

January 6, 2017

Volume 61, Issue 1

## Walker Calls Special Session, Orders New Agency Actions in Fight against Opioid Abuse

**Governor signs executive orders at ceremonies in three Wisconsin hospitals**



Rep. Nygren, Lt. Gov. Kleefisch, Gov. Walker, Joan Coffman at the Governor's press conference at HSHS St. Joseph's Hospital, Chippewa Falls

In a statewide announcement, Gov. Scott Walker called the Wisconsin State Legislature into special session and issued new directives to state agencies January 5 in a continuation of the fight against the state's heroin and opioid epidemic. Walker made the announcement during stops at three separate hospitals

January 5, starting in Weston with a visit to Ministry Saint Clare's Hospital, part of Ascension, then in Green Bay at Aurora BayCare Medical Center and ending the day at HSHS St. Joseph's Hospital, Chippewa Falls. Lieutenant Gov. Rebecca Kleefisch and Rep. John Nygren joined Walker at all three locations where he signed executive orders to implement these directives. *(continued on page 5)*

## CMS Releases Initial Guidance on Section 603 Policy, HOPDs

Recently the Centers for Medicare & Medicaid Services (CMS) released guidance on several items that stem from the original "site neutral" payment prohibition enacted in 2015 under Section 603 of the Bipartisan Budget Act (BBA 2015). Section 603 prohibited Medicare outpatient prospective payments (OPPS) at new, provider-based, off-campus hospital outpatient departments (HOPDs).

First, CMS gives preliminary guidance on a provision enacted in late 2016 under the 21st Century Cures law, which allows certain HOPDs caught "mid-build" to gain an exemption from Section 603. Access this preliminary guidance at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Sections-16001-16002.pdf> *(continued on page 2)*

## President's Column

WHA President/CEO Eric Borgerding wrote the following opinion editorial. To date, it has appeared in several Wisconsin dailies and nationally in an online edition of USA Today.

### Unwind Obamacare with Caution

After six years of upheaval and realignment in health care, the 2016 election has, again, left many asking "What's next?"



Eric Borgerding

The immediate answer seems certain with the coming inauguration of a president who will sign a repeal of Obamacare. The real uncertainty, the real high stakes, comes in the "when" and "how" the Affordable Care Act is replaced.

Republicans now occupy center stage in this ongoing saga, moving from antagonist to protagonist in a role reversal that brings great expectations and new accountability. Objective observers agree that Obamacare is in need of repair if not overhaul, but while it still exists, its flaws remain the property of its namesake.

Repealing it, however, means owning what comes next, a shift that should underscore how serious a policy and political undertaking replacing Obamacare will actually be. Because for all its warts, the quandary that is Obamacare has given something to nearly a quarter of a million (and growing) Wisconsinites that they and their families do not want to lose—health insurance.

Love it or hate it, it is an undeniable fact that Obamacare has extended

*(continued on page 6)*

## Continued from page 1 . . . CMS Releases Initial Guidance on Section 603 Policy, HOPDs

Second, CMS also released additional “sub-regulatory” guidance to its 2016 OPDS final rule with respect to HOPD relocations. While relocations, in general, will cause a loss of grandfathered status, under the final OPDS rule, CMS does allow grandfathered HOPDs to relocate if meeting certain “extraordinary circumstances.” Access this sub-regulatory guidance on the relocations application process at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/Subregulatory-Guidance-Section-603-Bipartisan-Budget-Act-Relocation.pdf>

WHA anticipates additional guidance will be forthcoming from CMS and will provide updates in future editions of *The Valued Voice*.

## WHAIC Announces Changes to Data Submission Format

Over the next year, the WHA Information Center will retire the current custom, text file data submission format used by hospitals and ambulatory surgery centers (ASCs) to submit data required by Chapter 153 of the Wisconsin Statutes. The current custom format will be replaced with a national, industry standard, HIPAA claim format known as the ANSI 837—a standard all hospitals and ASCs have used for years to submit claims to health insurers for payment.

The change is a result of feedback from hospitals and ASCs about the difficulty maintaining a non-standard format for their required data submissions—feedback that led to the development of the Data Modernization Act (2015 Wisconsin Act 287) which allows WHAIC to bring the data submission process in line with industry standards and to collect additional data that will support population health and quality initiatives.

Since the Data Modernization Act was enacted April 1, 2016, WHAIC has completed in-depth analysis and outreach on the data submission process. Data submitters were surveyed, EHR vendors were consulted, and focus group sessions were held across the state with hospitals and ASCs to gain a good understanding of the effort required to either maintain the current format or to switch to the 837 format. The result of WHAIC’s outreach and analysis was unanimous: while there will be upfront work to switch to an 837 format, using a standard format will greatly reduce the ongoing maintenance burden on data submitters and will greatly expand the uses of the data by hospitals, ASCs and others.

WHAIC will give data submitters over a year to make the changes needed to move to the 837 format. Specifications and training will be completed by WHAIC and made available the first quarter of 2017, giving data submitters as much time as possible to begin the technical work needed to make the change. Hospitals and ASCs will be required to begin submitting production data using the 837 format in May 2018, for dates of service starting January 1, 2018.

WHAIC will hold two short conference calls to discuss the timeline for the project and the resources available to help with the transition (details below). The first in-person training sessions on the transition will be held in March, 2017. Your facility is encouraged to take advantage of every opportunity to participate over the next year to help ensure a smooth and successful transition.

### 837 Transition Introductory Calls:

- January 17, 2017: 10:00 a.m. – 11:00 a.m., *or*
- January 26, 2017: 1:00 p.m. – 2:00 p.m.

Go to [www.surveymonkey.com/r/837TransitionIntroWebinar](http://www.surveymonkey.com/r/837TransitionIntroWebinar) to register for one of these calls.

## Grassroots Spotlight

### Rep. Nygren Visits HSHS Libertas Marinette



Recently, Rep. John Nygren (R-Marinette) spent time at HSHS's Libertas of Marinette treatment center. While at Libertas, Nygren met with staff and was provided an update on a HOPE (Heroin, Opiate, Prevention and Education) grant that Libertas received. The HOPE

grant stemmed from a package of legislation Nygren has shepherded through the legislative process over the past several years because of his family's personal experience struggling with opioid addiction.



Rep. John Nygren with Keith Elkins, MD and Sandra Bekkla, counselor at Libertas Marinette.

### Major Changes to PDMP to Occur January 17 *Prescribers and dispensers will need to take action*

Significant changes to the Wisconsin Prescription Drug Program (PDMP) are coming, and prescribers and dispensers will need to act to continue to be able to access the PDMP and to start the process to connect to the new PDMP via their electronic health record (EHR).

On January 17, 2017, the Wisconsin Department of Safety and Professional Services (DSPS) will launch the Enhanced Prescription Drug Monitoring Program (ePDMP) intended to provide more streamlined web access to PDMP data and new analytics and visualizations of the PDMP data. As communicated in emails on December 16, 2016 from DSPS to licensed prescribers, licensed pharmacists, and pharmacy managers, data users and submitters to the new ePDMP will be required to re-register to use the new ePDMP.

However, WHA has learned from DSPS that the ePDMP system will not be accepting registrations until the ePDMP becomes operational on January 17. Currently, information about the new ePDMP and registration can be found here: <http://dsps.wi.gov/pdmp>

In addition, DSPS has requested that WHA alert health systems that are interested in utilizing their federally certified EHR technology to access the ePDMP data through their EHR to contact the Wisconsin Enhanced Prescription Drug Monitoring Program. DSPS is encouraging health care organizations to contact DSPS soon so they can complete the integration process before April 1, 2017.

During a December 12, DSPS webinar on WI ePDMP-EHR Integration, DSPS directed organizations interested in connecting their EHR to the ePDMP to go to <http://portal.wi.gov/register/index.html#pdmp> for technical/logistical details, which includes a subscription agreement contract with DSPS's vendor and an outline of the implementation model.

For additional information about giving DSPS notice of your interest in EHR integration with the ePDMP, the Prescription Drug Monitoring Program can be reached at [pdmp@wisconsin.gov](mailto:pdmp@wisconsin.gov) or 608-266-0011.

## Allen Joins WHA Quality Team



Nadine Allen

WHA is pleased to announce Nadine Allen has joined the quality team as an improvement advisor.

Allen was most recently the director of quality at Beaver Dam Community Hospital. She has a bachelor's degree in industrial engineering and a master's degree in organizational leadership. Allen's background in health care, education and manufacturing includes experience with Six Sigma and Lean, improvement tools frequently used by WHA member hospitals.

"We are very pleased Nadine has joined the team to help us accomplish our aggressive goals in the Hospital Improvement Innovation Network," said Kelly Court, WHA chief quality officer.

## Early Bird Discount for WHA Physician Leadership Conference Ends January 15

Take advantage of the early bird discount by registering today for WHA's annual Physician Leadership Development Conference, scheduled March 10-11, 2017 at The American Club in Kohler. Registration is open at [www.cvent.com/d/nvq2w6](http://www.cvent.com/d/nvq2w6), and the rate increases for both physicians and hosts after January 15, so register today.

As a reminder, the special room rate at The American Club is only available until the room block fills or until February 17 (whichever occurs first), so plan to register and make your hotel reservations today.

As a reminder, a "host" registration option is available for senior-level hospital representatives (non-physicians) who accompany one or more of their physicians to the conference but do not need CME credit. ACPE is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ACPE designates this live activity for a maximum of 11 *AMA PRA Category 1 Credits*.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

### Fast Facts from the WHA Information Center

#### January is Cervical Cancer Screening Month

The American Cancer Society estimated that in 2016 about 12,900 new cases of invasive cervical cancer would be diagnosed and about 4,120 women would die from the disease. The WHA Information Center reported between July 2015 and June 2016 there were 121 inpatient visits, 811 outpatient surgical procedures, and 2,697 hospital outpatient clinic visits in Wisconsin related to treatment for cervical cancer.

Cervical cancer was once one of the most common causes of cancer death for American women. But, over the last 40 years, the cervical cancer death rate has gone down by more than 50 percent. The main reason for this change was the increased use of the Pap test. This screening procedure can find changes in the cervix before cancer develops.

*Data provided by the WHA Information Center (WHAIC). WHAIC ([www.whainfocenter.com](http://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.*



## Continued from page 1 . . . Walker Calls Special Session, Orders New Agency Actions in Fight against Opioid Abuse

Ascension Health Senior Vice President/Wisconsin Ministry Market Executive Bernie Sherry, Aurora Health Care President/CEO Nick Turkal, MD and HSHS St. Joseph's Hospital President/CEO Joan Coffman all welcomed the Governor, Lieutenant Governor and Representative Nygren to their respective facilities for this announcement. In addition to hosting the announcement in Chippewa Falls, Coffman also serves alongside Kleefisch and Nygren as WHA's representative to the Governor's Task Force on Opioid Abuse.



The Governor's press conference at HSHS St. Joseph's Hospital, Chippewa Falls

"We're grateful to have Gov. Walker here in support of those who struggle with heroin and opioid addiction," said Joan Coffman, president and CEO of HSHS St. Joseph's Hospital in Chippewa Falls. "As WHA's representative to the Governor's Task Force on Opioid Abuse, it's encouraging to see these robust executive orders. The state's response is a boost to facilities like ours that work with people during their day-to-day struggles."

One of the Governor's executive orders (#228) directs state agencies to implement recommendations made in a report (<https://hope.wi.gov/Documents/ReportOnCombatingOpioidAbuse.pdf>) from Kleefisch

and Nygren, co-chairs of the Governor's Task Force on Opioid Abuse. The report includes a wide range of recommendations, including initiatives proposed by WHA to expand physician training opportunities for addiction medicine and reform state regulations, specifically DHS 75, which have become a barrier to expanding treatment options for patients in need of substance abuse services.

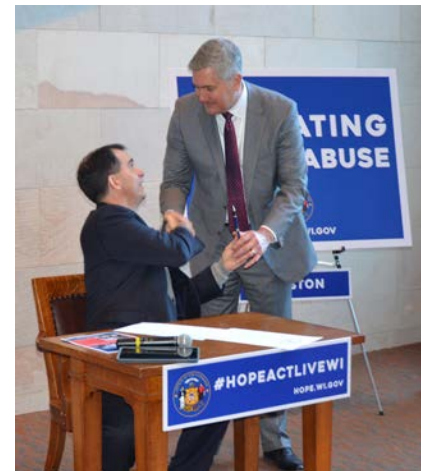


The Governor's press conference at Aurora BayCare Medical Center, Green Bay

A second executive order (#229) directs the Wisconsin Department of Health Services to apply for federal funding from the 21st Century Cures Act to support efforts to address opioid addiction in Wisconsin.

The final order calls for a special session of the state Legislature to pass various policy proposals (#230) recommended as part of the co-chair's report, including investments for medication-assisted treatment, treatment and diversion programs and various other policies designed to encourage individuals with an opioid addiction to seek treatment.

In a statement, WHA President/CEO Eric Borgerding said, "It is fitting that the recommendations be released at three hospitals across Wisconsin, recognizing the role hospitals play in delivering care to those suffering from substance abuse, identifying community needs and recommending proactive solutions to address Wisconsin's opioid abuse epidemic."



Gov. Walker shakes hands with Bernie Sherry at Ministry Saint Clare's Hospital, Weston

"Additional steps are needed to help those struggling with opioid addiction," Borgerding said. "WHA is committed to continuing our work with Governor Walker, Lieutenant Governor Kleefisch, Representative Nygren, and the Governor's Task Force to develop additional recommendations that will help accomplish this important goal." (continued on page 6)

## **Continued from page 6 . . . Walker Calls Special Session, Orders New Agency Actions in Fight against Opioid Abuse**

See the executive orders here:

**Executive Order 228:** [https://content.govdelivery.com/attachments/WIGOV/2017/01/05/file\\_attachments/731474/Executive\\_Order\\_228.pdf](https://content.govdelivery.com/attachments/WIGOV/2017/01/05/file_attachments/731474/Executive_Order_228.pdf)

**Executive Order 229:** [https://content.govdelivery.com/attachments/WIGOV/2017/01/05/file\\_attachments/731459/Executive\\_Order\\_229.pdf](https://content.govdelivery.com/attachments/WIGOV/2017/01/05/file_attachments/731459/Executive_Order_229.pdf)

**Executive Order 230:** [https://content.govdelivery.com/attachments/WIGOV/2017/01/05/file\\_attachments/731460/Executive\\_Order\\_230.pdf](https://content.govdelivery.com/attachments/WIGOV/2017/01/05/file_attachments/731460/Executive_Order_230.pdf)

## **Continued from page 1 . . . President's Column: Op Ed: Unwind Obamacare with Caution**

health insurance to millions of people across the country, in congressional districts both red and blue. In increasingly red Wisconsin, our already low uninsured rate dropped another 38 percent since Obamacare kicked in, the result of Gov. Scott Walker's strategy of combining Wisconsin-style Medicaid expansion with Obamacare's premium subsidized insurance exchanges.

Wisconsin's successful hybrid approach could be a national model going forward and proves that expanding health insurance coverage is a bipartisan aim. The differences come in the means of achieving this goal and, more importantly today, sustaining Wisconsin's gains.

The fact is there's simply too much here to quickly unwind and political leaders from both parties know this. The challenge is a complicated (and politically risky) one of scale, pace and effectively translating campaign pledges into post-election policy, all against a backdrop of growing Obamacare enrollments, falling uninsured rates and teetering exchanges.

Indeed, the "how" of replacing Obamacare is as important as the "what." Our health care delivery and insurance systems have seen massive upheaval and realignment during the past few years. While Wisconsin health care is a national quality and value standout, its leaders forward-looking, nimble and adaptive, an abrupt U-turn could backfire, causing even greater dissatisfaction and frustration than already exists.

This means replacing Obamacare will not happen overnight. Ample time must be allowed to implement and transition, or "bridge," any major changes. Ironically, Congress may need to fix Obamacare before it can fully replace Obamacare.

Wisconsin's low uninsured rate coupled with high-quality care means we have much to either gain or lose in the coming debate. If Obamacare is repealed, the 225,000 people it now helps cover in Wisconsin will need a better alternative.

There's a lot at stake in replacing the law that delivered that coverage. Fortunately, Wisconsin could be in a strong position. With Congressman Ryan in the speaker's chair and Gov. Walker now leading the Republican Governors Association, no other state should be as well positioned to shape "what's next" and sustain the coverage gains we have achieved in the process.

Bottom line is we should be prepared for more changes coming to health care, along with the imperative that we engage in defining "what's next" for Wisconsin. It's a task the Wisconsin Hospital Association and our member hospitals and health systems are prepared to undertake in partnership with our elected leaders.

Find at: [www.usatoday.com/story/opinion/columnists/2017/01/04/unwind-obamacare-cautiously/96157138](http://www.usatoday.com/story/opinion/columnists/2017/01/04/unwind-obamacare-cautiously/96157138)

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