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WHA's Involvement in Dental Access Highlighted in WHN Panel Presentation



From left: WHN Editor Tim Stumm; Matt Crespino, Associate Director, Children's Health Alliance of Wisconsin; Laura Rose, WHA Vice President, Policy Development; Monica Hebl, DDS, a member of the Wisconsin Dental Association House of Delegates; Greg Nycz, Executive Director, Family Health Center of Marshfield; Casey Himebauch, Wisconsin Deputy Medicaid Director

At a Wisconsin Health News (WHN) event January 9, WHN Editor Tim Stumm noted the growing body of evidence of the importance of oral health on good overall health and asked panelist Laura Rose, WHA vice president, policy development, why dental access has become a bigger priority for WHA going forward and what areas WHA plans to focus on. Rose

explained hospitals saw almost 32,000 patients in emergency departments in 2016 for preventable dental conditions. Many of these visits could have been avoided by proper dental care. However, many Wisconsin residents lack access to dental care, particularly among the Medicaid population. Casey Himebauch, Wisconsin's deputy Medicaid director who was also on the panel, added that only 37 percent of dentists are Medicaid certified, and of those, only 47 percent see 26 or more Medicaid patients per year. *(continued on page 6)*

CMS to Allow States to Impose Work Requirements for Medicaid Recipients WHA reiterates concerns to DHS on WI's proposed policies

On January 11, the Centers for Medicare and Medicaid Services (CMS) announced a new policy that would allow states to make participation in work or other community engagement a requirement for Medicaid recipients. The announcement immediately drew national attention, with those opposed indicating it will likely undergo legal challenges in the days to come.

The new policy by CMS represents a fundamental change to the Medicaid program. In its letter to state Medicaid directors, CMS indicated that requiring work or participation in community engagement activities meets the objectives of the Medicaid program because work helps to promote physical, mental and emotional health. CMS says the requirements would be allowed only for Medicaid recipients who are not elderly, pregnant or disabled. States would be required to seek federal approval through a waiver process, commonly known as the 1115 waivers.

Wisconsin is one of ten states that have submitted—but not yet received approval for—requests to CMS seeking approval for several Medicaid policy changes, including work requirements. This was done in June 2017 as a proposed amendment to the existing waiver related to adults without dependent children or "childless adults." In addition to the work requirements, Wisconsin's proposal also included several other new policies such as the imposition of premiums and copayments for Medicaid recipients. (See

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May 19, 2017 *Valued Voice* article at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-5-19-2017.htm#1).

While CMS' new guidance supports states interests in implementing work requirements, Wisconsin may need to make changes to its proposed policy to be compliant with CMS' guidance. For example, CMS' guidance clarifies that states should consider community service and other activities that could count toward the work requirement. CMS also says states should exempt individuals with acute medical conditions. Both of these are issues WHA raised in its comment letters to DHS and CMS in June 2017.

CMS also outlines the requirements for monitoring and evaluation of the work requirements to ensure they meet outcomes, including "whether those requirements assist beneficiaries in obtaining sustainable employment or other productive community engagement and whether sustained employment or other productive community engagement leads to improved health outcomes."

In Wisconsin, although the waiver amendment has yet to be approved, the underlying childless adult waiver is set to expire in December 2018. DHS is planning to submit a request for a waiver extension. As such, on January 5, 2018, WHA took the opportunity to again advance its concerns regarding policies such as premiums and copayments, and to encourage DHS to seek enhanced federal funding for its expansion of Medicaid to the childless adult population. WHA's comments can be found at www.wha.org/pdf/WHAComments-1115WaiverExtension1-5-18.pdf.

Court Formally Notified of 340B Appeal WHA urges Congress to legislatively stop cuts in interim

The American Hospital Association, the Association of American Medical Colleges and America's Essential Hospitals officially notified the court January 9 of their intent to appeal the district court's December 29 decision to dismiss the group's lawsuit to prevent Medicare payment cuts for certain 340B-covered entities. The associations are joined in the lawsuit by Eastern Maine Healthcare Systems in Brewer, ME, Henry Ford Health System in Detroit and Adventist Health System's Park Ridge Health in Hendersonville, NC.

The court ruled the original lawsuit was premature since the cuts had yet to take effect. The court did not rule on the merits of the claim, leaving open the option of refileing the lawsuit once cuts go into effect. The cuts took effect January 1, 2018.

"The Wisconsin Hospital Association will continue to stand with our member hospitals in protecting the 340B program from the drastic cuts, and we fully support our national counterparts in their appeal," said WHA President/CEO Eric Borgerding. "We urge Congress to place a moratorium on these cuts, as contained in HR 4293, to allow the appeals process to play itself out."

CMS Announces BPCI-Advanced, a New Advanced APM Under the QPP

On January 9, the federal Centers for Medicare and Medicaid Services (CMS) announced a new voluntary episode payment model: Bundled Payments for Care Improvement (BPCI)-Advanced. The implementation of BPCI-Advanced follows the cancellation late last year of proposed Advanced APMS (the Episode Payment Models [EPMs] and the Cardiac Rehabilitation [CR] incentive payment models), which were scheduled for implementation in 2018. BPCI-Advanced will qualify as an Advanced Alternative Payment Model (APM) under the Quality Payment Program (QPP). Advanced APM participants may be excluded from MIPS reporting and payment adjustments and qualify for a five percent incentive payment.

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Continued from page 2 . . . CMS Announces BPCI-Advanced, a New Advanced APM Under the Quality Payment Program

BPCI-Advanced is a voluntary bundled payment model featuring a single retrospective bundled payment and one-risk track, with a 90-day clinical episode duration. BPCI-Advanced will test 29 inpatient clinical episodes and three outpatient clinical episodes. CMS has selected seven quality measures for the BPCI-Advanced Model. Two of them, All-cause Hospital Readmission Measure and Advance Care Plan, will be required for all clinical episodes. The other five quality measures will only apply to select clinical episodes.

For the purposes of BPCI-Advanced, a participant is defined as an entity that enters into a participation agreement with CMS to participate in the model. BPCI-Advanced will require downside financial risk of all participants from the outset of the model performance period.

An entity may participate as either a convener participant or a non-convener participant. A convener participant is a type of participant that brings together multiple downstream entities, referred to as "Episode Initiators (EIs)." A convener participant facilitates coordination among its EIs and bears and apportions financial risk under the model.

A non-convener participant is a participant that is in itself an EI and does not bear risk on behalf of multiple downstream EIs.

The following entities can participate as a non-convener participant:

- Acute care hospitals
- Physician group practices

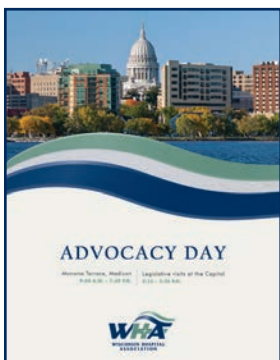
The following entities can participate as a convener participant:

- Eligible entities that are Medicare-enrolled providers or suppliers
- Eligible entities that are not enrolled in Medicare
- Acute care hospitals
- Physician group practices

The BPCI-Advanced application portal will open January 11, 2018 and close March 12, 2018. The first cohort of participants will start participation in the model October 1, 2018, and the model period performance will run through December 31, 2023. CMS will provide a second application opportunity in January 2020.

A detailed CMS fact sheet on the BPCI-Advanced program can be found at <https://innovation.cms.gov/Files/fact-sheet/bpci-advanced-generalfs.pdf>.

Make Plans to Attend 2018 WHA Advocacy Day, March 21



Each year the Wisconsin Hospital Association's Advocacy Day event draws more than 1,000 hospital and health system advocates to Madison to learn and to advocate. Attendees hear from top-notch national and state speakers and that afternoon have the opportunity to meet personally with their state legislators or staff. You won't want to miss this event in 2018. Advocacy Day takes place Wednesday, March 21, 2018 in Madison at the Monona Terrace. Registration and event details are available at www.whareg4.org/2018AdvocacyDay and www.wha.org/advocacy-day.aspx.

The 2018 morning keynote will be Mara Liasson, national political correspondent for National Public Radio (NPR), who will look at the current political landscape and what it means for today and tomorrow. She will be followed by a legislative panel discussion and

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Governor Walker has been invited again as the luncheon keynote. Some 650 attendees then participate in legislative meetings in the afternoon. (An optional pre-event webinar will be offered closer to the date for those going on legislative visits, and an issue briefing will happen at Advocacy Day as well.)

While Advocacy Day is free, registration is necessary. Register today for Advocacy Day 2018 at www.whareg4.org/2018AdvocacyDay or www.wha.org/advocacy-day.aspx. For Advocacy Day questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

2018 WI Hospitals State PAC & Conduit Kick-off Breakfast, March 21 Contribute \$250 or more to attend

The Wisconsin Hospitals State PAC & Conduit fundraising campaign will kick off the 2018 fundraising year with an invite-only breakfast the morning of March 21. Individuals who contribute a minimum of \$250 by that date are invited to attend the kick-off breakfast the morning of Advocacy Day. A full breakfast will be served and attendees will hear from special guests. Contribute to either the Wisconsin Hospitals State PAC, Wisconsin Hospitals Conduit or both today by logging onto www.whconduit.com or by calling Nora Statsick at 608-239-4535.

Register Today for WHA Physician Leadership Development Conference

Over the past 12 years, WHA has hosted nearly 1,800 physician leaders at the annual WHA Physician Leadership Development Conference, in an effort to assist members in providing the necessary education to new physician leaders and those identified as having leadership potential.



WHA will host its 13th annual "Physician Leadership Development Conference" Friday, March 9 and Saturday, March 10, 2018 at The American Club in Kohler. Leaders of member hospitals are encouraged to identify several new hospital and clinic physician leaders who would benefit from this popular, proven, in-state option for physician leadership development training.

As new physician leaders are moving beyond their clinical training, they have the need to learn and employ a new approach to managerial decision-making and problem solving. New physician leaders must now represent both clinical and managerial interests, and many need resources to assist them in making the transition. That's where the WHA Physician Leadership Development Conference can help.

This highly regarded event offers high-quality education from nationally-recognized American Association for Physician Leadership faculty with less travel expense and less time out of the hospital or clinic and away from patients, than the national offerings.

Conference information and online registration can be found at www.cvent.com/d/ktqI9j. Share this information with new physician leaders right away, so they can mark their calendars and get registered, as the Early Bird Discount is available only until January 31, and the special room rate at The American Club is only available until the room block fills, which it does quickly each year.

CPOE Regulatory Flexibility Focus of February 7 WHA Webinar

On February 7, WHA is offering the WHA member forum: Update on Computerized Provider Order Entry (CPOE) Reporting Under Federal Payment Programs. This complimentary webinar will review the current CPOE reporting requirements for hospitals and physicians under federal payment programs that require demonstration of meaningful use of electronic health record (EHR) technology: the Medicare and Medicaid EHR Incentive Programs for hospitals and physicians and the Merit-Based Incentive Payment System (MIPS) for physicians and other eligible clinicians. The webinar will explain, among other things, that hospitals and physicians are no longer required to report CPOE in order to avoid Medicare penalties.

This complimentary webinar is open to all WHA hospital and corporate members, but pre-registration is required. An audio recording of the webinar will be available after the event, but you must pre-register to receive the recording.

For more information and to register, go to www.whareg4.org/CPOEUpdate. For content questions, contact Andrew Brenton at 608-274-1820 or abrenton@wha.org. For registration questions, contact Kayla Chatterton at kchatterton@wha.org or 608-274-1820.

Wisconsin Influenza Activity Widespread and Increasing

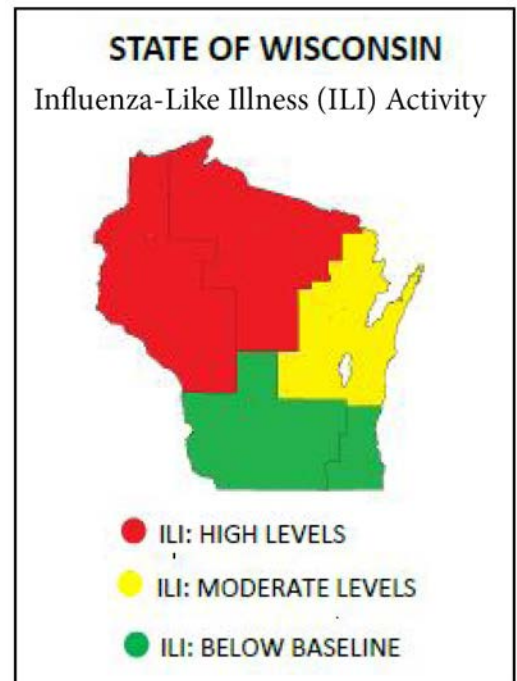
Wisconsin is seeing a steady increase in influenza cases, but public health officials and the health care provider community are hopeful the flu season here will not be as severe as it is being reported in some other states.

According to a report (www.wha.org/Data/Sites/1/influenza/flu1-11-18.pdf) from Jonathan Temte, MD/PhD, chair of the Wisconsin Council on Immunization Practices, influenza A[H3N2] has been the dominant strain so far in Wisconsin, comprising 95 percent of all tested viruses. As of December 30, 2017, there had been 1,328 influenza-related hospitalizations since September 1, 2017; 68 percent of hospitalizations have been in individuals aged ≥ 65 years. There have been 157 admissions to ICUs, 54 percent were aged ≥ 65 years; and there have been 29 cases requiring mechanical ventilation, 48 percent aged ≥ 65 years.

The prevalence of influenza-like illness (fever of 100 degrees F or higher and either cough or sore throat) in Wisconsin's primary care patients is at 3.9 percent and increasing.

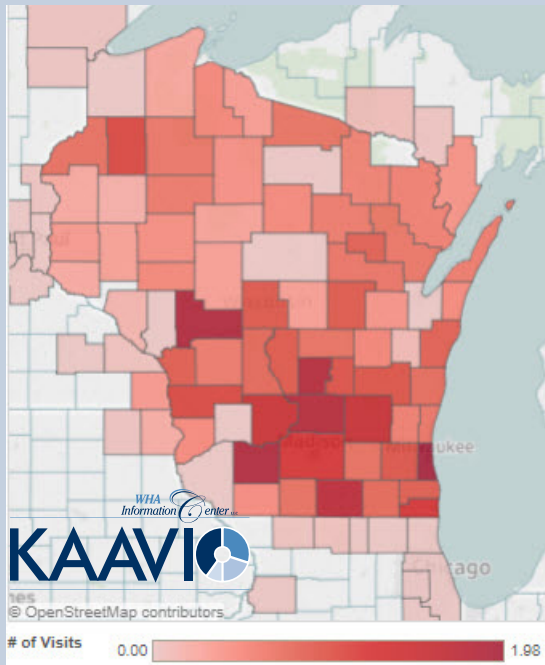
The most commonly identified viral cause of Acute Respiratory infections (ARI) in Wisconsin is **Influenza A**. Over the past four weeks the typical ARI case presenting for primary care has been 34 years old and 54 percent of patients have been female. Sixty-three percent of patients identified a sick contact one to three days before illness onset and typically present to the clinic 4.5 days after illness onset. Twenty-nine percent of illnesses are characterized as mild, with 63 percent having moderate symptoms and 5 percent having severe symptoms.

The Wisconsin Department of Health creates weekly statewide and regional influenza activity reports that clinicians may find valuable as well (www.dhs.wisconsin.gov/influenza/weekly-influenza-report.pdf).



Fast Facts from the WHA Information Center

January 22-28 is National Drug and Alcohol Facts Week



In looking at all ages for Wisconsin, there has been an increase of drug overdoses over the past three years. The WHA Information Center reported 6,005 ER visits related to overdoses by opiates, heroin or methadone from July 2014 through June 2017, about a 31 percent increase within that timeframe. The map provides the rate of ER visits per 1,000 population of the counties within this timeframe for overdoses.



This national health observance for teens promotes local events that use National Institute on Drug Abuse (NIDA) science to counteract the myths about drugs and alcohol that teens get from the Internet, social media, TV, movies, music or friends. For more information on local educational events and activities, check out the NIDA website at <https://teens.drugabuse.gov/national-drug-alcohol-facts-week>.

Data provided by the WHA Information Center (WHAIC). WHAIC (www.whainfocenter.com) is dedicated to collecting, analyzing and disseminating complete, accurate and timely data and reports about charges, utilization, quality and efficiency provided by Wisconsin hospitals, ambulatory surgery centers and other health care providers.

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In addition to Rose and Himebauch, panelists included Matt Crespin, associate director of the Children's Health Alliance of Wisconsin; Monica Hebl, DDS, a member of the Wisconsin Dental Association House of Delegates; and Greg Nycz, executive director of the Family Health Center of Marshfield.

Rose also noted that patients with special needs who require dental treatment to be provided under general anesthesia were cared for at 49 Wisconsin hospitals in 2016, with most of the care being concentrated in about 13 of those hospitals. Nycz noted that parents sometimes travel 500 miles round trip to access dental care for their family members with special needs. Rose said a major factor limiting access is the astronomical cost of hospital-based dental care. The costs are so high because of the time needed to perform treatments on these patients and the number of providers who must be present in the operating room. When Medicaid is the payer, a significant loss of revenue to the hospital is always the result. Additionally, there is a need for more trained dentists to provide this care. Currently, there isn't a general practice dentistry residency program in Wisconsin. These programs train dentists in hospital-based dentistry. Rose noted WHA's Special Needs Dental Patients Work Group is looking at ideas for making care more available for this vulnerable population.

All members of the panel mentioned poor Medicaid reimbursement as an issue for dental access. Hebl mentioned Wisconsin's Medicaid rates for dental care are the lowest in the country for adults and third lowest for children. Rose agreed that low Medicaid reimbursement rates is an issue, but not just for dentists. In 2016, hospitals incurred \$1.1 billion in charges for care provided to Medicaid patients that was not reimbursed by the Medicaid program. *(continued on page 7)*

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The divide between medical and dental care is another problem that impedes dental access. Nycz pointed out the "historic divide" between medicine and dentistry is reflected in the fact that most medical schools spend very little time training medical students on the importance of the oral cavity and how it affects the health of the rest of the body. Crespin noted the Legislature's passage of AB 146 (which was strongly supported by WHA) is a sign of the trend toward medical-dental integration. This legislation will permit dental hygienists to practice in expanded settings, including hospitals and medical clinics, without dentist supervision. One goal is to integrate dental screening, preventive education and dental referrals into well-baby visits.

Panelists also addressed the emerging issue of using mid-level dental providers, such as dental therapists (DTs) and expanded function dental auxiliaries (EFDAs), as a way to expand access to dental care. Both Crespin and Rose talked about their visits to the University of Minnesota's dental school to learn about the impact of dental therapists on access to dental care in Minnesota. Rose said while WHA hasn't yet taken a formal position on the licensure of DTs in Wisconsin, she was impressed with the ability of DTs in Minnesota to work under general supervision of a dentist, which enables them to reach rural and other underserved areas and treat patients without having the dentist present. Crespin stressed that DTs always work as part of the dental team, and Hebl noted that allowing EFDAs to practice in Wisconsin could make dental practices more efficient and might enable dentists to see more patients, including Medicaid patients.

All agreed that much needs to be done to increase dental access in Wisconsin, and if everyone works together for better dental access we could solve the problem.