

Wisconsin Medicaid Director Joins WHA Public Policy Council to Discuss Provider Rates, Maternal Health Transformation



Wisconsin Medicaid Director Bill Hanna addressed WHA's Public Policy Council on Aug. 28, 2024.

Wisconsin Medicaid Director Bill Hanna joined the Wisconsin Hospital Association's Public Policy Council on Aug. 28, 2024. Hanna was selected by Governor Evers to be Medicaid Director in February 2024 and spent his time with the Council discussing Medicaid HMO accountability, Medicaid reimbursement for hospitals, Medicaid expansion and his interest in pursuing a CMS grant for improving maternal health outcomes for Medicaid enrollees.

"We have a variety of outcomes across our HMOs," said Hanna. "We have some of the big ones that have great quality scores, good member outreach, and we have some of the big ones that aren't doing as well. The same thing applies to regional plans."

"My focus is to clearly articulate the state's expectation of our health plans," said Hanna. "Our expectation is that our health plans are above the national average on at least 50% of HEDIS measures. In the next three years, we are expecting our health plans to be at or above the national average on 80% of the measures."



Attendees at WHA's Council on Public Policy meeting Aug. 28, 2024

Hanna went on to say that Medicaid health plans need hospital and clinic partners to meet the quality metrics that they are being held to by the Medicaid program.

"How those health plans interact with those actually providing care, the hospitals and health systems, is also critical in terms of gauging performance," WHA president and CEO Eric Borgerding commented. "We have several Medicaid HMOs operating in Milwaukee County alone, each with its own rules, procedures, prior authorization policies and other disparate administrative requirements that each add to the cost of providing care, and, in Medicaid, exacerbate the losses related to providing care. We should also factor those things into gauging Medicaid HMO performance."

Borgerding noted that more and more hospitals and health systems across the country are pulling out of Medicare advantage because the cost of complying with HMO rules and policies has become too much to bear.

Additionally, Hanna recognized that CMS is providing added flexibility to state Medicaid programs to increase hospital reimbursement rates. “The new federal rules create some opportunity for rate increases,” said Hanna. “Historically, we were limited to reimburse at the Medicare rate which we know is also not an adequate rate.”

Like he did earlier in August during a [Wisconsin Health News panel](#), Hanna provided arguments why policymakers should support expanding Medicaid in Wisconsin.

“When we are talking about Medicaid expansion in Wisconsin, we are talking about maybe 90,000 people not hundreds of thousands of people like you see in the states that have yet to expand,” said Hanna.

“What often gets missed in the conversation on Medicaid expansion is that Wisconsin has already expanded, we just need to finish the job,” said Hanna. “We are not North Carolina that is adding 600,000 people to Medicaid. Medicaid expansion in Wisconsin is not that, we already did it. We already cover childless adults up to 100% of the federal poverty line—this happened in the Walker Administration.”

In the Evers’ Administration’s 2023-2025 proposed budget, the Administration estimated that expanding Medicaid would make 89,700 people eligible for Medicaid coverage, but only 30,300 who were currently uninsured. The remaining 59,600 people would move from other coverage (likely subsidized commercial exchange coverage) onto Medicaid.

Hanna stated that expanding Medicaid to 138% of the federal poverty line will bring in \$300 million more per year in federal funding that could be used for anything.

Hanna also reported on an effort that Wisconsin Medicaid is pursuing to pilot new payment and care delivery models to improve maternal health outcomes in rural and urban communities.

“Adding to the complexity of this is that it’s not just a revenue problem, but it’s a volume problem. When there is a hospital with 100 births per year, that is not sustainable,” said Hanna.

CMS has released a ten-year [Transforming Maternal Health \(TMAH\) pilot](#), providing up to \$17 million per state to improve maternal health care delivery. Hanna reported that DHS is targeting Medicaid regions 1, 3 and 6 for this pilot program, and the rest of the regions are proposed to be the control regions for the purposes of this pilot. Hanna reported that the challenges they are trying to address through this program are volume and workforce challenges in rural Wisconsin and disparate outcomes in urban areas of Wisconsin.

“If we see success early, there is no reason we wouldn’t expand this to the rest of the state using state dollars if the outcomes are there. That is really the goal,” said Hanna.

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