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WHA to Hill: Protect 340B, Retain PABs, Fund CHIP/Extenders

The Wisconsin Hospital Association along with several hospital leaders traveled to Washington, D.C. this week to meet with members of the Wisconsin Delegation over key issues pending in Congress.

Among the issues discussed was the 340B program and legislation, HR 4392, to stop the impending 340B cut under the finalized 2018 Outpatient Prospective Payment System Rule. The new CMS



Left to Right: Reggie Newson, Rachel Roller, Rep. Mike Gallagher, Sue Wheeler, Kristin Halla

policy will cut certain 340B-covered entity reimbursements by almost 30 percent beginning January 1, 2018 (see related article on page 4).

Participants highlighted the important work being done through 340B program savings to provide pharmaceuticals and services, such as behavioral health and AODA services, to individuals across the state. WHA urged members of Congress to support continuing this great work by cosponsoring HR 4392.

protecting the 340B program," said Jenny Boese, WHA's vice president of federal affairs and advocacy. Rep. Gwen Moore is an early cosponsor of HR 4392.

"We encourage all of Wisconsin's House members to cosponsor and advocate in favor of

WHA also urged Congress to support the Senate position on retaining the tax exemption for private activity bonds, including qualified 501(c)(3) bonds. Finally, participants expressed growing concerns over the inaction of Congress to fund the CHIP program as well as Medicare extenders policies, such as the Medicare Dependent Hospital and Low Volume Adjustments, and Federally Qualified Healthcare Centers. The funding for these programs expired September 30 and must be renewed to continue.

Governor Walker Signs WHA Team-Based Care Bill

Act 119 clarifies Medicaid law regarding APNP orders

Gov. Scott Walker signed Assembly Bill 529 November 30 that provides clarification to Wisconsin health care providers that Wisconsin's Medicaid program covers services ordered by physicians and non-physicians alike when the order is made within the provider's scope of practice. The bill affirms that advanced practice nurse prescribers' (APNP) and physician assistant (PA) orders may be covered by Medicaid without a physician co-signature and was one of WHA's fall legislative session priorities (see www.wha.org/wha-newsletter-11-10-2017.aspx#s5.)

"WHA began discussions with DHS and legislators months ago to identify solutions to address concerns about perceived limitations on APNP practice that this legislation resolves," said WHA President/CEO Eric Borgerding. "WHA greatly appreciated DHS's work on this bill to clarify that Medicaid policy is in alignment with modern team-based care delivery and supports advance practice providers practicing at the top of their licensed scope of practice." *(continued on page 2)*

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The Act does not change any provider's scope of practice and maintains the already recognized Medicaid policy acknowledging valid orders made within a provider's scope of practice under statutes, rules and regulations governing the provider's practice.

In addition to its work with DHS and the legislative authors Sen. Leah Vukmir (R-Brookfield) and Rep. John Nygren (R-Marinette), WHA led a coalition memo and testified in support of the bill at both the Senate and Assembly hearings. The bill passed the Senate on a voice vote and was concurred by the Assembly on a voice vote.

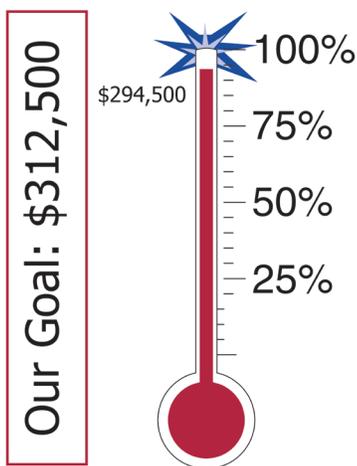
The text of the Act can be found at <https://docs.legis.wisconsin.gov/2017/related/acts/119.pdf>.

Political Action Spotlight

Wisconsin Hospitals State PAC & Conduit: \$50K in 50 Days?

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2017 Political Fundraising Campaign



In early October, the Wisconsin Hospitals State PAC & Conduit challenged individuals to contribute \$50K in 50 days to help the fundraising campaign get close to goal. You will be pleased to know the effort raised \$49,000 in 50 days, one thousand dollars shy of the \$50,000 target! Thank you to the 81 individuals who contributed \$49,000 during these 50 days.

As of November 30, the 2017 fundraising campaign topped the \$290,000 mark and now sits at \$294,500 from 306 contributors. The 2017 fundraising campaign is at 94 percent of goal with over \$6,000 contributed, on average, every week.

"The Wisconsin Hospitals State PAC & Conduit had several great fundraising weeks, putting the effort within striking distance of reaching the 2017 goal of raising \$312,500," said WHA Advocacy Committee Chair Mike Wallace. "I know we can reach this goal by year's end, and I ask you to join me in making your contribution today and in recruiting one other to join you in this worthwhile effort."

There is still a month to go to raise the remaining dollars to reach goal. Please make your contribution today so your name will be on "the list" that will be published in the December 8 edition of *The Valued Voice*.

Contribute now at www.whconduit.com or call WHA's Jenny Boese at 608-268-1816 or Nora Statsick at 608-239-4535.

The following op-ed was sent to the statewide press November 27, 2017.

Don't Settle for a Job When You Can Build a Career

By Ann Zenk, WHA Vice President, Workforce and Clinical Practice

It's hard to top a career pathway where you can increase your salary by more than four-fold in as little as six years, and with perks like tuition support, flexible scheduling and employment while you pursue advancement. That's the career path open to those who enter the health care workforce, and a career path highlighted in the Wisconsin Hospital Association's 2017 Wisconsin Health Care Workforce report (www.wha.org/pdf/2017workforcereport_web.pdf). I personally pursued that career path, from food service while in high school, to certified nursing assistant while in college, to registered nurse and nurse executive while in grad school, now rounding out my career as WHA's resident expert on workforce. Health careers are endlessly interesting and rewarding. With health care employment expected to grow by 30 percent in the next decade, it's a pathway with boundless prospects for the future.



Ann Zenk

The opportunity for advancement creates constant turnover and high vacancy rates (we call it churn) in entry-level positions as individuals leave their role as a dietary aide or nursing assistant to follow their career path. While this creates concerns for health care employers, who can't close the doors in this 24/7/365 business, they know advancement fills the need for nurses, advanced practice clinicians and other health care professionals. That means churn in entry-level positions may be health care's new reality.

At WHA's urging, our state policymakers are acknowledging and supporting the continuous investment required to build and sustain a health care workforce. The Rural Wisconsin Initiative, part of the Wisconsin 2017-2019 state budget, provides a chance for health care employers and educational entities to team up and apply for matching grants to create training programs for allied health professionals and advanced practice nurses. These funds will let us grow the workforce we need locally to ensure Wisconsin citizens have access to the best health care in the nation.

Nursing has successfully used this career path to grow the profession. We had 10,000 more nurses in Wisconsin in 2016 than in 2012, and with 26,000 Wisconsin nurses expected to retire by 2030, we will need even more.

WHA challenges health care organizations, educational entities and professional associations to make their career pathways more visible and attractive to new workers for allied health professions, like respiratory therapy and physical therapy, where the vacancy rates in hospitals for these occupations have nearly doubled since 2014.

The Rural Wisconsin Initiative enhances our ability to maintain and sustain the workforce we need to meet the growing demand for medical services in communities across Wisconsin.

WHA Joins 23 State Hospital Associations in 340B Amicus

In early November, the Centers for Medicare & Medicaid Services (CMS) finalized the 2018 Outpatient Prospective Payment System (OPPS) rule, which included significant cuts to certain 340B providers. In doing so, CMS ignored the voice of a majority of both the U.S. Senate and U.S. House of Representatives and unified opposition from 340B providers on this payment cut.

In response, the American Hospital Association, Association of American Medical Colleges, America's Essential Hospitals and three health care providers filed suit against CMS (*AHA v. Hargan*). A preliminary hearing on the lawsuit will be held December 21. Further, the Wisconsin Hospital Association is joining dozens of other state hospital associations across the country that will be filing an amicus brief in support of the health care providers in *AHA v. Hargan*.

"For multiple reasons, especially the negative impact payment cuts will have on certain 340B providers, WHA opposes the overreach by CMS in instituting this new policy," said WHA President/CEO Eric Borgerding. "We welcome the opportunity to stand with 23 other state hospital associations in support of our impacted safety-net providers against this damaging policy."

Under the new policy, CMS will no longer reimburse certain 340B-covered entities at the normal Medicare OPPS reimbursement rate of the Average Sales Price (ASP) plus 6 percent. Instead, it will now reimburse 340B drugs at ASP minus 22.5 percent—an almost 30 percent reduction in reimbursement. This payment change applies to separately payable drugs. It does not apply to vaccines or pass-through payments. For Wisconsin, impacted covered entities are 340B Disproportionate Share Hospitals.

"This payment cut will reduce important funding for Wisconsin's safety-net hospitals unless stopped before being implemented on January 1, 2018," said Borgerding. "These cuts on top of misguided policies included in other pending legislation, such as the elimination of the tax exemption for private activity bonds and advance refunding, continue to push not-for-profit hospitals into further financial, policy and regulatory instability."

WHA Welcomes CMS Region V Liaison Oluyemisi Aderomilehin

WHA was pleased to welcome Oluyemisi Aderomilehin, health insurance specialist and professional relationship lead, Region V, Centers for Medicare & Medicaid Services (CMS) to the WHA offices for a face-to-face meeting November 17. As the Region V professional relations liaison with health care provider associations, she acts as a link to WHA and other associations as a problem solver on specific issues. Additionally, she works on Medicare issues for Region V. Most of her work is with MACRA/Quality Payment Program (QPP) and the new Medicare card. Aderomilehin shares information on these initiatives with Region V provider associations and produces and presents webinars on the QPP.

Although more of an informal meet and greet, WHA staff did talk with Aderomilehin about some specific issues affecting Wisconsin's health care environment:

- **QualityNet:** WHA staff discussed recurring problems hospitals have with QualityNet, which is the portal hospitals use for submitting quality measures and obtaining assistance with questions related to the CMS reporting and pay-for-performance programs. The specific issues discussed with Aderomilehin included poor response from the QualityNet help desk, issue tickets that expire before being resolved and the lack of resolution to known problems. The submission of electronic quality measures is especially problematic. One of the common known problems discussed involves data for the electronic quality measures being assigned to the wrong hospital if a single person within a multiple hospital system is responsible for entering data for more than one hospital. The QualityNet vendor has known about this problem for over a year and it is still unresolved. Hospitals also continue to be frustrated with the inability to efficiently load large files and get accurate reports confirming the receipt of their data.

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- **Health Insurance Exchange:** WHA staff pointed out that in the past, CMS Region V has been very engaged in health insurance exchange enrollment, outreach and education but this year has been mostly silent. Staff also asked about CMS reviewing other issues, such as network adequacy.
- **Nursing Home Survey Process:** WHA noted Wisconsin is an outlier in the numbers of citations issued to nursing homes by CMS. Aderomilehin provided contact information for the chiefs of survey and certification both at Region V and at central CMS. WHA will follow up with these individuals on this issue.

Overall, the team felt it was a very productive introductory meeting, and Aderomilehin has already responded on the QualityNet issue. WHA looks forward to working with her in the future on issues of concern to Wisconsin hospitals and health systems.

Remember the WHA Foundation During the Season of Giving



In the course of hiring new employees in 2017, did your hospital hire a WHA Foundation technical college scholarship recipient? Did a team of clinicians from your hospital participate in simulation training focused on better identifying sepsis or dealing with pediatric trauma in 2017? If you can answer yes to either of these questions, you were the beneficiary of the work of the WHA Foundation this year.

Each year, the WHA Foundation supports a variety of initiatives that have statewide impact on health care in the areas of quality improvement, workforce development and community collaboration. In 2017, those initiatives include scholarships for hospital teams to participate in clinical simulation training at partnering labs around the state, support for the bi-annual health care literacy summit, and scholarships to technical college students completing two-year, health care-related degrees.

In order to continue supporting these types of initiatives in 2018, the WHA Foundation has officially kicked off its annual fundraising campaign, asking WHA hospital and corporate members to consider supporting the WHA Foundation by making a contribution before the end of 2017. Funds raised in the current campaign will be used to continue some of its most successful initiatives and give the Foundation the opportunity to consider new initiatives for funding in 2018.

A contribution form is included in this week's packet for anyone who would like to make an individual contribution or on behalf of their organization. For more information on the WHA Foundation's annual fundraising campaign, contact Jennifer Frank at 608-274-1820 or at jfrank@wha.org.



Employers and hospitals *Partnering* for better care



GUNDERSEN HEALTH SYSTEM AND ASHLEY *IMPROVING HEALTH, REDUCING COSTS*

Wisconsin hospitals and health systems share a common mission to improve access to care. That is why they are forming partnerships with local employers to develop onsite services, making it easier for employees to meet with a physician, nurse or wellness coach. These partnerships are helping employers hold the line on health care costs, prevent workplace injuries and reduce worker's compensation costs. All while creating a healthier community and with that, a healthier Wisconsin.

Over the next few weeks, the Wisconsin Hospital Association will share a series of articles that illustrate the innovative and effective programs that are being created in our state that are keeping employees, and their families, healthier.

GUNDERSEN HEALTH SYSTEM®

An on-site clinic at Ashley furniture's headquarters in Arcadia is taking a unique approach to minimizing health care costs.

Gundersen Health System, an integrated health care organization serving counties in Wisconsin, Minnesota and Iowa, has been running the Ashley Wellness Center for about nine years.

"The clinic has been very successful," said Chuck Johnson, on the regional operations team for Gundersen Health System.

He says many Ashley employees and their families go to the on-site center for most of their care, which can cover things like simple illness, injuries, treatment for hypertension, diabetes and high cholesterol, as well as work-related care. It has a full lab with X-ray capabilities, and massages are being added soon.

The clinic is open about 60 hours a week, and is run by a staff of 20. All full- or part-time Ashley employees can access its services, and so can family members on the Ashley insurance plan. Some services are free, but most require a \$10 co-pay.

"We see people coming in for care they wouldn't otherwise get. It works to the patients' advantage, but also to the company's advantage," said Johnson.



To set fees, Gundersen estimates the cost to provide services based on utilization estimates for operational expenses. This is used to establish a fixed service fee for running the clinic.

That means the busier the clinic is, the more the company saves on the care delivered.

"There's no question it reduces the cost of care for the patients we serve," Johnson said. "It's really about getting as many people as possible using it. As use goes up, the cost per unit of visit goes down... There are certainly financial benefits to having a worksite clinic, but they have to be utilized."

"We see people coming in for care they wouldn't otherwise get. It works to the patients' advantage, but also to the company's advantage." – Chuck Johnson, Gundersen Health System

And utilized they were, Johnson said, as employees were quick to get onboard with the idea. That high early adoption rate led to several stages of expansion in the last few years, he added.

The clinic was recently relocated to a new facility which is larger than its previous space. It has more health care providers than when it started, more nurses, more physical therapists -- all with a goal of expanding services for Ashley employees.

"In pretty much every category, we have more staff," Johnson said.

Dr. Craig Bennett, a primary care physician, was brought on about three years ago. He performs prenatal and pediatric care at the clinic, which Johnson says brings "a whole new element to the service -- and it adds excitement for employees and clinic staff to see newborns coming in."

Brian Gilberts, media relations specialist for Gundersen, says the organization aims to expand on the clinic's offerings even more in the future, as doing so "lines up nicely" with Gundersen's strategic goals: providing a higher level of service and striving for lower cost of care, all while serving the community.

This program's success can at least partially be chalked up to locality, Johnson added, as much of Ashley's substantial workforce lives only a short drive from the clinic.

"We believe if the local system is committed to doing it well, and has the patients' best interests in mind, there's no way to do it better," he said.

This profile appears in the Wisconsin Technology Council's recent publication, "Taking the Pulse - How Quality Healthcare Builds a Better Bottom Line." See the Tech Council publication here: <http://wisconsintechcouncil.com/wp-content/uploads/2017/11/Taking-the-Pulse-Healthcare-Quality-Report.pdf>