625.50 | Manual wheelchair to provide client greater mobility and independence |
| Bioness | Milwaukee | \$2,000.00 | Walk-Aide, to improve walking ability by reducing the effects of drop-foot |
| Reliant Rehab Service & Supply, Inc | Taylor | \$2,500.00 | Co-pay on power wheelchair to provide client great mobility and independence |
| Shopko | Racine | \$250.00 | Air conditioner to assist client with heat sensitivity |

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| The Wheelchair Recycling Program (vendor provides used items at reduced costs to clients, average cost savings is 1/5 of buying new) | Rock | \$820.00 | Power wheelchair to provide client greater mobility and independence |
| A&J Mobility | | \$2,500.00 | Installation of wheelchair lift on accessible van |
| Erickson Plumbing Inc | Racine | \$2,465.00 | Modifications to clients bathroom, widening of doors and lowering of items to enhance client's ability to utilize home more fully |
| Life Style Solutions (vendor provides 25% discount) | Rock | \$450.00 | In-home therapy for client with MS who is also blind to build strength in legs and arms |
| Green Bay Home Medical (10% discount for MS Society) | Oconto | \$2,500.00 | Stair lift within home to allow client to access all levels of her home |
| ThedaCare at Home | Outagamie | \$70.43 | Transfer bench to increase client's mobility in home |
| Lutheran Social Services | Milwaukee | \$283.50 | In-home assessment of client's needs to allow client to remain in home and living independently |
| Lutheran Social Services | Milwaukee | \$283.50 | In-home assessment of client's needs to allow client to remain in home and living independently |
| LG Medical Supply | Milwaukee | \$161.97 | Purchase of TENS unit to alleviate spinal pain caused by client's MS |
| Days Hotel | La Crosse | \$94.78 | 3 month aquatic therapy classes membership fee |
| Best Buy | La Crosse | \$350.00 | Exercise equipment for client to use in home and build strength in legs and arms |
| Glacier Tek (vendor provides 15% discount to MS Society) | Milwaukee | \$155.20 | Cooling garments to assist client with heat sensitivity |
| Wisconsin Prosthetics and Orthotics | Manitowoc | \$2,000.00 | Walk-Aide, to improve walking ability by reducing the effects of drop-foot |
| Sullivan Systems | Bayfield | \$135.00 | Repairs to client's manual wheelchair |

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| Mercy Assisted Care, Inc | Rock | \$1,895.00 | Co-pay on power wheelchair to enhance clients independence inside and outside of the home |
| Land and Wheels | Milwaukee | \$476.95 | Portable 4 foot ramp, grab bars, and cane to improve client independence inside and outside of the home |
| Glander Drug | Sheboygan | \$110.00 | Transfer bench and toilet safety seat to allow client to maintain her independence |
| Waukesha Family YMCA (50% discount) | Waukesha | \$324.00 | 12 month YMCA membership, including aquatic therapy classes |
| The Theresian Institute, Inc | Milwaukee | \$380.00 | Counseling related to client's MS diagnosis |
| Wisconsin Automatic Door, Inc. | Brown | \$2,075.00 | Automatic door opener allowing client to open doors allowing him to remain independent in his home |
| M&I Bank (WisLoan) | Shawano | \$474.24 | Modification to client's accessible vehicle to enhance mobility outside of home |
| Stress Management & Mental Health Clinic | Milwaukee | \$300.00 | Counseling related to client's MS diagnosis |
| MobilityWorks | Milwaukee | \$2500 | Modification to client's accessible vehicle to enhance mobility outside of home |
| Green Bay Home Medical (10% discount for MS Society) | Waupaca | \$2200 | Stair lift within home to allow client to access all levels of her home |
| SpinLife.com (20% discount) | Outagamie | \$2305 | Specialized manual wheelchair to provide client greater mobility and independence within his home |
| SpinLife.com (20% discount) | Dane | \$369 | 7 foot portable ramp to allow client greater access to home and her vehicle |
| Tri-County YMCA | Waukesha | \$624 | 12 month YMCA membership, including aquatic therapy classes |
| Rite-Hite YMCA | Milwaukee | \$528 | 12 month YMCA membership, including aquatic therapy classes |
| Sullivan Systems | Bayfield | \$1325 | Repairs to client's power wheelchair |

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|-----------------|--------------|--------------------|--|
| Sammons Preston | Sheboygan | \$174.51 | Leg lifter, furniture risers, and tub railing to provide client greater independence within her home |
| | TOTAL | \$90,494.54 | |

RESTRICTIONS FOR THE MANAGEMENT OF FUNDS

No administrative costs have been deducted from these funds. To the extent feasible, all Wisconsin Act 71 funds contributed will be depleted yearly. Planning is done accordingly, after the Wisconsin Chapter is in receipt of donations for the entire calendar year.

From January - September, 2010, an estimated additional \$67,317.24 will be disbursed to entities in Wisconsin, using the above summarized method to evaluate requests.

For further information, please contact:

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