Aggressive Medicaid Outreach in Place to Support Medicaid Changes

Medicaid Director Brett Davis sets his sights on longer term goal of Medicaid reform

The unpredictability of health reform implementation has made Medicaid Director Brett Davis modify his plans several times over the past few months, but he still believes that the Governor’s goal to cut the state’s uninsured rate is in sight.

Speaking at the WHA Board meeting in Madison December 12, Davis said while the health insurance exchange has commanded a lot of attention, he still has his eye on the longer-term goal of Medicaid reform, which is beginning to fall into place.

“The health insurance exchange has consumed a lot of time and resources, but what we really need to focus on is service delivery reform and how we are going to improve, measure and pay for care,” Davis said. “We can accomplish that without mandate in our state because we work so well together. I am proud of the partnership that we have developed with WHA and the providers in the state. In three to five years, we will have people worldwide looking at Wisconsin…trying to emulate our work.”

As the Department of Health Services (DHS) awaits Senate action on a bill that will delay transitioning 77,000 people off Medicaid to the exchange and put off lifting the cap on the childless adults program (continued on page 10)
Closing In on Goal and Year End: Wisconsin Hospitals Conduit & State PAC Campaign at 93 Percent

With just a little more than three weeks left in the year marking the end of the 2013 Wisconsin Hospitals Conduit and State Political Action Committee, totals continue to rise. The campaign has raised $10,000 and added 18 more participants in the last two weeks and has $18,000 to go to meet the $260,000 year end goal.

All individual contributors are listed in The Valued Voice by name and affiliated organization on a regular basis. Thank you to the 2013 contributors to date who are listed on pages 9-10. They are listed alphabetically by contribution amount category. The last publication of the 2013 contributor list will be in the December 27 edition of The Valued Voice.

For more information, contact Jodi Bloch at 608-217-9508 or Jenny Boese at 608-274-1820.

Details Emerge on the Federal Budget Deal, SGR Fix

Hospitals hit again with cuts, some silver linings?

Significant action took place this week in Washington, DC with respect to funding government, addressing sequester and dealing with physician payments under Medicare.

First, on December 10, U.S. House Budget Committee Chair Paul Ryan (R-WI) and U.S. Senate Budget Committee Chairwoman Patty Murray (D-WA) announced a two-year budget agreement that limits the level of sequester to defense and non-defense discretion spending. Unfortunately, in order to pay for those sequester reductions, a sequester extension is to be applied to Medicare providers, including hospitals and physicians. This agreement, called the Bipartisan Budget Act of 2013 (BBA), extends Medicare’s current mandatory two percent reduction an additional two years, through 2023.

Wisconsin Hospital Association President Steve Brenton had this to say about targeting Medicare provider payments again:

“...keep in mind this is only the most recent cut hospitals have seen over the past few years to fund other government programs or priorities,” Brenton added. “Nationally, hospitals have taken hundreds of billions of dollars in payment reductions to Medicare reimbursements, with Wisconsin’s high-value hospitals and health systems seeing close to $4 billion of those total cuts.”

(continued on page 6)
Exchange Shows Improvement, but Enrollment Process Still Cumbersome

Enrollment efforts in the health care marketplace have been frustrating to date, but officials participating in a panel discussion December 10 in Madison on the Affordable Care Act (ACA) say it is showing signs of improvement.

The Office of the Commissioner of Insurance reported that 7,200 people in Wisconsin have signed up for health insurance through the website, healthcare.gov.

In spite of the recent improvements, Therese Pandl, president/CEO, Hospital Sisters Health System, Eastern Wisconsin Division, who was one of the five panelists, said the enrollment process is resource intensive, time-consuming and confusing for consumers and hospitals alike.

“Health systems have been engaged in getting people enrolled. HSHS has added staff, we have contracts with outside agencies to provide enrollment assistance, and we’ve held public forums and sent letters to our patients to help them better understand how to access health insurance on the exchange,” according to Pandl, who co-chairs the WHA Enrollment Action Council with Mark Taylor, president/CEO, Columbia St. Mary’s. “However, even with all that, our enrollment counselors say the process takes an hour or two per person, so they are only able to enroll maybe five to seven people per day. It is an expensive burden for health care providers, but the one-on-one counseling is essential to help people understand their co-pays and deductibles.”

Pandl joined Health and Human Services Region V Director Kathleen Falk; Kevin Hayden, CEO, Group Health Cooperative of South Central Wisconsin; Kevin Moore, deputy secretary of the Wisconsin Department of Health Services, and Commissioner of Insurance Dan Schwartzer in a Wisconsin Health News panel discussion on issues related to the insurance exchange sponsored by the Wisconsin Hospital Association. Joy Tapper, executive director of the Milwaukee Health Care Partnership moderated the discussion.

In his opening remarks before introducing the panelists, WHA Executive Vice President Eric Borgerding said WHA has been “heavily engaged in helping to shape, then decipher and now implement the intertwining state and federal policies associated with the Affordable Care Act.”

“This is not a simple task. It requires a tremendous amount of interaction among state and federal policymakers other partners and fellow stakeholders occurring within a constantly changing set of rules and a highly charged political environment,” Borgerding said. “However, even for a leader state like Wisconsin, where we began reforming health care by focusing on quality, outcomes and value well before the ACA became law—even for progressive states like ours, this is both a challenging and exciting time. The appetite for information grows daily and is never satisfied, and that is why we are pleased to sponsor this panel.”

(continued on page 4)
Continued from page 3 . . . Exchange Shows Improvement, but Enrollment Still Cumbersome
Frustration with the exchange has been high, but Falk said glitches are being addressed; the website has improved and more than three million people have visited the site over the past week.

“People are shopping and looking around on the site. We hope they will have a chance to purchase insurance by the December 23 enrollment deadline,” according to Falk. “Improvement is an ongoing process.”

Moore said the success of meeting the Governor’s goal to cut the uninsured rate in half is “heavily reliant on the exchange.” He said DHS has “aggressively” communicated to the population transitioning off Medicaid to the exchange, as well as to those on the BadgerCare waitlist.

Outreach and education were high priorities for Group Health Cooperative, according to Hayden. “We made a community investment in helping anyone who wants to learn more about health reform,” Hayden said.

Schwartzer noted that buying coverage at any time during the year is no longer an option. “We think that has more of an effect on young people than other things,” he added.

Panelists agreed that Wisconsin’s health care delivery system is unique among the states in that it is highly organized and coordinated among providers. Investments in electronic health records have fostered greater efficiency and higher quality and enabled care to be coordinated across multiple settings.

“We are fortunate in Wisconsin to have eight to ten health care provider-sponsored health plans that can integrate care. We have demonstrated that we can increase health care quality in Wisconsin and bend the cost curve,” Pandl said. “Through all the regulatory changes we are facing as an industry as the ACA is implemented, we want to make sure that we preserve the system of care in Wisconsin.”

WHA Physician Leadership Development Conference
The American Club, Kohler *** March 14-15, 2014
Register by January 15 for Early Bird Discount
More information and online registration can be found at: http://events.SingUp4.com/14PLD
Need Hotel Reservations? Contact The American Club at 800-344-2838 before February 20.

Tumultuous Year Doesn’t Deter WHA from Reaching 2013 Strategic Goals
WHA reports hard-won success bolstered by strong staff, engaged membership

This year was one of the busiest and most successful years that WHA President Steve Brenton said he recalls in his 25 years as a hospital association executive. Brenton reflected on the past as he shared the results of the ten WHA strategic goals and initiatives set by the Board for 2013 and shared the outcomes.

“It is difficult to describe 2013, but I can’t think of a time in my career where it has been busier, or any more successful than we were this past year at WHA,” Brenton reported to the WHA Board December 12 in Madison. “We have made a meaningful difference in a number of areas, from coverage to tort reform to performance improvement. It has been a terrific year because of our engaged membership and incredible staff. Those two things helped us make a difference.”

Wisconsin Hospitals See Excellent Results in Quality Improvement Initiatives
The WHA Partners for Patients initiative made significant progress in its first two years, so the news that the Centers for Medicare and Medicaid Services (CMS) extended funding through 2014 was well-received by WHA staff and members. WHA Chief Quality Officer Kelly Court told Board members that the third year of funding will be used to build education and training capacity to assist members
WHA Partners for Patients Initiative Receives Funding for 2014

Wisconsin hospitals deliver impressive results…but aim higher

WHA has received notification that its Partners for Patients initiative will receive funding to continue the program in 2014. In 2012, 108 Wisconsin hospitals participated in the WHA Partners for Patients project to reduce hospital acquired harm by 40 percent and readmissions by 20 percent through focused work in ten key areas. The project is funded by CMS and contracted through the Health Research & Educational Trust (HRET), an affiliate of the American Hospital Association (AHA).

Wisconsin hospital participation in and engagement with the improvement project has been impressive. The results are outstanding. Through the various meetings, webinars and initiatives, the WHA Quality Team has helped participating hospitals leverage improvement science methodologies to successfully integrate evidence-based practices into their local health system. In addition, hospitals have used the resources provided to help train staff at all levels of their organization on quality improvement and share best-known practices between hospitals.

Based on these promising results, the WHA Partners for Patients will be funded in 2014, which will help keep the enthusiasm and momentum rolling through next year.

“The WHA Partners for Patients project has made tremendous progress toward reaching the goal of reducing harm by 40 percent and readmissions by 20 percent, but we are not there yet,” according to WHA Chief Quality Officer Kelly Court. “We will need participating hospitals to re-commit to the project in 2014 to ensure Wisconsin remains a national model for delivering high-quality, high-value care.”

HHS Delays Meaningful Use Stage 3

On December 6, the U.S. Department of Health and Human Services (HHS) announced that it was changing the planned start date of EHR Meaningful Use Stage 3 from FFY 2016 to FFY 2017. No changes were made to the start date or requirements for Meaningful Use Stage 2 or the 2014 Edition EHR Certification Criteria.

The announcement indicates that HHS expects to release proposed rulemaking for Stage 3 and the 2017 Edition EHR Certification Criteria in fall 2014, with final rules to follow in the first half of 2015. In addition, the announcement states that HHS is proposing that the EHR certification criteria be updated more frequently than the Meaningful Use criteria, including creating through future proposed rulemaking a voluntary 2015 Edition EHR Certification Criteria.

HHS’s announcement can be found at: www.cms.gov/eHealth/ListServ_Stage3Implementation.html.

Statewide ICD-10 Summit Set March 17-19; Registration Now Open

ICD-10 will affect all aspects of health care in 2014, and WHA, along with the Wisconsin Medical Society and the Wisconsin Medical Group Management Association, have teamed up to make sure hospitals and clinics throughout Wisconsin are ready. The ICD-10 Summit: Ready. Set. Go Live! is scheduled March 17-19, 2014 at the Kalahari Resort in Wisconsin Dells.

The ICD-10 Summit is for practice managers, hospital and clinic coding and billing specialists, and health information professionals, with an emphasis on setting you on the path to a successful implementation. Summit attendees will have the tools and confidence needed for a smooth transition on the go-live date of October 1, 2014.

A full Summit brochure is included in this week’s packet. In addition, a full agenda and online registration can be accesses at: www.wha.org/icd-10summit.aspx.
Continued from page 2 . . . Details Emerge On The Federal Budget Deal, SGR Fix

Brenton was interviewed on Wisconsin Public Radio December 11 discussing the impact these continued reductions could have on Wisconsin’s health care providers. Listen here: www.wpr.org/wisconsin-hospital-association-upset-potential-federal-budget-deal

Briefly, the BBA does the following:

- Establishes a two-year budget agreement, reducing sequester’s impacts to defense and non-defense discretionary spending.
- The agreement is paid for, in part, by:
  - Increases in airline fees;
  - Increases to new federal government employee retirement contributions;
  - Additional provisions advancing Medicaid third-party liability; and
  - A two-year extension of sequester to mandatory programs, of which one of the largest is Medicare, including hospitals and physicians. This two-year extension is estimated to “save” $28 billion.

The U.S. House of Representatives approved the BBA on December 12. The Senate is expected to take up the agreement the following week. Should both Houses vote in support and the BBA becomes law, each Chamber’s respective Appropriations Committees will then work to develop specific program spending levels.

Second, when the U.S. House of Representatives debates the BBA, it is also expected to take up an amendment, known as the “Pathway for SGR Reform Act of 2013,” seeking to patch the Sustainable Growth Rate (SGR) for three months (through March 31, 2014) to give time for ongoing Congressional efforts on a full repeal of the SGR to continue. SGR relates to physician reimbursement for Medicare services and, unless addressed by December 31, physicians are slated to see a 24 percent cut.

While there are some very important provisions included in this amendment, the underlying pay-fors hit hospitals again. A few details on the “SGR Pathway” amendment are:

- Stops impending 24 percent SGR cut to physicians for three months, until March 31
- Provides physicians with a 0.5 increase through March 31
- **Changes Medicaid Disproportionate Share Hospital payment cuts** by stopping FY 2014 Medicaid DSH cuts and delaying scheduled FY 2015 cuts until FY 2016; doubling FY 2016 cuts from $600 million to $1.2 billion and by extending Medicaid DSH cuts an additional year (FY 2023) based on FY 2022 levels.
- Provides short-term extensions to valuable Medicare payments such as:
  - Medicare Dependent Hospital (extends from November 2013-March 2014)
  - Low-Volume Adjustment (extends from November 2013-March 2014)
  - Work Geographic Adjustment floor (through April 1, 2014)
  - Ambulance Add-On (through April 1, 2014)
- **More Medicare sequester changes**...While the BBA extends the two percent sequester cuts to providers for another two years (into FY 2022, FY 2023), the SGR Pathway amendment alters the impact during FY 2023.
- **Cuts to Long Term Care Hospital payments** by paying an enhanced rate only for patients with stays longer than three days in an ICU or on a ventilator. All others will be reimbursed at the lower inpatient facility rate. In addition, the “25% rule” is delayed three years.

Third, in related news, within the past few weeks the Congressional Budget Office (CBO) released a revised estimate of the cost of a permanent fix. The new estimate reduces the cost of repeal from $138 billion to $116 billion, which is stirring even more activity in the U.S. Senate and U.S. House of Representatives on a permanent SGR fix. To that end, both the U.S. Senate Finance Committee and the U.S. House Ways & Means Committee voted in favor of their respective SGR repeal legislation on December 12. The full Senate and House are not expected to vote on these bills until 2014.
with their quality improvement efforts in the ten key areas of improvement set by CMS. (See story on page 5)

Court shared results of the first two years of work, as reported by hospitals that are participating in the WHA Partners for Patients initiative. She said full results will be reported in the WHA annual quality report, which is scheduled for release in early 2014.

Court said WHA has hosted more than 100 webinars over the first two years of the Partners for Patients program with more than 1,800 hospital logins. No hospitals have dropped out of the program and engagement with frontline staff, nursing leaders and the executive team has been exceptional.

WHA Advocacy Efforts Focus on Enabling High Quality, High Value Health Care

In spite of all the challenges and unforeseen issues that landed at WHA’s doorstep in 2013, this year is shaping up to be one of the Association’s best years in accomplishing its goals.

Echoing Brenton’s assessment of the Association’s performance, WHA Executive Vice President Eric Borgerding said advocacy efforts are focused on helping members deliver high-quality, high-value health care. A major threat to that objective was the State Supreme Court’s decision on the Jandre case.

“The Governor will sign legislation into law December 13 that will establish a clear reasonable standard for physicians when providing patients with information about the risks and benefits of reasonable alternate treatment,” Borgerding said. “I’d like to acknowledge the work of Laura Leitch, Kyle O’Brien, the Wisconsin Medical Society and other partners for their work on this important legislation, too.” (See story on page one)

WHA made significant progress on its behavioral health advocacy agenda in 2013. Borgerding said the Legislature is expected to take action on the HIPAA Harmonization Bill in January, a bill that will harmonize state and federal laws under HIPAA related to behavioral health records. The bill received strong bipartisan support and is expected to pass both houses and be signed into law in early 2014.

WHA also advocated for and supported a bipartisan bill that would empower families and treating health care providers to help an individual with mental illness to receive necessary involuntary emergency stabilization if they believe the person is an imminent danger to themselves or to others. Also related to emergency detention, WHA is seeking an opinion from the Attorney General that would clarify the hospital’s responsibilities regarding emergency detention and EMTALA.

Borgerding said worker’s compensation was a major issue that erupted in 2013. WHA Senior Vice President & General Counsel Laura Leitch alerted the Board that the Worker’s Compensation Advisory Council proposed a bill that would set reimbursement rates through a fee schedule for health care services provided to workers injured on the job. Leitch emphasized that WHA with the Wisconsin Medical Society, Wisconsin Chiropractic Association, Wisconsin Physical Therapy Association, and others in the health care community strongly oppose the Council’s proposal and are asking the Legislature to protect Wisconsin’s excellent Worker’s Compensation system by rejecting the Council’s recommendation.

Turning to the Medicaid and HIRSP programs, Borgerding discussed the legislation currently under consideration in the Capitol. On November 14, Governor Walker convened a special session of the Legislature to consider a three-month delay in changes to both the Medicaid and HIRSP programs. With
The health insurance exchange is showing signs of improvement for consumers, but is still not fully functional. Joanne Alig, senior vice president of policy & research, noted there is a recent uptick in enrollment (see sidebar for the latest enrollment figures in Wisconsin). However, Alig also noted continued problems with the website. On the front end of healthcare.gov, it is unclear if the premium tax subsidy calculations are accurate, and whether the cost sharing subsidies for copayments and deductibles are being displayed correctly in the silver plan level. Alig also described recent policy announcements, such as allowing insurers to extend existing benefit plans for consumers. “These late-breaking policy changes are intended to benefit consumers, but they also continue to create uncertainty in the market for providers, payers and consumers alike,” Alig said. The WHA Enrollment Action Council is meeting monthly to discuss these issues under the leadership of Therese Pandl, president/CEO of the Hospital Sisters Health System’s (HSHS) Eastern Wisconsin Division, and Mark Taylor, president/CEO, Columbia St. Mary’s, as members continue to collaborate in advancing enrollment efforts amidst evolving circumstances.

The Board also took the following actions:

- Approved the 2014 WHA Council and Committee rosters;
- Reviewed the 2013 projected year-end financials of the WHA Foundation and approved the proposed 2014 operations budget as presented and approved the recommended slate of WHA Foundation Board of Directors members and officers for 2014 as presented; and,
- Approved the WHAIC 2014 budget. WHA Senior Vice President Brian Potter highlighted the WHA Information Center (WHAIC) accomplishments, which included the addition of expanded analytic capabilities, improving the data collection systems in preparation for the ICD-10 conversion, updating and enhancing the WHAIC website, and adding new outpatient procedures to the PricePoint website. Potter reviewed the 2013 financial results and presented the 2014 budget as approved and forwarded by the WHAIC Advisory Board.

**Council and Committee reports**

- **Workforce Development:** Chair Nicole Clapp said the Council spent considerable time discussing clinical education sites for health professionals in hospital settings. Clapp said a better way is needed to evaluate the requests, and three presenters described strategies that are being used to balance the demand for these experiences with the ability of providers to meet these requests.
- **Finance and Payment:** Chair Steve Little said Borgerding and O’Brien described the latest developments on key advocacy issues at the federal and state level. Debbie Rickelman, vice president of the WHA Information Center, shared information related to ICD-10 implementation, which Little said was extremely helpful as hospitals prepare for this change.
- **Public Policy:** Chair Mike Wallace described the highlight of the meeting was an opportunity to hear from Congressman Reid Ribble. Ribble has a strong grasp on health care issues and has been an ally to the state’s hospitals.
- **Rural Health:** Chair Ed Harding, who will become WHA Chair in 2014, announced that Board member Bob Van Meeteren will chair the Rural Health Council in 2014.

**Wisconsin Exchange Enrollment Report**

*Health and Human Services, as of November 30, 2013*

- 47,173 completed applications for 85,863 individuals
- 50,733 individuals eligible to enroll in an exchange plan, with 24,140 eligible for financial assistance (tax credits)
- 18,768 eligible for Medicaid
- 16,362 pending
- 5,303 selected a qualified health plan (unknown if premium paid)
Continued from page 1 . . . Aggressive Outreach in Place to Support Medicaid Changes

Until April 1, Davis said plans are in place to start another round of aggressive outreach. To date, DHS has targeted communications to those affected by the changes using letters, outbound calling and has worked with community organizations to reach current and prospective Medicaid program participants.

There has been an uptick in applications on the exchange, according to Davis. Of the 50,000 applications that covered 85,000 people, Davis said 18,000 of those that applied were eligible for Medicaid and 24,000 were eligible for subsidies. He said there have been some errors in eligibility determinations through the exchange, but they are working with CMS to identify and address those issues.

DHS is identifying current “high risk” Medicaid recipients who are transitioning to the exchange who require a higher level of care and are more likely to seek services in the ER in the interim. Davis said DHS is working directly with these patients to develop care transition plans as well as providing personalized enrollment assistance to them. DHS will work with WHA to ensure that hospitals receive timely information about the changes to the Medicaid program and as they are assessing patients during these turbulent times.

Several Board members said the Certified Application Counselors (CACs) in their hospitals have made them aware that for those who are transitioning off the Medicaid program, the affordability of the exchange is a balancing act. It’s not perfect, but is a significant force helping people become healthier.

WHA Executive Vice President Eric Borgerding pointed out there are two affordability issues—deductibles and co-pays—and premiums.

“The Legislature’s and administration’s support for funding the Disproportionate Share Program that was included in the state budget is proving prudent given the circumstances that are facing our providers as people leave Medicaid and attempt to secure private coverage on the troubled exchange.”

Davis said the Department has been in negotiations with CMS on the conditions of Wisconsin’s Medicaid waiver and a decision is expected soon.
Free Clinics

Where do you go when you need a doctor and you don’t have insurance? More and more hospitals are establishing free clinics to serve those who do not have a “medical home.” Every effort is made to connect patients with follow up care and even help them obtain the medical supplies or prescription drugs that they need.

Greater Milwaukee Free Clinic
The Greater Milwaukee Free Clinic’s (GMFC) mission is to provide free medical care and pharmaceuticals to low-income community members who do not have medical insurance or the ability to pay for medical care. The clinic opened in December 1995 with the help of donated funds and equipment and is staffed by volunteer medical professionals and support personnel. In addition, Aurora West Allis Medical Center (AWAMC) has supported the clinic since its onset with donated laboratory and radiology services. This support has aided in patient diagnoses of breast cancers, liver failure, diabetes, and so much more.

One patient’s story is a great example of how the clinic and the hospital can work together to save lives:
One Tuesday night, a self-employed man in his late 40s arrived at the GMFC and explained to a physician that he had lost 80 pounds over the past year and was very weak to the point that he could no longer work. After the physician examined the man, he arranged for the man to have lab work performed at AWAMC. On Wednesday afternoon, the physician received the lab results, which indicated that the man had a blood sugar level of 704, a glycated hemoglobin level off the charts, and his electrolytes were abnormal. The GMFC physician started the man on insulin to treat his newly diagnosed diabetes and within several weeks, his blood sugars dropped to well within the normal level. Had he not come to the free clinic, the man would have likely ended up in hospital intensive care.

Aurora West Allis Medical Center

Submit community benefit stories to Mary Kay Grasmick, editor, at mgrasmick@wha.org.

Read more about hospitals connecting with their communities at www.WiServePoint.org.