

July 31, 2018

Volume 62, Issue 31

WHA Applauds Governor's Health Care Stability Plan

Calls on Governor and Legislature to use hospital-generated Medicaid surplus to improve payments, curb hidden health care tax

Statement from Eric Borgerding, President and CEO of the Wisconsin Hospital Association:

"Rising premiums threaten access to affordable health insurance and erode the impressive gains Wisconsin has made over the past four years in reducing the number of uninsured. With solutions from Washington nowhere to be found, WHA has repeatedly called on the Governor and Legislature to strike Wisconsin's own path and act to stabilize health insurance markets and sustain our gains in coverage. Governor Walker's Health Care Stability Plan is a crucial step in protecting access to Wisconsin's top ranked health care. WHA commends the Governor for initiating the stability plan and the many Republicans and Democrats in the Legislature who came together to support this sound, Wisconsin-focused solution.

"Even with today's great news, our urban, rural and safety net hospitals continue experiencing massive losses from Wisconsin's Medicaid program. Dubbed the 'hidden health care tax,' recouping these losses adds more than \$1 billion annually to the cost of health care and health insurance in Wisconsin. At the same time, the State is projecting an over \$100 million 'surplus' in Medicaid, revenue essentially generated by Wisconsin's Medicaid hospital assessment. We call on the Governor and Legislature to again come together, to take another important step and preserve access to care by using the hospital-generated surplus to improve Medicaid hospital payments and begin curbing the hidden health care tax.



Governor Walker signs Health Care Stability Plan in Green Bay July 29 with Therese Pandl, HSHS President & CEO, Eastern Wisconsin Division

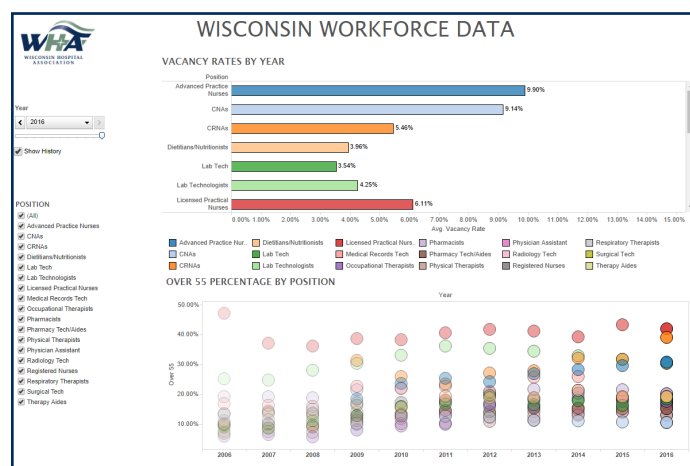
"With the next state budget just around the corner, WHA will continue its successful track record of working with the Governor and Legislature to ensure Wisconsin's health care system continues to be a national model for quality, safety, and coverage."

WHA Workforce Council Previews Interactive Data Resource

Resources and support essential for health care workforce development

WHA's Council on Workforce Development was offered an opportunity to weigh in on a data tool under construction by the WHA Information Center. WHA Vice President of Workforce and Clinical Practice Ann Zenk notes, "High-quality, high-value health care relies on a high-quality, adequately supplied workforce, and WHA continues our commitment in providing workforce data relevant to WHA members and policymakers for proactive decision-making."

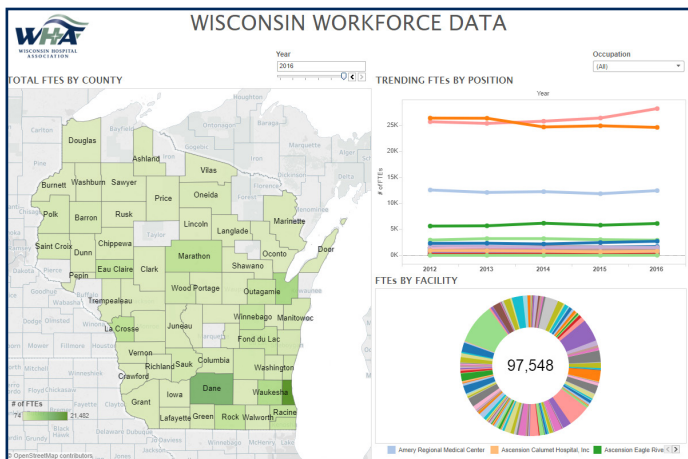
The interactive dashboard would allow users to display trends in key workforce metrics such as vacancy rate, percent of workforce over age 55, and full-time equivalents employed. Council members saw the value in being able to rollup analysis, such as combined rates for advanced practice providers, as well as drill down to region, county or facility specific data.



The interactive dashboard would allow users to display trends in key workforce metrics such as vacancy rate, percent of workforce over age 55, and full-time equivalents employed.

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**Continued from page 1 . . . Workforce Council
Previews Interactive Data Resource**



WHA Information Center Vice President Jennifer Mueller expressed her appreciation for the Council’s feedback, “It’s very exciting when we can take recommendations from the Council, use a tool like Kaavio and turn them into meaningful and actionable information for our members.”

WHA anticipates the launch of this interactive workforce data resource by the end of 2018. For questions or suggestions related to workforce data and forecasting, contact [Ann Zenk](#) at 608-274-1820.

**Registration Now Open for WHA
Advanced Practice Clinicians**

Join us to learn about APC Challenges and Opportunities on September 13

Team-based care models that utilize nurse practitioners, physician assistants, certified registered nurse anesthetists and other advanced practice clinicians (APCs) are increasingly important to integrated care delivery models in Wisconsin hospitals and clinics. APCs play a vital role on the teams that provide high-quality, high-value health care in Wisconsin.

On September 13, WHA is holding the one-day program WHA Advanced Practice Clinician Conference: A Comprehensive Look at APC Practice Challenges and Opportunities for Integrated Care Delivery in Wisconsin in Wisconsin Dells.

A full conference brochure can be viewed [online](#). [Registration](#) is open, and registration inquiries can be directed to [Kayla Chatterton](#) or call 608-274-1820.

**Health Care Administrative
Professionals Conference,
September 20**

WHA’s annual one-day conference for hospital executive assistants and other administrative support staff will be held September 20 at the Holiday Inn and Suites in Madison. Business office managers and other hospital and health care support staff also enjoy the conference.

This program will help make work easier by identifying effective communication and time management skills. The program will also focus on tips, tricks, and secrets to use Microsoft Outlook, Word and Excel more efficiently and effectively.

More [conference details and registration](#) are available online for this event. Share this information with the valued administrative support professionals in departments throughout your organization. For questions, contact [Sherry Collins](#) or call 608-274-1820.

**Submit Nominations for WHA Board,
Trustee and Distinguished Service
Awards**



The 2018 Nominating Awards Committee will meet in early September to consider nominating a WHA Chair-Elect and At-Large members for the WHA Board, as well as candidates for the Trustee and Distinguished Service Awards.

- WHA members interested in being considered for, or wish to submit a candidate for, an At-Large WHA Board seat or the Chair-Elect position should contact either WHA President [Eric Borgerding](#) or WHA Nominating Committee Chair [Catherine Jacobson](#).
- Information on the Trustee and Distinguished Service awards can be found on [WHA’s website](#).

**Legislative Council Study Committee
Holds First Hearing Examining Direct
Primary Care**

The Wisconsin Legislative Council Study Committee on Direct Primary Care (DPC) held its first hearing July 24. The committee listened to a variety of panelists that included:

- Direct primary care physicians in Wisconsin and other states
- The Office of the Commissioner of Insurance
- The UW Population Health Institute
- The Wisconsin Council on Medical Education and Workforce

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Continued from page 2 . . . Legislative Council Study Committee Holds First Hearing

Committee members heard testimony on how typical direct primary care practices function, how Wisconsin insurance law affects DPC, how DPC may impact the physician shortage, and what studies or statistics are available on these types of practices.

Bob Van Meeteren, President and CEO of Reedsburg Area Medical Center, is a member of the Legislative Council Study Committee. Van Meeteren outlined a number of important patient safety safeguards – such as physician privileging/credentialing and peer review – that exist in health systems today, and noted his desire for the Committee to consider patient safety first and foremost when making any recommendations. Maureen McNally, Chief of Staff for the Office of the President and CEO at Froedtert Health, remarked that today's health systems and insurers have to deal with all types of patients in their hospitals and risk pools; she wondered whether DPC practices have similar, sicker, or healthier patients on average.



Members of the DPC panels said they may use similar credentialing and privileging processes, but also rely on patient satisfaction as a form of safeguard. They also see all types of patients, but are not aware of studies comparing them to traditional insurance pools. Many of the DPC panelists suggested their smaller patient panels, which allow them to spend more time on average with patients, are one benefit to this type of practice. However, the UW Population Health Institute acknowledged they are currently not aware of studies or evidence suggesting that longer time spent with patients leads to better outcomes.

The Legislative Council Study Committee also explored what impact having more physicians on smaller patient panels might have on the current healthcare workforce shortage. George Quinn, Executive Director of the Wisconsin Council on Medical Education and Workforce, said it is unclear whether such a model would exacerbate the physician shortage or if it might lead to lower burnout among physicians who stay and practice longer instead of retiring.

After the presentations, Committee Chair Alberta Darling (R-River Hills) asked members which topics they would like to cover for the next hearing, which is scheduled August 29. The Committee suggested exploring last session's bill that

was introduced, hearing from employers and insurers that currently utilize DPC agreements, and getting updates from other states that have passed DPC pilots. WHA will continue to share information from Committee hearings.

CMS FY 2019 OPPTS/ASC Proposed Rule *Hospitals concerned about more cuts from site-neutral, 340B policies*

On July 25, the Centers for Medicare and Medicaid Services (CMS) released its 2019 Outpatient Prospective Payment System (OPPS) proposed rule. While the rule contains some standard provisions, such as adjusting rates upwards by 1.25%, WHA is closely analyzing proposed expansion of "site-neutral" policy and 340B provisions that could reduce payments to hospitals.

In its site-neutral recommendations, CMS proposes reducing the payment rate for hospital outpatient clinic visits provided at off-campus provider-based departments (PBDs) to 40% of the OPPS rate. This would even apply to PBDs who were grandfathered in the Bipartisan Budget Act of 2015.

By reducing payments for the most commonly billed service under OPPS, CMS estimates Medicare would save \$760 million due to reduced payments from CMS and reduced copays from Medicare beneficiaries. Additionally, CMS would apply this payment rate to new services offered by grandfathered off-campus PBDs that previously did not offer such services.

CMS also proposes changes to the 340B prescription drug discount program. First, it proposes applying last year's reimbursement cut for disproportionate share (DSH) hospitals (which reduced payments from the Average Sales Price plus 6% to ASP minus 22.5%) to non-grandfathered PBDs – or drugs provided in certain off-campus hospital clinics. CMS would also propose changes to reimbursement related to separately payable biosimilars acquired under 340B and new drugs and biological products.

Despite these two concerning proposals, CMS is continuing its work to remove unnecessary reporting burdens by proposing to remove 10 measures from the Outpatient Quality Reporting Program. The rule also includes new requests for information (RFIs) on price transparency and interoperability or sharing of healthcare data between providers. [A fact sheet of the rule can be found here](#), as well as a [full copy of the text here](#).

Over the next few weeks, WHA staff will analyze the rule in its entirety and submit comments to CMS which are due by September 24, 2018. For further information on the proposed rule, contact [Jon Hoelter](#), WHA Director of Federal and State Relations.

Political Action Spotlight

The Wisconsin Hospitals State PAC & Conduit maintains its strong pace this month with a total of \$193,477 contributed to date by 181 individuals. The average gift remains consistent at an impressive \$1,068 per individual!

The Wisconsin Hospitals State PAC & Conduit is now at 62% of the year-end goal of \$312,500.

Take a look at the following full 2018 contributor list to see who made the list.

To make sure your name is on future contributor listings, make your personal contribution today at www.whconduit.com or by contacting WHA's [Kari Hofer](#) at 608-268-1816 or [Nora Statsick](#) at 608-239-4535.

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