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CBO Says Not Funding CSRs Will Increase Federal Deficit by \$194 Million

In a new report released August 15, the federal Congressional Budget Office (CBO) and the Joint Committee on Taxation (JCT) say that a policy of not funding cost sharing reductions (CSRs) would result in market uncertainty and higher federal outlays for premium tax credits. The report analyzes the effect of a hypothetical announcement by the end of August that the CSRs would not be funded beginning January 1, 2018.

CSRs are center stage in the question of overall market stability for the exchange marketplace and the overall individual market. The Trump Administration has been announcing on a month-to-month basis whether it will continue funding cost sharing reduction payments for each month of the 2017 benefit year, with the latest report on August 16 that the payments will continue through August.

About 125,000 people with income between 100 and 250 percent of the federal poverty level (FPL) in Wisconsin enrolled in exchange coverage currently qualify for these subsidies. The effect of defunding the cost sharing subsidies, however, does not fall only on these individuals. Rather, because insurers would still be required to pay for the cost sharing subsidies without federal funding, insurers have signaled they will either have to raise premiums or choose to exit the market. Thus, the immediate impact of the federal government withholding funding for CSRs is on the overall stability of the market which could jeopardize coverage for all exchange enrollees. This, in turn, has a broader impact on overall coverage expansion in Wisconsin. *(continued on page 5)*

CMS Proposed Rule Significantly Alters Bundled Payment Programs

On August 16, the Centers for Medicare and Medicaid Services (CMS) issued a notice of proposed rulemaking that would cancel two mandatory payment models and significantly scale back a third. Currently slated to begin in January 2018, the two mandatory payment models proposed to be eliminated are the Cardiac Rehabilitation (CR) incentive payment model and the Episode Payment Models. The Episode Payment Models include the acute myocardial infarction (AMI), coronary artery bypass graft (CABG), and surgical hip/femur fracture treatment episodes of care (SHFFT).

The currently mandatory Comprehensive Care for Joint Replacement (CJR) model will create optional, rather than mandatory, participation for several of the currently participating hospitals. The CJR model was implemented in April 2016. It is proposed that up to half of the currently participating hospitals will no longer be required to participate.

Under the proposed rule, the CJR model would continue on a mandatory basis in approximately half of the selected geographic areas (that is, 34 of the 67 selected geographic areas), with an exception for low-volume and rural hospitals, and continue on a voluntary basis in the other areas (that is, 33 of the 67 selected geographic areas). The Madison MSA (Columbia, Dane, Green, and Iowa counties) and Milwaukee-Waukesha-West Allis MSA (Milwaukee, Waukesha, Ozaukee, and Washington counties) will now be optional CJR participants. *(continued on page 2)*

Continued from page 1 . . . CMS Proposed Rule Significantly Alters Bundled Payment Programs

CMS is proposing a one-time participation election period for hospitals located in the voluntary participation MSAs. The voluntary participation election period is proposed to begin January 1, 2018 and end January 31, 2018. This same voluntary election period will also apply to low-volume and rural hospitals in the mandatory participation MSAs.

Comments on the proposed rule are due to CMS October 17, and WHA will prepare comments on the proposed rule for submittal to CMS. For further information on the proposed rule, contact Laura Rose, WHA vice president for policy development, at lrose@wha.org.

Political Action Spotlight

WI Hospitals State PAC & Conduit Surpasses \$200,000

See full contributor list

The Wisconsin Hospitals State PAC & Conduit 2017 fundraising campaign surpassed the \$200,000 mark with contributions from 219 individuals. A total of \$207,000 has been contributed to date with an average of \$6,272 contributed per week. On average, individuals contributed \$945 each.

"The 2017 fundraising campaign is two-thirds of the way to its aggressive goal of raising over \$312,000 this year," said WHA President/CEO Eric Borgerding. "I would personally like to thank everyone for their support during this non-election, but still very important fundraising year. To the 219 individuals listed here, your participation is recognized and valued."

See the full contributor list on page 6. If your name did not make the list, make sure you contribute today to be included on the next contributor list. Contribute online at www.whconduit.com or by calling WHA's Jenny Boese at 608-268-1816 or Nora Statsick at 608-239-4535.

Active Shooter, Cyber Threats, Infectious Disease Outbreaks: Be Ready to Respond WHA brings international experts to Madison for Emergency Preparedness Conference

Wisconsin hospitals must be prepared to respond to a number of challenges, including infectious diseases, active shooters and cyber threats, to name just a few. These very real situations can happen anywhere and at any time.

On September 20, WHA is sponsoring the "WHA Emergency Preparedness Conference: *Ready to Respond*." This one-day conference will feature Vincent Covello, PhD, a



Vincent Covello



Peter Shult



Chris Sonne



William Castellano



Stephanie Smiley

nationally and internationally recognized trainer, researcher, consultant and expert in crisis, conflict, change and risk communications. Covello will keynote the conference and offer a deep-dive session in the afternoon specifically for public information officers and health care public relations professionals. Peter Shult, PhD, associate director of the Wisconsin State Laboratory of Hygiene, will brief the audience on infectious disease outbreaks in the past, present and those that are anticipated in the future. Shult will also share best practices and describe ways hospitals can be better prepared for these events.

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Continued from page 2 . . . Active Shooter, Cyber Threats, Infectious Disease Outbreaks: Be Ready to Respond

Chris Sonne and William Castellano, both of HSS EM Solutions, will share best practices and lessons learned from live active shooter scenarios, as well as direct tabletop exercises and a practical, scenario-based training exercise, during a special afternoon session focused on preparing for an active shooter.

The role of state government during an emergency involves a series of steps that are not always well understood by outsiders. Stephanie Smiley, director of the bureau of communicable diseases at the Wisconsin Department of Health Services, will explain the process the state follows to officially declare an emergency and what triggers the declaration that would impact hospitals.

Hospitals are encouraged to take advantage of this in-state training opportunity designed for hospital emergency preparedness directors, emergency department directors and physicians, infection prevention staff, department directors, public relations professionals and public information officers.

This conference is September 20 at the Sheraton Hotel in Madison. The registration fee is \$225 per person. The agenda and registration are available at www.cvent.com/d/b5qw08.

HSHS St. Clare Hosts U.S. Rep. Gallagher for Health Care Roundtable

Over a dozen leaders from HSHS St. Clare Hospital in Oconto Falls and the Wisconsin Hospital Association participated in a roundtable discussion with freshman legislator, U.S. Rep. Mike Gallagher, hosted at St. Clare Hospital.

"The opportunity for our leaders to spend quality time discussing the health care we deliver in Oconto Falls was important," said HSHS St. Clare Chief Administrative Officer Dan DeGroot. "Federal policy decisions on health reform, Medicare and Medicaid have complex impacts on our hospital and community, and those impacts need to be raised with our elected officials. We appreciate Rep. Gallagher listening, learning and offering to help."



HSHS St. Clare leaders with Rep. Gallagher (front center)

Topics discussed included the aftermath of failed efforts to repeal and replace the Affordable Care Act (ACA) and next steps Congress should take to stabilize the ACA federal exchange. The group told Gallagher that market instability is impacting the northeastern part of the state, citing research done by the Wisconsin Hospital Association on reduced coverage options on the exchange in 2018. Multiple insurers have indicated they are exiting the exchange market in Wisconsin, with many of Gallagher's

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counties impacted by these announcements. As of today, only one insurer option will remain on the exchange in 2018 for Marinette, Oconto, Brown, Kewanee and Door Counties and no insurer options will be available in Menomonie County. (See WHA coverage maps at: www.wha.org/pdf/WHAMaps-InsurerExchangeParticipation-2017v2018.pdf)



Among other issues discussed, David Lally spoke of the importance of telehealth and how this could be utilized in rural communities if Medicare policies were more flexible and allowed for its reimbursement. HSHS Eastern Chief Nursing Officer Paula Hafeman highlighted the importance of Wisconsin's medical liability system and the value of the "340 B" drug discount program.

Fast Facts from the WHA Information Center

Protect Your Children's Eyes During the Eclipse—and Always! **August is Children's Eye Health and Safety Month**

With a total eclipse of the sun occurring Monday, August 21, NASA recommends that people who plan to view the eclipse should check the safety authenticity of viewing glasses to ensure they meet basic proper safety viewing standards. Children could be at risk, so take care to ensure they are aware of the danger of looking directly at the solar eclipse.



While the solar eclipse is raising awareness of potential eye injuries, eye injuries can happen anytime. The WHA Information Center reported that from April 2016 - March 2017, Wisconsin hospital emergency rooms treated 1,913 children for eye-related injuries and saw 539 more in urgent care settings.

As children grow, be vigilant about eye health. The earlier problems are identified, the sooner they can be addressed. Below are four tips for healthy eyes and vision:

- Get regular childhood vision screenings
- Know and share your family eye health history
- Watch for signals of eye problems
- Wear protective eyewear when playing sports

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.

Continued from page 1 . . . CBO Says Not Funding CSRs Will Increase Federal Deficit

In a statement released last week and ahead of the CBO report, WHA President/CEO Eric Borgerding raised serious concerns about the impact loss of the CSRs could have on coverage in Wisconsin. "Wisconsin's uninsured rate has dropped 38 percent since 2013, and the insurance exchange has been an integral part of that reduction," Borgerding said. "Wisconsin has much at stake in what comes next out of Washington, and something must come next. Inaction is not an option, nor is intentionally allowing failure of insurance markets an acceptable strategy or outcome."

The latest CBO report says that insurers would likely raise premiums by an average of 20 percent if the CSRs are not funded, and the federal government will bear \$194 million in increased costs as a result. The report attributes the increase to two factors: first, the amount of premium subsidies paid by the federal government will be higher, and second, more people will receive the subsidies.

Why will premium subsidies be higher?

Most state insurance regulators are asking insurers to load the cost increase for the CSRs onto the premium for the silver level plan in the exchange. The silver level plan is key to the amount of premium tax credit a person receives. The amount paid by the enrollee is generally set by the parameters of the Affordable Care Act (ACA) and depends on the person's income. When the premiums for the second lowest cost silver plan go up, the amount of premium tax credit goes up, while the amount paid by the enrollee generally stays the same.

To help illustrate this, for a person with income just under \$30,000 (equal to 250 percent FPL), the ACA sets the maximum amount the person will have to pay for the silver plan at 8.2 percent of their income, or \$2,460 per year. If the premium for the second lowest cost silver plan in their area is, say, \$3,500 per year, the tax credit is \$840 (\$3,500-2,460). If instead the premium for the second lowest cost silver plan in their area rises by 20 percent to \$4,200, the tax credit goes up to \$1,540.

The CBO says for most people eligible for the CSRs with income up to 200 percent FPL, the higher premium cost and thus higher premium subsidies paid by the federal government will generally offset the CSR payments the federal government otherwise would have made. However, for people at higher income levels, also subject to the premium increases, the increases in premium tax credits will exceed the CSR payments.

Why will more people be eligible for premium tax credits?

The CBO estimates that more people with income between 200 and 400 percent FPL will enroll in coverage in the exchange marketplace if CSRs are not funded and premiums for the silver plans increase. This is because as the tax credit increases, people at higher incomes will be able to buy plans for lower net premiums or even buy gold level plans with lower deductibles at the same price as they pay now for silver plans that have higher deductibles.

In the example above, the tax credit of \$1,540 can be used to buy any plan on the exchange. Gold level plans generally have higher premiums but lower deductibles and lower copayments. As premiums in the silver plan increase, those premiums come closer to the premium for the gold level plan and, CBO projects, may even exceed the premium for the gold plan. If a person looking to buy coverage now receives a higher tax credit and can purchase a gold level plan for the same premium as they now pay for the silver plan, this is more attractive and may incent more people to buy coverage in the exchange. CBO estimates that more people would purchase plans in the exchange than would have otherwise and fewer people would purchase employment-based health insurance.

Effects on market stability

CBO also assumes more insurers will not participate in the exchange in the first few years of the policy, as a result of substantial uncertainty about the effects of the policy. As a result, CBO estimates that five percent of the population will live in areas that would have no insurers in the individual market in

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2018. A recent analysis by WHA showed that, given all announcements to date about changes in insurer participation in the Wisconsin markets, Menominee County would have no insurer participating in the exchange in 2018, and 10 counties would have a choice of only one insurer. (See previous *Valued Voice* article at www.wha.org/pubarchive/valued_voice/WHA-Newsletter-8-11-2017.htm#1).

WHA continues to focus on ways to sustain coverage and maintain stability in our health care markets. "The CBO's findings only serve to confirm WHA's concerns and reinforce the need for Congress and the President to act," Borgerding said.

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