



Legislative Fiscal Bureau

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May 24, 2001

Joint Committee on Finance

Paper #492

Wisconsin Well Woman Program (DHFS -- Health)

[LFB 2001-03 Budget Summary: Page 373, Item #5 (part)]

CURRENT LAW

1997 Wisconsin Act 27 created a women's health services appropriation for the Department of Health and Family Services (DHFS) to fund: (a) regional grants to applicants to provide health care screening, referral, follow-up and patient education to low-income, underinsured and uninsured women (grants require a 25% match); (b) a women's health campaign to increase women's awareness of issues that affect their health, and to reduce the prevalence of chronic and debilitating health conditions that affect women; (c) projects to enhance activities of communities in establishing and maintaining a comprehensive women's health program that addresses all major risk factors for chronic diseases for middle-aged and older women (projects require a 25% match); and (d) an osteoporosis prevention and education program. Base funding for these programs is \$1,225,000 GPR.

The Department is also responsible for administering the breast cancer screening program. This program provides up to \$422,600 GPR annually under the cancer treatment, training, follow-up, control and prevention appropriation for breast screening services to women who are 40 or older. Grants are awarded to hospitals or organizations that have a mammography unit available, in areas selected by DHFS. Grant payments are based on partial or full payment for services for women who meet certain income and insurance requirements. The program also provides at least \$20,000 GPR annually for the development and provision of media announcements and educational materials concerning the need for, and availability of, breast cancer screening services in areas served under the breast screening program. In addition, up to \$115,200 GPR annually is provided to the City of Milwaukee for the operational costs of a mobile mammography van, and up to \$25,000 GPR is provided for training for nurse practitioners to perform screenings for cervical cancer in rural areas. DHFS also receives federal funds (\$1,087,800 in 2000-01) from the Center for Disease Control and Prevention (CDC) under the national breast and cervical cancer early detection program to fund services related to breast and cervical cancer screenings for women ages 40 to 64.

GOVERNOR

Repeat the requirement that DHFS allocate and expend at least \$20,000 annually from the DHFS appropriation that funds cancer treatment, training, follow-up, control and prevention activities to support the development and provision of media announcements, educational materials concerning the need for, and availability of, breast cancer screening program services for women in areas served by the DHFS breast cancer screening program. Instead, require DHFS to allocate and expend at least \$20,000 annually from the DHFS women's health services appropriation to promote health care screening services for women that are available under the women's health program, which provides screenings for low-income women, as well as the breast cancer screening program.

DISCUSSION POINTS

1. DHFS has combined services under the women's breast cancer screening program and the women's health screening program to create a comprehensive, preventive health screening program for low-income, uninsured or underinsured women. The program, known as the Wisconsin well woman program (WWWP), provides health screenings, diagnostic tests and patient education services to low-income, uninsured or underinsured women to improve access to these services and thereby reduce preventable death and disability from breast and cervical cancer, heart disease, stroke, diabetes, osteoporosis, depression and domestic violence to this population.

2. Funding for 2000-01 includes: (a) approximately \$1,087,800 FED from a CDC grant for early detection of breast and cervical cancer; (b) \$880,800 GPR under the cancer prevention, control, treatment and training appropriation for breast cancer screenings (\$422,600), case management services (\$300,000), media and educational announcements (\$20,000), a grant to the City of Milwaukee for operational costs of the mobile mammography van (\$115,200) and training for nurse practitioners to perform cervical cancer screenings in rural areas (\$25,000); and (c) \$1,799,000 GPR under the women's health services appropriation for all other services which cannot be funded under the other two appropriations, including screening services (\$1,187,800), claims processing (\$178,200), case management (\$300,000) and a grant to the City of Milwaukee for recruitment, follow-up, enrollment and patient education (\$133,000). Funding under the women's health services appropriation includes \$635,000 GPR that was transferred in December, 2000, under section 13.10 of the statutes to offset a projected deficit in the program for 2000-01.

3. The program currently provides services to women who are 18 years of age or older, but primarily targets women ages 40 to 65. The priority for the mammography component is to screen women who are 50 to 65 years of age. Enrollees may not have household income that exceeds 250% of the federal poverty level (FPL). In addition to meeting age and income requirements, program enrollees must have no health insurance, insurance that does not pay for health screenings or insurance that does not fully cover the costs of annual screenings. Women enrolled in the medical assistance or BadgerCare programs are not eligible to enroll in the WWWP, because both of these programs cover all of the services that are covered under the WWWP.

4. As administered by the Department, women enroll in the WWWP through county or tribal well woman coordinating agencies, or, in some cases, through their participating health provider. A new enrollee receives a medical history and physical exam, which may include screenings for cardiovascular disease, hypertension, diabetes, domestic violence, osteoporosis and breast and cervical cancers. Currently, approximately 17,000 women are enrolled in the program.

5. There are over 1,000 providers participating in the program, including hospitals, clinics, individual health care providers, public health departments, community health centers, family planning clinics, tribal health clinics and other facilities that offer screening and diagnostic services. DHFS contracts with its fiscal agent, Electronic Data System, Inc., to reimburse health care providers for the services they provide to program enrollees. Providers receive reimbursement at the rate that Medicare would have paid for the same service.

6. The original intent of the women's health screening program enacted by the Legislature, and still reflected in the statutes, was that the program provide regional grants for health screening services, referral, follow-up and patient education to low-income, underinsured and uninsured women. As currently implemented by DHFS, the program is a reimbursement program for services under which funding is distributed to providers through a centralized claims reimbursement system.

7. DHFS indicates that the program has been implemented in a way that is intended to streamline funding in order to maximize services available for health screenings for low-income, underinsured and uninsured women. The Department indicates that it is consistent with legislative intent and reflects an efficient and effective manner to distribute the funds.

8. By providing screenings, diagnostic tests and referral services, the WWWP enables women who need treatment for conditions found as a result of these services to seek treatment earlier than they otherwise would had these diagnostic tests not been performed. The chances for success for treatment of disease and conditions that are diagnosed in their early stages are much greater than treatment for diseases and conditions that are diagnosed in their advanced stages. Further, the costs of providing treatment for conditions that are diagnosed in the early states are, in general, less than the costs of treating advanced stages of these diseases.

9. While implementing the program as a reimbursement program to streamline screening services to populations who otherwise would not receive services may be an optimal way to administer the program it can also be more costly than the grant program enacted by the Legislature. In December, 2000, DHFS submitted a s. 13.10 request to transfer \$635,600 from funds for cancer treatment, training, follow-up, control and prevention to the screening program to fully fund projected reimbursement costs for screenings.

10. At the time of the request, DHFS indicated that it would decide how to reduce future program costs so that the program could function within its appropriated levels. DHFS has determined that it will take the following measures to reduce program costs: (a) as of July 1, 2001, eligibility for the program will be limited to women age 35 and older, rather than women over the age of 18; (b) programs that are already over capacity may stop enrolling women under age 35,

beginning April 1, 2001; (c) DHFS will attempt to bill more eligible costs to the federal breast screening and cervical cancer screening program; and (d) DHFS has modified some reimbursement rates that exceeded Medicare levels.

11. DHFS staff indicate that the program modifications should allow the program to operate within budgeted levels for 2001-03. However, until April 1, 2001, DHFS had not received or maintained regular, summarized information on the program that shows the number of women who receive services or the types of services received under the program. Therefore, it is difficult to project the estimated savings that will result from the program modifications. (A motion passed by the Joint Committee on Finance at its December, 2000, s.13.10 meeting requires providers to submit information quarterly, beginning April 1, 2001, on the numbers of persons for whom the provider submits claims under the program and a listing of all procedures for which claims were submitted.)

12. If the Committee wishes to maintain the well woman program as DHFS currently administers it, it could modify statutes to more accurately define the program as a claims-based program. The current women's health appropriation could be renamed the well woman program. Services funded under the new appropriation would include services under the breast cancer screening program, including the grant to the City of Milwaukee for the mobile mammography van, other screening services currently provided by the Department under the well woman program (cervical cancer, heart disease, osteoporosis, diabetes, high blood pressure, domestic violence and depression), case management services, and training for rural exams and treatment for cervical cancer.

13. Total funding under the new appropriation would include \$2,082,800 annually including the \$1,200,000 budgeted the current women's health appropriation and \$882,800 currently budgeted under the cancer treatment, training, follow-up, control and prevention appropriation. Language could be included to limit expenditures to the amounts appropriated, and to require DHFS to develop mechanisms to modify services or reimbursements if funding is inadequate so that in the future costs of the program will not exceed funds available.

14. As noted above, the bill would repeal the requirement that at least \$20,000 be expended from the cancer treatment, training, follow-up, control and prevention activities for media and educational materials concerning the availability of breast screening services. Instead, the bill would provide that media and educational materials be funded from the women's health appropriation, and be used to promote all women's health screening services that are provided by the state. Under the alternative to merge funding under a new well woman program appropriation, the \$20,000 would be used for promotion and materials for all services provided under the program, as intended by the Governor's recommendation.

15. Alternatively, if the statutes are not modified, DHFS would be required to administer the program as a grant program, to reflect current law. The bill would allow the current funding for media and educational materials to be used for services provided under the grant program, as well as services under the breast cancer screening program.

ALTERNATIVES TO BILL

1. Approve the Governor's recommendation in the bill, but make no additional modifications to the statutes relating to this program in the bill. Consequently DHFS would be required to discontinue administering the program as a centralized reimbursement program and instead administer the program as a grant program to conform with current statutes.

2. Modify the statutes to rename the women's health services appropriation the well woman program. Transfer \$882,200 GPR annually from the cancer treatment, training, follow-up, control and prevention appropriation to the new well woman program appropriation. Define the well woman program as a program that provides health care screenings, referrals, follow-ups and patient education, including services under the current breast cancer screening program, to low-income, underinsured and uninsured women. Specify that service providers would be eligible for reimbursement for the cost of services up to the applicable Medicare reimbursement rate. Limit expenditures under the program to the amounts in the schedule, and require the Department to modify services or reimbursement if projected costs exceed the amounts available. In addition, approve the Governor's recommendation to allow the use of up to \$20,000 annually to be used for media and educational announcements for all services provided under the well woman program.

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